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EAST SUSSEX COUNTY COUNCIL A:102

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE
YEAR 1963



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*



Correction to form S.D.25 for 1963


The following figures should be subtracted from the deaths shown for cause-group 19 (Hypertension with Heart Disease) and added to cause-group 20 (Other Heart Disease):-

AREA:- Sussex East:- Aggregate of U.Ds.

[illegible]

AREA:- Sussex East:- Aggregate of R.Ds.

[illegible]



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EAST SUSSEX COUNTY COUNCIL

ANNUAL REPORT

OF THE

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FOR THE

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FRANK LANGFORD
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*County Medical Officer of Health and
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EAST SUSSEX



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Mr. Chairman, My Lords, Ladies and Gentlemen,

Although the treadmill of public health administration goes on turning continuously without regard to dates each year tends to have its own special features. During 1963, for example, we had a very small and unimportant incidence of infectious diseases, except that measles rose considerably, over 6,000 cases being notified. Yet, although measles is a great nuisance in and to a family it is no longer a killer, and you will see from Tables IV (a) and (b) giving causes of deaths that none from measles was included.

The more positive feature of the work has been finding, securing against competition, and using plots of land needed for various services which have been included in plans for the future. The buildings which have been and are still needed are clinic buildings for general services such as maternity and child welfare and those required for mental health service, such as training centres (both junior and senior) and hostels of different types. Since the Welfare Services and Children's Committees are concerned with these as well as the Health and Housing Committee the chief officers of all three forms, so to speak, a joint questing team with the County Architect engaged in a constant search for pieces of land.

The extreme difficulty in finding suitable sites on which to provide buildings for one health service or another, chiefly mental health, is, I believe, more noticeable in this county than most. In the favoured south-east of the country there is continued and tremendous demand for ground by all manner of interests and the pressure is increased by planning considerations which prevent easy expansion: e.g., up on to the higher parts of the Downs. A related reason is, of course, that the volume of building work in the south is really beyond the capacity of the building firms available.

In my Report for 1953 I drew attention to the rise in the number of deaths caused by cancer of the lung. During the ten years 1954 to 1963 inclusive the deaths rose substantially and totalled 1944, there being the record number of 256 in 1963. Most people now realise that whatever the actual chemical or other mechanism may be the smoking of tobacco, chiefly heavy smoking of cigarettes, is by far the most important cause of this awful complaint; but as is the case with other drug addicts many smokers would prefer a notable risk of an unpleasant death to the shorter and less unpleasant period of symptoms which usually accompany giving up the habit. To those who still try to persuade themselves that the twenty or more reports are wrong and that "statistics will prove anything", I put just one question. "If the reports are wrong after all, and smoking has no important relationship to lung cancer, do you not think that in the last ten years the tobacco companies (who spend millions a year on advertising) would have proved it?" The Ministry of Health are satisfied of the relationship; but one is doubtful how much enthusiasm their colleagues put into preventive action, when for example one can find automatic cigarette vending machines everywhere, available day and night.

During the year considerable attention has been directed to that part of the Hospital Plan for England and Wales which referred to the present and future position of the small hospitals, those usually called "general practitioner hospitals". Rightly or wrongly many people interpreted the plan as an intention to develop a hospital system in which the small hospitals would be abolished and the family doctor would have much reduced access to hospital beds. I believe the general practitioners of this geographical county are unanimous in regarding such a position as being against good doctoring and the interests of the patient; and it has been quite clear that the people of the county in general feel the same way. To me, it has been quite impressive that of those who have taken part in discussions (and there have been many meetings, with vigorous expression of opinion), as far as I know not one person, whether doctor or not, has considered the abolition of the general practitioner hospitals would be a good thing. Fortunately, it became clear that the Plan was much more of a provisional outline than an expressed intention and the watchdogs of the "G.P. Hospital" are fairly well assured that no establishment will be planned out of existence before very long notice has been given and full discussion has been permitted. Hospitals whose retention has been specially pressed for are those at Lewes and Uckfield, and the general practitioner nucleus of the Queen Victoria Hospital, East Grinstead, is also highly popular.

Relevant to the last is the request made to the Health and Housing Committee to support an application to the South East Metropolitan Regional Hospital Board that a maternity unit be established at East Grinstead. This proposition was supported, with the rider that preferably it should be a general practitioner unit.

Since December 1962 the subject of fluoridation of public water supplies has been the subject of vigorous discussion and intense propaganda. Many communications have been received from both supporters and opponents of fluoridation by members and officers of the County Council and District Councils, and from time to time, when they could get their heads above the storm of paper, the matter has been given careful consideration by the Nursing Services and Care Sub-Committee and the Health and Housing Committee. The interim decision of the latter is that it would not be appropriate to take any steps in the matter until the result of the current action against the Watford Borough Council has been published. They therefore propose to defer submitting any recommendation to the County Council until that case has been decided, which is unlikely to be before the latter half of 1964.

In the meantime, it may help to outline the bare bones of the administrative position as it exists here. The Minister of Health has given local health authorities permission to make arrangements with water undertakers for fluoridation of public water supplies, so that these may contain approximately 1.0 part per million of fluoride. The geographical county of East Sussex borders upon three county boroughs and three other counties, and contains fifteen county districts. Although the power has been given to local health authorities, i.e., counties and county boroughs, and county districts have technically no position in the matter, your Council consistently pay a great deal of attention to the views of the District Councils; and it is doubtful (judging by discussions up to now), whether unanimity for or against fluoridation is likely to be reached among them. Furthermore, the county is served by six water undertakers, some of which are outside the county and not one of which serves only one health authority or supplies water containing anything like 1.0 part per million of "natural" fluoride. It can be seen therefore that in the event of adjacent health authorities not seeing eye-to-eye, much complication will arise even if we assume (which by no means follows), that every water undertaking is willing to introduce fluoridation if requested.

It is to be hoped that this breathing space so thoughtfully provided by your Council will enable the dust of dispute to settle, so that I need not report after later discussions as someone whose name I regret I have forgotten, remarked in another context.

"The air rang with the clash of axes being ground,
bees humming in bonnets, bats threshing about in
belfries".

Much concern has been felt and expressed here as elsewhere regarding two related matters: the increasing willingness of young people, even well before school-leaving age, to indulge in sexual intercourse without formality of marriage, and the increased incidence of venereal disease. As to the first point, the increasing sexual freedom of very young people, this is a matter of social and moral climate and I doubt very much whether it is appropriate for a medical officer of health, as such, to offer an opinion - or, indeed, whether his views would be of any value. As to venereal disease, however, as far as can be judged from the returns sent by the Special Clinics serving this county (since people may attend any clinic they like), there is nothing like the substantial increase noted elsewhere, mainly in the very large towns. During the last few years there has been a moderate increase in the number of new cases of gonorrhoea attending the clinics in this county, though to what extent this represents a rise in the total number of cases is unknown. What is important and to some extent reassuring is that syphilis seems not to be on the increase and that very few cases of congenital syphilis now occur, and this can be put down largely to the alert care of the family doctors, maternity hospitals and midwives in seeing that every pregnant woman has the necessary blood tests. Further reference to this matter is made in the body of this Report, under the heading of Domiciliary Midwifery.

In my Report for 1956 I recorded the retirement, after serving this authority for no less than fifty-three years, of George Akehurst, our Chief Clerk. Soon after becoming a gentleman of leisure he married his colleague, Winifred Chestney, who was, and still is, a most valued member of the staff of the Health Department. It is with the deepest regret that I report Mr. Akehurst's death in September, 1963, soon after a major operation; and I place on record the individual and collective sorrow of the Department and our sympathy for his widow. Knowing her as we do it is no surprise that in spite of the shock she stuck to her job and to our enormous advantage shows, as always, a huge capacity for work.

Once again an attempt is being made to produce this Report in time for the July meeting of the County Council, but this may not be possible as some of the statistical material was not received from the Registrar-General until May. However this may be I wish to thank all my staff and other colleagues for their great help and support during the year, including the extra work of collecting and preparing the material for this Report. I am very grateful, also, to your Council in general and the members of the Health and Housing Committee and its sub-committees in particular for their continued interest and kindness.

I have the honour to be

Your obedient servant,

F. LANGFORD.

County Medical Officer of Health.

Health Department,
County Hall,
Lewes.

MAY, 1964.

MEMBERS OF THE HEALTH AND HOUSING COMMITTEE

(as at 31st December, 1963)

(a) Members of the County Council:

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

(b) Other Members:

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

STAFF OF THE COUNTY HEALTH DEPARTMENT AT 31st DECEMBER, 1963

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.
Assistant Medical Officers	(a) L.A. Collins, M.A., M.B., Ch.B., D.P.M., D.P.H. A.P. Gorrie, M.B., Ch.B., Margaret B. Parker, M.B., Ch.B., D.P.H., (part-time) (a) J. Petrie, M.B., Ch.B., D.P.H. (a) M.I. Silverton, O.B.E., T.D., M.R.C.S., L.R.C.P., D.P.H. (a) D.M. Richardson, M.R.C.S., L.R.C.P., D.P.H. Anne D. Surtees, M.B. Ch.B., D.C.H. (a) R.J. Toleman, M.B.E., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. Janet F. Waugh, M.B., B.S.

Mental Health

Senior Medical Officer	A. Spellman, M.B., B.S., M.R.C.S., L.R.C.P., D.P.M.
Chief Mental Welfare Officer	M.G.W. Ternouth.

Nursing and Aftercare

Senior Medical Officer	Mary M. Boyd, M.Sc., Ph.D., M.B., Ch.B. (Hons), M.R.C.P., D.P.H., D.Obst.R.C.O.G., D.C.H.
Superintendent Nursing Officer	Miss M.H. McLeod, S.R.N., S.C.M., H.V. Cert., Q.N., Dip.Soc.St. (Lond.)

Deputy Superintendent Nursing Officer		Miss E.M. Hollands, S.R.N., S.C.M., H.V. Cert., Q.N. M.T.D.
Assistant Superintendent Nursing Officers		Miss D.B. Boxer, S.R.N., S.C.M., H.V. Cert., Q.N. M.T.D. Miss A.A. Leckie, S.R.N., S.C.M., H.V. Cert., Q.N. Miss G.M. Williams, S.R.N., S.C.M., H.V. Cert., Q.N.
Midwifery Tutor		Miss E.E. Paul, S.R.N., S.C.M., H.V. Cert., Q.N. M.T.D.
Care Almoner		Miss M.L. Shaw, B.A., A.M.I.A.
Home Help Organiser		Miss M.H. MacLaine
Senior Clerk		Mrs. W.M. Akehurst.
<u>Dental Service</u>		
Senior Dental Officer		P.S.P. Jenkins, B.Sc., L.D.S., R.C.S.
Dental 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., M.R.C.S., L.R.C.P., (part-time) A. Longden, L.D.S. I.A.M. Mitchell, L.D.S., R.C.S., (part-time) Suzanne J.M. Passat, L.D.S., R.C.S. R. Park, L.D.S., R.C.S., (part-time) G.M. Rodgers, L.D.S., R.C.S., (part-time) R.C. Virgo, L.D.S., R.C.S., (part-time) K.V.M. Taylor-Milton, L.D.S., R.C.S. Paul H.S. Lahaise B.D.S., 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)
County Ambulance Officer		J.W. Limb.
County Health Inspector		T.F. Ayrton, M.R.S.H., M.A.P.H.I.

General Administration

Chief Administrative Assistant		T. Ryder, D.P.A.(Lon.), A.C.C.S.
Chief Clerk		G.M.G. Futter.

Borough of Hove Staff employed on Delegated Functions

Medical Officer		N.E. Chadwick, M.A., M.D., D.P.H.
Assistant Medical Officers		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. R.G.D. MacLennan, L.R.C.P., L.R.C.S., L.R.F.P & S., D.P.H., (part-time)

Dental Officers

Hilda M. Phillips, L.D.S.
A.P. Spackman, L.D.S., R.C.S.

Area Superintendent Nursing Officer

Miss I.O. Linton, S.R.N., S.C.M.,
H.V. Cert., Q.N.

Matron, Hove Day Nursery ...

Mrs. M.N. Waters

(a) Also District Medical Officer of Health.

GENERAL STATISTICS

The estimated population increased from 383,100 in 1962 to 388,450 in 1963.

The crude Birth Rate for the county was 13.72 per thousand of the estimated population (.37 per thousand more than in 1962). The live births in 1963 totalled 5,328 (214 more than in 1962). The number of illegitimate live births in East Sussex was 367 (61 more than in 1962) or 6.89 per cent of the total.

The crude Death Rate was 17.07 per thousand in 1963 as compared with 16.10 in 1962.

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 standardised 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
Standardised Birth Rate ...	17.01	18.2
Standardised Death Rate ...	11.44	12.2

The Infant Mortality Rate was 17.45 per thousand live births in 1963, as compared with 17.01 in 1962. The rate for England and Wales was 20.9. The illegitimate death rate was 16.35 per thousand illegitimate live births, as compared with 26.14 in 1962.

The Maternal Mortality Rate was .37 as compared with .19 per thousand live and still births in 1962.

SANITARY CIRCUMSTANCES

RURAL WATER SUPPLIES & SEWERAGE ACTS, 1944/61

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 schemes of sewerage and sewage disposal for Beckley Village and for the extension of the Battle Town sewage treatment works were submitted.

Proposed water extensions to serve the following localities:-

Battle - London Road area

Brede - Goatham Lane, Broad Oak

Dallington - South Lane

Guestling - Three Oaks to Lidham Hill

Hurst Green - Merriments Lane

Pett Level - Chick Hill Brook area

Salehurst - Jimpsons Lane

Salehurst - Poppinghole Lane

Westfield - New England Lane

Westfield - Sprays Lane

Winchelsea Beach - The Ridge area

The main drainage scheme for Catsfield Village made good progress and a start was made on the reconstruction of the Battle sewage treatment works and the extension of sewers to the outlying parts of the town.

The following water extensions were completed during the year:-

Guestling - Chowne's Hill

Guestling - Three Oaks to Lidham Hill

Hurst Green - Merriments Lane

Pett Level - Chick Hill Brook

Salehurst - Poppinghole Lane

Winchelsea Beach - The Ridge area

Chailey Rural District

No new proposals were submitted during the year.

The schemes of sewerage and sewage disposal for Piddinghoe, and the second stage for Plumpton Green were completed. The sewer extension to Common Lane, Ditchling, made good progress.

Cuckfield Rural District

Proposals for a water main extension in Horsted Lane, Sharpthorne, and for the sewerage of the Highbrook area, West Hoathly, were submitted.

The scheme of sewerage for Highbrook area and for the village of Slaugham were completed and a start was made on the scheme for the Brook Street area.

Hailsham Rural District

A scheme for the extension of water supply to the Station Road - Down Ash area, Hailsham, was submitted and completed.

No new drainage proposals were submitted during the year.

The schemes of sewerage and sewage disposal for East Hoathly village and the Windmill Hill area made good progress.

In my Annual Report for the year 1953 I suggested that Hailsham Rural District (merely an example of improvements in sewage disposal lagging behind increased water supplies) had done practically nothing to improve sewage disposal arrangements.

In the ten years which have passed since that comment was made the sea out-fall of the Westham and Pevensey system has been improved, as has also the existing system of sewage disposal for the large area of Polegate and Willingdon; and an extension of the Heathfield sewerage lay-out to serve Punnetts Town has been made. The only new sewage schemes in the whole of the Rural District since the war, i.e., during nearly twenty years, were Alfriston, and at East Hoathly and Windmill Hill (both almost completed). It is a pity that attention to the needs on public health grounds of the remaining undrained villages on the Downs, all of which are more or less closely related to important public water supplies, seems to have received very leisurely and inadequate attention. Of the 8 downland villages I have in mind, Alfriston has been provided for and I understand that it is proposed to deal with Wilmington in a year or two's time. I have not been able to discover, I regret to say, that the others have had such active consideration as to give reasonable hope that they will be drained within the next two or three years. There are also other places, not on the chalk, needing attention; Ninfield and Hooe, though they have reached the planning stage, must wait till at least 1966, and Horsebridge even longer. I do hope therefore that any communities in the county which are not properly drained and which are near enough to water sources to constitute a risk (and in fairness to Hailsham they are not the only county district with such) will be subjected to urgent and determined planning.

Uckfield Rural District

Proposals were submitted for a new outfall and relief sewer for Uckfield Town.

The scheme for re-siting and enlarging the Uckfield sewage disposal works and for extending the sewerage system to the Five Ash Down and Ridgewood areas were started. Good progress was made on the sewerage system for Blackboys and the scheme for Nutley village was completed.

Newhaven Urban District

Further progress was made on the West Side drainage scheme. By the year end the principal sewers and pipework had been laid and the disposal works were nearing completion.

On the 1st January 1957, the Newhaven Urban District was divided into three wards. The wards are: West Side, Central and East Side. The population of the district at the end of 1956 was 1,200. The population of the three wards was: West Side 400, Central 400, and East Side 400. The population of the district at the end of 1957 was 1,200. The population of the three wards was: West Side 400, Central 400, and East Side 400.

Ward	Population	Area (Acres)	Population per Acre
West Side	400	100	4
Central	400	100	4
East Side	400	100	4
Total	1,200	300	4

The two phosphate latrines were closed at the end of 1956. The latrines were closed because of the high cost of phosphate. The latrines were closed because of the high cost of phosphate. The latrines were closed because of the high cost of phosphate.

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FOOD & DRUGS ACT & MILK & DAIRIES REGULATIONS

Milk (Special Designation) Regulations 1960 - 63

Pasteurisers' Licences

On the 1st January, 1963, there were six pasteurisers operating under licences issued by the County Council. At the end of April one dairy ceased pasteurising following an amalgamation and of the remaining five establishments four 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:-

Class of Milk	Number -of- Samples	Appropriate Tests	Number of samples	
			Passed	Failed
Pasteurised	88	Phosphatase Methylene Blue	88 88	- -
Tuberculin Tested (Pasteurised)	288	Phosphatase Methylene Blue	286 283	2 5
Totals:	376	Phosphatase Methylene Blue	374 371	2 5

The two phosphatase failures both occurred at the dairy using the Holder Type Plant and were attributed to a defective outlet valve on a batch pasteurising tank.

The five methylene blue test failures occurred at two dairies without testing facilities and were attributed to unsatisfactory farm supplies.

Repeat samples in each case were satisfactory.

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, twenty-three sample groups of bottles have been examined during the year. All the samples reached the standard recommended by the Public Health Laboratory Service.

Milk Dealers' Licences.

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

The responsibility for granting licences for this purpose rests with Food & Drugs Authorities and at the beginning of the year there were 386 licences in operation.

During the year 59 licences were issued in respect of new dealers and changes of ownership and 19 licences were cancelled where milk business had ceased.

At the year end the total number of current licences was 387.

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 on Page 11.

Class of Milk	Number -of- Samples	Prescribed Tests	
		Passed	Failed
Pasteurised (all grades)	417	408	9
Tuberculin Tested (Raw)	40	40	-
Sterilised	5	5	-
Totals:	462	453	9

Eight of the unsatisfactory samples failed the methylene blue (keeping quality) test and this was attributed to improper storage of the milk or failure to turn over stocks in proper rotation. One sample failed the phosphatase test owing to a temporary breakdown at a pasteurising plant outside the county area. In all cases repeat samples were found to be satisfactory.

In addition to the above 66 samples of milk have been taken on behalf of the Ministry of Health at the two hospital dairy farms and all satisfied the prescribed tests.

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

Milk-in-Schools Scheme

Supervision of the arrangements for supplying milk to schools has been continued. All the schools participating in the scheme receive pasteurised milk, as recommended, with the exception of one private school, which obtains raw Tuberculin-tested milk from its own dairy herd.

The supplies have been checked by routine sampling and in all cases the milk satisfied the prescribed tests.

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

The Milk (Special Designation) Regulations, 1963.

These regulations, made on the 16th September, 1963, re-enact, with amendments, the Milk (Special Designation) Regulations, 1960, which are to be revoked on the 1st October, 1964.

The new regulations come into operation in stages and the principal changes are as follows:-

From the 29th September, 1963, milk which has been pasteurised under licence may be sold as either "Pasteurised Milk" or "Tuberculin-tested Milk (Pasteurised)."

On and after the 1st October, 1964, the designation "Untreated Milk" replaces "Tuberculin-tested Milk," but to enable stocks of containers to be used up these may be labelled "Tuberculin-tested Milk" up to the 31st December, 1964.

Thenceforward the special designations applicable to milk will be "Pasteurised," "Sterilised" and "Untreated."

Licences enabling producers and dealers to use the new designation "Untreated" may be applied for as from 1st June, 1964, but the licences will not become valid until the 1st October, 1964.

There is also a general form of licence to permit certain producers to make catering sales from their farms provided the quantity of milk involved does not exceed 50 gallons per year.

The half hour methylene blue test for keeping quality is to be applied to all grades of milk, including "Farm Bottled" and "Farm Cartoned" milk as from 1st October, 1964.

The proposed changes in designation will entail amending some two-thirds of the current licences for the period 1st October, 1964, to 31st December, 1965, but once established the use of the new designation "Untreated" in relation to all raw milk supplies should clarify the position in the public mind and the confusion of composite designations will no longer arise. By the year end the majority of the processed milk was being sold as "Tuberculin-tested Milk (Pasteurised)," the few exceptions being supplies from Channel Island herds in this country.

INFECTIOUS DISEASES

An outbreak of measles in 1963 brought the number of notifications of infectious diseases to 7,041 compared with 1,955 the previous year; there were 6,081 cases of measles. Whooping cough accounted for 267 cases and scarlet fever 119, an increase over the 1962 figures of 128 and 95 respectively. Pneumonia cases rose to 130 (86 in 1962) but the extreme weather in January and February no doubt contributed to this figure. Only 7 cases of food poisoning were notified in 1963 as against 30 the previous year but dysentery cases rose from 54 to 248. These were in the main confined to two areas, most of the cases being in a school and an L.C.C. nursery.

The only known case of acute poliomyelitis was a child who was under investigation for ill-defined neurological signs and symptoms. The diagnosis of poliomyelitis was made at post-mortem.

Notifications of pulmonary tuberculosis rose to 113, an increase of 21 over the 1962 figure of 92; 50 of these occurred in persons between the ages of 15 and 45 - the same as last year - the greatest number of notifications for men occurred between the ages of 55 and 65 and for females 25 and 35. This distribution seems to be the same every year. Only 3 notifications referred to cases between 5 and 15. Owing to the speed and skill of modern diagnosis many people are now discovered to have slight or even symptomless pulmonary lesions who might at one time have recovered without treatment.

There were 14 notifications of other forms of tuberculosis.

At the end of the year there were 2,668 cases on the register, 2,378 pulmonary and 290 non-pulmonary as compared with 2,390 and 287 in 1962.

Deaths were as follows:-

<u>Pulmonary tuberculosis</u>	<u>Deaths</u>
Urban Districts	11
Rural Districts	12
<u>Other forms</u>	
Urban Districts	4
Rural Districts	-

The picture is changing of recent years and I am glad to note that in 1963 out of the following eleven deaths of patients who were believed to have had tuberculosis without this having been notified, only the last two and perhaps the fourth were real failures to notify. On the other hand, in five cases pulmonary tuberculosis was mentioned as a part cause of death although no active disease was present, and this seems quite reasonable when scarring and pulmonary fibrosis add to the load on an elderly patient's circulation. Of the eleven patients listed below, all except two were over 70 years of age.

No. 1. This old lady died in a general hospital after an abdominal operation necessitated by a cancerous growth.

Pulmonary tuberculosis was mentioned as a second cause of death but enquiries have shown that the disease, found post-mortem, was represented only by old scarring and played no effective part in hastening death.

No. 2. This old man developed broncho-pneumonia and was about to be submitted to investigation as there was an ill-defined history of pulmonary tuberculosis. He died before any further steps could be taken, other than chest examination by x-ray. The latter can hardly be regarded as supporting a diagnosis of pulmonary tuberculosis, and no post-mortem examination was carried out; so it must be assumed that the mention of this disease on the death certificate had relation to the patient's history of tuberculosis in the past rather than actual findings at the time.

No. 3. This patient had been under previous treatment and supervision for tuberculosis, mainly in non-pulmonary sites, and developed a tuberculous meningitis of sudden onset; she died in hospital, the cause of death being not confirmed till post-mortem examination was carried out. This, and No. 4 below, are evidently examples of the unfortunate cases in which some more or less contained lesion bursts into the circulation and floods the system with infection.

No. 4 This old lady lived alone and was averse to troubling the neighbours to help her. In her last illness the symptoms were mainly referred to the abdomen but eventually it was evident that she was developing broncho-pneumonia and she was admitted to hospital.

At post-mortem examination she was found to have an old standing tuberculous lesion in the middle lobe of the right lung together with an empyema, and miliary spread to both lungs. This could be described therefore as a missed diagnosis.

No. 5 was an old man whose main trouble was an enlarged prostate. He died of failure of an enlarged heart, towards which the lung scarring due to old healed tuberculosis made a serious contribution.

No. 6 In this case there was no active disease during the terminal illness; but a chest operation carried out in the past and related pulmonary fibrosis in the affected lung are believed to have contributed to death.

No. 7 This was an old man who had had successful treatment for pulmonary tuberculosis some forty years previously. He died this year from congestive heart failure; the part played by the tuberculosis, which was not active, was to add to the circulatory load which finally caused congestive heart failure.

No. 8 was a "rolling stone", having retired nearly twenty years ago, and included a dislike of doctors and of orthodox medicine among her strong opinions. She died of heart failure associated with old rheumatic heart disease plus a relatively recent primary tuberculous infection of lung; but her unusual views and frequent changes of address prevented the tuberculosis being discovered before death, which was sudden.

No. 9 This patient was admitted to hospital with pyrexia of unknown origin. In spite of treatment she died in not many days; she had had little cough or sputum, the single specimen obtainable being negative for tubercle bacilli. At post-mortem examination, however, there was caseous lung disease associated with some enlarged glands and miliary tuberculosis throughout both lungs.

No. 10 was an old man suffering from a quite remarkable collection of concurrent illnesses. During hospital investigation of bronchitis (which did not indicate a tuberculous origin) an erosion of the spine was shown by x-ray; but it was not until two months before his death (mainly from other causes) that consultant opinion agreed that the spinal condition was tuberculous. Unfortunately it was never notified.

No. 11 This case could be used as a text in support of the continuation of the post of Medical Superintendent in at least some hospitals. The patient was an old lady who, although treated for some time for symptoms associated with hypertension, had never given any reason to suspect her of suffering from tuberculosis. She was admitted to hospital with meningitis and examination of the cerebro-spinal fluid showed the presence of tubercle bacilli. The patient was never notified as suffering from tuberculosis though the diagnosis had been made and confirmed some days before death. The hospital resident concerned is a foreigner and could be forgiven for not even knowing that tuberculosis is notifiable; but in addition he seemed to be under the impression that such matters were properly left to the hospital Registrar to deal with. Before 1948 junior hospital staff received most useful guidance in this and many other responsibilities related to the practice of medicine; nowadays they have to work much more on their own.

Mass Radiography

We are fortunate in this county in that a Mass Radiography Unit is stationed at Brighton (though of course being mobile it can and does work all over the geographical county) and the Director, Dr. Brian Rigden, also acts part-time as one of the Chest Physicians. The results reported by him of the surveys carried out at various places in the county show (in so far as small and unselected groups can be a guide) that the incidence of tuberculosis in our population has dropped considerably in the last fifteen years. When the Unit was first set up (May, 1950) between two and three cases were found of active lung tuberculosis in every thousand people examined. Dr. Rigden reports that in 1962 the rate was 1.46 per 1000, while for the first time cases of cancer of the lung showed a higher figure (1.86).

"Winter Vomiting Disease" The title of this note is set up in quotes because the condition has various names and, moreover, is by no means confined to the winter months. There is, indeed, an ill-defined tendency for peak incidence to be in spring and autumn.

Using the term for convenience, however, winter vomiting disease has evidently existed in this county for a number of years, but it is only comparatively recently that it has become an increasing nuisance.

An illness which ordinarily clears up in two days or less, affects small children, and is often shortly accompanied by diarrhoea, may easily be ignored or overlooked; and a fact-finding survey was therefore made in 1962 at my request by the Heads of all the maintained schools in the county reporting all cases which seemed to be of this condition. The astonishing total was, in one year, 3499 probable cases; and these of course did not include children affected during the school holidays of several weeks, children under school age, those

at private schools, or adults. The true incidence therefore may have been 5,000 or more.

Detailed investigations at one school which seemed to have been seriously affected for some years failed to obtain anything but negative results. Water and milk supplies and materials used at the school canteen could not be incriminated and the hygienic standard at the latter was very high. Bacteriological investigation of affected children was negative, and also that of a kitchen helper whose history gave rise to suspicion that she might have been a carrier. She also submitted to special investigation for a viral cause, with negative result.

The problem was put before central authority through the County Councils' Association (as well as in previous officer discussions) and we were all glad to hear that the Public Health Laboratory Service would be setting up a working party to investigate this condition.

NATIONAL HEALTH SERVICE ACTS

HEALTH CENTRES (SECTION 21)

No action has been taken under this Section during 1963.

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22)

Clinic Buildings

In my report for 1962 I wrote that building work had started on the clinic at Rye. The clinic was completed during 1963 and taken into use on the 1st December, 1963, thus meeting the needs of our statutory services which until now have been carried on in scattered premises, some very poor and allowing of no improvement.

The clinic in Old Shoreham Road, Portslade, was completed during the year and was taken into use on the 30th September, 1963. This clinic will be formally opened sometime in 1964.

Another clinic in Portslade - the one in Chalky Road, Mile Oak, which was built in 1962 - was formally opened on the 29th May, 1963 by the then Minister of Health, Mr. Enoch Powell.

Building work started during the year on the second clinic at Burgess Hill and it is expected that it will be ready for occupation sometime during the summer of 1964.

Although the developers of a central site at Hailsham have agreed that part of it could be used for a clinic, the site has not yet been purchased and the prolonged negotiations are continuing. The term "prolonged" cannot be described as an exaggeration since negotiations for this site started in 1950.

Ante-Natal and Post-Natal Care

There has been no change during 1963 in the arrangements for ante-natal care. As reported previously, nowhere in the county (outside the Hove and Portslade area) are there clinics staffed by medical officers employed directly by the local health authority and except at four county clinics, where the local general practitioner obstetricians see their own patients with the district midwife in attendance, the ante-natal care is undertaken by the general medical practitioners in their own surgeries or at hospitals.

No special post-natal clinics have been established, the mothers being seen at the ante-natal clinics, doctors' surgeries or at the hospitals.

From time to time misunderstandings still occur regarding the detailed procedure necessary in ante-natal care, which should be and almost invariably is a joint exercise by the doctor and the midwife. The latter is required by the Central Midwives Board (see Notice No. 4 - Duties of a Midwife during the Ante-Natal Period) to "...take steps to ensure that examination of the patient's blood are made and the result recorded". For his part the general practitioner who has undertaken to render maternity medical services, under Part IV of the National Health Service Act, 1946, is required by his Terms of Service to render all proper and necessary treatment, and it is quite clear from the wording of E.C.N. 347 of January, 1961, that "all proper and necessary treatment" shall be based on principles published from time to time by the Minister on the advice of the Standing Maternity and Midwifery Advisory Committee. The memorandum on maternal care prepared by this Committee and enclosed with E.C.N. 347 (which was sent to every general practitioner) summarises "what should be comprehended in good maternal care such as might be reasonably expected under the Maternity Services". In Paragraph 4 it is said that blood should always be taken for the laboratory to estimate the haemoglobin, to group the mother's blood....., etc.

From this line of reasoning it can be assumed, with some confidence, that any general medical practitioner giving ante-natal care should, and if acting under Part IV of the Act must, take at least one blood specimen for laboratory examination, as soon as is practicable. Midwives are aware of this responsibility but have occasionally been embarrassed by the doctor with whom they are working failing to take a blood specimen, or saying it is not necessary to estimate the haemoglobin, or even that as a specimen was taken in a previous pregnancy another is not necessary. Fortunately, when the matter has been made clear the general practitioners have been most reasonable: but it seems that it is not yet fully understood by everyone that, in effect, any doctor undertaking maternity work must act in accordance with the advice of the Standing Advisory Committee.

Co-ordination within the Maternity Service

Last year I reported on the various steps taken to implement the recommendations of the Cranbrook Report. On the 1st February, 1963, the Ministry of Health submitted a standard co-operation card for maternity patients which he hoped would be used on a national basis. After consultations with the executive councils and hospital authorities the Ministry card has been brought into general use in this county, except in one area where the hospital prefer to continue with the use of their own card.

Child Welfare Centres

The number of centres in operation at the end of the year was 77, one less than in 1962, one closure being made because of the low attendance. The total number of children born in 1963 who were taken to centres during the same year was 2,621 representing 63% of the total live births.

Care of Premature Infants

It was pleasing to note that although the number of live births rose from 5,114 in 1962 to 5,328 in 1963, the number of premature live births decreased from 233 to 212 respectively. The number of stillbirths increased from 59 in 1962 to 64 in 1963 but the number of premature stillbirths remained the same, i.e., 33.

Special arrangements are in force for the care, with the help of paediatricians of the South East Metropolitan Regional Hospital Board, of premature infants.

The table below gives the number of premature infants born in hospital and at home or in a nursing home who survived after 28 days.

Premature infants surviving after 28 days

	<u>Born in Hospital</u>	<u>No. who survived after 28 days</u>	<u>Born at home or nursing home</u>	<u>No. who survived after 28 days</u>
1962	189	166	44	40
1963	182	154	30	27

"Cold Baby" Syndrome

As a result of the work of Drs. T. Mann and R.I.K. Elliott all our midwives and nursing staff were made conversant with the existence of what is variously called "The Cold Baby Syndrome", "Hypothermia of Infants" or other titles and they were provided with large room thermometers which could be placed prominently in any part of any room used during the lying-in period where the maintenance of proper space heating had been in doubt.

No further "cold baby" cases occurred until the unfortunate death of an infant aged 10 weeks in January, 1963, which was of course during the severe winter weather experienced at that time. It is not desired to give sufficient particulars to identify the family which would be unkind as well as unnecessary: suffice it to say that the mother's abilities were limited and the household had been under the constant and careful supervision of most capable officers.

Unfortunately, however, the father failed to use fuel, which was available to the household, and when the infant was taken ill and admitted to hospital it failed to recover from broncho-pneumonia and co-existing damage by cold.

This condition usually occurs in the first four weeks of life (the neonatal period), but sometimes older infants are affected and also, as is coming to be realized, old people who are inadequately cared for, such as those living alone.

Phenylketonuria

During the year an attempt has been made to carry out at least two urine tests on every new infant, in order to detect phenylketonuria as early in life as possible. Fortunately, no further cases have been discovered.

Care of the Unmarried Mother and her Child

The Chichester Diocesan Moral Welfare Association and the Southwark Catholic Children's Society through their field workers continued to arrange on behalf of the County Council for the care, guidance and supervision of the unsupported mother and her child. The County Council make grants towards the administrative expenses of the associations and, in approved cases, meet the net cost of hostel accommodation (i.e., after taking into account contributions from the girl, her parents and sometimes the putative father).

During 1963 the County Council accepted part financial responsibility for 34 girls as against 36 in 1962. Of the 34 girls, 9 kept their babies, 7 were fostered and 18 were placed for adoption. 10 were under 18 years of age.

As in 1962 only one mother (an Austrian) was born outside the United Kingdom.

Family Planning Clinics.

These are provided by the Family Planning Association at Brighton, Hove, Haywards Heath, Eastbourne, Hastings and Tunbridge Wells. In this county women are mainly referred to the clinics by their doctors but instruction continues to be available through the auspices of the local health authority to those married women where pregnancy or childbirth would be dangerous to health. During 1963 two women came under this heading.

Recuperative Holiday Accommodation

During the year recuperative holidays were provided in two instances.

Co-ordination Committees

The regular monthly meetings of the five co-ordination committees (one in the Hove area) continued to be held with the committees ensuring that procedure in each case dealt in the most effective way with "problem" or "near problem" families in order to keep the number of visits by different workers to a minimum.

In view of Section I of the Children and Young Persons Act, 1963 it was agreed by all five co-ordination committees that consideration should be given to the re-organisation of existing co-ordination machinery to provide fewer regular committee meetings and more case conferences.

Experience of the Sisyphean work of co-ordination committees, who meet regularly to help problem families and (preferably, when possible) to prevent deterioration to that level, has shown, at any rate in my view, the need in some cases of a male Health Visitor when (as is often the case) the man of the family is weak, or lacking in understanding, or through laziness or ill-will is not giving his wife and family the support he should. It is an odd thing, however, that although the National Health Service Act 1946 makes it a duty (Section 27) on each health authority to provide for the visiting of persons in their homes by visitors, to be called "health visitors", the regulations made under the Act and coming into force on the same day specify that a health visitor shall be a woman. In Scotland, however, this is not required; consequently at least two authorities north of the Border employ male health visitors, who have been found very useful. Male nurses are specially appropriate in certain types of cases and I look forward to the time when the employment of one or two men as Health Visitors will improve our standard of help.

Rehabilitative Training for Problem Families

Two families, one comprising a mother and child and the other a mother and three children were recommended for rehabilitative training. The first case was referred by a probation officer and after three months the mother and child returned home where there is now a general improvement in home management. The second family is at present at the training centre.

Distribution of Welfare Foods.

Last year I reported that in spite of every encouragement given to mothers by health visitors to take advantage of the government's welfare foods scheme, the uptake continued to decline and it was assumed that the price was the deterrent. It is pleasing to note therefore that in 1963 there was an increase in the sale of orange juice and vitamin A and D tablets. The following table sets out the sales over the past 6 years.

Year	National Dried Milk (tins)	Cod Liver Oil (bottles)	Orange Juice (bottles)	Vitamin A & D tablets (packets)
1958	46,836	14,837	125,050	10,225
1959	49,497	13,862	123,697	11,125
1960	45,001	13,980	117,721	11,705
1961	40,410	11,162	86,259	9,953
1962	39,380	5,218	58,164	7,097
1963	38,824	4,965	69,781	7,573

On the 31st December, 1963, there were 104 distributing points, 54 being Infant Welfare Centres, 36 retail shops and 14 in various other premises.

As in previous years the members of the W.V.S. and other voluntary workers assisted in this work and their help is much appreciated.

Dental Care

Mr. P.S.P. Jenkins reports as follows:-

"The authority's scheme for dental treatment of expectant and nursing 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 mobile clinics. As far as possible, regular visits are made to each main centre to provide a regular service.

Premises

Last year's report mentioned two clinics as being under construction. These, at Portslade and Rye, were completed and came into operation during the year under review. In both clinics, a suite of rooms has been allocated for dental purposes, consisting of surgery, recovery and waiting rooms with a small workroom which can also be used as a dark room for processing films when x-ray apparatus is available.

A second mobile dental clinic was purchased and is being used in the Hailsham and Heathfield area. It is proving as popular as the first one and is particularly useful in this area which has no fixed clinic. A third caravan to serve the eastern part of the county is under construction and will be delivered in 1964.

Fluoridation

The reception given to the proposals for fluoridation of the water supply has been a great disappointment.

There seems to be general agreement that this would have a most beneficial effect on the developing teeth but the proposals are bogged down by two main criticisms. First, accusations of interference with the liberty of the individual. As far as this criticism is concerned, we should for example be in a very sorry state if everyone had complete liberty without police force to exercise some control for the common good.

The second criticism concerns the alleged adulteration of pure water. Here again, there is the counter argument that if natural water were left untreated and no chemicals used, there would be a great increase in disease and epidemics."

The work done is shown in the following tables:-

Dental Treatment Return 1963

A. Numbers provided with Dental Care

	Number of persons examined during year	Number of persons commenced treatment	Number of courses of treatment completed
Expectant & Nursing Mothers	58	46	31
Children under five	476	307	312

B. Forms of Dental Treatment Provided

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extrac- tions	General Anaes- thetics	Dentures Provided		Radio- graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	34	92	4	-	61	18	4	5	-
Children under five	8	609	133	-	178	87	-	-	3

Number of dental treatment centres in use - 13

Number of sessions for M.C.W. - 191

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

The East Sussex County Nursing Association continued to act as the agents of the East Sussex County Council for the provision of the domiciliary midwifery, health visiting and home nursing services. The County Nursing Association (which is a federation of 52 district nursing associations) had 136 nurses in their employment at the end of the year, working in the following capacities -

69 on full time and 1 on part-time generalised duties (i.e., midwifery, home nursing, health visiting and school nursing)

21 on full time and 6 on part-time combined duties (i.e., midwifery and home nursing only)

3 on full time and 10 on part-time home nursing only and

20 on full time health visiting and school work

2 on whole time tuberculosis health visiting

1 on whole time tuberculosis and geriatric visiting

5 part-time nurses engaged on vaccination and immunisation clinics, or other clinic work.

The administrative and supervisory work of the three services is under the control of the Superintendent Nursing Officer, who is assisted by a deputy and three assistants. These five officers are on the staff of the County Council as also is the Part II Midwifery Tutor.

Miss M.H. McLeod the Superintendent Nursing Officer, reports on the year's work as follows -

"Early 1963 saw the district nursing services truly put to the test with road conditions making travelling very difficult, in fact, at times impossible, by car. Gratitude should be expressed to the many farmers and others who, with their tractors and Land Rovers, did so much to help the staff, particularly the midwives, to get to their isolated patients. Even with this help many of the nursing staff walked many miles to visit patients living away from the main roads.

The work of the County Nursing Association staff has changed little from previous years. More time has been spent on fewer nursing visits, reflecting the trend for patients to be discharged earlier from hospital, requiring consequently, more nursing care at home. A greater number of maternity patients are being discharged early from hospital. A number of maternity hospitals in the area are booking patients for hospital delivery on medical grounds, and at the time of booking, the agreement of the domiciliary midwife is obtained to care for the patients at home on discharge from hospital 48 hours after delivery.

The attendance of midwives at general practitioner obstetricians' surgeries for joint examinations is a growing practice which has obvious advantages for all concerned.

Discussions have taken place on the allocation of health visitors to doctors' practices, rather than to geographical areas, and a pilot scheme is planned to start in Bexhill early in 1964.

The provision of relaxation and mothercraft classes for expectant mothers, both those booked for home and for hospital confinement, continues to extend. A number of midwives attended a weekend course on psycho-prophylaxis. This is a more positive active form of preparation for labour for which there is a growing demand. It is hoped to start a number of small classes in psycho-prophylaxis initially in areas where midwives, doctors and patients wish this.

The East Sussex County Nursing Association's Post-graduate Course was held in Southover Grange, Lewes in October, 1963. A variety of subjects was covered including -

- Psycho-prophylaxis
- The Welfare Services
- Common Skin Diseases
- Preventive measures in Mental Health
- Physical and Mental Disturbances of the Menopause
- Limb Malformation due to Drugs
- Recognition and Treatment of the Depressed Patient
- The General Practitioner and Rheumatic Disease
- Ulcerated Legs on the District
- The Care of Patients Suffering from Terminal Illness
- Infant Feeding.

"One of the most impressive talks was given by Dr. Cicely Saunders on "Care of the Dying". Dr. Saunders, who is a trained nurse and an almoner, as well as a doctor, has made terminal care of patients, especially those suffering pain, one of her main concerns. She gave us all much to think about in her description of care of these patients which left them mentally confused although relieved of pain.

Child care, together with hygiene and first aid, continues to be taught by the health visitors in schools. These classes are given to the girls and it is a matter of concern to me that little education is as yet available for the boys. Miss Hollands, (my deputy) and I have been pleased to help with a new full time course for girls of 16 - 18 years at the Lewes Technical College on Residential Care of Children.

The Night Sitters-in Service continues to give an emergency service for acutely ill patients awaiting admission to hospital. This service also gives relief to relatives caring for patients at home on a long term basis.

Invaluable help is given by the Marie Curie Foundation Fund, both with the Welfare Grant Scheme and with the Day and Night Nursing Service.

The number of old people visited by the Health Visitors continues to rise, and help from visitors of Old People's Welfare Associations and Youth Organisations is very necessary if the service is to be effective. It has been suggested to me by Miss J. Cooper, the Children's Officer, that children in the care of the County Council should be approached and asked to help with old people in the area. I much appreciate this suggestion and hope to be able to make use of it.

The full implications of the Children and Young Persons Act 1963 are not perhaps yet obvious to us in the health visiting field, but in addition to the full meetings of the co-ordination committees, a number of ad hoc committees have been called on individual families which have been attended by the health visitor concerned. These small meetings have proved most helpful."

A brief summary of the statistics for the year under the separate headings follows:-

MIDWIFERY

Deliveries

The number of deliveries attended by the district nurse/midwives was 1,151. This was 71 fewer than in 1962 but 620 mothers delivered in hospital were discharged before the 10th day and were attended by the midwives.

Maternity Outfits

Every expectant mother booked for a home delivery is issued with a maternity outfit containing the necessary dressings and equipment for her confinement; 1,310 outfits were issued in 1963.

Puerperal Pyrexia

Notifications of puerperal pyrexia (any febrile condition occurring in a woman in whom a temperature of 100.4°F or more has occurred within 14 days after childbirth or miscarriage) numbered 39. Only 11 of these 39 related to women confined at home. There were 65 notifications in 1962.

Ophthalmia Neonatorum

Three cases of ophthalmia neonatorum were notified but no impairment of vision was reported. There were no cases of retrolental fibroplasia.

Maternal Mortality

The Registrar General informs me that during the year there were two maternal deaths, both the women being Hove residents. One of these, a diabetic, died during pregnancy; the other died in a London Hospital after a stormy illness in which haemorrhage and infection played their part. At least the unfortunate relatives will know that both patients had first class care throughout.

Part II Midwifery Training School

17 pupils were in training at the beginning of 1963 and
33 pupils entered for training during the year.
3 discontinued training.
33 passed their examination and
14 were still in training at the end of the year.

HEALTH VISITING

All but 2 of the 91 staff engaged part-time on health visiting work were qualified health visitors. Cases visited during the year included -

22,168 children under 5 years (as against 22,974 in 1962)
2,078 persons over 65 years of age, and
85 mentally disordered persons.

HOME NURSING

The 110 nurses engaged part-time on home nursing nursed 8,642 patients of whom 4,326 were over 65 years of age. These figures are slightly lower than those for 1962 which were 9,115 and 5,006 respectively.

HOUSING OF NURSES

The County Council's policy of providing good quality housing for nurses continued and as a result of action taken during the year, one new house is in process of erection and approval obtained for sites in two other areas. In addition to this the County Council agreed to purchase one property from the local district nursing association.

VACCINATION AND IMMUNISATION (SECTION 26)

Immunisation against Diphtheria, Whooping Cough and Tetanus

In my report for 1962 it was indicated that the vaccination and immunisation work was assuming normal proportions after the initial gains following the centralisation of the service undertaken in 1959. The work for 1963 again conforms to this pattern of a return to normal conditions though, like all years since 1959, the total work done far exceeds that for any of the years before centralisation.

Adoption of the Ministry of Health schedule for Immunisation in Childhood from January, 1962, has had the desirable effect of 'netting' children in the scheme at the optimum time. The issue of personal record cards for all infants under two years of age has helped gain co-operation from parents, especially as the programme of recommended immunisations is shown on the personal record card. For comparison purposes the immunisation work for the past three years is given below and the two main implications of use of the programme for immunisation in childhood can be seen by (a) the rise in the rate of 'under 1 year' immunisations and (b) the increase in the '1 to 4 years' reinforcing inoculations. The programme includes provision for all babies born since January, 1962, to have a reinforcing triple inoculation (i.e. against diphtheria, whooping cough and tetanus) at 18-21 months of age. This additional inoculation is recommended to overcome any interference by maternally transmitted anti-bodies which may affect the efficiency of early triple immunisation, and to give added protection against whooping cough at a time when this disease is prevalent among infants. Time will tell if the giving of this 'precautionary' inoculation has an effect on reducing the incidence of whooping cough.

<u>PRIMARY COURSES OF IMMUNISATION</u>				<u>REINFORCING INOCULATIONS</u>	
<u>Year</u>	<u>Under 1 year</u>	<u>1 to 4 years</u>	<u>5 to 14 years</u>	<u>1 to 4 years</u>	<u>5 to 14 years</u>
1961	4,089	491	758	347	11,468
1962	3,953	253	592	461	6,960
1963	4,423	270	398	1,258	7,480

(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 among school children).

The increased totals for primary immunisations in the '5 to 14 years' age-group shown for the years 1961/62 were caused mainly by the need to immunise certain of the children attending independent boarding schools. The consistent fall during 1962/63 in the number of primary courses for the '5 to 14 years' age-group serves sharply to illustrate the comprehensiveness of the scheme undertaken since 1961 to extend the vaccination and immunisation service to the 176 independent schools and nurseries in the county and for Hove and Portslade who extended the services in 1962 for their 14 independent schools. Only nine of the independent schools in the county area do not take advantage of the facilities offered by the authority and further efforts will be made to encourage them to participate in the scheme. Those general practitioners acting as school doctors for independent schools, whilst remaining responsible for giving immunisations at their schools, have generally welcomed the administrative help given in keeping pupils' immunisations up-to-date.

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 success in the provision of the service.

District Medical Officers and School Medical Officers undertook immunisations at schools and the link-up of these sessions with periodic medical inspections has proved its worth in reducing the number of interruptions to the school curriculum. Central arrangements for the keeping of records for all immunisations and vaccinations depend on the submission of these by family doctors and health visitors and obtaining information from other local health authorities for new entries to the county. Arrangements for reinforcing inoculations 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. The influence of the family doctor has played no small part in the success of the immunisation scheme.

Talks in welfare centres and to voluntary organisations given by the authority's medical officers together with centrally prepared posters and leaflets advertising the service were used to re-inforce the personal approach made by the health visitor. Publicity matter supplied by the Central Council for Health Education and the Ministry of Health has also been very useful especially now that half-yearly publicity campaigns are waged simultaneously by local health authorities in the South-East area to keep the need for immunisation in the public eye. The first of these campaigns took place in September/October when the Ministry of Health arranged for an advertisement to appear twice in most local newspapers to supplement the issue of posters by the authority.

Smallpox Vaccination

Details of the number of persons vaccinated in the several districts of the county are given in Table VI in the Appendix to this report. The fall in the number of primary smallpox vaccinations given to children under one year of age is caused by observing advice received from the Ministry of Health in November, 1962, to delay primary vaccinations until a child is aged 12 - 24 months because the risk of complications and death is less when a child has passed its first birthday.

Poliomyelitis Vaccination

By the beginning of 1963 poliomyelitis vaccination was available free to all up to the age of 40, every expectant mother, almost everyone 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 - 11 years inclusive and persons at special risk (e.g. medical and dental staffs). A second, independent scheme allowed general practitioners to vaccinate people outside the priority groups with vaccine obtained on prescription from local chemists.

In view of recent evidence that oral poliomyelitis vaccine could effectively and safely be given to infants at the same time as triple vaccine, arrangements were made from December, 1963, for the simultaneous administration of poliomyelitis and triple vaccine at all County Clinics. Family doctors were asked to take similar action in regard to the joint immunisation/poliomyelitis vaccination of their patients. The simplicity of immunising infants against four diseases simultaneously by giving oral poliomyelitis and triple vaccine at ages of approximately two, three and four months commended itself to doctors and parents alike.

123,510 East Sussex residents had received primary courses of poliomyelitis vaccine as at the 31st December, 1963, of which number 118,438 had completed the full course of three doses each. 29,371 had reinforcing fourth doses.

Total completed primary courses in each of the last two years were:-

<u>Year</u>	<u>Children</u>	<u>Adults and others</u>	<u>Total fourth doses</u>
1962	4,800	2,555	7,618
1963	5,049	1,177	3,665

Fewer reinforcing doses are now needed since the "back-log" of this type of work has been completed and only those children entering school need such reinforcing doses.

Immunisation percentages

The Ministry of Health revised the basis of their 1963 statistics and have discontinued the issue of schedules showing immunisation percentages for the various local health authorities. It is not therefore possible to give the position of East Sussex for 1963 in relation to the 62 counties as had been done for the years 1961/62.

Statistics for 1963 are based on children born in 1962, vaccinated at any time, and taken as a percentage of the live births for 1962. The only immunisation percentages issued by the Ministry of Health in this respect are shown below; where available comparable figures for the previous year are shown in brackets:-

	Whooping Cough born 1962	Diphtheria born 1962	Poliomyelitis born 1962
National percentage:	64 (66)	65 (67)	53
East Sussex:	78 (62)	79 (84)	63

Poliomyelitis vaccination statistics issued by the Ministry last year were for an under-twenty age-group and showed that East Sussex was 1 per cent. below the national average.

The percentage for 1963 therefore shows a satisfactory result and bears out previous suggestions that East Sussex was at a disadvantage in regard to older age-groups because of the large number of independent boarding schools in the county. Previous statistics credited East Sussex with extra child population, against which it was not possible to arrange vaccinations as the children concerned had mostly had these in the areas of their home authorities.

B.C.G. Vaccination Scheme for School Children and Students 1963

This scheme continued during the year, being offered to school children from the age of 13 years and to college students throughout the county.

Owing to unforeseen circumstances causing a re-arrangement of work, only 50 schools and colleges were visited by Dr. Gorrie up to the end of the year. The response was up to its usual high level. There were 2,634 people eligible and of these, consent was given in 2,133 cases, being 80.9%.

The percentage of Mantoux positive reactors again showed a reduction from the previous year which is very gratifying. The chest physicians co-operated in the scheme, by having all the positive reactors x-rayed and followed up further if necessary. As a result of this 15 cases are still being kept under observation by the chest physicians, and one girl of 13 years of age was notified as a case of pulmonary tuberculosis, and admitted to hospital forthwith.

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

Year	1957 (From Oct.)	1958	1959	1960	1961	1962	1963
Number of Schools and Colleges visited	22	91	80	84	81	82	50
Number of children eligible	1446	4394	4661	4872	5009	4681	2634
Number of parental consents	1147 (79.3%)	3420 (77.8%)	3627 (77.8%)	3785 (77.7%)	4101 (81.9%)	3852 (82.3%)	2133 (80.9%)
Number of children Mantoux tested	1084	3092	3362	3533	3803	3616	1766
Positive Reactors (i.e. not requiring vaccination)	221 (20.4%)	620 (20%)	522 (15.5%)	462 (13%)	446 (11.7%)	357 (9.9%)	165 (9.3%)
Negative reactors vaccinated	838	2555	2738	2983	3222	3154	1803

AMBULANCE SERVICE (SECTION 27)

There has been no change in the overall administration of the service, which continues to be quadripartite, involving the County Council, the St. John Ambulance Brigade, the British Red Cross Society and the Hospital Car Service. Within this framework, however, two developments have made a significant contribution towards closer integration of effort.

The first of these, in point of time, was the introduction of radio control, which operated throughout 1963. Benefits of radio control are now so widely accepted as to call for little comment. Essentially its aim is simple - to enable the patient to receive skilled first-aid treatment as soon as possible and to reduce "empty" mileage to the lowest level consistent with the welfare of the patient. Experience throughout the year suggests that this aim will be achieved in East Sussex.

Radio control has helped, though is not essential to, the second development. This entailed grouping of stations for operation purposes, with the officer in charge of a "Main" station in each group being responsible for the work of his group. The new control structure is:-

COUNTY AMBULANCE OFFICER AT CENTRAL CONTROL, LEWES

Main Stations	Subsidiary Stations		Full-time Staff	Vehicles
HOVE	-	Directly Provided	19	8
BEXHILL		SJAB	6	3
	(HAILSHAM	SJAB	4	2
	(BATTLE	SJAB	4	2
	(RYE	SJAB	4	2
LEWES		SJAB	9	4
	(UCKFIELD	BRCS	2	1
	(NEWHAVEN	SJAB	2	1
	(SEAFORD	Directly Provided	2	1
HAYWARDS HEATH		BRCS	9	3
	(BURGESS HILL		-	-
	(Proposed New Station			
EAST GRINSTEAD		BRCS	4	2
	CROWBOROUGH	BRCS	3	2
			<u>68</u>	<u>31</u>

Emergency telephone messages go to the nearest ambulance station, whether main or subsidiary, but all other calls are received at main stations only. It is the responsibility of the station officer to allocate the work between stations in his group. The relatively smooth transition to the system from a purely local ambulance service is to a significant extent the result of its ready acceptance by family doctors and hospitals. It will also be appreciated that the scheme reflects once again the spirit of co-operation which exists between the British Red Cross Society, the St. John Ambulance Brigade and the local authority.

There is close liaison between the County Ambulance Officer and Mr. C.H.E. Bath, the County Organiser for the Hospital Car Service. The Hospital Car Service drivers maintained a high standard of service, sometimes under very trying conditions. Their cars travelled well over 1,250,000 miles and carried nearly 164,000 patients. Our thanks are due to Mr. Bath and his staff.

Rail transport continues to be used whenever it is considered to be in the patient's best interest. During the year 704 patients travelled 50,984 miles this way. It is not unusual for letters of appreciation to be received from patients who have undertaken long journeys by ambulance/train/ambulance with the minimum of discomfort. British Railways staff are always most helpful in reserving compartments and transferring patients at the various changes en route, while arrangements for meeting patients at stations have become something of a fine art among ambulance controllers.

During the year three stretcher ambulances and three dual-purpose vehicles were taken into service, as replacements. All the new vehicles embodied the safety requirements recommended by the Ministry of Health and modifications in chassis and body design aimed at ensuring a comfortable ride. The dual-purpose ambulances are becoming increasingly important with the growth in the number of children attending junior training centres. There are now two centres provided by the County Council and other children from the county attend centres administered by Brighton and Eastbourne County Boroughs. Vehicles engaged on this work ran 108,794 miles during the year.

The following table shows the number of patients carried and miles run in 1962 and 1963, and it will be seen that again there is a substantial increase on the previous year. Some part of the increase is directly attributable to the transport of children to training centres, but even if the figures for this service are excluded there remains an increase of about 9 per cent between 1962 and 1963 in the total number of patients carried. This is, of course, largely the result of the increasing use of hospital out-patient clinics and it is a reasonable assumption that the demands on the service will continue to grow.

	<u>AMBULANCES</u>		<u>CARS</u>	
	<u>1962</u>	<u>1963</u>	<u>1962</u>	<u>1963</u>
Patients carried	54,735	71,664	150,494	163,549
Mileage run	512,044	580,009	1,227,081	1,347,416

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

Loan Equipment

The help given by lending equipment for home nursing continues to increase, and to keep pace with the demand the following articles were purchased during the year:-

- 3 "Easi-Carri" hoists
- 3 Dunlopillo mattresses
- 1 alternating pressure pad unit and an extra pad
- 1 armchair commode
- 5 inflatable rubber toilet seats
- 6 mattress covers
- 1 Latex foam pillow
- 1 tripod walking aid
- Special catheterisation equipment and rubber sheeting

We also received a gift of a walking aid and a hospital type bed with cot sides.

These added to the equipment which we already have have formed a useful nucleus to help in nursing patients at home, and there is a continuous coming and going of all the loan equipment to cope with patients' needs.

It would be right to record, as yet another example of the assistance given by voluntary bodies, that many invalid hoists (probably not far short of twenty) have been obtained by some of the District Nursing Associations (by purchase or donation) as well as one bought by the County Nursing Association.

Chiropody

Chiropody clinics provided by voluntary organisations have continued to expand, there now being 58 in the county: increasing numbers of old people make use of the clinics.

During the year the Whitley Council reached agreement on sessional fees for part-time chiropodists and as a result they now receive £2. 5. 0. a session instead of £1. 17. 6. - the per capita fee was consequently raised to 7/6 instead of 6/-.

A few months later further increases were agreed for surgery and domiciliary cases of 9/- and 15/- per patient respectively.

It is hardly possible to prepare accurate figures representing the work done in our chiropody service, as it consists of part of the activities of a considerable number of voluntary bodies. There were about 21,900 individual treatments during the year, nearly all of course being treatment of both feet in each case.

Report of the Care Almoner

"During the year there has been little change in the volume of work referred to the Almoner, but there has been a noticeable change in content. The Chest Physicians, Health Visitors, and Almoners from chest units have referred a wider range of patients now that so many different chest illnesses are covered by the clinics and chest hospitals and the Almoner has realised that there is often a greater need of her advice and help in meeting needs among the non-tuberculous patients than from those on the T.B. Register.

The respiratory cripple, the victim of our British climate, who suffers from chronic bronchitis and emphysema finds his increasing shortness of breath a constant source of frustration and he does not necessarily get the sympathy extended to the blind or the maimed. Some of these patients are on the T.B. Register and for them the Almoner is very glad to be able to recommend continued help from the Care Committee who realise that they have these long term patients needing extra nourishment and fuel grants for indefinite periods. For those not on the T.B. Register the Almoner tries to get help from other sources such as service funds. She is also glad to be able to refer those needing occupational therapy to the East Sussex Association for the Disabled.

The other group of patients not on the T.B. Register whom the Almoner is asked to visit are the patients with lung cancer. Sometimes one home visit to reassure the patient and his family that help is available, if necessary, may be all that is needed. The Almoner can promise that financial assistance or the services of the Home Help department will be promptly forthcoming when wanted, and it is often a comfort to the wife to know how to contact the Almoner. In other cases more frequent visiting may seem desirable and the Almoner administers financial help as well as giving supportive aid to the family.

The Almoner's work among T.B. patients continues to present problems, the most difficult to solve still being the request for housing. Increased statutory benefits have eased financial difficulties for some patients but higher rates and rents have in many cases absorbed all the increased income. There are still many needs not met by the State and the Almoner has been glad to be able to call on the T.B. Care Committee to meet these needs and to know that they still maintain their funds for the much appreciated fuel grants and other grants for special purposes."

Health Education

A good deal of work is done by different groups of people in the county; the medical officers of county districts, the school medical officers, senior members of the health department, all from time to time give talks to selected groups. The health visitors are constantly inculcating principles of healthy living, not only during their visits to people in their own homes but to those attending county clinics, where short talks and demonstrations are often given. It has been increasingly felt for some time, however, that all of us working more or less individually need a Health Education Officer to co-ordinate and link up enterprises in the county (including, perhaps, especially for special purposes, the activities on the same lines of district councils) and to be able to organise drives which to be really effective should be county-wide or even further. In the autumn, when they considered a report recommending such an appointment, the Health and Housing Committee agreed to include it in the 10-year plan, but later withdrew it after consultation with the Finance Committee.

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.

<u>Age range</u>	<u>Spastics</u>	<u>Epileptics</u>
Under 5 years of age	4	7
5 - 15 years of age	32	18
Over 15 years of age	115	101
	<u>151</u>	<u>126</u>

About half of the epileptic children of school age at any time are sufficiently seriously affected to need tuition in special schools. 187 of the total number of 277 are known to be mentally subnormal, this being the major handicap.

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

TABLE A

	<u>Cataract</u>	<u>Glaucoma</u>	<u>Retro-lental Fibroplasia</u>	<u>Others</u>	<u>Total</u>
(1) Number of cases registered during the year in respect of which para.7(c) of Form B.D.8 recommends:					
	31 + 21	27 + 6	—	92 + 44	150 + 71
(a) No treatment	7 + 5	6 + 0	—	46 + 14	59 + 19
(b) Treatment	24 + 16	21 + 6	—	46 + 30	91 + 52
Medical	2 + 1	4 + 3	—	23 + 12	29 + 16
Surgical	20 + 11	3 + 0	—	2 + 0	25 + 11
Optical	0 + 1	—	—	2 + 7	2 + 8
Hospital					
Supervision	3 + 4	17 + 5	—	27 + 15	47 + 24
(2) Number of cases at (1)(b) above which on follow-up action have received treatment	19 + 14	17 + 5	—	40 + 26	76 + 45
(3) Number of cases which have not received treatment	5 + 2	4 + 1	—	6 + 4	15 + 7

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.

It is satisfying to note the higher number of cases who have been recommended for treatment and have received it.

Of the people who have been recommended for treatment and not received it the position is as follows:-

- 3 are unfit
- 10 have died
- 4 have moved out of the area
- 1 the treatment was not strongly advised because of other factors
- 1 refused on the grounds of age (92) and unfitness
- 1 was unco-operative
- 2 have taken no action but steps are being taken to endeavour to encourage the patients to accept treatment.

Of the newly registered blind people 16 were formerly on the partially sighted register and 7 on the unofficial observation register.

Ages at which Registered

<u>Blind Register</u>	<u>Age groups</u>	<u>Number</u>
(1)	0 - 15	2
(2)	16 - 64	12
(3)	65 and over	133
		<u>147</u>

Partially Sighted Register

(1)	0 - 15	1 *
(2)	16 - 64	11
(3)	65 and over	58
		<u>70</u>

Blind Cause group (1)

- (1) Vitreous haemorrhage (right eye) Retinal haemorrhage (left eye)
- (2) Cataracts

Partially Sighted Cause group (1)

- * Colobomata of Iris, Choroid and Retina.

This boy was removed from the blind register to the partially sighted after re-assessment.

During the year 6 people were removed from the register entirely after successful treatment, and 3 were transferred from the blind to the partially sighted register for similar reasons.

OPHTHALMIA NEONATORUM

TABLE B

(1) Total number of cases notified during the year	3
(2) Number of cases in which:-	
(a) Vision lost	N11
(b) Vision impaired	N11
(c) Treatment continuing at end of year	N11

MENTAL HEALTH

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

Development of the Mental Health Services

The original report on the development of the health and welfare services by local health authorities at the request of the Minister of Health in 1962 gave information as to development over 10 years but there is a review each year in the light of experience and changing outlook, and certain original plans have been modified accordingly. I draw attention to certain changes which appear to be desirable:-

1. It was felt that the training centre for patients disabled by mental illness should be brought forward a year to 1964/65 as it was felt that this scheme requires a high priority.
2. As there is considerable evidence that one of the main causes of relapse in patients suffering from mental illness is inability to find paid employment on the open market it is now suggested that, in all, 13 sheltered workshops should be opened in the next 10 years, so that sheltered employment is available for the mentally ill as well as the mentally sub-normal.
3. The projected training centre for agricultural and horticultural work can possibly be located in premises already in the possession of the County Council which is, for the time being, in use by another committee.
4. The occupation centre for low-grade patients proposed is almost certainly unnecessary. It is anticipated that these patients will be able to remain as long-term cases in adult training centres or sheltered workshops.

Hostels related to junior and adult training centres are to be provided respectively by the Children's Committee and the Welfare Services Committee of the authority. There will be reference to these later.

Administration

The Mental Health Sub-Committee continue to be responsible to the Health and Housing Committee for the organisation and conduct of the authority's services for the mentally disordered. The service still functions under the immediate direction of my deputy, Dr. Young, while Dr. Spellman, the Senior Medical Officer for Mental Health, undertakes the day to day administration of the service, assisted by the Chief Administrative Mental Welfare Officer. At the end of the year there were 12 designated Mental Welfare Officers, including 2 engaged largely in administration. At present much of the case work is being done at a superficial level because of excessive case loads. The working arrangements provide that 3 Senior Mental Welfare Officers have a certain general responsibility for

1. Hove, which has delegated powers.
2. The remainder of the St. Francis Hospital catchment area within the county area.
3. The Hellingly Hospital catchment area within the county area.

Certain of the junior Mental Welfare Officers need further training. This is partly provided by Dr. Spellman and the Senior Mental Welfare Officers, and it is also intended to send them to training courses when vacancies become available from time to time. Miss K.H. Draper, the Social Worker concerned solely with mentally sub-normal girls, retired at Christmas and the post will be re-designated so that it will in future be held by a Mental Welfare Officer with a full range of duties. The Home Teaching staff remains at 2 and owing to the opening of junior training centres it has been possible to re-arrange groups so that longer periods of instruction are given to larger numbers in fewer hired premises.

Mental Nursing Homes and Residential Homes

There are still 2 mental nursing homes with powers to detain patients registered in the county and 4 that could receive informal patients, although 2 of the latter establishments are ancillary premises of one of the mental nursing homes. Of the total of 341 beds in these establishments there was provision for a maximum number of 217 detained patients. At the end of the year in the 2 establishments authorised to detain there were 38 patients subject to detention while 168 patients were receiving care and treatment informally. Officers of my department, on behalf of the Welfare Services Committee, visit 29 establishments registered, or liable to registration, as providing residential accommodation for mentally disordered persons. Certain Guardianship Society foster homes are included in these numbers and there have been discussions with the Society, who have been able

to impose higher standards in the homes used by them, largely as a result of improved supervision and the revision of the financial arrangements so that higher grants can be paid for the provision of better accommodation.

Mental Illness

There is still a steady stream of referrals and the sources from which cases originate are set out below, together with comparison figures for the year before:-

	<u>1963</u>	<u>1962</u>
General Practitioners	131	118
Hospitals, on discharge from in-patient treatment	81	38
Hospitals, after or during out-patient or day treatment	56	57
Police and Courts of Law	14	11
Other sources	47	43

At the end of the year 210 cases of mental illness were receiving active help, compared with 133 at the end of the year 1962.

Psychopathy

The 5 persons classified as psychopathic patients who were receiving help at the beginning of the year ceased to engage our attention and 3 others came and went, and at the end of the year there were no psychopaths receiving help and advice.

Mental Sub-normality and Severe Sub-normality

During the year 69 persons of sub-normal or severely sub-normal mentality were reported to the authority and most cases were seen by the Senior Medical Officer for Mental Health. The pattern of referral is much the same as last year. Details are as follows:-

	<u>1963</u>	<u>1962</u>
General Practitioners	7	8
From hospitals, on discharge from in-patient treatment	11	22
Hospitals, after or during out-patient or day treatment	3	4
Local Education Authorities	16	21
Police and Courts	4	2
Children's Officer	3	5
Relatives	11	10
Other Local Health Authorities	10	15
Health Visitors	4	4

The ascertainment in the county of any persons of sub-normal mentality is fairly complete; largely, of course, because of the procedure under the Education Act in respect of such children who reach school age, while backward infants and toddlers are notified by health visitors, general practitioners or hospitals. The National Assistance Board tell us of adult cases in which it is thought we should take an interest. Numbers can show considerable variation from year to year. At the end of the year 1962, 583 mentally sub-normal and severely sub-normal persons were under community care as compared with 601 at the end of the year under review:-

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Under Guardianship	5	6	11
Under other Community Care	260	330	590
	<u>265</u>	<u>336</u>	<u>601</u>

Hospital Admission Arrangements

At the 31st December, 1963, only 13 mentally sub-normal patients were awaiting vacancies in hospital out of the total in the county of 601. If there has been a sudden emergency which has resulted in patients being left without adequate care the South East Metropolitan Regional Hospital Board have managed to admit such patients without delay.

Short-term care was arranged in the year for 55 patients; 27 of these went to Regional Hospital Board establishments, 1 to local authority residential accommodation and 27 elsewhere.

Occupation and Training

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

Junior Training Centres

"Court Meadow", Cuckfield

The number of trainees in attendance has risen from 36 to 46 during the year. Full-time instruction and occupation is given by a staff consisting of a Supervisor, 3 Assistant Supervisors and 2 trainees who are supernumerary to the establishment. It is clear that for a long time to come there will be a dearth of trained personnel qualifying after courses, and it has been thought best to arrange in-service training for suitable young women who will be seconded for course instruction when vacancies can be obtained. There are plans for 2 related hostels to accommodate 20 children, 10 in each, and a suitable property, "Tentercroft", Cuckfield, came on the market during the summer and was purchased by the Children's Committee for adaptation. There were certain local objections to this change of user but after a local enquiry the Minister granted planning permission. The second hostel is to be erected on land adjoining the training centre, already in the possession of the Children's Committee.

"Hillside", Portslade

By the end of the year the building was finished and equipped so that the first children could be received during the first fortnight in January (1964).

Eastbourne Area

The purpose-built junior training centre at Eastbourne was not ready for opening by the end of the year and at that time a delay of 3 months was expected before the first trainees could be received.

Hastings Area

There is in effect no change in the situation here. The intake of juniors from the county area at the existing centre is dependent upon the provision of county facilities for Hastings adults who are to be received at Portslade when the adult centre, now being built, is functioning.

Brighton Junior and Senior Training Centre

The arrangement continued whereby 10 adult male, 10 adult female and 10 children's places were reserved for East Sussex and the Hove delegated mental health service. It was expected that the children's places would cease to be reserved at the end of the year and this, in fact, happened. The juniors left to await admission to Portslade Junior Training Centre in January (1964).

Adult Training Centres

Burgess Hill

Arrangements at the end of the year were still not complete for the acquisition of the site for an adult centre.

Portslade

Building started in the early autumn and it is hoped that this adult training centre for 60 trainees will be completed by the end of the current calendar year (1964). The related hostel for 10 male trainees was erected on part of the site which was available for County Council projects in the Old Shoreham Road. It was, of course, economical to arrange for the building of the County Clinic and the hostel on the same site at the same time. It has been possible to keep the hostel filled with mentally sub-normal men who had to be placed away from home for various social reasons.

Temporary Facilities

The two home teachers continue to take groups of sub-normal persons for occupation and training in rented accommodation, mainly in church halls. Groups in being at the end of the year and the numbers provided for are set out below:-

Nutley	13
Wadhurst	7
Robertsbridge	8
Newhaven	5
Bexhill	16

In addition two individuals are being helped in their own homes. At established centres run by the Guardianship Society and Eastbourne and Hastings County Boroughs 34 East Sussex trainees attended.

Voluntary Societies

The 5 local Societies for Mentally Handicapped Children in East Sussex continue to function. The Mid-Sussex Society in particular have assisted in the formation of a Parents' Association for "Court Meadow", Cuckfield, and all 5 organisations keep in close touch with my staff in connection with development of the mental health service in this area.

The East Grinstead and District Association for Mental Health continue to run a hostel for women suffering from mental illness. After certain staff changes they have now built up a suitable organisation which is registered to receive a maximum of 14 female patients in the enlarged hostel. There is a resident Warden. The Guardianship Society, with headquarters in Hove, received patients for foster home care from many areas as well as this county, and continue to provide occupation classes and adult training facilities.

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

The Home Help Service established under the National Health Service Act 1946 had as its first whole-time Organiser Miss Joanna Barnard, a member of the Women's Voluntary Services in accordance with the desire of the County Council to retain the valuable services of that body. She laid the foundations of a good service and in August 1949 was succeeded by Mrs. I. M. Fouldes, under whom the service grew until, as now, cover is provided in the whole county; still, it must be emphasized, by using to a greater and greater extent the Women's Voluntary Services. The present administrative structure is that a Home Help Organiser and a deputy, both whole-time, are county officers responsible to the County Medical Officer for the day-to-day conduct of the work, and they have the help throughout the county of "Home Help Specialists" (i.e., ladies who in their respective areas recruit home helps, hear of need for their services, assess the suitability of helps for homes where assistance is needed, check the time sheets and in general keep the machinery working). There can be few services in which the reliable hard work of the Women's Voluntary Services shows to better advantage, and we are very grateful.

In September 1963 Mrs. Fouldes retired after fourteen years service, and she handed over a going concern which has grown from 855 households helped by 134 home helps in 1949, to 2,259 cases helped by 520 people in 1963. In both years of course most of the helps were part-time. To succeed her we were fortunate to obtain the services of Miss M. H. MacLaine, who had had experience of this work in Belfast, and I welcome her to the county where she has already taken over the reins most efficiently.

The County Home Help Organiser reported that during the year 1963 2,259 householders were provided with Home Help, using 338,054 hours of labour, classified as follows:-

	<u>1963</u>		<u>1962</u>	
	<u>Cases</u>	<u>Hours</u>	<u>Cases</u>	<u>Hours</u>
Maternity	417	25,254	464	26,806
Tuberculosis	27	9,484	26	9,891
Chronic Sick	500	107,704	449	99,648
Old Age	1,041	165,474	845	143,842
General	274	30,138	342	37,709
	<u>2,259</u>	<u>338,054</u>	<u>2,126</u>	<u>317,896</u>

1,106 of these cases were continued into 1964. 708 of these began before 1963.

The two most significant factors to be noted in a comparison of the 1963 and 1962 figures are the drop in the number of maternity cases and the increase in the number of aged cases. This is following the national trend, and may be expected to continue in this direction for the present.

From time to time, as they view the increase in the demand and the cost, the Health and Housing Committee have considered whether it would be practicable and desirable to establish any limit to the service; but on each occasion they have decided that the work is so important that to decide on a "ceiling" would be not only impracticable but against the interests of the population in general. However, the service is still limited, apart from financial reasons, by the difficulties which continue to arise in the recruitment of suitable staff.

Relationships and co-operation between voluntary visitors, and all members of the county staff, who are in any way concerned with the families wherein help is required, continue to be most helpful and encouraging.

MEDICAL EXAMINATION OF STAFF

The total number of medical examinations carried out during the year was 306 compared with 341 in 1962 and 993 health statements were considered, 319 being for teachers and 313 for canteen workers; in most cases chest x-rays were arranged; 18 candidates were turned down or withdrew their applications. Medical examinations were carried out as follows -

By whole-time Medical Officers including the Borough of Hove	114
By part-time Medical Officers	128
By General Practitioners	64

As in previous years these medical examinations were for three purposes; to decide the applicant's own suitability from the medical point of view for the post in question; to make sure that he is not a risk to the health of those whom he will meet during his duties; and to advise in appropriate cases whether he may be accepted into the County Council's superannuation scheme.

PUBLIC HEALTH ACT 1936 REGISTRATION OF NURSING HOMES

There were 27 registered nursing homes in the authority's area outside the Borough of Hove at the end of 1963. These homes among them provided 361 beds.

The Nursing Homes Act, 1963, received the Royal Assent on 15th May, 1963, and under its powers were made The Conduct of Nursing Homes Regulations, 1963, coming into operation on 27th August, 1963. The Regulations set out item by item a code of administration, practice and equipment up to a satisfactorily high but not unreasonable standard, and this corresponds so closely to what we have tried to maintain in this county that the Act and Regulations have been very easy to receive. Managers throughout the county (the old but much disliked term "Keeper" has been abolished), are being informed of what is now required of them by statute; but for a number of years past the supervision of Nursing Homes has given very little difficulty. If any trouble were to arise it is a useful provision in the Act that offences against the Regulations can be dealt with as such without the necessity of using cancellation of registration as a sanction.

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 still operate a useful service in supplying nurses.

NURSERIES AND CHILD MINDERS REGULATION ACT 1948

At the end of 1963 there were thirteen premises and twenty-two daily minders registered under the Nurseries and Child Minders Regulation Act, 1948. The premises provided places for three hundred and twenty children and the daily minders for 282 children.

From the number of new persons seeking registration it would seem that the demand for this service is increasing.

TABLE I
VITAL STATISTICS RELATIVE TO MOTHERS AND CHILDREN 1963

The County of Essex	Live Births		Stillbirths		Total live and still births		Infant Mortality Rate			Neo Natal mortality rate (deaths under 14 per 1000 live births)	Early Neo-natal mortality rate (deaths under 7 per 1000 live births)	Perinatal mortality rate (Per 1000 live and still births)	Maternal deaths (including abortion)	Maternal mortality rate per 1000 live and still births
	No.	Rate	No.	Rate			Per 1000 total live births	Per 1000 legitimate live births	Per 1000 illegitimate live births					
5328	13.72	6.89	73	13.52	5401	93	17.45	17.54	16.35	12.76	11.45	24.81	2	37

*Crude rates calculated per 1000 of the estimated population

•Rate per 1000 total live and still births

ADMINISTRATIVE COUNTY OF EAST SUSSEX

CHIEF VITAL STATISTICS FOR THE YEAR 1963

TABLE II - LIVE BIRTHS, STILLBIRTHS AND DEATHS

District	Area in statute acres (land and 1/2 water)	Population estimated by Registrar General Mid 1963	Live Births			Stillbirths			Deaths under 1 year of age			Deaths under 4 weeks of age			Deaths under 1 week of age			Deaths at all ages			Deaths from respiratory tuberculosis	
			Number	Crude rate per 1000 population	Standardised rate	Number	Crude rate per 1000 population	Standardised rate	Number	Rate per 1000 live births	Rate per 1000 live births	Number	Rate per 1000 live births	Rate per 1000 live births	Number	Rate per 1000 live births	Crude rate per 1000 population	Standardised rate	Number	Rate per 1000 population		
Urban Areas:																						
Bexhill M.B.	7993	30,860	272	8.81	13.83	4	13.49	13.49	3	11.03	3.68	1	3.68	3.68	1	3.68	21.88	10.56	665	10.56	1	.03
Burgess Hill U.D.	2086	15,010	263	17.52	16.58	3	18.52	18.52	2	13.33	15.11	1	15.11	15.11	1	15.11	17.78	10.51	182	10.51	1	.03
Cuckfield U.D.	2911	21,300	303	14.22	16.18	4	18.51	18.51	4	18.81	15.11	4	15.11	15.11	4	15.11	17.78	10.51	379	10.51	2	.03
East Grinstead U.D.	6800	15,900	293	18.43	16.71	2	6.73	6.73	1	6.33	13.46	1	13.46	13.46	1	13.46	15.76	11.33	251	11.33	2	.03
Hove M.B.	1906	71,380	887	12.42	16.76	1	5.61	5.61	1	13.78	20.40	1	20.40	20.40	1	20.40	21.08	11.33	1517	11.33	5	.03
Less M.B.	1906	71,380	200	10.42	16.44	2	24.59	24.59	3	25.00	20.88	3	20.88	20.88	3	20.88	15.77	12.82	191	12.82	1	.03
Peacehaven U.D.	1977	13,870	374	16.92	16.41	3	21.79	21.79	3	21.79	16.23	3	16.23	16.23	3	16.23	15.60	12.82	137	12.82	1	.03
Peacehaven M.B.	1977	13,870	374	16.92	16.41	3	21.79	21.79	3	21.79	16.23	3	16.23	16.23	3	16.23	15.60	12.82	137	12.82	1	.03
Port M.B.	1027	12,710	160	12.61	12.20	1	4.72	4.72	1	7.84	7.84	1	7.84	7.84	1	7.84	12.43	11.33	60	11.33	2	.03
Seaford U.D.	4274	12,710	126	9.92	16.43	1	7.84	7.84	2	15.87	11.88	1	11.88	11.88	1	11.88	17.05	11.33	217	11.33	2	.03
Totals:	35493	211,970	2861	13.50	16.74	31	10.72	10.72	47	16.43	11.88	29	11.88	11.88	29	11.88	17.46	11.61	3786	11.61	11	.03
Rural Districts:																						
Battle	11717	31,000	378	12.19	16.09	3	7.87	7.87	8	21.16	15.87	6	15.87	15.87	6	15.87	17.16	11.33	532	11.33	4	.03
Chichester	64153	24,000	338	14.07	16.59	4	20.29	20.29	4	11.83	11.83	5	11.83	11.83	5	11.83	17.82	10.51	428	10.51	2	.03
Cuckfield	70956	21,000	321	16.81	18.49	9	16.98	16.98	6	11.52	9.60	5	9.60	9.60	5	9.60	13.58	11.33	421	11.33	2	.03
Hailes	84068	44,950	280	12.81	16.81	13	21.82	21.82	10	25.86	17.24	10	17.24	17.24	10	17.24	18.23	11.33	819	11.33	3	.03
Uckfield	112,056	45,500	650	14.27	17.45	10	15.15	15.15	13	20.00	13.85	9	13.85	13.85	9	13.85	15.12	10.59	643	10.59	3	.03
Totals:	459090	176,480	2467	13.98	17.20	42	16.74	16.74	46	18.85	13.78	34	13.78	13.78	32	12.97	16.11	11.12	2843	11.12	12	.03
Whole County	494583	388,450	5328	13.72	17.01	73	13.52	13.52	93	17.45	12.76	68	12.76	12.76	61	11.45	17.07	11.44	6629	11.44	23	.03

* The rate for England and Wales was 16.2 (live births) and 12.2 (deaths)

TABLE III
NUMBER OF DEATHS AT DIFFERENT PERIODS OF LIFE IN
THE ADMINISTRATIVE COUNTY DURING THE YEAR 1963

Sex	Urban Districts												Rural Districts											
	All Ages	Under 4 Weeks	4 Weeks and under one year.	1 - 5	5 - 15	15-25	25-35	35-45	45-55	55-65	65-75	75 and over	All Ages	Under 4 Weeks	4 Weeks and under one year.	1 - 5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	75 and over
Males	1673	14	9	3	7	11	10	20	82	237	522	758	1346	18	5	5	2	10	17	14	56	217	407	595
Females	2113	20	4	6	1	7	9	20	76	188	461	1321	1497	16	7	7	3	4	6	20	48	140	331	919
TOTALS	3786	34	13	9	8	18	19	40	158	425	983	2079	2843	34	12	12	5	9	23	34	104	357	738	1514

TABLE IV (a)

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1963 IN THE URBAN DISTRICTS

[illegible]

TABLE IV (b)

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1963 IN THE RURAL DISTRICTS

CAUSES OF DEATH	Deaths, in or belonging to Districts, at subjoined ages										Deaths, in or belonging to each District, at all ages						
	Under 4 weeks	4 weeks & under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and under 75	75 and over	Totals	Battle	Challey	Cuckfield	Hallham	Uckfield
1. Tuberculosis, Respiratory	1	1	1	1	1	1	1	1	1	1	1	12	1	1	1	1	1
2. Tuberculosis, Other	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3. Syphilitic Disease	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
4. Diphtheria	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
5. Whooping Cough	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
6. Meningococcal Infections	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
7. Acute Poliomyelitis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
8. Measles	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
9. Other Infective and Parasitic Diseases	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10. Malignant Neoplasm, Stomach	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
11. Malignant Neoplasm, Lung, Bronchus	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
12. Malignant Neoplasm, Breast	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
13. Malignant Neoplasm, Uterus	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
14. Other Malignant and Lymphatic Neoplasms	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
15. Leukaemia, ALeukaemia	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
16. Diabetes	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
17. Vascular Lesions of Nervous System	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
18. Coronary Disease, Angina	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
19. Hypertension with Heart Disease	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
20. Other Heart Disease	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
21. Other Circulatory Disease	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
22. Influenza	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
23. Pneumonia	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
24. Bronchitis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
25. Other Diseases of Respiratory System	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
26. Ulcer of Stomach and Duodenum	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
27. Gastritis, Enteritis and Diarrhoea	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
28. Nephritis and Nephrosis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
29. Hyperplasia of Prostate	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
30. Pregnancy, Childbirth, Abortion	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
31. Congenital Malformations	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
32. Other Defined and Ill-Defined Diseases	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
33. Motor Vehicle Accidents	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
34. All Other Accidents	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
35. Suicide	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
36. Homicide and Operations of War	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
All Causes	34	12	5	9	13	23	34	104	357	738	1514	2843	532	428	421	819	643

TABLE V
CASES OF NOTIFIABLE DISEASES OCCURRING DURING THE YEAR 1963

	Total for Adminl- strative County	TOTAL NUMBERS OF NOTIFIABLE DISEASES IN EACH DISTRICT																	
		BOROUGHES				URBAN DISTRICTS								RURAL DISTRICTS					
		Boxhill	Hove	Lewes	Rye	Totals	Burgess Hill	Cuckfield	East Ovingdean	Newhaven	Portsmouth-by-Sea	Sesford	Totals	Battle	Chalvey	Cuckfield	Hailsham	Uckfield	Totals
Scarlet Fever	119	5	30	10	31	35	5	22	16	1	14	5	40	11	9	20	5	11	44
Whooping Cough	267	1	61	10	31	103	8	7	16	6	14	5	56	40	4	39	5	39	108
Acute Poliomyelitis - Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis - Non-Paralytic	6081	545	729	175	6	1455	247	142	375	99	427	184	1474	539	302	482	556	1223	3152
Mesales	130	2	32	12	2	48	1	2	5	3	11	-	21	43	3	1	8	6	61
Diphtheria	248	-	8	-	-	8	1	97	-	1	4	-	103	1	2	14	27	93	137
Acute Pneumonia	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Smallpox	1	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-
Acute Encephalitis - Infective	4	-	1	-	-	1	-	-	-	-	-	-	1	2	-	-	-	-	-
Acute Encephalitis - Post Infectious	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever	13	-	2	1	4	7	-	-	-	-	-	-	1	2	-	-	-	3	5
Paratyphoid Fever	41	3	2	1	-	6	2	23	1	-	-	1	26	2	1	-	2	6	29
Erysipelas	3	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
Meningococcal Infection	41	3	2	1	-	6	2	23	1	-	-	-	26	2	1	-	2	6	29
Puerperal Pyrexia	3	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
Ophthalmia Neonatorum	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	113	10	32	3	9	51	3	4	5	5	7	3	27	6	1	8	1	8	35
Food Poisoning	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis - Respiratory	11	1	5	1	-	7	-	2	1	-	-	-	3	-	-	-	1	2	3
Tuberculosis - Meninges	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis - Other Forms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS	7041	567	903	212	43	1725	264	302	404	115	477	193	1755	696	325	534	614	1391	3561

TABLE VI

VACCINATION AGAINST SMALLPOX

NUMBER OF PERSONS VACCINATED (OR REVACCINATED) DURING THE YEAR 1963

District	Age under 1 year		Age 1 year		Age 2 to 4 years		Age 5 to 14 years		Age 15 years or over		TOTALS ALL AGES	
	Vaccinated	Revac- cinated	Vaccinated	Revac- cinated	Vaccinated	Revac- cinated	Vaccinated	Revac- cinated	Vaccinated	Revac- cinated	Vaccinated	Revac- cinated
Boroughs	25	-	24	-	4	3	9	51	17	283	79	337
Bexhill	51	-	74	-	13	7	13	64	28	489	179	260
Hove	14	-	33	4	4	2	4	19	7	73	62	58
Lewes	8	-	7	-	1	-	-	2	-	33	16	35
Rye												
Urban Districts												
Burgess Hill	7	-	42	-	12	1	4	24	2	79	67	104
Cuckfield	5	-	37	-	11	2	4	29	-	161	57	192
East Grinstead	61	-	54	-	10	-	-	20	2	110	127	130
Newhaven	9	-	3	-	-	1	1	3	4	30	17	24
Portslade	12	-	36	-	6	8	1	8	7	48	62	64
Seaford	7	-	21	-	3	2	1	32	7	88	39	122
Rural Districts												
Battle	24	-	59	-	9	6	-	36	-	197	92	239
Chailley	40	-	30	-	6	6	7	25	21	138	104	169
Cuckfield	15	-	110	-	21	7	1	56	-	290	147	353
Hailsham	88	-	59	-	16	5	21	20	31	179	215	204
Uckfield	26	-	92	3	32	7	10	73	-	231	160	314
TOTALS	392	-	681	7	148	57	76	462	126	2429	1423	2955

Vaccination State in Relation to Child Population as at 31st December, 1963:-

Age Group	Total Vaccination	Child Population	Percentage Vaccinated
Under 1 year	392	5150	7.61
1 to 4 years	13837	20150	68.67
	14229	25300	56.24

TABLE VII

MENTAL HEALTH STATISTICS FOR 1963

PREMISES PROVIDED AT 31st DECEMBER, 1963

Age group provided for	Mental category provided for	Day training centres		Residential training centres		Social clubs or centres		Homes or hostels	
		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) Mentally ill	-	-	-	-	-	-	-	-
	(b) Mentally Subnormal	1	60	-	-	-	-	-	-
2. 16 and over	(a) Mentally ill	-	-	-	-	2	40	+ See below	19
	(b) Mentally subnormal	-	-	-	-	-	-	+ See below	10
3. Juniors and Adults	(a) Mentally ill	-	-	-	-	-	-	-	-
	(b) Mentally subnormal	1	15	-	-	-	-	1	12 *
4. Total		1	60	-	-	2	40	1	10

Special units providing for groups such as the severely subnormal with gross physical handicaps or gross behaviour difficulties	Included in 1-4 above	Number of Units		Not included in 1-4 above	Number of units	
		(a) Number of Units	(b) Number of places		(a) Number of units	(b) Number of places
		-	-		-	-

6. Premises opened or closed since 31st December, 1962.

(a) Opened	Hostel for 10 mentally subnormal adult males, 223, Old Shoreham Road, Hove (purpose built)
(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. 19 are in residence at present.

δ 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 VIII

NATIONAL HEALTH SERVICE ACT, 1946, AND MENTAL HEALTH ACT, 1959
MENTAL HEALTH STATISTICS FOR 1963 (EXCLUDING HOME DELEGATION)

	Mentally Ill				Psychopathic				Subnormal				Severely Subnormal				Totals				Grand Total
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	M	P	
Number of patients under L.H.A. care at 31.12.63	-	-	69	141	-	-	-	-	4	1	74	102	55	37	132	196	59	38	275	439	811
	-	-	-	1	-	-	-	-	-	-	3	4	29	19	6	25	29	19	9	30	87
	-	-	-	2	-	-	-	-	-	1	2	11	14	10	25	17	14	11	27	30	82
Resident in residential training centre	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	2	1	3
Awaiting residence therein	-	-	1	-	-	-	-	-	1	-	3	6	1	2	16	17	2	2	20	23	47
Receiving home training	-	-	-	-	-	-	-	-	-	1	-	1	5	6	14	20	5	7	14	21	47
Awaiting home training	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	3	-	1	-	3	4
Resident in L.A. home/hostel	-	-	2	2	-	-	-	-	-	-	5	-	-	1	8	1	-	1	15	3	19
Awaiting residence in L.A. home/hostel	-	-	-	3	-	-	-	-	-	-	-	1	1	-	9	3	1	-	9	7	17
Resident at L.A. expense in other residential homes/hostels	-	-	3	14	-	-	-	-	-	-	-	13	2	3	1	25	2	3	4	52	61
Resident at L.A. expense by boarding out in private household	-	-	-	-	-	-	-	-	-	-	-	1	1	-	10	24	1	-	10	25	36
Other patients receiving home visits.	-	-	62	118	-	-	-	-	3	-	64	76	9	1	66	93	12	1	192	287	492



