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EAST SUSSEX COUNTY COUNCIL



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE
YEAR 1957

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 COUNTY COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

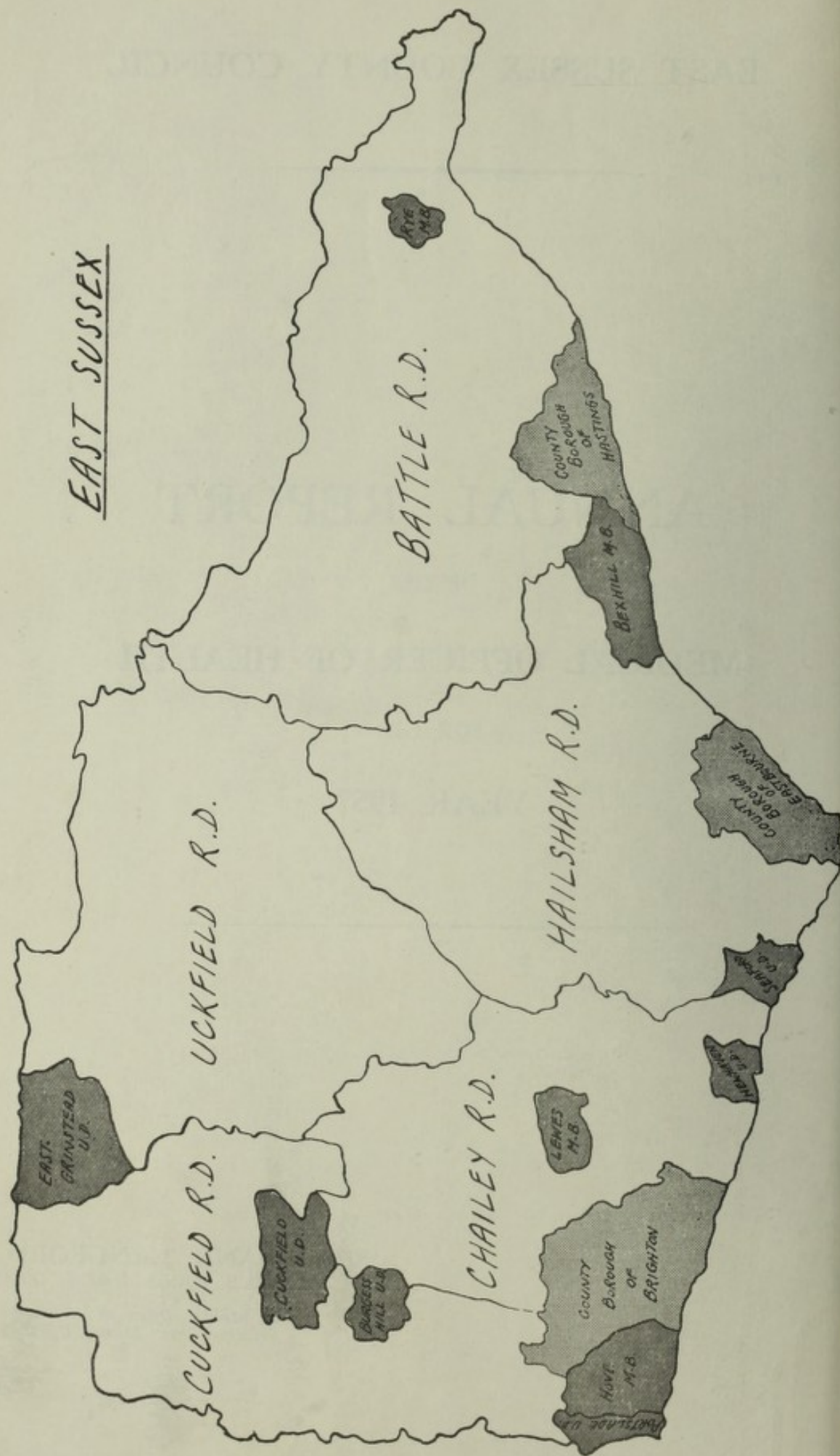
YEAR 1957

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EAST SUSSEX



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EAST SUSSEX COUNTY COUNCIL.

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

MY LORDS, LADIES, AND GENTLEMEN,

I have the honour to submit the sixty-third Annual Report on the health of the Administrative County of East Sussex. In accordance with the decision that a printing department be set up to deal with much of the print required by the various departments, this Report will be produced and printed entirely within our administrative walls. As this is, I believe, the first time the Annual Report has not been printed by an outside firm I take the opportunity to express my appreciation of the skill and patience of the workers of Messrs. F.J. Parsons, Ltd., who for many years have produced a first-class job.

It will be seen from the statistics that the population now exceeds 350,000 (mid-year estimated figure 351,100) although the number of deaths exceeded the number of births, an indication of the popularity of the county as a place to which to retire. It is a pleasure to note that the Infant Mortality Rate was 14.65, the lowest figure so far recorded, though this includes 7 deaths of illegitimate infants the rate for which was much higher (36.27). With these very small numbers however rates are unduly sensitive to slight variations. Only one mother died as a result of pregnancy or childbirth and there was nothing in the circumstances to suggest this could have been prevented.

Once again I must inform the Council that the number of deaths during the year from 'cancer of the lung' has risen, 177 people having died from this cause compared with 153 in 1956, over six times as many as died from pulmonary tuberculosis. During the year the Health and Housing Committee agreed with my view that in a matter like this, where addiction to smoking usually starts early in life, advice and exhortation to adults who are established smokers is of little avail: our only hope is to advise the youngsters and to ask adults, if they must smoke, to avoid offering too much encouragement by open example. In this county, I am glad to say, we do not find nurses and medical officers smoking in clinics and elsewhere while on duty. Nevertheless, propaganda against smoking has to fight an uphill battle against formidable antagonism aided by constant and tremendous advertising and the painful but inescapable fact that young people are simply not interested in what may be a cause of death some thirty or forty years hence. Advice in this important matter is given by the health visitors and in the health education lectures, talks and demonstrations which are provided throughout the county.

Although the general health of the populace is good and infectious diseases are in general extremely mild, we have experienced in common with the remainder of the country the tendency to outbreaks, or individual cases, of illnesses caused by viruses, many of which are imperfectly known and understood. Influenza and acute poliomyelitis, measles and mumps, are old enemies; but continued research shows that many other viruses exist closely linked in their clinical effects or in other ways with those we know. These are still being investigated. One old virus enemy, that which causes smallpox, is being well contained: you will be as pleased as I am, I hope, that in 1957, the percentage of infants successfully vaccinated was 71.8, a figure higher than ever before and higher than most, if not all, counties.

In February, 1956, it was decided by the County Council that surveys should be carried out of the administrative organisation of the Council's departments, and in that month, with the concurrence of the Health and Housing Committee, a survey was started of the County Medical Officer's Department. The work was to be carried out by two members of the Council's staff

seconded for the purpose to the department of the Clerk of the County Council and acting under his general direction. The decision to carry out a survey was accepted willingly, since one can always obtain valuable advice and assistance from the observation and planning of capable people, especially if (as in this case) the 'observers' come from other spheres of activity and can therefore apply fresh minds to the problem.

The initial survey (covering not only the central offices of the Public Health Department, which also deals with school health, but also the related functions of the Hove and Portslade Divisional Executive and the Hove and Portslade Health Sub-Committee, as well as the work done for the county by medical officers of county districts) was extremely thoroughly carried out by the 'O. & M.' team who went out of their way to ensure that the inevitable interruptions and distractions occasioned by their enquiries, notable though they were, hampered the work as little as possible.

The team's report, which was completed by October, 1956, consisted of 55 foolscap pages in single-spaced typing to which were attached 15 appendices, and the many recommendations made varied from small procedural matters such as increased authority for the County Medical Officer to spend certain money already included in the estimates, to major questions of policy which involve alterations of 'approved proposals' under the National Health Service Act, 1946. A great deal of time and more than a little work has had to be put into consideration by the individuals and committees concerned of the various recommendations, and indeed meetings for the purpose are even yet not complete by the middle of 1958.

Of the team's recommendations, a few had already been put forward on previous occasions before the survey started although not all had been accepted. The majority, totalling over 80 in number, dealt with matters of procedure (e.g. who should order goods, and where) or the modification, blending or cancellation of various forms found already in use. Nearly all these recommendations were acceptable, some being applied at once, and although individually many dealt with what seemed small matters, they represent in total an appreciable benefit to the working of the department. A few adjustments of staff salaries and of establishment of officers working in various sections were advised. The recommendations of a major character dealt with the possibility of centralising some or all of the vaccination, immunisation and ambulance services, and consideration whether the extent of delegation to the Hove and Portslade Health Sub-Committee should be reduced. By the end of 1956, it had not been possible to do more than initiate the necessary negotiations.

Some observations might be made at this stage based on our experience of an 'O. & M.' enquiry into the whole of a department. First of all, it is important to keep in mind continually the original intention of the authority, which was aimed at increased efficiency rather than reduction of expenditure as such. Very often of course, economy of expenditure will result from improved methods, but it is possible, perhaps because it is easier to evaluate a money economy than efficiency in other ways, to pay undue attention to figures rather than people. This is not to say, however, that the money side is unimportant; it is estimated in the survey in question that if all the recommendations could be put into effect a saving of some thousands of pounds per annum might result.

Secondly, it must be admitted that the enquiry itself and the prolonged discussions which have followed it in committees and with district councils have added very considerably to the work over a period exceeding two years, an amount of effort which could have been used for other purposes. This should be regarded as capital expenditure laid out to secure future benefit.

Thirdly, the survey dealt with findings during a given period, and there has been an unexpected hampering effect on subsequent work because, although circumstances alter, the survey and its recommendations tend to be regarded as a yard stick by which later needs may be assessed. A departmental survey may say, for example, that 'x' typists should meet the need as found; it does not follow that this need will be the same even in the following year, still less two or three years later.

On the other hand, a survey of this kind can have advantages not wholly indicated by the recommendations resulting from it. Every departmental head has put forward suggestions from

time to time which have not been accepted, or has others in mind which, for tactical or other reasons, he thinks are inopportune to produce. He may find that an 'O. & M.' survey provides just the additional pressure needed to secure acceptance of desired improvements. In any case it does good, as I have said above, for people with a fresh eye to look at forms, procedures, and so forth, and I feel sure that when eventually all the intended meetings and discussions are things of the past the department, and therefore the public, will continue to derive solid benefit. My general conclusion, therefore, is that a complete survey of this kind (and to be of real value it must be complete) is, although arduous, a very well worth exercise: moreover it points to the advantages which may be gained from asking the advice of a skilled team in planning future enterprises.

During the year vaccination against poliomyelitis was made available for certain priority classes, though only to the limited extent permitted by the small supplies of vaccine received at irregular intervals. Enough has been said both here and in other places about the difficulties which have arisen from time to time: members of the Health and Housing Committee, in particular, are aware of the handicaps under which this scheme has been, and still is being, carried on. The general medical practitioners of the county have given notable help by vaccinating a substantial proportion of those who were treated during the year and by reassuring many of those whose confidence had been shaken by conflicting public statements.

I thank County Council and other members of various committees, voluntary workers, and members of this and other departments for their continued understanding help in what has been, in some ways, an unusually turbulent year. In particular, I should mention Dr. R. G. Brims Young, my deputy, and Mr. G. Futter, my Chief Clerk, without whose unflagging hard work things would have been incomparably more difficult.

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, 1958.

MEMBERS OF THE HEALTH AND HOUSING COMMITTEE (as at 31st December, 1957).

(a) Members of the County Council:

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

Mr. W. Lindsay, C.B.E. (Chairman).
Mr. K. C. Lindsey.
Mr. H. G. S. Miller.
Capt. P. C. Newcombe.
Mr. G. V. Nieser.
Mr. H. Riley.
Mrs. M. M. Roberts.
Mrs. L. V. Ryan.
Mr. C. W. Shelford.
Lt.-Col. E. M. Sheehan.
Miss L. T. Toller.

(b) Other Members:

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

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

STAFF OF THE COUNTY PUBLIC HEALTH DEPARTMENT (including the School Health Service) (as at 31st December, 1957).

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) (b) 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. (b) N. Eyles, M.B., Ch.B., D.P.H. (b) Ada Firth, M.R.C.S., L.R.C.P., F.R.C.S. (Ed.), D.P.H. A. P. Gorrie, M.B., Ch.B. (a) G. M. D. S. B. Lobban, M.B., Ch.B., D.P.H. (b) R. W. Martin, L.R.C.P., L.M., D.P.H. (a) J. Petrie, M.B., Ch.B., D.P.H. (a) M. I. Silvertown, T.D., M.R.C.S., L.R.C.P., D.P.H. (a) W. R. Stott, L.R.C.P. & S., D.P.H. Anne D. Surtees, M.B., Ch.B., D.C.H. (a) R. J. Toleman, M.B.E., M.B., B.S., D.P.H. (b) Janet F. Taugh, M.B., B.S. P. S. P. Jenkins, B.Sc., L.D.S., R.C.S. C. Allmark, L.D.S., R.C.S., (part-time) (appointed October, 1957). 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. S. A. Hutchinson, L.D.S., R.C.S. (appointed December, 1957) (b) Paul H. S. Lahaise, B.D.S., L.D.S., R.C.S. (part-time). (b) Suzanne J. M. Passat, L.D.S., R.C.S. (b) Hilda M. Phillips, L.D.S. (b) A. P. Spackman, L.D.S., R.C.S. R. C. Virgo, L.D.S., R.C.S. (part-time).
Senior Dental Officer	
Dental Officers	

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. Loge, B.A. N.W. Wilkinson, M.A., B.Ed.
Social Workers (Child Guidance)	Miss J.W. Hasler. Mrs. A.I.C. Pember. M. Scott.
Speech Therapists	(b) Miss B.J. Bentley, L.C.S.T. (appointed May, 1957). (b) Miss M.J. Ingram, L.C.S.T. (appointed December, 1957). 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 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.P. Wheeler, S.R.N., S.C.M., H.V.Cert., Q.N.
Area Nursing Superintendent	(b) 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	(b) Mrs. F.E. Dibb.
Duly Authorised Officers	(c) Mrs. V.M. Martin. (c) A.S. Phillips. (c) A.E. Smith. M.G.W. Ternouth. (c) T.E. Wilson.
Home Visitor for Mental Defectives	Miss H.K. Draper.
Matron, Day Nursery, Hove	(b) Mrs. M.N. Waters.
Geriatrics Health Visitor	(b) Miss R.M. Edwards, S.R.N., S.C.M., Q.N., H.V.
Chief Clerk	G.M.G. Futter.

(a) Also District Medical Officer of Health. (b) Hove and Portslade Division.

(c) Also Home Visitor for Mental Defectives

GENERAL STATISTICS.

The **Estimated Population** increased from 347,000 in 1956 to 351,100 in 1957.

The **crude Birth Rate** for the county was 12.05 per thousand of the estimated population (.22 per thousand more than in 1956). The live births in 1957 totalled 4,231 (125 more than in 1956). The number of illegitimate live births in East Sussex was 193 (6 less than in 1956) or 4.56 per cent. of the total.

The **crude Death Rate** was 14.93 per thousand in 1957, as compared with 15.18 in 1956.

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	..	..	13.98	16.1
Corrected Death Rate	..	..	10.30	11.5

The **Infant Mortality Rate** was 14.65 per thousand live births in 1957, as compared with 18.02 in 1956. The rate for England and Wales was 23.0. The illegitimate death rate was 36.27 per thousand illegitimate live births, as compared with 20.10 in 1956.

The **Maternal Mortality Rate** was .23 per thousand live and still births, as compared with .24 in 1956. One maternal death during the year gave rise to this figure, particulars of which appear on page 15.

. SANITARY CIRCUMSTANCES.

Rural Water Supplies and Sewerage Acts, 1944/55.

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

The following proposals have been examined and reported upon :-

Battle Rural District.

Parish of Fairlight (Warren Estate)	-	Scheme of Water Supply.
North Eastern Parishes (Northiam, Beckley, Peasmarsh, Rye Foreign, Playden, Iden).	-	Scheme of Water Supply.
Parish of Playden (Houghton Green Lane towards Iden).	-	Water Main Extension.
Parish of Salehurst	-	Improvement of Sewage Works.

Chailey Rural District.

Parish of Ditchling	-	Extension of Sewage Disposal Works
Parish of Newick	-	Revised Scheme of Sewerage and Sewage Disposal.
Parish of South Heighton (Norton Village) in conjunction with Bishopstone (Seaford Urban District).	-	Scheme of Sewerage and Sewage Disposal.

Hailsham Rural District.

Parishes of Polegate and Willington	-	Revised Scheme of Sewerage and Sewage Disposal.
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Uckfield Rural District.

Parish of Wadhurst	-	Scheme of Sewerage and Sewage Disposal.
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Again, the restrictions imposed in the interests of national economy have had a retarding effect on the work of providing these important services. During the year however, two projects on which good progress has been made are the Brightling - Dallington and Warbleton water supply scheme and the Central Parishes water scheme in the Battle Rural area. The latter is of particular interest, in that eventually it will enable a system of water distribution in the eastern end of the county to be completed.

The only other substantial area of the county without piped water supplies comprises the North Western Parishes of Hailsham, and it is hoped that a start will be made on the scheme for this area at the earliest possible date.

I am glad to note that good progress has been made towards providing sewerage for the increasingly populous area of Polegate and Willington, much of which serves as a suburb of, or at any rate a dormitory town for, Eastbourne. Sewage disposal on up to date lines for this area will be a notable advance. I hope that before long other parts of the district also in pressing need of drainage, such as Alfriston, will be dealt with.

During the year the Health and Housing Committee discussed the contention put forward in my Report for 1955 that water supplies in the chalk are specially vulnerable to contamination and should be very carefully protected. An interesting point of view was put forward, which was that it might be very expensive to protect water-bearing chalk measures by main drainage systems; and in any case, many large populations are safely provided with water supplies by purifying grossly polluted water. Might it not be more realistic, and very likely cheaper, to dispense with special precautions and to take the chance of having to provide full purification treatment if and when the chalk supplies become polluted? The County Medical Officer was therefore instructed to examine the county for villages on the chalk, which might be regarded as a risk to underground water supplies and to report on the probable cost of (a) providing main drainage and (b) the alternative of full treatment of the water source or sources at risk.

A survey showed that approximately 24 villages or settlements are sited on the chalk or so near that drainage from them is a risk to existing or potential water supplies: they range in apparent urgency from a group of houses, with cesspools, within about a stone's-throw of a pumping station lying below them, to a village at a low altitude and remote from existing water sources. Obviously it would be impossible to produce any figures which are more than approximate; but it may be taken that water without obvious particulate contamination can be effectively dealt with by pressure filters at an initial cost of about £30,000 for any source up to 1,000,000 gallons daily. The cost of providing main drainage will vary enormously according to individual geographical circumstances, but one fairly expensive proposal now being considered has been estimated to cost £21,000; though this is for sea disposal only.

So far, therefore, considerations of cost are in favour of protection by main drainage rather than purification. It should be pointed out, however, that one 'source' may be at risk from two or three downland settlements, in which case the cost of main drainage might approach or exceed purification. Moreover any sewage disposal scheme embodying full treatment would necessarily be more expensive.

On the other hand, one might find two 'sources' polluted by (or at any rate at risk from) one settlement, in which case the balance would be in favour of main drainage. Finally, if pollution occurred to such an extent that it was visibly particulate much more elaborate treatment would be needed at a much greater cost. Though unlikely such an eventuality is not impossible.

Of the 24 settlements referred to above, main drainage has been provided for one since 1955: work has been started at 5 others, and plans are under consideration, though with varying degrees of probability that they will be put into effect, for another 3. Though this sounds like slow progress it is fair to point out that even work as important as this has been seriously hampered

by recent restrictions on capital expenditure: but the largest plans of all will have reached, by the middle of 1958, the stage of calling for tenders.

It will be seen from the above necessarily indefinite figures that apart from other considerations it may well be no more expensive to provide main drainage than to instal full purification for the water. It cannot be too strongly emphasized however, that to allow deliberately or by default a pure water supply to become polluted is a counsel of despair which should be avoided at almost any cost, since in such a position one safety barrier between infection and the public has been removed. As long ago as March, 1938, the Ministry of Health sent out a circular (No. 1684) to local authorities and water undertakers stressing the importance of regular and frequent inspections of the area forming the gathering ground of underground water supplies and of taking all practicable steps to remove possible sources of contamination in those areas. The special dangers associated with chalk or limestone were also referred to. The circular goes on:

'The Minister would, however, stress the point that treatment of the water should be regarded, not as a complete security in itself, but as complementary to the taking of all practicable steps to seek for and remove the causes of pollution of the raw water'. In these days of ever-increasing population using more and more water, with water undertakers looking anxiously in all directions for new supplies we simply cannot afford to pollute or waste any water at all, even if it has not yet been taken into use.

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

The eight Dealer's (Pasteuriser's) Licences were renewed on the 1st January, 1957, 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	274	Phosphatase Methylene Blue	274 274	- -
Tuberculin Tested (Pasteurised)	324	Phosphatase Methylene Blue	321 320	3 4
Totals:	598	Phosphatase Methylene Blue	595 594	3 4

Again, the phosphatase failures occurred in dairies using holder-type plants. Two occurred in one dairy, firstly due to the momentary starting of a wrong pump by the operative which resulted in some degree of mixing of pasteurised and unpasteurised milk, and secondly, due to a defective seating of a milk outlet valve on one of the holders, allowing the escape of unpasteurised milk. In the third case, the failure was attributed to a fall in temperature of the batch during the holding time, which the operator failed to note.

This again indicates the shortcomings of the holder-type plants, in which proper operation is so dependent on the human element.

Examination of Bottles.

Seventy-nine groups of bottles have been examined during the year, of which 69 were satisfactory, 8 fairly satisfactory and 2 failed to reach the recommended standard of the Public

Health Laboratory Service The failures were attributed in one case to re-contamination of the washed bottles during transfer to the filler and the second to inefficient rinsing due to choked jets.

These few failures, however, show that in general the pasteurising plants in the county are well maintained and efficiently conducted. Although milk dealers, like other business men, can be trusted to look after their own affairs, there is no doubt whatever that visits of inspection and advice paid by Public Health Inspectors who really understand their job are of great benefit, not only in detecting the rare fault, but localising it very quickly and so reducing the time during which the public's milk supply is at risk.

Specified Areas.

The whole of the administrative county is subject to Milk (Special Designations) (Specified Areas) Orders, making the use of special designations (pasteurised milk, sterilised milk, or tuberculin tested milk) obligatory in relation to all sales of milk by retail.

Similar Orders apply to the three County Borough areas and also to the county areas adjoining East Sussex, except for a small area of Kent adjoining the extreme eastern boundary of this county.

In the administrative county area the retailers comprise :-

(a) Pasteurisers, retailing direct	..	..	..	..	14
(b) Purchasing Dairymen	..	..	..	..	85
(c) Producer Retailers	..	..	..	..	41
(d) Shopkeepers	..	..	..	..	104
Total	..	..	..	..	244

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

FOOD AND DRUGS ACT AND MILK AND DAIRIES REGULATIONS.

During the year, 430 samples of standard milk (involving 237 sources of supply) were submitted for biological examination.

Three supplies (1.26%) were found to be tubercle infected and twenty (8.44%) were infected with *Brucella abortus*.

The marked fall in tuberculous milk (from nearly 4% in previous years) is attributed to the increased activity associated with the Tuberculosis Eradication Scheme.

As a result of investigations carried out by the Divisional Veterinary Officer, in one case the offending animal was slaughtered under the Tuberculosis Order, in the second case it was found that four cows had been disposed of before the investigation commenced, group sampling of the remaining 22 cows in the herd gave negative results, and shortly afterwards the entire herd was sold. In the third case group re-sampling of the whole herd failed to confirm the evidence of infection.

In addition to the above, 6 samples of Tuberculin Tested milk taken at hospital farms were reported to be free from tubercle and *Brucella abortus* infections.

No reports of infected supplies have been forwarded by outside or district authorities during this year.

The continued co-operation of the Animal Health Division of the Ministry of Agriculture, the Public Health Laboratory Service, and other interested authorities, in connection with this work, is appreciated.

MILK - IN - SCHOOLS SCHEME.

Supervision of supplies provided under the scheme has been continued and all schools received pasteurised milk as recommended, except two private schools supplied from their own herds with tuberculin tested milk under licence. During the year, 204 samples of milk were submitted for examination and all satisfied the prescribed tests.

In respect of the tuberculin tested milk supplies, 8 biological samples were taken and reported free from tubercle infection, but in one case *Brucella abortus* was isolated. This supply was replaced by pasteurised milk until the herd was confirmed to be free from infection.

INFECTIOUS DISEASES.

4373 notifications of infectious diseases were received in 1957, as compared with 3253 in 1956. There were 589 more cases of measles notified and 578 more cases of whooping cough. There were fewer cases of scarlet fever - 140 as against 158 in 1956 and 161 in 1955. Dysentery cases also showed a slight drop - 117 as against 140 in 1956, the majority of the cases being confined to two areas. Cases of pneumonia totalled 207 as compared with 188 in the previous year.

During the late autumn and running on into the early part of 1958, there was a sharp incidence throughout the county of influenza; I was informed by the Public Health Laboratory Service at a moderately early stage that all the specimens from which virus had been isolated contained Type A (Asian strain). The occurrence, during this epidemic, of a few very severe cases was exemplified by the death of a district-nurse midwife in our service after an illness of only forty-eight hours duration. Vaccine supplied by the Ministry of Health was distributed at request to general medical practitioners and their families, district nurses and midwives, and ambulance staff, though it was unavoidable that the epidemic was well-established before all those eligible received their doses.

The number of cases of poliomyelitis in the county (including Hove and Portslade) was 38 in 1957, including 18 known to have been non-paralytic. The number for the previous year was 29. Of the 38 notified in 1957, 6 were under the age of five years, 8 were between 5 and 15 and 24 were over 15 years of age.

Tuberculosis.

158 new cases of pulmonary tuberculosis were notified in 1957 as compared with 154 in 1956. 76 of the 158 were patients between 15 and 45 years of age and it is interesting to note that the greatest number of notifications for males occurred between the ages of 55 and 64 and for females between the ages of 25 and 39. Notifications of other forms of tuberculosis numbered 22 of whom 6 were under 15 years of age.

At the end of the year there were 2430 notified cases on the Register (2110 pulmonary and 320 non-pulmonary as compared with 2063 and 325 respectively in 1956). It will be seen that the number of actual new cases shows very little increase; the increase in the number of cases on the Register is due mainly to patients returning to or moving into the county.

Deaths from tuberculosis in 1957 were as follows :-

<i>Pulmonary Tuberculosis</i>						<i>Deaths.</i>
Urban Districts	..	..	..	..	..	18
Rural Districts	..	..	..	..	..	11
<i>Other Forms of Tuberculosis.</i>						
Urban Districts	..	..	..	..	..	4
Rural Districts	..	..	..	..	..	3

Of the 29 deaths in which respiratory tuberculosis was stated to be a factor only 3 had not been notified. One - an 80 year old woman - had had pulmonary tuberculosis in 1908, before notification of the disease became statutory. The second was a 63 year old man who had been an inmate of a mental hospital for over 40 years; although the infection was detected in 1954, during a visit of the Mass Radiography Unit, the case was not officially notified. The third was a 53 year old man who had been under the care of a London chest clinic but, owing to the patient's movements between London, Hong-Kong and Sussex, notification was 'missed'. Consultants do sometimes examine and treat country patients without remembering the necessity for notification. Three deaths from non-pulmonary tuberculosis had not previously been notified.

Follow-up of Contacts : In past years it has been possible to state the number of new cases of tuberculosis and the total number of contacts examined. The Chest Physicians were enabled to supply the required data without undue inconvenience to their clerical staff by extraction from the figures which had to be entered in their Annual Returns to the Ministry of Health in Form T.145. Up till 1956, one space was for the number of 'new cases' discovered during the year; but in 1957, the make-up of the form was altered and the number of 'new cases' was no longer called for. In addition there is not one Chest Physician serving this county whose area of work does not overlap at least one other Health Authority. It seems clear, therefore, that any returns I could prepare based on such uncertain material would be valueless and the usual statement of the number of contacts examined and its ratio to the number of new cases will be discontinued. I do not doubt that the Chest Physicians will continue their good work of following-up contacts.

Tuberculosis Care and After-Care: Tuberculosis Care and After-care continue to be provided through the agency of the Sussex Rural Community Council and its Area Care Committees (one of which operates in Hove). A staffing re-organisation came into force in November which, it is expected, will improve the efficiency of this and other work. Until this year, tuberculosis visiting was carried out in the county outside Hove and Portslade by the four Area Nursing Superintendents and by one combined Geriatrics and Tuberculosis Visitor, each with her own area. The Area Superintendents have found it increasingly difficult to attend to their other work as well as tuberculosis and the retirement of the senior of the four enabled a re-organisation to be carried out. Instead of replacing the retiring officer, two new Tuberculosis Visitors were appointed who, with the present Geriatrics and Tuberculosis Visitor, have taken over the tuberculosis work. Their areas are arranged to correspond to the Chest Physicians, whose clinics they attend and to whom they report on patients.

Apart from tuberculosis, there has been a gradual extension of after-care services for patients discharged from hospital while still needing a lot of nursing and other help. During the year, most of these needed special beds, such as spinal beds with overhead trapeze grips, and rubber foam mattresses.

Sleeping Shelters: During 1957 a new shelter was purchased for an elderly chronic case who lives in the grounds of one of the Council's Homes for the Elderly; he is able to do odd jobs in the garden. He is one of the homeless chronic cases for whom it is difficult to find institutional care. 16 other shelters are in use.

Rehabilitation: At the end of 1957, three patients were in training at the Papworth Village Settlement, Cambridge, and one at Preston Hall, Maidstone.

B.C.G. A further 416 contacts received B.C.G. vaccination together with 838 school children; this brings the total number vaccinated in this county since 1950 to 2609.

**NATIONAL HEALTH SERVICE ACTS.
HEALTH CENTRES (SECTION 21).**

The provision of Health Centres anywhere in the county has not been considered during the year.

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22)

(Excluding Hove and Portslade Sub-Committee Area).

Ante-Natal Clinics: The 'Newhaven' Scheme continued to work satisfactorily during the year at five of the County Clinics. Under this scheme local doctors who are on the obstetric list do their ante-natal work at the Clinics, attended by the health visitor and midwife concerned. 538 mothers attended during the year. Teaching classes continued to flourish, and relaxation classes are increasingly popular throughout the county. Although some have found it difficult to show that those who have taken part in such classes do better, as far as physical examinations and follow-up can demonstrate, than those who have not, the women themselves almost all feel convinced after labour that they were well worth while.

Infant Welfare Centres: The table below shows the position at the 31st December, 1957, as compared with a year ago. Six of the 49 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 of the voluntary centres 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
1956 ... 54	1,553	3,773	14,339	12,249
1957 ... 49	1,493	4,020	15,533	12,103

The 'swing-over' from infant welfare to weighing centres continued during the year and on the 31st December, there were 25 'weighing centres' operating (i.e. without a Medical Officer in attendance); these are not included in the figures tabulated above. 1096 children made 4805 attendances. Special sessions for toddlers are held at all but one of the County Clinics and these continue to be well attended.

Care of Premature Infants: There were 192 premature live births during 1957, 17 more than in the previous year. 164 survived the age of one month. The Authority provide special equipment on loan when required.

Distribution of Welfare Foods: The Women's Voluntary Services have continued to give valuable assistance in this work and the arrangements have worked smoothly. At the 31st December, 1957, there were 107 distributing centres in the county as against 104 in 1956.

The following quantities of foods were issued by the Health Authority (outside Hove and Portslade) during 1957. The figures for 1956 are given for comparison.

	1956.	1957.
National Dried Milk	71,740	58,880
Cod Liver Oil	26,479	22,537
Orange Juice	193,536	208,472
Vitamin A and D Tablets	14,541	10,546

Care of Illegitimate Children: 28 unmarried mothers were admitted to hostels during 1957, 2 fewer than in 1956. Of their 28 children, 10 have been placed for adoption, 3 were taken into the care of the County Council, 1 died and the remainder were taken with the mother into her family or were otherwise maintained by the mothers.

Contraceptive Advice: This is given only to married women where pregnancy would be dangerous to health. 10 women received instruction during the year. The Family Planning Association have established clinics at Haywards Heath, Hove and Eastbourne, where a number of women attend by private arrangement.

Maternity Outfits: 1290 sterilised maternity outfits were issued during the year to midwives for distribution to mothers being confined in their own homes.

Mothercraft: Courses of instruction to senior girls in 16 schools were given during the year by the Assistant County Nursing Superintendents and certain nurses. Of 497 girls entering for examination, 410 were awarded certificates of proficiency; 173 passing with credit.

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 Health Authority, but those conducted by the Children's Committee have been available for short periods where this has been necessary.

Problem Families: During the year one mother (with five children) was admitted to a training home and although the stay was only of two months' duration, the mother improved considerably in housecraft and in the care of the children.

By the end of 1957, there were four Co-ordination Committees functioning. These are attended by representatives of the N.S.P.C.C. the Children's Officer, Health Authority, District Council, National Assistance Board and other bodies interested in welfare work.

DENTAL CARE.

The dental service provided in 1957 for expectant and nursing mothers and children under five years of age followed the same pattern as for previous years, being run in conjunction with the School Dental Service. Each dental Officer devoted a proportion of his time to the work according to the demand in the area which he served.

The continued shortage in staff, increased by changes this year, again adversely affected the routine work, the 'effective' strength of the dental officers during 1957 being lower than at any time since 1952. We lost the services of three full-time officers during this year, but were able to reduce the deficiency to some extent by the appointment of one full-time and some part-time officers.

The work done is shown in the tables.

As was to be expected, they are lower than those for 1956, except that the fillings for pre-school children increased from 354 to 449, an encouraging sign.

(a) Numbers provided with Dental Care :-

	Examined	Needing Treatment	Treated	Made dentally fit
Expectant and Nursing Mothers	152	145	116	135
Children under Five	483	390	327	355

(b) Forms of dental treatment :-

	Scaling and Gum Treatment	Fillings.	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radio-graphs
							Full Upper or Full Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	89	261	-	1	407	87	43	49	7
Children under Five	-	449	120	-	486	231	-	-	7

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, the 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, 1957, the total number of nurses (excluding administrative staff) employed was 115, of whom 102 were Queen's Nurses. These nurses were employed in the following categories:-

- 67 on generalised duties (i.e. midwifery, home nursing, health visiting and school nursing)
- 25 on combined duties (i.e. midwifery and home nursing only)
- 3 on home nursing only (2 being male nurses)
- 15 on health visiting and school nursing only
- 5 on part-time relief work (1 being engaged on combined work and 4 on home nursing).

There are no separate school nurses. During the year two new posts were made by the appointment to the staff of the County Nursing Association of two health visitors solely for tuberculosis visiting and attendance at Chest Clinics, which work had hitherto been undertaken by the Assistant County Nursing Superintendents. At the same time the number of Assistant County Nursing Superintendents was reduced from four to three.

Administration: The administrative and supervisory work is undertaken by the County Nursing Superintendent who is assisted by a deputy and three assistants. These officers are on the staff of the County Medical Officer of Health.

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

Midwifery: As indicated above 93 nurses were undertaking midwifery; all were qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board and during the year 117 of their patients received trichloroethylene and 746 received gas and air analgesia.

The number of certified midwives who notified their intention to practise in the area (either temporarily or permanently) during the 12 months ended 31st December, 1957, was 174; in addition 16 notifications were received from maternity nurses. This is a considerable decrease on the previous year's figures which were 182 and 70 respectively. The midwives attended 1196 deliveries during the year, all but 10 cases being attended by the district midwives. Medical aid was summoned in 455 cases. There was one maternal death. In this case a young wife had a caesarean section (necessitated by delayed labour) carried out in hospital. The operation was uneventful and the patient made good progress for two weeks. Whilst waiting to be taken home she felt unwell and died almost immediately from bilateral pulmonary embolism. Post mortem examination showed that the operation site was completely healthy and this case must rank as one of those which are quite impossible to prevent.

One case of *ophthalmia neonatorum* was notified; it was not serious and no impairment of vision was reported.

One new case of *retrolental fibroplasia* came to notice during the year, particulars being given under the table dealing with blind and partially sighted persons.

69 cases of *puerperal pyrexia* were notified, 42 occurring in hospitals and 27 in the patient's own homes.

The Part II Training School (carried on by arrangement between the County Nursing Association and the Mid-Sussex Group Hospital Management Committee) continued satisfactorily during the year.

In order to secure reasonably uniform numbers of pupils throughout each year, it was decided in 1957 to increase the annual intake of pupils to 32, instead of 30 as previously.

The following table summarises the work of the School during 1957 :-

Pupils in training on 1st January, 1957	..	..	..	..	13
Pupils admitted during 1957	..	..	..	..	27

Examination Results:-

Passes on first attempt	..	..	..	..	22
Passes on second attempt	..	..	..	..	2
Failures	..	..	..	..	1
Number still in training on 1st January, 1958	..	..	..	..	16

Health Visiting: Of the 82 nurses undertaking health visiting duties, 77 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 the County Nursing Association assist 12 candidates to undergo health visitors' training, and a week's refresher course is also arranged by the Association each year, attended by midwives, district nurses, health visitors etc., working in this and adjacent health authority areas. These courses cater for various needs year by year.

The number of health visits paid to children under 5 years of age fell from 76,946 in 1956 to 68,983 in 1957. This reduction (almost entirely confined to the 2 - 5 year old group) was due mainly to the health visitors being taken from this work to help with vaccination against poliomyelitis. Health visits to expectant mothers rose from 2609 to 2736. The number of 'no access' visits totalled 7286 and are not included in the above figures.

Under a re-organisation approved early in 1957 by the County Council closer touch is being maintained by each health visitor with the conditions under which the old people in her area live, to ensure that their needs may be met promptly and to prevent the insidious lapse into unhappy neglect, or worse, which happens only too easily as powers fail. The benefits of this plan are already realised, the nurses and all other agencies concerned working together in the interests of the welfare of old people.

Tuberculosis health visiting, including attendance at Chest Clinics and special enquiries, is carried out by three specialist health visitors, one of whom also deals with geriatrics in her area.

Home Nursing: The amount of nursing and related work has appreciably increased, some of the influencing factors being a rise in the population of the county and in the proportion of old people. The 100 home nurses (including two male nurses) paid 190,458 visits to 8898 patients during the year. Of this number of patients 4901 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 Chailley, the duties are now undertaken by the County Medical Officer and as one of the results of the Organisation and Method survey to which I have made reference elsewhere, the suggestion has been made that a saving of money without any reduction in efficiency could be made by centralising the actual clerical and administrative side of this work in most of the rest of the county. The necessary consultations and discussions had not been completed by the end of the year.

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 a marked increase in the number of infants vaccinated in the administrative county including Hove and Portslade - 3039 in 1957 as against 2,627 in 1956, 2,544 in 1955, and 2,491 in 1954. The percentage rate is also higher (71.8% as against 64%) than in any previous year.

In December, 1956, the Medical Research Council published the results of their enquiry into the increased risk to children of developing poliomyelitis after being injected with 'combined' immunizing preparations, as compared with those only treated by unmixed antigens. This report led to the Ministry of Health Circular 8/57 of 4th July, 1957 referring to the enquiry and to the advice of the Central Health Services Council that a certain increased risk attaches to the use of alum-precipitated antigens and to combined preparations.

These extremely important findings were fully discussed with individual medical practitioners and at a meeting of the Local Medical Committee for East Sussex, preparatory to consideration by the Health and Housing Committee, who decided to give up the use of alum preparations but to continue the use of combined antigens in their own clinics and for supply to any general medical practitioners who applied. In coming to this decision they were influenced by the Medical Research Council's own comment that the comparative rates of risk were based on small numbers of cases and the undoubted danger that the additional complications of giving single injections would reduce acceptances and so merely lessen one risk while increasing others. They knew also that the Local Medical Committee, bearing the same considerations in mind, had voted in favour of continuing with combined antigens, and that to introduce a policy change contrary to the views of the general medical practitioners would cause confusion and impair public confidence. These views are the more weighty in this county where the immunisation rate is high and therefore more liable to be affected by adverse factors.

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 1956.

Vaccination against Poliomyelitis: (including the Hove and Portslade Area). By the 31st December, 1957, 11,323 children had received two injections and 633 one injection against poliomyelitis. On the same date 17,284 were awaiting vaccination, this number being before the applications for children in the 1943 - 1946 age group (estimated at 17,000) had begun to arrive. Approximately 33% of the registrations are for British vaccine only.

AMBULANCE SERVICE (SECTION 27).

The general organisation and administration of the Ambulance Service have continued unchanged during the period under review, and the service, which includes the Hospital Car Service has carried out its functions satisfactorily. The disposition of the vehicles and personnel of the voluntary and directly operated ambulance stations is as follows :-

Depot		Directly Operated				Vehicles	
		Full-time Personnel					
Hove and Portslade	.. .. .	15	9 ambulances (including three dual purpose type vehicles)			
Seaford	.. .. .	2	1 ambulance			
Depot		Voluntary Agencies				Vehicles	
		Full-time Personnel					
St. John Ambulance Brigade:							
Battle	.. .. .	3	2 ambulances			
Bexhill	.. .. .	1	3 ambulances			
Hailsham	.. .. .	3	2 ambulances (including one dual purpose ambulance)			
Lewes	.. .. .	5	4 ambulances (including one dual purpose ambulance)			
Rye	.. .. .	3	2 ambulances			
British Red Cross Society							
Crowborough	.. .. .	2	2 ambulances			
East Grinstead	.. .. .	2	2 ambulances			
Haywards Heath	.. .. .	2	2 ambulances			
Hurstpierpoint	.. .. .	2	1 ambulance			
Uckfield	.. .. .	1	1 ambulance			
Newhaven & District Nursing Association							
Newhaven	.. .. .	2	1 ambulance			

In addition, parishes in close proximity to Tunbridge Wells, Hastings, Eastbourne and Crawley are covered by ambulances from those towns by agreement with the respective authorities.

The steady tendency continues for volunteer drivers and attendants to be more difficult to obtain during ordinary day time working hours but I am pleased to say that the number of volunteers from the Societies after working hours appears to be well maintained.

This voluntary help, which goes a long way to help in the staffing problem, is much appreciated and I should like to thank the members of the St. John Ambulance Brigade and the British Red Cross Society for the assistance so freely given.

Several of the ambulance depots - Lewes, Hailsham and Battle - have been able to take advantage of petrol refuelling facilities offered by the County Surveyor at his depots where petrol is stored in bulk, and these arrangements have been found to be both economical and very convenient. These facilities are also available to other authorities when their long distance ambulances have to refuel in our area.

The policy of replacement of some 2 stretcher vehicles by dual purpose vehicles and standardisation within the fleet, as advocated by the Ministry of Health, has been maintained. The Austin sitting case car at Lewes and an Austin Welfarer ambulance at Hailsham have been replaced by Bedford/Lomas dual purpose ambulances during the year. This type of vehicle is most useful for sitting cases but will accommodate a stretcher case if the need arises and is considerably more economical in running, giving an average of 23 miles to the gallon as compared with 13-14 miles per gallon with larger ambulances.

The Minister has also advised that railway trains should be used for long distance journeys, and wherever possible this mode of transport is adopted. Many patients and indeed perhaps some doctors do not yet realise that a combined journey of the ambulance or car plus railway journey

plus ambulance or car type is almost certain to be incomparably more comfortable and less strain than travelling the whole of the same distance by ambulance, partly because they have the warmth of a reserved compartment and sanitary facilities which are far from easy to obtain on an ambulance journey.

Careful note is being made of the experimental use of diesel engined ambulances by different authorities with particular reference to economy. At the same time, due regard must be given to the comfort of the patient and I feel that it is not yet opportune to use this type of engine in our vehicles.

The British Red Cross Society gave notice of their intention of moving the Ambulance Service at Haywards Heath to more spacious and efficient premises and as the Hassocks ambulance is garaged in temporary premises, it has been decided to provide a unified service for both these areas from the one new building, thus combining the two areas under one control. The Ministry of Health having agreed to this, the County Architect is preparing plans for the building and I hope to report in my next annual report that the ambulance station is in operation. As a consequential adjustment, the two parishes of Poynings and Fulking will be served by the Hove and Portslade ambulances, the patients from the area normally being taken to the Brighton and Hove hospitals.

There is close liaison between the County Ambulance Officer and Mr. C. H. E. Bath, the County Organiser for the Hospital Car Service, who continues to run that service very efficiently, and 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. These drivers maintain a very high standard of voluntary service to the public under trying conditions.

OPERATIONAL STATISTICS (Not including Hove and Portslade)

	Ambulances.				1956	1957
Mileage	262,863	276,725
Patients	15,037	15,895

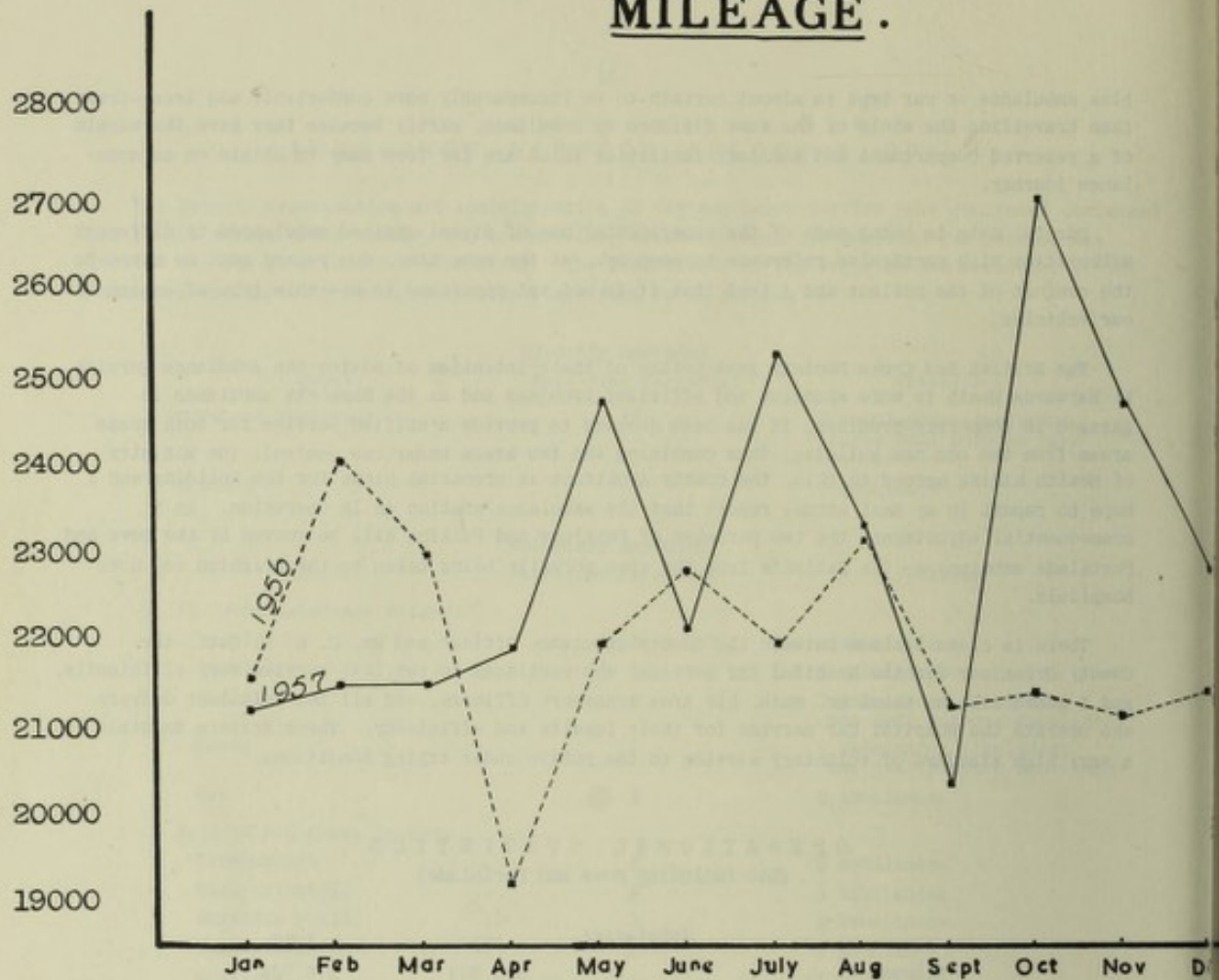
MONTHLY FIGURES FOR 1957.

	Ambulances		Cars	
	Patients	Miles	Patients	Miles
January	1319	21197	9112	80962
February	1153	21468	9810	75563
March	1157	21407	8998	79095
April	1201	21994	9433	76196
May	1427	24770	10292	81977
June	1320	22080	9823	75401
July	1386	25317	9655	76167
August	1343	23385	8843	73521
September	1312	20446	8393	73101
October	1539	27051	10722	83997
November	1376	24724	9901	80062
December	1362	22886	9378	70144
	15895	276725	113450	926186

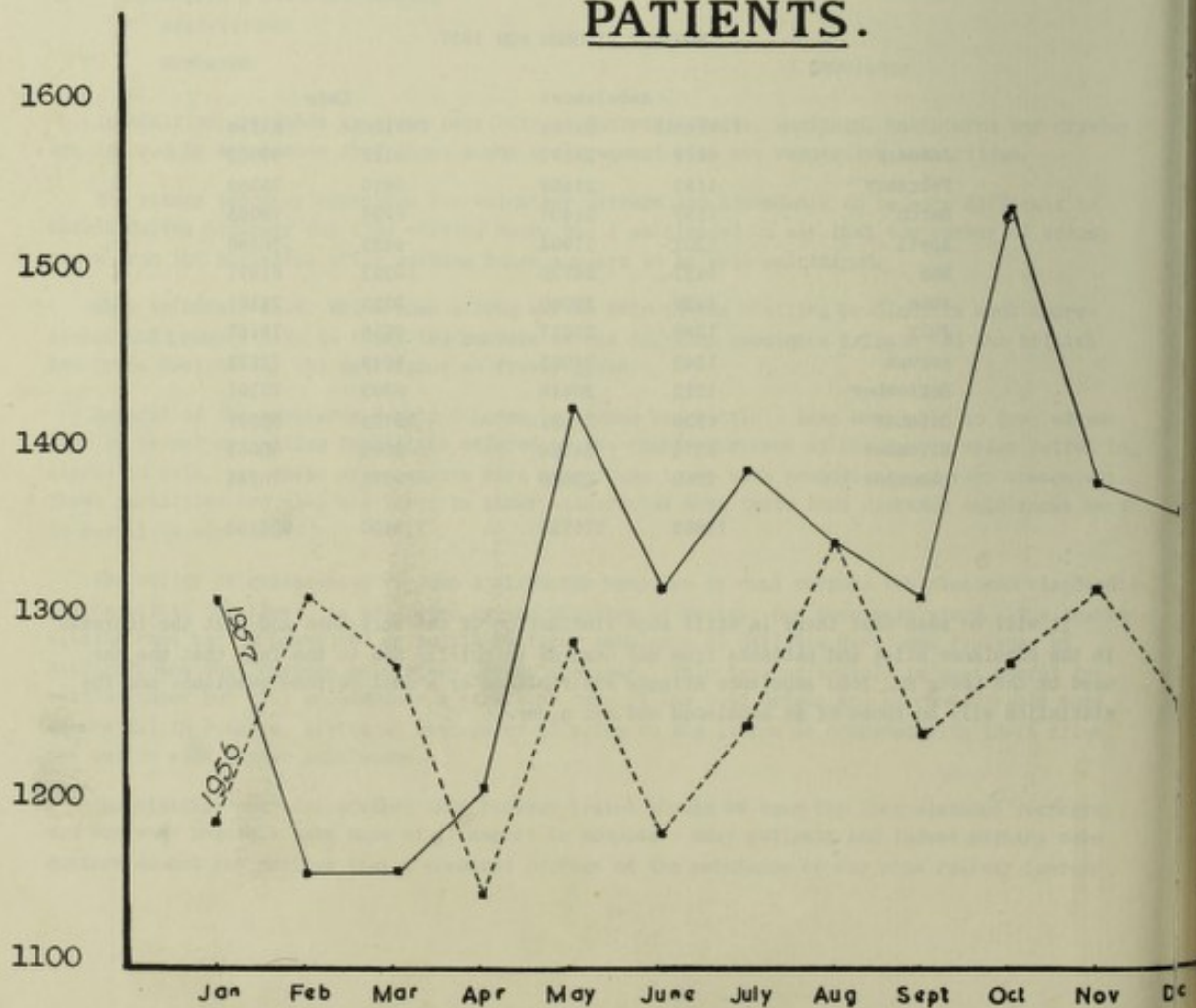
It will be seen that there is still some fluctuation of the work done and that the increase in the ambulance miles and patients from May onwards is chiefly due to the fact that the car used by the Lewes St. John Ambulance Brigade was replaced by a dual purpose ambulance and the statistics will be those of an ambulance and not a car.

AMBULANCES.

MILEAGE.

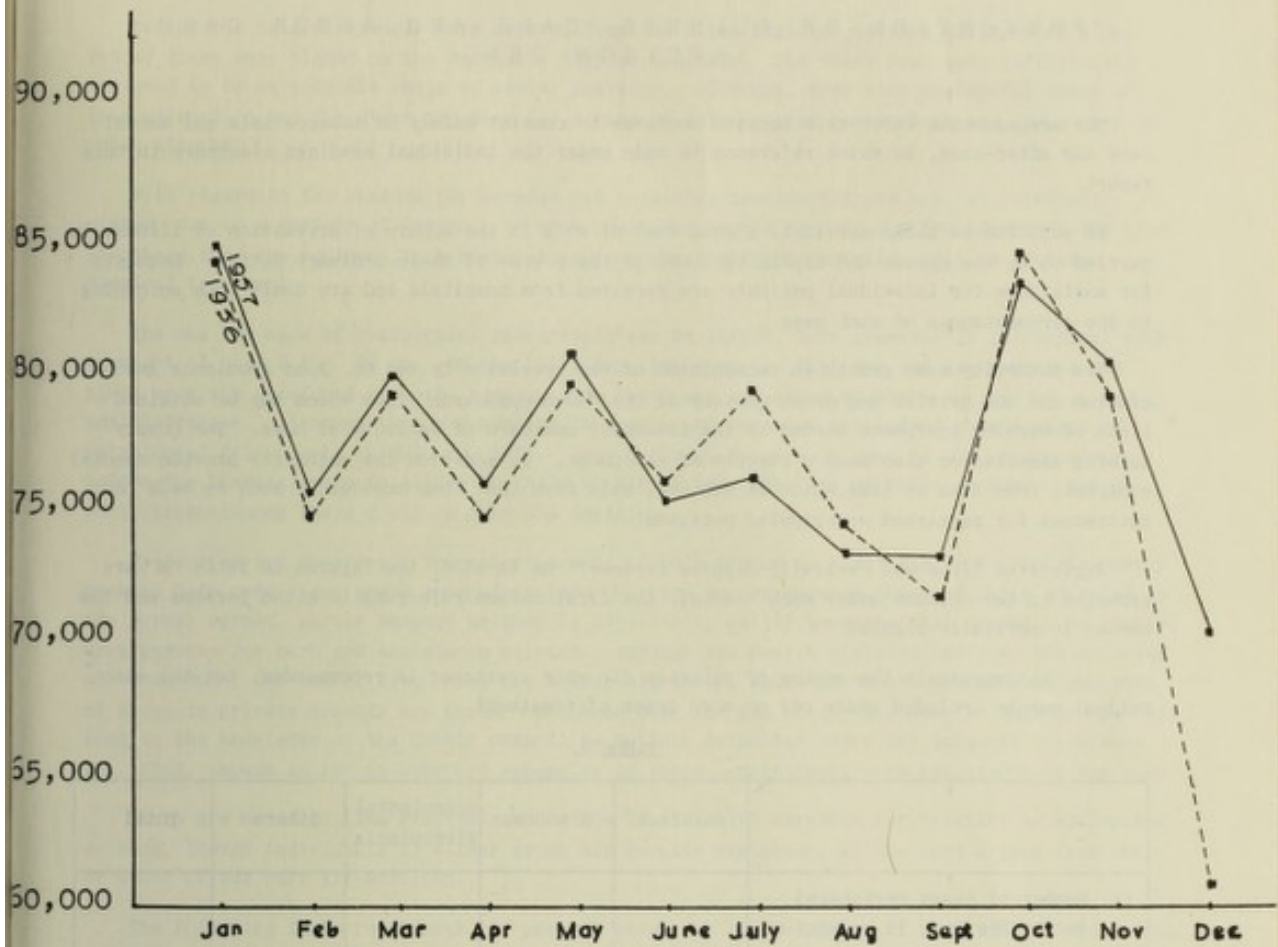


PATIENTS.

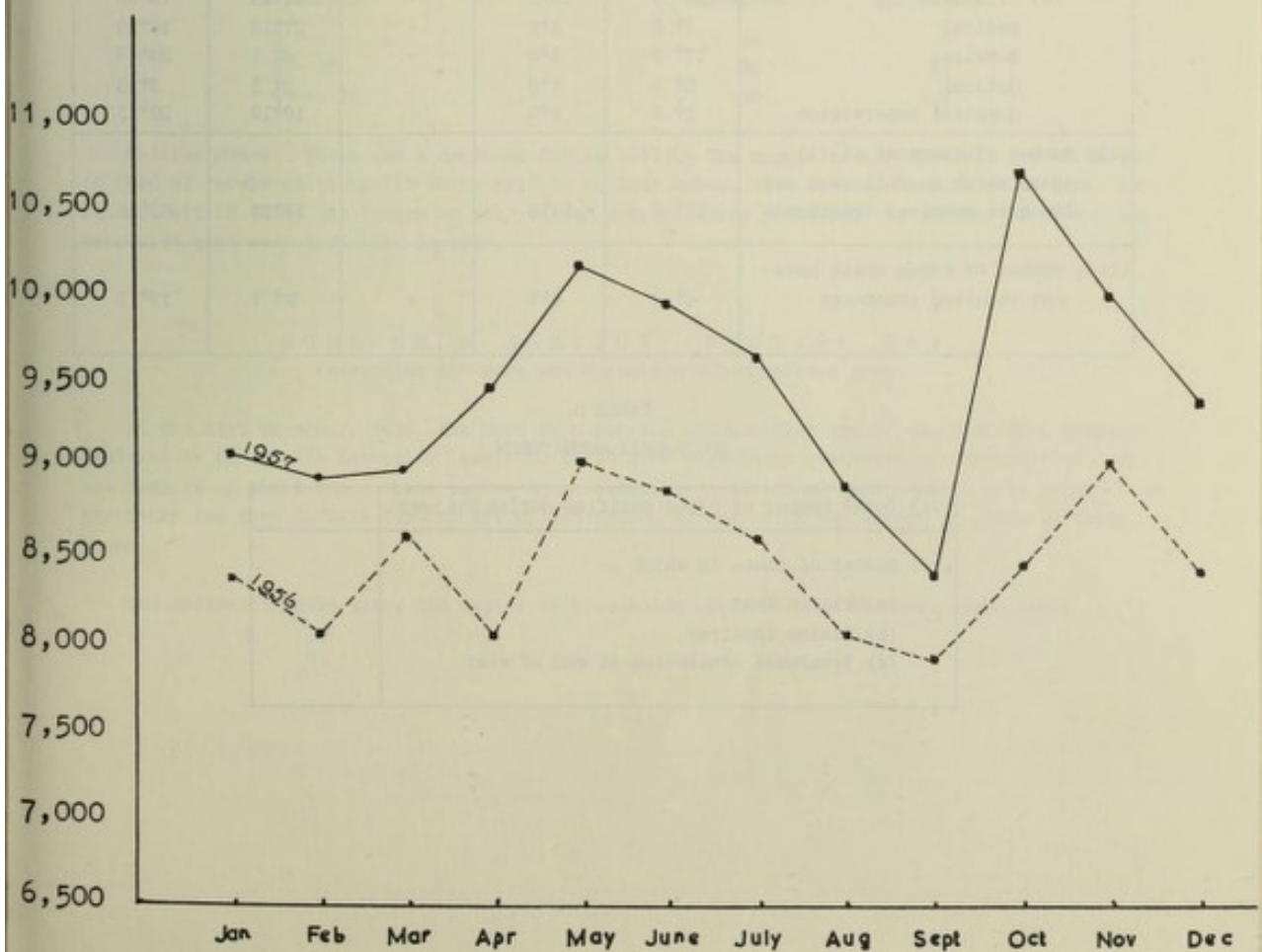


SITTING~CASE CARS.

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 1956, 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 Fibrosis	Others	Total
(i) Number of cases registered during the year in respect of which para. 7 (c) of Form B.D. 8 recommends :-	25+11	20+5	1+0	87+32	133+48
(a) No treatment	6+3	2+0	1+0	45+6	54+9
(b) Treatment	19+8	18+5	-	42+26	79+39
Medical	1+0	8+1	-	27+18	36+19
Surgical	17+8	5+0	-	6+1	28+9
Optical	0+0	1+0	-	2+5	3+5
Hospital Supervision	1+0	9+5	-	10+10	20+15
(ii) Number of cases at (i)(b) above which on follow-up action have received treatment	15+6	14+5	-	33+25	62+36
(iii) Number of cases which have not received treatment	4+2	4+0	-	9+1	17+3

TABLE B.

OPHTHALMIA NEONATORUM

(i) Total number of cases notified during the year	1
(ii) Number of cases in which :-	
(a) Vision lost	-
(b) Vision impaired	-
(c) Treatment continuing at end of year	-

During the year six people were removed from the Blind Register because of improved sight. Two of these were placed on the Partially Sighted Register. The other four were sufficiently improved to be outside the range of either Register. Of these, four were successful cases of lens extraction and the other two were (1) a case of intra-ocular haemorrhage and (2) a case of optic atrophy.

With regard to the reasons for persons not receiving treatment these are, as previously stated, due to a variety of causes. In some cases the people have died or moved out of the area; in others they are resident in a hospital and are physically or mentally unfit to receive surgical treatment.

The one new case of retrolental fibroplasia was an infant, born prematurely in hospital with a weight of only 2 lbs. 12 oz. On the third day, twice on the 21st day and again during the ninth week she developed cyanotic attacks from which she was saved by short periods of oxygen administration. Although this was sparing in amount and duration the infant showed signs of retrolental fibroplasia by January, 1957. Tragic though every such case is the alternatives before the hospital were to allow the child to die or take the risk of optic damage; and in such circumstances there could be only one decision.

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

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

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

Age Ranges	Spastics.	Epileptics.
0 - 4	15	7
5 - 16	34	27
Above 16	120	100

Holiday Homes: There was a decrease during 1957 in the number of applications for children in need of recuperative spells to be sent to holiday homes. Two such cases were dealt with, as against six in 1956; the length of stay varied between three weeks and six months. Four mothers were also sent away for short periods.

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

At the 31st December, 1957, the Home Help Service was administered by one Home Help Organiser, employed by the Health Authority, assisted by 20 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.

The following table gives the number of households assisted over the past seven 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
1957	513	48	1001	1,562

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 its organisation and medical direction remain unchanged. Initial proceedings to provide care and treatment for persons suffering from mental illness are dealt with by 4 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 administrative work, is also a Duly Authorised Officer. Over the past year there has been a marked change in the methods of arranging care for persons suffering from mental illness in this county, and the Duly Authorised Officers are bearing increased responsibilities for initial proceedings and I propose to refer to this change further on.

The services of all Mental Health Officers continue to be available to institutions for mental defectives under the control of the Regional Hospital Boards for the supervision of patients on licence. So far as local establishments are concerned there are two who supervise their own licence cases, but when defectives arrive here from a distance supervision is usually carried out 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 53 such cases.

This year has seen the winding up of the East Sussex Association for Mental Welfare which for 40 years played such a large part in the field of mental health work in this county. During the early years of their existence they shouldered the burden of routine care of mental defectives through visiting arrangements which they undertook to organise on behalf of the authority and in the 'twenties' mental after-care was a feature of their work, considerable in extent even then. Home supervision of mental defectives was their entire responsibility until the inevitable expansion called for the appointment of paid technical officers of the authority. The Association's activities then concentrated more and more upon the after-care of patients discharged from the services and mental hospitals, but in turn the need for enlarging and consolidating the service in accordance with modern trends has led to the return of this delegated work to the Local Health Authority. It will be noted from the foregoing that so far as this area is concerned the Association performed much of the pioneer work in establishing large sections of the service as it exists today, and it is right to express here my thanks, on behalf of officers and the authority, for the many years of disinterested service given by the Association.

Community Care of Mental Defectives: At the end of the year 135 mental defectives were under guardianship, about one third being under the immediate care of the Guardianship Society of Hove, and 431 were under statutory supervision; 69 other defectives were seen for the purpose of voluntary supervision. The Board of Control during the year have given views which have led to a further diminution in the number of defectives 'subject to be dealt with', and it is to be expected that there will be an increase in voluntary supervision as opposed to statutory oversight. The Home Visitors paid 2,960 visits during the year.

In May the long awaited report of the Royal Commission on the law relating to mental illness and mental deficiency was published. It is clear that the recommendations contained therein, if accepted, will provide a sound basis upon which a future mental health service of increasing

importance can be built. If they are accepted in their entirety Local Health Authorities will have to embark upon an extensive programme of Occupation Centre, Industrial Centre and home teaching provision. Residential homes and hostels will be needed, diagnostic clinics will be set up and community services of many kinds organised. It will be appreciated that expansion on the lines indicated will probably take at least a decade before a comprehensive scheme is in being. The particular recommendation which will affect the whole structure of the service concerns the integration of the procedures for dealing with mental ill health and mental deficiency, and it can be assumed that the proposed future service will be governed by legislation to embrace all forms of mental disorder and disability.

Occupation Centre training and home teaching: The arrangements mentioned in my last report have continued and the home teaching service has now been in operation for a full year with satisfactory results, evident by the appreciative comments which have been received on the 'pilot' scheme.

Short-Term Care: The arrangements continue to function satisfactorily and in only one case has an appeal for care by a parent failed. This is a particularly distressing case as the patient is a bed-ridden idiot who, for over 16 years, has been cared for devotedly by his mother in conditions that are not ideal. The difficulty arises because the boy is so dependent upon his mother that any attempt to place him elsewhere would lead to pining and considerable deterioration in his condition. This has been proved by past experience. The Regional Hospital Board have provided places for eight children and thirteen adults while the Guardianship Society and others have arranged temporary care for thirteen defectives of whom two were children.

Institutional Care: There were 44 defectives in the county area at the end of 1957 waiting for places as compared with 36 who were waiting for admission at the end of 1956. The numbers admitted during the year totalled 36 so that it will be seen that the average waiting period is just over a year. It is again pleasant to record that every emergency case was placed by the Regional Hospital Board, often after considerable enquiry and investigation, but until the shortage of institutional places becomes less acute I am afraid that re-assessment of priorities and disruption of waiting lists are bound to occur. In these trying circumstances the continued goodwill of officers of the Board and of the other authorities with whom we are associated in this work is very valuable and much appreciated.

	Under age 16		Aged 16 & over	
	M	F	M	F
1. Particulars of cases reported during 1957:-				
(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	8	4	-	-
(ii) On leaving special schools	-	-	1	2
(iii) On leaving ordinary schools	7	5	-	3
(2) Police or by Courts	-	-	-	1
(3) Other sources	7	6	4	8
TOTAL of 1 (a)	22	15	5	14
(b) Cases reported who were found to be defectives but were not regarded as 'subject to be dealt with' on any ground	2	2	2	6
(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b)	2	2	2	1
(d) Cases reported in which action was incomplete at 31st December, 1957, and are thus excluded from (a) or (b)	7	7	5	3
TOTAL of 1 (a) - (d) inc.	11	11	9	10
2. Disposal of cases reported during 1957:-				
(a) Of the cases ascertained to be defectives 'subject to be dealt with' (i.e., at 1(a)), number:				
(i) Placed under Statutory Supervision	18	13	1	10
(ii) Placed under Guardianship	-	-	-	-
(iii) Taken to 'Places of Safety'	-	-	-	-
(iv) Admitted to Hospitals	1	1	2	1
TOTAL of 2 (a)	19	14	3	11
(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	2	2	2	6
(ii) Action unnecessary	-	-	-	-
TOTAL of 2 (b)	2	2	2	6

	Under age 16		Aged 16 & over	
	M	F	M	F
(c) Cases reported at 1 (a) or (b) who removed from the area or died before disposal was arranged	3	1	2	3
TOTAL of 2 (a) - (c) inc.	24	17	7	20
3. Total cases on Authority's Register at 31/12/57 :				
(i) Under Statutory Supervision	52	37	166	176
(ii) Under Guardianship	6	1	51	77
(iii) In 'Places of Safety'	-	-	-	-
(iv) In Hospitals	42	31	184	177
TOTAL of 3 (i) - (iv) inc.	100	69	401	430
(v) Under Voluntary Supervision	2	2	25	40
TOTAL of 3 (i) - (iv) inc.	102	71	426	470
4. Number of defectives under Guardianship on 31st December, 1957, who were dealt with under the provision of Section 8 or 9, Mental Deficiency Act, 1913, (Included in 3 (ii))	-	-	1	-
5. Classification of defectives in the Community on 31/12/57 (according to need at that date)				
(a) Cases included in 3 (i) - (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	14	5	-	-
(iii) medium grade cases	3	1	-	6
(iv) high grade cases	-	-	1	1
TOTAL urgent cases	21	8	1	7
(2) Not in urgent need of hospital care :-				
(i) 'cot and chair' cases	-	-	-	-
(ii) ambulant low grade cases	2	-	2	1
(iii) medium grade cases	-	-	1	-
(iv) high grade cases	1	-	-	-
TOTAL non-urgent cases	3	-	3	1
TOTAL of urgent and non-urgent cases	24	8	4	8
(b) Of the cases included in items 3(i), (ii) and (v), number considered suitable for :-				
(i) occupation centre	20	16	26	30
(ii) industrial centre	-	-	18	16
(iii) home training	5	2	17	7
TOTAL of 5 (b)	25	18	61	53
(c) Of the cases included in 5 (b), number receiving training on 31/12/57 :-				
(i) In occupation centre (including voluntary centres)	7	4	5	13
(ii) In industrial centre	-	-	-	-
(iii) From a home teacher in groups	-	-	-	-
(iv) From a home teacher at home (not in groups)	3	3	5	5
TOTAL of 5 (c)	10	7	10	18

Lunacy and Mental Treatment Acts 1890-1930: I mentioned that there has been a considerable change in the procedures adopted for dealing with persons of unsound mind and this can best be shown by the comparison figures set out below :-

<i>Lunacy Act, 1890</i>	1956	1957
Urgency Orders	48	81
Summary Reception Orders	67	18
Three-Day Orders	273	267
<i>Mental Treatment Act, 1930</i>		
Cases admitted for six months as 'temporary' cases	-	1
Voluntary cases	43	59
Advice and assistance only	102	92
Miscellaneous visits of enquiry ..	129	98
After-care visits	41	15

There has been a change of policy initiated at Hellingly Hospital and Dr. David Rice, the Medical Superintendent, is anxious to increase the proportion of voluntary patients and to reduce Summary Reception Orders accordingly. This has led to an extensive use of the Urgency Order procedures which provide for detention at the mental hospital for a period of 7 days, during which time efforts are made to persuade patients in need of treatment to continue on a voluntary basis after the Order has expired. It is gratifying to note that in practically all cases persuasion has proved successful. The increased use of Urgency Orders has, however, meant that Duly Authorised Officers have had to accept responsibility for proceedings which although short-lived in their effect, are similar to those in Summary Reception Order cases.

There is an increasing tendency to arrange domiciliary visits by consultants from mental hospitals before steps are taken by general practitioners to deal with patients, and mental treatment clinics are playing a greater part in effecting in-patient treatment under the Mental Treatment Act 1930. It will be noted that 892 voluntary patients from the County were admitted to mental hospitals, mainly the Hellingly Hospital, Hailsham, and St. Francis Hospital, Haywards Heath, and in 59 instances the help of Duly Authorised Officers was enlisted. The comparable figures for 1956 were 805 and 43 respectively.

East Sussex County Council.

*Health Department,
County Hall, Lewes*

*With the
Compliments of the County Medical
Officer of Health.*

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Both St. Francis and Hellingly Hospitals have afforded me the privilege of attending their case conferences, and it is my regret that I have been unable to attend as regularly as I would wish.

REPORT ON THE HEALTH SERVICES OF THE HOVE AND PORTSLADE AREA HEALTH SUB-COMMITTEE DURING THE YEAR 1957.

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

MR. CHAIRMAN, LADIES AND GENTLEMEN.

In my report for 1956 I prefaced my review of the year's work by a reference to the restraint upon capital expenditure required by the Country's economic position and the necessity therefore under the Government's policy of restricting the possible and in some cases overdue expansion of some of the services. The same restriction held good throughout 1957 and inasmuch as in previous years I have described fully the general organisation and administration in the Sub-Committee's area of responsibility, I propose this time only to mention and comment upon some minor developments, extensions and alterations. I would, however, again emphasise the priority for a Clinic, both for Health and School Medical Services, in the rapidly growing area of Mile Oak, Portslade - this should certainly be borne in mind and if possible incorporated in the plans for the new schools. It is unfortunate that cross-country connections between the two northern developing parts of Hove and Portslade are non-existent since the Clinic in West Way could cater with the larger numbers if they could find their way there or convenient transport was available.

Maternity Services.

The verbal and paper discussion as to the safest place for the mother's confinement continues unabated, heedless of the fact that the decision has already been taken by the mothers and accepted by the hospitals. It is perhaps a matter for comment that doctors' wives and nurses and midwives who marry all have their babies in hospital or nursing homes. Certainly in this area for many years the proportion of hospital confinements has been rising and in 1957 it amounted to 85%. Although this trend may satisfy those who feel that hospital is really the best place there accompanies this rising total a similar increase, which is not without its dangers and certainly is not in the best interests of the newly confined mother and the newly arrived baby, and that is early discharge. In 1956 the number discharged before the 14th day was 33, in 1957 this had risen to 110. Most of those left hospital on or about the 12th day, sometimes without due notice being given, and it may seem punctilious to quarrel about 2 or 3 extra days, but there is more in it than the time factor. The district midwife is called upon to nurse a case which she has not delivered, and may have no previous knowledge of, for a few days at the end of puerperium, which apart from her own feelings, often presents an administrative problem. The mother may hardly be up and about and certainly if inexperienced has not had the requisite time to learn the technique of handling her own baby, before being handed over to a stranger for a few days and then passed on to the Health Visitor. The remedy lies in the Central Midwives' Board reverting to its previous requirements that the midwife should remain in control for 10 days and insisting on the Hospital Boards retaining mothers for that period, or alternatively for the hospitals to revise their criterion of admission and restrict the bookings to the number that can be retained for the full fortnight.

Another subject of controversy is the advantage or dangers of the relaxation classes for expectant mothers, but whilst I can concede that there can be difference of opinion about the value of the actual exercises, I can see no gain in keeping from the young mother knowledge of the actual birth processes. Equipped with this I believe she will be the more confident when her time comes.

Great difficulty is being experienced throughout the country in recruiting domiciliary midwives and this difficulty is being found in Hove and Portslade. There are doubtless several factors involved but I am quite certain that one, and perhaps the most important, is the inadequate pay. All nurses are underpaid, but when one considers the responsibilities, hours of duty and conditions of service of the midwife, a maximum salary of £640 per annum with no opportunity for promotion if she remains in that calling, seems to me scandalously insufficient.

Health Visiting.

For many years the establishment of all purpose Health Visitors has remained constant - 9 full-time and 1 part-time, during which time the school population has risen, new schools have been added and the Child Welfare Services extended. It is therefore not surprising that not all sections of their responsibilities received sufficient attention. The one which at times has to give place to the demands of clinics, school medical inspections, poliomyelitis vaccinations, etc.,

is the home visiting, and unfortunately the provision of a van instead of the car asked for has not ameliorated the position in the outlying districts as much as was hoped for. It is a difficult vehicle to drive, does not accord fittingly with the Health Visitor's position, so that it is unpopular as a means of transport. However, in response to a representation, a promise has been made that a car is to be substituted as soon as one becomes available. The position is further aggravated by the shortage of Health Visitors and no application has so far been received in reply to two advertisements for a present vacancy. Nevertheless, despite these difficulties, the Health Visitors visited nearly 3,500 children under the age of 5 years in their own homes, called on 330 expectant mothers and staffed 1,100 Infant Welfare sessions.

Home Nursing

In the circular dealing with matters upon which the Ministry of Health would like Medical Officers of Health to comment in their Annual Reports is the effectiveness of the Home Nursing Service in relieving the pressure on Hospital Beds by providing home care for patients who might otherwise have to be admitted to hospital. It is difficult to produce statistics dealing with this subject since the reasons for a patient's admission to hospital vary greatly, and under the National Health Act a bed in hospital is almost looked upon as a right by certain types of individuals. I think, however, that with a view to increasing the turnover of beds, the tendency will be to discharge patients earlier to the care of the General Practitioner and the Domiciliary Nurse as is already happening in midwifery, and from that after-care point of view the nursing service may help to speed up hospital admissions. In the case of one section of the population—the aged and chronic sick for whom there is certainly a deficiency of beds, the Home Nursing Service, supplemented by the Home Helps, does much to make their life more tolerable and prolong their period of activity. Last year some 85% of the visits were to people of pensionable age—an increase of 10%.

I refer again with gratitude to the financial assistance granted me through the voluntary funds of the Hove and Portslade District Nursing Association and in particular their readiness to pay for the temporary admission to nursing homes of patients, usually elderly, for whom either a bed in hospital is not immediately available or in whose case a short period of rest and freedom from physical effort and mental stress enables normal activities to be resumed. The Association from the same source supplies extra comforts to some of the patients it nurses, arranges holidays for some of the aged, and in other ways supplements the provision of the state provided schemes.

Home Help Service.

The number of the patients attended and the visits paid show a slight increase over 1956 and once again the highest proportion is to the aged and chronic sick—50% of the patients and 64% of the visits. Even then it is not possible to meet all the demands, nor provide anything but an intermittent service. One more instance of the contrariness of old persons is their reluctance very often to accept more hours than they originally asked for, even if the service would be free. The Home Help Service was originally instituted to deal with emergencies and sudden illness in the home, particularly when the sufferer was the housewife—today along with Home Nursing it spends most of its time with the aged—one more instance of the increasing burden borne by the active members of the community in support of those no longer able to contribute towards its welfare. Without prejudging whether this is inevitable or not, it is obvious that the cost of supporting the elderly will for many years to come be an ever increasing one towards whose alleviation any alteration in the pattern of retirement will only make a small contribution.

Ambulance Services.

The calls upon the Ambulance Service continue to rise steadily year by year and the present establishment of personnel and vehicles is hard put at times to respond promptly to all the emergencies and with a minimum of delay to those where transport only is required. It frequently happens that a crew leave the depot at 9 a.m. and do not return until 2 p.m.—the intervening hours being taken up in dovetailing of patients' requirements. 700 more calls were made, 1,200 more patients carried, but only 150 journeys added—a tribute to the economy and efficiency of the Service. It is because of the peculiar geographical position of this part of the County that I cannot see any advantage in merging this ambulance service—a whole-time one—with that of the rest of the County—a part-time one—except that it corresponds with the policy of the Ministry of Health.

Of late years the need for the larger traditional type of ambulance has diminished; most long journeys are now made much more comfortably and much quicker by train—and so the demand is

for two types—a moderate size capable of the occasional journey of 50-100 miles but mainly adapted for the quick transport over short distances, and a smaller type for the conveyance of the walking case to and from hospital for treatment. Examples of both types were added during the year and it is the Sub-Committee's policy to replace the vehicles as soon as the cost of maintenance proves uneconomic and before a major overhaul becomes essential.

Child Welfare Clinics.

I referred in last year's report to the need for the establishment of a service similar to the medical inspection of school children, but involving the toddler of the age of 3 and upwards. At the end of the year it was found possible to establish a weekly clinic in a small experimental way at one of the Welfare Centres. The children come by appointment and are selected by the Health Visitor who attends with the children from her own district whenever possible. As well as a complete medical examination it has been found possible by the co-operation of the School Dental Officer to include a dental inspection with treatment if necessary. Unfortunately it has not been found possible to establish this as a regular feature, but even so it is greatly appreciated and will be extended when found possible. Clinic attendances, like their home visits, are no criterion of the efficiency of any service, particularly now that Welfare Foods are sold at all the Clinics without obligation, but I feel that it is significant that 80% of the babies born in the area are brought to our Infant Welfare Centres during the first year of their lives.

Poliomyelitis Vaccination.

After the pilot experimental programme in the spring of 1956, nothing further was heard of future arrangements until November, when the Ministry of Health announced a further issue of the British Vaccine in the closing months of the year, to be used primarily for those who had registered initially but had not been vaccinated. At the same time the previous age groups, i.e., children born between 1947-1954, were extended to include those born in 1955 and 1956 and General Practitioners were allowed to participate in the scheme, so that parents had a choice of bringing their children to the Clinic or taking them to the Doctor's surgery. The latter arrangement caused a good deal of administrative difficulty and it would have been better to have allowed the Local Health Authorities to complete the vaccination of the original registrations before bringing in the private Doctors.

Between December 1956 and June 1957, 1,654 children were protected with 2 doses of the vaccine—the balance of the earlier 2,000 registrations allowing for withdrawals, changes of address, etc. Between July and December 1957 only nominal supplies of the vaccine were available and for the remainder of that year only a small additional number were treated. The total number who received the full course in 1957 was 1,792 and the number on the waiting list on December 31st was 4,441. The administrative arrangements worked smoothly, although they involved a great amount of paper work. The appointment system was used at the Clinics so that mothers and children were not kept waiting unduly. No case of Poliomyelitis occurred following the injections and no reactions followed the course.

In the middle of November the Ministry announced that they had rescinded their policy of not importing Salk vaccine from America and Canada and that as from the beginning of 1958 supplies from these sources would be admitted as a temporary measure, but they would be required to pass in this country the same tests as applied to the British Vaccine. At the same time they extended the offer of vaccination to all children born between the years 1943 to the middle of 1957 and to certain priority groups, doctors and their households, etc. Parents were given the option of declining the Salk Vaccine, but in this case no estimation could be given of the time when the British Vaccine would become available.

This campaign against Poliomyelitis rather overshadowed the routine protection of children against Smallpox, Diphtheria, and Whooping Cough, but the lull between July and December mentioned above, enabled us to catch up with arrears and from the tables on pages 25 - 26 it will be seen that the numbers for the previous years were well maintained. Whether we shall be able to retain this position during 1958 with much greater supplies of the Salk Vaccine coming into the country is problematical.

Prevention, Care and After-care.

This section refers mainly to work carried out in Tuberculosis at the Hove Chest Clinic and the After-care Committee under the Sussex Rural Community Council. The details of the Care Almoner's work is included in the body of the report. It also, however, includes the provision of recuperative holidays for a few cases of ordinary illness. The return of the work of the Chest Clinic for 1957 does not show any very marked alterations under any of its headings. Out of 46 new cases added to the register, 21 had only minimal lesions and 4 more were probably non-infectious, but this favourable result is counter-balanced to some extent by a further 21 who were more advanced and sputum positive. It is disappointing that with all the resources available for diagnosis the number of early cases is still only 50% of the total, although with the new drugs available for treatment the prospects of recovery or at least reversion to non-activity and non-infectively are so much enhanced.

One of the most powerful influences for prevention is the Mass Radiography Unit and in his latest report the Director points out that despite an increase in the number of attendances — approximately 10% — the incidence of cases discovered fell from 2.1 per 1,000 examinations to 1.5. The greatest problem now facing the Unit is how to attract new examinees to the Centres — the largest number of Tuberculous lesions are found amongst those attending for the first time. It must, however, be remembered that whilst the search for Tubercle must be the first priority, other conditions, some of them increasingly subject to new lines of medical or surgical treatment, are revealed on the screen. 26 cases of Cancer of the lung and 40 cases of congenital abnormalities of the Heart were discovered during this year's survey.

A brief reference was made in last year's report to the vaccination of school leavers against Tuberculosis by B.C.G., but fuller details are now available.

No. Tested	426
No. Mantoux Positive	46
No. Mantoux Negative	364—subsequently vaccinated with B.C.G.
No. absent, etc.	16

The 46 Mantoux Positive children were X-rayed at the Hove Town Hall during the visit of the Mass Radiography Unit. As a result, 2 cases of Tuberculosis were discovered and received treatment through the Chest Clinic. The very high percentage of Mantoux Negative—90% amongst the School Leavers who are on the point of entering the world of employment with all its adult contacts and possibilities of contracting Tuberculosis, places a vital responsibility upon parents to take advantage of B.C.G.—a form of protection which will be valid for at least 5 years.

Domiciliary Care of Old People.

Old people and their problems have been so exhaustingly discussed at conferences and in papers that little more is left to say, except that whilst it is obviously desirable to fit in with their desire to remain in their own homes as long as, and sometimes long after, they can look after themselves, there is accumulating an increasing number who have reached the limit of the powers of self-care or even self-protection and should be admitted to some kind of home or hospital, but cannot because of the shortage of beds. 386 new cases were discovered during the year and some 1,600 revisited. Of the new cases, 48 died and 23 left the district during the year. There were 9 cases in which application was made to the Court and an order granted for compulsory removal to a Welfare Home or Hospital. This was a rather larger number than usual, but included some who had been left in their homes longer than they should have been in the hope that they would agree to accept admission voluntarily. Most of them settled down very contentedly and two improved so much that they were able to come out and either look after themselves or be cared for by relatives who in their previous state were unable or unwilling to support them.

The service for the provision of 'sitters-up' at night had very few calls made upon it, very much to my surprise. I think, however, that there are several reasons for this—the limitation of its use for cases of extreme urgency does reduce the number of eligibles and also in quite a number of instances the provision of this form of temporary assistance does not meet the requirements—continuous day help, both domestic and nursing, is necessary. Furthermore these calls always come at the last moment when it is difficult or impossible to find a sitter-up available—all of those on the rota undertake similar duties in the day-time and often are retained on a private case for long periods.

Health Education.

In June a special report of the Medical Research Council drew attention to the very great increase in the death rate from Cancer of the Lungs during the past 10 years—by 1955 it had doubled itself in males and is now responsible for 1 in 18 of all deaths in that sex—and that the most likely cause is heavy cigarette smoking. The Ministry of Health in commending this report to Local Health Authorities, advised that the risks of this indulgence should be made known that the individual who smokes can make up his own mind, and posters stressing this danger were displayed at the Town Hall and Council Offices and in all the Clinics. From observations it seems doubtful whether the publicity has had very much effect on the hardened smoker, but it may have acted as a deterrent to those who have not yet become addicted to the habit. Generally speaking, emphasis in this area has been placed on personal contact between Health Visitor and parent in the promotion of Health Education, particularly on such subjects as accidents in the home, but at each of the Clinics, posters designed to bring home points of importance have been displayed, albeit somewhat haphazardly. This year the arrangements have been re-organised and each month some special aspect of Health Education has been selected and display material bearing on it has been on view. In this way all the clinics have dealt with the same subject at the one time.

General Administration.

During the earlier part of the year a survey of the Sub-Committee's administration was carried out by the County Council's Organisation and Method Team and their subsequent recommendations involved lengthy but always friendly discussions. In the final summing up some of their suggestions were considered valuable and adopted and others were thought to be unsuitable or impractical in an area so very different in so many ways from the rest of the County. Among other questions raised was the delegation of powers to the Sub-Committee and the agency arrangements for the provision of the Home Nursing Service by the District Nursing Association, but in view of the re-organisation of Local Government foreshadowed in the White Papers it was decided not to proceed further with their considerations. The Local Government Bill, at the moment passing through its last stages in the House of Commons, will provide plenty of problems when it finally comes on to the Statute Book and Hove, but not Portslade, can claim by right the delegation of certain Health, Welfare and Education Services which has for the last 10 years been administered efficiently and economically under one organisation in the two areas. At the moment it seems likely that the continuance of this form of administration must continue at staff level at least. It would still be impractical to attempt, even if it were possible to attempt, to break up the most efficient staff which I have been fortunate enough to gather round me since 1948, to all of whom I should like to express my grateful thanks. To Dr. Langford and other members of the County staff in all departments most cordial relationships have been continued and to them I am also greatly indebted for assistance and advice so readily given at all times. Finally I should like to register my thanks to the Chairman and members of the Sub-Committee who have continued to accord me their fullest support throughout another year.

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 601 as compared with 524 in 1956. This included 159 serving teachers, 121 student teachers prior to entering training college and 13 teachers examined on behalf of the Ministry of Education on taking up teaching posts for the first time. In addition 206 X-rays were arranged (excluding Mass Radiography Unit 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	301
By part-time medical officers and medical officers of Homes	203
By private practitioners	97

In two cases, one a temporary teacher and the other employed in an Agricultural College, the first signs of pulmonary tuberculosis were disclosed, as a result of which both candidates were able to have immediate treatment with consequent satisfactory recovery.

NURSERIES AND CHILD MINDERS

(REGULATION) ACT, 1948.

At the end of the year 8 nurseries and 11 daily minders had been registered, providing for 296 children. In Hove and Portslade Sub-Committee area 9 daily minders had been registered providing for 30 children.

REGISTRATION OF NURSING HOMES.

One new home was registered during the year. At the end of 1957 there were 27 registered nursing homes in the Authority's area (outside Hove) three having been closed during the year, one of these being the only remaining home with private maternity beds. All these homes appeared to be running satisfactorily 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, though one of them changed its address.

ADMINISTRATIVE COUNTY OF EAST SUSSEX. CHIEF VITAL STATISTICS FOR THE YEAR 1957.

APPENDIX

TABLE I.

Group.	Population estimated by Registrar General mid-1957	Live Births		Deaths		Infant Deaths (under 1 year)		Deaths from Heart Disease		Deaths from Pulmonary Tuberculosis		Deaths from other Tuberculosis 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
3 Large Towns	109250	1153	10.55	1805	16.52	17	14.74	593	5.43	8	.07	1	.01	114	1.04	356	3.26
7 Other Urban Districts	81950	1166	14.23	1082	13.20	12	10.29	406	4.95	10	.12	3	.04	117	1.43	170	2.07
5 Rural Districts	159900	1912	11.96	2354	14.72	33	17.26	874	5.47	11	.07	3	.02	177	1.11	391	2.45
Whole County	351100	4231	12.05	5241	14.93	62	14.65	1873	5.33	29	.08	7	.02	408	1.16	917	2.61

* 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 in-land water).	Population estimated by Registrar-General Mid-1957	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	Number	Rate per 1,000 Total Births		
Three Large Towns:										
Bexhill	7993	26340	230	9.73	7	.27	2	8.70	465	17.65
Hove	3953	69620	751	10.79	18	.26	14	18.64	1197	17.19
Lewes	1988	13290	172	12.94	2	.15	1	5.81	143	10.76
Totals	13934	109250	1153	10.55	27	.25	17	14.74	1605	16.52
Seven other Urban Districts:										
Burgess Hill	2024	13050	272	20.84	3	.23	1	3.68	112	8.58
Cuckfield	3912	17670	216	12.22	4	.23	3	13.89	311	17.60
East Grinstead	6600	13340	213	15.97	4	.30	2	9.39	199	14.92
Newhaven	1772	8030	99	12.33	1	.37	1	10.10	105	13.08
Portlady-by-Sea	1953	14560	204	14.01	3	.21	5	24.51	147	10.10
Rye	1027	4520	60	13.27	-	-	-	-	58	12.83
Seaford	4274	10780	102	9.46	2	.19	-	-	150	13.91
Totals	21562	81950	1166	14.23	19	.23	12	10.29	1082	13.20
Five Rural Districts:										
Battle	117147	29630	355	11.96	4	.13	4	11.27	490	16.51
Chailley	64205	20800	238	11.44	4	.19	9	37.82	369	17.74
Cuckfield	70986	27270	335	12.28	3	.11	6	17.91	298	10.93
Hailsham	94668	38770	427	11.01	5	.13	4	9.37	683	17.62
Uckfield	112096	43380	557	12.84	9	.21	10	17.95	514	11.85
Totals	459102	159900	1912	11.96	25	.16	33	17.26	2354	14.72
Whole County	494398	351100	4231	12.05	71	.20	62	14.65	5241	14.93

TABLE III.
NUMBER OF DEATHS AT DIFFERENT PERIODS OF LIFE IN
THE ADMINISTRATIVE COUNTY DURING THE YEAR 1957.

Urban districts										Rural districts								
Sex	All ages	0-1	1-5	5-15	15-25	25-45	45-65	65-75	75 and over	All ages	0-1	1-5	5-15	15-25	25-45	45-65	65-75	75 and over
Males	1319	15	2	12	2	43	274	393	578	1155	15	10	8	6	27	246	312	531
Females	1568	14	8	2	9	33	223	349	930	1199	18	3	6	5	22	164	258	723
Totals	2887	29	10	14	11	76	497	742	1508	2354	33	13	14	11	49	410	570	1254

TABLE IV (b).
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1957 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	Chailley	Cuckfield	Hailsham	Uckfield
1. Tuberculosis, Respiratory	-	-	-	-	2	6	3	-	11	5	1	1	4	-
2. Tuberculosis, Other	-	1	-	-	-	-	-	2	3	2	-	-	1	-
3. Syphilitic Disease	-	-	-	-	-	-	4	1	5	3	-	-	1	-
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal Infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute Poliomyelitis	-	1	-	-	-	-	-	-	1	1	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other Infective and Parasitic Diseases	-	-	-	-	1	3	-	-	4	1	-	1	1	1
10. Malignant Neoplasm, Stomach	-	-	-	-	1	19	12	21	53	11	8	4	13	17
11. Malignant Neoplasm, Lung, Bronchus	-	-	-	-	1	42	31	11	86	11	14	13	30	18
12. Malignant Neoplasm, Breast	-	-	-	-	3	19	11	14	47	9	9	6	10	13
13. Malignant Neoplasm, Uterus	-	-	-	-	1	3	-	5	9	1	1	1	3	3
14. Other Malignant and Lymphatic Neoplasms	-	2	1	1	9	58	53	72	196	56	27	33	36	44
15. Leukaemia, Aleukaemia	-	-	2	-	-	1	2	3	6	2	1	1	3	1
16. Diabetes	-	-	-	-	-	2	3	11	21	3	4	2	7	5
17. Vascular Lesions of Nervous System	-	-	-	-	3	38	101	227	369	77	45	37	109	101
18. Coronary Disease, Angina	-	-	-	-	2	70	109	148	329	62	58	44	92	73
19. Hypertension with Heart Disease	-	-	-	-	-	5	12	26	43	9	10	9	5	10
20. Other Heart Disease	-	-	-	1	1	30	75	395	502	113	86	66	159	78
21. Other Circulatory Disease	-	-	-	-	1	12	27	59	99	10	13	13	33	30
22. Influenza	-	1	3	2	2	7	11	14	40	8	10	5	7	10
23. Pneumonia	-	2	1	-	-	10	29	64	106	10	16	12	54	14
24. Bronchitis	-	-	-	-	-	12	12	27	51	12	4	7	14	14
25. Other Diseases of Respiratory System	-	-	1	-	1	4	6	8	20	4	1	2	7	6
26. Ulcer of Stomach and Duodenum	-	-	-	-	1	1	8	4	17	3	1	3	4	6
27. Gastritis, Enteritis and Diarrhoea	-	2	-	-	1	3	-	4	10	-	-	6	2	2
28. Nephritis and Nephrosis	-	1	1	-	3	8	5	11	29	5	8	2	9	5
29. Hyperplasia of Prostate	-	-	-	-	-	2	3	13	18	4	7	-	4	3
30. Pregnancy, Childbirth, Abortion	-	-	-	-	-	-	-	-	-	-	-	-	-	-
31. Congenital Malformations	9	-	2	-	1	1	-	-	13	4	3	1	2	3
32. Other Defined and Ill-Defined Diseases	23	3	3	3	6	32	32	71	173	48	31	16	46	32
33. Motor Vehicle Accidents	-	-	-	4	2	6	4	4	20	6	1	4	4	5
34. All Other Accidents	1	-	-	-	5	7	9	35	57	7	9	8	20	13
35. Suicide	-	-	-	-	2	9	3	-	14	3	1	1	3	6
36. Homicide and Operations of War	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All Causes	33	13	14	11	49	410	570	1254	2354	490	369	298	683	514

TABLE V.

CASES OF NOTIFIABLE DISEASES OCCURRING DURING THE YEAR 1957.

	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
Scarlet Fever	140	7	36	-	1	44	-	5	3	3	35	-	46	10	4	5	7	24	50
Whooping Cough	974	25	132	46	1	204	25	72	157	4	45	24	327	80	65	29	154	115	443
Acute Poliomyelitis - Paralytic	20	3	8	-	-	11	-	-	-	-	1	1	2	3	2	1	1	-	7
Acute Poliomyelitis - Non-Paralytic	18	1	5	1	-	7	-	-	1	-	1	-	2	2	4	-	3	-	9
Measles	2595	71	326	33	-	430	280	385	57	15	154	100	991	184	94	405	140	351	1174
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Pneumonia	207	4	29	13	18	64	-	12	2	2	12	8	36	27	29	7	23	21	107
Dysentery	117	38	9	-	-	47	-	1	9	-	1	-	11	1	5	11	41	1	59
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis - Infective	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis - Post Infectious	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Enteric or Typhoid Fever	5	1	-	-	2	3	-	-	-	-	1	-	1	-	2	-	-	-	2
Paratyphoid Fever	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	17	2	3	-	1	6	-	-	1	-	2	3	6	4	-	-	1	-	5
Meningococcal Infection	4	2	-	-	-	2	-	-	-	-	-	-	-	1	-	1	-	-	2
Puerperal Pyrexia	69	6	-	2	-	8	1	38	1	-	-	2	42	4	2	-	2	11	19
Ophthalmula Neonatorum	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning	25	-	-	-	-	-	-	-	-	-	-	-	-	2	14	4	2	3	25
Tuberculosis - Respiratory	158	7	34	3	3	47	3	8	11	10	8	4	44	18	13	7	14	15	67
Tuberculosis - Meninges	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis - Other forms	22	1	1	2	1	5	1	-	2	-	1	-	4	3	2	2	1	5	13
Totals	4373	168	583	100	27	878	310	521	244	34	261	142	1512	340	236	472	389	546	1983

TABLE VI.
VACCINATION AGAINST SMALLPOX.

Number of persons vaccinated (or Revaccinated) during the year 1957.

District	Age under 1 year		Age 1 year		Age 2 to 4 years		Age 5 to 14 years		Age 15 years or over		Totals all Ages	
	Vaccinated	Revac- cinated	Vaccinated	Revac- cinated	Vaccinated	Revac- cinated	Vaccinated	Revac- cinated	Vaccinated	Revac- cinated	Vaccinated	Revac- cinated
<i>Boroughs:</i>												
Bexhill	199	-	7	-	6	9	11	51	21	206	244	266
Hove	485	-	35	6	18	19	31	72	33	412	602	509
Lewes	96	-	8	1	5	7	5	8	15	39	129	55
Rye	48	-	-	-	3	3	2	2	5	21	58	26
<i>Urban Districts</i>												
Burgess Hill	178	-	10	-	11	3	6	9	6	48	211	60
Cuckfield	179	-	9	1	14	2	10	20	21	167	233	190
East Grinstead	180	-	-	-	3	7	3	15	7	66	193	88
Newhaven	88	-	4	-	9	-	18	4	4	43	123	47
Portslade	122	-	3	-	5	5	19	18	6	42	155	65
Seaford	81	-	9	1	9	2	8	46	5	88	112	137
<i>Rural Districts</i>												
Battle	255	-	7	-	12	5	21	39	13	116	308	160
Chailly	156	-	11	2	6	7	8	19	10	104	191	132
Cuckfield	264	-	18	-	16	9	18	39	17	156	333	204
Hailsham	265	2	10	1	19	8	15	41	26	138	335	190
Uckfield	443	1	21	2	24	13	26	64	21	225	535	305
Totals	3639	3	152	14	160	99	301	447	210	1871	3762	2434

TABLE VII.

DIPHTHERIA IMMUNISATION.

Summary of Returns for the year ended 31st December, 1937.

(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	TOTAL.		
	1933 to 1937				1943 to 1952			Estimated Mid-Year Child Population, 1937		
	Under 1 Born 1937	1-4 Born 1933-36	5-9 Born 1943-52	10-14 Born 1943-47	5-9 Born 1943-52	10-14 Born 1943-47		Children Under 5	Children 5-14	Total
<i>Boroughs:</i> Bexhill Hove Lewes Rye	71 96 53 15	859 1737 610 202	1233 2576 761 347	1295 2177 572 220	319 731 107 13	619 2463 440 155	4396 9802 2843 952			
<i>Urban Districts:</i> Burgess Hill Cuckfield East Grinstead Newhaven Portsmouth Seaford	67 78 85 19 41 33	863 817 747 406 381 330	778 1066 826 615 678 467	968 1612 615 535 838 711	97 56 176 69 119 128	494 759 685 79 476 234	3267 4388 3134 1723 2503 1903			
<i>Rural Districts:</i> Battle Chichester Cuckfield Hailsham Ticefield	75 73 100 127 198	1279 794 1423 1391 1957	1880 963 1248 1868 2042	1358 808 849 1483 1359	134 231 115 528 875	889 483 1554 1301 1819	5615 3372 5289 6668 8250			
Totals	1123	13796	17368	15356	3718	12476	63525	20260	53300	73500

(b) Total number of children who completed a full course of primary immunisation in the Administrative County Area in 1937 :-

Age at final injection.

Under 5 years	..	..	..	1942
Five to 14 years	..	..	..	139
				2081

(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 1937 :- 3177