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EAST SUSSEX COUNTY COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

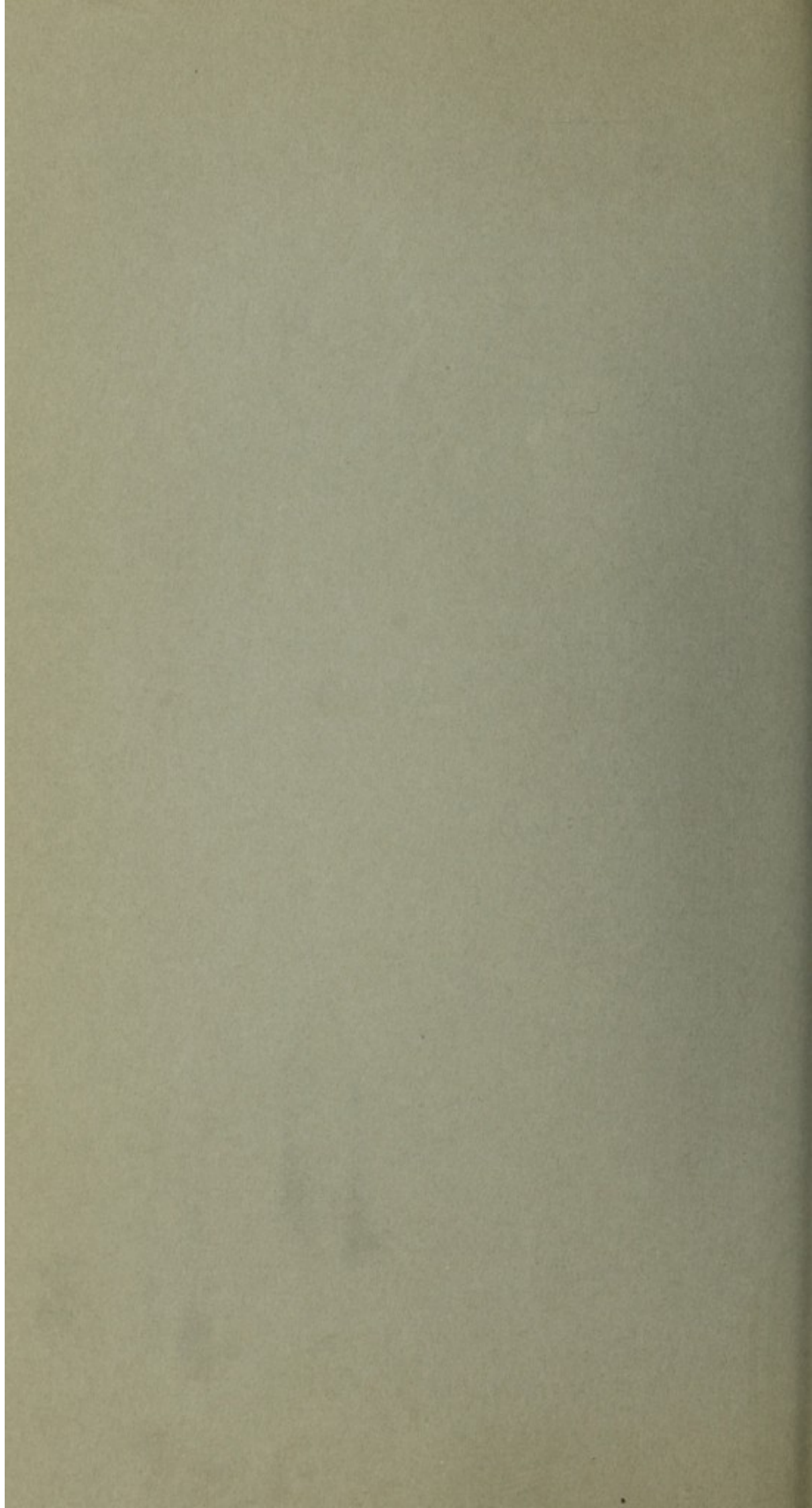
FOR THE

YEAR 1960

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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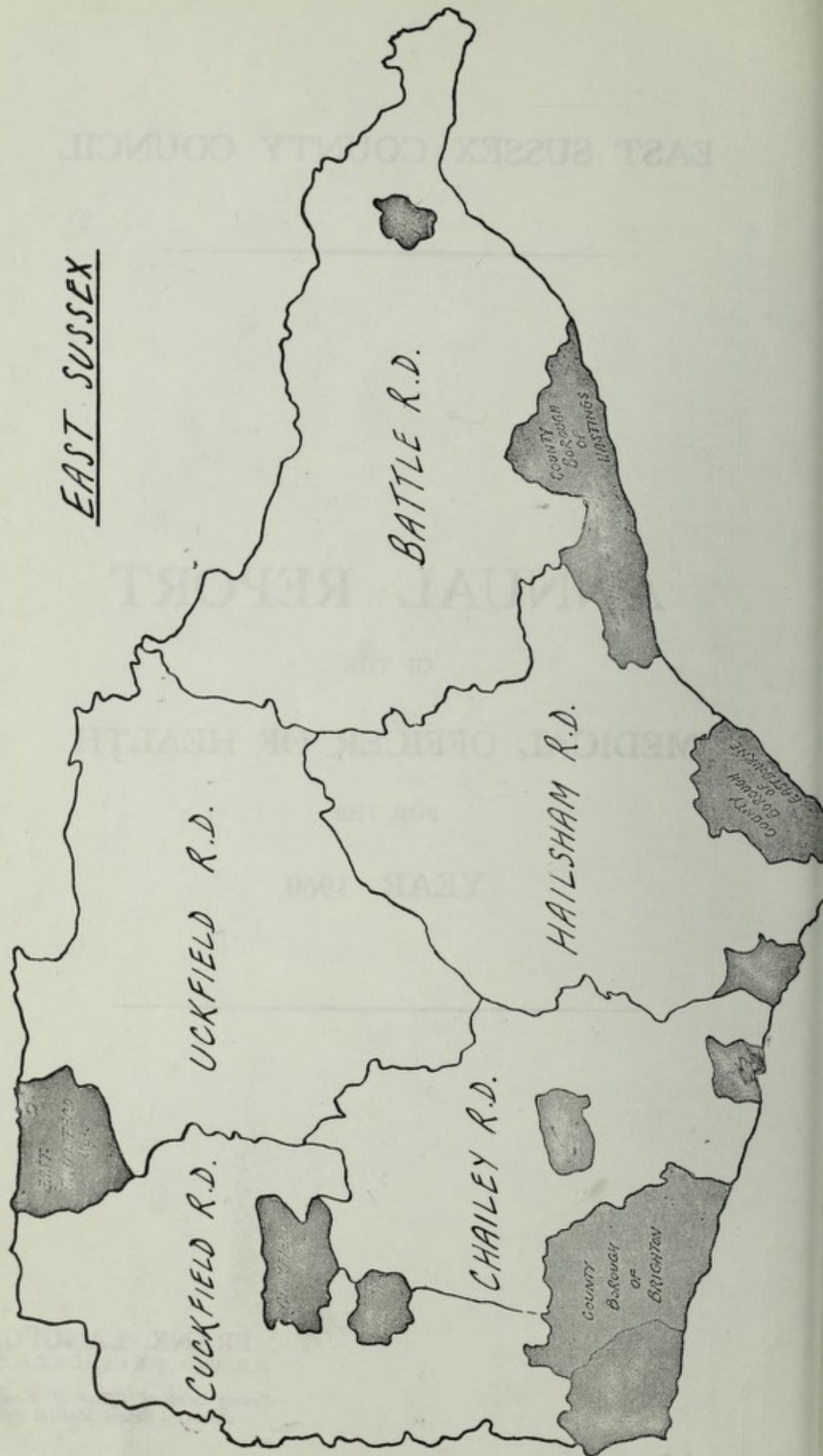
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EAST SUSSEX



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Mr. Chairman, My Lords, Ladies and Gentlemen,

I have the honour to submit the sixty-sixth Annual Report on the Health of the Administrative County of East Sussex, and take this opportunity to answer the very reasonable comment - "Surely November, 1961 is a very long time to wait before seeing a Report on the calendar year 1960?"

The duty is placed on each medical officer of health to make an annual report to the Ministry of Health, containing (according to their directions received by the respective authorities early each year) certain statistical and other information. Many of the particulars given and comments made must depend to a large extent on the figures relating to the year in question, which are prepared by the Registrar-General and are not received here until well on in April, or perhaps even early in May. They then need consideration and some further calculation in my office before the Report, already partly written, may be completed. After this it is passed to the printers in script and the processes of setting up, pulling proofs, correcting them if needed and printing take another six weeks or so. As it is an established practice for the Health and Housing Committee to see the Report (they met this year on 2nd June) before it is placed before the County Council, it is clear that the County Council meeting in November is the earliest at which it is practicable to offer the Report. I do not suggest for a moment that the Registrar-General's office is dilatory, I am sure they are not, just as I am sure the printers are not to blame in any way; I have however to offer my regrets that in this County each year's Annual Report comes into public view eleven months after the end of the year to which it refers.

The Ministry of Health wish to be given, in this Report, a review of "the steps which have been taken to bring to public notice the connection between tobacco smoking and lung cancer." They may well feel anxiety on this point since it has been proved beyond reasonable doubt that heavy smoking, especially of cigarettes, is the cause of nearly all cases of lung cancer and therefore of the enormous increase in the number of deaths resulting from this most distressing condition. During the year 1960 there were 31 deaths from pulmonary tuberculosis, compared with 196 deaths from lung cancer: yet one can hardly look at a hoarding or travel by tube trains in London without being constantly assailed by very skilful and cunningly prepared incitement to start or continue the drug addiction known as smoking. A particularly evil feature is that many of these advertisements are designed in such a way as to appeal to the young of both sexes, who in any case are helped to start by the example of their elders (including doctors) and by automatic vending machines which enable children of any age to obtain cigarettes with no hindrance. According to a letter in "The Lancet" for 29th October, 1960 (which I have not since seen contradicted) the tobacco companies spent £1,000,000 on advertising in 1953 and £5,000,000 in 1959, half of the latter on television: the expenditure in the first quarter of 1960 was 60% greater than that in the first quarter of 1959. It therefore remains a fact, as I pointed out last year, that the amount local authorities can spend can have a negligible effect in stemming the flood.

Our own efforts to bring the matter to public notice are mainly directed to the older children in schools, by means of lectures and talks by School Medical Officers and others, and to meetings of organizations which consist largely or entirely of young people.

It is with great regret that I have to point out that this year's Infant Mortality Rate has risen sharply from last year's record low figure of 13.47 to 18.58, higher

than in any year since 1953 when it was 20.31. Naturally this apparent relapse is as disappointing to me as it must be to the County Council, though it is true to say that such variations are more likely to occur as the rates fall. This has been experienced by neighbouring health authorities who have noted similar rises during 1960 or other individual recent years. Although enquiries are made about every infant death (as well as every maternal death) no significant factor has thus been disclosed which might account for this year's increased rate. Examination of the relevant vital statistics, however, in Table 1, shows an interesting point. During 1960 the number of stillbirths was substantially less than in 1959, whereas infant deaths were more; and it might well be that the increasingly high standard of antenatal care is having the effect of securing that some infants have died after birth, instead of failing to reach this last hazard and being therefore recorded as stillbirths. This cannot of course be the whole answer since if one calculates a "viable infant death rate" upon stillbirths plus deaths up to the age of one year it is still slightly higher (31.81) than in 1959 (30.82); but it appears to be at any rate a point to take into account.

In general however health continues to be satisfactory, and although this is essentially a county of the aged the tremendous amount of building going on and the fine healthy and happy children to be seen everywhere give a reassuring impression of robust progress. Infectious diseases are now seldom of importance and it is hoped that by the time this Report is read the Ministry of Health will have decided to advise that measles, at least, shall be no longer a notifiable disease, and so save time and money.

Our special pre-occupations during the year have been preparation for two changes: firstly, the radical alteration in the way we are to look at and deal with the problems of mental health, in consequence of the Mental Health Act 1959, to which more reference is made in the body of this Report; and secondly, the expected delegation to the Borough of Hove of the greater part of the health services provided there by the health authority under Part III of the National Health Service Acts, in place of the divisional scheme with a county sub-committee of the Health and Housing Committee looking after both Hove and Portslade. A good deal of careful planning in detail will be needed if our friends in Portslade are to continue to receive proper service without feeling they have been "left out in the cold".

I have the honour to be

Your obedient servant,

F. LANGFORD

County Medical Officer of Health

Health Dept.,
County Hall, Lewes.
2th July, 1961.

MEMBERS OF THE HEALTH AND HOUSING COMMITTEE
(as at 31st. December, 1960.)

(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 the 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. L. N. Silverstone.
	Mrs. A. M. Williams.

STAFF OF THE COUNTY PUBLIC HEALTH DEPARTMENT
(including the School Health Service) (as at 31st. December, 1960).

County Medical Officer of Health and Principal School Medical Officer	Frank Langford, M.B., Ch.B., F.R.C.S., L.R.C.P., D.P.H.
Deputy County Medical Officer of Health and Deputy Principal School Medical Officer	R. G. Brims Young, M.B., Ch.B., D.P.H.
Divisional Medical Officer (a)(b)	N. E. Chadwick, M.A., M.D., D.P.H.
Assistant (Administrative) Medical Officer	Ilma B. S. Bingeman, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Assistant Medical Officers	(a) L. A. Collins, M.B., Ch.B., D.P.M., D.P.H. (b) N. Eyles, M.B., Ch.B., D.P.H. (b) Ada Firth, M.R.C.S., L.R.C.P., F.R.C.S. (Ed.) D.P.H. A. P. Gorrie, M.B., Ch.B. (b) R. W. Martin, L.R.C.P., L.M., D.P.H. Margaret B. Parker, M.B., Ch.B., D.P.H. (part-time). (a) J. Petrie, M.B., Ch.B., D.P.H. (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. Janet F. Waugh, M.B., B.S.
Senior Dental Officer	P. S. P. Jenkins, B.Sc., L.D.S., R.C.S.
Dental Officers	E. S. Butt, L.D.S., U. Liverpool. W. Eddings, L.D.S., R.C.S. J. V. Goldie, L.D.S., R.C.S. 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) A. Longden, L.D.S. I. A. M. Mitchell, L.D.S., R.C.S. (part time) 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., BCh., 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)
	R. Mowat, M.B., Ch.B., D.P.M., M.D. (part time)
	J.N. Runes, M.D. (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	H.W.A. Karle, B.A. N.W. Wilkinson, M.A., BEd.
Social Workers (Child Guidance)	Miss J.W. Hasler. Mrs. A.I.C. Pember.
Speech Therapists	Miss M. Allan, L.C.S.T. Miss D. Aylen, L.C.S.T. Mrs. D.E. Back, L.C.S.T. (b) Miss B.J. Bentley, 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. M.T.D., Q.N. Miss G.M. Williams, S.R.N., S.C.M., H.V.Cert., Q.N.
Midwifery Tutor	Miss E.E. Paul, S.R.N., S.C.M., H.V.Cert., M.T.D., Q.N.
Tuberculosis and Geriatrics Health Visitor	Miss M.F. Wheeler, S.R.N., S.C.M., H.V.Cert., Q.N.
Area Nursing Superintendent	(b) Miss I.O. Linton, S.R.N., S.C.M., H.V.Cert., Q.N.
Care Almoner	Miss M.L. Shaw, B.A., A.M.I.A.
County Ambulance Officer	J.W. Limb.
Home Help Organiser	Mrs. I.M. Fouldes.
Deputy Home Help Organiser	Mrs. P. Skiller.
Assistant Home Help Organiser	(b) Mrs. F.E. Dibb.
Mental Welfare Officers	F.P. Candy. Mrs. V.M. Martin. F.P. Bezzina-Martin. C.V. Richardson. A.E. Smith. M.G.W. Ternouth.
Mental Health Social Worker	Miss H.K. Draper.
Home Teachers for Mentally Subnormal Patients	Mrs. R.S. Joyce. Miss A.M. Milner.
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.

GENERAL STATISTICS

The Estimated Population increased from 359,000 in 1959 to 365,300 in 1960.

The crude Birth Rate for the county was 12.82 per thousand of the estimated population (.21 per thousand more than in 1959). The live births in 1960 totalled 4,683 (176 more than in 1959). The number of illegitimate live births in East Sussex was 248 (27 more than in 1959) or 5.30 per cent of the total.

The crude Death Rate was 14.97 per thousand in 1960 as compared with 15.15 in 1959.

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....	14.49	17.1
Corrected Death Rate...	10.93	11.5

The Infant Mortality Rate was 18.58 per thousand live births in 1960, as compared with 13.47 in 1959. The rate for England and Wales was 21.7. The illegitimate death rate was 32.26 per thousand illegitimate live births, as compared with 13.57 in 1959.

The Maternal Mortality Rate was .63 per thousand live and still births, as compared with .43 in 1959.

SANITARY CIRCUMSTANCES

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944/1955.

The schemes for water supplies, sewerage and sewage disposal submitted by district authorities during the year have been limited to the extension of existing services or modification of former schemes, and the following proposals have been examined and reported upon:-

BATTLE RURAL DISTRICT.

Revised schemes of sewerage and sewage disposal for Burwash Common and Sedlescombe areas.

Extension of sewerage systems to Park Wood Road, Ore (Parish of Westfield) and to Watermill Lane, Guestling.

Extension of the Central Parishes Water Scheme to serve Marley Lane, Battle, and Poppinghole Lane, Sedlescombe.

HAILSHAM RURAL DISTRICT.

Seventeen minor extensions to the North Western Parishes Water Scheme.

UCKFIELD RURAL DISTRICT.

Revised scheme of sewerage and sewage disposal for the village of Nutley (Maresfield Parish).

Progress has been made on former schemes as follows:-

In the Battle Rural District a start was made on the scheme for sewerage and sewage disposal for the Brede and Broad Oak areas and the greater part of the Crowhurst village drainage was completed.

In the Chailey Rural District further progress was made on the Peacehaven sewerage and the Newick and Chailey drainage scheme. The drainage of the Telscombe Cliffs area and the village schemes for Rodmell, Kingston and South Heighton, were also completed and a start was made on the Plumpton Green scheme.

In the Cuckfield Rural District the scheme of sewerage and sewage disposal for Fulking village was completed.

In the Hailsham Rural District a start was made on the Alfriston village scheme.

In the Uckfield Rural District a start was made on the extension of the sewerage system to Upper Hartfield and good progress made on the schemes for Maresfield village and Ringles Cross.

The Frant and Wadhurst village schemes were completed.

With the completion of water distribution mains in the North Eastern Parishes of Battle and the North Western Parishes of Hailsham Rural Districts, public mains water supplies became available to all centres of population throughout the county and the general position is considered to be satisfactory.

FOOD AND DRUGS ACT AND MILK AND DAIRIES REGULATIONS

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

Seven Dealer's (Pasteuriser's) Licences were renewed on the 1st January, 1960. 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	No. of Samples	Appropriate Tests	Number of Samples	
			Passed	Failed
Pasteurised	225	Phosphatase Methylene Blue	225	-
			225	-
Tuberculin Tested (Pasteurised)	215	Phosphatase Methylene Blue	212	3
			212	1 (2 invalid)
Totals:	440	Phosphatase Methylene Blue	437	3
			437	1 (2 invalid)

The phosphatase failures occurred in the two dairies using holder type plants; in one case owing to a defective indicating thermometer, and in the other owing to a valve on the cooling system being left open during the pasteurising time.

Examination of Bottles.

In order to determine the efficiency of the methods adopted in the cleansing of milk bottles at these establishments, thirty-eight sample groups of bottles have been examined during the year and three of these failed to reach the standard recommended by the Public Health Laboratory Service. These were attributed to the caustic solution in the bottle washing plants not having been maintained at the correct strength.

Biological Examination of Milk.

The county became an Attested Area in October, 1958, and the risk of tubercle infected milk being sold to the public is now extremely remote. Large scale routine sampling of raw milk supplies has therefore been discontinued and sampling confined to the few supplies which, by reason of their consignment from one area to another, are not subject to regular checking at retailing points.

Within the county there are some 70 sources of raw consumer milk, and from 50 of these the milk (bottled Tuberculin Tested milk) reaches the public through local retail distribution. The remaining 20 supplies serve self-supplying institutions or are distributed only partly or occasionally within the county.

From these, 23 samples were submitted for biological examination and all were reported to be free from tubercle infection.

In one case *Brucella abortus* organisms were isolated and these findings were notified to the Divisional Veterinary Officer and the Medical Officer of the district concerned.

No cases of tubercle infected milk were reported by district authorities during the year.

Specified Areas.

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

The total number of retailers is approximately 300 and supervision of supplies has been continued. During the year no cases of contravention have been found or reported.

On the 1st October, 1960, the Milk (Special Designation) Regulations, 1960, came into operation and placed the responsibility for the licensing of retailers on Food and Drugs Authorities. The new legislation not only simplifies licensing procedure, but enables the general administration and control of milk distribution to be undertaken on a more effective and economical basis.

Milk-in-Schools Scheme.

All the schools participating in this scheme receive pasteurised milk as recommended, with the exception of two private schools which obtain tuberculin tested milk from their own dairy herds.

Supervision of the arrangements has been continued and during the year some 30 of the 56 supplies were checked by sampling. In three cases the milk samples failed the keeping quality test owing to unsatisfactory storage and transport conditions during the hot weather.

The general position is regarded as satisfactory.

INFECTIOUS DISEASES

Infectious diseases showed a marked decline this year, a total of 1934 notifications being received against 7840 in 1959. Measles again accounted for the majority, 797 cases being notified which is a considerable drop from the 1959 figure of 6746. Of the remainder whooping cough showed a slight increase - 323 as against 251 in 1959. Scarlet fever cases amounted to 282 (291 in 1959). There was a slight increase in dysentery cases, 177 as against 76 in 1959, most of these being confined to two areas, but food poisoning amounted to only 23 compared with 30 the previous year. There were 73 cases of pneumonia, a considerable drop from the 179 cases notified in 1959.

I repeat here my comment made in my Report for 1958, that under modern conditions notification of measles serves no useful purpose. During the two years 1959 and 1960 7543 cases were notified and the sum of £943 was therefore paid for notification fees. No medical officer of health would find any difficulty in suggesting better ways to spend public money, whereas no one with whom I have discussed this matter can suggest a good reason for continuing the procedure.

Only one case of poliomyelitis was notified during the year. The patient, a 35 years old woman, had not been vaccinated; she made a good recovery from a non-paralytic attack.

Tuberculosis.

122 new cases of pulmonary tuberculosis were notified during 1960, 3 fewer than in 1959. 47 of these were patients between the ages of 15 and 45. This year the greatest number of notifications for males occurred in those aged between 65 and 75 and for females between 45 and 55 - a slightly different trend from the previous year. Other forms of tuberculosis accounted for 15 cases, but none was under 15 years of age.

At the end of the year there were 2614 notified cases on the Register (2322 pulmonary and 292 non-pulmonary) as compared with 2560 (2262 pulmonary and 298 non-pulmonary cases) in 1959, the increase being caused partly by cases transferred from other areas.

Deaths from tuberculosis in 1960 were as follows -

<u>Pulmonary tuberculosis</u>	<u>Deaths</u>
Urban districts	14
Rural Districts	17
<u>Other Forms</u>	
Urban Districts	-
Rural Districts	2

9 deaths were of patients who had not been notified prior to death.

No. 1 was in a long-stay hospital for many years during most of which period he was known to be tuberculous. By some mishap, however, the notification was omitted.

No. 2 was a man in his 70s who was admitted to a general hospital with broncho-pneumonia. In the short period which elapsed before his death he gave a misleading or inaccurate history of having been x-rayed a number of times at a chest clinic, but owing to the inadequate data it was not possible to check this and make a firm diagnosis before death.

No. 3 was a man who conducted a licensed hotel and had a history of pulmonary tuberculosis years before. As part of the treatment he underwent a lobectomy after which, although sputum-negative and well as far as tuberculosis was concerned, he became more and more short of breath owing to emphysema. His death therefore was not due to active tuberculosis though it was a consequence of this disease.

No. 4 was another man in his 70s, suffering from diabetes, who developed acute lobar pneumonia and died quite quickly. He was not known during life to be tuberculous and the lesion found at post mortem was a circumscribed and partially calcified focus which was probably not significantly related to death.

No. 5 was a man in his late 60s who was admitted to a general hospital for a surgical operation. At this hospital his sputum was cultured, tubercle bacilli being found, and the next month he was transferred to another general hospital for further treatment and died there. No attempt was made, however, to notify the case by any of the several medical men in attendance.

No. 6 was an old man who in the middle of 1959 was admitted to a general hospital on account of a fractured femur; while there he was known to have pulmonary tuberculosis and after discharge was re-admitted in 1960 with serious chest symptoms and thereafter transferred to a chest hospital. He also was never notified by the various people concerned, apparently on the ground that tubercle bacilli were never found in the sputum.

No. 7 was a woman in her 60s who apparently had well marked symptoms for some time but had not mentioned these to any doctor, and her general practitioner only saw her once, on the day he sent her into hospital with broncho-pneumonia. The diagnosis that this was of a tuberculous nature was made at the general hospital where she was first treated and she was thereupon transferred to a chest hospital. Again no notification was made.

No. 8 was an elderly woman who had a variety of distressing conditions and eventually died, primarily of broncho-pneumonia; although "old tuberculosis" was mentioned as a secondary cause on the death certificate, it is improbable that the disease had any important part in the death.

No. 9 was a man of 40 who after a three months history of pain in the chest, cough, sweating and loss of weight was sent into the medical wards of the hospital for investigation. He died in a few days and at post mortem the diagnosis was made for the first time of pulmonary tuberculosis and tuberculous meningitis.

Sleeping Shelters.

In pursuance of the policy to reduce the stock of shelters all occupiers were approached, as a result of which 7 shelters were sold, mostly to the then occupants. There are now only 5 on loan to patients.

Care Almoner's Report.

The reduction in the number of newly notified patients referred to the

Almoner which was mentioned in last year's report has continued. This has made it possible for the Almoner to undertake more intensive case work for certain patients needing extra help.

One case will illustrate this. A family were referred to the Almoner for help and advice as the father had to give up work to undergo treatment both for active pulmonary tuberculosis and for an acute stomach disorder. The man had a wife and five small children dependent on him and was very heavily committed on payments for his house and furniture. His income from sickness benefit and national assistance was approximately half his earnings so many adjustments were necessary to the family budget. During the year the Almoner visited this family 27 times and wrote 85 letters on their behalf. She visited personally eight different statutory and voluntary organisations and raised considerable sums of money both from the Care Committee and other voluntary societies. When the man resumed work after a year's treatment his home was still intact and most of his debts had been paid.

In the autumn of 1960 when it became known that the increased rates for pensions sickness benefit and national assistance would not be in force until April 1961, the Almoner was asked by the Care Committees to check cases of hardship caused by the high cost of fuel. On her recommendation many families were helped with extra coal or with small weekly grants towards the cost of gas or electricity. An oil heater was provided for one patient.

The Almoner was also asked by the Chest Physicians to visit certain patients not on the Tuberculosis Register including a number of men suffering from lung cancer. She was glad to obtain help from the National Society for Cancer Relief for these men and in six cases administered grants for extra nourishment and two special grants to meet debts which were worrying the patients.

HEALTH CENTRES (Section 21)

No action has been taken under this Section during the year 1960.

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22)

(Excluding Hove and Portslade Sub-Committee Area)

Clinic Buildings.

In June 1960 a newly built clinic and centre for health services was opened in Seaford, at long last meeting a need with which, owing to lack of suitable hired buildings, we had been coping less than adequately. It is sited at the effective centre of the groups of population most likely to make use of it and rapidly came into full use. We were highly honoured by the opening ceremony being carried out by the Lady Dorothy Macmillan who - no doubt by favour of the Clerk of the Weather - brought with her one of the few really bright warm days of 1960.

At Newhaven, where we have one of the relatively small clinics built in the late 1930s, it has been found necessary to expand the accommodation by providing a new dental wing, which was also completed and opened in 1960. The site is a cramped one but the new wing is very satisfactory within the physical limitations set on it.

An extension on similar lines though not so cramped for space is

planned for Haywards Heath Clinic, and is expected to be started in 1961. The Clinic at Bexhill will have additional rooms and other improvements in the same year.

Probably the most rapidly growing area in the county is Burgess Hill (the Urban District and immediately contiguous housing) whose population has risen from 8,300 in 1948 to about 14,000 in 1960 and is still growing. The Health and Housing Committee agreed that it would be better in the future to meet the expected need by providing a second clinic building rather than by scrapping the present one and putting up a large central clinic. Enquiries were therefore started in 1960 for a suitable site, preferably in the rapidly growing residential area in the west or north-west of Burgess Hill, which is inconveniently far from the present clinic.

Ante-Natal Clinics.

The "Newhaven" Scheme continued to work satisfactorily during the year at six 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. 593 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, 1960 there were eleven centres conducted directly by the health authority with the assistance of voluntary workers, and 40 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, 1960 with the comparable figures for 1959:

Number of Infant Welfare Centres	Number of children who attended during the year		Total attendances during the year.	
	Under 1 year	1 - 5 years	Under 1 year	1 - 5 years
1959 47	1,690	3,800	16,415	10,063
1960 51	1,859	4,511	15,958	11,402

In addition to the above there were 25 "weighing centres" operating (i.e., without a medical officer being in attendance). 1,217 children made 5,186 attendances. Special sessions for toddlers are held at five of the County Clinics: this practice of holding separate sessions for the 2 - 5 years old group has proved most successful and will be extended to another clinic in 1961.

It has been realized for some time, indeed soon after the beginning of the Child Guidance Service in 1944, that maladjustments often start very early in life and if tackled promptly can be put right surprisingly quickly and easily compared with later on. The Service, which is of course a function of the School Health Service, was therefore thrown open to children under the age of five and also to pupils not attending maintained schools. Members of the Child Guidance teams do advise the staff of Child Welfare Clinics; but while such contacts can be close in towns where a county clinic building exists they are less effective in more rural areas where welfare centres are conducted in modest hired premises. Here we depend much more on the training and understanding of the Health Visitors, who attend refresher courses at frequent intervals and who are ready to refer for advice difficulties met with in their day-to-day work.

Care of premature Infants.

There were 186 premature live births during 1960, 14 more than in 1959. 157 survived the age of 1 month. Special equipment is provided on loan when required.

Distribution of Welfare Foods.

At 31st December, 1960 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 1960; the figures for 1959 are also given.

	<u>1959</u>	<u>1960</u>
National Dried Milk	49,497	45,001
Cod Liver Oil	13,862	13,980
Orange Juice	123,697	117,721
Vitamin A & D Tablets	11,125	11,705

Care of Illegitimate Children.

Hostel accommodation was provided by the health authority during 1960 for 29 unmarried mothers, 8 more than in 1959. Seventeen of the 26 children born during 1960 were placed for adoption, 6 were taken by the mother into her family or otherwise cared for by her, and 3 were placed in the care of the County Council.

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 2 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.

1410 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 schools and continue to be readily accepted. 407 girls entered for the examinations, of whom 44 passed with credit and 314 gained a certificate of proficiency.

Recuperative Holiday Accommodation.

One application was made during the year for a 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 of 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 clinic. As far as possible, regular visits are made to each main centre to provide a continuous service.

The building of the new clinic at Seaford and the new wing at Newhaven both of which were opened in the year under review, gave an opportunity for the provision of really up-to-date surgeries fitted with suitable equipment, including the high speed air turbine drill. The existing clinics are gradually being supplied with similar equipment but suitable treatment premises in the Hailsham and Hurstpierpoint areas are badly needed.

The staffing position remained constant, one officer who left being replaced by the appointment of another, but a lot of time was lost owing to illness, partly offset by the appointment of a temporary part-time dental officer who was fortunately available. 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	102	98	78	43
Children under five	395	295	272	217

B. Forms of Dental Treatment Provided.

	Scalings & Gum treatment	Fillings	Silver Nitrate treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radio Graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant & Nursing Mothers	81	201	22	34	160	38	23	18	7
Children under five	14	669	58	-	274	139	-	-	-

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 52 district nursing associations whose areas cover the whole county. (This number is one less than before owing to an amalgamation). On the 31st December, 1960, the total number of nurses attached to these district nursing associations was 113, of whom 103 were Queen's nurses. These nurses were employed in the following categories:-

65 on full-time generalised duties and 2 on part-time
(i.e., midwifery, home nursing, health visiting and
school nursing)
22 on full-time and 1 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
17 on health visiting and school nursing only

It will be seen from the above that 90 nurses were undertaking midwifery, 84 health visiting and 96 home nursing.

Midwifery.

89 of the nurses undertaking midwifery were qualified to administer inhalational analgesics and during the year 421 of their patients received trichloroethylene and 672 gas and air analgesia. Pethidine was administered to 645 cases. The district midwives attended 1,318 deliveries whilst private midwives attended 14. Medical aid was summoned in 618 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.

62 cases of puerperal pyrexia were notified, 30 occurring on the district, and 32 in hospitals. Very few of these were of any clinical importance.

Maternal Deaths.

During the year two maternal deaths occurred which were attributable to the county apart from Hove. The first was a primipara whose full-time labour, in hospital, was prolonged; an examination under anaesthesia was carried out and was immediately followed by Caesarean section. Unfortunately the patient collapsed and died when coming round from the anaesthetic. The immediate cause of death was the inhalation of stomach contents. The stomach contained far more undigested food than could reasonably be accounted for by what she had been given in hospital; and she was, moreover, a very anxious and not very easy patient.

The other patient, who was in her sixth pregnancy, had very good ante-natal care by her own doctor and by a maternity hospital acting jointly, preparatory to a hospital confinement. At about full time she was admitted to the maternity hospital and was delivered the same day. Haemorrhage occurred, some apparently in the liver, and operation confirmed that among other signs of sudden acute toxæmia there was a large haemorrhage under the capsule of the liver. Although this was dealt with the patient died four days later. It is not possible to class this death as anything but "unavoidable".

The infant mortality rate for 1960 was 18.58 per 1,000 live births. In 1959 the rate was 13.47, our lowest figure up till now, and it is, most disappointing to suffer this relapse. Although the rate for England and Wales was 21.7, also the lowest figure recorded yet higher than our figure for this year, I can but hope that this sudden rise is a fortuitous one which will be confined to this one year.

Part II Midwifery Training.

The Part II Training School continued satisfactorily during the year. Of 51 pupils admitted for training, 34 passed their examination and 1 failed; 16 were still in training at the end of the year.

Health Visiting.

82 of the 84 nurses undertaking health visiting duties were qualified Health Visitors whilst the remaining 2 had been granted dispensation under the National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations 1948. The number of health visits to children under 5 years of age increased from 72009 in 1959 to 76055 in 1960. Visits to expectant mothers fell from 4041 in 1959 to 3436 in 1960. "No access" visits (12518) are not included in the above figures.

The Health Visitors continued to deal patiently with all the problems concerning the elderly. Some of these problems are resolved by re-housing or by removal to hospital or Old Persons Homes or to relatives. In the latter cases notes concerning the patient are always sent on to the appropriate Health Authority in order that the new Health Visitor may call if so desired to offer any advice or assistance.

Many difficulties are caused by the old persons themselves refusing to move from their home even when its upkeep is beyond them. Often vacancies have been offered in the Council's homes for the elderly only to be refused at the last minute. There is always the possibility of compulsory removal under Section 47 of the National Assistance Act 1948, but most medical officers are very reluctant to take this step unless there is real danger to the old persons concerned and/or to the community. Many persons who do enter Homes settle down very contentedly once the initial upheaval is over.

Tuberculosis health visiting, including attendances 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.

Liaison with the general practitioners in the county and with hospitals (both through the general practitioners and directly) are very satisfactory, since they are based on a courteous recognition that all three main branches of the service have their own duties and responsibilities, best carried out and met in cooperation. Two general practitioners are members of the Health and Housing Committee, the County Medical Officer of Health is a member of the Local Medical Committee, of three Medical Advisory Committees of hospitals groups, and is chairman of the Local Obstetric Committee, thereby maintaining close personal connections with a large number of the medical profession serving this county. It is, moreover, firmly established policy to refer any patient such as one at a clinic, to the family doctor rather than arrange direct for treatment which appears to be needed; and on their side, the family doctors and hospital consultants are extremely helpful when their advice is sought. The Health Visitors, also, are well received, and by these various contacts and the knowledge of the various county services the pressure on the hospitals is reduced as much as possible. In spite of the staff shortages which most of them experience the hospitals are very good in notifying discharges of children who could be nursed

at home or who need after-care.

Home Nursing.

The 96 home nurses paid 174762 visits to 9392 patients, 4930 of the latter being over 65 years of age. Owing to an increase in requests received by the Queen's Nursing Sisters for help with the dressing and undressing of chronically ill or aged persons living alone or in hotels or boarding houses, an approach was made during the year to the British Red Cross Society and to the Order of St. John of Jerusalem to see whether their members could help in this work. The suggestion was welcomed by both bodies and the Queen's Nursing Sisters now contact the voluntary members direct when such assistance is needed.

Administration.

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.

VACCINATION AND IMMUNISATION (SECTION 26)

Reference was made in the Report for 1959 at page 17, to the centralisation of records and administration of the immunisation and vaccination service of which we have now completed the first full year. This rearrangement is now well established and the figures for the year 1960 show that the work has not suffered: indeed, it will be seen that the figures compare very favourably with those for 1959 in spite of the continued "crowding" of any child's immunisation programme occasioned by injections against poliomyelitis. For diphtheria immunisation the rise in the case of children under the age of one year, from 35.73% to 40.35% and from 86.58% to 87.58% for the 1 - 4 year age group is particularly satisfactory, since protection early in life is so important and yet is not so easy to arrange. Our friends in the county districts, therefore, may rest assured that the work with which they used to be more closely associated has not suffered from centralisation. The full figures can be seen in Table VIII of the Appendix to this report.

In addition to the above work of providing primary immunisations a record total (excluding Hove and Portslade) of 10,152 reinforcing injections had the satisfactory effect of raising the immunity index, shown in Table VIII, by 9.56 points above that of the previous year, to 68.24. As we still use combined triple antigens the majority of those receiving primary immunisations are protected against whooping cough and tetanus.

It is expected that a similar total of reinforcing injections will be attained next year, before reverting to the normal annual rate of about 6,500, with the arrangements to bring fully up-to-date the immunisations at independent schools. Attention was concentrated on this aspect from the autumn term and Principals of the schools concerned co-operated to the utmost, some distributing questionnaires to parents with the end of term reports. Good relations are also enjoyed in arranging visits to independent schools for B.C.G. vaccinations and opportunity is taken on the receipt of details of immunisations of pupils at independent schools to ensure that poliomyelitis vaccination has been undertaken.

An unexpected but welcome effect of the campaign for poliomyelitis vaccination was that it once more drew the attention of parents to the continuing need for immunisation against diphtheria, with a resulting increase in applications. Judicious reference to recent minor outbreaks of diphtheria reinforced this effect and made even some previously reluctant families "see the light".

The Health Visitors successfully continued the campaign for immunisation of infants in their respective areas, taking the special opportunity during the ante-natal and post-natal periods to encourage mothers to take advantage of the facilities available. Their drive and ability to arrange attendance at clinics or willingness, where required, to help family doctors to collect suitable numbers of patients have certainly contributed to the result. Twenty immunisation clinics were in existence at the end of the year, six of these also offering smallpox vaccination.

District Medical Officers and School Medical Officers undertook immunisations at schools and the link-up of these sessions with periodic medical inspections has proved its worth in reducing the number of interruptions to the school curriculum. Central arrangements for the keeping of records for all immunisations and vaccinations depend on the submission of these by family doctors and health visitors and obtaining information from other local authorities regarding new entries to the county. Arrangements for reinforcing injections to be given at schools or clinics are made as appropriate.

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. The practice has been adopted of writing periodically to family doctors to give them new or useful information. Those general practitioners acting as school doctors to independent schools, whilst remaining responsible for immunisations at their schools, have nearly all welcomed the administrative help given in keeping pupils' immunisations up to date.

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 doctor has played no small part.

Smallpox Vaccination:

During 1959 East Sussex had one of the highest acceptance rates in English counties. Details of the number of persons vaccinated in the several districts of the county are given in Table VII in the Appendix to this report, showing that the number vaccinated was 96 more than during the previous year.

Poliomyelitis Vaccination:

From February 1960 poliomyelitis vaccination became available free to all up to the age of 40, every expectant mother, almost all connected with the medical and dental services and people who have made arrangements to go abroad other than to Europe, Canada or the United States of America. A second, independent, scheme was instituted by the Ministry of Health from December allowing general practitioners to vaccinate people outside the priority groups with vaccine obtained on prescription from local chemists.

Throughout 1960 successive campaigns to encourage the response to the offer of poliomyelitis vaccination were waged. The first of these provided for a printed message about the scheme, issued through the schools in January, to be taken home by all school children. Following the extension of the scheme in February arrangements were made for a wide distribution of posters, and starting with editorial reports and advertisements in the local press in June, the Women's Voluntary Service arranged for a "street-to-street" hand-out of some 10,000 leaflets to members of the general public. Over the period of this activity the monthly totals of new applicants for the 26-39 age group (excluding Hove and Portslade) were: February 387, March 808, April 783, May 863, June 882 and July 875. In addition to these applicants an encouraging rise was noted in applications from the "established" age groups, i.e., the children and young persons. Comparing the figures for the first six months with those received in a similar period when vaccination was first offered to the young person age group (15-25 years) it was gratifying to find that the rate of applications was slightly more than doubled. Towards the end of August and in September volunteers of the two First Aid Societies arranged, where permission was granted, to display posters and issue leaflets at main shows and public functions. For four days in September the county received the loan of a mobile vaccination unit and certain staff supplied free of charge by one of the manufacturers of poliomyelitis vaccine. The unit gave a total of 707 injections, 437 of which were in the 26-39 age group.

In October 9 County District Councils included printed slips with their half-yearly rate demands, resulting in 526 new applications in all age-groups being received. Three County District Councils whose rate demands are made on an annual basis will include the slips about the scheme with the demands to be issued in April 1961.

In the course of the year general practitioners continued to carry out a large number of vaccinations for which they received a free issue of vaccine and payment of 5/- for each approved record card submitted.

At the 31st December, 1960, the percentages of second injections to estimated population for each of the three age-groups laid down by the Ministry of Health were:-

	$\frac{1}{2}$ - 17	18 - 27	28 - 39	$\frac{4}{5}$ - 39
	<u>years</u>	<u>years</u>	<u>years</u>	<u>years</u>
East Sussex	72.2	32.0	12.4	45.1
East Sussex but excluding Hove and Portslade	77.2	32.9	13.8	48.1

95,358 East Sussex residents received two injections as at 31st December, of which number 78,263 had completed the full course of three injections each.

B.C.G. Vaccination.

A full programme was again undertaken to vaccinate all children of thirteen years of age and over, attending local education authority and independent schools throughout the county. The scheme also included students attending further education establishments. The freeze-dried vaccine was again used, and found to be very satisfactory, causing no unusual complications. Preparatory Mantoux testing was carried out, using 1 in 1000 P.P.D. Only 13% of the children were positive reactors, the lowest figure so far recorded in this county, which is one indication of the gradual decline of tuberculosis as an infectious disease in this country. All the positive reactors were x-rayed by arrangement with the county chest physicians, as a result of which 21 are still under observation, and one child was notified as a case of pulmonary tuberculosis and admitted immediately to hospital.

A small proportion of the children who were vaccinated in 1959, were Mantoux tested approximately one year later in 1960, and 95.7% of these were found to be positive reactors. This small amount of "reversion" is very satisfactory for various reasons, one being that the freeze-dried preparation is much more convenient administratively.

Statistical Summary relating to B.C.G. Vaccination of School Children since October 1957

	1957 (From Oct.)	1958	1959	1960
Number of Schools visited	22	91	80	84
Number of children eligible	1446	4394	4661	4872
Number of parental consents	1147 (79.3%)	3420 (77.8%)	3627 (77.8%)	3785 (77.7%)
Number of children Mantoux tested	1084	3092	3362	3533
Positive reactors	221 (20.4%)	620 (20%)	522 (15.5%)	462 (13%)
Negative reactors vaccinated	838	2555	2738	2983

In addition to the 2983 school children listed above 477 contacts received B.C.G. vaccination. This brings the total vaccinated in the County since 1950 to 12439.

AMBULANCE SERVICE (SECTION 27)

The County Ambulance Service is operated by two directly controlled ambulance stations, ten belonging to the voluntary agencies, and the Hospital Car Service which carries sitting patients who do not require the help of more than one attendant; the service continues to carry out its many functions satisfactorily and the disposition of the vehicles and personnel of the voluntary and directly operated ambulance stations as at 31st December 1960 was as follows:

DIRECTLY OPERATED

<u>Depot</u>	<u>Full time personnel</u>	<u>No. of Vehicles</u>
Hove and Portslade	17	8 Ambulances (including 3 dual purpose vehicles)
Seaford	2	1 Ambulance

VOLUNTARY AGENCIES

<u>Depot</u>	<u>Full time personnel</u>	<u>No. of Vehicles</u>
<u>St. John Ambulance Brigade</u>		
Battle	3	2 Ambulances
Bexhill	5	3 Ambulances
Hailsham	3	2 Ambulances (including 1 dual purpose vehicle)
Lewes	5	4 Ambulances (including 1 dual purpose vehicle)
Rye	3	2 Ambulances (including 1 dual purpose vehicle)
<u>British Red Cross Society</u>		
Crowborough	2	2 Ambulances
East Grinstead	3	2 Ambulances (including 1 dual purpose vehicle)
Haywards Heath	7	3 Ambulances (including 1 dual purpose vehicle)
Uckfield	2	1 Ambulance
<u>Newhaven & District Nursing Association</u>		
Newhaven	2	1 Ambulance

The dual purpose type ambulance mentioned in the summary is one that can carry several sitting patients where help is needed to lift or assist them into the vehicle both at home or after their treatment at hospital, and at the same time the interior can be altered to accommodate a stretcher case in an emergency

The Haywards Heath ambulance station, which has now centralised the two areas previously covered by the Haywards Heath and Hurst-perpoint depots, is operating satisfactorily, and the Hove and Portslade depot is coping efficiently with the bordering parishes of Fulking, Poynings, Newtimber and Pyecombe.

As mentioned in my last report, this composite service is dependent 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 Bexhill Ambulance Station, which was operated by a local garage for the St. John Ambulance Brigade, has now been taken over by this body, and five full time staff are employed to operate the ambulances. The accommodation for the staff and vehicles at both the Bexhill and East Grinstead Stations is not all that could be desired and I have obtained the co-operation of both the County Planning Officer and the County Architect in trying to resolve the situation with a view to obtaining, eventually, new premises at each of these towns.

The help given by volunteers of the voluntary associations is still being maintained during the evenings and I am very pleased to report that 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 44 hours per week during the day-time, after which stand-by arrangements are operated by the two full time drivers at their homes.

The facilities made available by the County Surveyor for re-fuelling ambulance vehicles are in operation at Lewes, Haywards Heath, Battle and Hailsham, and continue to operate very efficiently. As the County Surveyor's depot at Cuckfield is likely to be moved away, arrangements have been made for a petrol pump to be installed at the Haywards Heath Ambulance Station. These re-fuelling facilities are also available to long distance ambulance vehicles from other local health authorities bringing cases into this area.

There is close liaison between this authority and the Brighton, Eastbourne and Hastings authorities whereby returning empty ambulances are used for patients discharged from hospitals in these towns; the cost of the transport of quite a large percentage of these cases would otherwise fall on this authority in any case under Section 24 of the National Health Service (Amendment) Act 1949. The use of returning empty vehicles is also offered to other authorities when ambulances convey patients on long distance journeys to other areas, and these authorities are informed - if possible in advance - and reciprocal arrangements are offered to this authority. No charge is made for this service except where excess mileage is performed off the normal return journey, and advantage has been taken of these facilities both by this and other authorities.

With the exception of a few parishes in close proximity to Crawley, Eastbourne, Hastings and Tunbridge Wells, which are covered by ambulances from those towns, the whole of the administrative area is covered by the twelve ambulance stations, which operate a total of 31 ambulances. When emergency calls are received on the county boundaries, the nearest ambulance depot deals with the calls irrespective of the local health authority's area, and no financial adjustment is made when the emergency is a street accident or illness in the street.

Arrangements have also been made with adjoining authorities for help in the event of serious major accidents occurring in the area, and similarly

we have agreed to go to the assistance of adjoining authorities if required.

During the year, one large two-stretcher type ambulance at Crowborough was replaced by a similar type Bedford-Lomas ambulance; there have been a number of improvements in the body of this vehicle which is now rubber mounted on the chassis to minimise the vibration and shock to patients carried on the stretcher: also, the use of fibre glass in the construction of the roof and doors reduces the weight of the body. Modifications and experiments are still being made by the manufacturers of this model to improve the springing and easy running of the vehicle, in conjunction with the body builders, and this type of ambulance is considered very comfortable for patients especially when travelling long distances. The use of the smaller dual purpose type ambulances in the county has been justified and they have been found most economical in use, especially where a sitting patient could not be accommodated in a sitting car owing to help being needed to lift this type of patient, for example the patient who has a plaster support on a leg fracture.

Train travel as part of ambulances or car/train transport of patients is still on the increase; during the year under review a total of 599 patients have been sent by rail some 46909 miles and I have received letters of appreciation from patients about the comfortable journeys undertaken. This type of transport has been found less tiring than a long journey all the way by road in an ambulance or car, and the journey is completed, sometimes, in practically half the time. Another point in favour of this type of journey is the fact that an ambulance or car is not sent away from the area for many hours at a stretch as would be the case if patients travel a long distance by road. A seat or even a whole compartment is reserved for the patient and an escort from one of the voluntary agencies is sent if required to attend to the needs particularly of a stretcher patient. The assistance given by the British Railways is greatly appreciated and I would also like to thank the Chief Ambulance Officers of London and other local health authorities for their co-operation where patients have to be transferred from one train to another: sometimes from one railway terminus to another as in the London area.

I would like to mention the help and co-operation received from Mr. C.H.E. Bath, the County Organiser, in the efficient running of the Hospital Car Service. This service, during the past twelve months, has run just short of a million miles, often under very trying conditions; and for maintaining this very high standard of efficiency and voluntary help to the community I offer my thanks and appreciation to Mr. Bath, his Area Transport Officers and all the voluntary drivers in his service.

The co-operation between the hospitals and doctors continues and I am pleased to report that ambulances are not ordered for transport unless absolutely necessary. Journeys not covered by the definition set out in Section 27 of the National Health Service Act, 1948, such as journeys between one private address and another, are usually dealt with by the voluntary bodies, outside the busy periods and without charge to the authority. Payment for such transport is made to the St. John or Red Cross Division undertaking the journey. There have been less than a score of these during the year.

In order to maintain a high standard of first aid and efficiency in the conveyance of patients, this authority has run a County Competition annually for the past several years and teams consisting of a driver and attendant are invited from all the ambulance stations. The competition has been keen between the depots which have competed and the points gained by the teams were very close. The winning team of the County Competition was Lewes (St. John Ambulance Brigade) followed closely by East Grinstead (British Red Cross Society) and the

third Hailsham (St. John Ambulance Brigade). The Lewes team competed in the Regional Competition at Brighton and were runners up gaining the Lomas shield. The winners (Brighton) on this occasion subsequently won the National All England Trophy. These competitions are encouraged by the Ministry of Health and increase the first aid efficiency of ambulance crews who also get new ideas and techniques watching teams from other districts.

Dr. Brims Young, my Deputy and the County Ambulance Officer have given much of their spare time judging local and national competitions and have given advice and assistance in peacetime "disaster exercises" in which members of the Ambulance Service take part.

A good deal of experimental work has been done during the year with a view to establishing radio control of the Ambulance Service. Some difficulty has been experienced in certain areas in receiving signals but surveys carried out from sites at Caldbec Hill, Battle, kindly organised by the Battle R. D. C. have shown that the cover provided can be greatly increased. Negotiations are going on also for a site for an aerial and mast in the Devil's Dyke Area and it is hoped that radio control of the service will become operative during 1961 and thus help to stabilize the increasing mileage which has been predominant during the last few years.

I would like, in conclusion, to add my thanks to the Chief Constable and Chief Fire Officer for the co-operation existing between their staffs in dealing with the receiving and passing on of urgent telephone calls and for their help when assistance has been required at accidents. This co-operation between the emergency services is greatly appreciated.

I give below an analysis of the statistics relating to the running of the service and it will be seen, as experienced by other local health authorities, that a peak demand has not yet been reached, mainly owing to the shorter periods of treatment at the main hospitals; patients are now only kept for a few days in hospital after operation and are returned for examination at intervals by ambulance transport.

OPERATIONAL STATISTICS

(not including Hove and Portslade)

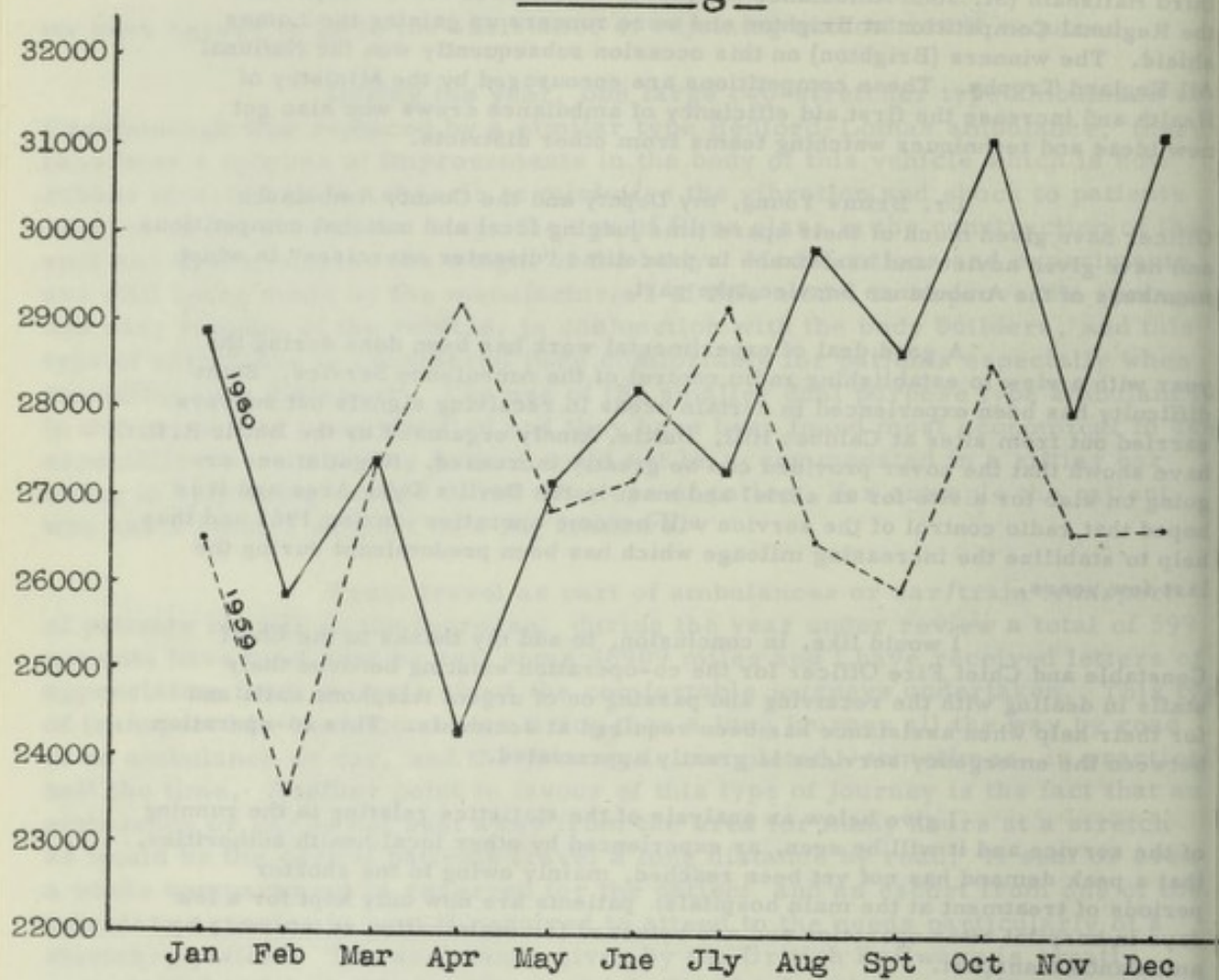
	<u>Ambulances</u>		<u>Cars</u>	
	<u>1959</u>	<u>1960</u>	<u>1959</u>	<u>1960</u>
Patients	22,348	22,992	118,432	124,692
Mileage	323,542	338,834	953,373	987,887

MONTHLY FIGURES FOR 1960

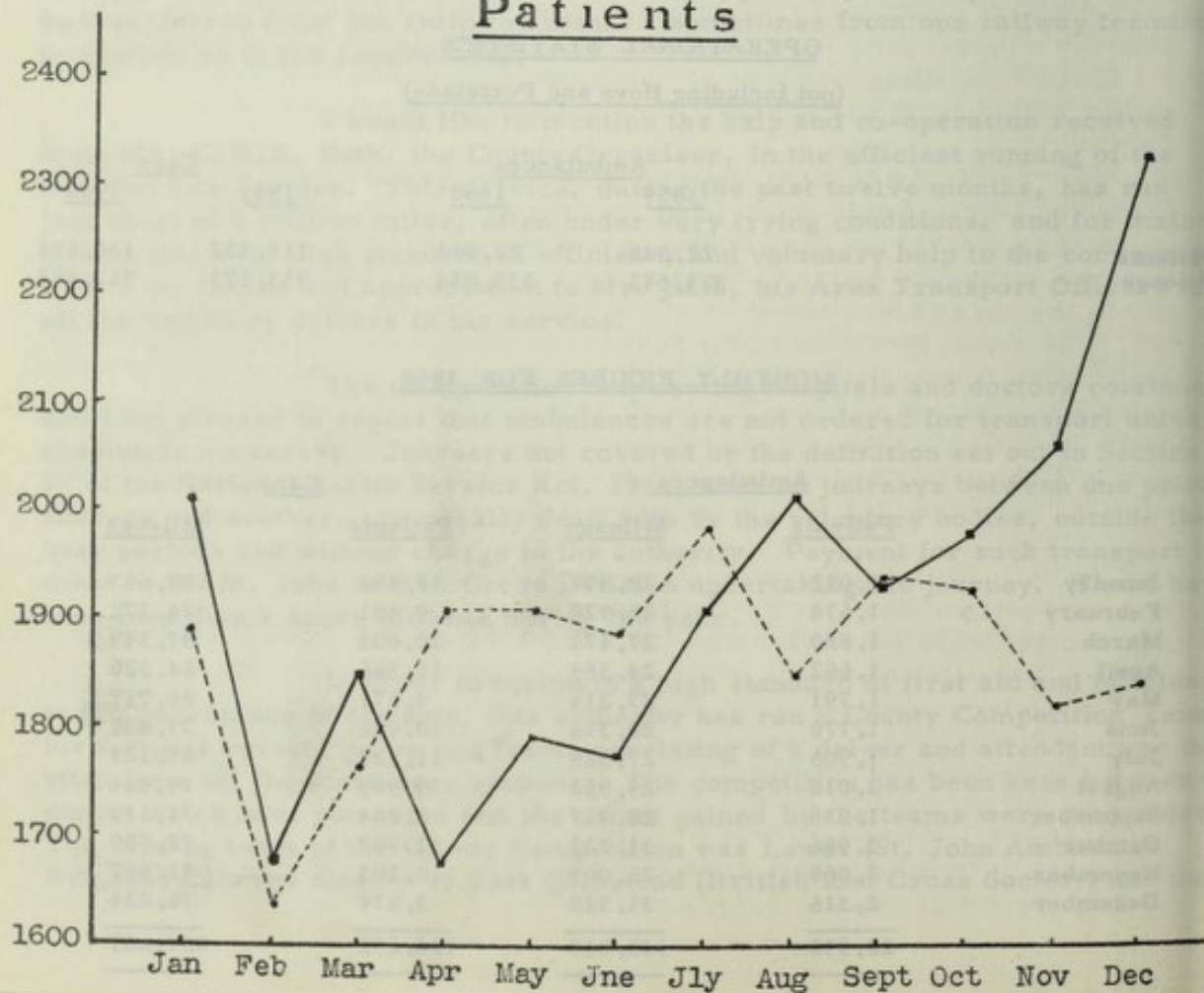
	<u>Ambulances</u>		<u>Cars</u>	
	<u>Patients</u>	<u>Mileage</u>	<u>Patients</u>	<u>Mileage</u>
January	2,012	28,977	10,482	89,643
February	1,674	25,970	9,861	74,172
March	1,850	27,473	10,004	87,349
April	1,662	24,353	11,586	84,320
May	1,791	27,214	9,871	80,717
June	1,770	28,314	10,902	73,838
July	1,906	27,328	11,327	85,121
August	2,012	29,952	9,909	79,444
September	1,936	28,717	8,864	71,113
October	1,986	31,221	11,909	92,029
November	2,068	28,005	10,103	91,917
December	2,316	31,310	9,874	78,224
	<u>22,992</u>	<u>338,834</u>	<u>124,692</u>	<u>987,887</u>

AMBULANCES

Mileage

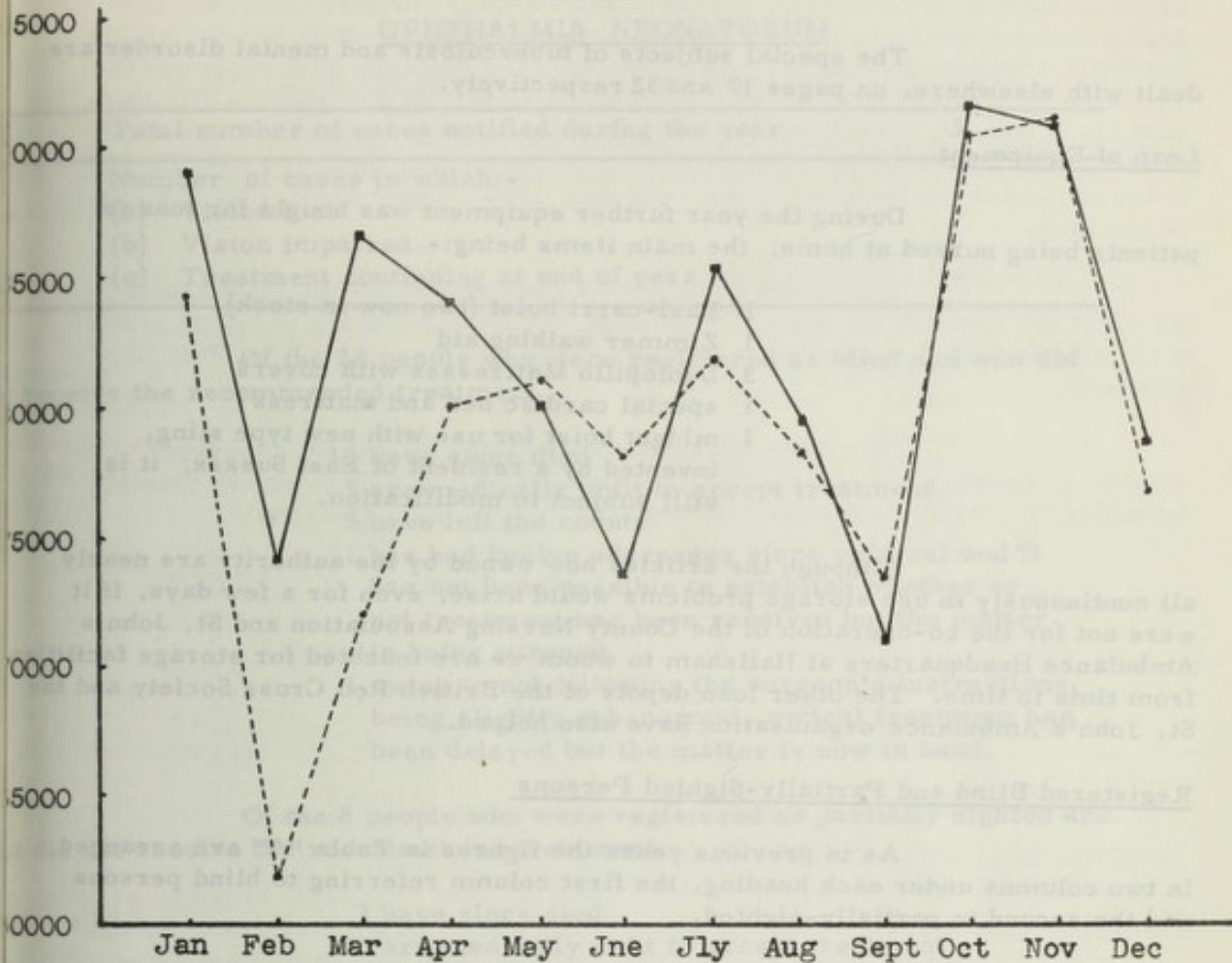


Patients

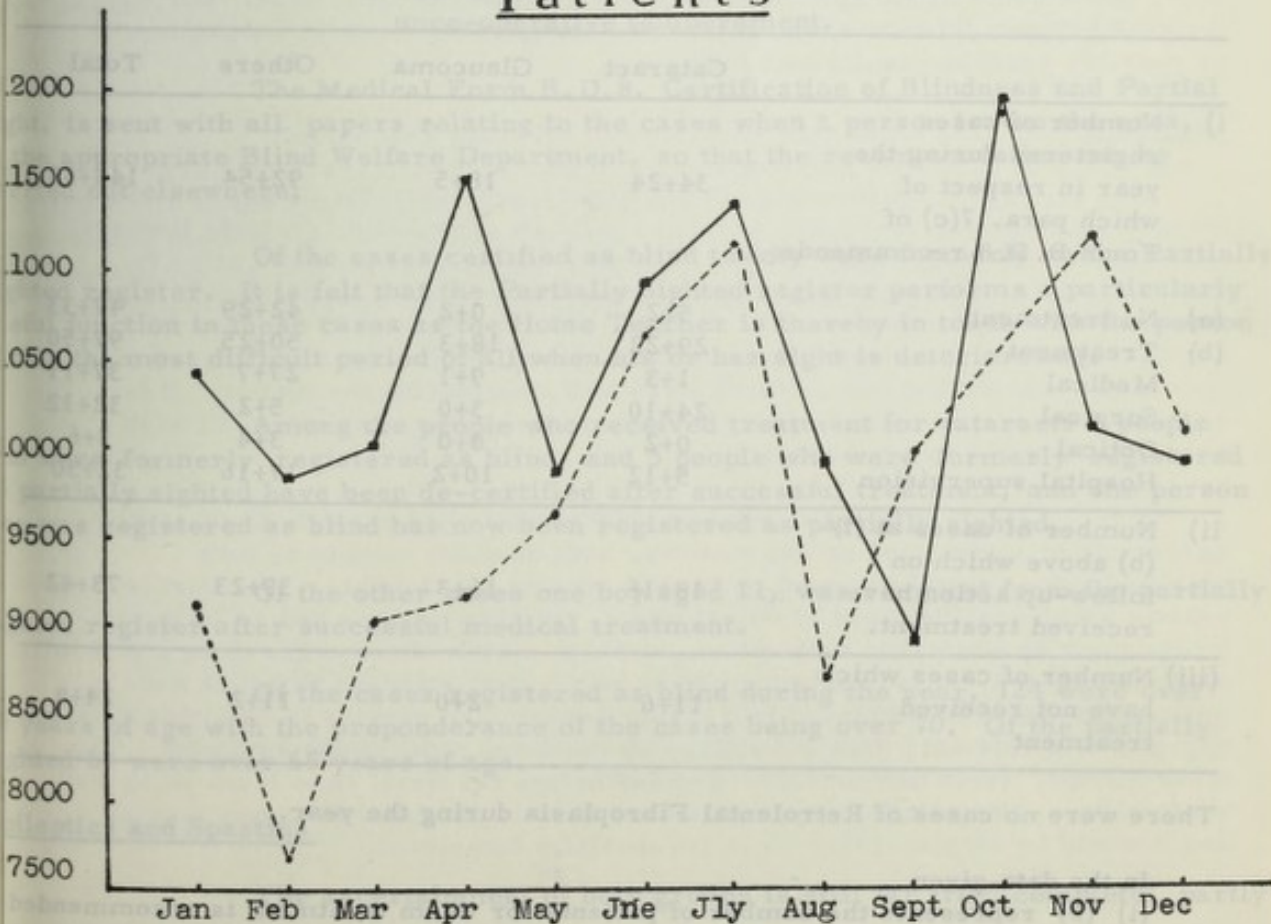


SITTING-CASE CARS

Miles



Patients



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

The special subjects of tuberculosis and mental disorder are dealt with elsewhere, on pages 10 and 32 respectively.

Loan of Equipment

During the year further equipment was bought for loan to patients being nursed at home; the main items being:-

- 1 Easi-carri hoist (two now in stock)
- 1 Zimmer walking aid
- 3 Dunlopillo Mattresses with covers
- 1 special cardiac bed and mattress
- 1 midget hoist for use with new type sling, invented by a resident of East Sussex; it is still subject to modification.

Although the articles now owned by the authority are nearly all continuously in use storage problems would arise, even for a few days, if it were not for the co-operation of the County Nursing Association and St. John's Ambulance Headquarters at Hailsham to whom we are indebted for storage facilities from time to time. The other loan depots of the British Red Cross Society and the St. John's Ambulance organisation have also helped.

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.

TABLE A

	Cataract	Glaucoma	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+24	18+5	92+54	144+83
(b) Treatment				
Medical	5+2	0+2	42+29	47+33
Surgical	29+22	18+3	50+25	97+50
Optical	1+3	9+1	27+7	37+11
Hospital supervision	24+10	3+0	5+2	32+12
	0+2	0+0	3+4	3+6
	5+12	10+2	17+16	32+30
ii) Number of cases at (i) (b) above which on follow-up action have received treatment.	18+16	16+3	39+23	73+42
(iii) Number of cases which have not received treatment	11+6	2+0	11+2	24+8

There were no cases of Retrolental Fibroplasia during the year.

In the data given

(i) (b) represents the 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	3
(ii) Number of cases in which:-	
(a) Vision lost	-
(b) Vision impaired	-
(c) Treatment continuing at end of year	-

Of the 24 people who were registered as blind and who did receive the recommended treatment

- 13 have since died
- 5 are medically unfit to accept treatment
- * 5 have left the county
- 1 has had twelve addresses since referral and it has not been possible to establish whether or not treatment has been received but the matter is being pursued
- 1 owing to not following the surgeon's instructions, being slightly sub-normal, optical treatment has been delayed but the matter is now in hand.

Of the 8 people who were registered as partially sighted and who did not receive the recommended treatment.

- 3 have since died
- 2 are medically unfit to accept treatment
- * 2 have left the county
- 1 refuses treatment - a woman of a difficult and unco-operative temperament.

The Medical Form B.D.8, Certification of Blindness and Partial Sight, is sent with all papers relating to the cases when a person leaves the area, to the appropriate Blind Welfare Department, so that the recommendation can be carried out elsewhere.

Of the cases certified as blind twenty were formerly on the Partially Sighted register. It is felt that the Partially Sighted register performs a particularly useful function in these cases as the Home Teacher is thereby in touch with the person during the most difficult period of all when his or her sight is deteriorating.

Among the people who received treatment for cataracts 4 people who were formerly registered as blind, and 5 people who were formerly registered as partially sighted have been de-certified after successful treatment, and one person who was registered as blind has now been registered as partially sighted.

Of the other cases one boy aged 11, was removed from the partially sighted register after successful medical treatment.

Of the cases registered as blind during the year, 124 were over 6 years of age with the preponderance of the cases being over 70. Of the partially sighted 63 were over 65 years of age.

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.

<u>Age Range</u>	<u>Spastics</u>	<u>Epileptics</u>
Under 5	16	5
5 - 15	29	23
Over 15	112	93
	<u>157</u>	<u>121</u>

121 Epileptics (85 on Mental Health Register)

157 Spastics (128 " " " " ")

Phenylketonuria

The Health Visitors do their best to test the urine of every infant between the ages of three and six weeks, at least once. During the year between three and four thousand such tests were made, no positive or possibly positive results being obtained.

Chiropody

As intimated in my Report last year, the County Council decided that a county chiropody service should be provided by granting financial assistance to voluntary bodies doing this work but be limited to the priority classes - old people, expectant mothers and the physically handicapped. The voluntary bodies were approached in June 1960. By the end of the year 32 organisations were receiving financial assistance, 6 preferred not to participate in the scheme and two or three were still considering the matter. It is expected that as new voluntary organisations take up the work they will wish to take part in the county scheme.

At 31st December 1960 no news had been received of any agreement or instruction on two matters, both of which need to be fully clarified before an unhampered chiropody scheme can develop. The first is, exactly which qualifications of chiropodists, training courses and so forth can be accepted by employing authorities, in which matter there needs to be a generally applied standard. It is unsatisfactory to have a dual standard by which a chiropodist who cannot be employed in a directly-conducted service is still able to be engaged by a voluntary body subsidised by the same local health authority. The other matter, which can hardly be decided before the first, is to issue an agreed scale of fees. Negotiations appear to have been in progress for many months and it would be helpful if they were successfully completed.

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

During the twelve months from 1st January to 31st December, 1960, 2410 Householders were provided with Home Help, using 335409 hours, classified as follows:-

	<u>1960</u>		<u>Comparative Figures for 1959.</u>	
	<u>Cases</u>	<u>Hours</u>	<u>Cases</u>	<u>Hours</u>
Maternity	607	46194	581	45262
Tuberculosis	42	10812	38	11949
Chronic Sick	434	93971	264	68906
Old Age	802	129049	656	112027
General	525	55383	596	69786
	<u>2410</u>	<u>335409</u>	<u>2135</u>	<u>307930</u>

833 cases were continued into 1961, classified as follows:-

Tuberculosis	27
Chronic Sick	305
Old Age	395
General	106

The demand for help for the chronic sick and the aged continues to increase and it is clear that once patients in these categories are taken on the books because there is a need, it will seldom be possible to remove them. The table above shows that during one year the cases of chronic sick and old age increased by one third and the hours of service given to them increased by almost one quarter.

V.S.

During this year the Service has been most ably supported by V.S. Centre Organisers, some of whom have appointed members to carry out routine visits to the Home Help cases, thus relieving the Area Specialists and maintaining the interest in the Service as a Centre activity. The relationship with the V.S. during the last two years has been most cordial and thanks for this are due to the excellent team spirit which the County Organiser has succeeded in establishing.

Mental Health (Sections 28, 50 and 51).

(Including Hove and Portslade Sub-Committee Area)

In my Report for 1959, at P.28, there was a brief summary of the steps intended to be taken by the authority to meet their obligations under the Mental Health Act, 1959. A print of the Proposals as approved by the Ministry of Health is included in this year's Report; they were prepared in the light of the following considerations.

Firstly, it is implicit in the Proposals, and indeed it is indicated in the last sentences in 5B and 6B, that the authority and the officers working for them accept the new responsibilities and duties and intend to carry out the work as quickly and as completely as possible, without reservation or "dragging the feet".

Secondly, in accordance with the advice given in the Ministry's Circular 9/59 in May, 1959, the process of renovating the mental health service was started by the exercise of existing powers, well ahead of new legislation.

Thirdly, it was realized that detailed planning and the disposition of facilities throughout the county must be conditioned by the distribution of population and light industries. As it would not be possible to provide simultaneously all the Training Centres needed, it was thought best to plan for one Junior Training Centre in each main centre of population, adding additional units there or elsewhere as experience showed the need. Thus those attending the Junior Centres need not travel too far.

In the case of Senior Training Centres it is considered necessary, to begin with at any rate, to place the first Centres only in those towns which have a good range of light industries, enabling the trainees to obtain a variety of work and in some cases paid occupation outside the Centres.

Fourthly, the order of urgency had to be decided: it was felt that as we have no Junior Training Centres of our own (though many children are sent to those run by others) these should come first (see 5B) and be provided in Haywards Heath or Burgess Hill; in the populous south-west coastal area; and "in the neighbourhood of Hastings and Eastbourne." This last phrase needs explanation. In general, a Junior Training Centre needs a minimum of 60 children in order to permit of the necessary classification according to ages, sex, abilities and so forth. Neither Eastbourne nor Hastings can secure such numbers, nor can East Sussex in the corresponding hinterlands; but in each case the total of county borough, plus county, children at a reasonable distance would be sufficient. It has therefore been agreed with each county borough that they will provide a Junior Training Centre at which children from the county will be able to attend - on financial and other terms to be agreed.

In addition to the above, agreement has already been reached with the County Borough of Brighton for places to be provided for county cases in the Training Centre intended to be built at Coldean, near the north-east boundary of Brighton.

Senior Training Centres are to be established in the south-west coastal area and in Burgess Hill, since both places have much light industry. No such Centre is yet planned for the eastern end of the county, where the almost complete absence of light industry and the relatively small number of suitable persons to attend make such a project not practicable. People from these parts will need to be transported to the Centres further east.

In relation to each type of Centre there will be hostels, where people can stay for short periods in the same way as short-term care is now provided, by the week, attending the Training Centre during the day; by the term; or for longer periods such as permanent care. We think here that these hostels

should be small ones on the same lines as family units conducted by the Children's Committee, and should be at least a short distance away from the related Centres. In this way those in occupation will have the benefit of training in personal domestic and social relationships. Hostels in relation to the Senior Centres will enable those coming from the eastern end of the county (including, perhaps, Hastings and Eastbourne, by arrangement) to stay a week or more at a time instead of having to travel daily.

A relatively small project which comes high in priority is the provision of small hostels for those school leavers just starting work who, on account of modest intelligence, maladjustment, or other cognate reason, require a degree of supervision and care which they may not otherwise receive. Such a plan had already been made by the Children's Committee in 1959, and the hostel or hostels established by them are being made available to the Health and Housing Committee if children are found needing them (see below).

The County Council decided that although the general conduct and administration of the mental health service would, of course, remain the responsibility of the Health and Housing Committee, the residential accommodation needed would be provided by other committees already responsible for similar establishments: that is to say, hostels for children up to the age of 16 will be provided by the Children's Committee and those for adults by the Welfare Services Committee.

Other needs under the Act whose priority is less clearly defined are: residential establishments for the senile mentally infirm. East Sussex has probably the highest proportion of old people of any county in England, so the need to make more provision for those who have become confused has been an acute one for years. It is an administrative convenience for such establishments to be provided and conducted by the same committee as homes for other old people, since (inter alia) it may be desirable at any time to interchange those in care. Plans are therefore being made *pari passu* with those for other enterprises to provide more Homes for Old People, of both types.

Residential establishments for those who have been under mental treatment and require a period of adjustment before re-entering normal life; or who, perhaps, are unlikely to attain full recovery. There are many others also who though they have never had special treatment are of weak fibre and inadequate in personality, and may well benefit from time to time from a spell in sheltered surroundings.

Day Centres, which serve as clubs or social rehabilitation units for attendance by, and the restoration of, persons who have or have had mental disorder. Such places conducted elsewhere are serving a very valuable purpose in bringing patients back into normal life, and incidentally offer a splendid opportunity to those wishing to help their fellow men by social service. It is desired to start with one such Day Centre, preferably of course in one of the large towns, since it is there that the socially inadequate and mentally uncertain are found in the largest numbers. A Day Centre (give it whatever name you will) should not be confused with a Day Hospital: the latter can be regarded as an extension of the care given by the hospital, the patients still being under close supervision. The next step in improvement takes the patient to his home from which he may, if he wishes, attend a day centre.

An additional project which is suitable for this largely agricultural county (where there are already about sixty persons of known subnormal mentality engaged in farming and similar work) is the establishment in due course of a Farm Training Colony. Although accepted in principle this plan has not yet been given detailed consideration.

In addition to all the structural planning outlined above, it should be remembered that support of the mentally disordered in the community depends on personal contact. In addition therefore to the various personal services available under the National Health Service Act it is necessary for the number of Mental Welfare Officers to be increased as the work advances (see 3B) so that all necessary visiting and other assistance may be given. A very important feature of their work is to take part in regular discussions at the mental hospitals so that the needs of each patient on or even before discharge may be met. Very unfortunately we suffered a grievous loss in the sudden death of Mr. A.S. Phillips, one of our most experienced Mental Welfare Officers, and it had not been possible to replace him by the end of the year.

Finally, some mentally subnormal persons may not be able to reach Training Centres or be both willing and suitable for hostels, and as indicated in Proposal 7 two home teachers will continue to visit.

By December 31st the work had hardly reached beyond the stage of planning on paper. We already had the provisional promise from the County Borough of Brighton of 30 places in their intended Training Centre at Coldean, and the proposed use of the Junior Training Centres at Eastbourne and Hastings was already agreed. Although it had not been put into a formal statement there was a promise of a suitable site for a Junior Centre in the south-eastern coastal area, and another at Cuckfield (close to Haywards Heath) had already been obtained by agreement with the Children's Committee. Building is expected to start here in 1961.

Sites however are extraordinarily difficult to obtain even at the rapidly increasing and indeed extortionate prices which prevail in this county, but efforts to meet our needs continue.

Instruction by Home Teachers of certain mentally subnormal children in their own homes or in small groups in hired premises continues, and authority was obtained to appoint a third such Home Teacher, starting in 1961.

Pending expansion of the service we continue to send some mentally subnormal persons, mainly children, to Occupation Centres conducted by the Brighton Guardianship Society, by the county boroughs of Eastbourne and Hastings, and by the Kent, West Sussex and Somerset County Councils. We are grateful to these for enabling us to carry on.

Home Visiting Service

Table 2 gives the 'breakdown' of the numbers of persons suffering from mental disorder in the community who were cared for in various ways. It will be seen that the number of patients amounted to 771.

Hospital Care

Throughout the year there has been very little change in the number of persons of subnormal mentality waiting for institutional care. At the end of last year there were 47 in the County area on the list and at the end of the year under review the total had actually fallen to 39, but additions were contemplated which would bring the number back into the forties again. I must again record my appreciation of the helpful response of the South-East Metropolitan Regional Hospital Board in dealing with all such cases, especially when emergencies arise. I referred last year to the hope that future arrangements for community care will enable substantial reductions to be made in the numbers in hospitals.

TABLE I (Mental Deficiency Acts 1913 - 1938)
(see note 1)

1. Particulars of cases reported during the period 1.1.60 to 31.10.60

(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 ...

(ii) On leaving special schools

(iii) On leaving special schools

(2) Police or by Courts

(3) Other sources

TOTAL of 1(a) ..

(b) Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground ..

(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b)

(d) Cases reported in which action was incomplete at 31st October, 1960, and are thus excluded from (a) or (b) ...

TOTAL of 1(a) - (d) inc. ..

2. Disposal of cases reported during the period 1.1.60 to 31.10.60.

(a) Of the cases ascertained to be defective "subject to be dealt with" (i.e., at 1 (a)) number:

(i) Placed under Statutory Supervision

(ii) Placed under Guardianship

(iii) Taken to "Places of Safety"

(iv) Admitted to Hospitals

TOTAL of 2 (a) ..

(b) Of the cases not ascertained to be defectives "subject to be dealt with" (i.e. at 1 (b)), number:

(i) Placed under Voluntary Supervision

(ii) Action unnecessary

TOTAL of 2 (b)

(c) Cases reported at 1 (a) or (b) above who removed from the area or died before disposal was arranged

TOTAL of 2(a) - (c) inc. ..

Under age 16		Aged 16 and over	
M.	F.	M.	F.
6	5	-	-
-	-	2	2
2	3	-	3
-	-	1	-
5	8	6	1
13	16	9	6
1	-	2	9
1	1	2	-
3	1	6	7
18	18	19	22
10	9	2	6
-	-	-	-
-	-	-	-
2	2	5	-
12	11	7	6
1	-	2	8
-	3	1	1
1	3	3	9
1	2	1	-
14	16	11	15

TABLE II

Number of Patients under L.H.A. care at 31.12.60 (see note 3)

	Mentally Ill				Psychonoth				Subnormal				Severely Subnormal				Totals			
	Under Age 16				Under Age 16				Under Age 16				Under Age 16				Under Age 16			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
a) Receiving training or occupation in day centre	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
Awaiting training or occupation in day centre	-	-	-	-	-	-	-	-	-	-	1	2	11	9	1	10	11	9	2	12
b) Receiving training or occupation in residential centre	-	-	-	-	-	-	-	-	-	-	44	49	19	19	33	21	28	27	77	70
Awaiting training or occupation in residential centre	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
c) Receiving home training	-	-	-	-	-	-	-	-	-	-	3	9	9	2	6	11	9	2	9	20
Awaiting home training	-	-	-	-	-	-	-	-	-	-	2	7	4	1	5	6	4	1	7	13
d) Resident in L.A. home/hostel	-	-	-	-	-	-	-	-	-	-	3	-	-	-	1	-	-	-	4	-
Awaiting residence in L.A. home/hostel	-	-	2	7	-	-	4	8	-	-	-	1	-	-	-	-	-	-	6	16
e) Resident at L.A. expense in private residential home	-	-	-	-	-	-	-	-	-	-	-	19	4	1	-	7	4	1	-	26
f) Resident at L.A. expense by boarding out in private home	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-	2	-	2	-
g) Receiving home visits and not included under (a) to (f)	-	-	34	62	-	-	-	-	-	-	101	135	-	-	27	41	-	-	162	238
h) Others (including not yet visited)	-	-	-	-	-	-	-	-	-	-	2	3	-	-	4	4	-	-	6	7
i) Number of Patients involved at (a) to (h). (See note 3)	-	-	36	69	-	-	4	8	9	8	155	223	49	32	78	100	58	40	273	400
Number of Patients in L.H.A. area on waiting list for admission to hospital at 31.12.60	-	-	-	-	-	-	-	-	-	-	3	2	9	6	7	4	9	6	10	6
a) In urgent need of hospital care	-	-	-	-	-	-	-	-	-	-	2	-	1	-	2	3	1	-	4	3
b) Not in urgent need of hospital care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Number of Patients admitted temporarily for residential care during 1960.	-	-	-	-	-	-	-	-	-	-	2	1	8	3	9	1	8	3	11	2
(a) To N.H.S. hospitals	-	-	-	-	-	-	-	-	-	1	-	3	1	4	2	4	1	5	2	7
(b) Elsewhere	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

**NATIONAL HEALTH SERVICE ACT, 1946, SECTION 28,
MENTAL HEALTH ACT, 1959, SECTION 6**

**Proposals for the provision of Mental Health Services as
approved by the Minister of Health.**

1. INTRODUCTION.

In the following paragraphs, Part A is a statement of the services which are already being provided and is not part of the submitted proposals.

Part B consists of the local health authority's new proposals which are submitted for the Minister's approval under section 20 of the Act of 1946 and contains a description of their plans for the period up to April 1963, and a further general statement of their subsequent intentions.

2. GENERAL.

A. The arrangements already approved by the Minister relate to the prevention of mental illness, the care of persons suffering from mental illness or mental defectiveness, and the after care of such persons under section 28 of the National Health Service Act; also to carrying out duties under the Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts, 1913-1938. (The relevant sections of these Acts will be repealed on dates appointed by the Minister by order under section 153 of the Mental Health Act, 1959, when the proposals relating to duties under the repealed Sections will cease to have effect).

B. The authority will make appropriate arrangements for the provision of services to meet the needs of the mentally disordered living in the community and will make the services known to and available to those who are in need of them. In particular, they will provide, or cause to be provided, junior training centres, adult training centres, home training, social clubs and a home visiting service.

3. ORGANISATION AND STAFF OF THE SERVICES.

A. The County Council have delegated their powers to the Health and Housing Committee who have established a Mental Health Sub-Committee. The service is administered by the County Medical Officer of Health through his Deputy who is assisted by three Assistant County Medical Officers of Health; six whole-time mental welfare officers and two whole-time home teachers are also employed, together with two whole-time clerks, the senior being available for relief duties as a duly authorised officer. No training is provided for staff. Co-ordination with the hospital and general practitioners' services is maintained by frequent exchanges of visits and information.

B. In addition to the existing arrangements, the authority expect to increase their staff employed in the mental health service and in particular intend to appoint a sufficient number of officers to act as mental welfare officers under the Mental Health Act, 1959, from such dates as the relevant provisions of the Act come into operation. The authority will maintain and develop existing co-ordination between their own and the other statutory or voluntary services, and in particular contemplate joint appointment of staff with hospitals. The Authority will make arrangements for training as necessary.

4. RESIDENTIAL ACCOMMODATION.

A. Residential accommodation is not at present provided except in connection with arrangements for the short term care of mental defectives.

B. In appropriate cases the authority will arrange for children who are or have been suffering from mental disorder to be admitted to residential accommodation maintained otherwise than by a local authority under Section 15 of the Children Act 1948.

If the County Council think it necessary, the provision of residential accommodation by them as local health authority will be extended (either directly or by arrangement with other authorities or bodies or otherwise) to include accommodation for any or all categories of the mentally disordered.

5. JUNIOR TRAINING CENTRES.

A. The authority have no directly maintained junior training centres. Thirteen places in centres maintained by other local health authorities and nineteen places in centres maintained by voluntary bodies are available for County cases. No ancillary services are provided but travelling and escort expenses incurred by patients attending these centres, and the cost of their meals, are refunded by the authority.

B. Junior training centres will be provided directly or by arrangement with other local health authorities or voluntary bodies. It is intended to provide initially within the next two years such centres (i) in the south-west coastal area; (ii) in the vicinity of Haywards Heath or Burgess Hill; and (iii) in the neighbourhood of Hastings and Eastbourne. The authority will appoint such number of whole-time or part-time staff with suitable experience and qualifications as may be necessary from time to time. The authority will provide transport, escorts and meals where necessary for those attending centres and will ensure that medical and dental services are available. The authority will develop their service in the light of experience and aim at providing places for all suitable cases.

6. ADULT TRAINING CENTRE.

A. The authority have no directly maintained adult training centres. Eight places in centres maintained by other local health authorities and seventeen places in centres maintained by voluntary bodies are available for County cases. Travelling and escort expenses incurred by patients attending these centres are refunded by the authority. The type of work provided is entirely diversional.

B. Adult training centres will be provided directly or by arrangement with other local health authorities or voluntary bodies. It is intended to provide initially within the next two years centres in (i) the south-west coastal area and (ii) in the vicinity of Burgess Hill. Facilities for training in diversional and remunerative occupations will be available in these centres which will include, where possible, sheltered workshops. The authority will appoint such number of whole-time or part-time staff with suitable experience and qualifications as may be necessary from time to time. The authority will provide transport, escorts and meals where necessary for those attending centres and will ensure that medical and dental services are available. The authority will develop their services in the light of experience and aim at providing places for all suitable cases.

7. HOME TRAINING.

- A. The two home teachers visit and instruct a total of some 40 mentally disordered persons individually or in groups.
- B. The arrangements will be reviewed from time to time and varied according to demand.

8. DAY CENTRES, SOCIAL CLUBS AND OTHER ACTIVITIES.

- A. No services of this kind are provided.
- B. These services will be provided as opportunity arises. They will be reviewed from time to time and varied according to demand.

9. HOME VISITING SERVICE.

- A. Six whole-time mental welfare officers are responsible for the domiciliary supervision and welfare of mentally disordered persons.
- B. The authority will increase the number of mental welfare officers in their employ as necessary. The authority will make such arrangements as may be necessary to allow mental welfare staff to take suitable training and will encourage them to do so.

10. GUARDIANSHIP.

The authority will exercise their functions under the Mental Health Act, 1959, in respect of persons placed under guardianship, whether under that of the authority or of other persons.

Hove and Portslade Area

Owing to the impending delegation of most Part III services to the Borough of Hove no separate report is being made this year by Dr. Chadwick, but the following is a brief summary of the statistics for the area, of the services provided and of work carried out during the year which are not already referred to in the main report.

Statistics

Population - as estimated by the Registrar-General mid-1960 - 85590

Births

The number of births notified during the year was 972, 11 being stillbirths. 775 or 79.7% of the notified births occurred in hospitals or nursing homes. The number of registered live and stillbirths was 1012.

Premature Births

There were 68 premature live births during 1960, an increase of 19 over 1959. 61 of the 68 survived the first month of life.

Infant Mortality

There were 15 deaths of infants under one year of age giving a rate of 14.99 per 1000 live births.

Maternal Mortality

One mother died, giving a rate of .99 per 1000 live and stillbirths.

Death rate

The crude death rate per 1000 population for the area was 16.65. Further details for each of the two areas will be found in Table II.

Care of Mothers and Young Children. (Section 22)

Ante-Natal Clinics

207 women, 177 of whom were new cases, made 637 attendances at the three ante-natal clinics.

Infant Welfare Centres

The following table gives details of attendances at the five infant welfare centres in the area, together with the comparable figures for 1959.

Number of Infant Welfare Centres	Number of children who attended during the year		Total attendances during the year	
	Under 1 year	1-5 years	Under 1 year	1-5 years
1959 ... 5	609	2160	14232	6674
1960 ... 5	714	1994	13846	5965

During the year the building of a new health services centre was commenced in the northern part of Portslade; this should be ready for occupation before the end of 1961.

Distribution of Welfare Foods

The following issues were made during 1960 from the six distributing centres in the area. The figures for 1959 are also given for comparison.

	1959	1960
National Dried Milk	11,162	11,333
Cod Liver Oil	3,310	3,444
Orange Juice	31,972	30,118
A. and D. tablets	3,376	3,546

Care of Illegitimate Children

Hostel accommodation was provided for 14 unmarried mothers as against 6 in 1959.

Nurseries

There is one day nursery in the area, providing 51 places. The average daily attendance during 1960 was 42.9.

Midwifery and Home Nursing (Sections 5, 23 and 25)

In the Borough of Hove and the Urban District of Portslade the midwifery and home nursing service is provided through the Hove and Portslade District Nursing Association. At the end of the year there were 4 nurses engaged on combined duties (midwifery and home nursing) and 21 were employed full time on general nursing duties and 1 on part time. The following is a brief summary of the work undertaken by the nurses employed by the Nursing Association during the year.

Midwifery - 192 deliveries were attended: 165 mothers received gas and air, or "trilene" analgesia and pethidine was administered in 126 cases.

Home Nursing - 66516 visits were paid to 2555 patients, 1461 of whom were over 65 years of age.

Ophthalmia Neonatorum - One case occurred

Puerperal Pyrexia - There were 9 cases of pyrexia.

Midwifery Training

12 pupil midwives completed their training during the year as part of their Part II midwifery course.

Health Visiting - (Section 24)

In this area the Health Visitors are employed directly by the local health authority and not by the nursing association as in the remainder of the county.

There were 12 health visitors on the staff at the end of the year and the following is a summary of the work done amongst mothers and children under 5 years of age.

Number of children under 5 years of age visited during the year	3127
Number of expectant mothers visited	397
Visits paid - Children under 1	7084
Children 1 - 2 years	2309
Children 2 - 5 years	4204
Clinic attendances	1112

"No access" visits totalled 1945

Tuberculosis Health Visiting

One full time and 1 part time health visitors were employed on tuberculosis work. During the year they paid 1550 visits to tuberculous persons and attended 143 chest clinic sessions.

Administration

The administration and supervision of the nursing and health visiting services is undertaken by the Area County Nursing Superintendent who is on the staff of the local health authority and by two supervisory nursing staff attached to the Hove and Portslade District Nursing Association under the Divisional Medical Officer of Health, Dr. N.E. Chadwick.

B. C. G. Vaccination

The result of Mantoux testing amongst school children of 13 years during 1960 is set out below:-

Number tested	1320
Number Mantoux positive	136
Number vaccinated	1119
Number absent or refused	62

Home Help Service (Section 29)

One whole time organiser is employed by the local health authority to deal with the service in this area. At 31st December, 1960, 36 part-time home helps were in employment and during the year assistance was given in the following cases.

	<u>1960</u>	<u>1959</u>
Maternity	101	136
Tuberculosis	8	6
Chronic sick	336	361
Others	130	110

Other ServicesLoan of equipment

Articles of equipment such as hospital beds, which can help patients receiving treatment in their own homes are lent out from time to time. 1 hoist was bought during the year.

Chiropody

The approved proposals to provide a chiropody service in this area by arranging with chiropodists in private practice for patients to attend their surgeries have not yet been implemented, having been deferred pending agreement regarding the fees to be paid to chiropodists.

Nurseries and Child Minders Regulation Act 1948

In the Hove and Portslade Area one nursery (for 10 children) and 20 daily minders providing for 39 children were on the register at the end of the year.

MEDICAL EXAMINATION OF STAFF

The total number of medical examinations carried out during the year was 259 as compared with 239 in 1959. 849 Health Statements were considered; a number needed further enquiries but only one full medical examination was required as a result of information given. 273 of the statements were in respect of teaching staff and 153 for canteen staff. Nearly all the teaching and canteen staff had to have chest x-rays arranged.

Actual medical examinations were arranged as follows:

By whole-time medical officers and county staff, including those in Hove	115
By part-time medical officers	87
By general practitioners	57

REGISTRATION OF NURSING HOMES

At the end of 1960 there were 27 registered homes in the authority's area (outside Hove), three having closed and three new homes having been registered. All appeared to be running satisfactorily when periodical visits of inspection were paid.

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 there were 20 Daily Minders and 8 Nurseries registered.

TABLE I
VITAL STATISTICS RELATING TO MOTHERS AND CHILDREN 1960.

The County of East Sussex	Live Births		Illegitimate live births per cent of total live births	Stillbirths		Total live and still births	Infant deaths No.	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 & still births
	No.	* Rate		No.	+ Rate			per 1000 total live births	per 1000 legitimate live births	per 1000 illegitimate live births					
	4683	12.82	5.30	64	13.48	4747	87	18.58	17.81	32.26	13.88	12.60	25.91	3	63

* Crude rates calculated per 1000 of the estimated population.

+ Rate per 1000 total births.

ADMINISTRATIVE COUNTY OF EAST SUSSEX

CHIEF VITAL STATISTICS FOR THE YEAR 1960.

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

GROUP	Population estimated by Registrar General mid - 1960	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	110730	1178	10.64	1966	17.75	19	16.13	697	6.29	10	.09	-	-	148	1.34	355	3.21
7 other Urban Districts	88020	1299	14.76	1104	12.54	17	13.09	420	4.77	4	.05	-	-	104	1.18	188	2.14
5 Rural Districts	166550	2206	13.25	2398	14.40	51	23.12	819	4.92	17	.10	2	.01	238	1.43	416	2.50
Whole County	365300	4683	12.82	5468	14.97	87	18.58	1936	5.30	31	.08	2	.01	490	1.34	959	2.63

+ 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 Sta- tute acres (land and in- land water)	Population estimated by Registrar General mid - 1960.	Live Births		Still Births		Deaths under 1 year of age.		Deaths at all ages belong- ing to the district	Crude Deaths Rate per 1,000 Popu- lation
			Number	Crude Rate per 1,000 population.	Number	Crude Rate per 1,000 population.	Rate per 1,000 Live births reg- istered.	Number		
Three Large Towns										
Bexhill	7993	27120	241	8.89	5	.18	20.33	4	539	19.87
Hove	3953	69870	755	10.81	7	.10	9.19	11	1264	18.09
Lewes	1788	13740	182	13.25	2	.15	10.87	4	163	11.86
Totals	13934	110730	1178	10.64	14	.13	11.74	19	1966	17.75
Seven other Urban Districts										
Burgess Hill	2024	14120	253	17.92	4	.28	15.56	4	151	10.69
Cuckfield	3912	19160	239	12.47	4	.21	16.46	3	270	14.09
East Grinstead	6600	14900	254	17.05	2	.13	7.81	3	189	12.68
Newhaven	1772	8160	136	16.67	-	-	-	-	103	12.62
Portlady-by-Sea	1953	15720	246	15.65	4	.25	16.00	4	161	10.24
Rye	1027	4480	57	12.72	1	.22	17.24	2	58	12.95
Seaford	4274	11480	114	9.93	2	.17	17.24	1	172	14.98
Totals	21562	88020	1299	14.76	17	.19	12.92	17	1104	12.54
Five Rural Districts										
Battle	11717	29970	421	14.05	3	.10	7.08	8	441	14.71
Chailley	64205	21630	270	12.48	8	.37	28.78	8	401	18.54
Cuckfield	70986	29470	479	16.25	6	.20	12.37	6	342	11.61
Hallsham	94668	41700	466	11.18	6	.14	12.71	15	654	15.68
Uckfield	112096	43780	570	13.02	10	.23	17.24	14	560	12.79
Totals	459102	166550	2206	13.25	33	.20	14.74	51	2398	14.40
WHOLE COUNTY	494598	365300	4683	12.82	64	.18	13.48	87	5468	14.97

TABLE IV
NUMBER OF DEATHS AT DIFFERENT PERIODS OF LIFE IN
THE ADMINISTRATIVE COUNTY DURING THE YEAR 1960.

URBAN DISTRICTS										RURAL DISTRICTS								
Sex	all ages	0-1	1-5	5-15	15-25	25-45	45-65	65-75	75 and over	all ages	0-1	1-5	5-15	15-25	25-45	45-65	65-75	75 and over
Males	1363	21	1	4	7	26	327	404	573	1180	33	8	7	5	30	218	346	533
Females	1707	15	4	4	2	34	222	392	1034	1218	18	2	8	6	21	175	281	707
TOTALS	3070	36	5	8	9	60	549	796	1607	2398	51	10	15	11	51	393	627	1240

TABLE V (a)

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1960 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 & under 5	5 & under 15	15 & under 25	25 & under 45	45 & under 65	65 & under 75	75 & over	BOROUGHES					Cuckfield	East Grinstead	Newhaven	Portsmouth - Sea	Seaford
									Bexhill	Hove	Lewes	Rye	Burgess Hill					
1. Tuberculosis, Respiratory	-	-	-	-	1	3	6	4	14	4	4	2	1	-	1	-	1	1
2. Tuberculosis, other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. Syphilitic Disease	-	-	-	-	-	3	3	2	8	-	4	-	-	2	-	1	1	-
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal Infections	-	-	-	-	1	-	-	-	1	-	-	-	-	-	1	-	-	-
7. Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and Parasitic Diseases	-	-	-	1	1	2	1	3	8	2	4	-	-	1	-	1	-	-
10. Malignant Neoplasm, Stomach	-	-	-	-	-	18	24	19	61	17	19	7	1	4	2	2	6	1
11. Malignant Neoplasm, Lung, Bronchus	-	-	-	-	-	46	51	18	115	19	51	3	2	7	12	5	4	8
12. Malignant Neoplasm, Breast	-	-	-	-	4	24	10	14	52	11	18	5	1	1	7	4	-	1
13. Malignant Neoplasm, Uterus	-	-	-	3	7	7	7	3	20	2	9	1	-	1	2	1	-	3
14. Other Malignant & Lymphatic Neoplasms	-	-	1	-	9	76	85	124	295	60	117	16	8	16	26	17	14	10
15. Leukaemia, Aleukaemia	-	-	-	1	3	7	5	6	22	2	12	-	1	-	-	1	-	4
16. Diabetes	-	-	-	-	-	3	6	8	17	1	9	-	-	-	1	4	-	-
17. Vascular Lesions of Nervous System	-	-	-	1	5	69	114	323	512	101	218	21	13	13	41	30	16	25
18. Coronary Disease	-	-	-	6	108	189	241	544	-	107	218	30	3	30	52	28	14	32
19. Hypertension with Heart Disease	-	-	-	-	-	8	23	34	65	13	16	4	4	2	8	7	2	4
20. Other Heart Disease	-	-	-	-	7	41	87	373	508	79	208	22	13	30	44	40	21	20
21. Other Circulatory Disease	-	-	-	-	1	16	29	94	140	14	65	9	1	6	14	6	8	7
22. Influenza	-	-	-	-	-	1	2	1	4	-	3	-	-	-	-	1	-	-
23. Pneumonia	1	1	-	-	1	17	29	86	135	26	54	4	2	6	14	12	4	10
24. Bronchitis	-	1	-	-	-	19	25	48	93	16	32	5	-	9	16	2	6	4
25. Other Diseases of Respiratory System	-	-	-	-	-	3	7	14	24	4	7	-	-	1	5	4	-	3
26. Ulcer of Stomach and Duodenum	-	-	-	-	1	3	6	11	21	5	8	2	-	1	1	-	3	1
27. Gastritis, Enteritis and Diarrhoea	-	1	2	-	2	7	11	23	-	2	15	1	1	1	1	-	-	2
28. Nephritis and Nephrosis	-	-	-	-	1	4	5	10	20	3	9	4	-	-	1	-	-	2
29. Hyperplasia of Prostate	-	-	-	-	-	-	3	16	19	2	11	-	-	2	1	2	1	-
30. Pregnancy, Childbirth, Abortion	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-
31. Congenital Malformation	9	-	2	-	-	2	-	-	13	-	-	5	2	-	2	-	-	1
32. Other Defined & Ill-defined Diseases	25	1	-	1	8	44	45	102	226	30	92	17	6	12	13	17	3	16
33. Motor Vehicle Accidents	-	-	1	3	4	4	12	4	28	4	16	2	-	1	3	-	-	1
34. All other Accidents	1	1	2	2	1	4	12	36	59	12	28	3	-	5	2	2	2	3
35. Suicide	-	-	-	-	3	14	3	2	22	3	12	3	1	-	1	1	-	1
36. Homicide & Operations of War	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ALL CAUSES	36	5	8	9	60	549	796	1607	3070	539	1264	163	58	151	270	189	103	161
																		172

TABLE V (b)
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1960 IN THE RURAL DISTRICTS

CAUSES OF DEATH	Deaths in or belonging to Districts, at subjoined ages.								Deaths in or belonging to each District, at all ages.					
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and over	TOTALS	Battle	Challey	Cuckfield	Hailsham	Uckfield
1. Tuberculosis, Respiratory	-	-	-	-	-	7	5	5	17	5	4	-	6	2
2. Tuberculosis, Other	-	-	-	-	1	-	1	-	2	-	1	-	1	-
3. Syphilitic Disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal Infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other Infective and Parasitic Diseases	-	-	-	1	-	2	-	1	4	2	-	1	1	-
10. Malignant Neoplasm, Stomach	-	-	-	-	-	12	14	12	38	6	6	3	12	11
11. Malignant Neoplasms, Lung, Bronchus	-	-	-	1	1	25	37	17	81	15	18	12	20	16
12. Malignant Neoplasms, Breast	-	-	-	-	3	14	16	8	41	4	6	12	11	8
13. Malignant Neoplasms, Uterus	-	-	-	-	1	2	3	4	10	2	5	1	-	2
14. Other Malignant and Lymphatic Neoplasms	-	-	-	2	11	56	72	105	246	55	42	34	57	58
15. Leukaemia, Aleukaemia	1	1	2	-	1	5	2	3	15	5	4	3	2	1
16. Diabetes	-	-	-	-	-	3	3	5	11	1	-	1	3	6
17. Vascular Lesions of Nervous System	-	-	-	-	2	43	80	238	363	77	61	44	94	87
18. Coronary Disease, Angina	-	-	-	-	4	78	161	150	393	60	65	66	114	88
19. Hypertension with Heart Disease	-	-	-	-	-	6	13	32	51	6	12	6	11	16
20. Other Heart Disease	-	-	-	-	4	23	69	279	375	54	72	64	112	73
21. Other Circulatory Disease	-	-	-	-	1	8	35	86	130	24	26	18	32	30
22. Influenza	-	-	-	-	-	-	-	2	2	-	-	-	1	1
23. Pneumonia	6	1	1	2	2	13	26	82	133	31	23	20	36	23
24. Bronchitis	-	3	-	-	1	14	25	43	86	15	6	14	25	26
25. Other Diseases of Respiratory System	-	1	-	-	1	4	3	10	19	5	-	3	7	4
26. Ulcer of Stomach and Duodenum	-	-	-	-	1	3	7	8	19	2	2	3	6	6
27. Gastritis Enteritis and Diarrhoea	-	-	1	-	-	3	5	8	17	3	2	1	7	4
28. Nephritis and Nephrosis	-	-	-	-	2	7	4	8	21	4	2	4	4	7
29. Hyperplasia of Prostate	-	-	-	-	-	-	4	16	20	5	2	4	6	3
30. Pregnancy, Childbirth, Abortion	-	-	-	-	2	-	-	-	2	-	-	-	-	-
31. Congenital Malformations	13	-	1	1	-	2	1	-	18	1	3	-	8	6
32. Other Defined & Ill-Defined Diseases	30	-	3	1	6	44	28	87	199	46	33	20	49	51
33. Motor Vehicle Accidents	-	1	2	2	2	5	5	7	24	5	3	1	6	9
34. All Other Accidents	1	2	5	-	4	11	3	24	50	7	2	6	18	17
35. Suicide	-	-	-	1	1	3	4	-	9	1	1	1	3	3
36. Homicide & Operations of War	-	1	-	-	-	-	1	-	2	-	-	-	2	-
ALL CAUSES	51	10	15	11	51	393	627	1240	2398	441	401	342	654	560

TABLE VI

CASES OF NOTIFIABLE DISEASES OCCURRING DURING THE YEAR 1960

	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	Chailly	Cuckfield	Hailsham	Uckfield
Scarlet Fever	30	52	1	4	87	1	10	3	2	48	-	64	11	16	30	40	34
Whooping Cough	13	54	67	4	138	33	7	15	-	3	1	59	26	24	18	37	21
Acute Poliomyelitis - Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis Non Paralytic	1	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Measles	93	201	9	6	309	82	9	7	4	19	1	122	206	18	11	67	64
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Pneumonia	73	2	19	2	25	2	1	-	2	3	3	11	16	3	-	12	6
Dysentery	177	19	29	3	51	1	41	1	-	12	-	55	2	1	16	10	42
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis - Infective	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis - Post Infectious	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Enteric or Typhoid Fever	2	-	1	-	1	-	-	-	-	-	-	-	-	1	-	-	1
Paratyphoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	42	2	12	-	4	18	4	1	-	1	1	7	5	1	3	6	2
Meningitis	3	-	1	-	1	-	-	1	-	-	-	1	-	-	-	-	1
Puerperal Pyrexia	71	2	5	4	2	13	3	31	2	1	4	42	1	1	2	3	9
Ophthalmia Neonatorum	3	-	1	-	-	1	-	-	-	-	-	-	2	-	-	-	-
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning	23	1	4	1	-	6	-	2	-	2	2	6	-	6	1	3	1
Tuberculosis - Respiratory	122	11	35	2	4	52	3	1	3	5	3	21	10	13	7	6	13
Tuberculosis - Meninges	1	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-
Tuberculosis - Other forms	14	2	1	-	2	5	-	1	-	-	-	1	1	-	1	-	6
Totals	1934	175	414	91	28	708	129	103	33	15	98	12	390	280	84	184	199
																	836

TABLE VII
VACCINATION AGAINST SMALLPOX

NUMBER OF PERSONS VACCINATED (OR REVACCINATED) DURING THE YEAR 1960.

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
Boroughs												
Bexhill	212	-	12	1	9	7	11	52	27	267	271	327
Hove	475	-	19	-	12	10	13	65	78	349	597	424
Lewes	96	-	9	1	12	2	5	8	23	39	145	50
Rye	39	-	-	-	1	-	2	3	2	40	44	43
Urban Districts												
Burgess Hill	147	-	11	-	4	-	-	10	-	38	162	48
Cuckfield	191	-	16	-	10	4	2	27	1	176	220	207
East Grinstead	234	-	15	-	8	-	3	23	2	75	262	98
Newhaven	91	-	3	-	1	-	1	6	5	16	101	22
Portslade	176	-	3	-	2	1	16	12	8	37	205	50
Seaford	57	-	4	-	4	-	6	28	7	81	78	109
Rural Districts												
Battle	241	1	15	-	11	6	10	37	15	184	292	228
Chailey	126	-	13	2	10	6	7	15	16	92	172	115
Cuckfield	293	-	16	-	10	4	4	55	1	198	324	257
Hailsham	280	2	31	-	16	8	11	39	24	160	362	209
Uckfield	439	-	28	-	22	5	29	43	2	195	520	243
TOTALS	3097	3	195	4	132	53	120	423	211	1947	3755	2430

Vaccination State in Relation to Child Population as at 31st. December, 1960:-

Age Group	Total Vaccinated	Child Population	Percentage Vaccinated
Under 1 year	3097	4530	68.37
1 to 4 years	12304	17470	70.43
	15401	22000	70.00

TABLE VIII
DIPHTHERIA IMMUNISATION
SUMMARY OF RETURNS FOR THE YEAR ENDED 31st. DECEMBER, 1960.

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 -						
	1956 to 1960			1946 to 1955			
	Under 1 Born 1960	1 - 4 Born 1956-59	5 - 9 Born 1951-55	10 - 14 Born 1946-50	5 - 9 Born 1951-55	10 - 14 Born 1946-50	
BOROUGHS:							
Bexhill	113	1060	1383	1836	267	289	4948
Hove	162	2053	2027	1417	1140	2904	9703
Lewes	82	668	748	803	170	357	2828
Rye	25	203	304	310	56	51	949
URBAN DISTRICTS:							
Burgess Hill	87	906	874	828	309	336	3340
Cuckfield	123	894	1057	1613	271	454	4412
East Grinstead	153	965	957	1154	248	569	4046
Newhaven	55	447	567	587	90	85	1831
Portslade	61	583	659	504	128	709	2644
Seaford	61	405	516	909	172	349	2412
RURAL DISTRICTS							
Battle	128	1180	1696	1822	309	544	5679
Chailley	109	928	872	775	303	383	3370
Cuckfield	220	1417	1641	1023	544	892	5737
Hailsham	196	1629	1893	2041	366	610	6735
Uckfield	253	1963	2052	1730	974	915	7887
TOTALS	1828	15301	17246	17352	5347	9447	66521
Immunity Index	40.35%	87.58%	64.31%				
Total estimated Mid-year Child Population 1960	Under 1 4530	1 to 4 17,470	5 to 14 53,800		Under 15 Total 75,800		

(b) Total number of children who completed a full course of primary immunisation in the Administrative County Area in 1960:-

Age at final injection	
Under 5 years	4554
5 to 14 years	338
	<u>4892</u>

(c) Total number of children who were given a secondary or reinforcing injection (i.e. subsequent to a full course) in the Administrative County Area in 1960:- 11219.

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

Year	Total <u>notified</u> births (Live and Still)	Domiciliary	Hospital	Percentage Domiciliary	Total <u>registered</u> births (Live and Still)
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
1960	4,751	1,533	3,218	32.27	4,747

