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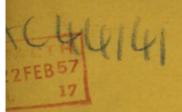
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EAST SUSSEX COUNTY COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

YEAR 1955

FRANK LANGFORD M.B., Ch.B., F.R.C.S., L.R.C.P., D.P.H.

County Medical Officer of Health and Principal School Medical Officer



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EAST SUSSEX COUNTY COUNCIL.

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

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit the sixty-first Annual Report on the health of the Administrative County of East Sussex.

The general well-being of our people remains at a high level; the ordinary infection diseases, for example, being nowadays almost trivial compared with some years ago—even the incidence is sometimes high. By contrast, some virus diseases, notably poliomyeliti have been more vigorous from time to time: during 1955 47 cases occurred in this county.

The Infant Mortality Rate has, I regret to report, risen from 15.49 (last year's lowes ever figure) to 18.42; even this latter figure is the lowest recorded except for last year'. Although the total of children under the age of one year who died during the year is far from negligible (67) we are approaching the stage when deaths are so few that a difference of a fer either way makes a marked difference in the rate. The matter is further considered in the body of this Report.

The immunisation state of the county continues at a very satisfactory level though, a elsewhere, the very absence of diphtheria is its own enemy in that people forget what a serior disease it can be. The use of combined antigen protecting against whooping cough an diphtheria therefore has a two-fold advantage: it greatly reduces the chance of childre getting severe attacks of whooping cough, a risk to which parents are still very alive, and i carries as a useful passenger the protection against diphtheria.

During the year special attention has been paid to those areas where the level of vaccina tion against smallpox was relatively low; and I am sure my general medical practitioners wi share my satisfaction that of children under the age of 1 year, in 1955, 66.9% were vaccinated the figure for 1954 being 61%.

Although the maintenance of the health of a community depends on the complex interplay of many factors, climatic, geographical, social, medical and, no doubt, many others, basic need which has been recognised for so long that it tends to be taken for granted, an therefore perhaps even overlooked, is that of an adequate supply of wholesome water. If feature of modern life in this country has been a rising demand for water per head of an in creasing population: not only are social standards rising but these lead to a demand for wate supplied by the main and this in turn leads to increased consumption through easy avail ability. It is no secret that in this country the water undertakers are seeking new sources c supply as well as increasing the draw from existing wells, and at the present rate we are no far from the stage when an apparent or real shortage may be felt. The attention of reader is drawn to further remarks in the body of this Report, under the heading of SANITAR' CIRCUMSTANCES.

During 1955 we were sad to lose three friends whose years of service have made a notable contribution to the health of the county. Dr. N. E. Chadwick makes reference in his Report or the Hove and Portslade Sub-Committee area to the sudden death of Dr. Mary McEwan, or many years an assistant medical officer in Hove, who was transferred to the county ervice when the National Health Service Act, 1946, came into force, but continued to work n the same area. Miss E. A. Probyn, who died in June, 1955, was an Area Nursing Superinendent here for some years, and more recently came back to Brighton to act as Tutor to the lealth Visitors' Training School, so closely related to this county. The good work she did n this capacity, and her courage in her tedious final illness, will remain as examples to us all. dajor G. H. Powell-Edwards was the Director of the Sussex Rural Community Council for nany years until his death in October, 1955, and in that capacity the health authority had he advantage of his experience of voluntary services and his never failing genial co-operation n the work of tuberculosis care and after-care. Under his expert guidance the whole county vas covered by Tuberculosis Care Committees which acted on a voluntary basis as part of he County Council and carried out on behalf of the health authority, who provide a money rant, an excellent scheme of care and after-care. While he will be sadly missed, we have at east the consolation that the work he established will go on.

May I once more thank all those who have shared the burden of present-day work, in particular members of the Health and Housing Committee and my professional and lay olleagues.

> I have the honour to be, Your obedient servant,

> > F. LANGFORD, County Medical Officer of Health and Principal School Medical Officer.

UBLIC HEALTH DEPARTMENT, COUNTY HALL, LEWES. August, 1956. MEMBERS OF THE HEALTH AND HOUSING COMMITTEE.

(as at 31st December, 1955).

(a) Members of the County Council:

Mr. T. Benson.
Mr. C. J. Bollins.
Miss M. Blount, M.B.E. (Vice-Chairman)
The Hon. Ruth Buckley.
(Vice-Chairman of County Council).
Col. Sir Ralph S. Clarke, K.B.E.
The Right Hon. The Viscount Gage, K.C.V.O.
(Chairman of County Council).
Mr. C. A. Hershman, M.C.
Miss E. A. Kennedy.
Mr. W. Lindsay, C.B.E. (Chairman).

(b) Other Members:

Miss K. Kingsbury, M.B.E. Mrs. J. N. Kleinwort, M.B.E. Dr. W. N. Maple. Mr. K. C. Lindsey. Mr. H. G. S. Miller. Lt.-Col. W. Colsey Millward, D.S.O Capt. P. C. Newcombe Mr. G. V. Nieser. Mr. H. Riley. Mrs. L. V. Ryan. Major H. D. Ryder, M.C. Col. E. M. Sheehan. Miss L. T. Toller. Miss H. Trouton.

Dr. J. A. Smart. Mrs. A. M. Williams.

Frank Langford, M.B., Ch.B., F.R.C.S., L.R.C.P., D.P.H.

STAFF OF THE COUNTY PUBLIC HEALTH DEPARTMENT

(including the School Health Service) (as at 31st December, 1955)

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

Deputy County Medical Officer of Health and Deputy Principal 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.

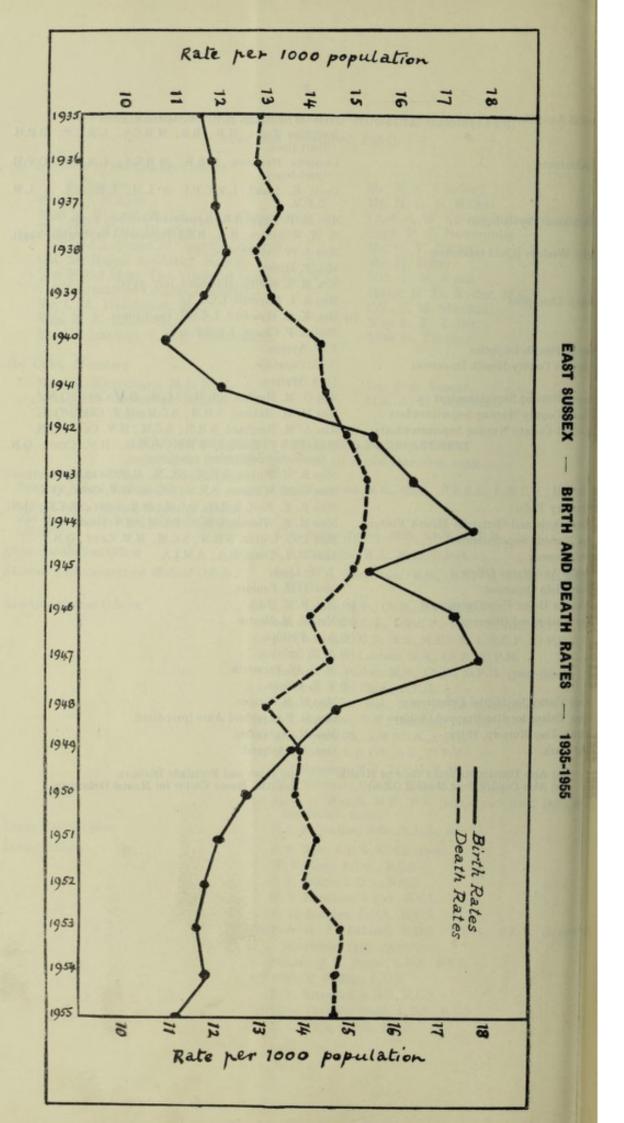
Assistant (Administrative) Medical Officer

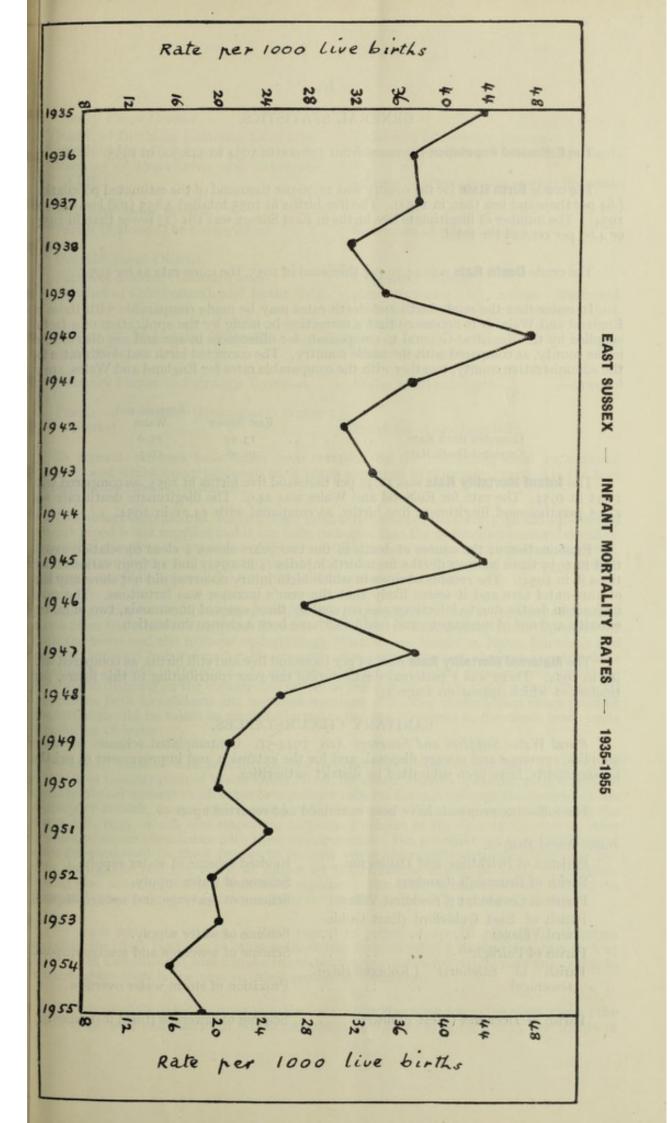
Assistant Medical Officers ...

- Ilma B. S. Bingeman, M.B., B.S., M.R.C.S., L.R.C.F D.P.H.
- (a) L. A. Collins, M.B., Ch.B., D.P.M., D.P.H.
- (c) Ada Firth, M.R.C.S., L.R.C.P., F.R.C.S.(Ed.), D.P.H.
- (c) J. B. Kershaw, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
- (a) G. M. D. S. B. Lobban, M.B., Ch.B., D.P.H.
- Margaret B. Parker, M.B., Ch.B., D.P.H. (part-time). (a) J. Petrie, M.B., Ch.B., D.P.H.
- Joan Raymond, M.A., M.B., B.Chir. (part-time).
- (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.
- P. J. Sweeney, M.B., D.P.H., L.M.
- (a) R. J. Toleman, M.B.E., M.B., B.S., D.P.H.
- (c) Janet F. Waugh, M.B., B.S. (temp. part-time) (appoint September, 1955).
 - P. S. P. Jenkins, B.Sc., L.D.S., R.C.S.
 - E. S. Butt, L.D.S., U. Liverpool.
 - W. Eddings, L.D.S., R.C.S.
 - J. V. Goldie, L.D.S., R.C.S.
 - R. T. Hamilton, L.D.S., R.C.S.
 - R. H. Hamlyn, L.D.S., R.C.S.
- (c) Paul H. S. Lahaise, B.D.S., L.D.S., R.C.S. (appoint) November, 1955) (part-time).
 - Suzanne J. M. Passat, L.D.S., R.C.S.
- (c) Hilda M. Phillips, L.D.S.
 - F. P. Rikovsky, L.D.S., R.C.S.
- (c) Hilda Thomson Smith, L.D.S., R.C.S. R. C. Virgo, L.D.S., R.C.S.

Senior Dental Officer Dental Officers ...

	7
Dental Anaesthetists	Vivienne M. Eggo, M.R.C.S., L.R.C.P. (part-time).
	Josephine Terry, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (part-time).
Psychiatrists	Lamorna Hingston, M.B.E., M.R.C.S., L.R.C.P., D.P.H. (part-time).
	Doris K. Small, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M. D.P.M.
iducational Psychologists	Miss M. P. Logg, B.A. (appointed October, 1955).
	N. W. Wilkinson, M.A., B.Ed. (appointed September, 1955).
social Workers (Child Guidance)	Miss J. W. Hasler.
	Mrs. P. Heslop.
	Mrs. M. S. Morley (appointed July, 1955).
speech Therapists	Miss A. I. Hayman, L.C.S.T.
	(c) Mrs. K. G. Hansford, L.C.S.T. (part-time).
	Miss A. P. Glover, L.C.S.T.
County Health Inspector	T. F. Ayrton.
Assistant County Health Inspectors	G. R. Crowther.
	D. A. Warren.
County Nursing Superintendent	Miss G. M. Hughes, S.R.N., S.C.M., H.V CERT., Q.N.
Deputy County Nursing Superintendent	Miss M. H. McLeod, S.R.N., S.C.M., H.V. CERT., Q.N.
Assistant County Nursing Superintendents	Miss A. M. Borchard, S.R.N., S.C.M., H.V. CERT., Q.N.
/	Miss W. J. Goodall, S.R.N., S.C.M., H.V. CERT., Q.N. (appointed September, 1955).
	Miss E. M. Pinyon, S.R.N., S.C.M., H.V. CERT., Q.N.
	Miss G. M. Williams, S.R.N., S.C.M., H.V. CERT., Q.N.
Midwifery Tutor	Miss E. E. Paul, S.R.N., S.C.M., H.V. CERT., M.T.D., Q.N.
fuberculosis and Geriatrics Health Visitor	Miss M. F. Wheeler, S.R.N., S.C.M., H.V. CERT., Q.N.
Area Nursing Superintendent	(c) Miss I. O. Linton, S.R.N., S.C.M., H.V. CERT., Q.N.
Care Almoner	Miss M. L. Shaw, B.A., A.M.I.A.
County Ambulance Officer	J. W. Limb.
Home Help Organiser	Mrs. I. M. Fouldes.
Assistant Home Help Organiser	(c) Mrs. F. E. Dibb.
Duly Authorised Officers	(d) Mrs. V. M. Martin.
	(d) A. S. Phillips.
	(d) A. E. Smith.
	M. G. W. Ternouth.
Home Visitor for Mental Defectives	(d) T. E. Wilson.
	Miss H. K. Draper.
Home Visitor for Handicapped Children	Mrs. G. F. Ayshford Ayre (part-time).
Matron, Day Nursery, Hove	(c) Mrs. M. N. Waters. Geo. F. Akehurst.
het Clerk	Geo. r. Akchuist.
(a) Also District Medical Officer of He(b) Also Deputy Port Medical Officer.	alth. (c) Hove and Portslade Division. (d) Also Home Visitor for Mental Defectives.





GENERAL STATISTICS.

The Estimated Population increased from 338,000 in 1954 to 342,300 in 1955.

The crude **Birth Rate** for the county was 11.26 per thousand of the estimated population (.64 per thousand less than in 1954). The live births in 1955 totalled 3.855 (168 less than in 1954). The number of illegitimate live births in East Sussex was 181 (23 fewer than in 1954) or 4.69 per cent of the total.

The crude Death Rate was 14.79 per thousand in 1955, the same rate as for 1954.

In order that the crude birth and death rates may be made comparable with those of England and Wales it is necessary that a correction be made by the application of a factor supplied by the Registrar-General to compensate for differences in age and sex distribution in the county, as compared with the whole country. The corrected birth and death rates for the administrative county, together with the comparable rates for England and Wales, are as follows:—

		East Sussex	England and Wales
Corrected Birth Rate	 	. 13.29	15.0
Corrected Death Rate	 	. 10.06	11.7

The **Infant Mortality Rate** was 18.42 per thousand live births in 1955, as compared with 15.41 in 1954. The rate for England and Wales was 24.9. The illegitimate death rate was 11.05 per thousand illegitimate live births, as compared with 14.71 in 1954.

Examination of the causes of death in the two years shows a close correlation excep that in 1955 there were 12 deaths from birth injuries (4 in 1954) and 12 from various infec tions (6 in 1954). The records of cases in which birth injury occurred did not show any lack of ante-natal care and it seems likely that the year's increase was fortuitous. The smal increase in deaths due to infections was covered by three cases of pneumonia, two of gastro enteritis and one of meningitis, and could also have been a chance fluctuation.

The **Maternal Mortality Rate** was .25 per thousand live and still births, as compared with .49 in 1954. There was I maternal death during the year contributing to this figure, par ticulars of which appear on Page 23.

SANITARY CIRCUMSTANCES.

Rural Water Supplies and Sewerage Acts, 1944-51. Contemplated schemes for wate supplies, sewerage and sewage disposal, and for the extension and improvement of existing arrangements, have been submitted by district authorities.

The following proposals have been examined and reported upon:-

Battle Rural District.	
Parishes of Brightling and Dallington	Revised scheme of water supply.
Parish of Broomhill (Camber)	Scheme of water supply.
Parish of Crowhurst (Crowhurst Village)	Scheme of sewerage and sewage disposal
Parish of East Guldeford (East Gulde- ford Village)	Scheme of water supply. Scheme of sewerage and sewage disposal
Parish of Salehurst (Robertsbridge sewerage)	Provision of storm water overflow.
Parish of Ticehurst (West Flimwell)	Scheme of sewerage (third instalment).

Chailey Rural District Parish of Ditchling (Common Lane area) Parish of East Chiltington (Highbridge) Parishes of Peacehaven and Telscombe Cliffs	Extension of sewerage system. Scheme of sewerage and sewage disposal. Scheme of sewerage and sewage disposal.
Hailsham Rural District.	
Parish of Hooe (The Grove Area)	Extension of water supply.
Uckfield Rural District.	
Parish of Buxted (Church Lane) Parishes of Crowborough and Rotherfield	Extension of sewer. Reconstruction of sewage treatment works and trunk sewer scheme (first instalment)
Parish of Maresfield (Extension A)— Wych Cross	Water main extension.
Lampool Corner to Fairwarp Terminus	Water main extension.
Parish of Uckfield (Hempstead Water Works)	Provision of new bore hole.

In general, schemes have again been retarded by the continuing need for national conomy, and whilst many proposals have been approved in principle, progress in the field as been limited to a few instances.

It is unfortunate that at this late stage substantial areas of the county should still remain vithout piped water supplies and it can only be hoped that the authorities concerned will be repared to complete the provision of these essential services as soon as circumstances permit. t is a matter of comparable importance that the arrangements for sewage disposal should be mproved, as will be appreciated from the following considerations.

A large proportion of the population of this geographical county is supplied with water trawn from the chalk of the South Downs. Not only are Eastbourne, Seaford, Newhaven both the town and the harbour undertaking), Peacehaven, Brighton, Hove, Portslade and Lewes so supplied but a considerable area inland is served through the water undertakers vhose wells are sunk in the chalk. In all probability a total resident population of something ike 400,000 depends on the volume and purity of the supplies. It is clearly, then, of crucial mportance, both to residents and immense numbers of holiday visitors, that every possible precaution should be taken to protect the water-bearing measures in the chalk from waste or pollution of water.

Waste of water on a large scale can now be prevented by enactments such as the South bussex Area Conservation of Water Order, 1949; by which, broadly speaking, no one may do vorks to obtain underground water or construct mineral borings without the consent of the dinistry of Health, or run underground water to waste. This order was made under the Nater Act, 1945, which also empowers authorised officers of the County Council to enter remises to secure compliance with these requirements. The possibility of a real shortage of vater foreshadowed by these powers to prevent waste has rapidly developed into a probaulity during the last ten years, as shown by the strenuous efforts of water undertakers erving the county to obtain increased supplies. The Weir Wood reservoir, intakes on ivers, and increased pumping from existing or extended adits, all point the same way.

So much for waste of water. With regard to pollution, special geological conditions prevail in the chalk (and also in other sedimentary formations of a similar character such as the oolite in Lincolnshire) which make the water bearing measures much more vulnerable to contamination than is the case in other geological formations.

The upper chalk, which is ordinarily the water collecting zone, forms the main mass of the visible chalk hills and except in occasional places is covered only by a very few inches of

extremely porous soil capped by turf or cultivated ground. The chalk itself is known to be very porous owing to the bedding planes of stratification, faults at angles to these and fissure: in all directions, a structure which makes it possible for contamination to travel a very long distance from the point of introduction. While it is true that here and there one may find between the soil and the surface of the chalk hollows filled with "clay-with-flints," valley gravels, and so on, some of which are remarkably impervious, in general there is nothing between the surface and the enormous mass of extremely porous chalk except the live layer of surface soil and herbage. This can deal with quite a lot of organic and contaminated matter applied to it, as for instance by surface irrigation, but the moment the body of the chalk is opened by a cesspool, trenching or the shocking device which has been used on at least one occasion of a deep shaft driven down into the chalk, the water bearing measure below are open to serious risk of faecal contamination from sewage. This risk is no less rea because on occasion (owing perhaps to a stratum of flint or some other limited underground factor) contamination has not immediately occurred in a given case although it might have been expected. Our chalk country is also at a disadvantage by reason of the lack of water courses into which effluent may be safely discharged.

In all lime formations and especially perhaps in chalk which is both soft and soluble underground conditions can change comparatively rapidly and the mere fact that an adit a "A" has not over a period of years been contaminated by cesspools at "B" is not the slightes guarantee that such a happy state of affairs will continue, as the balance of underground factors may be altered by variations in the input of water, by increased pumping from well and adits, and by continued removal of lime in the abstracted water.

It seems obvious that if it is important not to waste water from the chalk it is equally important not to pollute the actual or potential sources of supply; but unfortunately public health powers, *effective in practice* to prevent the pollution of the underground water in the chalk, are very limited and it is not much exaggeration to say they hardly exist. They are a follows, summarised briefly :

UBLIC HEALTH ACT, 1936-PART II.

Section 37.—New buildings or extensions to be provided with proper drainage.

Section 39.—Drainage to be provided for existing buildings if not already adequate, and cesspool which is in such a condition as to be prejudicial to health can be examined and deal with.

Section 42.—The local authority may in some circumstances connect an existing cesspoo to a public sewer.

Section 48.-A suspect cesspool may be examined and tested.

Section 50.-Powers to deal with overflowing or leaking cesspools.

Section 61.—A local authority may make byelaws dealing (*inter alia*) with cesspools (bu these can only be applied to an existing building when there is a material change in th purpose for which it is used).

Section 65.—Work contravening building byelaws or not in accordance with deposited plans may be pulled down or removed.

Section 72-A local authority may undertake the cleansing of cesspools, etc., in part o whole of the district.

Section 74.—A local authority may at request cleanse cesspools, and make a charge fo this service.

WATER ACT, 1945-PART III.

Section 15.—Statutory water undertakers may agree with local authorities or othe owners of land regarding works needed to preserve purity of water. Section 17.—Statutory water undertakers may make byelaws for prevention of pollution of water supplied by them, and by

Section 18.—For the protection of water they may take into supply.

Section 20 .- The Minister of Health may make or amend byelaws for a water undertaker.

Section 21.—Persons must not do anything likely to pollute water supplies (any spring, vell or adit).

Section 22-Acquisition of land and execution of works for protection of water.

Those interested in this matter should examine these powers (in the full text of statute ather than the above summary) in the light of the position one often finds nowadays, in a semi-rural residential area on a chalk hillside in the neighbourhood of underground water reserves. Such an area may have some older houses built some fifty or more years ago when ncreasing population had not become a serious problem; there will be a farm house or two with farm buildings, cattle, and perhaps pigs; and other newer houses built between the wars. All of these will be served at best by cesspools of different sizes and varying degrees of structural efficiency. Even those that have cesspools and do not depend, as some do, on haphazard drainage into the porous sub-soil and chalk are likely to have them not larger than 1,200 gallons capacity, the usual size in ordinary building practice. Such cesspools will therefore overflow after not more than about two weeks unless they leak or are emptied. In the neighbourhood of the farm, which of course presents special problems, one will not be surprised to find evidence of effluent or raw sewage in roadside ditches and similar places.

During the war building was virtually impossible; but during the last ten years the population has been rising and transport by public services and private motor cars has become freely available. There have therefore been applications in increasing numbers by people wishing to obtain the consent of the local authorities to plans for houses to be built in pleasant country districts on the chalk, and my colleagues, the medical officers of health of such areas, have been much concerned about the risk to the water supplies. How can their authorities use the above powers to prevent this risk?

The provisions of Part II of the Public Health Act, 1936, give little help. A new building must have drainage which will satisfy the local authority: but the decision is subject to appeal to courts of summary jurisdiction who are unlikely to support a refusal if the plans show, on paper at least, that the sewage is being satisfactorily removed from the site, wherever it may ultimately reach. Even if a cesspool is built in accordance with the byelaws and has been inspected at intervals before the take-over day, "accidents" may occur which will enable it to leak quietly into the chalk, a condition much less likely to provoke action by the local sanitary authority, or even the water undertaker, than the nuisance caused by surface overflow. Under sections 39 and 48 a suspect cesspool may be dealt with (to some extent at any rate) but in practice nothing could be done about one that leaks until serious risk of contamination has already been in existence for some time, when it may be too late to prevent contamination. Moreover, what (in chalk) can be done to make good a leaking cesspool? One can imagine how little success a local authority would have in an attempt, through the courts, to force an owner or occupier to empty a cesspool and do such repairs as really would prevent any further leakage. Section 50 provides the same practical difficulties, and one has the impression from study of this part of the Act that when it was drafted no particular regard was had to the special conditions which prevail in chalk and limestone formations, 'nuisance" being the main consideration rather than "pollution through underground leakage.'

The Water Act, 1945, is little more help. Agreements between water undertakers and occupiers of any land (Section 15) might be effective for the future in an undeveloped area but would be unlikely to apply, in retrospect so to speak, to properties in an area with existing houses. Byelaws under Sections 17 and 18 can be, and in some areas have been, made laying down strict requirements regarding the structure of cesspools, etc., and where these have been made and are enforced the water under the "zone of protection" should be

safe. Here again, however, the protection is only given to an area round or in relation to a existing water undertaking; yet the whole of the chalk downs absorb rainfall and there must be useful reserves of water in areas not so far tapped, already in danger of contamination Section 18 also provides powers of appeal with a time limit amply long enough to allow supply to be hopelessly contaminated before the matter is determined under the procedur laid down; and it is possible the compensation provisions which follow may influence procedure to some extent.

Sections 21 and 22 are open to the same objections as Part II of the Public Health Ac 1936, that if properly applied they may protect a supply unrelated to existing developmer but are of much less help in semi-developed areas such as the imaginary example quote above. The existence of an obvious nuisance such as surface overflow of cesspool conten can be detected very quickly and related with some certainty to the responsible party, an he or the local authority can abate it at once and prevent it in future. Yet from the point oview of contamination of underground water supplies such a nuisance is incomparably les dangerous than the traditional cesspool, perhaps with a brick knocked out of its botton leaking quietly into the chalk. Where a number of these exist in relation to a water suppli such as a well and adit, who is to say which is the most danger to the water; or, if actua contamination has occurred, against which cesspool user does the local authority proceed?

These problems have come to the fore during recent years in considering application under the Town and Country Planning Act, 1947, for consent to proposals for erectin buildings on or near the chalk and not connected to a public sewer. The County Plannin Committee, to whom the County Medical Officer is adviser on health matters, have adopte the policy that in considering such applications it is proper to take into account the possibl risk to underground water supplies as one of the other "material considerations" to whic they must have regard under Section 14 of the Act. They have applied this policy in the Development Plan by prohibiting development in certain areas specified as water-gatherin grounds; and bear it in mind when considering individual applications elsewhere. There hav been a number of applications by people who proposed to build private houses with or with out smallholdings in such relationship to water supplies in the chalk that risk of pollutio was considered likely by the Planning Authority, and some of these have been taken t appeal. Unfortunately the decisions so far made have not shown consistent policy. I some cases the Minister of Town and Country Planning held that there already exist adequat public health powers to protect water supplies, which should be used rather than invok planning law; and was satisfied (to quote from one decision) "the added risk arising from th proposed development is negligible." In a more recent decision, however, concerning proposal to build very close to the house just mentioned, the Minister accepted the conter tion put forward by the planning authority that the presence of cesspools must, in view c the fissured nature of the underlying chalk, involve a risk to the purity of the water supply "Although, therefore, taken singly, proposals such as that now before him may be relativel innocuous, each such proposal inevitably increases the danger of pollution"; and buildin should be postponed until the main drainage already planned is available.

The position, then, is one of increasing shortage of water, coupled with increasing risk t the existing and potential supplies: how should it be dealt with? In general, what is neede is a more lively awareness by all concerned of the importance of the problem, and certainl acute awareness already exists in some quarters, as is shown by the Byelaws made by th County Borough of Brighton under the Brighton Corporation Water Act, 1924, to protectheir underground water resources. Among other provisions they lay down that no cesspoor shall be constructed or used within the "zone of protection" unless it is an approved one defined as follows:—

"'An approved cesspit or cesspool' means a cesspit or cesspool which (i) is constructe of cast iron at least one inch in thickness and (ii) is watertight and (iii) is provided with prope socket connections for drainpipes and a watertight detachable cover of iron or stone an (iv) has no overflow or outlet pipe except an orifice in such cover for the escape of gases o for the removal of the liquid contents of the cesspit or cesspool."

The following are suggestions of a general character, though it is appreciated they ar not all equally appropriate in all places, and that there may be certain areas where specia considerations apply. Each sanitary authority whose area includes any water-bearing chalk measures might onduct a special survey of the prevailing conditions and consider how matters, even under resent health legislation, could be improved, both now and in the future. Such a survey ight have regard to:—

The relation of development to the chalk.

The need for the existence and firm application of byelaws to reduce the risk of water ollution.

The need for providing a cesspool emptying service in the whole, or part, of their disict, if none exists, or of extending it if one is already available.

The possibility of providing systems of main drainage where not yet available to comunities living on, or close to, chalk measures, and where such installations would be racticable.

Under this heading, the authority would naturally pay specially close attention to those reas which include housing schemes of various sizes, and also to the neighbourhood of water sumping stations and the like.

The Planning Authority should continue to resist any tendency—whether through idividual applications, or of a general character—to increase the risk of pollution.

Water undertakers might review their protective arrangements in the light of changing onditions, and if byelaws do not exist, or are no longer thought adequate, they might conider some strengthening of their position, perhaps with the assistance of the Ministry of fealth.

Central authority, such as the Ministries of Health, Housing and Local Government, and 'own and Country Planning, might consider the matter on broad principles of public benefit, present and future.

A clear policy might be adopted that development on the chalk needs to be controlled by afeguards which are really practicable. Encouragement to local authorities to push on with uitable main drainage schemes, both those already approved in principle, and others in uture, might be given, as for instance, by lightening the restrictions on capital expenditure.

Geophysical surveys should be made along the whole of the South Downs to locate any ignificant water accumulations so far unused, which would be a useful reserve and should herefore be specially protected.

INSPECTION AND SUPERVISION OF MILK AND OTHER FOODS.

Food and Drugs Acts and Milk and Dairies Regulations. The sampling of milk for piological examination has been continued and during the year 626 raw (non-designated) nilk samples were submitted, involving 491 sources of supply.

Of the 491 sources, 20 supplies (4.07%) were found to be tubercle infected, 40 supplies (8.14%) were infected with *Brucella abortus* and in 2 cases *Brucella melitensis* was found.

In all cases, particulars of infected supplies are forwarded to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food, and the Medical Officers of the county districts.

Investigations of the herds concerned were conducted by the Divisional Veterinary Officer and as a result 16 cows (involving 14 sources) were slaughtered under the Tuberculosis Order. In six cases the source of infection was not identified, but in each case one or more cows had been disposed of, or sent to knackers' premises during the interim period and these may well have been responsible.

In respect of the *Brucella melitensis* cases, the offending animals were identified and slaughtered under the *Brucellosis Melitensis* Order.

In addition to the above, 8 samples of "Tuberculin Tested" milk taken at hospital dairy farms were reported free from tubercle and *Brucella abortus* infections.

Three notifications of tubercle infected milk supplies were received from other authorities and in each case the offending animals were identified and slaughtered under the Tuberculosis Order.

The biological sampling of milk affords a valuable contribution towards the safeguarding of supplies and eradication of diseased animals and ensures that the proportion of infected milk reaching the central pasteurising establishments is reduced to a minimum.

The continued co-operation of the Animal Health Division of the Ministry of Agriculture, the Public Health Laboratory Service and other interested authorities in maintaining satisfactory working arrangements is appreciated.

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-53. On the 1st January, 1955, 11 Dealers' (Pasteurisers') Licences were renewed and during the year processing at three establishments was discontinued.

Of the eight remaining establishments, five are provided with H.T.S.T. plants and three have holder-type plants.

Routine inspections of plants and dairy operations have been maintained and the following table shows the results of tests on samples taken from all types of pasteurising plants:—

Class of Milk.	Number	American	Number of Samples.				
Class of Milk.	of Samples.	Appropriate Tests.	Passed.	Failed.	Invalid.		
Pasteurised	221	Phosphatase Methylene Blue	221 217	Ξ			
Tuberculin Tested (Pasteurised)	221	Phosphatase Methylene Blue	217 214	4	7		
Totals	442	Phosphatase Methylene Blue	438 431	4			

The four phosphatase failures occurred at two dairies with holder-type plants; in one case, due to a leaking valve, and in three cases, due to inaccurate thermometers.

During the year these eight processing establishments dealt with some seven million gallons of milk.

Examination of Bottles—Pasteurising Establishments. In order to determine the efficiency of the methods adopted in the cleansing, etc., of milk bottles, 48 groups of sample bottles have been submitted for bacteriological examination and in respect of two dairies unsatisfactory results were reported.

On investigation, these were attributed to three causes, viz., improper storage of bottles after cleansing, mis-alignment of washing machine jets and a defective thermometer.

Specified Areas. The Milk (Special Designations) (Specified Areas) Order, 1955, came into operation on the 21st March, 1955, and in effect the whole of the coastal towns of the county, together with the rural districts of Battle and Hailsham, have now been specified as areas in which the use of a special designation in relation to all sales of milk by retail is obligatory.

The special designations are pasteurised milk, sterilised milk and tuberculin tested milk.

In the administrative county area there are 124 retailers, and so far no difficulties have arisen in complying with the order.

The specification of areas is a decisive step towards preventing the spread of milkborne infections and we look forward to the early application of similar orders to the remainder of the county area. During the change-over period something like 60 retailers gave up business: they were not in a large way and no doubt preferred not to face the complications of new conditions.

Milk-in-Schools Scheme. Supervision of supplies provided under the Scheme was continued and the 193 schools participating all received pasteurised milk, as recommended.

The arrangements involved the delivery of 175,5594 gallons of milk (or 4,213,422 onethird pints) per annum.

During the year 258 samples were submitted for examination and all satisfied the phosphatase test. Samples from four sources failed the methylene blue test and on investigation this was attributed, in three cases, to delays in transit through sub-depots and in one case to inadequate checking of raw milk prior to pasteurisation.

In general, the position is regarded as satisfactory.

INFECTIOUS DISEASES.

The total of 5,899 notifications of infectious diseases for 1955 is a considerable increase on the previous year's total of 2,288. This increase was again due to notifications of measles, which amounted to 4,463, as against 123 notified in the previous year, but still is below the high number of 7,581 in 1953. It is still felt that the statutory notification of measles serves no useful purpose to set against the office work and expense which result.

Whooping cough cases amounted to 559 (960 last year), which is interesting in view of the fact that combined immunisation against diphtheria and whooping cough started in the whole county on 1st April, 1954. Scarlet fever notifications amounted to 161, as compared with 233 last year, and acute pneumonia 191 (161 in 1954).

Only 50 cases of dysentery and 93 cases of food poisoning were notified, as against 279 and 154 last year respectively.

Once again *one* case of diphtheria occurred—in a girl, aged 6, in Seaford. There is no record that this child was ever immunised and she had only just come to the county.

The number of known cases of acute poliomyelitis in the county (including Hove and Portslade) was 47 (including 13 known to have been non-paralytic). This shows an increase of 20 over the preceding year's figures (including 12 non-paralytic cases). Of the 47, nine were children under 5. Nineteen were aged from 5-15 years and 19 were over 15. There were 6 deaths, 4 of adults and 2 of children. One of these was a young man, aged 21, who died suddenly of bulbar poliomyelitis not diagnosed during life. Although this case was never officially notified it is included in the figures above, but not in Table V.

TUBERCULOSIS.

There were 170 notifications of pulmonary tuberculosis in 1955, of which 90 were in respect of patients between 15 and 45 years of age. Notifications of other forms of tuberculosis numbered 32, of which 4 were under 15 years of age.

The number of notified cases on the Register at the end of the year was 2,321 (1,977 pulmonary and 344 non-pulmonary). This is a slight increase on last year's figures—1,977 as against 1,869 last year—but the non-pulmonary figure shows a decrease—344 as against 433 last year.

The deaths from tuberculosis in 1955 were as follows:-

Pulmonary Tuberculosis:					Deaths
Urban Districts			 	 	14
Rural Districts		 	 	 	10
Other Forms of Tuberculo	sis:				
Urban Districts	in.	 	 	 	2
Rural Districts		 	 	 	I

Of the 24 deaths in which tuberculosis of the respiratory tract was stated to be a factor only 4 had not been notified. These were all elderly retired persons, and included one 70-year-old woman, who was under treatment for attacks of broncho-pneumonia, which eventually was found to be tuberculosis. Of the 3 men, 2 were under treatment for carcinoma of the lung and oesophagus respectively. The third case was known as a chest case but no as suffering from tuberculosis. There was one non-notified non-pulmonary case.

Follow-up of Contacts. Of the 170 new cases notified, 903 contacts were examined during the year 1955 and 15 (1.66%) were found to be tuberculous.

Tuberculosis Care and After-Care. The larger number of patients now known as tuberculous and their increased chances of survival, have inevitably tended to increase the work of the Tuberculosis Care Committees and their guiding central body, the Sussex Rural Community Council. This, of course, applies also to the Care Almoner, but the figures for the number or her register are no longer any accurate guide to this work as during the course of the year opportunity was taken to bring it up to date and remove a number of people who were not so to speak, "active" cases.

As a result, there were at the end of the year 555 cases on her register, as compared with 594 the previous year. A better index of the trend, however, is to state that during 1954 112 new cases were brought to her attention as needing assistance, while in 1955 the figure was 142. In addition to her most important work in co-ordinating the activities of the Tuberculosis Care Committees, the Care Almoner has paid many visits to patients' home and to sanatoria and put patients and their families in the way of getting help and support from a vast range of different agencies, both voluntary and official.

The appointment of a Health Visitor working jointly with the authority and with the Hospital Service of the Eastbourne Group, who deals with care for the aged sick and the Tuberculosis Service, has been shown by the experience of 18 months to be highly successful, and the following material is extracted from an extremely interesting report submitted by Miss M. F. Wheeler, the holder of the post. She deals with an area corresponding roughly with the catchment area of the Eastbourne Hospital Group (except, of course, the County Borough of Eastbourne), whose approximate population is 43,000, scattered over an area which is very largely rural.

Weekly sessions are held at St. Mary's Hospital, Eastbourne, with the Geriatrician, which give full opportunity for discussion of cases and arranging from among those already known a list of priorities for admission for the forthcoming week or thereabouts. These meetings also enable initial home visits to be arranged without delay. As Miss Wheeler points out, dramatic changes may occur in the condition of the elderly sick and, consequently, frequent home visiting of those on the waiting list may be needed and alteration in the urgency of admission commonly occurs, either through the old person requiring admission sooner than at first thought or in some cases through improvement in the patient's condition, or in the social circumstances, the name being removed from the waiting list.

In spite of this detailed care in the hospital and in the home the number of beds available for long-stay cases, mainly, of course, of old people, is fewer than can be regarded as satisfactory; a state of affairs which applies not only in this particular part of the county, but throughout. While it is known that the respective Hospital Management Committees are keenly aware of this shortage, it is doubtful whether without more active steps than have been possible so far, real improvement can be brought about.

Although the liaison between the Hospital Service and the Part III local authority service is very good and a sound working understanding has been arrived at as to which category an old person occupies, there is still slight difficulty in defining the boundary line since the Part III authority may be unable to admit an old person with whom there is nothing much wrong except inability to climb stairs and the Hospital Service may be understandably eluctant to provide accommodation for such people. Arrangements are being made in Part III accommodation in this county to make upstairs rooms available for this type of old person by providing lifts.

Combined work on very similar lines is done for the tuberculous in the same area, as he Health Visitor frequently meets the Chest Physician at his Eastbourne Clinic and takes her part in the sessions.

The present arrangements for storage and repair of open-air sleeping shelters are working very satisfactorily. At the end of 1955, 20 shelters were in use and 14 in store.

The following rehabilitation and training cases were dealt with in 1955:-

Two cases were still under training at Papworth at the end of the year and one in Enham-Alamein. One patient completed his training at Preston Hall after a year and now use employment in London. Two new cases were admitted during the year, one of whom lischarged himself after 18 days. Arrangements were also made for a patient of no fixed ubode to have 14 days' rehabilitation on his discharge from Darvell Hall Sanatorium to get nim accustomed to non-institutional life before entering Papworth.

B.C.G. A further 355 persons received B.C.G. vaccination in 1955, bringing the total number of persons vaccinated in the county since the scheme was introduced in 1950 to 1,272.

NATIONAL HEALTH SERVICE ACTS.

HEALTH CENTRES (SECTION 21).

The whole question of Health Centres in this county remains in abeyance, as there are no large areas of new housing lacking doctors' surgeries.

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22) (excluding Hove and Portslade Sub-Committee Area).

Ante-Natal Clinics. There are five ante-natal clinics, based on the "Newhaven" pattern, held at Bexhill, Burgess Hill, East Grinstead, Newhaven and Uckfield. In these areas the local doctors who are on the obstetric list do their ante-natal work at the County Clinics, attended by the Health Visitor and the Midwife concerned, and their working to-gether in this way enables the expectant mother to be given full care with a minimum of difficulty. Four hundred and eighty-seven mothers attended during the year 1955, an increase of 73 over 1954. The attendances totalled 1,065.

Teaching sessions are held regularly by the midwives at the five Centres named above and also in other areas in the county and these have recently been helped considerably by educational films obtained by the County Nursing Association. The films have given added interest to the subjects taken for talks and demonstrations. In one area relaxation classes for expectant mothers are included in the syllabus and it is hoped to extend this aspect of the work during 1956 to other districts.

Infant Welfare Centres. The table below shows the position at 31st December, 1955, as compared with a year ago. Six of the Centres are conducted directly by the Health Authority, with the assistance of voluntary workers, while the remainder are conducted by voluntary committees in their respective districts, advised by the Health Authority's medical and nursing staff, the whole of the approved cost being met by the Health Authority.

Number of Infant Welfare Centres.					Number of C Attenda		Total Attendances during the Year.			
	wen	are cer	nies.		Under 1 year.	1-5 years.	Under 1 year.	1-5 years.		
1954				60	1,609	4,250	15,011	14,953		
955				57	1,601	4.476	15,335	15,271		

The number of Infant Welfare Centres shows a further decrease of 3. There has been a marked tendency over the past few years for the attendances (particularly in some of the rural areas) to fall and where the number attending can no longer justify the attendance of a medical officer the appointment is terminated. The Centre still continues to function and is called a "Weighing Centre," the Health Visitor for the area acting as superintendent nurse. These weighing centres are becoming increasingly popular and there are now 18 in the county. They offer a good opportunity for health education in groups, as well as individual teaching of mothers.

In certain areas (i.e., towns and built-up areas), there have been requests for special toddlers' sessions to relieve the ordinary general infant session at the clinics and to provide special observation and advice for toddlers needing it. A pilot scheme was tried out at Burgess Hill; this was so successful that other comparable areas are arranging similar sessions.

Care of Premature Infants. During 1955 there were 171 notified premature live births 11 fewer than in 1954. One hundred and twenty-eight of the 171 were born in hospitals, 2 in private nursing homes and 41 at home. One hundred and forty-eight survived the age of one month. The Authority provide special equipment on loan, such as draught-proof cots hot-water bottles and special feeding bottles.

Distribution of Welfare Foods. As reported last year, an offer was received from the Women's Voluntary Services to extend their help in this service by providing voluntary vorkers in place of paid staff at most of the larger centres. This offer was gratefully accepted nd by the end of 1955 six of the large Centres had been taken over by the W.V.S., leaving nly three Centres with paid staff (2 full-time and one part-time). In three instances the V.V.S. provide premises in addition to the helpers. They also very kindly arranged for pecial selling Centres, including evening sessions, to meet the needs of hop pickers.

Opportunities were also taken during the year to permit distribution from trades' premises.

At 31st December, 1955, there were 55 Maternity and Child Welfare Centres and 46 other Centres distributing Welfare Foods.

The following quantities of foods were issued by the Health Authority (outside Hove and Portslade) during 1955:—

National Dried M	Milk	 		 		71,696 tins
Cod-liver Oil		 		 		30,224 bottles
Orange Juice		 		 * *		179,051 bottles
Vitamin A and I	D Tablets	 	••	 	**	9,570 packets

The Health Authority again considered during the year the question of the sale of other supplementary foods at infant welfare centres and decided that the existing practice of imiting these to certain products be continued. The foods permitted are:—

Any proprietary milk food recommended by the Medical Officer for an individual case. Glucose. Virol. Lactagol. Prenatalac. Vitamin A and D Concentrate.

Care of Illegitimate Children. Nineteen unmarried mothers were admitted to hostels luring 1955. Of their 20 children, 5 have been placed for adoption, the remainder having been taken with the mother into the latter's family or otherwise maintained by their mothers.

Contraceptive Advice. Twelve women have received instruction under arrangements made with the Brighton and Hastings County Boroughs and the Kent County Council. The instruction is given only to married women where pregnancy would be dangerous to health. The Family Planning Association have established clinics at Haywards Heath, Hove and Eastbourne, where a number of women attend, mostly by private arrangement.

Maternity Outfits. During the year 1,314 sterilised maternity outfits were issued to midwives for distribution to mothers being confined in their own homes.

Mothercraft. Instruction in this subject was given by the Assistant County Nursing Superintendents and certain nurses to the senior girls in 18 schools. The Course continues to be received with enthusiasm and of 460 girls entering for examination 356 were awarded certificates of proficiency.

Recuperative Holiday Accommodation. One mother was provided with one month's recuperative holiday during the year.

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

Problem Families. The Co-ordination Committee, which meets monthly, and is attended by representatives of the N.S.P.C.C., Children's Officer, Health Authority (e.g., Health Visitors and other members of the Health Department), District Councils (e.g., Medical Officer of Health, Housing Manager), National Assistance Boards and other bodies interested in welfare work, continued its good work during the year. A second similar committee was established during the year for the eastern end of the county.

Dental Care. As in previous years the Dental Service for expectant and nursing mothers and children under the age of five was run in conjunction with the School Health Service, treatment being carried out by the same officers and the same premises being used.

Reference was made in the report last year to the completion of the new Clinic at Hangleton, in the area of the Hove and Portslade Sub-Committee. With the appointment of a new Dental Officer this came into use early in the year and besides supplying a treatment ^{*} centre in an area where it was badly needed, is proving most useful with its X-ray apparatus. which is available for cases referred from elsewhere in the county.

In the statistics given below comparison with the results of the previous year shows a decrease in the figures for expectant and nursing mothers but continued increase in the case of pre-school children. In this connection it is generally agreed that the incidence of dental decay in the case of these young children is greater now than previously.

Details of the work done are given below:-

(a) Numbers provided with dental care:-

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and nursing mothers	225	214	197	193
Children under five	573	478	434	490

(b) Forms of dental treatment:-

The state manife	- Cooling		Silver	1		1	Dentures	1	
	Scaling and Gum Treat- ment.	Fillings.	Nitrate Treat- ment.	Crowns or Inlays.	Extrac- tions.	General [©] Anaes- thetics.	Full Upper or Full Lower.	Partial Upper or Lower.	Radio- graphs.
Expectant and nursing mothers	111	367	10	-	584	142	60	72	10
Children under 5	I	433	239		715	349	_	-	I

N.B.—(1) The figures shown include those of Hove and Portslade Division.
 (2) The apparent discrepancy in (a) above between those needing treatment (478) and those made dentally fit (490) is due to overlap from the previous year.

DOMICILIARY MIDWIFERY, HEALTH VISITING AND HOME NURSING. (SECTIONS 23, 24 and 25)

(excluding Hove and Portslade Sub-Committee area).

General. In the administrative county outside Hove and Portslade a nursing and health visiting service is provided by nurses employed by the County Nursing Association, which is a federation of 53 district nursing associations. On the 31st December, 1955, the total number of nurses (excluding administrative staff) employed was 116, of whom 97 were Queen's Nurses.

These nurses were employed in the following categories:-

- 64 on generalised duties (i.e., midwifery, home nursing, health visiting and school nursing).
- 24 on combined duties (i.e., midwifery and home nursing only).
- 2 on home nursing only (1 a male nurse).
- 14 on health visiting and school nursing only.
- 12 on part-time relief work (2 being engaged on generalised work; 6 on combined duties and 4 on home nursing).

Administration. The administrative and supervisory work is undertaken by the County Nursing Superintendent, who is assisted by a deputy and four area nursing superintendents These officers are on the staff of the County Medical Officer of Health. Close working relations are secured by the County Nursing Superintendent and the supervisory colleagues being the nursing advisers to the County Nursing Association; and by the Health and Housing Committee and the Association having cross-representation.

The approved expenses of the County Nursing Association are repaid by the Health Authority.

Midwifery. It will be seen from the above table that at 31st December, 1955, the urses undertaking midwifery numbered 96; of these, 91 were qualified to administer inialational analgesics, in accordance with the requirements of the Central Midwives' Board. During the year certain midwives employed by the County Nursing Association were intructed in the use of the new apparatus for the administration of analgesic trichloroethylene "trilene") and the Health Committee authorised the purchase of machines for use in four rban areas. Twenty-four patients received "trilene" during 1955 and 979 received gas and air analgesia.

The number of certified midwives who notified their intention to practise (either temporarily or permanently) in the area (outside Hove and Portslade) during the 12 months ended 31st December, 1955, was 190 and, in addition, 23 notifications were received from naternity nurses.

The midwives attended 1,221 deliveries during the year (the same number as in 1954); all but 4 cases were attended by the district midwives. Medical aid was summoned in 363 instances by domiciliary midwives and 6 by hospital midwives.

One maternal death occurred during the year, of a woman with one previous child born during the war. There was toxaemia of pregnancy on that occasion, followed by prolonged labour. The present pregnancy was unexpected and the patient was at first distressed about it; moreover, although full and closely-linked ante-natal care was provided by the midwife, the general practitioner and an obstetric consultant, admission to hospital was resolutely refused and other advice was ignored. A severe toxaemia started early in pregnancy and eventually led to an eclamptic fit, by which time, in spite of admission to hospital and vigorous treatment, the outlook was hopeless.

Two cases of ophthalmia neonatorum were notified; neither was serious and no impairment of vision was reported.

No new case of retrolental fibroplasia came to notice during the year.

Sixty cases of puerperal pyrexia were notified, 31 cases occurring in hospitals and 29 in the patients' own homes or in private nursing homes. It is doubtful whether even one of these was a serious case of the florid type one met with not many years ago.

The Part II Training School (established at Cuckfield Hospital in March, 1948, and carried on by arrangement between the County Nursing Association and the Mid-Sussex Group Hospital Management Committee) continued its good work during the year. The Sister Tutor in charge of the School is directly employed by the Health Authority and 13 of the midwives employed by the County Nursing Association at the end of the year were approved as teachers. The following table summarises the work of the School during 1955:—

Pupils in training on 1st Januar	ry, 1	955		 	 	16
Pupils admitted during 1955				 	 	29
Examination Results:						
Passes on first attempt				 	 	28
Pass on second attempt				 	 	I
Failures				 	 	
Number still in training on	Ist	January,	1956	 	 	16

On the recommendation of the Central Midwives' Board parent-craft classes are now included in the compulsory lectures and the pupil midwives attend classes given at the Cuckfield Hospital and those given by the midwives and health visitors in the county. New Rules made by the Central Midwives' Board approved by the Minister of Health under Section 30 of the Midwives' Act, 1951 (Statutory Instrument 1955, No. 120) came into operation on the 1st February, 1955. The main alterations concern:—

- (i) post certificate instruction, which now becomes obligatory;
- (ii) the use of trichloroethylene B.P. analgesia by midwives on their own responsibility; and
- (iii) uniform which may be worn by certified midwives.

With regard to (i) it has long been the policy of the County Nursing Association, supported by the Health and Housing Committee, to send midwives at regular intervals to post certificate courses of instruction, and to make these available to midwives in private and hospital practice; and the new rule therefore will not involve this Local Supervising Authority in any additional expenditure. The Health and Housing Committee have approved the introduction of the use of trichloroethylene in midwifery and have authorised its use in the first place in four urban areas.

Health Visiting. Of the 80 nurses undertaking health visiting duties, 73 were qualified health visitors and 7 had been granted dispensation under the National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations, 1948. Every year assistance is given through the County Nursing Association to enable 12 candidates to undergo health visitors' training and a week's refresher course is also arranged by the County Nursing Association.

There was a further slight fall in the number of health visits paid to children under 5 years of age—from 71,575 in 1954 to 70,034 in 1955—due to the policy of making health visits on a more selective basis. On the other hand, there was an increase (from 2,328 to 2,479) in the number of visits paid by the health visitors to expectant mothers.

The Ministry of Health in Circular 1/56 asked for information concerning "ineffective" visits. These numbered 12,180—approximately 13.6% of all visits, and are not included in the above figures.

Tuberculosis health visiting, including attendance at Chest Clinics and special enquiries, is carried out by the Area Nursing Superintendents and the specialist health visitor, who also deals with geriatrics in her area.

Home Nursing. In this county home nursing is combined in the main with other work —in the urban areas with midwifery only, but in the rural areas a full generalised scheme operates. The work of the home nurses continues to increase, over 10,000 more visits being paid in 1955 than in 1954. 178,639 visits were paid during the year.

It has been noted that during 1955 a very high proportion of the visits by home nurses were solely for the purpose of giving injections, as can be seen from the following table :---

Home	Nursing	visits	for	injection	only					 44,960
Home	Nursing	visits	for	injection	and	general	nursing	att	ention	 8,032
Home	Nursing	visits	for	injection	with	dressin	g			 4,893

We are fortunate in that we have, as a rule, a full complement of nursing staff, otherwise the steady and considerable increase in the number of "injection" visits might have caused considerable embarrassment. The load would be greater except that the district nurse, when visiting a diabetic, trains him (in the majority of cases) in the technique of selfadministration. Even children of eight or ten years old learn this lesson rapidly and well.

Housing of Nurses. The principle set out in my annual report for 1954—i.e., that it is better for nurses' houses to be in some form of public control rather than in private ownership—has continued to be applied; and much valued assistance has been given, not only by the councils of county districts but by the County Nursing Association and the District Associations of which it is a federation.

IMMUNISATION AND VACCINATION (SECTION 26)

(excluding Hove and Portslade Sub-Committee area).

The system of personal delegation of the duties under Section 26 of the National Health Service Act, 1946, to the Medical Officers of County Districts has worked satisfactorily. In the area comprising the Borough of Lewes, the Urban Districts of Newhaven and Seaford and the Rural District of Chailey the duties are now undertaken by the County Medical Officer.

The general plan is that parents are approached in the first few months of the child's ife 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 these treatments 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.

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.

The Minister of Health, in Circular 5/55 of 6th April, 1955, expressed concern at the current neglect of vaccination in the community, the percentage of infants vaccinated under the age of one year being 34.5 in England and Wales.

It was part of the approved proposals of this health authority and our subsequent practice to rely mainly on the general practitioners vaccinating infants as part of their duties under Part IV of the Act, though the district nurse-midwives and health visitors are pressed to encourage parents to have their children vaccinated. This policy has been reasonably successful here, 61% of the infants being vaccinated (1954) as compared with 34.5% for England and Wales, the figure for 1955 having risen to 66.9%.

In one area, however, where the number of infants vaccinated was very low indeed, vaccination sessions were arranged to follow the ante-natal session at the County Clinic. The sessions were available for each doctor to vaccinate his own cases, and the health visitor service was provided on similar lines to the ante-natal session (see page 20). During the first two months of the scheme 46 patients (40 babies) were vaccinated, and it will be seen from the Appendix to this Report that 2,544 infants under I year of age were vaccinated in 1955, an improvement of 53 on the 1954 figure. The recorded number of vaccinations, however, is less than the true figure by the difference between those persons vaccinated and those in respect of whom the general practitioners send in record cards: I do not doubt that although a fee is payable for each approved record card sent in, many children are vaccinated by busy doctors without this office getting to know of them.

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 5 years of age and again at about 10 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.

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.

Diphtheria/Whooping Cough Immunisation. As from 1st April, 1954, parents have been offered facilities for combined immunisation. 3,413 of the 3,926 children immunised received the combined antigen and 3,153 of these latter were under 5 years of age.

AMBULANCE SERVICE (SECTION 27)

The County Ambulance Service is operated both by voluntary agencies and directlyoperated ambulance stations and there has been no change in the number or distribution of vehicles since the last period of review.

At the 31st December, 1955, the establishment was as follows:--

			DIRECTLY	OPERATED	
Depo	t		Full-l	ime Personnel	Establishment
Hove and Portslade	••	••	here allo	15	8 ambulances, including 2 dual- purpose type.
Seaford	••	• •		2	1 ambulance.

				VOLUNT	ARY AGENCI	ES
	Dep	ot		Ful	l-time Person	nnel Establishment
St. John Ambu	lance	Brigade	e:			
Battle					_	I ambulance.
Bexhill					I	3 ambulances.
Hailsham					2	2 ambulances.
Lewes					4	3 ambulances and 1 car.
Rye					2	2 ambulances.
British Red Cr	oss So	ciety:				
Crowboroug					I	2 ambulances.
East Grinste					2	2 ambulances.
Haywards H	leath				2	2 ambulances.
Hurstpierpo						1 ambulance.
Uckfield					I	I ambulance.
Newhaven and Associatio		ct Nurs	sing			
Newhaven					-	1 ambulance.

The directly-operated ambulance stations are staffed by the Health Authority but only a few full-time drivers are employed by the voluntary agencies. A large amount of the work done by these agencies is still operated by volunteers from the organisations concerned, chiefly during the evenings and at night-time. I find it increasingly difficult to get male volunteers for driving and attendants' duties during the day-time, owing to their civilian employment, but there is still a good response for assistance from trained nursing attendants from the St. John Ambulance Brigade and the British Red Cross Society. I should like to take this opportunity of thanking the voluntary organisations for their help.

Excluding the area delegated to the Hove and Portslade Ambulance Sub-Committee, 21 ambulances and 1 sitting case car cover the administrative county area from the ambulance stations. The parishes near Tunbridge Wells, Crawley, Eastbourne and Hastings are covered by ambulances from these towns under agreement.

All "999" and emergency calls on both sides of the county boundary are dealt with by the nearest ambulance station and no financial adjustment is made where these emergency calls are to street accidents or illness in a public place. Two new Bedford/Lomas type ambulances were purchased during the year to replace the old Austin ambulances at Hailsham and Lewes respectively, this type of ambulance being well suited to the needs of this county and economical to run. Whilst it is normally used for journeys within the County, longer journeys have been operated by this type of vehicle and it has been found to be most comfortable both for the patient and also the ambulance team.

The area around Heathfield is still covered by the Hailsham, Crowborough and Uckfield imbulances as a result of the Heathfield Ambulance Station closing down on the 31st March, 1951, and I have received no complaints of inefficiency on the part of the operating stations luring the past 12 months; this area is adequately covered for ambulance needs.

Monthly returns of journeys from hospitals in East Sussex to addresses outside the area have been received from the Ambulance Stations and the Hospital Car Service. Those chargeable to other authorities under Section 24 of the National Health Service (Amendment) Act, 1949, are tabulated and claims for reimbursement have been made on these authorities. There is close co-operation between the Hastings, Eastbourne and Brighton Health Authorities in this connection when the East Sussex ambulances visit hospitals in those areas. They contact the authority and are able to bring back patients into this area. Where ambulances take patients long distances beyond London the driver contacts the authority concerned to offer them the use of the returning empty ambulance and if at all possible prior notice is sent by letter to the authority offering these facilities. The only charge made in such cases is the excess mileage off the normal return route. Similar facilities are offered to us by authorities bringing patients into the East Sussex area by car and ambulance. This kind of co-operation is one of the results of discussions held by the members of the National Association of Ambulance Officers at their Regional and Annual Meetings, of which the County Ambulance Officer is a member. This co-operation worked particularly well during the railway strike in June last year, when more or less daily schedules were announced of vehicles passing in and out of this area, particularly from the London Ambulance Service, who maintained a "coast" Hove-Hastings Service bringing down patients and taking them back to London for us.

The Hospital Car Service continues to run with notable efficiency under the direction of Mr. C. H. E. Bath, the County Organiser, and there is close co-operation and liaison between him and the County Ambulance Officer and information is exchanged regarding any possible mis-use of sitter-cars. Greater use is also being made of the "short notice" service, whereby a car can be obtained for emergency service out of normal office hours by doctors and hospitals. I should like to thank Mr. Bath, his Area Transport Officers and all the volunteer car drivers for their co-operation during the past year; quite a large number of last-minute requests have been passed to the Area Transport Officers and each request has been dealt with in an efficient manner.

I should also like to thank the doctors, hospitals, convalescent homes, etc., for their efforts in trying to reduce the number of requests for ambulance transport and would appeal for greater efforts, if possible, not to make requests for ambulance transport if a car will do and also to use public transport if at all possible. Most scope for further improvement is, I think, in the re-consideration at intervals of patients provided with regular transport in a course of treatment.

There has been an increase in the use of transport by train, as advised by the Ministry of Health, and patients so conveyed are picked up by car or ambulance, conveyed to a station and made comfortable in the compartment. A whole compartment is reserved, if necessary, and arrangements are made at the terminal stations in London and at the end of the journey for ambulance transport to take the patients from the stations to hospitals or home addresses. If it is necessary a trained B.R.C.S., or S.J.A.B. escort is sent with the patient, and it is generally accepted by the medical profession that such journeys are more comfortable, are done in half the time and are not so wearisome to the patient. It is also more economical to send patients by these means. In addition, to send an ambulance or car for a long journey of some two or three hundred miles, is to deprive the particular district in question of its vehicle for an unreasonably long time. I should like to thank the British Railways for their kind co-operation and help in arranging rail journeys, in particular the Redhill Controller, and also the Officer-in-Charge of the London Ambulance Service for the efficient way transport is arranged between the London termini. 409 patients were carried by ambulance train arrangements during the last 12 months under review.

In addition to his many other duties, the County Ambulance Officer, Mr. J. W. Limb, has taken a prominent part in the training of the Civil Defence Ambulance and Casualty Collecting Section, including the arrangements for training Volunteers in driving and other duties, the management of ambulances, organising of various tests and competitions. He attended, and passed, a Course at the Home Office Civil Defence School at Falfield in July, 1955, and has since been able to advise Sub-Divisional and District Civil Defence Officers in drawing up the new Ambulance and Casualty Collecting Section syllabus. The first Annual First-Aid Civil Defence Ambulance Competition was held this year and after eliminating rounds in the various districts a women's team from Hove won the trophy at Haywards Heath.

A team from the peace-time service at Crowborough also represented the Authority in the Regional Competition organised by the National Association of Ambulance Officers which was held at New Malden, Surrey, and whilst they were not placed they acquitted themselves very well, with a very high standard of markings. Much experience has been gained by these competitions and individual knowledge of first aid is reaching a very high level; at the same time we are able to learn new ideas and pass on the value of our own experience to others.

There has been close co-operation between the Police, Fire and Ambulance Services and I should like to offer the Chief Constable and the Chief Fire Officer my thanks for the help of their staffs in the passing of emergency calls to other ambulance stations where the ambulance is already out on a call from the area where the incident has happened. Assistance has been given by the County Ambulance Officer to the Police in judging first-aid competitions, preparation of mock casualties and the training of first-aid teams and both Dr. Brims Young (my deputy) and Mr. Limb have judged national First-Aid Competitions during the week-ends in their own time.

OPERATIONAL STATISTICS (not including Hove and Portslade) Ambulances

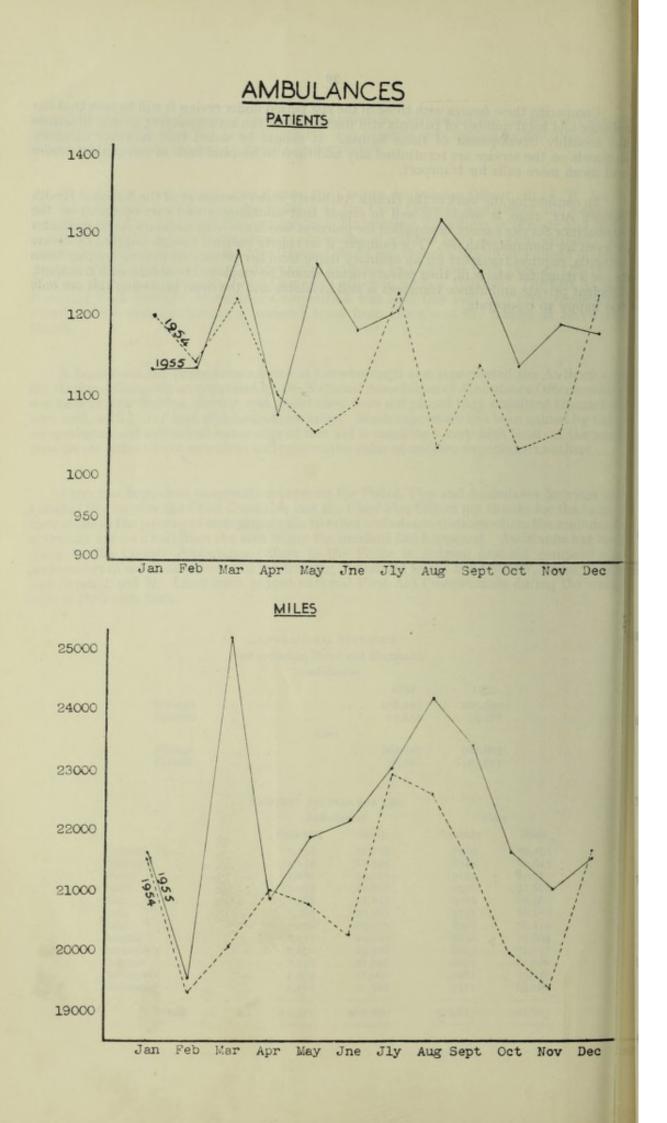
				1954	1955
Mileage	 			250,495	265,950
Patients	 			13,544	14,371
		Co	urs		
Mileage	 			862,448	921,603
Patients	 			98,528	103,817

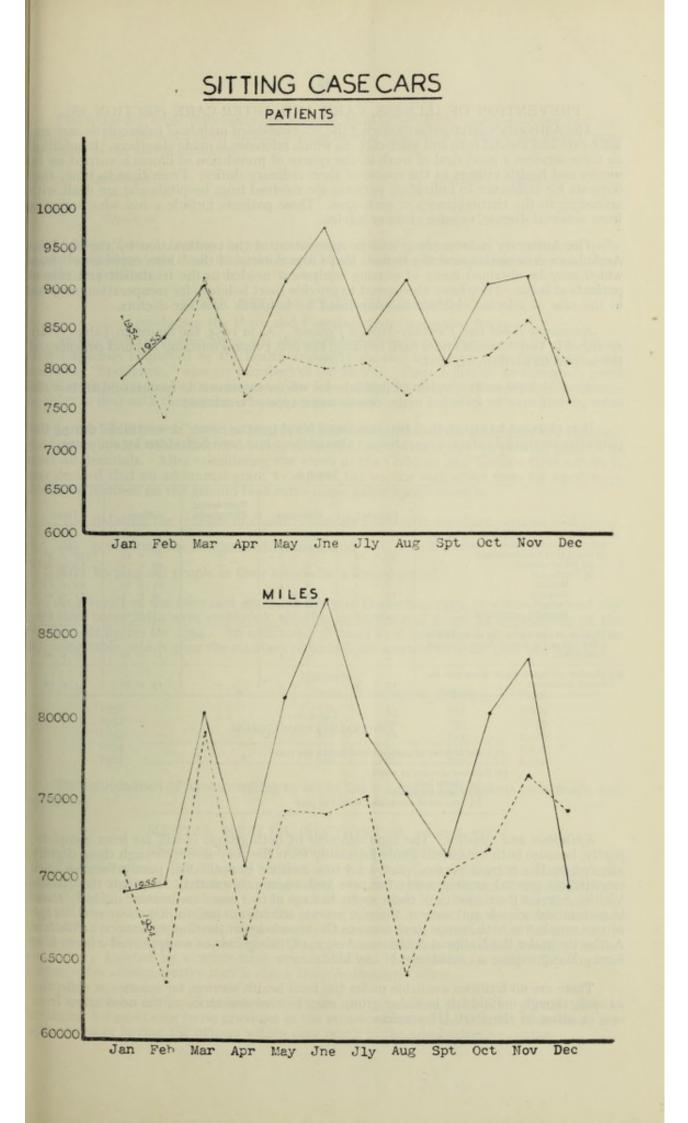
MONTHLY FIGURES FOR 1955

			Amoutances		6	irs
			Patients	Miles	Patients	Miles
January		 	1,132	21,613	7989	69,259
February		 	1,134	19,573	8344	69,645
March		 	1,280	25,245	9117	80,722
April		 	1,074	20,811	7976	71,828
May		 	1,268	21,841	9015	82,082
June		 	1,184	22,115	9731	88,080
July		 	1,206	23,055	8452	78,110
August		 	1,324	24,146	9132	75,764
September		 	1,256	23,326	8193	72,011
October		 	1,138	21,647	9074	80,086
November		 	1,194	21,066	9282	83,847
December		 	1,181	21,512	7512	69,169
Т	otals	 	14,371	265,950	103,817	921,603

Comparing these figures with those of the last period under review it will be seen that the nileage and total number of patients still fluctuate and the accompanying graphs illustrate the monthly development of these figures. It should be noted that however carefully demands on the service are scrutinized any additions to hospital beds or out-patient clinics will mean more calls for transport.

In considering the work of the Health Authority under Section 27 of the National Health Service Act, 1946, it would be well to repeat that ambulances and cars operated by the Ambulance Service cannot be supplied for journeys which are of an ordinary social character or even for humanitarian use. For example, if an elderly patient, though crippled by severe arthritis, requires transport for an ordinary move from her private address to another town to see a daughter who is ill, then private means should be employed to obtain such transport. Efficient private ambulance transport is still available and the firms providing this are only too happy to co-operate.





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

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

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

Registered Blind and Partially-Sighted Persons. As in 1954, the figures in Table 'A' are arranged in two columns under each heading, the first column referring to blind persons and the second to partially-sighted.

(i) (b) represents number of patients for whom treatment is recommended, but the same patient may be included under one or more type of treatment.

It is pleasant to report that two registered blind persons were "de-certified" during the year after successful cataract operations. One of these had been bedridden for six years.

	TABLE A.									
	Cataract.	Glaucoma.	Fibroplasia.	Others.	Total.					
 (i) Number of cases registered during the year in respect of which Paragraph 7 (c) of Form B.D.8 recommends	30 + 136 + 524 + 84 + 119 + 52 + 14 + 2	$ \begin{array}{r} 20 + 5 \\ 9 + 0 \\ 20 + 5 \\ 8 + 4 \\ 5 + 1 \\ 0 + 0 \\ 10 + 4 \end{array} $	Nii 	76 + 40 40 + 9 36 + 31 23 + 20 9 + 4 2 + 5 5 + 12	$ \begin{array}{r} 135 + 58 \\ 55 + 14 \\ 80 + 44 \\ 35 + 25 \\ 33 + 10 \\ 4 + 6 \\ 19 + 18 \end{array} $					
ii) Number of cases at (i) (b) above which after follow-up action have received treatment	7 + 2	15 + 3		21 + 21	43 + 26					
ii) Number of cases which have not re- ceived treatment	17 + 6	5 + 2		15 + 10	37 + 18					

TABLE	B.
OPHTHALMIA N	EONATORUM

(i) Total number of cases notified	ed duri	ng the y	year	 	
(ii) Number of cases in which: (a) Vision lost				 1	
(b) Vision impaired				 1.	-
(c) Treatment continuing :	at end o	of year		 	-

Epileptics and Spastics. The ascertainment of both groups is still far from complete; partly, because both conditions grade insensibly from the very severe through those slightly affected to the normal person, partly because neither is notifiable, partly because until recently no general arrangements for care and assistance existed. Through the Health Visiting Service the majority of those under the age of five years are known; similarly those in maintained schools and some of those in private schools are known. Of those over the age of 16 a number in both groups have come to the knowledge of the County Council as Welfare Authority under the National Assistance Act, 1948, though as yet no approved scheme is in force. Many require no assistance of any kind.

There are no facilities available under the local health services for spastics or epileptics *as such*, though individuals in either group may receive assistance as the need arises from one or other of the Part III services.

The following table represents the present knowledge of the number of spastics and epileptics. The numbers given include known mental defectives in which the mental subnormality is the major handicap.

Age Ranges				S	pastics	Epileptics
0-4	 	 	 	 	15	6
5-16 Above 16	 	 	 	 	17	16
Above 16		 	 	 	110	81

Holiday Homes. During the year two cases of children in need of recuperative spells at a holiday home were dealt with, the length of stay varying between three weeks and three months respectively.

HOME HELP SERVICE (SECTION 29)

(excluding the Hove and Portslade Sub-Committee Area)

At the 31st December, 1955, the Home Help Service was administered by one Home Help Organiser employed by the health authority assisted by eleven Area Organisers, now known as "Specialists," who are members of the W.V.S. These ladies do an extremely good job of work and it has become necessary for some of them to have further W.V.S. assistance in order to deal with the number of cases on their books.

In the latter part of 1954 the Health Committee considered the possibility of extending the service in view of the fact that owing to financial limitation it was not proving possible to meet all demands. After considering the views of the Children and Welfare Committees it was decided that an additional grant to expand the service with effect from 1st April, 1955 would be justified on the ground that extra home helps would assist in

- (i) reducing the number of children admitted into care for short periods, and
- (ii) preventing the break-up of families, and
- (iii) keeping old people in their homes for a longer period.

As a result of the increased grant, at the 31st December, 1955, 10 whole-time and 267 part-time home helps were employed, showing an increase of 2 and 44 respectively on the comparable figures for 1954. An additional 36 cases were also attended, as is shown in the following table, which gives the numbers of households assisted over the past five years.

			Maternity	y		
			Cases	Tuberculosis	Others	Total
1951	 	 1.1	380	53	651	1,084
1952	 	 	362	60	633	1,055
1953	 	 	418	76	714	1,208
1954	 	 	413	71	714	1,198
1955	 •••	 ••	446	61	727	1,234

The examination of women willing to act as home helps in tuberculous households was continued.

MENTAL HEALTH (SECTIONS 28, 50 AND 51).

(including Hove and Portslade Sub-Committee Area).

Administration. The Nursing Services and Care Sub-Committee of the Health Committee have continued to deal with the detailed administrative problems of the Authority's Mental Health Service, and apart from staff changes, there has been no alteration in the organisation and medical direction of the service. Initial proceedings to provide care and treatment for persons suffering from mental illness are dealt with by four full-time Duly Authorised Officers, who also undertake the supervision and care of mental defectives in the community assisted by a whole-time woman Visitor. In addition, a male officer on the central office administrative staff is also a Duly Authorised Officer.

There has been no re-distribution of officers, and in practice, there is very little delay in arranging for assistance to be provided in the remoter areas of the County, while there are advantages in having the officers within easy reach of the administrative centre. The services of all Mental Health Officers continue to be available to institutions for mental defectives under the control of the Hospital Boards for the supervision of patients on licence, although such institutions may make arrangements for their own officers to visit and report. So far as local establishments are concerned, there are two who supervise their own licence cases but in cases where defectives arrive in the county from a distance, supervision is undertaken by our local officers. From time to time guardianship cases belonging to other authorities also enter the county and arrangements are made for both medical and lay visitation on behalf of the responsible bodies. During the year routine visits were paid to and reports made on 98 such cases.

The supervision of patients discharged on trial from mental hospitals is usually undertaken by officers of the Hospital Boards.

Duties delegated to Voluntary Organisations. The two voluntary Associations which are mainly concerned with care and after-care work in the County are the Mental After-Care Association and the East Sussex Association for Mental Welfare. The Mental After-Care Association specialize in receiving and arranging board residence as a "convalescence measure" for patients who need a period of re-adjustment to community life after receiving treatment in mental hospitals. Patients under certificate "on trial" from mental hospitals are still the financial and administrative responsibility of the sending hospitals but voluntary patients who go to the Association homes come within the Local Health Authority's responsibilities under Section 28 of the National Health Service Act. These short periods of residential care are usually of four weeks' duration.

The East Sussex Association for Mental Welfare, on behalf of the Local Health Authority have continued throughout the year to carry out after-care work in respect of persons discharged from the mental hospitals who are recommended by the hospital for such help Certain mental defectives who have succeeded in fitting into the community to such ar extent that they do not require official supervision have also received "friendly" guidance from the Association, and a County Council grant to cover the cost of these services has beer made.

It has been agreed, however, that this shall be the last complete year in which delegation is made, and thereafter the County Council will undertake direct responsibility for the service Modifications to the Local Health Authority's approved proposals have been submitted to the Minister.

Community Care of Mental Defectives. At the end of the year 150 mental defectives were under guardianship, about one-third being under the immediate care of the Guardianshij Society of Hove, and 436 were under statutory supervision, mainly provided by Hom-Visitors who paid 2,296 visits during the year. Twenty-three other defectives were seen fo the purposes of voluntary supervision.

Occupation Centres. Although there are no occupation centres in the administrativ County, certain mental defectives who are boarded out in the neighbourhood attend th centres run by the Guardianship Society in Hove, whilst others attend the Centres run by th County Borough Councils at Eastbourne and Hastings. Some, indeed, are boarded out nea one or other solely to enable them to attend daily. Arrangements have also been made fo one child to attend the centre run by the Kent County Council at Tunbridge Wells and tw children at the West Sussex Centre at Worthing. The County Council is financially respon sible for all fees in connection with East Sussex cases attending these Centres, and travellin expenses are refunded to those parents who wish their children to attend but do not desir boarding out.

Mention was made in the last report of the representations made by a Sussex resident acting on behalf of a local branch of the National Association for Mentally Handicappe Children, that further arrangements for home training and occupational diversion should b made. At the end of the year under review the Authority have under consideration th expansion of their scheme to include home teaching commencing with a "pilot" scheme in suitable area. The Ministry of Health scheme for "short-term care" is now in its third year of operation ind a number of parents have been helped to obtain a much needed break from constant vorry and care with continued good results in general family well-being. The prospect of urther relief from time to time enables devoted mothers of low grade children to carry on mtil institutional care becomes available. A total of 21 defectives went away for periods of up to two months in each case during the year.

Institutional Care. The number of places available for mental defectives is still inadepuate although there are signs of improvement. The Regional Hospital Board have made every effort to deal with emergency admissions; there have been no instances in which grave emergency has not produced full co-operation and a solution by way of short-term or permanent care. At the end of 1955 there were 450 East Sussex cases in institutions and 30 defectives were waiting for places, as compared with 37 patients who were waiting for adnission at the end of 1954.

	Under	Age 16.	Aged 16	and Ove
	М.	F.	М.	F.
Particulars of cases reported during 1955				
(a) Cases at 31st December, 1955, ascertained to be defectives "subject to be dealt with." Number in which action taken on reports by—				
(1) Local education authorities on children				
(i) While at school or liable to attend school	1	3		
(ii) On leaving special schools	-	-	I	I
(iii) On leaving ordinary schools	3	3	2	3
(2) Police or by courts		8	5	9
(b) Cases reported who were found to be defectives but were not, at 31st December, 1955, regarded as "subject to be dealt with " on any	3		-	
ground	-		-	
(c) Cases reported who were not regarded as defectives or in which action was incomplete at 31st December, 1955, and are thus excluded			Sur en	
from (a) or (b)	21	13	14	17
Total	28	27	22	31
isposal of cases reported during 1955				
(a) Of the cases ascertained to be defectives " subject to be dealt with " (i.e. at I (a), number—				
(i) Placed under statutory supervision	6	0	I	6
(ii) Placed under guardianship		-	I	3
	I	T	2	4
 (iii) Taken to places of safety (iv) Admitted to hospitals (b) Of the cases not ascertained to be defectives "subject to be dealt with" (i.e. at 1 (b), number 	-	4	4	1
(i) Placed under voluntary supervision	-		-	
(ii) Action unnecessary	-		-	
Total	7	14	8	1.4
umber of mental defectives for whom care was arranged by the local health	-			
athority under Circular 5/52 during 1955 and admitted to				
(a) National Health Service hospitals	4	4	3	4
(6) Elsewhere	the second	2	I	2
Total	4	6	4	6
otal cases on authority's registers at 31st December, 1955				
(i) Under statutory supervision	20	30	192	175
(ii) Under guardianship	39 8	30	53	86
(iii) In " places of safety "	I		2	6
(iv) In hospitals	50	33	182	176
(v) Under voluntary supervision			12	11
Total	98	66	441	454
lumber of defectives under guardianship on 31st December, 1955, who were				
eall with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913			28	
included in 4 (ii))				

						12	Under	Age 16.	Aged 16	and Over
							М.	F.	· M.	F.
Classification of defectives in the commu	unity	on 315	t Deces	nber, 19	955 (ac	cord-		1.000		1
ing to need at that date)				1.1.1.1				LOC AND	C. COL SPACE	2010
(a) Cases included in 4 (i)-(iii) in accordingly to the hospital auth			spital	care ar	id repa	orted				
(1) In urgent need of hospital						1.11		S - D S . U M IS	A STATISTICS	
(i) " Cot and chair " ca					100			and the second second	T	
(ii) Ambulant low grad							4			1
(iii) Medium grade cases						2.5	5	4	1.	3
(iv) High grade cases						11	10200	2	2	1
(iii) millin Brance cases						12		-	-	
Total urgent	cases						9	6	3	5
(2) Not in urgent need of hos	pital	care:	2010							
(i) " Cot and chair " ci								-		
(ii) Ambulant low grad				000				1	1	1
(iii) Medium grade cases						100			3	100
							I	-	-	-
Total non-urg	gent c	ases					I	I	4	I
T	otal		10		11.1		10	7	7	6
(b) Of the cases included in items .	. 15	(11)	A (m) .	aumbor	convi	darad				
suitable for:	4 (i).	(n) an	a (s), i	number	colisit	uereu			a sea a s	the state
(i) Occupation centre					1.4		15	8	31	20
(ii) Industrial centre									22	6
(iii) Home training							2	2	14	7
T	otal						17	10	67	
	- car						*/			33
(c) Of the cases included in 6 (b), December, 1955:—	nun	aber re	ceivin	g train	ing on	31st		, they we	The suburb its	
(i) In occupation centre							3	6	3	15
(ii) In industrial centre										-
(iii) At home										

Lunacy and Mental Treatment Acts, 1890-1930. Details of the work carried out during the year are as follows:

	Lunad	y Act,	1890			
Urgency Orders						 10
Summary Reception Orders						 125
Three-Day Orders					•••	 299
Men	tal Tre	atmen	t Act, 19	930		
Cases admitted for six mon	ths as	" tem	porary '	' cases		 -
Voluntary cases						 79 46
Advice and assistance only						 46
Miscellaneous visits of enqu	iry					 35
After-care visits						 90

During the year 784 voluntary patients from the County were admitted to mental hospitals, mainly the Hellingly Hospital, Hailsham and St. Francis Hospital, Haywards Heath, and in 79 instances the help of the Duly Authorised Officer was enlisted.

REPORT ON THE HEALTH SERVICES OF THE HOVE AND PORTSLADE AREA HEALTH SUB-COMMITTEE DURING THE YEAR 1955

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

MR. CHAIRMAN, LADIES AND GENTLEMEN,

In the opening paragraphs of my report for 1954 I was able to refer to a variety of projects and extensions of existing services which had been completed and brought into operation in that year. It is therefore perhaps not to be expected that I should be in the same fortunate position in reporting on 1955 and indeed it seems unlikely that any major advances or improvements, particularly if they involve any heavy capital expenditure, can be anticipated for at least the next year or so. This policy will in all probability delay the construction of a new Health Clinic for southern and central Portslade which at present is most inadequately served by hired premises unsuited in design or accommodation for a high standard of child welfare work. However, within the limitations imposed by the present economic situation all the services are constantly under review and hopes and plans discussed against the time when further improvements can be effected and the existing gaps filled. One great advantage of an area such as that comprised within the boundaries of Hove and Portslade, with its population of 80,000, is that it is not too large to prevent personal supervision of all branches of its activities and a reasonably individual knowledge gained of most of their more important details. For some years now I have made a practice of meeting individual members of my staff at frequent and regular intervals, when problems of all kinds can be discussed and suggestions put forward for their solution. Every morning, for example, I meet the Doctors in conference, every week the Area Nursing Officer, Geriatric and Tuberculosis Health Visitors, and every Saturday morning two Health Visitors come in and have a personal interview about their work.

Midwifery Services

The tables set out on pages 14-15 set out in comprehensive form the details of the domiciliary midwifery as carried out in this area. There is still the longstanding controversy on the safest place for the confinement -home or hospital, and in Hove and Portslade about 80% of the births take place in hospital-a high percentage, accounted for, I believe, by a combination of factors which include economy for the mother, lack of home accommodation or facilities and a sufficiency, if not an excess, of maternity beds. With these powerful counter attractions it seems doubtful whether the partisans of home deliveries will be likely to wean the average expectant mother from preferring her baby to be born in hospital. She is probably more impressed by the advantage of expert assistance readily available if anything goes wrong than by the dangers of cross-infection. Before 1945 many Local Authorities ran small maternity homes staffed by midwives, where the patient could be attended by her own family practitioner, supervised or assisted if necessary by a consultant. Unfortunately, to my way of thinking, many of these have been abolished in favour of maternity units in hospitals and with the present policy of Regional Hospital Boards, all of whom seem to be always pressing for bigger and better hospitals, it seems unlikely that they will ever be permitted to revive or that the General Practitioner will be allowed to practise his obstetric skill if he wishes anywhere except in the The Guillebaud Report on the National Health Services stressed the division of responsibility between home. Executive Councils, Hospital Management Committees and Local Health Authorities for the maternity services in this country and as the result a Committee of Inquiry has been set up by the Ministry of Health. It may be that they will give consideration to a proposal recently put forward that normal cases should be delivered by the family doctor and domiciliary midwife in a simple labour room attached to a maternity The patient and her baby would be taken home by the midwife within a few hours of delivery and home. thereafter nursed in her own familiar surroundings. Such a scheme if it could be accepted as not involving undue danger to mother and baby in transit, has much to commend it in the avoidance of infection and the release of hospital maternity beds. Whether, however, it would prove popular with the mother is open to doubt and it could only be introduced probably in urban areas where the distance to home was small.

Of the 79 confinements for which a doctor was booked he actually attended in 31, presumably a measure of the confidence he felt in the midwife, and the number of babies wholly breast-fed on the 14th day amounted to 104 out of 147 compared with 100 out of 169 last year. The analysis of the fate of premature babies shows how much of their survival depends upon the initial birth weight—3 out of 5 of 3 lbs. 4 ozs. or under survived for 28 days compared with 37 out of 40 born above that weight. Out of 180 domiciliary confinements, 132 had either gas and oxygen, Pethidine, or a combination of both.

Health Visiting

The Health Visitor is the kingpin of the Child Welfare Services since she makes and maintains contact in the home or at the Clinic with the young mother and constitutes herself the friend of every family within her district. Both the standard and the extent and variety of her activities have been well maintained throughout a year in which she has kept under supervision 3,300 children under the age of 5 years to whom she paid over 16,000 visits. It used to be considered that her sphere of influence was limited to what was termed the working classes, but today she offers her services initially to all grades of society and is very rarely not welcomed. It must be remembered that in addition about a third of her time is allocated to the School Health Service, with all its varied demands and activities.

The whole-time Tuberculosis Health Visitor returned to duty after her long illness and in consequence was able to double the number of households kept under supervision. The appointment of a whole-time Geriatric Health Visitor was sanctioned during the year, but considerable difficulty was experienced in finding a suitable candidate so that the actual selection could not be made in time for her to take up her duties before its close. The table on page 30 reflects therefore, almost entirely, visits paid by Miss Linton, the Area Nursing Officer, who despite her many other commitments, was able to investigate over 300 new cases and re-visit a similar number. It is obvious that it will be a long time before there are sufficient beds in hospitals or Old People's Homes to accommodate all the old people who should be admitted, even deducting those who are unwilling, and therefore care in their own homes for as long a period as possible and a post-ponement of the inevitable deterioration of increasing years must be our policy. With the appointment of the special Geriatric Health Visitor it will be possible to maintain a much closer and more constant super-vision and perhaps by earlier remedial measures put off the day when they will have to be removed.

The training of a Health Visitor is both long and arduous and it is therefore essential that her services must be employed to the very best advantage and not expended on duties which could be performed by untrained persons. Each visit to a home must have a purpose and the time spent in the Clinics devoted to the instruction and education of the mother and advice on her individual problems. In this connection I am concerned at the time spent in getting to and from Clinics and districts in the outlying parts of the area—Hangleton and Mile Oak especially—and I feel that consideration should be paid to the provision of cars for those particular Health Visitors, possibly two or three at the most. The capital cost and maintenance expenses would be more than repaid by the increase in efficiency and the saving of time and I hope to bring forward specific proposals to this end at a later date.

Since 1953 a Working Party has been engaged in investigating the duties and training of Health Visitors and its report and recommendations will be eagerly awaited. In the meanwhile I have endeavoured to improve the service by decentralising its operation whenever possible and by encouraging General Practitioners to take advantage of it whenever they meet a problem in their practice which can be solved or ameliorated by calling on the Health Visitor of the particular family.

Hove Day Nursery

At the time when the annual estimates were formulated for 1956-57, the County Finance Committee drew attention to what many considered to be the high running costs of the two Nurseries and suggested that the possibility of curtailing the facilities or limiting the net expenditure in some way should be explored. I was therefore instructed to bring forward reports on (a) the possibility of maintaining the larger of the two Nurseries to accommodate 50 children of the priority classes, and (b) to suggest how any savings might be effected whilst retaining both buildings for the number of children already catered for. I at once realised that substantial economies could not be effected within the scheme (b), taking into account that the salaries and numbers of staff were fixed and could not be reduced and that a substantial sum, i.e. $f_{3,000}$, would have to be spent on repairs to No. 12 Goldstone Villas at an early date. I therefore investigated the first proposal and after consultation with the Ministries of Health and Education, recommended the closure of No. 12 Goldstone Villas and the retention of No. 57 Clarendon Villas for the reception of all age groups between 0-5 years, provided certain alterations were carried out to the building. I estimated this would effect a reduction of some $f_{4,000}$ on the previous year's estimates, but I pointed out that some of this must be guesswork and could not be accurately calculated until there had been some experience of the new scheme. This report was accepted and it was decided that the change-over should take effect on April 1st, 1956, and that the Day Nursery should still remain a Training School.

Day Nurseries, and to a lesser extent Nursery Schools and Classes, have suffered from the general assumption that they should only admit the children of mothers whose economic circumstances compel them to go out to work or in those cases where housing conditions are deleterious on physical grounds. Much has been made of the after-effects in later life of the separation of mother and child in the early and formulative years—much of this is true and no one would deny that the Nursery can never be more than a substitute for mother love, but on the other hand there are numerous children not coming from broken homes or problem families whose emotional development would have been greatly improved or instability rectified if they could be admitted to a well-run Day Nursery. There are also plenty of harassed mothers whose nervous worries would be greatly relieved if they could be relieved of that spoilt or clinging offspring for a few hours each week. In other words, a Day Nursery is not merely a rather expensive parking place for the children of unmarried mothers, widows or married women with invalid husbands, but a definite adjuvant to the proper physical, educational, emotional development of all who are fortunate enough to gain admission, whatever their background. That is why it is necessary to employ a well-trained staff in sufficient numbers to ensure that each child's individual propensities and peculiarities receive adequate attention.

Home Nursing

An analysis of the work of the Hove and Portslade District Nursing Association shows that there was a 9% increase in the patients added to the register and a 13.5% increase in the visits paid. The biggest proportion of these increases was on account of old people, 27% and 11.5% respectively. It is obvious that should this upward trend continue, and with the lack of hospital and Part III accommodation beds available —there is every likelihood of its doing so, the present staff will be able to cope even less completely with the demands, and this situation can only be met either by increasing an establishment which is in fact never attained except for a very short time, or by improving the conditions and facilities of the existing staff, particularly those serving in the hilly parts at the back of the town. The time has surely come when in the interests of efficiency and to lessen the wear and tear of the nurse's life, already over full that we should cease to expect them to ride about upon bicycles or on foot in all weathers and at all times of the day and night, but equip more of them with motor cars. A Sub-Committee of the Nursing Association is engaged in collecting data on this matter and doubtless will be presenting recommendations before the next financial year.

In connection with the care of old people in their own homes or in privately-run homes, requests were

received for the services of a nurse solely for the purpose of giving a bath, but it was felt that this did not come within their duties and in any case would make undue demands upon the time of trained staff who could and should be employed in directions more definitely of a nursing character. I was, however, asked to consider whether this need could be met by enrolling suitable women as bathing attendants who would carry out this duty under some kind of supervision. Information was received from two industrial towns who were running such a scheme. My own view is that it would be difficult to estimate the demand and still more difficult to recruit suitable personnel and on the whole I preferred to add one or two assistant nurses, if they could be found, to the District Nursing Association establishment, who would be able to supply the additional nursing care which many of these cases require. However, I am continuing to keep this possibility under review and to obtain some indication through the Geriatric Health Visitor and the Superintendent of the numbers likely to benefit from a domiciliary bathing service if it was considered practical to establish one.

Home Help Service

For the year 1955 additional information has been given in the table applying to this service—the number of hours worked as well as the number of cases assisted. Altogether 283 aged and chronic sick received over 18,000 hours—55% of the total hours put in. Even so the greatest difficulty is found in meeting their needs numerically and sufficiently—most of these old ladies have to be content with a few hours intermittently throughout the week and only then for a limited number of weeks at a time. Moreover, these same hours have to be utilised during daylight and within the normal industrial working week because of the domestic responsibilities of the Home Helps themselves, but many of their old patients really need a visit last thing at night and some continuous night attendance.

Whilst, however, the Home Help Service renders inestimable aid to many sufferers from acute and chronic disease and keeps within the home some who otherwise would need to enter hospital, its value in this direction should not be overestimated. However good and willing the help may be and however anxious she may be to accept the responsibility of managing the home, she is powerless unless she receives co-operation and is assured of at any rate minimum facilities and utensils with which to exercise her skill. Unfortunately in some instances the conditions are too impossible and the amount of assistance really necessary either too great or the demands too exacting. This is particularly so with some of the old ladies whose physical and mental condition is responsible probably for the years of hoarding bits and pieces, the clearing and tidying up of which would tax the resources of a whole-time salvage squad even if they were permitted to work unhampered.

Ambulance Service

Each year when I am faced with the figures of patients carried and journeys made I hope that the peak has been reached and each year I am disappointed—1955 showed an excess of 700 calls, 900 patients and 3,000 miles over its predecessor and this despite the virtual abolition of long-distance trips in favour of the journeys by train. Incidentally, the figures do not take into account the work of the hospital car service which is run quite independently. Only about 15% are accident and emergencies and for the remainder the ambulance service is acting simply as a transport medium for the General Practitioner and the Hospitals. Spot checks have failed to reveal any substantial abuse and consequently any immediate possibility of major or minor reductions, but bearing in mind that the demands come from the other sections of the National Health Service, particularly the Hospitals, and a need cannot be questioned by the ambulance staff except very heavy cost of this facility. It is notewothy, however, that the Guillebaud Committee did not recommend the taking over of the Ambulance Service by the Hospitals.

In the early part of the year representatives of the Ministry of Health carried out a survey of the organisation and administration of the Ambulance Service throughout the County and subsequently made certain recommendations which included the setting up of a control centre to co-ordinate both the Ambulance and Hospital Car Services, possibly with radio control. It is difficult to see what advantage such a system would produce wherever it was geographically situated and any attempt to bring under its purview the Hove and Portslade area, whose problems and mode of action are more akin to those of Brighton than the rest of the County would, I believe, lead to loss of efficiency. The County Medical Officer at any rate in his comments upon the recommendations stated that in his opinion the separate administration of this area did not lead to any duplication of journeys as had been suggested in the Ministry's report.

Care and After-Care

Up to the present the proposals under this section of the National Health Act, with the exception of recuperative holidays for persons recovering from illnesses or operations, deals solely with various types of assistance to the Tuberculous, most of which are administered by the After-Care Committee under the aegis of the Sussex Rural Community Council. These include grants of milk, boarding out of contacts and payment of fares to relatives visiting patients in sanatoria. The only direct responsibility of the Sub-Committee is for the Tuberculosis visiting and for the rehabilitation and settlement of ex-sanatorium patients. In this year there was one patient who was admitted to Enham Alamein Colony but unfortunately he broke down in health and had to be re-admitted to Hospital. The other ex-patient who was admitted in 1953 has been absorbed into the Colony and is working in the office as an accountant. The selection of patients for permanent settlement is a complex one—medical condition, temperament, trade or profession and the existence of a vacancy in the Colony staff at the right time all need to correspond. It is therefore not surprising that the solution of their own and their family's problems.

The annual review of the work of the Chest Clinic is published on page 28. The total number of definit cases on the register remains almost exactly the same, 553, of whom 10% are sputum positive. Of the 5 actual new cases diagnosed during the year 19 were classified as T.B. — and not severe and 31 T.B. +, c whom 17 were classified as severe. It is disappointing still that so many cases are still discovered at a stag when permanent recovery is not to be expected. The other important aspect of the Clinic's work, the preventiv search for and protection of the contacts, was well maintained and 108 children were inoculated with B.C.G.more than double last year's total.

The Mass Radiography Unit was stationed in Brighton during the winter months and perambulated th County of East Sussex during the summer. 46,000 persons were X-rayed by this method and as a result 12 new cases (73 Male and 56 Female) were discovered—a rate of 2.9 cases per 1,000 cases examined—a stead reduction from 3.6 in 1950/51 when the Unit was formed and accounted for mainly by the increasing pre ponderance of the same people being examined every year. In the age groups affected the largest incidenc was in the 45-59 group in Males and 15 to 24 in Females. It is obvious that some new propaganda and publicit means must be found—some people would resort to compulsion—to attract the individuals and groups wh hitherto have not presented themselves for this check-over and this especially applies to the 50 + age group amongst males wherein I believe lies the largest reservoir of undiscovered Tubercle.

Infant Welfare Centres

Someone has referred recently to the good fortune of the working-class baby spending most of its waking hours in a warm kitchen wherein most of the interesting activities of the household take place, with a father able to take time off work to look after him should the mother be taken ill or bringing another baby in to the world in hospital, whereas his better socially situated counterpart retires at 6 p.m. to his cot upstairs afte spending the day in peaceful and boring contemplation in the garden and with a father whom he rarely see because his hours are long and his work responsible. Be this distinction true or otherwise the welfare baby knows no class consciousness and it is satisfying to know that just as these services are available and offered to all they are equally accepted by all, as any observer would see for himself if he visits a Welfare Centre.

Approximately two-thirds of all babies born in any one year are in attendance at one of the centres before their first anniversary and 2,700 made in all 21,000 attendances. The part which the centres can play in the development of the child and the education of the mother has changed—no longer is the emphasis placed or regular feeding according to the clock nor on weekly weighing—in fact, I am not at all certain that any harn would result if we expelled the weighing scales from every centre. A baby is an individual, a fact which is only just beginning to be recognised—and as such makes his own way in the world physically and mentally sometimes lagging behind his fellows and others rapidly overtaking them. Mothers, particularly of first-born are slow to accept this and are unduly depressed should the weighing chart not show a steady upward rise. More and more I am convinced that the field of the Welfare Centre is not so much the solution of physical problems, feeding difficulties, etc., but the health education and the bringing into the open the development and behaviour difficulties with advice on how to solve them. We now consider that roots of the maladjustment takes time and time is precious for both mother and Health Visitor and I am always encouraging the latter to devote as much time as she can both in her home visits and at the centres to listening to the mother and initiating discussions with her, particularly on the mental health side.

I must, however, call attention to the increasing use which parents are making of the dental treatment provided for the under-5s at all the clinics, particularly at Hangleton and at Portslade for expectant and nursing mothers. Not only is this early inspection, discovery and treatment of defects valuable in itself in promoting a healthy mouth, but by introducing the child early to the dental chair it is robbed of most of its terrors in later life.

Vaccination and Diphtheria Immunisation

It is difficult to estimate exactly the percentage of babies born in any one year who have been successfully vaccinated in that period, since those born towards its close will not be brought up to the Clinics for this purpose until the early part of the following year. However, by making certain adjustments I consider that about 60% of the 1955 births were vaccinated in that year. It is still more difficult in the case of Diphtheria Immunisation where normally the course of 3 injections does not commence earlier than the eighth month and takes 2 months for its completion. In quite a number of instances the start is delayed by illness or other cause and the course is not therefore finished until the baby is in its second year. Instead, therefore, of relating the percentage to those born within a particular year it is customary to consider it in relation to those eligible, i.e., those who have reached a first birthday in the year under review. In Hove and Portslade, adopting this criterion, the percentage is 71%—a tribute to the sagacity of the parents and the efforts of their advisers.

Practically[all babies are vaccinated both against Whooping Cough and Diphtheria in a combined injection and in the autumn I shall be adding protection against Tetanus—a disease which though not common is still in a high proportion of cases fatal and one in which it is not possible to estimate the chances of its development from the character of the injury. Frequently this is of a superficial and trivial nature in which the giving of Anti-Tetanus Serum would seem quite unnecessary even if it is brought to a Doctor's attention.

Miscellaneous

Before and for a short time after the inception of the National Health Act, 1948, it was thought that the establishment of Health Centres at which General Practitioners working in Group Practice would be housed in the same premises as Local Health Authority Clinics sharing certain ancillary personnel such as Health isitors, would provide a better service for the patient and depending upon the facilities available, relieve the ospitals of some of their burdens. Since that date, however, there have been second thoughts by all those odies concerned in providing the centres, particularly in view of the heavy capital expenditure and excessive naintenance costs and in fact only a very few have been built. At the time when the new Clinic at West Way, langleton, was being planned an adjacent plot of land was reserved for the addition of a Health Centre, but then the matter came up for reconsideration in 1955 and after hearing of the general policy of the Ministry f Health not to sanction loans for this purpose except on new housing estates or satellite towns and after size for rivate development.

Conclusion

Each year at this time when I am engaged in writing the Annual Report I am deeply conscious of the debt owe to all the members of my staff, medical, dental, nursing, clerical alike for their loyalty and conscientious ssumption of responsibilities and duties, without which it would be impossible to attempt to carry on the arious services with anything like their present efficiency.

This year it is with very deep sorrow which all who knew and worked with her will I know share, I have o record the death of Dr. Mary McEwan, the Senior Assistant Medical Officer for Child Welfare. She was ppointed at the outbreak of war by the Borough of Hove for temporary duty with evacuated children and iter on was taken on the permanent staff for Child Welfare purposes. During the 16 years I was associated ith her I learned to value her judgment and rely on her experience in solving many of the problems associated ith the inception of the National Health Act. She was immensely popular with mothers and staff alike onscientious to a fault and to the detriment of her own health, and everyone who was associated with her will evere her memory for many years to come.

Whilst I count myself fortunate with my staff, I must acknowledge also my debt to Dr. Langford, the ounty Medical Officer, and to the Chairman and members of the Sub-Committee who have at all times suported my efforts to improve the services and extend where possible their scope.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

N. E. CHADWICK,

Divisional Medical Officer.

MEDICAL EXAMINATION OF STAFF.

The total number of medical examinations of staff was 831 as compared with 370 in 1954. This included 302 serving teachers, students prior to entering training colleges and a few teachers examined on behalf of the Ministry of Education on taking up teaching appointments for the first time. It also included 290 roadmen who were admitted to the Superannuation Fund for the first time as from 1st July, 1955. The examinations for these roadmen were carried out by general practitioners.

As an extension of the arrangements put into force about a year ago for the examination of staff in the interest of preventing infection of children, canteen workers at maintained schools are now required to complete a medical history statement and to submit to a chest X-ray examination if a satisfactory chest X-ray report has not been obtained within the preceding 12 months.

89 such medical history sheets were received during the year and it was only necessary to arrange one full medical examination of a canteen worker.

Arrangements for medical examinations were as follows :--

	 224
By part-time Medical Officers and Medical Officers of Homes	 299
By private practitioners on behalf of the County Council	 308

NURSERIES AND CHILD MINDERS (REGULATION) ACT, 1948.

At the end of the year six nurseries and four daily minders had been registered, providing for 140 children. In the Hove and Portslade sub-committee area nine daily minders had been registered.

REGISTRATION OF NURSING HOMES.

One Home was registered for the first time during the year. At the end of 1955 there were 32 registered Nursing Homes in the Authority's area (i.e. outside Hove), 4 having been closed during the year. The Borough of Hove retain the duties delegated to them in 1928. All the Nursing Homes appeared on inspection to be well conducted.

REGISTRATION OF NURSING AGENCIES.

At the end of the year there were two Nursing Agencies registered in the county area outside Hove and Portlsade.

ADMINISTRATIVE COUNTY OF EAST SUSSEX.

CHIEF VITAL STATISTICS FOR THE YEAR 1955.

TABLE I.

troup.	Population estimated by Registrar-		ive ths.	Dea	iths.	De (un	fant aths der 1 ar).	fre He	aths om eart case.	Pulm	is from ionary culosis	ot	ns from her rculous rases.	Respi Dise notine	as from iratory eases cluding ienza.	fr	eaths rom incer.
	General mid-1955.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	* Rate.	No.	* Rate.
ge Towns	108880	1069	9.82	1836	16.87	12	11.22	665	6.11	11	.10	2	.02	140	1.29	324	2.98
er Urban Districts	77020	925	12.01	1027	13.33	17	18.38	332	4.31	3	.0.4	I	.01	105	1.36	173	2.25
al Districts	156400	1861	11.90	2199	14.06	42	22.57	819	5.24	10	.06	0	-	184	1.18	367	2.35
: County	342300	3855	11.26	5062	14.79	71	18.42	1816	5.31	24	.07	3	.01	429	1.25	864	2.52

* Rates calculated per 1,000 of the registered live births. * Crude Rates calculated per 1,000 of the estimated population.

TABLE II.

	1 and tter).	Regis- eral	Live I	Births.		Stillbirths.			hs under r of age.	at onging trict.	eath 1,000
Destrict.	Area in statute acres (land and inland water).	Population exti- mated by Regis- trar-General Mid-1955.	Number.	Crude Rate per 1,000 population.	Number.	Crude Rate per 1,000 population.	Rate per 1,000 Total Birthi.	Number.	Rate per 1,000 Live Births Registered.	Deaths at all Ages belonging to the District.	Crude Death Rate per 1,000 Population.
Large Towns:											
hill	7993	26060	228	8.74	58	.19	21.46	2	8.77	473	18.15
U	3953	69580	676	9.71		.11	11.70	7	10.36	1214	17.45
CS	1988	13240	165	12.46	I	.08	6.02	3	18,18	149	11.25
TOTALS	13934	108880	1069	9.82	14	.13	12.92	12	11.22	1836	16.87
ther Urban Districts:											
gess Hill	2024	10620	168	15.82	1	.09	5.92	3	17.86	114	10.73
cfield	3912	17090	189	11.06	5	.29	25.77	I	5.29	278	16.27
Grinstead	6600	12220	143	11.70	3	.25	20.55	3	20.98	163	13.34
haven	1772	7980	118	14.79	3	.38	24.80	2	16.95	123	15.41
tslade-by-Sea	1953	13990	165	11.79	3	.21	17.86	5	30.30	139	9.94
	1027	4570	52	11.38	3	.66	54-55	2	38.46	56	12.25
ord	4274	10550	90	8.53	1	.09	10.99	I	11.11	154	14.60
TOTALS	21562	77020	925	12.01	19	.25	20.13	17	18.38	1027	13.33
Rural Districts:		1812	1 22 1	0.100							
tle	117147	29850	363	12.16	10	-34	26.81	7	19.28	431	14-44
iley	64205	19430	256	13.18	4	.21	15.38	5	19.53	303	15.59
kneid	70986	25920	319	12.31	7	.27	21.47	7	21.94	308	11.88
isham	94668	37200	396	10.65	7	.19	17.37	7	17.68	595	15.99
field	112096	44000	527	11.98	7	.16	13.11	16	30.36	562	12.77
TOTALS	459102	156400	1861	11.90	35	.22	18.46	42	22.57	2199	14.06
County	494598	342300	3855	11.26	68	.20	17.33	71	18.42	5062	14.79

TABLE III.

JMBER OF DEATHS AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY DURING THE YEAR 1955.

		U	rban D	listricts									Ru	ral Dis	tricts.			
Sex.	All ages.	0-1	1-5	5-15	15-25	25-45	45-65	65-75	75 and over.		0-1	1-5	5-15	15-25	25-45	45-65	65-75	75 and over.
ls	 1207	17	I	4	5	33	250	348	549	1035	26	5	8	12	25	203	290	466
ales	 1656	12	I	6	4	25	234	383	991	1164	16	2	6	4	25	168	298	645
Totals	 2863	29	2	10	9	58	484	731	1540	2199	42	7	14	16	50	371	588	1111

Appendix.

TABLE IV (a).

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1955 IN THE URBAN DISTRICTS.

	Sin gasting		Dea	ths, i ricts,	in or at su	belon	ed ag	to es.						Death				ing to ges.	0		
	terre and the second second	- 1	và	15.	1		1	1	1.15			BO	ROU	GHS.		1	1	1			
	CAUSES OF DEATH.	Under i year.	I and under	5 and under 1	15 and under 25.	25 and under 45.	45 and under 65.	65 and under 75.	75 and over.	Totals.	-	Bexhill.	Hove.	Lewes.	Rye.	Burgess Hill.	Cuckfield.	East Grinstead.	Newhaven.	Portslade-	Seaford.
х.	Tuberculosis, Respiratory	-	_	_	-	I	6	6	I	14		2	8	I	-		I	I	I		No.
2.	Tuberculosis, other					I	-	I	I	3		-	2	-			-	-	-		
3.	Syphilitic Disease			-			8	3	3	14		4	4		3	I	I	-	_	-	1
4.	Diphtheria	-	-	-		-	-	-	-	-		-	-		-		-	-	-	-	
5.	Whooping Cough		-		-	-	-	-				-	-	-	-		-	-	-	-	-
6.	Meningococcal Infections		-	-	-		-	-		-		-	-	-		-			-	-	-
7.	Acute Poliomyelitis		-	1 Tories	I	x		-		2		-		1000	-	I	-	-	-	-	
8.	Other Infective and Parasitic		-		-		-	-	-	-		-	-					-	-	-	
9.	Diseases			I	_	2	I		I			I	2	r		-		-			
10.	Malignant Neoplasm, Stomach		_	-		ĩ	16	20	25	62		15	24	3	_	2	-	5	-		
II.	Malignant Neoplasm, Lung,				10000	-	10					- 5		-		-	4	-	3		
	Bronchus		-			2	36	20	13	80		14	31	2	I	5	12	3	2		
12.	Malignant Neoplasm, Breast		-			4	16	14	17	51		9	25	5	-	-	7	-	1		
13.	Malignant Neoplasm, Uterus		-	-	-	-	13	5	7	25		7	II	I	- 2	I	-	-	-		
14.	Other Malignant and Lym-									1											
	phatic Neoplasms			I	2	10	73	100	93	279		51	120	6	4	13	24	14	8	T	2
15.	Leukaemia, Aleukaemia		-	I		2	2	7	3	15		2	5	-	T	I	2	2	-		
16.	Diabetes						I	2	6	9		2	3	I		-	I	-	-		-
17.	Vascular Lesions of Nervous System	-		1.3.3	-				268	461			100	26	8	1.6	120	1 44	-		
18.	Coronary Disease, Angina				_	4	57 90	132	174	401		91 73	198 188	18	9	16	35	27 23	10	1 2	-
10.	Hypertension with Heart	10.000		1.1	122.08	4	30	1.34	*/19	404		15	100			-1	33	-3	1.4	-	
191	Disease		-	-	-	T	6	17	54	78		16	34	3	2	6	6	I	1		
20,	Other Heart Disease	-	-	_	_	I	20	88	399	517		79	223	31	12	18	49	25	30	2	
21.	Other Circulatory Disease		-			2	II	32	94	130		18	45	II	4	6	12	10	20		1
22,	Influenza		-	I	-	2	3	4	13	23		1	15	I	-	I	3	-	I		-
23.	Pneumonia	4		I	-	1	10	27	82	131		25	43	5	3	I	33	8	3		1
24.	Bronchitis		-			I	14	22	50	87		8	40	2	I	9	12	5	0		1
25.	Other Diseases of Respiratory					1	0											1000			
26.	System	I		-	-	-	8	5	13	27		7	9	I		I	2	4	I		
20,	denum	1		10.000	1	I	0		16				18	2	1			I	T		
27.	Gastritis, Enteritis and Diar-		-				9	11	10	37		5	10	-			4		-		
-13	rhoea	_		-	I	I	I	3	10	16		3	4	2		-	1	2	I		1
28.	Nephritis and Nephrosis	-	-	-	-	3	6	5	14	28		I	12	ĩ		I	4	3	3		1
29.	Hyperplasia of Prostate	-	-			-	3	6	25	34		4	20	I	-	1	2	I	I	1	1
30.	Pregnancy, Childbirth, Abor-											-	1								
	tion					I	-	-		I		-	-	-	I	-	-		-	-	-
31.	Congenital Malformations	2	1		-	-	2	-	I	6		I	I	-			1	-			-
32.	Other Defined and Ill-Defined			1 22	1	14	1.2.	150	A.S.	21		1	0	and the	- 127	1	1200	1	12		
	Diseases	21	-	3	I	6	35	47	119	232		25	85	20	1	10	21	17	14		3
33-	Motor Vehicle Accidents All other Accidents	I	-	I	I	2	I	3	6	14		2	7	1	I	I	6	-	1	1	
34-35-	Particle	-	I	I	3	I	18	5	30	45 26		4	24 13	1 3	1	-	1	4	1		
30.	Homicide and Operations of	1000	1000		100	3	10	3	-	20		3	.3	3		1		1			
30.	War	-		-		-	-	-		-				-		-	-	-	-	-	-
													-			-				-	-
	All Causes	29	2	10	9	58	484	731	1540	2863	1	173	1214	149	56	114	278	163	123	13	151

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TABLE IV (b). CAUSES OF AND AGES AT DEATH DURING THE YEAR 1955 IN THE RURAL DISTRICTS.

16 year 1955,	i during U	Daller	lose	Deat			long			tricts,			aths i ch Di			
CAUSES OF DEATH.			Under 1 year.	r 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.
hiphtheria Vhooping Cough lemingococcal Infections .cute Poliomyelitis feasles Wher Infective and Parasitic Diseases Ialignant Neoplasm, Lung, Bronchus Ialignant Neoplasm, Lung, Bronchus Ialignant Neoplasm, Lung, Bronchus Ialignant Neoplasm, Uterus Wher Malignant and Lymphatic Neopla .cukaemia, Aleukaemia Nabetes 'ascular Lessons of Nervous System oronary Disease, Angina 'iypertension with Heart Disease Wher Circulatory Disease afluenza 'beumonia Bronchitis Other Diseases of Respiratory System Teer of Stomach and Duodenum Bastritis, Enteritis and Diarrhoea Nephritis and Nephrosis fyperplasia of Prostate 'regnancy, Childbirth, Abortion Ongenital Malformations Other Defined and III-Defined Diseases Motor Vehicle Accidents MI Other Accidents				- - -		***** - - - -	1	6 1 1 1 3 29 5 6 5 6 3 4 2 6 0 5 5 4 9 1 4 16 2 7 1 2 1 2 39 4 7 7	2 3 	1 - - - - - - - - - - - - -	10 6 1 59 62 42 192 7 42 192 7 482 192 7 482 108 17 106 12 22 5 18 23 185 15 43 13 15 43 15 15 15 15 15 15 15 15 15 15	2 201 1 52 40 1 360 59 89 18 3 160 2 51 3 8 2 48 1 1 3 8 1 20 2 51 3 8 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3	2 3 3 - - - - - - - - - - - - -	2 9 9 9 12 5 27 1 2 47 37 3 64 16 3 5 15 2 2 4 4 3 2 21 5 2 1	I 11 16 7 2 45 2 6 82 79 0 3 45 9 3 6 I 7 5 3 53 4 15 5	4 2 1 2 1 1 1 4 19 11 1 2 58 2 3 99 72 14 4 5 16 18 4 5 2 3 4 4 4 5 3 16 6 4 4 5 2 3 4 1 4 5 3 16 6 4
All Causes		1.1	42	7	14	16	50	371	588	1111	2199	431	303	308	595	562

		TA	BLE V.				
CASES O	F NOTIFIABLE	DISEASES	OCCURRING	DURING	THE	YEAR	1955.

$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		e		TOTA	L NI	JMBI	ERS				E DI	SEA:	SES I	NEA			and the second second		
$\begin{array}{c c c c c c c c c c c c c c c c c c c $		trativ	Bo	rough	s.	_	-	1	Urban	Dist	ricts.				R	iral I	Distric	ts.	1
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		Ho	Bexhill.	Lewes.	Rye.	Totals.	Burgess Hill.	Cuckfield.	East Grinstead.	Newhaven.	Portslade- by-Sea.	Seaford	Totals.	Battle.	Chailey.	Cuckfield.	Hailsham.	Uckfield.	Totals.
	pping Cough Poliomyelitis—Paralytic Poliomyelitis—Non-Paralytic les theria Pneumonia ntery pox Encephalitis—Infective Encephalitis—Post-Infectious ric or Typhoid Fever typhoid Fevers ipelas ngococcal Infection peral Pyrexia halmia Neonatorum ria Poisoning rculosis—Respiratory as	$\begin{array}{c} 559 & 7' \\ 313 \\ 1403 & 69 \\ 1 & -1 \\ 191 & 4 \\ 50 & 1 \\ -2 & -1 \\ -3 \\ -3 \\ 13 \\ 46 \\ 2 \\ -3 \\ -3 \\ -2 \\ -1 \\ -1 \\ -1 \\ -1 \\ -1 \\ -1 \\ -1$	6 15 3 6 1 587 2 1 587 2 2 1 1 4 9 1 3 2 3 9	20 5 1 175 6 1 2 1 2 1 4	74 12 3 3	177 14 1527 61 12 1 61 12 1 6 17 6 17 6 1 7 6 1 7 6 1 7 6 1 7 9 6	3 329 4 1 7	3 235 3 I 1 21 8	4 323 8 36	7 16 2 1 2 4	23 1 307 13 5 1 1 37 2 4 17	1 35 2 1 1 3 5 1 2 1 1 1 1 3 1 1 1 3 1 1 1 3 5	69 4 1245 325 1 4 12 4 12 12 12 12 12 12 12 12 12 12	106 1 243 32 1 1 1 5 4 1 32 1 1 1 5 4 1 1 32 1	68 12 152 10 1 1 1 1 1 1 1 1 1 28 14 1	40 1 484 25 15 1 2 15 1 3 13	25 3 2 425 28 16 2 2 2 16 2 2 9 5 1 9 14	74 9 4 387 26 1 2 13 13 1 7 13	91 3.

TABLE VI.

VACCINATION.

Number of Persons Vaccinated (or Revaccinated) during the year 1955.

	Age und	er 1 year.	Age 1	year.	Age 2 to	o 4 years.	Age 5 to	14 years.	Age15ye	arsorover.	Totals a	all Age
District.	Vac- cinated.	Revac- cinated.	Vac- cinated.	Reva								
Boroughs:					18 6 5							
Bexhill	184		5		7	5	II	40	15	180	222	22
Hove	405		2.4		6	13	6	60	24	337	465	41
Lewes	100		4		6	5	3	8	I	47	114	1
Rye	44	-			3	2	2	6	I	20	50	2
Urban Districts:	1. 7. 92			71-1	1000				1. 35.		100000	
Burgess Hill	99	and a	7		3	I	1	9	6	28	116	3
Cuckfield	162		13	I	12	3	2	25	6	146	195	17
East Grinstead	141		4		4	I	7	6	I	61	157	(
Newhaven	65		20		7	I		. 8	2	34	94	4
Portslade	85		2			2	10	11	I		98	1
Seaford	38		7	I	5	2	4	26	7	86	61	11
Rural Districts:	1. 19658. 1		22.	COLUMN STREET		1 1 1 1 1			1.22		and the	
Battle	234		10		6	4	8	27	11	106	269	37
Chailey	138	1	5	I	8	5	4	6	4	79	159	4
Cuckfield	210	-	58	I	10		10	18	7	95	245	D
Hailsham	226		6		11	2	I	11	12	96	256	R
Uckfield	413		18	1	16	6	18	45	14	197	479	24
Totals	2544	1	133	5	104	52	87	306	112	1512	2980	183

TABLE VII.

DIPHTHERIA IMMUNISATION.

Summary of Returns for the year ended 31st December, 1955.

District.			Number of Children (in age groups as given) whose last course of injections (whether primary or booster) was given during—						Total Number	TOTAL Estimated Mid-Year		
			1951 to 1955.				1941 to 1950.		of Children	Child Population. 1955.		
			Under 1 Born 1955.	¹⁻⁴ Born 1951-54.	5-9 Born 1946-50.	10-14 Born 1941-45.	5-9 Born 1941-50.	10-14 Born 1941-45.	under 15 Im- munised.	Children Under 5.	Children 5-14.	Tota
Boroughs:	1000							-				
Bexhill			55	844	1321	1078	389	755	4442			-
Hove			90	1787	2780	1575	916	1909	9057	-		-
Lewes			50	642	973	576	136	324	2701			-
Rye			8	237	395	131	13	142	926		-	-
Urban Districts:			10000					1.60	THE PROPERTY OF		1 1 100	
Burgess Hill		+ + + -	60	679	726	706	78	475	2724		-	-
Cuckfield			87	762	999	1135	158	600	3741		and the second division of the local divisio	-
East Grinstead			51	579	855	332	288	619	2724		-	-
Newhaven			28	444	715	3352	67	185	1791			-
Portslade			12	361	795	657	163	479	2467			-
Seaford			35	321	622	458	211	307	1954	-	-	-
Rural Districts:			30			1.1.1	1.44	128.12	- 32.38 A			
Battle			. 70	1259	2110	793	101	1261	5594			-
Chailey			68	785	1078	641	328	521	3421			-
Cuckfield			125	1224	1329	894	112	1191	4875	-	-	-
Hailsham			192	1195	2025	1348	518	1154	6432	-	-	-
Uckfield	+ +	• •	158	1906	2249	916	986	2024	8239	-		-
Totals			1089	13025	18972	11592	4464	11946	61088	20300	51300	716

(b) Total number of children who completed a full course of primary immunisation in the Administrative County Area in 1955:---

Age at final injection.

3926

(c) Total number of children who were given a secondary or reinforcing injection (i.e. subsequent to a full course) in the Administr County Area in 1955:-5823.

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