

[Report 1961] / Medical Officer of Health, East Sussex County Council.

Contributors

East Sussex (England). County Council.

Publication/Creation

1961

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EAST SUSSEX COUNTY COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

YEAR 1961.

FRANK LANGFORD

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

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



EAST SUSSEX COUNTY COUNCIL

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MEDICAL OFFICER OF HEALTH

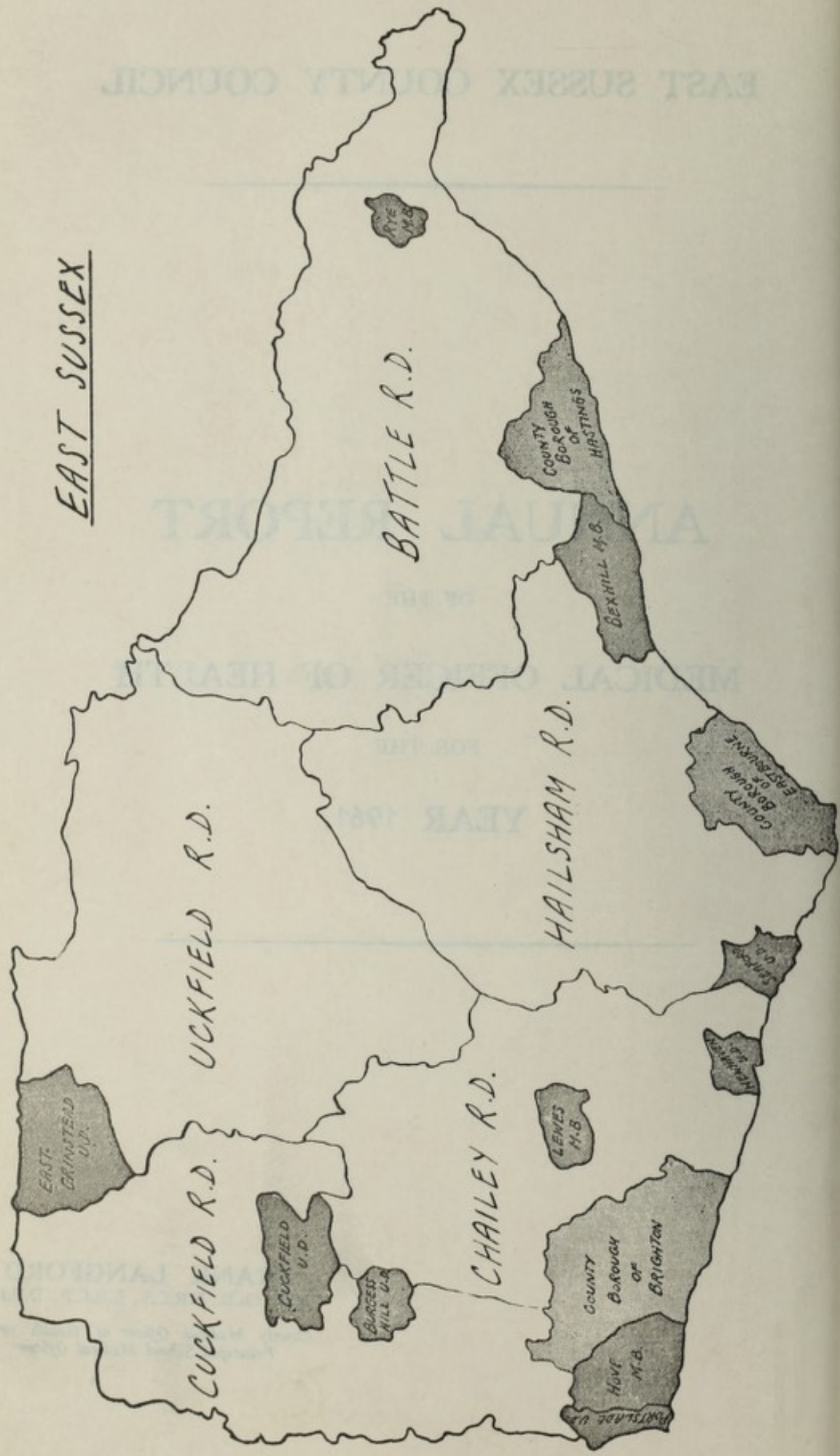
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EAST SUSSEX



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Mr. Chairman, My Lords, Ladies and Gentlemen,

It is my privilege to submit the sixty-seventh Annual Report on the Health of the Administrative County of East Sussex, and to say that the general health of our people is very satisfactory.

As will be seen under the headings which follow, the health work of the county continues while special additional attention has been paid to the development of the mental health services. This has been slow as far as actual building is concerned in spite of the acute need for Training Centres and other premises, partly because of the real shortage of sites and partly because the public mind has not yet become attuned to the idea of having people of abnormal mentality closely linked with the more normal members of the community. There has been much more rapid advance however in co-operation with hospital and general practitioner services.

Delegation to the Borough of Hove of nearly all the services under the National Health Service Acts and the National Assistance Acts (except for the ambulance service and Training Centres under the Mental Health Act) was effected on 1st April 1961 and the transfer took place smoothly. It will be appreciated that in this scheme it was possible to delegate to Hove only the services in that Borough; new arrangements had therefore to be made for the Urban District of Portslade by Sea, which since 5th July 1948 had been happily dealt with as one area with Hove, by a sub-committee of the Health and Housing Committee. Portslade is now back in its old position of being looked after directly from headquarters; but with the co-operation of Hove (who allowed Dr. N. E. Chadwick, their Medical Officer to look after Portslade as a county officer) and the Hove and Portslade District Nursing Association (who similarly were willing for their nursing staff to continue as before) satisfactory services in Portslade have been maintained. Indeed, the change has been only an administrative one, hardly to be noticed outside the respective offices.

Infectious diseases presented no particular features although measles (which, in spite of pressure from many directions, is still notifiable) was notified to the extent of 5,326 cases.

I am very glad that the figures in Table VIII show that in spite of the additional attention being given to immunisation against poliomyelitis the maintenance of a satisfactory level of immunisation against diphtheria has not been adversely affected. 78% of our children under the age of five, and 76% of those under 15, have been immunised, figures which compare very favourably with 64% and 51% for England and Wales. Looking back through old records I find that the last two cases of diphtheria in this county occurred in 1955 and 1954; both had just arrived in the county, unimmunised, and fortunately both recovered. In 1950 there was one case, a child who also recovered. The last death occurred as long ago as 1947, which was only a year or two after Circulars 193 and 194 of 1945 stressed the importance of immunisation and caused the County Council to make grants to District Councils carrying on schemes for diphtheria immunisation. By contrast, under the disturbed conditions of war there were in 1941 to 1946 inclusive no less than 172 cases with 12 deaths. The last two cases in 1954 and 1955 show very clearly how important it is to maintain a high level of immunisation against the risk of introduction from elsewhere, modern travel being so swift that incubation periods are now very little use in protecting the community. The position with regard to smallpox vaccination is also very satisfactory.

During the year the building was started of a new general purpose clinic at Mile Oak, Portslade. The Urban District of Portslade forms a comparatively narrow strip running northwards from the sea between the county boundary with West Sussex on one side and the Borough of Hove on the other; and of recent years there has been a great increase of house building in the northern half of the district where it climbs on to the South Downs. One cause of this increase is the policy of the District Council of clearing some substandard dwelling houses near the sea and replacing them by an industrial area. The new clinic, with new schools close by, will mainly serve the population north of the Old Shoreham Road, which runs from east to west across Brighton, Hove and Portslade, and is expected to be ready for use about the middle of 1962.

Approved during the year was a proposal to build another new clinic in Portslade, on a site on the southern side of the Old Shoreham Road. This will serve, roughly speaking, the southern half of the population in Portslade and perhaps some in Hove; certain schools are close to it. By the end of the year plans had been agreed in detail, an unusual feature as far as we are concerned being the provision of a complete Child Guidance suite forming a first floor. Building will start in 1962.

The large and increasing mortality from cancer of the lung, to which I have drawn attention on several occasions during recent years, continues, 235 of our people having died from this particularly unpleasant condition during 1961, the highest figure ever recorded. Adding this to figures for the previous nine years we find that in the ten years 1952 to 1961, both inclusive, the appalling total of 1,709 deaths from this cause. Although a few such deaths are due to a type of growth unrelated to smoking the vast majority are the result of a cancer which has been shown beyond the possibility of reasonable doubt to be related to heavy smoking, especially of cigarettes. Although this Report strictly speaking deals with the period 1st January to 31st December, 1961 this covering letter is being written in April 1962, by which time, I am thankful to say, public awareness had been roused by a report published by the Royal College of Physicians of London; and in my next Report I hope to be able to refer, at long last, to the possibility of some effective action being taken.

We were very sorry during the year that Miss Grace Myfanwy Hughes, the County Nursing Superintendent, came to the end of her time and retired in August 1961. From being the deputy, Miss Hughes was appointed as County Superintendent in August 1948, taking up duties at that difficult time when the authority, having the responsibility for new services, and the County Nursing Association, their ever-willing colleagues, were jointly working out plans for the future. Miss Hughes was the first County Superintendent appointed on the county staff with the duty by secondment of controlling and organising nursing staff on the payroll of the County Nursing Association, a most responsible position needing drive and tact, and right well she met the challenge. Not only has she organised and improved the complex nursing service which, we think, works so well, but she has found time to devise new services and new methods and to make health education a prominent feature in East Sussex. She was unswervingly loyal and her great consideration for her staff will always be remembered. We all wish her many years of happy retirement. As her successor there has been appointed (against strong competition) Miss Margaret Henderson McLeod, who has held the post of Deputy County Nursing Superintendent since June 1952 and whose good work is already known.

In her place as deputy we welcome Miss Ellen Mary Hollands who returns to the county after widening her experience in neighbouring areas.

In order to avoid confusion in comparison with other authorities it has been decided that the above titles will be changed, Miss McLeod being styled in future the Superintendent Nursing Officer, her deputy the Deputy Superintendent Nursing Officer, and the three assistants who have their own areas the Assistant Superintendent Nursing Officers.

In my Report for 1960 I explained why it could not, as things were, reach public view before the following November. This year an attempt has been made (with the encouragement of the Health and Housing Committee) to complete the work in time for the Report to be presented at the meeting of the County Council on 18th July; and although the statistical material was received even later than usual it is confidently hoped that the difficulties will be overcome.

My thanks are due to the Health and Housing Committee and other members of the Council, my colleagues in this and other departments, and all those who have done so much to carry on the work.

I have the honour to be

Your obedient servant,

F. LANGFORD.

County Medical Officer of Health.

Health Dept.,
County Hall, Lewes.
MAY, 1962.

MEMBERS OF THE HEALTH AND HOUSING COMMITTEE

(as at 31st December, 1961)

(a) Members of the County Council:

Mr. St.J. Fancourt Bell.	Mr. W. Lindsay, C.B.E. (Chairman of the County Council).
Mr. T. Benson.	Mr. J. R. Murray.
Miss M. Blount, M.B.E. (Vice-Chairman).	Mrs. K. M. N. Pither.
Mrs. E. F. Cave.	Mr. H. Riley.
Mr. H. T. J. Clark.	Mrs. M. M. Roberts.
Mr. W. R. Dunlop.	Brig. L. M. Scott.
Mr. R. G. Edwardes Jones.	Lt-Col. E. M. Sheehan.
Brig. H. P. Gardham, C.B.E.	Mr. C. W. Shelford. (Vice-Chairman of the County Council).
(Chairman of Finance Committee).	Miss L. T. Toller.
Mr. Claude Hershman, M.C. (Chairman).	Miss O. M. Vaughan.
Miss E. A. Kennedy.	

(b) Other Members:

Mr. L. Burtenshaw.	Dr. E. G. Sibley.
Mrs. J. N. Kleinwort, M.B.E.	Dr. J. A. Smart.
Mr. R. B. Powell.	Mrs. L. N. Silverstone.

STAFF OF THE COUNTY PUBLIC HEALTH DEPARTMENT

(including the School Health Service) (as at 31st December, 1961)

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.
Medical (Administrative) Officer for delegated functions in Borough of Hove (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	W. Eddings, L.D.S., R.C.S.
	J.V. Goldie, L.D.S., R.C.S.
	S.A. Park, L.D.S., R.C.S.

ental Officers contd.,	(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)
ental 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		Alan S. Clark, M.B., B.S., D.P.M., M.R.C.S., L.R.C.P. (part time) H.V.W. Elwell, M.A., M.R.C.S., L.R.C.P., D.P.M. (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. (Psychology) P. Ransome, B.A. (Psychology) N.W. Wilkinson, M.A., B.Ed.
Social Workers (Child Guidance)		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.W. Mathews.
County Superintendent Nursing Officer		Miss M. H. McLeod, S.R.N., S.C.M., H.V.Cert., Q.N., Dip.Soc.St.(Lon)
Assistant Superintendent Nursing Officers		Miss D.B. Boxer, S.R.N., S.C.M., H.V.Cert., Q.N., M.T.D. Miss A.A. Leckie, S.R.N., S.C.M. H.V.Cert., Q.N. Miss G.M. Williams, S.R.N., S.C.M., H.V.Cert., Q.N.
Midwifery Tutor		Miss E.E. Paul, S.R.N., S.C.M., H.V.Cert., M.T.D., Q.N.
Tuberculosis and Geriatrics Health Visitor		Miss M. F. Wheeler, S.R.N., S.C.M., H.V. Cert., Q.N.
Area Superintendent Nursing Officer	(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. Skillier.
Assistant Home Help Organiser	(b)	Mrs. F.E. Dibb.

Mental Welfare Officers	F.P. Candy. Miss H.K. Draper. Mrs. V.M. Martin. F.P. Bezzina-Martin. Miss A.M. Milner. (b) L. Oliver. C.V. Richardson. G.E. Ritchie. A.E. Smith. M.G.W. Ternouth.
Home Teachers for Mentally Subnormal Patients	Mrs. Helen M. Smith. Mrs. D. Wood.
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) Borough of Hove staff employed in the exercise of delegated functions.

GENERAL STATISTICS

The Estimated Population increased from 365,300 in 1960 to 375,250 in 1961.

The crude Birth Rate for the county was 12.78 per thousand of the estimated population (.04 per thousand less than in 1960). The live births in 1961 totalled 4,797 (114 more than in 1960). The number of illegitimate live births in East Sussex was 281 (33 more than in 1960) or 5.86 per cent of the total.

The crude Death Rate was 15.80 per thousand in 1961 as compared with 14.97 in 1960.

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	14.19	17.4
Corrected Death Rate	11.85	12.0

The Infant Mortality Rate was 15.63 per thousand live births in 1961, as compared with 18.58 in 1960. The rate for England and Wales was 21.4. The illegitimate death rate was 24.91 per thousand illegitimate live births, as compared with 32.26 in 1960.

The Maternal Mortality Rate was nil as compared with .63 per thousand live and still births in 1960.

SANITARY CIRCUMSTANCES

RURAL WATER SUPPLIES & SEWERAGE ACTS 1944/1961

During the year, further schemes for the provision of sewerage and sewage disposal and for the extension of water supplies have been submitted by county district councils and the following proposals have been examined and reported upon:-

Battle Rural District

Minor extensions to the North Eastern Parishes water scheme to serve the following localities:-

Bixley Lane, Watermill Lane and Whitbread Lane, Beckley.
Tile Barn Lane to Moore's Lane, Beckley.
Kitchenour to New House Farm and the Pelsham Estate, Peasmarsh.
Doucegrove, Northiam to Arndale Bridge and an extension of the Central Parishes water scheme to serve New Road, Whatlington.

All the minor water extensions listed above were started and those for Pelsham Estate, Peasmarsh, New Road, Whatlington, Marley Lane, Battle and Poppinghole Lane, Sedlescombe were completed.

Extension of the Sedlescombe Village sewerage scheme to serve Gorselands Estate, Brede Lane, Sedlescombe.

A start was made on the sewerage schemes for Sedlescombe Village and Burwash Common and the Brede and Broad Oak scheme is progressing.

The schemes for Winchelsea Beach and the first stage of Crowhurst Village drainage were completed.

Chailey Rural District

Revised scheme for the sewerage of Common Lane, Ditchling.

Good progress was made with the sewerage scheme for Plumpton Green and the disposal works for Barcombe. The principal sewers for Peacehaven and the scheme of sewerage and sewage disposal for Newick and Chailey were completed.

Cuckfield Rural District

Minor extension to sewerage system in Felbridge Road, Worth, which was completed during the year.

Hailsham Rural District

Revised scheme of sewerage and sewage disposal for Windmill Hill, Herstmonceux and extension of the sewerage system at Punnetts Town. The latter was started and further progress was made with the Alfriston drainage scheme.

Minor extensions to existing water schemes to serve the following localities:-

Chapel Cross to Hornick's Cottage, Warbleton.
Foxhunt Green Farm to Scripps, Waldron.
Hackhurst Lane, Hellingly.
Kingsley Hill to Little Horam, Warbleton.
Stone Cross to Helouan Farm, Laughton.

These were all completed during the year.

Uckfield Rural District

Schemes of sewerage and sewage disposal for the villages of Isfield and Blackboys.

Schemes of sewage disposal for the village of Groombridge and the Ridgewood area of Uckfield.

Scheme for resiting and enlargement of Uckfield sewage disposal works and extension of sewerage system to Five Ash Down area.

Scheme for improvements to Redgate Mill sewage disposal works, Rotherfield.

The sewerage schemes for Maresfield Village, Ringles Cross and Upper Hartfield were completed.

Newhaven Urban District

The East Side drainage scheme was virtually completed and a start made on the West Side drainage scheme. By the year end the majority of the pipe-work was under construction and good progress had been made on the disposal works.

FOOD & DRUGS ACT & MILK & DAIRIES REGULATIONS

Milk (Special Designation) Regulations 1960

Pasteurisers' Licences

Seven Dealers' (Pasteurisers') Licences were renewed on the 1st January, 1961. Five of the pasteurising establishments have High Temperature Short Time plants and two use Holder Type plants.

The arrangements for processing, storage and distribution of the milk have been kept under observation 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	232	Phosphatase	231	1
		Methylene Blue	229	2 (1 invalid)
Tuberculin Tested (Pasteurised)	279	Phosphatase	277	2
		Methylene Blue	274	2 (3 invalid)
Totals:	511	Phosphatase	508	3
		Methylene Blue	503	4 (4 invalid)

Two of the phosphatase failures occurred at dairies using Holder Type plants and were attributed to defective indicating thermometers and a leaking valve on a raw milk pipe line. The third sample was assumed to have been raw milk on which a damaged bottle cap had been replaced by a "Pasteurised Milk" cap.

The methylene blue failures all occurred during the hot weather at dairies without testing facilities and were attributed to unsatisfactory farm supplies.

Examination of Bottles

In order to determine the efficiency of the methods adopted in the cleansing of milk bottles at these establishments, twenty-six sample groups of bottles have been examined during the year and all the samples reached the standard recommended by the Public Health Laboratory Service.

Milk Dealers' Licences

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

As from the 1st January, 1961, the granting of licences for this purpose became the responsibility of Food and Drugs Authorities and at the beginning of the year 308 licences were issued. By the year end this figure had increased to 363 when it remained steady, new applications being balanced by cancellations.

Routine inspections have been made of Dealers' premises and arrangements for handling storage and distribution of the milk and the results of tests on samples of milk taken from dealers' premises, vehicles and vending machines are set out below:-

Class of Milk	No. of Samples	Prescribed Tests	
		Passed	Failed
Pasteurised (all grades)	432	428	4
Tuberculin Tested (Raw)	69	60	9
Sterilised	12	12	-
Totals	513	500	13

The thirteen unsatisfactory samples all failed the methylene blue (keeping quality) test and this was attributed mainly to two causes, (1) improper storage of the milk, (2) failure to turn over stocks in proper rotation.

Sixteen of the above Tuberculin Tested milk samples were also submitted for biological examination and in two cases *Brucella abortus* organisms were isolated. These findings were notified to the Divisional Veterinary Officer and the Medical Officer of Health of the districts concerned.

One case of tubercle infected milk was reported by a district authority. This occurred in a sample of Channel Islands Tuberculin Tested Farm Bottled Milk but investigation of the herd failed to reveal any further evidence of infection.

In addition to the above, 44 samples of milk have been taken on behalf of the Ministry of Health at the two hospital dairy farms and all except one satisfied the prescribed test.

Twenty-eight of these samples were also submitted for biological examination and all were reported to be free from infection.

Milk in Schools Scheme

Supervision of the arrangements for supplying milk to schools has been continued. All the schools participating in the scheme receive pasteurised milk as recommended, with the exception of two private schools which obtain tuberculin tested milk from their own dairy herds.

The supplies have been checked by routine sampling and in two cases the milk failed to satisfy the prescribed tests.

In general the arrangements of supply are considered to be satisfactory.

Class of Milk	No. of	Prescribed Tests
Pasteurised (all grades)	457	458
Standardised	12	12

INFECTIOUS DISEASES

Infectious diseases this year rose to 6,246 from 1,935 in 1960 but 5,326 of these were cases of measles. Whooping cough accounted for 277 cases against 323 the previous year but food poisoning showed an increase - 221 against 23 in 1961. All but 18 of these cases occurred at a public school. Scarlet fever notifications amounted to 99, a considerable drop from the 282 notified in 1960, as with dysentery cases - 15 as against 177 last year. Pneumonia cases rose to 123 as compared with 73 in 1960.

The one case of poliomyelitis was in a five year old child who had only arrived from a neighbouring county a day before he was notified. He had not been vaccinated, but has made an almost complete recovery.

Pulmonary tuberculosis showed a further decrease, only 91 new cases being notified as against 122 last year. 39 of these were between the ages of 15 and 45. The greater number of notifications for males occurred between the ages of 55 and 65 and for females between 35 and 45. Other forms of tuberculosis accounted for only 5 cases, one of these being under 15 years of age. At the end of the year there were 2,626 notified cases on the register (2,339 pulmonary and 287 non-pulmonary) as compared with 2,322 and 292 in 1960. Deaths from tuberculosis in 1961 were as follows:-

<u>Pulmonary tuberculosis</u>	<u>Deaths</u>
Urban Districts	14
Rural Districts	13
<u>Other forms</u>	
Urban Districts	1
Rural Districts	-

8 deaths were of patients who had not been previously notified though one of these was posthumously notified.

Case 1. This elderly man died from broncho-pneumonia; although tuberculosis was correctly entered on the death certificate this disease had occurred many years before and its contribution to the fatal outcome was merely the residual pulmonary fibrosis left by it (see case 7 below).

Case 2. This man died at over 70 of advanced bilateral pulmonary tuberculosis. He had only ailed for two months previously and was admitted to hospital for investigation whether he had carcinoma of the stomach. He was in fact found to have advanced pulmonary tuberculosis and died six days later. There was no preceding history or suspicion of tuberculosis in any form.

Case 3. This old lady moved from a Sussex address to another county and while there developed a wasting illness. Although tubercle bacilli were found in the sputum her case was never notified by any of the staff at the hospital where she died.

Case 4. This man had been known for at least seven years before his death to be tuberculous and he had had several operations in the local hospital. The general practitioner under whose care he was at the time of death took him over from a previous doctor and assumed, perhaps naturally, that he had been notified; but in fact none of the several doctors concerned had ever notified this case. For what it is worth the patient was reported to be well aware of his condition and to be careful in taking precautions.

Case 5. This man was admitted to hospital because of recurrent bleeding and died there quite suddenly 15 days later. His wife had been notified in the autumn of 1960 as having pulmonary tuberculosis but in spite of a great deal of trouble taken by the Chest Physician, the family doctor and our visitors, he always avoided being x-rayed or having any

other form of examination. This was in spite of the fact that his wife's parents and his own parents had all willingly agreed to be examined.

Case 6. This man was sent to a London consultant for investigation and the initiation of treatment for pulmonary tuberculosis, a diagnosis which was soon arrived at; and his treatment was continued by a consultant and a general practitioner in this county. As still happens from time to time, each one of those concerned seems to have assumed without adequate enquiry that the case had been notified by one of the others; the practitioner in charge at the time of death not having seen the patient until after the disease had satisfactorily healed.

Case 7. This patient had suffered from pulmonary tuberculosis many years before; death was not due to this disease but to increasing failure of heart and circulation caused by pulmonary fibrosis.

Case 8. This woman of young middle age had pulmonary tuberculosis many years since, which healed but left pulmonary fibrosis. This led gradually to death by heart failure at a late stage when the actual tuberculosis disease had healed - this was notified posthumously.

As will be seen from some of the above cases, there is still a regrettable tendency for consultants to assume that they are outside the requirements of the Regulations. One gentleman, when reminded that he had seen at intervals, and had treated, a patient who after some years had died of the disease still unnotified, reproachfully replied that he had acted only in a consultant and advisory capacity. It is still not yet widely enough known that as soon as any doctor dealing with a patient "forms the opinion" that he is suffering from tuberculosis, that doctor (whether consultant, general practitioner or junior resident) is required to notify in the prescribed form; and that nothing is said that a doctor can be excused because he thinks someone else has notified or should do so.

Sleeping shelters

The small stock of shelters in store has now been sold and the store at Castle Ditch was vacated on the 8th July, 1961, with a consequent saving of 30/- a week in rent.

Of the five shelters remaining on loan, the tenant of one, an old chronic case who had his shelter in the grounds of St. George's Hurstpierpoint, died in May and the shelter has remained at Hurstpierpoint for the use of the occupants so long as no one else wants it.

Care Almoner's Report

As part of the changing picture of prevention of illness it has been found that Miss M. L. Shaw, the Care Almoner, has been able to give attention from time to time to social problems in families troubled by other diseases than tuberculosis, and this was formally recognised by the Health and Housing Committee during the year. Her duties now officially include attention, as her report shows, to conditions other than tuberculosis, though usually these are "chest" cases of one kind or another. Her report follows below:-

"A review of the patients visited by the Almoner during the past year shows that the need for help remains much the same despite the decrease in the incidence of tuberculosis. This is partly accounted for by the fact that elderly patients live longer and thanks to the use of antibiotics do not succumb so quickly to the rigours of our English climate. There are also a number of younger patients who have had extensive disease and recovered well from the acute stage of their illness, but are often unfit for work except the very light sedentary job which is so hard to find in East Sussex. These two groups of patients keep the numbers of cases presented by the Almoner to the Care Committees fairly constant and because of them the majority of the Care Committees in East Sussex felt they could not extend their help to patients not on the T.B. register.

The Almoner has extended the scope of her own visiting, where time permits, to include other chest patients in particular the increasing number of patients suffering from cancer of the lung. She is glad to be able to administer the generous grants from the National Society for Cancer Relief to some of these patients and also to put them in touch with other forms of voluntary help, such as the Home Industries section of the East Sussex Association for the Care of Cripples. The Almoner has found that the wives of the patients are glad to discuss their problems with her as the strain of long illness tells on them, especially as unlike the patients they are usually aware of the diagnosis and prognosis.

There are still many needs to be met for which special grants are requested, and the Almoner has found the Services Benevolent Funds quick to respond in these days when they have less calls for assistance. A grant of nearly £20 came just in time to meet the payments due on a car used by one man for his work when he was temporarily unemployed. Another man, a respiratory cripple unfit for work, was given over £100 to enable him to move from his damp house to a modern convenient home. A cheque for £8 provided a third patient with a much needed rain-coat.

The Almoner is grateful for the daily co-operation with Chest Physicians, Health Visitors and her own colleagues from other hospitals who bring these many patients' needs to her notice; and she much appreciates the help given her by the statutory and voluntary organisations, in particular the National Assistance Board and the Sussex Rural Community Council in trying to meet these needs."

NATIONAL HEALTH SERVICE ACTS HEALTH CENTRES (SECTION 21)

No action has been taken under this Section during 1961.

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22) (excluding Hove and Portslade area)

Clinic Buildings

The tenders for the erection of a new clinic building in the Borough of Rye were considered to be too high and the project has been deferred for a year.

At Haywards Heath the dentist has been working under very cramped conditions and work was started on a new dental wing during 1961 and the building was completed early in 1962. The room in the main clinic previously used as a dental surgery will be adapted to form undressing cubicles for women attending the Sussex Mothers' Clinic, and possibly in future the ante-natal clinic and another room will be divided to provide a Health Visitors' office and Welfare Foods rooms. These adaptations will greatly improve the working conditions of all concerned and give a better service to the public.

Child Guidance was started at the Bexhill Clinic in January 1961 and this put a further strain on arrangements for the other activities held at the clinic. Two additional rooms were added to this relatively small clinic to accommodate the psychiatric social worker and the educational psychologist and at the same time a new welfare foods room, food store and lobby were built. These arrangements have alleviated the overcrowding. There was much trouble over the heating of this clinic which oftentimes was inadequate and caused much condensation on the walls. Oil fired heating was therefore installed in 1961 to replace the gas and electric heating and this entailed the building of a boiler house plus an oil fuel store. Another health visitor has been added to the complement at Bexhill and an extension to their office is planned for 1962.

It is hoped that negotiations will be completed soon for the purchase of a site for a second clinic at Burgess Hill and reservation of sites at Peacehaven and Seaford was approved during the year. A site has still not been found at Hailsham, where planning of the centre of the town has presented problems which have not yet been solved.

Ante-Natal Clinics

There has been no change made during the year in the arrangements for ante-natal work at five of the County Clinics. At the sixth, however, the work ceased because the doctors preferred to use their own surgeries. 546 mothers attended the County Clinics during the year being attended by the local general practitioner-obstetrician and the health visitor and midwife.

Teaching and relaxation classes continue to expand and so popular are the latter that mothers who attended for their first baby are sufficiently keen to attend again when the second infant is on the way.

Infant Welfare Centres

At the 31st December, 1961, there were 11 infant welfare centres conducted directly by the County Council and 34 by voluntary bodies who received a one hundred per cent. grant in respect of approved expenses. In addition to the above, 31 weighing centres were operating at the end of 1961.

No. of Infant Welfare Centres		No. of children who attended during the year		Total attendances during the year	
		Under 1 year	1-5 years	Under 1 year	1-5 years
1960	51	1,859	4,511	15,958	11,402
1961	45	1,820	5,165	16,718	11,144

Care of premature infants

There were 204 premature live births during 1961 (18 more than in 1960) and of these 165 were born in hospital and 39 at home. All the premature infants born at home survived the age of one month as did 138 of those born in hospital. Special equipment is provided on loan when required.

Distribution of Welfare Foods

At the 31st December, 1961 there were 104 distributing points in the county (outside Hove and Portslade). 54 of these were maternity and child welfare centres, and except at 4 of the larger centres where paid sales clerks are employed, the W.V.S. and other voluntary workers are responsible for the sale of the welfare foods. Their help in this work is much appreciated. Retailers (mostly pharmacists and grocers) act as selling agents in 29 districts, an arrangement welcomed by the mothers who are able to obtain their welfare foods at any time during normal shopping hours.

The following table gives the issues made during 1961, with the comparable figures for 1960:-

	1960	1961	
National Dried Milk	45,001	40,410	tins
Cod Liver Oil	13,980	11,162	bottles
Orange Juice	117,721	86,259	bottles
Vitamin A & D Tablets	11,705	9,953	packets

Whilst sales of all four commodities fell in 1961, the most marked fall was in orange juice following the increase in the price.

Nuclear Tests and Milk Supply

During the latter part of 1961 some anxiety was caused throughout the country because of a series of tests of "atomic" bombs, as there was a possibility that the resulting fall-out might raise to a dangerous level the amount of Iodine 131 in milk. Arrangements were made, therefore, to store uncontaminated dried milk in various places in the county, and a selling

system was all ready to be put into operation. Fortunately the Minister of Health was able to say in November after a period of testing air, crops, milk and so forth that there was after all no likelihood that ordinary milk supplies anywhere would be unsafe for infants under one; and the distribution plans were put into store. It could fairly be said, I think, that health departments now have to accept as part of the modern way of life that at not infrequent intervals they have to throw off their jackets and, at short notice, devise plans for this or that, while at the same time trying to keep existing services going.

Care of the unmarried mother and her child

Existing arrangements for the welfare of the unmarried mothers and illegitimate children have continued with the co-operation of voluntary and official organisations, the chief of these being the Moral Welfare Associations and in particular the Chichester Diocesan Moral Welfare Association. The Moral Welfare workers do most if not all the field work with the local health authority accepting financial responsibility in suitable cases for the girls' maintenance in a hostel for a period before and after confinement. During 1961 hostel accommodation was provided for 30 unmarried mothers, 1 more than in 1960. Of the 28 children born in 1961, 10 were placed for adoption, 17 were taken by the mother into her family or otherwise cared for by her and 1 was placed in the care of a local authority.

Contraceptive Advice

This instruction continues to be available through the auspices of the local health authority to those married women where pregnancy or childbirth would be dangerous to health. During the year 9 women attended clinics in Brighton and Hastings. It is perhaps significant that the numbers which are sent via this authority have decreased over the years as can be seen from the table below. This is due no doubt to the local Family Planning Associations seeing more patients by private arrangement and to the spread of contraceptive knowledge to the public generally.

Year	Number of women attending contraceptive clinics
1949	63
1953	30
1957	10
1960	2
1961	9

Maternity Outfits

1,380 sterilized 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 Superintendent Nursing Officers and the Health Visitors to senior girls. 511 classes were held during the year and 6,836 attendances were made. 368 girls entered for the examinations of whom 43 passed with credit, 290 gained certificates of proficiency and 35 failed. These classes continue to be very popular and several schools have requested that the syllabus should be extended to cover a full academic year, and this is being tried as an experimental measure.

Deafness in Young Children

In September the Ministers of Health and Education jointly reminded authorities of the importance of the early detection of even slight impairment of hearing, especially in young children, since educational attainments, social adaptation and indeed the whole of life are so much influenced by early attention to such a defect. Fortunately, in this area surveys of children have been carried out regularly since autumn 1958, with a parallel

service in Hove and Portslade; while in children under 5 the regular visitation of Health Visitors and the good relationship which exists between the county services on the one hand and family doctors and consultants on the other, has secured that any young child with impaired hearing is found before reaching school age. This is shown by the fact that in the audiometer surveys there have not been detected any deaf children of school age who had not already been known before starting school. Nevertheless, discussions have been held on officer level attended by representatives of hospital groups, of general practitioners, of county boroughs, and this authority, aimed at improvement of the existing services, at which main attention was directed to two points. The first is, whether a "top level" specialist centre might be developed at one main hospital (or perhaps more than one) with such complete facilities that it need not be necessary to send more than an occasional child to those places in London which at present receive some of our cases. Not only the initial visit to London, but a number of return follow-up visits, can prove a very trying and time-consuming matter for child and parent. The second is, to improve the speed of reference from the health visitor level of ascertainment, since it is generally agreed that the sooner a child with impaired hearing receives attention the better. To this end, all our health visitors have had their attention drawn to the importance of special attention to children who are at special risk of being found to have impaired hearing; these are

all infants with a family history of deafness

those who were subject to adverse antenatal or perinatal influence

children with congenital abnormalities, multiple handicaps, cerebral palsy, or speech defects

all retarded children.

Steps are also being taken to refresh their knowledge of simple hearing tests which are suitable for young children.

Recuperative holiday accommodation

One mother was given a recuperative holiday during 1961.

Residential Nurseries

These have not been established by the health authority but those conducted by the Children's Committee are available for short periods when necessary.

Co-ordination Committees

The four co-ordination committees continued to hold their regular monthly meetings which were attended where desired by all those people interested in social work, e.g., Assistant Superintendent Nursing Officers, Child Care Officers, N.S.P.C.C., Probation Officer, Home Help Organiser, Housing Managers, Health Inspectors, District Medical Officers etc. At the end of the year there were 52 names on the agendas. These committees are found to be extremely useful in limiting the multiplicity of various caseworkers calling on a household, although, as the Younghusband Report recently stated, this may not be always possible nor desirable in these days of specialisation. The main object is to plan a limited course of action to prevent the break up of these "problem" families and to take preventive measures at an early stage before irreparable damage is done.

There is a fifth committee operating in the Hove area but details of this are not included above.

On the recommendation of one of these co-ordination committees a family consisting of mother, father and seven children was sent to Dr. Barnardo's Rehabilitation Centre at Barkingside for three months training in household management and the upbringing of children. During this time the local health authority were responsible for Dr. Barnardo's fees and made a contribution to the District Council under Section 56 of the Local Government Act 1958, in

Dental Care

X-rays and hospital treatment, when recommended by the Dental Officer, have been readily made available by the hospitals in the various districts though this often involves a considerable amount of travelling for the patients.

The continuing increase in the consumption of sweets, possibly influenced by television and other large scale advertising, has a serious effect on dental health. To counteract this, it is to be hoped that some definite move towards "fluoridation" of the water supply will be the outcome of the pilot schemes now being carried out by the Ministry of Education, since it is very improbable that any public exhortation to reduce sweet consumption will have much result on the sweet eating habits of the public.

The work done is shown in tables on page 18.

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Dental Treatment Return 1961

A. Numbers provided with Dental Care (including the Hove and Portslade area)

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant & Nursing Mothers	104	97	79	52
Children under five	406	335	302	230

B. Forms of Dental Treatment Provided

	Scalings & Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extrac- tions	General Anaes- thetics	Dentures Provided		Radio- graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	84	141	2	-	143	21	9	11	2
Children under five	5	618	61	-	258	129	-	-	10

DOMICILIARY MIDWIFERY, HEALTH VISITING AND
HOME NURSING (SECTIONS 23, 24 and 25)
(excluding Hove and Portslade areas)

The duties of the local health authority under this heading are carried out by the County Nursing Association - a federation of 52 district nursing associations whose areas cover the whole county outside Hove and Portslade. The nursing staff employed by the County Nursing Association as at 31st December, 1961 totalled 113 of whom 103 were Queen's Nurses. These nurses were employed in the following categories:-

- 64 on full time generalised duties (i.e. midwifery, home nursing, health visiting and school nursing)
- 20 on full time and 5 on part time combined duties (i.e. midwifery and home nursing only)
- 3 on full time and 3 on part time home nursing duties only. 2 are full time male nurses.
- 18 on health visiting and school work only.

It will be seen from this that 89 nurses were engaged on midwifery, 82 on health visiting and 95 on home nursing.

In addition to the above the following staff are employed centrally:-

- 2 whole time Tuberculosis Visitors
- 1 whole time Tuberculosis and Geriatrics Visitor
- 1 whole time Midwifery Tutor
- 4 part time staff for B.C.G. and Poliomyelitis vaccination work

The administrative and supervisory staff comprise the Superintendent Nursing Officer, her deputy and three assistants. The title was amended during the year from County Nursing Superintendent to Superintendent Nursing Officer.

The approved expenses of the County Nursing Association are paid by the health authority.

The following are brief details of work done during the year under the three headings:-

Midwifery

The district nurse-midwives attended 1,250 deliveries and the private midwives 6. Trichloroethylene was administered in 385 cases, gas and air in 479, and pethidine in 634. All the district-midwives are qualified to administer inhalational analgesics. Medical aid was summoned in 605 cases.

Ophthalmia neonatorum

Four cases of ophthalmia neonatorum were notified but none of these was serious and no impairment of vision was reported. There were no cases of retrolental fibroplasia.

Puerperal Pyrexia

56 cases of puerperal pyrexia were notified: 17 occurring on the district and 39 in hospitals. Few were of any clinical importance.

Maternal Deaths

One death occurred in the administrative county (outside Hove and Portslade), of a woman five weeks after confinement: the case was most unusual since at post-mortem examination the kidney tissue was found to be almost entirely replaced by multiple abscesses although there had been no clinical reason to suspect such a condition. This has not been classified by the Registrar-General as a "maternal death".

For the first time, therefore, a year has passed (during which there were 4,874 live and still births) without a maternal death, which is very pleasing evidence of the improvement in social conditions and the standard of midwifery shown by all parties concerned. It is as yet perhaps too early to expect a "nil return" every year, especially as a death may be classified as maternal when it is caused by factors originating during a pregnancy many years previously; but we may hope for this good result more and more often in the future. This might be expected from the figures shown in the table below, which show that the number of deaths in the four years 1948 to 1951 was the same as in the following ten years.

Maternal Mortality

	No. of deaths	Rate per 1,000 live & still birth
1961	-	-
60	3	.63
1959	2	.43
58	1	.22
57	1	.23
56	1	.24
55	1	.25
54	2	.49
53	5	1.24
52	1	.24
51	2	.4
50	4	.9
1949	5	1.65
48	6	1.2
47	6	1.02
46	7	1.46
45	9	.9
44	11	2.11
43	9	1.96
42	13	2.89
41	6	1.57
40	6	1.61
1939	10	2.72
38	6	1.58
37	6	1.62
36	11	3.01
35	11	3.14
34	16	4.45
33	9	2.64
32	19	5.28
31	9	2.59
30	7	4.5

Maternity Liaison Committees

Following the recommendations in the Cranbrook Report maternity liaison committees have been established by four Hospital Management Committees and meetings are held of representatives of the hospital and domiciliary services where points of common interest and difficulty are usefully discussed. These meetings have led to a better understanding of the problems of the three groups involved in maternity practice: hospital obstetrician and midwives, the general practitioner-obstetrician, the County Medical Officer of Health and his midwifery staff. The meetings have had one result which I had not thought of beforehand, that they give an opportunity for midwifery staff to sit at a table with obstetricians and put their case for desired structural or procedural improvements, note of which can be taken at once since the meetings are "clerked" by members of the staff of the Hospital Management Committees concerned.

Part II Midwifery Training

Part II Midwifery training continued and 33 pupil midwives completed their training during the year.

Health Visiting

80 of the 82 nurses undertaking health visiting duties were qualified Health Visitors; the remaining 2 had been granted dispensation under the National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations 1948.

Infants: there was a further increase in the number of health visits to children under five years of age, 77,671 as against 76,055 in 1960. "No access" visits were slightly lower, being 11,792 in 1961.

Old People: the care of aged persons still occupies a good deal of our Health Visitors' time. Quite often a conscientious health visitor finds herself involved in lighting fires and doing shopping for housebound aged persons. In this day and age relatives seem increasingly to throw the responsibility of caring for aged parents on to the Welfare State. In spite of a large number of old persons already on our books and visited by our Health Visitors cases still come to light which have not previously been known. By the time we arrive on the scene conditions have often become so appalling that it is difficult to know how to start improving matters. This shows how essential it is to get to know the elderly while they are still fit so that they will regard the health visitor as a welcome friend who will be able to help and advise before conditions deteriorate.

Tuberculosis: tuberculosis health visiting is carried out by three specialist health visitors, two full time and one part time.

Mental Health Courses for Health Visitors

The third of the series of Mental Health Courses arranged for the nursing and health visiting staff was completed at the end of November 1961. The course, which consisted of five lectures by Mrs. I. Graham Stone, B.A., S.R.N. on the emotional and social development of the individual and his relationships with other people, and a study of the deviations from the normal pattern to mental and social breakdown, followed by lectures by Drs. Elizabeth Tylden and Hyatt Williams, and a visit to one of the local psychiatric hospitals, which included talks from the consultant psychiatrist on modern treatments, was planned with a view to fitting the health visiting and nursing staff to take their full role in the new Mental Health Act provisions. One more course will be held, after which all the present staff will have attended the course.

The institution of such courses, which it is confidently expected will be repeated when needed, is one of the means of bringing the hospital services in closer contact with domiciliary work.

Home Nursing

The following table sets out the work done by the home nurses for each of the nine years 1953-61

Year	Cases							Visits	
	Medical	Surgical	I.D.	T.B.	Maternal Compli-cations	Others	Total	Over 65 yrs.	To over 65s
1953	7,422	2,280	112	112	64	379	10,369	3,919	167,652
1954	7,413	2,142	65	110	58	345	10,133	4,386	168,081
1955	7,288	2,146	53	110	72	581	10,250	4,803	178,649
1956	7,012	1,908	60	102	49	363	9,494	4,924	190,364
1957	6,658	1,767	87	57	69	261	8,898	4,901	190,458
1958	6,382	1,587	14	47	94	298	8,422	5,282	239,891
1959	6,319	1,452	19	42	103	388	8,323	5,293	269,532
1960	6,832	1,669	14	62	86	729	9,392	4,930	174,762
1961	7,126	1,694	38	59	95	710	9,722	5,153	169,886

It will be seen that in 1961, the 95 nurses engaged in home nursing paid 169,886 visits to 9,722 patients. The nine year period 1953-1961 shows an interesting increase in the number of general nursing visits paid by nursing staff up to 1959, after which there was a sharp decrease and the figures in 1961 roughly approximate those in 1953. A similar trend was found in the visits for injections only. This illustrates the increased use of antibiotics administered by injection up until 1959, when there was a sharp falling off. Many of the antibiotics that are given today are given orally. There was also in this period, an increase in the administration of diuretics by injection; here again there was some tendency for these drugs to be given orally from 1960 - 61. It will be noted from the table that in 1961, 5,153 patients were over the age of 65 years - roughly 53 per cent. of the total. Ten years ago this figure was approximately 37 per cent. and the increase in the number of nursing visits to the elderly is even more marked. Of the total number of visits in 1961 (169,886) 126,233 or 74 per cent. were to patients over 65 years of age.

Housing of Nurses

In my Report for 1954 I set out a variety of ways in which a nurse in domiciliary service could be housed and the principle set out then - i.e. that it is better for nurses' houses to be under some form of public control rather than under private ownership - has continued to be applied. It may be of interest to set out the position as it is today:- relief staff have been excluded.

<u>Properties owned by:-</u>	<u>No. of properties</u>	<u>Accommodation for</u>
(a) County Council	20 (1 comprises 2 flats)	27
(b) County Nursing Association	2	3
(c) District Nursing Associations	8 (1 comprises 2 flats)	12
(d) District Councils	24	28
(e) Private Individuals rented to District Nursing Associations	8 (1 comprises 2 flats)	9
(f) Nurses making own living arrangements	10	10

Much valued assistance has been given by the Councils of County Districts and by the County Nursing Association and the District Nursing Associations, who in some cases look after houses owned by the County Council in the same way as if they were their own.

VACCINATION AND IMMUNISATION (SECTION 26)

Immunisation against Diphtheria, Whooping Cough and Tetanus

The increase in immunisation work undertaken in 1960, the first full year of the centralisation of the vaccination and immunisation services, was maintained during 1961 and perhaps it is appropriate to report the figures for work done over the last five years to allow a comparison to be made:-

<u>Year:</u>	<u>PRIMARY COURSES OF IMMUNISATION</u>			<u>REINFORCING INOCULATIONS</u>	
	<u>under</u>	<u>1 to 4</u>	<u>5 to 14</u>	<u>1 to 4</u>	<u>5 to 14</u>
	<u>1 year</u>	<u>years</u>	<u>years</u>	<u>years</u>	<u>years</u>

(a) Prior to centralisation:

1957	2,919	914	294	230	5,758
1958	2,983	588	212	216	4,482

(b) Transitional year:

1959	3,494	581	354	215	5,698
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(c) Since centralisation:

1960	4,035	519	338	147	11,069
1961	4,089	491	758	347	11,468

(N.B.: Primary courses of immunisation for the "under fives" comprise immunisation against diphtheria, whooping cough and tetanus, whilst those for older children omit protection against whooping cough, not then necessary and avoiding any reaction which this antigen may cause amongst school children).

The increase in immunisation work was achieved despite a further "crowding" of the immunisation programme in childhood caused by the introduction in May 1961 of reinforcing fourth poliomyelitis inoculations.

Pressure of administrative work caused by giving these fourth poliomyelitis inoculations in the summer term meant an interruption in the arrangements to bring fully up-to-date the immunisations at independent schools. These were resumed in the autumn term but were not completed at the end of the year when the position for the 187 independent schools in East Sussex (excluding Hove and Portslade) was that 113 of these had submitted nominal rolls attention to 91 of these being completed by the end of 1961. The outstanding school rolls will be dealt with by Easter 1962 when further attempts will be made to obtain nominal rolls from those schools who had not joined the scheme. The increase in the number of primary courses for school children shown in the table above is largely accounted for by the immunisation of pupils at independent schools. Opportunity is taken on the receipt of school rolls to ensure that poliomyelitis vaccination has been undertaken and a good degree of co-operation from Principals of independent schools has been forthcoming.

Details of the diphtheria Immunity Index as notified by the Ministry of Health, whose Statistical Branch now calculate these to ensure a similar basis being used for each Local Health Authority, appear in Part A of Table VIII of the Appendix to this report.

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-two 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 immunisation 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

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.

Poliomyelitis Vaccination

At the beginning of 1961 poliomyelitis vaccination was 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 had made arrangements to go abroad other than to Europe, Canada or the United States of America. A second, independent, scheme allowed general practitioners to vaccinate people outside the priority groups with vaccine obtained on prescription from local chemists.

From April the Ministry of Health authorised reinforcing fourth poliomyelitis injections for children of 5 to 11 years inclusive, whose third inoculations had been given a year or more previously. Arrangements were made accordingly for these to be given at clinics or by family doctors and, with the concurrence of the Chief Education Officer, in the various East Sussex primary schools. The sessions at the schools were commenced on 14th May and by mid-July all 161 schools had been visited. Details of the work done in this connection, and of an Immunity Index made at that time, appear in Part (B) of Table VIII of the Appendix of this Report.

An acute shortage of poliomyelitis vaccine occurred at the end of July following the drain on central supplies caused by the control of outbreaks of the disease at Ipswich, West Bromwich and Liverpool, and subsequently at Hull, and continued throughout 1961 so that the poliomyelitis programme had seriously to be curtailed. Fourth inoculations were suspended and by October it was not possible to arrange poliomyelitis vaccination except the first two inoculations for the restricted priority groups of children, expectant mothers and persons going abroad who had not previously received vaccination. The interval between second and third inoculations was lengthened to twelve months to allow more time for supplies of vaccine to be manufactured.

This setback was most disappointing as it stopped any form of publicity at a time when this might have been effective in view of the outbreaks of the disease and the initial encouraging response to the offer of fourth poliomyelitis inoculations. The curtailment of the programme is reflected in the total number of injections given over the last nine months of the year:-

Period Quarter ended	<u>Total of Injections given in each Period</u>			
	First	Second	Third	Fourth
30th June	2,531	3,138	4,573	+10,516
30th September	3,260	5,404	3,777	5,922
31st December	1,724	2,846	2,343	1,650

+ (started in May)

At the 31st December, 1961, the percentages of second injections to estimated population for each of the three age-groups laid down by the Ministry of Health were:-

	$\frac{1}{2}$ - 18 Years	19 - 28 Years	29 - 39 Years	$\frac{1}{2}$ - 39 Years
East Sussex	72.35	36.43	23.42	51.19
Excluding Hove and Portslade	77.00	37.25	25.39	54.26

The above percentages show a slight decrease for the first age-group ($\frac{1}{2}$ - 18 years inclusive) in relation to those for 1960 caused by increased population figures and the fall in the number of second inoculations in the December quarter occasioned by the vaccine shortage.

109,929 East Sussex residents had received two injections as at 31st December, of which number 94,182 had completed the full course of three injections each and 18,088 children had reinforcing fourth injections.

A Ministry of Health Circular received in December announced that supplies of oral poliomyelitis vaccine would be made available to local health authorities and general medical practitioners for the normal priority groups as soon as possible in 1962.

B.C.G. Vaccination of School Children and Students

B.C.G. vaccination was again offered to school children from the age of 13 years, and to college students throughout the county.

Dr. Gorrie visited 81 schools and colleges during the year, including 38 independent schools. Of the 5,009 people eligible, parental consent was given in 4,101 cases, a percentage of 81.9, which is the highest since the scheme was started in 1957.

The number of positive reactors was 11.7%, which shows a steady decrease since 1957 when the figure was 20.4%. With the willing co-operation of the county chest physicians, these children were followed up by x-ray and otherwise. As a result of this 21 cases are still under observation, and one girl of 14 years was notified as a case of pulmonary tuberculosis and admitted to hospital.

A small proportion of the school children who were vaccinated in 1960 were skin tested approximately one year later, and 95.2% were found to be positive reactors.

British freeze-dried B.C.G. vaccine only was used throughout the year. We have now used nothing but this vaccine since September 1959 in preference to the Danish liquid vaccine, and it is interesting to note that the Minister of Health has decided that from 11th December, 1961, the only B.C.G. vaccine to be issued from central supply will be the British freeze-dried vaccine.

Statistical Summary Relating to B.C.G. of School Children and Students since October, 1957 (outside Hove and Portslade)

	1957 (From Oct)	1958	1959	1960	1961
Number of Schools and Colleges Visited	22	91	80	84	81
Number of children eligible	1,446	4,394	4,661	4,872	5,009
Number of parental consents	1,147 (79.3%)	3,420 (77.8%)	3,627 (77.8%)	3,785 (77.7%)	4,101 (81.9%)
Number of children Mantoux tested	1,084	3,092	3,362	3,533	3,803
Positive reactors (i.e., not requiring vaccination)	221 (20.4%)	620 (20%)	522 (15.5%)	462 (13%)	446 (11.7%)
Negative reactors vaccinated	838	2,555	2,738	2,983	3,222

B.C.G. Vaccination of Contacts (outside Hove and Portslade)

In addition to the vaccination of school children and students, vaccination of contacts continued during the year, 347 being dealt with in 1961.

The total number of persons (contacts, school children and students) vaccinated since 1950 has now reached 15,286.

AMBULANCE SERVICE (SECTION 27)

The County Ambulance Service is operated by a total of twelve ambulance stations, two directly operated and ten under the direction of voluntary agencies, and the Hospital Car Service which carries sitting patients who do not require any specialised attention during the journey; the many functions of the service are carried out in a satisfactory manner and the disposition of the vehicles and personnel of both voluntary and directly operated ambulance stations as at the 31st December 1961, is as follows:-

DIRECTLY OPERATED

<u>Depot</u>	<u>Full-Time Personnel</u>	<u>No. of vehicles</u>
Hove & Portslade	17	8 ambulances (including 3 dual purpose vehicles)
Seaford	2	1 ambulance

VOLUNTARY AGENCIES

St. John Ambulance Brigade

Battle	3	2 ambulances (including 1 dual purpose vehicle)
Bexhill	6	3 ambulances
Hailsham	3	2 ambulances (including 1 dual purpose vehicle)
Lewes	5	4 ambulances (including 1 dual purpose vehicle)
Rye	4	2 ambulances (including 1 dual purpose vehicle)

British Red Cross Society

Crowborough	3	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

Newhaven & District Nursing Association

Newhaven	2	1 ambulance
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The dual purpose type ambulance mentioned in the above summary is one that can carry several sitting patients where help is required to lift or otherwise assist them into the vehicle at home and at the hospital, while the interior can be altered to accommodate a stretcher case in an emergency.

As may be deduced from the number of staff in the preceding table compared with vehicles operated, a good deal of help is given by the members of the voluntary associations. While there is a definite and continuing trend for this to decrease during the daytime I am happy to report that much assistance is still available during the weekends and evenings, and this is greatly appreciated.

The two directly controlled ambulance stations at Hove and Seaford are staffed by the health authority and full control of the first mentioned ambulance station was taken on the 1st April; the responsibility for the supervision and control at Hove had previously been delegated to the Hove and Portslade Health Sub-Committee. I am glad to find that the transfer to a directly-operated service at this station was made with complete smoothness.

The facilities for re-fuelling at the County Surveyor's depots at Battle, Lewes, Hailsham and Cuckfield have operated very efficiently, and these facilities have been made available to long distance ambulance vehicles from other local health authorities bringing cases into this area.

Close co-operation exists between our service and the Brighton, Hastings and Eastbourne authorities respectively whereby patients from hospitals on discharge from those towns are brought back into this area in returning ambulances, and similarly these authorities offer the use of their vehicles when passing through on routine visits to the Limb Fitting Centre of the Ministry of Pensions at Tunbridge Wells and we pay part cost of the journey. The use of ambulances bringing patients into the area from London and the Home Counties is also offered to us when they are returning empty, at no cost save any excess mileage run off the normal return route. This kind of co-operation is one of the results of discussions held by members of the National Association of Ambulance Officers at their regional and annual meetings of which the County Ambulance Officer is a member.

Parishes in close proximity to Crawley, Eastbourne, Hastings and Tunbridge Wells are, by agreement, covered by ambulances from those towns, while the rest of the administrative area is covered by twelve ambulance stations from which are operated 31 ambulances. Emergency calls received from the boundaries are covered by the nearest ambulance depot, irrespective of the local authority's area, and no financial adjustment is made when the emergency is a street accident or illness in a public place.

In conjunction with a hospital scheme drawn up by the South East Metropolitan Regional Hospital Board arrangements have been made with adjoining authorities for help in the event of major accidents occurring in the area, and similarly we have agreed to go to the assistance of adjoining authorities if required. We are closely connected with the Surrey Health Authority in their cover for Gatwick Airport and the nearest ambulance station - East Grinstead - has been alerted on several occasions during the year but the personnel have not been required to turn out.

During the period under review two ambulances were replaced under the replacement programme; a large two stretcher type ambulance at Newhaven was replaced by a similar type Bedford-Lomas ambulance. The improvements in the body of this vehicle together with the modifications in the springing and rubber mountings on the chassis have greatly reduced the vibration and discomfort to stretcher patients; the use of fibre glass in the construction of the roof and doors also reduces the weight of the body. A smaller dual purpose type ambulance has replaced a larger type ambulance at Battle; this smaller type of vehicle has been found more economical in use, especially where a sitting patient could not be accommodated in a sitting car owing to help being required to lift this type of patient e.g., arthritic persons or patients who wear awkward apparatus such as splints.

Train travel as part of ambulance or car/train transport of patients is still on the increase; during the year under review a total of 642 patients have been sent by rail some 45,620 miles and letters of appreciation have been sent by patients on the comfort experienced during these journeys. This type of transport has been found less tiring than a long journey by road in a car or ambulance, and in most cases the time taken for the journey is cut by one third to a half. Another point to be considered in this type of travel is that the car or ambulance is not lost to the area from which it is sent as would be the case if the patient travels long distance by road. A seat or compartment on a train can be reserved for a patient according to the needs, and if necessary, an escort from one of the voluntary agencies can be sent with the patient. The assistance given by the British Railways, in particular the control at Croydon, is greatly appreciated and their advice on train times and reservations makes the work of the service run very smoothly. In this connection may I thank all Chief Ambulance Officers of London and other

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.

The Hospital Car Service which is very ably organised by Mr. C.H.E. Bath continues to work with notable efficiency and during the period under review over a million miles have been run, very often under trying conditions; a number of patients are carried annually to various London hospitals for treatment and admission and traffic conditions in the metropolis have greatly increased in severity. In spite of this, the drivers continue to maintain a high standard of efficiency, and to Mr. Bath, his Area Transport Officers and all drivers, I offer my appreciation and thanks for the work they do. Whilst dealing with the question of the Hospital Car Service may I mention again the "short notice service" whereby a car can be obtained for emergency purposes out of normal hours. A volunteer driver will turn out at the request of a doctor or hospital and particulars of this "short notice service" can be obtained from the Area Transport Officer on request. There is close liaison between Mr. Bath and the County Ambulance Officer who deals with queries and apparent misuse of the service and complaints are investigated.

Co-operation between hospitals and doctors continues and ambulances or cars are not ordered by them unless there is a medical necessity. Any journey not covered by section 27 of the principal Act is dealt with by the voluntary bodies, usually during the non-busy periods, and payment for such journeys are made to the St. John or Red Cross Division; the number of times ambulances were used for private journeys during the year was about 30.

The Annual County Competition run by the authority designed to maintain a high standard of first aid and efficiency in the conveyance of patients resulted in Lewes (St. John Ambulance Brigade) winning the first round, the Lewes team representing the authority in the Regional round held in Surrey. These competitions are encouraged by the Ministry of Health and increase the efficiency of ambulance crews, who get new ideas and techniques watching teams from other districts.

Both Dr. Brims Young, my Deputy and Mr. Limb, the County Ambulance Officer continue to give much of their spare time to the judging of National First Aid competitions and giving advice and assistance in umpiring peacetime "disaster exercises" in which members of the Ambulance Service take part.

Some set-backs were experienced in the establishing of radio control but the negotiations are now practically completed and it is hoped to get the radio system of control working during mid 1962.

A good deal of co-operation has been received from the Police and Fire Service staffs in receiving and passing on of urgent calls during the year and valuable help has been given at accidents. This co-operation between the three emergency services is greatly appreciated and I would like to add my thanks to the Chief Constable and Chief Fire Officer for this.

In dealing with statistics I feel that I must mention that the figures relating to patients and mileage have increased beyond all expectation since the National Health Service began to operate in July 1948, but that the same number of ambulances are still in operation as in 1948. They are working to capacity but I am expecting a little easing off as regards the annual increase of mileage with the eventual coming into operation of radio control. Quite a number of authorities have had to make increases in their vehicle strength to cope with all the additional work but I hope that this can be delayed when radio is adapted to the ambulance vehicles, though an increase in vehicle strength may become necessary in due course. I give below an analysis of the statistics relating to the running of the service and, as in the case of other health authorities, it will be seen that the peak demand has probably not yet been reached. The increase is mainly due to shorter periods of treatment at main hospitals after which the patients are returned for examination and further subsequent treatment, such as physio-therapy and radio-therapy, by ambulance transport.

OPERATIONAL STATISTICS
(Including Hove and Portslade)

	<u>AMBULANCES</u>		<u>CARS</u>	
	<u>1960</u>	<u>1961</u>	<u>1960</u>	<u>1961</u>
Patients	41,167	50,340	124,692	131,611
Mileage	423,650	475,804	987,887	1,174,970

MONTHLY FIGURES FOR 1961

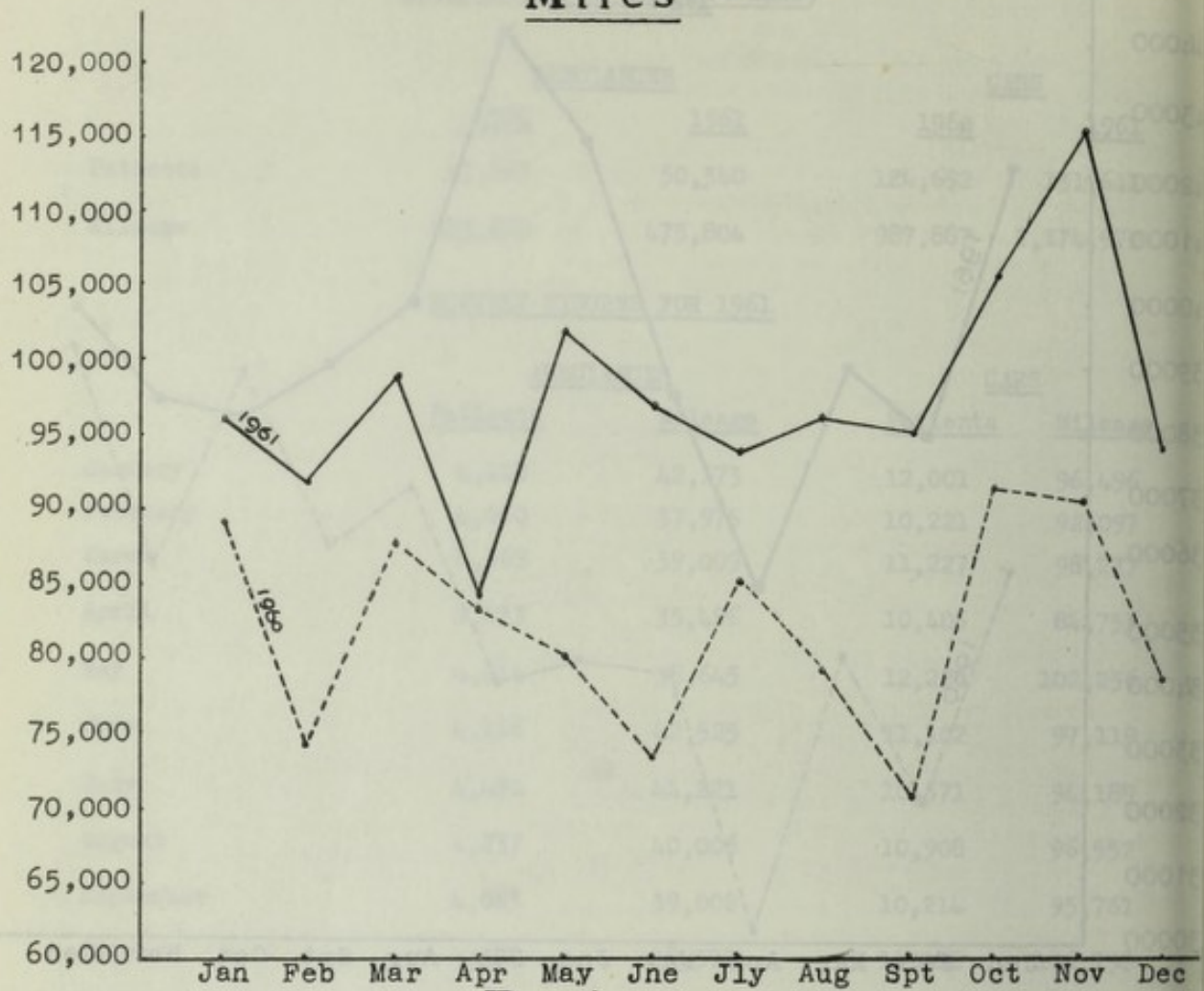
	<u>AMBULANCES</u>		<u>CARS</u>	
	<u>Patients</u>	<u>Mileage</u>	<u>Patients</u>	<u>Mileage</u>
January	4,448	42,173	12,001	96,496
February	4,060	37,975	10,221	92,097
March	4,369	39,009	11,227	98,277
April	3,933	35,496	10,405	84,753
May	4,014	38,645	12,226	102,256
June	4,146	42,525	11,102	97,119
July	4,431	44,221	10,371	94,189
August	4,237	40,006	10,908	96,552
September	4,083	39,002	10,214	95,761
October	4,390	38,372	11,818	106,798
November	4,215	38,492	11,111	116,662
December	4,014	39,888	10,007	94,010
	<u>50,340</u>	<u>475,804</u>	<u>131,611</u>	<u>1,174,970</u>

GRAND TOTALS 1961

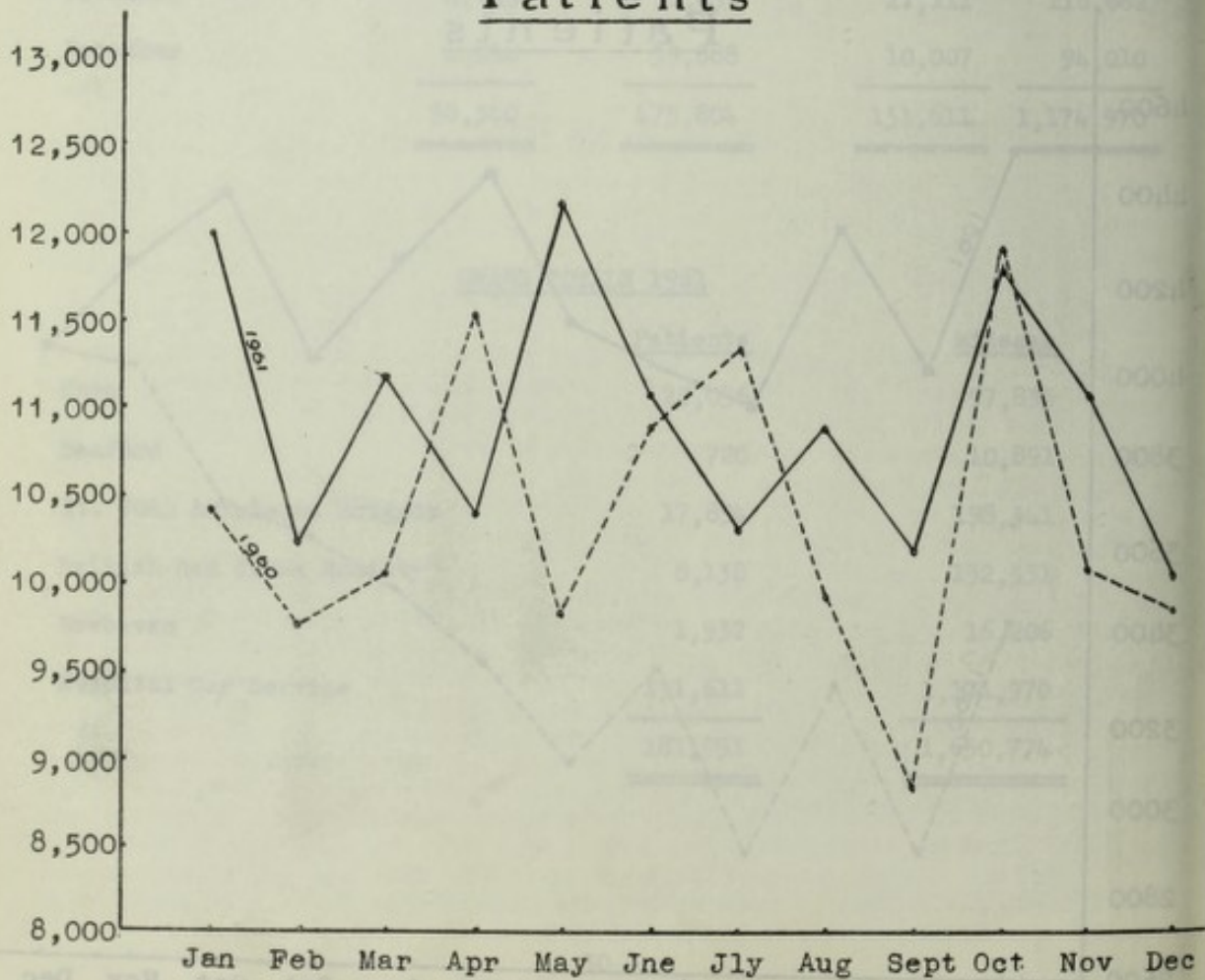
	<u>Patients</u>	<u>Mileage</u>
Hove	22,056	97,835
Seaford	720	10,891
St. John Ambulance Brigade	17,894	198,341
British Red Cross Society	8,138	152,531
Newhaven	1,532	16,206
Hospital Car Service	131,611	1,174,970
	<u>181,951</u>	<u>1,650,774</u>

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 11 and 37 respectively.

Loan of equipment

Further equipment purchased during the year for patients cared for at home is as follows:-

- 2 latex foam mattresses
- 1 inflatable rubber toilet seat (replacement)
- 5 lifting poles and chains
- 1 ripple mattress (alternating pressure pad unit)
- 1 special hoist for use in a particular double amputation case
- 3 hospital type beds.

These beds were purchased at the low figure of 5/- each from Brighton General Hospital. Newer modern beds having been supplied, the Hospital Authorities were only too pleased to get rid of some of the plain black type which are all in excellent condition. Patients who have any equipment on loan are visited every six months by the Assistant Superintendent Nursing Officers to make sure that the equipment is being kept in good condition and is still necessary.

"Loan cupboards" are also maintained by the County Nursing Association, the British Red Cross Society and the St. John Ambulance Brigade.

Chiropody

Chiropody schemes have been started in 15 new areas during the year, but in two areas the clinics have closed temporarily owing to lack of demand. There are now 45 schemes running and the county is fairly well covered owing to the help given by voluntary bodies. The demand varies from area to area and the number of old people in certain districts is quickly disclosed when the claims for fees etc., come in as in a district thickly populated by the elderly, the costs of chiropody are naturally much higher.

No further news has yet been heard of national agreement regarding chiropodists' fees.

Spastics and Epileptics

Although there are no facilities available under the local health services for spastics and epileptics as such, 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:-

<u>Age range</u>	<u>Spastics</u>	<u>Epileptics</u>
Under 5 years of age	10	6
5 - 15 years of age	35	19
Over 15 years of age	101	96
	<u>146</u>	<u>121</u>

185 of the total number of 267 are known to be mentally subnormal, this being the major handicap.

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. The figures include those for the Hove and Portslade areas.

TABLE A

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY-SIGHTED PERSONS

	Cataract	Glaucoma	Retro-lental Fibroplasia	Others	Total
i) Number of cases registered during the year in respect of which para. 7 (c) of Form B.D.8 recommends:-	25 + 24	26 + 10	0 + 0	88 + 39	139 + 73
(a) No treatment	8 + 4	7 + 0	0 + 0	43 + 17	58 + 21
(b) Treatment	18 + 21	19 + 11	0 + 0	46 + 27	83 + 59
Medical	2 + 3	7 + 2	0 + 0	24 + 9	33 + 14
Surgical	14 + 10	4 + 4	0 + 0	3 + 2	21 + 16
Optical	0 + 1	0 + 1	0 + 0	1 + 6	1 + 8
Hospital Supervision	2 + 9	12 + 6	0 + 0	22 + 12	36 + 27
ii) Number of cases at (i) (b) above which on follow-up action have received treatment.	14 + 17	16 + 10	0 + 0	37 + 24	67 + 51
iii) Number of cases which have not received treatment	4 + 4	3 + 1	0 + 0	9 + 3	16 + 8

TABLE B

OPHTHALMIA NEONATORUM

(i) Total number of cases notified during the year	4
(ii) Number of cases in which:-	
(a) Vision lost	Nil
(b) Vision impaired	Nil
(c) Treatment continuing at end of year	Nil

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

Ages at which registered:

<u>Blind Register</u>	<u>Age group</u>	<u>Number</u>
(1)	0 - 15	1
(2)	16 - 64	17
	65 and over	121
		<u>139</u>

Cause Group (1) Optic Atrophy - also mentally severely sub-normal.

<u>Partially-Sighted Register</u>	<u>Age group</u>	<u>Number</u>
(1)	0 - 15	3
(2)	16 - 64	8
(3)	65 and over	62
		<hr/> 73 <hr/>

Cause Group (1)

- (a) Congenital Cataracts
- (b) Optic Atrophy/? prematurity
- (c) Optic Atrophy - also suffers from Emphysema and Asthma

Reasons for removal from Register or alteration in category during the year

Blind Register

No longer registered at all:

- 2 people after successful cataract extraction
- 1 young man of 23 following operative (iridectomy) and optical treatment (defect, trauma and corneal ulceration)

Transferred to Partially-Sighted Register:

- 1 person after cataract extraction
- 2 young people aged 17 and 11 re-assessed (defect congenital cataracts)
- 1 person re-assessment (defect macular degeneration)

Partially-Sighted Register

No longer eligible for registration:

- 4 people after successful cataract extractions
- 1 person re-assessment (defect myopia)

Of the cases registered as blind nineteen were previously on the partially-sighted register.

Of the sixteen people who were registered as blind and who did not receive the recommended treatment

- 9 have since died
- 5 have left the county
- 1 refused on the grounds of his age (93)
- 1 refused through fear

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

- 4 have since died
- 1 was medically unfit to accept treatment
- 1 left the county
- 2 were unwilling to accept treatment.

Phenylketonuria

The Health Visitors do their best to test the urine of every infant at 3 weeks and again at 6 weeks. If there is any suggestion of a case at risk, tests are carried out weekly until the 8th week. This procedure follows the recommendation of Professor Alan Moncrieff. No positive or possibly positive results were obtained during the year.

Night Sitter-In Service

For the past two years the County Nursing Association have been conducting a pilot scheme for providing people who are ill with someone to "sit in" with

them during the night. From their experience and from other enquiries, the Health and Housing Committee decided in December 1961 that there was a real though probably not extensive need for a county service of this kind and, subject to the approval of the County Council and the Ministry of Health, it was proposed to establish such a service in the financial year 1962/63. The necessary approval was given early in 1962. The County Nursing Association will administer the service on the County Council's behalf and I shall be able to report on the development of the service in my report for 1962.

In addition to this service East Sussex is included in the Marie Curie Foundation Scheme in which funds are available for helping, promptly and without formality, patients suffering from cancer who are in need of some assistance which is not easily obtainable through more usual channels. The Superintendent Nursing Officer deals with the individual applications. Care is taken that this scheme and help obtainable through the National Society for Cancer Relief do not undesirably overlap.

HOME HELP SERVICE (SECTION 29)
(excluding Hove and Portslade area)

The following is the report of the County Home Help Organiser:-

"During the twelve months from 1st January to 31st December, 1961, 2,297 householders were provided with home help, using 311,726 hours, classified as follows; comparable figures for 1960 are also given:-

	<u>1961</u>		<u>1960</u>	
	<u>Cases</u>	<u>Hours</u>	<u>Cases</u>	<u>Hours</u>
Maternity	530	34,311	607	46,194
Tuberculosis	30	7,998	42	10,812
Chronic Sick	489	98,773	434	93,971
Old Age	806	129,526	802	129,049
General	442	41,118	525	55,383
	<u>2,297</u>	<u>311,726</u>	<u>2,410</u>	<u>335,409</u>

904 cases were continued into 1962. 673 of these began before 1961.

238 cases have had intermittent help, either because we were unable to provide help or that the patient was away from home undergoing treatment or staying with relatives.

295 cases are old people or those suffering from chronic illness where the patient would be in either a hospital or a home were it not for the services of a home help.

Recruiting labour has been more difficult this year than at any time since the Service began. The lack of labour places a heavy burden on the W.V.S. Area Specialists who must give help where most needed, even if at times some needy cases must go without.

The Service in its present form is unable to meet the demands for help requested for problem families. There are times when a suitable woman is found willing to undertake this work, but as most of the home helps are married women with families of their own, the help they can give is unsure and can rarely be continued long enough to be any real benefit to the case."

Apart from the difficulty over labour, there were fewer applications in 1961 for help in maternity cases, which was no doubt due to the fact that more mothers were admitted to hospital.

MENTAL HEALTH

National Health Service Act, 1946 (Section 28) and Mental Health Act, 1959

In the report for 1960 there was set out a fairly detailed summary of the steps intended to be taken by the Authority to meet their obligations under the Mental Health Act, 1959, and a print of the proposals as approved by the Ministry of Health was also included. There is, therefore, no necessity to go over the scheme again in its entirety but only record the developments.

At the beginning of the year under review the Mental Health Act had been in operation for two of the six months designated as the "initial period". During this span of time it was necessary to consider carefully the needs of all patients known to the Local Health Authority who were detained under "guardianship" or "single care" or who received help, supervision and guidance under statutory and voluntary arrangements authorised by the repealed Acts.

The first step was to consider the classification of each case in accordance with the new terminology applicable to patients suffering from mental disorder, with special reference to those under detention in accordance with the transitional legal sanctions. Broadly speaking, the status quo was to be maintained until the necessary changes were effected during the initial period.

Because of the concept that the new mental health services were to be available on a "take it or leave it" basis for the ordinary family with a mental health problem, there were bound to be a number of supervision cases that were dropped at this time because of a continuing resentment of official "interference", but this number was surprisingly small because of the good relationships that had been built up in general over the years by the Local Health Authority staff. Of the patients under "guardianship" it was possible to discharge a very large proportion on the grounds that restraint under the provisions of the new Act was not warranted.

The re-organisation of community care arrangements is summarised in the following table:-

Care arrangements
at 31.10.60.

Disposal under Mental Health Act, 1959, during
"initial period"

		Care under Guardianship of L.H.A.	Care under Guardianship Private Gs.	Community care under informal arrangements	Cases Closed
<u>1. M.D. Acts 1913-38</u>					
Under Guardianship	96	15	-	80	1
" statutory supervision	468	-	-	459	} 15
" voluntary supervision	105	-	-	99	
<u>2. L. & M.T. Acts 1890-1930</u>					
Patients in single care	2	-	2	-	-
<u>3. N.H. Service Act 1948. Section 28 - aftercare service.</u>					
Mental defectives	31	-	-	24	7
Mental illness patients	89	-	-	80	9
Totals	791	15	2	742	32

It is more convenient to deal with the registration of mental nursing homes during the transitional period under a later heading.

Hove Delegation - Mental Health Service

On the 1st April the scheme of delegation to the Borough of Hove of Health and Welfare functions came into effect, including the functions of the County Council under the Mental Health Act, 1959. The provision of residential accommodation for mentally disordered persons was, however, not included in the delegation. The changeover was effected smoothly by transfer of records and allocation of county staff to provide the necessary community mental health service under the general direction of Dr. Chadwick. The figures given in the tables relating to transitional arrangements include Hove cases.

Administration

The Mental Health Sub-Committee continue to be responsible to the Health and Housing Committee for the organisation and conduct of the authority's services for the mentally disordered.

The staff of the service has been expanded by the appointment of additional Mental Welfare Officers, and re-organised. There are two psychiatric hospitals receiving mental illness cases from the county and their catchment areas have been formally defined. These establishments are St. Francis Hospital at Haywards Heath and Hellingly Hospital at Hailsham. To ensure the continuation and development of the easy relationship between the hospital and local authority services referred to in previous reports it was decided to appoint a senior Mental Welfare Officer for each hospital area who, with additional officers, covers community service needs under the immediate direction of my Deputy, Dr. Young, who is assisted by an administrative chief Mental Welfare Officer. There is, of course, close contact with consultants on the hospital staffs in relation to the community care of the mentally ill, and case conferences at the hospitals and out-patient clinics are attended by Mental Welfare Officers who undertake work under consultant direction. At the end of the year four Mental Welfare Officers were working in the Hellingly Hospital area and three in the county districts covered by St. Francis Hospital. Another officer, originally intended to be part-time, now gives whole-time service, mainly for Hellingly Hospital, and one Mental Welfare Officer has been made specifically responsible for the operation of the mental health service at his level in the Borough of Hove and for record keeping there.

It has been found possible to allocate officers to areas co-terminous with particular county districts within the hospital areas, which simplifies record keeping and care arrangements for the considerable county case load of mentally sub-normal persons. Assistant medical officers are available when necessary to undertake the examination of sub-normal and severely sub-normal persons coming to the notice of the Local Health Authority.

In February Mrs. R. S. Joyce, Home Teacher, mid-Sussex area, resigned from the Council's service and a successor was appointed. To expand the service in the eastern area of the County an additional Home Teacher took up duties in July, making two Home Teachers in all.

The Social Worker concerned solely with mentally sub-normal girls continued her duties.

Mental Nursing Homes and Residential Homes

The position of premises licensed, registered or otherwise approved before the appointed day (1st November, 1960) for the reception of patients under the Lunacy and Mental Treatment Acts and Mental Deficiency Acts had to be considered during the "initial period".

Licensed houses and nursing homes approved under the Mental Treatment Act, 1930, were to be treated as if they were registered as mental nursing homes, and within six months after the appointed day they had to be registered in the separate part of the register of mental nursing homes for establishments authorised to receive detained patients.

In this category were three large establishments. There have been applications to receive increased numbers at all three places which are still under consideration. Certain other establishments were to be considered as registered mental nursing homes for the "initial period", pending enquiry into their future status, and it was expected that most might fall to be dealt with as registrable residential accommodation for mentally disordered persons.

The registration of private establishments providing care for either adults or children suffering from mental disorder is a matter referred to the Welfare Services Committee and its officers but, by agreement, initial enquiries and inspection have been delegated to the officers of the Health and Housing Committee who report to the Welfare Services Committee. Guardianship Society foster homes were included in the initial survey and the results of all enquiries under Part III of the Act up to the end of the year are summarised on the next page.

Classification at 31.12.61.
(Including Home places)

Status before 1.11.60.	No. of Homes	Mental Nursing Homes with Detention Powers	Mental Nursing Homes without Detention Powers	Residential accommodation Registered or Registrable.	Homes not liable to registration
1. Nursing Homes receiving mentally disordered patients. <u>Lunacy & M.T. Acts 1890-1930.</u>	2	-	2	-	-
2. Licensed Houses.	2	2	-	-	-
3. Premises approved for Sections 1 and 5 of the Mental Treatment Act.	1	-	1	-	-
4. Persons having charge of certified single patients. <u>M.D. Acts 1913-38.</u>	4	-	-	-	4
5. Certified Institutions	1	-	-	1	-
6. Approved Homes	5	-	1	4	-
7. Persons having control of patients, Section 51 of M.D. Act 1913, (other than Guardianship Society Homes).	14	-	-	3	11
8. Foster Homes of Guardianship Society.	55	-	-	16	39
9. Other Homes referred after 1.11.60.	7	-	1	6	-

EAST SUSSEX COUNTY

(Including Hove Delegation)

NATIONAL HEALTH SERVICE ACT, 1946, AND MENTAL HEALTH ACT, 1959
MENTAL HEALTH STATISTICS FOR 1961

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Mental Illness

For some years past an increasing amount of care and aftercare has been given in the community on the lines demanded by the new legislation and consequently the changeover was effected smoothly.

As a result of increased co-operation with social agencies and hospitals there has been a general increase in referrals; the sources are set out below and the figures include Home cases:-

General practitioners	205
Hospitals on discharge from in-patient treatment	66
Hospitals after or during out- patient or day treatment	73
Police and Courts	16
Other sources	87

The reasons for referral vary a great deal and so, of course, does consequent action. There are cases in which the only action possible is arranging compulsory admission to hospital; patients with problems ranging from housing difficulties to holiday needs; the aggressives and the inadequates - one for example with an enormous caravan which she seems unable to occupy, unable to park and be unwilling to sell.

At the end of the year 106 cases of mental illness were under active community care.

Mental Subnormality and Severe Subnormality

During the year 82 persons of subnormal or severely subnormal mentality were reported to the authority and the social situation is then fully investigated by a mental welfare officer who submits his report and recommendation as to care. There is now no requirement under Section 57 of the Education Act, 1944, that school leavers of subnormal mentality shall be reported to the Local Health Authority so that the pattern of referral has changed somewhat from that of previous years, and for the year under review it was as follows:-

From General Practitioners	5	Children's Officer	4
From Hospitals	18	Relatives	9
From Local Education Authority	11	Other Local Health Authorities	16
From Police and Courts	3	Health Visitors	7
From other sources	9		

At the end of the year 638* mentally subnormal and severely subnormal persons were under community care.

	Males	Females	Total
Under Guardianship	9	9	18
Under other Community Care	280	340	620
Totals	289	349	638

Hospital admission arrangements

At the 31st December, 1961, twenty-eight of the 638* were awaiting vacancies in hospital, including a number of cases in the care of aged parents whose death or illness would precipitate a crisis. Once again it is true to say that the Regional Hospital Board have been very helpful in admitting emergency cases without delay whenever one has arisen.

There is still a steady demand for places at Regional Hospital Board establishments and at various homes in the community which can offer "short-term care". A total of 60 places were provided, an increase of 21 over last year.

Occupation and Training

At the end of the year progress in implementing the proposals under the Act for the provision of occupation and training facilities can be summarised as follows:-

Junior Training Centres

Mid-Sussex (Horsgate, Cuckfield). Rapid progress has been made in the erection of this centre for sixty trainees and it is hoped that the first children will be received in the autumn of the current year (1962).

Portslade A site is available on ground belonging to St. Marye's Convent, Portslade, but building had not started at the end of the year because of complications in the site layout as between the centre and a projected hostel for elderly patients suffering from mild mental disorders.

Eastbourne area Joint user arrangements are agreed and completion depends on Eastbourne progress.

Hastings area When county facilities for adults are available, there will be an intake of juniors at the existing centre which is "all age all purpose" at the present time. Its future use will be as a junior training centre.

Adult Training Centres

Burgess Hill There is considerable light industry in this area but so far a site for an adult training centre has not been found.

Portslade An acceptable site has been found in the industrial area north of Wellington Road, but is not yet technically available.

The extreme difficulty in obtaining sites for Training Centres is at least equalled by the difficulty in getting sites for hostels. As a first requirement plans provide for two hostels related to (but not within the same curtilage as) each Training Centre, whether Senior or Junior; but by the end of the year only one such site had been obtained. It is in Portslade and is expected to serve the Senior Training Centre noted above. Other possible sites are being sought or are the subject of negotiation.

Temporary facilities

During the year the authority have given consideration to the question of providing training facilities in temporary premises until permanent centres are built. It is hoped to arrange something in Burgess Hill and in Portslade if possible, and to this end the appointment of an assistant supervisor for a junior training centre has been made. She will take up her duties early in 1962.

In the rest of the county small groups of mentally subnormal persons received training from the home teachers in hired premises, the numbers of those instructed being as follows:-

East Grinstead	6	Robertsbridge	9
Lewes	7	Bexhill	10
Burgess Hill	5	Newhaven	7

Early in the new year further groups at Wadhurst and Nutley are forming.

Adding the number of individuals helped in their own homes 53 persons were receiving training from the Home Teachers at the end of the year.

At established centres run by the Guardianship Society and the local health authorities of Eastbourne and Hastings 35 East Sussex trainees attended.

Voluntary Societies

There are in East Sussex five local Societies for Mentally Handicapped Children - Brighton and Hove, Lewes and District, Hastings and Bexhill,

Wadhurst and District and Mid-Sussex. They have been very active and have provided apparatus for use by the Home Teachers, and more important in many respects, have provided facilities for the meeting of parents and friends, thus removing the sense of isolation in their problem which burdens many parents of a mentally handicapped child and leading to mutual support.

The East Grinstead and District Association for Mental Health are providing as a voluntary effort a hostel for six women suffering from mental illness suitable to live in association without the supervision of resident staff. All efforts of this kind are very useful and help enormously at this stage when hostel accommodation of any kind is exceedingly scarce.

Portsmouth A site is available on ground belonging to St. Mary's Church, Portsmouth, but building has not started as yet. The site is in the heart of the town and is a very convenient one for the purpose of the hostel.

Eastbourne A site is available on ground belonging to St. Mary's Church, Eastbourne, but building has not started as yet. The site is in the heart of the town and is a very convenient one for the purpose of the hostel.

Hastings A site is available on ground belonging to St. Mary's Church, Hastings, but building has not started as yet. The site is in the heart of the town and is a very convenient one for the purpose of the hostel.

Brighton A site is available on ground belonging to St. Mary's Church, Brighton, but building has not started as yet. The site is in the heart of the town and is a very convenient one for the purpose of the hostel.

London Training Centre A site is available on ground belonging to St. Mary's Church, London, but building has not started as yet. The site is in the heart of the town and is a very convenient one for the purpose of the hostel.

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BOROUGH OF HOVE DELEGATION SCHEME

As I mentioned in my last report, a scheme has been arranged, and came into effect on 1st April 1961, for the delegation to the Borough of Hove of a wide range of education, health and welfare services carried on within that borough. The planning for this delegation was influenced by the desire to include as much as possible and therefore enable Hove to carry on the work for the County Council with a minimum of control. In short, they carry on all the following health and welfare services subject only to general conditions set out in the approved scheme, such as the submission annually of estimates for the following year:

The functions of the County Council under Sections 21, 22, 23, 24, 25, 26 and 29 of the National Health Service Act, 1946, as amended by the Mental Health Act, 1959, in accordance with the proposals for the time being approved by the Minister under Section 20 of the National Health Service Act, 1946, and arrangements otherwise approved by him.

The functions of the County Council under Section 28 of the National Health Service Act, 1946, as amended by the Mental Health Act, 1959, in accordance with any proposals for the time being approved by the Minister under Section 20 of that Act and any arrangements otherwise approved by him, except functions relating to the care or after-care in residential accommodation of persons suffering from mental illness.

The functions of the County Council under the Mental Health Act, 1959, except insofar as it amends Part III of the National Health Service Act, 1946.

The functions of the County Council under Sections 29 and 30 of the National Assistance Act, 1948, as amended by the Mental Health Act, 1959, in accordance with the schemes for the time being approved by the Minister under Section 34 of that Act.

The functions of the County Council under Section 3 of the Disabled Persons (Employment) Act, 1958, in accordance with the schemes for the time being approved by the Minister of Labour under Section 34 of the National Assistance Act, 1948, as applied by paragraph 1 of the Schedule to the Disabled Persons (Employment) Act, 1958.

The functions of the County Council under the Nurseries and Child-Minders Regulation Act, 1948.

The functions of the County Council in relation to the management, adaptation, alteration, equipment and upkeep of such land and buildings as may be reasonably necessary for the performance of the delegated functions and, subject to the prior approval of the County Council in each case, the provision of such buildings.

In addition, considerable freedom to appoint staff for delegated duties.

The main omissions from delegation were:

The ambulance service conducted from the station situated in Hove, as it was thought an ambulance service in a county area would function better as one co-ordinated unit, which is the practice elsewhere.

Care and after-care in residential accommodation of persons suffering from mental illness.

URBAN DISTRICT OF PORTSLADE

On the date delegation took effect, however, there was dissolved the Hove and Portslade Health Sub-Committee of the Health and Housing Committee, which had carried on the health services of Part III of the National Health Service Act 1946 in both Hove and Portslade; and the problem had to be faced - how to deal with Portslade? It was not possible to adopt the simple expedient of delegating the care of Portslade to Hove, apart from any objections which might be raised. In theory it might have been possible once

more to conduct services in Portslade quite separately from Hove by appointing district nurses, midwives and so on, but after a period of thirteen years in which Hove and Portslade had been looked after as one area by one Divisional Medical Officer and one District Nursing Association a reversion to dual staffing would not, it was felt, have been in the interests of the public. By agreement with the Borough of Hove and the Urban District of Portslade, therefore, it was arranged that Dr. N. E. Chadwick (who is in charge of the delegated services in Hove) would put on a county coat in Portslade and look after the county services there on behalf of the County Medical Officer; and the Hove and Portslade District Nursing Association agreed for their part that their nursing and midwifery staff would continue to be available in both areas, on the same lines as before. This compromise, though it may appear cumbersome on paper, has the advantage that it has the least disturbing effect on the services; and so far it has worked very effectively.

and 29 of the National Health Service Act, 1946, as amended by the National Health Service Act, 1952, in accordance with the proposals for the time being approved by the Minister under Section 29 of the National Health Service Act, 1946, and arrangements otherwise approved by him.

The functions of the County Council under Section 29 of the National Health Service Act, 1946, as amended by the National Health Service Act, 1952, in accordance with any proposals for the time being approved by the Minister under Section 29 of that Act and any arrangements otherwise approved by him, except functions relating to the care or after-care in residential accommodation of persons suffering from mental illness.

The functions of the County Council under the Mental Health Act, 1959, except insofar as it enables Part III of the National Health Service Act, 1946.

The functions of the County Council under Section 29 and 30 of the National Health Service Act, 1946, as amended by the National Health Service Act, 1952, in accordance with the schemes for the time being approved by the Minister under Section 34 of that Act.

The functions of the County Council under Section 2 of the Disabled Persons (Employment) Act, 1958, in accordance with the schemes for the time being approved by the Minister of Labour under Section 2 of the National Health Service Act, 1946, as amended by the National Health Service Act, 1952, in accordance with the schemes for the time being approved by the Minister under Section 34 of that Act.

The functions of the County Council under the Overseas and Child Welfare Act, 1948.

The functions of the County Council in relation to the management, adaptation, alteration, equipment and upkeep of such land and buildings as may be reasonably necessary for the performance of the delegated functions and, subject to the prior approval of the County Council in each case, the provision of such buildings.

In addition, considerable freedom is required for delegated duties.

The main exclusions from delegation were:

The ambulance service provided from the station situated in Hove, as it was thought an ambulance service in a county area would function better as one co-ordinated unit, which is the practice elsewhere.

Day and after-care in residential accommodation of persons suffering from mental illness.

URBAN DISTRICT OF PORTSLADE

On the date delegation took effect, however, there was discussed the Hove and Portslade Health Sub-Committee of the Health and Housing Committee, which had carried on the health services of Part III of the National Health Service Act 1946 in both Hove and Portslade; and the problem had to be faced - how to deal with Portslade? It was not possible to split the single department of delegating the care of Portslade to Hove, apart from any other terms which might be raised. In theory it might have been possible once

MEDICAL EXAMINATION OF STAFF

The total number of medical examinations carried out during the year was 289 as against 259 in 1960. 691 health statements were considered but only one necessitated a full medical examination, though some of the statements involved further enquiries and 9 employees were turned down as a result. 454 of the health statements were in respect of teaching staff and 237 for canteen staff. Most of these had to have chest x-ray arranged.

Actual medical examinations were carried out as follows:-

By whole time medical officers including Hove	127
By part time medical officers	117
By general practitioners	42

REGISTRATION OF NURSING HOMES

At the end of 1961 there were 25 registered homes in the Authority's area outside Hove, two having closed down during the year. The usual visits of inspection were paid periodically and all homes seemed to be running satisfactorily.

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

REGISTRATION OF NURSING AGENCIES

There are now three Nursing Agencies in the county area outside Hove and Portslade, a new one having been licensed during the year.

NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948

At the end of the year there were 21 daily minders and 11 nurseries registered. The Assistant Superintendent Nursing Officers visit the premises regularly to ensure that the children are properly cared for and to see that the requirements imposed as a condition of registration are fulfilled in the interests of the children attending. Such requirements are adequate fire and home safety precautions, the number of children attending, adequate precautions against infectious diseases, enough staff etc.

TABLE 1
VITAL STATISTICS RELATED TO MOTHERS AND CHILDREN 1961

The County of Essex	Live Births		Illegitimate live births per cent of total live births	Stillbirths		Total live and still births	Infant deaths	Infant Mortality Rate				Neo natal mortality rate per 1000 live births	Early Neo-natal mortality rate per 1000 live births	Perinatal mortality rate per 1000 live and still births	Maternal deaths (including abortion)	Maternal mortality rate per 1000 live and still births
	No	Rate		No	Rate			Per 1000 total live births	Per 1000 legitimate live births	Per 1000 illegitimate live births						
	4797	12.78	5.86	77	15.80	4874	75	15.63	15.06	24.91	12.09	10.42	26.06	-	-	

* Crude rates calculated per 1000 of the estimated population

+ Rate per 1000 total births

CHIEF VITAL STATISTICS FOR THE YEAR 1961
TABLE II - LIVE BIRTHS, DEATHS AND DEATHS IN SELECTED DISEASES

Group	Population estimated by Registrar mid-1961	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
3 Large Towns	114660	1225	10.68	2205	19.23	22	17.96	748	6.52	10	.09	192	1.67
7 Other Urban Districts	90340	1314	14.55	1162	12.86	20	15.22	408	4.52	4	.04	113	1.25
5 Rural Districts	170250	2258	13.26	2561	15.04	33	14.62	880	5.17	13	.08	252	1.48
Whole County	375250	4797	12.78	5928	15.80	75	15.63	2036	5.43	27	.07	557	1.48

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

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

TABLE III - LIVE BIRTHS, STILLBIRTHS AND DEATHS

District	Area in statute acres (land and inland water)	Population estimated by Registrar General mid-1961	Live Births		Stillbirths		Deaths under 1 year of age		Deaths at all ages belonging to the district	Crude Deaths Rate per 1000 Population
			Number	Crude Rate per 1000 population	Number	Crude Rate per 1000 population	Number	Rate per 1000 live births registered		
Three Large Towns:										
Bexhill	7993	29330	269	9.17	1	.03	3	11.15	585	19.95
Hove	3946	71840	750	10.47	41	.15	14	18.67	1471	20.53
Lewes	1993	13690	206	15.05	5	.37	5	24.27	149	10.88
Totals	13932	114660	1225	10.68	17	.15	22	17.96	2205	19.23
Seven other Urban Districts:										
Burgess Hill	2026	14110	233	16.51	4	.28	3	12.88	152	10.77
Cuckfield	3911	20080	278	13.85	3	.15	3	10.79	279	13.89
East Grinstead	6600	15540	248	15.96	3	.19	4	16.13	193	12.42
Newhaven	1772	8360	117	14.00	1	.12	3	25.64	109	13.04
Portlady-by-Sea	1951	15370	276	17.28	4	.25	4	14.49	174	10.89
Rye	1027	4420	51	11.54	1	.23	3	58.82	71	16.06
Seaford	4274	11860	111	9.36	-	-	-	-	184	15.51
Totals	21561	90340	1314	14.55	16	.18	20	15.22	1162	12.86
Five Rural Districts:										
Battle	17147	30400	362	11.91	10	.33	2	5.52	497	16.35
Chichester	64183	22870	327	14.30	8	.35	5	15.29	384	16.79
Cuckfield	70996	30470	488	16.02	6	.20	5	10.25	364	11.95
Hailsham	50668	42560	499	11.73	8	.19	2	4.01	704	16.94
Uckfield	112096	43950	582	13.24	12	.27	19	32.65	612	13.92
Totals	459090	170250	2258	13.26	44	.26	33	14.62	2561	15.04
Whole County	494583	375250	4797	12.78	77	.21	75	15.63	5928	15.80

TABLE IV
NUMBER OF DEATHS AT DIFFERENT PERIODS OF LIFE IN
THE ADMINISTRATIVE COUNTY DURING THE YEAR 1961

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	1,512	26	2	7	13	30	293	467	674	1,229	15	5	7	11	33	237	358	563
Females	1,855	16	7	1	3	26	214	389	1,199	1,332	18	3	4	5	23	190	295	794
TOTALS	3,367	42	9	8	16	56	507	856	1,873	2,561	33	8	11	16	56	427	653	1,357

TABLE V (a)

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1961 IN THE URBAN DISTRICTS

CAUSES OF DEATH	Deaths, in or belonging to Districts, at subjoined ages								Deaths, in or belonging to each District at all ages										
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and over	Totals	BOROUGHES				Burgess Hill	Cuckfield	East Grinstead	Newhaven	Portsmouth-by-Sea	Seaford
										Bexhill	Hove	Lewes	Rye						
1. Tuberculosis, Respiratory	-	-	-	-	1	7	3	3	14	3	7	-	-	-	1	1	1	2	
2. Tuberculosis, Other	-	-	-	-	-	1	1	1	4	1	2	-	-	-	-	-	-	-	
3. Syphilitic Disease	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
6. Meningococcal Infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
7. Acute Poliomyelitis	-	-	-	-	-	2	-	-	6	-	-	-	-	-	-	-	-	-	
8. Measles	-	-	-	-	-	2	2	1	9	1	3	-	-	-	2	-	-	-	
9. Other Infective and Parasitic Diseases	-	1	2	-	1	2	2	1	51	10	27	-	-	-	4	5	-	-	
10. Malignant Neoplasm, Stomach	-	-	-	-	1	56	46	23	126	12	64	-	-	-	1	2	-	-	
11. Malignant Neoplasm, Lung, Bronchus	-	-	-	-	1	22	25	25	76	23	32	-	-	-	4	5	-	-	
12. Malignant Neoplasm, Breast	-	-	-	-	4	9	5	8	24	4	13	-	-	-	1	1	-	-	
13. Malignant Neoplasm, Uterus	-	-	-	-	2	69	104	122	306	51	121	-	-	-	16	13	-	-	
14. Other Malignant and Lymphatic Neoplasms	-	-	-	2	9	5	4	8	19	5	10	-	-	-	1	1	-	-	
15. Leukaemia, Aetukaemia	-	-	-	-	2	5	7	11	21	5	9	-	-	-	1	2	-	-	
16. Diabetes	-	-	-	-	1	2	1	1	570	115	238	-	-	-	17	13	-	-	
17. Vascular Lesions of Nervous System	-	-	-	-	5	42	136	387	570	111	262	-	-	-	31	43	-	-	
18. Coronary Disease, Angina	-	-	-	1	2	109	194	274	580	111	262	-	-	-	22	27	-	-	
19. Hypertension with Heart Disease	-	-	-	1	1	5	10	44	60	10	27	-	-	-	4	2	-	-	
20. Other Heart Disease	-	-	-	1	4	28	70	113	516	72	219	-	-	-	51	21	-	-	
21. Other Circulatory Disease	-	-	-	1	-	16	41	120	178	30	81	-	-	-	11	9	-	-	
22. Influenza	-	3	-	-	-	7	8	25	40	3	29	-	-	-	1	4	-	-	
23. Pneumonia	2	2	-	-	-	17	32	113	167	32	68	-	-	-	23	2	-	-	
24. Bronchitis	-	-	1	-	2	16	40	56	116	27	42	-	-	-	6	7	-	-	
25. Other Diseases of Respiratory System	-	-	-	-	-	5	8	18	22	10	9	-	-	-	2	1	-	-	
26. Ulcer of Stomach and Duodenum	-	-	-	-	1	6	10	17	34	6	13	-	-	-	1	1	-	-	
27. Gastritis, Enteritis and Diarrhoea	-	-	-	-	-	9	4	4	17	1	8	-	-	-	2	-	-	-	
28. Nephritis and Nephrosis	-	-	-	-	-	-	3	13	16	1	6	-	-	-	3	-	-	-	
29. Hyperplasia of Prostate	-	-	-	-	-	-	-	-	21	1	1	-	-	-	2	-	-	-	
30. Pregnancy, Childbirth, Abortion	-	-	-	-	-	-	-	-	16	-	4	-	-	-	4	-	-	-	
31. Congenital Malformations	6	2	2	-	-	2	1	1	-	2	-	-	-	-	4	-	-	-	
32. Other Defined and Ill-Defined Diseases	32	1	-	7	-	31	53	113	238	43	101	-	-	-	18	12	-	-	
33. Motor Vehicle Accidents	-	-	1	2	2	7	3	46	26	2	10	-	-	-	2	4	-	-	
34. All other Accidents	-	-	-	2	4	3	12	1	71	3	39	-	-	-	3	1	-	-	
35. Suicide	-	-	-	-	7	12	6	1	28	5	15	-	-	-	1	1	-	-	
36. Homicide and Operations of War	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
All Causes	42	9	8	16	56	507	856	1873	3367	585	1471	149	71	152	279	193	109	174	184

TABLE V (b)

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1961 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	Haslemere	Uckfield
1. Tuberculosis, Respiratory	-	-	-	-	3	5	3	2	13	4	-	2	5	2
2. Tuberculosis, Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. Syphilitic Disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal Infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other Infective and Parasitic Diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10. Malignant Neoplasm, Stomach	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. Malignant Neoplasm, Lung, Bronchus	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. Malignant Neoplasm, Breast	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13. Malignant Neoplasm, Uterus	-	-	-	-	-	-	-	-	-	-	-	-	-	-
14. Other Malignant and Lymphatic Neoplasms	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15. Leukaemia, Aleukaemia	-	-	-	-	-	-	-	-	-	-	-	-	-	-
16. Diabetes	-	-	-	-	-	-	-	-	-	-	-	-	-	-
17. Vascular Lesions of Nervous System	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18. Coronary Disease, Angina	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19. Hypertension with Heart Disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. Other Heart Disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21. Other Circulatory Disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22. Influenza	-	-	-	-	-	-	-	-	-	-	-	-	-	-
23. Pneumonia	-	-	-	-	-	-	-	-	-	-	-	-	-	-
24. Bronchitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25. Other Diseases of Respiratory System	-	-	-	-	-	-	-	-	-	-	-	-	-	-
26. Ulcer of Stomach and Duodenum	-	-	-	-	-	-	-	-	-	-	-	-	-	-
27. Gastritis, Enteritis and Diarrhoea	-	-	-	-	-	-	-	-	-	-	-	-	-	-
28. Nephritis and Nephrosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
29. Hyperplasia of Prostate	-	-	-	-	-	-	-	-	-	-	-	-	-	-
30. Pregnancy, Childbirth, Abortion	-	-	-	-	-	-	-	-	-	-	-	-	-	-
31. Congenital Malformations	-	-	-	-	-	-	-	-	-	-	-	-	-	-
32. Other Defined and ill-Defined Diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-
33. Motor Vehicle Accidents	-	-	-	-	-	-	-	-	-	-	-	-	-	-
34. All Other Accidents	-	-	-	-	-	-	-	-	-	-	-	-	-	-
35. Suicide	-	-	-	-	-	-	-	-	-	-	-	-	-	-
36. Homicide and Operations of War	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All Causes	33	8	11	16	56	427	653	1357	2561	497	384	364	704	612

TABLE VI

CASES OF NOTIFIABLE DISEASES OCCURRING DURING THE YEAR 1961

	Total for Administrative County	TOTAL NUMBERS OF NOTIFIABLE DISEASES IN EACH DISTRICT																	
		Boroughs				Urban Districts						Rural Districts							
		Bexhill	Hove	Lewes	Rye	Totals	Burgess Hill	Cuckfield	East Grinstead	Newhaven	Portsmouth-by-Sea	Seaford	Totals	Battle	Chailley	Cuckfield	Hallsham	Uckfield	Totals
Scarlet Fever	99	17	18	-	4	39	2	2	4	1	17	-	20	6	2	10	11	11	40
Whooping Cough	277	5	44	40	-	89	12	6	1	8	2	20	49	18	34	22	26	39	139
Acute Poliomyelitis - Paralytic	1	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis - Non Paralytic	5326	355	609	133	162	1259	218	109	291	276	374	128	1396	506	357	707	361	740	2671
Measles	123	3	26	5	10	44	3	7	3	2	10	1	26	18	10	1	14	10	53
Diphtheria	15	1	3	-	-	4	1	3	-	1	-	-	5	1	2	3	-	-	6
Acute Pneumonia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis - Infective	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	1	1	2
Acute Encephalitis - Post Infectious	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Enteric or Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever	-	-	-	-	-	-	-	-	-	-	3	-	3	1	-	-	1	1	3
Erysipelas	23	2	15	-	-	17	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal Infection	1	1	1	-	1	1	1	-	-	-	-	-	39	2	-	1	2	5	10
Puerperal Pyrexia	57	2	1	4	1	8	1	37	-	1	-	-	-	2	-	1	2	4	4
Ophthalmia Neonatorum	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	221	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	1
Food Poisoning	221	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis - Respiratory	91	6	24	5	4	44	6	7	2	-	2	1	11	6	6	203	1	2	206
Tuberculosis - Meninges	1	-	-	-	-	39	-	9	-	-	4	-	20	-	-	6	3	11	32
Tuberculosis - Other forms	4	1	1	1	-	3	-	-	-	-	-	-	-	-	-	1	-	1	1
Totals	6247	393	745	189	181	1508	243	180	301	289	407	150	1570	560	412	954	422	821	3169

TABLE VII

VACCINATION AGAINST SMALLPOX

NUMBER OF PERSONS VACCINATED (OR REVACCINATED) DURING THE YEAR 1961

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	210	3	14	-	20	9	8	86	21	236	273	334
Hove	462	-	39	3	26	8	20	72	50	465	597	548
Lewes	85	7	19	-	43	2	9	10	14	49	140	68
Rye	40	-	1	-	1	-	2	8	2	29	46	37
Urban Districts												
Burgess Hill	138	-	9	-	11	-	1	9	-	36	159	45
Cuckfield	180	-	24	-	16	3	7	31	1	252	223	286
East Grinstead	248	-	33	-	25	-	2	40	-	99	313	139
Newhaven	118	-	3	-	4	-	3	9	5	67	133	76
Portslade	191	-	9	-	4	3	24	5	8	26	236	34
Seaford	38	1	13	-	5	2	4	36	6	96	66	135
Rural Districts												
Battle	235	-	27	1	17	7	25	27	25	167	329	202
Chailley	135	-	16	-	9	2	11	9	10	88	181	99
Cuckfield	355	-	39	-	30	-	-	62	-	241	424	303
Hailsham	294	-	29	-	25	7	7	17	32	138	387	162
Uckfield	448	-	30	-	47	-	7	62	5	228	537	290
TOTALS	3177	11	305	4	253	43	130	483	179	2217	4044	2758

Vaccination State in Relation to Child Population as at 31st December, 1961:-

Age Group	Total Vaccinated	Child Population	Percentage Vaccinated
Under 1 year	3188	4710	67.69
1 to 4 years	12545	18090	69.35
	<u>15733</u>	<u>22800</u>	<u>69.00</u>

TABLE VIII

Part A. The Diphtheria Immunity Index for 1961, calculated by the Statistics Branch of the Ministry of Health, was:

	Under 5	Under 15
	years	years
	78%	76%

Percentage of children currently immunised against diphtheria as at 31st December, 1961:

Part B. Details of children at East Sussex County Primary Schools who, at the end of July 1961, had completed full primary courses of poliomyelitis vaccination:

District	School Roll	Due for fourth	Not due	Total	No. of injections at school
BOROUGHS					
Bexhill	1,551	1,103	28	1,131	735
Lewes	1,211	967	23	990	493
Rye	481	361	8	369	202
URBAN DISTRICTS					
Burgess Hill	1,195	869	24	893	729
Cuckfield	1,359	1,039	28	1,067	773
East Grinstead	1,219	927	39	966	445
Newhaven	867	652	57	709	431
Seaford	495	358	7	365	215
RURAL DISTRICTS					
Battle	2,078	1,551	80	1,631	838
Chailley	1,465	957	16	973	526
Cuckfield	1,929	1,434	53	1,487	949
Hailsham	2,848	1,943	119	2,062	1,252
Uckfield	3,243	2,177	78	2,255	1,224
	19,941	14,338	560	14,898	8,812

(74.66%)

TABLE IX

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

Year	Total notified births (Live and Still)	Domiciliary	Hospital	Percentage Domiciliary	Total registered 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
1961	4,867	1,488	3,379	30.57	4,874