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EAST SUSSEX COUNTY COUNCIL



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

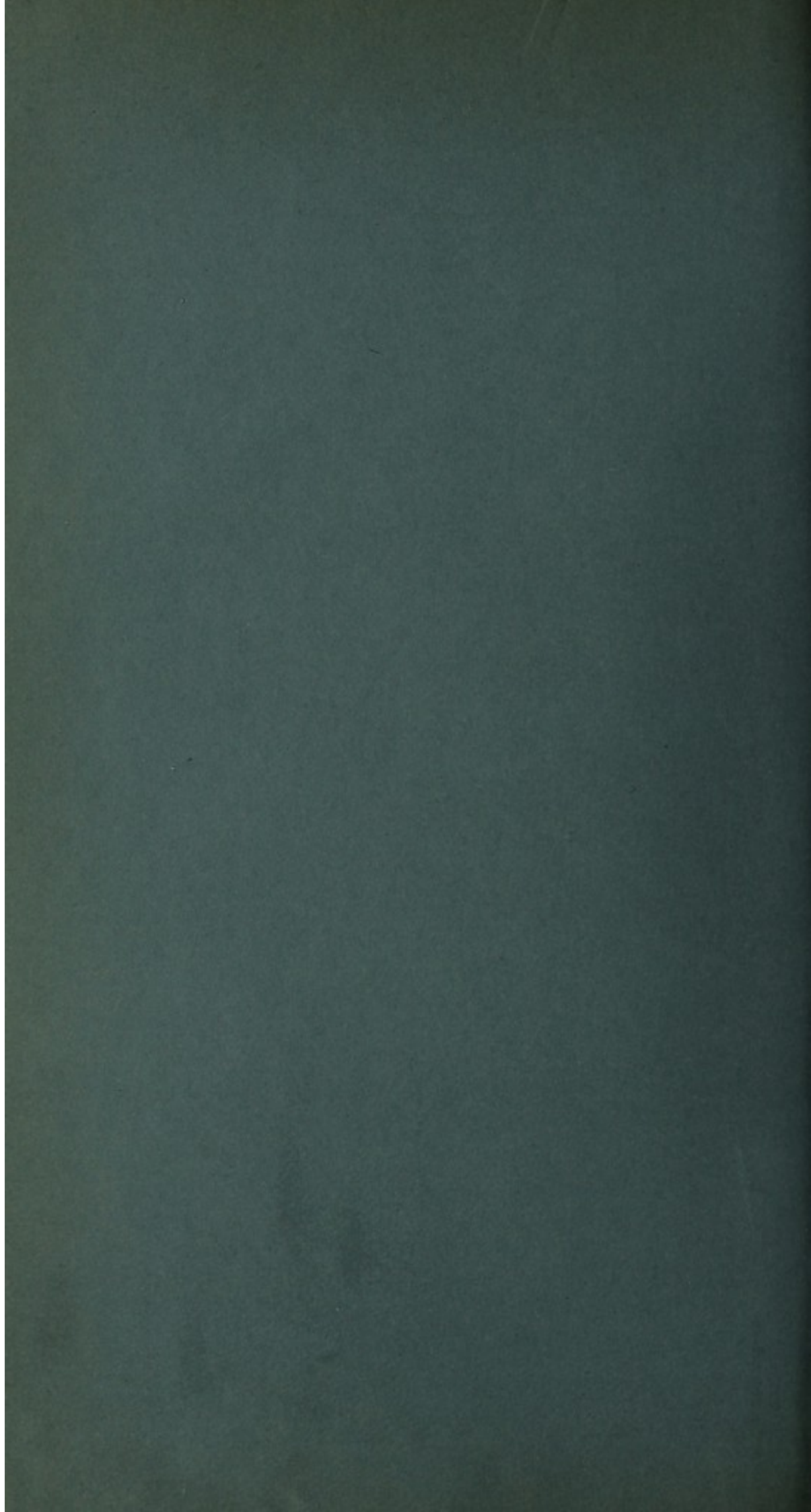
FOR THE

YEAR 1958

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

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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,

It is my honour to place before you the sixty-fourth Annual Report on the health of the Administrative County of East Sussex.

The health of the people of East Sussex continues to be good and it will be seen in the infectious diseases section and elsewhere that many illnesses which once caused so many deaths of children have largely lost their power to harm. Measles, which shows signs of returning to its traditional behaviour of occurring mainly in alternate years, now hardly ever kills and rarely does any harm: scarlet fever is rarely if ever dangerous: diphtheria is a defeated giant of the past, and even whooping cough, though it has a high nuisance value, is held in little fear. Acute poliomyelitis occurred on fewer occasions than in any year since 1948, and although it is too soon to draw firm conclusions I am quietly hoping that vaccination against poliomyelitis, which started in 1956 and continued actively during the year under review, may have played some part. Up till the end of 1958 approximately 51438 persons had received two injections each, of whom 10986 had, in addition, been given the third or "boosting" dose.

On the other hand it can be noted from the tables of causes of deaths that something like three quarters of all deaths are due to circulatory and heart conditions, which must be expected to be more prominent in a relatively aged population, and to one or other form of malignant growth. The one which could, if people wished, be most effectively controlled is cancer of the lungs and bronchus, and in my Report for the year 1957 I reminded the Council that 177 people had died during the year from this cause, more than six times as many as died from pulmonary tuberculosis. I am very pleased to note that in 1958 the corresponding figure was 108; but though this substantial drop is very welcome, especially if it continues, the number is still very large and compares poorly with only 13 deaths from pulmonary tuberculosis. Advice has been given in the way of personal letters to staff of county departments, addresses to schools, youth clubs and so on, and propaganda of a more general kind, though the money any local authority can spend in this way is pitifully small compared with the advertising accounts of the tobacco companies.

As, during the year, the National Health Service Act 1946 had been in force for ten years the Minister of Health asks that this Report shall contain "a brief general review of the manner in which, during that period, the local health services have functioned in the under setting of the National Health Services generally".

So much has happened since the National Health Service Act came into force on the 5th July, 1948 that it is surprisingly difficult to look back and adjust one's mind to the conditions prevailing before that day, especially as our Part III services link up with those conducted by other people. Here as elsewhere the services which already existed are continuing satisfactorily after a process of adjustment and expansion to meet new needs rather than complete reconstruction: the nursing and allied services are a case in point. Yet one need only look at, say, the Home Help Service to see the extent to which a facility which only a few years ago was small in size and not generally available has become so much a part of modern life that existence without it would be unthinkable.

In general, the tendency has been for an increasing use to be made of services of a personal character, especially those which help householders with problems in the home, and this increase must be expected to continue, but in spite of the obvious fact that much more money is now being spent on more services than before the appointed day, there is still a continued need for and benefit from the work done by voluntary bodies. This benefit is by no means only through the saving in money, substantial though this is. A large part is played by voluntary bodies in the health services of the county and I take this opportunity to thank once again all these and their members for their support and co-operation.

One development during the early years of the Act and its successors has been I think closer co-operation, often detailed and personal, between the Part III authorities on one side and the hospital authorities and the general medical practitioner services on the other. It has become a commonplace of practice that any general practitioner or even consultant with a problem to deal with is likely to telephone the Public Health Department in Lewes or in Hove or any of its officers (during or outside office hours); in the opposite direction, enquiries and appeals from this department meet with a friendly and helpful response from both the medical and the administrative sides. These easy relations are of inestimable benefit to the services and to the public; they certainly existed before 1948, but under modern conditions those operating various services (and this goes far beyond, of course the actual health services) must perforce come into closer contact with each other, a condition of affairs which seems to suit a friendly county like Sussex.

Another feature which has become noticeable and which concerns both voluntary and official services is the formation and vigorous development of Societies representing the interests of special groups of the population suffering from (or believed to be suffering from) named handicaps. Although it has been suggested that such societies run the risk of showing more enthusiasm than knowledge it should not be forgotten that each one represents people who not only need help but can give it, and they should be encouraged by assistance and guidance from those with training and special knowledge to use their efforts to the best purpose.

In my Report for 1957, after the name of Dr. M.I. Silverton on page 5, I omitted by inadvertence to add the letters "O.B.E.", indicating an honour he had gained during the year, and I take this opportunity to apologise to him.

I offer my grateful thanks to all members of the County Council and the various committees with which I have been concerned, and to my staff and colleagues of other departments, for their kindness and support during the year.

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.

May, 1959.

MEMBERS OF THE HEALTH AND HOUSING COMMITTEE

(as at 31st December, 1958).

(a) Members of the County Council :

Mr. S. J. Pancourt Bell.
 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.
 (Chairman of County Council).
 The Right Hon. The Earl of Craven.
 Mr. C. A. Hersham, M.C. (Chairman).
 Miss E. A. Kennedy

Mr. H. Leonard
 Mr. W. Lindsay, C.B.E. (Vice-Chairman of
 the County Council).
 Mr. K. C. Lindsey.
 Capt. P. C. Newcombe.
 Mr. G. V. Nieser.
 Mr. R. B. Powell.
 Mr. H. Riley.
 Mrs. M. M. Roberts.
 Lt.-Col. E. M. Sheehan.
 Mr. C. W. Shelford.
 Miss L. T. Toller.

(b) Other Members :

Mr. L. Burtenshaw.
 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, 1958).

County Medical Officer of Health and Prin-
 cipal 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. Silverton, O.B.E., T.D., M.R.C.S.,
 L.R.C.P., D.P.H.

(a) W. B. 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. Waugh, M.B., B.S.

Senior Dental Officer

P. S. P. Jenkins, B.Sc., L.D.S., R.C.S.

Dental Officers

C. Allmark, L.D.S., R.C.S.

E. S. Butt, L.D.S., U. Liverpool.

W. Eddings, L.D.S., R.C.S.

J. V. Goldie, L.D.S., R.C.S.

S. A. Hutchinson, L.D.S., R.C.S.

(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.

R. Park, L.D.S., R.C.S. (part-time).

(b) Hilda M. Phillips, L.D.S.

G. M. Rodgers, L.D.S., R.C.S. (part-time).

(b) A. P. Spackman, L.D.S., R.C.S.

R. C. Virgo, L.D.S., R.C.S. (part-time).

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. & L.M., D.P.M. (part-time).
Educational Psychologists	Miss M.P. Logg, B.A. N.W. Wilkinson, M.A., B.Ed.
Social Workers (Child Guidance)	Miss J.W. Hasler. Mrs. A.I.C. Pember. M. Scott.
Speech Therapists	Miss D. Aylen, L.C.S.T. (b) Miss B.J. Bentley, L.C.S.T. Mrs. M.J. Thorndike, L.S.C.T. Miss M. Williams, L.S.C.T.
County Health Inspector	T.F. Ayrton.
Assistant County Health Inspector	G.R. Crowther.
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.F. 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.
Home Teacher for Mental Defectives	Mrs. R.S. Joyce
Social Worker	Mr. F.P. Bezzina-Martin
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 351,100 in 1957 to 354,800 in 1958.

The crude Birth Rate for the county was 12.40 per thousand of the estimated population (.35 per thousand more than in 1957). The live births in 1958 totalled 4,399 (168 more than in 1957). The number of illegitimate live births in East Sussex was 230 (37 more than in 1957) or 5.23 per cent. of the total.

The crude Death Rate was 15.70 per thousand in 1958, as compared with 14.93 in 1957.

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	14.38	16.4
Corrected Death Rate	11.15	11.7

The Infant Mortality Rate was 15.91 per thousand live births in 1958, as compared with 14.65 in 1957. The rate for England and Wales was 22.5. The illegitimate death rate was 30.44 per thousand illegitimate live births, as compared with 36.27 in 1957.

The Maternal Mortality Rate was .22 per thousand live and still births, as compared with .23 in 1957. One maternal death (referable to Hove) during the year gave rise to this figure.

SANITARY CIRCUMSTANCES

Rural Water Supplies and Sewerage Acts, 1944/55.

During the year no new schemes for water supply, sewerage, or sewage disposal, have been submitted by district authorities, the proposals received being confined to extension or revision of former schemes, and the following have been examined and reported upon :-

Battle Rural District.

Parishes of Brightling and Dallington	-	Extension of water main to Woods Corner and Cold Harbour Farm, Dallington.
Parish of Ewhurst (Central Parishes Water Scheme)	-	Extension of water main to Dagg Lane, Ewhurst.

Chailey Rural District.

Parish of Plumpton	-	Revised scheme of sewerage and sewage disposal.
Parish of Ringmer	-	Re-laying part of sewerage system.

Uckfield Rural District.

Parishes of Maresfield and Uckfield	-	Link water main - Maresfield to Uckfield Water Tower.
Parish of Rotherfield	-	Extension to sewage disposal works (Redgate Mill).

The effects of the restrictions imposed on capital expenditure over the past few years are reflected in this very limited programme, but the easing of the financial position towards the year end encourages the hope that authorities will again be able to press forward with their proposals for these essential services.

Some further progress has been made on existing schemes and in the Battle Rural District the systems of water distribution for the parishes of Brede, Brightling, Dallington, Ewhurst, Sedlescombe, and Udimore, have been completed and work commenced on the supply mains for the northern section of the Battle Central Parishes Water Scheme.

Sewerage and sewage disposal facilities have also been provided for Fairlight and Staplecross in the Battle Rural District, and for Clayton in the Cuckfield Rural District.

With the increasing use of water and the expansion of services over the greater part of the county, the need for proper sewerage and sewage disposal arrangements becomes more urgent and in some localities existing conditions are already being aggravated. Increased effort should now be directed towards meeting this need, and particularly in those areas in which conditions are liable to affect surface or underground sources of water supply.

FOOD AND DRUGS ACT AND MILK AND DAIRIES REGULATIONS

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949/53.

Eight Dealer's (Pasteuriser's) Licences were renewed on the 1st January, 1958, but one plant was not operated during the year, all pasteurised milk being purchased ready-bottled until the business was sold in August.

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

Routine inspections of the arrangements for processing, storage and distribution have been maintained and the results of tests on samples of milk taken from these premises during the year are given in the following table :-

Class of Milk	Number of Samples	Appropriate Tests	Number of Samples	
			Passed	Failed
Pasteurised	224	Phosphatase	224	-
		Methylene Blue	224	-
Tuberculin Tested (Pasteurised)	289	Phosphatase	288	1
		Methylene Blue	284	1 (4 invalid)
Totals:	513	Phosphatase	512	1
		Methylene Blue	508	1 (4 invalid)

The phosphatase failure again occurred at a dairy using a holder type plant, owing to admixture of a small quantity of raw milk with pasteurised milk by a new operative. The cause of the methylene blue failure was not confirmed, but the pasteuriser concerned had been experiencing difficulties with the keeping quality of his farm supplies at the time and concentrated checking revealed no further failures.

Examination of Bottles.

In order to determine the efficiency of the methods adopted in the cleansing of milk bottles at these establishments, forty-four sample groups of bottles have been examined during the year. Thirty-seven were satisfactory, two fairly satisfactory, and five failed to reach the standard recommended by the Public Health Laboratory Service.

The failures were attributed, in one case, to improper storage, in three cases, to a build-up of organisms in the rinse water tanks, and in one case, to misalignment of the bottle washing jets.

Specified Areas.

The whole of the administrative county and all areas adjoining the county are now subject to the Milk (Special Designations) (Specified Areas) Orders, making the use of special designations (Pasteurised Milk, Sterilised Milk and Tuberculin Tested Milk) obligatory in relation to all retail sales of milk.

Records of all licensed retailers have been kept up-to-date, the only significant change being an increase of 20 per cent. in the number of shopkeepers handling milk, an unfortunate trend if it continues as so many of these people only cater for the variable summer trade and are careless of the need for proper storage.

Supervision of supplies has been continued and no cases of contravention have been reported during the year.

In the administrative county area, the milk retailers comprise :

(a) Pasteurisers, retailing direct	14
(b) Purchasing Dairymen	85
(c) Producer Retailers	41
(d) Shopkeepers	125

Total	265
-------	-----

Biological Examination of Milk.

On the 1st March, 1958, the administrative county was declared to be an Eradication Area by the Tuberculosis (South East England Eradication Area) Order, 1958 and became an Attested Area under the Tuberculosis (Southern England Attested Area) Order, 1958, as from the 1st October, 1958.

During the year therefore the number of supplies of standard milk and milk from untested herds was steadily decreasing and the programme of sampling for biological examination was reduced accordingly.

In all, 160 samples of standard milk were submitted, involving 110 sources of supply, which included most of the old offenders, and all were reported to be free from tubercle infection. In nine cases *Brucella abortus* organisms were isolated and these findings were notified to the Divisional Veterinary Officer and the Medical Officer of the districts concerned.

In addition, 7 samples of tuberculin tested milk taken at the Hospital farms were reported to be free from tubercle and *Brucella* infections and again there were no notifications of infected supplies from outside authorities.

The application of the Attested Area Order to this and the adjoining counties makes a welcome contribution towards the safeguarding of milk supplies and with the controls now effective in relation to retail sales and distribution, the risk of milk borne infection from bovine tuberculosis can be regarded as negligible.

Milk-in-Schools Scheme.

Supervision of supplies provided under the scheme has been maintained and the general position is regarded as being satisfactory.

With the exception of two private schools using tuberculin tested milk from their own herds, all the schools are being supplied with pasteurised milk as recommended.

INFECTIOUS DISEASES

Certain infectious diseases continue to be notifiable to the medical officers of the county districts, as before the National Health Service Act 1946; but under the latter the notifications must be passed at once to the County Council as health authority who must repay to the district councils the fees paid by them to the doctors who notify. It is clearly necessary for health authorities, having accepted under the Act the duty of "prevention of illness", to know of notifications, and it was not desired nor desirable to deprive district councils and their medical officers of health of their responsibilities in the same matter, which after all were the main reason in the first place for the establishment of public health services. This divided control has worked quite well, but dual responsibility is essentially an unsatisfactory arrangement, especially for the prevention of infectious diseases where personal enquiry and action are still often needed and may result in unintentional overlapping.

The diseases which at present must be notified consist of those in a basic list set out in the Public Health Act 1936, to which have been added from time to time, by various Regulations, a number of other conditions; in addition to those which may be notifiable only in a particular district. It is sometimes far from clear what the exact legal position is, and in addition, during recent years some infectious diseases have ceased to be the cause of anxiety and others, such as measles, remain prevalent but are of nuisance value rather than dangerous. I might well repeat here what has been said frequently elsewhere, that it is high time the question of notification of disease was reconsidered by central authority: what is to be gained by it and which diseases should be removed from or added to the list. For example, there is general feeling that notification of measles no longer serves any useful purpose. It is not only a waste of public money to pay for unnecessary notifications, but it tends to inculcate a lack of regard for the necessity to notify those conditions which really do matter, such as food poisoning and tuberculosis.

3,202 notifications of infectious diseases were received in 1958 as compared with 4,373 in 1957. This difference is accounted for by a drop of 588 in measles, only 2,007 cases having been notified against 2,595 in 1957. Whooping cough notifications also dropped to 540 as against 974 the previous year; a drop of 434. It will be seen that it is the lower number of measles and whooping cough notifications which together account for most of the difference between this year's and last year's figures. A sudden increase in the occurrence of measles, however, started in November and was still maintained at the end of the year.

Scarlet fever cases amounted to 136 (140 in 1957). Dysentery cases show a considerable drop (there were only 74 as against 117) though food poisoning cases were slightly higher - 33 compared with 25 in 1957. 132 cases of pneumonia were notified, 71 of these occurring in the first 3 months of the year.

The number of cases of acute poliomyelitis in the county (including Hove and Portslade) was 15 including 8 known to have been non-paralytic. This is less than half the previous year's total of 38. Of the 15 notified in 1958 only 1 was under the age of 5 years, 6 between the ages of 5 and 15 and 8 over 15 years of age. There was one death.

Tuberculosis.

156 new cases of pulmonary tuberculosis were notified in 1958, two less than the previous year. 69 of the 156 were patients between the ages of 15 and 45. The greatest number of notifications for males occurred between the ages of 45 and 55 and for females between the ages of 35 to 45. Notifications of other forms of tuberculosis numbered 18 of whom 4 were under 15 years of age.

At the end of the year there were 2,545 notified cases on the Register (2,253 pulmonary and 292 non-pulmonary) as compared with 2,110 pulmonary and 320 non-pulmonary respectively in 1957, more than half the difference being accounted for, as last year, by the movement of patients into the county. It should be pointed out, moreover, that the ascertainment of new cases, the supervision of known sufferers and accuracy of diagnosis have all steadily increased.

Deaths from tuberculosis in 1958 were as follows :-

<i>Pulmonary Tuberculosis.</i>	<i>Deaths.</i>
Urban Districts	12
Rural Districts	13
<i>Other Forms of Tuberculosis.</i>	
Urban Districts	1
Rural Districts	2

Nine were of patients whose disease had not been notified before death, but the position is much better than appears at first sight. "Tuberculosis" as one item in a death certificate may, and often does, merely mean that the damage done by the disease when it was active - many years previously perhaps - has played its part in the terminal sequence ending in death. A man's heart may finally give way, for example, when acute bronchitis adds just that much extra load to the constant circulatory resistance put up by a scarred and fibrotic lung damaged by tuberculosis. Of the nine patients here noted, six could be regarded as of this type; in only the remaining three was active tuberculosis present and it seems probable that not one of these consulted any doctor till the last few days or hours of life.

Four deaths were of patients who were found to have non-pulmonary tuberculosis not notified during life. The youngest was 53 years of age and in every case the tuberculosis was of an old burned-out type not directly causing death.

Sleeping Shelters

During the year it was agreed that of the shelters still stored in Lewes two should be sold to the Mid-Sussex Hospital Management Committee for use at the Isolation Hospital for the occasional elderly tuberculous patient who has no real home and whose disease, although active from time to time, has got beyond effective treatment.

Three patients have been supplied with shelters during the year and three have been returned to store owing to patients moving. At the end of the year 16 shelters were in use.

Rehabilitation.

At the end of 1958 three patients were still in training at the Papworth Village Settlement and one at Preston Hall, Cambridge. No new cases have been accepted for rehabilitation during the year but the County Council has accepted financial responsibility for one chronic case at St. Barnabas Home, Torquay. He is an ex-Indian Army man on a disability pension, having no fixed abode, who has been in and out of hospitals for the past seven years.

B.C.G.

A further 508 contacts received B.C.G. vaccination together with 2849 school children. This brings the total vaccinated in the county since 1950 to 5,666.

Care Almoner's Report.

This year the Care Committee funds available to help patients have been less owing to a reduction in Seal Sales receipts, and it has not been possible to give such generous grants to patients as in former years. However, help has been given to a number of patients to meet varying needs.

In particular, fuel grants have been given to 34 patients in the county in general and seven patients in Hove as the high cost of fuel is a real hardship to many patients. In some cases these grants have taken the form of orders for coal, in other cases help with electricity and gas bills. The National Assistance Board have been most co-operative in giving the maximum help they can but their normal grant for extra fuel is limited to the price of half a hundredweight of coal per week and in many cases the Care Committees were glad to be able to supplement these fuel allowances.

The Almoner has called more on voluntary funds to supplement help given by the Care Committees :-

- (1) The R.A.F. Benevolent Fund were approached and gave a grant of 10/6 per week over a period of more than a year to enable a man to keep up payments on his motor scooter. Now this man is resuming work after 18 months illness and is glad to have his own transport thus making it much easier for him to do his job.
- (2) Another ex-serviceman, who was a War Disability pensioner, was given a grant of £10 by the St. John and Red Cross Ex-Services War Disabled Help Department to enable him to purchase a much needed carpet.
- (3) A grant of £10 was secured from another voluntary fund to provide a housewife with linoleum for her new Council house, the first home she and her husband had had together.
- (4) A grant of £20 was obtained from the Civil Service Sanatorium Society to assist a patient to carry out essential repairs and decorations to his own home.

Owing to unemployment in the coast towns patients have found it increasingly difficult to get suitable work. The Almoner approaches the Disablement Resettlement Officer at the appropriate Labour Exchange but has found the D.R.O's increasingly reluctant to send men to train for more suitable trades owing to the difficulty in placing them in work when they are trained. In many cases this has meant that the Chest Physicians have kept patients off work for a longer period than might have been necessary so that they may be fit enough to return to their former jobs, such as work in the building trade. This has meant a continuing need for assistance both from statutory and voluntary sources and this largely accounts for the fact that the Care Committee have still a very considerable call on their funds although the actual numbers of new cases notified have diminished.

NATIONAL HEALTH SERVICE ACTS

HEALTH CENTRES (SECTION 21)

In 1950 and 1951 discussion took place with officers of the Corporation who were building the New Town at Crawley regarding what building should be provided for Health Services, and the general medical practitioners in that area were approached about the possibility of setting up a Health Centre for that town. These came to nothing as the doctors were understandably wary regarding the various uncertainties inevitably encountered in putting forward such a plan; in particular, how they would be financially affected if they had to pay a substantial rent for offices in a Health Centre as well as maintaining their existing surgeries. They also contended that one Health Centre in a place the size Crawley was expected to attain would be inconveniently far from a large number of people intended to use it. In addition the New Town Corporation had already provided one or two new incoming doctors with accommodation locally, thus making it impossible to say that there would be a large area of housing not served by a reasonable number of doctors' surgeries. Only a few years later the New Town passed to West Sussex, taking with it the administration of its health services.

Although the wording of Section 21 of the National Health Service Act, 1946 would allow for very considerable flexibility in design and planning of Health Centres, most people when the term is used think of a large building providing surgeries and ancillary accommodation for a group of general medical practitioners working in association (not necessarily partnership) and also for local health authority services such as Welfare Centres, health visitors' offices, ante-natal clinics and dental services. It therefore follows that apart from any other considerations a health centre of this "conventional" type must be within easy reach of enough patients to occupy three or four general medical practitioners, i.e., at least 10,000 people, though the figure put forward by various writers has varied according to their views and the extent of the services to be provided from 10,000 to 30,000. Large health centres of this type have been built in a few main centres of population, examples being that at Woodberry Down (London County Council) and the William Budd Centre at Bristol.

Examination of East Sussex in the light of such standards - i.e., a population of at least 10,000 people insufficiently served by the surgeries of its existing doctors - will show at once that the admittedly heavy expenditure on health centres would not be justified. In only a few places are there compact areas with populations of over 10,000 and all these are already adequately served by doctors' surgeries. Health Centres of the "conventional" type are clearly therefore only practicable and suitable for the towns in this country, not for rural areas such as comprise most of our county. Nevertheless, there may be an opening from time to time for experimental building or adaptations of a much more modest type than those that already exist in order to meet special local needs in smaller towns or villages: one might think perhaps of a building providing surgery accommodation for one or two doctors with a modest welfare centre and having one or two flats for nurses upstairs. Local conditions are being kept under observation in case such planning may be considered worth while from time to time.

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. 555 mothers attended during the year. Teaching classes continued to flourish, and relaxation classes are increasingly popular throughout the county.

Infant Welfare Centres: The table below shows the position at the 31st December, 1958, as compared with a year ago. Six of the 48 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
1957 ... 49	1,493	4,020	15,533	12,103
1958 ... 48	1,594	3,925	15,420	11,114

The "swing-over" from infant welfare to weighing centres continued during the year and on the 31st December, there were 27 "weighing centres" operating (i.e. without a Medical Officer in attendance); these are not included in the figures tabulated above. 1207 children made 5082 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 200 premature live births during 1958, 8 more than in the previous year. 176 survived the age of one month. Special equipment is provided 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, 1958 there were 110 distributing centres in the county as against 107 in 1957. We have also received much useful help from retailers, such as pharmacists, who act as selling agents in small country places.

The following quantities of foods were issued by the Health Authority (outside Hove and Portslade) during 1958. The figures for 1957 are given for comparison.

	1958	1957
National Dried Milk	46,836	58,880
Cod Liver Oil	14,837	22,537
Orange Juice	12,505	208,472
Vitamin A and D Tablets	10,225	10,546

Although there has been a tendency of recent years for parents to make their own arrangements for infant feeding rather than use the official welfare foods and vitamin supplements, the very large decrease which can be seen above in the "up-take" of orange juice is related to the rule which came into force during the year that it would no longer be supplied to children over the age of two years.

Care of Illegitimate Children: 41 unmarried mothers were admitted to hostels during 1958, 13 more than in 1957. Of their 41 children, 19 have been placed for adoption, one was taken into the care of the County Council, one was stillborn 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 or childbirth would be dangerous to health. 6 women received instruction during the year. The Family Planning Association have established clinics at Haywards Heath, Hove and Eastbourne where a number of women attended by private arrangement.

Maternity Outfits: 1,397 sterilised outfits were issued during the year to midwives for distribution to mothers being confined in their own homes.

Child Care and Hygiene Instruction: Instruction in these two subjects was given by the Assistant County Nursing Superintendents and Health Visitors to the Senior Girls.

The Child Care Syllabus was covered in 19 schools. The Hygiene Syllabus in 2 schools.

Child Care (Mothercraft under a more acceptable title) continues to be accepted with enthusiasm and of 485 girls entering the examination 371 were awarded certificates of proficiency, of whom 150 passed with credit.

The new Hygiene Course, which was especially requested by two Headmasters, is intended for a slightly younger age group of girls and as a preliminary to the Child Care course. The girls are very interested and results good. 28 girls entered the examination, 25 were awarded certificates of proficiency, of whom 13 passed 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.

Co-ordination Committees: By the end of 1958, there were four Co-ordination Committees functioning. These are attended by representatives of the N.S.P.C.C., the Children's Officer, the Health Authority, the District Council, the National Assistance Board and other bodies interested in welfare work.

DENTAL CARE

The Act as brought into force in 1948 provided a system of general dental care under Part IV of which all members of the public could take advantage; and also a priority scheme, under Section 22, for the benefit of expectant and nursing mothers and children under the age of 5 years. The latter, for which health authorities are responsible in their respective areas, was intended to secure that the above-named special groups should be able to get all necessary inspection and treatment without running the risk of being elbowed aside by the rush of people taking advantage of their new opportunities. In East Sussex (as in, I suppose, practically all other areas) the necessary arrangements were merely an extension of the already existing provision whereby mothers and young children were inspected and treated by the staff of dental surgeons engaged on school dental work.

Unfortunately a full and effective working of the plan has been hampered by shortage of dental surgeons willing to enter local authority services. This shortage has been increasingly felt for many years now, but on the introduction of the public dental services under Part IV of the Act the salaries obtainable by dental surgeons working in it were so very much higher than those fixed by negotiated agreement for dental officers in local authority employ that an immediate and continued difficulty

was experienced in recruitment to local authority staff, even in the favoured south coast areas. In consequence, and in spite of some subsequent reduction in the difference between the two grades of payment, we have not had our full complement of dental officers at any time since the National Health Service Act, 1948 came into force, and there are no signs of real improvement. Lest, however, the foregoing sounds like implied reflection on those dental officers we have been able to keep and recruit, I hasten to say that they have one and all done excellent work and I am grateful to them for resisting the lure of higher salaries elsewhere.

REPORT OF SENIOR DENTAL OFFICER FOR 1958.

The Dental Service provided for expectant and nursing mothers and children under five years of age in 1958 was run in conjunction with the School Dental Service, as in previous years.

The "effective" strength of the staff was referred to last year as being at its lowest for some years. It has been fractionally better this year, again mainly as the result of the appointment of part-time officers. Such appointments are useful and valuable but as a long-term policy are not as effective as the employment of full-time officers whenever this becomes possible.

The work done is shown in the tables below.

Continuing the trend of recent years, the figures for mothers show a slight decrease, but those for children under five are again better than those for the previous year.

(a) Numbers provided with Dental Care :-

	Examined	Needing Treatment	Treated	Made dentally fit
Expectant and Nursing Mothers	136	128	103	103
Children under Five	498	421	374	329

(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	133	217	2	1	267	48	31	48	4
Children under five	-	552	120	-	410	223	-	1	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).

Ante-Natal Clinics: The trend during the past ten years has been for ante-natal clinics conducted by the authority to disappear. In 1948 there were 13 such clinics and in addition some ante-natal consultations took place during sessions at infant welfare centres. The latter expedient - it cannot be rated as higher - has been given up; and attendances at ante-natal clinics soon decreased so much that it was uneconomic to continue them, partly because the hospitals where so many confinements take place conducted their own ante-natal clinics and partly because in five areas there have been instituted what we call the "Newhaven" type of clinic. This is an ante-natal session held in a county clinic, conducted by local general practitioner/obstetricians in turn for their own patients and attended by the midwives and health visitors concerned, a procedure which has obvious advantages to all concerned. There are only five of these, but a similar co-operative type of ante-natal clinic is conducted by a few general practitioner/obstetricians in their own surgeries.

In my report for 1957, I said: "Teaching classes continue 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 worth while". Since then I have had the privilege of reading another batch of reports made by mothers who had attended relaxation classes during 1958 and I am more than ever convinced that attendance means at the very least a happier and more confident confinement. If this were the only benefit gained, the relaxation classes would be well worth the trouble and the modest outlay spent on them.

Local Obstetric Committee: This committee, set up in each local health authority area at the request of the Minister, had the duty of preparing and maintaining an Obstetric List of those general practitioners who wished to practise domiciliary midwifery and whose training experience and skill were such that they could be expected to maintain a high standard of midwifery - using the term to cover the whole obstetric range of ante-natal work, delivery and post-natal care, and including advising midwives.

Although (subject to some limitations) any doctor could and still can practise midwifery under Part IV of the Act, the doctors whose names are on the Obstetric List receive a higher fee than the others.

The Committee, consisting of an obstetric consultant, two general practitioners and the county medical officer, together with the medical officer for the Sub-Committee area of Hove and Portslade, have had very largely to devise their own standards in dealing with the delicate task of deciding whether applicants, all of whom were legally empowered to practise midwifery, could in fact be accepted as having the necessary skill for admission to the list. As in other areas the committee felt its way and arrived at what the members consider a reasonable standard, which is that applicants must show that they have had post-graduate experience and instruction as residents in an approved obstetric unit. As must happen when any new standards are set up, however, it was necessary at the beginning to accept for the Obstetric List the large body of general practitioners who applied in virtue of having carried on such practice for a number of years, and the Committee have not yet I believe solved the problem of how to deal with cases where doctors whose names are on the List may have lost some of their skill through taking very few cases or for other reasons. It is hoped that the Report of the Cranbrook Committee may help, since if a List is to contain only the names of thoroughly competent general practitioner/obstetricians it must be necessary from time to time to remove some names from the list, if only, for instance, on account of failing powers due to advancing age, or because a practitioner's knowledge and skill have become rusty through not taking any cases for several years.

DOMICILIARY CONFINEMENTS

As was expected when in 1948 admission to maternity units as well as other hospitals was made free of cost, the demand for hospital confinement rose and during the past ten years there has been a steady though not great increase in the proportion of East Sussex mothers confined elsewhere than in their own homes (see table IX). At an early stage the South-East Metropolitan Regional Board laid down the principle that hospital confinements should be on medical grounds or when "social" reasons existed, e.g., insufficient space at home, lack of help etc, and asked local authorities to assess on behalf of maternity units the validity of any applications for admission on social grounds. Thus, it has been the practice for some years, though admittedly the routine was difficult to establish in some cases and has been incompletely followed from time to time, for all applications made solely on social grounds to be referred for assessment to this office or that of Dr. Chadwick in Hove and Portslade. Acting mainly on the report of a senior nursing officer made after a visit in each case, Dr. Chadwick and I have advised the hospital authority whether a domiciliary confinement might be a reasonable proposition, aided perhaps by the provision of a home help or other service. Although this is the practice there is no doubt that some women are admitted to maternity units who could easily have had their babies at home; and the remarkable difference between one area and another in the proportion of expectant mothers alleged to have "medical reasons" for admission suggests the standards vary very considerably or that the doctors are not always able to resist pressure put on them by their patients. For example, the admission to two different units during a period of six months in 1958 were examined. In "Unit A" 55 applications were referred to me for assessment and 286 other patients were admitted on medical grounds. In "Unit B" 184 mothers were admitted out of which total only three were referred for enquiry. Although all three were, so to speak, refused by the health authority two of these succeeded in securing admission to the maternity unit.

The answer may be as openly advocated by one member of a Hospital Management Committee, that any woman who wishes to be confined in hospital should be allowed to without question: only time and the Treasury will be able to say. It would be a pity to accept this view and attempt to put it into practice while the more urgent need for beds for old people is only partially met.

Although the detailed procedure was altered somewhat a few years ago officers of health authorities have continued to supply information of a detailed character in every case where a maternal death referred to the county has occurred. There is no doubt that extremely careful objective and honest examination of every detail of such cases from the very beginning until the unfortunate end is not only good discipline but very valuable in the interests of maintaining a good standard of midwifery.

HEALTH VISITING

Although, during the past ten years, we have retained to a large extent the system whereby in rural areas one woman combines the functions of midwife, district nurse and health visitor, thus acting as a "generalised nurse", there has been a tendency in urban areas to appoint whole-time visitors and "combined" nurses, the latter doing midwifery and general nursing. In 1948 there were (including Hove) only 12 whole-time health visitors: at the end of 1958 we had 12 for Hove and Portslade and 20 in the remainder of the county.

In accordance with the development of ideas regarding what is sometimes called "social medicine" the health visitor has increasingly become the adviser in general health matters to the whole family unit. While this development is noted and, in the majority of cases approved, by the general medical practitioners, it has been most easily accepted in the case of generalised nurses, who are so to speak health visitors without the family doctors knowing them under that title.

The only attempts to develop any form of specialised health visiting have been in the fields of tuberculosis and geriatrics. In 1954 a whole-time health visitor was appointed whose time was, and is, divided approximately equally between the two specialities. In tuberculosis she acts as tuberculosis visitor in a given area, and is associated with one Chest Physician who deals with the same area, attending his clinics as well as doing domiciliary visits. In the care of old people she is similarly related to a hospital Geriatric Physician, visiting all old people in her area who have been considered for hospital, seeing them while they are in-patients and arranging for their discharge to suitable conditions at home.

In the remainder of the county outside Hove and Portslade tuberculosis visiting used to be part of the work of the Assistant Nursing Superintendents, each of whom had an area for all purposes; but in November, 1957 tuberculosis was separated, and has since been dealt with by two whole-time tuberculosis visitors.

When "Child Life Protection", as it was then called, was taken over by the Children's Officer in 1949, a close and friendly liaison was quickly established between the health visitors, who until then acted as Child Life Protection visitors, and the Child Care Visitors who took over these duties. Informal consultations in the field, and special joint visits by a senior member of the Children's Officer's staff and a medical officer, have become a commonplace part of the work in the interests of children in which both departments are concerned.

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, 1958, the total number of nurses attached to these district nursing associations was 112, of whom 102 were Queen's Nurses. These nurses were employed in the following categories :-

- 64 on generalised duties (i.e. midwifery, home nursing, health visiting and school nursing)
- 23 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
- 6 on part-time relief work
- 1 on health visiting, school nursing and poliomyelitis clinics.

There are no separate school nurses. In addition, the staff of the County Nursing Association includes a Part II Midwifery tutor, 2 tuberculosis health visitors, 1 tuberculosis and geriatric health visitor, 1 B.C.G. nurse and 2 part-time on poliomyelitis vaccination.

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 87 nurses were undertaking midwifery; 86 were qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board and during the year 300 of their patients received trichloroethylene and 746 received gas and air analgesia. Pethidine was administered in 626 cases.

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, 1958, was 177; in addition 11 notifications were received from maternity nurses. The previous year's figures were 174 and 16 respectively. The midwives attended 1272 deliveries during the year, all but 5 cases being attended by the district midwives. Medical aid was summoned in 470 cases.

No case of *ophthalmia neonatorum* was notified during the year, neither was there any new case of *retrolental fibroplasia*.

61 cases of *puerperal pyrexia* were notified, 43 occurring in hospitals and 18 in the patient's own homes.

factorily during the year.

The following table summarises the work of the School during 1958 :-

Examination Results:-

[illegible]

...and the case for research on socialization is made.

needs year by year.

the above figures. This indicates that the model is able to describe the data well.

deals with geriatrics in her area.

65 years of age or over.

IMMUNISATION AND VACCINATION (SECTION 26)

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

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 another maintained school 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 VII and VIII in the Appendix.

Smallpox: The smallpox outbreak in Brighton in 1950/51 underlined the importance of those dealing with illness being kept protected by regular vaccination, and at all times, even before that date, the majority of the nurses employed by this authority have been so protected. I am pleased to add that during the year this principle was supported by the County Nursing Association's decision that every candidate for employment would be informed that they were expected to be vaccinated against smallpox not less often than once every three years. No difficulty has arisen in applying this decision. Nurses are also advised to undergo a Mantoux test and to have vaccination with B.C.G. if found Mantoux negative, which surprisingly enough still occurs from time to time in spite of widespread vaccination of pupils in training schools for nurses. No doubt as older nurses retire the proportion of recruits found Mantoux negative will become very small indeed.

Vaccination against Poliomyelitis: (including the Hove and Portslade Area). By the 31st December, 1958, 51438 persons had received two injections and 10986 three injections against poliomyelitis.

AMBULANCE SERVICE (SECTION 27)

A satisfactory service was started in 1948 by "enrolling", so to speak, all the ambulances belonging to various voluntary bodies and stationed in the county as well as the single ambulances belonging to the Borough of Hove and the Seaford Urban District. In 1951, the Heathfield and Waldron Ambulance Committee, a voluntary body who had maintained one ambulance, terminated their agreement and the remaining service areas in the neighbourhood were able to take over their work. Since then the only marked variation in the pattern has been expansion to 9 vehicles at the Hove depot and the present not yet complete project of providing a 3-vehicle station at Haywards Heath instead of the 2-vehicle contract at that town and the one-vehicle station at Hurstpierpoint.

Although this composite service still depends very largely for staffing and goodwill on the voluntary bodies, notably the St. John Ambulance Brigade and the British Red Cross Society, there has been a continued tendency for volunteer staffing of ambulances during the day to decrease; one reason being that employers can no longer spare men to man ambulances during working hours. The pattern in consequence is becoming clearer of ambulance stations having a nucleus of whole-time paid staff and a variable number of volunteer drivers and attendants available chiefly outside normal working hours. This may be regarded as indicating a gradual change-over to a whole-time paid service; whether or no this will eventually develop the process is slow and in the meantime the public benefit as well as both parties to the contract. The voluntary bodies are helped in their major enterprises of ambulance work and first-aid training; the health authority are enabled to conduct an efficient service at much less cost than would be necessary for fully paid staff; and the public benefit not only from transport of the sick and injured but also from the ministrations of many skilled first-aiders.

In East Sussex we have gone part of the way to centralised control of ambulance services; it is believed that the voluntary bodies concerned would not object and the effect of the Local Government Act, 1958, of placing the management of the ambulance depot at Hove under central control is one step in that direction.

A linked-up proposal, which is waiting as far as detail is concerned till central control is established, is radio control.

COUNTY STATISTICS

(Including Hove and Portslade).

	Ambulances		Cars	
	Patients	Mileage	Patients	Mileage
1949	13001	260938	29636	610790
1950	16268	296880	35546	734014
1951	19141	309565	43140	840766
1952	20771	319630	96554	896110
1953	24257	323991	90911	810861
1954	26291	324530	98528	862448
1955	27688	341076	103817	921603
1956	29603	333521	101407	915144
1957	31734	353248	113450	926186
1958	35016	376925	116002	940121

⁶The considerable increase in the number of patients is due to the Ministry's instructions in compiling the return.

When emergency calls are received on the county boundaries, the incident is dealt with by the nearest ambulance station, whether in this or a neighbouring authority's area, and no financial adjustments are made where these emergencies are street accidents or illness in a public place.

Close co-operation is maintained with the Brighton, Eastbourne, and Hastings authorities, whereby the returning empty ambulances are used for patients discharged from hospitals in those towns, with a resulting saving of charges made against this authority under Section 24^{of the} National Health Service (Amendment) Act, 1949. When patients are conveyed on long journeys, the other authority is informed and offered the use of the returning empty ambulance. If possible, prior notice of this is given, and a number of authorities in addition to those named above have taken advantage of this, the only mileage chargeable being that in excess of the normal return mileage. Most authorities follow the same procedure, which was one of the recommendations of the National Association of Ambulance Officers in their effort to economise on the running of the Ambulance Service, and we have been able to make similar arrangements for patients to be taken from the East Sussex area to other districts without cost to this authority.

During the year, three 2-stretcher ambulances were replaced by Bedford/Lomas dual purpose ambulances at East Grinstead, Haywards Heath, and Rye. This type of vehicle is most useful for sitting cases and will accommodate a stretcher case should the need arise, and they are considerably more economical in running, especially where patients are being carried with plaster splints on their limbs and cannot be accommodated in the orthodox sitting car. The larger type Bedford/Lomas type ambulances are giving efficient service and can be used on long distance casework; the policy to standardise on the Bedford/Lomas type ambulance has been fully justified.

The use of diesel ambulances has received my consideration for some time now, but I do not yet wish to make any recommendations for their use in the area at this stage, as I still feel there are many experiments which must be carried out in body and chassis construction to minimise unnecessary vibration and at the same time cut out the smell of fumes from the use of diesel engines.

The use of rail travel as part of ambulance or car/train transport shows an increase on the previous year and it has been found that patients have a more comfortable ride in the warmth of the compartment of a train than during a long road journey, especially in winter time when road conditions are at their worst. I am receiving letters of appreciation regularly from patients and their relatives on the smooth way journeys of anything up to five hundred miles have been organised and completed. A total of 447 patients were carried on journeys covering some 30684 rail miles during the period under review. This would be impossible without the co-operation we receive from the British Railways Special Traffic Controller at Redhill and the Chief Officers of the London and other ambulance services, in meeting and transferring the patients at various stages en route. It is not yet realised by everyone asking for transport that if a journey including the use of a train is arranged a whole compartment when necessary is reserved for the patient and his escort.

One small difficulty which has arisen in recent months is the accommodation of stretcher cases on diesel trains, in which the British Railways have been unable to carry recumbent cases; consequently this has resulted in longer road journeys. Discussion has taken place with the Railway Commission and it is hoped that this difficulty will be resolved with the building of new rolling stock.

There is close liaison between this authority and the hospital authorities in the area so that the fullest economical use can be made of ambulance transport, and spot checks are carried out at hospitals and any queried abuse is taken up with the department concerned with satisfactory results. I am pleased to report that ambulance transport is not ordered unless absolutely necessary and I would like to thank the hospitals and medical practitioners in the county for their co-operation in this matter.

It will be seen from the accompanying charts, however, that in spite of the care taken the mileage travelled by ambulances and the number of patients carried both increased substantially during the year. This is partly due to the increasing use of dual purpose vehicles in place of sitting cars, partly of course to the increase in population of the county, and partly to the opening of new clinics by the Hospital Service.

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

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

The two directly operated ambulance stations are staffed by the health authority. The Hove and Portslade Depot operates over the whole 24 hour period; the Seaford Depot being covered for 8 hours during the day, and for the rest of the day the two drivers are available at their own homes under stand-by arrangements. The re-organisation at the Battle ambulance station during the previous twelve months by the St. John Ambulance Brigade, whereby the vehicles were transferred to a garage rented by the Brigade from a local garage, has resulted in a more efficient service and better rest room arrangements for the personnel. I am very pleased to record that in many districts the help from volunteers of the voluntary organisations is maintained, and although mainly given during the evenings it is greatly appreciated.

The facilities for re-fuelling ambulances offered by the County Surveyor from his depots at Lewes, Hailsham, and Battle, continue to operate very efficiently and these facilities are available if necessary to long distance ambulances of other health authorities bringing cases into this area.

Excluding the area which is delegated to the Hove and Portslade Ambulances Sub-Committee, 23 ambulances in all cover the administrative area from the ambulance stations, and a few parishes in close proximity to Tunbridge Wells, Hastings, Eastbourne, and Crawley are covered by ambulances from those towns by agreement.

A start was made in the construction of the new garage for three ambulances and office accommodation for the British Red Cross Society in Haywards Heath as mentioned in my last report and I am looking forward to an improved service covering the Haywards Heath and Hassocks areas from the new premises.

The Hospital Car Service still continues to run very efficiently under the control of Mr. C.H.E. Bath, the County Organiser, and I must thank Mr. Bath, his Area Transport Officers and drivers, for their loyalty in maintaining a high standard of voluntary effort to the community, sometimes under very trying conditions.

In order to maintain a high standard of first-aid amongst the members of the ambulance service, a county ambulance service competition is held annually, at which entries are invited for a team from each ambulance depot. The winners of this competition go forward to the Regional Competition usually held at the Surrey Ambulance Training School at New Malden, and the winners of that competition compete in a National Final. Great interest is shown in these competitions, which are recognised by the Ministry of Health as being of great value in increasing first-aid knowledge and exchanging new ideas and technique useful to ambulance personnel. Whilst on the subject of competitions, I should mention that both Dr. Brims Young (my deputy) and the County Ambulance Officer give much of their spare time in the evenings and week-ends judging competitions for the Voluntary Bodies, Police, and Industrial Undertakings, and their help is widely sought in this matter. Their efforts help to bring home the important fact that ambulance staff are needed to render first-aid before the victims of accidents are moved.

Mr. Limb also takes part in the training of the Civil Defence Ambulance and Casualty Collecting Section and assists in giving instruction at the County Civil Defence Headquarters in West Street, Lewes, at the local instruction courses, and umpiring Civil Defence Exercises.

In conclusion, may I add my appreciation and thanks to the Chief Constable and the Chief Fire Officer for their co-operation in arranging for their staffs to deal with the receiving and passing on of urgent calls and for their help when assistance has been required at accidents.

OPERATIONAL STATISTICS

(Not including Hove and Portslade).

Ambulances					
				1957	1958
Patients	..	..	..	15,895	18,064
Mileage	..	..	..	276,725	296,684

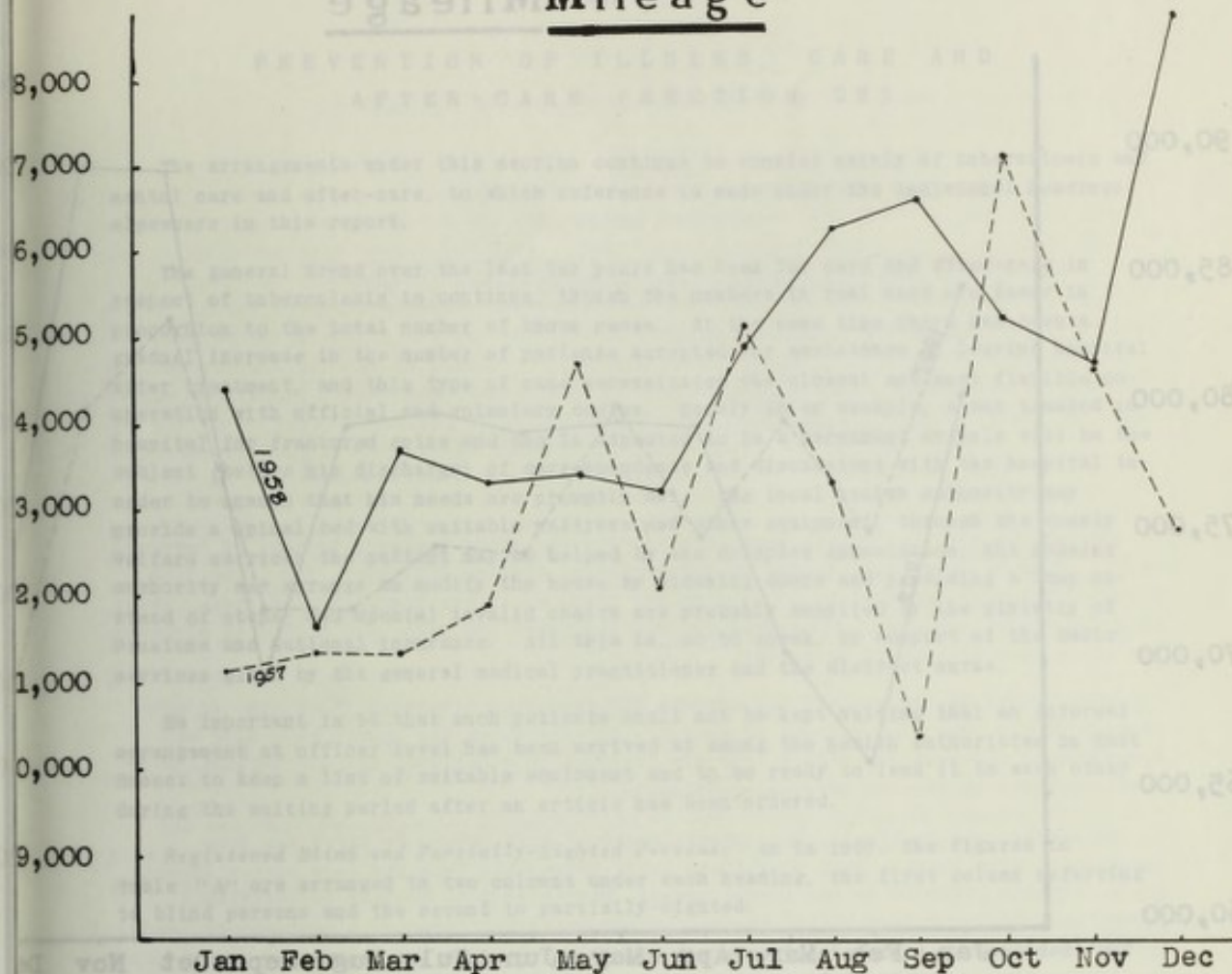
MONTHLY FIGURES FOR 1958.

	Ambulances.		Cars.	
	Patients	Miles	Patients	Miles
January	1317	24488	8073	80346
February	1150	21711	7932	66944
March	1403	23726	8873	71242
April	1423	23310	9027	79243
May	1444	23491	9474	79593
June	1429	23202	10816	78828
July	1678	24991	10828	80488
August	1615	26314	8992	79008
September	1641	26608	9785	70960
October	1610	25262	11761	89187
November	1436	24728	10742	89394
December	1918	28853	9699	74888
Totals:	18064	296684	116002	940121

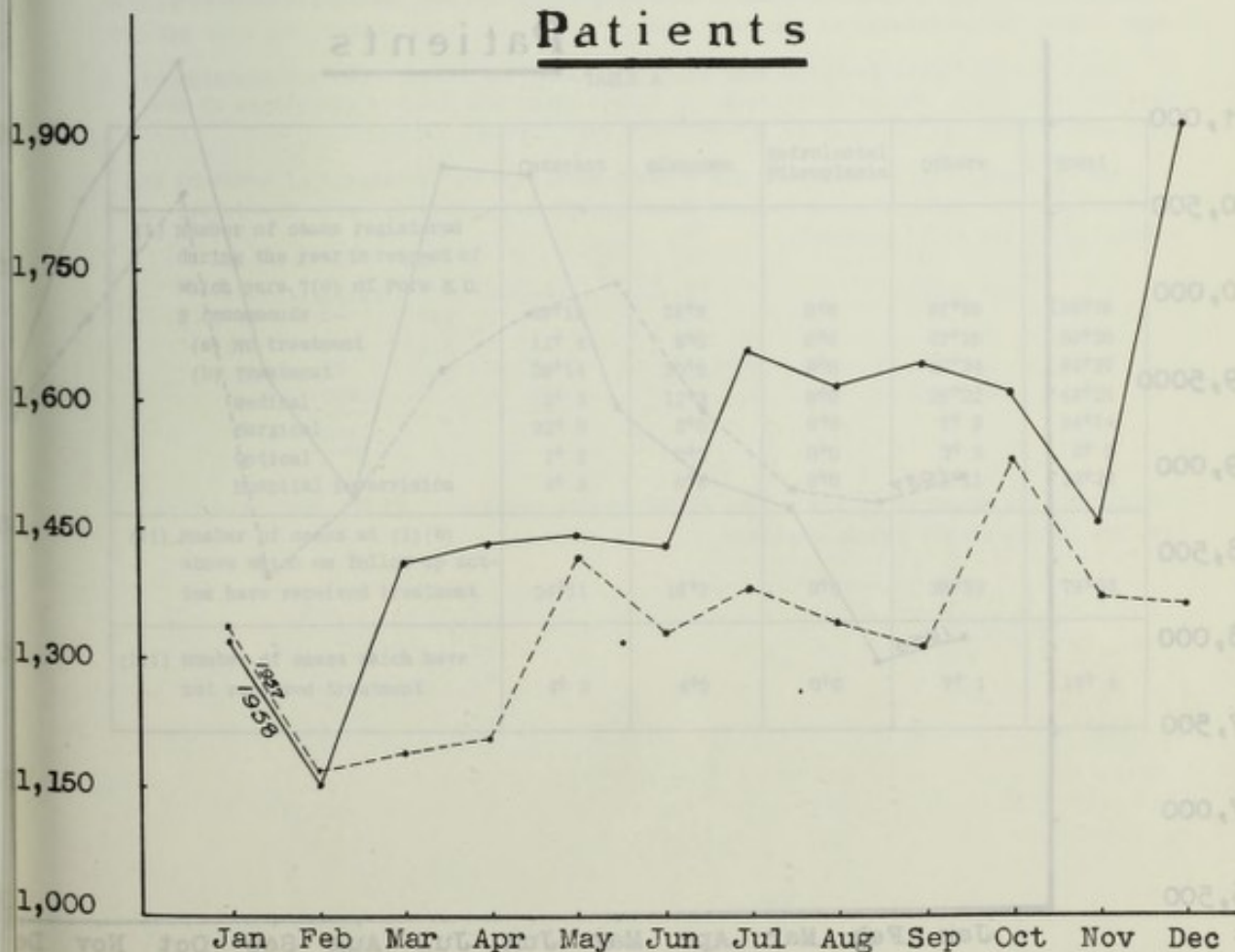
There is still some fluctuation of the work done by the ambulances, chiefly owing to the increase of sitting patients carried by the dual purpose type ambulances returning patients from hospitals on their return journey to their base.

AMBULANCES.

Mileage

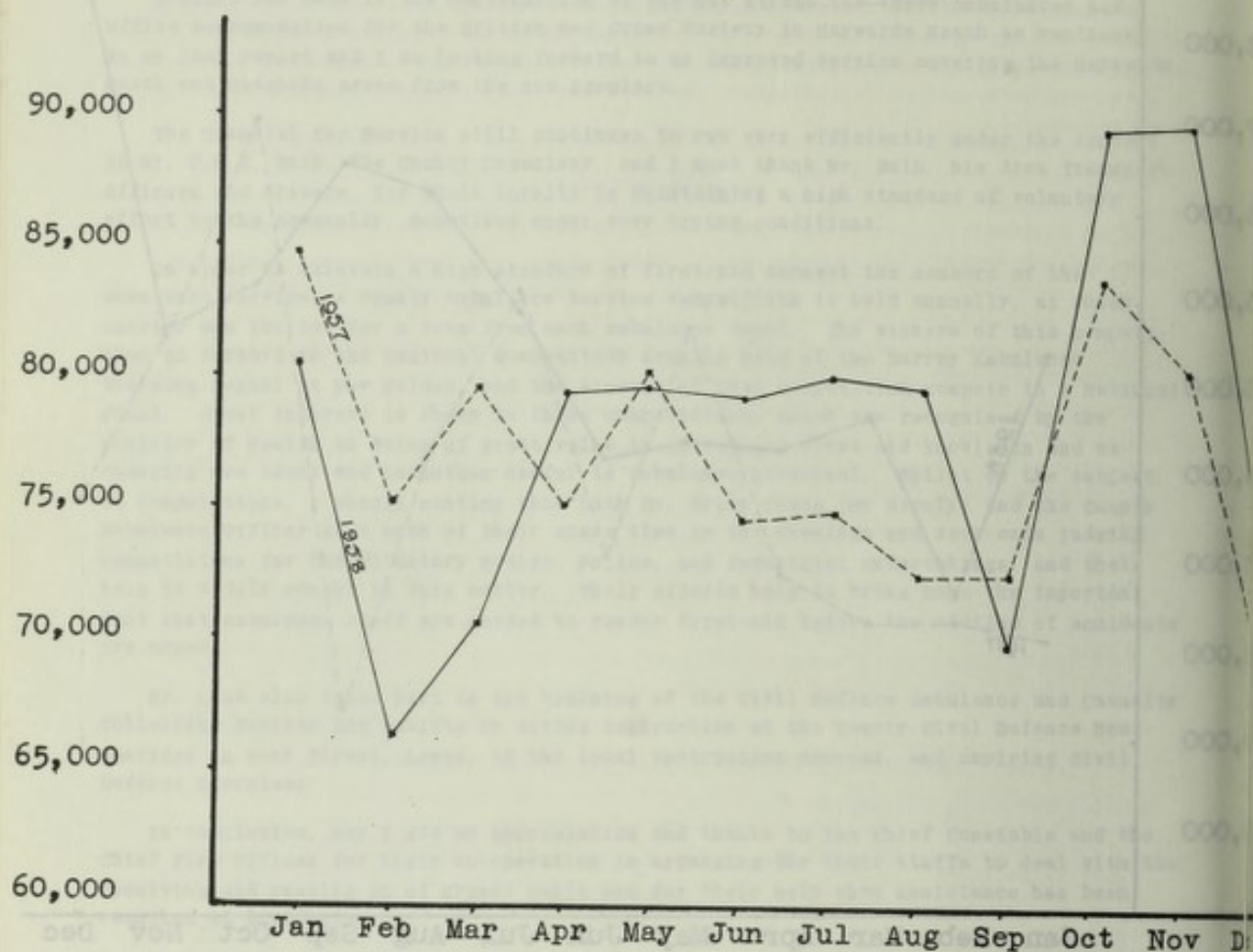


Patients

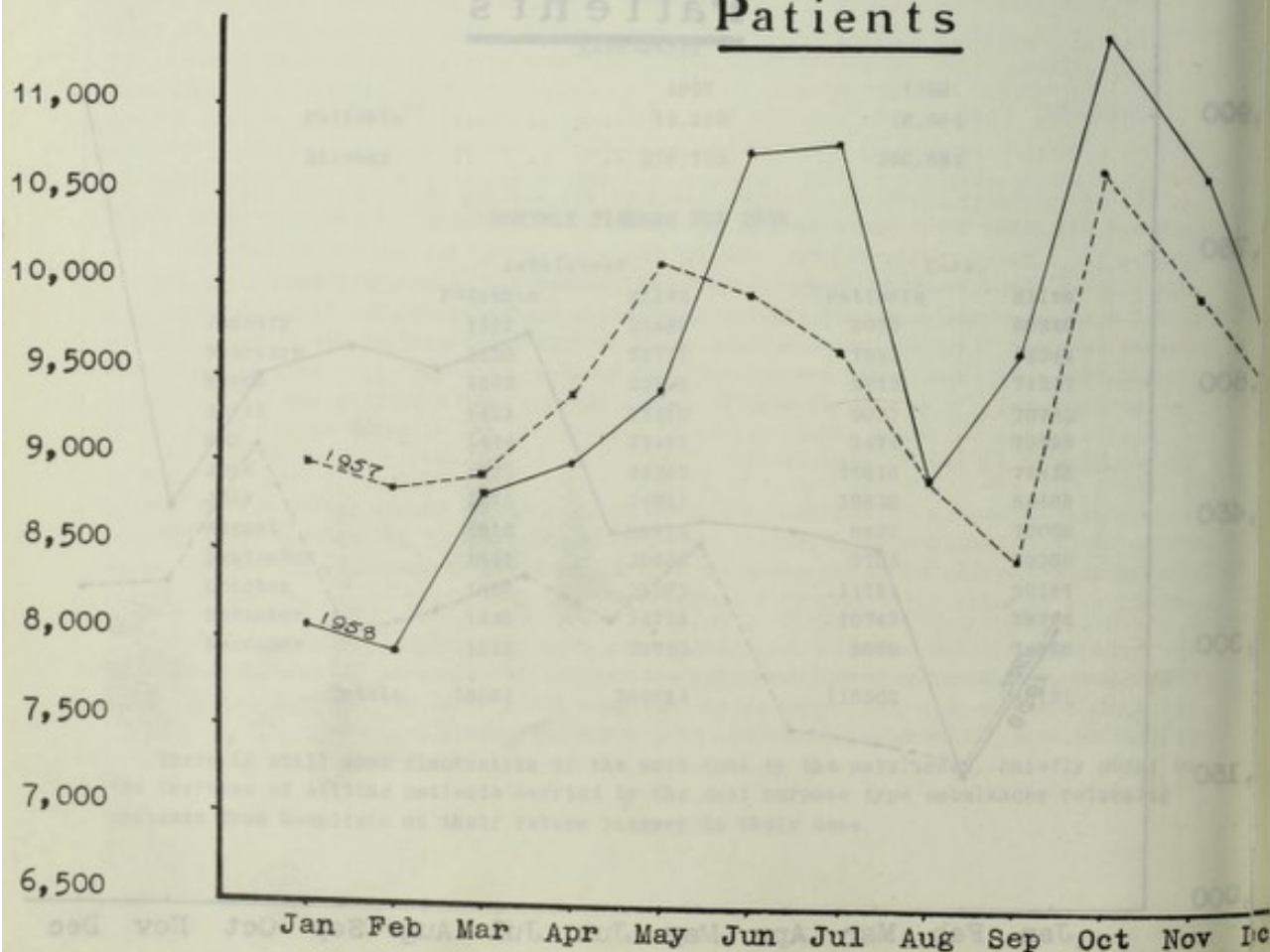


SITTING-CASE CARS.

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.

The general trend over the last ten years has been for care and after-care in respect of tuberculosis to continue, though the numbers in real need are fewer in proportion to the total number of known cases. At the same time there has been a gradual increase in the number of patients accepted for assistance on leaving hospital after treatment, and this type of case necessitates the closest and most flexible co-operation with official and voluntary bodies. Merely as an example, a man treated in hospital for fractured spine and who is expected to be a permanent cripple will be the subject (before his discharge) of correspondence and discussions with the hospital in order to ensure that his needs are promptly met. The local health authority may provide a spinal bed with suitable mattress and other equipment; through the county welfare services the patient may be helped by the Cripples Association; the housing authority may arrange to modify the house by widening doors and providing a ramp instead of steps; and special invalid chairs are probably supplied by the Ministry of Pensions and National Insurance. All this is, so to speak, in support of the basic services given by the general medical practitioner and the district nurse.

So important is it that such patients shall not be kept waiting that an informal arrangement at officer level has been arrived at among the health authorities in East Sussex to keep a list of suitable equipment and to be ready to lend it to each other during the waiting period after an article has been ordered.

Registered Blind and Partially-Sighted Persons: As in 1957, the figures in Table "A" are arranged in two columns under each heading, the first column referring to blind persons and the second to partially-sighted.

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

TABLE A

	Cataract	Glaucoma	Retrolental Fibroplasia	Others	Total
(i) Number of cases registered during the year in respect of which para. 7(c) of Form B.D. 8 recommends :-	39+19	25+9	0+0	91+50	155+78
(a) No treatment	11+ 4	5+0	0+0	43+16	59+20
(b) Treatment	28+14	20+9	0+0	46+34	94+57
Medical	2+ 3	12+3	0+0	29+22	43+28
Surgical	22+ 9	5+0	0+0	7+ 5	34+14
Optical	1+ 2	0+2	0+0	2+ 5	3+ 9
Hospital Supervision	4+ 3	8+8	0+0	12+11	24+22
(ii) Number of cases at (i)(b) above which on follow-up action have received treatment	24+11	16+9	0+0	39+33	79+53
(iii) Number of cases which have not received treatment	4+ 3	4+0	0+0	7+ 1	15+ 4

TABLE B

OPHTHALMIA NEONATORUM

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

During the year ten people were removed from the Blind Register because of improved sight. Five of these were placed on the Partially Sighted Register. The other five were sufficiently improved to be outside the range of either Register. Of these, eight were successful cases of lens extraction and the other two were, (1) a case of glaucoma and (2) a case of corneal dystrophy.

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.

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. Many require no assistance of any kind.

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

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

Age Ranges	Spastics	Epileptics
0 - 4	14	8
5 - 16	23	37
Above 16	82	100
	<u>119</u>	<u>145</u>

Of the 119 spastics 72 are on the Mental Health register. Of the 145 epileptics 122 are on the Mental Health register.

HOME HELP SERVICE (SECTION 29)

(excluding the Hove and Portslade Sub-Committee Area)

During the ten years from July, 1948 this particular service has expanded enormously through general demand and its obvious benefits to the public. The table set out below shows this in tabular form. Under the heading "Others" are included the large number of old and handicapped persons who, although individually getting a modest amount of help, together now represent more than one third of the case load. Our population is getting older, and once old age has necessitated help being provided for any person the need is likely to continue indefinitely. As a result, the service has an increasing number of permanencies to deal with, making it necessary (if others are not to be left un-served) to spend more and more each year. Unfortunately we seem to be approaching a stage where insufficient Home Helps can be recruited.

It has been realised for a long time that a comparatively modest expenditure in providing a Home Help for an old couple to enable them to stay at home will not only add to their happiness but will save a much larger sum in public money which would otherwise be spent on providing places in Old People's Homes or hospitals. Similar benefits accrue by putting a Home Help into a household to obviate the necessity to take children into care during a temporary though perhaps prolonged absence of one or both parents.

At the 31st December, 1958 the Home Help Service was administered by one Home Help Organiser employed by the Health Authority, assisted by 21 area "specialists" who are members of the Women's Voluntary Service.

The medical examination of women willing to act as Home Helps in tuberculous households was continued. Seven whole-time and 504 part-time Home Helps were in employment at the end of the year.

Following negotiations with the National Assistance Board an arrangement was agreed (with effect from the 29th September, 1958) whereby all applications for home help were dealt with under the Home Help Service; this, together with the continuous and ever-increasing demand for help for the aged and chronic sick and a steady increase in the applications for help for patients returning from hospitals made 1958 a very busy year for the Home Help Organiser.

The following table gives the number of Households assisted :-

	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	1,001	1,562
1958	543	44	1,193	1,780

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 and Housing Committee are responsible for carrying on the Authority's Mental Health Service and there has been no alteration in the organisation and medical direction of the service. Initial proceedings to provide care and treatment for persons suffering from mental illness are dealt with by four full-time Duly Authorised Officers; three of these also undertake supervision and care of mental defectives in the community, assisted by a whole-time woman visitor. For emergency purposes, a male officer, engaged mainly in administration, is also a Duly Authorised Officer. The services of all Mental Health Officers continue to be available to institutions for mental defectives under the control of the Hospital Boards for the supervision of patients on licence, although some institutions make arrangements for their own officers to visit and report. So far as local establishments are concerned, there are two who supervise their own licence cases, but in cases where defectives arrive in the county from a distance, supervision is undertaken by our local officers. From time to time guardianship cases belonging to other authorities also enter the county, and arrangements are made for both medical and lay visitation on behalf of the responsible bodies. During the year, routine visits were paid to, and reports made on, 47 such cases.

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

Early in January the Ministry of Health notified all Local Health Authorities that there had been consultations with the Board of Control concerning certain recommendations in the report of the Royal Commission on the law relating to mental illness and mental deficiency. These recommendations concern the informal admission of patients to mental deficiency hospitals and certified institutions and the review of patients already in such establishments and under guardianship. They were advised that under present law it is permissible for mentally defective patients to be admitted to hospital and receive care without the use of the procedures laid down in the Acts. There would, however, be no power to detain such patients. It was hoped that informal admission would in future be the standard method of reception, and it followed that a review would have to be made of all cases under Order to establish their future status in the light of the change of view. The reviewing authorities in the cases of patients in institutional care were, of course, to be the hospital management committees who were asked to consult Local Authorities and the patients' relatives. Many home visits were paid by Mental Health Officers to obtain reports on home circumstances for the assistance of the reviewing committees. By the end of the year it had been decided that out of a total of 449 in-patients no less than 266 were suitable to remain without formality, and the Orders have been discharged. Reviews of guardianship cases resulted in the recommendations that a total of 20 defectives could have their needs met by supervision only, and recommendations for discharge from Order were accepted by the Board of Control. There is, consequently, a drop in the number of guardianship cases recorded at the end of the year.

Community Care of Mental Defectives. After the reviews already mentioned, a total of 117 mental defectives remain under guardianship, 44 under the immediate care of the Guardianship Society of Hove, and 436 were under statutory supervision. The expected rise in the number under voluntary supervision occurred, and there are now 105 defectives "not subject to be dealt with" who received voluntary supervision visits on a non-statutory basis. The Home Visitors paid 3,354 visits during the year.

Occupation Centre Training and Home Teaching. A survey of home teaching needs in the areas of the county not covered by the pilot scheme has led to the recommendation, accepted by the Health and Housing Committee, that a second home teacher be appointed. At the end of the year 17 defectives were receiving periods of instruction in their own homes, and it has been found possible to assemble 3 defectives for group instruction at Hassocks while a boy and a girl in Lewes are now taught together. In general, however, we have not been successful in persuading parents to agree to small gatherings in their houses attended by other defectives as well as their own.

Short-Term Care. There has been an increase in the demand for places at establishments receiving mental defectives for "short-term care" and the Regional Hospital Board have provided places for 15 children and 19 adults as compared with places for 8 children and 13 adults last year. The Guardianship Society and others have arranged holidays and temporary care for 18 adults and 3 children, the comparable figures for last year were 11 and 2 respectively.

Institutional Care. I am afraid that it is still not possible to report a decrease in the numbers waiting for institutional care at the end of 1958. There were 46 defectives in the county area on the waiting list at the end of December, compared with 44 at the end of 1957. The numbers received into institutions during the year totalled 39 so that admissions have not kept pace with applications. The Regional Hospital Board have, however, been able to admit every emergency case without delay, an achievement of considerable help to my department. We realise that there will be a far greater emphasis on community care in future, and we appreciate that the solution of our difficulties and those of the Regional Hospital Board does not lie in setting up more and more establishments to receive mental defectives. This is a transition period between the era of custodial care, so long regarded as the solution of the mental health problem, and the future service to be set up in the light of the changed outlook which places more stress upon community care and training, to fit mentally handicapped persons to take their place in society, and even in a modest way to be self-supporting. Nevertheless one should not forget that there will always be a certain number of defectives who for the sake of themselves and often the community as well will need to be looked after in hospitals, colonies and the like.

	Under age 16		Aged 16 & over	
	M	F	M	F
1. Particulars of cases reported during 1958:-				
(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	7	3	-	-
(ii) On leaving special schools	-	-	1	3
(iii) On leaving ordinary schools	8	4	-	1
(2) Police or by Courts	-	-	1	-
(3) Other sources	6	3	8	9
TOTAL of 1 (a)	21	10	10	13
(b) Cases reported who were found to be defectives but were not regarded as 'subject to be dealt with' on any ground	3	5	6	12
(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b)	-	-	3	1
(d) Cases reported in which action was incomplete at 31st December, 1958, and are thus excluded from (a) or (b)	2	8	4	10
TOTAL of 1 (a) - (d) inc.	26	23	23	36
2. Disposal of cases reported during 1958:-				
(a) Of the cases ascertained to be defectives 'subject to be dealt with' (i.e., at 1 (a)), number:				
(i) Placed under Statutory Supervision	14	8	3	4
(ii) Placed under Guardianship	1	-	-	1
(iii) Taken to 'Places of Safety'	-	-	-	-
(iv) Admitted to Hospitals	3	1	4	6
TOTAL of 2 (a)	18	9	7	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	3	5	6	12
(ii) Action unnecessary	-	-	-	-
TOTAL of 2 (b)	3	5	6	12
(c) Cases reported at 1 (a) or (b) above who removed from the area or died before disposal was arranged	3	1	3	2
TOTAL of 2 (a) - (c) inc.	24	15	16	25

	Under age 16		Aged 16 & over	
	M	F	M	F
3. Number of mental defectives for whom care was arranged by the local health authority under Circular 5/52 during 1958 and admitted to:-				
(a) National Health Service hospitals	9	6	11	8
(b) Elsewhere	1	2	2	16
TOTAL	10	8	13	24
4. Total cases on Authority's Registers at 31.12.58:-				
(i) Under Statutory Supervision	52	31	174	179
(ii) Under Guardianship (including patients on licence)	7	-	43	67
(iii) In 'Places of Safety'	-	-	-	-
(iv) In Hospitals (including patients on licence)	45	34	192	179
TOTAL of 4 (i) - (iv) inc.	104	65	409	424
(v) Under voluntary Supervision	3	7	32	63
TOTAL of 4 (i) - (v) inc.	107	72	441	487
5. Number of defectives under Guardianship on 31st December, 1958, who were dealt with under the provisions of Section 8 or 9 Mental Deficiency Act, 1913 (Included in 4 (ii))	-	-	-	-
6. Classification of defectives in the Community on 31/12/58 (according to need at that date)				
(a) Cases included in 4 (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	5	1	-	2
(ii) ambulant low grade cases	12	2	5	6
(iii) medium grade cases	1	1	2	1
(iv) high grade cases	-	-	2	1
TOTAL urgent cases	18	4	9	10
(2) Not in urgent need of hospital care:-				
(i) 'cot and chair' cases	-	-	-	-
(ii) ambulant low grade cases	1	-	2	1
(iii) medium grade cases	-	-	1	-
(iv) high grade cases	-	-	-	-
TOTAL non-urgent cases	1	-	3	1
TOTAL of urgent and non-urgent cases	19	4	12	11
(b) Of the cases included in items 4 (i), (ii) and (v), number considered suitable for :-				
(i) occupation centre	21	15	15	29
(ii) industrial centre	-	-	24	21
(iii) home training	6	4	10	17
TOTAL of 6 (b)	27	19	49	67
(c) Of the cases included in 6(b), number receiving training on 31/12/58 :-				
(i) In occupation centre (including voluntary centres)	9	6	1	8
(ii) In industrial centre	1	1	2	1
(iii) From a home teacher in groups	-	-	-	-
(iv) From a home teacher at home (not in groups)	2	2	3	5
TOTAL of 6 (c)	12	9	6	14

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

Lunacy Act, 1890.

Urgency Orders	53
Summary Reception Orders	16
Three-Day Orders	304

Mental Treatment Act, 1930.

Cases admitted for six months as 'temporary' cases	-
Voluntary cases	66
Advice and assistance only	119
Miscellaneous visits of enquiry only	116
After-care visits	67

During the year 855 voluntary patients from the county were admitted to mental hospitals, mainly the Hellingly Hospital, Hailsham, and St. Francis Hospital, Haywards Heath, and in 66 instances the help of the Duly Authorised Officers was enlisted.

The following report has been prepared by

Mr. F. B. Martin, Psychiatric Welfare Officer.

Since my last report the number of cases referred during the year increased by 48, totalling 164. Visits made to and on their behalf, including case conferences and co-ordination committees, amounted to 946.

A number of these patients have not received hospital treatment either through circumstances or unwillingness and their mental disorders have brought about varied social maladjustments, e.g., within the marital relationship. It has to be recognised that some patients will be unlikely to derive any benefit from in-patient hospital treatment, or discharge themselves far too early, and it is with these cases that specialised help within the community becomes increasingly valuable.

Maintenance of all classes of patients during periods of absence from hospital has now become the responsibility of the National Assistance Board in place of the Hospital Management Committee. This new measure will undoubtedly have its use in helping the individual to resume his or her place in the community and should, in turn, place further responsibility in the hands of the local authority.

The Mental Health Bill promises a number of other improvements. It is to be hoped that amongst these will be the establishment of "half-way" hostels between the hospital and the community. There are still many patients in mental hospitals throughout the country who are well enough to take specified employment and live outside, provided that some form of homely protection is available. Many of these people have either no homes to which to go, or would not benefit if they returned to them.

**REPORT ON THE HEALTH SERVICES OF THE HOVE AND PORTSLADE AREA HEALTH
SUB-COMMITTEE DURING THE YEAR 1958**

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

MADAM CHAIRMAN, LADIES AND GENTLEMEN,

My report for 1958 coincides with the first ten years' working of the National Health Act and the Ministry has asked for comments on the results of that first decade so far as the Part III services are concerned. In 1948 there was brought into being an organisation under the delegated powers granted to the Hove and Portslade Health Sub-Committee not only new in its conception but embracing powers and duties hitherto administered in a patchwork manner by various authorities, either statutory or voluntary. These bodies all worked independently and although the work they did was often efficient it was unco-ordinated and the services provided were sometimes limited both in extent and availability. In those early days those of us who were responsible for the planning and the organising were without any experience of some of the services we were called upon to control and without knowledge of how they should be developed. There were different standards of service and different types of administration in the two parts of the area, Hove and Portslade, and in particular there were two District Nursing Associations - one independent and the other co-joined with Brighton. All these had to be welded into one whole, and the unit had to be Hove and Portslade without any geographical distinction. I think it is to the credit of all those responsible for administering these various services with their governing bodies that to-day at length surmounting many initial difficulties, there is only now one unit and all parts of the conjoint area share equally in the facilities provided. It is to my mind essential that whatever the type of administration may be in the future that idea of common service amongst the staff must be retained.

It is revealing to mention some of the developments : in 1948 there were 5 Health Visitors - today there are 12 including one who devotes her whole time to Old People and one to Tuberculosis; there were 5 Home Helps - to-day there is one Organiser with some 42; there were 14 District Nurses - to-day there are 27; there were 3 Welfare Centres - to-day there are 5. All midwifery was carried out by the staff of the Portland Road branch of the Sussex Maternity Hospital - since 1953 it has been administered by the District Nursing Association who carry 4 midwives on their staff. These are only some of the increases in numbers - and there have been corresponding enlargements in the services - Mothercraft teaching in the schools - Ante-Natal and relaxation sessions for expectant mothers - the establishment of special clinics and dental treatment for toddlers - the provision of increased facilities for immunisation against Whooping Cough, Tetanus, Poliomyelitis and Tuberculosis, and the sale of Welfare Foods. All these are examples of the expansion which has gone on continuously throughout the ten years and although finality can never be reached in Preventive Medicine, I feel that with a new centre in Mile Oak and one to replace Sellaby House for the central and southern part of Portslade, and a new combined centre somewhere to replace Clarendon Villas and Holland Road in Hove, we should have an adequate and equal range of services convenient to all who wish to avail themselves of them. I think that there will always be a need for these preventive services and I see no likelihood of their being taken over by the General Practitioner even if he has the inclination and the time to do so. The public, and especially the mothers with families, would prefer, I am sure, that our services should continue on present lines where there is always someone available and ready to advise them in their difficulties and help them towards a solution of their problems.

After all these years it is impossible to think of a unified service under one controlling body for all these parts of the service - the Guillebaud Committee advised against it in 1955 and more recently in 1958 the Cranbrook Committee on Maternity Services did not support it. Slowly and insensibly the members of the three services are beginning to appreciate each other's duties, responsibilities and difficulties, and when this full appreciation comes about there will in effect be provided for the patient - for his benefit after all the Act was passed - all the adjuvants towards treatment and after care which his condition requires and it may be through the development of the Local Health Authority services he may be prevented from requiring the assistance of the other two curative services.

Health Visiting

Despite the fact that we were one Health Visitor short for approximately six months of the year and there were many additional Poliomyelitis Vaccination sessions, the total number of families visited was almost the same as in 1957. One of the problems is the proportion of "no access" or futile visits - not all of these involved complete loss of the Health Visitor's time since she can probably call on a neighbour instead, but in 1958, in addition to the 5,000 actual visits to children under the age of 1 year, there were nearly 1,000 ineffective. It is difficult to see how these can be avoided since it is impractical to notify every mother in advance of an intended visit and in any case there is no guarantee that she would or could keep the appointment. To alleviate the situation to the extent that no mother need go without advice every Health Visitor has now been supplied with a personal visiting card giving her name and the telephone number of the office where she can be contacted. As a result we have found that mothers in difficulty frequently ring up their own Health Visitor if they need advice.

I have in the past commented on the fallacy of looking to the Health Visitor alone for the rehabilitation of the problem family - she is naturally interested in every family in her district and concerned about those who present special difficulties but she has neither the time, the resources, nor always the knowledge, to devote herself to any particular group. It is, therefore, gratifying to record the efforts of the Co-ordination Committee set up through the initiative of Miss Cooper, the Children's Officer, to investigate and pool information about these families. It is composed of representatives at officer level of all the agencies concerned with the welfare of these misfits - Children's Department, National Assistance Board, Ministry of Labour, Citizens Advice Bureau, National Society for the Prevention of Cruelty to Children, Housing Department, etc. They meet once a month and discuss the cases which have been brought forward from the various sources and the Health Visitor concerned attends to contribute her knowledge. After discussion the further supervision of the case is delegated to the member of the Committee most likely to be effective and reports from him are discussed at future meetings. It is not so much that a great deal is actually achieved - to do this would involve a change in the character of the persons concerned or perhaps the grant of a Council house since in many instances sub-standard accommodation is linked with inferior mental ability - but there is a most useful and comprehensive exchange of information which puts everyone in the picture and quite frequently modifies the attitude of the official who hitherto thought that he alone was involved.

Maternity Services

There was a small increase in the total number of births which is reflected in a similar small increase in home confinements attended by midwives on the staff of the Hove and Portslade District Nursing Association. Over 80% of the deliveries took place in hospital and it is not, therefore, surprising that 150, i.e. 20% were discharged before the 14th day of the puerperium. The nursing of these mothers between the date of discharge and the 14th day presented something of a problem to the Superintendent who could not spare her small establishment of midwives for duties of this nature especially as many of the mothers are quite well and in fact up and out when the midwife calls. This problem was overcome by an informal arrangement that all these cases would be visited on the day after their discharge by the Health Visitor for the district who would make arrangements for any care required. The difficulty of week-end discharges which would necessitate a special visit on a Sunday was solved by the hospital agreeing not to discharge on a Saturday.

Trilene, a more efficient inhalational analgesic has now largely replaced Gas and Air in domiciliary practice and was employed in 132 out of 181 cases delivered. In approximately 56% of the cases booked with a doctor he was not present at the delivery. No special arrangements are made for the nursing of premature infants in the home, since it has always been the practice locally to arrange for deliveries to take place in hospital or nursing home whenever possible. Out of 69 premature births only 3 took place and were entirely nursed at home; all weighed over 4lbs. 15oz. and all survived for 28 days.

The shortage of domiciliary staff is a nation-wide one, for which the hours of duty, the salary and the prospects of promotion are some of the factors but with the increase in the establishment, the Superintendent has been able to increase their off duty time to 1½ days a week and 2 days a month. The attempt to formulate a rota system whereby all members of the staff who possessed midwifery qualifications would undertake a stated number of months of midwifery during the year failed owing to the unwillingness of the present members of the staff who were eligible to participate.

Our responsibility for maternity services to unmarried mothers is delegated to the Chichester Diocesan Moral Welfare Association and I gladly acknowledge the enthusiasm and very close co-operation of their Worker. During the year 9 cases were sent to appropriate Maternity Homes for unmarried mothers and the Sub-Committee accepted financial liability to the net extent of about £150.

It is interesting to note that the Report of the Maternity Services Committee set up by the Ministry of Health under the chairmanship of Lord Cranbrook, just published, has not recommended any drastic changes in the general organisation of this service and in particular has retained the present tripartite arrangement whereby the responsibility is shared between Hospitals, Local Health Authorities and General Practitioners, with however, a call for closer co-operation between them, to be effected by the setting up of Maternity Liaison Committees in each area. I am, however, doubtful of the wisdom of setting up another committee - we suffer somewhat by having too many already and co-operation of this nature is better arranged through meetings at officer level.

Child Welfare Clinics

The table on page 21 shows that there was an increase in the number of clinics held monthly from 40 to 44 - this included the additional weekly Toddler Clinics referred to in last year's report. There were some differences between the numbers and age groups attending, both upward and downward - more children up to the age of 18 months or so but fewer from that age upwards. This is also reflected in the total number of attendances for the latter age groups.

The Toddler Clinics have varied in their popularity with the mothers and it was decided late in the year to break fresh ground by having the Clinics at the Hangleton Clinic instead of Clarendon Villas and now it has been arranged that the sessions will be held alternately at the two clinics.

There has been a slight increase in the number of children under 5 years made dentally fit - 173 as against 127, and there are regular inspections with appropriate treatment of the children attending the Day Nursery.

Poliomyelitis Vaccination

My last year's report carried the somewhat chequered history of this form of protection as far as the announcement in November 1957, that the Ministry of Health were rescinding their earlier decision not to import the Salk Vaccine from America and Canada and that as from early in 1958 supplies from both these sources, which had passed in this Country the British tests, would be available to Local Health Authorities and private Doctors. They also extended the age groups eligible to include children between 12 and 15 years, expectant mothers and certain classes of the population who were considered to run special risks, i.e. doctors, nurses, etc. The first supplies were received and a start was made in May 1958 and between then and June 1958, 2,235 children were vaccinated.

In that month the Ministry announced that as a temporary measure imported Salk Vaccine would not be required to pass the British tests in this Country although parents would have the opportunity of refusing this Vaccine but they should be warned that supplies of the British Vaccine were likely to be very small during the forthcoming months. Despite a prominent announcement displayed at all the sessions to this effect very few patients in fact refused.

In September the age groups eligible were extended to include those between 15-25 years and a third or booster dose not less than 7 months after the 2nd dose was added. The Vaccine available was the Salk.

This at once raised the problem of the method of approach to an age group many of whom had left school and were working and therefore not so readily susceptible to propaganda and persuasion and not so amenable to a parental control as those in attendance at school or under school age. Furthermore arrangements would have to be made for evening clinics. Although general practitioners were included in the scheme many of them preferred not to take part - one of the difficulties was that the Salk Vaccine is made up in 10cc. vials which meant they had to collect 10 of their patients before they could be supplied with the vaccine and unless they could find sufficient to make up a special session apart from the ordinary evening surgeries they found it impossible to meet the convenience of those away at work during the daytime.

So far as our organisation was concerned the main factories and stores in Hove were supplied with posters and application cards, posters were displayed in different parts of the town and advertisements issued in the local press. Clinics were open from 5.30 p.m. on two evenings per week and also Saturday morning as from the middle of November, and in addition the 3 day sessions designed primarily for school children and infants were made available for the adult age groups. Despite all this effort it must be admitted that the results were most disappointing even when allowance is made for the absence of cases of the disease, the time of year and the proximity of Christmas. The total for these evening clinics up to the end of January 1959, in Hove, when they were closed down, was under 300 persons - an average of 12 per session. If Poliomyelitis should recur during the coming summer the teenagers and younger adults of Hove will only have themselves to blame if they contract it - no-one can claim that Poliomyelitis Vaccination will protect everyone against the disease, present estimates are that the chances are 5 to 1 against amongst the vaccinated - but the unvaccinated equally cannot claim that they have done everything possible to avoid it.

From the table on page 31 it can be seen that nearly 8,000 persons of all ages up to 25 have received 2 injections and a further 1,100 the 3rd or booster dose. Whilst this falls considerably short of the total number eligible it represented a tremendous amount of organisation, the credit of which must go to Dr. Firth, assistant Medical Officer, and Mrs. Stacey, the clerk in charge of the Immunisation section. There were during the year, 6 cases of Poliomyelitis (1 paralytic, 5 non-paralytic) in Hove and 3 all non-paralytic in Portslade - 3 of the non-paralytic had been immunised during 1957 or 1958. This is not evidence that Poliomyelitis vaccination had failed in these 3 children - it has never been claimed that it would protect against non-paralytic Poliomyelitis - and in fact it could be argued that without it they might very well have developed the Paralytic type.

Prevention and Aftercare

This heading of my report deals mainly with the work of the Chest Clinic, Mass Radiography surveys, and the B.C.G. campaign amongst school leavers.

The return submitted to the Ministry of Health every year by the Chest Physician on the work of the Hove Chest Clinic shows a total of 612 cases on the register (19 more than in 1957), 40 of whom represent new cases diagnosed during the year and 60 inward transfers, 50% of the former were bacteriologically confirmed and therefore infectious and 33¹/₃% were in an advanced state. There is no doubt that the main reservoir of Tuberculosis remains amongst middle aged and elderly males - 16 out of the 20 sputum + cases were men - and these are a group accustomed to harbour a cough or not to feel as well as they used to without taking steps to discover whether there is not a more sinister explanation of their symptoms.

For a fortnight in April the Mass Radiography Unit was stationed at the Hove Town Hall with results set out on page 30. 9 new cases requiring actual treatment or close supervision were discovered as well as 6 cases of Malignant and 28 of Cardio vascular disease. In addition the Unit paid special visits to 2 schools in which Tuberculosis had been found in one of the pupils and X Rayed all the school and the staff who were willing. It is disappointing to find that the response of the staff on these occasions is not always so complete as we would like. The object of these surveys is to discover the source of the infection and this is on a whole more likely to be in a member of the staff than amongst the children. In actual fact no fresh cases were discovered in either school. Mantoux testing and B.C.G. vaccination of those showing no reaction was carried out amongst the school leavers with results set out in the table below, the number of acceptances was an increase on 1957, but it will be some years before this form of protection is accepted as routine for those attaining their 13th birthday.

No. Tested	532
No. Mantoux Positive	45
No. Mantoux Negative	468
No. Vaccinated with B.C.G.	466
No. absent or refused B.C.G.	21

Ambulance Service

Nothing which calls for special comment occurred during the past year. There was a rise of about 1,000 in the number of calls and a corresponding rise in the number of patients carried by some 1,200. The number of accident and emergency cases once again only amounted to 16% of the total.

The Ministry of Health has always been opposed to the decentralisation of the ambulance service and it is, therefore, not surprising that in the Local Government Act 1958 no delegation to districts with a population of 60,000 is permitted. In East Sussex, owing to the geographical situation and the concentration of population in the Sub-Committee's area, the County Council did delegate in 1948 and during the past ten years it can be said without doubt that a very efficient service has been built up which has frequently received commendations from those who make use of it. It is to be hoped, therefore, that when it reverts to the administrative control of the County Council every effort will be made to retain the local experience in the day to day running.

Home Nursing

During the year a salary award created an anomalous position in that a nurse carrying out the combined duties of district nursing, midwifery and health visiting received £24 a year less than a whole-time Health Visitor, and a district midwife £60 less. Previously the two types of Health Visitor received the same salary and a District Nurse, Midwife, only £10 less. Representations were made to the appropriate Whitley Council by the County Health Committee through the County Councils' association, since all those concerned with the responsibility of providing nursing and particularly midwifery services were apprehensive for the future of recruiting. In their reply the management side of the Whitley Council stated that the new salary scales had been in force for too short a time to assess their effort on recruiting and postponed any alteration. Whilst the appropriate salary for each of the three types of nurse may be a matter for argument, the increase to such an extent of the differential undoubtedly aroused some heartburning. The explanation probably lies in the fact that the Health Visitors' award went to arbitration and the other was an accepted decision between the Management and Staff sides of the Whitley Council.

The returns show that the number of cases attended during the year was almost exactly the same as in 1957 when the total visits paid showed a diminution of 2,000 over the year, a negligible reduction in a total of 75,000. Once again the preponderance was to those suffering from medical diseases and once again some 80% were to persons of 65 and over. As an experiment the Superintendent altered the working hours of her staff so as to permit them to have more time off in the evenings by transferring some of the work to the after noons. One of the most important matters

which came under consideration during the year by the District Nursing Association was that of transport for its nursing staff particularly the replacement of motor cycles of all types by motor cars. The service at that time possessed 6 cars, 3 motor cycles and 5 privately owned cars available for use by the owners and they were desirous of increasing this total by 2 cars in 1959-60 and 2 more in 1960-61 and at the same time retaining for the present 1 car which normally would have been sold. In the report to the Hove and Portslade Health Sub-Committee the special Sub-Committee of the Association pointed out that as between 1954-57 each nurse paid 1,000 more visits and that the possession of a car beside adding much to the comfort of the round enabled her to increase by 50% the work which could be carried out on a bicycle. The difficulty of recruitment of staff when adequate transport is not available was also referred to. On the question of the use of motor bicycles it was pointed out that since January 1st, 1956, 7 nurses had had accidents whilst riding these and that the time lost amounted in the aggregate to 26 months. They, therefore, asked for the provision of two cars to be provided in each of the next financial years but the Hove and Portslade Sub-Committee impressed by the effect of these accidents, altered this recommendation so as to allow for two cars to be provided in this financial year, the position to be further reviewed in 1960-61.

An echo of the report of the working party which reported on the District Nurse Training in 1956 was heard in a letter received from the Queen's Institute stating that whilst they were convinced that the full period should remain at 4 months to 6 months as previously, they were prepared to arrange intensive courses for 3 months to 4 months respectively if Local Health Authorities so preferred. The Hove and Portslade Health Sub-Committee accepted the recommendation of the District Nursing Association that no alteration should be made at present and point out that it was doubtful if the average nurse would absorb the instruction imparted in such a short time, there would be a deficiency of practical work and that financially authorities would not benefit since they would not derive so much benefit from the services of the pupil nurses in the standard course.

Amongst other improvements introduced by the District Nursing Association was the adoption of a proper agreement setting out the terms of service to be signed by every newly appointed member of the staff, and the much needed sound proofing of the flats in Hangleton Road.

Home Help Service

The strength of the service on the 31st December, 1958 was 1 whole-time, allocated almost exclusively to maternity cases, and 42 part-time home helps divided between those who work a guaranteed week of 24 hours and the casuals whose hours vary according to demand. Together they attended 600 cases of which just over a half were old people and a further one-sixth maternity cases. I believe that it is a tribute to their efficiency, tact and conscientiousness that there are very few complaints except where sheer necessity demands their removal from attendance on old people temporarily and on the contrary many unsolicited letters of appreciation of their services are received throughout the year.

During the year the County Council tried to make an arrangement whereby on the one hand the charge for a Home Help in cases receiving a special grant from the National Assistance Board should be related to the amount of that grant in terms of the wages paid to the Home Help for the number of hours she puts in and not as at present in the shape of a lump sum which is taken into account when making an assessment but is not directly collected by the County Council. In many cases even when the special grant is taken into account the assessment is "nil" and on the face of it it seemed unfair that the County Council should not at least receive this payment from the National Assistance Board as a set off against the cost of the service they were providing. It was found, however, that in practice the administrative work involved would be so costly that it would exceed the amount collected and the scheme was in consequence not proceeded with.

In the area of Hove and Portslade it has always been the need for assistance and not the financial return to be expected which governs the allocation of a Home Help and whilst a considerable number of old people are in receipt of National Assistance, and a proportion receive the extra grant, the amount is small and usually not related to the service required or provided.

Domiciliary care of old people

During the year nearly 400 new cases were added to the register which now stands at approximately 1,000. The result of these additions is that it has become impossible to maintain adequate supervision over the older cases, and in consequence the number of re-visits fell from 1,600 to 1,200. Not only is this serious from the point of view of the individual concerned but it means that instead of being adequately supervised these old people can only be seen again after the initial visit when some crisis occurs and immediate action has to be taken. Visiting old people is very different from calling on mothers and children or younger adults - the time involved and the intricacy of the investigation, the ground to be covered, the agencies to be contacted, including relatives and such bodies as the National Assistance Board, all mean far fewer cases being covered in a working day. The strain involved on the Geriatric Health Visitor is very considerable since all of her cases involve serious personal problems and many of them urgent admissions to hospital or Welfare Homes - vacancies for which are not readily available. In view of all this and because of the magnitude of the problem it is my opinion that it is essential that a second Geriatric Health Visitor be appointed during the coming year and if possible before next winter. Only in this way will it be in any way possible to keep up with the ever increasing fresh demands for help which are so urgent that many of them require an immediate visit let alone keep an eye on the older cases who for the time being, with the assistance of all the domiciliary services, can be allowed to remain in their own homes. Miss Linton, the Area Nursing Officer, is giving up an increased amount of time to this task and even so it is impossible to keep pace with the requests for investigation and assistance.

General observations

The shadow of the Local Government Act 1958 hangs over the Sub-Committee since with its implementation probably in 1960 that body will pass out of existence.

Not much progress has been made as yet in formulating the new organisation in which Hove under its delegated powers will administer an even wider range of services since the Model Scheme has not yet been issued by the Ministry of Health in its final form. In its new position Hove will benefit from the experience gained during the last 10 years in which the Hove and Portslade Health Sub-Committee has provided a range of services I believe not exceeded anywhere in its completeness economy, efficiency and above all harmonious working. In the new set up some place will have to be found for Portslade since it is inconceivable that it can simply revert to County administration - this will be achieved relatively easily at staff level since at the present time they are indivisible, but considerable ingenuity will be required to fit in the appropriate committee organisation.

Above I have spoken of the harmonious working of the whole administration and in that respect I count myself fortunate in having such a loyal, conscientious and co-operative staff who at all times put the task to be done before their personal convenience. I also include in the same description my relationship with the County Officers, especially the County Medical Officer, Dr. Langford, who at all times have been willing to recognise that what was applicable to the rest of the County might not be suitable for Hove and Portslade and have whenever asked given me the benefit of their advice and the offer of their assistance. Finally I am well aware of my indebtedness to the Chairman and members of the Sub-Committee who have never failed to encourage and support me whenever the necessity arose and have also, within the limit of their responsibility, granted me a very liberal share of freedom in the day to day administration.

I am, Madam 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 478 as compared with 601 in 1957. This included 165 serving teachers, 71 student teachers prior to entering training college and 14 teachers examined on behalf of the Ministry of Education on taking up teaching posts for the first time. In addition 262 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	237
By part-time medical officers and medical officers of Homes	179
By private practitioners	62

The number of medical examinations is lower for the reason that as from the beginning of October these were discontinued except for certain classes of employee, a Health Statement only having to be completed by candidates. Since their inception 101 of these Statements have been considered, 36 being for serving teachers. Only one medical examination had to be carried out as a result of an unsatisfactory Health Statement.

NURSERIES AND CHILD-MINDERS

REGULATION ACT, 1948

(including Hove and Portslade Sub-Committee Area)

At the end of the year 6 nurseries and 30 daily minders had been registered, providing for 357 children.

REGISTRATION OF NURSING HOMES

At the end of 1958 there were 26 registered nursing homes in the Authority's area (outside Hove) one having been closed during the year. 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.

TABLE I
VITAL STATISTICS RELATING TO MOTHERS AND CHILDREN

The County of East Sussex	Live Births		Stillbirths		Total Live and Still Births	Infant Deaths No.	I N F A N T M O R T A L I T Y R A T E			Neo Natal Mortality Rate Per 1,000 Live Births	Illegitimate Live Births Per Cent of Total Live Births	Maternal Deaths (including Abortion)	Maternal Mortality Rate Per 1,000 Live & Stillbirths
	No.	Rate	No.	Rate			Per 1000 Total Live Births	Per 1000 Legitimate Live Births	Per 1000 Illegitimate Live Births				
4399	12.40	88	19.61	4487	70	15.91	15.11	30.44	12.73	5.23	1	.22	

* Per 1,000 Live and Still Births

Per 1,000 estimated Population.

ADMINISTRATIVE COUNTY OF EAST SUSSEX

CHIEF VITAL STATISTICS FOR THE YEAR 1958

TABLE II - LIVE BIRTHS, DEATHS AND DEATHS IN SELECTED DISEASES

Group.	Population estimated by Registrar General mid-1958	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	109790	1269	11.55	2043	18.61	20	15.76	712	6.49	8	.07	1	.01	153	1.39	376	3.43
7 Other Urban Districts	83810	1189	14.19	1144	13.66	22	18.50	420	5.01	4	.05	-	-	107	1.28	191	2.28
5 Rural Districts	161200	1941	12.04	2383	14.79	28	14.43	847	5.25	13	.08	2	.01	221	1.37	394	2.44
Whole County	354800	4399	12.40	5570	15.70	70	15.91	1979	5.58	25	.07	3	.01	481	1.36	961	2.71

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

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

TABLE III - LIVE BIRTHS, STILLBIRTHS AND DEATHS

District	Area in statute acres (land and inland water)	Population estimated by Registrar-General Mid-1958	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 Live Births Registered		
<i>Three Large Towns:</i>										
Bexhill	7993	26490	294	11.10	7	.25	3	10.21	539	20.34
Hove	3953	69790	780	11.18	14	.20	15	18.23	1325	18.99
Lewes	1988	13510	195	14.43	4	.30	2	10.26	179	13.25
Totals	13934	109790	1269	11.55	25	.23	20	15.76	2043	18.61
<i>Seven other Urban Districts:</i>										
Burgess Hill	2024	13480	240	17.80	6	.45	2	8.33	134	9.94
Cuckfield	3912	18010	244	13.55	3	.17	4	16.40	303	16.82
East Grinstead	6600	13950	216	15.48	4	.29	-	-	192	13.76
Newhaven	1772	8020	121	15.09	3	.37	5	41.32	107	13.35
Portslade-by-Sea	1953	14370	215	14.36	4	.27	6	27.91	182	12.16
Rye	1027	4470	53	11.86	1	.22	1	18.87	65	14.54
Seaford	4274	10910	100	9.17	3	.28	4	40.00	161	14.76
Totals	21562	83810	1189	14.19	24	.29	22	18.50	1144	13.66
<i>Five Rural Districts:</i>										
Battle	11717	29630	342	11.54	3	.10	3	8.77	434	14.65
Chailley	64205	21040	248	11.79	6	.29	7	28.22	360	17.11
Cuckfield	70986	27880	392	14.06	10	.36	7	17.85	340	12.20
Hailsham	94668	39350	439	11.16	7	.18	5	11.39	658	16.72
Uckfield	112096	43300	520	12.00	13	.30	6	11.54	591	13.65
Totals	459102	161200	1941	12.04	39	.24	28	14.43	2383	14.79
Whole County	494598	354800	4399	12.40	88	.25	70	15.91	5570	15.70

TABLE IV
NUMBER OF DEATHS AT DIFFERENT PERIODS OF LIFE IN
THE ADMINISTRATIVE COUNTY DURING THE YEAR 1958

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	All ages
Males	1413	29	6	3	3	31	305	387	649	1142	13	5	4	8	22	273	333	484
Females	1774	13	5	3	4	37	241	380	1091	1241	15	2	2	3	25	186	290	718
Totals	3187	42	11	6	7	68	546	767	1740	2383	28	7	6	11	47	459	623	1202

TABLE IV - FIVE YEARS' DEATHS AND DEATHS IN REGISTERED DISTRICTS

CHIEF ALIYEV DISTRICTS FOR THE YEAR 1958

TABLE V (a).

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1958 IN THE URBAN DISTRICTS

CAUSES OF DEATH	Deaths, in or belonging to Districts, at subjoined ages								Deaths, in or belonging to each District at all ages										
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and over	Totals	BOROUGHES				Bures Hill	Cuckfield	East Grinstead	Newhaven	Portsmouth	Seaford
										Bexhill	Hove	Lewes	Rye						
1. Tuberculosis, Respiratory	-	-	-	-	2	5	3	2	12	2	4	2	-	-	2	1	-	-	-
2. Tuberculosis, other	-	-	-	-	-	-	3	1	1	2	1	-	-	-	-	-	-	1	-
3. Syphilitic Disease	-	-	-	-	-	-	3	2	6	2	2	-	-	-	-	-	-	-	-
4. Diphtheria	-	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal Infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other Infective and Parasitic Diseases	-	-	1	-	-	2	2	1	6	1	1	1	-	-	2	-	-	-	1
10. Malignant Neoplasm, Stomach	-	-	-	-	2	21	29	40	92	12	42	5	-	3	8	5	1	14	2
11. Malignant Neoplasm, Lung, Bronchus	-	-	-	-	-	51	33	18	103	18	36	5	1	3	11	12	1	9	7
12. Malignant Neoplasm, Breast	-	-	-	-	6	22	21	16	65	12	28	4	2	4	5	4	4	4	4
13. Malignant Neoplasm, Uterus	-	-	-	-	3	7	4	11	25	3	12	1	-	2	2	1	-	2	2
14. Other Malignant and Lymphatic Neoplasms	-	-	1	1	10	77	80	113	282	64	114	20	-	9	19	15	7	11	16
15. Leukaemia, Aleukaemia	-	-	-	-	2	5	2	5	14	1	3	4	-	7	2	1	2	2	1
16. Diabetes	-	-	-	-	-	6	3	7	16	2	9	-	-	-	2	1	-	-	-
17. Vascular Lesions of Nervous System	-	-	-	-	4	56	139	325	525	101	217	28	14	24	49	31	17	24	20
18. Coronary Disease, Angina	-	-	-	-	3	97	159	242	501	78	219	29	10	16	54	20	11	29	35
19. Hypertension with Heart Disease	-	-	-	-	-	12	14	53	79	17	35	5	2	4	9	1	2	2	2
20. Other Heart Disease	-	-	-	-	7	29	83	432	552	102	202	25	8	30	47	56	34	29	19
21. Other Circulatory Disease	-	-	-	-	2	19	38	117	176	18	97	7	2	3	19	6	6	11	7
22. Influenza	-	-	-	-	-	5	3	16	24	-	12	5	-	2	1	-	2	1	1
23. Pneumonia	3	2	1	-	3	17	30	82	138	19	53	5	2	5	21	10	6	11	6
24. Bronchitis	-	-	-	-	-	24	25	41	90	19	30	6	3	4	7	6	4	11	2
25. Other Diseases of Respiratory System	-	-	-	-	-	9	9	14	32	9	11	1	-	2	6	2	-	-	-
26. Ulcer of Stomach and Duodenum	-	-	-	-	-	8	8	23	40	4	22	-	2	2	3	3	1	-	1
27. Gastritis, Enteritis and Diarrhoea	-	-	-	-	-	1	6	8	15	3	9	-	-	-	1	1	2	-	-
28. Nephritis and Nephrosis	-	-	-	-	3	4	2	11	20	1	11	-	1	3	1	1	2	-	-
29. Hyperplasia of Prostate	-	-	-	-	-	1	6	19	26	3	12	1	1	2	-	1	2	2	2
30. Pregnancy, Childbirth, Abortion	-	-	-	-	-	-	-	-	1	5	1	-	-	-	-	-	-	-	-
31. Congenital Malformations	3	5	-	-	1	4	1	-	14	5	4	1	-	1	2	-	-	1	-
32. Other Defined and Ill-Defined Diseases	33	1	1	1	8	38	40	90	212	28	87	15	4	9	18	7	7	10	27
33. Motor Vehicle Accidents	-	2	1	1	-	4	1	4	13	4	3	2	-	-	1	1	1	1	1
34. All other Accidents	2	1	1	3	3	13	14	42	76	9	34	5	5	4	4	7	-	5	3
35. Suicide	-	-	-	2	5	7	8	5	27	2	10	2	-	-	5	1	1	-	-
36. Homicide and Operations of War	1	-	-	1	1	-	-	-	2	-	2	-	-	-	-	-	-	-	-
All Causes	42	11	6	7	68	546	767	1740	3187	539	1325	179	65	134	303	192	107	182	161

TABLE V (b)
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1958 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	Challey	Cuckfield	Hailsham	Uckfield
1. Tuberculosis, Respiratory	-	-	-	-	-	5	6	2	13	3	5	-	4	1
2. Tuberculosis, Other	-	-	-	-	-	2	-	-	2	-	-	-	2	-
3. Syphilitic Disease	-	-	-	-	-	-	2	1	5	1	1	2	-	-
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal Infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other Infective and Parasitic Diseases	-	-	-	-	-	-	-	-	2	1	1	-	-	-
10. Malignant Neoplasm, Stomach	-	-	-	-	-	12	12	19	44	5	7	6	12	14
11. Malignant Neoplasm, Lung, Bronchus	-	-	-	-	-	44	32	8	85	12	8	15	27	23
12. Malignant Neoplasm, Breast	-	-	-	-	-	18	11	13	42	6	5	8	15	8
13. Malignant Neoplasm, Uterus	-	-	-	-	-	9	4	4	22	4	3	8	5	2
14. Other Malignant and Lymphatic Neoplasms	-	-	-	1	-	65	63	63	201	45	26	27	43	60
15. Leukaemia, Alukaemia	1	1	2	-	1	5	4	4	16	4	1	3	4	4
16. Diabetes	-	-	-	-	-	1	1	7	10	1	4	1	1	3
17. Vascular Lesions of Nervous System	-	-	-	-	-	46	98	238	386	66	56	45	131	88
18. Coronary Disease, Angina	-	-	-	-	-	87	136	150	374	65	59	58	101	91
19. Hypertension with Heart Disease	-	-	-	-	-	6	19	24	50	13	8	3	11	15
20. Other Heart Disease	-	-	-	-	-	19	83	321	423	89	81	67	105	81
21. Other Circulatory Disease	1	-	-	-	-	16	24	71	112	17	11	21	23	40
22. Influenza	-	-	-	-	-	6	6	9	22	6	-	1	5	10
23. Pneumonia	2	3	1	1	1	22	23	71	124	21	16	15	49	23
24. Bronchitis	1	-	-	-	-	18	13	38	71	14	12	9	16	20
25. Other Diseases of Respiratory System	-	-	-	-	-	8	7	8	26	6	1	4	11	4
26. Ulcer of Stomach and Duodenum	-	-	-	-	-	2	3	9	16	4	3	1	3	5
27. Gastritis, Enteritis and Diarrhoea	-	-	-	-	-	-	2	2	11	3	1	2	2	3
28. Nephritis and Nephrosis	-	-	-	-	-	4	4	9	19	7	4	1	4	3
29. Hyperplasia of Prostate	-	-	-	-	-	1	4	10	15	-	3	3	3	6
30. Pregnancy, Childbirth, Abortion	5	-	-	-	-	-	-	-	-	-	-	-	-	-
31. Congenital Malformations	17	1	-	-	-	4	3	1	13	1	3	1	4	4
32. Other Defined and Ill-Defined Diseases	-	-	-	-	-	33	49	77	183	33	24	26	45	55
33. Motor Vehicle Accidents	-	-	-	5	-	12	2	5	27	1	4	1	9	12
34. All Other Accidents	1	-	-	2	3	5	10	30	51	4	12	8	18	9
35. Suicide	-	-	-	2	6	7	2	1	18	2	1	4	5	6
36. Homicide and Operations of War	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All Causes	28	7	6	11	47	459	623	1202	2383	434	360	340	658	591

TABLE VI
CASES OF NOTIFIABLE DISEASES OCCURRING DURING THE YEAR 1958

TOTAL NUMBERS OF NOTIFIABLE DISEASES IN EACH DISTRICT																				
	Total for Administrative County	Boroughs				Urban Districts						Rural Districts								
		Bexhill	Hove	Lewes	Rye	Totals	Burgess Hill	Cuckfield	East Grinstead	Newhaven	Portsmouth-by-Sea	Seaford	Totals	Battle	Chalvey	Cuckfield	Hailsham	Uckfield	Totals	
Scarlet Fever	136	4	29	2	3	38	-	3	10	6	16	-	35	20	1	9	10	23	63	
Whooping Cough	540	15	63	39	23	140	23	13	11	2	8	2	59	113	20	63	22	123	341	
Acute Poliomyelitis - Paralytic	7	-	2	-	-	2	-	2	1	-	-	-	3	-	-	1	1	-	2	
Acute Poliomyelitis - Non Paralytic	8	-	4	1	-	5	-	-	-	-	3	-	3	-	-	-	-	-	-	
Measles	2007	156	536	6	115	813	94	23	8	8	200	7	340	397	39	36	61	321	854	
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Acute Pneumonia	134	9	43	2	8	62	-	2	-	3	16	1	22	15	4	1	18	12	50	
Dysentery	72	-	12	2	-	14	-	11	-	-	-	-	11	-	5	25	17	-	47	
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Acute Encephalitis - Infective	3	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	3	
Acute Encephalitis - Post Infectious	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Enteric or Typhoid Fever	4	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	1	-	4	
Paratyphoid Fever	2	-	2	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	
Erysipelas	17	1	4	-	2	7	-	1	-	-	1	2	4	4	-	-	2	-	6	
Meningococcal Infection	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Puerperal Pyrexia	64	2	2	1	1	6	3	39	1	-	1	2	46	1	1	-	2	8	12	
Ophthalmia Neonatorum	1	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Food Poisoning	33	-	3	-	-	3	-	5	-	-	8	-	13	2	12	1	1	1	17	
Tuberculosis - Respiratory	156	12	35	7	1	55	10	11	2	4	10	5	42	15	7	13	7	17	59	
Tuberculosis - Meninges	2	-	1	-	-	1	-	1	-	-	-	-	1	-	-	-	-	-	-	
Tuberculosis - Other forms	16	1	5	1	3	10	1	-	-	-	1	-	2	1	-	1	1	1	4	
Totals	3202	200	742	61	156	1159	131	111	33	23	264	19	581	571	92	150	143	506	1462	

TABLE VII
VACCINATION AGAINST SMALLPOX

Number of persons vaccinated (or revaccinated) during the year 1958

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>												
Bethhill	208	-	17	-	7	4	11	42	21	202	264	248
Hove	440	-	46	2	13	14	24	51	52	421	575	488
Lewes	95	1	1	-	4	2	2	3	22	25	124	31
Rye	38	-	1	-	2	4	3	9	4	33	48	46
<i>Urban Districts</i>												
Burgess Hill	135	-	7	-	4	-	5	6	2	41	153	47
Cuckfield	163	-	11	-	7	5	7	36	17	169	205	210
East Grinstead	189	-	6	-	3	3	1	23	7	75	206	101
Newhaven	78	-	2	1	4	1	3	10	2	12	89	24
Portslade	162	-	4	-	-	3	8	3	-	30	174	36
Seaford	63	1	1	1	6	6	2	27	2	41	74	76
<i>Rural Districts</i>												
Battle	233	-	16	-	17	8	8	38	15	118	289	164
Chailley	147	-	8	-	6	4	7	20	8	91	176	115
Cuckfield	263	1	13	1	8	3	9	39	20	124	313	167
Hailsham	258	-	14	2	15	4	11	24	20	134	318	164
Uckfield	378	1	14	-	16	7	8	42	14	224	430	274
Totals	2850	4	161	7	112	68	109	373	206	1740	3438	2191

TABLE VIII
DIPHTHERIA IMMUNISATION
Summary of Returns for the year ended 31st December, 1958

District	(a) IMMUNISATION IN RELATION TO CHILD POPULATION							Total Number of Children under 15 Immunised
	Number of Children (in age groups as given) whose last course of injections (whether primary or booster) was given during -							
	1954 to 1958				1944 to 1948			
	Under 1 Born 1958	1-4 Born 1954-57	5-9 Born 1949-53	10-14 Born 1944-48	5-9 Born 1949-53	10-14 Born 1944-48		
<i>Boroughs:</i>								
Bexhill	88	872	1134	1288	365	819	4566	
Hove	142	1838	2235	1897	787	2819	9718	
Lewes	92	604	597	430	181	697	2610	
Rye	14	205	325	240	18	148	950	
<i>Urban Districts:</i>								
Burgess Hill	109	912	772	297	107	757	2954	
Cuckfield	128	815	1078	423	46	1361	3851	
East Grinstead	93	846	782	663	149	497	3030	
Newhaven	41	354	494	463	82	165	1599	
Portslade	35	436	584	674	108	652	2489	
Seaford	46	346	223	206	66	36	923	
<i>Rural Districts:</i>								
Battle	79	1223	1817	1640	117	690	5566	
Chailley	90	809	566	422	222	129	2238	
Cuckfield	129	1405	1274	320	112	554	3794	
Hailsham	134	1438	1832	1491	474	1277	6646	
Uckfield	235	1977	1877	1305	1041	1830	8265	
Totals	1455	14080	15390	11768	3875	12431	59199	
Total estimated mid-year child population 1958	Under 1 4340	1 to 4 16360	5 to 14 53900	Under 15 total 73700				

(b) Total number of children who completed a full course of primary immunisation in the Administrative County Area in 1958 :-

Age at final injection		
under 5 years	..	..
Five to 14 years	..	..
	3203	842
	<hr/> 4045	

(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 1958 :- 4701

TABLE IX
BIRTHS NOTIFIED IN ADMINISTRATIVE COUNTY OF EAST SUSSEX
INCLUDING HOVE AND PORTSLADE

Year	Total notified births (Live and Still)	Domiciliary	Hospital	Percentage Domiciliary	Total registered births (Live and Still)
1949	4,792	-	-	-	4,725
1950	4,565	1,650	2,915	36.5	4,420
1951	4,228	1,447	2,781	34	4,216
1952	4,187	1,413	2,774	34	4,125
1953	4,062	1,407	2,655	34.5	4,009
1954	4,078	1,415	2,663	35	4,105
1955	3,845	1,351	2,494	35	3,923
1956	4,188	1,430	2,758	34	4,177
1957	4,285	1,376	2,909	32	4,302
1958	4,247	1,477	2,770	35	4,487