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EAST SUSSEX COUNTY COUNCIL



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE

YEAR 1966

J. A. G. WATSON

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

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




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1966

Mrs Jauke / House - 9 JAN 1968 11 JAN 1968

Mrs Jauke / York Hse. 26 APR 1968 29 APR 1968

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EAST SUSSEX

CUCKFIELD R.D.

UCKFIELD R.D.

BATTLE R.D.

HAILSHAM R.D.

CHAILEY R.D.

EAST GRINSTED U.D.

CUCKFIELD U.D.

BATTLE HILL U.D.

LEWES M.B.

COUNTY BOROUGH OF BRIGHTON

HOVE M.B.

COUNTY BOROUGH OF HASTINGS

BEXHILL M.B.

EASTBOURNE

TELSFORD U.D.

CUCKFIELD R.D.

UCKFIELD R.D.

CHAILEY R.D.

HAILSHAM R.D.

BATTLE R.D.

EAST.
CRINSTEND

CUCKFIELD
U.D. C

BLANCKE
WILL U.S.

LEWIS
M.B.

COUNTY
BOROUGH
OF
BRIGHTON

Howe

BRIGHTON



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221
222

COCC

363



COUNTY
BOROUGH
OF
HASTINGS

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346

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S E C T I O N S

Section I

Local Health Services under The National Health Service Act 1946

Statistics

- 1 -

Mr. Chairman, My Lords, Ladies and Gentlemen,

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

This Report contains information and statistics relating to the work of the Health Department. In the main this information speaks for itself. I would, however, like to bring to your attention certain important developments. The progress made towards the integrating of the domiciliary nursing services with the General Practitioner services to form domiciliary medical teams is extremely significant. It has also been recognised that a most satisfactory base for a team of this sort is a Health Centre, and much progress has been made towards the establishment of Health Centres in the County. The mental health services of the County have continued to expand. The success of the Belgrave Adult Training Centre gives great cause for satisfaction. As part of the development of these services there has been a move to integrate the Mental Welfare Officers of the County with the Psychiatrists and Social Workers based on the hospitals in the area to form Mental Health teams.

A report of this nature also provides statistical information and comment on the "Health of the County". In general I would comment favourably on this, but at the same time indicate matters that cause some concern. The report of the County Dental Officer again brings to light the enormous amount of dental disease. It is strange to reflect that we would not tolerate the existence of other diseases to the same extent - particularly, as in this case, when suitable preventive measures are at hand.

The interesting development of the Cervical Cytology Service has highlighted another area of at least partially preventable ill health to which attention must be given. It is found that something like one quarter to one third of the women attending these clinics have evidence of minor disorders - many of them at a symptomless stage. There is no reason to believe that this amount of "sub-clinical ill health" is confined to the women. Clearly there is a great need to expand our screening services to cover other sections of the population. The value of health screening has been shown in Infant Welfare and School Health work. As the year comes to an end a pilot survey to screen a group of older persons is planned. There is every reason to believe that this section of our Community will be found to have even greater health problems than any other section - and the greater part of these may well be preventable.

Again it is worth commenting that amongst the preventable diseases, Cancer of the Lung continues to take an increasing toll. 233 deaths in 1964, 297 in 1965 and 307 in 1966.

In the School Health Service the emphasis is very much on the identification and assessment of handicapped children and the provision of the appropriate educational facilities. During the year there has been much discussion about this stimulated by the joint circular issued by the Ministry of Health and the Department of Education and Science. Plans are in hand to improve these facilities.

I have referred to the success of the School Health Screening Services as provided in the routine medical work. It is thought that these could be improved by substituting for the school entry examination, a more detailed assessment of the child's health prior to school entry. This implies

a closer relationship between the school health service and the Infant Welfare Services, with the pre-school entry examination taking place at Infant Welfare Centres between the ages of 4½ and 5 years. A trial run in a selected area is to be made early in the New Year.

It is with great regret that we say our farewells to Dr. Doris Small who has for so long been the mainstay of the County Child Guidance Service. We all wish her a long and happy retirement -so well merited. At the same time we greet Dr. J. Ross who will take over Dr. Small's work from January 1st, 1967.

During the year I have had considerable contact with the General Practitioners of the County discussing matters of mutual concern. These discussions have led to even closer working arrangements being made, and I would like to pay tribute to the work of these Ladies and Gentlemen. They get little enough credit for all they do in the interests of the residents of the County.

Finally, I would again like to place on record my very real appreciation of all the hard work put in by the staff of the department, especially that of Dr. R.G. Brims Young, my deputy. I would also acknowledge with grateful thanks the great kindness and support that I have received from 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, 1967

MEMBERS OF THE HEALTH AND HOUSING COMMITTEE

(as at 31st December, 1966)

(a) Members of the County Council:-

Mr. St. J. Fancourt Bell
Mr. T. Benson
Miss M. Blount, M.B.E. (Chairman)
Mrs. E. F. Cave
The Hon. Daphne Courthope, O.B.E.
(Vice-Chairman of the County Council)
Brigadier H. P. Gardham, C.B.E.
(Chairman of Finance Committee)
Mr. Claude Hershman, M.C.
Miss E. A. Kennedy
Mr. R. Mitchell

Major H. A. Neal
Mrs. K. M. N. Pither (Vice-Chairman)
Mr. R. B. Powell
Mr. H. Riley
Mr. G. C. Sargent
Brigadier L. M. Scott
Lt.Col. E. M. Sheehan
Mr. C. W. Shelford (Chairman of the County Council)
Major W. A. Smith
Miss L. T. Toller, M.B.E.
Miss O. M. Vaughan

(b) Other members:-

Mr. L. Burtenshaw
Mrs. J. N. Kleinwort, M.B.E.
Dr. E. G. Sibley

Lady Silverstone
Dr. J. A. Smart
(one vacancy)

STAFF OF THE COUNTY HEALTH DEPARTMENT AND SCHOOL HEALTH SERVICE AS AT 31st DECEMBER 1966

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:-

Nursing and Aftercare

Mary M. Boyd, M.Sc., Ph.D., M.B.,
Ch.B. (Hons), M.R.C.P. (Edin.)
D.P.H., D.Obst. R.C.O.G., D.C.H.

School Health

P. A. Shave, M.B., B.S., D.P.H.,
D.T. M. & H.

Assistant Medical Officers and School Medical Officers:-

Anne P. Barnes, M.R.C.S., L.R.C.P.
J. K. Butterfield, T.D., L.M.S.S.A., D.P.H.
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.
D. M. Richardson, M.R.C.S., L.R.C.P., D.P.H., D.I.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.

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.
Miss E. E. Paul, S.R.N., S.C.M.,
H.V.Cert., Q.N., M.T.D.

Midwifery Tutor

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.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)
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, B.A. (Oxon)

Speech Therapists

Miss D. M. Dolan, L.C.S.T.
Mrs. M. E. Pruden, L.C.S.T. (part-time)

Audiometer Operator

Miss H. E. Hannay

HEALTH SERVICES

Chief Mental Welfare Officer

M. G. W. Ternouth

County Health Inspector

T. F. 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.

GENERAL STATISTICS

The figures given below for Births and Deaths include those for Hove and Portslade so that a comparison with last year can be made. The Hove and Portslade figures are given separately in Section IV of this Report and, as with the figures for the various County Districts, are summarized in Tables I, II, III (a) and (b) annexed to this section of the Report.

VITAL STATISTICS

(a) <u>General Statistics</u>	<u>1965</u>	<u>1966</u>
Area in statute acres (land and inland water)	494,583	494,583
Population (estimated mid-year) - Total	408,150	414,980
Rateable Value for whole county (estimated 1st April)	£19,617,876	£20,369,988
Product of penny rate for whole county (1965/66 and 1966/67)	£81,384	£82,332

(b) Extracts from vital statistics for the year

Births

Live Births	Male	2,981	2,936
	Female	2,820	2,742
	Total	5,801	5,678
Live Birth Rate (per 1000 estimated population - national average 17.7)		14.21	13.68
Still births		73	71
Stillbirth rate per 1000 total live and stillbirths (National Average 15.4)		12.43	12.36
Total births (live and still)		5,874	5,749
Infant deaths		83	79
Infant mortality rate per 1000 live births (National Average 19.0)		14.31	13.91
Infant mortality rate per 1000 live legitimate births		14.08	13.43
Infant mortality rate per 1000 live illegitimate births		16.84	19.18
Neo-natal mortality rate (first four weeks) per 1000 live births		9.48	9.86
Early neo-natal mortality rate (deaths under 1 week per 1000 total live births)		8.62	8.62
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1000 total live and still births)		20.94	20.87
Illegitimate births (live and still)		481	473
Illegitimate births per cent of total live births		8.19	8.33
Maternal deaths (including abortion)		3	3
Maternal mortality rate (rate per 1000 total live and stillbirths)		.51	.52

Deaths

Death rate per 1000 population	15.62	15.72
Total number of deaths	6,376	6,523

SANITARY CIRCUMSTANCES

Rural Water Supplies & Sewerage Acts, 1944-65

Proposals submitted by district authorities for the extension of sewerage and water services, and progress made on former schemes are set out in the following paragraphs:-

Battle Rural District

Schemes of sewerage and sewage disposal for Guestling and West Pett and for the extension of the Flimwell Village system were submitted.

During the year, the extension to the Battle Town sewerage system and works and the drainage scheme for Beckley Village were completed, and a start was made on the Etchingham and Hurst Green sewerage scheme.

Water extensions to serve the following localities were proposed:-

Hayes Lane, Beckley and Starvecrow Lane, Peasmarsh
Maxfield Lane, Three Oaks, Guestling
Military Road, Playden
Northiam Road, Brede
Wheel Lane, Westfield

The following water extensions were completed during the year:-

East Guldeford (Level Crossing Area)
Northiam Road, Brede
Morlais Ridge, Winchelsea Beach

Chailey Rural District

Proposals for sewerage and sewage disposal of the South Chailey area were submitted, and the scheme for extending the water service to parts of Glynde, South Malling (Without) and Beddingham was completed.

Work on the Peacehaven sewerage extensions continued.

Cuckfield Rural District

No new proposals were submitted during 1966, this district being substantially covered by sewerage and water services already.

A start was made on the Ansty Village drainage scheme, and the extension of the water main to the southern part of Clappers Lane, Fulking, was completed.

Hailsham Rural District

A scheme for modernization of the sewerage system for Hailsham (Southern Area) and extension to Marshfoot Lane locality was submitted.

The scheme of sewerage and sewage disposal for Wilmington Village, and the extension of the Willingdon system to serve Wannock and the Filching area of Jevington, were practically completed in the year end.

Uckfield Rural District

A revised scheme of sewerage and sewage disposal for Danehill, including Chelwood Gate Area was submitted.

Reconstruction of the Uckfield Town Works was completed, and good progress was made on the drainage scheme for Isfield Village.

Economic restrictions have again resulted in many schemes of sewerage being kept in abeyance, but the year has seen the completion of drainage for two villages and work started on a further three schemes for "first time" provision.

The position on water supplies is more satisfactory, all areas of development being adequately provided for, and the extensions now being undertaken are of a minor character to supply isolated cottages and farms.

FOOD & DRUGS ACT AND MILK & DAIRIES REGULATIONS

Milk (Special Designation) Regulations 1963-65

Pasteurisers' Licences

On the 1st January, 1966, four Dealer's (Pasteuriser's) Licences were renewed, in respect of three establishments using High Temperature Short Time plants and one using a Holder Type plant. At the end of September, 1966, processing at this plant ceased.

Supervision of the arrangements for processing, storage and distribution have been continued, and during the year 385 samples of milk taken at these premises satisfied the prescribed tests with the exception of two samples from one dairy which failed the phosphatase (heat treatment) test.

Investigation revealed a defective flow diversion valve and this fault was rectified by the makers.

Examination of Bottles

In order to determine the efficiency of the methods adopted in the cleansing of milk bottles at these establishments, twenty-three sample groups of bottles were submitted for examination.

Twenty-one samples reached the standard recommended by the Public Health Laboratory Service and two were classified as "fairly satisfactory".

Both samples were from one dairy where it was found that the sterilising agent was not being maintained at the correct strength. After correction, repeat samples were 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.

With the start of a new five year licensing period on the 1st January, 1966, a total of 380 licences were issued, and during the year 52 licences were issued in respect of new dealers and changes of ownership, etc., and 7 licences were cancelled where milk business had ceased.

At the year end 411 licences were in operation.

Routine inspection of dealers' premises and the arrangements for handling, storage and distribution of the milk have 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	691	679	12
Untreated	78	65	13
Sterilised	13	13	-
Totals	782	757	25

The 25 unsatisfactory samples all failed the Methylene Blue (keeping quality) test except one pasteurised milk which failed the Phosphatase (heat treatment) test and this was consequential to the pasteurising plant failures referred to above.

Failure of the remaining 11 pasteurised milks involved 5 sources of supply and was attributed to failure to turn over stocks in proper rotation in shop premises, and in each case repeat samples were satisfactory.

Six of the 13 untreated milk samples involved one farm source and this case was referred to the Ministry of Agriculture, Fisheries and Food for investigation of production methods, etc. The remaining 7 failures involved individual farm sources and in all cases repeat samples were satisfactory.

Thirty-three of the untreated milk samples were submitted for biological examination and all were reported to be free from tubercle infection. *Brucella abortus* infection was found in one case and this dealer subsequently stopped selling raw milk.

Seventy-eight untreated milk samples were also tested for the presence of antibiotics and penicillin above the recommended level was found in one case due to a relief milker including milk from a cow under treatment.

Brucellosis

On the 24th October, 1966, a Ministry of Health Circular 17/66 on the above was sent to all local authorities for the guidance of the Medical Officers of Health.

The circular set out clearly and at some length, an interpretation of the present regulations and a workable procedure for controlling the hazard of milk borne brucellosis in Untreated Milk supplies.

In particular it recommended that herd samples of all milk which is to be sold for human consumption as "Untreated" should be taken at regular intervals, preferably at least monthly, and examined for the presence of *brucella abortus* organisms and that County and District Authorities should co-ordinate their sampling programmes so as to avoid duplication.

In the administrative County area the quantity of Untreated Milk sold daily is comparatively small, varying from 1,400 gallons in December to 1,900 gallons per day in June.

This milk is derived from 60 farm sources in five Rural Districts and one Urban District and is distributed through some 120 retailers.

Some of this milk finds its way through central distributors into Boroughs and other Urban areas and in several cases milk from one source is sold in two or more local authorities' areas.

Following discussion with the officers of all the Districts concerned, it was generally agreed that milk sampling for this purpose should be undertaken by the six authorities in whose areas the farm sources are situated.

Under these circumstances there will be no risk of duplication of samples submitted for culture or biological examination.

An intensive sampling campaign on these lines will serve to identify infected herds and animals and control the sale of infected milk to the public, but until an effective eradication scheme is brought into operation it will still rest on the integrity of the milk producer to ensure that known infected animals do not find their way through open market into other herds thus dispersing infection over a wider field outside the scope of the present control.

INFECTIOUS DISEASES

The notifications of infectious diseases fell in 1966 to 2,213 from 5,582 in 1965. This was mainly due to the few cases of measles (1763 compared with 4,963 in 1965). This reflects the normal pattern of the two yearly measles cycle. Scarlet fever and whooping cough accounted for 127 and 91 notifications respectively compared with 195 and 76 respectively in 1965. Pneumonia cases were 33 compared with 37 and there were 26 cases of food poisoning as against 16 last year. Dysentery cases dropped to 36 from 129 in 1965. Again there were no cases of poliomyelitis but infective hepatitis, notifiable in only three districts, accounted for 20 cases compared with 16 the previous year. There was one case of typhoid fever which occurred in a three-year old child.

New cases of pulmonary tuberculosis again showed a gratifying decrease - 55 as against last year's total of 73 and even lower than the 1964 figure of 59. The following table gives the age and sex distribution of new cases.

	<u>Pulmonary Tuberculosis</u>		<u>Non-pulmonary Tuberculosis</u>	
	Male	Female	Male	Female
4 - 15 years	-	1	-	-
15 - 25 years	5	4	-	-
25 - 35 years	3	2	-	-
35 - 45 years	5	4	-	-
45 - 55 years	5	1	-	1
55 - 65 years	7	2	1	1
65 upwards	11	5	1	2
	36	19	2	4
	55		6	

At the end of the year there were 2,411 notified cases of tuberculosis on the Register (2,160 pulmonary and 251 non-pulmonary) as compared with 2,449 (2,202 pulmonary and 247 non-pulmonary) in 1965.

Deaths were as follows:-

<u>Pulmonary Tuberculosis</u>	<u>Deaths</u>
Urban districts	2
Rural districts	5
<u>Other Forms</u>	
Urban districts	-
Rural districts	1

In 1966 there was only one death of a patient said to be suffering from tuberculosis which was not notified. The patient concerned was a female aged 59 who was originally admitted to hospital in 1957 with an unresolved pneumonia. Though x-rays were strongly suggestive of tuberculosis there was a possibility of carcinoma. The patient insisted on returning home and her condition gradually deteriorated over the years without a definite diagnosis being arrived at until her death.

NATIONAL HEALTH SERVICE ACTS

Health Centres - (Section 21)

I reproduce by way of introduction to the subject of Health Centres the following background information which was given to the County Council.

The idea was originally mooted at the end of the first world war when the Dawson Committee in 1920 recommended that general practice would best be conducted from health centres "where are brought together various medical services, preventive and curative, so as to form one organisation." It was, however, only in 1946 that Section 21 of the Act made provision for local health authorities to provide, equip and maintain health centres. They were to be places where the family doctor, the local health services and the hospital services would meet - to the ultimate advantage of the patient. For reasons which are today of no more than historical interest, the health centre concept was greeted with little enthusiasm, and progress was slow for some years. Nevertheless, starting in about 1951 centres have been opened in places as far apart and as dissimilar as Bristol and Stranraer, Durham and Hampshire, Birmingham and County Antrim. Partly because of the success of these centres, partly because of the increasing popularity of group practice, but most of all because of the realisation that the interests of the patient and the efficiency of the health service require the co-operation of all three branches, informed opinion both medical and lay has become much more favourably disposed in recent years towards these centres. Local circumstances have produced many variations on the original theme, so that in some cases the health centre has been built in the grounds of a small cottage hospital, which may well provide favourable physical circumstances for its development; in other places, a centre has been designed as a local health authority administrative unit with a clinical wing and consulting rooms for family doctors, who have been given access to the laboratory and radiological services at general hospitals. All the centres have, however, the fundamentals in common. They have been built and staffed by the local health authority, who rent accommodation to the Executive Council for the use of the family doctor and, where appropriate, to the Regional Hospital Board for the consultant services.

Hailsham

In July, 1964, the acquisition was authorised of about a third of an acre of land in Vicarage Field, Hailsham (which has been the subject of a comprehensive area development scheme) as a site for a County Clinic. Since then informal discussions have taken place with local general practitioners and officers of the Ministry of Health with a view to enlarging the project so as to provide a Health Centre with the considerable range of health services outlined in Section 21 of the National Health Service Act, 1946. The subsequent encouraging interest shown by the local general practitioners and the support of the East Sussex Executive Council has enabled all the formalities to be completed including Ministry approval to the proposal under Section 21 for the Hailsham Health Centre to go ahead. It had been hoped that the Regional Hospital Board would have provided consultant and physiotherapy services at the proposed health centre but this did not materialise.

Owing to the need to revise sketch plans for the health centre to meet certain requirements of the Ministry of Health it was not practicable to start building work in 1966 and instead this work is expected to start early in 1967/68 financial year.

Battle and Seaford

Following discussions with the local general practitioners concerned the East Sussex Executive Council have been asked to support schemes for health centres to be provided on sites to be acquired at (a) Battle Market (b) Quarry Lane/Lexden Road, Seaford.

Tentative Projects

General practitioners elsewhere have shown interest in health centres and schemes are being worked out for Hurstpierpoint, Crawley Down and Newhaven.

CARE OF MOTHER'S AND YOUNG CHILDREN (SECTION 22)

County Clinics

Sites are being acquired at Gilda Crescent, Polegate and in the hospital grounds at Uckfield where County Clinics are proposed.

Clinic Buildings

Minor works in maintaining the County Clinics were carried out during the year including the provision of new central heating systems at Newhaven and Uckfield.

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 and Seaford 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.

Child Welfare Centres

Seventy-eight centres were in operation at the end of 1966. The total number of children who attended during 1966 was well up on 1965 - 12,302 as against 11,363 in 1965. 3,255 of the children born in 1966 were taken to the clinics during that year, representing about 75% of the total notified live births, about the same as last year.

Care of Premature Infants

There were 253 premature live births in 1966, 28 more than in 1965. Premature still births numbered 27. 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. No positive case was found.

Screening for Congenital Dislocation of Hip

Screening for the detection of congenital dislocation of the hip in the new born infant by Barlow's test is being undertaken by the midwives or health visitors.

Congenital Malformations

During 1966 ninety-one children were notified as having congenital malformations observable at birth, broadly classified as follows:-

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

Of the ninety-one notified, 12 were stillborn and 10 have since died. Eleven of the remaining sixty-nine are entered on the Handicapped Children's Register.

Family Planning Clinics

Following Ministry of Health Circular 5/66, there has been a considerable expansion in this work. Except for services provided by the general practitioners and through the hospital service, all family planning advice in the county continues to be given by the Family Planning Association. County Clinic premises are provided rent free to the Association and the service is free of charge to women for whom pregnancy would be detrimental to health, the County Council refunding to the Family Planning Association the full cost of consultation, drugs and appliances. During the year refunds have been made in respect of 247 women. In order to simplify the administration and avoid complicated accounts, an average inclusive fee per patient per annum is being paid to the Association to cover consultation, drugs and/or appliances; this will be reviewed at the end of a year's working.

Distribution of Welfare Foods

The sales for 1966 are quoted below, together with the comparable figures for 1965.

	<u>1965</u>	<u>1966</u>
National Dried Milk (tins)	40,227	37,724
Cod Liver Oil (bottles)	4,654	4,397
Orange Juice (bottles)	87,271	89,299
A & D Tablets (packets)	7,889	6,904

On the 31st December, 1966, there were 103 distributing points; 53 infant welfare centres, 36 retail shops and 14 other premises.

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

Co-ordination Committee

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

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 1966 the County Council accepted part financial responsibility for 45 girls, three fewer than in 1965.

Recuperative holiday was given to one mother.

Dental Care

Reported in detail under Section III

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. The administrative and supervisory work are carried out by the Superintendent Nursing Officer, Miss M.H. McLeod, and her report on the year's work is as follows:-

"At the end of 1966 the nursing staff employed by the East Sussex County Nursing Association was as follows:-

- 69 on generalised duties (midwifery, home nursing, health visiting including geriatric and school nursing).
- 22 on full-time and 5 on part-time combined duties (midwifery and home nursing only)
- 6 on full-time and 14 on part-time home nursing duties only
- 25 on full-time health visiting including geriatric and school nursing
- 2 on part-time health visiting duties
- 8 part-time on clinic duties
- 1 full-time on tuberculosis health visiting
- 1 full-time tuberculosis and geriatric health visiting
- 2 full-time tuberculosis and maternity child welfare 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	101	30.06
Home Nursing	108	37.19
Health Visiting	98	43.39
Tuberculosis	4	2.5
School Nursing	104	16.71
Clinic work	8	4

There were, however, the equivalent of 13.75 vacancies at the end of the year.

Deliveries attended by domiciliary midwives during 1966 totalled 1045 (113 fewer than in 1965) and there was little change in the number of patients discharged early from hospital.

Health Visiting. The following is a summary of the number of cases visited by the health visitors in 1966.

	<u>1966</u>	<u>1965</u>
Total number of children under 5 years visited	21,949	22,724
Persons aged 65 and over	6,958	5,854
Mentally disordered persons	84	53
Persons (excluding maternity cases) discharged from hospitals (other than mental hospitals)	86	114
Tuberculosis households visited	981	1,041
Number of households visited on account of other infectious disease	41	214

One pilot scheme in connection with the care of the elderly has been started in one urban area in the county in which health visitors undertake certain tests including sight, hearing, blood pressure, etc. on behalf of the General Practitioners. These particulars are then submitted to the General Practitioner for his assessment of any need.

<u>Home Nursing</u>	<u>1966</u>	<u>1965</u>
Number of persons nursed	8,724	8,899
Number of persons who were under 5 at first visit	270	288
Number of persons who were 65 or over at first visit	5,043	5,158

Staff

Recruitment has improved during the year, but the pattern is changing. Many more married women have joined the staff and their successful integration calls for greater flexibility. Much of the service requires a 24 hour cover, for every day of the year, but the vast majority of demand is concentrated in the forenoon and during weekdays. Married nurses, working on a part-time basis, are able to offer service during this time and, given suitable transport, make a very effective contribution to the smooth running of the service. All part-time staff are asked to be available for occasional weekend duty if needed. The use of ancillary staff continues and will be extended as suitable candidates present themselves. The staffing of Cytology Clinics has been arranged by the extension of both clinic nurses' time and by nurses employed elsewhere in the service being diverted to cover this particular need.

We are very fortunate in this area in our recruitment of health visitors. We have also a very high proportion of elderly persons and the total care of this group will always depend, to some extent, on the activities of voluntary old people's welfare workers, Red Cross workers, youth groups and all the other organisations concerned.

Training

Health visitor and district nurse training continues to be provided both for our own and other authorities' staff. Arrangements have been made to deal with the additional three months practical training which has been added to the present academic year of health visitor training. A scheme for the extension of district nurse training in Sussex, in co-operation with the other local health authorities in the area, is at present under consideration. This will provide continuity when, in 1968, the Queen's Institute of District Nursing, as announced in its policy statement, abandons training as one of its functions. Training for ancillary staff is also being discussed. No further development has taken place in the suggestion that Cuckfield Hospital should provide a complete midwifery training. The Part II midwifery training school, however, has shown a distinct improvement in the number of suitable applicants presenting themselves for training.

Student and pupil nurses from local training schools come in increasing numbers to spend some time with the 'District Nurse'.

The County Post Graduate Course was held at the De La Warr Pavilion, Bexhill. Lectures included:-

Human Relationships

Child Development

The Work of the Professional Secretary

Venereal Disease To-day

Health Visiting from a County Welfare Officer's Point of View

Geriatric Day Hospitals

Modern Drugs. Recent Advances in the Treatment of Carcinoma

The Work of a Health Education Officer

Corneal Grafts and Recent Advances in Corneal Surgery

Diagnosis: The Autistic Child

Nuffield Health Centre, Witney

During the week we were most interested to hear Dr. Watson outline his plans for the future.

Maternity Hospitals

The co-operation with maternity hospitals continues to allow the best use of their beds by early discharge of suitable patients to the care of the domiciliary midwives. This co-operation also allows the health visitors and midwives to be aware of ante natal mothers booked for hospital confinement and consequently to offer better care to these mothers.

General Practitioner Unit at Crawley Hospital

The scheme for participation of district nurse/midwives in this unit, for delivery and early discharge of patients continues, but only a very limited number of East Sussex mothers have been booked under this scheme.

Training for Childbirth

The demand for psychoprophylaxis continues to rise. This training, and the traditional relaxation class, is offered in conjunction with mothercraft teaching sessions in most parts of the county.

Attachment of Nursing Staff to General Practitioners

New schemes for the attachment of nursing staff to family doctor's practices have been started during the year, East Grinstead, Hartfield and Crowborough being the areas involved. Although the expected antipathy to any change was evident in the early discussions, the nursing staff involved are, on the whole, most enthusiastic after some experience of working in this way. They say their own work is much more satisfying and there is no doubt that the patients get a better service. This enthusiasm has spread to unattached staff, many of whom are now enquiring about the possibility of schemes being considered in their areas.

In conclusion, I would like to express the appreciation of my staff and myself for the help and support we are given throughout the year by Dr. Watson and his medical, administrative and clerical staff."

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 and the Health Visiting for the combined area is carried out by full-time officers who are directly employed by the local health authority. (See Section IV for report on the services in these areas).

VACCINATION AND IMMUNISATION (SECTION 26)

Immunisation against Diphtheria, Whooping Cough Tetanus and Poliomyelitis

(The figures given in the tables below include those for Hove and Portslade)

In November, 1966 a letter was received from the Ministry of Health congratulating East Sussex on being one of nine local health authorities in England and Wales with acceptance rates for vaccination and immunisation well above the national average. The Ministry enquired into the ways in which these acceptance rates had been achieved.

In the most recent returns it seems that in England and Wales as a whole, 71% of children born in 1963, and 65% of children born in 1964 had been recorded as vaccinated against poliomyelitis by the 31st December, 1965. East Sussex had percentages of 79% for children born in 1963, and 83% for children born in 1964.

In 1966 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>PRIMARY COURSES OF IMMUNISATION</u>				<u>REINFORCING INOCULATIONS</u>	
<u>Year</u>	<u>Under 1 year</u>	<u>1 to 4 years</u>	<u>5 to 15 years</u>	<u>1 to 4 years</u>	<u>5 to 15 years</u>
1964	4,987	402	302	3,258	9,781
1965	4,601	293	445	3,730	7,523
1966	5,147	246	289	4,142	8,313

(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 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 organisations 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

The following table shows the number of vaccinations and re-vaccinations carried out under the approved scheme during 1966.

	<u>Under 1 Year</u>	<u>1 Year</u>	<u>2 to 4 Years</u>	<u>5 to 15 Years</u>	<u>Total</u>
Primary	329	2,747	1,176	414	4,666
Re-vaccinations	-	6	67	837	910

Poliomyelitis Vaccination

During 1966 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.

145,084 East Sussex residents had received primary courses of poliomyelitis vaccine as at the 31st December, 1966, of which 140,178 had completed the full course of three doses each. 43,457 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>
1964	7,552	5,405
1965	6,509	3,727
1966	6,803	4,954

B.C.G. Vaccination Scheme for School Children and Students, 1966

Reported in detail under the School Health Report (page 56)

AMBULANCE SERVICE (SECTION 27)

During the first quarter of the year under review, there has been no change in the organisation and administration of the Ambulance Service, but as a result of a request from the British Red Cross Society that the County Council should take over the ambulance stations administered by that body, East Grinstead, Haywards Heath, Crowborough and Uckfield Ambulance Stations passed to the Council's control and administration on the 1st April.

The disposition of the vehicles and staff as at the 31st December, was as follows:-

<u>Main Station</u>	<u>Sub-Station</u>	<u>Full Time Staff</u>	<u>Vehicles</u>
HOVE		Directly 23 Provided Plus one Control Assistant	10
BEXHILL		SJAB 11	3
	(Hailsham	SJAB 6	2
	(Battle	SJAB 5	2
	(Rye	SJAB 6	2
LEWES		SJAB 13	5
	(Newhaven	SJAB 4	2
	(Uckfield	(Directly 3	1
	(Seaford	(Provided 2	1
HAYWARDS HEATH		Directly Provided 13	5
EAST GRINSTEAD	(Directly	8	3
	(
	Crowborough (Provided	5	2
		<u>99</u>	<u>38</u>

The Parishes of East Sussex adjacent to Kent County Council, Eastbourne County Borough and Hastings County Borough 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 94 to 99, mainly due to the decreasing numbers of volunteer crews, and also the need for a crew of two to cover each ambulance. The provision of radio communication between County Control and the five main stations makes it easy for requests to be passed to ambulances away from their base station thus increasing the efficiency of the service, and at the same time saving time and reducing mileage.

The Hospital Car Service continues to pay an increased contribution to the running of the ambulance service, and I must again pay tribute to Mr. C. E. H. Bath, County Organiser, his Area Transport Officers, and drivers, on the way they have carried out their duties in an admirable and efficient manner; during the year a total of 267,532 patients were carried 1,947,265 miles.

During the year, 1,094 patients were conveyed by rail 76,249 miles - an increase on last year of 197 patients and 16,145 miles. This form of long distance travel is more comfortable for patients, and my thanks are offered to the Control Staff of the British Rail for their help and also to the Greater London Authority Ambulance Service for their assistance in transferring patients between London Termini.

During the year it was necessary to make arrangements for the transport of a patient, by helicopter, suffering from severe spinal injuries, from Cuckfield Hospital to a specialised unit at Rookwood Hospital, Llandaff, Cardiff; it was medically impossible to make alternative arrangements for this transfer, and the journey took approximately two hours, costing £202.

The growth of the work in connection with the conveyance of children to schools for mentally handicapped children at Portslade, Cuckfield and Eastbourne continues, also the work of transporting adults to the senior centres at Wadhurst and Maresfield. The new sitting type of ambulance which carries up to fourteen persons has been found most useful for this purpose.

The following table shows the mileage increase in this transport compared with last year:-

	<u>Ambulances</u>		<u>Cars</u>	
	<u>1965</u>	<u>1966</u>	<u>1965</u>	<u>1966</u>
Persons conveyed	34,309	30,828	15,371	17,993
Miles travelled	119,937	132,408	202,215	270,221

There is also an increase in the use of the transport of Geriatric patients to day hospitals at Pembury, Hastings and Brighton, and it is expected that a similar Unit will be opened at East Grinstead in the near future.

The total annual figures of patients and mileage continue to fluctuate, due mainly to increased use of hospital out-patient departments and development undertaken under the Mental Health Act 1959 mentioned above, and the following table gives a comparison with last year's figures:-

	<u>Ambulances</u>		<u>Cars</u>	
	<u>1965</u>	<u>1966</u>	<u>1965</u>	<u>1966</u>
Patients carried	90,907	89,641	209,340	267,532
Mileage	630,706	639,986	1,364,245	1,947,265

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

Loan of Equipment

This side of the work has greatly increased. During the year we bought new equipment to the value of nearly £500. A new departure has been the purchase and loan of walking aids and chairs for spastic or handicapped children, 4 walking aids and 2 chairs having been bought for special cases. In addition the following have been purchased during the year:-

- 4 adult walking aids
- 2 Easicarri hoists and several slings
- 2 Alternating Pressure Pad units
- 1 re-conditioned adult cot bed
- 1 foam rubber mattress

It was also found possible to purchase special safety bed rails which, fitted on to an ordinary bed, virtually turn it into a cot bed. The alternating pressure pad units are excellent for preventing bed sores in the bed-ridden patient and are worked by means of an electric motor. In the case of patients who have no electricity in the house a special inflatable nursing mattress can be supplied and seems admirably suited to its purpose, though being considerably cheaper has not such a long life as the Alternating pressure pad units.

The value of equipment now held by the County Council for loaning out to patients being nursed at home is now in the neighbourhood of £2,000. It is a service which is very much appreciated as it assists both the nursing staff and relatives and makes life very much more comfortable for the patient.

The Civil Defence personnel have been most co-operative in helping with the issue and return of equipment stored by them.

Chiropody

Three new chiropody clinics were opened during the year making 71 clinics operating in the administrative county. Many of the established clinics have been authorised to hold extra sessions as the demand continues to increase. Treatments are in the main given at not less than 6-weekly intervals though permission is given for more frequent treatments where this is necessary to keep an elderly person mobile.

Exfoliative Cytology

This service continued to develop and by the end of the year sessions were being held in 16 districts; 10 in County Clinic premises, one in a doctor's surgery, 3 in hospital premises and two in Civil Defence buildings. At 31st December 8,446 normal tests had been recorded and 30 abnormal. Apart from this some 30 per cent of the women attending were found to have gynaecological abnormalities of one sort or another which needed referral to their own doctors. After the first burst of enthusiasm from the women, however, it has been necessary to do a good deal of propaganda work to encourage more to come forward for the test.

Medical Social Worker

New referrals continue to be made by Chest Physicians, General Practitioners and other Medical Social Workers. The number of referrals from the Chest Clinics has been less than in previous years, but many newly notified patients require help and advice. 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. There is a continuing number of older patients with chronic conditions requiring long term help and support. Some of these are in considerable need. They face great difficulty in obtaining sufficient fuel to provide them with adequate warmth in the winter months. The danger of hypothermia is a very real one to them.

Spastics and Epileptics

The number of spastics and epileptics at 31st December, 1966 was 332.

<u>Age Range</u>	<u>Spastics</u>	<u>Epileptics</u>
Under 5 years	11	5
5 - 15 years	45	20
Over 15 years	138	113
	<u>194</u>	<u>138</u>

186 of the total of 332 are mentally sub-normal, this being the major handicap.

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

TABLE A

	Cataracts	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:	20 + 11	11 + 7	0 + 0	76 + 64	107 + 82
(a) No Treatment	7 + 1	4 + 0	0 + 0	36 + 14	47 + 15
(b) Treatment	13 + 10	7 + 7	0 + 0	40 + 50	60 + 67
Medical	3 + 0	0 + 1	0 + 0	16 + 8	19 + 9
Surgical	8 + 6	3 + 1	0 + 0	7 + 2	18 + 9
Optical	1 + 0	0 + 0	0 + 0	7 + 5	8 + 5
Ophthalmic Medical Supervision	3 + 4	6 + 6	0 + 0	20 + 37	29 + 47
(2) Number of cases at (1)(b) above which on follow-up action have received treatment	11 + 8	6 + 6	0 + 0	33 + 44	50 + 58
(3) Number of cases which have not received treatment	2 + 2	1 + 1	0 + 0	7 + 6	10 + 9

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

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

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	-

MENTAL HEALTH

NATIONAL HEALTH SERVICE ACT, 1946. (SECTION 28)

MENTAL HEALTH ACT, 1959

Development of Mental Health Services

Mental Illness

The accompanying tables (1 and 2) reflect the changing pattern of the services for patients suffering from mental illness. The volume of work dealing with hospital admissions of one sort or another remains fairly constant in spite of the population increase. In contrast, the numbers of patients receiving social support is increasing rapidly, as is the amount of time spent by Mental Welfare Officers on this work.

Therapeutic social clubs and day centres play an important part in the social rehabilitation of persons who have suffered mental illness. There are, at present, five in the county, four under the auspices of the British Red Cross Society and one run by a voluntary committee. The Mental Welfare Officers also aim to integrate ex-patients into other organisations and clubs that cater for old interests and stimulate new ones.

TABLE 1
Hospital Admissions

	1950	1955	1960	1965	1966
Certified	127	135	27+	-	-
Observation	180	299	179+	-	-
Voluntary and Temporary	41	79	33+	-	-
Informal	-	-	65	64	64
Section 29	-	-	18	93	85
" 25	-	-	8	63	72
" 26	-	-	9	87	120
Other Sections	-	-	-	2	1
	348*	513*	339	309	342

* Including Hove and Portslade

+ 1st January, 1960 to 31st October, 1960

TABLE 2
Community Care

	1962	1963	1964	1965	1966
Cases on Register	133	210	263	392	568
Initial Investigations	187	304	423	469	550
Social Work Visits	6111	7253	8236	10703	12880
Visits to Train- ing Centres and Social Clubs	124	179	742	1356	1823
Case Conferences	302	477	613	1009	1490

Mental Subnormality

Again the developing pattern of community care has reduced the amount of hospital admission work and thrown great emphasis on the support of the subnormal at home, and the provision of education, training and employment within the community setting. This again stresses the importance of the role of the Mental Welfare Officer as a social worker.

Table 3 shows how the proportion of East Sussex persons resident in hospitals and institutions has been falling steadily, whilst the proportion being cared for in the community has risen.

TABLE 3

Year	Population	Total Number	Rate per Thousand	Hospital	Rate per Thousand	Community Care	Rate per Thousand
1962*	311,120	1034	3.32	451	1.45	583	1.87
1963*	316,470	1056	3.34	455	1.44	601	1.90
1964*	326,860	1000	3.06	450	1.38	550	1.68
1965*	335,110	1123	3.35	454	1.36	669	1.99
1966*	342,380	1154	3.37	460	1.35	693	2.02

(a) Schools for the Mentally Handicapped (Junior Training Centres)

TABLE 4

Attendances at 31st December, 1966

	Males	Females	Total
Hillside (Portslade)	21	15	36
Court Meadow (Cuckfield)	33	35	68
Hazel Court (Eastbourne)	16	14	30
Others	11	1	12
Total	81	65	146

At the end of the year there was a waiting list of 13 for places in these establishments, which was subsequently reduced by adjusting the catchment areas of the schools.

It has been found necessary to make certain 'special care' provision at the schools for children with severe and often multiple handicaps.

(b) Adult Training

The Belgrave Training Centre, Portslade-by-Sea, was opened in May, 1965, to cater for 60 trainees but during the year under review the numbers rose from 61 to 75. School leavers are offered places at the adult centre where there is a wide variety of industrial work and training projects available to develop work skills and continue social education. There are dining facilities on the 'self-service' canteen basis while the schoolroom received two or three trainees at a time in rotation to develop the attributes needed for community living. It was envisaged that trainees would stay an average of two years and would then either take up normal employment, if this can be found, or progress to work centres. Up to the end of the year 18 trainees had been placed in open employment.

(c) Work Centres

Where as in the adult training centre the emphasis is on training and work carried out is a means to this end, in work centres the emphasis is on continuing sheltered employment. There are, at present, two work centres (Wadhurst and Maresfield) in temporary rented accommodation. The number of persons attending at the end of the year was:-

Wadhurst	31
Maresfield	20
Total	<u>51</u>

Advisory Committee on the Employment of the Mentally Disabled

At the beginning of the year an Advisory Committee on the Employment of the Mentally Disabled was set up. Membership consists of representatives of the psychiatric hospitals in this area, representatives of Sussex Industries, of Trades Unions as well as medical officers of the adjoining County Boroughs and myself. An Area Manager of the Ministry of Social Security and the Regional Disablement Resettlement Officer of the Ministry of Labour are also members. The Committee meets quarterly and its terms of reference are to consider any matters relating to the employment of the mentally disabled and to foster close cooperation between all parties concerned with this.

Amongst the subjects considered by the committee are:-

1. The placement of mentally disordered persons in open employment.
2. The sheltered employment of the mentally disabled.
3. Methods of training and rehabilitation.
4. Related residential problems.
5. The effect of 'selective employment tax' on the employment of the mentally disabled.
6. The progress of Hospital and local authority schemes.

The committee also exhibited at the recent Sussex/Normandy fair in Brighton.

Guardianship

The decline and change in the use of powers of guardianship has been striking.

Numbers under Guardianship
at the end of each year

	Mental Illness	Subnormality
1958	-	117
1960	1	95
1962	6	16
1964	5	6
1966	4	2

Residential Accommodation

"Albany Court", Bexhill

This Home is for the rehabilitation of mentally ill women. During the year 19 patients have been admitted and 18 have been discharged. Of the discharges the duration of stay varied from nine days to nine months. Three-quarters were admitted direct from hospital and the remainder were referred by social workers in the community. All had at some time been in a mental hospital. Casework in relation to rehabilitation is carried out by the Bexhill team of Mental Welfare Officers, and the progression from hostel care to independence in the community is to be helped by the establishment of a specimen 'bed sitter' at "Albany Court" which can be used in the final stages of rehabilitation before discharge.

"Hillcrest", Portslade

This Home, for 35 elderly mentally infirm women, has been filled throughout the year, vacancies being filled immediately from the waiting list.

57 Harebeating Drive, Hailsham

This Home, also accomodating for elderly mentally infirm patients, accommodates 6 men and 29 women and has a waiting list. It was open in March 1966.

Hostel, 223 Old Shoreham Road, Portslade

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

Westhill Hostel, Westhill Drive, Burgess Hill

This mixed hostel for 20 mentally sub-normal adult persons was opened in May 1966 and has over the rest of the year attained its full complement of ten girls, but had five vacancies on the male side. The Hostel is intended to serve as residential accommodation for trainees at the Burgess Hill Adult Training Centre when it opens. The residents, in the main, have been travelling to Belgrave Training Centre, Portslade, as a temporary measure.

"Tentercroft", Cuckfield

"Orchard House", Cuckfield

Each of these Homes provide residential accommodation for 10 children all of whom attend "Court Meadow". Short-term care cases are received during holiday times when term time residents returned home for the holidays.

Total Numbers in Residential Accommodation

The Authority also accept financial responsibility for the care of persons suffering from mental disorder who require sheltered residential accommodation in private accommodation. The numbers of patients resident in sheltered accommodation at the end of the year are set out below:-

	Private Accommodation or Voluntary Homes			Local Authority Homes and Hostels		
	Males	Females	Total	Males	Females	Total
Sub-normal mentality	16	49	65	27	16	43
Psychopaths	-	-	-	-	-	-
Mental Illness Patients	5	24	29	6	77	83

Staffing

A. Mental Welfare Officers

During the year a scheme for providing area offices for Mental Welfare Officers has been worked out as a result of experience with a pilot scheme at East Grinstead. The areas covered by these offices are being fixed to coincide with the areas of consultants at the psychiatric hospitals. It is envisaged that, so far as the needs of the mentally ill are concerned, there should be closer integration between hospital and local authority services for the benefit of patients, and Consultant psychiatrists from the hospitals aided by their psychiatric social work staff working in teams with the Mental Welfare Officers.

The number of Mental Welfare Officers in post at 31st December, 1966 was 18 (one vacancy existed). This allocation being based on the proportion of one Mental Welfare Officer to 20,000 population. The trends of work noted in this report together with the need to work in mental health teams may well result in a revision of this proportional allocation.

B. Physiotherapy and Speech Therapy

We have been successful in providing full cover for speech therapy but there is still room for expansion in the physiotherapy arrangements which, unfortunately, do not give complete cover at "Court Meadow" and "Hillside".

C. Psychologists

The Authority has made provision for the part-time employment of a clinical psychologist at the Adult Training Centre and a half-time educational psychologist at the schools.

Projects

Burgess Hill Adult Training and Rehabilitation Centres

This establishment is due to open within the next six months and will provide 60 places for mentally sub-normal persons and 60 places for the mentally ill. This, together with Belgrave Adult Training Centre should provide complete cover for the County's industrial training needs for the mentally sub-normal and rehabilitation training for the mentally ill.

Middleton Manor

This residential establishment for 30 trainees in agricultural and horticultural work should open in two years time.

92 Cromwell Road

This Hostel for 15 mentally sub-normal women will open within the next five months. The Hostel will house trainees who will attend Belgrave Adult Training Centre.

School at Bexhill-on-Sea

Among projects which will receive close attention during the coming year will be a new school for mentally handicapped children at Bexhill.

Work Centres

The first purpose built centre is to be erected at Newhaven and will be followed by further centres at:-

Bexhill	Portslade
Hailsham	Battle
Burgess Hill	East Grinstead

Home for Children, Portslade

No progress has been made with this project because of the difficulties in finding a suitable site.

HOME HELP SERVICE (Section 29)

(excluding the Hove and Portslade area)

The year ending 31st December, 1966, has once again provided an increase in the numbers of cases supplied with home helps. As before, it is in the aged category that the greatest increase has been shown.

Below is a table giving comparative figures.

<u>Year</u>	<u>Aged</u>	<u>Chronic/T.B.</u>	<u>Mental</u>	<u>Mat.</u>	<u>General</u>	<u>Total</u>
1965	1708	157	33	474	305	2677 *
1966	2061	135	41	429	209	2875
Increase/ decrease	+353	-22	+8	-45	-96	+198

* Amended figures for 1965

Total hours worked by home helps

1965	399,528
1966	424,923

Maternity

It is interesting to note that, once again, the number of maternity cases has decreased. It is difficult to give any specific reason for this downward trend, which has continued for the past three years. 68 maternity cases did not take advantage of the scheme during the year, after the assessment rate had been received, out of which 41 cases would have been paying the full rate. In many of the cases concerned, it is known that the husband or other relative was available to help during the lying-in period. So far, there is no evidence to suggest that the 48 hour discharge policy has had any effect on the demand for help, and it would therefore appear that most normal maternity cases are being cared for within the family.

Recruitment of staff

There has been a slight easing in the recruiting of home helps. This began to be apparent towards the end of the year, and it would seem that the selective employment tax has helped in this always difficult problem. If this trend continues, it will give the Area Specialists more opportunity to pick and choose their staff, whereas in the past they were more or less forced to accept most offers!

Resident staff

The only remaining resident home help, who had been employed in the service for five years, retired at the beginning of December. Although many efforts through newspaper advertisement and word of mouth were made it was not possible to find a replacement, and there is now no resident help in the County. There is, however, one home help with her own car, who is willing to attend cases in almost any part of the County. Unfortunately, due to domestic ties, she is only available from 9 a.m. to 2 p.m. In recent years, quite a number of home helps with their own cars have joined the service. This has been a great boon, as they have been able to attend cases in outlying areas where public transport is almost non-existent, and it has also enabled many of them to take on a greater number of cases in a week.

<u>Year</u>	<u>County Office</u>	<u>District Visiting and Supervisory</u>	<u>Home Helps</u>
1965	County Organiser Deputy County Organiser	46 (W.R.V.S.)	840 Part-time (Whole-time equivalent 184) Resident - 2
1966	County Organiser Deputy County Organiser	43 (W.R.V.S.)	959 Part-time (Whole-time equivalent 205) Resident - 1

It will be seen from the above table that the number of Area Specialists has fallen by three. Unfortunately, several Area Specialists resigned towards the latter end of the year, due to illness, and in one case, to moving from the area. However, at the time of writing, most have been replaced and the County is now back to full strength with the exception of two very small districts which are still administered direct from County level.

In every case, the new Area Specialists recruited have been in the "young married" category, and those who have been with us, even for a short period, seem to have taken to their tasks with much enthusiasm.

Institute of Home Help Organisers

The Annual Conference and Week-end School of the Institute of Home Help Organisers was held in Brighton in September/October, and quite a number of the Area Specialists voluntarily attended some of the sessions. This was the first opportunity most of them had had of being able to be present at a gathering such as this, and their attendance provided further evidence of their whole-hearted interest in this work.

The policy of working in co-operation with the nursing staff is still being pursued, and all Area Specialists are encouraged to make themselves known to the nursing sisters in their areas.

Though the number of cases helped continues to increase substantially, it is mainly in the aged category that the increase is to be found. This upward trend is bound to continue so long as the ageing population increases, and it would therefore be impossible to prophesy any "ceiling" to this service at the present time.

MEDICAL EXAMINATIONS

Staff

473 medical examinations were carried out in 1966 compared with 452 the previous year and the number of Health Statements scrutinised amounted to 1,646 of which 444 were for canteen workers and 439 for teaching staff. Chest x-rays had to be arranged for nearly all this latter category. Medical examinations were carried out as follows:-

By whole-time medical officers	150
By part-time medical officers	203
By general practitioners	120

Factory Medical Examinations

Dr. H.B. Shaw retired on the 30th September, 1966 from the post of Appointed Factory Doctor for the East Grinstead area. No applications were received from family doctors to fill the vacancy and therefore in accordance with the Factory Act 1961, Section 151 (8) the work fell to be carried out by the Local Health Authority. Dr. J. Petrie, in his capacity as School Medical Officer, was designated as the Appointed Factory Doctor in October and a report of the work for the year 1966 is:-

First Examinations	58 male	32 female	Total 90
Subsequent Examinations	23 male	26 female	Total 49

Of the total of 139 examinations, 64 were completed by Dr. Petrie since he took up the appointment in October 1966.

REGISTRATION OF NURSING HOMES

The number of Nursing Homes in the authority's area (excluding the Borough of Hove) at the end of 1966 was reduced to 21, one having closed during the year. This reduced the total of beds to 343, though some Homes increased the number of available beds during the year.

NURSING AGENCIES

Three Nursing Agencies continued to operate.

NURSERIES & CHILD MINDERS REGULATION ACT 1948

Applications for registration of Nursery Groups and Child Minders continue to be dealt with and at the end of 1966 there were 67 premises with 1,557 places and 22 Daily Minders with 226 places, the corresponding figures for 1965 being 46 and 19.

ADMINISTRATIVE COUNTY OF EAST SUSSEX
CHIEF VITAL STATISTICS FOR THE YEAR 1966

TABLE I - Live Births, Stillbirths and Deaths

DISTRICT	Area in Statute Acres (Land & In-land water)	Population estimated by Registrar General mid. 1966	LIVE BIRTHS			STILLBIRTHS			DEATHS UNDER 1 YEAR OF AGE		DEATHS UNDER 4 WEEKS OF AGE		DEATH UNDER 1 WEEK OF AGE		DEATHS AT ALL AGES		DEATHS FROM RESPIRATORY T. B.		
			Number	Crude rate per 1000 Pop.	Standardised Rate	Number	Crude rate per 1000 Pop.	Rate per 1000 live births	Number	Rate per 1000 live births	Number	Rate per 1000 live births	Number	Crude rate per 1000 Pop.	Standardised Rate	Number	Crude rate per 1000 Pop.		
URBAN AREAS																			
Bexhill M.B.	7,993	31,910	245	7.68	13.36	7	0.22	27.77	6	24.49	3	12.24	3	12.24	655	20.53	9.44	1	0.03
Burgess Hill U.D.	2,026	16,500	339	20.55	20.76	2	0.12	5.87	3	8.85	1	2.95	1	2.95	160	9.70	10.09	-	-
Cuckfield U.D.	3,911	23,360	362	15.46	16.85	7	0.30	19.33	11	30.39	10	27.62	9	24.86	339	14.51	9.00	-	-
E. Grinstead U.D.	6,600	17,020	293	17.21	17.38	3	0.18	10.17	2	6.83	1	3.41	1	3.41	196	11.51	8.29	1	0.06
Hove M.B.	3,946	72,600	894	12.31	16.74	8	0.11	8.87	9	10.07	7	7.83	7	7.83	1,574	21.68	11.49	2	0.03
Lewes M.B.	1,993	14,070	187	13.29	15.15	2	0.14	10.58	8	42.78	5	26.73	5	26.73	181	12.86	11.96	-	-
Neshaven U.D.	1,772	9,380	158	16.84	19.03	1	0.11	6.28	-	-	-	-	-	-	139	14.82	12.00	-	-
Portslade U.D.	1,951	18,130	384	21.18	20.54	2	0.11	5.18	5	13.02	4	10.42	3	7.81	168	9.27	9.46	-	-
Rye M.B.	1,027	4,400	66	15.00	17.70	1	0.23	14.92	1	15.15	1	15.15	1	15.15	57	12.95	10.88	-	-
Seaford U.D.	4,274	14,700	166	11.29	22.92	2	0.14	11.90	2	12.01	1	6.02	1	6.02	215	14.62	6.87	-	-
TOTALS	35,493	222,070	3,094	13.93	17.69	35	0.16	11.31	47	15.19	33	10.67	31	10.02	3,684	16.59	9.96	4	0.02
RURAL DISTRICTS																			
Battle	117,147	31,910	397	12.44	16.42	9	0.28	22.20	7	17.63	7	17.63	5	12.59	527	16.51	10.07	1	0.03
Chailley	64,183	27,430	347	12.65	16.57	1	0.04	2.87	3	8.65	3	8.65	2	5.76	487	17.75	9.05	-	-
Cuckfield	70,998	35,470	476	13.42	14.76	8	0.23	16.52	5	10.50	1	2.10	1	2.10	376	10.60	8.59	2	0.06
Hailsham	94,668	49,800	649	13.03	16.29	9	0.18	13.68	7	10.79	5	7.10	4	6.16	801	16.08	9.97	2	0.04
Uckfield	112,098	48,300	715	14.80	18.06	9	0.19	12.43	10	13.99	7	9.79	6	8.39	648	13.42	9.53	-	-
TOTALS	459,090	192,910	2,684	13.39	16.47	36	0.19	13.74	32	12.38	23	8.90	18	6.97	2,839	14.72	9.42	5	0.03
WHOLE COUNTY																			
	494,583	414,980	5,678	13.68	17.10	71	0.17	12.36	79	13.91	56	9.86	49	8.63	6,523	15.72	9.75	9	0.02

* The rate for England and Wales was 17.7 (live births) and 11.7 (deaths)

TABLE II
NUMBER OF DEATHS AT DIFFERENT PERIODS OF LIFE IN
THE ADMINISTRATIVE COUNTY DURING THE YEAR 1966

Urban Districts														Rural Districts										
Sex	All Ages	Under 4 weeks	4 weeks and under 1 year	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	75 and over	All Ages	Under 4 weeks	4 weeks and under 1 year	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	75 and Over
Males	1676	20	9	4	3	11	17	17	72	268	491	764	1388	18	6	13	6	17	6	18	71	214	423	596
Females	2008	13	5	2	1	5	6	15	74	152	441	1294	1451	5	3	4	2	2	7	18	55	139	337	879
TOTALS	3684	33	14	6	4	16	23	32	146	420	932	2058	2839	23	9	17	8	19	13	36	126	353	760	1475

TABLE III (A)
Causes of and ages at death during the year 1966

CAUSES OF DEATH	DEATHS IN OR BELONGING TO DISTRICTS, AT SUBJOINED AGES																								TOTALS FOR ADMINISTRATIVE COUNTY												
	BOROUGH								URBAN DISTRICTS								RURAL DISTRICTS																				
	Under 4 weeks and under 1 Year	5 and under	15 and under	25 and under	35 and under	45 and under	55 and under	65 and over	TOTALS	Under 4 weeks and under 1 Year	5 and under	15 and under	25 and under	35 and under	45 and under	55 and under	65 and over	TOTALS	Under 4 weeks and under 1 Year	5 and under	15 and under	25 and under	35 and under	45 and under		55 and under	65 and over	TOTALS									
1. Tuberculosis, Respiratory	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
2. Tuberculosis, Other	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
3. Syphilitic Disease	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
4. Diphtheria	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
5. Whooping Cough	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
6. Meningococcal Infections	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
7. Acute Poliomyelitis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
8. Measles	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
9. Other Infective and Parasitic Diseases	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
10. Malignant Neoplasms, Stomach	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
11. Malignant Neoplasms, Lung Bronchus	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
12. Malignant Neoplasms, Breast	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
13. Malignant Neoplasms, Uterus	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
14. Other Malignant and Lymphatic Neoplasms	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
15. Leukaemia, Alukaemia	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
16. Diabetes	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
17. Vascular Lesions of Nervous System	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
18. Coronary Disease, Angina	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
19. Hypertension with Heart Disease	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
20. Other Heart Disease	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
21. Other Circulatory Disease	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
22. Influenza	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
23. Pneumonia	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
24. Bronchitis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
25. Other Diseases of Respiratory System	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
26. Cider of Stomach and Duodenum	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
27. Gastritis, Enteritis and Diarrhea	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
28. Nephritis and Nephrosis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
29. Hyperplasia of Prostate	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
30. Pregnancy, Childbirth, Abortion	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
31. Congenital Malformations	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
32. Other Defined and Ill-Defined Diseases	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
33. Motor Vehicle Accidents	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
34. All other Accidents	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
35. Suicide	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
36. Homicide and Operations of War	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1										
All Causes	16	8	5	3	10	13	21	95	254	625	1417	2467	17	6	1	1	6	10	11	51	106	307	641	1217	23	9	17	8	19	13	36	126	353	780	1475	2639	6833

TABLE III (B)

Causes of and ages at death during the year 1966

CAUSES OF DEATH	DEATHS, IN OR BELONGING TO EACH DISTRICT, AT ALL AGES																		TOTAL FOR ADMIN- ISTRATIVE COUNTY
	BOROUGHES				URBAN DISTRICTS								RURAL DISTRICTS						
	Beckhill	Howe	Leaves	Rye	TOTALS	Burgess Hill	Cuckfield	East Grinstead	Newhaven	Portlady- By-Sea	Seaford	TOTALS	Battle	Chailly	Cuckfield	Hailsham	Uckfield	TOTALS	
1. Tuberculosis, Respiratory	1	2	-	-	3	-	-	1	-	-	-	1	1	-	2	2	-	5	
2. Tuberculosis, Other	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	
3. Syphilitic Disease	1	3	1	-	5	-	1	-	1	-	-	2	-	-	1	2	1	4	
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
6. Meningococcal Infections	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
7. Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
8. Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
9. Other Infective and Parasitic Diseases	1	2	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	3	
10. Malignant Neoplasms, Stomach	15	32	5	1	53	-	4	8	2	3	1	18	13	8	8	21	5	55	
11. Malignant Neoplasms, Lung, Bronchus	29	59	13	5	106	17	13	15	8	11	8	72	26	19	23	31	30	129	
12. Malignant Neoplasms, Breast	22	24	5	1	52	2	5	4	1	7	4	23	15	8	7	18	11	59	
13. Malignant Neoplasms, Uterus	7	3	2	-	12	-	1	3	1	-	1	6	3	3	-	6	4	15	
14. Other Malignant and Lymphatic Neoplasms	65	147	21	10	243	15	41	11	9	15	22	113	60	46	31	75	54	366	
15. Leukaemia, Aleukaemia	3	7	1	1	12	-	2	1	-	-	-	1	1	1	2	2	3	9	
16. Diabetes	4	12	1	-	17	-	2	3	2	1	-	8	4	-	2	13	6	25	
17. Vascular Lesions of Nervous System	130	264	20	10	424	27	61	33	28	29	39	217	81	83	55	110	104	433	
18. Coronary Disease, Angina	155	350	35	7	547	44	63	22	23	37	50	239	96	107	81	176	131	591	
19. Hypertension with Heart Disease	4	18	1	1	24	4	1	2	2	2	5	16	9	7	3	12	12	43	
20. Other Heart Disease	60	228	20	4	312	17	57	16	30	15	20	155	61	94	69	94	66	384	
21. Other Circulatory Disease	32	68	6	3	109	8	12	18	6	5	7	56	20	17	16	35	44	132	
22. Influenza	2	6	-	-	8	-	3	2	-	-	-	5	12	2	3	4	15	36	
23. Pneumonia	34	89	10	5	138	2	28	12	5	11	13	71	31	26	8	43	39	147	
24. Bronchitis	19	62	3	2	86	3	10	5	8	2	7	35	16	10	17	29	20	92	
25. Other Diseases of Respiratory System	3	14	3	-	20	-	4	7	1	2	4	18	2	2	3	13	3	23	
26. Ulcer of Stomach and Duodenum	4	9	1	-	14	1	1	2	-	2	3	8	3	2	4	6	2	17	
27. Gastritis, Enteritis and Diarrhoea	2	7	2	-	11	1	2	-	-	-	2	5	6	2	2	3	4	17	
28. Nephritis and Nephrosis	1	4	-	1	6	1	1	1	-	1	3	7	2	5	-	8	5	20	
29. Hyperplasia of Prostate	2	4	-	-	6	-	-	-	-	-	-	-	1	-	2	2	-	5	
30. Pregnancy, Childbirth, Abortion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
31. Congenital Malformations	2	5	1	1	9	1	6	1	1	2	1	12	4	4	4	3	5	20	
32. Other Defined and Ill-Defined Diseases	37	83	22	4	146	10	13	23	8	13	19	86	36	26	18	48	57	185	
33. Motor Vehicle Accidents	5	10	4	-	19	1	4	3	3	4	5	18	8	7	5	12	9	41	
34. All Other Accidents	8	45	2	1	56	2	6	2	3	3	5	18	11	6	7	20	13	57	
35. Suicide	7	16	2	-	25	3	1	1	3	-	-	11	4	2	4	10	4	24	
36. Homicide and Operations of War	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1	2	
All Causes	655	1,574	181	57	2,467	160	339	196	139	168	215	1,217	527	487	376	801	648	2,839	
																		6,523	

TABLE IV

CASES OF NOTIFIABLE DISEASES OCCURRING DURING THE YEAR 1966

TOTAL NUMBERS OF NOTIFIABLE DISEASES IN EACH DISTRICT																			
	Total for Administrative County	Boroughs				Urban Districts							Rural Districts						
		Bexhill	Hove	Lewes	Rye	Totals	Burgess Hill	Cuckfield	East Grinstead	Newhaven	Portsmouth-by-Sea	Seaford	Totals	Battle	Chailley	Cuckfield	Hailsham	Uckfield	Totals
Scarlet Fever	127	14	26	1	-	41	-	9	8	1	14	-	32	5	14	6	19	10	54
Whooping Cough	91	7	11	1	-	19	-	1	10	-	-	-	11	13	3	4	22	19	61
Acute Poliomyelitis - Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis - Non Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	1763	191	61	166	32	450	80	62	51	38	66	29	326	181	254	227	133	192	987
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Pneumonia	33	1	11	4	4	20	-	-	-	-	4	-	4	3	1	-	2	3	9
Dysentery	36	7	2	-	-	9	3	8	6	-	-	-	17	3	3	2	2	-	10
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis - Infective	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis - Post Infectious	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
Paratyphoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	13	-	2	-	1	3	-	1	1	1	-	-	3	1	-	-	2	4	7
Meningococcal Infection	2	-	2	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	40	-	-	-	-	-	-	34	-	-	-	-	34	-	2	-	-	4	6
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Hepatitis	20	-	-	-	-	-	5	4	-	-	-	-	9	-	-	11	-	-	11
Food Poisoning	26	-	13	1	-	14	-	1	1	-	4	-	6	-	4	1	-	1	6
Tuberculosis - Respiratory	55	3	12	2	-	17	1	-	2	1	6	3	13	5	5	4	4	7	25
Tuberculosis - Meninges	1	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-
Tuberculosis - Other Forms	5	-	1	-	-	1	-	-	-	-	-	-	-	2	1	-	1	-	4
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS	2213	223	141	175	37	576	89	120	80	41	94	32	456	214	287	255	185	240	1181

School Health Service

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STAFFING

Dr. Anne Barnes was appointed to succeed Dr. Anne Surtees as a full-time School Medical Officer.

As the Committee will see, we are woefully short of Speech Therapists, two of our longer serving officers having resigned during the year; though for the best of reasons - marriage and motherhood. It is hoped the situation will improve during the coming summer, when potential recruits will be leaving their colleges.

Despite prolonged advertising, we are still without a Social Worker for Crowborough Child Guidance Clinic, which of course hampers Dr. Heller's work there.

MEDICAL INSPECTION AND TREATMENT

Schools

The number of maintained schools in the county is 214, comprising:-

Grammar Schools	9
County Secondary Schools	32
Primary Schools	169
Special Schools	4

The number of children on the registers of the Authority's schools during the Autumn Term, 1966 was 46,849.

Introduction

"Education and medicine are becoming in many ways indivisible. Both are concerned to an increasing extent with attitudes of mind towards lifelong learning to live". (M. E. M. Herford in a letter to "The Lancet", 11th February, 1967.) If this is true, and there is no reason to believe it is not, the School Health Service must have an increasingly important part to play. In this context, the role of the School Medical Officer is subtly changing all the time. He is becoming an adviser, not only in the fields of physical and preventive medicine but also in the wider realms of psychological medicine, health education and the promotion of positive health.

Dr. Parker in her report calls attention to two points which illustrate the very varied problems found by School Medical Officers today; "The first is the continuing incidence of gross obesity in a number of children. The second is the difficult task of dealing with the children of problem families and of families with a problem. These latter have often included over-protection by the mother which has denied the child any opportunity to benefit from remedial facilities."

Conditions throughout the county are by no means uniform. Dr. Butterfield observed of his area - "Generally, I found the condition of the health of Bexhill school children of very high standard - comparing well with that of the north of England where I worked previously. I did not find one case of malnutrition or gross neglect."

It should be noted, however, that the "gross obesity" to which Dr. Parker refers is the form that malnutrition in its true sense most frequently assumes in our present-day society.

A revised questionnaire has been introduced this year for parents to complete prior to their children's medical examination. Although the information gained has not been fully analysed statistically, the response rate has been excellent (about 95%) and appears to have resulted in the attendance of parents for the initial medical inspection in the majority of cases. Our experience with this questionnaire will be of particular value when we consider instituting medical inspections on a selective basis to replace the routine inspection at present carried out in mid-school life.

A number of investigations have been carried out during the year. These have included a review of diabetic children of school age and a survey of thalidomide-type deformities, with regard to the type of schooling provided for them. An interesting finding of high-frequency hearing-loss was investigated in a group of boys who had been exposed to rifle detonations during range practice. A brief report appears on a later page.

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 1. Numbers Seen at Medical Inspection
(figures for 1965 are given for comparison)

	<u>1966</u>	<u>1965</u>
Routine	12,571	12,695
Special	1,078	552
Re-examination	<u>9,190</u>	<u>8,730</u>
	<u>22,839</u>	<u>21,977</u>

While the total number of examinations carried out this year exceeds that for the previous year, the number of routine inspections, which are usually more time-consuming, is slightly less. It should be borne in mind, however, that the school population is steadily rising annually (43,978 in 1964, 46,849 in 1966) while the establishment of School Medical Officers remains the same. The work-load of some of our School Medical Officers exceeds the nationally agreed figure of 7,000 pupils. It is obvious therefore that additional staff is required. The possibility of employing General Practitioners in the role of part-time School Medical Officers is being actively considered.

Table 2. Defects found by medical inspection during 1966
(figures for 1965 are given for comparison)

Defect or disease	Number of defects					
	Requiring treatment		Requiring observation		Total	
	1966	1965	1966	1965	1966	1965
Skin	100	139	251	249	351	388
Eyes a. Vision	633	704	1,665	1,561	2,298	2,265
b. Squint	70	88	124	135	194	223
c. Other	14	28	41	37	55	65
Ears a. Hearing	80	83	344	196	424	279
b. Otitis media	17	21	130	62	147	83
c. Other	13	5	30	14	43	19
Nose & Throat	88	143	640	478	728	621
Speech	61	62	174	136	235	198
Lymphatic Glands	4	3	110	101	114	104
Heart	34	33	135	131	169	164
Lungs	31	24	269	249	300	273
Developmental						
a. Hernia	13	19	55	51	68	70
b. Other	47	46	329	309	376	355
Orthopaedic						
a. Posture	28	25	115	165	143	190
b. Feet	45	71	374	377	419	448
c. Other	36	55	215	295	251	350
Nervous System						
a. Epilepsy	11	10	42	46	53	56
b. Other	6	9	62	48	68	57
Psychological						
a. Development	100	97	358	500	458	597
b. Stability	36	20	356	311	392	331
Abdomen	11	17	51	61	62	78
Other	142	113	168	187	310	300

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

	1966	1965
No. of children examined	12,571	12,695
No. of children with defects requiring treatment	1,477	1,586
% of children requiring treatment	11.7	12.5

The number of defects listed under Table 2 differs little from the previous year. It may be asked why so many children with defects of vision or with squint require observation. In fact, all defects of this type are referred for treatment to the consultant ophthalmologist at once, but thereafter the progressive results of treatment may be kept under observation by the School Medical Officer.

Although the numbers involved are small, the increase in the number of children observed or referred for treatment on account of psychological instability reflects the growing problem of the maladjusted child in school, itself an index of the malaise in modern society.

As might be anticipated with the same establishment working at capacity from year to year the number of children examined does not alter significantly from the previous year. Nevertheless, the percentage of children requiring treatment shows a steady downward trend in recent years, from 13.3% in 1964 to 11.7% in the current year.

Personal Hygiene

School nurses continue to visit schools to inspect children. In the 66,014 examinations conducted, 98 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.

Handicapped Pupils

In accordance with the requirements of the Department of Education and Science, handicapped pupils are assessed by School Medical Officers and placed in one (or more) of ten categories. A child may be so well adapted to his handicap, however, or treatment may be so successful in controlling any disability that, for all intents and purposes, he may be considered as a normal child and he will not be ascertained as handicapped, though his condition will, of course, be recorded.

Again, wherever possible, handicapped pupils are admitted to normal schools, even though their disability may be quite considerable, in order to gain the well-proved benefits, educational, psychological and social, of admission to and acceptance by a normal, healthy peer-group.

Thus, while only 53 children are registered as partially hearing pupils, there are in addition 20 children with hearing aids who do not require specific auditory help and a further 137 children known to have auditory impairments, who are not wearing hearing aids but who are provided with good classroom positions where necessary. To take another example, there are 4 pupils with severe epilepsy attending special schools, but there are 86 cases, all well-controlled, who have been noted by Medical Officers at school inspections.

The number of children actually categorised as "maladjusted" is small, but it should be appreciated that many children who are in fact maladjusted are receiving treatment at Child Guidance Clinics, Remedial Units and within Special Classes without being formally registered.

Asthma Amongst the fifteen children described as delicate pupils more than half (8) suffer from asthma and two are diabetics. Yet no less than 310 children have been found to have an "asthmatic tendency", "asthma in early childhood", or are currently under treatment for asthma but attending normal schools. It is well to remember that asthma is for

most children a "distressing experience, for some it is extremely serious and for a few it is mortal; 76 children, aged 5 - 14 years, died from asthma in 1964; in a substantial minority the condition persists into adult life" (Health of the School Child, 1964 and 1965, p. 8.)

Diabetes As a result of a questionnaire to Head Teachers, it was found that there are 51 known diabetic children in schools out of a maintained school population of some 47,000 - an incidence of 108 per 100,000. This is considerably higher than the national figure of 87 per 100,000 which was quoted in evidence given to the British Diabetic Association in 1964 (The Health of the School Child 1964 and 1965, p.11).

The number of handicapped pupils on the county register at the end of the year was 2,345.

During 1966, 509 pupils were classified as handicapped, as follows:-

Blind	2
Partially Sighted	3
Deaf	5
Partially hearing	4
Educationally sub-normal	449
Epileptic	1
Maladjusted	23
Physically handicapped	11
Speech defect	2
Delicate	9

Six children were reported to the Local Health Authority as unsuitable for education at school because of a disability of mind, compared with twenty-three reported in 1965. This marked decrease reflects the Authority's current practice of allowing children to be informally admitted to training centres, where the parents are willing, instead of applying the rather lengthy and rigidly formal official procedure.

The Chief Education Officer, who is responsible for arranging the provision of special educational treatment, has provided the following information (figures for 1965 in brackets):-

Blind Pupils - 13 (10)

All 13 blind children in the county were attending residential special schools.

Partially Sighted Pupils - 21 (19)

There were 21 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. Twenty of the children were in boarding special schools. The parents of one child have so far refused to agree to his admission to a boarding special school.

Deaf Pupils - 34 (29)

Deaf pupils require education in a special school and all 34 children were in such schools.

Partially Hearing Pupils - 53 (39)

Seven partially hearing children were attending special schools catering for partially hearing pupils and one was attending a unit in West Sussex.

At the end of the year 45 children (of whom 36 were attending ordinary schools and 9 were pre-school children) were receiving auditory training from qualified teachers of the deaf.

Educationally Sub-Normal Children - 2077 (1917)

This is by far the largest category of handicapped pupil. Of 2,077 children classified as educationally sub-normal, 289 (including 77 children living in Hove) were receiving education in special schools, 1,655 (including 152 children living in Hove) were receiving education in special classes in ordinary schools and 3 were receiving home tuition. Of the 130 children not receiving special class education, the parents of 3 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 127, 30 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 - 4 (6)

Of the 4 pupils with severe epilepsy, 3 were in special schools and one was attending an independent school.

Maladjusted Pupils - 57 (56)

At the end of the year 48 maladjusted pupils were receiving special school education, 4 were receiving treatment in a hostel and attending ordinary schools, 1 was receiving home tuition and 4 children were awaiting placement in special schools.

Physically Handicapped Pupils - 70 (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. 15 pupils were being educated in this manner. Of those whose disability was sufficiently severe to preclude attendance at an ordinary school, 18 were in special schools, 29 in a hospital special school and 8 were receiving home tuition.

Pupils with Speech Defects - 1 (1)

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

Delicate Pupils - 15 (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 15 pupils were being provided for at residential schools.

Home Tuition

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

ADVISORY AND PERIPATETIC TEACHING SERVICE FOR HEARING-IMPAIRED CHILDREN

The following are extracts from a very interesting report prepared by Mr. W. J. Watts:-

The number of children with impaired hearing referred for assessment is continuing to increase. 541 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 45 partially hearing children with body-worn hearing aids in ordinary schools. There are 20 children with body-worn hearing aids in normal schools and at home, not receiving specific auditory help but provided with good classroom positions and management visits. There are a further 137 children known to have auditory impairments, not wearing hearing aids but provided with good classroom positions where necessary. There are six children with auditory impairments in Special Units and other Educational Establishments.

112 children have been examined since the inception of the Service and have been subsequently found to have hearing within normal limits of acuity. 14 school leavers have been followed up. There are 62 cases yet to be investigated and at least 23 follow-up visits to be made.

Commercial individual hearing aids are being prescribed and purchased where necessary. Speech training hearing aids are also in continuous use and are proving to be particularly useful with the rapidly expanding pre-school population of deaf children.

The amount of help which can be given on a peripatetic basis is strictly limited. This is particularly true of remedial subject teaching where serious retardation must still imply a need for full-time special education.

Since help cannot be given to a hearing impaired child until the need is known, the Peripatetic Service may expect to include in the first place ascertainment and assessment, and then placement, transfer, guidance to parents and teachers, the training of children in the use of hearing aids and the provision of auditory training.

Auditory training is a procedure, the main aim of which is to enable the child with impaired hearing to learn to use to maximum capacity his abilities to hear, interpret and imitate speech.

It might be of interest to consider the speech teaching aspect of auditory training in more detail. The most important thing for a deaf child is learning language and talking. Speech is essential for human communication. Speech is also of the greatest importance in the child's social development, in the development of the thought processes or concepts and also in the nurture of intelligence.

Audiology has become the most direct way of teaching deaf children to talk.

Miss Hannay, the audiology technician, has provided the following report:-

Audiometric Screen Testing

1. Number of schools visited for routine testing of 6+ age group	156
2. Total numbers tested	6,664
3. Number of cases specially referred	299
4. Number of audiograms plotted as a result of screen tests	239

Conditions for testing in many of the schools remain unsatisfactory as there are no facilities for providing any room or space that is comparatively quiet. However, the excellent co-operation of the Head Teachers, indeed of all Teachers, does help to overcome some of the difficulties encountered.

Since the inception of the service the routine screen testing has been carried out on children aged six plus, but from January 1967 the age group is to be lowered to the five year old and new entrant group. This lowering of the age will inevitably increase the numbers to be tested, therefore initially it will not be possible to include all the five year olds in every school but it is envisaged that in two years every child will be audiometrically screen tested within the first three terms of his or her school life.

High-Frequency Hearing loss in Cadets

An investigation was carried out in two secondary schools following a report of possible hearing loss and tinnitus occurring amongst boys who had taken part in firing practice in a unit of the Air Training Corps.

As soon as the report was received, all boys on the nominal roll of the Squadron concerned were examined by the audiology technician, using a standard pure tone audiometer with a standard range of frequencies (250 cps - 8,000 cps.) Of the thirty-one cadets at risk, seven were affected with a high frequency hearing loss, though in four the loss was slight. Of the remaining three, in two boys the hearing loss at 4,000 and 8,000 cps was graded as severe - a loss of 40 decibels or above, and in the third boy the hearing loss was of moderate degree (35 decibels).

The affected boys were re-examined by the School Medical Officer and by Mr. Watts, the Adviser in the Education of the Deaf. The previous findings were confirmed. Firing practice was discontinued from the beginning of the investigations until satisfactory ear-plugs had been issued. A follow-up is to be carried out after six months and again at a year. Only two boys complained of tinnitus and they remain under observation.

CHILD GUIDANCE

The service continued to function at the six established clinics in the county.

As from December 31st the Authority reluctantly accepted the resignation of Dr. Doris K. Small. She it was, together with Dr. Lamorna Hingston, who established and developed the service in East Sussex, and I take pleasure in acknowledging the Authority's debt to her. Dr. Small has kindly provided a review covering the last twenty years or so, which I consider most illuminating. Her successor is Dr. J. Ross and I hope his association with the Authority will prove both long and rewarding. I append the usual annual statistics.

A Child Guidance Service has been in operation in East Sussex since 1935 when the first Clinic was started at The Lady Chichester Hospital, Hove. Encouraged by the success of this venture and stimulated by the recommendations of the Faversham Report the East Grinstead Branch of the East Sussex Mental Welfare Association - a voluntary body - opened a pilot Clinic in East Grinstead in 1942. The project was financed by the Committee, East Sussex County providing accommodation in the Moat Road School Clinic. Within a year the clinic had proved to be of such benefit to the local community that it was decided to provide a similar service for the whole county. In conjunction with the boroughs of Hastings, Eastbourne, Lewes and Hove a Joint Child Guidance Consultative Committee was formed. Early in 1944 this committee took over the responsibility for the East Grinstead Clinic and by the end of that year clinics were fully functioning in Hove, Lewes, Eastbourne and Hastings.

In 1960 because of both internal and external factors the East Sussex Education Committee withdrew from the Joint Service to establish its own service. It was felt that within the service the continuously increasing rate of referrals, the demand for extra clinics to meet the needs of local developing communities and the feeling on the part of other services, directly or indirectly involved in the welfare of children that the "local" Child Guidance Clinic was the natural meeting place for the discussion of problems related to their work and interests, there was a danger of the overall administrative structure becoming too large and unwieldy and as a result losing their intimate relationship in the local communities. At this time the Education Committee, having considered the Ministry's Report on Maladjusted Children with special reference to the Educationally Sub-normal Child, decided to extend their psychological service in the schools and to integrate the service with the Child Guidance Service. Although by this dichotomy at the time the members of the teams suffered much heartrending at losing contact with old colleagues and friends both at the schools and the clinics, nevertheless it has proved to be a wise decision on the part of the Committee. By basing a psychologist at each Clinic to devote time both to the Clinic and to the schools in the area the clinical work has benefited far beyond what was envisaged. Not only has it enabled the Clinic without breach of clinical confidence to give the teachers a clearer picture of a particular child's emotional and physical problems and needs but it has also enabled the Clinic to obtain a much clearer picture of the child's total environment.

The waiting list - the time between referral and diagnostic appointment - continues to give concern. In spite of regular increases in the clinical establishment the possibility of seeing a child immediately the symptoms present remains a pipe-dream. This unfortunate state seems to be prevalent throughout the country in all branches of medicine and it is to be hoped that the committee set up to study the problem will be able to produce a practical solution.

The close and in some ways unique relation which has developed through the years between the Special Services Section of the East Sussex Education Department, the Children's Department, The Lady Chichester Hospital, Hove, and the Child Guidance Service has been of immeasurable benefit to the Clinics. Because of this special relationship of mutual confidence the service has always been able to find a happy and sympathetic alternative environment for a child in distress because of home tensions.

Wider public awareness of the facilities available has not only contributed to the increased demand for help but has also created a greater and greater demand on the services of individual members of the clinical teams, who are ever increasingly invited to address groups of people and participate in discussion groups. While this situation at times produces additional stresses and strains on the members and on the clinical work as a whole, nevertheless by widening their horizons of experience and stimulating their interests, from a long term view much more is gained than lost.

The conspicuous progression in every direction high-lights the one constant factor throughout the life-span of the Service. That is the loyalty and unflagging effort, often under considerable stress, of all my colleagues in the Service and the tremendous support, help, encouragement and understanding of the Medical Officer of Health, his Deputy, his School Medical Officers and his administrative staff and the Special Services Section of the Education Department.

Child Guidance Statistics

CLINIC	B E X H I L L	B U R I G E L S	C R O W B O R O U G H	G R I E N S T E A D	L E W E S	P O R T S L A D E	R E C. S H E E L T E R E S	T O T A L
Referred by:-								
School Medical Officers	19	13	3	3	7	29		74
Private Doctors	33	32	17	22	14	17		135
Schools	2	4	0	4	3	1		14
Hospitals	2	4	1	0	1	0		8
Juvenile Courts & Probation Officers	2	0	0	0	2	0		4
Chief Education Officer	1	1	1	6	2	0		11
Educational Psychologists	13	11	8	8	13	11		64
Children's Officer	10	2	5	1	1	4	74	97
Other Services	3	3	3	6	15	7		37
New Cases Total	85	70	38	50	58	69	74	444
Problems:-								
Personality etc.	11	23	11	11	8	22	23	109
Habit Disorders	5	4	5	10	14	10	7	55
Behaviour	51	32	8	18	26	30	29	194
Educational and vocational difficulties	5	8	9	11	8	1	4	46
Special Examinations - for juvenile Courts	2	1	0	0	0	0	3	6
Special Examinations - advice re placement	3	2	1	0	1	6	8	21
Did not attend for diagnosis	8	0	4	0	1	0	0	13
	85	70	38	50	58	69	74	444
How dealt with:-								
Advice	39	16	3	14	12	12	74	170
Psychiatric treatment, remedial teaching and therapy	25	5	6	18	9	8		71
Periodic Supervision	3	12	16	3	6	14		54
Withdrawn before completion	0	11	3	7	8	12		41
Awaiting diagnosis	10	21	4	5	17	18		75
Placed in Special Schools, etc.	0	3	2	1	1	0		7
Transferred to Children's Dept. and other Authorities	0	2	1	2	1	5		11
Admitted to Hospital	0	0	0	0	3	0		3
Did not attend	8	0	3	0	1	0		12
	85	70	38	50	58	69	74	444

The total number of children treated was 776* which includes those whose treatment commenced before 1966. Their progress is shown by the following analyses:-

	B E X H I L L	B U R G E S H I L L	C R O W B O R O U G H	G R I E N A S T E D	L E W E S	P O R T S L A D E	R E C. S H E L L E Y S	T O T A L
Progress:-								
Advice only	15	4	3	12	10	0		44
Improved	18	45	3	7	19	44		136
Not improved	3	1	5	0	1	0		10
Transferred	1	3	1	1	2	14		22
Closed, withdrawn or refused	23	7	0	8	4	33		75
Still under treatment or supervision	93	56	26	37	42	57		311
Transferred to Special Schools	2	3	2	6	2	1		16
Diagnostic only	20	0	1	0	0	14		25
Admitted to Hospital	1	0	0	0	1	0		2
Left area	12	1	4	5	1	6		29
Left school	6	8	0	3	3	0		20
	194	128	45	79	85	171		702
Summary of work involved:-								
<u>Psychiatrists</u>								
Diagnostic interviews	66	46	31	42	35	43		263
Treatment interviews	221	258	95	408	370	365		1717
<u>Educational Psychologists</u>								
Diagnostic interviews	69	82	16	60	31	74		332
Remedial interviews	48	101	0	134	9	27		319
School visits	53	0	5	58	0	14		130
<u>Social Worker</u>								
Clinic interviews	170	319	0	248	322	410		1469
Home and other visits	92	178	0	123	350	180		923
<u>Child Psychotherapist</u>								
Number of sessions	0	79	0	0	89	338		506
Interviews	0	24	0	0	38	157		219

* This total includes the 74 cases seen at the Shelleys Reception Centre, whose progress cannot be assessed.

SCHOOL PSYCHOLOGICAL SERVICE

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 1965/66.

1. During the year the County has been divided into four areas: (1) Hove and Portslade (2) Burgess Hill and East Grinstead (3) Lewes and Crowborough (extending to Wadhurst) and (4) Bexhill.

2. 667 children were referred from the County area, which represents an increase of 18% on the previous year. To this number should be added the 76 children who were on the waiting list on the 1st August, 1965. 614 children in all have been seen in the course of this school year, since the waiting list on the 1st August, 1966, again numbered 76. 37 referrals were withdrawn or cancelled, and 16 children were passed to the School Medical Officers for examination (see paragraph 8).

3. Table I shows the number of interviews held by the psychologists during the year in the course of the work of the School Psychological Service, in the County area.

TABLE I

Interviews with:	1963-64	1964-65	1965-66
Children	679	817	1,059
Parents	296	250	352
Others	21	18	43

The increased number of interviews is largely accounted for by the fact that much less time was required by training and supervision of the new psychologists. This increase in the time available was, however, completely absorbed by the rise in the number of referrals. Last year's report pointed out that many of the children seen could be given no more than a most cursory examination and that parents of only half of the children seen could be interviewed. This situation remains unaltered.

4. Table II shows the reasons for referral to the School Psychological Service.

TABLE II

Reason for Referral	1963-64	1964-65	1965-66
Disturbed Behaviour	63	91	85
Emotional Difficulties	43	37	55
Educationally Sub-Normal	306	337	426
Other Educational Problems	89	68	65
Assessment	25	29	36
Total	526	562	667

5. Table III shows the schools attended by the children referred. The increased number of children of infant school age is encouraging, and it is hoped that this trend will continue.

As in previous years the number of Grammar School pupils is far below reasonable expectation. Those who have been referred were found to be cases of long-standing and severe psychiatric disturbance, requiring urgent and intensive treatment. It is clear that, in addition to these severely disturbed children, there must be many with lesser difficulties at present who nevertheless are in need of help, and who may well break down later in life if that help is not sought.

TABLE III

Schools Attended	1963-64	1964-65	1965-66
Pre-school	12	4	11
Infant	40	34	56
Junior	363	382	450
Secondary Modern	76	102	110
Secondary Grammar	16	9	11
Special	11	11	23
Training Centre	-	5	-
Independent	8	13	4
Post-school	-	2	2
Total	526	562	667

7. The psychologists' findings are summarised in Table IV.

TABLE IV

Findings	1963-64	1964-65	1965-66
Emotional disturbance	221	236	250
Word blindness	4	5	1
Physical handicap	9	9	13
Environmental circumstances	27	50	75
Low innate intelligence	119	109	92
Normal	39	27	24
No cause found	62	84	159
Total	481	520	614

The main point emerging from this table is the increase in the number of children whose difficulties could not be traced to particular causes. These children were almost entirely referred for examination as educationally sub-normal. This reflects the results of the case-load pressure in that children so referred could be given only a brief Intelligence Test and no diagnosis could be attempted.

8. It will be noted that the number of children referred as educationally sub-normal has increased by about one quarter, and this is, no doubt, a reflection of the efforts made to obtain fuller co-operation on the part of Head Teachers in reporting such children.

9. Table V shows the action taken by the psychologists.

TABLE V

Action Taken	1963-64	1964-65	1965-66
Follow-up and advice	84	92	95
Advice only	270	218	319
Referral to child guidance clinic	31	39	45
Further investigation pending	10	5	12
Therapy	6	3	7
Assessment only	80	163	136
Totals	481	520	614
Cancelled or withdrawn	-	21	37
Passed to S.M.O.s	-	-	16
On waiting list 31.7.66	55	76	76
Totals	536	617	743

10. Educationally Sub-Normal Pupils

Table VI shows the distribution of I.Q. and age of children reported as educationally sub-normal during this school year.

TABLE VI

AGE	I.Q. 50+	60+	70+	80+	90+	100+	110+	120+	Total
5+	1	-	-	-	-	-	-	-	1
6+	1	2	-	1	-	-	-	-	4
7+	1	6	20	37	37	29	7	1	138
8+	1	3	18	24	30	22	8	-	106
9+	-	1	4	10	15	9	4	-	43
10+	-	1	7	16	8	11	1	-	44
11+	-	10	6	18	4	2	2	-	42
12+	-	1	3	6	13	3	-	-	26
13+	1	-	4	6	3	-	-	-	14
Total	5	24	62	118	110	76	22	1	418

The table demonstrates again that relatively few children of limited intellectual ability are being referred. Although the total number of children reported as educationally sub-normal has increased, there are still schools which are not co-operating with the system at all.

11. Emotionally Disturbed Children

This term covers a great variety of conditions; for example the disturbance may be mild and chronic or extremely severe; the condition may be reversible or otherwise; it may arise from family circumstances such as social insecurity, instability on the part of the parents, physical illness and medical treatment of the child, or family catastrophes; disturbance may result from parental personality problems; hereditary factors may be involved.

The evidence gathered over the last few years indicates that emotional disturbance is the biggest single cause of serious retardation in learning. One might anticipate this from the knowledge that emotional disturbance generally interferes with intellectual functioning - the processes involved in acquiring literacy especially are among the most complex of intellectual operations and hence are particularly affected by such disturbance.

It follows that these children first need help with their emotional problems. Many such children, if given appropriate psychological or psychiatric help, improve their attainments without any specific help on this side. Other emotionally disturbed children require both psychiatric help and special educational treatment. Hence it must be recognised that not all children referred as educationally sub-normal necessarily require placement in a special class.

SPEECH THERAPY

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

This has been a year in which the speech therapy service has lost two full time therapists, neither of whom has so far been replaced. This has of course resulted in a drop in the numbers of children receiving treatment, 293 in 1966 compared with 357 in 1965, and a further decrease is to be expected in 1967 unless these posts are filled.

The area covered by each therapist is a large one, and the difficulty in covering it efficiently lies not so much in the number of children needing treatment, as in the time taken in travelling round to the schools and centres. There may be only three or four children treated in any one school as compared with eight or nine in one clinic session. Nor do the conditions for treatment in schools compare favourably with those in the clinics; many schools find it difficult to provide accommodation, having perhaps only one spare room that has to be used as an office or staff room and for medical inspections, etc.

This year we continued our meetings with speech therapists from other areas, and these included a visit to Court Meadow, Cuckfield, a school for sub-normal children. We hope next year to invite speakers from allied professions for talks and discussions.

In May one of the therapists gave a talk on Speech Therapy with children to the Lewes Group of the National Bureau for Co-operation in Child Care. We are always pleased to have an opportunity to meet with other workers, and this is a field where there is obvious scope for co-operation.

Speech therapy statistics

Under Treatment			
Defect	Improved	Not improved	Total
Stammer	21	18	39
Dyslalia	166	28	194
Cleft Palate	7	5	12
Other Conditions	32	16	48
TOTAL	226	67	293

Discharged						
Defect	Normal	Improved to Maximum	Unresponsive to treatment	Left school or area before completion of treatment	Non attendance	Total
Stammer	6	5	-	3	1	15
Dyslalia	72	16	2	7	13	110
Cleft Palate	1	3	-	-	-	4
Other Conditions	8	4	1	3	1	17
TOTAL	87	28	3	13	15	146

DEATHS IN CHILDREN AGED 5-16 YEARS

Cause of death	Age 5 - 7 years		8 - 10		11 - 13		14 - 16		Total	
	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys
Accidental violent death	0	1	0	2	0	1	0	5	0	9
Malignancies	0	0	0	0	0	0	0	0	0	0
Congenital abnormalities	1	0	0	0	0	1	0	0	1	1
Other	0	1	0	0	0	0	0	3	0	4
Total	1	2	0	2	0	2	0	8	1	14

There is a total of 15, against 17 in 1965. It is interesting to note that of the 9 accidental violent deaths recorded, and the five last year, all were male. Though there were 6 deaths attributable to malignancies last year, there were none this year.

These figures illustrate dramatically how much the boys in this age-group are at risk on our roads. Of the 9 boys suffering accidental violent deaths 8 died on the road. No less than 5 were aged 16. Of these, 4 were riding motor cycles or scooters which skidded or collided with other vehicles and the fifth was involved in a car accident. The remaining 3 boys aged 8, 10 and 11 respectively were all killed by motor vehicles while crossing the road. Such information as this needs to be publicised to reinforce the message of road-safety campaigns. More children of school age die from road accidents than from all other causes.

B.C.G. VACCINATION SCHEME FOR SCHOOL CHILDREN AND STUDENTS, 1966

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 second part of the programme for 1965/66 was completed at the end of March. In September the programme started again and this saw the introduction of Heaf testing to replace Mantoux testing which had been used since the scheme started in 1957. With the introduction of Heaf testing it was possible to complete the programme by the end of December leaving only the inspections to be carried out during January, 1967. Previously the programme had taken six months to complete.

During 1966 Dr. Thwaites visited 112 schools and colleges and this figure together with the other figures for 1966 set out in the table below represents $1\frac{1}{2}$ years' work.

Arrangements were made through the chest physicians to have the positive reactors x-rayed and followed up as necessary. As a result of this 39 cases are still being kept under observation by the chest physicians.

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	1966
Number of schools and colleges visited	91	80	84	81	82	50	86	35	112
Number of children eligible	4394	4661	4872	5009	4681	2634	4652	3156	8107
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%)	6428 (79.3%)
Number of children Mantoux tested	3092	3362	3533	3803	3616	1766	3476	2378	5591*
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%)	683 (12.2%)
Negative Reactors vaccinated	2555	2738	2983	3222	3154	1803	3147	2244	4671

* 3121 were Heaf tested.

In Hove and Portslade, under similar arrangements, 677 pupils were vaccinated; the positive reactor rate was 6.5%, but the Heaf test was not used.

It will be noted that the percentage of positive reactors (12.2%) is significantly raised in comparison with the previous year. More than half the children were tested by the Heaf method, as opposed to the Mantoux test. There is evidence that the two cannot be directly compared, as the skin reaction measured and the time at which it is measured differ. There is also suggestive evidence that the Heaf test may be more sensitive than the Mantoux.

This rate will only have meaning therefore in the light of the rates in succeeding years, with which it may be compared.

The rate for 1965, on the other hand, is abnormally low because it represents only six months' work. By the same token the rate for 1966 may be artificially raised.

Tuberculosis

A survey of the pupils and staff at one of the Authority's schools was carried out, as a result of one of the pupils being notified as suffering from pulmonary tuberculosis. Skin testing and x-rays, where necessary, were undertaken for 579 children and staff. 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 958 children were examined by the School Medical Officers for this purpose and 3 were found unfit.

Medical Examination of Teachers

During the year 24 teachers were medically examined on behalf of the Department of Education and Science prior to taking up their first teaching post and 287 East Sussex students prior to their admission to Teachers' Training Colleges.

439 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 and Hygiene Classes

Senior girls in 21 schools have received instruction in Child Care, given by Health Visitors.

Examinations set to test the pupils' theoretical knowledge and practical skill took place in schools. 628 girls took the examination, of which 599 passed, 113 with credit.

School Meals Service

The total number of schools in the county with self-contained kitchens is 159 and 42 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.

Medical History Sheets were received from 444 persons taking up employment as school canteen assistants, and chest x-rays were arranged.

Milk in Schools Scheme

The 308 schools participating in the scheme are provided with milk under contract by 44 suppliers and all receive pasteurised milk as recommended, except for one private school using Untreated Milk from its own dairy herd.

The quality of supplies and the arrangements for distribution have been kept under observation and during the year 64 samples of milk covering all sources of supply were submitted for examination and these passed the prescribed tests.

Samples of the Untreated Milk supply were also submitted for biological examination and reported to be free from infection and the presence of antibiotics.

The overall position is considered to be satisfactory.

EXTRACT FROM THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR HOVE

SCHOOL HEALTH SERVICE - 1966

In 1965 the School Medical staff found it difficult to cope with the work involved because of sickness and other factors. However, in 1966, the backlog was made up and all the work to be done was completed to my satisfaction.

The total school population at 31st December, 1966 was 6,558 children and the following is a breakdown of this number:-

4 years	183	9 years	566	14 years	631
5 "	535	10 "	505	15 "	387
6 "	573	11 "	631	16 "	189
7 "	518	12 "	571	17 "	132
8 "	532	13 "	592	18 "	13

There are 21 schools in the Borough, i.e. 6 Infants, 7 Mixed Junior and Infants and 8 Secondary.

Early in the year steps were taken to re-organise the work in the School Health Section on lines which it was felt would lead to improved administration and a closer liaison between the Medical Staff, heads of the schools and the parents. The School Medical Officers were each allocated to individual schools and they were expected to deal with all medical problems involving the pupils in their schools. There is no doubt that this arrangement has resulted in better relationship with teachers, parents and school children. The number of actual medical examinations per session was reduced from 20 to 15 which allowed for an unhurried examination to be made, and for sufficient time to discuss any problems with the parent, who is always strongly advised to attend all medical examinations, particularly the initial one.

Prior to 1965 it was found necessary because of staff sickness to suspend the intermediate examination of all 10 year olds. In 1966 it was possible to resume these examinations and defects which might not have been detected until the final examination, which may be 3/5 years later, were found and treated much to the benefit of the pupils and the gratitude of the parents.

An increasing number of authorities are arranging for annual vision tests of all school children and this policy has been agreed to in Hove. It is hoped that this work will be carried out in the forthcoming year. Arrangements have been made for an increase in the establishment to allow for this.

During 1966, 422 pupils were found to have errors of refraction (including squint) and there were 161 for whom spectacles were prescribed.

Many authorities are also substituting a selective examination for the routine medical examination carried out at 10 years. A questionnaire is completed by parents on various questions dealing with the health and progress of their child, and it is on these replies that a decision is made by the Medical Officer as to whether the child should have a medical examination or not. The reliability of this system is dependent on the parents giving a true and accurate reply, and this is not always the case, particularly when dealing with parents of low intelligence.

During the year 1514 routine medical examinations were carried out, and an additional 500 special examinations were carried out in the School Clinic. These figures, of course, exclude all examinations carried out on Portslade children. One child only was found to be in an unsatisfactory state of health.

The number of children having hearing defects in 1966 was more than double the 1965 figure. This is due to the much greater coverage of the sweep audiometry test, which uncovers all but the minor losses. All defects are referred to one of the Medical Officers, who has a more detailed knowledge of the subject. The more serious cases are referred to the Consultant Surgeon for more expert advice. The advice of the Adviser in the Education of the Deaf employed by East Sussex County Council is always sought particularly where the degree of loss is more severe.

There has been a decrease, somewhat commendable, in the incidence of upper respiratory tract infection, which is no doubt due, in large part, to the variation in clinical assessments.

More and more of the Medical Officer's time is spent in dealing with emotional and behaviour problems. It is necessary that sufficient time must be given to each individual case. This is very often necessary as it enables the parent to discuss at length the problems involved. The Child Guidance Clinic dealt with 34 Hove children in 1966, compared with 60 in 1965. These cases were referred to the Clinic either by the School Medical Officer, the General Practitioner or the School Psychological Service.

Early in 1965 a start was made on the completion of records of the Handicapped children. A more up-to-date filing system was introduced, giving all details regarding the child and up-to-date reports of progress made. A total of 41 Handicapped Children were on the register, including 14 Physically Handicapped, 11 Maladjusted, 7 Delicate, 4 Partially Sighted, 3 Partially Deaf, 1 Deaf and 1 Blind.

Further efforts were made during the year to co-ordinate and investigate the services of the handicapped.

The emphasis of the School Health Service and indeed of the work of any Health Department should be on early diagnosis and to this end "At Risk" registers are retained so that special attention be paid to these cases early in the child's life. In the field of neurological disorders, diagnosis of their extent and nature is often extremely difficult. In this respect we can call upon the services of the Consultant Paediatricians attached to the Children's Hospital in Brighton, and we are most grateful to them for their expert medical advice.

Home visits were made to 60 children to assess scholastic abilities, and of these 39 were recommended for admission to Special School, the remainder referred for special educational treatment.

The number of new cases referred to the Speech Therapist during the year was 84 compared to 86 in 1965. In all 1652 attendances were made for treatment last year (1576 in 1965).

The B.C.G. programme is carried out each year by one of the Medical Officers, who has the responsibility for this within the department.

The total taking advantage of this service during the year was 626 compared with 743 in 1965. Of this number 566 required B.C.G. Vaccination. Once again I would like to thank all Head Teachers and their staff for their co-operation.

In November 1966 an Area Dental Officer was appointed to take over responsibility for supervising the dental services in the Borough.

Miss Phillips, Dental Surgeon, resigned in May 1966 and took up a similar appointment in Portslade and from that date until the appointment of the Area Dental Officer in November, no dental clinics were held at Hangleton Dental Clinic, West Way, Hove.

The following table gives some indication of the work done by the School Dentists during 1966.

Attendances

	<u>5-9 yrs.</u>	<u>10 - 14 yrs.</u>	<u>15 yrs. & over</u>	<u>Total</u>
First Visit	489	341	68	898
Subsequent Visits	1105	922	146	2173
Total Visits	1594	1263	214	3071
Fillings - perm.teeth	307	801	180	1288
Fillings - decid.teeth	969	121	-	1090
Perm. teeth filled	278	747	168	1193
Decid. teeth filled	841	108	-	949
Perm.teeth extracted	10	425	13	448
Decid.teeth extracted	425	114	-	539

Number of pupils X-Rayed 2

Courses of treatment completed 869

Orthodontics

New cases commenced during 1966 8

Number of removable appliances fitted 8

Pupils referred to Hospital Consultant.. .. 21

(a) First inspection at School. Number of Pupils 2317

(b) First inspection at Clinic. Number of Pupils 582

No. of (a) plus (b) found to require treatment 2639

No. of (a) plus (b) offered treatment 1379

No. of Sessions devoted to treatment 520.7

No. of Sessions devoted to inspection 27

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 treat- ment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Un- satisfactory	for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1962 and later	56	55	1	-	5	5
1961	1,915	1,906	9	43	116	155
1960	2,108	2,104	4	76	190	248
1959	519	518	1	17	47	58
1958	280	279	1	10	14	23
1957	217	217	-	10	19	27
1956	950	949	1	53	54	105
1955	1,692	1,690	2	75	107	178
1954	1,030	1,030	-	58	67	122
1953	482	481	1	39	58	87
1952	1,414	1,414	-	102	102	196
1951 and earlier	1,908	1,905	3	150	136	273
TOTAL	12,571	12,548	23	633	915	1,477

Col. (3) total as a
percentage of Col. (2)
total 99.82%

)
) to two places
) of decimals.
)

Col. (4) total as a
percentage of Col. (2)
total18%

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 1,078

Number of Re-inspections 9,190

TOTALS 10,268

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	66,014
(b) Total number of individual pupils found to be infested	98
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act 1944)	13
(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 or Disease (2)		Periodic Inspections				Special Inspections
			Entrants	Leavers	Others	Total	
4	Skin	T	28	43	29	100	2
		O	101	62	88	251	-
5	Eyes - a. Vision	T	147	273	213	633	62
		O	796	430	439	1665	11
	b. Squint	T	39	15	16	70	-
		O	87	11	26	124	-
	c. Other	T	2	8	4	14	-
		O	13	11	17	41	1
6	Ears - a. Hearing	T	48	14	18	80	4
		O	241	38	65	344	31
	b. Otitis media	T	15	-	2	17	-
		O	107	10	13	130	-
	c. Other	T	8	-	5	13	-
		O	20	4	6	30	-
7	Nose and Throat	T	63	13	12	88	-
		O	512	35	93	640	1
8	Speech	T	43	6	12	61	5
		O	135	16	23	174	1
9	Lymphatic Glands	T	3	-	1	4	-
		O	99	2	9	110	-
10	Heart	T	26	3	5	34	1
		O	79	26	30	135	2
11	Lungs	T	18	8	5	31	-
		O	143	54	72	269	2
12	Developmental - a. Hernia	T	10	1	2	13	-
		O	41	7	7	55	-
	b. Other	T	14	13	20	47	-
		O	139	64	126	329	-
13	Orthopaedic - a. Posture	T	1	17	10	28	-
		O	35	39	41	115	-
	b. Feet	T	14	12	19	45	5
		O	183	66	125	374	-
	c. Other	T	6	19	11	36	-
		O	106	60	49	215	2
14	Nervous System - a. Epilepsy	T	7	1	3	11	-
		O	22	8	12	42	1
	b. Other	T	3	1	2	6	-
		O	31	13	18	62	1
15	Psychological-a. Development	T	8	51	41	100	1
		O	160	70	128	358	7
	b. Stability	T	11	10	15	36	1
		O	179	61	116	356	4
16	Abdomen	T	5	4	2	11	-
		O	23	7	21	51	-
17	Other	T	59	27	56	142	-
		O	66	41	61	168	1

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	40
Errors of refraction (including squint)	2,281
TOTAL	2,321
Number of pupils for whom spectacles were prescribed	1,553

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 of the ear	1
(b) for adenoids and chronic tonsillitis	150
(c) for other nose and throat conditions	3
Received other forms of treatment	49
TOTAL	203
Total number of pupils in schools who are known to have been provided with hearing aids:-	
(a) in 1966	50
(b) in previous years	5

TABLE C. ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	213
(b) Pupils treated at school for postural defects	20
TOTAL	233

TABLE D. - DISEASES OF THE SKIN

	Number of cases known to have been treated
Ringworm - (a) Scalp	-
(b) Body	2
Scabies	-
Impetigo	3
Other skin diseases	26
TOTAL	31

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	5,348
(d) Other than (a), (b) and (c) above	
Undescended testes	33
Hernia	14
Other conditions	6
TOTAL (a) - (d)	5,401

TABLE 6 - 1931-32		Number of cases known to have been treated
Total	Other skin diseases	10
	Impetigo	10
	Scabies	10
	(b) Body	10
	Other skin diseases	10

SECTION III

TABLE 6 - 1931-32		Number of cases known to have been treated
Total	Other conditions	10
	Impetigo	10
	Scabies	10
	(a) Pupils with minor ailments	10
	(b) Pupils who received comprehensive treatment under School Health Service	10

COUNTY DENTAL SERVICE

(including Borough of Hove & Portslade Urban District)

TABLE 6 - 1931-32		Number of cases known to have been treated
Total	Other conditions	10
	Impetigo	10
	Scabies	10

Section III

County Dental Service

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STAFF OF COUNTY DENTAL SERVICE
1966

Chief Dental Officer and Principal School Dental Officer

MR. C.K. FENTON EVANS, L.D.S. U. Dur.

Area Dental Officer

MR. A. AMDOR, L.D.S.R.C.S. (Commenced 7.11.66)

Senior Dental Officers

MR. I.A.M. MITCHELL, L.D.S.R.C.S.

MR. T.H.A. PALLIN, L.D.S.R.C.S.

Dental Officers

MR. W.S. BEESON, B. Ch.D., L.D.S.U. Leeds (re-appointed 18.7.66)

MRS. C.M. CROSSMAN, B.D.S.

DR. M. GARFIELD, L.D.S.R.C.S., M.R.C.S., L.R.C.P. Part-time (until 30.9.66)

MR. J.V. GOLDIE, L.D.S.R.C.S.

MR. P.H.S. LAHAISE, B.D.S., L.D.S.R.C.S., Part-time (resigned 28.2.66)

MR. A. LONGDEN, L.D.S. U. Leeds (resigned 30.4.66)

MRS. S.A. PARK, L.D.S.R.C.S.

MISS H.M. PHILLIPS, L.D.S. U. Leeds Part-time

MR. S.G. PILLOW, B.D.S. U. Bris. (commenced 6.6.66)

MR. A.P. SPACKMAN, L.D.S.R.C.S.

Sessional Dental Officers

MRS. S.M. EVANS, L.D.S. U. Dur.

MR. A. LONGDEN, L.D.S. U. Leeds

MISS S.J.M. PASSAT, L.D.S.R.C.S.

MISS G.M. RODGERS, L.D.S.R.C.S.

MRS. J.M. SHARPLES, L.D.S.R.C.S.

MRS. L. SMITH, B.D.S. (Lond.), L.D.S.R.C.S.

Anaesthetists

DR. A. BEWLEY, M.B., B.Ch., B.A.O., D.A.(Eng.), D.A. R.C.P.S.I. Dub.

DR. J.E. BRIFFA, B.Sc. Malta, M.D., D.A. (Eng.) F.F.A.R.C.S.

DR. N.G.S. FISHER, M.B., Ch.B., F.F.A.R.C.S.

DR. T. PARKES, M.B., B.S. (Lond.)

DR. J. TERRY, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

1966

SCHOOL DENTAL SERVICE

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER AND CHIEF DENTAL OFFICER

The second stage in improving the staffing structure of the Dental Service was implemented during the year when an Area Dental Officer was appointed in the Borough of Hove. Although Mr. A. Amdor only commenced duty in November, the benefits of his appointment are already becoming apparent and are resulting in an improvement in the dental services within the Borough and facilitating the introduction of principles and procedures similar to those of the County.

Other changes, however, resulted in a worsening of the staffing position and, by the end of the year, a marked change in its composition. Not only was there an overall numerical decrease but the operation of four clinics was maintained only by increasing the number of sessional dental officers from one in 1965 to six in 1966. Two further clinics are operated by a part-time dental officer. The difficulty in recruiting suitable full-time dental surgeons is neither new nor unique to this authority, but the difficulty appears to have increased since improvements in the conditions of service and superannuation benefits were awarded to general dental service practitioners which, by comparison, have made the public dental service even less attractive than before.

At the close of the year, treatment was being provided at only one centre where the premises were not specifically planned for the purpose; all other similar arrangements in schools and in village halls having been discontinued as alternative facilities became available. This last-remaining inadequate arrangement will be terminated as soon as a new mobile dental unit is brought into operation. It had been hoped that this improved form of providing treatment would have been introduced during November or December, but delay in delivery from the manufacturers has resulted in the postponement of plans to extend and improve the service in the rural areas, where it is so badly needed, until the beginning of next year. It is anticipated that the three-year programme of improvements to existing clinics to bring them up to the required standard, deferred last year, will be embarked upon next year.

Further progress has been made in improving the standard and availability of equipment in the thirteen fixed and three mobile surgeries. It is pleasing to be able to report that, among other improvements, half of the surgeries are now equipped with x-ray machines and developing facilities; the automatic developing machine having proved invaluable in clinics where dark room accommodation was not readily available. Eight surgeries have also been provided with full resuscitation facilities and all necessary equipment for administering intravenous anaesthesia. The availability of this modern technique has made possible the treatment of cases otherwise unsuitable for treatment in the clinics using a local anaesthetic and, in addition, is reducing the risks to children now believed to be inherent with the use of nitrous oxide in the dental chair.

I am sorry to lose the services of Dr. Josephine Terry on her retirement after more than twenty years as anaesthetist with this authority. The members of the dental staff who have worked with her have benefited greatly from her calm and competent ability, guidance and assistance.

The difficulties experienced in appointing suitable staff resulted in a 13.5% decrease in the number of treatment sessions provided during the year and is reflected in the number of children inspected. The Dental Service was again unable to provide an annual inspection for every school child. As the figures in the accompanying tables show, only 73.5% of the school population was inspected at routine school inspections compared with 78.1% in 1965.

The percentage of those inspected found to require treatment increased alarmingly from 50% last year to 61.3% in 1966. The inability to inspect regularly and at reasonable intervals and to provide all necessary treatment can be expected to increase the number of children requiring treatment and the future must be viewed with concern unless staff and premises are increased to cope with the worsening situation.

A survey carried out during October on a 10% sample of the school population revealed that of those children whose parents had previously elected to make personal arrangements for dental treatment, when re-examined, 42.9% had not, in fact, received treatment. This represents some 3,540 children when calculated from the number of children whose parents refused treatment at the clinic. In addition, 1,060 children failed to attend and did not receive treatment following their parents' agreement to receive such treatment from one of the county clinics. It is likely, therefore, that of the 19,458 children offered treatment following routine school dental inspections, in the region of 4,600 failed to receive the necessary treatment.

The existing staff, faced with the challenge of an impossible task, provided treatment for no fewer children this year than last and the recorded increase of 19.1% in the number of fillings inserted, in spite of the 13.5% reduction in the number of treatment sessions available, is a measure of their effort. The average number of fillings per session per dental officer rose from 4.6 (4.8 when the priority classes are included) in 1965 to 6.35 (6.63) in 1966.

A reduced number of extractions has resulted in an improved ratio of teeth filled to extracted when compared with last year: permanent teeth 11.0: 1 (10.3: 1), deciduous teeth 2.8: 1 (2.2: 1), overall 5.1: 1 (4.3: 1).

The increase of almost 20% in the amount of treatment required by the same number of patients indicates an apparent decline in the standard of dental health of the children, a pattern which became apparent, and to which I referred, in my previous report.

Set against this background of decreasing ability to meet the increased demands of a deteriorating state in dental health, it was a great disappointment when the County Council rejected the Minister of Health's recommendation that the fluoride content of domestic water supplies should be adjusted to a level of 1 p.p.m. as a means of reducing, by an estimated 50%, the incidence of dental caries. During recent years, argument for and against this measure has raged throughout the country and it is impossible to estimate the number of hours devoted to it by medical officers of health, chief dental officers and council members, nor the cost of producing material advocating its acceptance - not to mention the cost to its opponents - but it is likely that the cost has been considerable and in many authorities, this has been the cost of rejecting its implementation. It is, perhaps, interesting to contemplate how many fluoridation plants could have been purchased with this sum of money. At the present time it would appear that only central government action will ensure the national implementation of the fluoridation of water.

The authority was fortunate in being offered the opportunity of benefiting from a week's visit by "Pierre the Clown", who toured a number of schools during June and talked to children on dental health. The scheme was sponsored and the cost met by the Fruit Producers Association.

The actual number of sessions devoted to the treatment of children under five years, expectant and nursing mothers was 190. Although this is only a numerical increase of 7 sessions on the previous year, it represents half of the anticipated number of sessions whereas in 1965 the number of sessions represented only four-tenths.

During the year, excellent liaison with the medical staff and Health Visitors made possible the introduction of a number of procedures which it is hoped will increase still further the volume of treatment provided for this class of patient. A new procedure was introduced for referring patients for dental examination and treatment which should help to increase the number of attendances and at the same time, reduce the amount of un-productive time resultant upon failed appointments.

A child should ideally be introduced to the procedures and atmosphere of a dental surgery at the age of three years for not only does this allow the early and simple treatment of developing disease and lesions and the opportunity of providing early advice to the parents but also, by making dental examination and treatment a regular and familiar experience, removes much of the fear and apprehension commonly found, very often extending into adult life, in those patients whose first introduction to dentistry was for the emergency relief of pain necessitating extensive surgery. To encourage this early approach, a birthday card has been produced, which is to be sent to each child on reaching the third birthday, and inviting the mother to arrange for a dental examination for the child. The birthday card has been well received by the Minister of Health (who, in his report on the authority's dental services, recommended that such a scheme be introduced) and it was selected, together with cards from two other authorities, for presentation to the Sheldon Committee.

All dental officers will provide a dental inspection in the surgery for priority class patients without appointment and with the co-operation of the Health Visitors, and by making this service easily and immediately available to mothers and children attending maternity and child welfare clinics, attendance should be increased, and the dental officers presented with the opportunity to advise the mother and to draw her attention to the importance of tooth-care and the need for treatment, if any. Whilst it is hoped that many of such patients examined will agree to receive treatment at the clinic if the stimulation of the mother's interest in her child's dental health results in the child being treated by a general dental practitioner, the authority can be satisfied that it has met the requirement of promoting better dental health of its younger children. The welfare of the patient is the prime concern and the source of care is of secondary importance.

As an aid to Health Visitors and to ensure that correct and similar information and guidance is given to mothers, the Superintendent Health Visitor has been provided with notes on dental health.

Because of the necessary short-term siting of mobile dental units in most rural areas, the problem of treating priority class patients is increased and it is not always possible to introduce procedures comparable to those adopted in a fixed clinic. A pilot scheme is being studied in certain areas as an attempt to increase the attendance of the under five year olds, by notifying mothers of the date on which the dental surgeon will be inspecting in the area and the date on which the mobile dental unit is due to arrive. An invitation is issued and examinations are carried out on request without appointment.

All measures to improve attendance have been dependent on the co-operation of others and in particular, Dr. M. M. Boyd, Senior Medical Officer for Maternity and Child Welfare, Miss M. H. McLeod, Superintendent Nursing Officer, and also the Head Teachers of rural schools who have made the introduction of the trial mobile scheme possible.

The relevant statistics of treatment provided during the year are given in the accompanying table and show a general improvement when compared with those of 1965. The number of mothers examined increased from 69 to 97 and children increased from 587 to 688. The number of fillings was increased from 134 to 231 in the case of mothers and from 606 to 840 in the case of children. It is disappointing to note, however, that exactly the same number of courses of treatment were completed; the number of "lost patients" again demonstrating the lack of awareness of the importance of tooth care and the need for dental health education.

As forecast in my last report, no dental health education was undertaken by the authority and it is with regret that I must again state that there is little possibility of a change in the situation in the coming year. In the "Health of the School Child 1964/65" the Minister states that 'Many authorities have done admirable work on similar lines (dental health education) and there are few authorities in England and Wales in which some form of dental health education is not being actively pursued.' I look forward with hope, and confidence, to soon being able to report that this authority is no longer among the last few but the first of the many.

I should like to thank the County Medical Officer of Health and the Chief Education Officer, and their staffs, for their assistance and co-operation during the year.

C. K. FENTON EVANS

Principal School Dental Officer
and Chief Dental Officer.

1966

County Dental Service

School Children

<u>1st Inspection in year</u>	<u>1966</u>	<u>1965</u>
Number inspected at school	34,445 (73.5%)	35,370 (78.1%)
" " at clinic	<u>2,670</u>	<u>2,737</u>
Total	<u>37,115</u>	<u>38,107</u>
Requiring treatment	22,875 (61.3%)	19,080 (50%)
Offered treatment	19,458 (52.4%)	14,053 (38.1%)
Treated	7,282	7,297
<u>Treatment</u>		
Sessions devoted to treatment	3,799	4,395
Number of attendances	19,065	18,488
<u>Fillings</u>		
(a) Permanent	15,112	13,134
(b) Deciduous	<u>9,009</u>	<u>7,118</u>
	<u>24,121</u>	<u>20,252</u>
<u>Extractions</u>		
(a) Permanent	1,144	1,110
(b) Deciduous	<u>2,876</u>	<u>3,103</u>
	<u>4,020</u>	<u>4,213</u>
Orthodontic cases treated	108	84
" cases completed	30	20
Ratio teeth filled : extracted		
(a) Permanent	11.0 : 1	10.3 : 1
(b) Deciduous	2.8 : 1	2.2 : 1

Maternity and Child Welfare

	<u>Expectant and Nursing Mothers</u>		<u>Children under 5</u>	
	<u>1966</u>	<u>1965</u>	<u>1966</u>	<u>1965</u>
Examined	97	69	688	587
Requiring treatment	94		526	-
Courses of treatment commenced	78	61	446	334
" " " completed	63	51	352	352
Fillings	231	134	840	606
Extractions	123	55	203	138
Scaling and gum treatment	47	35	18	13
Dentures full	3	5	-	-
partial	17	10	-	-
No. of sessions (equivalent) 190 (183)				

Section IV

Borough of Hove and Portslade Urban District

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Medical Officer of Health	N. I. Condon, M.B., B.Ch., B.A.O., D.P.H.
Deputy Medical Officer of Health	D. M. Blomfield, M.B., B.S., M.R.C.S., L.R.C.P., 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. Jane Lodwick, M.B., B.Chir., D.C.H. Anne Toal, L.R.C.P., S.I.
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.

Staff

A considerable number of staff changes took place during 1966. On the medical side, Dr. Orr, Assistant Medical Officer, resigned on the 31st January, and was replaced by Dr. Lodwick, who commenced duty on the 1st May.

Mrs. Dibb, who held the post of Home Help Organiser for some 17 years, retired on health grounds in November and Mrs. Jackson the part-time Assistant Organiser took over these duties in January, 1967. The early retirement of Mrs. Dibb and also the resignation of Mrs. Tidmarsh, who had been the clerk in this particular section of the department since 1952, put a considerable strain on the staff. Mrs. Denney took over from Mrs. Tidmarsh in May.

The post of Assistant Nursing Officer which was vacated in November, 1965, was eventually filled by Miss Nicholson in August, 1966. Two Geriatric Health Visitors resigned during the year and were replaced without a great deal of difficulty.

As provided for in the 10 Year Plan, an additional Mental Welfare Officer, Mr. Stevens, was appointed in June, making a complement of 1 Senior Mental Welfare Officer and 3 Mental Welfare Officers (2 male and 1 female).

Vital Statistics (Hove)

The Registrar General's estimated mid-year resident population for the Borough of Hove is 72,600, which is some 440 less than the 1965 figure of 73,040. It is interesting to note that the 1961 Census Report gave the population as 72,843: 29,929 males and 42,914 females.

The Death Rate as corrected by the Registrar General's comparability factor of 0.53 was 11.49 (rate for England and Wales 11.7) compared with a 1965 rate of 11.12 (rate for England and Wales 11.5). The number of deaths from all causes was 1,574 - 681 males and 893 females. Compared with 1,506 in 1965. As in previous years vascular lesions of nervous system, coronary and other heart diseases, cancer (all forms) were the main causes of death.

The Birth Rate as corrected by the Registrar General's comparability factor of 1.36, increased very slightly to 16.74 (rate for England and Wales 17.7) - 1965 - 16.70 (rate for England and Wales 18.0). The total number of live births 894 (1965 - 897) including 161 illegitimate births, giving an illegitimacy rate of 18.00% (1965 - 17.16%). The figure for still-births 8, was 4 less than in 1965, with a still-birth rate per 1,000 total live and still-births of 8.86 (1965 - 13.20).

Infant mortality rate 10.06 (9 deaths under one year of age) (1965 - 16.72 - 15 deaths under one year of age). The infant mortality rate amongst illegitimate babies was 12.42 per 1,000 illegitimate live births (1965 - 19.48). The neonatal death rate (deaths under four weeks per 1,000 live births) was 7.82 (1965 - 12.26). The perinatal mortality rate (still-births and deaths under one week combined per 1,000 total live and still-births) was 16.62 (1965 - 25.30). There were no maternal deaths.

Portslade figures:

	1966	1965
Population	18,130	17,890
Death Rate	9.26 (Standard)	11.06 (Standard)
	9.44 (Corrected)	11.06 (Corrected)
Total Deaths	168	198
Birth Rate	21.18 (Standard)	21.46 (Standard)
	20.54 (Corrected)	20.81 (Corrected)
Total Births	384	384
Stillbirths	2	3
Rate per 1000 total live and stillbirths	5.18	7.75
Infant Deaths under 1 year	5	6
Total infant deaths per 1000 live births	13.02	15.62
Legitimate Infant deaths per 1000 legitimate live births	13.47	16.34
Illegitimate infant deaths per 1000 illegitimate live births	Nil	Nil
Neo-natal Mortality Rate	10.41	10.41
Early Neo-natal Mortality Rate	7.81	10.41
Perinatal Mortality Rate	12.95	18.09
Maternal Mortality		
Number of deaths	Nil	Nil

Infectious Diseases (including Tuberculosis)

So far as Hove is concerned the 1966 figures were very comparable with 1965, apart from Measles - 61 cases as against 765 in 1965, and Dysentery - 2 cases, 83 in 1965. 13 cases of Food Poisoning were notified during the year.

The total number of Tuberculosis Cases on the Hove Register was 688, compared with 705 in 1965. New cases during the year totalled 13, Inward Transfers - 18, Deaths - 13, Other Removals - 30, Recovered - 5.

There were only 88 cases of Infectious Disease notified in Portslade during the year and 66 of these were in respect of Measles. (385 cases of Infectious Disease in 1965 - 351 in respect of Measles.) 4 cases of Food Poisoning were notified.

Tuberculosis cases on the Portslade Register totalled 147, and this was the same figure as for 1965. New cases during the year 6, Inward Transfers - 2, Deaths - 3, Other Removals - 4, Recovered - 1.

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22)

Infant Welfare Centres

Of the three Infant Welfare Clinics in the Borough of Hove, only one is purpose built and the other two are held in Church premises. Provision has been made in the Conway Street Redevelopment Area for a new Infant Welfare/School Clinic and when this is ready the old and rather antiquated centre in Goldstone Villas will be vacated.

Portslade is rather better served for Infant Welfare Clinics, having two modern purpose built centres ideally situated to the North and South of the area.

11 Sessions per week are held at the Hove clinics and 5 sessions per week at the Portslade clinics.

2,373 children under the age of 5 years attended in Hove during the year and 1,747 in Portslade.

Sessions held:- Hove - 357. Portslade - 245

Family Planning

The Family Planning Association held clinics at the Clarendon Villas Infant Welfare Centre during 1966, i.e. Monday afternoons, Wednesday evenings and Friday mornings, and a rental of 10/- per session was paid for the use of the premises.

Ministry of Health Circular 5/66 urged Local Health Authorities to review their present arrangements for family planning immediately, and requested that premises should be made available to the Association free of charge.

As from the 1st January, 1967 accommodation in the Clarendon Villas Infant Welfare Centre will be made available to the Family Planning Association for family planning clinics without charge. As from the same date a payment of £3. 10. 0. per annum will be made to the Association for consultations, drugs and appliances for every woman treated by them for whom pregnancy would be detrimental to health in accordance with certain categories.

Since October 1966 an appointment system has been operating in connection with this service. Appointments are arranged through the Hon. Secretary, either by letter or telephone.

During the year 149 sessions were held and new patients totalled 450. The number of patients supplied with Oral Contraceptives increased from 90 in 1965 to 304 in 1966.

Advice was given to 363 women on birth control.

Welfare Foods

National Dried Milk, Cod Liver Oil, A and D Tablets and Orange Juice is available at all Infant Welfare Clinics in the Borough of Hove and Urban District of Portslade and also through the Mothercraft Training Society, Dyke Road, Hove.

The table below sets out the quantities issued during the year.

	<u>Hove</u>	<u>Portslade</u>
National Dried Milk Powder (Full/Half Cream)	6,623 (7,441)	4,243 (5,172)
Cod Liver Oil	932 (989)	872 (892)
A and D Tablets	1,230 (1,334)	933 (916)
Orange Juice (Bottles)	16,726 (16,104)	10,244 (9,455)

1965 figures in brackets

Co-ordination Committee

Regular meetings are held during the year between representatives from various departments and voluntary organisations concerned with problem families, etc., and where possible plans are devised for giving assistance and co-ordinating the social services involved.

Care of Unmarried Mothers

During the year the Hove Health and Welfare Services Committee agreed to help financially towards the cost of maintenance at a Mother and Baby Home in 15 Hove cases, compared with eleven in 1965. Portslade cases are referred to the County Medical Officer of Health.

The Council make a grant towards administrative expenses incurred by the Chichester Diocesan Moral Welfare Association.

DOMICILIARY MIDWIFERY, HEALTH VISITING AND HOME NURSING (SECTIONS 23, 24 and 25)

Midwifery

1,143 visits were made in Hove during 1966 and 684 in Portslade.

106 Domiciliary confinements were attended by Midwives in Hove and 39 in Portslade during the year.

The number of cases delivered in Hospital and other Institutions and attended by domiciliary midwives before 10th day - Hove, 213 - Portslade, 97. Total 310.

Health Visiting

The establishment of the Health Visiting Service is 1 Superintendent Health Visitor/Area Nursing Officer, 1 Assistant Superintendent Health Visitor/Area Nursing Officer, 13 Health Visitors, who are also School Nurses, 4 Geriatric Health Visitors (1 responsible for handicapped persons in the area) and 1 Tuberculosis Health Visitor.

In addition to home visiting and Infant Welfare Clinics, an important part of the work of the Health Visitors is that of giving advice in Mothercraft etc.

Although there are not yet any arrangements for Health Visitors to work in conjunction with General Practitioners in the area, there is close co-operation, particularly in connection with problem families, etc. The majority of cases requiring medical treatment discovered by the Health Visitors during the course of routine visiting are referred to the family doctor. In certain special instances the child would be referred to the Clinic Doctor.

The Health Visitors work in close co-operation with various statutory and voluntary bodies, concerned with the care of mothers and young children, and a vital part is also played by them in connection with premature infants, illegitimate children, boarded-out children and adoptions.

The following summary gives some indication of the work done in this section during 1966.

Cases visited by Health Visitors

	<u>Hove</u>	<u>Portslade</u>
Children born in 1966	841	328
Children born in 1965	823	309
Children born in 1961/4	<u>1,759</u>	<u>823</u>
	<u>3,423</u>	<u>1,460</u>

Home Nursing

The following figures give some idea of the work done in this section during the year under review.

	<u>Hove</u>	<u>Portslade</u>
Total number of persons nursed during the year	2,422	275
Number of persons who were aged under 5 at first visit during the year	16	1
Number of persons who were aged 65 or over at first visit during the year	1,710	172
Total number of visits	67,340	8,344
Visits to patients over 65 years	57,116	6,130

Old People

There are three Geriatric Health Visitors attached to the Public Health Department who are responsible for visiting old people in both the Borough of Hove and Urban District of Portslade.

The total number of new patients visited in Hove during 1966 was 481 and in Portslade 61.

Convalescent holidays were arranged for 9 Geriatric cases during the year.

During 1966 it was necessary to remove 2 old people under the National Assistance Act, 1948. These were both Hove residents.

There are numerous voluntary organisations in the Borough who do excellent work amongst the elderly, including the W.R.V.S. who provide meals on wheels to many needy old folk, British Red Cross who provide a visiting service and help in many ways, and the Hove and Portslade Christian Churches have a luncheon club in the town.

The Home Nursing Service, Home Help Service, Chiropody Service, etc. all play their part in endeavouring to make the lot of the elderly in the Borough more enjoyable, and in some cases more bearable.

There is a very successful club run in Portslade where old people can get a meal and have a chat in comfort.

There are approximately 240 males and females over the age of 65 years in the Borough who are either blind or partially sighted, and their needs are looked after by the East Sussex Association for the

Blind, who have one male and two female Welfare Workers operating in the area. They work in close co-operation with the Health Department.

A weekly conference is held in the Public Health Department to iron out any particularly difficult cases involving old people and is attended by a large proportion of those interested in the welfare of the aged.

VACCINATION AND IMMUNISATION (SECTION 26)

Poliomyelitis Vaccination

During 1966 routine vaccination was carried out. It was again available to all persons up to the age of 40 years, expectant mothers and persons of special risk.

Salk type vaccine has now been practically discontinued and in fact since April 1962 oral vaccine only has been used in our own clinics.

In May 1966, a circular letter was received from the Ministry of Health stating that they would raise no objection to 3 doses of Polio vaccine being given concurrently with Diphtheria-Pertussis-Tetanus vaccine before the age of 6 months. Prior to this the practice had been to give the course of Triple at 3 months followed by Polio at 7 months. However, I decided that as from the 1st September the separate Polio Clinics should cease and that we would adopt the suggestion contained in the circular.

Obviously this is of greater advantage to the mother who now, providing the course is given without interruption, only has to make three visits for the inoculations, instead of six. In the remaining months of the year it was quite noticeable that a better rate of vaccination was achieved as a result of this change. Quite obviously under the old system the additional visits to the separate Polio Clinic, in some cases resulted in children not completing their courses.

Poliomyelitis Vaccination

1966

	Primary Courses Children under 16 yrs.	Persons 16/40 yrs.	Re-inforcing Doses Children under 16 yrs.
1964	766 (385)	169 (47)	292 (166)
1965	649 (383)	94 (19)	289 (241)
1966	816 (454)	44 (6)	517 (411)

Portslade figures in brackets

Smallpox Vaccination

Since the Ministry of Health advanced the age of Primary Vaccination for babies to 1 year, there has of course been a drop in the acceptance rate, as this is not an easy age at which to carry out this vaccination, coupled with the fact that the mother is usually making fewer visits to the clinic, as the child gets older. However, 1966 figures show a rise again in Primary Vaccinations and it is to be hoped that this will be maintained.

In April 1966, cases of smallpox were notified in the West Midlands. In consequence, International Certificates of Vaccination were required by persons travelling to certain countries and this meant that after attending their G.P. for vaccination, the certificates had to be brought to this office for official stamping.

In August a further notification was received from the Ministry stating that it was then four weeks since there had been any further admissions to hospital. During this period, April until August, two members of my staff took alternate turns of duty and opened the office for an hour on Saturday mornings, in order to make it easier for the public to get their certificates stamped.

Since the beginning of 1965, records of persons over 16 years from the local G.P.s no longer attract a fee of 5/- and consequently we are not in receipt of these records and are, therefore, unable to make a comparison of figures regarding adult vaccinations.

No cases of complications as the result of vaccination were reported in 1966.

Smallpox Vaccination

1966

Children under 16 years of age

	<u>Primary Vaccinations</u>	<u>Re-vaccinations</u>
1964	394 (217)	230 (71)
1965	390 (261)	131 (24)
1966	518 (291)	132 (9)

Portslade figures in brackets

Diphtheria - Whooping Cough - Tetanus

Triple Immunisation, which protects babies against Diphtheria-Whooping Cough and Tetanus, continued as usual in the Infant Welfare Centres, and as mentioned under the heading of Poliomyelitis Vaccination, in September 1966 arrangements were brought into operation for Oral Polio vaccine to be given concurrently with the Triple. The course is usually started when the baby is between the age of 3/4 months and a re-inforcing dose is given at 18/24 months. Two further boosters are advised. One when a child enters school at 5 years and another at 9/10 years (on both these occasions whooping cough is excluded). These booster injections are given in school, thus saving the child having to be taken out of school to attend special clinics and I would like to say that the co-operation received from the Head Teachers and their staff greatly assists in furthering the scheme.

Prior to November 1956 the initial immunisation did not include Tetanus. Therefore, when a child born prior to this date attained the age of 9 years, they were only re-inforced against Diphtheria and separate courses for Tetanus had to be given. 1965 saw the start of the 9 year olds having received Tetanus in their infancy immunisation, and this year there were very few cases where it had not been included. Consequently Diphtheria vaccine on its own is used very little now.

A percentage of children have to receive a full course of immunisation at school, having missed it in infancy for various reasons, but here again protection against Whooping Cough is omitted, as this is not considered advisable.

We started using disposable single use syringes in January 1966 and in April switched to placing our orders through the County Medical Officer's office at County Hall, Lewes instead of ordering direct, thereby taking advantage of a better price for bulk purchasing.

From the following table it will be noticed that a steady increase seems to have been maintained in respect of primary courses. With regard to re-inforcing injections, the increase in 1965 was probably due to the fact that towards the end of 1964 the 18/24 month booster was introduced and the initial stages of this quite naturally produced a number of outstanding boosters to be given. 1966 has seen it settle down to its normal level.

Immunisation against Diphtheria-Whooping Cough-Tetanus
1966

Table of courses given either in combination or singly for
children under 16 years of age

	<u>Primary course of immunisation</u>	<u>Re-inforcing injections</u>	
1964	683 (319)	997 (379)	
1965	739 (358)	1,431 (686)	Portslade
1966	759 (442)	1,106 (615)	figures in brackets

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

Chiropody Service

This service started in 1963 with the appointment of a local Chiropodist attending to the needs of some 8/10 patients per month. Over the years efforts have been made to increase this service, with a certain amount of success. At the present time some 120 or so old people are receiving treatment each month at a cost of 2/6d. (patients receiving assistance through the Ministry of Social Security - free). Approximately 40 sessions per month are now being carried out.

During the period 1st October to 31st December 1966, 342 patients received treatment.

Patients unable to make the journey to the Chiropodist's surgery are transported by the Hospital Car Service, and I would also like to mention that a very small number of patients receive treatment in their own homes.

Grateful thanks are extended to the Hospital Car Service for their help.

Cytology

In October 1965, formal Ministry of Health approval was received for providing a service for the collection of cervical smears for diagnostic investigations by hospital authorities, also for breast examination of women attending for cervical smears.

At once, steps were taken to provide this service for women resident in the Borough and applications were invited, with no restriction being placed upon age. The response proved very satisfactory and applications were received in far greater numbers than could be dealt with. Consequently a long waiting list developed.

The first Clinic was held on the 1st November 1965 (with a total of 7 being held altogether during the few remaining weeks of that year) but the project really got under way at the commencement of 1966 and during the year a total of 99 clinics were held (none were held during the month of August as it was felt that attendances would be poor with this being the peak holiday period).

From the table it will be seen that out of 1925 applications received, 1575 smears were taken and of the remainder 150 were awaiting appointments in the new year and the others were cancelled appointments. Regrettably a percentage of ladies who receive appointments fail to advise us regarding non-attendance. This besides making unnecessary work, deprives someone else of taking the appointment. Others cancel for various reasons and further appointments have to be made.

Clinics are held at two centres (Hangleton and Clarendon Villas) and we are fortunate that both these centres had facilities remaining from the days of Ante-Natal Clinics. This has proved most useful.

For the first 5 months the Clinics were staffed entirely by Public Health Department staff, i.e. one Doctor and one Health Visitor per clinic. Clerical assistance is not required at these Clinics as all the administration and clerical work is carried out at the Health Department. As the number of Clinics increased Committee approval was obtained to engage a part-time Nurse on a sessional basis, in order to release the Health Visitors for other duties. This new arrangement commenced on 23rd May 1966 and has proved most satisfactory.

In May, due to the waiting list being so very long, I decided to restrict applications to women of 35 years and over, but was in a position to lift this ban again after 3 months.

Every woman who attends is notified of the result of her test (i.e. Negative or Positive) and advised to have a further test in three years time. Her G.P. is also advised of the result. In quite a number of cases, although the smear proves negative, other slight abnormalities are detected and these ladies are referred to their G.Ps. 325 such cases were referred in 1966. The number of positive cases detected was 14.

Evening sessions have been held at Portslade County Clinic and Hove residents unable to attend a day-time Clinic have been offered appointments at these sessions. By the end of the year, the waiting list was reduced to 4 - 6 weeks and will probably remain at this or just under. Of course fresh interest is aroused from time to time in the form of talks to Women's Organisations, articles in magazines and programmes on television. This usually temporarily increases the number of applications and consequently lengthens the waiting list, but it eventually finds its level again.

As with any new service, a lot of teething troubles have been experienced, but in the main these have now been resolved and it is gratifying to be able to record that we have received a number of complimentary remarks both verbally and in writing regarding the trouble taken in the arrangements made for these ladies, and their subsequent attendance at the clinic.

Cytology to 31st December 1966

Number of applications received	1,925	(1,403)
Number of Smears taken	1,575	(1,063)
Awaiting appointments at 1.1.67	150	(198)
Cancellations (with reason)	102	(70)
Cancellations (without reason)	98	(72)
Number referred to G.P.	325	(127)
Number of Positives	14	(5)

Portslade figures in brackets

Provision of Incontinence Pads

The majority of cases requiring incontinence pads are dealt with by the Hove and Portslade District Nursing Association. Occasionally the Geriatric Health Visitors attached to the Public Health Department find it necessary to supply pads to patients on their district.

The pads are placed in disposal bags and disposed of along with ordinary household rubbish in the dustbin and no complaints have been received.

The Council Refuse Department are aware of this arrangement.

Laundry Service

This has proved to be a most valuable service provided by the Hove and Portslade District Nursing Association for incontinent patients for whom laundry arrangements would be quite impossible. The service is free, except for any donations individual patients may care to make. At first the cost was met by the voluntary funds of the Association, but since the 1st April 1965 the loss on the working of the service has been met by the Local Health Authority. It is a tremendous boon to patients and relatives who otherwise would find it quite impossible to cope with this most necessary nursing requirement.

HOME HELP SERVICE (SECTION 29)

In spite of a complete change of staff in this section of the department, we have been able to maintain a similar standard of service. Instead of purely temporary help for the aged we have been able to give help on a more permanent basis, if only once a week, to enable a reasonable standard to be maintained. The only drawback to this scheme is of course the recruitment of staff. Up to now we have been trying to attract the younger mothers, but at school holiday periods we run the service at two thirds strength and this causes some concern among the elderly. The time between request and commencement of service has been cut down considerably.

The problem of cleaning homes where no tools are available has been a source of concern, and for this reason we have acquired a vacuum cleaner. The cleaner is kept at the office and is delivered and collected by the Organiser. Bearing in mind the sort of cases helped, I have nothing but admiration for the team of Home Helps that we have and would like to thank them all for their magnificent work to the community.

Co-operation between departments is most encouraging, enabling us all to carry out a difficult task more efficiently. For this happy state of affairs I should like to thank the General Practitioners, Geriatric Health Visitors, Medical Social Workers, etc.

The following table gives some indication of the work carried out during the year:-

	Aged 65 or over on first visit in 1966	Chronic Sick and T.B.	Aged under 65 on 1st visit Mentally Disordered	Maternity	Others	Total
Number of cases	455 (47)	53 (6)	3 (-)	53 (19)	68 (7)	632 (79)
Number of hours	29,550 (3,274)	4,514 (944)	20 (-)	2,794 (730)	2,454 (76)	39,332 (5,024)

Portslade figures in brackets

Number of Home Helps employed as at 31st December, 1966 - 45 part-time

Mass Radiography

During the year the East Sussex Mass Radiography Unit carried out General Public Surveys and the following figures give some idea of the work done.

	Male	Female	Total
Total X-rayed	925 (419)	1147 (391)	2072 (810)

Of the above total, 1,095 (522) people were sent to the Unit for x-ray examination by their family doctors.

Factory surveys were also carried out as follows:-

Total X-rayed	514 (1146)	236 (295)	750 (1441)
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Portslade figures in brackets

Health Education

Members of my Medical Staff, Health Visitors, Public Health Inspectors, etc. have been called upon to give talks in the field of health education during 1966, and the subject of smoking has been given a great deal of publicity both in schools and clinics.

The Ministry of Health and Central Council for Health Education have provided numerous posters throughout the year on a wide variety of subjects, and these have been prominently displayed.

Many local firms have provided speakers on matters concerned with personal health.

Films were obtained from the Central Film Library and Camera Talks Ltd. Two film projectors and a slide projector are available for use by the staff.

Staff Medical Examinations

102 medical examinations were undertaken by the Department in connection with Borough Council appointments, both Hove and Portslade, and also admissions of student teachers to training colleges, etc.

69 Health Statements were examined and found to be in order and no medical examination was required.

Day Nursery

The demand for day nursery places has continued to be high and there is still a waiting list of priority cases. These include small children of widows, mothers and some fathers who are divorced or separated, unmarried mothers, etc. who have a definite need to work.

The health of the children who attend has been very good and attendances during the year high. Owing to the instability of many of the homes and other factors, we have admitted more children with emotional and behaviour difficulties. Fortunately, most improve gradually in the Nursery environment, but they can make great demands particularly on untrained staff and young students. Many of these children are in the Nursery up to 50 hours per week.

We have been fortunate in retaining experienced senior staff, who provide the stability that so many of the children need. Untrained assistants suitable for the work are not easily recruited, although many apply. The sickness rate for staff, nursing and domestic, has been exceptionally high during the year, making it a very difficult period with the Nursery so full and busy.

A suitable programme of training has been maintained and all students passed the examination of the N.N.E.B. Applications for this training have again far exceeded the numbers who can be accepted. In addition to these students, others are sent from various training centres, teachers, nurses, etc. for the observation of normal 'under 5s'.

The unsuitability of the building continues to present difficulties, especially the fact that we work on five levels, from basement to second floor. Outdoor space for prams and play activities for our 51 babies and children is quite inadequate, calling for great ingenuity on the part of the staff, so that this vital need is met.

The number of approved places is 51, average daily attendance 46 and the number of children on the register at the end of 1966 was 51.

Daily Minders and Registered Nurseries.

Under the Nurseries and Child Minders Regulation Act 1948, 7 premises were registered at the end of 1966 and a total of 147 children were being minded. 2 Daily Minders were registered at the end of the year and 27 children were involved.

These premises are under constant supervision by members of the Health Department staff.

Premises situated in Portslade are registered with the East Sussex County Council.

MENTAL HEALTH (SECTION 28)

The period under review has been one of increase in the demand for Local Authority services. To help meet these demands an additional Mental Welfare Officer was appointed in July 1966.

In a developing Mental Health Service one is endeavouring to meet the requirements of the population in the Hove Borough which, because of its larger than average population of elderly people in a comparatively small area, has difficulties not experienced to the same extent in many other areas.

With the knowledge that prevention is one of the Health Department's main weapons it is the practice for the Medical Officer of Health to hold weekly meetings with representatives of all the agencies, statutory and voluntary, involved in the requirements of the elderly. It has been found that with this co-ordination of available resources it is possible to achieve the maximum results with the facilities available.

The facilities are not enough at this stage of the development of the Social and Hospital services and as more funds become available it is hoped to open, as a Pilot Scheme, a Day Centre for the Elderly Mentally Infirm. It is envisaged that this service will do much to prevent a growing number of elderly people from being admitted to hospital for treatment of a Mental Disorder.

A feature of this year's work is the number of people referred by the General Practitioners for visits by the Mental Welfare Officers, to deal with the social work needs of the patients.

The After-care service has been further developed by the inclusion of a Mental Welfare Officer in the teams of the Consultant Psychiatrist's at St. Francis Hospital, Haywards Heath and the White House Day Hospital in Hove. It is hoped that when more staff is available to extend this service to include the Psychiatric Unit at Brighton General Hospital, where Dr. Bergmann is developing a service for the Geriatric Group of patients.

Such development is proving beneficial in numerous ways, perhaps the most important being that it allows this Local Authority to be able to know the magnitude of the problem of Mental Disorder within its boundaries and thus deploy its staff and financial resources in the appropriate manner.

In the field of subnormality we are now beginning to feel the benefit of the provision, by the East Sussex County Council, of the Junior and Adult Training Centres in Portslade, and at which provision was made for attendance by Hove residents.

The field workers who come into contact with the families who are faced with the problem of mentally handicapped baby or child now have the means of preventing a deterioration in the Mental Health of such families.

The aged parents of the older members of those who attend Belgrave are equally appreciative of the fact that when they pass on, their children will be properly cared for.

On 15th March, 1966 a Social Club for the Mentally Handicapped adults was organised. With the co-operation of the staff of the White House Day Hospital accommodation was provided on Tuesday evenings and with the co-operation of the Further Education Department an atmosphere as close as possible to other Youth Clubs is being created. Much valuable data is being collected as a result of this scheme for use in the future if it is thought necessary to open another such club in the area.

Much thought has been given to the development of good lines of communication with the numerous voluntary and official services in the area, and has resulted in a satisfactory relationship in general.

A pressing need is the provision of accommodation in the community for patients considered fit for discharge who need some help for varying periods before taking up a normal pattern of living.

The results of using conventional guest houses is encouraging and investigations are constantly being made to find suitable people who are willing to take this type of patient into their homes. Serious consideration is being given to the question of provision by the Local Authority of similar accommodation with selected staff to function in the same capacity as does the proprietor of a house let off into flatlets or the more conventional Guest House.

Welfare of the Blind

The Borough of Hove has continued to exercise its powers under the Delegation of Functions in respect of blind and partially-sighted persons resident in the Borough by the use of the East Sussex Association for the Blind as their Agents.

The number of registered blind persons in the Borough of Hove at the 31st December, 1966 was 286 and there were also 118 partially-sighted: the corresponding figures at the 31st December, 1965 being 299 and 112 respectively.

Towards the end of November, 1965, Miss S. Breton was appointed Welfare Assistant, and after a period of probation was promoted to Home Teacher. Mrs. H. Butterworth was appointed Welfare Assistant and commenced her duties in May. The staff is, therefore, now complete.

During the year the greater part of the work has been concerned with ensuring that the blind and partially-sighted have someone to turn to and are helped to establish themselves in accommodation where they can have sufficient day to day support to enable them to live responsible and comfortable lives. For those who have friends and relatives, the family problems have been assisted by the provision of holidays and similar activities.

Weekly handicraft classes and monthly socials have continued throughout the year and a Christmas Party for the Blind and Partially-sighted and their friends was held at the King Alfred.

A beach hut was hired again for the season and was allocated by ballot a week at a time to persons on the Register, their friends and relatives.

Three outings were held during the Summer.

Welfare of the Cripples.

As from 1st April, 1964, the Hove Society for the Disabled have done excellent work in this field and the following report gives some indication of their activities.

The number of disabled residents of the Borough of Hove registered with the Society has reached 200 and of this number over 75 are severely disabled and mostly confined to wheelchairs.

Many housebound disabled receive domicilliary craft instruction and over 20 others attend the weekly craft class, in the running of which the Society is assisted by the East Sussex Association for the Disabled and the Local Authority.

Attendance at the fortnightly Bluebird Social Club averages 60. Most of the members are transported by voluntary drivers. Of the 21 severely disabled attending, 6 are brought by the County Ambulance and the remainder by the Society's new Bluebird Ambulance. This vehicle started operating in September and has already proved a great asset. Apart from its routine work for the craft class and social club it has taken wheelchair disabled on country outings and cinema shows.

The question of re-housing some of the disabled is being actively pursued with the Local Authority and the Society is looking into the problem of providing beds for severely disabled in the increasing number of instances where those looking after the disabled person must be given a rest from constant nursing to avoid a breakdown.

27 disabled members were sent on holidays and others were financially assisted for that purpose during the year. The provision of holidays for the severely disabled continues to be a major problem, mostly because changing disability conditions increase the financial risk which has to be accepted with advanced bookings, without which it is difficult to secure vacancies in the few places which cater for this type of case.

A Geriatric Health Visitor attached to the Hove Health Department is responsible for keeping the register and cases requiring special help in the way of equipment etc., are referred to her by the Society, Doctors, Hospitals etc. This Visitor also takes in Portslade Urban District.

The following equipment was loaned out during 1966.

Hoists	2
Pulleys	5
Bath Seats	16
Bath Rails	6
Raised W.C. Seats ..	4

Walking Aids:-

Zimmers	18
Tripods	11
Quadrupeds	1
Sticks	3
Pickups	14

37 Miscellaneous items were also loaned out, including Stocking Aids, Long Handled Shoe Horns, Comb Holders, Egg Cup stands, etc.

In connection with the Severely Disabled, the scheme for the provision of car badges continues to operate with very little difficulties. There are approximately 80 disabled drivers taking advantage of this scheme.

On one or two occasions it has been necessary to refuse applications from drivers or disabled persons in accordance with Ministry instructions.

Welfare of the Deaf and Dumb.

The Sussex Diocesan Association for the Deaf and Dumb continue to attend to the needs of the deaf and dumb in the Borough of Hove, and the register for Hove includes 41 intensely deaf people and 7 deaf-blind, who are hindered by their disability from mixing freely with normal people. Since Easter 1966 a fortnightly youth club has met at St. Stephen's, Montpelier Place, Brighton, the Association's Headquarters. Seven out of the eleven young deaf people on the Hove list have attended this club regularly.

The progress of school leavers at work has been followed up and contact made with the families of deaf schoolchildren.

Statistics re Deaf Persons in the Borough.

Speaking Deaf	..	..	..	17
Deaf	..	..	..	24
				<hr/> 41

Age Groups

16 - 29 years	..	..	11
30 - 49 "	..	..	7
50 - 64 "	..	..	17
65 yrs. & over	..	..	6

The League of the Hard of Hearing, Brighton, Hove and District do excellent work in this field and the Council make a grant of £20 per annum towards their administrative expenses.

Whist Drives, Housey Housey, Socials etc., are all very well attended and a Mime Play was presented by members early in the year and also a Mime Tableaux.

Outings and coach trips were arranged during the Summer months.

A great deal of good work is done visiting sick members in hospital and in their own homes and bringing cheer to the lonely ones.

Thirty members attended the Annual General Meeting of the Kent and Sussex Federation held at St. Leonards-on-Sea in June.

Members attended the Southern Rally at Folkestone in October.

A Bring and Buy Sale was held in June and realised £36. 14s. 6d.

Clear Speech Classes have been held during the year. Annual collection taken at the Carol Evening was again given to the National Deaf Children's Society.

