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EAST SUSSEX COUNTY COUNCIL



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

YEAR 1959

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

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



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EAST SUSSEX COUNTY COUNCIL

To the Chairman and Members of the East Sussex County Council

MY LORDS, LADIES AND GENTLEMEN,

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

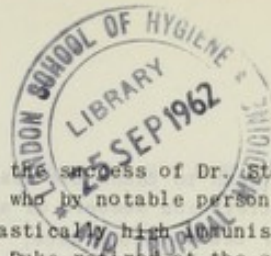
The general health of the people in East Sussex, and the sanitary circumstances in which they live, are both satisfactory; work continues by which a high proportion of the dwelling houses and farms now have a piped mains water supply and the corresponding need for main drainage is also being met, though at a slower rate. It will be noted that although the birth rate is below the death rate, this is a corrected figure which takes into account the probability that East Sussex has a higher proportion of old people than any other county in England and Wales, though our neighbours West Sussex run us close. It is fitting, therefore, that a great deal of attention is paid by different committees to the welfare of old people: reference to this work is made under the heading of Health Visiting.

As regards infectious diseases, acute poliomyelitis was again at a very low level, there being the same number of paralytic cases (7) as in the previous year. It should be remembered, moreover, that the term "paralytic" in this connection means only that at some stage during the illness there has been weakness of one or more muscles: many patients recover entirely and the affected muscles return to full function. Human nature being what it is, however, a result of two years comparative peace has been that even of those who apply for vaccination against poliomyelitis some 40% fail to respond to repeated invitations: and of the people in the 25 to 40 year group only about 4% have as yet applied.

Apart from a very large number of cases of measles, there is little of note in the incidence of other infectious diseases except an apparent tendency for streptococcal conditions (for example, scarlet fever) to increase. For a number of years the streptococci, once a major danger to health, have quietly allowed the staphylococci to lead the attack and it is interesting to note that, like diphtheria, they are always ready to return.

In last year's Report for 1958 I said that the drop in the number of deaths from cancer of the lung - 108 as compared with 177 in the previous year - was very welcome, especially if it continued, though it compared very poorly with only 13 deaths from tuberculosis. This latter figure was an error due to careless abstraction from the statistics: it should have been 25. Unfortunately the drop was an isolated one, as during 1959 there were 215 such deaths (exactly one fifth being of women) the highest total ever recorded, over eight times as many as died from pulmonary tuberculosis. Again I must emphasize that there is no reasonable doubt that the main cause of cancer of the lung is prolonged heavy smoking of tobacco, especially in the form of cigarettes, a form of mild addiction which is so prevalent that the puny attempts at counter-propaganda which are within the scope of local health authorities can have little effect.

Dr. W. B. Stott, Medical Officer of Health for Cuckfield Urban and Burgess Hill Urban and Cuckfield Rural districts retired on the 28th February, 1959. He took up his duties in this County on 1st August, 1934, and under the scheme sponsored in that year by the County Council he was also appointed as a part-time assistant school medical officer for the education authority. In 1948 he gave up school work but (in common with the other district medical officers) carried on in his area the immunisation scheme under Section 26 of the National Health Service Act in which his long experience and remarkable results gave him and the county a flying start. For years he has been a pioneer in the advancement of immunisation against diphtheria and as long ago as 1936 succeeded in obtaining an acceptance rate of 90% in the 21 elementary schools in Cuckfield Rural District, a result which was probably unequalled at that time anywhere in the country and indeed in some parts even at the present time. In the following years he continued research into the use of various single and combined antigens and steadily improved the immunisation position in his three districts, and by 1948 at least 95% of all children up to the age of 15 were being immunised against diphtheria: although in the rest of the county good work was being done we were happy to base our scheme for the whole



county on his procedure. It is fair to say that a substantial part of the success of Dr. Stott's work was his effective co-operation with his colleague Dr. H.L. Duke, who by notable personality and tremendous drive helped to establish and maintain the almost fantastically high immunisation rate which prevailed and still prevails in the Mid - Sussex area. Dr. Duke retired at the same time as Dr. Stott and we shall long remember them for their public service.

Apart from immunisation, however, which Dr. Stott always had close to his heart, he was an extremely efficient medical officer of health and paid a large part in raising the public health services in his area to a high level. He paid close attention to clean food handling and the problems related to milk supplies, being one of those who rightly pointed out that although the customer may not get tuberculosis from raw tuberculin tested milk he may easily get other milk-borne diseases, against which pasteurisation would be a protection.

Dr. Stott, although capable of standing up for a matter of principle when he thought it necessary, had a great regard for the courtesies and co-operation which do so much to ease the working of our complicated Local Government system. I wish him many happy years of retirement and welcome as his successor Dr. D.M. Richardson who by the time these words have been published will have been in office for at least a year.

During 1959 and previous years occasional difficulty was experienced in this county in the working of two enactments - the National Assistance Act, 1948, Section 47 (as amended later by the National Assistance Act, 1951) and 18 to 20 of the Milk and Dairies Regulations (now 18 to 20 of the Milk and Dairies (General) Regulations, 1959).

In each case the medical officer of health of a county district is given duties and powers; under the National Assistance Acts to initiate steps to remove to proper care certain people who are aged or suffering from grave chronic disease, and under the Milk and Dairies Regulations to take action to prevent or deal with infection of milk. As these powers are vested in the medical officer of health himself, it follows that in those county districts where the medical officer has no officially appointed deputy (i.e. in all except the Borough of Hove) action in his absence may be held up. Obviously it may be a matter of extreme urgency to deal with infected milk or to remove an aged person from dangerously squalid conditions, and failure to deal with such a matter might prove a public embarrassment to a county district. In 1951 I suggested to some county district medical officers that they might arrange with their respective authorities for the county medical officer of health (or his deputy) to be officially appointed as their deputy for the above purposes so that delay in an urgent case might be avoided. In some cases this was arranged (with the approval of the County Council and the Minister of Health) and on a few subsequent occasions it was thereby made possible to deal with an urgent matter without delay. Obviously it is of little consequence who is appointed, but the county medical officer is suitable by reason of knowing the county and being familiar with the enactments concerned. I therefore suggest that the county district councils who have not by resolution appointed a deputy for both the above purposes might consider whether to take such action.

I should like to draw the attention of the County Council to a matter which has affected other principal officers to some extent and is certainly a serious one for the Health Department: that is the increasing need for working space and the inconvenience and handicap of the department's administrative and technical staff being distributed over scattered premises in Lewes instead of under one roof. If several departments whose work is closely related are housed, as in some county headquarters, in one building, not only can each principal officer reach his staff and their records without delay but he can also reach other departments equally quickly. Owing, however, to the great expansion of services during recent years the Health Department is housed mainly in two adapted dwelling houses 4/10ths of a mile apart, each having certain disadvantages, including limited or absent parking space. In addition the County Nursing Superintendent and her Deputy work in the offices of the County Nursing Association, even further away in a length of street where parking is severely restricted, another officer in a building further down the same street, and a third in yet another adapted house. Members of the County Council will readily appreciate how wasteful it is and how time consuming that instead of the Nursing Superintendent walking along a passage to discuss work she and I generally have to send each other typed memoranda. Similar frustrations are experienced in dealing with mental health matters, that Section being nearly half a mile from the main office where the Deputy County Medical Officer of Health, who is in immediate charge of planning, has his room.

The fullest possible use has been made of all the available space, but we have already reached the point where our needs can only be met by a new building. From time to time there have been discussions which could lead to the building of new offices, perhaps for more than one department, and I do most earnestly request that steps should be taken as soon as may be, to provide some effective remedy for the present state of affairs.

I wish to thank the Chairman and members of the Health and Housing Committee, of its sub-committees and members of all other County Committees for their help, support, and on occasion I fear their forbearance, and my colleagues, of all grades, in my office or elsewhere, who have contributed by hard work and pleasant co-operation.

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.

June, 1960.

MEMBERS OF THE HEALTH AND HOUSING COMMITTEE
(as at 31st December, 1959).

a) Members of the County Council:

| | |
|---|--|
| Mr. S.J. Fancourt Bell. | Mr. H. Leonard. |
| Mr. T. Benson. | Mr. W. Lindsay, C.B.E. (Vice-Chairman of the County Council). |
| Miss M. Blount, M.B.E. (Vice-Chairman). | Capt. P.C. Newcombe. |
| Mr. C.J. Bollins. | Mr. G.V. Nieser. |
| Mrs. E.F. Cave. | Mr. R.B. Powell. |
| Col. Sir Ralph S. Clarke, K.B.E. (Chairman of County Council). | Mr. H. Riley. |
| The Right Hon. The Earl of Craven | Mrs. M.M. Roberts. |
| Mr. W.R. Dunlop. | Lt.-Col. E.M. Sheehan. |
| Mr. Claude Hershman, M.C. (Chairman) | Miss L.T. Toller. |
| Miss E.A. Kennedy. | |

b) Other Members:

| | |
|-----------------------------|---------------------|
| Mr. L. Burtenshaw. | Dr. W.N. Maple. |
| Mrs. J.N. Kleinwort, M.B.E. | Dr. J.A. Smart. |
| | Mrs. A.M. Williams. |

STAFF OF THE COUNTY PUBLIC HEALTH DEPARTMENT
(including the School Health Service) (as at 31st December, 1959).

| | |
|---|--|
| 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) D.M. Richardson M.R.C.S., L.R.C.P., 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.C.S.T. Miss M. Williams, L.C.S.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 D.B. Boxer, S.R.N., S.C.M., H.V. Cert., Q.N. Miss A.A. Leckie, 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.M. |
| 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 354,800 in 1958 to 359,000 in 1959.

The crude **Birth Rate** for the county was 12.61 per thousand of the estimated population (.21 per thousand more than in 1958). The live births in 1959 totalled 4,527 (128 more than in 1958). The number of illegitimate live births in East Sussex was 221 (9 fewer than in 1958) or 4.88 per cent of the total.

The crude **Death Rate** was 15.15 per thousand in 1959 as compared with 15.70 in 1958

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 | 14.50 | 16.5 |
| Corrected Death Rate | 10.91 | 11.6 |

The **Infant Mortality Rate** was 13.47 per thousand live births in 1959, as compared with 15.91 in 1958. The rate for England and Wales was 22.5. The illegitimate death rate was 15.57 per thousand illegitimate live births, as compared with 30.44 in 1958.

The **Maternal Mortality Rate** was .43 per thousand live and still births, as compared with .22 in 1958.

SANITARY CIRCUMSTANCES.

Rural Water Supplies and Sewerage Act, 1944/55.

Contemplated schemes for water supplies, sewerage and sewage disposal and for the extension and improvement of these services have been submitted by district authorities.

The following proposals have been examined and reported upon:

Battle Rural District.

| | | |
|---------------------------------|---|---|
| Villages of Brede and Broad Oak | - | Scheme of sewerage and sewage disposal. |
| Crowhurst (Old Village) | - | Revised scheme of sewerage and sewage disposal. |
| Sedlescombe Village | - | Scheme of sewerage and sewage disposal. |

Hailsham Rural District.

| | | |
|-------------------|---|---|
| Alfriston Village | - | Scheme of sewerage and sewage disposal. |
|-------------------|---|---|

Uckfield Rural District

| | | |
|---------------------------------------|---|---|
| Hartfield Village and Upper Hartfield | - | Scheme for extension of sewerage and sewage disposal. |
| Maresfield Village | - | Scheme of sewerage and sewage disposal. |
| Ringles Cross, Uckfield | - | Scheme of sewerage - extension of Uckfield system. |

Some further progress has been made on existing schemes and in the Chailey Rural District work has proceeded on the drainage for Peacehaven, Rodmell, South Highton, Kingston, Newick and Chailey, and in March a start was made on the Newhaven East Side Sewerage Scheme, which will enable a further area of development on the chalk water gathering grounds to be properly drained.

In the Cuckfield Rural District, the Warninglid drainage scheme was completed and a start made on the Fulking Village drainage works.

Works of sewerage and sewage disposal for Frant and Wadhurst in Uckfield Rural District were also put in hand, and a start was made on the Winchelsea Beach drainage scheme in Battle Rural District. All the localities mentioned are being drained for the first time and the progress made in 1959 is most satisfactory.

The position in respect of water supplies is no less gratifying, in that the long dry summer enabled the greater part of the main laying for the Hailsham North Western Parishes Water Scheme to be completed.

In Battle Rural District, water extensions to Mountfield, Whatlington and East Guldeford were completed and a start was made on the main laying for the North Eastern Parishes Water Scheme which, in effect, will see the completion of the principal water distribution mains for the whole county area.

FOOD AND DRUGS ACT AND MILK AND DAIRIES REGULATIONS.

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

Seven Dealer's (Pasteuriser's) Licences were renewed on the 1st January, 1959. Five of the pasteurising establishments are provided with H.T.S.T. plants and 2 have holder type plants.

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

| Class of Milk | Number of Samples | Appropriate Tests | Number of Samples | |
|------------------------------------|-------------------|-------------------------------|-------------------|-----------------------|
| | | | Passed | Failed |
| Pasteurised | 238 | Phosphatase Methylene Blue | 237 225 | 1 (3 invalid) |
| Tuberculin Tested (Pasteurised) | 265 | Phosphatase Methylene Blue | 265 261 | - (4 invalid) |
| Totals : | 503 | Phosphatase Methylene Blue | 502 496 | 1 - (7 invalid) |

The phosphatase failure occurred at a dairy using an H.T.S.T. plant and was the first case in many years in that type of plant. Owing to a defective valve the flow diversion control had become ineffective although all indicating and warning devices showed normal working.

Examination of Bottles.

In order to determine the efficiency of the methods adopted in the cleansing of milk bottles at these establishments, fifty-five sample groups of bottles have been examined during the year and only one of these failed to reach the standard recommended by the Public Health Laboratory Service. This was attributed to the caustic solution in the bottle washing plant not having been maintained at the correct strength towards the end of the day's processing.

Specified Areas.

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

Supervision of supplies has been continued and records of licensed retailers kept up to date, the total number of retailers being 271. Again the number of shopkeepers selling milk has increased, but this year by only 11% as against 20% in the previous year.

During the year, five cases were found in which retailers were selling designated milk without holding the necessary licences and in one case undesignated milk was being supplied from a dairy outside the county. Following reference to the responsible authorities these omissions were corrected.

Biological Examination of Milk.

As from October, 1958, the county became an Attested Area and for all practical purposes free from bovine tuberculosis. In view of this, the added protection and control afforded by

the Specified Area Orders and the fact that during the previous 18 months, intensive sampling of all milk consigned for pasteurising had revealed no cases of tubercle infection, it was decided to confine biological sampling to supplies which were still being consumed raw and particularly those which by reason of their consignment from one area to another were unlikely to receive regular checks.

For this purpose, 40 samples of tuberculin tested milk were submitted for examination and all were reported to be free from *M. tuberculosis*. In four cases *Brucella abortus* was isolated and these findings were notified to the Divisional Veterinary Officer and the Medical Officers of the districts concerned.

Thirty-three of these samples were also examined for the presence of *Staphylococcus pyogenes* and haemolytic streptococci and only 6 gave entirely negative results.

In the remaining 27 samples, both organisms were present in 5 cases, staphylococci alone in 21, and streptococci alone in one case. In 8 cases staphylococci were isolated by enrichment culture only and of the 4 positive streptococcal infections 1 Group B, 2 Group D and 1 Group G were isolated.

Out of 33 samples therefore 22 gave positive evidence of staphylococcal and/or streptococcal infections and whilst enquiries into the Group G finding revealed nothing significant, in all cases the associated herds were found to have existing or very recent instances of mastitis in one and in a few cases two cows.

In addition to the above, 8 samples of tuberculin tested milk taken at the Hospital Farms were found to be free from tubercle and *Brucella*.

District authorities reported three cases of tubercle infection in samples of milk taken from pedigree attested herds.

In one case, following the investigations of the Divisional Veterinary Officer, 2 reactors were found which on post-mortem revealed tuberculous lesions of the mesenteric glands, but no evidence in the udders or supra-mammary glands, and in the other cases no offending animals were identified and re-testing of the herds revealed no reactors.

Milk-in-Schools Scheme.

With the exception of two private schools which obtain tuberculin tested milk from their own dairy herds, all the schools participating in the scheme are provided with pasteurised milk as recommended.

Supervision of these arrangements has continued and during the year samples of milk from all the sources of supply have been submitted for examination. Six samples from one supply failed the Methylene Blue test and this was attributed to unsatisfactory storage and transport arrangements during the very hot weather.

All the samples passed the phosphatase test and the general position is considered to be satisfactory.

INFECTIOUS DISEASES

During the very end of 1958 and extending over many weeks in the early part of 1959 there was a considerable outbreak of measles in this county, a total of 6,746 cases being notified during 1959. Apart from the fact that it cannot be pretended that anything like all the cases of measles that occur are notified the time has long since passed, at any rate in this part of the country and probably everywhere else, when notification of measles can give any benefit to the community in general or the preventive health service in particular. This view was put to the Health and Housing Committee, who agreed with it and have made recommendations that measles shall cease to be a notifiable disease.

Measles accounted for the large increase in the number (7840) of notifications of infectious diseases received in 1959, 3202 being the figure in 1958; apart from measles, the number of infectious diseases notified was 101 lower than the previous year. Whooping cough accounted for only 251 notifications as against 540 in 1958, a drop of 289. Scarlet fever cases increased to 291 (only 136 in 1958). Dysentery cases remained about the same - 76 as against 74 - and food poisoning cases amounted to 30 compared with 33 in the previous year. There were 179 cases of pneumonia, an increase of 132 over 1958.

There has been a very satisfying decrease in cases of acute poliomyelitis, only 9 having been notified including two which were non paralytic. Of the 9 only two were under 5, 3 were between the ages of 5 and 15 and 4 over 15 years of age. 3 of the cases had been vaccinated against poliomyelitis (aged 12, 14 and 16).

The first of these three was a boy of 12 who had had three doses of vaccine and developed non paralytic poliomyelitis of a mild degree. On discharge from hospital after six weeks he was already apparently normal. The second, a girl, had had three doses in 1958 and 1959, before developing the disease in September, 1959. Many muscles were affected but she made a complete recovery by the following January. Another girl also had three doses in 1958 and 1959 and developed paralytic poliomyelitis in October, 1959, there being only slight weakness of the arms. She also made a full recovery. Curiously enough this last child had been on sick leave for at least eight weeks before onset, and during this time had had her appendix removed. She had also had young cousins staying in her house and sleeping in her bed, but there is no means of knowing whether they were the source of her infection.

Of the other five paralytic cases the condition in May, 1960 is as follows. One middle-aged man died within a few days, another still has well-marked disability and is in a specialist hospital. The other three are young children with little residual weakness. It should be pointed out that patients may expect some improvement in the actual muscles affected for at least two years after onset.

Tuberculosis

125 new cases of pulmonary tuberculosis were notified in 1959, a considerable reduction on the 1958 figure of 156. 70 of the 125 were patients between the ages of 15 and 45. Again the greatest number of notifications for males occurred between the ages of 45 and 55 and for females between 35 and 45. Notifications of other forms of the disease dropped to 13 of whom only 2 were under 15 years of age.

At the end of the year there were 2401 notified cases on the Register (2130 pulmonary and 271 non-pulmonary) as compared with 2253 pulmonary and 292 non-pulmonary respectively in 1958, a decrease being thus shown in both types.

After some years during which an increased drive against this disease resulted in "taking up the slack" and therefore in increasing numbers on the register, we seem to be over the peak and may well expect a continued fall in the number of known cases.

Deaths from tuberculosis in 1959 were as follows -

| <i>Pulmonary tuberculosis</i> | <i>Deaths</i> |
|-------------------------------|---------------|
| Urban Districts | 13 |
| Rural Districts | 13 |
| <i>Other forms</i> | |
| Urban districts | 1 |
| Rural districts | 2 |

Six deaths were of patients who had not been previously notified. The only non-pulmonary case was a middle-aged man who had had long standing tuberculous hip and pelvic disease; this continued active to the end and should have been notified. Of the five pulmonary cases, one was an old man in whom the disease was never diagnosed before death. The second was a retired policeman who had had pulmonary tuberculosis in the distant past, but this had healed long since and had given rise to the lung emphysema which eventually brought about death by cardio-respiratory failure. The third was a middle-aged woman whose disease was not, it is believed, recognised before death; the relatives refused to be examined or to co-operate in enquiries. The fourth had been in a mental hospital for many years. The fifth was a middle-aged man who died of tuberculous meningitis; he had apparently never consulted his doctor about his health and was found at post-mortem to have considerable active pulmonary tuberculosis with cavitation.

Sleeping Shelters

The question of outdoor shelters for tuberculous patients has been under review, the chest physicians agreeing with me that under modern conditions the need for open air shelters in the management of tuberculosis has become very much less, and the money spent on storage, repair and transport is now seldom justified. In future a much smaller stock will be kept for use.

Rehabilitation

The Disabled Persons (Employment) Act, 1958 laid a responsibility for rehabilitation of registered disabled persons on the County Council and it was decided to give this task to the Welfare Services Committee. This meant that at the end of the year there were no such patients being dealt with under Section 28 of the National Health Service Act.

Care Almoner's Report

"During 1959 there has been a further decrease in the number of new cases referred to the Almoner's department. This has enabled the Almoner to devote more time to certain cases needing extra help and she has been glad of the opportunity thus afforded to do more intensive case work. It has also meant that the Care Committee funds available have been allocated a little more generously to certain patients who seemed to have a real need.

In some cases where families were worried by debts which had arisen largely owing to illness, the Almoner applied to and received grants from all funds available to the patient and was glad to be able to call on Care Committee funds to meet the balance owing in each case and to free the patients from considerable worry. These debts included payments for clothing and furniture on hire purchase agreements and bills for electricity and fuel. The Care Committees also met the cost of renewing television and radio licences for certain patients.

There was a more than usual number of requests for beds and bedding during the year and again the Almoner applied to and obtained help from the W.V.S. and Red Cross. The W.V.S. supplied two beds and provided transport for them in one instance and the Red Cross gave second hand blankets on several occasions. Where these sources failed the Almoner asked the Care Committee who provided two beds and bedding for one family.

The Almoner has also contacted outside agencies on behalf of a few patients attending chest clinics but not on the T.B. Register and therefore not eligible for help from the T.B. Care Committees. One man, who was a respiratory cripple virtually home bound, told his Chest Physician that his real need was for a television set. The Almoner was able to provide him with a good second hand set through the generosity of a voluntary fund. The Almoner also obtained a generous grant from the National Society for Cancer Relief for a patient suffering from cancer of the lung and thus enabled the man to have the very costly nourishing foods which he needed."

HEALTH CENTRES (SECTION 21)

During the year no action was taken to design or provide Health Centres.

CARE OF MOTHERS AND YOUNG CHILDREN

(SECTION 22)

(Excluding Hove and Portslade Sub-Committee Area)

Clinic Buildings

During the year permission was obtained from the Ministry of Health to start work on a clinic building in Seaford, and by the end of the year very good progress had been made. When completed it will be available for our health services in that locality, including those for school children, and will meet a long-standing need for premises in that town.

Many people, including perhaps some county councillors, do not realize that (with the exception of the recently built Hangleton Clinic) our only three clinics "built for the job" date back to 1937 and 1938, when the policy was adopted to build one new clinic a year. The war of course nipped this policy in the bud. It is therefore hardly surprising that our older buildings need enlarging to accommodate increasing services and that various improvements are needed from time to time.

During the year a new dental wing was designed at Haywards Heath Clinic and one also at Newhaven. It is expected that these will be completed in 1960, to give much needed relief of pressure on quite inadequate space. We have also come to realize through years of experience and the disappointment caused by piecemeal attacks on the problem that intermittent heating of clinic by gas or electricity turned on manually from time to time is not satisfactory: where a clinic is used whole-time or thereabouts, as it should be, an automatic system with thermostat control is the only satisfactory method.

The Health and Housing Committee have under consideration whether Burgess Hill (which has the most rapidly growing population in the county) should have one large new clinic, sited centrally, in place of the present clinic (which is an adapted semi-detached dwelling house) or whether the present clinic should be retained and supplemented by a new one on the other side of the town.

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, the health visitor and midwife concerned being in attendance. 550 mothers attended during the year. Teaching classes continued to flourish and relaxation classes are becoming increasingly popular throughout the county, being approved and supported by many - perhaps a majority - of the general practitioner - obstetricians.

Infant Welfare Centres: At the 31st December, 1959 there were six centres conducted directly by the health authority with the assistance of voluntary workers, and 41 others were 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 is met by the health authority. The following table gives the position as at 31st December, 1959, with the comparable figures for 1958.

| 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 |
| 1958 ... 48 | 1,594 | 3,925 | 15,420 | 11,114 |
| 1959 ... 47 | 1,690 | 3,800 | 16,415 | 10,063 |

In addition to the above there were 29 "weighing centres" operating (i.e. without a medical officer being in attendance). 1377 children made 5842 attendances. Special sessions for toddlers are held at four of the County Clinics: this practice of holding separate sessions for the 2-5 year old group has proved most successful and will be extended to another clinic in 1960.

Care of Premature Infants: There were 172 premature live births during 1959, 28 fewer than in 1958. 150 survived the age of 1 month. Special equipment is provided on loan when required.

Neonatal Cold Injury: During recent years there has been increasing recognition that infants may die of a curious condition (the use of this word rather than "disease" is intentional) which for lack of a better term has been termed "neonatal cold injury", cases of which have occurred in East Sussex as well as elsewhere. It commonly affects infants during the first four weeks of life (often but not always premature infants) and it has been noted that almost without exception the children affected have been kept in a room which is too cold. Cases therefore occur, typically, in the winter and often in council houses where fuel has been stinted.

Drs. R.I.K. Elliott and T.P. Mann, who have made a special study of this rare but distressing condition, give particulars upon which the following description is based. The infant goes off his feeds and is quietly apathetic, at the same time showing a rosy pink complexion which so nearly resembles a healthy colour that those looking after him may not notice anything is amiss. He is soon cold to the touch, even on the scalp, and the hands and feet become firmly oedematous (sodden) under the skin so that it dents if pressed with the finger. The body temperature drops seriously, perhaps even below 80°F (normal is 98°F). If the condition is not promptly arrested death ensues from a form of haemorrhagic pneumonia; even under skilled treatment recovery may not occur.

As this condition is par excellence one for prevention rather than treatment, steps were taken early in 1959 which those interested may note as an example of effective co-operation shared by the three main branches of the medical profession. With Dr. Mann's help a short description of the condition was sent out to all nurses and midwives; they were instructed to ensure that in domiciliary confinements the lying-in room should be kept thoroughly warm. To help them in this and in making the point clear to patients they were supplied with large factory-type room thermometers to hang near the baby's cot. In addition, all general practitioners (including those practising privately) were sent a similar letter of information telling them the names of those consultants who would be ready to help at any time. Similar action was taken, I understand, by neighbouring health authorities.

Although several cases had occurred in the neighbourhood before January, 1959, a few being in our area, no cases were reported during the whole of 1959.

Distribution of Welfare Foods: At 31st December, 1959 there were 109 distributing centres in the county. The help given by the Women's Voluntary Services in this work is much appreciated. Much useful help is also given by retailers such as pharmacists and grocers who act as selling agents in small country places. The following issues were made by the health authority (outside Hove and Portslade) during 1959; the figures for 1958 are also given:

| | 1959 | 1958 |
|---------------------|---------|---------|
| National Dried Milk | 49,497 | 46,836 |
| Cod Liver Oil | 13,862 | 14,837 |
| Orange Juice | 123,697 | 125,050 |
| Vitamin A&D Tablets | 11,125 | 10,225 |

Care of Illegitimate Children: Hostel accommodation was provided by the health authority during 1959 for 21 unmarried mothers, 20 fewer than in 1958 when the exceptionally high number of 41 were admitted to hostels. Nine of the 20 children born during 1959 were placed for adoption, each of the remaining 11 being taken by the mother into her family or otherwise cared for by her.

Contraceptive Advice: This instruction (which is made available by the health authority only to married women where pregnancy or childbirth would be dangerous to health) was given to 4 women during the year. The Family Planning Association, however, have established clinics at Brighton, Eastbourne, Haywards Heath and Hove where a number of women attend by private arrangement.

Maternity Outfits: 1,368 sterilised maternity outfits were issued during the year to midwives for distribution to mothers being confined in their own homes.

Child Care and Hygiene Classes: These two subjects were taught by the Assistant County Nursing Superintendents and the Health Visitors to senior girls. Child Care classes were given in 22 schools and continue to be readily accepted. 527 girls entered for the examinations, of whom 59 passed with credit and 418 gained a certificate of proficiency. In one special school, an extended course, lasting two terms, was given with the excellent result of 5 girls gaining a proficiency certificate out of a group of 9. Hygiene classes, given to a slightly younger age group, were held in two schools. 32 girls entered for the examination of whom 28 gained a certificate of proficiency.

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

Residential Nurseries: These have not been established by the health authority, but those conducted by the Children's Committee have been available for short periods when needed.

Co-ordination Committees: Four co-ordination committees are still operating in the county. The regular meetings of all parties interested in welfare work are extremely useful particularly in dealing with problem families who so often are the concern of several organisations at one time.

Dental Care: The Authority's scheme for dental treatment of expectant and nursing mothers, and infants under the age of five years is co-ordinated with the scheme for dental treatment of school children. Treatment is carried out at County Clinics, schools, hired premises and in the mobile dental van. As far as possible regular visits are made to each main centre to provide a continuous service.

We have been fortunate this year in being able to appoint a full time Dental Officer to work in the mobile dental van. This gives good working conditions and is proving its worth in the rural areas.

The work done is shown in the tables below:-

(a) Numbers provided with Dental Care

| | Examined | Needing Treatment | Treated | Made dentally fit |
|-----------------------------|----------|-------------------|---------|-------------------|
| Expectant & Nursing Mothers | 128 | 116 | 96 | 82 |
| Children under five | 428 | 343 | 299 | 292 |

(b) Forms of Dental Treatment Provided

| | Scaling & Gum Treatment | Fill-ings | Silver Nitrate Treatment | Crowns or Inlays | Extrac-tions | General Anaes-thetics | Dentures Provided | | Radio Graphs |
|-------------------------------|-------------------------|-----------|--------------------------|------------------|--------------|-----------------------|---------------------|------------------------|--------------|
| | | | | | | | Full Upper or Lower | Partial Upper or Lower | |
| Expectant and Nursing Mothers | 75 | 234 | 2 | - | 152 | 38 | 4 | 36 | 6 |
| Children under five | - | 532 | 37 | - | 327 | 159 | - | - | 3 |

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)

As stated in earlier reports the duties of the local health authority in connection with midwifery, home nursing and health visiting are carried out by nursing staff employed by the East Sussex County Nursing Association, which is a federation of 53 district nursing associations whose areas cover the whole county. On 31st December, 1959, the total number of nurses attached to these district nursing associations was 116, of whom 108 were Queen's nurses. These nurses were employed in the following categories:-

- 67 on generalised duties (i.e. midwifery, home nursing, health visiting and school nursing)
- 24 on full time combined duties and
- 2 on part-time combined duties (i.e. midwifery and home nursing only)
- 3 on full time home nursing only (2 being male nurses) and
- 3 on part-time home nursing only
- 17 on health visiting and school nursing only

It will be seen from the above that 93 nurses were undertaking midwifery, 84 health visiting and 99 home nursing.

Midwifery.

All the 93 nurses undertaking midwifery were qualified to administer inhalational analgesics and during the year 358 of their patients received trichloroethylene and 710 gas and air analgesia. Pethidine was administered in 605 cases. The district midwives attended 1,249 deliveries; whilst private midwives attended 23. Medical aid was summoned in 534 cases.

Two cases of ophthalmia neonatorum were notified; these were not serious and no impairment of vision was reported. There was no new case of retrolental fibroplasia.

88 cases of puerperal pyrexia were notified, 41 occurring on the district, and 47 in hospitals. Very few of these were of any clinical importance.

Maternal Deaths

It is much to be regretted that two deaths occurred during 1959 which must be classed as "maternal deaths", occasioning the unusually high maternal mortality rate for that year of .43 per 1000 live and still births. As usual, very detailed enquiries have been made into the circumstances of each case.

The first death was due to amniotic fluid embolism. Although this is a recognised risk attaching to attempted induction of labour by the introduction of uterine catheters, a procedure to which the patient had been subjected owing to certain physical indications, there was in this case no reason to believe that the attempted induction caused the embolism.

The other was one of those unsatisfactory cases where several factors, both social and medical, combined to cause a woman's death. She came of a modest social level and had travelled about with her family, the last change of address being during the pregnancy and her last home a caravan. She booked with her own doctor at an early stage and a hospital admission was arranged

owing to a previous caesarean section; but the family gave their doctor less information and co-operation than was reasonable (perhaps because of the previous pregnancy and operation, which took place elsewhere). It is the practice of the hospital concerned to ask the general practitioner-obstetrician to carry on routine ante-natal work; but through some misunderstanding he did not do so and the local midwife knew nothing of the case until the terminal events.

At about full term the patient's doctor was called in on account of certain symptoms, and ordered the patient to bed. Seven days later the local midwife was asked by anxious relatives to get an ambulance to take the patient to hospital: this was promptly arranged, but she died in hospital three days later still undelivered. It seems clear from the post-mortem findings that the uterus had ruptured at the old Caesarean section scar, probably days before, and that death was partly due to endocarditis associated with co-arcuation of the aorta.

This case illustrates the importance of the emphasis placed, in our service as in others, on close liaison, from the very earliest stages throughout. Domiciliary midwives are instructed, when booking a case, to get in touch at once with the general practitioner-obstetrician and make sure, by arrangement with him, that the expectant mother will get all necessary ante-natal attention, whether at hospital or from one of them. One cannot issue comparable instructions to the doctor, but fortunately procedure on the above lines has become the general practice. The midwife is not clairvoyante, however, nor can the doctor give his best service if full co-operation is not given by the patient and family.

A third death resulted from a chorionepithelioma following a miscarriage nine months previously: the patient was liable to epileptic fits and it is therefore hardly surprising that the onset of apparently similar fits, associated with secondary growths in the brain, confused the diagnosis.

The Registrar-General has ruled, however, that this case is not to be listed as a "maternal death" for statistical purposes.

I am glad to record that the infant mortality rate for 1959 (taking in the whole county) was 13.47, the lowest we have ever reached; perhaps even more satisfactory is the fact that the rate for illegitimate infants, 13.57, is virtually the same, in accordance with the tendency of recent years. As is well known, however, the reduction in infant mortality is less and less obvious as one takes younger and younger groups within the twelve months after birth, and deaths within the first seven days remain very resistant. Interest in this group has led naturally to more attention being paid also to deaths during or just before birth since it must in many cases be pure chance whether an infant dies just before or just after birth, the causative factors, whatever they may be, being operative in either case. This Report, therefore contains also a figure for the Perinatal Death Rate, that is to say, a rate for still births and deaths occurring during the first seven days of life.

Part II Midwifery Training

The Part II Training School continued satisfactorily during the year. Of 47 pupils admitted for training, 27 passed their examination, and 2 failed; 18 were still in training at the end of the year.

Health Visiting

81 of the 84 nurses undertaking health visiting duties were qualified health visitors whilst the remaining 3 had been granted dispensation under the National Health Service (Qualification of Health Visitors and Tuberculosis Visitors) Regulations 1948. The number of health visits to children under 5 years of age increased from 69348 in 1958 to 72009 in 1959, whilst health visits to expectant mothers rose from 3203 to 4041. "No access" visits totalled 10456 and are not included in the above figures.

The supervision of old people is also undertaken by these 84 health visitors and by one health visitor who devotes half of her time to old people, the remainder being given to tuberculosis health visiting. The care of old people continues to be very worthwhile, fresh cases being brought to notice each week by the health visitors, doctors, the home help service and hospital almoners. Local housing authorities are most co-operative in bringing pressure to bear where housing repairs are needed as so often the low living standards of old folk are much aggravated by their inability to press landlords for necessary repair until the health visitor brings their condition to our notice. Often too, with the co-operation of the County Welfare Officer, it has been possible to persuade lonely old people to enter a home for the elderly. Much of the health visitors' time is taken up in persuading old people to take the necessary steps for their well being - to see a doctor or accept the services of a home help - and even helping to exert pressure on relatives. Increasingly does it become preventive work as the health visitors are now able to make themselves known to many old people in advance of help being necessary.

Tuberculosis health visiting, including attendance at Chest Clinics, is carried out by two full time and one part time specialist health visitors.

It speaks well for the value of health visiting and the tact and skill of the staff that although there is no compulsion whatever on any householder to accept the calls of health visitors definite refusals practically never occur. It is probable that such refusals can be numbered, each year, on the fingers of one hand.

Home Nursing

The 99 home nurses paid 269532 visits to 8323 patients, 5293 of the latter being over 65 years of age.

Administrative

The administrative and supervisory work is undertaken by the County Nursing Superintendent who is assisted by a deputy and three assistants. These officers and the Part II Midwifery Tutor 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.

IMMUNISATION AND VACCINATION (SECTION 26)

The centralisation of the records and the administration of the immunisation and vaccination service, imminent at the time of my last report, was brought about smoothly in the first half of the year. Despite a little ground lost initially the centralised service was soon adapted to the new circumstances and became accepted by all concerned, the results obtained comparing favourably with the work reported in earlier years.

New procedures put into effect since centralisation whilst providing for the service to remain integrated also allow the work to be shared on a three fold basis:-

- (i) District medical officers continue to be closely associated with the service by making available locally their expert knowledge in consultations and advice to family doctors parents and teachers and by undertaking immunisations at schools or clinics.
- (ii) Health Visitors have the responsibility for maintaining a high level of immunity amongst infants in their respective areas by ensuring that primary courses of immunisation and vaccination are undertaken. Health visitors have thus become the "eyes and ears" of the service, having the special opportunity during the ante-natal or post-natal period to tell mothers of the facilities available and urging immunisation against diphtheria, whooping cough, tetanus and smallpox vaccination early in the life of infants. Where immunisation is to be given at a clinic the health visitor makes the necessary arrangements, and if the family doctor is to do the work she is ready to help him collect suitable numbers of patients from time to time.
- (iii) Central arrangements provide for the keeping of records of all immunisations and vaccinations. The maintenance of the system depends on records submitted by family doctors and health visitors and the obtaining of records from other local authorities for new entries to the county. Arrangements are made for reinforcing injections to be given at maintained schools at the same time as the periodic medical inspections, a link-up which reduces the number of interruptions to the school curriculum.

Opportunity was taken when centralising the record keeping and administration of the immunisation and vaccination service to include vaccination against poliomyelitis and B.C.G. vaccination, an office "vaccination and immunisation section" being set up to place all immunisation procedures under one control. It was felt that as the basic information needed and procedure to be followed are much the same in all cases, unified administration would be tidier, more efficient and more economical.

As in previous years family doctors were encouraged to take a full part in the work of the service, being supplied with free antigens and receiving 5s. for each approved record card submitted. Twenty-one immunisation clinics were in existence at the end of the year, four of these also offering smallpox vaccination, with inoculations undertaken by district medical officers or by family doctors engaged on a sessional basis. In addition to these regular clinic sessions occasional clinics are arranged to meet less regular needs, and nearly all the family doctors also deal with their own patients. The Principals of independent schools have continued their ready co-operation in supplying details of their pupils and, except for a few schools where arrangements were made for immunisation sessions or pupils attended the local clinics, the school doctors undertook the necessary immunisations.

Talks in welfare centres and to voluntary organisations given by the authority's medical officers and propaganda issued on behalf of the authority by the Sussex Rural Community Council, together with centrally prepared posters and leaflets advertising the service were used to reinforce the personal approach made by the health visitor. The influence of the family doctors has played no small part.

Details of the number of persons vaccinated and immunised in the several districts of the County are given in Tables VII and VIII in the Appendix.

Vaccination against Poliomyelitis

The scheme for vaccination against poliomyelitis was extended gradually from a modest start in 1956 until by 1959 everybody over 6 months of age and under 26 years, all expectant mothers and certain other persons (doctors, hospital staff, medical students, ambulance staff and their families) could receive a course of vaccination comprising three injections.

Since the inception of the scheme response has varied and has been most disappointing from the 15-25 age group who were included in the scheme in the last quarter of 1958. This was remedied at least for a time, by the special appeal by the Minister of Health in April made soon after the untimely and tragic death from poliomyelitis of a popular footballer.

The thousands of young people who then came forward were due to complete their courses of vaccination in the three months beginning December. To meet the sudden increased demand, special clinics were established which were held at lunch-times and evenings or on factory premises where appropriate. Between the intense activity of the months May to July and the end of the year the number of applicants coming forward reverted to a steady stream so that by December preparations were being made for a local drive to bring the attention of all families to the extent of the scheme and the need for vaccination.

General practitioners have undertaken a full share in the scheme, being supplied with free vaccine and receiving payment of 5s. for each approved record card submitted.

The position as to courses of vaccination (including Hove and Portslade) at the 31st December, 1959 was as follows:-

| Awaiting 1st injections | Awaiting 2nd injections | Awaiting 3rd injections | Completed vaccination | Total |
|---|-------------------------|-------------------------|-----------------------|--------|
| 493 | 2,525 | 24,623 | 54,607 | 82,248 |
| Percentage of above figures) in relation to a potential population of 122,600) | | 20.1 | 44.5 | 67.1 |

A further 1,998 applicants for vaccination had not attended clinics although each had been offered several appointments. It is very disappointing that such a high proportion (sometimes as much as 40%) of these offered several appointments failed to attend or, in the vast majority of cases, to offer any explanation. The family doctors have had the same trouble, and in their case the uncertainty as to how many will attend inevitably causes waste of vaccine since we still cannot obtain as many single-dose ampoules as we wish.

B.C.G.

A further 464 contacts received B.C.G. vaccination together with 2849 school children. This brings the total vaccinated in the county since 1950 to 8979.

AMBULANCE SERVICE (SECTION 27)

The County Ambulance Service is operated both by voluntary agencies and directly operated ambulance stations, and most sitting patients who do not require any assistance at all are conveyed by the Hospital Car Service.

The service has carried out its functions satisfactorily and the disposition of the vehicles and personnel of the voluntary and directly operated ambulance stations as at 31st December, 1959, was as follows:-

| Directly Operated | | |
|--|----------------------------|--|
| <i>Depot</i> | <i>Full time personnel</i> | <i>No. of Vehicles</i> |
| Hove and Portslade | 15 | 8 ambulances (including 3 dual purpose type vehicles) |
| Seaford | 2 | 1 ambulance |
| Voluntary Agencies | | |
| <i>Depot</i> | <i>Full time personnel</i> | <i>No. of Vehicles</i> |
| <i>St. John Ambulance Brigade</i> | | |
| Battle | 3 | 2 ambulances |
| Bexhill | 2 | 3 ambulances |
| Hailsham | 3 | 2 ambulances (including 1 dual purpose ambulance) |
| Lewes | 5 | 4 ambulances (including 1 dual purpose type ambulance) |
| Rye | 3 | 2 ambulances (including 1 dual purpose type ambulance) |
| <i>British Red Cross Society</i> | | |
| Crowborough | 2 | 2 ambulances |
| East Grinstead | 3 | 2 ambulances (including 1 dual purpose type ambulance) |
| Haywards Heath | 7 | 3 ambulances (including 1 dual purpose type ambulance) |
| Uckfield | 2 | 1 ambulance |
| <i>Newhaven & District Nursing Association</i> | | |
| Newhaven | 2 | 1 ambulance |

During the year there was a change in the establishment in the western part of the County when the two areas covered by the Hurstpierpoint and Haywards Heath ambulance stations were merged into one. A new ambulance station for three vehicles was built and equipped by the County Council and staffed by the British Red Cross Society on a central site in Haywards Heath; the new arrangements came into operation at the beginning of November. A small area consisting of the parishes of Fulking, Poynings, Newtimber, and part of the parish of Pyecombe which fringes the Hove and Portslade boundaries was taken by the Hove and Portslade ambulance station, and all hospitals, doctors, and other interested bodies were informed of the new arrangement.

Although this composite service depends very largely on the assistance given by volunteers, notably members of the St. John Ambulance Brigade and the British Red Cross Society, the trend during the past few years has been for the volunteer staffing of ambulances to decrease during the day time, and for this reason the Uckfield Ambulance Station which was operated by a local garage for the British Red Cross Society has now been taken over by this body and two full time staff engaged to operate the ambulance. An application has also been made by the St. John Ambulance Brigade for similar arrangements to be made at Bexhill because of the shortage of volunteers and this will be fully reported in next year's Annual Report.

I am very pleased to report, however, that the help given by volunteers of the voluntary associations is being maintained during the evenings and this is greatly appreciated.

The two directly operated ambulance stations at Hove and Seaford are staffed by the health authority. The Hove and Portslade ambulance station operates over the whole 24 hour period and that at Seaford covers eight hours after which stand-by arrangements are operated by the full time drivers at their homes.

During the year the Lewes Division of the St. John Ambulance Brigade moved to new premises in Timber yard Lane from Market Tower; the garaging and turn out from the new premises have greatly improved the efficiency of the service in Lewes and the personnel have better rest room and administrative accommodation than before.

The facilities for re-fuelling ambulance vehicles by the County Surveyor have been taken advantage of at Lewes, Hailsham and Battle, and more recently at Haywards Heath, and continue to operate very efficiently. These facilities are also available if necessary to long distance ambulances of other health authorities bringing cases into this area.

A total of 31 ambulances operate within the administrative area covered by the twelve ambulance stations and (in addition) a few parishes in close proximity to Crawley, Eastbourne, Hastings and Tunbridge Wells are covered by ambulances from those towns by agreement.

Any emergency call received on the county boundary is dealt with by the nearest ambulance station irrespective of the health authority's area, and no financial adjustment is made when the emergency is a street accident or illness in a public place.

There is close co-operation between this authority and the Brighton, Eastbourne, and Hastings authorities whereby returning empty ambulances are used for patients discharged from Hospitals in those towns, thus saving this authority charges made under Section 24 of the National Health Service (Amendment) Act 1949. Where patients are conveyed on long distance journeys, the other authorities are notified - if possible in advance - and offered the use of the returning empty ambulances. Similar facilities are also offered by authorities coming into this area and have been accepted on a number of occasions. No charge is made for this service except where excess mileage is run off the normal return journey.

During the year, one large two-stretcher type ambulance at Bexhill was replaced by a similar type Bedford-Lomas ambulance and it has been found that this type of ambulance is most comfortable for patients especially when travelling on long distances. The use of the smaller dual-purpose type ambulance in the county has been justified and they have been found very economical in use especially where a sitting patient could not be carried in a car owing to help being needed to lift this type of patient: for example an arthritic case or where a patient is wearing a plaster support on a leg fracture.

I am still of the opinion that diesel engined type vehicles are not yet perfected enough for use as ambulances and I am keeping in touch with medical officers in other authorities who are experimenting with their use.

Although our vehicles give good service and comfort of a standard quite up to those in general use throughout the country, the design of vehicles specifically intended for the road transport of people who are ill, or in pain, or both, still needs considerable improvement, and I hope that research which is taking place will be continued and extended. A journey in even the most comfortable ambulance may be such an ordeal to a patient in severe pain that every possible step should be taken to improve matters.

There is a notable increase in the use of rail travel as part of ambulance or car/train transport of patients and letters of appreciation have been received from patients travelling long distances by this form of transport, of the comfortable journey and the efficiency with which the arrangements were made. It has been found on numerous occasions that this type of transport of patients is less trying to the patient than a long journey by road in a car or ambulance, especially during winter time when road conditions are at their worst. 496 patients were carried by ambulance or car/train arrangements during the period under review, involving some 33695 miles travel by rail. I have received the greatest co-operation from the British Railways in arranging such journeys and also from the Chief Ambulance Officers of the London and other authorities in meeting and transferring patients from trains on the various stages en route. A seat or even a whole compartment can be reserved for patients according to their needs, and in some cases, the British Railways have added extra rolling stock to a train in their effort to help, and I greatly appreciate all this assistance. Discussions are taking place between the Railway Commission and the Societies of Medical Officers and Ambulance Officers regarding the transport of stretcher cases in diesel trains where this system of rail travel has been introduced. The present design of diesel trains precludes the entry of a stretcher into the compartment, but it is thought that through these discussions the difficulty will resolve itself as new stock is being built.

The hospitals in the area co-operate in the use of ambulance transport of patients and there is close liaison between the County Ambulance Officer and hospital transport officers and drivers so that economies can be observed as far as possible. I am pleased to report that ambulance transport is not ordered unless absolutely necessary and I would like to thank hospital staff and medical practitioners in the county for their co-operation in the matter.

The hospital Car Service continues to run with great efficiency under the control of Mr. H.E. Bath, the County Organiser and although this service is carried out under very trying conditions, a very high standard is maintained. I would like to add my thanks to Mr. Bath, his Area Transport Officers, and drivers for their loyalty in maintaining this high standard of voluntary effort to the community.

This authority has given every encouragement to ambulance driver/attendants who operate the service in maintaining a very high standard in first aid. An annual competition is organised within the county and entries are invited for teams from each ambulance station, and it has been found that the points gained by the teams are very close. The winning team in the county competition in 1959 was one from the Lewes S.J.A.B. depot, and this team were runners up in the regional competition at New Malden winning the Lomas Shield; they gained four points short of possible points in the first aid test and I received a very favourable letter of commendation from the judges of this particular test. These competitions not only increase first aid efficiency but also allow the driver/attendant to observe how teams from other authorities work, and an interchange of new ideas and techniques results therefrom.

Both Dr. Brims Young and the County Ambulance Officer have again this year given much of their time especially at week ends in giving instruction and judging open competitions for the voluntary bodies, police, young farmers, hospital boards, and industrial undertakings, and their efforts help to bring home the fact that ambulance staff are needed to render first aid to injured people before they should be moved. Assistance is also given by these officers in both Civil Defence and peace time disaster exercises in which members of the peace time ambulance service take part.

Further consideration has been ^{given to} ~~considered on~~ the use of radio control of ambulances with a view to the unified central control of the ambulance service. Experiments and tests have been carried out and whilst certain difficulties at present exist in certain areas in the receiving of messages by radio, further tests will be carried out and it is hoped to commence this type of control during the coming year.

As the result of a circular from the Ministry of Health that oxygen plus 5% CO₂ might be used in certain cases of asphyxiation by poisonous gases, a cylinder of this mixture has been added to the equipment in each ambulance for use with the Novox resuscitation outfits, and clear instructions as to its use have been issued to all ambulance stations to be followed by practical demonstrations.

In conclusion, may I again add my thanks and appreciation 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 | | Cars | |
|----------------|------------|---------|---------|---------|
| | 1958 | 1959 | 1958 | 1959 |
| Patients | 18,064 | 22,348 | 116,002 | 118,432 |
| Mileage | 296,684 | 323,512 | 940,121 | 953,373 |

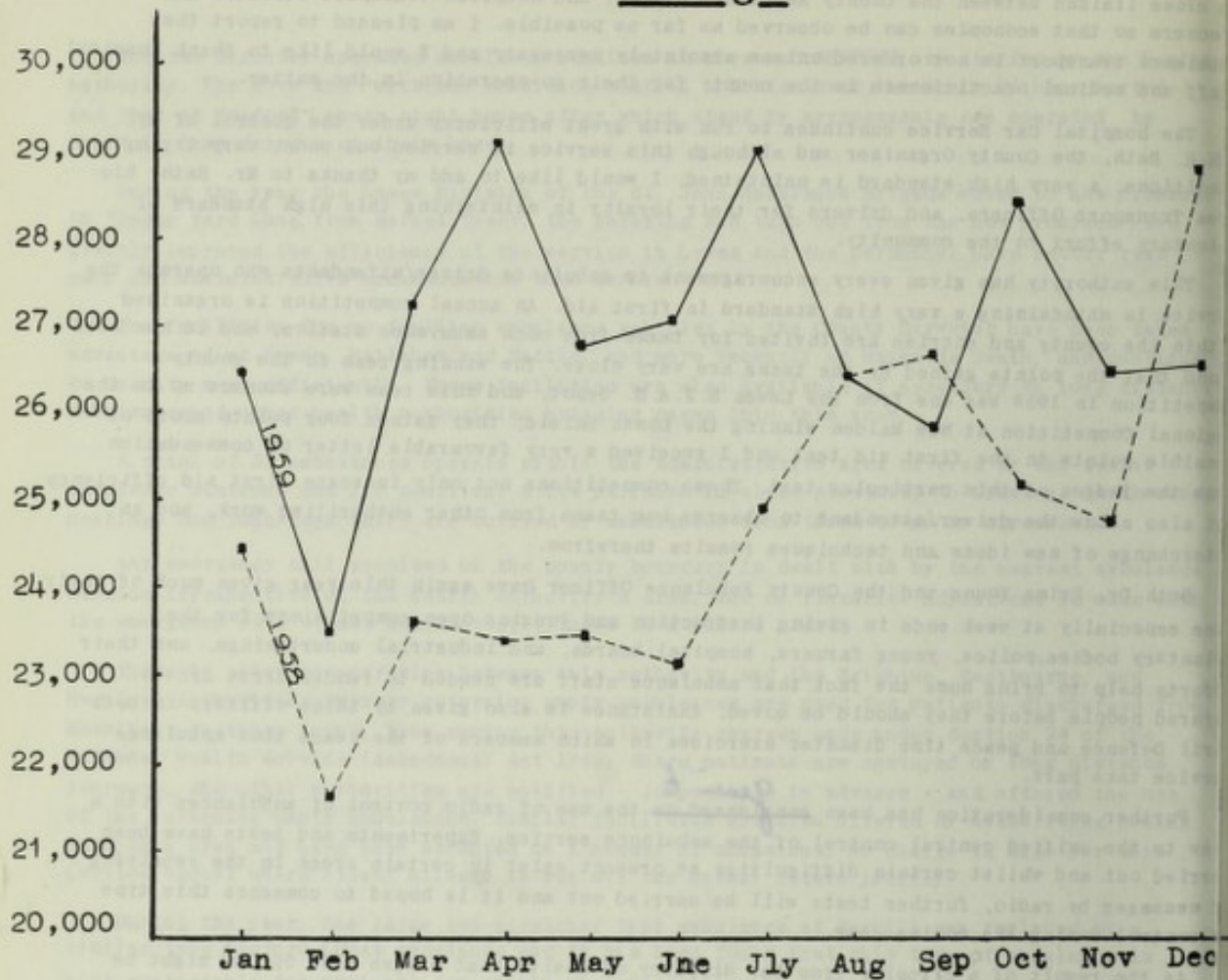
MONTHLY FIGURES FOR 1959

| | Ambulances | | Cars | |
|-----------------|--------------|---------------|---------------|---------------|
| | Patients | Mileage | Patients | Mileage |
| January | 1892 | 26561 | 9127 | 84373 |
| February | 1642 | 23617 | 7763 | 62854 |
| March | 1768 | 27325 | 9021 | 72764 |
| April | 1908 | 29205 | 9233 | 80157 |
| May | 1906 | 26727 | 9712 | 81887 |
| June | 1889 | 27004 | 10644 | 78323 |
| July | 1983 | 29039 | 11126 | 82691 |
| August | 1845 | 26469 | 8757 | 78002 |
| September | 1939 | 25896 | 9992 | 73637 |
| October | 1920 | 28585 | 11802 | 90112 |
| November | 1819 | 26501 | 11243 | 91412 |
| December | 1837 | 26613 | 10012 | 77161 |
| Totals | <u>22348</u> | <u>323542</u> | <u>118432</u> | <u>953373</u> |

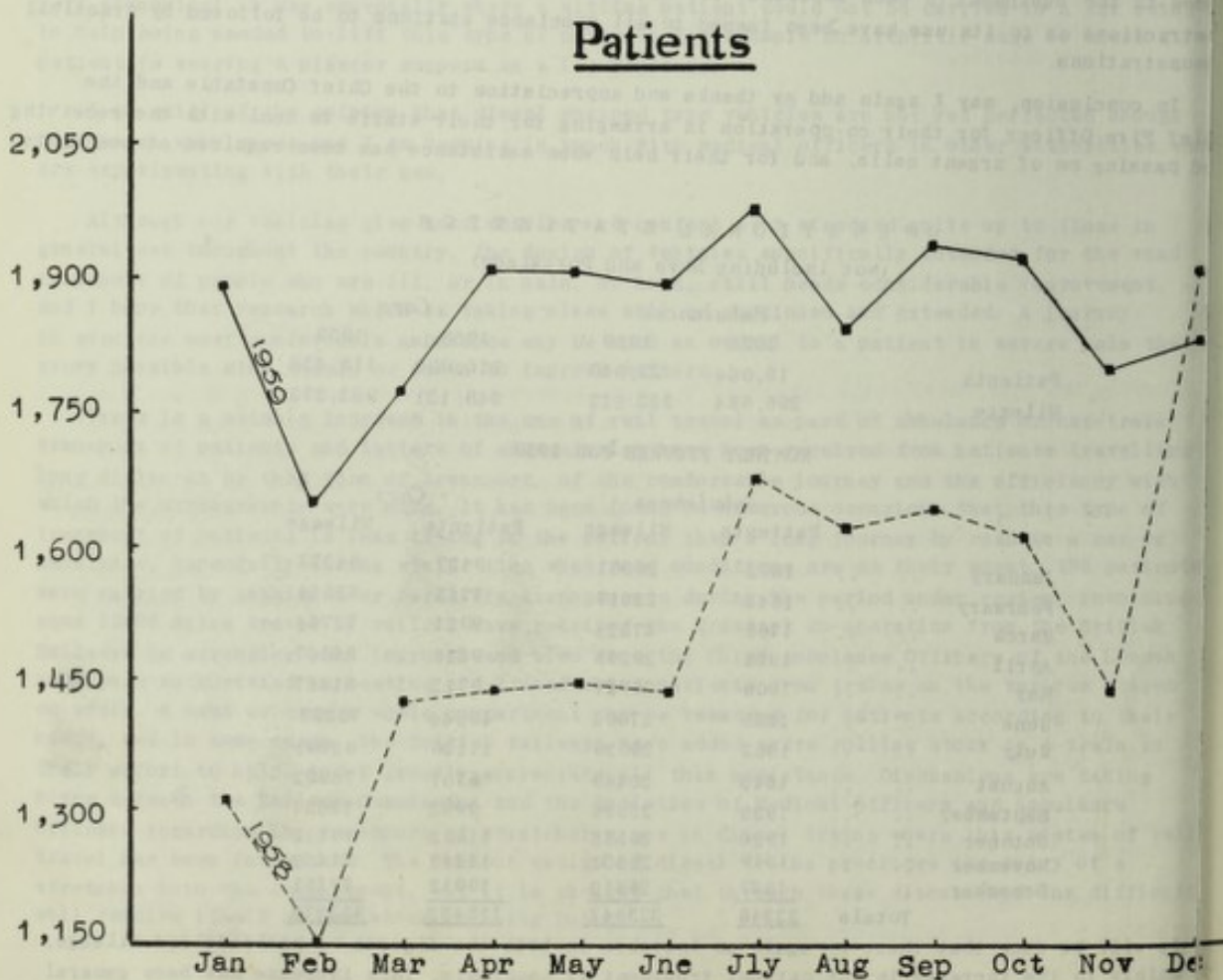
It will be seen that there is again an increase in both the figures of patients and mileage, due mainly to the increase in out patient treatment at hospitals. This increase has been general throughout the country.

AMBULANCES

Mileage

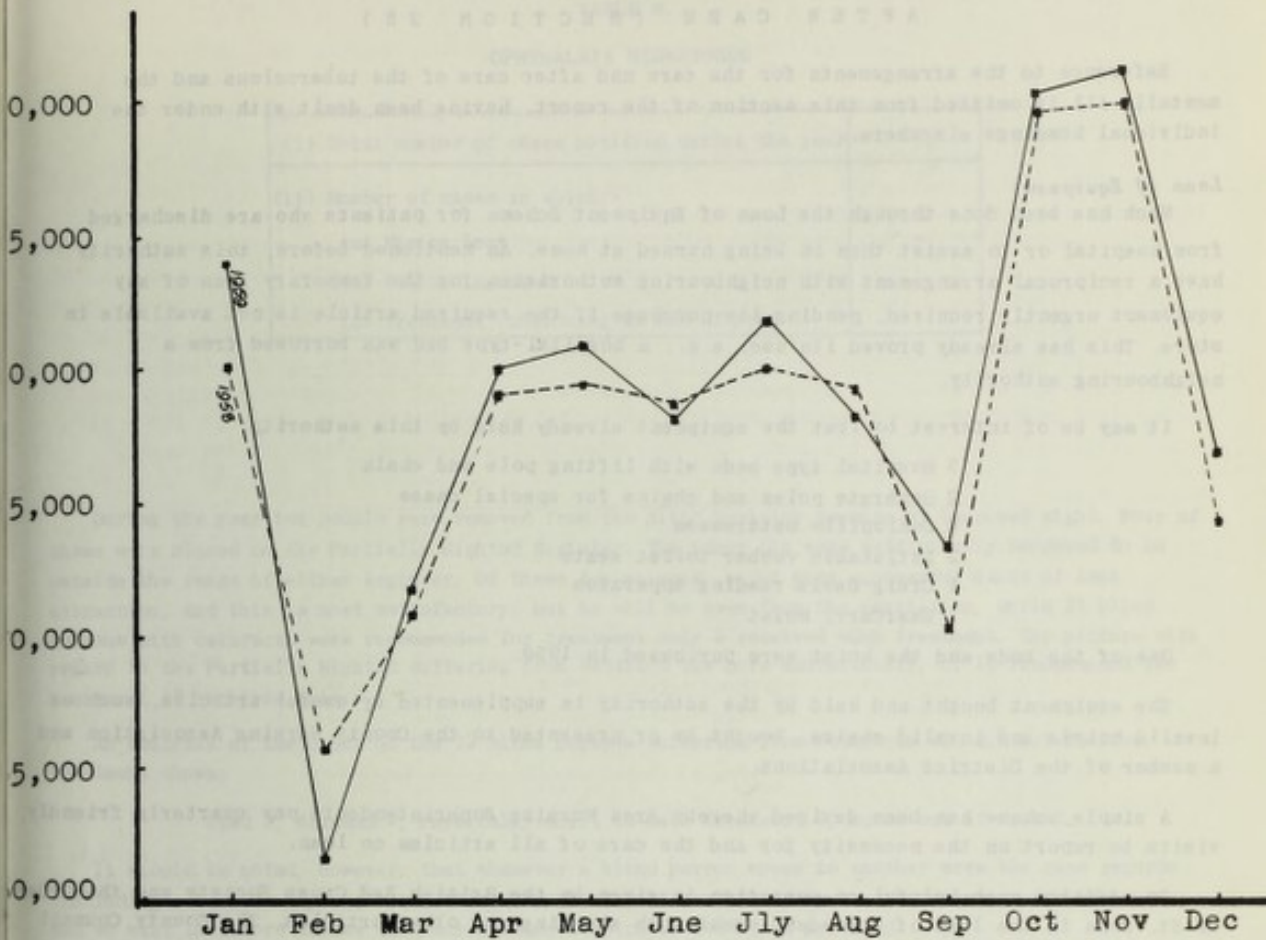


Patients

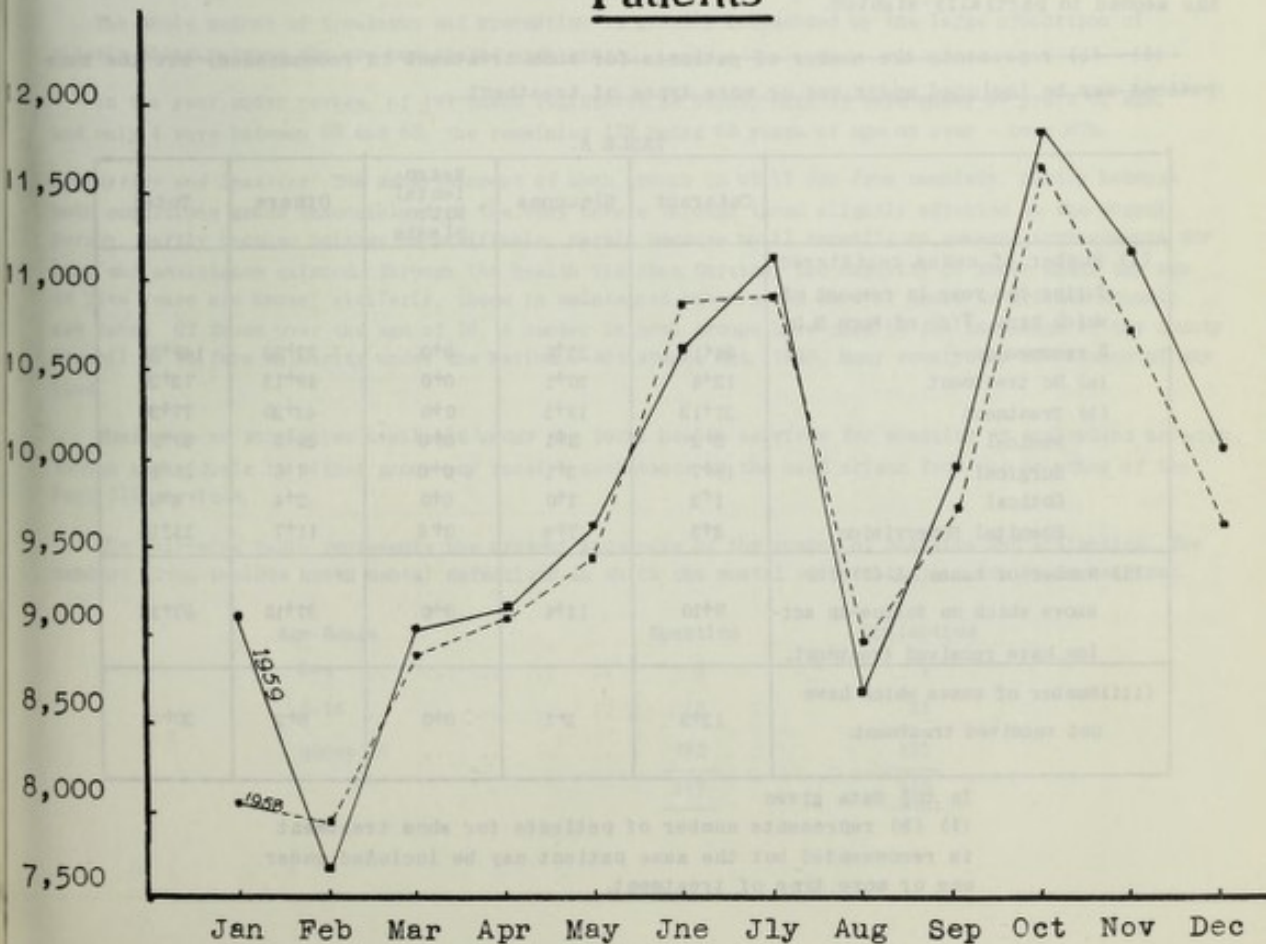


SITTING~CASE CARS

Mileage



Patients



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

Reference to the arrangements for the care and after care of the tuberculous and the mentally ill is omitted from this section of the report, having been dealt with under the individual headings elsewhere.

Loan of Equipment

Much has been done through the Loan of Equipment Scheme for patients who are discharged from hospital or to assist them in being nursed at home. As mentioned before, this authority have a reciprocal arrangement with neighbouring authorities for the temporary loan of any equipment urgently required, pending its purchase if the required article is not available in store. This has already proved its use: e.g., a hospital-type bed was borrowed from a neighbouring authority.

It may be of interest to list the equipment already held by this authority:

- 3 Hospital type beds with lifting pole and chain
- 2 Separate poles and chains for special cases
- 8 Dunlopillo mattresses
- 2 Inflatable rubber toilet seats
- 1 Craig Davis reading apparatus
- 1 EasiCarri hoist

One of the beds and the hoist were purchased in 1959.

The equipment bought and held by the authority is supplemented by useful articles, such as invalid hoists and invalid chairs, bought by or presented to the County Nursing Association and a number of the District Associations.

A simple scheme has been devised whereby Area Nursing Superintendents pay quarterly friendly visits to report on the necessity for and the care of all articles on loan.

In addition much helpful co-operation is given by the British Red Cross Society and the Order of St. John in the loan of commodes, mackintosh sheeting and other articles. The County Council make a grant to these organisations towards the cost of main'enance of "loan cupboards".

Registered Blind and Partially-Sighted Persons: As in previous years 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 | Retro- lental Fibro- plasia | Others | Total |
|---|--------------------|-----------------|--------------------------------------|--------------------|---------------------|
| (i) Number of cases registered during the year in respect of which para. 7(c) of Form B.D. 8 recommends:- | | | | | |
| (a) No treatment | 34 ¹ 17 | 23 ⁶ | 0 ⁰ | 92 ³ 35 | 149 ⁵ 58 |
| (b) Treatment | 13 ⁴ | 10 ¹ | 0 ⁰ | 49 ¹ 15 | 72 ² 20 |
| Medical | 21 ¹ 13 | 13 ⁵ | 0 ⁰ | 43 ² 20 | 77 ³ 38 |
| Surgical | 3 ² | 8 ¹ | 0 ⁰ | 29 ⁵ | 40 ⁸ |
| Optical | 15 ⁷ | 3 ¹ | 0 ⁰ | 7 ⁶ | 25 ¹ 14 |
| Hospital Supervision | 1 ² | 1 ⁰ | 0 ⁰ | 2 ⁴ | 4 ⁶ |
| | 3 ³ | 7 ⁴ | 0 ⁰ | 11 ⁷ | 21 ¹ 14 |
| (ii) Number of cases at (i) (b) above which on follow-up act- ion have received treatment. | 9+10 | 11+4 | 0+0 | 37+18 | 57+32 |
| (iii) Number of cases which have not received treatment. | 12+3 | 2+1 | 0+0 | 6+2 | 20+5 |

In the data given

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

TABLE B.

OPHTHALMIA NEONATORUM

| | |
|--|---|
| (i) Total number of cases notified during the year | 2 |
| (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. Four of these were placed on the Partially Sighted Register. The other six were sufficiently improved to be outside the range of either Register. Of these ten persons, eight were successful cases of lens extraction, and this is most satisfactory; but as will be seen from the statistics, while 21 blind persons with cataracts were recommended for treatment only 9 received such treatment. The picture with regard to the Partially Sighted suffering from cataract was more satisfactory, of 13 recommended for treatment 10 received this.

An analysis of the cases of the 12 blind persons suffering from cataracts who did not receive treatment shows:

Died 3, Refused 1, Physically unfit to have treatment 6, moved out of area 2.

It should be noted, however, that whenever a blind person moves to another area the case records (including of course any recommendations for treatment) are passed on to the authority for that area, and we must therefore assume that any treatment which is needed is provided.

With regard to the other causes of blindness or partial sight where treatment has been recommended but not received, the reasons found for this are similar to those obtaining in the cases suffering from cataract.

The whole matter of treatment and prevention is greatly influenced by the large proportion of elderly blind persons who are registered each year.

In the year under review, of 147 cases registered as blind, only 14 were under 60 years of age, and only 4 were between 60 and 65, the remaining 129 being 65 years of age or over - over 87%.

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 subnormality is the major handicap.

| Age Range | Spastics | Epileptics |
|------------------|------------|------------|
| 0-4 | 7 | 1 |
| 5-16 | 13 | 11 |
| Above 16 | 102 | 131 |
| | <u>117</u> | <u>143</u> |

Of the 117 spastics 72 are on the Mental Health register. Of the 143 epileptics 122 are on the Mental Health register.

Phenylketonuria

Research in recent years has shown that it is possible, at the cost of hard work, to prevent mental defect in the few infants born suffering from phenylketonuria, which is due to an inherited inability to deal properly with phenylalanine, a constituent of proteins in food including milk. If such an infant is left untreated the intelligence deteriorates rapidly in the first months of life and "by the age of twelve months a state of idiocy has usually been reached". This deterioration, moreover, is virtually irreversible. If the condition is detected within the first few weeks, however - and this can be done by testing the urine - it is possible to prevent phenylketonuria developing by bringing up the child on a diet free from phenylalanine. It has been found that if this special diet is carefully adhered to the child's physical and mental progress are normal. Arrangements have been authorised by this health authority for the supply of "Phenistix" (the special test papers) and testing will start, early in 1960, of the urine of as many infants as possible, at least once in the age range three to six weeks.

Holiday Homes.

During 1959, two "tired" mothers were sent to a holiday home for 2 weeks' rest.

Chiropody

In April, 1959, the Minister of Health issued his Circular 11/59 saying that he would be prepared to approve proposals by local health authorities to provide chiropody services under Section 28(1) of the National Health Service Act, 1946. He reminded authorities that they might make charges and that an appropriate way to deal with the problem at the outset might be to make contributions to the voluntary bodies which were providing our chiropody service. He specified that the service to begin with at least should not go beyond certain priority classes, which were old people, expectant mothers, and the physically handicapped.

Enquiries shows that in May, 1959 chiropody was being provided in East Sussex by various voluntary bodies, those already active being 27 old people's clubs and the like, 13 district nursing associations, the British Red Cross Society in three places and one Women's Institute. A few additional local schemes have been set up subsequently. It was also ascertained that not enough chiropodists were available to enable the authority to launch out at once on any general scheme, whether directly conducted or otherwise. After consideration, the County Council decided on the recommendation of the Health and Housing Committee that a county service should be provided by assisting voluntary bodies already doing this work and that for the present it be limited to the priority classes set out above. The intention is that the voluntary bodies, with financial assistance from county funds, should continue to arrange chiropody sessions at convenient centres, make appointments and so forth and should extend their cover if they so desire to take in areas where chiropody is not yet available. By the end of the year the translation of this scheme into practical working had not gone further than negotiations with the main voluntary bodies concerned.

Night Sitter-in Service

During the year it was suggested that something in the nature of a Night Sitter-in Service might be needed, and the County Nursing Association agreed to sponsor a "test run" financed by a small sum, which would enable those concerned to assess the position. It was already known that the continued care at home of difficult patients, such as those who are senile and liable to wander at night, was liable to impose an intolerable burden on the relatives, who might never be sure of an undisturbed night. It was thought that to give relatives relief of a night or two from time to time would enable them to keep going without exhaustion and perhaps prevent the necessity to remove the patient to hospital or elsewhere.

The "test run" referred to above was intentionally devised as a short-time or emergency service only, to meet sudden unexpected needs for the time being or to give harassed relatives a short break. By the end of the year it had been in progress too short a time for the position to be assessed, but by the time this is being written there are grounds for thinking that the demand is quite a small one.

HOME HELP SERVICE (SECTION 29)

(excluding Hove and Portslade Sub-Committee Area)

The steady increase in demand and in the services given has caused so much extra work that during the year it was found necessary to carry out a certain amount of re-organisation. This consisted in the appointment of a Deputy Home Help Organiser and also in arranging as a result of discussions with the Women's Voluntary Services to increase the number of their members helping us with the detailed work in each area. This was intended to reduce the demands on the "Area Specialists", some of whom we found were carrying a quite incredible load without complaint but with detriment to their own health. This re-organisation has had an excellent effect and we hope that the service, although still increasing, will continue without real difficulty for some time to come. We are all most grateful to the Area Specialists throughout the county and the senior ranks of the Women's Voluntary Services for their noble efforts.

Many requests have been received for Home Help to be provided to assist problem families and in some cases this help has been given, but it is too early yet to give any report on the work as it is still in an experimental stage. Providing and maintaining suitable help for these families requires a very great amount of personal supervision by the County Organiser or her Deputy, and by no means every Home Help, even if excellent in other work, is suitable in this very special field.

The demand for help for the aged and chronic sick continues to increase, as will be seen by the annual figures.

During the twelve months from 1st January to 31st December, 1959, 2135 householders were provided with Home Help, using 307930 hours classified as follows:-

| | 1959 | | Comparative figures for 1958 | |
|--------------|-------------|---------------|------------------------------|---------------|
| | Cases | Hours | Cases | Hours |
| Maternity | 581 | 45262 | 543 | 43619 |
| Tuberculosis | 38 | 11949 | 44 | 12969 |
| Chronic Sick | 264 | 68906 | 182 | 56679 |
| Old Age | 656 | 112027 | 483 | 89868 |
| General | 596 | 69786 | 528 | 72950 |
| Totals: | <u>2135</u> | <u>307930</u> | <u>1780</u> | <u>276085</u> |

MENTAL HEALTH (SECTIONS 28, 50 and 51
(Including Hove and Portslade Sub Committee Area)

In July the Mental Health Act, 1959, was passed and in consequence preliminary moves were made to facilitate the expansion of the services envisaged by the Act. It was decided that the Nursing Services and Care Sub-Committee of the Health and Housing Committee should no longer be responsible for carrying on the authority's Mental Health Service, and a Mental Health Sub-Committee was formed for this purpose. It was obvious that the government wished local health authorities to proceed with all speed and even before the Act received the royal assent, Ministry of Health Circular 9/59, dated the 4th May, 1959, indicated lines upon which the authority could go forward. The circular was based on recommendations of the Royal Commission on the law relating to mental illness and mental deficiency, and certain of these recommendations could legally be carried into effect without waiting for new legislation. The main object of Circular 9/59 was to draw the attention of local health authorities to the Royal Commission's recommendation that the mental health services should be directed away from institutional care under the hospital service towards care in the community.

A review of the East Sussex services has been made and certain proposals put forward as to the manner in which they should be developed. In order of priority, provision is to be made for junior training centres to provide occupation and training for children up to the age of sixteen. The second provision is for adult training centres sufficient in number and design to cater for a wide variety of individual needs. They will preferably be entirely separate from junior centres and will cater for three main adult groups: first, those needing considerable supervision to perform the simplest operations, secondly those who can follow useful occupations in local authority "workshops" but are not trainable for ordinary or sheltered employment elsewhere, and thirdly, those able to enter ordinary or sheltered employment after training or social stabilisation. The second is the largest group. A comprehensive scheme should provide "diversionary" occupation for those attending mainly as a social occupation, and at the other extreme there should be training in a useful trade. For both junior and senior training centres residential accommodation will be needed for some centres which, while it may well be near the centres, should not be part of the premises.

Certain recommendations have been made concerning hostels or residential homes which will be needed, for instance, for educationally sub-normal or maladjusted young people in employment but needing guidance not available at home, for discharged hospital patients needing help on re-entering community life, and for the elderly mentally infirm who do not need to be in hospital. An important point made by the Circular is the need to extend the advisory service for those living in their own homes through the health visitors and other child welfare staff who can often recognise early symptoms of mental disorder in their routine visits. With guidance from general practitioners and mental welfare officers they could also make advisory visits to adults; but the main burden of home visiting will fall on the mental welfare staff. Psychiatric social workers will for long be scarce and it will obviously be necessary to strengthen the existing mental welfare staff and to help them to expand their knowledge. The running of social centres under the guidance of mental health staff is mentioned as a successful form of support for mentally disordered adults.

All these matters have received consideration during the year and have been embodied in Proposals. Although the Mental Health Act has passed through all its stages it had not been put into operation by the end of the year except in so far as it repealed a Section of the Lunacy Act, 1890 and allowed patients for the first time to enter mental hospitals informally.

In the meantime the service continues mainly on the lines reported in previous years.

Administration

There has been no change in the medical direction of the service and initial proceedings to provide care and treatment for persons suffering from mental illness are dealt with by four full-time Duty Authorised Officers, all of whom now undertake supervision and care of mental defectives in the community, assisted by a whole-time woman Visitor. There is, in addition, an administrative Mental Health Officer and a Psychiatric Welfare Worker. The services of all officers continue to be available to institutions for mental defectives for the supervision of patients on licence where the officers of the institutions do not visit. From time to time guardianship cases belonging to other authorities are also supervised if they come to this county and arrangements are made for both medical and lay visitation on behalf of the responsible bodies. During the year routine visits were paid and reports made on 40 such cases.

Community Care of Mental Defectives.

Order reviews have continued and, when possible, Orders have been discharged. At the end of the year a total of 103 mental defectives remained under guardianship, 41 under the immediate care of the Guardianship Society of Hove. 436 defectives were under statutory supervision. The number under voluntary supervision remains fairly steady; there are 106 defectives "not subject to be dealt with" who are helped and advised under non-statutory arrangements. The Home Visitors paid 3016 visits during the year.

Occupation Centre Training and Home Teaching.

Two home teachers are now working in the County and out of the total of 30 defectives on their books at the end of the year half were receiving training for several hours weekly in groups. The number of trainees in occupation centres has risen and at the end of the year there were 30 as compared with 24 at the end of last year.

Short-Term Care.

There is still a steady demand for places at Regional Hospital Board establishments and at various homes in the community. A total of 55 places were provided, the same number as last year.

Institutional Care.

Over the years there has been little change in the numbers waiting for institutional care. The usual average is about 45 and there were actually 47 defectives in the county area on the list at the end of December. The Regional Hospital Board have, however, been very helpful in admitting emergency cases without delay whenever one has arisen. It is hoped that the future arrangements for community care will enable substantial reductions to be made in the numbers in hospitals as it is intended as a long-term policy that persons who could return to the community to sheltered environments should do so and thereby make room for those still waiting who cannot be cared for outside a hospital or institution.

| | Under age 16 | | Aged 16 and over | |
|--|--------------|----|------------------|----|
| | M | F | M | F |
| <i>1. Particulars of cases reported during 1959:-</i> | | | | |
| (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 | 10 | 8 | - | - |
| (ii) On leaving special schools | - | - | 1 | - |
| (iii) On leaving ordinary schools | 3 | 3 | - | 5 |
| (2) Police or by Courts | - | - | 2 | - |
| (3) Other sources | 8 | 9 | 7 | 4 |
| TOTAL of 1 (a) | 21 | 20 | 10 | 9 |
| (b) Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground | 2 | 4 | 1 | 7 |
| (c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b) | - | 1 | - | - |
| (d) Cases reported in which action was incomplete at 31st December, 1959, and are thus excluded from (a) or (b) | 7 | 5 | 6 | 8 |
| TOTAL of 1 (a)-(d) inc. | 30 | 30 | 17 | 24 |

| | Under age 16 | | Aged 16 and over | |
|--|--------------|-----------|------------------|------------|
| | M | F | M | F |
| <i>(2) Disposal of cases reported during 1959</i> | | | | |
| <i>(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e., at 1(a)),</i> | | | | |
| <i>(i) Placed under Statutory Supervision</i> | 15 | 14 | 5 | 6 |
| <i>(ii) Placed under Guardianship</i> | - | - | - | - |
| <i>(iii) Taken to "Places of Safety"</i> | - | - | - | - |
| <i>(iv) Admitted to Hospitals</i> | 3 | 1 | 5 | 3 |
| TOTAL of 2 (a) | 18 | 15 | 10 | 9 |
| <i>(b) Of the cases not ascertained to be defectives "subject to be dealt with" (i.e. at 1(b)),</i> | | | | |
| <i>(i) Placed under Voluntary Supervision</i> | 2 | 4 | 1 | 7 |
| <i>(ii) Action unnecessary</i> | - | - | - | - |
| TOTAL of 2 (b) | 2 | 4 | 1 | 7 |
| <i>(c) Cases reported at 1(a) or (b) above who removed from the area or died before disposal was arranged</i> | | | | |
| | 2 | 5 | 1 | - |
| TOTAL of 2(a)-(c) inc. | 22 | 24 | 12 | 16 |
| <i>3. Number of mental defectives for whom care was arranged by the local health authority under Circular 5/52 during 1959 and admitted to</i> | | | | |
| <i>(a) National Health Service hospitals</i> | 10 | 6 | 11 | 7 |
| <i>(b) Elsewhere</i> | 1 | 1 | 1 | 6 |
| | 11 | 7 | 12 | 13 |
| <i>4. Total cases on Authority's Registers at 31/12/59</i> | | | | |
| <i>(i) Under Statutory Supervision</i> | 53 | 31 | 173 | 181 |
| <i>(ii) Under Guardianship (including patients on licence)</i> | 4 | 1 | 37 | 61 |
| <i>(iii) In "Places of Safety"</i> | - | - | - | - |
| <i>(iv) In Hospitals (including patients on licence)</i> | 51 | 37 | 194 | 189 |
| TOTAL of 4(i)-(iv) inc. | 108 | 69 | 404 | 431 |
| <i>(v) Under Voluntary Supervision</i> | 2 | 9 | 38 | 57 |
| TOTAL of 4(i)-(v) inc. | 110 | 78 | 442 | 488 |
| <i>5. Number of defectives under Guardianship on 31st December, 1959 who were dealt with under the provisions of Section 8 or 9. Mental Deficiency Act, 1913 (included in 4 (ii))</i> | | | | |
| | - | - | - | - |

| | Under age 16 | | Aged 16 and over | |
|--|--------------|-----------|------------------|-----------|
| | M | F | M | F |
| 6. Classification of defectives in the community on 31/12/59 (according to need at that date) | | | | |
| (a) Cases included in 4(i)-(iii) in need of hospital care and reported accordingly to hospital authority | | | | |
| (1) In urgent need of hospital care:- | | | | |
| (i) "cot and chair" cases | 3 | 4 | - | 2 |
| (ii) ambulant low grade cases | 9 | 4 | 5 | 3 |
| (iii) medium grade cases | 1 | 1 | 2 | - |
| (iv) high grade cases | - | - | 7 | - |
| TOTAL urgent cases | 13 | 9 | 14 | 5 |
| (2) Not in urgent need of hospital care:- | | | | |
| (i) "cot and chair" cases | - | - | - | - |
| (ii) ambulant low grade cases | - | - | 1 | 3 |
| (iii) medium grade cases | - | - | 1 | - |
| (iv) high grade cases | - | - | 1 | - |
| TOTAL non-urgent cases | - | - | 3 | 3 |
| TOTAL OF URGENT AND NON-URGENT CASES | 13 | 9 | 17 | 8 |
| (b) Of the cases included in items 4(i), (ii) and (v), number considered suitable for:- | | | | |
| (i) occupation centre | 33 | 24 | - | - |
| (ii) industrial centre | - | - | 80 | 65 |
| (iii) home training | - | 1 | 2 | 16 |
| TOTAL of 6(b) | 33 | 25 | 82 | 81 |
| (c) Of the cases included in 6(b), number receiving training on 31/12/59:- | | | | |
| (i) In occupation centre (including voluntary centres) | 11 | 8 | 2 | 9 |
| (ii) In industrial centre | - | - | - | - |
| (iii) From a home teacher in groups | 3 | 4 | - | 8 |
| (iv) From a home teacher at home (not in groups) | 4 | 1 | 3 | 7 |
| TOTAL of 6(c) | 18 | 13 | 5 | 24 |

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

Lunacy Act, 1890.

| | |
|---------------------------------|-----|
| Urgency Orders | 44 |
| Summary Reception Orders | 24 |
| Three Day Orders | 318 |
| Fourteen day Orders by Justices | 3 |

Mental Treatment Act, 1930.

| | |
|---|-----|
| Cases admitted for six months as 'temporary' cases | - |
| Voluntary cases | 38 |
| Informal Admissions | 9 |
| Advice and assistance only | 121 |
| Miscellaneous visits | 144 |
| After-care visits | 85 |

During October an amendment to the Lunacy Act, 1890 allowed mental hospitals to receive patients informally. In consequence, voluntary admission became almost a "dead letter" overnight. The mental hospitals are not obliged to notify local health authorities of cases received under the new conditions and consequently admission details are not now available without specific enquiry.

Psychiatric Welfare Officer's Report, December, 1959.

(Mr. F. B. Martin).

During 1959, 53 new cases were referred to me and visits in connection with these and the continuing old cases totalled 1,156.

Sources of referral have, as previously, included patients' relatives, National Assistance Board, Health Visitors, Almoners and Citizens Advice Bureaux. A specially welcome feature of the year's work has been the increased interest on the part of general practitioners and more active collaboration with them.

The service continues to be welcomed by most patients and their relatives and it is remarkable that in spite of their often very serious difficulties in making satisfactory personal relationships patients can almost invariably be helped to co-operate. It cannot be too much emphasized that this type of individual preventive and remedial work can show only very gradual progress, and many clients need support over a very long period. Speedy, dramatic results cannot be looked for, but there can be no doubt that a very necessary service is being given to the patient and also to the many potential patients who so often constitute their families, and whose own progression towards possible breakdown can frequently be arrested by skilled social work help at a crucial moment.

**REPORT ON THE HEALTH SERVICES OF THE HOVE AND PORTSLADE AREA HEALTH
SUB-COMMITTEE DURING THE YEAR 1959**

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

MADAM CHAIRMAN, LADIES AND GENTLEMEN,

In my Report for 1958 I summarised some of the many changes, improvements and expansions of the various services which had taken place since the inception of the National Health Act ten years previously and I briefly mentioned some of the additions I considered necessary before the facilities in this combined area could be considered to be complete. At that time I thought that it was unlikely that many of these would come to fruition in the foreseeable future, but happily my forecast was unduly pessimistic. Discussions have taken place on several occasions with officers of the Ministry of Health regarding the new clinic to serve the Mile Oak area and the plans with one or two minor alterations have now been approved. The Ministry were not willing to give loan sanction before the 1960-61 financial year but we expect the actual building operations to commence in September 1960 and the Clinic to be open for occupation probably in the following Spring or Summer. At the same time on reviewing the Building Programme for 1960-61 and 1961-62 the Sub-Committee were impressed with the need for a clinic to replace Sellaby House Portslade and to cater for the needs of the central and southern portion of that area and they recommended that the proposed site on the Old Shoreham Road, be purchased with a view to the erection of a clinic in the years 1961-62. If this recommendation is accepted and this programme implemented Portslade will be equipped with two modern clinics catering for all services including the School Health by 1963. So far as Hove is concerned the pressing need is for a new clinic to replace the Infant Welfare Centre at Clarendon Villas and the School Clinic in Shirley Street to serve the central part of the town and to provide complete facilities for the area west of Sackville Road to the eastern boundary. A request has, therefore, been made to the Hove Town Council for the allocation of a site for such a clinic when they are considering their re-development plan for this area. Admittedly this is a long-term project and it will increase the distance for the mothers attending the Presbyterian Hall in Holland Road but sites are very difficult to find in this older part of the town.

One of the difficulties inherent in the tripartite structure of the National Health Act is not so much lack of liaison between the three sections—they all consult one another at least at officer level whenever it seems desirable or necessary—but of each of the constituents keeping the others informed of alterations in plans or re-organisations of their own particular sphere of responsibility. An instance of this was the S.E. Regional Hospital Boards scheme for the re-organisation of the hospital services in the Brighton area which remained secret until it was revealed in the press which induced the Board to circularise and invite comments from interested bodies. Briefly the plan envisaged the closure of the Sussex Maternity and the Ear, Nose and Throat Hospitals and the concentration of maternity cases in the Brighton General Hospital with a consequent reduction in the number of beds at that hospital, certain alterations at the Sussex County Hospital and the Brighton General Hospital involving the out-patient and casualty departments and the elimination of all children's wards except at the Children's hospital. My general criticism of this plan submitted in a report to the Sub-Committee in February 1958 was that it postponed for an indefinite period any hope of a new hospital centre for Brighton with modern buildings and convenient facilities for the investigation and treatment of all types of illness and proposed as an alternative the bolstering up of hospitals over a hundred years old which in the end could never be economic or efficient.

Perhaps the best way of overcoming this difficulty would be the suggestion contained in a recent Ministry of Health Circular that Medical Officers of Health who are responsible for Part III Services either directly or by virtue of delegated functions should be admitted as observers at the meetings of Executive or Hospital Management Committees.

Maternity Services

In last year's report I referred briefly to the report of the Maternity Services Committee popularly known as the Cranbrook Report which had just then been issued. This year I propose to comment upon some of its recommendations more fully in so far as they affect domiciliary midwifery in this area. The Committee considered that the present tripartite structure should be retained although they recommended measures for improving the liaison between the three sections. On the question of the place of confinement they advocated both the expansion of the hospital maternity service to ensure the hospital confinement of 70% of the mothers together with the provision of 20 - 25% ante-natal beds; 10 days should be the normal length of stay in hospital—at present it is 14 but in practice many mothers are discharged before that period—

and they stressed that both the Local Health Authority and the patient's own doctor should be given prior notice of her discharge, a practice not always observed by all hospitals in this area.

On the Maternity Services provided by Local Health Authorities, i.e. the domiciliary, the Committee recommended that General Practitioner Obstetricians-General Practitioners with special training and experience in obstetrics-should ultimately replace Assistant Medical Officers in the conduct of Ante-natal Clinics and they should be allowed the use of clinic premises without charge. In Hove and Portslade this service is provided through Dr. Firth, one of the Assistant Medical Officers, who has great experience in this speciality and the system has worked very efficiently. There seems to be therefore, no reason to alter this method of organisation and indeed to do so would require considerable re-organisation of the clinic services. Health education for expectant mothers is stressed and in both Hove and Portslade we provide a weekly session for this purpose. The priority dental service should continue and the Home Help Service expanded. The former continues to increase slowly and in 1959 treatment was given to (12) expectant mothers and dentures provided for (3). So far we have been able to meet the demand for Home Helps in home confinements but frequently at the expense of medical illnesses or elderly patients. The proposal which caused the most controversy amongst general practitioners is that fees for domiciliary confinements should be limited to those doctors on the obstetric list for whom certain criteria of admission and retention would be required-a six months' resident obstetric appointment in hospital and 60 domiciliary confinements attended over the last 3 years. At present a general practitioner not on the obstetric list can be paid, albeit on a lower scale, for attending patients on his own list. I support the view of the Committee on this recommendation, particularly in this area where the number of domiciliary confinements is small in comparison with hospital admissions. "We are entirely of the opinion that the practice of obstetrics requires special skill and experience and that there is not enough domiciliary midwifery work available to enable every general practitioner to obtain and maintain the necessary standard of skill" - says the Committee, a practical expression of opinion which I venture to suggest is approved by all Medical Officers of Health who are responsible for the administration of a domiciliary service and probably by not a few general practitioners who feel the safety and welfare of the mother and child should be the first consideration.

Health Visiting

Despite the establishment of new clinics the Health Visitor remains the king-pin of the family social service by her ready acceptance as a welcome entrant to the home where she can and does disentangle many problems and relieves many of the anxieties of the housewife and mother. In order to keep up with the changing outlook on family upbringing and management each Health Visitor in turn attends a refresher course and this year for the first time one of them is taking a special course on methods of testing for deafness in very young children for whom the methods applicable to their older brothers and sisters are not suitable. I am also hoping to arrange a series of in-training talks by specialists in their own line who will be able to bring to the Health Visitors' attention modern advances in diagnosis, treatment and particularly outlook on illnesses of all types. The first of these has already been given by Dr. Folkson of the St. Francis Hospital on Mental Health in mothers and children. Moreover through the courtesy of the East Sussex County Nursing Association our staff is allowed to attend their most valuable Post-Graduate Courses held every year at Lewes. In these ways I am endeavouring to help them, particularly those whose initial training was many years ago, to appreciate more fully the new conceptions of their duties and responsibilities and bring about a closer relationship with the District Nurses who in a different capacity and for a different purpose visit many of the homes in the two towns. In 1959 there was a general rise in the visits the Health Visitors paid to households of all types although once again some 12% were wasted owing to the absence from home of the person for whom they were offered. There is an increasing demand for help by mothers and a closer co-operation with doctors, almoners, ward sisters, etc., so that it can be truly said that no person who really requires it need go without advice and assistance if they will take the trouble to ask for it.

In February 1959, the Report of the Working Party on Social Workers in the Local Authority Health and Welfare Services-the Younghusband Report for short-was published, a document running to 350 pages which had taken nearly 4 years to compile. It is impossible to summarise briefly this voluminous report, but among the main recommendations was the establishment of three grades of Social Service Workers - Welfare Assistants for the initial and straightforward visiting in the home, Social Workers with 2 years' training for more complex cases and the purely professionally trained and experienced specialists with a Social Service qualification who would be able to deal either by themselves or with the help of other specialists, i.e. Health Visitors, National Assistance Visitors, etc., with particularly intricate problems. The report goes on to suggest that officers with general training in social work should undertake the main range of such work in health and welfare departments, i.e. welfare officers, visitors to the handicapped, home

teachers for the blind, workers with the deaf and mental welfare workers. In so far as this would provide a basic training where none exists to-day for many of these officers such a proposal needs close attention.

In most areas the Health Visitor has for many years been looked upon as "the general purpose family visitor" - a fact that the report admits but suggests that she is unable to deal adequately with problems affecting adolescents, young adults, disturbed marital or family relationships, finance or unemployment. This may well be true but she can always call in to her aid experts in these different specialities as in fact she does. Whether there is really a pressing need for social workers of the types particularised above or whether Local Health Authorities will feel that such appointments are financially essential has yet to be considered. The increases in establishment nationally envisaged by the Working Party are formidable - Mental Welfare Officers, exclusive of Psychiatric Social Workers, 1,100; Services for the Elderly, 200, for Handicapped Persons, 300. Corresponding increases in annual recruitment to provide for additions to the staff and to replace retirements are equally numerous.

Recent research has demonstrated that in a very small proportion of births - 20 to 40 per year in England and Wales - the cause of the development of mental deficiency is due to a condition known as phenylketonuria - an inability to deal with one constituent of the proteins in food. This failure can be detected by a simple urine test which has to be performed during the first few weeks of life and repeated at 8 weeks and in the event of a positive result being recorded the child can be brought up on a diet free from this particular element when its intelligence will remain normal. Otherwise by the end of the first twelve months of its life a state of idiocy usually results which is irreversible. Obviously the likelihood of detecting any cases in this area is very small but even so over the years a few might be discovered and as from 1st January, 1960 every new born baby will be tested by the Health Visitor in her visiting rounds in the home or at the Infant Welfare Clinics.

Care and After Care.

The return of the work done at the Hove Chest Clinic kindly supplied by Dr. Macfarlane, the Chest Physician in charge, shows once again the changing pattern of Tuberculosis. The number of deaths is on the decline - only 14 in 1959 - mostly elderly persons but the number of cases on the register remains the same - 13 early cases and 22 moderately advanced cases only being added. The reservoir remains principally amongst men over the age of 45 years. Along with this has been an alteration in methods of treatment - gone is the long stay in sanatoria accompanied very often by such adjuvants as artificial pneumothorax or surgical removal of the chest wall and in its place has come ambulant treatment by means of antibiotics or chemotherapy after a few weeks in hospital for assessment.

The Mass Radiography Unit paid its accustomed visit to the Hove Town Hall in April when some 1,000 persons presented themselves for review. 4 cases of definite Tuberculosis and 5 cases requiring supervision only were discovered. The part played by the Unit in revealing other diseases is shown by the diagnosis of 5 cases of Cancer of the Lung and 17 cases of Cardiovascular Disease. As a result of investigations made by the Medical Research Council on the part played by X-rays in the development of the blood disease Leukaemia, it was recommended that no one under the age of 15 years should be submitted to Mass Radiography. This decision affected the usual routine visits by school-children and the X-raying of those found to be Mantoux positive under the scheme of B. C. G. Vaccination referred to in the next section.

The result of Mantoux Testing amongst school-children carried out in Secondary Modern, Grammar and private schools for children of 13 years is set out below :-

B. C. G. Vaccination 1959.

| | |
|--|-----|
| No. Tested | 564 |
| No. Mantoux Positive | 41 |
| No. Vaccinated with B. C. G. | 494 |
| No. Absent or refused B. C. G. | 29 |

One of the most useful facilities provided under this section of the National Health Act is the granting of recuperative or convalescent holidays to persons recovering from illnesses or in imminent danger of a breakdown as the result of domestic circumstances, frequently the strain of looking after aged relatives - 10 such cases were assisted in this way during 1959.

Poliomyelitis Vaccination.

In last year's Annual Report I mentioned that in September 1958 the age limit was raised from 15 to 25 years and a third dose some seven months at least after the second injection added. I also commented on the very poor response from this new age group, so that in January 1959 the evening clinic in Hove was closed down and replaced by one operating in Portslade. This position continued until Easter when the death of a well known professional footballer from poliomyelitis had far more propaganda value than all our publicity efforts for the previous six months. As a result our evening clinic at Portslade was for a time almost overwhelmed with applicants from the teenage group. The effect of this tragic incident was felt for the next three months when again interest diminished. Along with this came the necessity for providing facilities for the third dose mentioned above and this involved re-opening the Hove evening clinic in September 1959. As will be seen from the table on page (32) during the year some 5,000 persons had received two injections and some 7,500 three injections. The total number of individuals of all age groups who between the inception of the scheme in May 1956 and December 1st, 1959, had received the full course of three injections was 10,400. Recently the Minister of Health announced that persons up to the age of 40 years would in future be eligible, but bearing in mind our previous experience of apathetic response, I did not rush to re-open clinics but awaited the result of registration and in consequence determined that as things stand at the moment, one evening clinic per month is sufficient - bearing in mind also that general practitioners, now that the vaccine is readily available, are more active in immunising their own patients.

Child Welfare Clinics and Day Nursery

Despite the fact that only one of the Child Welfare Clinics is held in modern premises their popularity amongst mothers of all classes continues undiminished. There was a fall in the number of new babies attending for the first time but this was counter-balanced to some extent by a rise amongst the 2-3 years old and the 3-5 years old groups. The total number on the books is nearly 3,000. Considerable attention is paid to the dental condition of these younger children and 120 of them were made dentally fit. Nevertheless a great deal more propaganda is required among young mothers to make them realise the importance of conserving the temporary teeth - there is still too great a tendency to wait until the child attains school age when he comes under the regular inspection of the School Dental Service.

Early in the year I had been considering the desirability of revising the scale of charges for the Day Nursery since under the existing scheme it appeared that some mothers with relatively high gross income by means of the allowable deductions were escaping with either no, or a very small, daily payment and with the assistance of the County Treasurer a new scale was devised by which there was to be a minimal fee of 1/- per day and thereafter a rising scale until the weekly net income reached £8. 1s. 0d. per week when the full rate would be charged. The new scheme came into force in May and thereafter although the position was carefully watched for any evidence of hardship none was discovered.

Ambulance Service.

In 1959 the demands made upon the Ambulance Service again increased slightly but of these only 16% represented accident or emergency calls. One improvement in the Ambulance Depot was the installation of hot-showers - a great boon to the staff who after dealing with some flea-infested old person or other filthy type of case no longer have to remain on duty suffering torments.

As foreshadowed in last year's report, one of the results of the Local Government Act 1958, will be the reversion to the County Council of the Ambulance Service in Hove and Portslade and one of the projects under consideration for the whole of the County is the provision of radio control. Although the benefits in this area will be less than in the widely scattered districts of the County there will be undoubted advantages here in keeping in closer touch with vehicles out on the road and in directing them to new calls without the necessity of returning to the depot. At the present time delays are minimised by each crew reporting to the depot by telephone before leaving any hospital in the group but even then a call may be received after a vehicle has left its reporting point and all contact lost until its return to the depot.

Home Nursing

The position of the Domiciliary Nursing Service remained the same as in previous years. The total number of patients nursed in their own homes was slightly reduced for 1959 and the total number of visits paid on the medical side was some 800 less: 1,000 up on the surgical, 300 less on Tuberculosis, and the total some 10,000 less than in the previous year - over two-thirds being to patients of 65 years and over. This was accounted for, the Superintendent informs me, by a reduction in what may be termed care and attention cases as opposed to those requiring skilled nursing. This is all to the good since the only hope of reducing the pressure on hospital beds is by retaining patients at home under the care of the general practitioner.

The policy of substituting cars for motor bicycles or scooters has been continued and probably in a few years not one of the latter will be seen on the road.

The District Nursing Association has been most generous in allocating from their voluntary funds assistance towards temporary residence in Nursing Homes for cases who are unable to be admitted to hospital or in order to give a short respite to relatives who have had the care of them day and night year in and year out and I am most grateful to them for the ready way in which they have come to my assistance in these difficult problems.

Home Help Service.

The total number of Home Helps employed on the 31st December was some 8 less than in the corresponding period last year but the number of cases assisted was slightly increased with, however, a diminution of some 1,800 hours worked. The scope and length of time the service can be supplied depends entirely on the staff available and unfortunately the recruitment of suitable help fluctuates considerably throughout the year. 131 maternity cases were assisted and as these are booked in advance it frequently involves taking the help away temporarily from an old person who has learned to rely on her and finds considerable hardship in her absence. This is understandable but unavoidable when the number of helps available does not nearly correspond to even the priority cases who require them. Nevertheless 57% of the cases helped were old people and 66% of the hours put in were devoted to their care.

One of the problems of this service is the aiding of really filthy cases which require extra attention and even devotion from the Home Help if their condition is to be ameliorated and I was successful in persuading the Health Committee of the County Council to agree to the payment of an additional 1/- per hour to Helps employed on this type of case. No case comes within this category without my sanction and the extra payment is only continued during the clearing up process although on occasion the services of the Help are required again when there has been a relapse. Up to date this additional payment has been made for 8 cases involving 200 hours work.

Chiropody Service.

In April 1959 the Minister of Health announced that Local Health Authorities would be permitted in future to provide a Chiropody Service as part of their powers under Section 28 of the National Health Act and in the accompanying Circular the various ways in which this service could be established were set out.

These are :-

- (i) By the employment on a sessional basis of whole or part-time Chiropodists at Clinics owned by Local Health Authorities.
- (ii) By arranging with Chiropodists in private practice for patients to attend for treatment at their private surgeries.
- (iii) By contributing to the funds of voluntary organisations who already provide such a service.

In the case of methods (i) and (ii) the Chiropodists must be on the Register of Qualified Chiropodists but no such requirement is imposed in the case of (iii) although the Medical Officer of Health must be satisfied that a reasonable standard of service will be available.

After due consideration I decided to disregard (i) and (iii) the former because apart from the expense and lack of premises it was most doubtful whether any qualified chiropodists could be found to accept appointments of this kind and the latter because in both Hove and Portslade there is no voluntary organisation at present running such a service. I recommended, therefore, that in this area the facilities should be provided by method (ii) i.e. by arranging with private chiropodists for patients to attend at their private surgeries. This recommendation was accepted by the County Health Committee and incorporated in the proposals put before the Minister to which, in January 1960, he gave his consent. The County Health Committee also decided that the facilities should for the present be limited to the elderly, the physically handicapped and expectant mothers and in this area there will obviously be a preponderance of the first class. As this provision comes within the terms of Section 28 of the National Health Act a charge can be made but in order to make the book-keeping and payments simple it was agreed that with the exception of patients in receipt of National Assistance who would be treated free, all the others would be required to pay a fixed fee of 2/6d. per visit. Discussions on these lines have taken place with representatives of the chiropodists and the administrative arrangements substantially agreed upon. Unfortunately at the moment a deadlock has arisen over fees - the staff side of the appropriate Whitley Council offering 6/- per attendance and the chiropodists refusing to accept anything less than 10/- and until this impasse can be resolved it is not

possible to make a start.

Mental Treatment Act 1959.

This Act came on the Statute Book in August 1959 and although only one small section, that relating to informal admission of mental patients to hospital, has become operative it will, when fully implemented, revolutionise the outlook upon and the treatment of mental illnesses of all types. The legal distinction between Mental Illness, i.e. Insanity and Mental Deficiency is abolished and both will be admitted to hospital without any of the present formalities. The procedure for compulsory admission to or detention in hospital is completely changed - in future it will be on medico social grounds only. The necessity of applying to a magistrate is abolished - observation in hospital is limited to 28 days on the recommendation of two medical practitioners and compulsory detention restricted to 4 groups - the Mentally Ill, i.e. Insane - Severely Sub-normal, i.e. the old categories of Idiot or Imbecile, the Sub-normal, i.e. feeble-minded and a new group, the Psychopathic; the length of detention is reduced in the first two groups to the age of 25 years and appeals for discharge can be made at intervals to specially constituted Mental Health Review Tribunals.

Great changes will also take place in the Local Health Authority responsibilities. They will have to provide residential accommodation of various types - Joint Training Centres, both day and residential for children under the age of 16 years - Adult Training Centres for those requiring supervision, those who can be trusted to work in Local Authority Workshops and those who can find employment in the world outside.

In addition hostels for young people, educationally sub-normal or mal-adjusted, for discharged mental hospital patients and for elderly mental cases will be required. An extension of the mental welfare advisory and supervisory staff will also be called for. It is obvious that a very large responsibility and financial burden will be laid on the Local Health Authority in the years to come and although most of this will be undertaken by the County Council itself there will be much opportunity for field work by the Health Visitors and the like in this area. At this junction it is not clear exactly how or to what extent the new Act will be delegated to Hove when the scheme for delegation under the Local Government Act 1958 comes into operation next year.

General Observations.

Under the Local Government Act 1958, the following services will be delegated to Hove alone:

- Health Centres
- Care of Mothers and Young Children
- Midwifery
- Health Visiting
- Home Nursing
- Vaccination and Immunisation
- Prevention of illness, care and after care (except the care or after care in residential accommodation of persons suffering from mental illness).
- Domestic Help
- Certain services to be provided under the Mental Health Act 1959.
- Welfare arrangements for blind, deaf, dumb and crippled persons.
- Provision for registered persons who are seriously disabled, or employment, or work on their own account, under special conditions and of training for such employment or work.
- The Registration of nurseries and child-minders.

The Ambulance Service will be returned to the control of the County and the Minister of Health rejected Hove's application for the control of provision and maintenance of residential accommodation for old people and for the mentally ill. Discussions have taken place during the year on the actual scheme of delegation based largely on the Ministry's model form which in the main it follows. It is anticipated that it will come into effect on 1st April, 1961. Whilst many, particularly myself, will regret the disappearance of the Hove and Portslade Health Sub-Committee the experience gained during its existence since 1948 will be invaluable in setting the pattern for the new scheme of organisation and administration and those members of the Hove Council who have been members of it will doubtless find opportunities of utilising that experience under the new regime.

Auxiliary Care of the Aged.

In July following a reference in my Annual Report for the previous year to the necessity of appointing a second Geriatric Health Visitor I put forward a comprehensive review of the position and the increase was finally sanctioned but not in time to be of any benefit during the first half of the winter when the demands on the service usually rise appreciably. Despite this 422 new cases were added to the register which at the end of the year stood at 950 regularly visited and a further 600 admitted temporarily to Welfare Homes, Hospitals, etc., or whose whereabouts for the time being are unknown. During the latter part of the year the accommodation situation both Welfare and Hospital accommodation deteriorated appreciably and the number of urgent cases, particularly on the welfare side rose considerably without any hope of admission and some cases originally recommended for a home proved to be only fit for hospital when a vacancy occurred. The reasons for this include the postponement of the County Council extension scheme owing to the restraint on capital expenditure so that at the present time and for some years to come so far as this area is concerned no large expansion of beds can be looked for and the fact that old people admitted to welfare homes provided with warmth, good food and in the absence of material worries survive for much longer periods than seemed likely at an earlier date so that vacancies caused by death or transfer have been less than had been anticipated.

To me it seems unfortunate that this Geriatric Service is divided between three different responsibilities - the District Council for the provision of flats or flatlets for the able-bodied, the County Council for the ambulant and the Hospital for the bedridden. I am certain that there are cases in welfare homes who after a period of rehabilitation could once more run their own lives in their own accommodation and there are certainly patients on the hospital side who could be and on occasion are transferred to welfare beds but if the scheme were worked as a whole the turn over could be faster. Perhaps the best way to achieve this would be to attach to every housing estate where provision is made for ambulant old people a welfare home to and from which exchanges could be made.

In the meantime there seems to be little hope of any alteration of the present position except for a small addition to the number of beds at one of the Hove homes until the new home of 60 beds at Court Farm Road, is built and opened. A search has been made for a suitable house in this neighbourhood for conversion but the supply is diminishing and in many cases it is more profitable to demolish and erect a new block of flats on the site.

Another possibility is a change in the law whereby the County Council could contribute towards the cost of old people placed in private homes - at present this is not possible except through payments from the National Assistance Board. From the many discussions which I have had with the County officers I know they are keenly aware of the situation and anxious to improve the position until the new building plan is completed there seems little that can be done. On the hospital side accommodation has been nearly as difficult particularly for the chronic sick although once again the Geriatric Consultant has done his utmost to accommodate the really urgent cases with as little delay as possible.

The Home Help Service has proved invaluable in giving at any rate a minimum of help to these old people but frequently the demands of a new case can only be met by the removal of the help from an old one who perhaps has come to rely on this form of assistance to provide the necessities of life. Likewise the District Nursing Association have done their best to secure a weekly bath and other simple nursing for many of these old folk but only too frequently all one can say is that their name will be put on the waiting list for admission when a vacancy occurs knowing that that vacancy will probably be at the best in the distant future. I am glad, however, to report that during the last few months through a concerted effort by both the County Welfare Officers and the Geriatric Consultant the position so far as the really urgent cases are concerned has been alleviated somewhat.

General Observations.

I cannot conclude this Annual Report without referring with gratitude to the whole-hearted enthusiasm and co-operation of all members of my staff who in their different capacities contribute so much to the smooth running of the services and by their mutual aid to one another iron out many of the minor difficulties inherent in an organisation with so many specialities. To the County Medical Officer of Health, Dr. F. Langford and the County Council Staff in general I am indebted for readily available assistance and advice at all times and to the Chairman and Members of the Hove and Portslade Health Sub-Committee I can only record my thanks over the last ten years for their whole-hearted support and understanding.

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 carried out during 1959 was 239, a marked reduction on previous years due to the introduction at the end of 1958 of Health Statements for staff instead of full medical examinations, except where found necessary. Only two medical examinations were arranged as a result of the replies on the Health Statements. In all 636 such Statements have been considered, 199 being for teaching staff and 276 for canteen workers. Most of the candidates in these two categories had chest x-rays arranged for them.

Actual medical examinations were arranged as follows:-

| | |
|---|----|
| By whole time medical officers on county staff including Hove | 93 |
| By part time medical officers | 66 |
| By general practitioners | 80 |

REGISTRATION OF NURSING HOMES

At the end of 1959 there were 27 registered homes in the authority's area (outside Hove), one new one having been registered during the year. All were inspected periodically and appeared to be running satisfactorily.

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.

NURSERIES AND CHILD-MINDERS

REGULATION ACT, 1948

At the end of the year 6 nurseries and 20 daily minders were registered, providing for 377 children.

T A B L E I

VITAL STATISTICS RELATING TO MOTHERS AND CHILDREN 1959

| The County of East Sussex | Live Births | | Illegitimate live births per cent of total live births | Stillbirths | | Infant deaths | Infant Mortality Rate | | | Neo natal mortality rate per 1000 live births | Early Neo-natal mortality rate per 1000 live births | Perinatal mortality rate per 1000 live and still births | Maternal deaths (including abortion) | Maternal mortality rate per 1000 live and still births |
|---------------------------|-------------|------|--|-------------|------|---------------|----------------------------|---------------------------------|-----------------------------------|---|---|---|--------------------------------------|--|
| | No | Rate | | No | Rate | | Per 1000 total live births | Per 1000 legitimate live births | Per 1000 illegitimate live births | | | | | |
| 4527 | 12.61 | 4.88 | 81 | 17.58 | 4608 | 61 | 13.47 | 13.57 | 7.95 | 7.07 | 24.52 | 2 | .43 | |

* Crude rates calculated per 1000 of the estimated population

Rate per 1000 total births.

| Year | Live Births | Rate | Illegitimate % | Stillbirths | Rate | Infant Deaths | Rate | Infant Mortality Rate | Rate | Neo natal mortality rate | Early Neo-natal mortality rate | Perinatal mortality rate | Maternal deaths | Maternal mortality rate |
|------|-------------|-------|----------------|-------------|-------|---------------|------|-----------------------|-------|--------------------------|--------------------------------|--------------------------|-----------------|-------------------------|
| 1958 | 4527 | 12.61 | 4.88 | 81 | 17.58 | 4608 | 61 | 13.47 | 13.57 | 7.95 | 7.07 | 24.52 | 2 | .43 |

... ..

ADMINISTRATIVE COUNTY OF EAST SUSSEX
CHIEF VITAL STATISTICS FOR THE YEAR 1959
TABLE II - LIVE BIRTHS, DEATHS AND DEATHS IN SELECTED DISEASES

| Group. | Population estimated by Registrar mid-1959 | Live Births | | Deaths | | Infant Deaths (under 1 year) | | Deaths from Heart Disease | | Deaths from Pulmonary Tuberculosis | | Deaths from other Tuberculous Diseases | | Deaths from Respiratory Diseases not including Influenza | | Deaths from Cancer | |
|-------------------------|--|-------------|--------------|-------------|--------------|------------------------------|--------------|---------------------------|-------------|------------------------------------|------------|--|------------|--|-------------|--------------------|-------------|
| | | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate | No. | Rate |
| 3 Large Towns | 110160 | 1138 | 10.33 | 1999 | 18.15 | 16 | 14.06 | 659 | 5.98 | 9 | .08 | 1 | .01 | 161 | 1.46 | 387 | 3.51 |
| 7 Other Urban Districts | 85340 | 1232 | 14.44 | 1074 | 12.58 | 15 | 12.17 | 370 | 4.34 | 4 | .05 | - | - | 109 | 1.28 | 176 | 2.06 |
| 5 Rural Districts | 163500 | 2157 | 13.19 | 2367 | 14.48 | 30 | 13.91 | 776 | 4.76 | 13 | .08 | 2 | .01 | 232 | 1.42 | 437 | 2.67 |
| Whole County | 359000 | 4527 | 12.61 | 5440 | 15.15 | 61 | 13.47 | 1307 | 3.63 | 26 | .07 | 3 | .01 | 502 | 1.40 | 1000 | 2.79 |

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-1959 | Live Births | | Stillbirths | | Deaths under 1 year of age. | | Deaths at all ages belonging to the district | | Crude Deaths Rate per 1,000 Population |
|-------------------------------------|---|--|--------------|---------------------------------|-------------|-----------------------------------|-----------------------------|---------------------------------------|--|---------------------------|--|
| | | | Number | Crude Rate per 1,000 population | Number | Crude Rate per 1,000 Total Births | Number | Rate per 1,000 live births registered | Number | Rate per 1,000 population | |
| | | | | | | | | | | | |
| Three Large Towns: | | | | | | | | | | | |
| Boxhill | 7993 | 26610 | 9.96 | 7 | .26 | 25.74 | 7 | 26.42 | 519 | 19.50 | 19.50 |
| Hove | 3953 | 69930 | 10.01 | 11 | .16 | 15.47 | 7 | 10.00 | 1338 | 19.13 | 19.13 |
| Lewes | 1988 | 13620 | 12.70 | 3 | .22 | 17.04 | 2 | 11.56 | 142 | 10.43 | 10.43 |
| Totals | 13934 | 110160 | 10.33 | 21 | .19 | 18.12 | 16 | 14.06 | 1999 | 18.15 | 18.15 |
| Seven other Urban Districts: | | | | | | | | | | | |
| Burgess Hill | 2024 | 13760 | 18.31 | 4 | .29 | 15.63 | 2 | 7.94 | 122 | 8.87 | 8.87 |
| Cuckfield | 3912 | 18460 | 13.22 | 7 | .38 | 27.89 | 2 | 8.20 | 265 | 14.36 | 14.36 |
| East Grinstead | 6600 | 14370 | 17.12 | 7 | .49 | 27.67 | 3 | 12.20 | 193 | 13.43 | 13.43 |
| Newhaven | 1772 | 8010 | 12.86 | 2 | .25 | 19.05 | - | - | 98 | 12.23 | 12.23 |
| Portslade-by-Sea | 1953 | 15190 | 14.75 | 3 | .20 | 13.22 | 3 | 13.39 | 154 | 10.14 | 10.14 |
| Rye | 1027 | 4470 | 12.98 | - | - | - | 2 | 34.48 | 64 | 14.32 | 14.32 |
| Seaford | 4274 | 11080 | 9.48 | 2 | .18 | 18.69 | 3 | 26.57 | 178 | 16.06 | 16.06 |
| Totals | 21562 | 85240 | 14.54 | 25 | .29 | 19.89 | 15 | 12.18 | 1074 | 12.58 | 12.58 |
| Five Rural Districts: | | | | | | | | | | | |
| Battle | 117147 | 29640 | 12.18 | 5 | .17 | 13.66 | 6 | 16.62 | 438 | 14.78 | 14.78 |
| Chailley | 64205 | 21350 | 12.79 | 2 | .09 | 7.27 | 2 | 7.33 | 343 | 16.07 | 16.07 |
| Cuckfield | 70986 | 28750 | 14.50 | 4 | .14 | 9.50 | 8 | 19.18 | 319 | 11.10 | 11.10 |
| Hailsham | 94668 | 40090 | 12.17 | 11 | .27 | 22.04 | 8 | 16.39 | 651 | 16.24 | 16.24 |
| Uckfield | 112096 | 43670 | 14.15 | 13 | .30 | 20.60 | 6 | 9.71 | 616 | 14.11 | 14.11 |
| Totals | 459102 | 163500 | 13.19 | 35 | .21 | 15.97 | 30 | 13.91 | 2367 | 14.48 | 14.48 |
| Whole County | 494598 | 359000 | 12.61 | 61 | .23 | 17.58 | 61 | 13.47 | 5440 | 15.15 | 15.15 |

TABLE IV
 NUMBER OF DEATHS AT DIFFERENT PERIODS OF LIFE IN
 THE ADMINISTRATIVE COUNTY DURING THE YEAR 1959

| Sex | Urban Districts | | | | | | | | | | Rural Districts | | | | | | | |
|---------------|-----------------|-----------|----------|----------|-----------|-----------|------------|------------|-------------|-------------|-----------------|-----------|-----------|-----------|-----------|------------|------------|-------------|
| | All ages | 0-1 | 1-5 | 5-15 | 15-25 | 25-45 | 45-65 | 65-75 | 75 and over | All ages | 0-1 | 1-5 | 5-15 | 15-25 | 25-45 | 45-65 | 65-75 | 75 and over |
| Males | 1350 | 14 | 3 | 5 | 13 | 45 | 281 | 427 | 562 | 1118 | 20 | 6 | 11 | 20 | 19 | 231 | 310 | 501 |
| Females | 1723 | 17 | 4 | 1 | 5 | 32 | 202 | 399 | 1063 | 1249 | 10 | 4 | 6 | 6 | 19 | 183 | 265 | 756 |
| Totals | 3073 | 31 | 7 | 6 | 18 | 77 | 483 | 826 | 1625 | 2367 | 30 | 10 | 17 | 26 | 38 | 414 | 575 | 1257 |

TABLE V (a).
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1959 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 10 | 15 and under 25 | 25 and under 45 | 45 and under 65 | 65 and under 75 | 75 and over | Totals | BOROUGHES | | | | East Grinstead | Newhaven | Portsmouth | Seaford | | |
| | | | | | | | | | | Bexhill | Hove | Leaves | Rye | | | | | | |
| 1. Tuberculosis, Respiratory | - | - | - | 5 | 3 | 2 | 13 | 3 | 6 | - | 3 | - | - | - | - | - | | | |
| 2. Tuberculosis, other | - | - | - | 1 | 1 | 1 | 3 | 1 | 1 | - | 1 | - | - | - | - | - | | | |
| 3. Syphilitic Disease | - | - | - | 2 | 3 | 4 | 9 | 1 | 5 | - | 1 | - | - | - | - | - | | | |
| 4. Diphtheria | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | | |
| 5. Whooping Cough | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | | |
| 6. Meningococcal Infections | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | | |
| 7. Acute Poliomyelitis | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | | | |
| 8. Measles | - | - | - | 2 | 1 | 1 | 4 | 3 | 3 | - | 1 | - | - | - | - | - | | | |
| 9. Other Infective and Parasitic Diseases | - | - | - | 14 | 14 | 14 | 42 | 8 | 32 | - | 2 | - | - | - | - | - | | | |
| 10. Malignant Neoplasm, Stomach | - | - | - | 3 | 3 | 3 | 9 | 6 | 32 | - | 2 | - | - | - | - | - | | | |
| 11. Malignant Neoplasm, Lung, Bronchus | - | - | - | 51 | 51 | 51 | 153 | 26 | 30 | - | 2 | - | - | - | - | - | | | |
| 12. Malignant Neoplasm, Breast | - | - | - | 17 | 17 | 17 | 51 | 17 | 23 | - | 4 | - | - | - | - | - | | | |
| 13. Malignant Neoplasm, Uterus | - | - | - | 3 | 3 | 3 | 9 | 5 | 9 | - | 4 | - | - | - | - | - | | | |
| 14. Other Malignant and Lymphatic Neoplasms | 1 | 1 | 1 | 5 | 6 | 8 | 21 | 19 | 69 | - | 3 | - | - | - | - | - | | | |
| 15. Leukaemia, Aeucaemia | - | - | - | 1 | 4 | 2 | 7 | 7 | 12 | - | 2 | - | - | - | - | - | | | |
| 16. Diabetes | - | - | - | 1 | 1 | 1 | 3 | 5 | 7 | - | 2 | - | - | - | - | - | | | |
| 17. Vascular Lesions of Nervous System | - | - | - | 1 | 1 | 1 | 3 | 5 | 6 | - | 2 | - | - | - | - | - | | | |
| 18. Coronary Disease, Angina | - | - | - | 9 | 9 | 9 | 27 | 18 | 24 | - | 17 | - | - | - | - | - | | | |
| 19. Hypertension with Heart Disease | - | - | - | 1 | 1 | 1 | 3 | 6 | 12 | - | 20 | - | - | - | - | - | | | |
| 20. Other Heart Disease | - | - | - | 1 | 1 | 1 | 3 | 6 | 12 | - | 25 | - | - | - | - | - | | | |
| 21. Other Circulatory Disease | - | - | - | 2 | 2 | 2 | 6 | 12 | 18 | - | 11 | - | - | - | - | - | | | |
| 22. Influenza | - | - | - | 10 | 10 | 10 | 30 | 27 | 42 | - | 3 | - | - | - | - | - | | | |
| 23. Pneumonia | 2 | 2 | 2 | 13 | 13 | 13 | 39 | 52 | 71 | - | 23 | - | - | - | - | - | | | |
| 24. Bronchitis | - | - | - | 32 | 32 | 32 | 96 | 142 | 205 | - | 55 | - | - | - | - | - | | | |
| 25. Other Diseases of Respiratory System | - | - | - | 12 | 12 | 12 | 36 | 51 | 68 | - | 3 | - | - | - | - | - | | | |
| 26. Ulcer of Stomach and Duodenum | - | - | - | 3 | 3 | 3 | 9 | 15 | 24 | - | 2 | - | - | - | - | - | | | |
| 27. Gastritis, Enteritis and Diarrhoea | 1 | 1 | 1 | 6 | 6 | 6 | 18 | 31 | 42 | - | 3 | - | - | - | - | - | | | |
| 28. Nephritis and Nephrosis | - | - | - | 2 | 2 | 2 | 6 | 11 | 16 | - | 3 | - | - | - | - | - | | | |
| 29. Hyperplasia of Prostate | - | - | - | 1 | 1 | 1 | 3 | 4 | 5 | - | 1 | - | - | - | - | - | | | |
| 30. Pregnancy, Childbirth, Abortion | - | - | - | 1 | 1 | 1 | 3 | 4 | 7 | - | 1 | - | - | - | - | - | | | |
| 31. Congenital Malformations | 11 | 2 | 1 | - | - | - | 14 | 19 | 28 | - | 5 | - | - | - | - | - | | | |
| 32. Other Defined and Ill-Defined Diseases | 13 | 2 | 2 | 32 | 32 | 47 | 81 | 192 | 285 | - | 10 | - | - | - | - | - | | | |
| 33. Motor Vehicle Accidents | - | - | - | 7 | 7 | 7 | 21 | 23 | 28 | - | 13 | - | - | - | - | - | | | |
| 34. All other Accidents | 3 | - | - | 10 | 10 | 10 | 30 | 65 | 142 | - | 4 | - | - | - | - | - | | | |
| 35. Suicide | - | - | - | 1 | 1 | 1 | 3 | 6 | 19 | - | 2 | - | - | - | - | - | | | |
| 36. Homicide and Operations of War | - | - | - | 1 | 1 | 1 | 3 | 3 | 1 | - | 1 | - | - | - | - | - | | | |
| All Causes | 31 | 7 | 6 | 18 | 77 | 483 | 826 | 1625 | 3073 | 519 | 1328 | 142 | 64 | 122 | 265 | 193 | 98 | 154 | 178 |

TABLE V (b)
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1959 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 | Hallsham | Uckfield |
| | | | | | | | | | | | | | | |
| 1. Tuberculosis, Respiratory | | | | | 2 | 3 | 4 | 4 | 13 | 4 | - | 2 | 3 | 4 |
| 2. Tuberculosis, Other | | | | | | 1 | 1 | 1 | 2 | 1 | 1 | 1 | - | 1 |
| 3. Syphilitic Disease | | | | | | 1 | 1 | 1 | 3 | 1 | - | - | - | - |
| 4. Diphtheria | | | | | | | | | | | | | | |
| 5. Whooping Cough | | | | | | | | | | | | | | |
| 6. Meningococcal Infections | | | | | | | | | | | | | | |
| 7. Acute Poliomyelitis | | | | | | | | | | | | | | |
| 8. Measles | | | 1 | | | | | | 1 | 1 | | | | |
| 9. Other Infective and Parasitic Diseases | | | | | | 2 | 1 | | 3 | | | | | 2 |
| 10. Malignant Neoplasms, Stomach | | | | | 1 | 13 | 15 | 21 | 50 | 5 | 11 | 5 | 16 | 13 |
| 11. Malignant Neoplasms, Lung, Bronchus | | | | | 3 | 34 | 38 | 14 | 89 | 12 | 14 | 13 | 29 | 21 |
| 12. Malignant Neoplasms, Breast | | | | | 2 | 19 | 16 | 14 | 51 | 6 | 9 | 9 | 17 | 10 |
| 13. Malignant Neoplasms, Uterus | | | | | 1 | 7 | 4 | 3 | 15 | 2 | 2 | 2 | 3 | 7 |
| 14. Other Malignant and Lymphatic Neoplasms | | 1 | 2 | 3 | 5 | 57 | 68 | 96 | 232 | 46 | 32 | 29 | 59 | 66 |
| 15. Leukaemia, Aenkaemia | | | 1 | | | 4 | 4 | 5 | 14 | 4 | 3 | 2 | 2 | 3 |
| 16. Diabetes | | | | | | 2 | 6 | 8 | 16 | 5 | 3 | 2 | 2 | 4 |
| 17. Vascular Lesions of Nervous System | | | | | 2 | 44 | 88 | 223 | 357 | 77 | 53 | 49 | 86 | 92 |
| 18. Coronary Disease, Angina | | | | | 3 | 64 | 104 | 164 | 335 | 57 | 46 | 59 | 98 | 75 |
| 19. Hypertension with Heart Disease | | | | | 4 | 4 | 12 | 22 | 38 | 8 | 6 | 7 | 4 | 13 |
| 20. Other Heart Disease | | | | 1 | | 32 | 65 | 307 | 405 | 62 | 64 | 53 | 135 | 91 |
| 21. Other Circulatory Disease | | | | | 1 | 13 | 31 | 69 | 114 | 22 | 14 | 9 | 31 | 38 |
| 22. Influenza | | 2 | 1 | | 2 | 2 | 8 | 18 | 33 | 9 | 3 | 2 | 9 | 10 |
| 23. Pneumonia | 8 | 2 | 1 | 1 | 3 | 10 | 24 | 78 | 128 | 26 | 18 | 13 | 41 | 30 |
| 24. Bronchitis | | | | | | 12 | 28 | 41 | 82 | 14 | 16 | 22 | 22 | 21 |
| 25. Other Diseases of Respiratory System | | | | | | 6 | 7 | 9 | 22 | 2 | 3 | 3 | 4 | 4 |
| 26. Ulcer of Stomach and Duodenum | | | | | | 4 | 3 | 6 | 16 | 2 | | 2 | 3 | 8 |
| 27. Gastritis Enteritis and Diarrhoea | | 1 | 1 | | 1 | 6 | 2 | 6 | 15 | 4 | | 2 | 3 | 6 |
| 28. Nephritis and Nephrosis | | | | | 1 | 4 | 2 | 8 | 15 | 2 | 2 | 5 | 4 | 4 |
| 29. Hyperplasia of Prostate | | | | | | | 3 | 6 | 9 | 2 | 1 | 2 | 4 | |
| 30. Pregnancy, Childbirth, Abortion | | | | | 1 | | | | 2 | | | | | |
| 31. Congenital Malformations | 8 | 1 | 1 | 1 | 1 | | | 2 | 18 | | | | 2 | |
| 32. Other Defined and Ill-Defined Diseases | 13 | 2 | 4 | 2 | 5 | 31 | 26 | 91 | 174 | 43 | 26 | 20 | 40 | 45 |
| 33. Motor Vehicle Accidents | | | 3 | 10 | 3 | 7 | 3 | 6 | 32 | 4 | 4 | 4 | 8 | 12 |
| 34. All Other Accidents | 1 | 1 | 1 | 5 | 1 | 13 | 6 | 27 | 55 | 8 | 7 | 6 | 11 | 23 |
| 35. Suicide | | | | | | 14 | 6 | 5 | 26 | 3 | 7 | 3 | 7 | 6 |
| 36. Homicide and Operations of War | | | | | 1 | | 1 | | 2 | | | | 1 | |
| All Causes | 30 | 10 | 17 | 26 | 38 | 414 | 575 | 1257 | 2367 | 438 | 343 | 319 | 651 | 616 |

TABLE VI
 CASES OF NOTIFIABLE DISEASES OCCURRING DURING THE YEAR 1959

| | TOTAL NUMBERS OF NOTIFIABLE DISEASES IN EACH DISTRICT | | | | | | | | | | | | | | | | | |
|--------------------------------------|---|------------|------------|-----------|-------------|-----------------|------------|----------------|-----------|-------------------|-----------------|-------------|------------|------------|------------|------------|-------------|-------------|
| | 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 |
| Total for Administrative County | 566 | 703 | 677 | 31 | 1977 | 415 | 528 | 579 | 61 | 286 | 329 | 2198 | 498 | 529 | 592 | 892 | 1153 | 3665 |
| Scarlet Fever | 18 | 77 | 3 | 1 | 99 | 20 | 8 | 15 | 1 | 44 | 3 | 91 | 14 | 3 | 43 | 18 | 23 | 101 |
| Whooping Cough | 4 | 59 | 4 | 1 | 68 | 9 | 4 | 26 | 23 | 32 | 1 | 95 | 32 | 13 | 6 | 21 | 16 | 88 |
| Acute Poliomyelitis - Paralytic | 1 | 1 | - | - | 2 | - | 1 | - | - | - | - | 1 | 2 | - | - | 2 | - | 4 |
| Acute Poliomyelitis - Non Paralytic | - | 1 | - | - | 1 | - | - | - | - | 1 | - | 1 | - | - | - | - | - | - |
| Measles | 520 | 450 | 649 | 10 | 1629 | 365 | 435 | 529 | 29 | 179 | 308 | 1845 | 406 | 552 | 450 | 804 | 1060 | 3272 |
| Diphtheria | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Acute Pneumonia | 2 | 40 | 7 | 7 | 56 | 12 | 16 | 2 | 2 | 21 | 6 | 59 | 31 | 7 | 1 | 25 | - | 64 |
| Dysentery | 1 | 22 | 1 | - | 24 | - | 4 | - | - | 1 | - | 5 | - | 5 | 10 | 9 | 23 | 47 |
| Smallpox | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Acute Encephalitis - Infective | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Acute Encephalitis - Post Infectious | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Enteric or Typhoid Fever | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Paratyphoid Fever | 2 | - | - | - | - | - | 1 | 1 | - | - | 5 | 2 | 3 | - | 1 | 3 | - | 7 |
| Erysipelas | 25 | 1 | 7 | 2 | 10 | - | 1 | - | - | 2 | - | 8 | - | - | - | - | - | - |
| Meningococcal Infection | 1 | 1 | - | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Puerperal Pyrexia | 89 | 6 | 2 | 1 | 9 | 2 | 42 | 1 | 1 | 1 | 2 | 49 | 5 | 1 | 4 | 6 | 15 | 31 |
| Ophthalmia Neonatorum | 3 | 1 | - | - | 1 | - | - | - | - | - | - | - | - | - | - | - | 2 | 2 |
| Malaria | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Food Poisoning | 30 | 6 | 1 | - | 7 | 2 | 8 | - | - | 1 | - | 11 | - | 3 | 6 | 2 | 1 | 12 |
| Tuberculosis - Respiratory | 125 | 33 | 10 | 9 | 64 | 5 | 3 | 4 | 5 | 4 | 4 | 30 | 4 | 7 | 7 | 2 | 11 | 31 |
| Tuberculosis - Meninges | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Tuberculosis - Other forms | 13 | 6 | - | - | 6 | - | - | 1 | - | - | - | 1 | 1 | 2 | 1 | - | 2 | 6 |
| Totals | 7840 | 703 | 677 | 31 | 1977 | 415 | 528 | 579 | 61 | 286 | 329 | 2198 | 498 | 529 | 592 | 892 | 1153 | 3665 |

TABLE VII
VACCINATION AGAINST SMALLPOX

Number of Persons Vaccinated (or Revaccinated) during the year 1959

| District | Age under 1 year | | Age 1 year | | Age 2 to 4 years | | Age 5 to 14 years | | Age 15 years or over | | Totals all Ages. | |
|------------------------|------------------|-------------------|------------|-------------------|------------------|-------------------|-------------------|-------------------|----------------------|-------------------|------------------|-------------------|
| | Vaccinated | Revac- cinated | Vaccinated | Revac- cinated | Vaccinated | Revac- cinated | Vaccinated | Revac- cinated | Vaccinated | Revac- cinated | Vaccinated | Revac- cinated |
| <i>Boroughs</i> | | | | | | | | | | | | |
| Bexhill | 217 | - | 20 | - | 7 | 2 | 4 | 20 | 25 | 176 | 273 | 198 |
| Bove | 515 | 1 | 28 | 10 | 10 | 10 | 9 | 38 | 57 | 369 | 619 | 428 |
| Lewes | 110 | - | 4 | - | 3 | 8 | 7 | 8 | 20 | 61 | 144 | 77 |
| Rye | 51 | 1 | 2 | 1 | 4 | 1 | 4 | 3 | 2 | 35 | 63 | 41 |
| <i>Urban Districts</i> | | | | | | | | | | | | |
| Burgess Hill | 166 | - | 6 | - | 11 | - | 6 | 5 | 10 | 29 | 199 | 34 |
| Cuckfield | 202 | - | 8 | - | 4 | 4 | 1 | 35 | 5 | 131 | 220 | 170 |
| East Grinstead | 169 | - | 5 | - | 3 | 2 | 1 | 17 | 8 | 57 | 186 | 76 |
| Newhaven | 96 | - | - | - | 3 | 3 | 5 | 4 | 9 | 22 | 113 | 29 |
| Portslade | 161 | - | 4 | - | 2 | - | 37 | 30 | 17 | 25 | 221 | 55 |
| Seaford | 55 | 1 | 3 | 2 | 13 | 2 | 3 | 31 | 6 | 56 | 83 | 92 |
| <i>Rural Districts</i> | | | | | | | | | | | | |
| Battle | 208 | 3 | 7 | - | 6 | 5 | 2 | 24 | 14 | 133 | 237 | 165 |
| Chailey | 141 | 18 | 5 | - | 8 | 3 | 4 | 9 | 12 | 82 | 170 | 112 |
| Cuckfield | 291 | - | 14 | - | 11 | 3 | 3 | 72 | 8 | 176 | 327 | 251 |
| Hailsham | 245 | 2 | 21 | - | 8 | 2 | 10 | 11 | 15 | 120 | 269 | 136 |
| Uckfield | 374 | 2 | 20 | - | 14 | 11 | 14 | 55 | 16 | 226 | 438 | 294 |
| Totals | 3001 | 28 | 147 | 13 | 107 | 57 | 110 | 362 | 224 | 1698 | 3589 | 2158 |

VACCINATION STATE IN RELATION TO CHILD POPULATION AS AT 31ST DECEMBER, 1959.

| Age Group | Total vaccinated | Child population | Percentage vaccinated |
|---------------------|------------------|------------------|-----------------------|
| Under 1 year | 3,001 | 4,470 | 67.4% |
| 1 to 4 years | 12,419 | 16,830 | 73.79% |
| Total under 5 years | <u>15,420</u> | <u>21,300</u> | <u>72.39%</u> |

TABLE VIII
DIPHTHERIA IMMUNISATION

Summary of Returns for the year ended 31st December, 1959

| 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 - | | | | | | | | | | |
| | 1955 to 1959 | | | | | 1945 to 1954 | | | | | |
| | Under 1 Born 1959 | 1-4 Born 1955-58 | 5-9 Born 1950-54 | 10-14 Born 1945-49 | 5-9 Born 1950-54 | 10-14 Born 1945-49 | 5-9 Born 1950-54 | 10-14 Born 1945-49 | 5-9 Born 1950-54 | 10-14 Born 1945-49 | |
| <i>Boroughs:</i> | | | | | | | | | | | |
| Bexhill | 118 | 992 | 1120 | 1205 | 315 | 648 | 315 | 648 | 315 | 648 | 4398 |
| Hove | 131 | 1818 | 2170 | 1416 | 965 | 3065 | 965 | 3065 | 965 | 3065 | 9565 |
| Lewes | 81 | 673 | 831 | 608 | 177 | 885 | 177 | 885 | 177 | 885 | 3255 |
| Rye | 15 | 206 | 356 | 284 | 50 | 197 | 50 | 197 | 50 | 197 | 1108 |
| <i>Urban Districts:</i> | | | | | | | | | | | |
| Burgess Hill | 89 | 908 | 843 | 354 | 159 | 668 | 159 | 668 | 159 | 668 | 3021 |
| Cuckfield | 91 | 875 | 1012 | 511 | 177 | 1129 | 177 | 1129 | 177 | 1129 | 3795 |
| East Grinstead | 171 | 884 | 1130 | 247 | 311 | 599 | 311 | 599 | 311 | 599 | 3442 |
| Newhaven | 64 | 498 | 591 | 239 | 96 | 473 | 96 | 473 | 96 | 473 | 1871 |
| Portslade | 38 | 500 | 608 | 507 | 119 | 707 | 119 | 707 | 119 | 707 | 2479 |
| Seaford | 57 | 351 | 450 | 872 | 108 | 307 | 108 | 307 | 108 | 307 | 2145 |
| <i>Rural Districts:</i> | | | | | | | | | | | |
| Battle | 104 | 1237 | 1612 | 1517 | 391 | 966 | 391 | 966 | 391 | 966 | 5827 |
| Chailey | 100 | 812 | 728 | 353 | 396 | 676 | 396 | 676 | 396 | 676 | 3065 |
| Cuckfield | 134 | 1492 | 1356 | 427 | 338 | 567 | 338 | 567 | 338 | 567 | 4314 |
| Hailsham | 161 | 1500 | 1782 | 1567 | 565 | 994 | 565 | 994 | 565 | 994 | 6569 |
| Uckfield | 242 | 1915 | 1675 | 905 | 1355 | 1751 | 1355 | 1751 | 1355 | 1751 | 7843 |
| Totals | 1596 | 14571 | 16264 | 11112 | 5522 | 13632 | 5522 | 13632 | 5522 | 13632 | 62697 |
| Immunity Index | 35.73% | 86.58% | | 51.75% | | | | | | | |
| Total estimated Mid-year Child Population 1959 | 4470 | 16330 | 52900 | 5 to 14 | 5 to 14 | Under 15 total | Under 15 total | Under 15 total | Under 15 total | Under 15 total | Under 15 total |
| | | | | 16330 | 52900 | 74200 | 74200 | 74200 | 74200 | 74200 | 74200 |

(b) Total number of children who completed a full course of primary immunisation in the Administrative County Area in 1959 :-

| Age at final injection | |
|------------------------|-------------|
| Under 5 years | 4075 |
| Five to 14 years | 354 |
| | <u>4429</u> |

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 | 2,594 | 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 |
| 1959 | 4,549 | 1,479 | 3,070 | 32.5 | 4,608 |

| Year | 1950-51 | | 1951-52 | | 1952-53 | | 1953-54 | | 1954-55 | | 1955-56 | | Total number of children in 1956 |
|-------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|---------|------------|----------------------------------|
| | Number | Percentage | Number | Percentage | Number | Percentage | Number | Percentage | Number | Percentage | Number | Percentage | |
| 1950 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 |
| 1951 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 |
| 1952 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 |
| 1953 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 |
| 1954 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 |
| 1955 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 |
| 1956 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 | 100 | 4,500 |
| Total | 27,000 | 100 | 27,000 | 100 | 27,000 | 100 | 27,000 | 100 | 27,000 | 100 | 27,000 | 100 | 27,000 |

(a) Total number of children who completed a full schedule of primary instruction in the administrative County Area in 1956

Age at first instruction

1956

1955

1954

1953

1952

1951

1950