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**EAST SUSSEX COUNTY COUNCIL**

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**ANNUAL REPORT**

OF THE

**MEDICAL OFFICER OF HEALTH**

AND

**PRINCIPAL SCHOOL MEDICAL OFFICER**

FOR THE

**YEAR 1965**

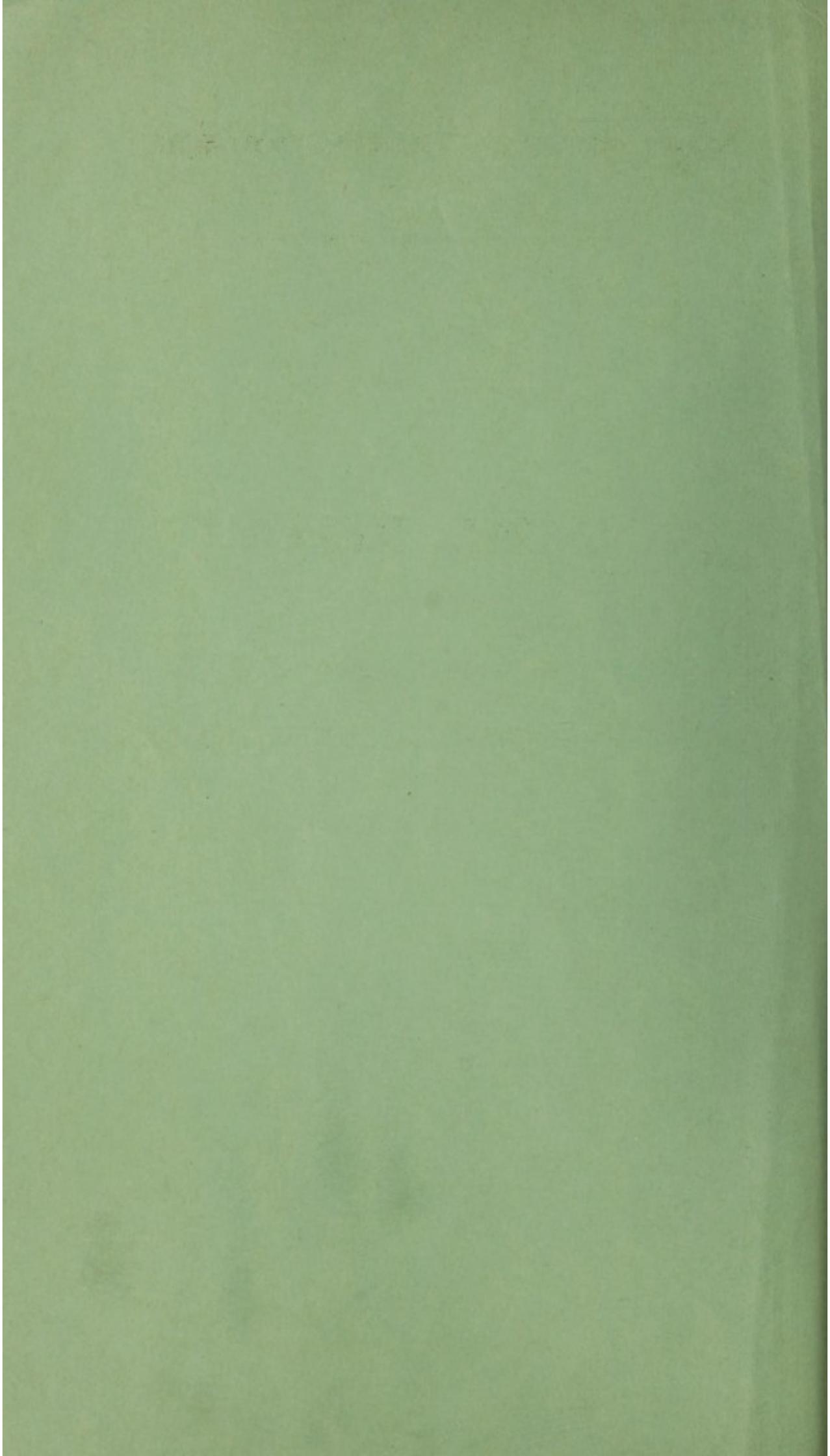
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**J. A. G. WATSON**

M.B., B.S., D.P.H.

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



**EAST SUSSEX COUNTY COUNCIL**

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**ANNUAL REPORT**

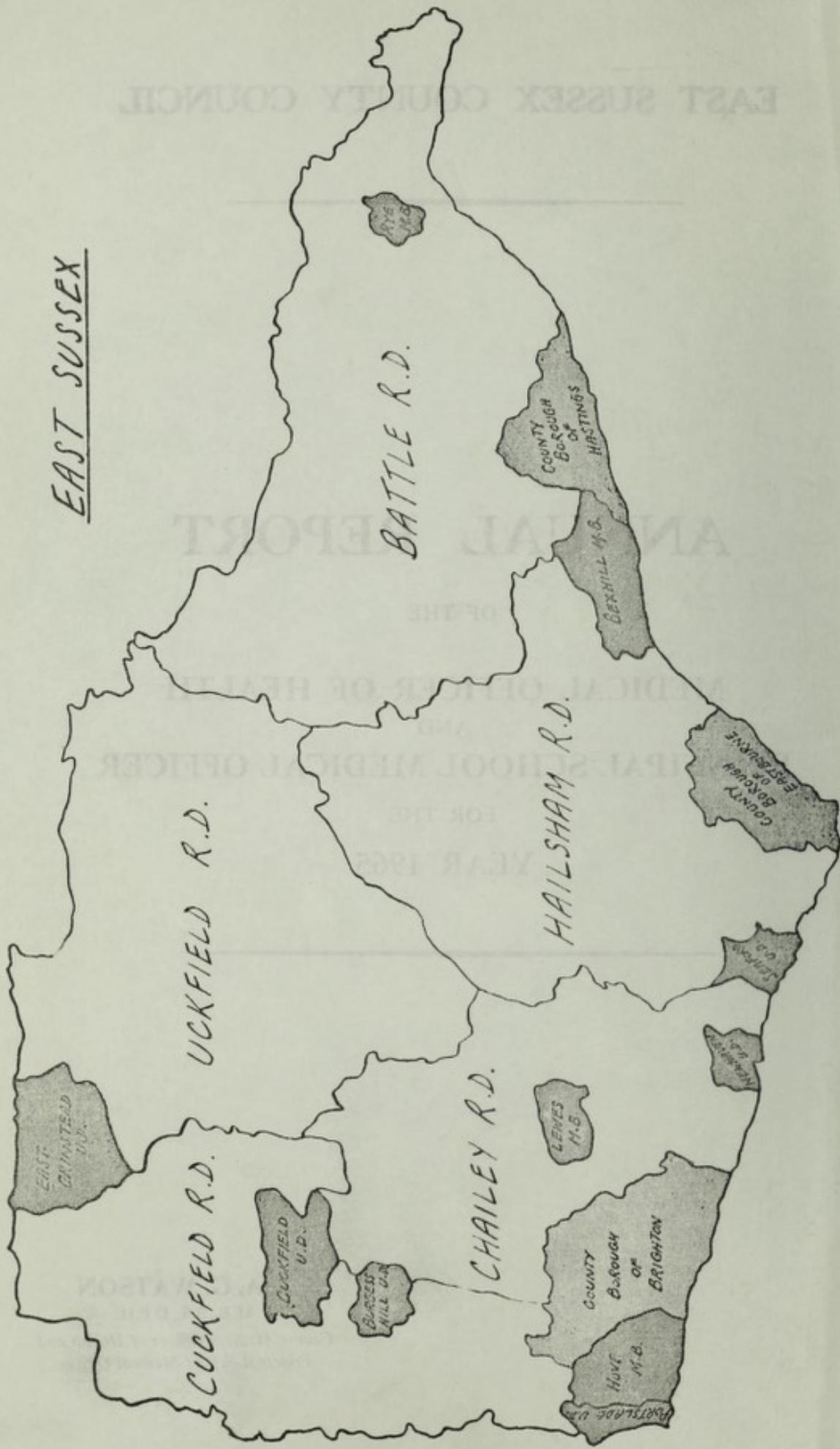
OF THE  
**MEDICAL OFFICER OF HEALTH**  
AND  
**PRINCIPAL SCHOOL MEDICAL OFFICER**  
FOR THE  
**YEAR 1965**

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**J. A. G. WATSON**  
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*County Medical Officer of Health and  
Principal School Medical Officer*

EAST SUSSEX



CUCKFIELD R.D.

UCKFIELD R.D.

BATTLE R.D.

CHAILEY R.D.

HAILSHAM R.D.

COUNTY BOROUGH OF BRIGHTON

LEWES H.B.

HOVE H.B.

PORTSLADE U.P.

BEXHILL H.B.

COUNTY BOROUGH OF HASTINGS

COUNTY BOROUGH OF EASTBORNE

HOVE H.B.

HOVE H.B.

HOVE H.B.

EAST SUSSEX COUNTY COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

DEPUTY MEDICAL OFFICER

FOR THE

YEAR 1957

WATSON

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Mr. Chairman, My Lords, Ladies and Gentlemen,

I have the honour to present the seventy-first Annual Report on the Health of the Administrative County of East Sussex.

<sup>15</sup>  
This is the first report for which I am responsible and it is appropriate that I should at the outset, pay tribute to my predecessor, Dr. Frank Langford, who retired during the year. Dr. Langford was appointed Deputy County Medical Officer of Health in 1940 and succeeded Dr. Clegg as County Medical Officer of Health in 1946. During my travels around the county I meet many people, all of whom refer warmly to their recollections of Dr. Langford. All speak very highly of his work and personal contributions to the Health of the County.

This year the report of the County Medical Officer and the report of the Principal School Medical Officer are being published as one volume. They need to be read together if one is to gain a complete picture of the health of the county. The Principal Dental Officer's report illustrates this point. This describes the enormous amount of dental disease amongst our school children. This dental disease is not peculiar to children, but heralds poor dental health in adult life and leads to the early need for dentures. The real roots of this problem lie in the attitude of the whole community to dental disease. We neglect our responsibility for the dental hygiene of our children and do little to improve the quality of their diet. This includes supplying them with an adequate intake of fluoride. Unfortunately the water supplies in the county are deficient in this substance, and unless we make good this deficiency we are condemning our children, and their children to a great deal of unnecessary pain and misery, and future generations of adults to a continuance of the present unsatisfactory dental conditions.

The report tells its own story of the work done in the past year and outlines the statistics of life and death in the County. I wish, however, not to dwell on the past but to look forward - perhaps a natural desire when writing one's first report.

I sometimes feel that in the local health authority service we can become so taken up with administering services that we lose sight of the prime object of most of these services: the prevention of disease. For example, we spend a great deal of time, energy and money on infant welfare clinics. The cause for which they were founded has been won, and we should ask ourselves whether these resources could not be better employed on other things. I would like to see the family doctor fulfilling his role as doctor to the family and carrying out the medical aspects of this work for the children on his list. The health visitor should assist him in this, and then be free to organise the health education for the whole family. There is a far greater need for preventive services of this kind for the elderly.

Health education in the county is left largely to the opportunism of the health visitors and any other person who might be interested. If we are to prevent disease, it must be developed on a more organised scale. We are now beginning to tackle the problem of cancer and smoking - and this is another problem that cannot be solved simply by action in the schools, although a start should be made there. Another 297 county residents died of cancer of the lung in 1965 - an increase of 64 over 1964. Venereal disease, drug taking, accidents in the home, food hygiene - these and many other matters demand positive health education methods.

During the year a start was made with the provision of a screening service for cancer of the cervix. The results to date illustrate the 'iceberg' of disease. Whilst a cancerous or precancerous condition has been discovered in a few cases only, a large number of other conditions have been found. None of these was sufficient in itself to lead the patient to consult her doctor but at the same time meant that the woman concerned was enjoying less than the best of health. I am sure that other new techniques will enable us to develop screening methods for many other diseases. This is still, however, for the future as much research is still required.

Towards the end of the year some most interesting discussions were taking place with general practitioners, one result of which may be the establishment of health centres in the county. I feel that health centres are a vital ingredient missing from the National Health Service and am delighted that this authority is so ready to consider these proposals.

I must draw attention to the continuing development of the mental health service. Much has been achieved, and the opening of the Belgrave Adult Training Centre at Portslade is a particular landmark. This is another area where Health Authority Services and School Health Services meet. The smooth transfer of children on a two way basis between Training Centre and School with the minimum of formality is extremely important to the child and his parent.

Dr. Waugh draws attention to the value of a school medical officer maintaining close contact with the schools. This highlights a defect in the system of routine inspections whereby the medical officer visits the school only once a year to carry these out. There is much to be said for the adoption of a selective medical inspection programme requiring, as it does, a much closer identification of the doctor with the school. This scheme will need to be looked at in the future together with the possibility of the school entry examination being carried out prior to school entry through the child welfare services, thus giving the schools prior notice of any health problems of school entrants.

But these are matters for the future. For the present I wish to put on record my appreciation of all the hard work done by the staff of the department. I wish to single out my deputy, Dr. R. G. Brims Young who has done so much to help me in my taking up this appointment. I wish also to acknowledge with grateful thanks the kindness and support of the members of the County Council.

I have the honour to be,

Your obedient servant,

J. A. G. WATSON

County Medical Officer of Health

Health Department,  
County Hall,  
LEWES.

May, 1965.

## MEMBERS OF THE HEALTH AND HOUSING COMMITTEE

(as at 31st December, 1965)

## (a) Members of the County Council:

Mr. St. J. Fancourt Bell	Mrs. K. M. N. Pither (Vice-Chairman)
Mr. T. Benson	Mr. H. Riley
Miss M. Blount, M.B.E. (Chairman)	Brigadier L. M. Scott
Mrs. E. F. Cave	Lt. Col. E. M. Sheehan
The Hon. Daphne Courthope, O.B.E. (Vice Chairman of the County Council)	Mr. C. W. Shelford (Chairman of the County Council)
Brigadier H. P. Gardham, C.B.E. (Chairman of Finance Committee)	Mrs. F. M. Slee
Mr. Claude Hershman, M.C.	Major W. A. Smith
Miss E. A. Kennedy	Miss L. T. Toller, M.B.E.
Mr. R. Mitchell	Miss O. M. Vaughan
Major H. A. Neal	

## (b) Other Members:

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

STAFF OF THE COUNTY HEALTH DEPARTMENT AND SCHOOL HEALTH SERVICE  
AS AT 31st DECEMBER, 1965

County Medical Officer of Health and Principal School Medical Officer .. ..	J. A. G. Watson, M.B., B.S., 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.
Senior Medical Officers:	
Mental Health .. .. .	A. Spellman, M.B., B.S., M.R.C.S., L.R.C.P., D.P.M.
Nursing and Aftercare .. .. .	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.
School Health .. .. .	E. C. Howarth, M.B., B.S., M.R.C.P., D.P.H.

## Assistant Medical Officers and School Medical Officers:

\*+ J. K. Butterfield, T.D., L.M.S.S.A., D.P.H., R.C.P.S.  
 \*+ L. A. Collins, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.M., D.P.H.  
 + Margaret B. Parker, M.B., Ch.B., D.P.H.  
 \*+ J. Petrie, T.D., M.B., Ch.B., D.P.H.  
 \*+ M. I. Silvertown, O.B.E., T.D., M.R.C.S., L.R.C.P., D.P.H.  
 + Sheila M. Thwaites, M.B., B.S., D.Obst. R.C.O.G.  
 + Janet F. Waugh, M.B., B.S.

## Assistant Medical Officer:

\* D. M. Richardson, M.R.C.S., L.R.C.P., D.P.H.

\* Also District Medical Officer of Health

+ Approved as qualified medical officers under  
Statutory Instrument No. 336 of 1959.

Sixteen General Practitioners are employed at Infant Welfare Clinics on a sessional basis.

NURSING AND AFTERCARE

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 Y. H. D. Nulty, S.R.N., S.C.M., H.V.Cert., Q.N., M.T.D.
	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.

### CHILD GUIDANCE SERVICE

Psychiatrists: (Part-time) .. .. .	H. V. W. Elwell, M.A., M.R.C.S., L.R.C.P., D.P.M. M. Heller, M.B., B.S., M.R.C.S., L.R.C.P., D.P.M. Josephine M. Lomax-Simpson, M.B., Ch.B., D.P.M. J. N. Runes, M.D. Doris K. Small, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M., D.P.M.
Child Psychotherapist .. .. .	Miss Hedda Kevend
Educational Psychologists: .. .. .	R. D. Gold, B.Sc., H. W. A. Karle, B.A. (Psychology) R. McConville, B.A. (Psychology) - Appointed as Trainee Educational Psychologist, 1.9.64 P. Ransome, B.A. (Psychology) N. W. Wilkinson, M.A., B.Ed.
Social Workers: .. .. .	Mrs. F. E. Harris, B.A. (Hons) Mrs. J. M. Meredith, Dip.Soc.St.(Lond) Mrs. I. C. Pember
Speech Therapists: .. .. .	Mrs. D. Bentley, L.C.S.T. Miss D. M. Dolan, L.C.S.T. Mrs. M. E. Pruden, L.C.S.T. (Part-time) Miss E. J. Wright, L.C.S.T.
Audiometer Operator .. .. .	Miss H. E. Hannay

### DENTAL SERVICE

Chief Dental Officer and Principal School Dental Officer .. .. .	C. K. Fenton Evans, L.D.S., U.Dur.
Senior County Dental Officers and School Dental Officers .. .. .	I. A. M. Mitchell, L.D.S., R.C.S. T.H.A. Pallin, L.D.S., R.C.S. (Edin)
County Dental Officers and School Dental Officers .. .. .	Mrs. C. M. Crossman, B.D.S. U.Lond. M. Garfield, L.D.S., R.C.S., M.R.C.S., L.R.C.P. (Part-time) J. V. Goldie, L.D.S., R.C.S. P. H. S. Lahaise, B.D.S., L.D.S., R.C.S. (Part-time) A. Longden, L.D.S., U.Leeds Mrs. S. A. Park, L.D.S., R.C.S. Miss S. J. M. Passat, L.D.S., R.C.S. Miss G. M. Rodgers, L.D.S. (Part-time) Mrs. J. M. Sharples, L.D.S. (Part-time)
Dental Anaesthetists ( Part-time) .. .. .	J. E. Briffa, B.Sc., (Malta) M.D., D.A. (Eng), F.F.A., R.C.S. Nancy G. S. Fisher, M.B., Ch.B., F.F.A., R.C.S. Josephine Terry, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

### HEALTH SERVICES

Chief Mental Welfare Officer .. .. .	M. G. W. Ternouth
County Health Inspector .. .. .	T.P. Ayrton, M.R.S.H., M.A.P.H.I.
County Ambulance Officer .. .. .	J. W. Limb
Home Help Organiser .. .. .	Miss M. H. MacLaine
Medical Social Worker .. .. .	Miss M. L. Shaw, B.A., A.M.I.A.

### GENERAL ADMINISTRATION

Chief Administrative Assistant .. .. .	T. Ryder, D.P.A.(Lon), A.C.C.S.
Chief Clerk .. .. .	G. M. G. Futter
Senior Clerks:	
Nursing and Aftercare .. .. .	Mrs. W. M. Akehurst
School Health .. .. .	D. J. Hempstock, D.M.A.

### BOROUGH OF HOVE STAFF EMPLOYED ON DELEGATED FUNCTIONS

Medical Officer of Health .. .. .	*+ N. I. Condon, M.B., B.Ch., B.A.O.
Deputy Medical Officer of Health .. .. .	+ D. M. Blomfield, M.R.C.S., L.R.C.P. M.B., B.S., D.P.H.

Assistant Medical Officers and School Medical Officers .. .. .	+ Ada Firth, M.R.C.S., L.R.C.P., F.R.C.S. (Edin), D.P.H. + Joyce M.B. Orr, M.B., Ch.B. (Edin)
Dental Officers .. .. .	Miss H. M. Phillips, L.D.S., U.Leeds 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
Senior Mental Welfare Officer .. .. .	Mr. L. Oliver
Speech Therapist .. .. .	Miss B. J. Bentley, L.C.S.T.

\* Also District Medical Officer of Health

+ Approved as qualified medical officers under  
Statutory Instrument No. 336 of 1959

## GENERAL STATISTICS

The estimated population increased from 399,640 in 1964 to 408,150 in 1965.

The crude Birth Rate for the county was 14.21 per thousand of the estimated population (.13 per thousand more than in 1964). The live births in 1965 totalled 5,801 (174 more than in 1964). The number of illegitimate live births in East Sussex was 475 or 8.19 per cent of the total.

The crude Death Rate was 15.62 per thousand in 1965 as compared with 15.23 per thousand in 1964.

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	17.76	18.1*
Standardised Death Rate	9.84	11.5

The Infant Mortality Rate was 14.31 per thousand live births in 1965, as compared with 14.04 in 1964. The rate for England and Wales was 19.0\*. The illegitimate death rate was 16.84 per thousand illegitimate live births, as compared with 19.61 in 1964.

The Maternal Mortality Rate was .51 as compared with .53 per thousand live and still births in 1964.  
\* (provisional estimates)

### SANITARY CIRCUMSTANCES

#### Rural Water Supplies & Sewerage Acts, 1944/61

The administrative county area is already substantially covered by piped water supplies and the works completed during the year have been minor extensions of existing services to serve more isolated development.

On sewerage schemes the restrictions imposed "in the interests of national economy" have had a further retarding effect, only one comprehensive scheme having been started (Beckley, Battle Rural District) and one completed (Staplefield, Cuckfield Rural District) during the year.

New schemes for first-time provision have been deferred and others, in some cases planned 10 years ago, are still only on paper. Inevitably, these schemes will become ever more costly and it is hoped that circumstances will permit more rapid progress in providing these essential services in the near future.

During 1965 the following schemes for the provision of sewerage and sewage disposal and for the extension of water services have been submitted by district authorities. These 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

Water extensions to serve the following localities were proposed:-

Catsfield, Potman's Lane  
East Guldeford, Level Crossing Area  
Ewhurst, Ellenwhorne Lane  
Guestling, Chapel Lane  
Winchelsea Beach, Morlais Ridge

The scheme of sewerage and sewage disposal for Beckley Village made good progress and the reconstruction of the Battle treatment works and extension of the sewerage system to the outlying parts of Battle Town were nearing completion at the year end.

The following water extensions were completed during the year:-

Catsfield, Potman's Lane  
Ewhurst, Ellenwhorne Lane  
Guestling, Chapel Lane  
Northiam, Watts Hill Cottages, Adam's Lane  
Pett Level Estate Area  
Westfield, New England Lane

#### Chalvey Rural District

Schemes of sewerage and sewage disposal for Falmer Village, a revised scheme for Norton Village and proposals for extending the Wivelsfield Village system were submitted.

Further progress was made on the Northern Section sewers for Peacehaven.

#### Cuckfield Rural District

Sewerage schemes for Ansty Village and Poynings, Forge Area were submitted, the latter being completed during the year.

The main drainage scheme for Staplefield Village was also completed.

### Hailsham Rural District

Schemes of sewerage and sewage disposal for Hailsham (Northern Area), Lunsford Cross, Ninfield and Hove, and a revised scheme for Wilmington Village were submitted. An extension of the Willington system for Wannock and the Pilching Area of Jevington was also proposed.

A scheme for extending the water main from Harkaway to Old Lane, Magham Down was submitted and completed during the year.

### Uckfield Rural District

A revised scheme of sewerage for the Isfield Village Area was submitted.

The resiting and reconstruction of the Uckfield Town treatment works was nearing completion by the year end, and the following works were completed during the year:-

Crowborough, London Road to Jarvis Brook Trunk sewer  
Uckfield, Ridgewood Area sewer extension  
Uckfield, new outfall and relief sewer

### FOOD & DRUGS ACT & MILK & DAIRIES REGULATIONS

#### Milk (Special Designation) Regulations 1963-65

##### Pasteurisers' Licences

On the 1st January, 1965, four pasteurisers were operating under licences issued by the County Council, three using High Temperature Short Time plants and one using a Holder Type plant.

The arrangements for processing, storage and distribution have been kept under observation throughout the year, and 377 samples of the milk have been submitted to the prescribed tests.

All the samples passed the phosphatase (heat treatment) test, but one sample from the Holder Type plant failed the Methylene Blue (keeping quality) test and this was attributed to a failure in the cooling system.

##### Examination of Bottles

In order to determine the efficiency of the methods adopted in the cleansing of milk bottles at these four establishments, and one dairy bottling untreated milk, twenty sample groups of bottles were submitted for bacteriological examination.

Eighteen samples reached the standard recommended by the Public Health Laboratory Service and two were classified as "fairly satisfactory". In both cases it was found that the detergent strength had not been maintained and this was corrected forthwith, repeat samples being satisfactory.

##### Milk Dealers' Licences

The use of the Special Designations (Pasteurised, Sterilised, Untreated and Ultra Heat Treated Milk) in relation to all retail sales of milk, is obligatory throughout the administrative county, and the responsibility for granting licences for this purpose rests with Food and Drugs Authorities.

At the beginning of the year 387 licences were in operation. During 1965, 35 licences were issued in respect of new dealers and changes of ownership, etc., and 32 licences were cancelled where milk business had ceased.

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

Class of Milk	No. of samples	Prescribed Tests	
		Passed	Failed
Pasteurised Milk	652	638	14
Untreated Milk	68	61	7
Sterilised Milk	23	23	-
Totals	743	722	21

The 21 unsatisfactory samples all failed the methylene blue (keeping quality) test and were from 9 sources of supply.

In the majority of cases the results were attributed to failure to turn over stocks in correct rotation at retail shop premises, but in two instances cold storage arrangements were found to be defective.

These were remedied and subsequent samples were satisfactory.

The Untreated Milk samples were also tested for the presence of penicillin which was found to be above the recommended level in one case only, due to a relief milker including milk from a cow under treatment.

In addition to the above, 102 samples were taken at the two hospital dairy farms on behalf of the Ministry of Health, and all satisfied the methylene blue (keeping quality) test and tests for the presence of antibiotics.

Thirty-five of these samples were also submitted for biological examination and were reported to be free from tubercle and brucella abortus infections.

Milk in Schools Scheme

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

Supervision of the supply arrangements has been continued during the year and checked by routine sampling. Reports on samples of the milk taken at the schools, including the two Junior Training Centres, show the position to be satisfactory.

The Milk (Special Designation) (Amendment) Regulations, 1965

As from the 1st October, 1965, these regulations amended the Milk (Special Designation) Regulations, 1963, prescribing a new special designation "Ultra Heat Treated" in relation to milk processed by the ultra high temperature method (i.e. heated to not less than 270° F for at least one second).

Responsibility for licensing dealers for this purpose rests with Food and Drugs Authorities and the regulations prescribe the conditions subject to which licences are granted and a colony count test which the milk is required to satisfy.

The regulations also require the caps of bottles and containers of "raw milk" to be conspicuously labelled and marked with the words Untreated Milk and the address of the licence holder by whom the milk was put into the container.

So far no applications have been made for the processing or retailing of Ultra Heat Treated milk in the administrative county area.

## INFECTIOUS DISEASES

The number of notifications of infectious diseases in 1965 rose to 5,583 compared with 2,020 in 1964. This increase was due to the anticipated measles epidemic (4,963 notifications in 1965: 1,445 notifications in 1964). Whooping cough accounted for 76 and scarlet fever for 195 compared with the 1964 figures of 184 and 98 respectively. There were 37 cases of pneumonia (48 in 1964) and 16 cases of food poisoning as against 9 in the previous year. Dysentery cases rose from 46 in 1964 to 129 in 1965. There were no cases of poliomyelitis but there were 16 cases of infective hepatitis which so far is notifiable in three districts only.

New cases of pulmonary tuberculosis rose to 70 as against the previous year's surprisingly low figure of 59. Twenty-eight of the notifications were of patients between the ages of 15 and 45: the greatest number of new cases occurred in the age group 45 to 55. Three were of children between 4 and 15. There were 16 notifications of other forms of tuberculosis though one patient was subsequently found not to be tuberculous.

At the end of the year there were 2,449 cases of tuberculosis on the Register (2,202 pulmonary and 247 non-pulmonary) as compared with 2,226 pulmonary and 247 non-pulmonary in 1964.

Deaths were as follows:-

<u>Pulmonary Tuberculosis</u>	<u>Deaths</u>
Urban Districts	9
Rural Districts	8
<u>Other Forms</u>	
Urban Districts	-
Rural Districts	-

In 1965 there were 6 deaths of patients believed to have been suffering from tuberculosis which were not notified, as listed below:

No. 1. This was a young woman aged 39 and although the death certificate gave "pleural adhesions, pulmonary tuberculosis" in Part II of the death certificate the disease (treated by thorocoplasty) had been inactive for a long time but it may well have had a part in the final catastrophe.

No. 2. This was a case of a 73 year old retired herdsman who had been known for a very long time as having chronic tuberculosis. There was particular interest in his case as his tubercle bacilli became resistant to drugs. The omission to notify was due to an administrative misunderstanding, but all necessary contact surveys were carried out.

No. 3. This was a 58 year old woman and though her tuberculosis was no longer active, the old healed scarring was thought to have placed an additional load on her heart which proved fatal.

No. 4. was a 76 year old woman whose condition was aggravated by severe rheumatoid arthritis.

No. 5. The patient here was a 96 year old woman probably an old case where the secondary cause of pulmonary tuberculosis helped towards the final heart failure.

No. 6. This man aged 76 was again an old case of tuberculosis who had chronic bronchitis which probably caused the eventual heart failure which was the primary cause of death.

## NATIONAL HEALTH SERVICE ACTS

### Health Centres - (Section 21)

In view of the interest shown by general practitioners in the Hailsham area consideration was given as to whether the County Clinic site in Vicarage Field was large enough for a Health Centre. By the end of 1965 a sketch plan for a Health Centre prepared by the County Architect was being discussed with the general practitioners and officers of the Regional Hospital Board.

It is hoped that the proposal for a Health Centre at Hailsham will be approved in 1966 and will form the prototype for other Centres elsewhere in the county.

### Care of Mothers and Young Children (Section 22) (excluding the Borough of Hove and Portslade area)

#### Clinic Buildings

In conjunction with the office extensions at the Oaklands Council Offices adjoining the Haywards Heath County Clinic, certain minor works of improvements were approved necessitating an adjustment of boundaries and improvement of layout of the Clinic grounds and car parking arrangements.

The Royal George County Clinic at Burgess Hill was formally open by Dr. F. Langford on the 26th May, 1965.

Other minor works in maintaining the County Clinics were done including the fencing off of the Seaford Clinic from an adjoining bungalow and external redecorations at the Bexhill Clinic.

### Ante-Natal and Post-Natal Care

In the main this work is undertaken either by the general practitioner obstetricians in their own surgeries or at the hospitals. At Bexhill, Burgess Hill, Newhaven, Seaford and Rye the local general practitioner obstetricians hold their clinics in local authority premises, the midwife and health visitor being in attendance, and at East Grinstead and Seaford the hospital consultant obstetricians with hospital nursing staff hold ante-natal clinics on local authority clinic premises for mothers booked for hospital delivery.

Ante-natal mothercraft and relaxation classes increased in popularity during 1965 as shown by the following figures:-

Number of women who attended during the year	<u>1964</u>	<u>1965</u>
(a) institutional bookings	579	1,657
(b) domiciliary bookings	588	401
	<u>1,167</u>	<u>2,058</u>

### Child Welfare Centres

Seventy-nine centres were in operation at the end of 1965; of these -

- 8 are held in purpose-built clinics
- 4 in adapted premises
- 67 in halls rented on a sessional basis.

Fifteen of the centres are directly administered and 64 are administered through voluntary infant welfare centre committees. In some of the rural districts where the appointment of a medical officer cannot be justified health visitor sessions are held where mothers discuss their problems with the health visitor who also uses the occasion for health education talks. There are 36 "Health Visitor" clinics.

The total number of children who attended during 1965 was well up on 1964 - 15,625 as against 12,718 in 1964. 3,632 of the children born in 1965 were taken to the clinics during that year, representing about 75% of the total notified live births. In 1964 this percentage was about 69.

### Care of Premature Infants

There were 251 premature live births in 1965, 11 fewer than in 1964. Premature still births numbered 29. Two hundred and forty of the premature births occurred in hospitals and 40 in homes or in nursing homes. Special arrangements are in force for the care of premature infants with the help of paediatricians of the South-Eastern Metropolitan Regional Hospital Board.

### Phenylketonuria

Routine urine tests (at least two on every infant) have continued during the year in order to detect phenylketonuria as early in life as possible. One case was confirmed in a family with three normal children and two previously diagnosed phenylketonuric children.

### Congenital Malformations

During 1965, one hundred children were notified as having congenital malformations, broadly classified as follows:-

16	affecting the central nervous system
8	" " eyes and ears
9	" " alimentary system
4	" " heart and great vessels
5	" " uro-genital system
24	" " limbs
1	" " skull and face
13	" other systems
20	other malformations

Of the one hundred notified, seven were stillborn and twelve have since died. Twenty-eight of the remaining eighty-one are entered on the Handicapped Children's Register.

### Family Planning Clinics

These are not provided directly by the Authority, but the County Clinics are made available to the Family Planning Association at Hove, East Grinstead, Haywards Heath and Burgess Hill. Sessions are planned to start in Lewes early in 1966. The Family Planning Association also hold clinics in the County Boroughs of Brighton, Eastbourne and Hastings, and at Tunbridge Wells, where mothers from East Sussex can attend. Instruction at these clinics continues to be available under the auspices of the Local Health Authority to those married women where pregnancy or child birth would be dangerous to health. During 1965 one new patient was referred for this reason.

### Distribution of Welfare Foods

The figures for 1965, which are quoted below, show a slight increase on previous years, possibly associated with increased births.

	<u>1964</u>	<u>1965</u>
National Dried Milk (tins)	43,008	43,783
Cod Liver Oil (bottles)	4,974	5,136
Orange Juice (bottles)	83,468	94,425
A & D. Tablets (packets)	8,414	8,341

On the 31st December, 1965, there were 106 distributing points; 53 infant welfare centres, 36 retail shops and 17 other premises.

The help given by the W.V.S. and other voluntary helpers in this work is much appreciated.

#### Recuperative Holiday Arrangements

One mother was provided with a holiday during 1965.

#### Co-ordination Committee

The regular monthly meetings of the Co-ordination Committees continued during the year.

#### Rehabilitative Training for Problem Families

This Service is now dealt with through the Children's Committee.

#### Care of the Unmarried Mother and her Child

The field workers of the Chichester Diocesan Moral Welfare Association and the Southwark Catholic Children's Society continue to arrange on behalf of the Health Authority for the care, guidance and supervision of the unsupported mother and her child. Annual grants are made by the County Council towards the administrative expenses of the two organisations and in approved cases the Authority meet the net cost of Hostel accommodation provided for the mothers. In 1965 the County Council accepted part financial responsibility for 48 girls, nine more than in 1964. Fifteen girls were under 18 years of age. At the time of writing this report, 28 of the girls had offered their babies for adoption.

#### Dental Care

Reported in detail under School Health Report. (See page 58)

Domiciliary Midwifery, Health Visiting and  
Home Nursing (Sections 23, 24 and 25)

The East Sussex County Nursing Association acting as agents for the County Council, provide the domiciliary midwifery, health visiting and home nursing services throughout the county, except in the Borough of Hove and the Urban District of Portslade-by-Sea. At the end of 1965 the nursing staff employed by the East Sussex County Nursing Association was as follows:-

- 69 on generalised duties (midwifery, home nursing, health visiting and school nursing)
- 18 on full-time and 3 on part-time combined duties (midwifery and home nursing only)
- 4 on full-time and 17 on part-time home nursing duties only
- 23 on full-time health visiting and school nursing
- 8 part-time on clinic duties
- 2 full-time on tuberculosis health visiting
- 1 full-time on tuberculosis and geriatric health visiting

The number of staff engaged on the individual services (with the whole-time equivalent) was as follows:-

	<u>Number</u>	<u>Whole-time equivalent</u>
Midwifery	90	27.4
Home Nursing	108	43.3
Health Visiting	93	37.75
Tuberculosis	3	2.5
School Nursing	93	15
Clinic work	8	4

There were, however, the equivalent of 8.2 vacancies at the end of the year.

The administrative and supervisory work of the combined services is carried out by the Superintendent Nursing Officer, Miss M. H. McLeod. Her report is on page 14. She is assisted by a Deputy and four assistants. These six officers and the Part II midwifery tutor are on the staff of the County Council.

In the Borough of Hove (which has delegated powers) and the Urban District of Portslade-by-Sea, the midwifery and home nursing duties are provided by the Hove and Portslade District Nursing Association, whose nursing staff at 31st December, 1965, comprised 25 home nurses, 6 district nurse/midwives, and 2 part-time staff under a Superintendent and an Assistant. The Health Visitors and School Nurses for the Hove Borough and the Portslade Urban District are, however, directly employed and number eighteen. An Area Superintendent Nursing Officer is in charge.

The statistics which follow do not include those for the Borough of Hove, but those for the Urban District of Portslade are included.

Deliveries attended by domiciliary midwives during 1965 totalled 1,221, 16 fewer than in 1964, but there was an increase of 75 in the number of patients discharged early from hospital.

Maternity Outfits These are provided free of charge to all expectant mothers booked for a home confinement. Modified outfits are also supplied to patients discharged early from hospital and for cases of miscarriage.

Puerperal Pyrexia There were 49 notifications in 1965, a decrease of 15 over 1964.

Ophthalmia Neonatorum Only one case was notified in 1965.

Maternal Mortality There were 3 deaths during the year, the registered causes being:-

- 1) a. Massive intra abdominal haemorrhage due to  
b. caesarian section for maternal and foetal distress
- 2) a. Subarachnoid haemorrhage  
b. eclampsia  
c. pregnancy
- 3) a. Haemorrhage following caesarian section  
b. afibrinogensemia  
c. eclampsia in pregnancy  
Renal failure  
essential hypertension

Health Visiting The following is a summary of the number of cases visited by the health visitors in 1965.

	<u>1965</u>	<u>1964</u>
Total number of children under 5 years visited.	22,724	21,090
Persons aged 65 and over	5,854	5,720
Mentally disordered persons	53	100
Persons (excluding maternity cases) discharged from hospitals (other than mental hospitals)	114	124
Tuberculosis households visited	300	149

	<u>1965</u>	<u>1964</u>
Number of households visited on account of other infectious disease	214	125

Visits to the elderly continue to increase. Where they are willing to accept visits and help much assistance can be given such as in one case a holiday was arranged through the Welfare Department. In another case a chimney was dealt with through the Housing Department, and in yet another coal delivery was arranged with the District Nursing Association. In one case it took 5 months before an 82 year old living alone would agree to be admitted to Part III accommodation, during which time she refused all offers of home help, and meals on wheels, though she did permit the health visitor and her doctor to call.

<u>Home Nursing</u>	<u>1965</u>	<u>1964</u>
Number of persons nursed	8,899	8,659
Number of persons who were under 5 at first visit	288	256
Number of persons who were 65 or over at first visit	5,158	4,879

The following is the report of the Superintendent Nursing Officer, Miss M. H. McLeod.

#### Staff

The shortage of suitably trained staff continued to make itself felt in the County but the Ministry of Health Circular 12/65 recommending the use of ancillary staff under the supervision of trained District Nursing Sisters has meant easement in some of the Urban areas. The increasing number of health visitors required to cover the growing population is shown but the problem of doing any real preventive work amongst the elderly is one which still requires to be faced.

#### Training

In addition to the normal amount of training provided for district nurses and health visitors, 1965 saw the appointment of four Field Work Training Health Visitors all of whom attended post graduate courses to prepare them for this work. The Part II Midwifery Training School at Cuckfield Hospital continues to have fewer applicants than we would like but the growing tendency for midwifery training to be taken in one establishment is, I think, not without its effect in this direction. Preliminary discussions have been held at Cuckfield Hospital with some idea of planning a training school for both Part I and Part II Midwifery training to be established there.

East Sussex is now an approved training area for district training, practical training being taken in the county and the course of lectures at Brighton Queen's Training Home. Two East Sussex trained Queen's Nurses started their district training in the county in 1965.

The County Post Graduate Week was held in October at Elfinward, Haywards Heath. A wide range of subjects was covered including:-

- Emotional needs and difficulties of expectant Parents
- Preparing for a happy childhood
- The duties and pleasures of Committee Membership
- Attachment of nursing personnel to general practitioners
- Steroids and corticosteroids
- Diabetes and pregnancy, and diabetes in children
- Aids for the disabled; Rehabilitation
- "Teaching"
- Mental Confusion in the elderly - the preventive approach
- Exfoliative cytology

#### Maternity Hospitals

There is an increasing tendency for mothers to be discharged from maternity hospitals on the 7th or 8th day after delivery. Arrangements are still made, at the time of booking, for the discharge of selected mothers 48 hours after delivery, which would appear to be a more satisfactory way of relieving the pressure on maternity beds.

#### General Practitioner Units

After a year of somewhat protracted negotiations, documents have now been exchanged and the scheme for our domiciliary nurse/midwives booking patients for delivery and care by them in Crawley Hospital and for early discharge home to the same midwives' care is being initiated.

#### Training for childbirth

Psychoprophylaxis and relaxation classes continue to be held in conjunction with mothercraft teaching sessions. The amount of publicity given to this subject in the Press has led to considerable demand particularly for psychoprophylaxis.

VACCINATION AND IMMUNISATION (SECTION 26)

Immisation against Diphtheria, Whooping Cough  
Tetanus and Poliomyelitis

In 1964 a Ministry of Health circular was received stating that statistical returns covering vaccinations against diphtheria, whooping cough and poliomyelitis were to be amended for 1965 to show the type of vaccine being used and to incorporate figures for vaccination against tetanus. At the same time the grouping of years of birth has been changed in order to provide more precise information about the ages at which primary courses and reinforcing doses are given. National statistics have been restricted to children who have not reached their sixteenth birthday because it is considered that local authorities will have at their disposal sufficient information to assist them in carrying out their programmes. This suggestion has been adopted in East Sussex and the programme used for immunisation in childhood is:-

<u>* About age</u>	<u>Vaccine</u>
2 months	{ Poliomyelitis Oral First Dose Diphtheria - Tetanus - Whooping Cough First Dose
3 months	{ Poliomyelitis Oral Second Dose Diphtheria - Tetanus - Whooping Cough Second Dose
4 months	{ Poliomyelitis Oral Third Dose Diphtheria - Tetanus - Whooping Cough Third Dose
12 - 24 months	Smallpox
18 - 21 months	{ Diphtheria - Tetanus - Whooping Cough Reinforcing Dose
5 years	{ Poliomyelitis Oral Reinforcing Dose Diphtheria - Tetanus Reinforcing Dose
8 years	{ Smallpox Re-vaccination
10 years	{ Diphtheria - Tetanus Reinforcing Dose
13 years	B.C.G.

\* The ages shown here are intended only as a rough guide: treatment may have to be given at other times

In 1965 arrangements again operated for babies to have their oral poliomyelitis vaccine jointly with their primary courses of triple immunisation which protect them against diphtheria, whooping cough and tetanus. Experience during the year brought no reports of severe reactions to joint triple/poliomyelitis vaccines and the few minor reactions (sore arms or temporary pyrexia) which did occur were no greater than was the case when triple vaccine was used without the administration of oral poliomyelitis vaccine.

For comparison purposes the immunisation work for the past three years is given below:-

<u>Year</u>	<u>PRIMARY COURSES OF IMMUNISATION</u>			<u>REINFORCING INOCULATIONS</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>
1963	4,423	270	398	1,258	7,480
1964	4,987	402	302	3,258	9,781
1965	4,601	293	445	3,730	7,523

(N.B. Primary courses of immunisation for children in the 5 to 15 years age-group normally omit protection against whooping cough, not then necessary and avoiding any reaction which this antigen may cause among children of school age)

It is gratifying to note in regard to the above figures that the total of reinforcing inoculations for the 1 to 4 years age-group approximates the number of children due for their 18 - 21 months triple booster doses. The issue of personal record cards has helped gain co-operation from parents in getting booster doses on time as supplemented by arrangements from the Health Department to issue reminders as doses become due.

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 influence of the family doctor has played no small part in the success of the immunisation scheme.

Talks in welfare centres and to voluntary organizations given by the authority's medical officers together with centrally prepared posters and leaflets advertising the service were used to reinforce the personal approach made by the health visitors. Publicity matter supplied by the Central Council for Health Education and the Ministry of Health has also been very useful in keeping the need for immunisation in the public eye.

#### 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. 1965 saw a complete return to normal for the total of primary vaccinations, which during 1963 and 1964 had been affected by the advice of the Ministry of Health to delay primary vaccination 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. In 1965 the number of children vaccinated under one year of age was 286 (275 in 1964) and at one year of age 2,510 (2,142 in 1964).

#### Poliomyelitis Vaccination

During 1965 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.

138,281 East Sussex residents had received primary courses of poliomyelitis vaccine as at the 31st December, 1965, of which 133,375 had completed the full course of three doses each. 38,503 had reinforcing fourth doses.

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

<u>Year</u>	<u>Children</u>	<u>Total Fourth doses</u>
1963	5,049	3,665
1964	7,552	5,405
1965	6,509	3,727

#### B.C.G. Vaccination Scheme for School Children and Students, 1965

Reported in detail under the School Health Report. (page 45)

#### AMBULANCE SERVICE (SECTION 27)

There has been no change in the organisation and administration during the year and the disposition of vehicles and staff on the 31st December was as follows:-

<u>Main Station</u>	<u>Sub-Station</u>		<u>Full-Time Staff</u>	<u>Vehicles</u>
HOVE		Directly Provided	23 plus one Control Assistant	9
BEXHILL	(Hailsham)	S.J.A.B.	9	3
	(Battle)	S.J.A.B.	6	2
	(Rye)	S.J.A.B.	5	2
		S.J.A.B.	6	2
LEWES		S.J.A.B.	14	5
	Newhaven	S.J.A.B.	3	1
	Uckfield	B.R.C.S.	3	1
	Seaford	Directly Provided	2	1
HAYWARDS HEATH		B.R.C.S.	13	4
	Burgess Hill (Proposed New Station)	-	-	-
EAST GRINSTEAD		B.R.C.S.	6	2
	Crowborough	B.R.C.S.	4	2
			<u>94</u>	<u>34</u>

The parishes of East Sussex adjacent to Kent C.C., Eastbourne C.B. and Hastings C.B., continue to be covered by the ambulance services of those authorities and all emergency calls along our common boundaries are covered by the nearest ambulances to the scene of the emergency.

There has been an increase in full-time staff during the year from 82 to 94 mainly on account of the decreasing numbers of volunteer crews and also the need for a crew of two to cover each ambulance. All five main stations are provided with radio sets which makes it easy to communicate through County Control with all vehicles which are away from their base station, thus saving on time and mileage and creating a more efficient service.

I must again pay tribute to Mr. C. H. E. Bath, County Organiser of the Hospital Car Service and his staff who have continued to carry out their duties in an admirable and efficient manner and during the year a total of 209,340 patients were carried 1,577,099 miles.

During the year a total of 897 patients were conveyed by rail 60,104 miles; this form of travel for patients on long distances is more comfortable, and my thanks are offered to the Control Staff of the British Railways for their help, and also to the Greater London Authority Ambulance Service for their assistance in transferring patients between the London Termini.

With the growth in the numbers of children at Junior Training Centres at Portslade, Cuckfield and Eastbourne, and of older patients at the Senior Centre at Maresfield, the sitting type of ambulance is becoming increasingly important and four extra 14 seater type vehicles were ordered under the ten year plan to cope with this increase of work. The following table shows the number of patients taken to training centres during the past three years.

	<u>Ambulances</u>			<u>Cars</u>		
	<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1963</u>	<u>1964</u>	<u>1965</u>
Children Conveyed	14,027	33,862	34,309	2,460	6,561	15,371
Miles Travelled	67,912	115,145	119,937	40,882	88,003	202,215

A new Geriatric Day Hospital was opened in Hastings during the year when patients were conveyed both by ambulance and Hospital Car Service, and this type of transport will be on the increase when further Day Hospitals will be in operation in Brighton and East Grinstead.

The following table gives a comparison with last year's figures.

	<u>Ambulances</u>		<u>Cars</u>	
	<u>1964</u>	<u>1965</u>	<u>1964</u>	<u>1965</u>
Patients Carried	87,886	90,907	171,388	209,340
Mileage	632,746	630,706	1,364,245	1,577,099

The use of radio in cutting down mileage has been significant since 1961 during which year wireless was used in the control of the Service. The miles per patient has been reduced over the last five years as follows:-

	1961 - 9.4 miles per patient
(Full year in use)	1962 - 9.3 " " "
	1963 - 8.0 " " "
(Radio introduced in all main stations)	1964 - 7.2 " " "
	1965 - 6.8 " " "

At the Annual Conference of the National Association of Ambulance Officers at Eastbourne, Mr. J. W. Limb, the County Ambulance Officer, received the honour of being elected President of the Association.

#### Prevention of Illness, Care and After Care (Section 28)

##### Loan of Equipment

During the year we added to our stock by the purchase of a second hand Alternating Pressure Pad Unit from the Welfare Department in addition to which a new Esicarri Hoist was purchased. Other articles added were:

- 1 P.C.P. Nursing Mattress
- 2 spare slings for use with hoists
- 1 replacement pad for Alternating Pressure Pad Units
- 1 wedge in type bath seat

As the lack of space in the Health Department for storage was becoming acute it was decided to approach the County Civil Defence Officer to see whether it was possible for certain articles to be stored in his depots throughout the county. As a result of the excellent help and co-operation received all equipment not in use has been divided between certain C.D. depots in Haywards Heath, Hailsham, Seaford, Newhaven and East Grinstead. All arrangements for issue of any articles to patients are made from my office so that no extra burden should fall on local Civil Defence personnel.

### Chiropody

At the end of 1965 there were 68 chiropody clinics covering the administrative county providing treatment for about 2,100 patients and tribute must be paid to the voluntary helpers who organise the clinics and cope with the somewhat intricate accounts in order that their approved expenditure for the chiropody service may be reimbursed by the County Council.

### Exfoliative Cytology

In October, 1965, the County Council received the Minister of Health's formal approval to a modification of the Council's approved proposals under Section 28 of the National Health Service Act, 1948, to enable them to provide a service for the collection of cervical smears for cytological diagnostic investigation by hospital authorities and also for breast examination of women attending for cervical smears. Clinics were started at 7 County Clinics in October and by the end of the year 2,512 applications had been received; 47 sessions held and 882 women examined. At the 31st December, 4 smears had been reported as suspicious of cancer. Other abnormalities found were 193 of cervix and vagina and 12 of the breast.

### Medical Social Worker

During the past year the Medical Social Worker has continued to provide after-care for patients referred to her from the Chest Clinics, or from her colleagues in the chest hospitals. Included in her case-load are patients suffering from pulmonary tuberculosis and also patients with chronic chest diseases such as bronchitis, emphysema, asthma and bronchiectasis. All these patients may be referred to the Care Committees, who have now extended the scope of their work to include patients not on the T.B. Register. Other help is also obtained for them from voluntary funds available for particular needs, such as regimental funds or the War Disabled Help Department of the Red Cross and St. John.

The Care Committees have continued to give fuel grants as generously as their limited voluntary funds will permit to the patients referred by the Medical Social Worker, and she has welcomed this policy as increasing fuel costs have meant hardships for patients confined to their homes during the winter months.

The Medical Social Worker has also helped patients suffering from lung cancer for whom she administers the grants awarded by the National Society for Cancer Relief. During the year ended 31st March, 1966, these patients numbered 45 from a total of 278 on the case register and of the 86 new cases referred 26 were cancer patients. Apart from financial help, follow-up visits are appreciated by the patient and his family who are glad of the opportunity to discuss their problems.

### Incontinence Pads Service

"Incontinence pad" is usually understood to mean a mat or pad of material large enough to absorb urine and/or other discharges lost by a patient who while lying in bed cannot exercise normal control. These are placed under the hips and having a waterproof under-layer serve to protect the mattress as well as to add to the patient's comfort. Manufacturers have shown much ingenuity in their design in this and other ways.

In this county such pads are supplied without charge to any patients requiring them; either by the powers given in the National Health Service Act, 1946, Section 25 (Home Nursing) or Section 28 (Prevention of Illness, Care and After-Care) or the National Assistance Act in the case of those who live in old people's homes conducted by the County Council.

Disposal of used pads presents little if any difficulty since in this largely rural county there are few establishments where resort cannot be had to burning or burial.

### Spastics and Epileptics

The number of epileptics and spastics at 31st December, 1965 was 308.

<u>Age Range</u>	<u>Spastics</u>	<u>Epileptics</u>
Under 5 years	6	6
5 - 15 years	14	9
Over 15 years	153	120

214 of the total of 308 are mentally sub-normal this being the major handicap.

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

TABLE A.

	Cataract	Glaucoma	Retro- lental Fibroplasia	Others	Total
(1) Number of cases registered during the year in respect of which para.7(c) of Form B.D.8. recommends:	22 + 19	27 + 8	0 + 0	77 + 62	126 + 89
(a) No Treatment	4 + 6	5 + 0	0 + 0	32 + 18	41 + 24
(b) Treatment	18 + 12	22 + 8	0 + 0	45 + 45	85 + 65
Medical	2 + 0	11 + 2	0 + 0	24 + 9	37 + 11
Surgical	11 + 8	2 + 1	0 + 0	5 + 2	18 + 11
Optical	1 + 3	0 + 0	0 + 0	1 + 9	2 + 12
Ophthalmic					
Medical					
Supervision	7 + 5	15 + 6	0 + 0	22 + 30	44 + 41
(2) Number of cases at (1)(b) above which on follow-up action have received treatment	13 + 8	21 + 8	0 + 0	43 + 42	77 + 58
(3) Number of cases which have not received treatment	5 + 5	1 + 0	0 + 0	2 + 2	8 + 7

TABLE A of the figures set out in the two columns, the first column relates to blind persons and the second to partially-sighted.

Whole of East Sussex (excluding Hove).

The increase in the total number of persons examined for registration as blind or partially-sighted reported last year is still maintained.

The total numbers of examinations being as follows:-

Year ended	
31st December, 1963	158
31st December, 1964	207
31st December, 1965	215

It is difficult to account accurately for the marked increase in numbers of people being referred for registration, though it is probable that the high proportion of elderly persons in the population of East Sussex is one factor. Other factors may be a wider knowledge of services and facilities on the part of the public and members of official bodies, and also the special tax concession now available to registered blind persons.

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

7	moved out of the area
5	general health made treatment inadvisable
2	died
1	refused treatment
1	treatment is pending
1	treatment deferred because of poor prognosis
1	is under investigation

Ages at which Registered

Blind Register

	Age groups	Number
(1)	0 - 15	2
(2)	16 - 64	16
(3)	65 & over	108
		<u>126</u>

Partially-Sighted Register

	Age groups	Number
(1)	0 - 15	1
(2)	16 - 64	12
(3)	65 & over	76
		<u>89</u>

Blind Causes Group (1)

Cataract  
Papilloedema (has since died)

Partially-Sighted Causes Group (1)

Dislocation of lenses.

TABLE B  
OPHTHALMIA NEONATORUM

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

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.

MENTAL HEALTH

NATIONAL HEALTH SERVICE ACT, 1946. (SECTION 28)

MENTAL HEALTH ACT, 1959

Development of Mental Health Services

Attention during the past year has been largely focused upon the equipping and opening of the first purpose built adult training centre at Clarendon Place, Portslade-by-Sea. It has been named Belgrave Training Centre, to perpetuate the name Belgrave Square which was cleared to make way for industrial development including the Training Centre. It was not officially opened during the year under review but the ceremony took place in February of this year. The scope of the work at Belgrave will be referred to later.

Hostel development has continued under arrangements made by the Welfare Services and Children's Committees and there will be further references to establishments which have been opened.

The Ten Year Plan was again reviewed in the light of government postponement of building schemes, the most important being the delay of six months in the erection of the Burgess Hill Training and Rehabilitation Centres which could not, therefore, be started in the year under review.

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, Senior Medical Officer for Mental Health, undertakes the day to day administration of the service, assisted by the Chief Administrative Mental Welfare Officer. Office accommodation in the East Grinstead area has been obtained and a system is being evolved for area administration. A total of 14 Mental Welfare Officers are engaged in field work in the County and the Hove delegation has 3. There are 2 Mental Welfare Officers engaged mainly in administration at central office. The home teaching staff remains at 2 and there will be reference later to their activities.

Mental Nursing Homes and Residential Homes

There are still 2 mental nursing homes with powers to detain patients and 4 that may receive informal patients registered in the County. Two of the latter establishments are ancillary premises of one of the mental nursing homes. There has been an increase in the number of beds in these establishments which now provide for a maximum number of 245 detained patients out of a total of 389 beds. The number of patients actually detained on the 31st December was 30 while 149 patients were receiving care and treatment informally. Officers of my department continue to visit on behalf of the Welfare Services Committee, 26 establishments registered or liable to registration which provide residential accommodation for mentally disordered persons. These include certain Guardianship Society foster homes.

Mental Illness

The sources of referral are set out below, together with comparative figures for the previous year. There has been a steady increase in numbers of persons receiving community care:-

	<u>1965</u>	<u>1964</u>
General Practitioners	208	118
Hospitals, on discharge from in-patient treatment	91	69
Hospitals, after or during out-patient or day treatment	97	67
Police and Courts of Law	19	17
Other sources	58	61

At the end of the year there were 392 cases of mental illness receiving active help compared with 263 at the end of the year 1964. This indicates a considerable increase in preventive and rehabilitation work.

Psychopathy

Only one classified psychopath is now on the register, a young married woman of 29, who is suffering from a personality change consequent upon a head injury when she fell from a fourth floor window. She is likely to remain awkward, irresponsible and mildly aggressive, and will no doubt continue to require support and encouragement as will the rest of the members of her family.

Mental Sub-normality and Severe Sub-normality

During the year 124 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 and details are given below:-

	<u>1965</u>	<u>1964</u>
General Practitioners	17	6
From hospitals, on discharge from in-patient treatment	10	16
Hospitals, after or during out-patient or day treatment	5	5
Local Education Authorities	37	30
Police and Courts of Law	4	-
Other sources	51	34

At the end of the year 1964, 550 mentally sub-normal and severely sub-normal persons were under community care as compared with 669 at the end of the year under review.

#### Hospital Admission Arrangements

At the 31st December, 1965 only 6 mentally sub-normal patients were awaiting vacancies in hospital out of the total in the county of 669. The Ministry of Health have laid down criteria for hospital care which now covers a narrower field, and the smaller numbers are also the result of expanding community services. Short-term care was arranged during the year for 41 patients. Twenty-three of these went to Regional Hospital Board establishments, 6 to Local Authority residential accommodation and 12 elsewhere.

#### Occupation and Training

The situation at the end of the year was as follows:-

##### Junior Training Centres

#### "Court Meadow", Cuckfield

The number of trainees in attendance rose from 52 at the end of 1964 to 66 at the end of the autumn term. This would have meant overcrowding in the main building but it was possible to utilise temporary accommodation at Horsgate Nursery which stands in the same curtilage. A Special Care Unit is planned as an extension to "Court Meadow" to cope with the significant number of children suffering from multiple handicaps and low intelligence.

#### "Hillside", Portslade

The Centre is still not functioning to capacity and it has still not been possible to obtain a site for a hostel to provide for attendance of children coming from a distance.

#### Eastbourne Area

The position continues unchanged at "Hazel Court" Junior Training Centre, Shinewater Lane, Eastbourne. Seven children from the eastern and northern outskirts of the county are boarded in the related hostel on a Monday to Friday basis. There is a total of 30 trainees from the County attending this centre.

#### Hastings Area

At the end of the year there was still no change in the situation. Four children still attend the Athelstan Road Centre in Hastings which caters for all ages.

#### Speech Therapy

Part-time Speech Therapy has been provided at the two Junior Training Centres. Forty children have received this during the last quarter of the year. Some degree of speech improvement has already been noted.

##### Adult Training Centres

#### Burgess Hill

It was hoped that building would have commenced at the end of the year under review or quite soon after but this project has, in common with others, been deferred owing to the national economic situation.

#### Belgrave Training Centre, Portslade

This establishment, purpose built for 60 trainees, received its first intake in May and there was a steady increase in numbers until more than 60 trainees were in regular attendance. The early intakes were largely occupied in completing the layout of the grounds and surrounds and in constructing benches, etc., in the workshops. Varied contract work has been obtained, largely through the efforts of Mr. L. Shepherd, the Superintendent, and the variety of processes and tools employed has, of course, been very helpful in developing the latent abilities of the trainees. Some of the contract activities are listed below:-

- Construction of large numbers of seed boxes from timber off-cuts.
- Staining and polishing of watch straps.
- Assembly and packaging of air filters for internal combustion engines.
- Assembly of plastic display materials.
- Partial manufacture and final assembly of eyes for soft toys.
- Construction of notice boards and items of equipment for a number of County establishments.
- Chopping and selling firewood.

Trainees all travel to the Centre by normal public transport facilities.

Every effort has been made to further the social training of the patients and there are regular classroom sessions. The dining facilities are of the factory canteen type and the trainees make payment for their meals in the ordinary way, and "clock on" and "clock off" each day. The establishment maintains normal factory hours and is open all the year round except for statutory holidays.

#### Temporary Facilities

##### Work Centres

It is the intention of the County Council to set up work centres to provide sheltered employment for mentally handicapped persons and most of these will be in purpose built premises. Until they are in being the two home teachers have concentrated their activities in running two work groups in hired halls at Maresfield and Wadhurst. The performance of contract work for outside firms will in future be the main activity of the groups.

##### Residential Facilities

##### "Albany Court," Bexhill

This Home is provided by the Welfare Services Committee for the rehabilitation of mentally ill persons. During the year 32 patients have been admitted and 30 have been discharged. Of the discharges the duration of stay varied from one day to 12 months, with a peak at 2 - 3 months. Patients of all diagnostic groups were admitted and successful rehabilitation appears independent of the nature of duration of illness. Age on admission varied from 18 - 66, with about half of the residents in the 50 - 60 age group. Approximately half came direct from hospital and half from social workers in the community but all had at some time been in a mental hospital. Using as a criterion of success, a return to a normal home life or a satisfactory residential employment, 21 of the 30 discharges have been successful. The others were transferred to long-stay residential accommodation or returned to hospital.

##### "Hillcrest," Portslade

This Home, provided by the Welfare Services Committee for 35 elderly mentally infirm women, was full very soon after opening in January and has remained so ever since.

##### Hostel, 223 Old Shoreham Road, Portslade

This establishment continues to provide care for 10 mentally sub-normal men who are boarded there whilst receiving training at the Belgrave Training Centre.

##### 92 Cromwell Road, Hove

These very suitable premises were the subject of a Compulsory Purchase Order and it is intended to provide hostel accommodation there for 15 mentally sub-normal women who will attend the Belgrave Training Centre. A Public enquiry was held as there were objections to the proposals but the Minister upheld the acquisition.

##### "Tentercroft," Cuckfield

This hostel for 10 sub-normal children has continued to provide residential accommodation for children attending "Court Meadow". It has also been used for the short-term care of children during periods of domestic crisis.

##### "Orchard House," Cuckfield

This purpose-built Hostel for 10 mentally sub-normal children receives trainees with more severe handicaps, physical or mental, who either have no homes or cannot travel daily from their homes to "Court Meadow" Junior Training Centre. It opened in September and has had a high level of occupancy since then.

#### Voluntary Societies

There are 6 local Societies for Mentally Handicapped Children in East Sussex. The Mid-Sussex Society and the Brighton and Hove Society have helped considerably in the organisation of the Parent/Teacher Associations at "Court Meadow," Cuckfield, and "Hillside," Portslade. The Societies are, I am sure, a great boon to parents of mentally handicapped persons who can obtain very real help and advice from each other through the Societies' activities.

The East Grinstead and District Association for Mental Health continue to run their Hostel for women suffering from mental illness. They can receive 14 patients and there is a resident warden. The building has been extended to provide comfortable recreational facilities and a therapeutic social club meets there.

The British Red Cross Society continues to interest itself in the social activities of the mentally disordered. Clubs are in existence as outlined below:-

##### Bexhill

This is open on 4 days a week and at the end of the year 15 patients were in attendance.

##### Burgess Hill

There is a Wednesday evening club with 22 members in attendance at the end of the year, with day sessions on Fridays.

##### Lewes

This is held on Wednesday afternoons and had an average attendance of 14 members during the year.

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

The twelve months ended 31st December, 1965 has produced another substantial increase in the number of cases covered by the service.

Below is a table showing comparative figures for years 1965 and 1964, and it will be seen that the category showing the greatest increase is, once again, that of the elderly.

	Aged 64 and over	Chronic sick and T.B.	Mentally Disordered	Maternity	General Sickness	Total
1965	1813	157	33	474	305	2782
1964	1481	199	38	509	237	2464

It is those people in the aged section of the community who will continue to need the service in increasing numbers.

It was expected that the maternity figures might show an increase in 1965, mainly because of the increase in early discharge cases following hospital confinement. Surprisingly enough, however, this has not happened, and it is therefore safe to assume that members of the family are still helping with the short-time, normal confinements.

The difficulties experienced in keeping the panel of home helps up to strength do not grow less with time. However, this difficulty varies in intensity throughout the County, for example, Bexhill, Seaford, Haywards Heath, and certain rural areas, continue to be a source of worry. It is especially difficult in these areas to find women who are willing to give more than a few hours a week. This often means that the provision of the service to maternity and problem family cases tends to be related more to the availability of staff, rather than to the needs of the cases.

Though it is true to say that few, if any, appeals for help go unanswered, it is a fact that in some cases the need is unfortunately met too late. It was found that in some areas general practitioners and nursing staff did not ask for the service, mainly on the grounds that "it would be a waste of time". Fortunately, however, this attitude is much less prevalent than in the past, and it is hoped will soon be completely overcome.

Below is a table showing the relative staff position in 1964 and 1965.

YEAR	COUNTY OFFICE	DISTRICT VISITING AND SUPERVISORY	HOME (Equivalent HELPS Wholetime)
1965	County Organiser Deputy County Organiser	46 (W.V.S.)	190.5
1964	County Organiser Deputy County Organiser	41 (W.V.S.)	177

Once again there has been an increase in the number of W.V.S. Area Specialists, who supervise the day-to-day running of the service, and who are directly responsible for the recruiting and placing of the home helps.

It is worth noting that whereas in some services voluntary sources of help are tending to become more difficult to find, they are still answering appeals in connection with this one. This is even more remarkable when it is understood that the work involved is both time consuming and, very often, fraught with anxiety, and where little public recognition is received. Further, the turnover in Area Specialists is negligible, and those who leave, only do so for reasons of ill-health or because they have gone to live elsewhere.

During a W.V.S. Rally which was held in Heathfield in June, 1965, a special point was made of presenting all the Area Specialists individually to Lady Reading. This gesture was very much appreciated, both by the County Staff and the volunteer visitors.

The policy of splitting areas, as the volume of work increases, is proving to be satisfactory, and it is recommended that it should be continued.

Co-operation between the Home Help Section and the Nursing Services, together with other Statutory and Voluntary Departments, continues to be most satisfactory, and there is no doubt that the efficient working of this service depends to a large extent on constant discussion and co-operation with all Social and Medical-Social workers who are connected with the running of the Health Service.

The foregoing report of the Home Help Service does not include the Urban District of Portslade which for administrative convenience is covered by the staff serving the Borough of Hove which has delegated powers. The number of patients receiving help in Portslade was 83, of whom 51 were over 65 years of age.

### MEDICAL EXAMINATIONS

Four hundred and fifty-two medical examinations were carried out and 1,502 health statements were considered during 1965. The figures for 1964 were 370 and 1,199 respectively. Two hundred and seventy-eight of the medical questionnaires were for canteen workers. Chest x-ray examinations were arranged for most of the candidates:

Medical examinations were carried out as follows:-

By whole-time Medical Officers	141
By part-time Medical Officers	195
By general practitioners	116

### REGISTRATION OF NURSING HOMES

The number of Registered Nursing Homes in the Authority's area (outside the Borough of Hove) at the end of 1965 was 22, four having closed during the year. This reduced the total of beds available to 347, the reduction being offset to some extent by a few existing homes increasing their numbers of beds.

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

### NURSING AGENCIES

One Nursing Agency closed reducing these to three.

### NURSERIES AND CHILD MINDERS REGULATION ACT 1948

At the end of 1965 there were 46 premises with 1,070 places and 19 daily minders with 193 places, the corresponding figures for 1964 being 34 premises and 20 daily minders.

TABLE I  
VITAL STATISTICS RELATING TO MOTHERS AND CHILDREN 1965

The County of East Sussex	Live Births		Illegitimate live births per cent of total live births	Stillbirths		Total live and still births	Infant Mortality Rate		Neo natal mortality rate (deaths under 1 year) per 1000 live births	Early Neo natal mortality rate (deaths under 1 week) 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					
	5661	15.21	8.19	73	15.45	5674	14.31	13.06	9.48	8.62	20.54	3	5.1

\*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 1965  
TABLE 11 - LIVE BIRTHS, STILLBIRTHS AND DEATHS

District	Area in statute acres (land and inland water)	Population estimated by Registrar General Mid. 1965	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	Standard-lead rate	Number	Crude Rate per 1000 population	Rate per 1000 total births	Number	Rate per 1000 live births	Number	Rate per 1000 live births	Number	Rate per 1000 live births	Number	Crude rate per 1000 population	Standard-lead rate	Number	Crude rate per 1000 population
<b>Urban Areas:</b>																			
Bechill M.B.	7993	31,500	272	8.63	15.02	3	10.91	6	22.06	3	18.38	5	18.38	627	19.75	8.89	1	8.89	.03
Burgess Hill U.D.	2026	16,100	359	22.30	22.52	4	5.54	4	11.14	4	11.14	2	5.57	141	8.76	9.06	-	-	-
Chichester U.D.	2911	23,080	361	16.55	18.04	4	10.39	8	20.99	2	5.25	2	5.25	293	12.73	8.53	-	-	-
Chorfield U.D.	6600	36,610	304	18.50	18.48	4	12.99	4	12.99	3	9.87	11	18.26	258	13.61	10.34	1	.06	.06
East Grinstead U.D.	7546	73,030	897	12.28	16.70	12	13.20	15	18.72	11	18.72	11	18.72	1508	20.62	11.12	3	.06	.06
Hove M.B.	1752	14,000	210	14.98	27.12	2	7.14	7	24.56	-	-	-	-	179	12.77	12.78	2	.18	.18
Itchen M.B.	1951	17,500	480	27.43	20.82	3	7.75	7	12.42	4	23.40	4	23.40	198	11.37	11.37	1	.11	.11
Portsmouth U.D.	1051	17,580	57	3.25	20.82	1	7.75	1	10.42	1	10.42	1	10.42	52	11.82	9.68	1	.23	.23
St. Leonards U.D.	1057	4,600	57	12.95	15.28	1	7.75	1	17.56	-	-	-	-	52	11.82	9.68	1	.23	.23
Seaford U.D.	1274	14,450	160	11.07	22.47	4	28.39	1	17.56	-	-	-	-	241	16.67	8.33	-	-	-
<b>Totals:</b>	<b>35,493</b>	<b>220,300</b>	<b>3189</b>	<b>14.50</b>	<b>18.42</b>	<b>35</b>	<b>10.86</b>	<b>51</b>	<b>15.99</b>	<b>33</b>	<b>10.35</b>	<b>30</b>	<b>9.41</b>	<b>3562</b>	<b>16.26</b>	<b>9.92</b>	<b>9</b>	<b>.04</b>	<b>.04</b>
<b>Rural Districts:</b>																			
Chichester	117,147	81,910	508	12.67	16.46	3	7.68	7	17.59	4	10.05	4	10.05	127	15.58	9.92	3	.09	.09
Chorfield	70,996	25,600	589	15.30	10.10	1	10.10	1	12.67	1	12.67	2	12.67	461	17.98	6.72	2	.08	.08
Hailsham	54,868	34,950	503	14.38	15.82	7	13.71	2	13.08	2	13.08	2	13.08	359	10.56	6.45	3	.06	.06
Uckfield	112,096	48,230	612	12.69	15.86	14	22.46	6	9.80	4	6.54	4	6.54	858	17.58	10.27	3	.06	.06
<b>Totals:</b>	<b>459,090</b>	<b>187,850</b>	<b>2612</b>	<b>13.90</b>	<b>17.10</b>	<b>36</b>	<b>13.89</b>	<b>12</b>	<b>16.90</b>	<b>7</b>	<b>9.86</b>	<b>5</b>	<b>7.66</b>	<b>637</b>	<b>13.52</b>	<b>9.59</b>	<b>6</b>	<b>.04</b>	<b>.04</b>
<b>Whole County</b>	<b>494,583</b>	<b>408,150</b>	<b>5801</b>	<b>14.21</b>	<b>17.76</b>	<b>75</b>	<b>12.43</b>	<b>63</b>	<b>14.31</b>	<b>55</b>	<b>9.48</b>	<b>50</b>	<b>8.62</b>	<b>6376</b>	<b>15.62</b>	<b>9.84</b>	<b>17</b>	<b>.04</b>	<b>.04</b>

\* The rate for England and Wales was 18.4 (live births) and 11.5 (deaths)

TABLE III  
 NUMBER OF DEATHS AT DIFFERENT PERIODS OF LIFE IN  
 THE ADMINISTRATIVE COUNTY DURING THE YEAR 1965

Sex	Urban Districts										Rural Districts											
	All Ages	Under 4 Weeks	1 - 5	5 - 15	15-25	25-35	35-45	45-55	55-65	65-75	75 and over	All Ages	Under 4 Weeks	1 - 5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	75 and over
Males	1624	18	5	2	12	10	21	82	246	520	701	1372	13	6	9	18	12	18	68	226	418	577
Females	1958	15	5	3	6	5	26	59	177	467	1185	1422	9	6	3	3	7	25	59	127	309	869
TOTALS	3582	33	10	4	18	15	47	141	423	987	1886	2754	22	14	12	21	19	43	127	353	727	1446



TABLE IV (b)

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1965 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	Quekfield	Halleham	Uckfield
1. Tuberculosis, Respiratory	-	-	-	-	-	-	-	-	-	3	8	-	-	-	-	-	-
2. Tuberculosis, Other	-	-	-	-	-	-	-	-	-	2	4	-	-	-	-	-	-
3. Syphilitic Disease	-	-	-	-	-	-	-	-	-	2	4	-	-	-	-	-	-
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal Infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	8	8	-	-	-	-	-	-
9. Other Infective and Parasitic Diseases	-	-	-	-	-	-	-	-	-	18	45	-	-	-	-	-	-
10. Malignant Neoplasm, Stomach	-	-	-	-	-	-	-	-	-	10	122	-	-	-	-	-	-
11. Malignant Neoplasm, Lung, Bronchus	-	-	-	-	-	-	-	-	-	34	122	-	-	-	-	-	-
12. Malignant Neoplasm, Breast	-	-	-	-	-	-	-	-	-	14	62	-	-	-	-	-	-
13. Malignant Neoplasm, Uterus	-	-	-	-	-	-	-	-	-	2	14	-	-	-	-	-	-
14. Other Malignant and Lymphatic Neoplasms	-	-	-	-	-	-	-	-	-	86	277	-	-	-	-	-	-
15. Leukaemia, Aenkaemia	-	-	-	-	-	-	-	-	-	5	18	-	-	-	-	-	-
16. Diabetes	-	-	-	-	-	-	-	-	-	7	23	-	-	-	-	-	-
17. Vascular Lesions of Nervous System	-	-	-	-	-	-	-	-	-	15	471	-	-	-	-	-	-
18. Coronary Disease, Angina	-	-	-	-	-	-	-	-	-	312	471	-	-	-	-	-	-
19. Hypertension with Heart Disease	-	-	-	-	-	-	-	-	-	247	547	-	-	-	-	-	-
20. Other Heart Disease	-	-	-	-	-	-	-	-	-	182	322	-	-	-	-	-	-
21. Other Circulatory Disease	-	-	-	-	-	-	-	-	-	28	52	-	-	-	-	-	-
22. Influenza	-	-	-	-	-	-	-	-	-	18	362	-	-	-	-	-	-
23. Pneumonia	-	-	-	-	-	-	-	-	-	10	113	-	-	-	-	-	-
24. Bronchitis	-	-	-	-	-	-	-	-	-	70	113	-	-	-	-	-	-
25. Other Diseases of Respiratory System	-	-	-	-	-	-	-	-	-	117	170	-	-	-	-	-	-
26. Ulcer of Stomach and Duodenum	-	-	-	-	-	-	-	-	-	36	92	-	-	-	-	-	-
27. Gastritis, Enteritis and Diarrhoea	-	-	-	-	-	-	-	-	-	11	35	-	-	-	-	-	-
28. Nephritis and Nephrosis	-	-	-	-	-	-	-	-	-	19	33	-	-	-	-	-	-
29. Hyperplasia of Prostate	-	-	-	-	-	-	-	-	-	7	11	-	-	-	-	-	-
30. Pregnancy, Childbirth, Abortion	-	-	-	-	-	-	-	-	-	5	9	-	-	-	-	-	-
31. Congenital Malformations	-	-	-	-	-	-	-	-	-	12	12	-	-	-	-	-	-
32. Other Defined and Ill-Defined Diseases	-	-	-	-	-	-	-	-	-	8	19	-	-	-	-	-	-
33. Motor Vehicle Accidents	-	-	-	-	-	-	-	-	-	24	191	-	-	-	-	-	-
34. All Other Accidents	-	-	-	-	-	-	-	-	-	4	29	-	-	-	-	-	-
35. Suicide	-	-	-	-	-	-	-	-	-	25	44	-	-	-	-	-	-
36. Homicide and Operations of War	-	-	-	-	-	-	-	-	-	1	18	-	-	-	-	-	-
All Causes	22	10	14	12	21	19	43	127	353	727	2794	497	463	359	838	637	

TABLE V

CASES OF NOTIFIABLE DISEASES OCCURRING DURING THE YEAR 1965

	Total for Administrative County	TOTAL NUMBERS OF NOTIFIABLE DISEASES IN EACH DISTRICT																	
		BOROUGHS					URBAN DISTRICTS					RURAL DISTRICTS							
		Box Hill	Hove	Leaves	Rye	Totals	Burgess Hill	Quokfield	East Grinstead	Newhaven	Portlade-by-Sea	Seaford	Totals	Battle	Chalvey	Quokfield	Halleham	Uckfield	Totals
Scarlet Fever	195	58	28	1	4	91	1	7	2	1	13	-	23	15	10	22	11	23	81
Whooping Cough	76	3	10	1	1	30	6	1	9	1	12	-	29	2	1	-	10	4	17
Acute Poliomyelitis - Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis - Non-Paralytic	4963	340	765	89	15	1209	325	420	113	59	351	318	1586	341	336	509	640	342	2168
Measles	37	-	10	6	3	19	-	1	1	1	5	-	8	1	1	1	5	2	10
Diphtheria	129	-	83	4	-	87	-	-	-	-	3	-	3	-	-	-	-	26	39
Acute Pneumonia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis - Infective	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis - Post Infectious	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Paratyphoid Fever	11	-	-	-	-	4	1	1	-	-	-	1	3	2	-	1	1	1	4
Erysipelas	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Meningococcal Infection	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Puerperal Pyrexia	49	1	-	-	-	1	1	38	-	-	-	-	39	1	2	4	-	2	9
Opthalmia Neonatorum	16	-	-	-	-	1	8	-	-	-	-	-	9	-	-	-	-	-	7
Infective Hepatitis	16	-	-	-	-	5	1	1	-	-	-	-	2	-	-	7	-	3	9
Food Poisoning	70	5	16	8	1	30	1	4	1	3	2	2	14	5	6	6	3	3	26
Tuberculosis - Respiratory	1	1	1	1	1	7	-	-	-	-	-	-	2	-	1	1	-	1	6
Tuberculosis - Meninges	15	1	5	1	-	7	-	1	1	-	-	-	2	2	1	-	-	1	6
Tuberculosis - Other Forms	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1
Malaria	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1
<b>TOTALS</b>	<b>5,582</b>	<b>408</b>	<b>934</b>	<b>119</b>	<b>24</b>	<b>1485</b>	<b>343</b>	<b>475</b>	<b>127</b>	<b>65</b>	<b>388</b>	<b>321</b>	<b>1719</b>	<b>369</b>	<b>364</b>	<b>561</b>	<b>677</b>	<b>407</b>	<b>2378</b>

TABLE VI  
VACCINATION AGAINST SMALLPOX

NUMBER OF PERSONS VACCINATED (OR REVACCINATED) DURING THE YEAR 1965

District	Age under 1 year		Age 1 year		Age 2 to 4 years		Age 5 to 15 years		TOTALS ALL AGES	
	Vaccinated	Revsc- cin- ated	Vaccinated	Revsc- cin- ated	Vaccinated	Revsc- cin- ated	Vaccinated	Revsc- cin- ated	Vaccinated	Revsc- cin- ated
<b>Boroughs</b>										
Bexhill	10	-	123	1	23	9	2	80	158	90
Hove	12	-	314	2	48	15	16	114	390	131
Lewes	6	-	85	-	31	-	8	15	130	15
Rye	5	-	21	6	3	3	8	7	37	16
<b>Urban Districts</b>										
Burgess Hill	15	-	236	-	39	1	7	13	297	14
Cuckfield	14	-	195	-	36	4	13	57	258	61
East Grinstead	85	-	135	-	35	5	14	50	269	55
Newhaven	2	-	91	-	34	-	1	7	128	7
Portslade	4	-	219	-	28	5	10	19	261	24
Seaford	4	-	64	1	32	2	9	38	109	41
<b>Rural Districts</b>										
Battle	8	-	153	-	47	3	9	63	217	66
Chailley	19	-	172	-	54	1	6	27	251	28
Cuckfield	24	-	244	-	64	1	11	88	343	89
Hailsham	71	-	266	-	51	-	21	50	409	50
Uckfield	7	-	192	-	90	2	15	84	304	86
<b>TOTALS</b>	286	-	2510	10	615	51	150	712	3561	773

TABLE VII

## MENTAL HEALTH STATISTICS FOR 1965

PREMISES PROVIDED AT 31st DECEMBER 1965

East Sussex  
(Excluding Hove M.B.)

Age group provided for	Mental category provided for	Day centres/day training centres including special care units			Residential training Centres		Social Clubs or centres		Homes and hostels	
		Number of centres (1)	Number of places (2) (3)		Number of centres (4)	Number of places (5)	Number of clubs or centres (6)	Number of places (7)	Number of homes or hostels (8)	Number of places (9)
1. Under 16	(a) Mentally ill	-	-	/	-	-	-	-	-	-
	(b) Mentally Subnormal	2	120	/	-	-	-	-	2	20
2. 16 and over	(a) Mentally ill	-	/	-	-	-	6	100	2	56
	(b) Mentally Subnormal	1	/	60	-	-	-	-	1	10
3. Juniors and Adults	(a) Mentally ill	-	-	-	-	-	-	-	-	-
	(b) Mentally Subnormal	-	-	-	-	-	-	-	-	-
4.	Total	3	120	60	-	-	6	100	5	86

5. Special units included in 1 - 4 above providing for the severely subnormal with gross physical handicaps or gross behaviour difficulties	Units functioning as Group within Day Training centres		Self contained units independent of Day Training	
	(a) Number of Units	(b) Number of Places	(a) Number of Units	(b) Number of Places
	-	-	-	-

TABLE VIII

NATIONAL HEALTH SERVICES ACT, 1946, AND MENTAL HEALTH ACT, 1959  
 MENTAL HEALTH STATISTICS FOR 1965 (EXCLUDING HOME DELEGATION)

	Mentally ill				Psychopathic				Subnormal				Severely Subnormal				Total subnormal and severely subnormal		Grand Total of Cols. (1)-(16)				
	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	F	(2)	(3)	M	F	(5)	(6)	M	F	(8)	(7)	M	F	(10)	(11)				M	F	(13)	(14)
Number of patients under L.M.A. care at 31.12.65	-	-	54	258	-	-	-	-	1	5	4	105	112	76	61	135	171	146	523	1062			
Total number	-	-	54	258	-	-	-	-	1	5	4	105	112	76	61	135	171	146	523	1062			
Attending day training centre	-	-	1	7	-	-	-	-	-	1	2	10	7	60	53	28	20	116	65	189			
Awaiting entry thereto	-	-	31	21	-	-	-	-	-	2	1	2	9	6	2	11	27	11	49	112			
Resident in residential training c.c.o.	-	-	2	-	-	-	-	-	-	-	-	-	-	-	1	-	4	1	4	7			
Awaiting residence therein	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1			
Receiving home training*	-	-	10	12	-	-	-	-	-	-	-	5	10	1	-	10	47	1	72	115			
Awaiting home training	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	4	-	5	6			
Resident in L.A. home/hostel	-	-	-	46	-	-	-	-	1	1	1	6	1	16	11	6	1	29	14	89			
Awaiting residence in L.A. home/hostel	-	-	3	37	-	-	-	-	-	-	2	11	4	-	-	6	27	4	46	80			
Resident at L.A. expense in other residential homes/hostels	-	-	3	10	-	-	-	-	-	-	1	8	1	-	-	4	28	1	41	55			
Resident at L.A. expense by boarding out in private household	-	-	-	2	-	-	-	-	-	-	-	1	-	-	-	7	15	-	25	27			
Receiving home visits and not included under (b) to (e); - Suitable to attend a training centre	-	-	-	-	-	-	-	-	-	1	-	8	4	2	2	3	14	5	29	34			
Others	-	-	75	178	-	-	-	-	1	1	1	72	76	5	3	72	44	10	264	528			

\* Mental illness cases classified here are attending day groups run by Home Teachers and others.







SCHOOL HEALTH SERVICE  
MEDICAL INSPECTION AND TREATMENT

Staffing

The year has seen many changes. I have already referred to the retirement of my predecessor, Dr. Langford. Both the Medical Officer and Deputy Medical Officer to the Borough of Hove are new this year, as also is the Medical Officer of Health at Bexhill. A vacancy for one Assistant Medical Officer arose shortly before the year's end. A new appointment, of Senior Medical Officer for School Health, was made necessary by the growth and scope of the service during recent years.

The year closed with a full complement of Speech Therapists, one post having been vacant for eight months.

Mr. Watts was appointed as Adviser in the Education of the Deaf on January 1st, a new appointment made by the Local Education Authority.

Schools -

The number of maintained schools in the county is <sup>212</sup>~~214~~, comprising:-

Grammar Schools	..	..	..	9
County Secondary Schools	..	..	..	32
Primary Schools	..	..	..	167
Special Schools	..	..	..	4

The number of children on the registers of the Authority's schools during the Autumn Term, 1965, was 45,301.

Introduction

During 1965 there were no changes in the general system of school medical inspection. Children are examined three times in their school career - at the ages of 5+ years, 10+ years and 14+ years. Annual visits by the School Medical Officer and School Nurse are made to schools to conduct these examinations. Those children in whom defects requiring treatment or observation are discovered are re-examined at follow-up visits conducted at six-monthly intervals.

An interesting, yet oblique comment on these arrangements is made by Dr. Waugh who says:-

"I find it useful to be able to drop in on a school for an audiometry or employment visit. Head Teachers often have something to mention which they might have forgotten by the time a routine inspection occurs, but about which they might not write a special letter to the Health Department. Six months is a long time to be completely out of contact with a school."

As previously reported, termly visits were introduced on an experimental basis in one large primary school. Of this experiment Dr. Surtees has commented:-

"The trial has worked well for all concerned. It has meant that all entrants could be seen in their first term at school and all leavers in their last. In addition, children with defects could be seen termly if their condition required it. With limited accommodation, the Headmaster felt school routine was less disorganised by more frequent, shorter inspections, than by annual visits lasting up to a week's duration. The School Nurse also found it easier if her school work was limited to 1-2 days at a time, rather than a full week which disorganised her other work and necessitated help from her colleagues."

Medical Inspections

The statistical tables given at the end of this report are in accordance with the requirements of the Department of Education and Science.

Table No. 1                      Numbers seen at Medical Inspection  
(figures for 1964 are given for comparison)

	<u>1965</u>	<u>1964</u>
Routine	12,695	11,233
Special	552	909
Re-examination	8,730	11,069

The apparent sharp decrease in the number seen at special examinations is accounted for by a change in the method of recording these examinations.

The increase in the numbers seen for periodic medical examinations reflects the increasing school population. These increased numbers have to some degree been at the expense of the numbers of re-examinations which it has been possible to conduct.

Minor ailment clinics as such have ceased to play the important part they did prior to the introduction of the National Health Service. The minor ailment clinics are now used for the examination of special cases. This affords time for discussion of problems which is often impossible at a busy school medical session.

Table 2. Defects found by medical inspection during 1965  
(figures for 1964 are given for comparison)

Defect or disease	Number of defects					
	Requiring treatment		Requiring observation		Total	
	1965	1964	1965	1964	1965	1964
Skin	139	121	249	198	388	319
Eyes a. Vision	704	604	1,561	1,209	2,265	1,813
b. Squint	88	64	135	119	223	183
c. Other	28	19	37	40	65	59
Ears a. Hearing	83	72	196	149	279	221
b. Otitis Media	21	14	62	43	83	57
c. Other	5	17	14	20	19	37
Nose & Throat	143	135	478	434	621	569
Speech	62	38	136	117	198	155
Lymphatic Glands	3	3	101	89	104	92
Heart	33	38	131	103	164	141
Lungs	24	40	249	226	273	266
Developmental						
a. Hernia	19	18	51	44	70	62
b. Other	46	32	309	277	355	309
Orthopaedic						
a. Posture	25	56	165	150	190	206
b. Feet	71	91	377	292	448	383
c. Other	55	55	295	210	350	265
Nervous System						
a. Epilepsy	10	7	46	34	56	41
b. Other	9	8	48	46	57	54
Psychological						
a. Development	97	60	500	447	597	507
b. Stability	20	25	311	240	331	265
Abdomen	17	9	61	52	78	61
Other	113	93	187	148	300	241

The increased number of defects found are consequent upon the greater number of children examined and a comparison of the percentage of children with defects requiring treatment shows that in fact there was a slight decrease.

Table 3. Numbers and Percentage of children with defects requiring treatment

	1965	1964
No. of children examined	12,695	11,233
No. of children with defects requiring treatment	1,586	1,498
% of children requiring treatment	12.5	13.3

The physical condition of children was good and in only 0.20% of children examined was the physical condition considered to be unsatisfactory. This is a decrease from last year (0.23%) but the minor fluctuations shown in the recording of this figure to two places of decimals must be considered to be within the limits of chance variation.

To-day obese children are of as much concern as those children of an unsatisfactory physical state. In one sense these children may be considered of unsatisfactory physical state due to malnutrition. Dr. Collins comments:-

"Looking back over the years it is interesting to note how some diseases have virtually disappeared. Under-nutrition as a problem is now replaced by obesity."

Dr. Parker comments:-

"The defect which still occurs and is most difficult to correct is overweight, and this is encouraged in a number of schools by the sale of sweets and biscuits."

Following representations made by the Principal School Dental Officer on the cariogenic properties of sweets, Heads of schools have been circulated with a list of recommended foods for sale in tuck shops. It is pleasing to report this, since in addition to the dental benefits these recommended foods are less likely to be fattening, though ideally, no tuck should be sold in school.

### Personal Hygiene

School nurses continue to visit schools to inspect children. In the 43,100 examinations conducted, 53 children were found to have head infestation. It may be argued that these inspections take up a large amount of time for a relatively small find, but in fact the emphasis is quite rightly on a general appraisal of the child's health rather than the single aspect of head infestation.

### Defects of Skin

This group covers a wide range of diseases. Dr. Collins, comparing the changes he has seen, comments:-

"Again, skin diseases such as scabies, are now very rare, as also is a classical case of impetigo; nevertheless, the chronic skin diseases such as eczema and psoriasis can be very distressing."

In view of Dr. Collins' comments it is interesting to report that two cases of scabies occurred during the year.

The control of Plantar warts presents a recurring problem. From a study made, it was concluded that control would best be achieved by the early detection and treatment of children suffering from warts of all sites, whether plantar warts or others, and that infected children should not take part in activities which promoted spread. Following discussion with the Headteachers of Secondary Schools specific measures based on these conclusions were put into practice. It is too early to assess the effectiveness of these measures.

### Defects of Vision

Visual defects remain the commonest defect found at medical inspection. Consideration of the figures of Table A (Statistical Tables) does illustrate the rapid appearance of visual defects after the age of 11 years. It is interesting to note an incidence peak at the age of 8 years. Although the figures are relatively small in this age group it is probable that this peak reflects the value of the 8 year-old routine screening test of vision.

Parents of children with visual defects are offered appointments at the ophthalmic clinics, which are staffed by consultant ophthalmologists provided by the Regional Hospital Board. Orthoptic services are available through these clinics. The parents may of course use the supplementary eye services should they wish.

### Handicapped Pupils

It is perhaps in the field of handicapped children where the greatest co-operation occurs between all concerned in their assessment. The bare figures and factual statement of placing does less than justice to this important work. The prime consideration can only be that which is for the child's benefit. Many handicapped children do attend normal schools. In these cases extra burdens are placed upon the teaching staff. Their help and understanding must be acknowledged. These children are part of a community and confer many benefits to their playmates, not least the opportunity of accepting and helping less fortunate children than themselves.

The number of handicapped pupils on the county register at the end of the year was 2,136.

During the year 1965, 401 pupils were classified as handicapped as follows:-

Blind	3
Partially Sighted	2
Deaf	3
Partially hearing	6
Educationally Sub-normal	336
Epileptic	-
Maladjusted	24
Physically handicapped	13
Speech Defects	2
Delicate	12

Twenty-three children were reported to the Local Health Authority as being unsuitable for education at school on account of a disability of mind.

The Chief Education Officer, who is responsible for arranging the provision of special educational treatment has provided the following information:-

#### Blind Pupils - 10

Of the 10 blind children in the County 9 were in residential special schools and 1 was awaiting placement.

#### Partially Sighted Pupils - 19

There were 19 pupils in the County whose vision was such that they required education in a special school for partially sighted pupils. The small number and their scattered location precludes the possibility of a day special school. Fifteen of these pupils were at residential special schools; three, who were aged 5, were on the waiting list for admission to a special school in 1966. The parents of one child had refused the offer of a place at a special school and had arranged for the child to attend a private school.

#### Deaf Pupils - 29

Deaf pupils require education in a special school. Twenty-eight of the 29 pupils were receiving this type of education and the other child who has been attending a private school will be admitted to boarding special school on reaching

secondary school age in 1966.

#### Partially Hearing Pupils - 39

Eight partially hearing pupils were attending either special or independent schools catering for partially hearing pupils and one was attending a unit in West Sussex.

At the end of the year 30 children (of whom 26 were attending ordinary schools and 4 were pre-school children) were receiving auditory training from qualified teachers of the deaf.

#### Educationally Sub-Normal Children - 1,917

This is by far the largest category of handicapped pupil. Of 1,917 children classified as educationally sub-normal, 262 were receiving education in special schools, 1,555 were receiving education in special classes in ordinary schools and 2 were receiving home tuition. Of the 98 children not receiving special class education, the parents of 13 children had refused to agree to the transfer of their children from their present school to a primary school with a special class. Of the remaining 85, 19 lived in Hove and the remainder had either been recommended to continue at their present school or negotiations were proceeding for their transfer to a primary school with a special class.

#### Epileptic Pupils - 6

Of the 6 pupils whose epilepsy was sufficiently severe to warrant their classification, 4 were in special schools, 1 was attending an independent school and the other child was boarded in a hostel and attending an ordinary school.

#### Maladjusted Pupils - 56

At the end of the year 41 maladjusted pupils were receiving special school education, 4 were receiving treatment in a hostel and attending ordinary schools, 4 were receiving home tuition and 7 children were awaiting placement in special schools.

#### Physically Handicapped Pupils - 44

As far as possible these pupils are retained in the ordinary schools, the curriculum being modified according to the nature and extent of the child's disability, and transport to and from school being provided where necessary. It is only, however, with the co-operation of the teaching staff that these arrangements can be adopted and their efforts are fully appreciated. Thirteen pupils were being educated in this manner. Of those whose disability was sufficiently severe to preclude attendance at an ordinary school, 13 were in special residential schools, 14 in a hospital special school and 3 were receiving home tuition.

In addition 1 diabetic child was boarded in a hostel and attending an ordinary school.

#### Pupils with Speech Defects - 1

One child with a speech defect was receiving special educational treatment in a special school for such children.

#### Delicate Pupils - 15

There is a decreasing demand on account of physical disorders for this type of special education, which is now mainly provided for children whose illnesses have a large psychological element in their aetiology, e.g. asthma, and for those children whose environment has produced symptoms of anxiety but whose psychological disturbance is not sufficiently severe to warrant classification as maladjusted. Such children derive great benefit from a period away from home and return better able to cope with those adverse influences which have resisted correction during their absence. At the end of the year 14 pupils were being provided for at residential schools. The parents of the other child had refused the offer of a place.

#### Home Tuition

Home tuition was given to pupils absent from school through illness, provided the child was not expected to resume school attendance for at least two months.

It is again seen that the educationally sub-normal pupil forms the largest category and the prevalence of these pupils in this Authority is approximately 42/1000 school children. This is between 6 and 7 times the national figure, but this is almost wholly accounted for by our more complete ascertainment of E.S.M.N pupils: not only of those innately dull, but also those retarded through other conditions.

#### Advisory and Peripatetic Teaching Service for Hearing-Impaired Children

Mr. W.J. Watts, the Local Education Authority's newly appointed Adviser, has kindly provided a brief report, but as a preamble I feel the following extract from Dr. Samuel Johnson's "A Journey to the Western Islands of Scotland", undertaken in 1773 will be found both interesting and relevant.

"There is one subject of philosophical curiosity to be found in Edinburgh, which no other city has to shew; a college of the deaf and dumb, who are taught to speak, to read, to write, and to practice arithmetick, by a gentleman, whose name is Braidwood. The number which attends him is, I think, about twelve, which he brings together into a little school, and instructs according to their several degrees of proficiency. I do not mean to mention the instruction of the deaf as new... The improvement of Mr. Braidwood's pupils is wonderful. They not only speak, write and understand what is written, but if he that speaks looks towards them, and modifies his organs by distinct and full utterance, they know so well what is spoken,

that it is an expression scarcely figurative to say, they hear with the eye...

It will readily be supposed by those that consider this subject, that Mr. Braidwood's scholars spell accurately. Orthography is vitiated among such as learn first to speak, and then to write, by imperfect notions of the relation between letters and vocal utterance; but to those students every character is of equal importance; for letters are to them not symbols of names, but of things; when they write they do not represent a sound, but delineate a form.

This school I visited, and found some of the scholars waiting for their master, whom they are said to receive at his entrance with smiling countenances and sparkling eyes, delighted with the hope of new ideas...

It was pleasing to see one of the most desperate of human calamities capable of so much help: whatever enlarges hope, will exalt courage; after having seen the deaf taught arithmetick, who would be afraid to cultivate the Hebrides."

MR. WATTS' REPORT

"Audiological assessment with hearing-impaired children within the County area is continuing at an increasing referral rate. Some 333 case reports have been filed since the inception of the Advisory and Peripatetic Teaching Service for Hearing-impaired children in January 1965. Qualified teachers of the deaf are providing intensive auditory help for some 39 partially hearing children. One teacher is employed in a full-time advisory and teaching capacity and 1 full-time and 4 part-time teachers provide the main teaching force. There is already sufficient work for a further full-time teacher with pre-school and very young children.

There are some 30 children in ordinary schools wearing hearing aids and receiving regular visits. There are also some further 50 children known to be partially hearing but able to cope with controlled classroom positions. Some 61 cases have been investigated in which there appeared to be no auditory impairment.

Commercial individual hearing aids have been prescribed and purchased for some 9 deaf and partially hearing children at a total cost of £269. This figure includes the provision of 2 post auricular aids which were prescribed in order to overcome the handicap and provide psychological and cosmetic benefit. A further 4 children are undergoing field trials with commercial hearing systems. There are 18 speech training aids in use and 2 group amplifying systems in schools."

In addition, Miss Hannay continued audiometric screening tests of school children aged 6+ years and all children ascertained as Educationally Sub-normal and of any child specially referred to her. Any child found to have a hearing loss is subsequently examined by a School Doctor and when appropriate Mr. Watts is asked to take over the educational care.

Child Guidance

The service continued to function at the five established clinics in the county. In November a new clinic at Crowborough opened with Dr. M.D.A. Heller attending each Tuesday. Its opening meets the needs of this part of the county which previously had placed extra burdens upon the Kent County Council Child Guidance Service, and in particular upon Dr. J.G. Vincent-Smith at their Tunbridge Wells clinic. His help over many years has been greatly valued and my indebtedness to him and to Dr.A. Elliott is acknowledged.

Child Guidance Statistics

CLINIC	BEXHILL	BURGESS HILL	EASTGRINSTEAD	LEWES	PORTSLADE	TOTAL
Referred by:-						
School Medical Officers	11	5	9	5	46	76
Private Doctors	20	19	16	23	14	92
Schools	3	1	3	3	4	14
Hospitals	1	5	-	2	4	12
Juvenile Courts & Probation Officers	-	1	-	1	-	2
Chief Education Officer	4	-	2	7	3	16
Educational Psychologists	12	10	14	8	17	61
Children's Officer	3	1	3	6	3	16
Other Sources	2	10	2	4	2	20
<b>New Cases Total</b>	<b>56</b>	<b>52</b>	<b>49</b>	<b>59</b>	<b>93</b>	<b>309</b>

CLINIC	B E X H I L L	B U R G E S S  H I L L	E A S T  G R I N S T E A D	L E W E S	P O R T S L A D E	T O T A L
<b>Problems:-</b>						
Personality etc.	10	11	15	19	27	82
Habit Disorders	5	9	7	8	20	49
Behaviour	34	22	22	25	23	126
Educational and vocational difficulties	2	8	4	6	14	34
Special Examinations - for Juvenile Courts	-	1	-	-	-	1
Special Examinations - advice re placement	1	1	1	-	9	12
Did not attend for diagnosis	4	-	-	1	-	5
	56	52	49	59	93	309
<b>How dealt with:-</b>						
Advice	30	8	7	12	8	65
Psychiatric Treatment, remedial teaching and therapy	16	12	13	15	16	72
Periodic Supervision	3	6	8	7	21	45
Withdrawn before completion	1	6	5	11	30	53
Awaiting diagnosis	1	16	13	9	9	48
Placed in Special School, etc.	-	-	-	1	4	5
Transferred to Children's Department and other Authorities	1	1	2	2	5	11
Admitted to Hospital	-	3	1	1	-	5
Did not attend	4	-	-	1	-	5
	56	52	49	59	93	309
The total number of children treated was 527 which includes those whose treatment commenced before 1965. Their progress is shown by the following analyses:-						
<b>Progress:-</b>						
Advice only	2	7	5	9	4	27
Improved	4	14	2	11	9	40
Not improved	2	2	1	-	-	5
Transferred	-	1	4	4	3	12
Closed, withdrawn or refused	30	5	3	-	15	53
Still under treatment or supervision	87	59	37	57	95	335
Transferred to Special Schools	-	4	3	3	9	19
Diagnostic only	-	-	-	-	3	3
Admitted to Hospital	-	1	1	2	-	4
Left Area	3	1	4	2	4	14
Left School	3	2	1	2	7	15
	131	96	61	90	145	527
<b>Summary of work involved:</b>						
<u>Psychiatrists</u>						
Diagnostic interviews	51	37	32	47	70	237
Treatment interviews	201	278	434	353	324	1590
<u>Educational Psychologists</u>						
Diagnostic interviews	46	51	26	35	59	217
Remedial interviews	34	11	105	7	5	162
School visits	60	-	17	-	12	89
<u>Social Worker</u>						
Clinic interviews	174	311	237	335	407	1464
Home and other visits	68	180	155	365	223	991
<u>Child Psychotherapist</u>						
Number of Sessions	-	51	-	84	357	492
Interviews	-	25	-	29	135	189

SCHOOL PSYCHOLOGICAL SERVICE

5th Annual Report  
1964 - 65

The following is a summarised extract from the report made to the Chief Education Officer of the work of the Educational Psychologists for the school year 1964/65.

Five hundred and sixty-two children were referred from the county area excluding the Borough of Hove. Table I shows the reasons for those referrals.

TABLE I

Reason for Referral	1963-64	1964-65
Disturbed Behaviour	63	91
Emotional Difficulties	43	37
Educationally Sub-Normal	306	337
Other Educational Problems	89	68
Assessment	25	29
TOTAL	526	562

Table II shows the schools attended by the children referred. Despite the efforts made to persuade Head Teachers to refer Infants, and the general agreement on the part of the teaching profession on the necessity of early referrals, the number of such children actually referred remains insignificant. It should also be noted that the number of Grammar School pupils referred to the Service does not correspond to the expected need.

TABLE II

Schools Attended	1963-64	1964-65
Pre-School	12	4
Infant	40	34
Junior	363	382
Secondary Modern	76	102
Secondary Grammar	16	9
Special	11	11
Training Centre	-	5
Independent	8	13
Post School	-	2
TOTAL	526	562

Five hundred and twenty children were seen in the course of the year and the waiting list at the year's end was 76 compared to 55 the previous year. Table III shows the number of interviews held by the psychologists.

TABLE III

Interviews with:-	1963-64	1964-65
Children	679	817
Parents	296	250
Others	21	18

Whilst it will be noted that the number of interviews held has continued to increase, this has been achieved by curtailing the time and the investigations given to a large proportion of the children seen. This applied especially to the children referred as Educationally Sub-normal, many of whom could be given only the most cursory and superficial examination in order to ensure that all of them are at least given an intelligence test. In addition, some children referred for behaviour or emotional difficulties have had to be dealt with rather summarily in order to keep abreast with the waiting list.

The psychologists' findings are summarized by Table IV. The majority of the cases entered under "No Cause Found" could be examined only superficially and nothing but an assessment of the intellectual level was attempted because of the case-load. In some cases, full investigation failed to reveal the causes of the problems.

TABLE IV

Findings	1963-64	1964-65
Emotional Disturbance	221	236
Word Blindness	4	5
Physical Handicap	9	9
Environmental Circumstances	27	50
Low Innate Intelligence	119	109
Normal	39	27
No Cause Found	62	84
TOTAL	481	520

Table V shows the action taken by the psychologists:

TABLE V

Action	1963-64	1964-65
Follow-up and Advice	84	92
Advice only	270	218
Referral to Child Guidance Clinic	31	39
Further Investigations Pending	10	5
Therapy	6	3
Assessment Only	80	163
TOTAL	481	520

Table VI shows the distribution of I.Q. and age of children reported as Educationally Sub-Normal during this school year.

TABLE VI

Age	Intelligence Quotients								TOTAL
	50-59	60-69	70-79	80-89	90-99	100-109	110-119	120-139	
6+	1	4	1	3	1				10
7+		3	17	36	34	25	7	3	125
8+	2	2	13	18	32	15	11	1	94
9+		1	3	5	8	8	3		28
10+		1	2	5	5	6			19
11+			2	5	2	1			10
12+			2	4	8	3	2		19
13+			3	6	5	1			15
14+					2				2
TOTAL	3	11	34	82	97	59	23	4	322

(At the end of the year there remained 15 children who had not been reported upon).

Examination of these figures, and of the proportion of children in the County who are ascertained Educationally Sub-Normal, suggests that there are many children who fall within this category who have not been put forward for examination.

It is still not fully appreciated by many Head Teachers that the purpose of reporting children who are Educationally Sub-Normal is not solely to ensure that they receive appropriate Special Educational Treatment, but also to ascertain the reasons for their failure to make normal school progress, whether they be physical or psychological. Acceptance of the whole scheme by Head Teachers is by no means uniform.

SPEECH THERAPY

I am grateful to the Speech Therapists for the following report:-

We have been fully staffed for most of the year with one part-time and four full-time Therapists.

Regular meetings have been held throughout the year, and recently two Speech Therapists from Hastings have joined us. With this enlarging of the group we plan to discuss a specific aspect of treatment at each meeting.

During the year two meetings have been held with Mr. Watts, the Authority's Adviser in the Education of the Deaf. We are working in closely allied fields, and these meetings have shown that there is a constant need for co-operation in order that an early and accurate diagnosis can be made, and therefore the child be given the most appropriate treatment.

A small number of East Sussex children from school clinics have been referred to Moor House School (Residential School for Speech Handicapped Children) for further diagnosis and investigation.

The number of children in the county requiring speech therapy continues to be high, and there are waiting lists at all the clinics. Our clinical work is helped by Health Visitors in a variety of ways, and we are always most grateful to them.

SPEECH THERAPY STATISTICS

Under Treatment			
Defect	Improved	Not Improved	Total
Stammer	55	22	77
Dyslalia	175	37	212
Cleft Palate	11	3	14
Other Conditions	41	13	54
<b>TOTAL</b>	<b>282</b>	<b>75</b>	<b>357</b>

Discharged						
Defect	Normal	Improved to Maximum	Unresponsive to treatment	Left school or area before completion of treatment	Non attendance	Total
Stammer	5	5	-	4	-	14
Dyslalia	87	25	2	22	17	153
Cleft Palate	1	-	-	2	-	3
Other Conditions	1	6	-	4	-	11
<b>TOTAL</b>	<b>94</b>	<b>36</b>	<b>2</b>	<b>32</b>	<b>17</b>	<b>181</b>

Deaths in children aged 5-16 years

Age and Cause of Death

Cause of Death	Age in Years												Total	
	5	6	7	8	9	10	11	12	13	14	15	16	Male	Female
Accidental violent death	1							1	1			2	5	
Malignancies		1				2 (1F)				1F	1	1F	3	3
Congenital abnormalities	3			2 (1F)									4	1
Other												1	1	
<b>TOTAL</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>2</b> <b>(1F)</b>	<b>0</b>	<b>2</b> <b>(1F)</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1F</b>	<b>1</b>	<b>4</b> <b>(1F)</b>	<b>17</b>	<b>4</b>

Female deaths of total deaths shown (F)

This is the first occasion on which this information is shown. Of the 17 deaths recorded not one was attributable to infection as the main cause. All except one death were evenly divided between the three broad groupings shown in the accompanying table.

#### B.C.G. Vaccination Scheme for School Children and Students, 1965

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

The scheme was not able to operate during the spring and summer terms owing to the illness and subsequent retirement of Dr. Gorrie. Dr. Thwaites was appointed in the autumn term and visited 35 schools and colleges before the end of the calendar year 1965. The schools that were not visited during 1965 will be included in the 1966 programme. As the programme has not been completed it would be imprudent to comment about the reduced percentage of positive reactors discovered.

Arrangements were made through the chest physicians to have the positive reactors x-rayed and followed-up as necessary. As a result of this 18 cases are still being kept under observation by the chest physicians, and one girl of 15 years of age was notified as a case of pulmonary tuberculosis.

#### Statistical Summary Relating to the B.C.G. Scheme for School Children and Students since 1958

Year	1958	1959	1960	1961	1962	1963	1964	1965
Number of schools and colleges visited	91	80	84	81	82	50	86	35
Number of children eligible	4394	4661	4872	5009	4681	2634	4652	3156
Number of Parental Consents	3420 (77.8%)	3627 (77.7%)	3785 (77.7%)	4101 (81.9%)	3852 (82.3%)	2133 (80.9%)	3780 (81.3%)	2563 (81.2%)
Number of Children Mantoux tested	3092	3362	3533	3803	3616	1766	3476	2378
Positive Reactors (i.e., not requiring vaccination)	620 (20%)	522 (15.5%)	462 (13%)	446 (11.9%)	357 (9.9%)	165 (9.3%)	333 (9.6%)	125 (5.25%)
Negative Reactors vaccinated	2555	2738	2983	3222	3154	1803	3147	2244

In Hove and Portslade, under similar arrangements, 677 pupils were vaccinated.

#### Tuberculosis

A survey of the pupils and staff at two of the Authority's schools was carried out, as a result of a member of the staff in each case being notified as suffering from pulmonary tuberculosis. Skin testing and x-rays, where necessary, were undertaken for 361 children and staff at one school and 338 children plus staff in another. Fortunately all the results were satisfactory.

#### Employment of Children

One of the conditions regulating employment of school children in the administrative area of the county is that the Principal School Medical Officer shall supply to the employer a certificate that the employment will not be prejudicial to the health or physical development of the child and will not render him unfit to obtain proper benefit from his education. During the year 685 children were examined for this purpose, and in no case was anyone found unfit.

#### Medical Examination of Teachers

During the year 29 teachers were medically examined on behalf of the Department of Education and Science prior to taking up their first teaching post and 270 East Sussex students prior to their admission to Teachers' Training Colleges.

Four hundred and eight Health Statements from teachers newly appointed to posts in the county were considered and chest x-rays were arranged; it was not necessary for any full examinations to be carried out.

#### Child Care & Hygiene Classes

The Assistant Superintendent Nursing Officers and Health Visitors are continuing to give courses of instruction in these subjects to senior girls in 22 schools.

The examinations, which are taken in school and set to test theoretical knowledge

and practical skill, were taken by 589 girls. Of these 528 passed, 74 with credit.

#### School Meals Service

The total number of schools in the county with self-contained kitchens is 155 and 48 schools received meals from the central kitchen, or from other schools. During the year kitchens were provided at two schools hitherto dependent on their neighbours.

During the year one occurrence of food poisoning due to *Clostridium Welchii* infection was reported.

Of the 376 children and staff who ate the meal, cold meat and salad, 258 suffered from food poisoning during the following 36 hours. The conclusion of the investigation was that the cooling of the meat in the liquor and then leaving it overnight at room temperature was the major factor in allowing the multiplication of the organisms.

Medical History Sheets were received from 378 persons taking up employment as school canteen assistants, and chest x-rays were arranged. No full medical examinations were warranted.

#### Milk-in-Schools Scheme

The schools participating in the scheme are provided with pasteurised milk under contract by 44 suppliers, except for one private school, which obtains untreated milk from its own dairy herd.

The supply arrangements have been kept under observation and during the year 56 samples, covering the main sources of supply, were submitted for examination and all passed the prescribed tests.

The source and quality of the supplies and the arrangements for distribution are considered to be satisfactory.

#### Sanitary Conditions in Schools

Improvements to sanitary conditions in the under-mentioned schools were authorised during 1965:-

Ashurstwood C.P.	Indoor Sanitation
Bexhill Chantry Infants	Tiling floor of Boys' lavatories
Bolney C.E.	Electric lighting and heaters in lavatories
Crawley Down C.E.	Provision of prefabricated Sanitary Unit
Ditchling C.E.	Improvements to Boys' and Girls' lavatories
Frant C.E.	Re-organisation of sanitary accommodation
Herstmonceux C.E.	Provision of hot water supply in cloakroom
Newhaven Meeching C.P. Junior	Improving and frost-proofing outdoor sanitation
Plumpton C.E.	Provision of lavatories in boys' cloakroom
Portslade Benfield C. Junior	Replacing pedestals
Rye C.P.	Provision of extra sanitary accommodation
Staplefield St. Marks C.E.	Improvements, repairs and redecoration of lavatories.
Turners Hill C.E.	Improvements to sanitation
Udimore C.P.	Hot water supply to children's cloakroom
East Chilmington C.E.	Improvements to sanitary accommodation
Park Mead C.P.	Prefabricated lavatory block
Broad Oak C.P.	Prefabricated lavatories
Seaford C.P.	Improvements to sanitation

#### Extract from the Annual Report of the Medical Officer of Health for Hove

##### SCHOOL HEALTH SERVICE - 1965

Mr. Chairman, Ladies and Gentlemen,

The School Health Service has, like so many Local Government Services, suffered in consequence of staff difficulties during 1965. The position in Hove has proved no exception and the Deputy Medical Officer of Health, Dr. MacLennan, who was responsible for the greater proportion of the School Health Service, resigned in May 1965, and his successor, Dr. Blomfield, was not appointed until September, 1965. One of the Assistant Medical Officers had a considerable amount of absence due to illness and these factors contributed to the difficulty of running this service.

There are many aspects of the School Health Service in Hove which certainly are not completely satisfactory from the administrative point of view and the fact that the School Clinic is situated some distance from the Public Health Department is certainly a major defect in the organisation. Unfortunately I cannot see a solution to this problem short of a new administrative block incorporating the Health Department, School Clinic etc. However, it is my intention to completely re-organise this section of the department when staff difficulties have been settled, which I trust will not be in the too far distant future.

From records kept during the year for the Department of Education and Science, it is observed that the number of children examined at periodic medical inspections during 1965, i.e. 1,527, was 325 less than in 1964, due I have little doubt to the reasons I have mentioned above. Of the 1,527 children actually examined it is gratifying to note that only 4 were considered to be physically unsatisfactory - the question of selective examination must surely arise here, and this will be considered in the very near future. Of the total number of individual examinations of pupils in schools by nurses or other authorised persons (8,540), only 27 were found to be infested with vermin. There is a considerable amount of time involved examining heads with very low results, which in itself is a good sign. The question of spot examinations of certain school children will be considered in the coming year. The table showing defects found by periodic and special medical inspections during the year indicates as in previous years that a large number of pupils are

found to require treatment for defective vision and nose and throat defects. Three hundred and thirty-five pupils were found to have errors of refraction (including squint) and there were 130 for whom spectacles were prescribed.

One of the Assistant Medical Officers carried out the B.C.G. programme early in the year and children of 13 years upwards were tested and, if necessary, immunised against tuberculosis (provided the parents were agreeable). The number taking advantage of this service in 1965 was 743 compared with 583 in 1964. Of this number 677 required B.C.G. vaccination. Once again I would like to thank all Head Teachers and members of their staff for the co-operation given in the preparation and actual running of this programme. A complete table giving numbers tested, etc., at all schools is to be found later in this report.

Audiometry Clinics held during the year numbered 22, compared with 15 in 1964. Five hundred and nine children were Sweep Tested of which 467 passed and 42 failed. The 42 children who failed the test were re-checked at special hearing assessment clinics - 23 are to be seen again and 19 were closed. One is attending the Ear, Nose and Throat Hospital and one was referred to own Doctor. The remaining number have been followed up by special hearing assessment sessions and are being kept under observation as necessary. A total of 51 children were reinspected of which 39 are to be seen again and 12 cases were closed.

The figures supplied by Miss Bentley, Speech Therapist, show an increase in the number of cases seen for various defects from 97 in 1964 to 116 in 1965. The number of new cases referred during the year was 86 against 60 in 1964.

The Child Guidance Clinic dealt with 60 Hove children during the year, as against 57 in 1964, and of these the majority was referred by the School Medical Officer (27), Private Doctors (11) and School Psychological Service (10). Treatment interviews by the Psychiatrists increased by 38 cases in 1965 - (1964 - 286) (1965 - 324). Treatment sessions and Clinic interviews by the Child Psychotherapist increased during 1965, i.e. Treatment Sessions (1964 - 211) (1965 - 357) - Clinic Interviews (1964 - 19) (1965 - 135).

### Conclusion

I would like to take this opportunity of expressing my thanks to all members of my medical, nursing and lay staff who have co-operated so whole-heartedly in the running of the School Health Service. I would also like to thank all Head Teachers for their co-operation at all times. Others whom I would like to mention are Mr. O'Sullivan, Borough Education Officer, Dr. Langford, Dr. Watson and other County Officers, and in particular I would refer to the continued support I have at all times received from the Special Services Committee of the Hove Committee for Education.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

N. I. CONDON.

Principal School Medical Officer.

EXTRACTS FROM STATISTICAL RETURNS TO THE  
DEPARTMENT OF EDUCATION AND SCIENCE

MEDICAL INSPECTION AND TREATMENT

TABLE A. - PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	for defective vision (excluding squint)	for any other condition recorded at Pt. II	Total individual pupils
		No.	No.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1961 and later	-	-	-	-	-	-
1960	2,094	2,092	2	62	168	222
1959	1,887	1,884	3	58	239	285
1958	450	450	-	11	39	49
1957	248	247	1	20	20	36
1956	191	190	1	8	14	21
1955	757	753	4	29	40	64
1954	1,468	1,463	5	81	101	178
1953	797	794	3	56	61	109
1952	671	668	3	74	90	101
1951	1,299	1,298	1	105	92	153
1950 and earlier	2,833	2,831	2	199	179	368
TOTAL	12,695	12,670	25	703	1,043	1,586

Col. (3) total as a percentage of Col. (2) total .....

99.80%

} to two places of decimals

Col. (4) total as a percentage of Col. (2) total .....

.20%

TABLE B. - OTHER INSPECTIONS

NOTES:- A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	552
Number of Re-Inspections	8730
TOTAL	9282

TABLE C. - INFESTATION WITH VERMIN

NOTES:- All cases of infestation, however slight, should be included in Table C. The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons 43,100
- (b) Total number of individual pupils found to be infested 53
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) -

(d) (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTION DURING THE YEAR

PART II

Number of Pupils found to require treatment (T)  
Number of Pupils found to require observation (O)

Defect Code No. (1)	Defect of Disease (2)	Periodic Inspections				Special Inspections	
		Entrants	Leavers	Others	Total		
4	Skin	T	35	73	31	139	1
		O	89	96	64	249	3
5	Eyes a. Vision	T	158	333	213	704	75
		O	756	362	443	1561	9
	b. Squint	T	61	20	7	88	-
		O	67	27	41	135	-
	c. Other	T	6	9	13	28	-
		O	13	16	8	37	1
6	Ears a. Hearing	T	60	3	20	83	13
		O	120	28	48	196	55
	b. Otitis Media	T	14	4	3	21	-
		O	43	8	11	62	-
	c. Other	T	3	1	1	5	-
		O	7	6	1	14	-
7	Nose and Throat	T	104	24	15	143	1
		O	379	28	71	478	7
8	Speech	T	41	7	14	62	3
		O	100	8	28	136	3
9	Lymphatic Glands	T	1	1	1	3	-
		O	79	12	10	101	1
10	Heart	T	20	7	6	33	1
		O	65	38	28	131	2
11	Lungs	T	15	7	2	24	-
		O	115	55	79	249	2
12	Developmental a. Hernia	T	11	1	7	19	-
		O	38	5	8	51	-
	b. Other	T	14	9	23	46	-
		O	151	55	103	309	6
13	Orthopaedic a. Posture	T	1	17	7	25	-
		O	43	66	56	165	-
	b. Feet	T	37	10	24	71	2
		O	189	86	102	377	3
	c. Other	T	15	23	17	55	4
		O	119	109	67	295	5
14	Nervous System a. Epilepsy	T	3	5	2	10	1
		O	19	11	16	46	-
	b. Other	T	1	5	3	9	2
		O	26	9	13	48	-
15	Psychological a. Development	T	14	29	54	97	3
		O	242	73	185	500	1
	b. Stability	T	9	3	8	20	4
		O	170	39	102	311	13
16	Abdomen	T	6	7	4	17	1
		O	27	14	20	61	2
17	Other	T	44	40	29	113	2
		O	96	41	50	187	4

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND  
SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A. - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	28
Errors of refraction (including squint)	1337
TOTAL	1365
Number of pupils for whom spectacles were prescribed	1034

TABLE B. DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment -	
(a) for diseases <sup>of</sup> for the ear	-
(b) for adenoids and chronic tonsillitis	118
(c) for other nose and throat conditions	3
Received other forms of treatment	60
TOTAL	181
Total number of pupils in schools who are known to have been provided with hearing aids:-	
(a) in 1965	43
(b) in previous years	7

TABLE C. ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	250 *
(b) Pupils treated at school for postural defects	51
TOTAL	301
	* These relate to Challey Heritage only

TABLE D. - DISEASES OF THE SKIN

	Number of cases known to have been treated
Ringworm - (a) Scalp	-
(b) Body	9
Scabies	2
Impetigo	12
Other skin diseases	52
TOTAL	75

TABLE G. - OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	-
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who received B.C.G. vaccination	2,921
(d) Other than (a), (b) and (c) above Please specify:	
Undescended testes	25
Hernia	2
Other conditions	5
<b>TOTAL (a) - (d)</b>	<b>2,953</b>

1965

School Dental Service

Report of the Principal School Dental Officer

For the first four months of the year, the School Dental Service functioned without a Principal School Dental Officer following the retirement of Mr. P. S. P. Jenkins. Although there were several other staff changes, the year closed with the number of Dental Officers unchanged.

The new clinic at Royal George Road, Burgess Hill, was officially opened in May. The dental suite, having operated initially on a part-time basis, was brought into full-time service in October.

A review of the Service was carried out during the year and the resultant report was placed before the Education Committee. The Committee accepted certain recommendations which, it was felt, would improve several aspects of the Service and help produce one which would not only comply with the various recommendations of Central Government Departments, but would also be capable of providing fully comprehensive treatment in satisfactory surgeries and under good conditions.

During October, a Dental Officer of the Department of Education and Science and the Ministry of Health carried out an inspection of this Authority's Dental Service and the Ministers, having considered his report, made certain comments and observations all of which confirmed the findings of our own review. The Ministers agreed that the measures proposed as a result of the review should improve the efficiency of the Service, the acceptance rate and the output of work per dental officer.

The decision of the Authority to create a new staffing structure was welcomed by the Ministers but they suggested that, in addition to the appointment of two Senior Dental Officers in the first instance, an Area Dental Officer should be appointed in Hove. Such an appointment, on the basis suggested by the Ministers, should prove advantageous to both the County and the Borough and produce better liaison between the two with, consequently, both Services operating on similar general lines.

The Authority's decided policy of closing unsatisfactory premises was commended by the Ministers. During the year, surgeries held in two village halls and three schools have been discontinued but the use of some similar premises must continue until new planned facilities become available. The Minister noted "that the Authority is aware of the shortcomings of their dental accommodation and intends improving the standard of existing dental clinics in a phased programme until all are satisfactory". Although it had been originally decided to phase improvements over three years, the first year's programme - the extension and modernisation of Uckfield Clinic - has been curtailed by financial stringencies.

The Minister's statement that the purchase of a further mobile dental clinic would go a long way towards increasing the number of children inspected and treated supported the Committee's decision taken after our own review. The good acceptance rate (average 72%) and the low failure rate experienced by the existing mobile units indicates their success in overcoming the difficulties of providing treatment in rural areas and an additional unit would not only improve the availability of facilities but would also help reduce the overall failure rate - a matter which caused the Ministers some concern and which they asked the Authority to investigate with a view to reducing the amount of non-productive time resulting from the failure of patients to attend for treatment when appointments are made.

A local authority should provide a comprehensive dental service. Orthodontic treatment is a necessary part of such a service and it was decided, therefore, that an Orthodontist should be appointed to the full-time staff.

Due to the lack of finance, however, it will not be possible to introduce either an orthodontic service or an additional mobile dental unit during the coming year.

The Ministers expressed the hope that the Authority would undertake a vigorous campaign in the field of dental health education, and suggested the appointment of a Health Education Officer. Dental Health Education is an essential function of a local authority's dental service. It must be continuously and actively conducted both in and outside of schools with maximum involvement of dental, medical and teaching personnel and its effectiveness is reflected not only by the degree of improvement in oral hygiene and reduction of dental disease but also, by increasing the general awareness of the importance of tooth care, the consequent increased demand for treatment and a reduction of the refusal and failure rate. The recommendation to appoint the additional staff required to initiate a programme of dental health education is to be considered next year.

The Minister of Health's recommendation to adjust the level of fluoride in public water supplies was considered by both the Health and Education Committees during the last quarter of the year, and their decision to accept the recommendation is to be lauded. As the year closed, however, an obvious increase in the activities of those individuals and organisations opposed to the principal of fluoridation was to be noted. The final decision as to whether this Authority will take steps to implement the Minister's recommendation will be taken next year, when the matter will be considered by the County Council, and it is hoped that a genuine interest in the dental health of the children will overcome the unfounded fears and the misrepresentations of scientific facts engendered and irresponsibly propagated by some of the anti-fluoridationists.

A study of the figures in the accompanying tables shows a number of changes when compared with last year. Although the number of children inspected was increased by 3% the Service again failed to inspect the whole of the school population. The percentage found to require treatment rose by 1.1% and indicates the losing battle against dental caries. The fall in the acceptance rate from 61.7% to 50.2% is disappointing.

The increased number of fillings provided to fewer patients suggests that the amount of treatment required by each child is increasing as a result of a general deterioration in the standard of dental health. The reduced number of extractions is welcomed and is reflected in the improved ratio of teeth filled to teeth extracted in both the case of permanent teeth, from 8.0:1 to 10.3:1, and deciduous teeth 1.5:1 to 2.2:1. The overall average rose from 3.1:1 in 1964 to 4.3:1 in 1965.

The fall recorded in the number of nitrous oxide and oxygen general anaesthetics administered is pleasing. During the coming year it is planned to improve the existing arrangements for general anaesthetics and to introduce more modern techniques and drugs. Mention must be made of the willing and excellent co-operation received from the Anaesthetists engaged by this Authority and of the assistance and expert advice they have provided during discussions on the improvement of this aspect of dental treatment.

Improvements have been made in the administration, standard of equipment and in other aspects of the Service and it is also gratifying to record an improvement in the average number of fillings per session from 3.9 in 1964 to 4.3 in 1965.

I should like to thank the County Medical Officers, Dr. Langford and Dr. Watson, and their staff for their assistance - and tolerance - during the year and the Chief Education Officer for his co-operation and assistance in solving some of the problems which have arisen in attempting to improve the Service.

C. K. FENTON EVANS

Principal School Dental Officer

1965

Dental Inspections

Number inspected at routine inspections	35,370
Number inspected at clinics	<u>2,737</u>
Total number inspected	38,107

Number requiring treatment	19,070
Number offered treatment	14,503
Number actually treated	7,279

	<u>1965</u>	<u>1964</u>
Number of sessions devoted to routine inspections	411.75	391
Average number of children inspected per session	86	80

1965

Dental Inspection

	<u>1965</u>	<u>1964</u>
Percentage of school population inspected at routine inspections	78.1%	75%
Percentage of school population inspected at routine inspections and at clinics	84.1%	81.1%
Percentage of those inspected who were found to require treatment	50%	48.9%
Percentage of those inspected referred for treatment	38.1%	36.6%
Percentage of those inspected who were actually treated	19.1%	22.3%
Percentage of school population actually treated	16.1%	18.4%
Positive acceptance rate	50.2%	61.7%
Anticipated Acceptance following routine inspection	53.9%	-

1965

Summary of Dental Inspection and Treatment

	<u>1965</u>	<u>1964</u>
Number of children inspected at routine inspections	35,370	33,190
Number inspected at clinics	2,737	2,685
Total inspected	<u>38,107</u>	<u>35,875</u>
Number found to require treatment	19,070	17,575
Number offered treatment	14,503	13,146
Number actually treated	7,279	8,116
<u>Work (other than Orthodontics)</u>		
Total number of attendances	18,488	20,182
Sessions devoted to routine inspections	411.75	391
Sessions devoted to treatment	4,395.5	4,143.5
<u>Fillings</u> a) Permanent	13,134	10,069
b) Deciduous	7,118	6,113
Total number of Fillings	<u>20,252</u>	<u>16,182</u>
<u>Teeth filled</u> a) Permanent	11,438	9,122
b) Deciduous	6,709	5,813
Total number of teeth filled	<u>18,147</u>	<u>14,935</u>
<u>Extractions</u> a) Permanent Teeth	1,110	1,128
b) Deciduous Teeth	3,103	3,640
Total number of Teeth extracted	<u>4,213</u>	<u>4,768</u>
Number of General Anaesthetics administered	1,315	1,721
Number of children provided with artificial teeth	35	27
Number of Crowns	26	23
Number of teeth otherwise conserved	1,124	-
Number of patients X-rayed	223	-

The figures for last year are given for comparison

1965

Orthodontic Treatment

Cases continued from 1964	207	
Cases commenced in 1965	66	
		<hr/>
Cases receiving treatment in 1965		273
Cases completed	20	
Cases discontinued	18	
Adjustment from book to actual total	189	
		<hr/>
		227
Cases carried into 1966	46	
Number of removable appliances fitted	77	
Number of fixed appliances fitted	1	
Number referred to specialist for treatment	83	

1965

Maternity and Child Welfare

Dental Care

Although facilities for the provision of dental treatment for expectant and nursing mothers and for children under the age of five years ~~was~~ available at all the Authority's dental clinics, the numbers availing of these facilities are disappointingly low.

The expectant and nursing mothers examined during the year represent some 0.07% of those living within the county and the children examined represent some 2.2% of all children under the age of five. When those treated by the General Dental Service are taken into account, it would appear that 47% of expectant and nursing mothers and 85% of children under five did not receive any form of dental inspection or treatment.

During the year 437 sessions should have been devoted to the dental inspection and treatment of maternity and child welfare patients but, due to the low rate of attendance, only 183 sessions were devoted, in fact, to this class of patient.

Various methods of increasing attendance, are to be tried in the coming year but the main cause for the poor demand for treatment - ignorance of the importance of dental health and the preservation of both the permanent and deciduous dentitions - is apparent and illustrates the urgent need for dental health education.

Fluoridation of the domestic water supplies is again under consideration, and the recommendation to raise the level of fluoride to 1 p.p.m. in order to produce an anticipated 50% - 60% reduction in dental caries incidence, will be placed before the County Council next year. It is sincerely hoped that the Council, as well as considering the ethics, costs and safety factors for and against the proposal, will also give due regard to the needless pain, suffering and disfigurement which can be reduced, so easily, in the life of the children. This, and every other Local Authority, has before it the choice of either accepting and implementing a measure which has been proved to be both safe and effective by all international medical and dental organisations and which will result in the halving of dental caries incidence, or of rejecting the recommendation and thus condemning future generations to become dental cripples. The decisions of local authorities on this issue will demonstrate their ability to accept responsibility and will mirror their true concern and interest in the general health of those for whom, and to whom, they are responsible. It is heartening that this Authority's Health Committee has given its support to the recommendations to fluoridate our water supply.

There is a need for improving the service offered to, and for increasing the demand for these services from, the priority classes and for the promotion of an increased awareness of the importance of good dental health and tooth-care - particularly among young mothers. Both the provision of ideal facilities for the treatment of dental disease and measures to reduce the incidence of disease should be the accepted responsibility of any local authority and it is regrettable to have to report that this authority, at present, is providing so little in the form of treatment and is doing and planning so little in the field of prevention.

The relevant statistics of treatment provided during the year are given in the accompanying tables.

C. K. Fenton Evans.

Care of Mothers and Pre-School Children

Dental Treatment  
1965

A NUMBER PROVIDED WITH DENTAL CARE

	NUMBER EXAMINED	NUMBER COMMENCED TREATMENT	NUMBER OF COURSES COMPLETED
EXPECTANT & NURSING MOTHERS	C'TY } HOVE } 69 } 0 }	61 } 0 }	51 } 0 }
CHILDREN UNDER FIVE	C'TY } HOVE } 470 } 117 }	334 } 79 }	352 } 62 }

B FORMS OF DENTAL TREATMENT PROVIDED

	SCALING AND GUM TREATMENT	FILLINGS	SILVER NITRATE	CROWNS AND INLAYS	EXTRACTIONS	GENERAL ANAESTHETIC	DENTURES FULL PARTIAL	RADIOGRAPHS
EXPECTANT & NURSING MOTHERS	C'TY } HOVE } 35 } 0 }	134 } 134 } 0 }	1 } 0 }	2 } 2 }	55 } 55 }	16 } 16 }	5 } 5 }	5 } 5 }
CHILDREN UNDER FIVE	C'TY } HOVE } 12 } 1 }	384 } 606 } 222 }	124 } 128 } 4 }	0 } 0 }	133 } 138 }	56 } 60 }	0 } 0 }	1 } 1 }

No. of Sessions (Equivalent) 183

HD/229/8649/400

UNIVERSITY OF CALIFORNIA  
 DEPARTMENT OF CHEMISTRY  
 LABORATORY REPORT

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

EXPERIMENTAL PROCEDURE	OBSERVATIONS	CALCULATIONS	RESULTS	DISCUSSION	CONCLUSIONS	REFERENCES
1. Preparation of the sample	White solid					
2. Dissolution in water	Clear solution					
3. Addition of reagent	White precipitate					
4. Filtration and drying	White solid					
5. Weighing of the product	0.1234 g					
6. Calculation of the yield						
7. Identification of the product						

7. RESULTS INCLUDING AIDE CALCULATIONS

DATE: \_\_\_\_\_  
 NAME: \_\_\_\_\_

LABORATORY INSTRUCTOR: \_\_\_\_\_



(12)

LONDON SCHOOL OF HYGIENE  
& TROPICAL MEDICINE,  
KEMPNER ST,  
W.C.1



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