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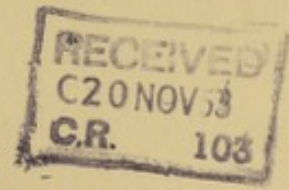
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EAST SUSSEX COUNTY COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

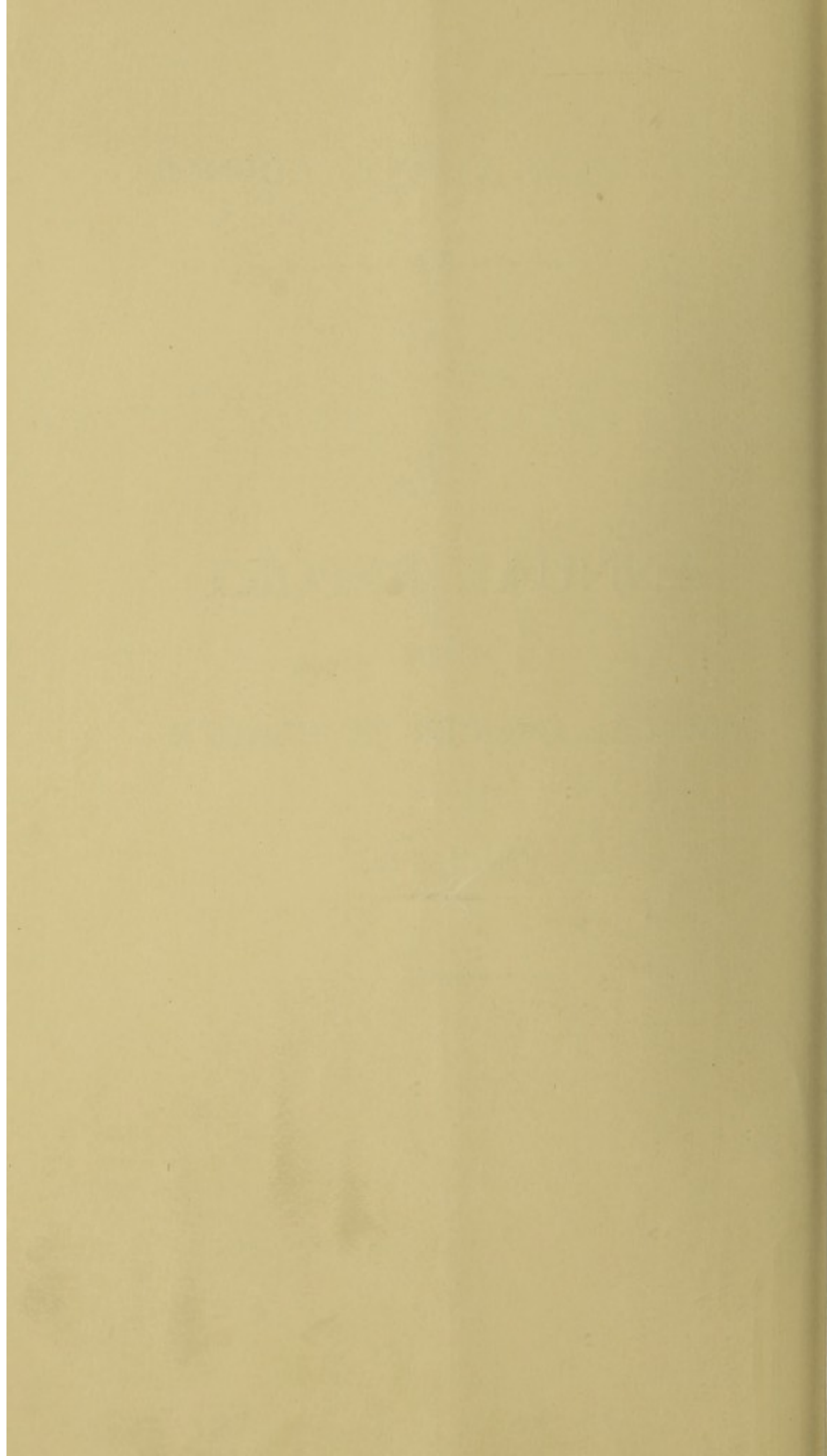
FOR THE

YEAR 1952

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*



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CONTENTS

	PAGE
INTRODUCTORY LETTER	3
MEMBERS OF COMMITTEES	5
STAFF	5
GENERAL STATISTICS	7
SANITARY CIRCUMSTANCES	7
INSPECTION AND SUPERVISION OF MILK AND OTHER FOODS	8
INFECTIOUS DISEASES	9
TUBERCULOSIS	10
MEDICAL EXAMINATION OF STAFF	10
NURSERIES AND CHILD MINDERS (REGULATION) ACT, 1948	10
REGISTRATION OF NURSING HOMES	11
NATIONAL HEALTH SERVICE ACTS, 1946 TO 1949 :	
1. Administration	12
2. Co-ordination and co-operation with other parts of the National Health Service	14
3. Joint use of Staff	15
4. Voluntary Organisations	15
5. Care of Expectant and Nursing Mothers and Children under School Age	16
5 (a). Staffing of Nursing and Allied Services	20
6. Domiciliary Midwifery	21
7. Health Visiting	23
8. Home Nursing	24
9. Vaccination and Immunisation	25
10. Ambulance Service	26
11. Prevention, Care and After-Care	32
12. Domestic Help	34
13. Health Education	35
14. Mental Health	36

TABLES :

Births and Deaths (Tables I, II and III)	39
Causes of and Ages at Death (Tables IV (a) and IV (b))	40
Notifiable Diseases (Table V)	41
Vaccination (Table VI)	42
Diphtheria Immunisation (Table VII)	42

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

In accordance with Circular 29/52 of the Ministry of Health, a special survey has been prepared of the services provided by the County Council as local health authority under the National Health Service Acts and the survey is embodied in the present report, though advance copies have already been sent to the Ministry. It will probably be agreed that, taking a broad view, the services are working satisfactorily, the machine started on 5th July, 1948, being now well "run-in." Already we have learnt, however, that the possible scope of Part III of the Act is so wide that the services are limited mainly by the amount of money available; it is not possible for county ratepayers to be provided with ever-expanding services and at the same time to suffer no increase in rate demands. Indeed, the services have only been maintained at their present level by detailed economies throughout and by re-allocating money according to changed circumstances and, if the cost of maintaining a given service continues to increase, sooner or later something will have to be cut.

The infant mortality rate, at 19.89 for the county, including Hove and Portslade, is again the lowest ever recorded, the improved social conditions and the efforts of the midwifery and nursing and health visiting staffs being thus rewarded. The maternal mortality rate, also, is just above the zero line, there being only one maternal death, giving a rate of .24 per 1,000 live and stillbirths.

The death rate from tuberculosis in 1952 is almost the same as last year, there being only 62 deaths from both pulmonary and non-pulmonary disease. As has been pointed out by others, tuberculosis may now be well on its way out as a significant disease and should be speeded on its way by vigorous preventive action. It is therefore unfortunate that by the end of another year it was still not possible to offer B.C.G. vaccination to school leavers or to introduce a general scheme for examining by X-ray all new entrants to the teaching staff of maintained schools.

During the time that tuberculosis has been weakening its attack another menace has developed, that of cancer of the lungs and bronchus. Deaths from this cause have only been separately stated by the Registrar-General during and since 1950, but appear to be showing a marked rise (see Table IV) comparable with that noted in the rest of the country. During each of these three years the deaths from this cause have been noticeably greater in number than those from tuberculosis and if, as seems very probable, there is a significant relationship between tobacco smoking and the incidence of such malignant growths, the moral is obvious—though perhaps not a popular one for a non-smoker to stress.

In general, however, the well-being of the population of the county has been maintained, aided by the efforts of our colleagues of the county districts towards the building of more houses and the improvements of water supplies and sewage disposal arrangements.

During the year the county in general, and the Health and Public Health and Housing Committees of the County Council in particular, suffered a sad loss in the death of their

chairman, Mr. Frederick Nias, who had served the county (as well as his parish and rural district) faithfully and well for many years. Despite a long illness he maintained to the end the acumen and personal kindness to staff which made working with him a pleasure and he is greatly missed.

I once again thank all my associates and colleagues for their loyal support during the year.

I have the honour to be,

Your obedient servant,

F. LANGFORD,

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

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL, LEWES.

June, 1952.

MEMBERS OF COMMITTEES.**PUBLIC HEALTH AND HOUSING COMMITTEE**

(as at 31st December, 1952)

Mr. T. Benson.	Miss F. Kenyon-Stowe.
Mr. A. Black.	Lt.-Col. H. M. Leapman.
Miss M. Blount, M.B.E.	Mr. W. Lindsay (Chairman).
The Hon. Ruth Buckley.	Mrs. C. I. Meads, M.B.E.
Mrs. E. F. Cave.	Mr. H. G. S. Miller.
The Right Hon. The Viscount Gage, K.C.V.O.	Mr. H. F. Parker.
Mr. G. H. Goodwin.	Mrs. L. V. Ryan.
Cmdr. R. Handcock, O.B.E.	Major H. D. Ryder, M.C.
Major E. F. Holland.	Mr. C. W. Shelford.
Mr. A. F. Hollins.	Miss H. Trouton.

HEALTH COMMITTEE

(as at 31st December, 1952).

Chairman: Major E. F. Holland.

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.	Mrs. A. M. Williams.
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.
	(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) N. 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.
Senior Dental Officer	(a) R. J. Toleman, M.B.E., M.B., B.S., D.P.H.
Dental Officers	P. S. P. Jenkins, B.Sc., L.D.S., R.C.S.
	E. S. Butt, L.D.S., U. Liverpool.
	(c) P. L. Ealand, L.D.S., R.C.S. (part-time) (retired November, 1952).
	W. Eddings, L.D.S., R.C.S.
	J. V. Goldie, L.D.S., R.C.S.
	V. L. L. Hall, L.D.S., R.C.S. (from July, 1952).
	R. H. Hamlyn, L.D.S., R.C.S.
	(c) Frances D. Morris, L.D.S., R.F.P.S. (part-time).
	Hilda M. Phillips, L.D.S. (part-time) (from July, 1952).
	R. C. Virgo, L.D.S., R.C.S.
Dental Anaesthetists	A. Curtis, M.R.C.S., L.R.C.P. (part-time).
	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	T. F. Ayrton.
Assistant County Health Inspectors	J. H. F. Butler (resigned May, 1952).
	G. B. Crowther.
	D. A. Warren (appointed September, 1952).
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 M. H. McLeod, S.R.N., S.C.M., H.V. CERT. (appointed July, 1952).
	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. (resigned February, 1952).
	Miss E. E. Paul, S.R.N., S.C.M., H.V. CERT., M.T.D.
(Midwifery Tutor)	(c) Miss I. O. Linton, S.R.N., S.C.M., H.V. CERT.
Area Nursing Superintendent	Miss G. M. Turner, A.M.I.A.
Care Almoner	J. W. Limb.
County Ambulance Officer	Mrs. I. M. Fouldes.
Home Help Organiser	(c) Mrs. F. E. Dibb.
Assistant Home Help Organiser	(d) Mrs. V. M. Martin.
Duly Authorised Officers	(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. Waters.
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 decreased from 341,200 in 1951 to 339,450 in 1952.

The **Birth Rate** for the county was 11.85 per thousand of the estimated population (2.26 per thousand less than in 1951), as compared with 15.3 for England and Wales. The live births in 1952 totalled 4,023, a reduction of 110 as compared with 4,133 in 1951. The number of illegitimate live births in East Sussex was 211, or 5.2 per cent. of the total.

The general uncorrected **Death Rate** was 14.09 per thousand in 1952, as compared with 14.3 in 1951. The rate for England and Wales in 1952 was 11.3.

The **Infant Mortality Rate** was 19.89 per thousand live births in 1952 (the lowest figure ever recorded in the county as a whole), as compared with 24.67 in 1951. The illegitimate death rate was only 14.22 per thousand illegitimate live births, as compared with 37.2 in 1951.

The **Maternal Mortality Rate** was .24 per thousand live and still births, as compared with .4 in 1951. There was only 1 maternal death during the year contributing to this figure. By the instructions of the Minister of Health the Medical Officer of Health now collects information regarding each death and forwards it for assessment to a consultant obstetrician, appointed in each hospital region for this purpose.

SANITARY CIRCUMSTANCES.

Rural Water Supplies and Sewerage Acts, 1944-51. Further proposals for improving sanitation and extending public water supplies over a wider area have been submitted by county district authorities.

In some cases the need for national economy has resulted in former schemes being revised or reduced to meet minimum requirements, but in general good progress has been maintained.

Contemplated schemes for water supplies, sewerage and sewage disposal were examined and reported upon in respect of the following:—

Battle Rural District.

Parishes of Netherfield and Whatlington	Extension of water mains.
Parishes of Burwash and Northiam	Revised scheme of sewerage and sewage disposal.
Parish of Ticehurst	Reduced scheme for sewerage and sewage disposal.

Chailey Rural District.

Parishes of Chailey (North Common area) and Newick	Scheme of sewerage and reconstruction of sewage disposal works.
District water undertaking	Revised scheme for trunk distribution mains and bulk supply to Burgess Hill Water Co.

Cuckfield Rural District.

Parish of Fulking	Scheme of sewerage and sewage disposal.
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Hailsham Rural District.

Parish of Warbleton (Bodle Street area)	Proposed water supply.
-----------------------------------------	------------------------

Uckfield Rural District.

Parish of Buxted (Tanyard Farm and Totease area)	Extension of sewerage.
Parishes of Framfield (southern part) and Danehill	Extension of water mains.
Parish of Fletching	Extension of water mains. Revised scheme for village.

Newhaven Urban District.

East Side	Revised proposals for sewerage and sewage disposal.
-----------	-----------------------------------------------------

The proposals for improved sewerage arrangements of Newhaven Urban District on the east side of the River Ouse are of considerable importance, not only by reason of the size of the project but because the district includes a section of downland chalk country where no main drainage now exists. This area, which includes one water supply pumping station and is very close to another, is already considerably affected by building, of both

street-by-street and sporadic types; it has been recognised by the Planning Authority that further development in these parts in advance of the provision of main drainage is a very real risk to the purity of the water supplies derived from the chalk. As long as this view is maintained, as it is earnestly hoped it will continue to be, further development of the area (otherwise ripe for the purpose) will be held up, for which reason alone an early solution of the drainage problems of Newhaven Urban District and the adjacent parts of Chailey Rural District is an urgent need.

A comparable problem and one which is almost equally urgent is that of the drainage of the west side of Newhaven.

INSPECTION AND SUPERVISION OF MILK AND OTHER FOODS.

Food and Drugs Acts and Milk and Dairies Regulations. With the improved facilities available for the biological examination of milk at the Public Health Laboratory, Brighton it has been possible to treble the number of samples taken for this purpose and obtain a more representative picture.

During the year 660 raw milk samples were submitted involving 513 sources of supply and the presence of tubercle bacilli was reported in 21 cases (4.09%).

In 38 cases *Brucella abortus* was isolated (7.4%).

Particulars of infected supplies were forwarded to the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries and to the medical officers of the county district in each case.

Investigation of the herds concerned was conducted by the Divisional Veterinary Officer and, as a result, 17 cows were slaughtered under the Tuberculosis Order.

In seven cases the source of infection was not identified, although in three instances cows were found to have been removed for slaughter at knackers' premises and it is probable that these animals were responsible for the infection.

Nine notifications of tubercle-infected milk supplies received from other authorities were also the subject of investigations.

The continued co-operation of the Ministry of Agriculture and Fisheries (Animal Health Division) and of all interested authorities has enabled this valuable service towards the safeguarding of supplies and eradication of diseased animals to be maintained on satisfactory lines. The extremely complicated nature of legislation dealing with various aspects of the production and sale of milk makes it absolutely necessary to maintain very careful administrative and personal contact with other services and their officers. In order that milk samples shall be taken in the way which is most useful to all concerned, there is a working arrangement with officers of the county districts whereby overlapping in sampling is avoided.

During the year some district councils noted that Regulations 18 to 20 of the Milk and Dairies Regulations, 1949, provide that action in certain cases is to be taken by the medical officer of the district; which might mean, where he has no official deputy, that necessary action would be delayed to a harmful extent. The councils of four county districts (with the consent of the Ministry of Health and the County Council) resolved that for the purpose of these regulations the county medical officer (and in three cases his deputy as an alternative) be appointed as deputy for their respective medical officers.

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-50. On the 1st January, 1952, 12 establishments held licences for the pasteurisation of milk and during the year three additional licences were issued.

Two of the existing establishments closed down during the year, so that a total of 10 establishments held licences at the end of 1952. Of these, three are H.T.S.T. and ten are of the Holder-type plant.

Routine inspections of plants and dairy operations have been maintained and 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 (Pasteurised)	83	Phosphatase	83	—	—
		Methylene blue	81	—	2
Pasteurised	295	Phosphatase	293	2	—
		Methylene blue	292	—	3

"Milk-in-Schools" Scheme. Supervision of supplies provided under the scheme was continued. During the year 301 samples were submitted for examination and, of these, only two failed to satisfy the prescribed tests, and the position in general is considered to be satisfactory.

In nine cases "Tuberculin Tested" milk supplies have been replaced by pasteurised milk and, by the year end, of the 216 school departments participating in the scheme, 212 were receiving pasteurised milk and four received "Tuberculin Tested" milk from approved sources.

While one cannot be entirely satisfied while any raw milk is supplied in schools, the present position is very reassuring, especially as the few sources of raw milk are known to be of very high standard.

INFECTIOUS DISEASES.

Table V in the Appendix sets out the number of notified cases of the diseases listed. Scarlet fever has risen in numbers from 341 last year to 619 in 1952, there being an appreciable rise (hardly amounting to an outbreak) in the latter part of the year. The disease remained mild. Whooping cough (431 cases, compared with 1,804 last year) and measles (1,606, compared with 4,948) both show a substantial decrease, though it will be remembered that in 1951 the number notified of each disease was the highest ever recorded. Enteric fever and dysentery both show fewer cases.

It is a continuing satisfaction and a point of pride to the district medical officers in the county that the line "diphtheria" continues as a zero record right across. Indeed, of the simple pleasures still left to the medical officer of health one of the sweetest is to ask a class of nurses receiving a lecture, "Which of you has ever seen a case of diphtheria?"—and to be greeted by a dead silence, a result which is nowadays obtained on nearly every occasion. Nevertheless, freedom from diphtheria can be maintained, like liberty, only at the cost of constant vigilance and, when a knowledge of diphtheria as a killing and maiming disease is fading from the public mind, it is all the more important to keep up pressure by reminders and propaganda. Moreover, those health authorities which expect and wish to maintain a high percentage of immunisation rather than a doubtful "cover" afforded by having fewer persons immunised will appreciate that the difference costs money, money which could hardly be better spent.

Measles and whooping cough, although so many cases have occurred, continue to be decreasingly severe; during the year there were no deaths from either disease. Enquiries of general practitioners and paediatricians show that, although an occasional case is severe, both complications and untoward sequelae are extremely rare. Shortly after the end of 1952, indeed, the question was raised whether notification of either condition any longer serves a useful purpose.

Acute poliomyelitis, with 95 notified cases (85 confirmed), showed a substantial rise in incidence compared with 16 cases last year and, starting with three cases in March, was notified in each month until 12th December. Apart from nine cases in or near East Grinstead Urban District and five in Cuckfield Urban District, almost all the cases were in Hove (23 confirmed cases) and in and near Rye (28 confirmed cases). The latter included an outbreak in the autumn which was noticeably related to pupils attending a primary school and their pre-school associates, but elsewhere the majority of patients were over five years old. There

were four cases of encephalo-myelitis, of whom one (a boy of five) died, while among the remaining patients five died, all of whom were adults.

A curious circumstance was that, although Hove and Portslade are indistinguishably continuous, only one case occurred in Portslade compared with the 23 (confirmed) in Hove.

Of the 85 confirmed cases of this infection, 4 were of encephalo-myelitis, 20 were non-paralytic and 61 were paralytic of varying degrees of immediate and final severity.

TUBERCULOSIS.

There were 252 notifications of pulmonary tuberculosis in 1952, of which 140 were in respect of patients between 15 and 45 years of age. Notifications of other forms of tuberculosis numbered 48, of which 27 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 2,311 (1,768 pulmonary and 543 non-pulmonary).

The number of notified pulmonary cases on the registers has risen from 1,727 in 1951 to 1,768, i.e. the number per thousand of the population has risen from 5.06 to 5.22. This increase is due to better ascertainment. The deaths from pulmonary disease, however, have dropped from 51 in 1951 to 47.

The deaths from tuberculosis in 1952 were as follows:—

Pulmonary tuberculosis:—								Deaths.
Urban districts	..	..	..	..	..	..	..	28
Rural districts	..	..	..	..	..	..	..	19
Other forms of tuberculosis:—								
Urban Districts	..	..	..	..	..	..	..	9
Rural districts	..	..	..	..	..	..	..	6
								—
								62
								—

During the year the 47 deaths certified as being from respiratory tuberculosis in the administrative county included six (12.77%) which had not been notified, and one such case occurred among 15 deaths from non-respiratory disease (6.67%). With the rapidly dropping number of deaths from tuberculosis percentages begin to be misleading, but there is still a noticeable tendency for notification to be omitted, or very markedly delayed, in old-standing cases passing from one doctor to another, as the last man is apt to think his predecessor has notified; and when previously undiagnosed cases go to hospitals. This delay has a very hampering effect on enquiries into the source of infection, not only because after weeks or months information is difficult to obtain, but also because it is no longer possible to obtain tubercle bacilli for typing.

In two of the above cases death was the subject of a Coroner's inquest as the deceased had not been known to attend a doctor, and one other patient was a patient in a mental hospital at the time.

MEDICAL EXAMINATION OF STAFF.

During the year the medical examination of staff prior to appointment has continued to be carried out in the main by doctors employed by the Authority. With nurses, caretakers and domestics being eligible for inclusion in the Council's superannuation scheme, and together with the examination of prospective teachers, the amount of time spent on this work is steadily rising. The figures for 1952 are as follows:—

Number examined by whole-time medical officers on the staff	..	..	..	..	..	187
Number examined by part-time assistant school medical officers and medical officers of homes	..	..	..	..	..	101
Number examined by private practitioners on behalf of the County Council	..	..	..	..	..	16
						—
						304
						—

NURSERIES AND CHILD MINDERS (REGULATION) ACT, 1948.

At the end of the year three nurseries and twelve daily minders had been registered providing for 144 children.

REGISTRATION OF NURSING HOMES.

Five Homes were registered for the first time during the year. Four Homes were closed voluntarily and, at the end of the year, there were 36 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.

NATIONAL HEALTH SERVICE ACTS, 1946 to 1949.

1. ADMINISTRATION.

The organisation set up for the administration of the health authority services under Part III of the National Health Service Act, 1946, was the existing one suitably modified and extended in conformity with local conditions and traditions. This is a medium-sized county (332,430 in 1948) growing slowly by immigration rather than natural increase; it is bordered by three county borough neighbours (Brighton, Eastbourne and Hastings) while it contains only two large aggregations of population—Hove Borough with Portslade-by-Sea to the west and Bexhill Borough to the east. The remainder of the county is rural in character with many scattered population units of comparatively small size. With the exception of the Borough of Hove, no county district had had any experience of administering most of the personal services provided for in Part III of the Act.

Before the appointed day, therefore, the Borough of Hove was a welfare authority conducting its own Maternity and Child Welfare Scheme, while in the remainder of the administrative county these services were administered centrally. Both in Hove and the remainder of the county, general nursing and some domiciliary midwifery services were provided by the nursing associations in the respective areas.

In this county there has been a strong tradition of voluntary work, which has been shown over many years by the provision of services through voluntary organisations rather than directly by the authority. For example, the domiciliary midwifery service was secured by arrangement with the County Nursing Association, a tuberculosis care and after-care service was provided (with the help of a limited money grant) by the Sussex Rural Community Council, and so on. Similarly, medical staffing in the school medical service and for maternity and child welfare was obtained almost entirely by employing medical officers of county districts, and general practitioners, on a part-time basis, rather than by the more usual system of engaging whole-time medical officers.

It therefore followed that, when preparing proposals showing the way the health authority intended to meet its obligations under Part III of the Act, full advantage was taken of each proviso that a service might be secured by making arrangements with voluntary organisations. The main "arrangement" of this type was the agreement with the East Sussex County Nursing Association (a federation of all the district nursing associations in the county) which enabled the health authority to meet the need for midwifery and nursing staff under Sections 22 (care of mothers and young children), 23 (midwifery), 24 (health visiting), 25 (home nursing) and, of course, the continuing needs of the school medical service. This agreement was a compromise in that it did not actually delegate any of the above services to the County Nursing Association; the latter, who were and still remain the actual employers of the nursing staff, made the latter available to the health authority for the purpose of meeting their responsibilities and also aided the work by dealing with certain day-to-day matters, particularly housing of nurses and midwives, their transport by car and otherwise, the supply and maintenance of professional equipment, and general support and encouragement of the nurses in their respective areas of work. A similar agreement was made with the Hove and Portslade District Nursing Association.

On the medical staffing side it followed, also, that the scheme introduced after the passing of the Local Government Act, 1933, for the part-time employment in county work of medical officers of county districts was continued in a modified form, and most of the medical work at welfare centres is done by general medical practitioners.

The administrative framework as far as medical staffing is concerned is that the County Medical Officer of Health is responsible to the authority for the conduct of the services, being assisted by his deputy and an administrative assistant medical officer. The medical officer of each county district is engaged part-time in work under the Act, by consent of the district councils, and undertakes the following duties:—

Day-to-day conduct of the schemes for immunisation against diphtheria and vaccination against smallpox; and

Local supervision of the ambulance service.

(Some of the district medical officers also take part in the school medical service.)

The time devoted to health service work by the district medical officers is between one-ninth and one-tenth of each man's time.

A whole-time County Nursing Superintendent was appointed to act as Supervisor of Midwives, Superintendent Health Visitor and Senior Nurse, and to serve the County Nursing Association part-time.

Decentralised Administration. As the Borough of Hove had been a welfare authority for many years and had certain affinities with its next-door neighbour, the Urban District of Portslade-by-Sea (with whom it shared a medical officer of health), the joint area seemed to form a "natural" one for decentralised administration, especially as it was already a Division under the Education Act, 1944. By agreement, therefore, a Health Sub-Committee was set up for the area of Hove and Portslade, under the powers given in the Fourth Schedule of the Act, Part II, Article 6.

The composition of the sub-committee was as follows:—

- 3 members of the County Council.
- 6 " " " Hove Borough Council nominated by that Council.
- 2 " " " Portslade Urban District Council nominated by that Council.
- 3 co-opted members with appropriate experience selected by the Health Committee after considering nominations by the Hove and Portslade Councils.

The duties of the sub-committee were declared to be to carry out in their area all the functions of the County Council as health authority except the submission of proposals to the Minister of Health and matters under the Lunacy Acts and Mental Treatment Acts and the Mental Deficiency Acts.

The above extensive reference of day-to-day duties and powers was made subject to certain conditions, the chief being that no expenditure was to be incurred except in accordance with approved estimates, and that arrangements on an agreed basis be made with Hove Borough Council for their officers and office accommodation to be made available for assisting in the medical, administrative and clerical work of the sub-committee. The Medical Officer of Health of Hove and Portslade was appointed to the county staff, part-time, as medical officer of the sub-committee area. In practice, the sub-committee exercise a very full delegation of the duties referred to them.

Although representations were received from certain other district councils in favour of decentralised administration, the health authority decided that it would be inappropriate in the light of local conditions to set up any further sub-committees, and the experience of the first few years of working the Act has given little reason to change this opinion.

Joint Arrangements with Other Health Authorities. These are limited to local adjustments designed to secure that people near county boundaries shall receive satisfactory service. These are:—

Infant Welfare Centres on either side of the county boundary are used by mothers as may suit their convenience.

Emergency ambulance calls are dealt with by any authority irrespective of where the patient is actually lying.

Two District Nursing Associations, which up till 5th July, 1948, included in their areas small portions of adjacent counties, continued to serve these out-county areas by arrangement with the respective neighbouring counties.

By informal arrangement between the respective Home Help Organisers a Home Help may be recruited and/or used on either side of a county boundary whenever such an arrangement proves convenient.

2. CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE.

It was considered at the outset, and experience has confirmed, that the most important factor in securing co-ordination between one service and another is the maintenance of close and cordial relations among the officers of the authorities concerned. Where this is the case, needs can be met and difficulties smoothed over in many cases without action on a more formal level. Without proper liaison on officer level no expedients such as exchange of committee members or the setting up of co-ordinating committees can be effective.

On the formal or committee membership level, attempts were made, in so far as was open to the authority, to nominate for membership of the South-East Metropolitan Regional Hospital Board and of the appropriate Hospital Management Committees county councillors with experience of hospital as well as health authority work; such representation still exists at both levels. County councillors are members also of the Local Executive Council. The Health Committee membership has always included at least one general medical practitioner.

With regard to medical officers, the County Medical Officer of Health is a member of the British Medical Association and of the Local Medical Committee of the Local Executive Council, the contacts thus made going far to secure easy and friendly solution of various problems. He is also a member of the Group Medical Committee of one Hospital Management Committee, and a county district medical officer represents him at meetings of another Hospital Management Committee.

It is the established practice for almoners in the hospital service to get in touch by letter or otherwise with the health department or individual officers in the field whenever the needs of an individual patient make this desirable; hospital medical staff at all levels make approaches in the same way (see Chest Physicians, paragraph 3 below).

It is the practice of the midwives when they book or discover in other ways a pregnant woman to secure by personal contact and arrangement that all the necessary services and attention are available to, and received by, the expectant mother (see paragraph 6 below).

It has been arranged with nearly all the maternity units in the area that each shall supply lists of bookings at intervals (see paragraphs 5 and 7 below) to aid the midwives and health visitors.

Through the kind encouragement of the staff of the Royal Alexandra Hospital for Sick Children, Brighton, it has been possible for health visitors to take part in ward rounds with the Consultant Paediatrician.

Staff acting as district nurses carry out their work in co-operation with the general medical practitioners (see paragraph 8 below).

See paragraph 6 below for details of combined ante-natal work at doctors' surgeries or health authority clinics.

It has been found that as far as personal relations go very satisfactory co-ordination is secured by the conditions outlined above; the only significant lack of adequate co-ordination is in the supply of information by the hospital service regarding matters which are necessary or desirable for the health authority to have in order to meet their responsibilities. As has been stated before, an individual application by letter or otherwise for particular information is always met courteously and promptly, but it is a pity that it has not yet been possible to establish a more general system of supplying information regarding both out-patients and in-patients on the lines already in force in particular areas or types of service. A more general appreciation of the virtues of the carbon copy would, even without taking other steps, go far to improve matters.

Dissemination of Information. A guide to the local services has not been prepared, reliance being mainly placed on the close liaison with general medical practitioners and the position of the district nurse/midwife as local adviser and source of information. Those doctors who were in the area on the "appointed day" and those subsequently entering

were given particulars of services, e.g. ambulance, home help and so on. The various Citizens' Advice Bureaux have been given full particulars of the services, partly by means of talks given by the authority's medical staff.

Through the good offices of the Local Executive Council their staff have a most useful though largely informal function in directing two-way information between the health authority on the one hand and the general medical, maternity medical, pharmaceutical and ophthalmic services on the other.

3. JOINT USE OF STAFF.

General practitioners are engaged on a sessional basis for vaccination and diphtheria immunisation sessions and welfare centre sessions. In addition they carry out some medical examinations for superannuation purposes, respond to calls by midwives for "medical aid" and furnish certificates under the Lunacy and Mental Treatment and Mental Deficiency Acts. (Other services are rendered under other Acts.)

One assistant medical officer has had special permission to do regular relief work at a hospital outside his regular hours of duty and to retain the fees so earned. Apart from this, the medical officers of the authority do not work part-time in the hospital and specialist services, though they visit hospitals and clinics freely and frequently.

The Area Nursing Superintendents work part-time in the chest clinics conducted by the Regional Hospital Board, in order that they may maintain close liaison with the patients and those treating them.

In order that tuberculosis care and after-care might be properly maintained, it was agreed with the South-East Metropolitan Regional Hospital Board (on the text that work for the tuberculous is one service, indivisible in practice into treatment and prevention) that the chest physicians serving the area should be regarded as being part-time on the staff of the authority for care and after-care, a proposition which was also agreed by the chest physicians. In early discussions the share of the authority was considered to be in the order of three-elevenths, but as there is no chest physician working solely in the area of the authority it would have been intolerably complicated to agree a set of part-time contracts each modified on a three-elevenths' basis. We agreed therefore on an administrative expedient, appearing to combine convenience and commonsense, whereby each chest physician has one contract only, with the Regional Hospital Board, and the authority repay to the board a proportion of the total salaries and expenses.

Further to ensure that candidates for the post of chest physician, when a vacancy occurs, shall be fully aware of what will be expected of them, the board have kindly agreed that the health authority shall be actively associated with the interview for appointment. When the County Medical Officer has attended on their behalf he has been given full facilities.

This scheme works very well in practice and the chest physicians continue to have full regard to the preventive side of the work. The board's staffing organisation is not yet complete in the east end of the county, but this is now receiving attention. A part of the plan is to avoid tedious detailed accountancy as far as possible; hence there is an understanding that apart from the chest physicians the services of the various officers shall be regarded as roughly equivalent in value, no to-and-fro accounts of any kind being rendered.

Although the School Medical Service exists under another Act it could be mentioned that a similar agreement on broad and easy lines exists whereby the Regional Hospital Board provide the services of psychiatrists for the Joint Child Guidance Service; the premises, equipment and all other staff being provided by the Education Committee concerned.

4. VOLUNTARY ORGANISATIONS.

The services of voluntary organisations, and also of individuals from time to time, are used to the fullest extent possible (see separate paragraphs below). The bodies used to the largest extent are the County Nursing Association, the Hove and Portslade District Nursing Association, the St. John Ambulance Association, the British Red Cross Society,

the Sussex Rural Community Council, the East Sussex Association for Mental Welfare and the Women's Voluntary Services. The County Nursing Association is a federation of the 53 District Nursing Associations, but does not include that for Hove and Portslade.

5. CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

Expectant and Nursing Mothers. No specialist ante-natal clinics are conducted by the health authority, but a considerable proportion of the mothers are confined in maternity hospitals under the aegis of the South-East and South-West Metropolitan Regional Hospital Board, each of which makes its own arrangements for securing ante-natal care. By arrangement with all the maternity units serving the county, lists of women booked for institutional confinement are received in the Public Health Department at frequent intervals, together with any instructions regarding the needs of individual cases. The health visitors and, where necessary, midwives in the county service then secure, with the co-operation of the private doctor concerned, that any ante-natal care needed (other than that provided directly by the hospital) will be given before the mother's admission. The ante-natal record card used for noting the particulars is sent to the hospital in time for the patient's next appointment.

In the sub-committee area of Hove and Portslade, at the beginning of the Act ante-natal care was provided at three ante-natal clinics: the Portland Road Home conducted by the Sussex Maternity Hospital; 33 Clarendon Villas, Hove, conducted jointly by the health authority and Southlands Hospital for patients booked for that maternity unit; and the clinic conducted on hired premises at Abinger Road, Portslade. This last has since been transferred to Sellaby House, Portslade, premises owned by the Education Committee and used partly for school medical services and partly for the health authority's work. The clinic for mothers entering Southlands Hospital has been transferred to that hospital, while the Sussex Maternity Hospital continue their clinic at Portland Road.

The ante-natal clinics in existence in July, 1948, in the remainder of the county were staffed by selected medical officers, nearly all general practitioners, no County Council medical staff being allocated to this work. The numbers attending dropped rapidly and the clinics were gradually closed through lack of attendance. In their place, expectant mothers, not included under the arrangements described above, receive ante-natal care from their own doctors and the county midwives and, in addition, in some areas, at ante-natal clinics conducted in county buildings where expectant mothers are attended jointly by their own doctors, the midwives concerned and the health visitors for the area. Reference to this arrangement was made in my reports for 1950 and 1951. This "Newhaven" scheme as we term it for convenience, which is now in force in six places in the county, has the advantage that, as the doctors, midwives and health visitors are working together, omission of necessary items of ante-natal care are less likely to occur than if three bodies of people working at a distance are concerned with one expectant mother. This applies particularly to the taking of blood samples, which is so much more easily carried out under clinic conditions. The plan has the serious disadvantage, however, that it can only be carried out where there is a clinic building or where a general practitioner makes similar arrangements in his own surgery, which however rarely occurs.

No special arrangements are in force to deal with the ante-natal care of unmarried mothers, to whom all services are available whether confined at home, in hostel or at hospital.

The general welfare, however, of single mothers-to-be and mothers and illegitimate children is continued on existing lines by the co-operation of both voluntary and official organisations, the chief being the Children's Committee and certain Moral Welfare Associations, in this county chiefly the Chichester Diocesan Moral Welfare Association. Twenty-six unmarried mothers were admitted to hostels during the year, seven of whom came from the Hove and Portslade area. The general working principle followed, though of course it is far from rigid, is to accept responsibility for women who could be described as "ordinarily resident" in the county, but generally to refuse to give special help to the incorrigible, the recidivist, and to those women coming from other countries only a short time before becoming in need of help.

Mothercraft Training. This is provided for girls in County Grammar and Secondary Modern Schools by the Area Nursing Superintendents, who give lectures and practical demonstrations and afterwards set an examination to be taken by the pupils. Those successful in this examination are given a certificate.

In 1952, for example, 442 lectures were given at 14 schools; 384 pupils took the subsequent examinations and 356 pupils passed.

These mothercraft talks remain very popular, in spite of the necessity to take an examination afterwards.

Maternity Outfits. Maternity outfits are bought centrally and dispatched by the manufacturers as instructed, a few at a time, direct to the practising domiciliary midwives, who give them at request to any mothers arranging domiciliary confinement. During 1952, 1,432 were ordered.

Blood Tests. The pathological laboratories serving the county have co-operated most helpfully in providing "collecting outfits" so that blood may be submitted for report on Wassermann and Kahn reactions, presence of the Rhesus factor, and blood group. All general medical practitioners have been informed of the arrangements made in their respective areas.

Child Welfare. The main service given under this heading is the conduct of infant welfare centres throughout the county, no consultant clinics or other special clinics being provided, although there is close liaison with the hospitals serving the county, the assistance of whose consultant and other staff is hereby gladly acknowledged.

There are no arrangements for assisting general practitioners at clinics held in their own premises.

In the conduct of the welfare centres voluntary activity is enlisted to a considerable extent. Six clinics are conducted directly by the authority with the assistance of voluntary workers, while the remainder (60 at 31st December, 1952) are conducted by voluntary committees in their respective districts, advised by the authority's medical and nursing staff, the whole of the approved cost being met by the authority. The welfare centres are expected to be advisory and educative in function, to help expectant mothers and to give assistance in the upbringing of normal children. They do not include medical treatment among their functions and children in need of such advice are referred to their own doctors, whenever possible by the clinic medical officer or by the health visitor.

Advice is given at the welfare centres by the health visitor, who is regarded, in general, as being the officer in charge, and by medical officers appointed for the purpose. In the case of a few clinics, the medical officer is one on the county staff; the remainder are attended by medical practitioners who have shown a special interest and skill in this work. These are nearly all general medical practitioners and attend welfare centres outside their areas of practice.

The personal advice given by the health visitor and medical officer is supplemented from time to time by short talks on suitable health subjects, given by the health visitor, the Area Superintendents, or outside officers of special knowledge.

The services available at the welfare centre include the supply of Ministry of Food welfare foods and vitamin supplements and also a certain number of other foods and similar preparations when specially ordered by the medical officer. It is not, however, considered desirable that attendances should be made simply to secure articles at favourable rates, and the accumulation of large stocks of many different preparations is avoided.

Owing to changed conditions since July, 1948, there has been a continuing tendency for the numbers attending welfare centres to become less. Although the policy of referring to the private doctor any child needing medical treatment was in force long before the "appointed day," there seems little doubt that nowadays, when medical advice can be

sought without immediate charge, some mothers are likely to go direct to their own doctors rather than attend the welfare centre first.

At the end of 1952, 66 infant welfare centres were still held, compared with 75 during 1947, not perhaps an important difference having regard to the size of the county.

In the sub-committee area of Hove and Portslade the service given is on the same general lines, but the welfare centres (five in number) are staffed by whole-time medical officers of the authority.

The following figures give details as to the attendances :

	Year.	Number of centres.	Number of children in attendance at end of year.		Total attendances during the year.	
			Under 1 year.	1—5 years.	Under 1 year.	1—5 years.
East Sussex (excluding Hove and Portslade)	1951	69	1,548	4,095	15,201	16,582
	1952	66	1,482	4,152	15,240	16,676
Hove and Portslade	1951	5	632	2,292	12,271	8,224
	1952	5	618	2,174	12,667	8,574

Care of Premature Infants. Whenever a premature infant is delivered, the midwife concerned immediately gets in touch with the Area Nursing Superintendent so that the following services may be available without delay. Special equipment (on loan), including draught-proof cots, hot-water bottles, warm clothing, special feeding bottles, etc.; the seconding, where necessary, of a special nurse or nurses. During the year there were 244 notified premature births; 176 were born in hospital or maternity homes and 68 at home; 210 of the 244 infants survived the age of one month.

The hospitals serving the county area are always ready to admit premature infants who need hospital treatment, or to make a consultant available to the family doctor.

Supply of Dried Milks, etc. The general arrangements are set out above. In addition it should be noted that many of the voluntary committees conducting welfare centres have made special arrangements for the centre itself or other premises to be open specially for the supply of welfare foods, where local conditions make this desirable.

In exceptional circumstances, the health visitor arranges herself to collect from the depot and deliver to the mother, welfare foods and supplements where it is impossible for the mother to get them otherwise.

The various offices of the Ministry of Food have always co-operated freely in the interests of a satisfactory service for mothers, which (in the past, at any rate) has not always been easy to arrange in country districts.

Dental Care. The authority's responsibility for providing dental treatment for expectant and nursing mothers is met by using the School Dental Service, as is the usual practice elsewhere. Inspection and treatment are carried out in county clinics or in hired premises.

During the year 1952 no change was made in the authorised establishment of school dental officers, which (taking into account two part-time dentists) was 11 2/11. On account of the difficulty in obtaining suitable candidates for vacancies, the number in post at the beginning of the year was only 7 4/11 and at the end of the year 8 1/11. The dental service available for the purposes of the Health Committee, therefore, was proportionately smaller than it should have been and it is a relief to find that since the end of 1952 the position has considerably improved. Mr. P. S. P. Jenkins, the Senior Dental Officer, reports as follows:—

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, 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. In this connection, while the hospitals are always most helpful, the number of patients referred to them for X-ray is severely restricted both by travelling

difficulties and fear of overloading their goodwill and staffs. Much greater use could be made of this valuable aid to diagnosis and treatment if an X-ray apparatus could be installed at each main clinic. General anaesthetics were administered at the main treatment centres and I am grateful to the staff of the County Nursing Association for the assistance they give, particularly on these occasions. 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	296 (18)	286 (18)	261 (18)	223 (16)
Children under five	589 (93)	488 (82)	464 (81)	438 (77)

(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	817 (83)	117 (4)	161 (16)	238 (14)	143 (6)	8	47 (6)	3	66 (7)	65 (9)
Children under five	888 (119)	47 (11)	343 (54)	232 (146)	—	141 (27)	132 (95)	—	—	—

NOTE.—The figures in brackets refer to the sub-committee area of Hove and Portslade and are included in the larger figures.

Since the introduction of the National Health Service Act, with its provisions for free treatment by private practitioners under Part IV, there has been a downward trend in the number of expectant and nursing mothers applying for treatment under the County Council scheme. This has been an experience common to most authorities. Last year's report showed that this trend had ceased and it was anticipated that the number might begin to rise again, since, while treatment is still free (for expectant and nursing mothers) under both schemes, part payment for dentures has been introduced under the National Health scheme. They have continued to be free under the County Council scheme.

This increase in numbers has, in fact, happened, the number examined for 1952 being 296 (18), compared with 207 (3) in 1951 and 213 (7) in 1950. There has been a corresponding increase in the figures for all treatment with the exception of radiographs. These figures in brackets, and those below, refer to Hove and Portslade and are included in the larger figures.

The returns for children under five show a decrease on those for 1951, but are generally above those for 1950. An example is the number examined, which was 589 (93) in 1952, 680 (127) in 1951 and 488 (48) in 1950. There seem also some indications that satisfactory service was being obtained in some cases from private practitioners under Part IV of the Act.

The dental staff at the beginning of the year, owing to the sudden death of Mr. C. E. Mainwaring just after Christmas, was lower than it had been for five years.

Another loss was the illness and subsequent retirement of Mr. P. L. Ealand, who had worked for many years in the Hove and Portslade Division.

These losses were partially offset by the appointment of a full-time officer, Mr. V. L. L. Hall, in the county area, and a part-time officer, Miss H. M. Phillips, in the Hove and Portslade Division.

The nett gain during the year was the equivalent of 8/11ths officers, the staff on 31st December being 3 1/11th officers below establishment.

More part-time officers are due to start in 1953 and further improvement is anticipated.

Contraceptive Advice. Subject to the limitation that advice is only given where pregnancy or childbirth is liable to be injurious to the health of the mother, arrangements are made for contraceptive advice to be given to married women at clinics conducted by Brighton County Borough, Hastings County Borough and the Family Planning Association at their clinic established in Haywards Heath. This organisation is expecting also to open another clinic in Hove and Portslade Sub-Committee area early in 1953.

During 1952, 30 mothers were the subject of arrangements between the authority and Brighton or Hastings and, in addition, a number attended the Family Planning Association's clinic, mostly by private arrangements.

Day Nurseries. On 5th July, 1948, the authority found themselves in charge of three day nurseries: one at Hove, which consisted of separate units for 25 children of up to two years of age and 50 over two, respectively; one at East Grinstead with 48 places for children of all ages up to five years; and one at Burgess Hill with 41 places, also for all ages up to five years.

The Hove day nursery continued to be conducted and is still in existence on the same lines. The East Grinstead nursery, however, by contrast was found to be of decreasing value to the "priority classes" (widows, divorced women, deserted mothers and those with illegitimate children) and was closed in June, 1951. Although protests were made at the time, subsequent enquiries go to show that closure did not cause any appreciable difficulty or hardship.

The Burgess Hill day nursery moved to other premises in May, 1950, and was approved as a nursery-training nursery for three students (later for six students), there being places for 49 children. Here, also, in spite of the admittedly good effect not only on the children but the parents and families associated with them, it has been found that mothers of the "priority classes" have become much fewer and, by the end of 1952, the Health Committee had nearly reached the decision (confirmed in 1953) that this nursery should also be closed.

In each case it had become clear that, although the rule had always been applied not to accept children unless the mothers were working, nearly all the mothers were going out to work to augment the family income, for which purpose (however desirable in itself) the provision of a day nursery is an elaborate and absurdly expensive device.

Recuperative Holiday Accommodation. Expectant and nursing mothers may be provided with a recuperative spell of, say, up to six weeks where this appears to be desirable. This service is not extensively used, partly because of the difficulty experienced in finding suitable homes which will take children as well as mothers.

5a. STAFFING OF NURSING AND ALLIED SERVICES.

In considering the domiciliary midwifery (paragraph 6), health visiting (paragraph 7) and home nursing (paragraph 8) services which follow, as well as other related matters, it should be borne in mind that the general staffing arrangements in the sub-committee area of Hove and Portslade on the one hand and the remainder of the county on the other, differ considerably, though in both areas it is the policy to employ Queen's Nurses whenever possible.

In Hove and Portslade there is a separate team of health visitors who also act as school nurses; one acts also as a whole-time tuberculosis nurse. General home nursing is carried on (together with midwifery in part of the area only) by staff of the Hove and Portslade District Nursing Association, the remainder of the midwifery being dealt with by the Sussex Maternity Hospital. The system is therefore almost entirely a separate one for each service.

In the county in general, however, there is a preponderance of nurses working on the "generalised" system, by which one district nurse-midwife in an area acts as general nurse, midwife, health visitor and school nurse. This system is, of course, specially suitable for scattered country districts, as it enables a highly-trained worker to meet the needs of a workably small area. The fact that all material information regarding the health and social conditions of the family and indeed of the community is known to one person is of very real value, if only to reduce the risk of multiple visiting. On the other hand, there are disadvantages; one is that, the more skilled duties are given to one worker the more likely one is to find that she is not equally good at all of them and that she does not possess in full all the necessary qualities. This is chiefly found (see paragraph 7 below) in arranging for health visiting, since the qualities needed in a health visitor must include teaching ability, which, though it may be developed, cannot be implanted.

In the county outside Hove and Portslade there are 90 district nurse-midwives, of whom 64 act also as health visitors and school nurses. For whole-time health visitors see paragraph 7 below. The staffing mentioned in the paragraphs dealing with domiciliary midwifery, health visiting and home nursing is largely, therefore, common to all three functions.

6. DOMICILIARY MIDWIFERY.

In the administrative county outside Hove and Portslade a domiciliary midwifery service is provided by the district nurse-midwives on the staff of the County Nursing Association, which is a federation of the 53 District Nursing Associations. At 1st January, 1953, 90 district nurse-midwives were employed, equivalent to 27 whole-time midwives. The amount of work done by domiciliary midwives working privately is very small (29 cases in 1952); in private nursing homes the total number of cases was 63.

There is not complete delegation of the work to the County Nursing Association, the basis of the agreement being that the district nurse-midwives on the Association's payroll are made available for the authority's service and are controlled by the authority's senior staff. For these and other duties a whole-time County Nursing Superintendent was appointed to the staff of the authority, it being part of her duty to act part-time as an adviser to the County Nursing Association. This officer is the professional head answerable to the County Medical Officer for the supervision of midwives as well as the immediate control of other nursing work. She in her turn is assisted by a deputy and by four Area Nursing Superintendents, each of whom deals with the whole of the services in her own portion of the county. The whole of the approved costs are repaid to the Association, who work to prepared annual estimates.

In the sub-committee area of Hove and Portslade a domiciliary midwifery service has been secured by two methods:—

(a) In one part of the area by agreement with the Brighton and Lewes Hospital Management Committee who continue the service provided by midwives attached to the Sussex Maternity and Women's Hospital, Brighton. This hospital has conducted a large "district" covering a part of Brighton County Borough in addition to part of Hove, which is used for the purposes of a Part II midwifery training school. This arrangement was in existence before the inception of the Act, having been made with the Borough of Hove, and was carried over at the appointed day on a provisional basis.

During 1952 an opportunity arose to consider the matter in more detail and also for the hospital authority to regularise the position of its Part II midwifery training school. As a result of discussions the health authority decided to give the Hospital Management Committee notice to terminate the arrangement with the Sussex Maternity Hospital as it was intended that the Hove and Portslade Sub-Committee should in future provide a service by agreement with the Hove and Portslade District Nursing Association.

(b) In the remainder of the sub-committee area the midwifery service was already provided by midwives on the staff of the District Nursing Association. It is intended, therefore, that in future the whole of the domiciliary service in the sub-committee's area shall be secured by an agreement with the Hove and Portslade District Nursing Association, on the same general lines as that already in force (in the remainder of the county) with the County Nursing Association.

In the sub-committee area an assistant superintendent acts as senior nursing officer for all services, including the supervision of midwives.

Supervision is carried out of: (a) midwives in the employ of the County Nursing Association and of the Hove and Portslade District Nursing Association; (b) midwives in private practice, though the fact that in most cases the "notice of intention" refers only to a single case usually renders regular supervision impossible; (c) midwives working in private nursing homes; and (d) midwives working in various types of maternity units within the purview of the South-East Metropolitan Regional Hospital Board. In this last category the extent of supervision varies, of course, in accordance with the midwives' rules, and

recommendations (as, for instance, that a given midwife needs a refresher course) are made to the Hospital Management Committee concerned.

Administration of Analgesia. It is policy that every midwife employed in the authority's service shall be approved to give gas-and-air analgesia, and arrangements for training have been in force since 1938. At 1st January, 1953, 88 midwives out of a total of 90 had been approved in addition to the county and area superintendents.

All the midwives practising in the area of Hove and Portslade are approved for the administration of gas-and-air analgesia.

Similarly, the administration of pethidine has been the subject of training since 1950, after the issue by the Home Office of Statutory Instrument No. 380 of 1950, the Dangerous Drugs Regulations, 1950, which permitted midwives to possess and use pethidine, subject to safeguards. Every opportunity is taken to encourage private midwives to become trained in both matters.

Admissions to Maternity Units. As briefly indicated above (paragraph 5, Expectant and Nursing Mothers), the maternity units and hospitals serving the county send lists regularly (generally after each ante-natal session) of women who have attended, and it is the usual practice to regard those not recommended for admission on medical grounds as only provisionally booked until the social reasons have been investigated. During the year 66.3% of the notified births took place in hospitals or nursing homes (87.4% in the Hove and Portslade area).

Enquiries into these cases, including those specifically recommended on social grounds, are made by the Area Nursing Superintendents, the views of the private doctor and of the district midwife being taken into account. If hospital confinement is then considered desirable the booking is confirmed, the patient and the private doctor each receiving a carbon copy of the letter to the hospital. If admission to hospital is not recommended, again the hospital and the patient, and the district midwife are informed, and arrangements are made to meet other needs such as provision of a home help.

Speaking in general, these arrangements now work smoothly, though the following factors create a constant and strong tendency encouraging mothers to have their babies in hospital. Firstly, and probably most important, hospital confinement is so much less expensive to the family (though not to the community) and so much less trouble, that it is hardly surprising that most mothers prefer it. Secondly, whatever may be the case elsewhere, in this part of the country there has been ample provision of beds if one considers only those women who could not reasonably have their babies at home and, as the birth-rate drops year by year, so does the number of maternity beds available become relatively more and more generous. How long all the existing units will be kept for their purpose instead of, perhaps, being reallocated to meet more urgent needs is a matter of policy and planning for which the local health authorities are not responsible. Thirdly, women in whom medical grounds for admission are believed to exist are admitted without question, and there can be little doubt that the term "medical grounds" may cover a very wide range. Many doctors, for instance, genuinely believe that every primipara should be confined in hospital, but I know of only one maternity unit where such a mother, having been delivered uneventfully, is told on leaving, "Now you have had a baby without any trouble we both know you are quite normal and there is no medical reason why you should not have another baby at home."

Training of Pupil Midwives. By arrangement between the County Nursing Association and the Mid-Sussex Group Hospital Management Committee a Part II Training School was established at Cuckfield Hospital, Haywards Heath, in March, 1948, and has been carried on successfully ever since. The administrative background is that the hospital provide lecture rooms and quarters for pupils living in; as "per contra" benefit they receive the services of pupils working in the wards. These services are regarded as balancing and no accounts therefore are rendered. The cost to the County Nursing Association of conducting the school forms an item in the annual estimates approved by the Health Committee, who also are the direct employers of the Sister Tutor in charge of the school.

The school provides 15 places and, as the training period is six months, the possible annual number of pupils is 30. The following table summarises the work done since the school started:—

Pupils received	..	..	..	..	..	..	..	135
Left owing to illness, etc.	..	..	..	..	..	..	..	3
Pupils trained	..	..	..	..	..	..	..	132

Examination results.

Number of first passes	..	..	..	..	..	..	109
Number of passes on second attempt	..	..	..	..	..	..	7
Number of failures	..	..	..	..	..	..	5
Number still under training on 31st December, 1952	..	..	..	..	..	..	11
							132

Refresher Courses for Midwives. It is the established policy of the County Nursing Association (supported by the authority) that midwives shall attend refresher courses at intervals, generally those conducted by the Royal College of Midwives. Each midwife attends one or another course at least every four years.

Notifications. The number of certified midwives who notified their intention to practise, either temporarily or permanently, in the area (including Hove and Portslade) during the twelve months ended 31st January, 1953, was 158 and, in addition, 26 notifications were received from maternity nurses.

Medical aid was summoned under the rules of the Central Midwives Board in 323 cases, the main reasons for which medical assistance was needed being as follows:—

Ruptured perineum.	110	Other complications at delivery.	50
Abnormal conditions during pregnancy.	42	Post-natal complications.	40
Abortions and miscarriages.	22	"Sticky" or discharging eyes of infant.	19
Prolonged labour.	16	Other calls to infant.	22

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

The County Council, as health authority, no longer have any powers or duties to provide hospital treatment for infants suffering from ophthalmia neonatorum, but admission is arranged by or on behalf of the private doctor and this branch of hospital benefit is provided as promptly and efficiently as before. The same applies to puerperal pyrexia (see below). During 1952, as it happened, all the cases of ophthalmia neonatorum occurred in hospital practice.

Twenty cases of puerperal pyrexia were notified, 11 occurring in hospital and 9 in the patient's own home or in private nursing homes.

7. HEALTH VISITING.

As indicated in 5a above, the generalised system of nursing is applied over the greater part of the county and, in consequence, most of the health visitors are part-time. In the county outside Hove and Portslade there are 64 whole-time generalised nurses engaged on health visiting duties, equivalent to 16 whole-time health visitors. In addition, 15 health visitors (doing school nursing as well) are employed in the following areas:—

Bexhill	..	..	..	3	Lewes	..	..	..	3
Burgess Hill	..	..	..	2	Newhaven	..	..	..	2
East Grinstead	..	..	..	2	Seaford	..	..	..	1
Haywards Heath	..	..	..	2					

The above-mentioned health visitors, both part-time and whole-time, include school medical work in their duties, there being no separate school nurses.

In the county outside Hove and Portslade, tuberculosis visiting as well as attendance

at clinics conducted by the chest physicians is a function of the Area Nursing Superintendents (see paragraph 11).

In the sub-committee area of Hove and Portslade the separate system is followed and nine whole-time health visitors are employed. Here, also, school nursing work is included in the duties, while tuberculosis visiting is done by one specialised officer.

All the health visitors are encouraged to meet their general practitioners and to deal personally with them in the solution of day-to-day problems. Almoners and other hospital officers frequently approach the health visitors direct or through head office for assistance in dealing with patients before, during or after stay in hospital. The offer of one hospital consultant (see paragraph 11) to allow health visitors to attend his ward rounds was accepted and these visits have been most successful.

It is the policy of the authority that as many of the nursing staff as possible shall be qualified as health visitors and, at the end of 1952, 45 out of 64 generalised nurses were so qualified. Every year assistance is given through the County Nursing Association to enable 12 candidates, already in posts in the county or from elsewhere, to take health visitors' training. Officers of the authority give lectures at the training school at Brighton and pupils there and from elsewhere take part in county work as part of their practical training.

The County Nursing Association arrange an annual refresher course (see paragraphs 6 and 8), lasting one week, for health visitors and district nurse-midwives. The course includes lectures by specialists on various subjects of interest and value to the health visitor, and demonstrations are also given in nursing technique.

Arrangements are sometimes made for health visitors and nurses to attend refresher courses organised by the Royal College of Nursing, the Queen's Institute and the Women's Public Health Officers' Association, and to attend other lectures, demonstrations and conferences which would help them in their work.

8. HOME NURSING.

As mentioned above, home nursing in this county is combined with other work; in some cases midwifery only, in other cases a full generalised scheme.

It is the authority's policy, and members of staff are continually encouraged to observe it, that there shall be full, friendly co-operation with general medical practitioners, which is secured very largely by each nurse or district nurse-midwife keeping in touch with the doctors in her district. Home nursing is provided only at the request of the private doctor which in the case of emergency is sought immediately after the first attendance.

Liaison with hospitals is secured partly centrally through communications with the almoners, requests from medical staff and information obtained at meetings such as those of Hospital Management or Local Medical Committees, and partly direct in each district by requests being sent by hospitals to the private doctor or the nurse herself. It is found in practice that easy and complete co-operation is provided for by these means.

A night service has not been established by the authority either in the county in general or in the sub-committee area of Hove and Portslade.

Refresher courses, to which members of the nursing staff are allocated by the County Nursing Superintendent, are conducted by the Queen's Institute of District Nursing. Staff also attend other refresher courses such as that organised and conducted annually in Lewes by the County Nursing Superintendent.

By means of a sum of money in the County Nursing Association's estimates, which ranks for full repayment by the health authority, eight candidates each year are sent for training by the Queen's Institute of District Nursing.

It has been found possible to appoint a male Queen's nurse to the staff of the County

Nursing Association; he is employed in one of the larger boroughs and experience has confirmed those in favour of such appointments.

During the year 209,589 home-nursing visits were paid to 13,466 patients.

9. VACCINATION AND IMMUNISATION.

The general plan is that arrangements have been made for the district medical officers of health (with the agreements of their councils) to administer this part of the service in their respective areas. There are seven district medical officers of 15 county districts, including Dr. N. E. Chadwick, who, in the sub-committee area of Hove and Portslade, is the medical officer to that sub-committee.

In each area the medical officer has working under his direction an immunisation clerk in order that the recording correspondence and following-up shall be satisfactorily maintained; the clerk is whole-time in the larger areas or part-time in the smaller.

Again by agreement with the county district councils, the necessary accommodation forms part of each district council office and is closely associated with the public health department.

Children under Five Years of Age. The general plan is that parents are approached in the first few months of the child's life and the case for vaccination and immunisation is presented to them. The district nurse-midwives and health visitors are mainly concerned with this, the approaches being made whenever possible in the ante-natal period and in any case during the neo-natal period.

Parents are given the opportunity of asking their own doctors to give either treatment or of attending sessions arranged by the respective district medical officers.

General medical practitioners are encouraged to take part in the work, are supplied with free antigen for diphtheria immunisation (vaccine lymph being obtained direct from the Public Health Laboratory Service) and are paid 5s. for each record in approved form of vaccination or immunisation carried out. General practitioners are also engaged on a sessional basis to take immunisation clinics, which are arranged whenever sufficient acceptances have been received from persons in each area.

It has not been the general practice to make immunisation and vaccination part of the work of infant welfare centres. Experience in the sub-committee area of Hove and Portslade, however, supported by reports from elsewhere, has shown that this can be done successfully if arranged methodically, and the attendance of a number of mothers and children in one place gives useful opportunity to immunise the children very promptly after the parents accept the offer.

In addition to the continued efforts of those in the nursing services, the medical officers of the authority and of the county districts take every opportunity to advocate immunisation by personal contacts (as, for instance, by follow-up of reluctant parents) and by giving talks in welfare centres and to voluntary organisations.

National publicity material in favour of vaccination and immunisation is largely used to reinforce personal approach, and the Sussex Rural Community Council carry on propaganda on behalf of the authority.

Children over Five Years of Age. The card index filing sections of the recording system enable continuous supervision to be kept of the immunisation state in every maintained school, since a return is obtained each term of all new entrants (with a note of whether they have been immunised) and of all those leaving, whether going to other maintained schools or not. The principals of independent schools, of which there are large numbers in the county, are all asked to co-operate in a similar procedure, and their response has been excellent; in many cases the visiting private doctor engaged by the principals also carries out immunisation of the pupils, there being good relations between him and the respective district medical officer. In independent schools the checking of particulars of

previous immunisation of pupils is apt to mean more clerical work than when dealing with maintained schools.

In both types of school it is policy that children immunised in early life shall be given a "booster" dose at about five years of age and again at about ten years. The teaching staff in maintained and other schools have been of great help in enabling pupils needing primary or "boost" doses to be treated, often on the school premises.

For a number of years Dr. W. B. Stott, Medical Officer of Health for Cuckfield Urban District, Burgess Hill Urban District and Cuckfield Rural District, has taken a prominent part in the development and maintenance of an extremely high level of diphtheria immunisation in the child population of his area, and also in the testing of new materials and research into such related matters as the effect on the unborn child of immunisation of the pregnant mother. An enquiry just started in the latter part of 1952 was a test of a new combined antigen which gives promise of useful immunity to whooping cough as well as to diphtheria. Schick-testing after immunisation (so-called "post Schick-tests") is carried out in Dr. Stott's area and one other, but not generally throughout the county.

Details of the numbers of persons vaccinated and immunised in the several districts of the County are given in Tables VI and VII in the Appendix (page 42).

Immunisation against Whooping Cough. Although a considerable amount of immunisation against whooping cough is done by general practitioners as part of "general medical services" it has not been the general policy of the authority to advocate or provide this. Until quite recently there has not been an antigen which could be supported by public propaganda in the way that is justified for diphtheria, and the disease, although widespread in this county, is increasingly mild, both deaths and complications being extremely few. Up till the end of 1952, therefore, immunisation against whooping cough was obtainable in the county only (a) in the sub-committee area of Hove and Portslade and (b) in Cuckfield Urban District, Burgess Hill Urban District and Cuckfield Rural District, where (as stated above) a test of a new combined antigen was started. In this area attempts are made, by approaching the parents at the third month, to give three doses of combined antigen at intervals of one month, the actual injections being completed by, say, six months. A Schick-test is carried out one month later. This treatment will be followed by the usual "boost" dose at $4\frac{1}{2}$ to 5 years of age.

In the area of Hove and Portslade, similarly, it is attempted to give injections against whooping cough (whether separate or combined) as early as possible in the first year.

10. AMBULANCE SERVICE.

The County Ambulance Service, which includes the Hospital Car Service, continues to carry out its functions satisfactorily, the appointment of an Ambulance Officer in 1951 being found fully justified.

There have been no changes in the establishment during the period of review which is as follows:—

<i>Directly-operated.</i>				
Seaford	..	..	..	1 ambulance.
Hove and Portslade	..	..	..	8 ambulances.
<i>St. John Ambulance Brigade.</i>				
Battle	..	..	..	1 ambulance.
Bexhill	..	..	..	3 ambulances.
Lewes	..	..	..	3 ..
Rye	..	..	..	2 ..
Hailsham	..	..	..	2 ..
<i>British Red Cross Society.</i>				
Hurstpierpoint	..	..	..	1 ambulance.
East Grinstead	..	..	..	2 ambulances.
Haywards Heath	..	..	..	2 ..
Crowborough	..	..	..	2 ..
Uckfield	..	..	..	1 ambulance.
<i>Newhaven Nursing Association.</i>				
Newhaven	..	..	..	1 ambulance.

1 sitting-case car.

The directly-owned ambulances are staffed by the authority: (a) eight in the sub-committee area of Hove and Portslade and (b) one at Seaford. Both instances represent the development of services previously conducted by a local authority.

The administrative county (excluding the Hove and Portslade area) is served by a total of 21 ambulances and 1 car: 11 ambulances and 1 car owned by the St. John Ambulance Brigade, 8 ambulances by the British Red Cross Society, 1 by the Newhaven Division of the Nursing Association and 1 direct by the authority. In addition, agreements have been made for certain parts of the county to be served by vehicles in adjoining areas:

- (a) Crawley Parts of the parishes of Worth, Slaugham and Balcombe.
- (b) Eastbourne .. Parishes of East Dean, Friston, Jevington, Willington, Polegate, Westham and Pevensey.
- (c) Hastings Parishes of Crowhurst, Sedlescombe, Brede, Westfield, Ore, Guestling, Fairlight and Pett.
- (d) Tunbridge Wells .. Parishes of Frant, Wadhurst and Ticehurst.

The ambulance services on either side of the county boundary in whatever local authority area will deal with emergency calls irrespective of locality, no financial adjustment being made.

All the ambulances enumerated above deal with calls to accidents, cases of illness and maternity cases.

Three new Bedford/Lomas ambulances have been purchased during the year and allocated to East Grinstead, Seaford and Hurstpierpoint to replace the old Morris, Austin and Ford ambulances, respectively. The policy has been gradually to replace all machines which by reason of age or otherwise have become unsatisfactory and, by the end of the year, 15 such vehicles will have been replaced and two Daimler ambulances purchased for long-distance journeys.

Since the Heathfield ambulance station was closed down on 31st March, 1951, repeated representations have been made from people residing in the Heathfield and Waldron areas for an ambulance to be stationed at Heathfield. Representatives of the Health Committee agreed to meet representatives of the parishes in Lewes, but the parish representatives were unable to show that the authority would be justified in incurring the expense of placing an ambulance at Heathfield. As the present arrangements are adequate, no further action has been taken.

Section 24 of the National Health Service (Amendment) Act, 1949, made provisions for an authority to claim on other local health authorities for the cost of conveying patients from their area to that of other authorities if discharged from hospital within three months of their admission; records have been kept of such journeys in this area and claims for reimbursement have been made. In this connection, there has been close co-operation between this authority and the Brighton County Borough health authority. East Sussex ambulances which take patients to the Brighton hospitals now contact the Brighton County Borough ambulance control and take back patients who have been discharged, both Section 24 cases and others which would normally be taken by the Brighton ambulance service. This is a saving to the county, as these cases would normally be charged for if taken by Brighton and, at the same time, it brings into use what would normally be a returning empty ambulance. Brighton also make use of the returning empty ambulances, which, as advised in the Third Report on ambulance services, are not charged for providing no serious deviation of route is taken.

During the year 1952, arrangements were made with the West Sussex County Council for the Crawley ambulance to transport patients from an area around Crawley—chiefly to the Crawley hospital—at an agreed rate per mile, and the arrangements are working satisfactorily.

Much has been done to prevent any possible abuse of the ambulance service and, at

a meeting of the East Sussex Local Executive Council at the beginning of the year 1952, this question was discussed. The Council invited general practitioners to display a notice in their surgeries on the lines referred to in paragraph 5, Circular 30/51, to the effect that, "An ambulance or car cannot be provided for a patient who can make the journey on foot or by bus or train." This they readily agreed to do. Similar notices have also been displayed in the hospitals and close watch is kept on journeys both by ambulance and Hospital Car Service by the County Ambulance Officer and the area transport officers of the Hospital Car Service, to avoid any abuse or excessive use of the service. Whenever attention is drawn to an apparent misuse of the service, full enquiry is made.

Increased use of train journeys has been made during the year and, in view of the decision of the Railway Executive not to provide special stretchers for carrying patients in railway compartments, two Parrott-type stretchers have been purchased. They have already been in use. During the year 176 patients were sent by rail, the journeys often necessitating detailed planning in order to cross London.

Hospital Car Service. With the exception of one car stationed at Lewes and belonging to the St. John Ambulance Brigade, the Hospital Car Service in this county is provided entirely by the joint organisation of the British Red Cross Society and the St. John Ambulance Brigade, on behalf of whom Mr. C. H. E. Bath is the County Organiser in East Sussex. Assisted by several area organisers, he has organised, and continues to conduct, a car service of notable efficiency throughout the whole administrative county, and it would be difficult to speak too highly of the benefit to the community rendered by his unfailing hard work and willing co-operation. The number of volunteer drivers and cars naturally varies from time to time, but usually approximates to 164. These drivers are paid mileage rate in accordance with national agreement arrived at in 1952, as follows:—

					<i>Under 13 h.p.</i>	<i>Over 13 h.p.</i>
Up to 800 miles per month	..	..	..	..	7d. per mile.	7½d. per mile.
For each mile thereafter	..	..	..	..	5d. per mile.	5½d. per mile.

Civil Defence Ambulance Section. In connection with Civil Defence, ambulance section training is proceeding in all sub-divisions and five old ambulances are being used for driving and maintenance instruction. The target for the ambulance section of the Civil Defence Corps is 430, and the strength of the section at the end of the year was 418. The training of Civil Defence volunteers as drivers and attendants in the duties peculiar to the service is progressing and experience is being gained by volunteers who are reporting at ambulance depots and accompany the full-time drivers on both normal and emergency calls. There is close liaison in Civil Defence matters with the county district authorities and assistance has been given on a number of occasions to the Civil Defence department where exercises and incidents are being staged.

I should again like to mention the valuable assistance which has been given by the Police and Fire Services in the use of their intercommunication systems, especially where emergency calls have been passed by them to the next nearest ambulance because the ambulance in their particular area has already gone out on a call. The Ambulance Service has also assisted its colleagues in the Police and Fire Services by including vehicles and staff in any displays and demonstrations given in public.

OPERATIONAL STATISTICS
(not including Hove and Portslade).

<i>Ambulances.</i>					1951.	1952.
Mileage	..	..	..	..	233,506	245,176
Patients	..	..	..	..	10,597	12,003
<i>Cars.</i>					1951.	1952.
Mileage	..	..	..	..	840,766	896,110
Patients	..	..	..	..	43,140	96,549

MONTHLY FIGURES FOR 1952.

						<i>Ambulances.</i>		<i>Cars.</i>	
						<i>Patients.</i>	<i>Miles.</i>	<i>Patients.</i>	<i>Miles.</i>
January	..	..	..	..	..	1,006	19,598	6,482	75,958
February	..	..	..	..	..	1,032	20,356	7,653	72,524
March	..	..	..	..	..	966	20,415	7,918	74,721
April	..	..	..	..	..	983	19,497	7,666	71,507
May	..	..	..	..	..	995	22,397	8,502	77,433
June	..	..	..	..	..	1,009	21,527	8,065	73,197
July	..	..	..	..	..	997	21,565	8,902	78,460
August	..	..	..	..	..	1,009	20,845	7,878	71,228
September	..	..	..	..	..	1,021	21,179	7,935	73,351
October	..	..	..	..	..	936	18,123	8,520	80,053
November	..	..	..	..	..	974	18,574	8,614	77,454
December	..	..	..	..	..	1,075	21,100	8,419	70,224

It will be seen that the figures still fluctuate in spite of every effort to avoid unnecessary use of ambulance vehicles. It will be observed in the case of sitting-case patients that the number of patients has more than doubled itself; this is due to the new procedure advised by the Ministry whereby if one patient is taken to hospital by ambulance transport and is returned home on the same ambulance or car journey, this is deemed to count as one journey and two patients. This method of calculating the number of patients carried by the Hospital Car Service was adopted as from the 1st January, 1952.

It will be appreciated that every addition to diagnostic and treatment facilities provided by the hospital services, or expansion of those already available, will increase to some extent legitimate calls for transport, a factor to which some of the rise in mileage and number of patients carried is due.

The working conditions in the sub-committee area of Hove and Portslade are different from the rest of the county as a whole, partly because nearly all the area is closely built up and partly because all the population is close to several hospitals. There is, as a result, a constant succession of entirely legitimate calls including a large number of recurring visits to hospital out-patient departments.

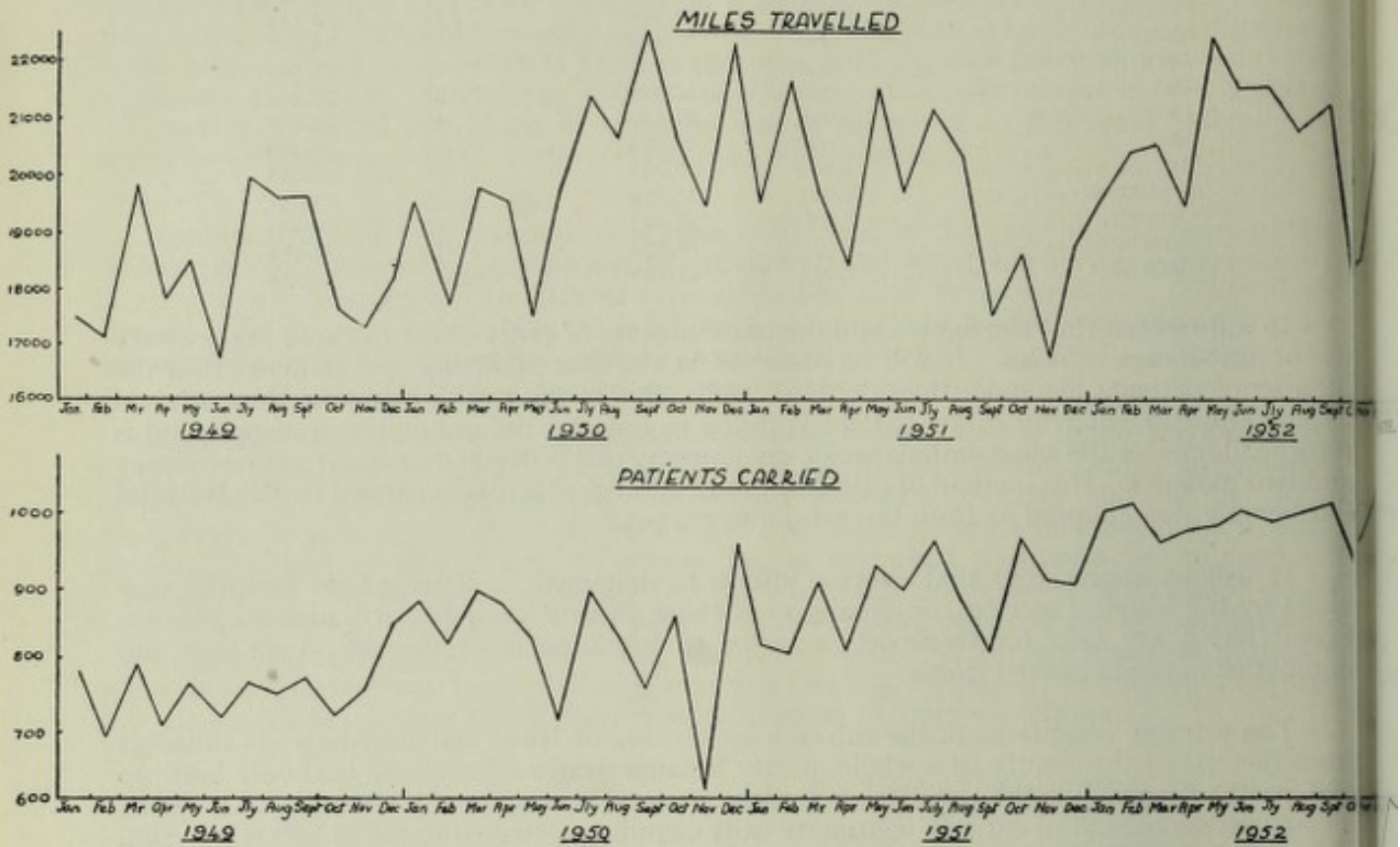
The annual figures for the Hove and Portslade service are given as follows:—

						<i>Patients carried.</i>	<i>Mileage.</i>
1949	..	..	..	..	..	3,993	41,651
1950	..	..	..	..	..	6,347	56,473
1951	..	..	..	..	..	8,544	76,059
1952	..	..	..	..	..	8,768	74,454

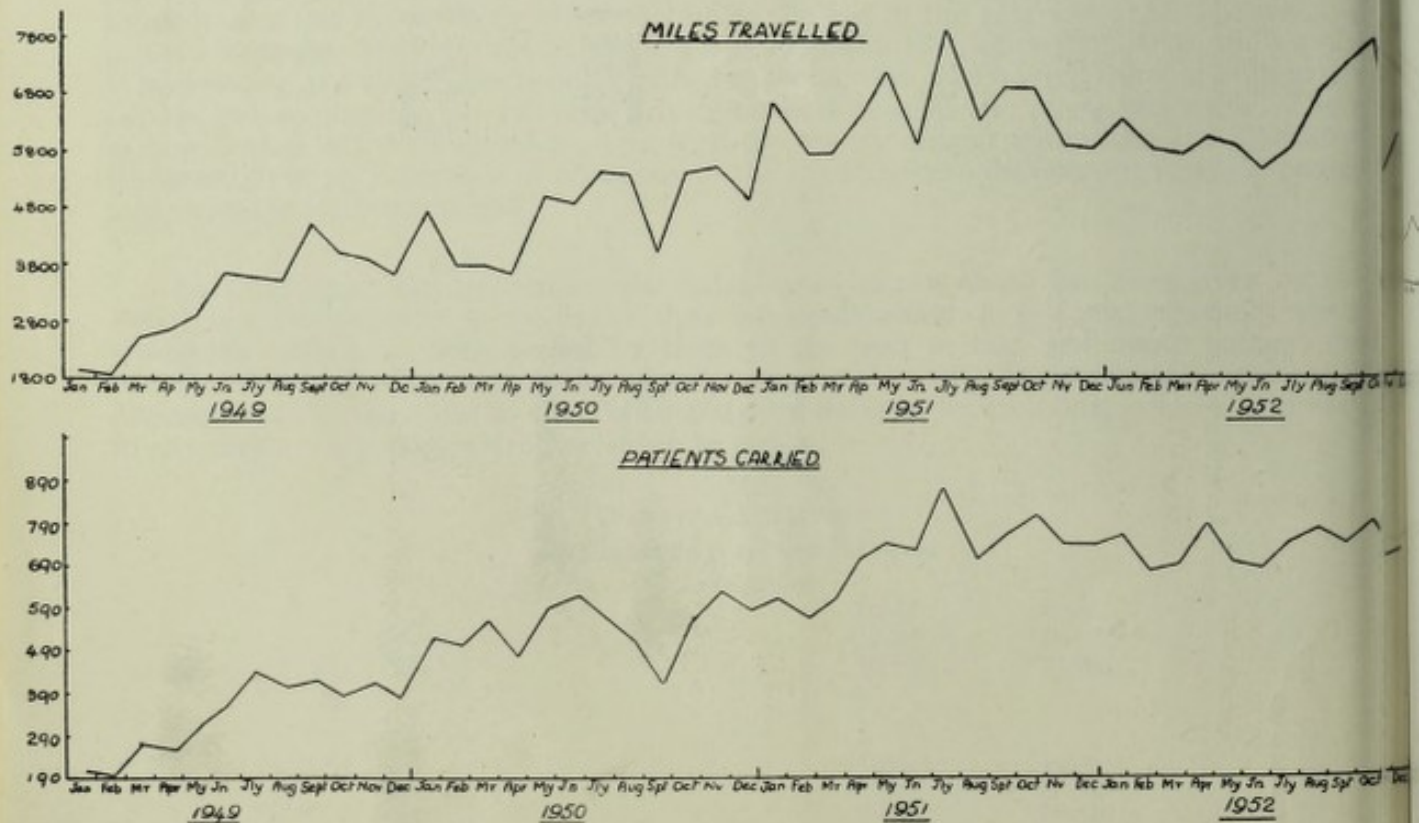
AMBULANCES.

(excluding Hove and Portslade area).

1ST JANUARY, 1949, TO 31ST DECEMBER, 1952.

**AMBULANCES—Hove and Portslade Area.**

VARIATION IN MILEAGE AND NUMBER OF PATIENTS, 1ST JANUARY, 1949, TO 31ST DECEMBER, 1952.

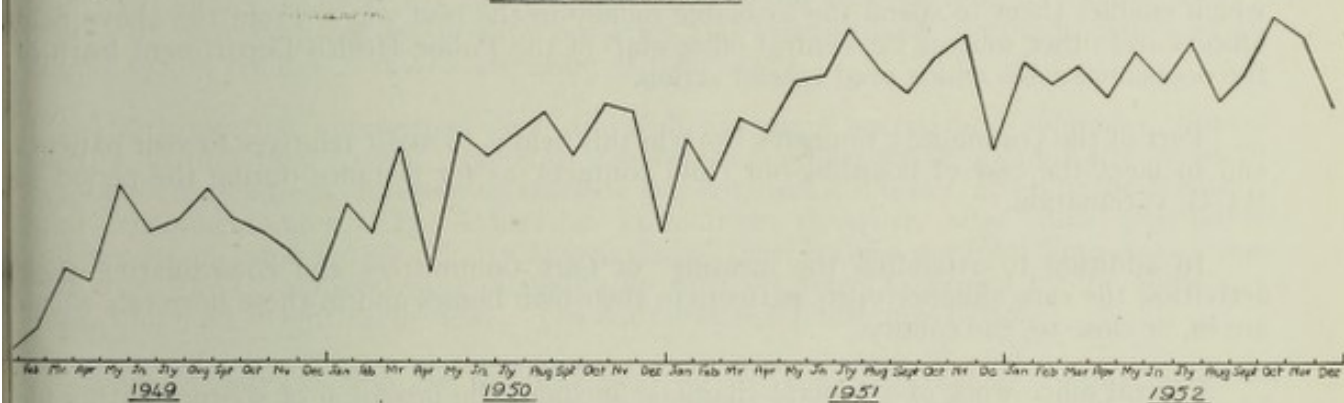


SITTING CARS—Whole Administrative Area.

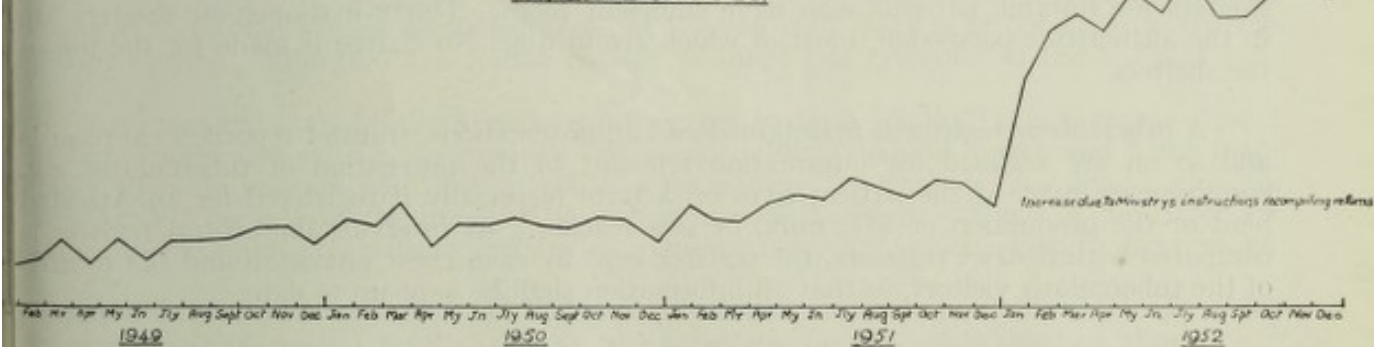
1ST JANUARY, 1949, TO 31ST DECEMBER, 1952.

NOTE.—In the sub-committee area of Hove and Portslade, sitting cases are taken partly by the Hospital Car Service and partly by ambulances. A comparison with the main county area is therefore not practicable.

MILES TRAVELLED.



PATIENTS CARRIED.



II. PREVENTION, CARE AND AFTER-CARE.

The care and after-care scheme in this county is operated with the assistance of a voluntary body, the Sussex Rural Community Council, one of whose activities being tuberculosis and after-care.

There are six area committees, one dealing with the sub-committee area of Hove and Portslade and five covering the remainder of the county. The expenses of the Community Council in respect of this work are partly met by grants from the health authority under three headings: (a) general, (b) travelling expenses of relatives and boarding-out of child contacts and (c) the supply of milk to patients.

The grant to the Community Council approved for the year 1952-53 totals £2,410, plus £875 for the Hove and Portslade Division.

The staffing framework on the authority's side is that a whole-time care almoner is employed (practically all her time being spent on tuberculosis work) and each of the chest physicians regards himself as having a part-time responsibility for preventive and care work (see paragraph 3 above). The Area Nursing Superintendents act as tuberculosis visitors and, with the health visitor who does similar work in Hove and Portslade, attend the Care Committee meetings, which are also attended by the chest physician and the care almoner. Such attendances secure that the voluntary workers have the expert advice and guidance which enables them to spend the available money in the best way. From the above field officers and other sources the central office staff of the Public Health Department learn of the occasional cases which need special action.

Part of the Community Council's work in this field is to assist relatives to visit patients and to meet the cost of boarding-out child contacts, as for instance during the period of B.C.G. vaccination.

In addition to attending the meetings of Care Committees and co-ordinating their activities, the care almoner visits patients in their own homes and in those hospitals which are in, or close to, the county.

Central office work of a general character includes the provision of sputum outfits for home use (different types are favoured by different chest physicians) and of open-air sleeping shelters for suitable patients who have sufficient room. Thirty-five open-air shelters are in the authority's possession, most of which are in use. No charge is made for the use of the shelters.

A tuberculosis register is maintained and all notifications, transfer reports, case records and so on are scanned for information relevant to the prevention of tuberculosis, e.g. enquiries are made if the patient lives on a farm (especially if registered for an Attested herd or the production of T.T. milk) or is a teacher. At intervals the central register is compared with district registers, the register kept by each chest physician and the records of the tuberculosis visitors, so that all information shall be kept up to date.

When a teacher, whether in a private school or one maintained by the education authority, is found to have tuberculosis which may have been in a communicable form, the chest physician of the area co-operates with the County Medical Officer of Health (or the Divisional Medical Officer, if in Hove or Portslade) and the Director of the Mass Radiography Unit at Brighton in a systematic enquiry. As an example, this might consist of: (i) X-ray and clinical examination of all teachers, cleaners and other staff engaged at the school during the probable period of infectivity; (ii) Mantoux-testing and X-ray by mass radiography of all pupils or at least of all the Mantoux-positive children; (iii) arranging for later review of those clinically suspicious and the treatment of any found requiring it; and (iv) last, but very important, not only systematically obtaining the consents of all concerned and sending out reports later, but doing so in a way that will avoid unnecessary anxiety. Such enquiries would have been impossible without the willing support of the Director of the Mass Radiography Unit.

This area is fortunate in that all the chest physicians, including the Director of the Mass Radiography Unit, co-operate wholeheartedly in the preventive side of the work;

indeed, very useful suggestions often come from them and as often as not investigations such as the above are initiated by them. Personal or group discussions on the preventive aspect are frequent. The family doctors are drawn into the investigations and are often of great assistance.

Recommendations made in accordance with Ministry of Health Circular 64/50, which dealt with the protection of organised groups of children against tuberculosis, were considered in 1950 by different committees of the County Council, and applied to different extents. The Ministry of Education's Circulars 248 and 249 were also considered in 1952. The Health Committee approved the Ministry's recommendations and resolved that they be applied to staffs of day nurseries and to those health visitors whose work brings them into close contact with organised groups of children. In practice, such staff are examined and X-rayed on appointment and annually thereafter, nearly always at the Mass Radiography Unit.

The Children Committee agreed in principle that all staff in close contact with organised groups of children in the Committee's homes be required to undergo a medical examination, including X-ray, as a condition of their appointment, but resolved that for the time being the principle be not applied to domestic staff who were unwilling to undergo such an examination. It has been found, however, that very few such staff express any reluctance and staff in Children's Homes are also X-rayed annually. It has been noted with appreciation that the Children's Officer has made opportunities from time to time to remind those in charge of voluntary homes, private nurseries and independent boarding schools of the desirability of regular X-ray examination of their staffs.

The Education Committee were, and still are, in a special and somewhat difficult position in that they have a large staff, teachers alone numbering about 1,400, while the support of associations representing teachers was not, and still is not, given to the Ministry's joint recommendations. The Education Committee, therefore, after some negotiations and discussion, informed the County Association of Teachers and the Joint Four Associations that they (the Committee) were in sympathy with the views expressed by the Minister of Education, and sought their views. The matter is still under negotiation.

Suitable patients who are recommended by the chest physicians are sent away for rehabilitation and training to suitable establishments. At 1st January, 1952, no patients were away; during the year four were sent and at 31st December three were under training—one at Papworth Village Settlement, one at Preston Hall and one at the Enham-Alamein Village Centre, Andover. The fourth patient relapsed and returned to the hospital side.

Arrangements provide for the chest physicians to treat by B.C.G. any persons found to be suitable and willing; in practice this means adults, such as nurses and home helps likely to be in contact with known cases of pulmonary tuberculosis, and young children boarded-out because of the presence of such a case in the home. Many of the latter are placed in the county by outside authorities. During 1952, B.C.G. was given to 207 persons.

A limited amount of after-care is given to patients in general outside the scope of the tuberculosis and mental health services (q.v.), usually on the application of almoners in the hospital service. This may take the form of directing existing services such as general nursing, health visiting or home helps to the needs of the patient, or the loan of equipment such as a special mattress, a Balkan frame or other apparatus. Provision is made for sending away children aged under five years for a recuperative stay on the recommendation of hospitals or others, but this is not done for school children or adults.

Negotiations were afoot at the end of 1952 regarding the possible appointment of a special health visitor dealing (part-time) with liaison between old persons in their own homes and the geriatric service conducted from one of the Hospital Management Committee's hospitals.

Grants continue to be made in recognition of the maintenance 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.

12. DOMESTIC HELP.

The service of domestic helps provided under Section 29, and known in this county as the Home Help Service, is conducted with the assistance of the Women's Voluntary Services. In immediate charge and answerable directly to the County Medical Officer is the Home Help Organiser, dealing with the whole of the administrative county outside the sub-committee area of Hove and Portslade. She is a member of the Women's Voluntary Services and by arrangement with this organisation her office and clerical help are in their county headquarters. The area organisers of the Women's Voluntary Services assist her in their respective areas. The Home Help Organiser and her clerk are direct employees of the health authority, while the voluntary assistance given is recognised by an annual grant to the Women's Voluntary Services, calculated on a lump sum for each area office.

In the sub-committee area of Hove and Portslade a whole-time assistant Home Help Organiser is employed, working in the office of the Sub-Committee Medical Officer, being answerable directly to him; the help of the Women's Voluntary Services is not enlisted in this area.

In both parts of the county recruiting of suitable workers has been secured by the help of advertisements (at the initiation of the scheme) and references by health visitors, district nurse-midwives and other workers. Every prospective worker is interviewed and informal enquiries are made regarding her suitability as regards health and on general grounds. Before being employed in a tuberculous household a home help is examined by a chest physician, including by X-ray and tuberculin, and, if found to be Mantoux-negative and therefore at greater risk of contracting tuberculosis, she is not employed in such a house. 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.

The following table gives the number of cases where domestic help was provided during 1952:—

(a) Maternity (including expectant mothers)	..	..	..	..	563
(b) Tuberculosis	..	..	..	..	74
(c) Others (general, chronic illness, old age, etc.)	..	..	..	..	1,682

There are no arrangements for training home helps.

In earlier years it was the practice to employ home helps in four categories:—

(a) Whole-time mobile, who were guaranteed the regular wages and conditions of service laid down from time to time and undertook to go anywhere in the county;

(b) Whole-time, not mobile and therefore working in one limited area only;

(c) Guaranteed half-time; and

(d) Part-time or casual, including those paid by the case.

It was soon found that whole-time home helps, unless mobile, could not always be kept provided with a neat succession of cases without considerable "dead time"; this difficulty tends to increase as the number of home confinements decreases. Similar difficulties have been experienced in the case of guaranteed half-time helps. As a result, the employment of whole-time home helps (non-mobile) and of half-timers has been greatly reduced and, at 31st December, 1952, only one non-mobile and three half-time helps were on the roll, the staff being made up by 10 mobile whole-time and nearly 200 part-time and "casual" helps.

It has been found necessary to examine most carefully any suggestions that a relative should act as home help, though such an arrangement is occasionally made where the circumstances appear to justify it.

The terms of Section 29 are wide enough to allow of an almost unlimited domestic help

service being provided, but in this county the scheme provides for the following not very sharply defined classes of households, where need is due to:—

Maternity: (a) At home.

(b) Where the mother has to be transferred elsewhere.

Tuberculosis.

General conditions, which includes cases of acute illness, or chronic illness, or old people unable fully to care for themselves.

Maternity cases may be helped before, during and/or after the confinement; even in the rare case where the help is supplied because the mother is required to lie up for several weeks before confinement, the time to be given is foreseeable and generally not long.

Cases of tuberculosis are often required to take strict bed rest at home prior to, or instead of, sanatorium treatment, and some of these make a heavy drain on the available resources, owing to the genuine need and the impossibility of seeing when this need will lessen or cease to be.

Cases of acute illness do not usually occasion prolonged help, but people (generally old) lying at home with chronic illness, or so old that they need a little assistance, are liable to need such help for an indefinitely prolonged period. Once the need is established, it is unlikely to cease except by the processes of nature and there is no logical reason why the help should ever be withdrawn. Care is taken, however, not to provide help too lavishly and to reduce the hours per week if this seems reasonable.

Home help is occasionally provided in a special case when dealing with a "problem family," a selected home help being sometimes able to bring about a marked improvement in the standard of domestic management.

The demand for domestic help has steadily increased and the authority's estimates have also been increased from time to time as shown below:—

	1948-49 (from 5th July, 1948).	1949-50.	1950-51.	1951-52.	1952-53.
<i>Full Service Estimates:</i>	£	£	£	£	£
EAST SUSSEX	3,425	12,510	12,075	24,050	28,625
HOVE AND PORTSLADE	1,960	2,840	2,779	3,590	4,887
Total	5,385	15,350	15,454	27,640	33,512
<i>Wages, etc., of home helps (estimates):</i>					
EAST SUSSEX	2,600	11,560	11,640	22,250	26,605
HOVE AND PORTSLADE	1,525	2,500	2,250	3,000	4,250
Total	4,125	14,060	13,890	25,250	30,855
<i>Cases taken:</i>					
EAST SUSSEX	230	627	987	1,081	1,225
HOVE AND PORTSLADE	95	313	378	515	1,333
Total	325	940	1,365	1,596	2,558
<i>Hours worked (excluding travelling time):</i>					
EAST SUSSEX	35,863	114,341	110,725	159,774	178,886
HOVE AND PORTSLADE	9,195	21,944	22,301	26,678	33,028
Total	45,058	136,285	133,026	186,452	211,914

There is no doubt that the health authority's Part III services, of which home helps is one, have been and still are serving the need for economy of public funds by reducing the demand for admission to hospital. It is nevertheless difficult to ask ratepayers to increase deliberately the call on their own pockets in order to save other expenditure over which they have no appreciable control.

13. HEALTH EDUCATION.

The authority provide this mainly through the Sussex Rural Community Council, who (using among other material the display sets, literature and so on available from the Central Council for Health Education) carry on propaganda throughout the county by posters,

displays, health education, exhibitions and addresses to meetings of the general public.

Some of the medical officers of county districts give talks to schools, Women's Institutes and other gatherings on such subjects as general hygiene, nutrition, prevention of accidents in the home, the importance of vaccination and immunisation, and clean food.

Instructional talks, mainly given by senior members of the nursing staff, are given at infant welfare centres.

The Area superintendents give mothercraft lectures and demonstrations to older girls in maintained schools.

All district nurses, midwives and health visitors in their day-to-day contacts with mothers and others stress the importance of vaccination and immunisation and other aspects of prevention and a healthy life.

The authority have not taken any organised steps to prevent accidents in the home, but advice and propaganda are continually carried on by the nursing and midwifery staff, including the health visitors, as part of their daily work.

14. MENTAL HEALTH.

Administration. The Mental Health Sub-Committee of the Health Committee discharge the local health authority's functions relating to the care of mentally defective persons, and their duties in respect of the Lunacy and Mental Treatment Acts, 1890-1930. These matters are not delegated to the sub-committee for the area of Hove and Portslade. 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 three assistant medical officers. Two of the latter are approved by the authority for the purpose of signing certificates under the Mental Deficiency Acts and all are approved by the Ministry of Education for examining and reporting on children believed to be educationally subnormal.

The Child Guidance Service (which is only mentioned owing to its continuity and relationship with the work of the Health Committee) is a joint one for the County of East Sussex and the County Boroughs of Eastbourne and Hastings. The staff consists of a whole-time and two part-time psychiatrists (made available by the South-East Metropolitan Regional Hospital Board), one whole-time educational psychologist and one part-time and four psychiatric social workers.

There are four full-time duly authorised officers, one of whom is a woman. Two of these hold the certificate of the Royal Medico-Psychological Association, while the other two have had very considerable experience of mental health work over many years past. Initial proceedings in providing care and treatment for persons suffering from mental illness are taken by these officers, and supervision and care of mental defectives in the community are carried out by the same four officers and a whole-time 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. Experience has shown that the allocation of hard and fast area limits for mental health officers is not yet a practicable proposition. The siting of officers at strategic points is an essential preliminary, but housing and other difficulties for the time being prevent this. At the present time there is no authorised officer east of Seaford or north of Lewes and, consequently, long journeys have to be made to cope with cases in three-quarters of the county area.

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. During the year routine visits were paid to 20 defectives and reports were sent to licensing hospitals. The supervision of patients discharged on trial from mental hospitals is a duty usually discharged by officers of hospital boards, but supervision would 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 are recommended by the hospital for such help. Certain mental defectives are also given friendly guidance. A County Council grant to cover the cost of this service is made to the Association.

Community Care. At the end of the year, 156 mental defectives were under guardianship, about one-third being under the immediate care of the Brighton Guardianship Society, and 447 were under statutory supervision mainly provided by home visitors.

In connection with the difficult matter of obtaining vacancies in institutions for mental defectives, especially children of low-grade intelligence, an arrangement was made with the South-East Metropolitan Regional Hospital Board soon after the "appointed day" by Brighton County Borough and East Sussex County Council in agreement that this health authority would maintain a waiting list of applicants and administer it jointly on behalf of the Board, to save the latter the delays and embarrassments attendant upon assessing the relative urgency of cases with whom their officers were not personally acquainted. The friendly co-operation in existence between the officers of the respective authorities has enabled this working arrangement to continue most satisfactorily ever since, and it is believed to have been of considerable help also to the Board.

The authority does not conduct occupation centres and they therefore have made no arrangements for the training of staff.

The general work of the prevention of mental illness, care and after-care of the mentally ill and to some extent the supervision of mental defectives is undertaken on behalf of the authority by the East Sussex Association for Mental Welfare, in consideration of an annual grant and subject to certain conditions, the main being that the Association shall appoint and have regard to the opinion and guidance of a trained worker in the conduct of their work.

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. Travelling expenses are repaid to parents who want their children to attend but do not desire boarding-out.

After-care in the case of persons suffering from mental illness of a degree or character needing skilled help is provided by the social worker appointed to the Association's staff and also by the duly authorised officers of the health authority.

Care and supervision of mental defectives in the community is provided by the authority's officers and suitable cases are also referred from time to time to the Association.

Ascertainment of mental defectives in the community is secured by a number of different means, of which the following are responsible for the great majority of cases: references by school medical officers of school children, by hospitals, by other authorities when a known defective moves to this area, and by the National Assistance Board. Some cases are referred direct by the family doctors. In spite of all these and other factors tending to bring to light the existence of mental defectives, occasional cases still occur of a defective being given devoted care without being known to the public in general.

The number of mental defectives on the county register continues to increase and at the end of the year (see statistics) there was a total of 1,031, as compared with a total of 1,004 at the end of 1951 and 769 at the end of 1948.

Institutional Care. The number of places available to mental defectives below the age of 16 years is still inadequate, but there are prospects of substantial improvement in the near future with the opening of a children's block at St. Helen's Hospital, Hastings, and provision for boys at Hill House, Rye. At the end of the year there were eight cases in urgent need of institutional care and, for a further 29, institutional accommodation is wanted when vacancies arise. The authority's visitors made 2,191 supervision visits during the year.

It has still not been possible for financial and other reasons to provide a home-teaching

service for mental defectives in this county, the greater part of which is of scattered rural character.

Detailed Mental Deficiency Statistics for the Year.

	During 1952.				Total cases on authority's registers as at 1st January, 1953.			
	Under age 16.		Aged 16 and over.		Under age 16.		Aged 16 and over.	
	M.	F.	M.	F.	M.	F.	M.	F.
1. <i>Particulars of cases reported during 1952:</i>								
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with." Action taken on reports by—								
(i) Local education authorities on children								
(1) While at school or liable to attend school	11	7	—	—	—	—	—	—
(2) On leaving special schools	—	—	1	—	—	—	—	—
(3) On leaving ordinary schools	5	1	2	1	—	—	—	—
(ii) Police or by courts	—	—	1	—	—	—	—	—
(iii) Other sources	6	3	3	19	—	—	—	—
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground	—	1	1	2	—	—	—	—
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b)	—	—	—	1	—	—	—	—
Total number of cases reported during the year	22	12	8	23	—	—	—	—
2. <i>Disposal of cases:</i>								
(a) Cases ascertained to be defectives "subject to be dealt with"—								
(i) Placed under statutory supervision	15	8	5	18	47	37	198	16
(ii) Placed under guardianship	—	—	—	—	14	2	58	8
(iii) Taken to "places of safety"	1	1	—	1	1	1	—	—
(iv) Admitted to institutions	6	2	2	1	29	26	150	16
(b) Cases not ascertained to be defectives "subject to be dealt with"—								
(i) Placed under voluntary supervision	—	1	1	2	21	17	13	—
(ii) Action unnecessary	—	—	—	—	—	—	—	—
Total of item 2	22	12	8	22	112	83	419	41
3. <i>Classification of defectives in the community on 1st January, 1953:</i>								
(a) Cases included in items 2 (a) (i) to (iii) above in need of institutional care—								
(1) In urgent need of institutional care—								
(i) "Cot and chair" cases	—	—	—	—	2	1	—	—
(ii) Ambulant low-grade cases	—	—	—	—	4	1	—	—
(iii) Medium-grade cases	—	—	—	—	—	—	—	—
(iv) High-grade cases	—	—	—	—	—	—	—	—
(2) Not in urgent need of institutional care—								
(i) "Cot and chair" cases	—	—	—	—	—	3	—	—
(ii) Ambulant low-grade cases	—	—	—	—	6	2	—	—
(iii) Medium-grade cases	—	—	—	—	2	5	8	—
(iv) High-grade cases	—	—	—	—	1	—	—	—
Total of item 3 (a)	—	—	—	—	15	12	8	—

Lunacy and Mental Treatment Acts, 1890-1930. The steady rise in the number of cases dealt with under the Lunacy and Mental Treatment Acts continues, the increase being only partly due to patients availing themselves of the easier procedure under the Mental Treatment Act, 1930. The totals for the past few years are given below:—

1949	1950	1951	1952
240	307	322	439

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 86 cases during 1952 and these are included in the total given above.

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

Lunacy Act, 1890.

Urgency Orders	12
Summary Reception Orders	128
Transfers between mental hospitals	—
Three-day Orders	212
	352

Mental Treatment Act, 1930.

Cases admitted for six months as "temporary cases"	1
Voluntary cases	86
Advice and assistance only	126
Miscellaneous visits of enquiry	154

ADMINISTRATIVE COUNTY OF EAST SUSSEX.
CHIEF VITAL STATISTICS FOR THE YEAR 1952.

TABLE I.

Group.	Population estimated by Registrar General 1952.	Live Births.		Deaths.		Infant Deaths (under 1 year).		Deaths from Heart Disease.		Deaths from Pulmonary Tuberculosis.		Deaths from other Tuberculous Diseases.		Deaths from Respiratory Diseases, not including Influenza.		Deaths from Cancer.	
		No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
Large Towns	108110	1128	10.43	1834	16.96	25	22.16	696	6.44	20	.18	7	.06	139	1.29	338	3.13
Other Urban Districts	73190	901	12.31	907	12.39	13	14.43	366	5.00	8	.11	2	.03	57	.78	156	2.13
Rural Districts	158150	1994	12.61	2040	12.90	42	21.06	772	4.88	19	.12	6	.04	144	.91	347	2.19
County	339450	4023	11.85	4781	14.08	80	19.89	1834	5.40	47	.14	15	.04	340	1.00	841	2.48

† 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, 1952.	Live Births.		Stillbirths.			Deaths under 1 year of age.		Deaths at all Ages belonging to the District.	Death Rate per 1,000 Population.
			Number.	Rate per 1,000 population.	Number.	Rate per 1,000 population.	Rate per 1,000 Total Births.	Number.	Rate per 1,000 Live Births Registered.		
<i>Large Towns:</i>											
Chichester	8015	25590	243	9.50	7	.27	28.00	10	41.15	413	16.14
Southwick	3953	69490	706	10.16	17	.24	23.51	10	14.16	1265	18.20
Southwick	1988	13030	179	13.74	4	.31	21.86	5	27.93	156	11.97
TOTALS	13956	108110	1128	10.43	28	.26	24.22	25	22.16	1834	16.96
<i>Other Urban Districts:</i>											
Brighton Hill	2024	8748	106	12.12	1	.11	9.35	1	9.43	124	14.17
Blackfield	3912	16940	204	12.04	3	.18	14.49	1	4.90	194	11.45
East Grinstead	6600	11310	127	11.22	7	.62	52.24	3	23.62	132	11.67
Southwick	1772	7815	140	17.91	2	.26	14.08	—	—	82	10.49
Portsmouth-by-Sea	1953	13520	157	11.61	4	.30	24.84	5	31.85	169	12.50
Southwick	1027	4517	72	15.94	2	.44	27.93	2	27.78	62	13.73
Southwick	4274	10340	95	9.19	4	.39	40.40	1	10.53	144	13.92
TOTALS	21562	73190	901	12.31	23	.31	24.89	13	14.43	907	12.39
<i>Rural Districts:</i>											
Littlehampton	117147	29770	370	12.43	11	.37	28.87	9	24.32	394	13.24
Southwick	64216	19540	238	12.18	6	.31	24.59	3	12.61	244	12.49
Blackfield	74335	29350	402	13.70	9	.31	21.90	9	22.39	347	11.82
Southwick	94668	36230	439	12.12	12	.33	26.61	4	9.11	453	12.50
Blackfield	112096	43260	545	12.60	13	.30	23.30	17	31.19	602	13.92
TOTALS	462462	158150	1994	12.61	51	.32	24.94	42	21.06	2040	12.90
County	497980	339450	4023	11.85	102	.30	24.73	80	19.89	4781	14.08

TABLE III.

NUMBER OF DEATHS AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY DURING THE YEAR 1952.

Sex.	Urban Districts.										Rural Districts.									
	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.	
Male	1231	23	5	10	6	35	262	359	531		996	25	16	7	11	37	191	270	439	
Female	1510	15	3	6	9	45	219	340	873		1044	17	8	7	8	32	171	263	538	
Totals	1741	38	8	16	15	80	481	699	1404		2040	42	24	14	19	69	362	533	977	

TABLE IV (a).
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1952 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.	Portslade.
1. Tuberculosis, Respiratory ..	1	—	—	—	4	13	7	3	28	7	12	1	—	—	2	2	1	—
2. Tuberculosis, other ..	—	—	—	1	4	2	1	1	9	1	5	1	—	—	—	—	—	—
3. Syphilitic Disease ..	—	—	—	—	—	3	1	—	4	—	3	—	—	—	—	1	—	—
4. Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis ..	—	—	1	1	2	—	—	—	4	—	2	—	2	—	—	—	—	—
8. Measles ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases ..	—	—	1	—	—	1	—	1	3	—	2	—	—	—	—	—	—	—
10. Malignant Neoplasm, Stomach ..	—	—	—	—	3	20	21	25	69	10	27	6	—	4	7	6	—	—
11. Malignant Neoplasm, Lung, Bronchus ..	—	—	—	—	2	46	23	7	78	10	36	6	4	2	7	3	2	—
12. Malignant Neoplasm, Breast ..	—	—	—	—	6	14	19	19	58	9	26	4	—	3	4	2	5	—
13. Malignant Neoplasm, Uterus ..	—	—	—	—	3	8	3	3	17	—	12	—	—	2	—	—	—	—
14. Other Malignant and Lymphatic Neoplasms ..	—	—	1	1	14	72	77	107	272	52	130	10	4	11	19	15	11	1
15. Leukaemia, Aleukaemia ..	—	—	—	1	—	1	3	1	6	1	—	—	—	1	1	3	—	—
16. Diabetes ..	—	—	1	—	1	5	1	7	15	—	11	2	—	—	1	1	—	—
17. Vascular Lesions of Nervous System ..	—	—	2	1	2	50	113	236	404	83	173	15	7	21	24	21	8	2
18. Coronary Disease, Angina ..	—	—	—	—	2	83	119	149	344	51	160	16	9	16	35	10	12	1
19. Hypertension with Heart Disease ..	—	—	—	—	1	6	16	43	66	5	42	1	2	3	5	1	2	—
20. Other Heart Disease ..	—	—	—	—	7	34	126	485	652	88	289	44	22	26	43	25	22	5
21. Other Circulatory Disease ..	—	—	—	—	4	8	24	61	97	14	38	9	1	4	11	9	1	—
22. Influenza ..	—	—	—	—	—	1	4	3	8	—	3	1	—	2	—	1	1	—
23. Pneumonia ..	5	2	1	2	2	12	23	52	99	16	49	10	—	—	8	6	2	—
24. Bronchitis ..	1	1	—	—	1	21	20	34	78	9	39	1	2	7	4	2	4	—
25. Other Diseases of Respiratory System ..	—	—	1	—	—	7	4	7	19	4	11	—	1	2	—	1	—	—
26. Ulcer of Stomach and Duodenum ..	—	—	—	—	—	5	10	9	24	1	14	—	1	1	1	1	—	—
27. Gastritis, Enteritis and Diarrhoea ..	—	1	1	—	1	1	4	9	17	—	10	—	1	2	1	1	—	—
28. Nephritis and Nephrosis ..	—	—	—	1	—	7	4	13	25	1	19	—	—	1	1	1	1	—
29. Hyperplasia of Prostate ..	—	—	—	—	—	1	9	15	25	3	11	3	—	2	1	2	—	—
30. Pregnancy, Childbirth, Abortion ..	—	—	—	1	—	—	—	—	1	—	1	—	—	—	—	—	—	—
31. Congenital Malformations ..	7	—	—	—	2	1	—	—	10	1	6	1	1	—	—	—	—	—
32. Other Defined and Ill-Defined Diseases ..	22	3	4	3	13	34	54	92	225	36	90	20	4	13	10	12	7	1
33. Motor Vehicle Accidents ..	—	1	1	2	2	2	4	1	13	3	5	—	—	—	3	—	2	—
34. All other Accidents ..	2	—	2	1	3	5	5	27	45	4	25	2	1	—	4	5	1	—
35. Suicide ..	—	—	—	—	1	17	4	3	25	4	14	2	—	1	2	1	—	—
36. Homicide and Operations of War ..	—	—	—	—	—	1	—	—	1	—	1	—	—	—	—	—	—	—
All Causes ..	38	8	16	15	80	481	699	1404	2741	413	1265	156	62	124	194	132	82	16

Deaths of Infants under 1 year:

Total 38

Illegitimate Nil.

**TABLE IV (b),
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1952 IN THE RURAL DISTRICTS.**

CAUSES OF DEATH.	Deaths in or belonging to Districts, at subjoined ages.								Deaths in or belonging to each District, at all ages.					
	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.	Uckfield.
Tuberculosis, Respiratory	—	—	—	1	9	5	4	—	19	4	2	3	2	8
Tuberculosis, Other	—	2	—	—	1	1	2	—	6	1	1	1	1	4
Syphilitic Disease	—	—	—	—	—	3	2	1	6	1	2	—	1	2
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	—	2	—	—	—	—	2	1	—	—	—	1
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases	—	—	1	—	1	3	1	—	6	—	1	1	—	4
Malignant Neoplasm, Stomach	—	—	—	—	—	7	10	20	37	3	7	10	6	11
Malignant Neoplasm, Lung, Bronchus	—	—	—	—	1	26	24	7	58	12	3	15	13	15
Malignant Neoplasm, Breast	—	—	—	—	3	17	12	4	36	8	4	8	9	7
Malignant Neoplasm, Uterus	—	—	—	—	2	3	4	2	11	3	—	1	—	7
Other Malignant and Lymphatic Neoplasms	1	1	3	1	12	57	59	71	205	33	21	42	46	63
Leukaemia, Aleukaemia	—	—	1	—	2	2	1	—	6	1	1	—	2	2
Diabetes	—	—	—	—	2	2	4	5	13	1	5	1	2	4
Vascular Lesions of Nervous System	—	—	—	—	3	41	95	157	296	45	34	48	79	90
Coronary Disease, Angina	—	—	—	—	3	47	95	115	260	41	39	46	61	73
Hypertension with Heart Disease	—	—	—	—	—	7	11	22	40	12	5	7	8	8
Other Heart Disease	—	—	—	—	4	36	90	342	472	107	55	79	108	123
Other Circulatory Disease	—	—	—	—	2	11	20	59	92	12	10	14	18	38
Influenza	—	—	1	1	1	1	4	2	10	1	1	1	1	6
Pneumonia	5	5	—	1	1	14	11	37	74	16	7	10	17	24
Bronchitis	—	—	—	—	1	8	18	28	55	9	5	8	12	21
Other Diseases of Respiratory System	1	—	—	—	—	3	5	6	15	5	—	2	3	5
Ulcer of Stomach and Duodenum	—	—	—	—	—	7	10	6	23	5	1	4	7	6
Gastritis, Enteritis and Diarrhoea	1	—	—	1	—	1	2	—	5	2	—	1	—	2
Nephritis and Nephrosis	—	1	—	—	—	4	4	10	19	5	6	2	5	1
Hyperplasia of Prostate	—	—	—	—	—	2	5	17	24	8	3	5	3	5
Pregnancy, Childbirth, Abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital Malformations	10	5	1	1	1	—	—	—	18	6	1	3	3	5
Other Defined and Ill-Defined Diseases	21	6	5	4	8	32	30	56	162	36	19	23	30	54
Motor Vehicle Accidents	—	1	2	5	5	4	3	1	21	2	7	1	7	4
All Other Accidents	3	3	—	2	4	5	6	7	30	8	2	4	9	7
Suicide	—	—	—	—	3	12	1	2	18	6	1	7	—	4
Homicide and Operations of War	—	—	—	—	—	1	—	—	1	—	1	—	—	—
All Causes	42	24	14	19	69	362	533	977	2040	394	244	347	453	602

of Infants under 1 year: Total 42 Illegitimate 3

**TABLE V.
CASES OF NOTIFIABLE DISEASES OCCURRING DURING THE YEAR 1952.
(Not including cases of Tuberculosis, details of which are given on Page 10.)**

	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.	Chailey.	Cuckfield.	Hailsham.	Uckfield.	Totals.
Measles	619	149	74	17	22	262	—	6	32	12	59	7	116	86	16	36	78	25	241
Whooping Cough	431	33	21	22	1	77	10	77	30	5	16	—	138	72	22	50	54	18	216
Poliomyelitis—Paralytic	68	17	3	1	13	34	1	—	5	—	1	—	7	7	5	8	1	6	27
Poliomyelitis—Non-Paralytic	19	6	—	—	9	15	3	—	—	—	—	—	3	1	—	—	—	—	1
Diphtheria	1606	67	373	37	8	485	213	44	11	3	19	6	296	190	25	90	124	396	825
Pneumonia	198	37	6	19	12	74	13	6	1	4	16	6	46	34	7	5	15	17	78
Typhoid	56	29	—	—	—	29	—	2	—	1	—	—	3	1	—	19	2	2	24
Scarlet	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis—Infective	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Encephalitis—Post-Infectious	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Scarlet or Typhoid Fever	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Typhoid Fevers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet	45	7	4	3	1	15	—	1	1	—	4	3	9	7	3	3	5	3	21
Meningococcal Infection	5	—	1	—	1	2	—	—	—	—	—	—	—	2	1	—	—	—	3
General Pyrexia	20	3	1	—	—	4	—	8	—	—	—	—	8	3	1	2	1	1	8
Salmonella Neonatorum	6	—	—	—	—	—	—	6	—	—	—	—	6	—	—	—	—	—	—
Salmonella	3	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	3
Epidemic Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poisoning	17	—	—	—	—	—	3	6	—	—	—	—	9	—	—	4	1	3	8
Totals	3096	348	483	99	67	997	243	156	80	25	115	22	641	403	81	218	282	474	1458

TABLE VI.
VACCINATION.

Number of Persons Vaccinated (or Revaccinated) during the year 1952.

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.
<i>Boroughs</i>												
Bexhill ..	167	—	4	—	6	12	2	36	19	160	198	
Hove ..	420	—	16	2	3	9	7	15	26	174	472	
Lewes ..	61	—	2	—	2	—	1	5	1	31	67	
Rye ..	48	—	—	—	—	1	2	3	3	14	53	
<i>Urban Districts</i>												
Burgess Hill ..	78	—	7	—	1	2	1	3	1	20	88	
Cuckfield ..	152	1	9	—	7	5	2	12	8	53	178	
E. Grinstead ..	142	—	4	—	8	1	5	6	4	61	163	
Newhaven ..	33	—	1	—	3	—	—	2	6	7	43	
Portslade ..	73	—	4	—	—	2	11	12	5	13	93	
Seaford ..	44	—	1	2	2	3	—	18	3	54	50	
<i>Rural Districts</i>												
Battle ..	218	—	10	—	13	4	9	24	10	107	260	
Chailey ..	104	—	4	—	1	3	1	4	3	36	113	
Cuckfield ..	228	—	8	—	8	3	5	18	15	84	264	
Hailsham ..	150	—	117	1	14	3	8	12	14	70	303	
Uckfield ..	345	—	13	—	16	14	11	13	10	123	395	
Totals ..	2,263	1	200	5	84	62	65	183	128	1,007	2,740	1

TABLE VII.
DIPHTHERIA IMMUNISATION.

Summary of Returns for the year ended 31st December, 1952.

(a) IMMUNISATION IN RELATION TO CHILD POPULATION.

District.	Number of Children (in age groups as given) who at 31st December, 1952, had completed a course of Immunisation at any time since 1st January, 1938.							Total Number of Children under 15 Immunised.	TOTAL ^a Estimated Mid-Year Child Population, 1952.		Total Estimated Mid-Year Child Population, 1952.
	Under 1 Born 1952.	1 Born 1951.	2 Born 1950.	3 Born 1949.	4 Born 1948.	5-9 Born 1943-47.	10-14 Born 1938-42.		Children Under 5.	Children 5-14.	
<i>Boroughs</i>											
Bexhill ..	33	183	226	233	239	1,654	1,676	4,244	1,483	3,693	5,176
Hove ..	11	372	459	474	516	3,799	2,377	8,008	3,722	7,421	11,143
Lewes ..	10	122	119	154	204	942	815	2,366	934	1,842	2,776
Rye ..	1	61	67	61	74	316	281	861	382	630	1,012
<i>Urban Districts</i>											
Burgess Hill ..	3	107	149	138	133	818	632	1,980	686	1,413	2,399
Cuckfield ..	17	179	175	199	206	837	1,039	2,652	1,052	2,427	3,479
East Grinstead ..	23	125	158	155	195	875	1,074	2,605	858	1,584	2,442
Newhaven ..	13	109	127	134	158	569	424	1,534	680	1,039	1,719
Portslade ..	2	45	81	113	124	1,088	937	2,390	969	2,000	2,969
Seaford ..	15	66	75	121	124	642	557	1,600	653	2,051	2,654
<i>Rural Districts</i>											
Battle ..	12	256	325	376	399	2,226	1,917	5,511	2,081	4,335	6,416
Chailey ..	26	186	182	225	254	1,128	851	2,852	1,478	2,930	4,408
Cuckfield ..	47	314	394	385	348	2,359	2,299	6,146	1,993	4,547	6,540
Hailsham ..	30	309	302	336	389	2,447	2,442	6,255	2,517	4,821	7,338
Uckfield ..	52	432	475	478	505	2,943	3,277	8,162	2,912	6,747	9,659
Totals ..	295	2,866	3,314	3,582	3,868	22,643	20,598	57,166	22,400	47,300	69,700

(b) Total number of children who completed a full course of primary immunisation in the Administrative County Area in 1952.

Age at final injection:—

Under 5 years ..	..	..	..	..	..	..	..	..	..	..	..	3,343
Five to 14 years ..	..	..	..	..	..	..	..	..	..	..	..	465

(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 1952

*The Registrar General has supplied the estimated figure for the child population of the administrative county as a whole only. Figures for the districts have been estimated by applying to the 1951 figures the same rate of variation as between the Registrar General's figures for the whole county for 1951 and 1952.