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EAST SUSSEX COUNTY COUNCIL



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

YEAR 1956

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*

EAST SUSSEX



UCKFIELD R.D.

BATTLE R.D.

HAILSHAM R.D.

CUCKFIELD R.D.

CHAILEY R.D.

EAST HOVE

CUCKFIELD

HOVE

BATTLE

COUNTY DISTRICT OF EASTHOVE

COUNTY DISTRICT OF HASTINGS

BRIGHTON

COUNTY DISTRICT OF HOVE

CONTENTS

	PAGE
I. INTRODUCTORY LETTER	2
II. MEMBERS OF COMMITTEE	4
III. STAFF	4
IV. GENERAL STATISTICS	6
V. SANITARY CIRCUMSTANCES	6
VI. INSPECTION AND SUPERVISION OF MILK AND OTHER GOODS	7
VII. INFECTIOUS DISEASES	8
VIII. TUBERCULOSIS	9
IX. NATIONAL HEALTH SERVICE ACTS	
Section 21 Health Centres	10
" 22 Care of Mothers and Young Children	10
" 23 } Midwifery, Health Visiting and Home Nursing	12
" 24 }	
" 25 }	
" 26 Immunisation and Vaccination	13
" 27 Ambulances	14
" 28 Prevention of Illness, Care and After-care.. .. .	19
" 29 Home Helps	20
" 50 } Mental Health	20
" 51 }	
Hove and Portslade Health Sub-Committee Area.. .. .	24
X. MEDICAL EXAMINATION OF STAFF	28
XI. NURSERIES AND CHILD MINDERS (REGULATION) ACT, 1948	28
XII. REGISTRATION OF NURSING HOMES AND NURSING AGENCIES	28
XIII. TABLES:	
Births and Deaths (Tables I, II, and III)	29
Causes of and Ages at Death (Tables IV (a) and IV (b)).. .. .	30-31
Notifiable Diseases (Table V)	31
Vaccination (Table VI)	32
Diphtheria Immunisation (Table VII)	32



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-second Annual Report on the health of the Administrative County of East Sussex. From the various sections in the body of this Report and the statistical tables you will note the maintained good health of the people of our county; and if you wish for more practical confirmation you have only to walk down the street observing the passers-by and perhaps watch the children in any school playground.

One of the less frequently mentioned recent advances in prevention and treatment of disease is the reduction of syphilis to what seems now to be quite a small problem. This is seen in an examination of the annual returns of the physicians conducting the various Venereal Diseases Clinics serving the county: of late years one hardly ever sees mention of congenital syphilis in infants, at one time so powerful a cause of still births, infantile mortality, and prolonged deformity or ill health. Indeed, last year only 41 such cases were dealt with at clinics in the whole county compared with 339 in 1931.

During the year the British Medical Association offered a prize for the best essay on the subject of "The Nurse's Place in the Community", to be submitted by State-registered nurses working outside hospitals. The successful essay-writer in 1956 was Miss M. Hodgkinson, health visitor, district nurse and midwife at Chailey, and she was presented with a certificate and cheque at the Annual Meeting of the British Medical Association held at Brighton in July. Your Health and Housing Committee have already offered their congratulations on this success, which reflects credit on the service as well as on the ability and industry of the writer.

I offer no apology for continuing on a less happy note. In my reports for the years 1952 and 1953 I drew attention to the fact that in this county, as through the country in general, the numbers of deaths from malignant disease of the lungs and bronchus were increasing considerably, being substantially greater in both years than the deaths from tuberculosis. Since then—i.e., during the years 1954, 1955 and 1956—448 people in this county have died of what is colloquially termed "cancer of the lung" as compared with 101 who died of tuberculosis; during 1956 the contrast was even more glaring, cancer of the lung causing 153 deaths while tuberculosis claimed only 30. It has been shown without any reasonable possibility of doubt that although other factors may be involved smoking of tobacco, especially in cigarette form, predisposes to the development of cancer of the lung in proportion to the heaviness of smoking, those who have smoked cigarettes heavily for a number of years being many more times liable to die of this very unpleasant condition. Some have told me (and it may be only a coincidence that they were all smokers) that after many years of smoking the damage must have already been done so there is no point in giving it up; but it has also been shown that cessation of smoking even after prolonged

indulgence reduces the risk and incidentally has other advantages. Most smokers are so firmly attached to the habit that they are completely unwilling to give up smoking; but at least they should openly admit the risk they are running and do their best to protect the younger generation by sound advice if not example. Unfortunately, attendance at any medical meeting will show how few medical men and women are willing to support in practice what they know to be the truth.

Since the above was written, in 1957, I have received Circular 7/57 from the Ministry of Health on this subject, which will receive attention and will be referred to in next year's Report.

In May, 1956, the Chief Clerk of the Public Health Department, Mr. George Frederick Akehurst, retired after serving one authority, East Sussex, continuously for no less than fifty-three years. He started in the Education Department and after a very short time, when it was decided to establish a School Medical Department, he was transferred and in practice (because until 1928 your Medical Officer of Health was part-time only) he *was* the Public Health Department. During these long years he established, and maintained, a standard of hard work and conscientious attention to duty entirely in keeping with the tradition of the fine old Chief Clerks we have all known from time to time, and the county owes him, probably, more than it will ever know. No hours were too late, no effort too much, and yet he succeeded in working for over half a century without becoming submerged by routine or losing his freshness of outlook. He has taken with him our heartfelt good wishes for a happy and long life in retirement. To follow him we have had the good fortune to secure the services of Mr. Gerald Futter, who came to us from Essex and by the time this is being written has already become well-established among people who are after all somewhat akin to his own Essex folk.

I have the honour to be,

Your obedient servant,

F. LANGFORD.

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

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL, LEWES, SUSSEX.
July, 1957.

MEMBERS OF THE HEALTH AND HOUSING COMMITTEE.

(as at 31st December, 1956).

(a) *Members of the County Council:*

Mr. T. Benson.	Mr. W. Lindsay, C.B.E. (Chairman).
Miss M. Blount, M.B.E. (Vice-Chairman).	Mr. K. C. Lindsey.
Mr. C. J. Bollins.	Mr. H. G. S. Miller.
The Hon. Ruth Buckley.	Capt. P. C. Newcombe.
Col. Sir Ralph S. Clarke, K.B.E.	Mr. G. V. Nieser.
(Vice-Chairman of County Council).	Mr. H. Riley.
The Right Hon. The Earl of Craven.	Mrs. L. V. Ryan.
The Right Hon. The Viscount Gage, K.C.V.O.	Mr. C. W. Shelford.
(Chairman of County Council).	Lt.-Col. E. M. Sheehan.
Mr. C. A. Hershman, M.C.	Miss L. T. Toller.
Miss E. A. Kennedy	

(b) *Other Members:*

Miss K. Kingsbury, M.B.E.	Dr. J. A. Smart.
Mrs. J. N. Kleinwort, M.B.E.	Mrs. A. M. Williams.
Dr. W. N. Maple.	

STAFF OF THE COUNTY PUBLIC HEALTH DEPARTMENT.

(including the School Health Service) (as at 31st December, 1956).

County Medical Officer of Health and Principal School Medical Officer	Frank Langford, M.B., Ch.B., F.R.C.S., L.R.C.P., D.P.H.
Deputy County Medical Officer of Health and Deputy 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	Ilma B. S. Bingeman, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Assistant Medical Officers	(a) L. A. Collins, M.B., Ch.B., D.P.M., D.P.H. (c) N. Eyles, M.B., Ch.B., D.P.H. (appointed March, 1956). (c) Ada Firth, M.R.C.S., L.R.C.P., F.R.C.S.(Ed.), D.P.H. (a) G. M. D. S. B. Lobban, M.B., Ch.B., D.P.H. (c) R. W. Martin, L.R.C.P., L.M., D.P.H. (appointed November, 1956). (a) J. Petrie, M.B., Ch.B., D.P.H. (a) M. I. Silverton, T.D., M.R.C.S., L.R.C.P., D.P.H. (b) R. A. Stenhouse, L.M.S.S.A., C.P.H., D.P.H. (a) W. B. Stott, L.R.C.P. & S., D.P.H. A. D. Surtees, M.B., Ch.B., D.C.H. (a) R. J. Toleman, M.B.E., M.B., B.S., D.P.H. (c) Janet F. Waugh, M.B., B.S.
Senior Dental Officer	P. S. P. Jenkins, B.Sc., L.D.S., R.C.S.
Dental Officers	E. S. Butt, L.D.S., U. Liverpool. W. Eddings, L.D.S., R.C.S. J. V. Goldie, L.D.S., R.C.S. R. H. Hamlyn, L.D.S., R.C.S. (c) Paul H. S. Lahaise, B.D.S., L.D.S., R.C.S. (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) A. P. Spackman, L.D.S., R.C.S. (appointed October, 1956). R. C. Virgo, L.D.S., R.C.S.

Dental Anaesthetists	Vivienne M. Eggo, M.R.C.S., L.R.C.P. (part-time). Josephine Terry, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (part-time).
Psychiatrists	M. G. D. Davys, M.A., B.M., B.Ch., D.P.M. (part-time). H. W. W. Elwell, M.A., M.R.C.S., L.R.C.P., D.P.M. (part-time). 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. (part-time).
Educational Psychologists	Miss M. P. Logg, B.A. N. W. Wilkinson, M.A., B.Ed.
Social Workers (Child Guidance)	Miss J. W. Hasler. Mrs. P. Heslop. M. Scott (commenced July, 1956).
Speech Therapists	Miss A. I. Hayman, L.C.S.T. (c) Mrs. K. G. Hansford, L.C.S.T. (part-time). Miss C. R. Wheatland, 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. 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.
Tuberculosis 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. (d) T. E. Wilson.
Home Visitor for Mental Defectives	Miss H. K. Draper.
Home Visitor for Handicapped Children	Mrs. G. F. Ayshford Ayre (part-time).
Matron, Day Nursery, Hove	(c) Mrs. M. N. Waters.
Geriatrics Health Visitor	(c) Miss R. M. Edwards, S.R.N., S.C.M., Q.N., H.V.
Chief Clerk	G. M. G. Futter (commenced May, 1956).

(a) Also District Medical Officer of Health.

(b) Also Deputy Port Medical Officer.

(c) Hove and Portslade Division.

(d) Also Home Visitor for Mental Defectives.

GENERAL STATISTICS.

The **Estimated Population** increased from 342,300 in 1955 to 347,000 in 1956.

The crude **Birth Rate** for the county was 11.83 per thousand of the estimated population (.57 per thousand more than in 1955). The live births in 1956 totalled 4,106 (251 more than in 1955). The number of illegitimate live births in East Sussex was 199 (18 more than in 1955) or 4.85 per cent. of the total.

The crude **Death Rate** was 15.18 per thousand in 1956, as compared with 14.79 in 1955.

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	13.84	15.6
Corrected Death Rate	10.47	11.7

The **Infant Mortality Rate** was 18.02 per thousand live births in 1956, as compared with 18.42 in 1955. The rate for England and Wales was 23.8. The illegitimate death rate was 20.1 per thousand illegitimate live births, as compared with 11.05 in 1955.

The **Maternal Mortality Rate** was .24 per thousand live and still births, as compared with .25 in 1955. There was 1 maternal death during the year contributing to this figure, particulars of which appear on page 12.

SANITARY CIRCUMSTANCES.

Rural Water Supplies and Sewerage Acts, 1944-55.

Contemplated schemes for water supplies, sewerage and sewage disposal and for their extension and improvement of existing arrangements have been submitted by district authorities.

The following proposals have been examined and reported upon:—

Battle Rural District.

Parish of Ewhurst (Staplecross Village) ..	Scheme of sewerage and sewage disposal.
Parish of Iden	Water main extension.
Parish of Playden (Houghton Green) ..	Water main extension.
Parish of Rye Foreign (Bowlers Town) ..	Water main extension.

Chailey Rural District.

Parish of Ringmer	Sewerage extension.
Parish of Telscombe (Bannings Vale— Saltdean)	Scheme of sewerage and sewage disposal.

Cuckfield Rural District.

Parish of Clayton (Clayton Village) ..	Scheme of sewerage and sewage disposal.
Parish of Hurstpierpoint	Extension to central sewage disposal works.
Parish of Slaugham (Warninglid Village)	Scheme of sewerage and sewage disposal.

Hailsham Rural District.

Parish of Herstmonceux (Trolliloes Area)	Water main extension.
Parish of Warbleton (Rushlake Green Area)	Scheme of water supply.

The continuing need for national economy has again limited progress and work has proceeded only on a few of the more urgent schemes.

Meanwhile, the costs of these essential services continue to rise, with the result that revised estimates on proposals which have been retarded by restrictions on capital expenditure now show substantial increases and the completion of water supplies alone, to the few remaining uniped areas of the county, is likely to prove a slow and costly process.

With the majority of the main centres of population sewered, provision for the small villages and more isolated communities will likewise be relatively expensive. Nevertheless it is felt that every effort should be made to press forward with the most urgent cases, particularly where undrained downland villages present a risk to the water resources.

MILK (SPECIAL DESIGNATION), (PASTEURISED AND STERILISED MILK)
REGULATIONS, 1949-53.

In the administrative county area, pasteurisation of milk is now concentrated at eight establishments in which some seven million gallons of milk are processed annually.

The eight Dealer's (Pasteuriser's) Licences were renewed on the 1st January, 1956, and routine inspection of plants and dairy operations have been maintained throughout the year.

Five of the establishments are provided with H.T.S.T. plants and three have holder-type plants.

The results of tests on samples of milk taken from all these plants are given in the following table:—

Class of Milk.	Number of Samples.	Appropriate Tests.	Number of Samples.	
			Passed.	Failed.
Pasteurised	256	Phosphatase Methylene Blue	255 255	1 1
Tuberculin Tested (Pasteurised) ..	269	Phosphatase Methylene Blue	267 269	2 —
Totals	525	Phosphatase Methylene Blue	522 524	3 1

The three phosphatase failures occurred at two of the dairies with holder-type plants, due to inaccurate thermometers, and the methylene blue failure was attributed to overlong storage of stock milk.

Examination of Bottles—Pasteurising Establishments. In order to determine the efficiency of the methods adopted in the cleansing, etc., of milk bottles, 51 groups of sample bottles have been submitted for bacteriological examination and only in two cases were the results reported to be unsatisfactory.

On investigation, these were attributed to faulty operation of the plant and too low a temperature of the detergent solution.

Specified Areas. The whole of the administrative county and the three county borough areas are now subject to Milk (Special Designations) (Specified Areas) Orders which became operative as recorded below:—

On the 10th April, 1956, in respect of:—

- The Borough of Lewes
- The Urban Districts of Burgess Hill, Cuckfield, and East Grinstead
- The Rural Districts of Chailey, Cuckfield, and Uckfield.

On the 21st March, 1955, in respect of:—

- The County Boroughs of Eastbourne and Hastings
- The Boroughs of Bexhill and Rye
- The Urban Districts of Newhaven and Seaford
- The Rural Districts of Battle and Hailsham.

On the 1st May, 1953, in respect of:—

- The County Borough of Brighton
- The Borough of Hove
- The Urban District of Portslade.

In these areas 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 the retailers comprise:—

(a) Pasteurisers, retailing direct	14
(b) Purchasing Dairymen	94
(c) Producer Retailers	48
(d) Shopkeepers	97
Total	253

Records have been completed of all milk retailers, the types of milk sold and the sources of supplies, etc. The position is kept under regular observation and, so far, no difficulties have arisen in complying with the Orders.

The restriction of the retail sale of milk throughout the whole county area to supplies safeguarded by heat-treatment or derived from tuberculin tested sources, affords a welcome measure of protection against milk-borne infections.

It is only to be regretted that under present legislation the sale of cream, etc., is not covered by similar safeguards.

Food and Drugs Act and Milk and Dairies Regulations. The sampling of milk for biological examination has been continued and during the year 587 raw (non-designated) milk samples were submitted, involving 403 sources of supply.

Of the 403 sources, 16 supplies (3.97%) were found to be tubercle infected, 29 supplies (7.19%) were infected with *brucella abortus*, and in one case *brucella melitensis* was found.

Particulars of all infected supplies were forwarded to the Divisional Veterinary Office of the Ministry of Agriculture, Fisheries and Food, and to the Medical Officers of the Districts concerned.

Investigations of the herds involved were carried out by the Divisional Veterinary Officer and as a result 14 cows (from 13 herds) were slaughtered under the Tuberculosis Order. In three 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* case, the offending animal was identified and slaughtered under the *Brucellosis Melitensis* Order.

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

Three notifications of tubercle infected milk supplies were received from outside authorities and in two cases affected cows were slaughtered under the Tuberculosis Order. In the third case, the offender was not identified, but one cow, which had been slaughtered privately, may have been responsible.

The biological sampling of milk affords a valuable contribution towards the safe guarding of supplies and eradication of diseased animals and 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-in-Schools Scheme. Supervision of supplies provided under the Scheme has been continued and the 193 maintained schools all received pasteurised milk as recommended.

On the 1st September, 1956, local education authorities became responsible for milk supplies to independent or non-maintained schools and 146 such schools participate in the scheme.

Of these, 145 receive pasteurised milk and one is a self-supplier, holding a tuberculin tested milk licence.

During the year, 260 samples of pasteurised milk were submitted for examination and all satisfied the phosphatase test. Samples from 4 sources failed the methylene blue test, in 3 cases due to overlong storage and in one case due to a breakdown on the cooling plant at a central dairy.

A sample of the raw tuberculin tested milk supply, submitted for biological examination, was reported to be free from tubercle and *brucella abortus* infections.

INFECTIOUS DISEASES.

The number of notifications of infectious disease during 1956 shows a big drop, totalling only 3,253, as against 5,899 in 1955. This difference is again due to measles, 2,006 cases having been notified, against 4,463 in 1955. There was a further decrease in the number of cases of whooping cough—396 in 1956; 559 in 1955; 960 in 1954; a steady decrease since, though not necessarily due to the introduction of the combined form of immunisation against diphtheria and whooping cough in 1954. Scarlet fever notifications amounted to 158, very little different from last year's figure of 161.

Dysentery cases rose to 140 (50 in 1955), but the bulk of the cases were concentrated in two areas. Food poisoning cases amounted to only 20, as against 93 in 1955.

The number of cases of acute poliomyelitis occurring in the county (including Hove and Portslade) was only 29 in 1956, including 7 known to have been non-paralytic. This compares favourably with the previous year's total of 46. Of the 29, 7 were under 5 years of age, 11 were between the ages of 5 and 15, and 11 were over 15. There were two deaths—a woman aged 25 and a 10-year old boy.

TUBERCULOSIS.

There were 154 new cases of pulmonary tuberculosis notified in 1956, as against 170 in 1955. Seventy-three of the 154 were in respect of patients between 15 and 45 years of age. Notifications of other forms of tuberculosis numbered 27, of which 4 were under 15 years of age.

The number of notified cases on the Register at the end of the year was 2,388 (2,063 pulmonary and 325 non-pulmonary, as compared with 1,977 and 344 respectively in 1955). The slight increase in the number of pulmonary cases and decrease in the non-pulmonary cases are caused by movement in and out of the county as it will be seen from the previous paragraph that there were fewer new cases than in 1955.

The deaths from tuberculosis in 1956 were as follows:—

<i>Pulmonary Tuberculosis:</i>		<i>Deaths</i>
Urban Districts	.. .. .	15
Rural Districts	.. .. .	9
<i>Other Forms of Tuberculosis:</i>		
Urban Districts	.. .. .	3
Rural Districts	.. .. .	3

Of the 24 deaths in which tuberculosis of the respiratory tract was stated to be a factor, only two had not been notified. In the case of a 47-year old man, the primary cause of death was heart failure, tuberculosis being a subsidiary cause. The other case—a 58-year old man—died of miliary tuberculosis. There were four other cases of posthumous notifications. There were three cases of non-notified non-pulmonary tuberculosis.

Follow-up of Contacts. Of 154 new cases notified, 919 contacts were examined during the year 1956 and 12 (1.31%) were found to be tuberculous.

Tuberculosis Care and After-Care. The Tuberculosis Care Committees of the Sussex Rural Community Council remain active in this important work. They and others connected with tuberculosis care work are aware of the need for positive action for the benefit of the patient and his family, rather than take the comparatively simple course of supplying "free milk" to all comers. Miss M. L. Shaw, our Care Almoner, has reported on the year's work, which included 778 visits (including Hove and Portslade) to patients in their own homes and 362 sanatorium visits. In addition to the large number of patients supplied with milk through the Care Committees, help has been obtained from official and other bodies, and individual special needs have received special attention, as the following examples will show:

(1) A contribution was made from Care Committee funds to a total sum of between £150 and £200 collected from various voluntary sources, to enable a patient to start his own boot and shoe-repairing business. This project is now running successfully and the patient is self-supporting.

(2) Watch-repairing tools were provided for a patient undergoing treatment at home and not able, for the time being, to go out to work. He was subsequently able to attend a Ministry of Labour training course.

(3) 22 patients were helped to secure employment suitable to their special needs.

Sleeping Shelters. These continue to be much appreciated by the users, though the demand seems to be slightly decreasing. At the end of 1956 there were 16 in use and 17 in store. One shelter had to be destroyed during the year as it was damaged beyond repair during a gale. Owing to many complaints received of the bad quality of the curtains supplied and the short life in comparison with the cost, enquiries were made and eventually 12 pairs of curtains were purchased of 15 oz. weight cotton duck material treated with cuprammonium preservative. It is thought that these will prove much more economical in the long run than the original loose weave canvas type.

Rehabilitation. Provision of facilities for rehabilitation and training for suitable cases was continued during 1956. Three cases were still in training at Papworth Village Settlement, Cambridge, at the end of the year. One other patient completed his training and obtained a job as a pig farmer as a result of his training. One patient was discharged from Preston Hall, Maidstone, after one year's training. The only patient at the Enham-Alamein Rehabilitation Centre at Andover during 1956, ceased to be the responsibility of the County Council on taking up permanent residence in the colony.

B.C.G. A further 353 persons received B.C.G. vaccination during the year bringing the total number vaccinated in the county since the scheme was introduced in 1950 to 1,625.

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; these are held at Bexhill, Burgess Hill, East Grinstead, Newhaven and Uckfield. In these areas, local doctors who are on the obstetric list do their ante-natal work at the County Clinics, attended by the health visitor and midwife concerned, and their working together in this way enables the expectant mother to be given full care with a minimum of difficulty. Four hundred and thirty-nine mothers attended during 1956 and the attendances totalled 1,063.

Though it was not thought worth while collecting statistical data it is known that the maternity units serving the county often make arrangements with general practitioners to carry out some of the ante-natal care of women booked for hospital confinement, in order to save them the time and effort needed to attend the hospital ante-natal clinics. Similar arrangements are sometimes made with our midwives, though less often.

Teaching sessions are held regularly by midwives and health visitors at the Centres named above and also in other areas in the county. These sessions embody parentcraft and ante-natal teaching, demonstrations and relaxation classes for expectant mothers. Suitable films and film strips provided by the County Nursing Association are shown. These teaching sessions are well attended and are much appreciated by the mothers. To the health visitors and midwives who run the sessions, they offer a wide field of individual effort, scope and originality in the choice and presentation, and "getting across" all the necessary information in a suitable and constructive form. They also offer an excellent opportunity for the nursing staff to get to know and make friends with the mothers, and for the mothers to make friends amongst themselves.

Recently the County Nursing Superintendent, who is also Supervisor of Midwives asked one set of young mothers, who had been duly confined after attending ante-natal "relaxation" classes, how their confinements had gone off and what, in the light of their experiences, they thought of the classes. Their replies, which were intensely interesting left no doubt of the value of the classes to the mother, the child, and indeed those concerned with the confinement: almost all spoke highly favourably, and the general impression was that these women had been very greatly helped in what was to most of them a new and thrilling experience.

Infant Welfare Centres. The table below shows the position at the 31st December, 1956 as compared with a year ago. Six of the Centres are conducted directly by the Health Authority with the assistance of voluntary workers, whilst 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 children in attendance.		Total attendances during the year.	
	Under 1 year.	1-5 years.	Under 1 year.	1-5 years.
1955 57	1,601	4,476	15,335	15,271
1956 54	1,553	3,773	14,339	12,249

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 numbers attending can no longer justify the attendance of a Medical Officer, the appointment is terminated. The Centre continues to function as a "Weighing Centre" and at the 31st December there were 19 in the county. Seven hundred and twenty-nine children attended these weighing sessions during the year, making in all 3,504 attendances.

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. Such sessions are now held at Burges-

Hill, Haywards Heath and Newhaven. In another area where a full session for toddlers only is not required, a number of toddlers are given definite appointments to attend at the ordinary sessions.

Care of Premature Infants. During 1956 there were 175 notified premature live births, 4 more than in 1955: 133 of the 175 were born in hospitals, 4 in private nursing homes, and 38 at home: 153 survived the age of one month. The authority provides special equipment on loan, such as draught-proof cots, hot-water bottles and special feeding bottles.

Distribution of Welfare Foods. The Women's Voluntary Services have continued to give valuable assistance in this work and the arrangements have worked smoothly. Opportunities were again taken during the year to permit distribution from trades' premises.

At the 31st December, 1956, there were 52 Maternity and Child Welfare Centres and 52 other Centres distributing Welfare Foods.

The following quantities of foods were issued by the Health Authority (outside Hove and Portslade) during 1956. The figures for 1955 are given for comparison:—

	1955	1956
National Dried Milk	71,696	71,740 tins
Cod-liver Oil	30,224	26,479 bottles
Orange Juice	179,051	193,536 bottles
Vitamin A and D Tablets	9,570	14,541 packets

Care of Illegitimate Children. Thirty unmarried mothers were admitted to hostels during 1956, an increase of 11 over 1955. Of their 30 children, 7 have been placed for adoption, 1 was taken into the care of the County Council, 1 died and the remainder were taken with the mother into her family or otherwise maintained by their mothers. The noticeable differences year by year in the numbers of unmarried mothers helped does not, of course, indicate a corresponding variation in the proportion of illegitimate children, there being many other variables in operation. The illegitimate birth rate in 1955, and 1956, was 4.69 and 4.85 respectively.

Contraceptive Advice. Seven women have received instruction under arrangements made with the Brighton and Hastings County Boroughs. 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, 1,236 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 school girls in 19 schools. The Course continues to be received with enthusiasm, and of 490 girls entering for examination, 381 were awarded certificates of proficiency.

Recuperative Holiday Accommodation. No application was made during the year for an expectant or nursing mother to be given a recuperative holiday.

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 mothers, illness or other emergency.

Problem Families. Two Co-ordination Committees, 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 Board and other bodies interested in welfare work, continued to function during the year. Similar committees are to be established in other parts of the county during 1957.

Dental Care. The Dental Service for expectant and nursing mothers and children under five years of age was again run in conjunction with the School Dental Service, and staff changes were, therefore, common to both.

Illness caused some loss of time and, in addition, two full time dental officers left during the year, only one of whom was it possible to replace. The difficulty of making replacements is increasing from year to year and the prospect for the future is not cheering.

Comparison of the figures shows, as was to be expected from the staff changes, that they are slightly below those for the previous year, though there was an increase in the number of teeth extracted.

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 ..	209	201	179	176
Children under five	520	451	404	394

(b) Forms of Dental Treatment:—

	Scaling and Gum Treatment.	Fillings.	Silver Nitrate Treatment.	Crowns or Inlays.	Extractions.	General Anaesthetics.	Dentures Provided.		Radiographs.
							Full Upper or Full Lower.	Partial Upper or Lower.	
Expectant and nursing mothers	134	321	1	—	646	125	53	64	17
Children under five ..	—	354	97	—	598	310	—	—	11

N.B.—The figures shown include those of Hove and Portslade Division.

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 whose areas cover the whole county. On the 31st December, 1956, the total number of nurses (excluding administrative staff) employed was 115, of whom 103 were Queen's Nurses.

These nurses were employed in the following categories:—

66 on generalised duties (i.e., midwifery, home nursing, health visiting and school nursing).

21 on combined duties (i.e., midwifery and home nursing only).

3 on home nursing only (2 male nurses).

15 on health visiting and school nursing only.

10 on part-time relief work (2 being engaged on generalised work; 3 on combined duties and 5 on home nursing).

There are no separate school nurses.

Administration. The administrative and supervisory work is undertaken by the County Nursing Superintendent, who is assisted by a deputy and four 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 her supervisory colleagues being 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 that at the 31st December, 1956, the nurses undertaking midwifery numbered 92; all were qualified to administer inhalational analgesics, in accordance with the requirements of the Central Midwives' Board. During 1956, 144 patients received trichloroethylene and 802 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, 1956, was 182; in addition, 70 notifications were received from maternity nurses.

The midwives attended 1,172 deliveries during the year (49 fewer than for 1955); all but 14 cases were attended by the district midwives. Medical aid was summoned in 363 instances by domiciliary midwives and 6 by hospital midwives.

Only one maternal death occurred during the year, the tragic case of a young single woman, who, when five months' pregnant, took a dose of ergot. She was admitted to hospital but died suddenly within a few minutes. As far as is known, pregnancy had been concealed until admission.

Seven cases of *ophthalmia neonatorum* were notified, all occurring in one maternity hospital; 5 were East Sussex patients and 2 belonged to a neighbouring county. The cases were not serious and no impairment of vision was reported.

Three new cases of *retrolental fibroplasia* came to notice during the year, but these were transfers from other areas.

Seventy-four cases of *puerperal pyrexia* were notified, 52 cases occurring in hospitals and 22 in the patients' own homes.

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 11 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 1956:—

Pupils in training on 1st January, 1956	16
Pupils admitted during 1956	31
<i>Examination Results:</i>	
Passes on first attempt	32
Passes on second attempt	2
Failures	—
Number still in training on 1st January, 1957	13

Health Visiting. Of the 83 nurses undertaking health visiting duties, 78 were qualified health visitors and 5 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 an increase in the number of health visits paid to children under 5 years of age—from 70,034 in 1955, to 76,946 in 1956—and an increase also in the number of visits paid by the health visitors to expectant mothers (from 2,479 to 2,609).

The number of "no access" visits totalled 12,721 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.

A steadily increasing number of old people (often in difficulties and tragic circumstances, and badly needing assistance) is being brought to the notice of the department and it is hoped to arrange, early in 1957, for a more systematic health visiting scheme for old people.

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. There are 3 nurses (2 male) working full time on home nursing, but the remaining 93 home nurses give part-time to this work.

The work of the home nurses continues to increase, over 11,000 more visits being paid in 1956 than in 1955: 190,364 visits were paid during the year to 9,494 patients. Of this number of patients 4,924 were 65 years of age or over.

IMMUNISATION AND VACCINATION (SECTION 26).

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 life and the case for vaccination and immunisation is presented to them. The district nurse-midwives and health visitors are mainly concerned with this, the approaches being made whenever possible in the ante-natal period and in any case during the neo-natal period. Parents are given the opportunity of asking their own doctors to give 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.

There was again a small but steady increase in the number of infants vaccinated in the administrative county including Hove and Portslade—2,627 in 1956, as against 2,544 in 1955, and 2,491 in 1954. The percentage rate, however, is slightly lower (64% as against 66%), there being more births in 1956.

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 and Tetanus Immunisation. Triple vaccine was introduced into general use during the year to give protection against tetanus as well as diphtheria and whooping cough, partly as a result of representations by certain general practitioners as a few cases of tetanus had occurred, with deaths.

Vaccination against Poliomyelitis. In the administrative county (outside the Hove and Portslade Sub-Committee area), 11,187 children were registered for vaccination during 1956 1,060 of these received their two injections during May and June, 1956, and 103 had one injection before the "close" season. Seventy-one of the 103 children received their second injection in December, 1956, or in January, 1957.

AMBULANCE SERVICE (SECTION 27).

The Ambulance Service, which includes the Hospital Car Service, is still carrying out its functions satisfactorily and there has been no change in the establishment during the period under review. The service is operated both by voluntary agencies and directly operated ambulance stations, a total of 13 ambulance stations in all. There has been no change in the number and distribution of vehicles during the last period under review and at the 31st December, 1956, the establishment was as follows:—

			DIRECTLY OPERATED	
<i>Depot</i>			<i>Full-time Personnel</i>	<i>Establishment</i>
Hove and Portslade .. .. .	..	..	15	8 ambulances (including 2 dual-purpose type).
Seaford .. .. .	..	..	2	1 ambulance.
			VOLUNTARY AGENCIES	
<i>Depot</i>			<i>Full-time Personnel</i>	<i>Establishment</i>
<i>St. John Ambulance Brigade:</i>				
Battle .. .. .	..	..	—	2 ambulances.
Bexhill .. .. .	..	..	1	3 ambulances.
Hailsham .. .. .	..	..	3	2 ambulances.
Lewes .. .. .	..	..	4	3 ambulances and 1 car.
Rye .. .. .	..	..	3	2 ambulances.
<i>British Red Cross Society:</i>				
Crowborough .. .. .	..	..	2	2 ambulances.
East Grinstead .. .. .	..	..	2	2 ambulances.
Haywards Heath .. .. .	..	..	2	2 ambulances.
Hurstpierpoint .. .. .	..	..	2	1 ambulance.
Uckfield .. .. .	..	..	1	1 ambulance.
<i>Newhaven and District Nursing Association:</i>				
Newhaven .. .. .	..	..	—	1 ambulance.

Both 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 carried out by these agencies is still performed by volunteers from the organisations concerned, chiefly during the evenings and at night-time. They are, however, finding it increasingly difficult to find male volunteers for driving and attendant's duties during the day owing to their civilian employment. The response from trained nursing attendants in the voluntary societies has been good. I greatly appreciate this help and would like to thank the St. John Ambulance Brigade and the British Red Cross Society for all the assistance so readily and freely given.

Excluding the area delegated to the Hove and Portslade Ambulance Sub-Committee, a total of 21 ambulances and 1 sitting case car covers the administrative county area from the ambulance stations. A number of parishes in close proximity to Tunbridge Wells, Crawley, Eastbourne and Hastings are covered by ambulances from these towns by agreement.

All "999" and emergency calls on both sides of the County boundary are dealt with by the nearest ambulance station. No financial adjustment is made where these emergency calls are to street accidents or illness in a public place.

There is close co-operation between the Brighton, Hastings and Eastbourne authorities whereby patients are brought from hospitals in those towns in returning empty ambulances; during the last 12 months a total of 975 patients was recorded as having been so carried, the mileage being 6,142 miles. This is an all round saving as not only is the mileage reduced but also the claims from those authorities under Section 24 of the National Health Service (Amendment) Act, 1949, are cut down.

Monthly returns of patients conveyed from hospitals and certain convalescent homes operated by Regional Hospital Boards, are received from ambulance stations and the Hospital Car Service, and those chargeable under Section 24 are tabulated and claims made or reimbursement on the other local authorities concerned. When it has been necessary to convey patients long distances, the authorities of the addresses to which the ambulance is travelling have been contacted by the driver in question, so that use can be made of the returning empty ambulance. If possible, prior notice is given by letter giving these facilities, the only charge made in such cases being for excess mileage off the normal return route. Similar facilities are offered by other authorities and on a few occasions advantage has been taken of this.

The policy to standardise on the Bedford/Lomas type of ambulance has been fully justified; these ambulances are economical to operate and can, if necessary, be used for long distance travel.

The use of transport by train, as advised by the Ministry of Health, is still on the increase. Patients can be picked up by car or ambulance and conveyed to the railway station and assisted into a railway compartment reserved for their use. Recumbent patients are placed comfortably on a railway stretcher and kept on the stretcher until they reach their destination. Arrangements are made, if necessary, with the London Ambulance Service for the conveyance of patients between the London terminal stations, and it is possible by this means to send a patient some two or three hundred miles in wintry weather in the warmth and comfort of a train. At the end of the journey, the patient is met by the ambulance service concerned and conveyed to the final destination. This ambulance/train/ambulance arrangement for taking patients on long distances is accepted and recommended by the medical profession as being more comfortable and less wearisome for the patient. It is also more economical to send patients by this means of transport; moreover to send an ambulance vehicle some two or three hundred miles from its base is to deprive the particular district in question of the services 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. Also my thanks are due to the Officer-in-Charge of the London Ambulance Service for arranging ambulance transport between the London railway termini. During the last 12 months under review, some 410 cases were carried by ambulance/train/ambulance arrangements.

The Hospital Car Service, which is controlled by Mr. C. H. E. Bath, the County Organiser, continues to run very efficiently and there is close liaison between him and the County Ambulance Officer. Information is exchanged to keep down any duplication of calls and misuse of the Service. The use of the short-notice service, originated a few years ago by Mr. Bath, is still on the increase and quite a number of last-minute emergency calls have been put through to the Area Transport Officers, who have very efficiently dealt with the transport of the patients concerned. I would like to thank Mr. Bath, his Area Transport

Officers and all the Volunteer Drivers who operate the Hospital Car Service for their loyalty and efficiency, especially during the period preceding the petrol-rationing period, when petrol was difficult to obtain; in spite of certain rebuffs these drivers maintained a high standard of voluntary service to the public for which we are grateful.

The efforts of doctors, hospitals and convalescent homes, in trying to reduce the calls on the Service, are very gratifying and I would ask that this co-operation be continued so that only cases where there is a strict medical need be referred to the ambulance service for transport to and from hospital.

In addition to his many duties in connection with the administration of the peace-time ambulance service, the County Ambulance Officer, Mr. J. W. Limb, has taken a prominent part in the training of the Ambulance and Casualty Collecting Section of Civil Defence and it is gratifying to know that more local instructors have taken a course and passed the Home Office examination during last year. This Section of the Civil Defence Corps has had exercises in most districts, and all districts are now involved in some part of the training syllabus. I am also happy to report that full first-aid training is being given to all Civil Defence Sections throughout the County.

The National Association of Ambulance Officers, of which body the County Ambulance Officer is Regional Secretary, has organised Annual Regional and National ambulance competitions and teams from the peace-time service competed in an eliminating round at Lewes. I am particularly pleased to report that the Lewes St. John Ambulance Brigade team, which won the county rounds, were runners-up in the Regional Competition in Surrey winning the Lomas Shield and Medals. These competitions are recognised by the Ministry of Health as being of great value for ambulance personnel in increasing their knowledge of first-aid and also in the exchange of ideas and techniques useful to ambulance service drivers and attendants.

I should like to thank the Chief Officers of the Police and Fire Brigade for the close co-operation of their staffs in receiving and passing urgent calls, and also their help when accidents have occurred where these services are required. The County Ambulance Officer has given assistance to the Police in judging their first-aid competitions and both Dr. Brims Young (my Deputy) and Mr. Limb have judged National First-Aid Competitions in their own time during the week-ends.

OPERATIONAL STATISTICS
(not including Hove and Portslade).

Ambulances.

	1955.	1956.
Mileage	265,950	262,863
Patients	14,371	15,037

Cars.

Mileage	921,603	915,144
Patients	103,817	101,407

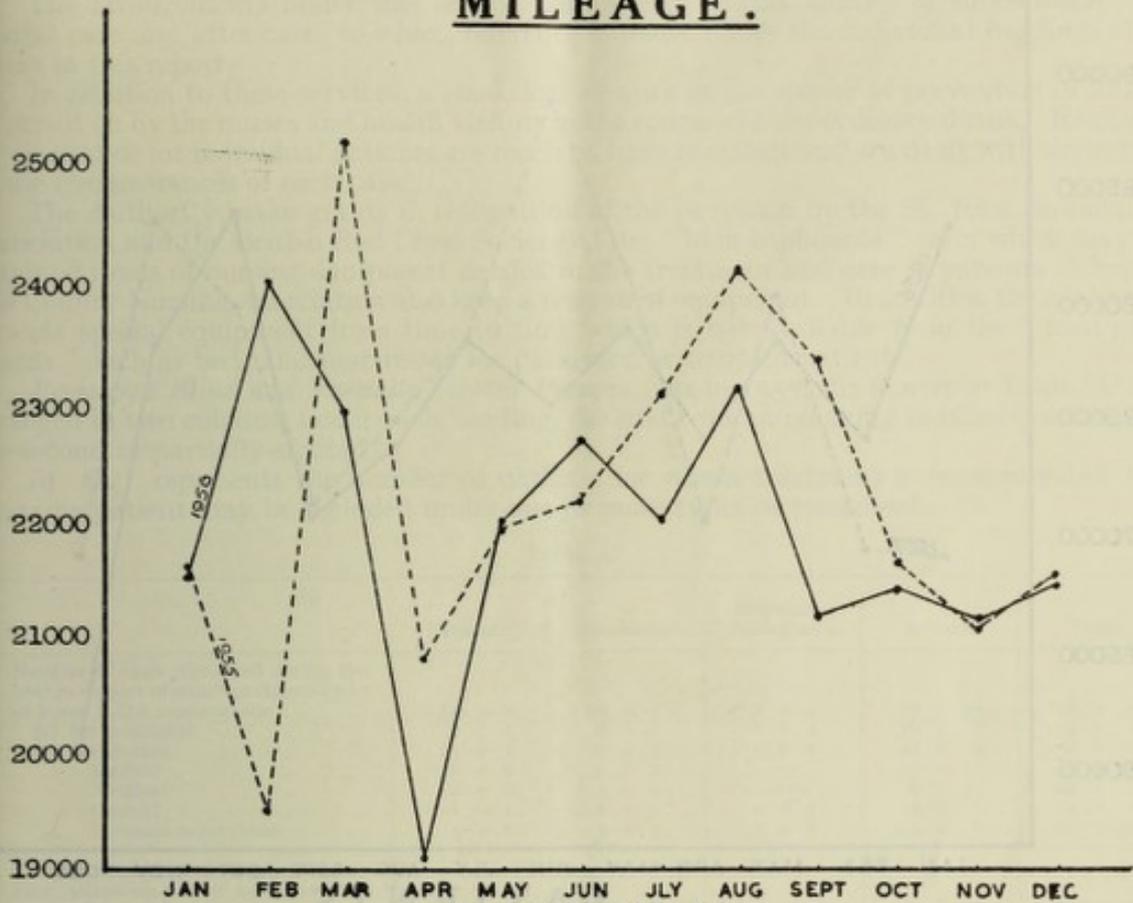
MONTHLY FIGURES FOR 1956.

	<i>Ambulances.</i>		<i>Cars</i>	
	Patients.	Miles.	Patients.	Miles.
January	1,188	21,582	8,329	83,148
February	1,311	24,038	8,095	74,456
March	1,272	22,943	8,683	78,054
April	1,142	19,285	8,085	74,259
May	1,288	21,951	9,024	79,326
June	1,177	22,766	8,802	76,487
July	1,239	21,959	8,688	78,539
August	1,343	23,126	8,021	74,024
September	1,232	21,225	7,826	72,455
October	1,276	21,424	8,480	84,914
November	1,324	21,118	9,008	78,031
December	1,245	21,446	8,366	61,451
TOTALS	15,037	262,863	101,407	915,144

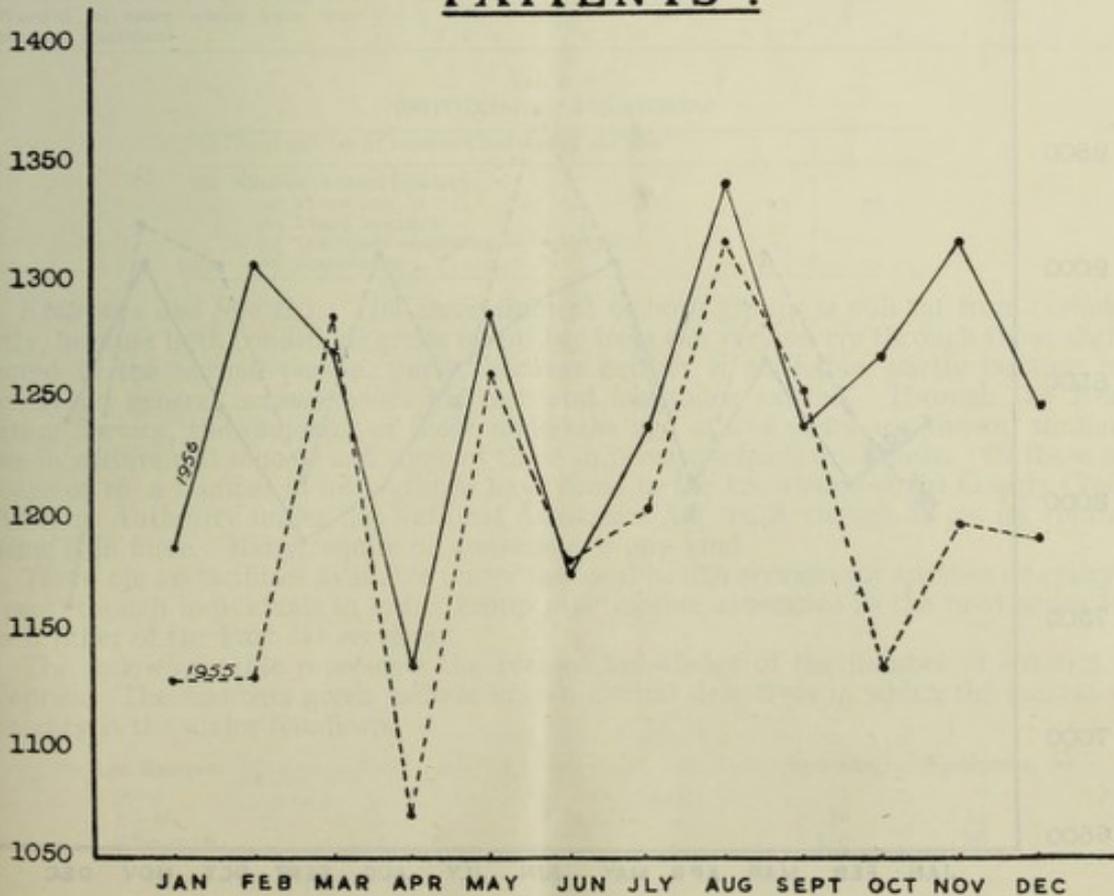
Comparing these figures with the last period under review, it will be seen that whilst the ambulance mileage is lower, the number of patients carried has increased, chiefly through requests from hospitals for out-patient treatment.

AMBULANCES.

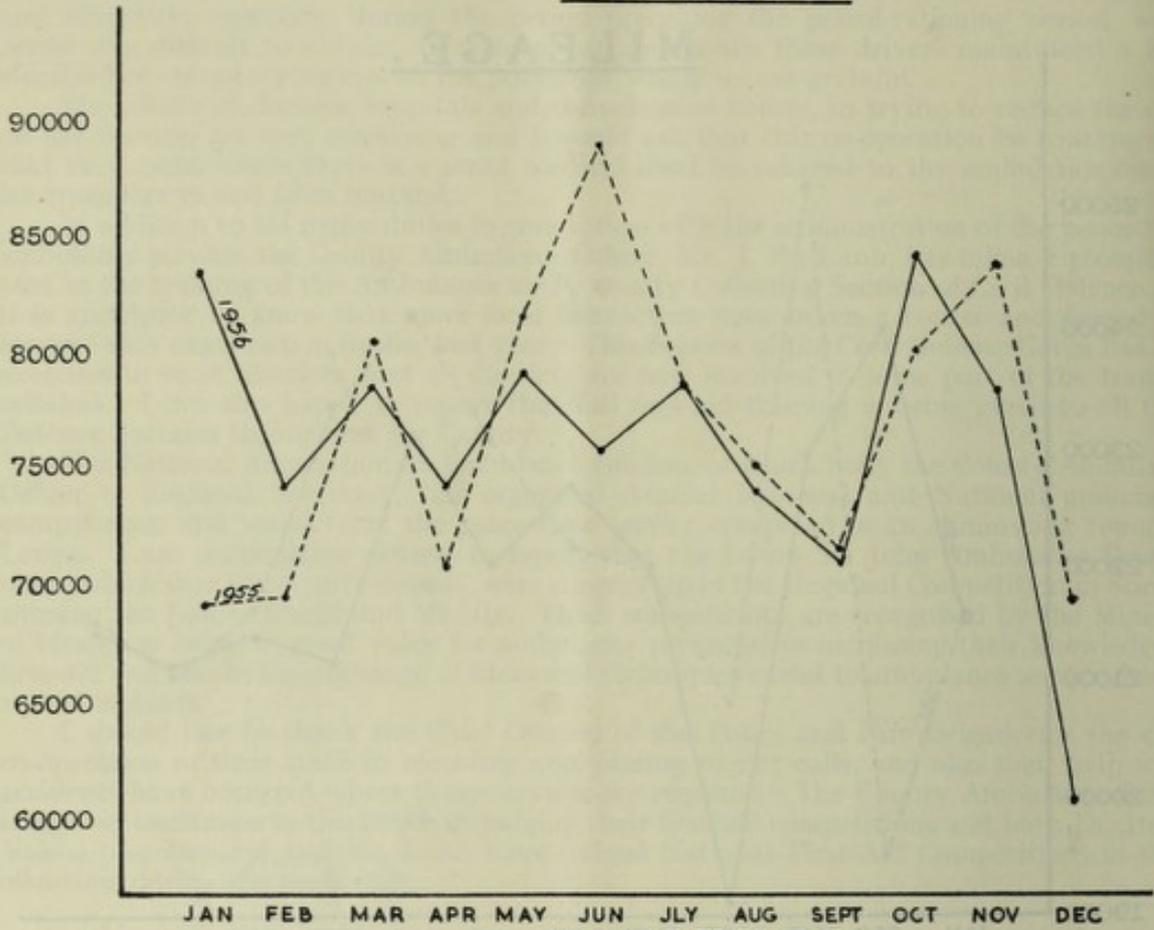
MILEAGE.



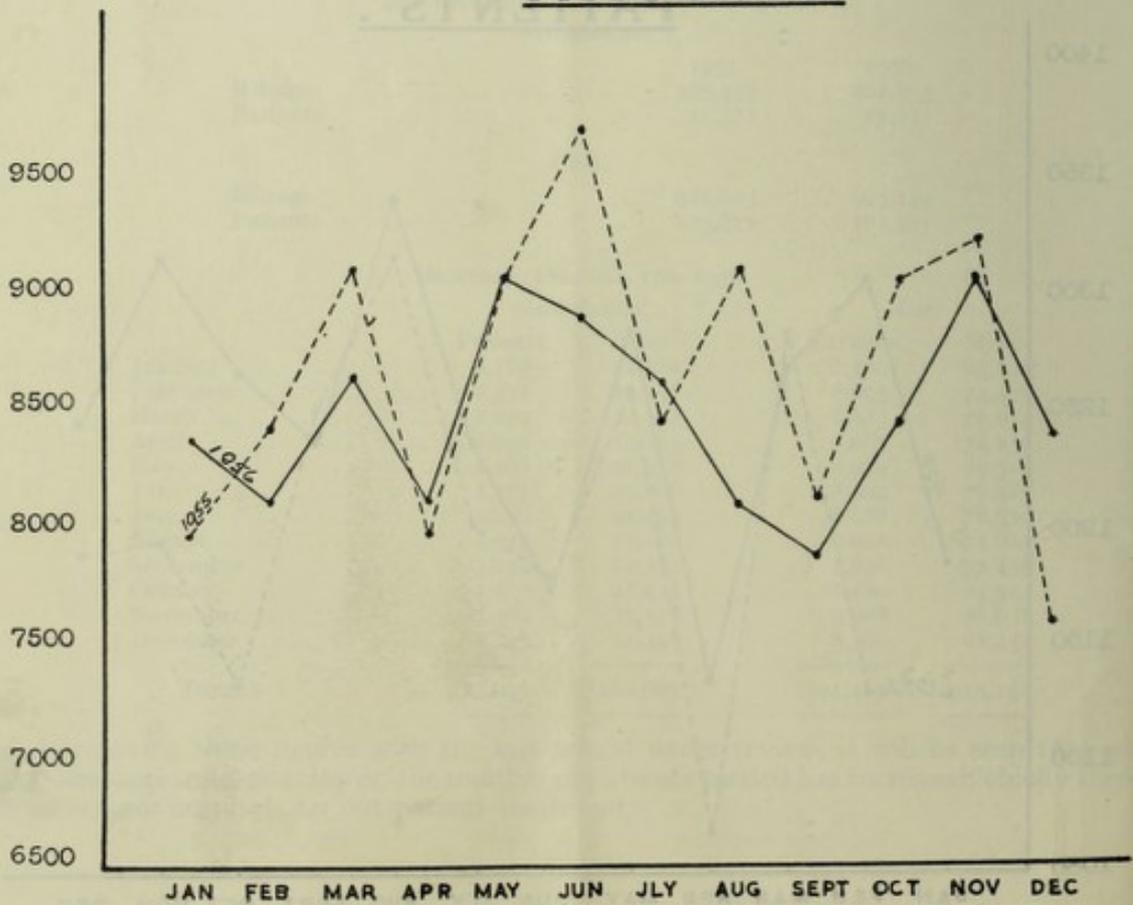
PATIENTS.



SITTING~CASE CARS. MILEAGE.



PATIENTS.



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

The arrangements under this section continue to consist mainly of tuberculosis and mental care and after-care, to which reference is made under the individual headings elsewhere in this report.

In addition to these services, a good deal of work in the sphere of prevention of illness is carried on by the nurses and health visitors in the course of their ordinary duties. Requests for assistance for individual patients are received from hospitals and are dealt with according to the circumstances of each case.

The Authority make grants in recognition of the provision 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. The County Nursing Association also keep a reserve of equipment. In addition the authority provide special equipment from time to time which is not available from the "loan cupboards" such as beds and mattresses for paralysed or crippled patients.

Registered Blind and Partially-Sighted Persons. As in 1955, 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 the number of patients for whom treatment is recommended, but the same patient may be included under one or more types of treatment.

TABLE A.

	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Others.	Total.
(i) Number of cases registered during the year in respect of which paragraph 7 (c) of Form B.D.8 recommends	31 + 2	18 + 3	2 + 1	77 + 26	128 + 32
(a) No treatment	8 + 1	9 + 0	1 + 0	36 + 7	54 + 8
(b) Treatment	23 + 1	9 + 3	1 + 1	41 + 19	74 + 24
Medical	0 + 0	1 + 2	—	27 + 10	28 + 12
Surgical	18 + 0	3 + 0	—	8 + 1	29 + 1
Optical	1 + 1	0 + 0	0 + 1	3 + 6	4 + 8
Hospital supervision	4 + 0	5 + 3	1 + 1	14 + 6	24 + 10
(ii) Number of cases at (i) (b) above which after follow-up action have received treatment	15 + 1	8 + 3	1 + 1	37 + 18	61 + 23
(iii) Number of cases which have not received treatment	8 + 0	1 + 0	0 + 0	4 + 1	13 + 1

TABLE B.
OPHTHALMIA NEONATORUM.

(i) Total number of cases notified during the year	7
(ii) Number of cases in which:	
(a) Vision lost	—
(b) Vision impaired	—
(c) Treatment continuing at end of year	—
(d) Transferred	2

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 sub-normality is the major handicap.

Age Ranges	Spastics.	Epileptics.
0—4	13	6
5—16	30	24
Above 16	110	88

Circular 10/56 from the Ministry of Health, sending a copy of a report on the Medical Care of Epileptics, was received in June, 1956. The recommendations concern the hospital authorities more closely, perhaps, than local health authorities, but the general practitioners of the county have been offered, through the Local Medical Committee, the full co-operation of the health department in referring patients to them and in doing what is possible in follow-up work, as well as in making available any of the Part III services provided by health authorities.

Holiday Homes. There was an increase during 1956 in the number of applications for children in need of recuperative spells to be sent to holiday homes. Six such cases were dealt with, as against two in 1955; the length of stay varied between three weeks and six months.

HOME HELP SERVICE (SECTION 29) (excluding the Hove and Portslade Sub-Committee Area).

At the 31st December, 1956, the Home Help Service was administered by one Home Help Organiser, employed by the health authority, assisted by 16 Area Organisers now known as "Specialists," who are members of the W.V.S. These ladies do an extremely good job of work, and in some areas it is necessary for them to have further W.V.S. assistance to deal with the number of cases on their books.

During the year, it was again necessary to draw the attention of the appropriate Committee to the increasing extent to which the resources of the Service were, so to speak, "blocked" by care given to old people or those suffering from chronic illness: such cases, during the year, having had allocated to them more than half of the total number of hours worked. Provision was made in the estimates for the coming year for the possibility of a substantial increase in expenditure.

The following table gives the number of households assisted over the past six years.

	Maternity Cases.	Tuberculosis.	Others.	Total.
1951	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
1956	500	50	884	1,434

The medical 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 are responsible for carrying on the Authority's Mental Health Service and 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; three of these also undertake the supervision and care of mental defectives in the community, assisted by a whole-time woman visitor. For emergency purposes, a male officer, engaged mainly in administration, is also a Duly Authorised Officer.

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, 59 such cases.

The supervision of patients discharged "on trial" from mental hospitals is usually undertaken by officers of the hospital boards.

The Mental After-Care Association—one of the oldest in the field of mental health voluntary organisations, it was founded in 1879—has continued its work of receiving and arranging board residence as a "convalescence measure" for patients who need a 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 the voluntary patients who go to the Association homes, although they come within the Local Health Authority's sphere of responsibility under Section 28 of the National Health Service Act, are now usually paid for by the National Assistance Board but there may still be a need for Local Health Authority help from time to time.

On the 31st March, the East Sussex Association for Mental Welfare ceased to deal with the mental after-care work which was delegated to them by the Local Health Authority. It was mainly concerned with persons discharged from the mental hospitals who were recommended for community help, and certain mental defectives who did not require official supervision and were given "friendly" guidance. Towards the end of the year, a Psychiatric Welfare Worker, in the direct employment of the Authority, took up duties which include those mentioned above, and the Association are now extending their work in other ways to supplement the official service. It is felt that anything on the lines of formal case-work is likely to be a less suitable field for the activities of the voluntary Association than the knowledge by members of the public that they can always find a reliable friend in need to whom they may pour out their troubles and who can give that support and assistance which people of an unstable, nervous temperament need.

Community Care of Mental Defectives. At the end of the year, 143 mental defectives were under guardianship, about one third being under the immediate care of the Guardianship Society of Hove, and 440 were under statutory supervision; the Home Visitors paid 2,473 visits during the year: 32 other defectives were seen for the purpose of voluntary supervision.

Occupation Centres. East Sussex is predominantly a rural county, and the centres of population which form the obvious places for occupation centres are County Boroughs, but by mutual arrangement it is possible to send defectives from East Sussex who live in the hinterland to the centres run by the Local Health Authorities in Eastbourne and Hastings, while the needs of considerable numbers in the Hove area are catered for by the centre run by the Guardianship Society. Certain mental defectives are boarded out in the neighbourhood for this purpose, under arrangements made by the Society, and the County Council meet the charges for East Sussex cases attending centres, while travelling expenses are refunded to those parents who wish their children to attend but do not desire boarding out. There are, of course, a number of defectives, approximately 50, who might respond favourably to Occupation Centre tuition or home training, but for various reasons the parents have been unwilling to allow the Authority to arrange boarding out, and there was no hope of arranging escorts for regular journeys to and from Occupation Centres. It has now been found possible to cope with some of these cases by the appointment of a Home Teacher whose field of operation is an area in mid-Sussex in and around the towns of Haywards Heath and Lewes. At the end of the year, after an initial survey in collaboration with the Home Visitors, 14 defectives in these districts were found who were suitable for the training provided. The programme allocates two separate periods of an hour to each trainee during the week, and the balance of time is spent in travelling and paper work. The logical development in the area is to arrange teaching in small groups and it is proposed to enlist the help of the parents through voluntary bodies. When group centres are established it is hoped to extend the service and the "pilot" area by including a limited number of potential trainees in Newhaven, and allocating more time to all in the scheme. The Local Health Authority will pay close attention to the needs of the rest of the county when they are in a position to assess the results achieved after a reasonable trial period. The East Sussex Association for Mental Welfare have made a start on a voluntary training scheme by the formation of a small group at East Grinstead, and there is undoubtedly a field for further voluntary enterprises on these lines; any extension to this work which would supplement the official scheme would be welcomed especially in areas that are not at present covered.

Short-Term Care. This scheme is now in its fourth year of operation, and a number of parents have been helped to obtain relief from the constant worry and care always involved in the upbringing of mental defectives. The prospect of further relief from time to time enables devoted mothers of low-grade children to carry on until institutional care becomes available. A total of 18 defectives went away for periods up to two months in each case during the year. There is still room for improvement in emergency arrangements, because the number of beds which could be allocated in institutions is limited and, at holiday times especially, the resources are scarcely adequate to cope with the demand.

Institutional Care. So far as East Sussex is concerned, there were 36 defectives at the end of 1956 waiting for places, as compared with 30 who were waiting for admission at the end of 1955. This does not, however, indicate a deterioration in conditions, as it so happened that there was a sudden fluctuation in numbers coming forward, shortly before the year under review ended. The position has now become easier again. I have pleasure in recording that there has been the utmost co-operation by the Regional Hospital Board in all cases of real emergency, and all concerned with the work here know by experience they can count upon a solution by admission when there is dire need. At the end of the year, there were 444 East Sussex cases in institutions.

	Under age 16.		Aged 16 and over.	
	M.	F.	M.	F.
1. Particulars of cases reported during 1956:—				
(a) Cases 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	4	2	—	—
(ii) On leaving special schools	—	—	—	—
(iii) On leaving ordinary schools	8	2	1	2
(2) Police or by Courts	—	—	1	—
(3) Other sources	6	2	3	9
Total of 1 (a)	18	6	5	11
(b) Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground	—	—	2	6
(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b)	3	5	4	6
(d) Cases reported in which action was incomplete at 31st December, 1956 and are thus excluded from (a) or (b)	6	14	7	11
Total of 1 (a) to (d) inclusive	27	25	18	34
2. Disposal of cases reported during 1956:—				
(The total of 2 (a), (b) and (c) must agree with that of 1 (a) and (b) above.)				
(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e. at 1 (a)), number:				
(i) Placed under statutory supervision	16	5	1	5
(ii) Placed under guardianship	1	1	—	1
(iii) Taken to "places of safety"	—	—	—	—
(iv) Admitted to hospitals	1	—	3	3
Total of 2 (a)	18	6	4	9
(b) Of the cases not ascertained to be defectives "subject to be dealt with" (i.e. at 1 (b)), number:				
(i) Placed under voluntary supervision	—	—	1	6
(ii) Action unnecessary	—	—	—	—
Total of 2 (b)	—	—	1	6
(c) Cases reported at 1 (a) or (b) above who removed from the area or died before disposal was arranged				
Total of 2 (a) to (c) inclusive	18	6	7	17

	Under age 16.		Aged 16 and over.	
	M.	F.	M.	F.
<i>Number of mental defectives for whom care was arranged by the Local Health Authority under Circular 5/52 during 1956 and admitted to:—</i>				
(a) National Health Service hospitals	9	3	1	1
(b) Elsewhere	1	1	1	1
Total	10	4	2	2
<i>Total cases on Authority's registers at 31st December, 1956:—</i>				
(i) Under statutory supervision	46	26	183	185
(ii) Under guardianship	7	2	50	84
(iii) In "places of safety"	—	—	—	—
(iv) In hospitals	47	34	180	183
Total of 4 (i) to (iv) inclusive	100	62	413	452
(v) Under voluntary supervision	—	—	15	17
Total of 4 (i) to (v) inclusive	100	62	428	469
<i>Number of defectives under guardianship on 31st December, 1956, who were dealt with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913 (included in 4 (ii))</i>				
	—	—	1	1
<i>Classification of defectives in the community on 31st December, 1956 (according to need at that date):—</i>				
(a) Cases included in 4 (i) to (iii) in need of hospital care and reported accordingly to the hospital authority:				
(1) In urgent need of hospital care:				
(i) "Cot and chair" cases	4	2	—	—
(ii) Ambulant low-grade cases	6	5	—	4
(iii) Medium-grade cases	3	—	1	1
(iv) High-grade cases	—	—	1	2
Total urgent cases	13	7	2	7
(2) Not in urgent need of hospital care:				
(i) "Cot and chair" cases	—	1	—	—
(ii) Ambulant low-grade cases	—	—	1	1
(iii) Medium-grade cases	—	—	3	—
(iv) High-grade cases	—	—	1	—
Total non-urgent cases	—	1	5	1
TOTAL OF URGENT AND NON-URGENT CASES	13	8	7	8
(b) Of the cases included in items 4 (i), (ii) and (v), number considered suitable for:				
(i) Occupation centre	9	13	30	19
(ii) Industrial centre	—	—	19	6
(iii) Home training	7	7	15	11
Total of 6 (b)	16	20	64	36
(c) Of the cases included in 6 (b), number receiving training on 31st December, 1956:				
(i) In occupation centre (including voluntary centres)	8	7	4	16
(ii) In industrial centre	—	—	—	—
(iii) From a home teacher in groups	—	—	—	—
(iv) From a home teacher at home (not in groups)	3	3	3	3
Total of 6 (c)	11	10	7	19

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

Lunacy Act, 1890.

Urgency Orders	48
Summary Reception Orders	67
Three-day Orders	273

Mental Treatment Act, 1930.

Cases admitted for six months as "temporary" cases	—
Voluntary cases	43
Advice and assistance only	102
Miscellaneous visits of enquiry	129
After-care visits	41

During the year, 805 voluntary patients from the County were admitted to mental hospitals, mainly the Hellingly Hospital, Hailsham and St. Francis Hospital, Haywards Heath, and in 43 instances the help of the Duly Authorised Officers was enlisted.

**REPORT ON THE HEALTH SERVICES OF THE HOVE AND PORTSLADE AREA HEALTH
SUB-COMMITTEE DURING THE YEAR 1956**

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

MR. CHAIRMAN, LADIES AND GENTLEMEN,

In view of the Government's continued restraint on capital expenditure by Local Authorities and the necessity of economy in the maintenance of the existing services, my report for 1956 makes no mention of large-scale developments and presents, therefore, a review of the present organisation and administration with small additions here and there. The establishment of new clinics in both Portslade and Hove, which are urgently required to serve centres of population now most inadequately catered for in hired premises, must therefore continue to await more favourable times. Hove, in its Hangleton Clinic, has been fortunate in finding a site favourably situated for providing for the newly-developed and developing areas in the north of the town, but serious consideration will have to be given to the needs of the Mile Oak area of Portslade before it is finally built up, for this area will then house not only a very considerable proportion of the population but also that proportion which contains the largest number of families with young children. It may, therefore, be decided when the time arrives and the new schools are built that the Chalky Lane Centre should take precedence over one catering for the older part of the town. Even now, if there were a suitable hall available in that locality, an Infant Welfare Session only once a week would be a great boon to mothers living in the new houses and bungalows.

Maternity Services.

In the corresponding paragraph in last year's report, I commented upon the very high proportion of births that take place in hospital or nursing home—some 80%—and suggested that it was because mother discounting the risks of infection, felt that for reasons of economy, safety and convenience, hospital was the best place, and that, therefore, it seemed unlikely that domiciliary confinement would come into its own again as a normal procedure. Actually in 1956 there has been a very slight increase in the number of home confinements, 193 out of 921, in place of 153 out of 828 in 1955—21% instead of 19%. The figures are small and may only represent the annual fluctuation in the birth rate, or it may mean that there has been a diminution in those pregnancies, i.e. first babies, who are entitled to hospital admission. In any case, it is a position which must be kept under review if only from the point of view of the District Nursing Association, who under an agency arrangement are responsible for the Service in the area. Their request for 1 additional midwife and improved transport facilities was granted in October and takes effect from April, 1957, when, provided the necessary staff can be obtained, the position should be a little easier.

In 50% of the cases where a doctor was booked he was actually present at the delivery, but in 72 other cases where the mother was content to leave the delivery to the midwife, it was only necessary to call him in on 3 occasions. 129 infants out of 189 were breast fed on the 14th day and it remains to be seen whether the recent increase in the price of National Dried Milk will stimulate a return to the natural method. So long as the practice continues of admitting the mother liable to premature birth to hospital before the event, there is no necessity for devising elaborate arrangements for care of the infant in the home, since it is only the exceptional one weighing more than 4 lb. at birth which is retained there, but I am giving consideration to improving arrangements for keeping the occasional premature infant warm in the ambulance during its journey to the hospital. The ante-natal clinics retained their efficiency and popularity, over 200 new cases attending in 1956. A second class for Mothercraft Relaxation Exercises for expectant mothers, especially those awaiting the first babies, has been opened at Sellaby House for the Portslade area. These classes, whilst providing definite instruction to the young mother, also constitute something of a club where she can meet with others similarly placed and take comfort from the discovery that the difficulties she is meeting in her pregnancy are not by any means unique and probably not so fraught with dreadful consequences as she imagined.

Practically all the mothers confined in the district are given some form of analgesia during their labour—and so far as inhalation therapy was concerned had gas and air rather than Trilene. This difference was due mainly to only one machine for the administration of the latter being available—a second has not been purchased and it will therefore be possible hereafter to gauge more closely the merits of these two methods.

Health Visiting

The report of the Working Party on Health Visiting mentioned in last year's report was issued during the year and, whilst it came to no startlingly new conclusions nor made any revolutionary recommendations, it did emphasise the necessary reorientation of much of their work in the light of changing conditions, particularly under the National Health Act, 1948. It stressed the primary preoccupation of the Health Visitor with mother and young children and her influence in the field of mental health, particularly in the Child Guidance Service and amongst mentally defective children, a field into which hitherto she has not trespassed. The assistance she can give to the aged is also recognised and her status as the general-purpose family visitor calling in specialist advice from other agencies where necessary is accepted. Co-operation, which is a matter largely of good personal relations with hospitals, general practitioners and other social workers, is also mentioned. The Working Party accepted the necessity of nursing training as a basis for Health Visiting, but suggested a special midwifery course of not more than three months as part of the training period for the H.V.'s Certificate as an alternative to the present insistence on Part I of the C.M.B. qualification which is taken exclusively in hospital and, therefore, not suitable for those who subsequently will spend their time visiting and supervising in the home. This will command general acceptance, but the commendation of integrated courses embodying maternity, nursing and public health training with the eventual career in view from the outset is, I believe, open to objection. Very few nurses, I suggest, at the commencement of their training are in a position to decide the type of nursing they will ultimately adopt when it is completed and it is probably desirable that they should keep an open mind until they have had more experience of the openings available. Moreover, a Health Visitor full qualified at 21 or 22 is not likely to command the respect of mothers of families unless she is very much more mature than the average or possesses a very strong personality.

In Hove and Portslade it is encouraging to find that in the deployment of our Health Visitors and the duties they undertake we are generally in accordance with the recommendations of the Working Party, particularly in the enrolment of voluntary workers at the centres to relieve them of some clerical and unskilled work. We have established good relationship with the Children's Hospital. One Health Visitor per week goes round the cases from the area and is able to supplement the information on home conditions available to the almoner and ward sister by personal contact. Certain general practitioners make good use of the service, although it is sometimes difficult to give all the time they would like to individual families. The provision of a small van—not by any means an ideal vehicle for the purpose—has eased transit problems in two of the areas. A study of the table on page 23 shows that with the present number of staff the overall volume of work cannot vary greatly year by year, but due emphasis is laid on priorities in home visiting—nearly 1,000 first visits paid to newly-born babies—which means that every such mother of whatever class is offered personally within one month of her confinement all the services which are available.

Day Nursery

The reorganisation foreshadowed in last year's report, by which the nursery at 12 Goldstone Villas housing the 1- to 2-year-old children was to be closed and the number of places reduced to 50, all at 57 Clarendon Villas, took effect from 1st April, 1956. It must be frankly admitted that the accommodation for that number is somewhat cramped and the open space available for the babies restricted, but experience gained after the initial changeover difficulties proved that there were some advantages in having all age groups under one roof and the limitation of vacancies to the priority classes made the task of selection easier. As the costs of this first year's working under the new arrangement are not yet available, the extent of the economies effected is not yet known and in any case will be affected by the rise in cost of certain articles of food and in wages. The outbreak of poliomyelitis which spread from Portslade into Hove in December, 1956, affected the Nursery and, following the Ministry of Health's recommendation, it was closed for a period of three weeks. Whilst this undoubtedly constituted a hardship to many of the mothers, no further cases resulted—a state of affairs which would not have been so likely if the Nursery, with the close contact between the children for so many hours a day, had remained open.

Home Nursing

A comparison of the statistics for 1955-56 shows that the demands upon the services of the Queen's Nurses continue to rise—400 more cases attended and 6,000 more visits paid. The only types of case which show any reduction are surgical and tuberculosis—the latter most welcome and due presumably not so much to an actual decline in the number of cases—there were in fact more in 1956 than in 1955—but to the availability of beds, which allowed speedier admission after diagnosis. Once again a high percentage of the total visits (75%) were paid to patients of 65 or over. The Nursing Association, appreciating this rising trend and also the increase in midwifery cases, set up a special sub-committee, who recommended that 1 additional nurse for general duties should be appointed, 1 additional car provided, and 1 member of nursing staff who possessed her own car should be granted a mileage allowance. These recommendations were approved and came into operation on 1st April, 1957. The cumulative effect of holidays, periods of sickness and vacancies, which there is sometimes a delay in filling, means that seldom is the staff up to its establishment, and therefore at times the Superintendent has the utmost difficulty in coping with all the requests she receives. The recruitment of male nurses for dealing with some old men and certain types of male disorders has proved a great success and it seems a pity therefore that under present arrangements there is no prospect of promotion for them, and it is not surprising that when the opportunities present themselves some of them transfer to other occupations where the salary is better and the prospects of advancement greater.

Amongst other matters, the Association has been giving considerable thought to the proper use of its voluntary funds in supplementing the assistance given by the State, and the Superintendent has now at her disposal a monthly sum which she can expend on additional comforts for necessitous patients. The Committee has also considered the possibility of setting up a laundry service for bed-ridden cases where the facilities for home washing are insufficient or non-existent. Such a service could be most economically run if it could make use of services already provided by other agencies, and enquiries were made, therefore, of the Brighton Corporation and the Hospital Management Committee to be allowed to use their facilities, but unfortunately this was not found possible. Apart from the actual laundering of the soiled linen, there is the further difficulty of its collection and delivery and so far no solution has been found to this problem, but the position is being kept under review.

On a larger issue a great deal of controversy arose and discussion ensued on the recommendation of the committee set up by the Ministry of Health on the training of district nurses to recommend a reduction in the period of training required for domiciliary nursing. The Queen's Institute has always maintained that the minimum period must be 6 months, to be reduced to 4 months only if the candidate was a midwife or possessed the Health Visitor's certificate, or had 18 months' experience in general district nursing. The majority of the committee, however, decided that 4 months and 3 months was sufficient, which has been accepted by the Minister of Health, although he added a proviso that before any training courses embodying these proposals were set up his approval would be necessary. It seems likely that few except the very large authorities will contemplate establishing separate courses and, therefore, the Queen's certificate will for a long time to come hold the field and retain its pre-eminence.

Home Help Service

The demands upon the Service continue to increase and are only limited by the supply and availability of the helps, whose recruitment and retention is a perpetual worry to the organiser. Unfortunately also, difficulty is experienced in allocating them to work in the afternoons—most families obviously prefer them in the mornings when the shopping and cleaning can be got out of the way and the midday meal prepared, but their distribution would be facilitated if their attendance could be more frequently postponed until after dinner. The total number of cases assisted during the year was less than in 1955, although the same hours were worked by a slightly smaller number of helps. Once again the largest number of requests were received in respect of old people and the chronic sick, and it is unfortunate that in so many of these cases only intermittent and temporary assistance can be granted.

Ambulance Services

The figures for journeys made and patients carried, set out on page 24, show that the number of calls went up by 1,500, the number of patients carried by 1,200, but the mileage was down by 5,000, the latter being due to a reduction in the number of long-distance trips, for which transport by train is whenever possible substituted, and the re-routing of journeys so that the maximum of patients is carried in one vehicle. The percentage of accident and emergency calls is about 15% of the total. The policy adopted in recent years has been the replacement where necessary of the larger, heavier, fully-equipped-for-long-distance type of vehicle by one smaller and of lighter construction and lower maintenance cost, designed for short journeys to and from local hospitals for outpatient treatment which at the present time constitute the greater proportion of the work. One such small vehicle was added during the year, and in the years to come it will probably only be necessary to retain one or at the most two of the older type of vehicles for the very ill patient who has to be moved with extreme care.

Care and After-Care

As explained in previous reports, this type of service is limited to extra assistance to tuberculosis cases and recuperative holidays for ordinary patients. The Care Almoner for tuberculosis in the county has kindly supplied me with details of her work in this area. She visited 130 patients on the register and referred many of these for help to various agencies—the most general being to the Care Committee for grants of milk and cash payments for fares to visit patients in sanatoria. Advice was also given in a number of cases towards increased grants from the National Assistance Board and voluntary agencies.

Two cases were sent to tuberculosis colonies and both have now been discharged to return to their ordinary jobs, modified in the light of their physical condition.

The review of the work of the Chest Clinic reproduced on page 28 shows a slight increase in the number of cases added to the register with a slight but encouraging increase in those described as with slight constitutional disturbance. In general, it can be said that only about 10% of all the cases are infectious to the extent that they have had a positive sputum within the past six months.

Mass Radiography Report

In this report on the work of the Mass Radiography Unit for 1955, the latest one available, Dr. Rigden stresses the relatively high increase of active disease discovered in young females from 15 to 25—3.3 per 1,000—and amongst older men, 5.2 per 1,000, and suggests extension of tuberculin testing and B.C.G. vaccination to the routine school medical inspection with X-ray examination of the reactors. In the case of school leavers this has already been approved by the Ministry of Health and a pilot scheme was carried out in the Hove and Portslade schools during the spring term of 1957 which revealed 2 new cases out of 400 or so tested.

Child Welfare Centres

The routine work of these Centres was carried on in the established manner and the number of children attending and the attendances they made were substantially the same as in previous years. At times, particularly at Clarendon Villas and the Presbyterian Hall, Holland Road, the numbers became excessive, but unfortunately even if we could spare the staff there is no guarantee that an additional session on a different afternoon in the week would lead to a better distribution of the attendances. Mothers are very much creatures of habit, certainly so far as welfare centres and concerned, and prefer to stick to their day. Much more attention is paid to listening to and advising mothers on their problems, both by doctors and Health Visitors, and I am most grateful to the large band of voluntary workers who by their conscientious service rendered that possible. One day I hope to institute a voluntary medical examination of toddlers on the lines of the school medical inspection. I believe that such an examination would be welcomed by the mother of the pre-school child who tends to be neglected in contrast with his baby brother and sister, and would lead to the earlier discovery and remediation of defects and, above all, when coupled with a dental inspection, help to reduce the appalling amount of caries discovered at the first dental inspection in school life. Meanwhile, very good liaison exists between the Dental and Child Welfare staffs, especially at Hangleton and Portslade, where the two clinics are held on the same premises. Year by year the number seeking treatment continues to increase and all are dealt with at special sessions.

Poliomyelitis Vaccination

In January, 1956, the Minister of Health announced that a poliomyelitis vaccination programme on a limited scale would be started in the spring, and parents of children born between the years 1947-54 were invited to register for this purpose before Easter, 1956. As there was not sufficient vaccine available for all those registering, a random selection by the Ministry was made and only those children born in the month of November for the years 1947-50 and March and November for those born in 1950-54 were actually vaccinated. The vaccine was prepared on the American pattern, but with one virulent strain replaced in the British vaccine by a less harmful one. In Hove and Portslade 2,025 registered and 197 were immunised between early May and the end of June. There were no reactions and no cases of poliomyelitis amongst those who were vaccinated and a promise made that those who were unsuccessful in the draw would be the first to be vaccinated when it was resumed later on in the year. The organisation and the publicity required for launching such a new scheme at very short notice were considerable, but every effort was made to ensure that parents with children of the right age groups were given the opportunity of registering. Letters were sent personally to those who had children in the infant and junior schools and also the independent private schools, besides the usual poster and advertisement propaganda. Meetings of Parent-Teacher Associations were held and very well attended at which the arrangements were described and questions answered. It was laid down and strictly adhered to that no injections were to be given without the parents' consent in writing. Unfortunately, owing to production difficulties and the failure of some batches of the vaccine to pass the very stringent tests imposed by the Ministry of Health, it was not possible to resume the vaccination before the end of the year. Questions which many parents asked, and to which it was not possible to give a definite answer at the time were: Is it safe does it protect against poliomyelitis and, if so, for how long? Answers to the first two of these questions are, however, now available from a report on an investigation of the whole vaccination scheme throughout

the country just published by the Medical Research Council. Out of 400,000 injections given, no evidence that they were accompanied by any risk was shown, and a comparison between those children on the register who were vaccinated and those who were not showed that, so far as paralytic disease was concerned, the incidence was 5 to 1 in favour of the vaccinated. The figures are admittedly small, but they confirm the experience of Americans who have carried out vaccination on a far larger scale. The one question that still remains to be answered is how long does this protection last and will it be necessary to give, as in the case of diphtheria immunisation, a booster dose at a later date. Only time, greater experience and further experiment can provide the answers.

With the interest in and the emphasis upon poliomyelitis vaccination during the earlier part of the year, it might not have been surprising if the older forms of immunisation and vaccination had suffered some loss of popularity, but in point of fact the average has been very well maintained and even exceeded. As 1956 was a relatively light year for poliomyelitis in Hove and until the end of November in Portslade, it was not necessary, as in 1955, to suspend immunisation during the summer months. Practically all first injections are for a combined protection against both diphtheria and whooping cough, to which tetanus was added in the autumn. As with this increasing number of inoculations of different kinds records are important, each mother is now supplied with a card setting out exactly what injections the child has had and when. In the process of time these records may be mislaid or, particularly as in the case of tetanus, not be to hand when a question of giving serum arises, but short of tattooing the information on the child's skin, which might be opposed on aesthetic grounds, it is difficult to see what more can be done.

Domiciliary Care of Old People

A specialist Health Visitor was appointed in February to visit old people in their homes and as the result some 70 more new cases were investigated and the number of re-visits quadrupled. Even so, it is becoming increasingly difficult to keep pace with the demands which are made on the department. Assisting old people is not a simple matter. Very often they have a difficulty in explaining their needs and very frequently it is still more difficult to persuade them to accept such help as may be available, so that a succession of visits is required where with a younger person one would have sufficed. The inadequacy of the bed situation, both in hospitals and welfare homes, is demonstrated by the diminution of admissions to both types of accommodation during the year—19 patients instead of 26 to hospitals and 13 instead of 23 to county welfare homes.

In May I issued a special report upon this subject in which I classified very roughly the numbers on the waiting list, according to their medical condition: 42 required hospital admission, 189 old people's homes, and 253 could for the time being remain in their own homes. I also referred to two projects which had been tried out in other parts of the country—a sitter-up service which provided all night care for bedridden cases living alone without relatives or friends on the premises and an evening care service, which went round late in the evening and made old people comfortable for the night. With some qualifications, I was permitted to establish a sitter-up service as an adjunct to the Home Help Service, but owing to difficulties of recruitment, suitable personnel were not secured until March, 1957, when the winter, a very mild one, was over. The qualification imposed by the County Health Committee that this service should be limited to cases of extreme emergency does limit its scope and, in point of fact, only 1 application of this nature has been received, but it is important to keep it in being.

My report had one other good result—it gave support to the representations made by the County Council to the Ministry of Health for approval of the extension of Park House—an old people's home in Hove—which initially had been refused under the Government's restriction of capital expenditure policy.

Conclusion

At the time of writing this report there is an air of expectancy about the prospects of Local Government reorganisation, and the two White Papers already issued have indicated the principles upon which the Government will act when subsequent legislation follows. Briefly, compulsory delegation by County Councils of Health Services amongst others to boroughs with a population of 60,000 or over is proposed. Whether this will meet all the wishes of the present "have-nots" and what form the delegation will take are issues for the future, but the present delegation to the Hove and Portslade Health Sub-Committee has now lasted for nine years and I believe has worked very successfully and given a type of service desired by the 80,000 inhabitants in this closely knit compact area.

As in all previous years, I should like to thank all the members of my staff who have worked so conscientiously throughout the year, Dr. Langford, the County Medical Officer, for very ready advice and assistance, and the Chairman and members of the Hove and Portslade Health Sub-Committee, who have always supported me in my efforts to extend and improve the organisation of the service.

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 524, compared with 831 in the previous year. This included 138 serving teachers, 95 student teachers, prior to entering training colleges, and 15 teachers examined on behalf of the Ministry of Education on taking up teaching posts for the first time. In addition, 252 chest X-rays were arranged (excluding M.R.U. X-rays) for school canteen workers, teachers and other employees closely connected with organised groups of young people.

Arrangements for medical examinations were as follows:—

By whole-time medical officers on the county staff (including Hove)	..	215
By part-time medical officers and medical officers of Homes	.. ..	196
By private practitioners on behalf of the County Council	.. .. .	113

NURSERIES AND CHILD MINDERS (REGULATION) ACT, 1948.

At the end of the year eight nurseries and five daily minders had been registered providing for 229 children. In the Hove and Portslade sub-committee area 9 daily minder had been registered.

REGISTRATION OF NURSING HOMES.

One home was registered for the first time during the year. At the end of 1956 there were 29 registered Nursing Homes in the Authority's area (outside Hove), 4 having been closed during the year. All appeared to be well conducted during visits of inspection.

The Borough of Hove retained the duties delegated to them in 1928.

REGISTRATION OF NURSING AGENCIES.

The two Nursing Agencies in the county area outside Hove and Portslade remained on the Register at the end of the year.

**ADMINISTRATIVE COUNTY OF EAST SUSSEX.
CHIEF VITAL STATISTICS FOR THE YEAR 1956.**

TABLE I.

Group.	Population estimated by Registrar-General mid-1956.	Live Births.		Deaths.		Infant Deaths (under 1 year).		Deaths from Heart Disease.		Deaths from Pulmonary Tuberculosis.		Deaths from other Tuberculous Diseases.		Deaths from Respiratory Diseases not including Influenza.		Deaths from Cancer.	
		No.	* Rate.	No.	* Rate.	No.	† Rate.	No.	* Rate.	No.	* Rate.	No.	* Rate.	No.	* Rate.	No.	* Rate.
		Large Towns	109160	1147	10.51	1849	16.94	22	19.18	679	6.22	12	.11	3	.03	153	1.40	329	3.01
Other Urban Districts	79840	1052	13.18	1035	12.96	16	15.21	374	4.68	3	.04	0	0	96	1.20	168	2.10
Rural Districts	158000	1907	12.07	2382	15.08	36	18.88	882	5.58	9	.06	3	.02	216	1.37	492	2.54
Whole County	347000	4106	11.83	5266	15.18	74	18.02	1935	5.58	24	.07	6	.02	465	1.34	899	2.59

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

TABLE II.

DISTRICT	Area in statute acres (land and inland water)	Population estimated by Registrar-General Mid-1956	Live Births		Stillbirths			Deaths under 1 year of age		Deaths at all Ages belonging to the District	Crude Death Rate per 1,000 Population
			Number	Crude Rate per 1,000 population	Number	Crude Rate per 1,000 population	Rate per 1,000 Total Births	Number	Rate per 1,000 Live Births Registered		
<i>Free Large Towns:</i>											
Bexhill	7993	26190	266	10.16	1	.04	3.75	4	15.04	485	18.52
Hove	3953	69700	709	10.17	10	.14	13.91	14	19.75	1213	17.40
Lewes	1988	13270	172	12.96	3	.23	17.14	4	23.26	151	11.38
TOTALS ..	13934	109160	1147	10.51	14	.13	12.06	22	19.18	1849	16.94
<i>Other Urban Districts:</i>											
Burgess Hill	2024	12230	211	17.25	6	.49	27.05	4	18.96	116	9.48
Cuckfield	3912	17340	211	12.17	3	.17	14.02	2	9.48	285	16.44
East Grinstead	6600	12760	177	13.87	3	.24	16.67	4	22.60	191	14.97
Newhaven	1772	7960	135	16.96	4	.50	28.78	—	—	94	11.81
Portslade-by-Sea	1953	14330	180	12.56	3	.21	16.39	2	11.11	133	9.28
Rye	1027	4550	56	12.31	3	.66	59.85	1	17.86	50	10.99
Seaford	4274	10670	82	7.69	1	.09	12.05	3	36.59	166	15.56
TOTALS ..	21562	79840	1052	13.18	23	.29	21.39	16	15.21	1035	12.96
<i>Rural Districts:</i>											
Battle	117147	29810	373	12.51	12	.40	31.17	7	18.77	439	14.73
Chailey	64205	20200	254	12.57	3	.15	11.67	3	11.81	361	17.87
Cuckfield	70986	26490	331	12.50	6	.23	17.80	7	21.15	313	11.82
Hailsham	94668	38000	422	11.11	5	.13	11.71	6	14.22	694	18.26
Uckfield	112096	43500	527	12.11	8	.18	14.95	13	24.67	575	13.22
TOTALS ..	459102	158000	1907	12.07	34	.22	17.32	36	18.88	2382	15.08
Whole County	494598	347000	4106	11.83	71	.20	17.00	74	18.02	5266	15.18

TABLE III.

NUMBER OF DEATHS AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY DURING THE YEAR 1956.

Sex	All ages	Urban Districts.									Rural Districts.								
		0-1	1-5	5-15	15-25	25-45	45-65	65-75	75 and over	All ages	0-1	1-5	5-15	15-25	25-45	45-65	65-75	75 and over	
Males	1279	21	5	6	9	32	234	376	596	1117	22	5	9	4	15	204	307	551	
Females	1605	17	2	3	3	33	203	366	978	1265	14	5	6	1	17	190	294	738	
Totals	2884	38	7	9	12	65	437	742	1574	2382	36	10	15	5	32	394	601	1289	

TABLE IV (a)
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1956 IN THE URBAN DISTRICTS.

CAUSES OF DEATH.	Deaths in or belonging to Districts, at subjoined ages.								Deaths, in or belonging to each District at all ages.									
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and over	Totals	BOROUGHES.				Burgess Hill	Cuckfield	East Grinstead	Newhaven	Portlady- be-Sea
										Bexhill	Hove	Lewes	Rye					
1. Tuberculosis, Respiratory ..	—	—	—	—	3	4	5	3	15	4	8	—	1	1	—	—	—	—
2. Tuberculosis, other ..	—	1	—	—	—	2	—	—	3	—	3	—	—	—	—	—	—	—
3. Syphilitic Disease ..	—	—	—	—	—	1	6	1	8	1	6	—	—	—	—	—	1	—
4. Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis ..	—	—	—	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—
8. Measles ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases ..	—	—	1	—	1	—	1	—	3	—	2	1	—	—	—	—	—	—
10. Malignant Neoplasm, Stomach ..	—	—	—	—	2	11	22	28	63	13	21	6	—	3	10	3	—	3
11. Malignant Neoplasm, Lung, Bronchus ..	—	—	—	1	—	28	34	17	80	13	33	3	1	4	9	7	1	6
12. Malignant Neoplasm, Breast ..	—	—	—	—	2	27	22	21	72	15	35	3	—	3	9	1	2	3
13. Malignant Neoplasm, Uterus ..	—	—	—	—	2	5	4	5	16	2	11	—	—	—	—	—	—	—
14. Other Malignant and Lymphatic Neoplasms ..	—	1	—	—	6	66	82	111	266	52	106	16	6	9	21	10	10	19
15. Leukaemia, Aleukaemia ..	—	1	—	—	—	3	1	5	10	1	6	—	—	—	2	—	—	—
16. Diabetes ..	—	—	—	—	—	2	4	5	11	1	7	—	—	—	1	—	—	—
17. Vascular Lesions of Nervous System ..	—	—	1	—	7	44	111	291	454	96	182	18	12	14	47	31	9	12
18. Coronary Disease, Angina ..	—	—	—	—	4	87	153	202	446	73	208	21	2	18	37	20	10	29
19. Hypertension with Heart Disease ..	—	—	—	—	1	9	25	41	76	17	33	3	—	6	5	5	1	3
20. Other Heart Disease ..	—	1	—	—	2	34	81	413	531	93	102	29	9	21	51	52	31	14
21. Other Circulatory Disease ..	—	—	—	—	3	9	37	91	140	8	63	11	4	5	11	10	16	8
22. Influenza ..	—	—	1	—	2	—	4	14	21	1	6	2	—	3	2	3	3	1
23. Pneumonia ..	3	—	—	1	5	13	30	76	128	13	55	5	3	4	35	6	1	3
24. Bronchitis ..	—	—	—	—	1	17	34	49	101	14	44	9	2	5	4	7	4	5
25. Other Diseases of Respiratory System ..	—	—	—	—	1	3	9	7	20	4	6	3	—	3	2	1	—	1
26. Ulcer of Stomach and Duodenum ..	—	—	—	—	—	7	11	12	30	2	16	—	—	1	2	1	—	2
27. Gastritis, Enteritis and Diarrhoea ..	1	—	—	—	1	2	2	10	16	3	7	—	1	—	1	2	—	1
28. Nephritis and Nephrosis ..	—	—	—	—	2	6	3	11	22	1	11	2	—	2	2	3	—	—
29. Hyperplasia of Prostate ..	—	—	—	—	—	1	2	12	15	2	4	—	1	—	2	3	—	—
30. Pregnancy, Childbirth, Abortion ..	—	—	—	1	—	—	—	—	1	—	—	—	—	1	—	—	—	—
31. Congenital Malformations ..	7	1	1	1	1	2	1	—	14	3	4	—	1	2	2	—	—	1
32. Other Defined and Ill-Defined Diseases ..	25	1	1	—	6	34	42	86	195	35	75	10	4	7	17	16	5	—
33. Motor Vehicle Accidents ..	—	1	—	4	3	3	5	8	24	6	8	2	—	1	3	3	—	—
34. All other Accidents ..	2	—	4	3	4	6	4	51	74	10	34	6	2	3	7	5	—	—
35. Suicide ..	—	—	—	1	2	11	10	2	26	2	15	1	—	—	3	2	—	—
36. Homicide and Operations of War ..	—	—	—	—	—	—	—	2	2	—	1	—	1	—	—	—	—	—
All Causes ..	38	7	9	12	62	437	745	1574	2884	485	1213	151	50	116	285	191	94	13

**TABLE IV (b).
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1956 IN THE RURAL DISTRICTS.**

CAUSES OF DEATH.	Deaths in or belonging to Districts, at subjoined ages.								Deaths in or belonging to each District, at all ages					
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and over	Totals	Battle	Chailey	Cuckfield	Hailsham	Uckfield
	tuberculosis, Respiratory	—	—	—	—	2	2	3	2	9	3	—	2	1	3
tuberculosis, other	—	—	—	—	1	1	—	1	3	1	—	—	1	1
syphilitic Disease	—	—	—	—	—	2	4	—	6	—	1	1	3	1
diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—
meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—
acute Poliomyelitis	—	—	2	—	—	—	—	—	2	—	—	—	1	1
measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases	—	—	—	—	1	1	2	1	5	1	—	—	1	3
Malignant Neoplasm, Stomach	—	—	—	—	1	12	15	24	52	9	8	6	12	17
Malignant Neoplasm, Lung, Bronchus	—	—	—	—	—	33	24	16	73	10	11	12	24	16
Malignant Neoplasm, Breast	—	—	—	—	1	14	16	13	44	8	5	10	13	8
Malignant Neoplasm, Uterus	—	—	—	—	1	13	5	3	22	5	4	3	2	8
Other Malignant and Lymphatic Neoplasms	1	1	3	—	4	55	60	78	211	30	41	36	54	50
leukaemia, Aleukaemia	—	—	—	—	—	5	1	4	10	2	1	1	3	3
diabetes	—	—	—	1	—	3	4	4	12	3	—	—	2	5
Vascular Lesions of Nervous System	—	—	—	1	2	46	83	202	334	44	47	37	97	89
Coronary Disease, Angina	—	—	—	—	3	68	100	152	332	55	50	49	94	84
Hypertension with Heart Disease	—	—	—	—	1	3	13	37	54	11	8	5	18	12
Other Heart Disease	—	—	—	—	3	25	86	382	496	95	88	54	181	78
Other Circulatory Disease	—	—	—	—	—	21	32	89	142	23	17	20	27	55
influenza	—	1	—	—	—	4	2	8	15	2	6	1	3	3
pneumonia	5	—	3	—	3	11	22	65	100	12	20	10	43	24
bronchitis	1	—	—	—	—	10	33	45	89	17	9	10	21	32
Other Diseases of Respiratory System	—	1	—	—	—	3	7	7	18	7	1	3	5	2
Ulcer of Stomach and Duodenum	—	—	—	—	2	8	8	10	28	5	2	5	5	11
Gastritis, Enteritis and Diarrhoea	1	1	—	—	1	1	2	5	11	4	—	1	4	2
Nephritis and Nephrosis	—	—	—	1	—	6	7	8	22	5	5	4	3	5
Hyperplasia of Prostate	—	—	—	—	—	1	5	16	22	4	3	3	8	4
Pregnancy, Childbirth, Abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital Malformations	8	—	—	—	—	—	—	—	8	1	2	2	1	2
Other Defined and Ill-Defined Diseases	19	2	3	1	3	31	31	86	176	44	21	24	48	39
Motor Vehicle Accidents	—	1	2	—	2	4	3	5	17	2	2	2	4	7
All Other Accidents	1	3	2	1	1	6	9	25	48	14	6	7	11	10
suicide	—	—	—	—	—	5	5	1	11	2	3	3	1	2
Homicide and Operations of War	—	—	—	—	—	—	—	—	1	—	—	—	—	1
All Causes	36	10	15	5	32	394	601	1289	2382	439	361	313	694	575

**TABLE V.
CASES OF NOTIFIABLE DISEASES OCCURRING DURING THE YEAR 1956.**

Total for Administrative County	TOTAL NUMBERS OF NOTIFIABLE DISEASES IN EACH DISTRICT.																	
	Boroughs.					Urban Districts.					Rural Districts.							
	Bexhill	Hove	Lewes	Rye	Totals	Burgess Hill	Cuckfield	East Grinstead	Newhaven	Portslade-by-Sea	Seaford	Totals	Battle	Chailey	Cuckfield	Hailsham	Uckfield	Totals
dysentery	158	21	45	—	66	—	4	—	1	29	—	34	7	3	16	20	12	58
Whooping Cough	396	88	27	6	123	2	24	5	2	3	1	42	89	2	31	54	55	231
acute Poliomyelitis—Paralytic	22	—	7	1	8	—	—	—	—	8	—	10	1	—	1	2	2	4
acute Poliomyelitis—Non-Paralytic	7	—	—	—	—	—	1	1	—	1	—	3	—	—	2	2	—	4
measles	2006	45	536	91	688	25	26	5	180	20	183	439	105	226	92	400	56	879
diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
acute Pneumonia	188	2	39	9	66	—	4	4	3	11	3	25	20	44	5	17	11	97
acute Infectious Mononucleosis	140	2	12	2	62	—	1	1	9	1	—	12	14	—	2	32	2	59
measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
acute Encephalitis—Infective	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
acute Encephalitis—Post Infectious	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
typhoid or Typhoid Fever	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
atyphoid Fevers	3	2	1	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—
typhus	43	—	8	2	15	—	2	1	—	3	5	11	7	—	2	3	5	17
meningococcal Infection	2	—	—	—	—	—	1	—	—	—	—	1	—	—	—	1	—	1
intermittent Pyrexia	75	4	1	3	8	—	49	—	—	—	49	2	1	3	1	11	—	18
ophthalmia Neonatorum	7	—	—	—	—	—	7	—	—	—	7	—	—	—	—	—	—	—
typhoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	20	—	7	—	7	—	1	—	1	1	—	3	3	—	2	1	4	10
tuberculosis—Respiratory	157	12	46	11	70	3	12	3	8	4	3	33	11	11	17	5	10	54
tuberculosis—Meninges	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
tuberculosis—Other forms	27	1	4	1	7	—	1	—	1	—	1	3	—	2	4	5	6	17
Totals	3253	178	733	126	1140	35	133	22	205	81	196	672	259	289	176	542	175	1441

TABLE VI.
VACCINATION.

Number of Persons Vaccinated (or Revaccinated) during the year 1956.

District.	Age under 1 year.		Age 1 year.		Age 2 to 4 years.		Age 5 to 14 years.		Age 15 years or over.		Totals all Ag	
	Vac- cinated.	Revac- cinated.	Vac- cinated.	Revac- cinated.	Vac- cinated.	Revac- cinated.	Vac- cinated.	Revac- cinated.	Vac- cinated.	Revac- cinated.	Vac- cinated.	Revac- cinated.
<i>Boroughs:</i>												
Bexhill	182	—	4	—	7	8	25	43	25	185	243	—
Hove	421	—	17	1	12	9	11	42	24	304	485	—
Lewes	86	—	3	1	5	1	2	6	17	35	113	—
Rye	35	—	1	—	2	3	2	6	3	22	43	—
<i>Urban Districts:</i>												
Burgess Hill	128	—	14	—	14	2	3	5	3	39	162	—
Cuckfield	160	—	3	—	13	2	4	28	7	96	187	—
East Grinstead	152	—	6	—	8	1	41	18	21	81	228	—
Newhaven	93	—	6	—	20	1	10	1	4	11	133	—
Portslade	91	—	4	—	4	1	18	23	5	30	122	—
Seaford	43	—	7	1	8	1	6	40	4	99	68	—
<i>Rural Districts:</i>												
Battle	244	—	10	1	11	10	12	24	14	128	291	—
Chailey	145	—	10	2	8	1	3	4	10	76	176	—
Cuckfield	262	1	12	—	18	9	10	25	5	162	307	—
Hailsham	230	—	12	3	11	7	11	28	14	86	278	—
Uckfield	355	—	16	—	17	13	14	57	25	167	427	—
Totals	2627	1	125	9	158	69	172	350	181	1581	3263	2

TABLE VII.

DIPHTHERIA IMMUNISATION.

Summary of Returns for the year ended 31st December, 1956.

(a) IMMUNISATION IN RELATION TO CHILD POPULATION.

District.	Number of Children (in age groups as given) whose last course of injections (whether primary or booster) was given during—						Total Number of Children under 15 Im- munised.	TOTAL Estimated Mid-Year Child Population, 1956.	
	1952 to 1956.			1942 to 1951.				Children Under 5.	Children 5-14.
	Under 1 Born 1956.	1-4 Born 1952-55.	5-9 Born 1947-51.	10-14 Born 1942-46.	5-9 Born 1947-51.	10-14 Born 1942-46.			
<i>Boroughs:</i>									
Bexhill	51	868	1251	1160	399	793	4522	—	—
Hove	72	1712	2823	1994	831	2193	9625	—	—
Lewes	51	632	923	794	107	245	2662	—	—
Rye	12	260	391	206	22	112	943	—	—
<i>Urban Districts:</i>									
Burgess Hill	50	751	652	848	67	427	2795	—	—
Cuckfield	64	790	1040	1475	69	811	4249	—	—
East Grinstead	78	673	902	505	211	582	2951	—	—
Newhaven	31	425	693	472	49	131	1801	—	—
Portslade	5	360	775	844	147	539	2670	—	—
Seaford	32	334	613	794	164	273	2120	—	—
<i>Rural Districts:</i>									
Battle	70	1244	2028	1112	114	1082	5650	—	—
Chailey	79	785	1133	782	274	486	3539	—	—
Cuckfield	67	1413	1247	817	102	1214	4860	—	—
Hailsham	101	1278	2063	1475	438	1171	6526	—	—
Uckfield	182	1912	2202	1323	859	1757	8235	—	—
Totals	945	13377	18736	14421	3853	11816	63148	20200	52700

(b) Total number of children who completed a full course of primary immunisation in the Administrative County Area in 1956:—

Age at final injection.		
Under 5 years .. .. .	.. .. .	3445
Five to 14 years .. .. .	.. .. .	543
		3988

(c) Total number of children who were given a secondary or reinforcing injection (i.e. subsequent to a full course) in the Administrative County Area in 1956:—7456.