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EAST SUSSEX COUNTY COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

YEAR 1962



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

County Medical Officer of Health and Principal School Medical Officer



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Mr. Chairman, My Lords, Ladies and Gentlemen,

I have the honour to present the sixty-eighth Annual Report on the health of the Administrative County of East Sussex.

I am glad to be able to report a year of satisfactory progress, with no cases of poliomyelitis and little other infectious disease except that there have been many cases of measles (1,363). These waves of measles generally occur in alternate years; but in this and no doubt other counties the waves in some parts may not occur in the same year as in other parts. During the last four years the notified cases have been 1363, 5326, 797 and 6746 a total of 14,232 representing repayment by the county health authority of £1,779. As I have pointed out before, from this sum and the corresponding administrative expenditure we have derived no benefit whatever.

The birth rate has risen again to 14.69, a reflection of the general tendency to earlier marriages and starting of families, to which also may be attributed, perhaps, the slight rise in the infant mortality rate.

Just before the end of the year there was received from the Ministry of Health Circular 28/62 which expressed the Minister's willingness to approve of the making of arrangements with water undertakers for the addition of fluoride to water supplies which are deficient in it naturally.

This and the added robust assurance that the Minister would support local health authorities and water undertakers in the possible event of court action were welcomed by all who realise that fluoridation of public water supplies is the only present substantial step that can be taken to reduce the enormous amount of caries met with nowadays.

Particulars of discussions and decisions arising from this circular must of course be dealt with in the report for next year; but at this stage regret can be expressed at the actual timing, since the circular was received after the estimates for the coming year had been prepared and just before a period of general public concern about re-rating and a rise in rates for the following year, matters which in many people's minds were inextricably associated as indicating considerable demands for extra dipping into the pocket.

Radio control of our ambulance service has now been established long enough to show that here, as in other areas, it adds notably to the efficiency of an important public service. I must again emphasize that although it does cut out or shorten journeys and so save money, its important advantage is that the patient can get skilled first-aid more promptly. This is much more conducive to a quick and complete recovery than being hectically "rushed to hospital", as the oft-repeated phrase goes.

The Health Visiting and Social Work (Training) Act 1962, which has not yet been put into force, contains in Section 5 a most interesting addition to the powers of local health authorities. Sub-paragraph (c) says, in effect, that local health authorities may conduct or take part in research into matters relating to their functions, a power which is likely to add materially to the efficiency of the authority's service as well as sharpening the interest of their officers.

Last year it was possible to produce the Annual Report in time for the July meeting of the County Council, in spite of the statistical material being received rather late, only by the kindness and cooperation of the Health and Housing Committee. This year this will again be possible although the figures were received later than last year and I wish to thank them and all others concerned for their help and support.

I have the honour to be

Your obedient servant,

F. LANGFORD.

County Medical Officer of Health.

Health Department, County Hall, Lewes.

MAY, 1963.

(as at 31st December, 1962)

(a) Members of the County Council:

Mr. St. J. Fancourt Bell.
Mr. T. Benson.
Miss M. Blount, M.B.E. (Vice-Chairman)
Mrs. E. F. Cave.
Mr. H. T. Jennings Clark.
Mr. W. R. Dunlop.
Brig. H. P. Gardham, C.B.E.
(Chairman of Finance Committee).
Mr. Glaude Hershman, M.C. (Chairman).
Miss E. A. Kennedy.
Sir William Lindsay, C.B.E. (Chairman of the County Council).

Mr. R. Mitchell.
Mr. J. R. Murray.
Mrs. K. M. N. Pither.
Mr. H. Riley.
Mrs. M. M. Roberts.
Brig. L. M. Scott.
Lt-Col. E. M. Sheehan.
Mr. C. W. Shelford (Vice-Chairman of the County Council).
Miss L. T. Toller.
Miss O. M. Vaughan.

(b) Other Members:

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

STAFF OF THE COUNTY PUBLIC HEALTH DEPARTMENT

(including the School Health Service) (as at 31st December, 1962)

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 F Chadwick V A V B D D U
(a)	(0)	N.E. Chadwick, M.A., M.D., D.P.H.
Senior (Administrative) Medical Officer	(4)	A. Spellman, M.R.C.S., L.R.C.P., M.B. B.S., D.P.M.
Assistant (Administrative) Medical Officer		Ilma B.S. Bingeman, M.B., B.S., M.R.C3 L.R.C.P., D.P.H.
Assistant Medical Officers	(a)	L.A. Collins, M.B., Ch.B., D.P.H., D.P.H.
	(b)	N. Eyles, M.B., Ch.B., D.P.H. Ada Firth, M.R.C.S., L.R.C.P., F.R.C.S.(Ed.), D.P.H.
	(b)	A.P. Gorrie, M.B., Ch.B. R.G.D. MacLennan, L.R.C.P., L.R.C.S., L.R.F.R.S., D.P.H. (part-time) Margaret B. Parker, M.B., Ch.B.,
	, .	D.P.H. (part-time)
	(a)	J. Petrie, M.B., Ch.B., D.P.H.
	(a)	H.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.Z., 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.

Mental Officers		J.V. Goldie, L.D.S., R.C.S. S.A. Park, L.D.S., R.C.S. W.S. Beeson, B.Ch.D., L.D.S. Dr. M. Garfield, L.D.S., R.C.S.,
To the armentage or leading to the second	(b)	M.R.C.S., L.R.C.P. (part-time) Paul H.S. Dahaise, 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.
	(1)	(part-time) Suzanne J.M. Passat, L.D.S., R.C.S. R. Park, L.D.S., R.C.S., (part-time)
The Event Designate vis of	(ъ)	G.M. Rodgers, L.D.S., R.C.S. (part-time)
Income to Didestrolla with	(b)	A.P. Spackman, L.D.S., R.C.S. R.C. Virgo, L.D.S., R.C.S. (part-time)
Dental Anaesthetists		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) 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. J.M. Meredith. Mrs. F.E. Harris. Mrs. A.I.C. Pember.
Speech Therapists	(b)	Miss N. McMahon, L.C.S.T. Miss D. Aylen, L.C.S.T. 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.)
Deputy Superintendent Nursing Officer		Miss E.M. Hollands, S.R.N., S.C.M., H.V.Cert., Q.N.
Assistant Superintendent Nursing Officer	s	Miss D.B. Boxer, S.R.N., S.C.N., H.V.Cert., Q.N. Miss A.A. Leckie, S.R.N., S.C.M., H.V.Cert., N.T.D., Q.N. Miss G.M. Williams, S.R.N., S.C.M., H.V.Cert., Q.N.
Kidwifery Tutor		Miss E.E.Paul, S.R.N., S.C.M., H.V.Gert., M.T.D., Q.N.
Tuberculosis and Geriatrics Health Visitor		Miss M.F. Wheeler, S.R.N., S.C.M., H.V.Cert., J.N.
Area Superintendent Nursing Officer	(b)	Miss I.O. Linton, S.R.N., S.C.M., H.V.Cert., Q.N.
Care Almoner		Miss N.L. Shaw, B.A., A.M.I.A.
County Ambulance Officer		J.W. Limb.

Home Help Organiser		Mrs. I.M. Fouldes.
Deputy Home Help Organiser		Mrs. P. Skiller.
Assistant Home Help Organiser	(b)	Mrs. F.E. Dibb.
Wental Welfare Officers	(b)	F.P. Candy. Miss H.K. Draper. Mrs. V.H. Martin. F.P. Bezzina-Martin. Miss A.M. Milner. L. Oliver. C.V. Richardson. G.E. Ritchie. A.E. Smith. H.G.W. Ternouth.
Home Teachers for Mentally Subnormal Patients		Mrs. Helen W. Smith. Mrs. D. Wood.
Natron, 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. Putter.

⁽a) Also District Medical Officer of Health.
(b) Borcugh of Hove staff employed in the exercise of delegated functions.

GENERAL STATISTICS

The Estimated Population increased from 375,250 in 1961 to 383,100 in 1962.

The crude Birth Rate for the county was 13.35 per thousand of the estimated population (.57 per thousand more than in 1961). The live births in 1962 totalled 5,114 (307 more than in 1961). The number of illegitimate live births in East Sussex was 306 (25 more than in 1961) or 5.98 per cent of the total.

The crude Death Rate was 16.10 per thousand in 1962 as compared with 15.80 in 1961.

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 Rat Corrected Death Rat	14.69	18.0

The Infant Mortality Rate was 17.01 per thousand live births in 1962, as compared with 15.63 in 1961. The rate for England and Wales was 21.4. The illegitimate death rate was 26.14 per thousand illegitimate live births, as compared with 24.91 in 1961.

The Maternal Mortality Rate was .19 as compared with nil per thousand live and still births in 1961.

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 services have been submitted by district authorities. Proposals which have been examined and reported upon and the progress made on former schemes are set out in the following paragraphs:-

Battle Rural District

Proposed scheme of sewerage and sewage disposal for Catsfield Village.

Proposed scheme of sewerage for the outlying parts of Battle and reconstruction of the Battle Town sewage disposal works.

Sewerage extensions for :-

Chapel Lane, Sedlescombe. Victoria Way, Winchelsea Beach. The Rectory Area, Burwash Common.

Proposed water extensions for :-

Merriments Lane, Hurst Green. Chowne's Hill, Guestling. The main drainage schemes for Brede and Broad Oak, Sedlescombe Village and Burwash Common were completed together with extensions to serve the following localities:-

Watermill Lane, Guestling.
Gorselands Estate, Brede Lane and Chapel Lane.
Sedlescombe.
Victoria Way, Winchelsea Beach.
The Rectory Area, Burwash Common.

Water extensions to serve the following were also completed :-

Bixley Lane, Watermill Lane and Whitbread Lane, Beckley. Tile Barn Lane to Moore's Lane, Beckley. Doucegrove, Northiam to Arndale Bridge.

Chailey Rural District

Revised schemes of sewerage and sewage disposal for Piddinghoe and the second stage for Plumpton Green were submitted.

Both schemes were started during the year and the Plumpton Green (1st Stage) and reconstruction of the Barcombe sewage disposal works were completed.

Cuckfield Rural District

Proposed schemes of sewerage and sewage disposal for Slaugham Village, Staplefield and Brook Street areas were submitted.

The main centres of development in this rural district have already been provided for.

Hailsham Rural District

A proposed scheme of sewerage and sewage disposal for East Hoathly village and a revised scheme for Windmill Hill were submitted.

Water main extensions to serve the following localities were submitted and completed during the year :-

Stunts Green to Cooper's Cross, Herstmonceux.

Adam's Hole to Harkaway, Herstmonceux.

Hempstead Lane, Hailsham.

Gun Hill to West Street Farm, Chiddingly.

Owlsbury Cross to Wayside and Callers Corner, Warbleton.

The main drainage scheme for Alfriston and the extension to the Funnetts Town system were also completed.

Uckfield Rural District

No new proposals were submitted during the year. Good progress was made on the scheme of sewerage and sewage disposal for Nutley village.

The Groombridge scheme and improvements to the Redgate Mill sewage disposal works at Rotherfield were completed.

Newhaven Urban District

The West Side drainage scheme made good progress, the majority of the pipework being completed and by the year end the main components of the disposal works were under construction.

FOOD & DRUGS ACT & MILK & DAIRIES REGULATIONS

Milk (Special Designation) Regulations 1960

Pasteurisers' Licences

On the 1st January, 1962, there were seven pasteurisers operating under licences issued by the County Council. At the end of March, one of the smaller dairies ceased pasteurising and of the remaining six establishments, five have High Temperature Short Time Plants and one has a Holder Type Plant.

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 :-

630 W33-	No. of		Number of Samples		
Class of Milk	Samples	Appropriate Tests	Passed	Failed	
The part of the pa		Phosphatase	159	-	
Pasteurised	159	Methylene Blue	159	-	
Tuberculin Tested	10 10 00	Phosphatase	296	2	
(Pasteurised)	298	Methylene Blue	295	3	
		Phosphatase	455	2	
Totals:	457	Methylene Blue	4.54	3	

The two phosphatase failures both occurred at the dairy using the Holder Type Flant and were attributed to the operator neglecting to maintain pasteurising temperature.

The three methylene blue test failures all occurred at one dairy using a High Temperature Short Time plant and were due to a defective thermostatic control switch on the cooling system.

Examination of Bottles

In order to determine the efficiency of the methods adopted in the cleansing of milk bottles at these establishments and at dairies handling raw milk, thirty-six sample groups of bottles have been examined during the year. All the samples reached the standard recommended by the Public Health Laboratory Service except in one case of a small village dairy bottling raw milk.

In this instance, the dairyman had exhausted his stock of sterilising agent and failed to make suitable alternative arrangements.

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.

The responsibility for granting licences for this purpose rests with Food and Drugs Authorities and at the beginning of the year there were 363 licences in operation.

During the year, 69 licences were issued in respect of new

dealers and changes of ownership and 46 licences were cancelled where milk business had ceased.

At the year end, the total number of current licences had increased to 386, mostly due to the sale of milk from shop premises.

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	Prescribed Tests		
Glass of Milk	Samples	Passed	Failed	
Pasteurised (all grades)	522	512	10	
Tuberculin Tested (Raw)	62	54	8	
Sterilised	6	6	-	
Totals:	590	572	18	

The eighteen unsatisfactory samples all failed the methylene blue (keeping quality) test, and this was attributed mainly to three causes, (1) improper storage of the milk, (2) failure to turn over stocks in proper rotation and (3) the breakdown in the cooling arrangements at a central pasteurising and distributing establishment as already referred to.

In addition to the above, 54 samples of milk have been taken on behalf of the Ministry of Health at the two hospital dairy farms, and all satisfied the prescribed test.

Thirty-six of these samples were also submitted for biological examinations on a quarterly basis and these were reported to be free from infection.

Milk in Schools Scheme

All the schools participating in this scheme receive pasteurised milk as recommended, with the exception of one private school which obtains raw tuberculin tested milk from its own dairy herd.

Supervision of the arrangements has been continued during the year and the supplies have been checked by sampling.

In one case only, the milk failed to satisfy the prescribed tests and the general position is considered to be satisfactory.

INFECTIOUS DISEASES

Infectious diseases fell this year to 1,955 from 6,246 in 1961, measles accounting for 1,363 as against 5,326 last year. Of the remainder, whooping cough accounted for 128 cases and scarlet fever for 95 cases compared with 277 and 99 respectively in 1961. Pneumonia cases only amounted to 86 which compares favourably with last year's figure of 123. There were only 30 cases of food poisoning notified during the year, as against 221 last year. The dysentery figure on the other hand rose to 54, compared with only 15 in 1961, most of which occurred in one private children's residential home.

There were no cases of poliomyelitis in the administrative county during the year.

Pulmonary tuberculosis showed no difference from last year's figures, 92 new cases being notifed as against the previous figure of 91. 50 of these were between the ages of 15 and 45. Once again the greatest number of notifications for males occurred between the age of 55 and 65 and for females between 25 and 35. 9 cases occurred in young persons under the age of 15 years and 5 in children under 5 years of age. There were 12 notifications of other forms of tuberculosis, only one being under 15 years of age.

At the end of the year there were 2,677 notified cases on the register (2.390 pulmonary and 287 non-pulmonary) as compared with 2,339 and 287 in 1961.

Deaths from tuberculosis in 1962 were as follows :-

Pulmonary tuberculosis	Deaths
Urban Districts	16
Rural Districts	1
Other forms	
Urban Districts	7
Rural Districts	-

5 deaths were of patients who had not been previously notified.

Case 1 was an elderly woman who died primarily of chronic nephritis, but an autopsy showed that in fact she suffered from fibrocaseous pulmonary tuberculosis.

Case 2 was a middle aged man who was admitted to hospital with a coronary thrombosis. He was known to have had pulmonary tuberculosis but it was thought to have been inactive for a long time.

Case 3 was a 64 year old woman who had apparently had pulmonary tuberculosis for some time. Her general practitioner retired shortly before her death so it was not possible to find out the reason for the nonnotification.

Case 4 was a 2 year old child who died in hospital having been admitted previously with an inexplicable illness. A diagnosis was made after death of tuberculous meningitis; but in spite of extensive enquiries the source of his infection has not been traced.

Case 5 was a retired Army officer who was found dead at his home. The post mortem showed the cause as being haemoptysis and pulmonary phthisis. The deceased did not attend any doctor. Family contacts were traced and examination was arranged.

In three of these cases notification should and could have been made

though no doubt the original medical attention was given many years ago. In the last two cases notification was obviously not possible.

Care Almoner's Report

"In reviewing her past year's work the Almoner has noted the continuing need to supplement statutory forms of assistance from voluntary sources. The recognition that rates of sickness benefit and pensions were not adequate to meet the increased needs arising from the excessive cold during the winter months from December to March came too late to help many of the people concerned. The Almoner was very glad, therefore, to be able to call on voluntary funds administered by the Care Committees to pay for extra fuel. During the year some 57 patients on the Tuberculosis Register were helped in this way and many of them received double their usual allowance from the Care Committee during the first three months of 1963.

Requests for help in obtaining Council house accommodation have been made to the Almoner more frequently during the past year and she has realised that the problem has become more acute, partly owing to the policy adopted by many local authorities of restricting their building programme. Three cases known to the Almoner were successfully re-housed during the year. Strong medical support from the Chest Physician and the local Medical Officer of Health together with frequent representations made by the Almoner to the Housing Manager to make sure that he had all the relevant facts up to date may have helped to get these families re-housed. In each case, however, there was a long wait and two patients stayed in hospital and were separated from their families for many weeks longer than their medical condition required as they had nowhere to live until they were allocated their Council houses.

Another problem which has become more acute during the past year has been the finding of suitable employment for patients when they are fit to resume work. In previous years it has not been difficult for women to get suitable work, but the Almoner has found women as well as men are affected in the present slump in employment. She advised two women patients in their thirties to avail themselves of a Ministry of Labour Training Course in secretarial work so that they might have a skill to offer in the labour market. For the older men in their late fifties and early sixties it has always been difficult to find a light sedentary job in this area and now it is virtually impossible. Some form of occupation in the home to help pass the time is most welcome to these men, and the Almoner is grateful for the continued support from the East Sussex Association for the Care of Cripples in making their Home Industry Scheme available for some of these patients."

NATIONAL HEALTH SERVICE ACTS

HEALTH CENTRES (SECTION 21)

No action has been taken under this Section during 1962.

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22)

Clinic Buildings

In my report for 1961 it was stated that the provision of a clinic building at Rye had been deferred owing to the tenders being too high. Fortunately it was possible to resolve this difficulty by reconsideration of planning details and discussions with the builders, and the work was already well on before severe winter weather at the end of 1962 held everything up.

A clinic building at the "Chalky Road," Portslade, started in 1960 was finished in 1962 and was taken into partial use in October. It is situated in the northern prolongation of domestic housing in Portslade and serves these families and the adjacent schools. It is expected that a formal opening will take place in early summer 1963.

A similar clinic building on the Old Shoreham Road, Portslade, intended to serve health and school health services in Hove and Portslade, was started in 1962 and by the end of the year was within sight of completion. The plan here differs from our other clinics in that a child guidance suite of four rooms, including provision for wet play, has been provided to form a partial first floor.

At Bexhill, in addition to the improvements made in 1961, 1962 saw the addition of another room so that each Health Visitor has her own office accommodation. In order to provide off-the-road parking, part of the space round the clinic was made into a car park, with suitable access to the road. Inside the building we are now able to allocate a suite of four rooms to child guidance sessions, the incoming telephone being modified accordingly.

The new dental wing at Haywards Heath was completed early in 1962 and was used for the first time in March. The previous dental room in the main clinic has been adapted to form undressing cubicles and another room divided to provide a Health Visitors' office and Welfare Foods room. These alterations plus the dental wing have made the building into a first class County Clinic.

A site was purchased during 1962 for a second clinic at Burgess Hill.

The developers of a central site at Hailsham have agreed that part of it should be provisionally earmarked for a clinic. However, planning problems persist and it has not yet been possible, though the matter has been under discussion for twelve years, to purchase a plot for the clinic.

Ante-Natal Clinics

During the year arrangements continued whereby at four county clinics local general practitioner-obstetricians saw their own patients with midwives in attendance. "Basic" ante-natal equipment is provided by the local health authority but any special instruments the doctors provide themselves. At one clinic (Newhaven) the midwives hold additional sessions without a doctor in attendance. Where hospital booked cases come under the ante-natal supervision of the general practitioner-obstetrician between hospital visits, provision is made for them to attend the ante-natal clinic and at many places in the county the midwife attends the surgery of the general practitioner-obstetrician whilst he conducts his own ante-natal clinic. Nowhere in the county (outside Hove) are there clinics staffed by medical officers employed directly by the local health authority.

By these methods, co-operation is enhanced between the general practitioner and local health authority services and every effort is made to secure effective liaison with the hospital, the remaining branch of the tripartite maternity service.

For several years arrangements have been in force whereby the laboratories of the hospital service provide "taking" outfits to enable general practitioners giving maternity medical services to submit blood specimens, as is indeed an implicit duty under the present regulations. The specimen is sent in with the outfit used and the latter is automatically replaced. The tests available are for the Rhesus factor, the W.R. and Kahn tests, haemoglobin level and blood grouping. In spite of this attempt to make things as easy as possible it is unfortunate that some women still do not have blood specimens examined.

The clinic at Uckfield closed during the year owing to the doctor concerned having so few ante-matal patients.

Teaching and relaxation classes continue to be extremely nopular with expectant mothers. Instruction is given to ante-natal patients subject to their doctors' agreement, and not only do the majority of women having their first baby attend, but oftentimes those having their second, third and subsequent child. After the confinement each mother is asked of her impression of the classes and the vast majority have expressed how helpful they found the instruction during their labour.

Infant Welfare Centres

At the end of December 1962 there were 11 infant welfare centres conducted directly by the County Council, the remainder being conducted through the agency of voluntary committees who received a one hundred per cent grant for approved expenses. My thanks are due to the ladies of the voluntary committees (particularly the Honorary Secretary and Honorary Treasurer) who give their spare time in ensuring that the clinics run smoothly and in giving their support to the medical and mursing staff. This appreciation is particularly timely as during the year local authorities were adjured by the Minister of Health to make the fullest possible use of voluntary effort.

Attendances at Infant Welfare Centres

No. of Infant Welfare Centres		No. of children during th	Total attendances during the year		
		Under 1 year	1 - 5 years	Under 1 year	1 - 5 years
1961	45	1,820	5,165	16,718	11,144
1962	45	1,953	4,989	16,162	10,797

In addition to the above figures, at 33 weighing centres (i.e. centres without a doctor in attendance) 1,735 children (537 under 1) made 7,247 attendances (3,557 by children under 1).

Care of Premature Infants

A premature infant is defined as a child weighing 5lbs. 8oz. or less at birth and during 1962 there were 233 premature live births (29 more than in 1961) and 33 premature still births (1 more than in 1961).

Of the premature live births 189 were born in hospital of whom 166 survived after 28 days; 43 at home (39 surviving) and 1 in a mursing home (who survived). Special equipment is provided on loan when required.

Perinatal Mortality Survey 1962

Concern has been felt at the failure of the infant mortality rate/
perinatal mortality rate to continue to drop satisfactorily, but
consideration of the causes of death as entered on the death certificates has been a profitless exercise. This merely confirms the
findings of the Perinatal Mortality Survey in 1958, to the effect that
in the case of deaths of young infants reasonable accuracy of certification cannot be attained without a very careful post-mortem
examination. This is not adverse criticism of the consultants and
general practitioners concerned since, in the absence of a post-mortem
examination, they must reach the best diagnosis they can in the light
of the known facts.

During 1962 an attempt was made, with the co-operation of the pathologists in the hospital service, to have a post-mortem examination carried out in every case contributing to the perinatal death rate. Although not all the pathologists were able to help, I am grateful to them all for their co-operation and also to our mursing staff whose transport was used and last but not least to the parents, who in spite of their sorrow almost all agreed to a post-mortem examination in the interests of the investigation.

Unfortunately the information collected has been less useful than was at first hoped. Apart from the fact that post-mortem examinations were not carried out on all these cases, the detailed reports, while throwing light on the immediate cause of death fail to show what started the train of events: and we are left only too often with the word "why?" Two examples are :-

Baby A, though full-time, died just after birth and was found to have certain organs under-developed to an extent which was incompatible with life.

Baby B, healthy in appearance, was unfortunately much premature and was stillborn.

Without following every case from conception onwards one can rarely answer the question - "why did this baby not live?".

Distribution of Welfare Foods

At the 31st December, 1962, there were 103 distributing points in the county (outside the Hove and Portslade area), 49 of these being at maternity and child welfare centres. The assistance given by the W.V.S. and other voluntary workers in this service is much appreciated.

Although every encouragement has been given to the mothers by the Health Visitors to take advantage of these foods it will be seen from the following table that the up-take continues to decline. One can only assume that it is the price now charged which deters the mothers from buying.

Carolina in a constant of the	1958	1959	1960	1961	1962
National Dried Milk (tins)	46,836	49,497	45,001	40,410	39,380
Cod Liver Oil (bottles)	14,837	13,862	13,980	11,162	5,218
Orange Juice (bottles)	125,050	123,697	117,721	86,259	58,164
Vitamin A & D Tablets (packets)	10,225	11,125	11,705	9,953	7,097

Care of the unmarried mother and her child

The County Council continue to pay a grant to the Chichester Diocesan Moral Welfare Association and the Southwark Catholic Rescue Society, whose field workers carry out the day-to-day arrangements for the care of the unsupported mother and her child. During 1962 hostel accommodation was provided for 36 mothers, six more than in 1961. 29 of the girls went to homes run by the Chichester Diocesan Moral Welfare Association and in all 36 cases the County Council paid the maintenance fees for each girl less a contribution from her or from the parents if the girl is under sixteen, assessed according to their means. Sometimes the putative father makes a voluntary contribution.

In a largely rural area such as East Sussex, it is interesting that only one mother (a West Indian) out of the 36 was born outside of the United Kingdom. This percentage is probably much lower than in industrial counties or large towns where the immigrants mostly appear to settle. 30 were members of the Church of England, 2 Roman Catholics and 4 Non-conformists and of these, 13 mothers kept their babies, 18 agreed to adoption and 5 fostered out their children.

The table below gives the age groups of the mothers :-

Approx. Age	No.	Approx. Age	No.
15	also follows	21 - 25	16
16	2	26 - 30	- 13
17	3	31 - 35	1
18	5	36 - 40	1
19	4	Spots the In	
20	3	ON THE DESIGNATION	in-madrice of the

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. In this county women are mainly referred to the Family Planning Association clinics in Brighton, Hastings and Eastbourne. During 1962, three women attended.

Maternity Outfits

1,278 sterilised maternity outfits were issued to midwives during the year for distribution to mothers being confined in their own homes.

Recuperative Holiday Accommodation

During the year six women were given a recuperative holiday.
One was referred to me by the Children's Officer, one by a consultant psychiatrist, one by a hospital almoner, two by general practitioners and one by the National Assistance Board. All were in need of a fortnight's holiday owing to overbearing domestic problems which brought them to the verge of a breakdown either mentally or physically.

The value of this work is difficult to assess and sometimes the threatene breakdown is only delayed; sometimes the woman leaves the holiday home after only a few days bringing to nought all the elaborate arrangements which have to be made for these cases; but sometimes a real piece of prevention work is done with a saving of untold expense to other social service agencies.

Child Care and Hygiene Classes

These subjects continue to be taught by the Assistant Superintendent Nursing Officers and Health Visitors to senior girls in 20 schools. From a total of 511 girls who took examinations, 103 passed with credit and 334 passed. The length of the syllabus has been varied to meet the need of the individual school and the academic level of the pupils. A syllabus covering one or two terms is available, with Hygiene of one term's duration. In some schools where "Human Biology" is taught there is valuable and close collaboration with the teachers concerned.

Residential Murseries

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

Co-ordination Committees

The five co-ordination committees, one of which works in the Hove area, continued to hold their regular monthly meetings and attendances were made by all or any connected with social work; that is to say, the procedure is flexible, anyone being included as a member or for attendance on a particular occasion who might be able to help with difficult family problems in general or a single case in particular. The object of the committees is to ensure that a procedure is developed in each case to deal in the most effective way with "problem" or "near problem" families with the least possible multiplication of visits by different workers.

Dental Care

The authority's scheme for dental treatment of expectant and mursing mothers and children under school age is co-ordinated with the dental treatment of school children. Treatment is carried out at county clinics, schools, hired premises and in the mobile clinic. As far as possible, regular visits are made to each main centre to provide a regular service.

More improved premises for treatment were provided during the year at Haywards Heath, where the rooms used had been shared with the other services and consequently the dental officer had to fit in his treatment sessions with them; there is now a separate dental wing, consisting of surgery with modern equipment, recovery room, waiting room and work room. A new clinic has been built in the Mile Oak area of Portslade. Here the dental rooms form part of the clinic but similar facilities exist. Work has also been started on another new clinic in Portslade (on the Old Shoreham Road) and one at Rye. Another mobile dental clinic has been ordered and will come into operation early in 1963. This will be used in the Hailsham and Heathfield areas and will be most useful as no proper clinic premises are available there.

In my last report I mentioned the pilot schemes in various parts of the country, which, under the supervision of the Ministries of Health and Education, were testing the results obtained by adding a small amount of fluorine to the water supply.

These results have now been published and confirm previous findings that when there is a small amount of fluorine present in the drinking water (1 part per million is the optimum figure) the onset of dental decay is drastically reduced. To obtain the maximum benefit, the water containing fluoride should be drunk when the teeth are forming, i.e., during the first eight years of life. There are other ways of introducing fluorine into the system but, particularly with infants where it is most valuable, the water method is undoubtedly the best and most consistent. The water being used in the county now has some fluorine in it, but, in general, it is only about one tenth of the amount which is desirable.

I wish once again to convey my thanks to the dental staff and to all those who have helped, including the County Nursing Association and the hospitals.

The work done is shown in tables on page 18.

	Das dept	Made Dentally Fit	177	198
	TATULE CO.	Treated	53	275
Dental Treatment Return 1962	A. Numbers provided with Dental Care	Meeding Treatment	09	325
Dental Tree	A. Numbers pr	Examined	479	415
	A TIME		Expectant & Mursing Mothers	Children under five

Forms of Dental Treatment Provided

	Soolt me		Q47170m	04.040		Canama	Dentures	Dentures Provided	2000
baral	and Gum Treatment	Fillings	Mitrate Treatment	or	Extrac- tions	Anaes- thetics	Full Upper or Lower	Partial Upper or Lower	Radio-
Expectant and Mursing Mothers	36	٤	5	one pade	99	17	10	10	-
Children under five	9	652	98	-	152	%		•	12

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

The East Sussex County Nursing Association acting as agents of the East Sussex County Council provide the midwifery, health visiting and home mursing services throughout the county (other than in the Borough of Hove and the Urban District of Portslade-by-Sea). County Nursing Association is a federation of 52 district nursing associations and at 31st December, 1962, there were 120 nurses working in these districts in the following capacities :-

68 on full time and 2 on part time generalised duties (i.e. midwifery, home mursing, health visiting and school mursing)

20 on full time and 4 on part time combined duties (i.e.

midwifery and home nursing only)

3 on full time and 5 on part time home nursing duties

18 on full time health visiting and school work.

Thus it will be seen that 94 murses included midwifery in their duties; 88 health visiting and 102 home mursing. 106 of the 120 district mursing sisters were Queen's Murses.

In addition to the above the following staff were employed :-

2 whole time tuberculosis visitors

1 whole time tuberculosis and geriatric visitor

1 whole time midwifery tutor.

The administrative and supervisory work of the three services are under the control of the Superintendent Mursing Officer who is assisted by a deputy and three area assistant superintendent nursing officers.

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

The following is a brief outline of the work undertaken by the nursing staff during 1962.

MIDWIFERY

Births

The number of deliveries attended by the district nurse midwives in 1962 was 1,222 this was 28 fewer than in 1961 in spite of the fact that the total number of notified births in the year increased by 284. Private midwives attended 10 patients but the remainder were institutional deliveries. In the domiciliary cases trichloroethylene was administered in 526; gas and air in 535 and pethidine in 643. All the midwives employed by the County Nursing Association are qualified to administer the inhalational analgesics. Medical aid was summoned in 541 cases.

Puerperal Pyrexia

65 cases of puerperal pyrexia were notified; 48 in hospitals and 17 on the district. Few were of any clinical importance.

Ophthalmia noonatorum

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

Maternal Mortality

In 1961 I reported that for the first time a year had passed

without a maternal death. Unfortunately the same cannot be said for 1962 since a death occurred.

The registered cause was :-

- 1a. Malignant hypertension
- b. Toxaemia of pregnancy

This unfortunate woman needed admission to hospital early in pregnancy, but died after some weeks in spite of every care and attention.

Part II Midwifery Training

Thirty pupils completed their training during 1962 and 17 were still in training at the end of the year.

Post Graduate Instruction

After a lapse of two years the County Mursing Association arranged a two weeks post graduate course for their staff and to which staffs from neighbouring local health authorities and hospitals were also invited. Throughout the week the attendances were high and much appreciation of the renewal of the course was expressed.

CO-ORDINATION WITHIN THE MATERNITY SERVICE

With three branches (general practitioner services, hospitals and local health authorities) being concerned with maternity services it is essential that any one branch should co-operate fully with the other two branches in order to avoid overlapping, gaps or confusion. This means that additional administrative machinery needs to be brought into being, but in East Sussex every effort is made to keep this to a minimum compatible with the patients' welfare. The results, although not always entirely satisfactory, nevertheless are good in general and improve as time goes on.

The maternity liaison committees recommended by the Cranbrook Report were duly set up, and three of the four committees (one for each of the Hospital Management Committees serving the majority of East Sussex) hold regular meetings to the advantage of all concerned.

The Cranbrook Report also recommended that each ante-natal patient should be provided with a record card which would be presented by the patient to whomever carried out the ante-natal examination, be it at hospital, by the general practitioner or midwife. The main purpose of the card was to assure that each member of the obstetric team is aware of the attention given by other members. Since the end of 1960 a card designed locally has been used in East Sussex wherever the patient's general practitioner was in agreement. This is a temporary measure pending a card being prepared by the Minister after consultation with the professions concerned. At the time of writing this Ministry card has just been received and negotiations are going on with various local bodies regarding its adoption for general use.

With the patients' consent, the hospital send me a list of women booked for a hospital confinement and the Health Visitor is asked to call and discuss any problems the patient may have regarding the forth-coming confinement. At the request of the hospitals the Health Visitors follow up clinic defaulters and are always ready to help in any other way possible, e.g. by sending a report on the home conditions prior to a premature baby's discharge from hospital. The general practitioner can also call upon them if he wants to use their services.

HEALTH VISITING

All but two of the 88 staff undertaking infant health visiting were qualified Health Visitors and dispensation under the National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations, 1948, had been granted to the two not qualified. In addition to these 88 there were 3 qualified Specialist Health Visitors, two working full-time on tuberculosis work and one part-time on tuberculosis and the remainder of her time on geriatric health visiting.

The following is a summary of the work undertaken by these officers during 1962:-

Children under 5 years of		Total effective visits
age visited Expectant mothers visited	22,974	76,421 3,265
Tuberculous households Other visits	1,392	3,435 16,282
Attendances at clinics	-	5,374

No arrangements have been made for health visitors to work with particular general medical practitioners or groups of practitioners, though there is an increasingly close working relationship between health visitors and the general medical practitioners whose cases are in their areas. This is perhaps more marked in country districts where, under the "generalised" scheme of nursing, one highly trained murse is at one and the same time the district murse, the demiciliary midwife and the health visitor, and is of course ensouraged by the effective sharing of domiciliary midwifery.

The follow-up by health visitors of patients discharged from hospital is an accepted part of their work, although it may be badly hampered if patients are discharged from the wards days before any intimation is received by the health authority or, indeed, the family doctor. It is fair to say that active co-operation, chiefly by personal contact between officers of the services, has reduced the number of these "mishaps" to a very low level. To particularize: in addition to the normal discharge reports ward sisters and hospital almoners telephone the nursing staff in the field with particulars of individual cases, or approach the Health Department when a patient's discharge needs detailed discussion with regard to the supply of equipment or other help. There are also frequent similar approaches, from either side, on the medical level; and during the patient's care at home the health visitor calls and maintains contact.

Care of Old People

The county scheme for visiting old people discloses the usual heartaches in some cases and the wonderful help given by professional staff and voluntary bodies in others. Some cases visited disclose an almost Dickensian squalor - in one particularly distressing case referred to us by a Hospital Almoner, two elderly ladies cared for in hospital were adamant about returning to their bungalow. The fact that its condition was too bad for even a squad of home helps to cope with made no Woodwork and window frames were rotten, carpets and furniture all mildew, mice and festoons of cobwebs everywhere, curtains which fell to bits when touched. The great tragedy here was that they were cultured women with enough money to keep themselves comfortably in a guest house for elderly people. But in spite of advice from hospital staff, nursing staff, health inspector and the home help service the two old ladies insisted on returning to their bungalow at the beginning of December and one knew that it was only a matter of time before one or both had to be returned to hospital with pneumonia. This is just a sample of the sort of thing one is up against.

So much more constructive help can be given to an old person who welcomes the health visitor from the start and does not shut the door to the outside world.

HOME NURSING

It will be seen from the following table that there has been little change in distribution or number of visits paid by the Home Nurses in 1962 as compared with 1961. The number of visits to people over the age of 65, however, shows a slight drop from 74 to 70%.

Housing of Murses

Supported by the County Mursing Association, upon whose pay roll the District Nursing Sisters are, the authority have pursued their policy of providing good quality housing for murses, preferably owned by a continuing body such as a District Council or a Mursing Association. From time to time, also, houses which are not satisfactory or have become unsuitable are repaired, modified or replaced. During 1962 a house at Rye was disposed of and a good replacement was obtained; another house was the subject of extensive improvements; and in a third area plans for a new house to be built were approved after considerable discussion.

HOME NURSING

The following table sets out the work done by the home nurses for each of the ten years 1953-62

- And				Cases	es				rv.	Visits
Year	Medical	Surgical	I.D.	T.B.	Meternal Compli- cations	Others	Total	Over 65 yrs.	Total	To over 65s
1953	7,422	2,280	112	112	719	379	10,369	3,919	167,652	66,140
1954	7,413	2,142	69	110	58	345	10,133	4,386	168,081	79,298
1955	7,288	2,146	53	110	72	581	10,250	4,803	178,649	93,151
1956	7,012	1,908	09	102	64	363	767'6	4,924	190,364	109,596
1957	6,658	1,767	87	57	69	261	8,898	106,4	190,458	114,010
1958	6,382	1,587	17	14	76	298	8,422	5,282	239,891	126,311
1959	6,319	1,452	19	42	103	388	8,323	5,293	269,532	119,417
1960	6,832	1,669	14	62	98	729	9,392	4,930	174,762	120,765
1961	7,126	1,694	38	59	95	710	9,722	5,153	169,886	126,233
1962	6,813	1,488	7	29	113	899	9,115	5,006	173,157	123,560

VACCIDATION AND IMMUNISATION (SECTION 26)

Immunisation against Diphtheria, Whooping Cough and Tetamus

Following the noticeable initial gains in work done since the centralisation of the vaccination and immunisation service, the figures for 1962 show a return to more nearer normal conditions as can be seen in the table below :-

	PRIMARY CO	OURSES OF IM	MUNISATION	REINFORCING	INCCULATIONS
Year	Under 1 year	1 to 4 years	5 to 14 years	1 to 4 years	5 to 14 years
(a) Pri	lor to cent	ralisation:			
1957 1958	2,919 2,983	914 588	294 212	230 216	5,758 4,482
(b) <u>Tra</u>	unsitional y	/ear:			
1959	3,494	581	354	215	5,698
(c) <u>Sir</u>	ce centrali	isation:			
1960 1961 1962	4,035 4,089 3,953	519 491 253	338 758 592	147 347 461	11,069 11,468 6,960

(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 great demand stimulated by national publicity of smallpox cases for smallpox vaccinations in the first half of 1962 meant that certain immunisations under the age of one year became delayed by parents giving preference to the smallpox vaccinations. This retardation continued throughout the year.

The fall in the number of primary courses and reinforcing inoculations for the 5 to 14 years age group is to be expected with the completion of the "back-log" of work which was found to be more easy to deal with after centralisation of the service, and especially since the immunisation of children at independent schools is now kept much more nearly up to date. Only 23 of the 180 independent schools and nurseries in the county outside Hove and Portslade do not take full advantage of the facilities provided by the authority and further efforts will be made to reduce this small number.

Although there was a small reduction in the number of immunisations under the age of one year (the county figures were 28 fewer than in 1961 and Hove and Portslade were 108 less) the health visitors continued their efforts to secure immunisation of infants in their respective areas, taking the special opportunity during the ante-natal and post-natal periods to remind mothers 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 immunisations at schools and the link-up of these sessions with periodic medical inspections has proved its worth in reducing the mumber 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 adopted of writing periodically to family doctors to give them new or useful information was continued. 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. Publicity matter supplied by the Ministry of Health and the Central Council for Health Education has also been very useful.

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. The totals for 1961 have been included in the Table to show the increased demand consequent on national publicity about smallpox cases which occurred in the early part of 1962 in other parts of the country.

Poliomyelitis Vaccination

By the beginning of 1962 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. Reinforcing fourth doses of poliomyelitis vaccine were also authorised for children of 5 to 11 years inclusive whose third inoculation had been given a year or more previously. A second, independent scheme allowed general practitioners to vaccinate people outside the priority groups with vaccine obtained on prescription from local chemists.

The vaccine shortage, referred to in my last annual report, which began in August 1961 came to an end in April 1962 when supplies of oral poliomyelitis vaccine also became available for use locally. Arrangements were made smoothly for the change-over to oral vaccine, only a few general practitioners choosing to continue to give poliomyelitis vaccine by inoculations, and the rapid acceptance of oral poliomyelitis vaccine brought considerable money savings. These savings showed when arrangements were made for health visitors to give doses of poliomyelitis vaccine at clinics and it was no longer necessary to engage the services of doctors to take the clinics, whilst the cost of record card fees for primary courses of oral poliomyelitis vaccine comprises three doses given at intervals of about 4 - 8 weeks between doses and record cards attract 5s. each as against a cost of 10s. for primary courses of poliomyelitis inoculations when an interval of 7 - 12 months is needed between the second and third dose.

At the 31st December, 1962, the percentage of persons who had completed courses of poliomyelitis vaccination (i.e. had two inoculations or three doses of oral poliomyelitis vaccine) to estimated population for each of the three age groups laid down by the Ministry of Health are given overleaf:

	½ - 19 years	20 - 29 years	30 - 39 years	$\frac{1}{2}$ - 39 years
East Sussex	82.00	38.27	39.54	60.10
Excluding Hove and Portslade	87.36	39.09	42.99	63.87

117,284 East Sussex residents had received primary courses of poliomyelitis vaccination as at the 31st December, 1962, of which number 107,446 had completed the full course of three doses each and 25,706 children had reinforcing fourth doses.

Immunisation percentages - Ministry calculations

Schedules issued by the Statistical Branch of the Ministry of Health about mid-May annually give immunisation percentages for the preceding year for each of the 146 local health authorities (63 counties and 83 boroughs). The percentages are calculated according to annual returns of work done and estimated populations. The position of East Sussex for 1961 and 1962 in relation to the 63 counties is shown in Table VIII in the Appendix to this report.

Publicity Campaign

A speech made by the Minister of Health on the 18th July, 1962, the text of which was subsequently made known to local health authorities, made three main points by (a) reiterating the need to continue the voluntary principle of acceptance for routine immunisations, (b) calling for a comprehensive and planned programme of vaccinations and immunisations to be used and, based on the Ministry statistics of immunisation percentages, (c) strongly urging greater efforts to increase the response to the offer of immunisations. Consequently general publicity measures were undertaken which provided for advertisements in the local newspapers and the issue of posters, leaflots and display cards. In view of the County's relatively poor position for poliomyelitis vaccination (see Table VIII in the Appendix to this report) special efforts were asked of health visitors, all Further Education and Youth Organisations and arrangements were made to include slips about poliomyelitis vaccination with rate slips. The initial response to the issue of these slips with certain rate demands in September brought 177 valid applications and more can be expected when those district councils who send annual rate demands issue slips in April 1963.

Immunisation programme

As East Sussex has had a planned programme of immunisations and vaccinations built up over a number of years it was easily possible to adjust this to accord with the first of two comprehensive immunisation programmes recommended by the Ministry of Health for national adoption from January, 1962. Parents are being made fully aware of the programme and when to arrange recommended further immunisation doses for their children by the gradual issue of personal record cards. These record cards, to be kept by the parent and produced when necessary, outline the programme and contain the history of the child's complete immunisations. Where a parent is able to produce a completed personal record card when a child is injured this will prove invaluable to the doctor giving treatment in quickly deciding the child's tetanus immunisation state. Apart from this, the filing system at headquarters is such that an enquiry by telephone as to whether a named child has been immunised against tetamus can be answered within two mimutes.

B.C.G. Vaccination Scheme for School Children and Students

The B.C.G. vaccination scheme for school children from the age of 13 years, and for college students throughout the county, has continued.

During the year Dr. Gorrie visited 82 schools and colleges, including independent and special schools. There was again a good response to the scheme, and of the 4,681 people eligible, consent was given in 3,852 cases (82.3%), which is very satisfactory indeed, being the highest figure yet attained.

The percentage of Mantoux positive reactors was 9.9% which again shows a decrease from the previous year (11.7%), and is a continuation of the steady decrease since 1957 when the scheme commenced, when the figure was 20.4%. The positive reactors were referred to the chest physicians, who x-rayed their chests and followed them up further if necessary. As a result of this, 21 cases are still under observation by the chest physicians, and one boy of 13 years of age was notified as a case of pulmonary tuberculosis.

Statistical Summary Relating to the B.C.G. Scheme for School Children and Students since 1957

	1957 (From Oct.)	1958	1959	1960	1961	1962
Number of Schools and Colleges visited	22	91	80	84	81	82
Number of children eligible	1,446	4,394	4,661	4,872	5,009	4,681
Number of consents	1,147 (79.3%)	3,420 (77.8%)	3,627 (77.8%)	3,785 (77.7%)	4,101 (81.9%)	3,852 (82.3%)
Number of children Mantoux tested	1,084	3,092	3,362	3,533	3,803	3,616
Positive Reactors (i.e. not requiring vaccination)	221 (20.4%)	620 (20%)	522 (15.5%)	462 (13%)	446 (11.7%)	357 (9.9%)
Negative reactors vaccinated	838	2,555	2,738	2,983	3,222	3,154

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, 512 being dealt with in 1962.

The total number of persons (contacts, school children and students) vaccinated since 1950 has now reached 19,192.

AMBULANCE SERVICE (SECTION 27)

The County Ambulance Service is operated by two directly controlled ambulance stations, ten belonging to voluntary agencies, and the Hospital Car Service, which carries sitting patients who normally do not require the help of more than one attendant; the service continued to carry out its many functions satisfactorily.

During the year the Newhaven and District Nursing Association, who operated the service at Newhaven, gave notice to terminate their agreement with the County Council as from the 31st March, 1962, from which date the St. John Ambulance Brigade, Lewes Division, took over the responsibility for the running of the Newhaven Ambulance Station. The Newhaven ambulance had been operated by Mr. Philip and Mr. Henry Amy for over 20 years in a very efficient manner, and I am grateful for the way in which they had dealt with the increasing number of calls.

A garage and rest room within the Civil Defence Headquarters at Newhaven have been allocated for the Lewes St. John Ambulance Brigade personnel, and I wish to thank the County Civil Defence Officer and his Committee for their co-operation in this matter.

The centralisation of the two areas covered by the Hurstpierpoint and Haywards Heath Ambulance up to the end of 1961 continues to operate satisfactorily, but with the increase in population in the urban area of Burgess Hill, consideration is being given to providing an ambulance sub-station in that town, working under the direction of Haywards Heath main station. A suitable plot for this purpose is being sought.

The Hove Ambulance Station is coping efficiently with the bordering parishes of Fulking, Poynings, Newtimber and Pyecombe.

Much assistance is still given by the volunteers of the St. John Ambulance Brigade and British Red Cross Society, especially the mursing members of these Societies, with escorting patients who have to travel long journeys by train, and I am very grateful to these two Societies for this valuable help. Other voluntary help by the male members of these associations in driving and acting as attendants during the evenings and weekends is also greatly appreciated.

The two directly operated ambulance stations at Seaford and Hove are staffed by the authority. The Hove Ambulance Station operates over the 24 hour period, and that at Seaford covers a period of 44 hours per week during the day time, after which standby arrangements are operated by the two full time drivers at their homes.

Facilities for refuelling ambulances continue to operate very efficiently at Lewes, Battle and Hailsham through the close cooperation of the County Surveyor, and these facilities are available to long distance ambulances from other authorities bringing patients into this area; with the fitting of a petrol tank at the Haywards Heath Ambulance Station, a saving in mileage has been possible, because the Haywards Heath ambulances were refuelled at the Surveyor's Department at Cuckfield, which was, later in the year, moved to Hurstpierpoint.

A Novox oxygen resuscitation set is carried on each ambulance with a spare cylinder of oxygen and a cylinder of dicarbox (oxygen + 5% carbon dioxide); through the co-operation of the Chief Fire Officer, it has been possible to recharge the oxygen cylinders at the Uckfield, Bexhill, Hove and Haywards Heath Fire Stations at a nominal charge. The cylinders of oxygen plus carbon dioxide cannot be recharged through the Fire Service and this is arranged by each ambulance station through the local hospital or direct with the British Oxygen Company.

The liaison between this authority and Brighton, Hastings and Eastbourne whereby the use of returning empty ambulances is made

available for discharged patients from the hospitals in these towns, continues; ninety per cent of these patients were admitted from our area and the cost of the conveyance under Section 24 of the National Health Service (Amendment) Act, 1949, would otherwise fall on this authority. The use of returning empty ambulances is also offered to other local health authorities when ambulances take patients long distances and reciprocal arrangements are offered to East Sussex. No charge is made for this service, except for any excess mileage off the normal return route, and both this and other authorities take advantage of this facility.

With the exception of a few parishes in close proximity of Eastbourne, Hastings, Tunbridge Wells and Crawley which are covered by ambulances from those towns, the whole of the administrative area is covered by the twelve ambulance stations which operate a total of 31 ambulances. When emergency calls are received on the county boundaries, the nearest ambulance depot deals with the calls irrespective of the local health authorities' area, and no financial adjustment is made where the emergency happens to be a street accident or illness in the street. During the year under review, the G.P.O. telephone boundaries between the East and West Sussex Health Authorities areas were altered, and agreement was reached on which authority should attend the emergency calls.

Arrangements are also in operation whereby in the event of serious major accidents occurring in this or adjoining areas the health authority directly involved will be helped, if desired, by neighbouring authorities. Plans for this purpose have been worked out in detail by the health and welfare authorities in consultation with the different police forces, the hospital authorities and the voluntary bodies.

A "crash" scheme is also in operation by the Surrey health authority for Gatwick Airport, in which the East Grinstead Ambulance Station is closely linked.

The ambulance replacement programme agreed on by the authority is being followed and ambulances are being replaced by the new type Bedford/Lomas vehicle which embodies improvements in body and chassis design, and the two recent deliveries to the Growborough and East Grinstead stations have been built by Messrs. Lomas Ltd., to include the safety recommendations made by the Ministry of Health. Ambulance body builders and an advisory sub-committee of the National Association of Ambulance Officers are co-operating to build an ambulance which will meet the needs and comfort of all types of patients and yet be within an economic price range. The use of the dual purpose Bedford/Lomas ambulance for carrying sitting patients who require help or lifting into the vehicle continues, and this vehicle can, if necessary, carry a stretcher case or a patient who has a long leg plaster, who could not norm lly be accommodated in a car.

Train travel as part of the ambulance or car/train transport continues to increase, and during the year a total of 899 patients travelling a total of 62,135 rail miles were transported. A number of patients who have been sent by these arrangements have sent letters of appreciation on the comfortable journey they have undertaken. I would, at this stage, like to express my appreciation of the cooperation of the British Railways for the assistance they have given in reserving seats and compartments for these patients and their help in the transfer of patients at various changes on the route. I would also like to thank the Chief Ambulance Officers of London and other local health authorities for their co-operation from one train to another, or from one railway terminus to another, as very often happens in the London area. No doubt many who read this report have seen the system in operation at one or another passenger station in the Southern Region.

The Hospital Car Service continues to function in a very efficient way and my thanks are offered to Mr. C.H.E. Bath, the County Organiser and his Area Transport Officers for this most useful voluntary work.

In this service alone motor cars have travelled well over a million miles carrying over one hundred and fifty thousand patients without complaint, and I am grateful for the successful way that Mr. Bath and his helpers organise this part of the transport of patients and their close co-operation with my County Ambulance Officer and his staff.

I am also pleased to report on the close co-operation with the hospitals and doctors which exists, and I appreciate that ambulance transport is not ordered unless there is a medical need for it. Journeys outside the scope of Section 27 of the Principal Act, such as from one private address to another, are dealt with by the voluntary bodies as private journeys, usually outside the busy periods, without charge to the authority and payment is generally made direct to the St. John Ambulance Brigade or British Red Cross Society undertaking the journey.

It is the authority's policy to maintain a very high standard of first aid and efficiency in the conveyance of patients, and they have run annually a County Ambulance Service Competition. Applications are invited for a driver and attendant from each ambulance station to compete in this competition and six teams entered the tests this year, which included an accident test, and a road driving and highway code test. The former was judged by Dr. I. M. Nelson, the Deputy Medical Officer of Health of Brighton, who commented on the high standard of first aid by those competing, and the police officers judging the latter tests were highly satisfied with what they had seen. The Lewes St. John Ambulance Brigade team who won the County Competition, later competed in the Regional round at New Malden, Surrey, and were placed fourth out of fifteen teams. These competitions are encouraged by the Ministry of Health, and besides having their efficiency in first aid increased the teams have an opportunity to obtain new ideas and techniques when watching teams from other areas.

Both Dr. Brims Young, my Deputy, and the County Ambulance Officer have again given much of their spare time judging local and national first aid competitions and their names are a household word with competitors. They also continue to give advice and assistance in exercises in which members of the ambulance service take part. Mr. Limb is a member of the Regional Examining Panel for Civil Defence examinations and has visited several other authorities districts undertaking this work, during the evenings.

As the result of the experimental work which had been done during the last two or three years, the ambulance service is now under radio control, which is operated from the Ambulance Section office at Castlegate House in Lewes. This control of the service is in operation from 6 a.m. to 10 p.m. each weekday and from 9 a.m. to 5 p.m. on Saturdays and Sundays, through three remote control aerials at Beddingham Hill, Telham Water Tower near Battle and Truleigh Hill. The experimental tests have been carried out since mid September and besides adding efficiency to the service, radio has saved many miles which would otherwise have been wasted.

With the coming into operation of the Mental Health Act, 1959, and the opening of the Junior Training Centre at Cuckfield in October, children are collected in areas and conveyed to these training centres by the Ambulance Service. This new part of the work undertaken by the Service commenced at the beginning of the year, and since then a total of 3,696 children have been conveyed 27,487 miles, to the end of December, 1962.

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

The following table gives a summary of the disposition of the

vehicles and personnel of the voluntary and directly operated ambulance stations as at the 31st December, 1962.

DIRECTLY OPERATED

	nimbing.		
Station		Full-Time Personnel	No. of Vehicles
Hove		17	8 ambulances (including 2 dual purpose vehicles)
Seaford		2	1 ambulance
	AOD	UNTARY AGENCIES	
St. John Ambulan	nce Brigade		
Battle		4	2 ambulances (including 1 dual purpose vehicle)
Bexhill		5	3 ambulances
Hailsham		4	2 ambulances (including 1 dual purpose vehicle)
Lewes and Newhay	TO TO	9	5 ambulances (including
news and newnat	ien i	150,50	1 dual purpose vehicle)
Rye		4	2 ambulances (including 1 dual purpose vehicle)
Profession Day Consu	Carlota		I dual purpose venicle)
British Red Cros	ss Society		
Growborough		3	2 ambulances
East Grinstead		Pag 3	2 ambulances (including 1 dual purpose vehicle)
Haywards Heath		8	3 ambulances (including 1 dual purpose vehicle)
Uckfield		2	1 ambulance

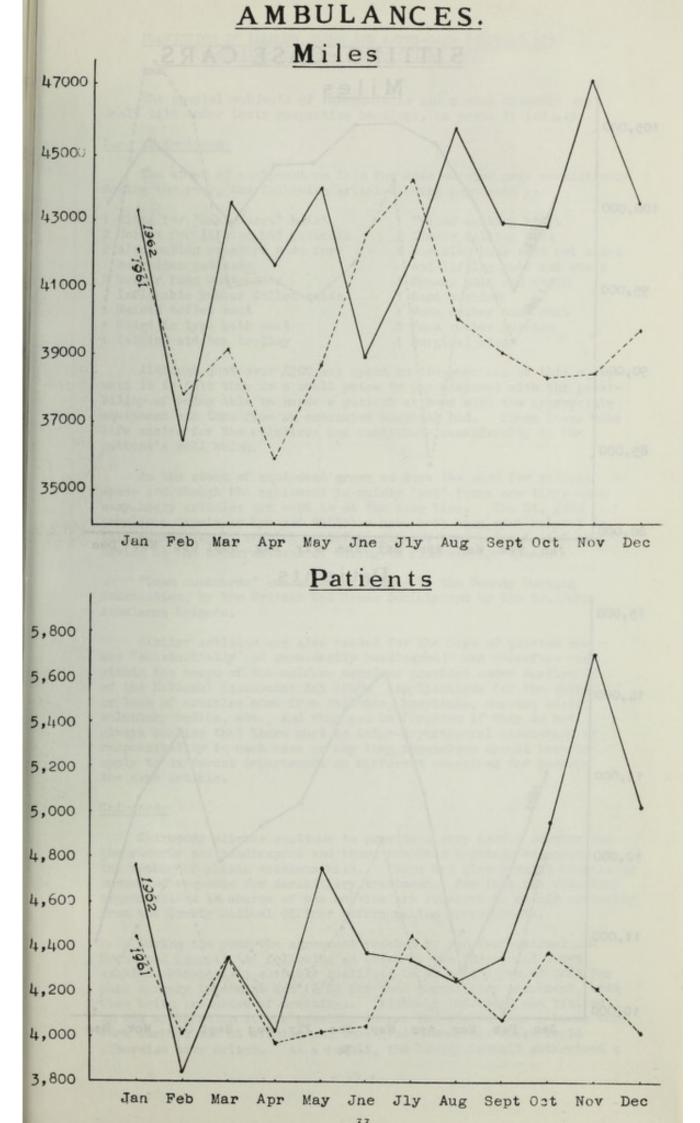
The following is a summary of the statistics relating to the running of the service; from this will be seen, as experienced by other Local Health Authorities, that a peak demand has not yet been reached, mainly owing to the shorter periods of treatment at main hospitals. Patients are now only kept for a few days in hospital after operation and are returned for examination and therapy at intervals by ambulance transport.

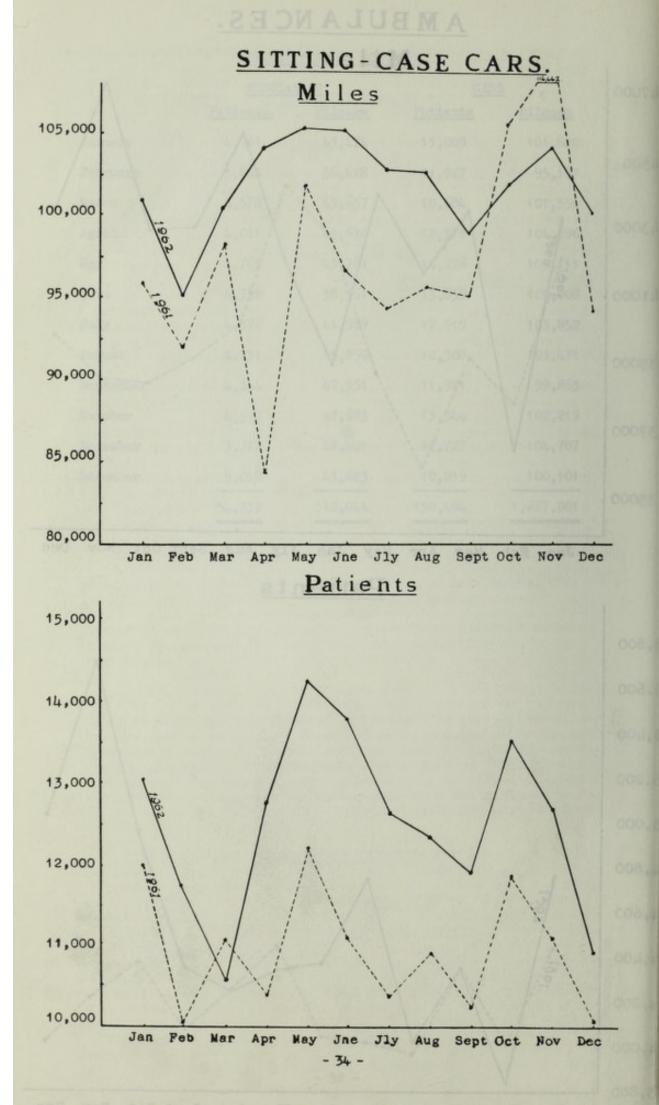
OPERATIONAL STATISTICS

	AMBUL	ANCES		CARS
	1961	1962	1961	1962
Patients	50,340	54,735	131,611	150,494
Mileage	475,804	512,044	1,174,970	1,227,081

MONTHLY FIGURES FOR 1962

	Alibula	NCES	CA	RS
	Patients	Mileage	Patients	Mileage
January	4,761	43,474	13,009	101,820
February	3,843	36,428	11,927	95,197
March	4,378	43,657	10,684	101,556
April	4,011	41,636	12,771	104,096
May	4,762	43,781	14,226	105,111
June	4,391	38,961	13,839	105,008
July	4,372	41,989	12,619	103,852
August	4,231	45,850	12,308	103,471
September	4,344	42,951	11,921	99,863
October	4,912	42,673	13,544	102,219
November	5,712	47,021	12,727	104,787
December	5,018	43,623	10,919	100,101
	54,735	512,044	150,494	1,227,081





HREVENTION OF ILLNESS, CARE AND AFTER-GARE (SECTION 28) (excluding the Hove and Portslade area

The special subjects of tuberculosis and mental disorder are dealt with under their respective headings, on pages II and to

Loan of Equipment

The stock of equipment on loan for home mursing grew considerably during the year, the following articles being purchased :-

- 1 Sling for "Easi-Carri" hoist
- 2 Hoists for lifting bed patients
- 2 Alternating pressure pads for bedridden patients
- 2 Rubber foam mattresses
- 2 Inflatable rubber toilet seats 1 Sani cushion
- 1 Raised toilet seat
- 1 Wedge in type bath seat
- 1 Walking aid tea trolley

- 1 Tripod walking stick
- 2 Zimmer walking aids
- 1 Bed with back rest cot sides and lifting pole and chain
- 1 Monkey pole and chain
- 1 Foam rubber back rest
- 1 Foam rubber cushion
 - 1 Surgical ring

Although just over £300 was spent on the purchase of this equipment it is felt this is a small price to pay compared with the possibility of being able to nurse a patient at home with the appropriate equipment and thus free an expensive hospital bed. These loans make life easier for the relatives and contribute considerably to the patient's well being.

As the stock of equipment grows so does the need for storage space and though the equipment is mainly 'out' there are times when many heavy articles are sent in at the same time. The St. John Ambulance Depots at Rye and Hailsham have both been most helpful in this connection by storing articles returned from patients and thus saving us the embarrassment of having to find storage space.

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

Similar articles are also needed for the care of persons who are "substantially and permanently handicapped" and therefore come within the scope of the welfare services provided under Section 29 of the National Assistance Act 1948. Applications for the supply or loan of articles come from patients, hospitals, mursing staff, voluntary bodies, etc., and they can be forgiven if they do not always realise that there must be inter-departmental assessment of responsibility in each case or why they themselves should have to apply to different departments on different occasions for perhaps the same article.

Chiropody

Chiropody clinics continue to provide a very useful service for the elderly and handicapped and there has been a steady expansion in the number of clinic sessions held. There has also been an increasing number of requests for domiciliary treatment: for this the voluntary organisations in charge of the service are required to obtain authority from the County Medical Officer before making arrangements.

During the year the agreement reached by the Professional and Technical Council 'A' following an award by the Industrial Court enabled chiropodists suitably qualified to be paid a fee of 7/6d for each surgery treatment and 12/6d for each domiciliary treatment, both fees being inclusive of dressings. Although the award was limited in its application it was possible to use the new fees as a basis for work carried out at clinics and thus avoid anomalies which would As a result, the County Council authorised a otherwise have arisen.

dressings fee of 1/3d per patient for each treatment provided at clinics.

REGISTERED BLIND AND PARTIALLY-SIGHTED PERSONS (excluding the Borough of Hove) TABLE A

a dambinan was a	Cataract	Glaucoma	Retro- lental Fibroplasia	Others	Total
(1) Number of case registered during the yea in respect of which para.7(c of Form B.D.8 recommends:	r 20 + 19	10 + 7	0 + 0	71 + 40	101 + 66
(a) No treatment (b) Treatment Medical Surgical Optical Hospital Supervision	8 + 3 12 + 16 1 + 0 7 + 6 1 + 3 4 + 10	3 + 0 7 + 7 2 + 2 1 + 1 0 + 0 4 + 5	Tenn dia valient Colla nevo di en a al oldi enun al efdi enun al efdi enun al efdi enun al efdi	43 + 16 28 + 24 17 + 7 1 + 1 4 + 4 10 + 16	54 + 19 47 + 47 20 + 9 9 + 8 5 + 7 18 + 31
(2) Number of case at (1)(b) abov which on follo up action have received treat ment	e w- 10 + 14	6 + 8		25 + 24	41 + 46
(3) Number of case which have not received treat ment	242	1 + 0	daltina en	3 + 0	6 + 2

In the figures set out above the first column relates to blind persons and the second to partially-sighted.

In the data given (1)(b) represents number of patients for whom treatment is recommended but the same patient may be included under one or more types of treatment.

Where treatment has not been received this is because either the patient has died or left the area.

During the year one man and one woman were removed from the Blind Register and placed on the Partially-sighted Register, and four women were removed from the Blind Register and one from the Partially-sighted Register. All these cases were as the result of successful treatment for cataract.

OPHTHALMIA MECNATORUM

TABLE B

(1) Total number of cases notified during the year	3
(2) Number of cases in which :-	
(a) Vision lost (b) Vision impaired	Nil Nil
(c) Treatment continuing at end of year	Nil

Night Sitter-in Service

This service is administered on the Council's behalf by the East Sussex County Mursing Association. Only five calls were made on the service during 1962.

Spastics and Epileptics

In these days, when every health visitor has the duty to report actual or suspected abnormalities in children in her area, ascertainment of these disabilities is substantially complete before the age of 5 years except of course in those cases when they arise later on.

Age range	Spastics	Epileptics	
Under 5 years of age 5 - 15 years of age Over 15 years of age	10 40 101	7 21 99	
	151	127	
	-		

About half of the epileptic children of school age at any time are sufficiently seriously affected to need tuition in special schools. 184 of the total number of 278 are known to be mentally subnormal, this being the major handicap.

Phenylketonuria

Research in recent years has shown that it is possible to prevent mental defect in the few infants born suffering from phenylketonuria, which is due to an inherited inability to deal properly with phenylalanine, a constituent of proteins in food including milk. If such an infant is left untreated the intelligence deteriorates rapidly in the first months of life, and by the age of twelve months a state of mental subnormality has usually been reached. This deterioration, moreover, is virtually irreversible. If the condition is detected within the first few weeks, however - and this can be done by testing the urine - it is possible to prevent phenylketonuria developing by bringing up the child on a diet free from phenylalanine. It has usually been found that if this special diet is carefully adhered to the child's physical and mental progress are normal.

In this county since February 1960 the Health Visitors, with the parents' consent, have carried out a simple screening test of all infants aged three to five weeks (the test is unreliable before this). This consists of testing the baby's urine with an impregnated strip which changes colour if the child is phenylketomuric, and the baby can then be referred to his general practitioner so that he can be seen by a paediatrician.

No positive reaction has yet been found in this county since the two children in one family who were noted before the beginning of this general survey except for two children in another family who gave slight "false positive" reactions. In addition two other known phenylketonuric children came into the county with their parents. Nevertheless this routine testing may in the future prevent a child suffering from mental disorder and at relatively low cost per annum of approximately £50 for the impregnated strips. No special difficulties have arisen and the Health Visitors find they are able to carry out the routine screening.

Health Education

Up till the latter part of the year our health education was provided through the following channels. A health education lecturer on the staff of the Sussex Rural Community Council gave lectures on

health subjects (part-time, since he also acted in other areas) to youth clubs and other groups of the population. The health visitors gave individual instruction and advice when carrying out domiciliary visits, and took groups for short talks and demonstrations during welfare centre sessions and on other occasions such as expectant mothers' relaxation sessions. The health visitors, including the senior supervisory staff, gave older girls at maintained schools mothercraft instruction. Medical officers on the county staff gave lectures to various groups of people including various voluntary organisations. Frequent reference was made in these talks, both by mursing and medical staff, to the dangers of smoking.

In October 1962 the health education lecturer referred to above unfortunately died suddenly, and it was thought the time had come to consider the advisability of appointing a whole-time Health Education Officer. At the end of the year the matter was still under consideration; meanwhile the other lines of approach to be public were maintained.

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

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

"During the period 2,126 householders were provided with home help, using 317,896 hours of labour, classified as follows :-

	19	962	19	961
	Cases	Hours	Cases	Hours
Maternity	464	26,806	530	34,311
Tuberculosis	26	9,891	30	7,998
Chronic Sick	449	99,648	489	98,773
Old Age	84.5	143,842	806	129,526
General	342	37,709	442	41,118
	2,126	317,896	2,297	311,726
		-	Management of the last of the	

1,015 of these cases were continued into 1963. 671 of these began before 1962.

The continued difficulty in recruiting the right type of labour places a very heavy burden on some of the older and most reliable of the home helps who continue to give their utmost and never fail the service; consequently the severe winter weather has taken a heavy toll in sickness among them.

Following the pattern of 1961 there were fewer applications again in 1962 for help in maternity cases, but there has been a marked increase in the number of cases needing prolonged home help, such as patients suffering from a terminal illness who return home from hospital there to spend what life is left to them with their families.

The position with regard to problem families has not altered since 1961, on the other hand the demands for help for aged and chronic sick continues to increase and at times it is impossible to give adequate home help as they often require almost constant attention and supervision beyond the scope of this service.

A very cordial relationship exists between the W.V.S. Home Help Specialists and other statutory services, particularly with the nursing services."

MENTAL HEALTH

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

Development of the Mental Health Services

The request by the Minister of Health that the local health authority should review its health and welfare services and draw up a plan for development over the next ten years came at a particularly appropriate time so far as the mental health services were concerned, and the report which was eventually submitted provided for the continuation of the very considerable expansion of the services under the Mental Health Act, 1959, described in detail in my Report for 1960.

Allowance has been made for :-

- An increase of the existing establishment of mental welfare officers, from 8 in November 1959 to 20, there being 9 in post at the end of the year.
- Provision of training facilities for sub-normal persons on a generous scale.
- A comprehensive scheme of after-care and rehabilitation for mentally ill patients.
- 4. Suitable care for the elderly mentally infirm.
- 5. Special arrangements for mentally disordered adolescents.

The related hostels in respect of junior training centres will be provided by the Children's Committee of the authority while adult training centres will have their hostel needs met through the Welfare Services Committee of the authority. Residential establishments for the mentally infirm are also to be provided through the Welfare Services Committee. There will be further references in my report to these projects by other committees.

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.

In my last report I referred to the expansion of the staff of the service by the appointment of additional mental welfare officers.

These field officers will join the service to keep pace with the increase in the case load. An important development in the service was the appointment earlier in the year of a Senior Medical Officer, mainly for mental health duties, and although the service still functions under the immediate direction of my Deputy, Dr. Young, the Senior Medical Officer appointed, Dr. Anthony Spellman, undertakes the day to day administration of the service, assisted by an Administrative Chief Mental Welfare Officer. This increase in medical staff means that there can be even closer contact with consultants on the hospital staffs in relation to the community care of the mentally ill, and case conferences and other meetings at the hospitals continue to fill an important place in the scheme. The distribution of mental welfare officers in the hospital catchment areas is the same as last year.

The home teaching staff remained at two although there have been rapid changes of area and group training centres owing to the opening of two junior training centres, to which reference will be made later.

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

Mental Nursing Homes and Residential Homes

At the beginning of the year there were two mental mursing homes with powers to detain patients registered in the county and two that could receive "informal patients." During the year there were two additions to the last named category, one as a result of re-classification of services offered which resulted in transfer of status from that of an ordinary mursing home to that of a mental mursing home; the second registration granted was in respect of a new application. At the end of the year there was one application for registration not by then accepted as satisfactory fire precaution had not been provided. Of the total of 219 beds in these establishments there was provision for a maximum number of 167 detained patients. At the end of the year in the two establishments authorised to detain there were 36 patients subject to detention while 155 patients were receiving care and treatment informally.

Officers of my department, on behalf of the Welfare Services
Committee, visit 27 establishments registered or liable to registration
as providing residential accommodation for mentally disordered persons.
A number of Guardianship Society foster homes have been registered and
inspection procedure has enabled a closer watch to be kept upon
standards. The Guardianship Society hope to effect improvements as a
result of the revision of the financial arrangements to obtain higher
grants for the provision of better accommodation.

Mental Illness

Referrals for care and after-care in the community continue to increase. I mentioned last year that the reasons for referral vary a great deal and so, of course, does consequent action. The sources from which cases originate are set out below. There can be no easy comparison between this year's statistics and last year's because Hove referrals have been excluded this time.

General practitioners	118
Hospitals on discharge from in-patient treatment	38
Hospitals after or during out-patient or day treatment	57
Police and courts	11
Other sources	43

At the end of the year 133 cases of mental illness were under active community care.

Psychopathy

There is a clearer definition of this mental disorder in the Mental Health Act, 1959, and five persons so classified were referred for help of various kinds. The general outlook of psychopathic patients makes it very difficult to deal with their problems satisfactorily and their aggressive and irresponsible behaviour makes it necessary for a great deal of time to be spent in coping with this small group.

Mental Sub-normality and Severe Sub-normality

During the year 98 persons of sub-normal or severely sub-normal mentality were reported to the authority. The arrangements for investigation are as set out in last year's report, although it is now possible to arrange a medical examination in practically every case by the Senior Medical Officer for Mental Health. The pattern of referral is much the same as last year, details are as follows:-

From	general practitioners	8
11	hospitals on discharge from in-patient treatment	22
H	hospitals after or during out-patient or day treatment	4
**	Local Education Authorities	21
**	Police and Courts	2
#	other sources	7
**	Children's Officer	5
**	relatives	10
11	other local health authorities	15
	health visitors	4

At the end of the year 583 mentally sub-normal and severely sub-normal persons were under community care :-

	Males	Females	Total
Under Guardianship	6	9	15
Under other community care	258	310	568
Totals	264	319	583
	-	Temperature .	- Annialista

Hospital admission arrangements

At the 31st December, 1962, 26 of the 583 mentally sub-normal patients were awaiting vacancies in hospital. The S.E. Metropolitan Regional Hospital Board have, as usual, been very helpful in admitting emergency cases without delay.

"Short-term care" has been arranged amounting to a total of 52 places. 39 patients went to Regional Hospital Board establishments and 13 elsewhere.

Occupation and Training

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

Junior Training Centres

"Court Meadow, " Cuckfield

This Centre, originally named "Hanlye House," received its first intake of trainees at the end of October and was officially opened by the Right Honourable The Earl of Longford, P.C., on the 16th November. At the end of the year there were 36 trainees receiving full-time instruction and occupation from a training staff consisting of a Supervisor and 3 Assistant Supervisors. Mid-day meals are provided through the Schools Meals Service and arrangements have been made for medical and dental inspection at regular intervals. There are to be two related hostels to accommodate ten children in each. Building of the first will commence soon, a site having been allocated for this enterprise by the Children's Committee whereon they will build a hostel to be conducted by them for the purposes of the Mental Health Committee. A site for the second hostel in the Haywards Heath area has not yet been found.

Portslade

Building on the site made available by St. Marye's Convent, Portslade, had commenced at the end of the year and it is hoped that the first children will be received in the autumn of the current year (1963). The erection of the related hostels is receiving the attention of the Children's Committee.

Eastbourne area

Progress has been made during the year with the Eastbourne County Borough project but no information has been received as to the date

when a further quota of East Sussex trainees can be accepted. For many years 7 or 8 East Sussex trainees have been in attendance at the present Eastbourne Centre due to be replaced by the new purpose built establishment.

Hastings area

The intake of juniors from the county area at the existing centre is dependent upon the provision of county facilities for Hastings adults. These will be received at Portslade in due course.

Brighton Junior and Senior Training Centre area

The new all-purpose Training Centre, "Downs View," Coldean Lane, Brighton, opened at the end of the summer and by arrangement 10 adult male, 10 adult female and 10 children's places were reserved for East Sussex and the Hove delegated Mental Health Service. 4 junior and 5 adult trainees from the county area outside Hove are in attendance, being transported daily by the ambulance service.

Adult Training Centres

Burgess Hill

During the year somewhat involved negotiations took place with a view to buying a known site upon which to build an Adult Centre. These arrangements had not been completed by the end of the year.

Portslade

The conveyance of the site in the industrial area north of Wellington Road was virtually completed by the end of the year but building had not started.

The related hostel for 15 male trainees is expected to be ready towards the end of the summer of the current year (1963). It will be in use to provide accommodation for the mentally sub-normal until the adult training centre opens.

Temporary Facilities

Two Home Teachers continue to take groups of mentally sub-normal persons for occupation and training in church halls and other rented accommodation. Groups in being at the end of the year and the numbers involved are set out below :-

East Grinstead		4
Nutley		7
Wadhurst		6
Robertsbridge		4
Newhaven	-	7
Bexhill		13
Hailsham		4

Adding the number of individuals helped in their own homes 51 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 37 East Sussex trainees attended.

Voluntary Societies

The five local Societies for Mentally Mandicapped Children in East Sussex continue to function and there have been useful discussions throughout the year with officials of the Societies, who are naturally anxious to know about the developments in this area. The Societies continue to be very active and have provided apparatus for use by the Home Teachers, and the Mid-Sussex Society are hoping to assist in the formation of a parents' association for "Court Meadow," Cuckfield.

The East Grinstead and District Association for Mental Health have provided as a voluntary effort a hostel for women suffering from mental illness, suitable to live in association without the supervision of resident staff. They have acquired adjoining premises and propose to increase the number of patients taken from 6 to 14 and building and adaptation plans will allow for the accommodation of resident supervisory staff. When plans have been implemented the restriction relating to the category of patients received could be relaxed.

The friendly support by these voluntary bodies of the work done by the official side is a good omen for continued happy relations in the future.

MEDICAL EXAMINATION OF STAFF

The total number of medical examinations carried out during the year was 341 as against 289 in 1961. 988 health statements were considered, the information disclosed resulting in further enquiries having to be made in a number of cases, but only 5 prospective employees were turned down as a result. 616 of the health statements were in respect of teaching staff and 251 for canteen staff. For most of these x-ray examinations of the chest were arranged.

Actual medical examinations were carried out as follows :-

By whole-time Medical Officers including Hove	102
By part-time Medical Officers	128
By general practitioners	105

PUBLIC HEALTH ACT 1936 REGISTRATION OF NURSING HOMES

At the end of 1962, there were 25 registered homes in the Authority's area outside Hove, three having closed down during the year and three new ones having been registered. All homes seemed to be running satisfactorily, when the usual visits of inspection were paid.

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

NURSES AGENCIES ACT 1957

The three Nursing Agencies in the county area outside Hove are operating satisfactorily.

NURSERIES AND CHILD MINDERS REGULATION ACT 1948

As there is only one County Council day nursery in East Sussex (and that in Hove) demand seems fairly high, especially in urban areas, for places where mothers can leave their young children either while they go to work or so that the child gains some experience of mixing with other children prior to reaching compulsory school age. During the year, two nurseries and seven daily minders were registered under the above Act and at the end of the year there were 12 nurseries and 21 daily minders registered, providing places for a maximum of 567 children.

The Assistant Superintendent Nursing Officers continue to visit the premises to ensure that adequate standards are maintained.

CHILDREN Dir. SERVICE OF CRITICISE

Material	rate per 1000 live and still births	-19
Maternal	(including	京 日 七
Perinstal montality mate	per 1000 live and still births	25.23
Sarly Neo-	1000 live births	10.17
Neo natal	rate per 1000 live births	13.67
te	Per 1000 illegitimate live births	26.14
funt Mortality Re	Per 1000 legitimate live births	16.43
In	Per 1000 total live births	17.01
Infant de ths	0 15	87
Tot:1	still Still	5193
rillbirths	No. 4 +	15.21
81113	90	75
Illeritimste	per cent of total live births	80
live Births	Sate o	13.35
Live	No.	5114
The	Sact Sussex	

population estimated e de la companya del companya de la companya del companya de la co 1000 t births rates o the e + Jehor assinla vilab IS

the control of the co the polynomia bed prior, odd ADMINISTRATIVE COUNTY OF EAST SUSSEX CHIEF VITAL STATISTICS FOR THE YEAR 1962

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

	Population											Parent L	1		-		
Group	estimated by Registrar	Live	Births	Deaths	ths	Infant (under 1	Deaths year)	Deaths from Heart Disease	from	Desths from Pulmonary Tuberculosis	from nary losis	other tuber- oulous Diseases	uber- uber- us	Deaths from Hes- piratory Dis- eases not inclu- ding Influenza	om Res- Dis- inclu-	Deaths from Cancer	from
	Mid-1962	No	Rate	No	Rate	No	Rate	No	50 64 64 64 64 64 64 64 64 64 64 64 64 64	No	Rate	No	Rate	No	Rate	No	Rate
3 Large Towns	116470	1233	10.59	2296	19.71	23	18.65	798	6.85	11	60.	1	1	232	1.99	1,08	3.50
7 Other Urban Districts	93210	1480	15.89	1241	13.33	25	16.89	438	07.4	10	•00	-	ю.	130	1.40	211	2.27
5 Rural Districts	173510	2401	13.84	2632 15.17	15.17	39	16.24	926	5.34	7	70.		,	290	1.67	474	2.73
Whole County	383100	5114	13.35	6169 16.10	16.10	87	17.01	2162	5.64	23	90*	-	.003	652	1.70	1093	2.85

. Orude Rates calculated per 1,000 of the estimated population + Rates calculated per 1,000 of the registered live births

TABLE III - LIVE BIRTHS, STILLBIRTHS AND DEATHS

District Three Large Towns:		Daniel attack						Dan + ha	tindam .		
Three Leres Towns:	Area in sta-	estimated by	Live	Births		Stillbirths		1 year	of age	Deaths at all	Crude Death
Three Large Towns:	(land and in- land water)	Registrar General Mid-1962	Number	Crude Rate per 1000 popu-	Number	Crude Rate per 1000 popu- lation	Rate per 1000 Total Births	Mumber	Rate per 1000 live births re-	ages Delong- ing to the district	ARTE DEF 1000 Popu- lation
Bexhill Hove Lemes	7993 3946 1993	30680 71980 13810	271 770 192	8.83 10.70	wina	21. 12. 14.	10.31	440	14.76 18.18 26.04	616 1514 166	20.08
Totals	13932	116470	1233	10.59	22	-19	17.53	23	18.65	2296	19.71
Seven other Urban Districts: Burgess Hill Cuckfield East Orinstead Newhoven Portslade-by-Sea Rye Seaford	2026 3911 6600 1772 1951 1027 4274	14660 15860 15860 16550 14360	888448 88844888	20 111 145 145 165 165 165 165 165 165 165 165 165 16	เกเกพลง (ก	¥40.55% ' 8	16.50 12.20 13.61 18.24 23.81	W000017	27-1-12 27-1-12 27-1-12 22-23	1,00 to	24440004 26852894
Totals:	21561	93120	11,80	15.89	24	.26	15.96	25	16.89	1241	13.33
Five Rural Districts: Battle Chailey Cuckfield Hailsham Uckfield	117147 64183 70996 94668 112096	30710 23500 50770 447760	333 333 54 50 50 50 50 50 50 50 50 50 50 50 50 50	12.44 14.08 16.25 12.32 14.50	nuada	2.59.95 2.59.95	28825 28825	V-10-00	25.32 27.23 27.32 27.33 33.33	47.55 47.75 7.22.70 6.34.4	25.55 25.35 44.66 44.66 44.66
Totals	459090	173510	2401	13.84	33	.19	13,56	39	16.24	2632	15.17
Whole County	494583	383100	5114	13.35	79	.21	15.21	87	17.01	6169	16.10

NUMBER OF DEATHS AT DIPPERENT PERIODS OF LIPE IN THE ADMINISTRATIVE COUNTY DURING THE YEAR 1962

33				Urban D	Urban Districts	N. S.		State				2000		Rural Districts	stricts			
Sex	All	0-1	0-1 1-5	5-15 15-25	15-25	25-45	45-65	65-75	75 and over	All	0-0	1-5 5-15	5-15	15-25	15-25 25-45 45-65	45-65	65-75	75 and over
Males	1549	28	77	9	12	27	317	458	269	1269	28	Cd	7	11	24	272	390	535
Females	1988	20	1	2	77	26	260	435	1241	1363	11	r.	7	2	17	166	311	8444
TOTALS	3537	847	77	80	16	53	577	893	1938	2632	39	7	11	16	141	438	704	1379

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1962 IN THE URBAN DISTRICTS

-																										
82	pJ	Seafor	01 1	1	1	1.1	1	1.4	-t-	- (1)	75	-	N K	- 6	140	40	M.	- 1	-	1 -	1	C) (1	+0	1 1	182
ill age		Portela	1.1	1		1 1	1	1.4	500	u	53	-	727	W. C	77	010	 		1	- 147	1	NY.	O CV	W+	- 1	182
ot, at a	uə	Иемрач	11	1	1	1.1	1	1 1	24.2	1 1	to m	11	200	13	± m	1 100	۲.		1	- 0	1	CATA	1	- 1	1	134
Distri		Rast Jeniat	e- 1	1	1.1	1 1	1	1 0	7	1 1	5	-	450	00 1	34			0 1	4-	- 4-	1	CV III	m	MO	11	235
o each	ejq	Cuckfl		CV I	1 1	1.1	1	040	00	- CV	53	-	0,40	in.	20	1 60	or.	310	-		1	100	a M	n-	- 1	312
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belon		RAG	1.1	10	1 1	1.1	1	1 0	100	4.1	un I	1	0 4	100/		Fun	M	1 ==	1	n I	1	- u	1.1	+ 1	1	96
in or	OHS	Lewes	- 1	1 1		1 1	1	- M	(n-	- 1	28	1	0 0	- 7	5-	10	N.	- M	cu	1 -	1	CA II	201	Me	- 1	166
Deaths,	Вовоион	Hove	αρ I	M	i r	1 1	.1	282	909	100	123	10	280	989	77	92.5	53	7+	OV	70	- 1 :	100	-+	W. i.	1	1514
		Bexhill	N I	0		1.1	1	1 00	128	たり	9	m	137	110	750	- 50	9.	ot	1	nr	1.1	MAN	2	r-4	1	616
8,60	at	Tota	16	00		1.1	1	5000	130	25	336	17	597	010	160	177	122	35	151	100	1	222	182	80	-	3557
Joined	OVEP	pue G/	1.1	+	11	1, 1	1	272	000	2 40	136	9	1,18 2,5,8	100	350	146	53:	±==	7	- 0	1	- 4	90	97	1 1	1938
at sub		g 65 a	7	M	1 1	1 1	1	- 0	100	310	40,) IO	133	110	10/	37	3	D) III	1	nu	1	- 1	17	C) II	1	893
riots,		tepun 45 a	00 1	77	1.)	1.1	1	4- M	700	100	50.4	-	124	000	17.	40	100	0 10	7	2 to	1	1.6	1	000	0.1	577
to Dist	Sty pu	SS a	-1	1		1.1	1	1 1	- 2	t!	W.	-	+ α		0+	#- PC	CV.	N =-	1	1.1	1	-1	-	10 K	41	53
	SS	15 ander	11	1	1 1	1.1	1	1 1	1 1	1	CV -	- 1	1 1	1	1 1	1-1	1	1 1	1	- 1	1	10+	- M	MO	1.1	16
belonging	St pi	Japun ue ⊊	11	1	1 1	1.1	1	- I	1 1	1 1	1 1	1	1 1	1	1 1	1 ←	1	1.1	1	1 1	10	1 10	1-	CI I	1	8
s,in or	1	rabnu	1-	1	1 1	11	1	1 1	1 1	1	1 1	1	1 1	1	1 1	1-1	1	1 1	1	1 1	1	CV I	1	1.1		77
Deaths, in		Tabriu	11	1	1.1	1 1	1	11	1.1	1.1.	1.1	1	- 1	13	- 1	+ M	l.	- 1	1	1.1	1	- C	21	M 1	1	148
The second secon	THE VALUE OF COUNTY	5	1. Tuberculosis, Respiratory 2. Tuberculosis, Other	Syphilitic Dis		6. Meningococcal Infection 7. Acute Pollomyelitis	Measles	Other Infective and Walignant Neoplasm.	Malignant	Malignant Meoplasm, Uterus	Other Malignant and Leukaemia, Aleukaem	Diabetes		Hypertens		22. Influenza 23. Pneumonia		25. Ulcer of Stomach and Duodenum				31. Congenital Malformations		34. All Other Accidents		All Causes

TABLE V (b)
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1962 IN THE RURAL DISTRICTS

	Uckfield	とここここことであってからよる場合などのとはなっているようのよう	459
belonging t, at all ages	medalieH	と1111111111111111111111111111111111111	727
in or belo strict, at	Cnektield	11111111000000ドールドロトドローにはそのは1111111000011	380
Deaths,	Chailey	+ 1+11111+444mm-004rpがあるだとあると100mmの1	416 .
to	Battle	11-11111の0番とすすると名だとのとすがあるみとかしいろう	475
	BigoT	ト 1 4 1 1 1 1 1 1 1 1 2 2 2 2 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5	2632
ned sges.	Tovo bne 27	は1は11111ななからなったとかはあるとだらのはこのかのは11のであす」	1379
t subjoined	gy aspun	1111111111111111111111111111111111111	701
ct	bns 24	と1111111-27に自分となったからならに思っていっているのでが、	438
Districts,	SS and	1111111111+++001001+110011111+++0000-1	174
ging to	to and 25	111111111111111111111111111111111111111	16
or belonging	bna č		=
Deaths, in o	bns t d rabnu		7
Deat	Under 1 year	111111111111111111111111111111111111111	39
	CAUSES OF DEATH	1. Tuberculosis, Respiratory 2. Tuberculosis, Other 3. Syphilitic Disease 4. Whophing Cough 6. Meningococcal Infections 7. Acute Poliomyelitis 8. Measles 9. Other Infective and Parasitic Diseases 10. Malignant Neoplasm, Jung, Bronchus 11. Malignant Neoplasm, Jung, Bronchus 12. Malignant Neoplasm, Uterus 13. Malignant Neoplasm, Uterus 14. Cuthor Malignant and Ilymphatic Neoplasms 15. Lukasemia, Aleukasmia 16. Lukasemia, Aleukasmia 17. Vascular Lesions of Nervous System 18. Coronary Disease, Angina 19. Hypertensia and Aleukasmia 19. Hypertensia 20. Other Heart Disease 21. Other Circulatory Disease 22. Influenz 23. Premanca 24. Bronchitis 25. Other Diseases of Respiratory System 26. Uter Diseases of Respiratory 27. Gastritis, Entertits and Diarrhoea 28. Nephritis and Nephrosis 29. Pregnancy Childbirth, Abortion 31. Congenital Malformations 32. Other Defined and Ill-Defined Diseases 34. All Other Accidents 35. Wotor Vehicle Accidents 35. Notor Vehicle Accidents 35. Notor Vehicle Accidents 35. Notor Defined and Operations of War	All Causes

CASES OF NOTIFIABLE DISEASES OCCURRING DURING THE YEAR 1962

		Totals	321 12 221-1111-104Was 10	750
		Dokfeld	+0118/10/1+1114/0/1/+=10	62
	DISTRICTS	madellaH	\$4011 € 111111111111111111111111111111111	115
	RURAL DI	Cuckfield	\$011\$110111101+1+N01+	312
	RUI	Chailey	# # # # # # # # # # # # # # # # # # #	179
DISTRICT		Battle	V-11810011111111101-WI-	65
EACH DIS		Totals	25 1 1 2 2 1 1 1 1 2 2 1 1 2 2 1 1 4 1 4 1	723
IN		broless	1-11-21111111111111111111111	22
NOTIFIABLE DISEASES	CTS	Portslade- by-Ses	8001141=41111141111WW11	65
FIABLE	DISTRICTS	Мемьвуел	11.116/11/11/11/11/11/14	9
OP NOTI	URBAN	tesE bestaning	-011W1-411111-1-111W1-	34
NUMBERS		Cuckfield		509
TOTAL N		Burgess		87
		statoT	325174-711118831411255 325174-71111188314	481
		БУG	0-110101111111111111-1-	13
	воволона	Lewes	111100	506
	BO	Hove	0.81 1.01 1.00 1.11 1.00 1.11 1.00 1.1	206
	100	Bexhill	5w11v13011111+1+111811	99
-	Yann	Total for Adioon of saling Co.	881181841-1-10-88888	1954
	THE PERSON NAMED IN	The state of the s	Fever g Cough collomyelitis - Paralytic cliomyelitis - Non-Paralytic ris neumonia ry x ncephalitis - Infective ncephalitis - Post Infectious Fever hold Fever al Pyrexia a Neonatorum lsoning losis - Respiratory losis - Meninges losis - Other Forms	TOTALS
100		41571	Scarlet Whooping Acute Po Acute Po Acute Pu Dysenter Smallpox Acute En Acut	

TABLE VII

VACCINATION AGAINST SMALLPOX

NUMBER OF PERSONS VACCINATED (OR REVACCINATED) DURING THE YEAR 1962

00	Revac-	2655 2459 3489 3489	2714 533 4469	1968	31201	2758
L AGES		0.3+	++0	++404	15	0
TOTALS ALL	Vaccinated	821 222 225 225 225 225 225 225 225 225 2	WWWWWW WWWWWW WE WE WE	999934 999934	7779	houh
s or over	Revac- cinsted	2024 3834 1114 303	トラシュルッ トラシュルッ はおみであせ	1377 1118 1780 2944	23725	2217
Age 15 years	Vaccinated	2201 1278 1278	4-822-2	1557 238 238 238 238 238 238 238 238 238 238	1667	179
14 years	Revso- cinsted	2000 8000 6000 6000	255 7458 7458 7458 7458 7458	889720	7152	483
Age 5 to 1	Vaccinated	222 225 236 4	+ 25085 + 25085	44 84 84 84 86 86 86 86 86 86 86 86 86 86 86 86 86	1295	130
years	Revac- cinated	80000	wwwwoda	284587 284587	299	173
Age 2 to 4	Vaccinated	100 th	37.85 Wa	48.1.88	714	253
year	Revac- cinated	MEMI	-11101	+mini	19	77
Age 1 y	Vaccinated	01000	りょく 以 ののひがレウ	786088 8800+88	482	305
1 year	Revac- cinated	1111	11111+	1-121	9	11
Age under	Vaccinsted	475.99 478.89	0 4 9 6 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	2002 7002 1004 1004 1005	3621	3177
	District	Borourhs Bexhill Hove Lewes Rye	Urban Districts Burgess Hill Cuckfield East Grinstead Newhaven Portslade Seaford	Rural Districts Battle Chailey Cuckfield Hailsham	1962 TOTALS	1961 TOTALS

Vaccination State in Relation to Child Population as at 31st December, 1962:-986

Percentag	75.56	71.17	76.84
Child	7800	18900	23700
Total Vaccination	3627	14585	18212
Age Group	Under 1 year	1 to 4 years	

TABLE VIII
IMMUNISATION PERCENTAGES - MINISTRY CALCULATIONS

The position of East Sussex for 1961 and 1962 in relation to the 63 counties was as under. The immunisation percentages, calculated by the Ministry of Health, took account of work done and estimated population for each of the counties.

Diphtheria Under 15 1962	Z	East Sussex (79)			
Diphtheria Under 15 1961	51	Rast Sussex (76)			
Diphtheria Under 1 1962	29	Cambridgeshire (89)	Northumberland (88)	Berkshire (87)	East Sussex (84)
Diphtheria Under 5 1961	419	Isle of Wight (90)	East Sussex (78)	-	
Whooping Cough Under 1	99	Northumberland (92)	Cambridgeshire (90)	East Sussex (82)	
Whooping Cough Under 1 1961	69	Hertfordshire (88)	Isle of Wight (86)	Northumberland) East Sussex West Sussex (85)	
Smallpox Under 2 1962	70	Cambridgeshire (95)	Westmorland (90)	Essex (88)	Enst Sussex (86)
Smallpox Under 1 1961	04	Isle of Scilly (100)	Berkshire East Sussex (67)		
	National Percentage	First	Second	Third	Pourth

In 1962 the national POLIONYELITES VACCINATION: The national percentage in 1961 for the O - 19 year age-group was 82 and East Sussex (81%) obtained 28th.place. In 1962 the nationates percentage for the O - 20 year age-group rose to 83 and East Sussex (82%) obtained 24th place amongst the Counties.

Correspondence with the Ministry about the pollomyelitis figures shows that East Sussex may be at a disadvantage because of the larger number of independent bonding who be an interesting the County. Ministry figures do not take into account particular local conditions or transfers of population. The County are therefore oredited with extra children doubletion against which it is not possible to arrange vaccinations as the children concerned have mostly had these in the areas of their home authorities.

TABLE IX

MENTAL HEALTH STATISTICS FOR 1962 PREMISES PROVIDED AT 31st DECEMBER 1962

The state of the s	-	-								
A STATE SAME STATE AND ADDRESS OF			Day training Centres	training Centres	Residential training Cent	ntial	Social clubs or centres	ubs	Homes or hostels	tels
Age group provided for		Mental category provided for	Number of centres (1)	Number of places (2)	Number of centres (3)	Number of places (4)	Number of clubs or centres (5)	Number of places (6)	Number of homes or hostels (7)	Number of places (8)
1. Under 16	(a)	(a) Wentally 111				-				1
	(9)	Mentally subnormal	5	9	-	1	1	1	-	1
2. 16 and over	(a)	Mentally ill	-	-	1	-	1	15	+See below \	12
	(P)	(b) Mentally subnormal	-		-		-	1	+See below }	
3. Juniors and Adults	(a)	(a) Mentally ill	-	-	-	-		-	-	-
	(P)	(b) Mentally subnormal	1,6	- 04	1	-	-	-		12 *
4.		Total	2	100	-	-	-	15	*See below	777

-	-
(a) Number of units	(b) Number of places
Not included	in 1-4 above
-	
(a) Number of units	(b) Number of places
Included	in 1-4 above
units providing for gr	5. physical handleaps or gross behaviour difficulties

ase state name, address, description of premises, and number of places.	1
1	
	2
	191
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128	
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52	Li.
P.M	60 place
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0	
40	
00	
0	
0	
102	
63	
P.	9
D.	43
sase state name, address, description of premises, and number of places	9
9	-
181	n gu
H	n
+3	현
49	E
03	5.
0	1
44	10
68	unior Training Centr
Pleas	Junio
Ple	1, Junio
Ple	eld, Junio
Ple	Held, Junio
Ple	kfield, Junio
Ple	okfield, Ju
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. 1961. Ple	Cuckfield, Ju
. 1961. Ple	Cuckfield, Ju
. 1961. Ple	Cuckfield, Ju
. 1961. Ple	Cuckfield, Ju
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losed since 31st December 1961. Ple	ye Lane, Cuckfield, Ju
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losed since 31st December 1961. Ple	ye Lane, Cuckfield, Ju
losed since 31st December 1961. Ple	ye Lane, Cuckfield, Ju
losed since 31st December 1961. Ple	ye Lane, Cuckfield, Ju
losed since 31st December 1961. Ple	ye Lane, Cuckfield, Ju

⁽b) Closed None

^{*} Provided by Children's Committee for patients from 15 to 18 years of age.

⁺ Patients are received in limited numbers in accommodation under the control of the Welfare Services Committee. 12 in residence at present.

^{6 1} part-time day training centre operated by the Guardianship Society of Hove is within the County Area. A total of 15 County cases attend this and other Society centres.

TABLE X

NATIONAL HEALTH SERVICE ACT, 1946, AND MENTAL HEALTH ACT, 1959 MENTAL HEALTH STATISTICS FOR 1962 (EXCLUDIAT HOVE DELEGATION)

Number of patients under		Wentsily	111 X		14	Psychopathic	athic	-		Submornal	0.1		Sev	Severly subnormal	prormal			Totals			
	Under a	age 16	16 and	over	Under sg	91 als	16 and o	Over t	Under age	91.0	16 and	Tavo	Under age	91.9	16 and o	over	Under age	91 0	16 and	over	Grand
	H	Die .	H	De	24	Dia.	21.	Eq.	H	Da	24	Sk4	26	Dia.	N	fi ₁	×	De.	>=	Die	TOTOL
	(1)	(2)	(3)	(†)	(5)	(9)	(4)	(8)	(6)	(40)	(11)	(12)	(13)	(44)	(45)	(46)	(11)	(18)	(43)	(50)	(21)
(a) Total number	*		53	109	-		2	04	64	1	90	100	55	37	127	182	895	37	262	393	750
(b) Attending day training centre			1	-	i.	1	1	1	1			7	10.	52.5	10	23	31	23	80	27	31,
Ammiting entry thereto	1	-	1	1	-	1	1.	-1	4	,	1	1	25	7	15	24	13	2	15	828	09
(c) Resident in residentis!	1	-	-		,			-	ı.		,	,		-						-	.04
Awaiting residence therein	1	1	1	1	1	,	1	1	-		2	**	.7	10	23	5	4	100	23	9	36
(d) Receiving home training	1			,	1	1	1	- 1				cu	7	9	177	10.01	00	10	77	25	53
Awaiting home training	1	1	1	1	1	1	-	i-	-	-	-	1	1	1	01	2	1	1.	04	3	10
(e) Resident in L.A. home/hostel	1.		00	Oil.	1	1	1	1	1	,	-		1	,	10	04	1	1	00	77	12
Awmiting residence in L.A. home/hostel	-	0	MY.	9	,		-	15	-		+			1	CU	E		,	7	10	17
Resident at L.A. expense in other residential hones/hostels	1	1	-	117	,	1	1	1		1	1	00	101	2	17	277	10	2	-2	949	55
Resident at L.A. expense by boarding out in private household	1	1	1	2	1	1	,	1		,	1	CA	-	,	9	10,	-	1.	9	6,	26
(f) Receiving home visits and not included under (b) to (e)		1	147	85			+	C/J	-	,	75	84	9	us.	7	00	100	10	12.	257	197
			300											-		1	-	-			

TABLE XI

Number of patients analting entry to hospital, or admitted for temporary residential care during 1962

Severely subnormal Totals	over Under age 16 16 and over Under age 16 16 and over Grand	A M & M & M &	(13) (14) (15) (16) (17) (18) (19) (20) (21)			- 2 2 5 2 3 2 5 2 12	4 1 5 4 4 1 5 4 4	- 6 3 to 6 7 3 to 6 26		3 10 11 12 3 10 11 12 6 39		8 1 2 3 10 13	
1	6 and ove	E E	(11) (12)				1	-		1	,	N	
Subnormal	6 16 1	De	(10) (,	,		4	,	1		
	Under ag	н	(6)				,	-		,	,	,	
	over	Dia.	(8)			,	1	1		1	3		
Psychopathic	16 and	26	(4)				1	,			,		
	91 age	Di	(9)			i				,	,	1	
	Under age 16	×	(5)	-		ì	1						
Mentally ill	16 and over	Ske	(17)			-1	1			1			
	16 and	26	(3)			1				,	1		
	age 16	Die	(2)			1							
	Under s	×	(1)			,			18	,			
				Number of patients in	L.H.A. area on waiting list for admission to hospital at 3:.12.62	(a) In urgent need of hospital care	(b) Not in urgent need of hoseits! care	(c) Total	Number of admissions for temporary residential care (e.g. to releive the	family) (a) To N.H.S. hospitals	(b) To L.A. residential accommodation	(c) Elsewhere	



