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THE HEALTH OF THE COMMUNITY

1968





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Report of the Medical Officer of Health and Principal School
Medical Officer for the Year 1968

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Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to present the seventy-fourth Annual Report on the health of the Administrative County of East Sussex, being that for the year 1968.

A further attempt has been made to improve the style and lay-out of the report in order to make it more attractive and readable. I would like to thank the staff of the Printing and Stationery department for their help and advice.

I suppose the great event of the year, departmentally, was the move into the new premises. It is a real pleasure to find the whole department under one roof, and in such close proximity to the other departments of the County Council. I must express to the County Council the appreciation of the staff for the excellent working conditions provided in these new buildings.

Another new building opened during the year was the Newhaven Ambulance Station. The Seaford and Newhaven ambulances, which had for so long operated under difficult conditions now have excellent facilities in their new station. It is to be hoped that this standard will before long apply to all ambulance stations and sub-stations throughout the county. Meanwhile, the service given by the men of the East Sussex Ambulance Service continues at a very high level, and is greatly valued by the residents of the county.

During the year further progress has been made in the integration of the Local Health Authority Nursing and Health Visiting services with the general medical services. There is no doubt that the result has been to enable the family doctors to make more effective use of their nurses and health visitors, to better co-operation between these people, to greater job satisfaction and, most important of all, to a better service being given to the patient. This pattern of working should attain its greatest potential under health centre conditions and we watch with mounting enthusiasm the building of the County's first Health Centre at Hailsham. This will open next year.

Whilst writing about the nursing service, I must pay tribute to the work of Miss M.H. McLeod, the Superintendent Nursing Officer. She has developed and pressed through this new style of working with great skill and enthusiasm, thus contributing in no small measure to its success. It is, therefore, with regret that one heard of her pending resignation towards the end of the year. It is, however, good to reflect that she will be taking this skill and enthusiasm to her work in the Department of Health and Social Security. The good wishes of all her many friends in East Sussex go with her.

I must draw attention to two matters raised by the County Dental Officer. Mr. Evans indicates the mounting demand being placed on this service. It is much to his credit that the demand for treatment by the County Dental Service is increasing. This has, however, resulted in some decline in the proportion of children whose teeth have been inspected. Some further expansion of this service will become necessary to meet this problem. Mr. Evans again comments on the need for a positive preventive programme including fluoridation and dental health education. I would endorse these comments.

There is equally a need for a positive health education programme in other aspects of health. Much can be and is being done in an opportunist way by members of your staff. If, however, this most important tool of preventive medicine is to be used fully, it will be necessary for there to be a specialist officer in this department to plan and co-ordinate the work.

Finally, I would like to express my appreciation of the work of the staff of the department, particularly that of Dr. Brims Young, my Deputy and Mr. Ryder, my Chief Administrative Officer. I would like to single out other names as well - but when I try to get down to it I find that it would be a complete list of the staff, such is the spirit of team working. I would also like to acknowledge with grateful thanks all the 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,
Sussex.

June, 1969.

MEMBERS OF THE HEALTH AND HOUSING COMMITTEE

(as at 31st December, 1968)

(a) Members of the County Council:-

Miss M. Blount, M.B.E. (Chairman)	Miss E.A. Kennedy
Miss C.C. Bolding	Mr. R. Mitchell
Brigadier Sir Edward Caffyn, K.B.E., C.B., D.L. (Chairman of the Co-ordinating Committee)	Mr. T.H.B. Mynors
Major R.W. Corkling	Major H.A. Neal
The Hon. Daphne Courthope, O.B.E. (Chairman of the County Council)	Mrs. K.M.N. Pither
Mrs. M. Edmondson	Col. G.R. Pouncey
Mr. R.G. Edwardes-Jones (Chairman of the Finance Committee)	Mr. R.B. Powell (Vice-Chairman)
Mr. L.A. Hammond	Mr. H. Riley, O.B.E.
Mr. A.B. Haworth-Booth (Vice- Chairman of the County Council)	Brigadier L.M. Scott
Mr. Claude Hershman, M.C.	Lt. Col. E.M. Sheehan
	Miss O.M. Vaughan

(b) Other members:-

Mrs. E. Boyden	Dr. J.A. Smart
Mr. L. Burtenshaw	
Mrs. E.F. Cave	
Mrs. J.N. Kleinwort, M.B.E.	
Dr. E.G. Sibley	

STAFF OF THE COUNTY HEALTH DEPARTMENT AND SCHOOL HEALTH SERVICE

AS AT 31st DECEMBER, 1968

County Medical Officer of Health & 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.
Senior Assistant Medical Officer	Janet F. Waugh, M.B., B.S.

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.
Evelyn B. Kilsby, L.R.C.P., M.R.C.S.
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. Silverton, 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.

Seventeen General Practitioners are employed at Child Health 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 H.M. Brown, S.R.N., S.C.M., H.V.Cert., Q.N. Miss A.A. Leckie, S.R.N., S.C.M., H.V.Cert., Q.N. Miss Y.H.D. Nulty, S.R.N., S.C.M., H.V.Cert., Q.N., M.T.D. Miss G.M. Williams, S.R.N., S.C.M., H.V.Cert., Q.N.
Midwifery Tutor	Miss M.J. Lilley, S.R.N., S.C.M., H.V.Cert., Q.N.

CHILD GUIDANCE SERVICE

Psychiatrists (Part-time)	H.V.W. Elwell, M.A., M.R.C.S., L.R.C.P., D.P.M. Josephine M. Lomax-Simpson, M.B., Ch.B., D.P.M. K.R. Masani, M.R.C.S., L.R.C.P., D.P.M. J. Ross, B.Sc., M.B., Ch.B., D.P.M. J.N. Runes, M.D. Miss Hedda Kevend, B.A., A.A.P.S.W.
Child Psychotherapist	

Educational Psychologists

Miss O.M. Baker, M.A. (Psychology)
Dip. Ed.
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)
Mrs. M.M. Stuart-Menteth,
A.A.P.S.W.

Audiometer Technician

Miss H.E. Hannay

Consultant Speech Therapist Speech Therapists

Mrs. S. Hudson-Smith, F.C.S.T.
Mrs. M.M. Bell, L.C.S.T.
Mrs. C. Bloomer, L.C.S.T.
Miss H.J. Phillips, L.C.S.T.
Mrs. M.E. Pruden, L.C.S.T.
Mrs. R. Simmons, L.C.S.T.
Miss B.J. Bantles L.C.S.T. (Hove)

HEALTH SERVICES

Mental Health 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.

ADMINISTRATION

Chief Administrative Assistant

T. Ryder, D.P.A. (Lond)., A.C.C.S.

Chief Clerk

G.M.G. Futter

Senior Clerks:-

Nursing Services

Mrs. S. Riley.

School Health

C. Jackson, D.M.A.

Mental Health

C.V. Richardson.

General Administration

A.V. Barnard, D.M.A.

SECTION I

GENERAL HEALTH SERVICES

(except Borough of Hove and Portslade Urban District)

VITAL AND 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) General Statistics

	<u>1967</u>	<u>1968</u>
Area in statute acres (land and inland water)	494,583	494,583
Population (estimated mid-year)		
- Total	421,990	428,250
Rateable Value for whole county (estimated 1st April)	£21,158,691	£22,047,765
Product of penny rate for whole (1967/68 & 1968/69)	85,775	89,520

(b) Extracts from vital statistics for the year

Live and Still Births

	<u>1967</u>			<u>1968</u>		
Live Births	<u>Male</u>	<u>Female</u>	<u>Totals</u>	<u>Male</u>	<u>Female</u>	<u>Totals</u>
Legitimate	2,732	2,509	5,241	2,607	2,459	5,066
Illegitimate	227	235	462	262	213	475
Still Births						
Legitimate	34	29	63	26	14	40
Illegitimate	3	-	3	2	3	5
Total	2,996	2,773	5,769	2,897	2,689	5,586

<u>East Sussex</u>	<u>England and Wales</u>
--------------------	--------------------------

Live birth rate per 1,000 population

12.9

16.9

Illegitimate births per cent of total live births

8.66

-

Still births rate per 1,000 total live & still births

8.1

14.0

<u>Deaths</u>	<u>East Sussex</u>	<u>England and Wales</u>
Infant deaths (under one year of age)	79	15,000
Infant mortality rates per 1,000 live births	14.3	18.0
" " " per 1,000 live legitimate births	14.02	-
" " " per 1,000 live illegitimate births	16.84	-
Neo-natal mortality rate (first four weeks) per 1,000 live births	9.6	12.3
Early neo-natal mortality rate (deaths under one week) per 1,000 total live births	8.3	10.5
Perinatal mortality rate (still births and deaths under one week combined) per 1,000 total live and still births	16.29	25.0
Maternal Deaths (including abortion)	Nil	-
Maternal mortality rate per 1,000 total live and still births	Nil	-
Total number of deaths	6,861	577,000
Death rate per 1,000 population	16.02	11.9

ENVIRONMENTAL HYGIENE

RURAL WATER SUPPLIES AND SEWERAGE ACTS 1944-65

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

Battle Rural District

No new sewerage schemes were submitted during 1968, but a start was made on the scheme for Guestling and West Pett and the main drainage work for Etchingham and Hurst Green was in its final stages.

Proposals for minor water extensions to serve the following localities were submitted but not started:-

Harts Green Area, Westfield

Junction Road, Ewhurst

Quickbourne Lane, Northiam

Chailey Rural District

A scheme for extending the Newick sewerage system to serve properties in the area of Sheffield Park station was submitted. Work on the sewerage systems for Falmer Village and parts of Wivelsfield made good progress and sewer extension for the Barcombe/Mount Pleasant area was completed.

Cuckfield Rural District

Proposals for extending the sewers at Street Lane, Ardingly were submitted but not started during 1968.

Hailsham Rural District

No new schemes for sewerage were submitted during the year but a start was made on the main drainage scheme for Hooe and Ninfield and the Jevington Village system was completed.

The scheme for improvement and extension of the water services for Jevington was nearing completion at the year end.

Uckfield Rural District

No new schemes were submitted in 1968, but a start was made on the Danehill and Chelwood Gate drainage scheme and the work on the Isfield Village system was completed.

Whilst major schemes of reconstruction and enlargement of existing treatment works has continued, 1968 has seen the

submission of only two minor schemes for making "first time" provision. The progress being made on six former sewerage schemes and the completion of a further three schemes does show some improvement over previous years but the overall picture is still one of very slow progress, a position which must, no doubt, be related to the ever-increasing economic restrictions.

Food & Drugs and Milk & Dairies Regulations

Milk (Special Designations) Regulations 1963-65

Pasteurisers' Licences

On the 1st of January, 1968, four pasteurisers were operating under licences issued by the County Council, three using High Temperature Short Time plants and one using a Holder Type Plant.

Supervision of the arrangements for processing, storage and distribution has been continued and during the year 330 samples of milk were submitted to the prescribed tests. All these samples were satisfactory.

Examination of Bottles

In order to determine the efficiency of the methods adopted in the cleansing of milk bottles at these establishments, twenty five sample groups of bottles were submitted for examination. These reached the standard recommended by the Public Health Laboratory service, except in one case which gave unsatisfactory results. This was attributed to failure to maintain a rinse water supply in a satisfactory condition due to a breakdown in a chlorination plant. The fault was corrected forthwith and repeat samples were satisfactory.

Milk Dealer's 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 & Drugs Authorities. At the 1st January, 1968, 436 licences were in operation and during the year 49 licences were issued in respect of new dealers, changes of ownership etc., and 11 licences were cancelled where milk business had ceased. At the year end 438 licences were in operation.

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

Class of Milk	No. of Samples	Prescribed Tests	
		Passed	Failed
Pasteurised	1004	993	11
Untreated	88	78	10
Sterilised	36	36	-
Ultra Heat Treated	16	16	-
	1144	1123	21

The 21 unsatisfactory samples all failed the Methylene Blue (keeping quality) test. The eleven pasteurised milks were from three sources of supply and the failures were attributed to overstocking and failure to turn over stocks in proper rotation. Five of the ten untreated milk samples were from one farm source and the condition was attributed to failure to sterilise a milk pipe line properly. The remaining five samples were from separate farm sources, and in each case repeat samples were satisfactory.

Milk in Schools Scheme

All the schools participating in this scheme receive pasteurised milk as recommended. Supply arrangements have been kept under observation and checked by routine sampling. The source and quality of the supplies and the arrangements for distribution are considered satisfactory.

Biological Examination of Milk

Routine sampling of untreated milk supplies for biological examination is undertaken by the Health Department staffs of the county district authorities in whose areas the majority of the farm sources are located.

During the year a total of 312 samples were taken covering 49 sources of supply. These were all reported to be free from tubercle and brucella abortus infection except in one case of a farm supply being retailed direct to the public. Four infected cows were removed from the herd and slaughtered and since then the supply has been submitted for pasteurisation.

INFECTIOUS DISEASES

The notifications of infectious diseases fell sharply in 1968 to 1,857 compared with 6,885 in 1967. This decrease was due to the bi-annual fall in the incidence of measles. There were 207 cases of dysentery and 56 cases of infective hepatitis compared with 94 and 13 respectively in 1967.

Once again there were no cases of poliomyelitis.

New cases of pulmonary tuberculosis totalled 46.

At the end of the year there were 2,627 notified cases of tuberculosis on the register (2,382 pulmonary and 245 non-pulmonary) compared with 2,657 (2,394 pulmonary and 263 non-pulmonary) in 1967.

Deaths from pulmonary tuberculosis numbered 10.

HEALTH CENTRES

(Section 21, National Health Service Act, 1946)

The Authority's policy concerning the provision of Health Centre continues. Discussions have taken place for Health Centres proposed at Crawley Down, Hurstpierpoint, Newick Green, Newhaven and Lewes and it is hoped that work will commence on the Health Centre at Crawley Down and Newick Green during 1969/70. The County's first Health Centre in Hailsham is being built and will be ready for occupation towards the end of 1969.

CARE OF MOTHERS AND YOUNG CHILDREN

(Excluding Hove & Portslade Areas)

(Section 22, National Health Service Act, 1946)

Child Health Clinics

It will be noticed that Infant Welfare Centres are no longer so called. This change of name was recommended in the report of the Standing Medical Advisory Committee under the Chairmanship of Sir Wilfrid Sheldon, which examined the medical functions and medical staffing of child welfare centres in consultation with the Local Authority Associations and professional bodies concerned. The Minister of Health was in full agreement with the sub-committees conclusions that there was a continuing need for a preventive service to safeguard the health of children in which family doctors will play an increasing part in the future.

The report described in outline, the function of a Child Health Service and emphasised the importance of routine medical examination of young children so that their physical, mental and

emotional development could be reassessed. It also stressed the need for liaison and exchange of information between all involved in the Child Health Service and pointed to the importance of close co-operation with the Maternity Services, the Family Doctor Service, School Health Service, Hospital Services, Dental Services and Voluntary organisations active in this field.

Authorities were asked to review the standards of accommodation and to do all they could to implement the sub-committees recommendations as soon as circumstances permitted. The Minister considered that child Health Service facilities could often best be provided in Health Centres rather than in separate purpose built clinics.

The Minister also asked hospital authorities to review their arrangements relating to assessment centres for handicapped children. A small group of experts was invited to consider what guidance should be given to hospital authorities on the setting up of Comprehensive Assessment Centres for handicapped children, including their relationship with local Authority and general practitioners services. The groups conclusions were sent to those directly interested as it was proposed that some of the services which the Assessment Centre would provide should be a joint Local Authority and hospital responsibility. It was not intended to urge priority for, or a uniformed pattern of, Assessment Centre Development.

During 1968 there were 76 clinics operating in East Sussex. A total of 7,853 children attended. Of a total of 4,441 live births notified 3,030 were taken to the clinics, that is, 68% of the live born children. All these figures show a slight decrease from those of the previous year. These decreases are at least in part due to the provision of Child Health Services by General Practitioners within their own practices with the help of their Health Visitor.

Congenital Dislocation of the Hip

Seven cases were found during the year.

Congenital Malformations

During 1968, 79 children were notified as having congenital malformations observable at birth. They were classified as follows:-

- 17 affecting the Central Nervous System.
- 4 affecting the eyes and ears.
- 2 affecting the alimentary system.
- 11 affecting the heart and great vessels.
- 3 affecting the uro-genital system.
- 32 affecting the limbs.

2 with other defects of the spine.

5 affecting other systems.

3 other malformations.

Of the 79 notified, 20 had more than one abnormality, 10 were stillborn, and 8 have since died.

Family Planning Clinics

The number of patients for whom financial responsibility was accepted during 1968 rose to 774 and the cost to £2,780.

Additional sessions were arranged at Bexhill, Haywards Heath and Lewes and an I.U.D. clinic opened at the Queen Victoria Hospital, East Grinstead. Sessions formerly held once monthly at East Grinstead were discontinued.

From the 1st October, 1968 the fee per patient was increased from £3. 10. 0. to £3. 17. 6d.

Distribution of Welfare Foods

The sale of welfare food (particularly orange juice) continues to rise. The only decrease that occurs each year is the sale of vitamin tablets. The number of distribution points increased by three to a total of one hundred and seven.

Care of the Unmarried Mother and her Child

The needs of the unsupported mother and her child continue to be dealt with on behalf of the Health Authority by the Chichester Diocesan Moral Welfare Association and the Southwark Catholic Children's Society.

In 1968, the Authority accepted part financial responsibility of hostel accommodation for the mothers in 37 approved cases - 14 less than in 1967.

Recuperative Holidays.

Holidays were provided for two mothers and a husband and wife, all of whom benefitted from this provision and were most appreciative.

Dental Care reported in detail under Section III.

DOMICILIARY MIDWIFERY, HEALTH VISITING AND
HOME NURSING

(Sections 23, 24 and 25, National Health Service Act, 1946)

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:-

"The work of the Superintendent Nursing Officer and her Assistants during the year was as follows:-

Visits to and general inspection of Nursing Sisters and Health Visitors	699
Visits to -	
Expectant mothers regarding arrangements for confinement, including Home Help	47
Nursing Homes - Child Minders	594
Child Welfare Clinics and Ante Natal Clinics (inc. Relaxation & Child Care classes) Cytology Clinics	187
District Nursing Association Hon. Secretaries	35
Interviews, meeting and lectures	1,225
District Nurse Training - Rounds and tutorials	64
School Child Care & Hygiene Classes & Examinations and Visits to Remand Home	17
Hearing Tests	51

Work of Sisters during the Year

Deliveries attended by domiciliary midwives during 1968 totalled 758 (234 fewer than 1967). There were 11 cases delivered in hospital by domiciliary midwives, the number of patients discharged early from hospital was 1,343 (an increase of 204 from 1967).

Health Visiting

The following is a summary of the number of cases visited by the Health Visitors in 1968 -

Children under 5 years of age	23,446
Persons aged 65 and over	10,079

Mentally disordered persons	135
Persons (excluding maternity cases) discharged from hospitals (other than mental hospitals)	113
Number of households visited on account of infectious diseases	120

Home Nursing

Number of persons nursed	10,720
Number of persons who were under 5 at first visit	200
Number of persons who were 65 or over at first visit	6,468

At the end of 1968 the nursing staff employed by the East Sussex County Nursing Association was as follows:-

	<u>Full-time</u>	<u>Part-time</u>
Generalised duties (midwifery, home nursing, health visiting, including geriatric and school nursing)	53	2
Combined duties (midwifery and home nursing only)	31	5
Home nursing duties only (including auxiliary)	18	30
Health Visiting including geriatric and school nursing	35	4
Clinic duties	1	10
Tuberculosis health visiting	1	1
Tuberculosis and geriatric health visiting	1	-
Tuberculosis and maternity/child welfare health visiting	1	-

Staff

The level of recruitment continues to be good by comparison with many parts of the country. The District Nurse/Midwife/Health Visitor is still in short supply and full staffing does depend on full use being made of married nurses prepared to give excellent service on a part-time basis.

The Midwifery Service is one which will require much attention in the near future. A start has already been made to decrease the number of midwives in order that those who are practicing will be sufficiently occupied as midwives to maintain both interest and efficiency at the desirable level. A Scheme has been discussed which will involve our midwives with their

family doctors going into Cuckfield Hospital to deliver and care for especially booked mothers, the mothers being discharged home as soon as practicable. This will give a degree of continuity of care that has long been agreed as desirable. The scheme is similar to that established at Crawley Hospital but will be an integrated part of a Consultant Obstetrician Unit and not, as in Crawley, restricted to a General Practitioner Obstetrician's beds. A similar scheme is under discussion for Crowborough Hospital but here, where the General Practitioner unit is small, and the numbers of both Hospital and Domiciliary midwives have to be maintained at an unnecessary high level for the work, in order to maintain a rota for off-duty and holidays, the scheme will include provision for all midwives being available for any duties in or out of hospital in an emergency or a period of staff shortage. We are most appreciative of the co-operation and consideration we have had from our hospital colleagues in the working out of both these schemes which we hope will start on 1st April, 1969.

Radio Telephonic Communications

The pilot scheme on which such high hopes were placed should have been in operation in Bexhill by 1st January, 1969. Suitable siting of an aerial which would have allowed the use of small pocket sets instead of the large car-based sets has proved extremely difficult and efforts are still being made to overcome this difficulty.

Training

Training for Health Visitors and District Nurses has continued in the county with the heightened interest and standards being maintained that one expects to come from involvement in a training situation

Part II Midwifery Training School

Since her appointment in July 1967, Miss Lilley, Tutor to the Part II School, has been studying for her Midwife Teachers' Diploma and I am pleased to congratulate Miss Lilley on her success in obtaining this Diploma in January, 1969.

The School has had a successful year with everyone of the 21 pupil midwives completing the course being successful. Negotiations with the Central Midwives Board during the year has resulted in a slightly altered syllabus being accepted by them. This provides for the acceptance of a lower number of actual domiciliary deliveries for each pupil but with a wider concept of the social training of the midwife, very much in keeping with the pattern of maternity care involved in the increased number of hospital confinements and early discharge of patients to the care of the domiciliary midwife.

We continue to welcome a variety of other students and other visitors to the county.

County Post Graduate Course

Our grateful thanks are due to the County Education Committee and to the Board of Governors of the Lewes Grammar School for Boys for a very successful change of venue for the Post Graduate Course this year. The Grammar School, with its very adequate hall, provided not only a very good lecture room but also space for the most excellent series of displays depicting the various medical and social services available in this county. Groups of nursing staff usually working together each produced a display and I was very impressed with the standard achieved. The inaugural address on "The Development of Community Care" preceeded by less than 24 hours the publishing of both the Green Paper and the Seebohm Report. A Mental Health Seminar with Dr. Brims Young in the chair, Renal Dialysis, The Changing Family, Infant Feeding, Welfare work with Forces Overseas, and Facial Injuries were amongst other subjects discussed during the week.

Thanks are also due to the Catering Staff of the School who returned to duty during the school holidays to provide very excellent refreshment during the Course.

Co-operation with Hospital Staffs

The Public Health Act 1968 envisages closer working relationships between Domiciliary and Hospital Nurses. The provision in this Act which makes legal for the first time since 1948 the employment of local Health Authority nursing staff other than in the home, should facilitate arrangements for closer working conditions. The Green Paper, with its suggestion for one employing Authority for all members of the National Health Service team, is at this moment of writing still under discussion, and one can only speculate as to the outcome of these discussions. It does, however, clearly demonstrate an awareness of the need for closer working relationships within the Service.

Maternity Hospitals have probably led the way to closer working through their Maternity Liaison Meetings. These continue to be held regularly and the schemes at present under discussion show clearly the help and understanding derived from regular meeting of all staff.

General Hospitals

A scheme similar to the one that has been in existence at Eastbourne for a specially appointed Health Visitor to act as liaison officer for admission and discharge of Geriatric patients, has been extended to Cuckfield and it is hoped will further extend to the Brighton hospitals. We are grateful to Dr. Clark, the Geriatrician, and to the Medical Social Workers for their encouragement and support in this scheme.

Integration of Nursing Staff into Practices of Family Doctors

This continues to progress both in extent and terrain. A trial scheme at Seaford involves one member of the local Authority almost wholly in work in the Doctor's surgery. The following areas have established schemes - many more are under preparation:-

Balcombe	Hartfield
Burwash	Haywards Heath
Chailey	Lewes
Cuckfield	Lindfield
East Grinstead	Newick
Forest Row	Polegate
Hailsham	Seaford

I would like to thank Dr. Watson and his Medical, Administrative and Clerical Staff for their help and support during the year.

VACCINATION AND IMMUNISATION

(Section 26, National Health Service Act, 1946)

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

During 1968 two developments took place both of which had an impact on the scheme for routine immunisations. These concerned (a) the introduction, from October, of a new schedule of immunisations to conform to advice of the Ministry of Health and (b) in May the introduction of a scheme for vaccination against measles.

Measles Vaccination

Initially this was available to children aged 4 - 7 years but was extended in August to cover all children aged 1 - 15 years.

The following table shows the number of vaccinations carried out under the scheme:-

<u>Under</u> <u>1 year</u>	<u>1 year</u>	<u>2 to 4</u> <u>years</u>	<u>5 to 15</u> <u>years</u>	<u>Total</u>
32	1,024	2,441	4,437	7,934

Immunisation against Diphtheria, Whooping Cough and Tetanus

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>
1966	5,147	246	289	4,142	8,313
1967	5,415	232	322	4,614	8,308
1968	4,491	168	288	3,835	6,504

(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 ages.)

Poliomyelitis Vaccination

During 1968 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.

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

<u>Year</u>	<u>Children</u>	<u>Total Fourth Doses</u>
1966	6,803	4,954
1967	5,936	5,625
1968	5,417	5,174

Smallpox Vaccination

The following table shows the number of vaccinations and re-vaccinations carried out under the approved scheme during 1968.

	<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	204	2,564	985	296	4,049
Re-vaccination	-	25	92	1,073	1,190

B.C.G. Vaccination Scheme for School Children and Students, 1968.

Reported in detail under the School Health Report (see page 71).

AMBULANCE SERVICE

(Section 27, National Health Service Act, 1946)

General

This is the first full year of direct operation of the service, the British Red Cross Society and the St. John Ambulance Brigade having terminated their agency agreements with the County Council in March 1966 and March 1967 respectively.

The demands on the service during 1968 were lower than the previous twelve months, both the mileage and number of patients carried being less; there has been an increased use of dual purpose ambulances rather than cars when more sitting patients can be carried each journey.

Statistics

The following summary shows the fluctuation of the figures over the last three years:-

	<u>AMBULANCES</u>			<u>SITTING CARS (H.C.S.)</u>		
	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>
Patients	89,641	97,963	108,124	267,532	241,332	168,065
Mileage	639,986	695,152	754,881	1,947,265	1,963,844	1,596,184

The following figures show the number of child journeys to the schools for mentally handicapped children:-

	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>
Patients	30,828	31,996	37,760	17,993	24,233	41,919
Mileage	132,408	138,195	151,069	270,221	331,577	587,770

The overall growth of work has led to an increase of staff during the year from 110 to 118. The number of vehicles has risen from 43 to 45.

New Ambulance Stations

A new sub-station was opened during the year in Denton, to serve primarily the Seaford and Newhaven areas. At the beginning of January, 1969 a further station opened in Burgess Hill and became the main station for the Cuckfield (Haywards Heath/Burgess Hill area. The Haywards Heath Station - up to that time the main station - was down graded to sub-station.

Former Civil Defence premises were taken over as ambulance stations at East Grinstead and Crowborough. The accommodation at Crowborough is adequate in the short term but covered accommodation is needed for the vehicles at East Grinstead.

Training

During the year the Recommendations of the Working Party on Training have been implemented. Proficiency Courses were held at three centres - Lewes, Haywards Heath and Battle over several weeks during the beginning of the year and 78 members of the service completed the course. An Advanced course was started in December, and will continue into 1969, in the form of week-end courses.

In addition to this eight driver/attendants attended Courses of 6 weeks duration run by the Hampshire and Surrey County Councils. Facilities for a "follow-up" to these courses were given by the Royal Sussex County Hospital, in the Casualty Department and Intensive Care Unit.

Part II of the Recommendations of the Working Party dealing with uniform and equipment are also being implemented; new ambulances are being equipped with up-to-date trolley type stretchers (as the old ones are being replaced) and apart from minor modifications our vehicles are already equipped to required standards.

The organisation of the Hospital Car Service has been changed in order to make their contribution to the running of the Ambulance Service and a revision of the areas was undertaken, increasing the areas from four to five which are now Burgess Hill, East Grinstead, Lewes, Hove and Bexhill. The offices of the Area Transport Officer in Burgess Hill and East Grinstead all situated at the Ambulance Main Station and there is close co-operation and liaison between the two officers concerned. I would like to pay tribute to Mrs. M.Y. Hastings, Branch Director, British Red Cross Society, her H.C.S. Area Transport Officers, and all the drivers for their continued help and support during the year.

Emergencies

The parishes of East Sussex adjacent to the boroughs of Eastbourne and Hastings and Kent County Council continue to be covered by these authorities and all emergency calls along our common boundaries are covered by the adjoining authority concerned. In the event of emergencies at Gatwick Airport, the Surrey Ambulance Service alert our County Control who in turn alert by radio the two main stations nearest to the scene and if necessary ambulances are sent in support of the Surrey Ambulance Service as required.

During the latter part of the year three full time mechanics were employed by Burgess Hill, Lewes and Bexhill to deal with all types of vehicle servicing and including major overhauls.

PREVENTION OF ILLNESS, CARE & AFTER-CARE

(Section 28, National Health Service Act, 1946)

Loan of Equipment

Several items of new equipment were purchased during the year, including:-

- 5 Walking Aids
- 4 Alternating Pressure Pads
- 2 Complete Alternating Pressure Pad Units
- 1 Lifting Pole and Chain
- 2 Bed Cradles

Considerable effort has been made to ensure that the more bulky items of equipment are stored at strategic points throughout the County so as to ease the difficulties and cost of long journeys by carrier. The essence of a successful service is speed, and every endeavour has been made throughout the year to despatch items on the same day as the request is received. The problem of rapid delivery has been greatly eased by the kind co-operation of ambulance and professional medical staff without whose help delays would have been inevitable.

Assistance has been received also from the County Welfare Officer in loaning equipment when there has been an extraordinary demand for certain items which has temporarily exhausted our own stock. There is always a constant demand for Alternating Pressure Pad Units and this year has been no exception. When the demand has been unusually heavy, use has been made of the hire service operated by a local firm at Lancing, for short-term cases.

Chiropody

In my last report two instances were given where it was necessary to operate a direct service. I am pleased to say that after a few initial teething problems, the service is now running smoothly in these areas. Chiropody as a County Scheme does present continuing problems, not the least of which this year has been the retirement of some of the chiropodists. So far there has been reasonable success in finding replacements.

It is worth noting here, I think, that the service which began in 1960, had 32 centres by March, 1961 and running costs of £1,253. Today, chiropody is provided in 76 centres, with 8,498 patients, receiving 50,396 treatments and costing £23,000.

During the year very careful consideration was given to the question of whether this growing and increasingly expensive service could be better administered in any other way.

It was decided that it could not be, at least for the present. It was, however, agreed that the standard charge should be raised from 2/6d. to 3/6d. from the beginning of 1969.

I would like to take this opportunity of saying how much the work of the voluntary workers is appreciated both by the patients and the Health Authority for all the work they undertake in a Scheme of this size and which is beneficial to so many.

Cervical Cytology Clinics

During 1968 the number of applications dropped slightly compared with 1967, and clinics were held slightly less frequently.

Towards the end of the year a publicity campaign was begun to remind all those who attended the first Clinics in October 1965 that they were due for their three-yearly check. Health Visitors were asked to take part in a poster competition and from a very good selection of entries, Miss P. M. Daniel of Newhaven emerged the winner.

Mr. P. Probyn, the County Art Advisor, was asked to design a completely new application form and I am happy to say that two other Local Health Authorities were so impressed that they sought permission to use it in their own areas. Mr. Probyn and I gladly agreed. I am very grateful to Mr. Probyn for his help in designing this leaflet.

During 1968 there were 4,365 applications for tests and 4,125 actual attendances. Of these 3,442 were normal and 18 abnormal. 597 were referred to their doctors for gynaecological abnormalities of one sort or another and 68 for breast abnormalities.

MEDICAL SOCIAL WORKER'S REPORT

The year has seen considerable changes in administration for the Medical Social Worker. Voluntary T.B. Care Committees in East Sussex were wound up in March 1968 and thus the whole of the grant formerly paid to the Sussex Rural Community Council was available for help to patients. This meant that after providing free milk and extra nourishment there were funds left to pay for fuel. Many patients benefitted from grants for coal, paraffin, etc.

The Sussex Rural Community Council continued to raise money through the Seal Sale Fund to fill in gaps in the service for patients. From this Fund it was possible to pay cash grants for electricity bills or electrical appliances. Calls were also made on the Fund to meet television licence

payments which are an increasing burden for pensioners, and the purchase of other special needs and for Christmas parcels. The Medical Social Worker also continued to administer grants for the National Society for Cancer Relief.

Health Visitors and fellow Medical Social Workers from the hospitals in the area referred patients needing help and advice with their various social problems. Moving into the new County Hall in July enabled the Medical Social Worker to have more direct contact with her colleagues in the Health Department and with other Council Departments.

SPASTICS AND EPILEPTICS

The number of spastics and epileptics at 31st December, 1968 was 347.

<u>Age Range</u>	<u>Spastics</u>	<u>Epileptics</u>
Under 5 years	6	4
5 - 15 years	52	28
Over 15 years	122	135
	-----	-----
	180	167
	-----	-----

172 of the total 347 are mentally sub-normal.

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

	Cataracts	Glaucoma	Retro- lental Fibro- plasia	Others	Total
1) Number of cases registered during the year in respect of which para 7 (c) of Form B.D.8. recommends:-	16 + 12	17 + 4	0 + 0	116 + 65	149 + 81
a) No Treatment	4 + 1	3 + 0	0 + 0	50 + 12	57 + 13
b) Treatment					
Medical	0 + 0	7 + 1	0 + 0	40 + 11	47 + 12
Surgical	11 + 7	4 + 1	0 + 0	7 + 5	22 + 13
Optical	0 + 0	0 + 0	0 + 0	4 + 7	4 + 7
Ophthalmic Medical Supervision	2 + 3	8 + 3	0 + 0	30 + 37	40 + 43
2) Number of cases at (i) (b) above which on follow-up action have received treatment.	8 + 10	9 + 4	0 + 0	60 + 45	77 + 59
3) Number of cases which have not received treatment.	8 + 2	8 + 0	0 + 0	56 + 20	72 + 22

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

There were no cases of ophthalmia neonatorum notified during the year.

The total number of examinations excluding Hove, are as follows:-

31st December, 1966	189
31st December, 1967	207
31st December, 1968	230

The total number of examinations during the year shows a sharp rise over the previous years and is mainly in the age group of 65 and over. It is probably due to the high proportion of elderly persons in East Sussex that accounts in part for this factor. A wider knowledge of the services available to persons of diminishing sight and full co-operation by the medical services and other official bodies in bringing these cases to our knowledge may also have a bearing on this increase.

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

3 moved out of the area
9 died
5 refused the treatment recommended
7 treatment is pending

During the year 23 people who were previously registered as partially sighted were re-examined and found to be now blind.

During the year 4 people were removed from the blind register owing to their sight having improved and 3 people were removed from the P/S register owing to their sight having improved. 1 blind person was removed from the blind register and placed on the partially sighted register owing to an improvement in sight.

Ages at which registered

<u>Blind register</u>	<u>Age groups</u>	<u>Number</u>
1	0 - 15	2
2	16 - 64	15
3	65 and over	132

Partially Sighted register

1	0 - 15	5
2	16 - 64	9
3	65 and over	67

MENTAL HEALTH

NATIONAL HEALTH SERVICE ACT 1946 (Section 28)

MENTAL HEALTH ACT 1959

Development of Mental Health Services

Mental Illness

Tables 1 and 6 reflect the continued development of the Mental Health Services for the mentally ill and the continuing trends.

Table 6 shows that again there has been a considerable increase in the number of patients referred for community care from 719 last year to a total of 1,145 this year. 283 of these were over the age of 65. Prior to the setting up of the present mental health service, practically all elderly folk with psychiatric disabilities would have to be admitted as hospital in-patients for terminal care, but now, quite substantial numbers are coming direct to county residential provision. The hospitals are pursuing a discharge policy for the elderly in all cases not specifically needing constant medical and nursing care. Table 5 shows a total of 303 patients in residential accommodation at the end of the year, compared with 239 at the end of 1967.

Rehabilitation

We have now had experience of the first full year's working of The Brook Rehabilitation Centre, which has followed the pattern of activity set out in my last report. It is clear that the main difficulty to be overcome is not the acquisition of new skills but the restoration of the will to work. This is a time consuming staff activity which is, however, very worthwhile, as out of an intake of 65 trainees, 21 have been placed successfully in regular employment.

The aims of total rehabilitation are threefold, (i) the provision of regular work. I have already reported on our schemes for this, (ii) a place to live. A wide range of residential accommodation is used and in practice the authority will, when necessary, give financial assistance to enable patients to be placed in whatever suitable accommodation is found. A rehabilitation hostel for men opened at East Grinstead during the year and the first residents were received in March, (iii) the provision of some social life. This is best dealt with by voluntary effort, and the British Red Cross Society are extending as far as possible their activities in relation to the three therapeutic social clubs in their scheme. We have patients from the county area at a Eastbourne club sponsored by Hellingly Hospital and similar arrangements exist at East Grinstead where the Local Voluntary Association for Mental Health runs a club in connection with their hostel.

Table 1. HOSPITAL ADMISSIONS

	1955	1960	1965	1967	1968
Certified	135	27+	-	-	-
Observation	299	179+	-	-	-
Voluntary & Temporary	79	33+	-	-	-
Informal	-	65	64	53	74
Section 29	-	18	93	56	84
" 25	-	8	63	99	78
" 26	-	9	87	85	90
Other Sections	-	-	2	6	9
	513*	339	309	299	335

* Including Hove.

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

Mental Subnormality

Arrangements have been made to institute a Mental Health Counselling Service for the mothers of very young children who have been diagnosed as mentally retarded, and this measure coupled with the additional training facilities has lead to a marked increase in the number of cases recorded as receiving community care (see Table 2 below).

TABLE 2 (Excluding the Borough of Hove)

Year	Popu- lation	Total number	Rate per thousand	Hospital	Rate per thousand	Community Care	Rate per thousand
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	1153	3.37	460	1.35	693	2.02
1967	349,850	1154	3.30	463	1.32	691	1.98
1968	356,770	1253	3.54	454	1.21	799	2.24

(a) Schools for the mentally handicapped

TABLE 3. Attendances at 31st December, 1968.

	Boys	Girls	Total
Hillside (Portslade)	32	24	56
Court Meadow (Cuckfield)	32	27	59
Hazel Court (Eastbourne)	14	15	29
Others	3	1	4
	81	67	148

A small waiting list for the places in these establishments still exists and is not likely to be cleared until the new school at Bexhill is completed, and a hostel at Portslade established.

(b) Adult Training

The numbers at the Burnside Training Centre has steadily increased, and at the end of the year only 9 vacancies existed out of the combined capacity of 120 places, here and at the Belgrave Centre, Portslade.

(c) Work Centres

The first of the purpose built work centres is expected to be opened soon after the end of the year under review, and it is clear that there will have to be close collaboration with the Ministry of Employment and Productivity if the maximum financial benefits for handicapped workers are to be obtained.

Advisory Committee on the Employment of the Mentally Disabled

This is the last mention in my reports of this Committee in its present specialist role. It is becoming increasingly clear that the co-ordination functions exercised in the field of employment for the mentally handicapped are necessary for all forms of disability and Committee has been enlarged to provide a forum for discussion and planning for all handicapped persons.

Guardianship

Little use of the powers of guardianship has been necessary

and it will be noted that there were only two cases under this form of compulsory care at the end of the year.

TABLE 4.

Numbers under Guardianship at the end of each year.

	Mental Illness	Subnormality
1960	1	95
1962	6	16
1964	5	6
1966	4	2
1967	5	2
1968	1	1

Residential Accommodation

There is very little which requires special mention in connection with the homes and hostels established to cater for the needs of the mentally disordered. Two additional establishments were opened during the year.

92 Cromwell Road, Hove.

Opened February 1968 for the reception of 15 mentally sub-normal women who will, in general, attend a local authority adult training centre.

2 Orchard Way, East Grinstead.

Opened March 1968 for the reception of 15 men who require rehabilitation after mental illness.

"Hillcrest", - Portslade.

This is an establishment for 35 elderly mentally infirm women.

57 Harebeating Drive, Hailsham.

This home also accommodates elderly mentally infirm patients - 6 men and 29 women.

223 Old Shoreham Road, Portslade.

Provides care for 10 mentally subnormal men who are either undergoing training at Belgrave Training Centre, or are in the early days of employment.

Westhill Hostel, Westhill Drive, Burgess Hill.

A mixed hostel for 20 mentally subnormal adults.

"Tentercroft" - Cuckfield

"Orchard House" - Cuckfield

Each home continues to provide care for 10 children, all of whom attend "Court Meadow" School. Short term care cases are received during school holidays.

Total Numbers in Residential Accommodation

The number of patients for whom financial responsibility has been accepted in private accommodation are given below. The table also gives numbers in the local authority homes and hostels.

TABLE 5

	Private Accommodation or Voluntary Homes			Local Authority Homes and Hostels		
	Males	Females	Total	Males	Females	Total
Subnormal mentality	22	57	79	33	42	75
Psychopaths	-	-	-	-	-	-
Mental Illness Patients	4	50	54	16	79	95

Staffing

During the year authority was given for the appointment of a deputy to assist the Mental Health Officer in the detailed supervision of the service.

(a) Mental Welfare Officers

Local needs throughout the entire county are now covered by teams of Mental Welfare Officers operating from area offices and the increased work of the 21 officers can be summarised as follows:-

TABLE 6. Community Care

		1964	1965	1966	1967	1968
Cases on Register 31.st. Dec.	Mental Illness	263	392	568	719	926
	Mental Sub-normality	550	669	693	691	799
Initial Investigations		423	469	550	596	579
Social Work Visits		8236	10703	12880	13088	14100
Visits to Training Centres and Social Clubs		742	1356	1823	1941	1750
Case Conferences		613	1009	1490	1642	1688
Miscellaneous Visits		940	1056	1147	1485	1376

(b) Physiotherapy and Speech Therapy (in schools for mentally handicapped children)

There is now complete cover for both speech therapy and physiotherapy at both schools for mentally handicapped children.

(c) Psychologists

The services of the educational psychologists have been invaluable in relation to children attending Court Meadow and Hillside, but it has not been possible to obtain the part-time services of a clinical psychologist to provide similar cover for adult trainees at our adult training centres.

Projects

Middleton Manor

This establishment which will specialise in horticultural training is expected to receive its first intake in October, 1968.

Glyne Gap School - Bexhill

Building commenced before the end of the year and it is hoped that the first children will be received before the end of the current year.

Hailsham Work Centre

Adaptations have been agreed in respect of this centre which will be housed in part of the Civil Defence buildings now vacated.

Home for Children - Portslade

There is an urgent need for this hostel which is now being built.

HOME HELP SERVICE

(Section 29, National Health Service Act, 1946)

(Excluding the Hove & Portslade Area)

Below is a table showing the number of cases provided with help during the year ending 31st December, 1968, together with the 1967 figures for comparison.

YEAR	AGED	CHRONIC SICK & T.B.	MENTAL	MATERNITY	GENERAL	TOTAL
1967	2479	184	40	492	195	3390
1968	2728	203 CH. 10 TB.	34	366	175	3516
Inc./ Dec.	+249	+29	-6	-126	-20	+126

The trend is much as before, with the inevitable large increase in the number of aged persons receiving help.

One of the significant facts to be noted, however, is the continuing decrease in the number of maternity cases receiving help. It was thought that once the practice of the 48 hour discharge became general, the demand for help would increase, when the mother was discharged home.

However, this has proved not to be the case, and it has been found that the great majority of young mothers have been receiving the necessary help and support from members of their family.

Recruitment of Home Helps

Bexhill, which has for so long been a source of worry, continues to be the one area in which helps are extremely scarce. There are various reasons for this scarcity, but perhaps the most obvious is the fact that there is a comparatively small population of women from whom helps are usually recruited.

There has been little response to the various publicity methods which have been tried out e.g. feature articles and paid advertisements in the local newspapers, articles in Parish magazines, talks to various bodies, specially printed posters in prominent places and post-cards in the windows of local shops. It has been found that many residents, particularly in Cooden and Little Common, are paying such high hourly rates and providing transport to and from Sidley, the main recruiting area, that it has been impossible for the service to attempt to compete.

It is, however, encouraging to report that recruitment in most other areas continues to improve.

10 Year Plan

Because of the generally encouraging recruitment figures, the number of home helps being employed, and consequently the number of cases being helped has considerably exceeded the number estimated for 1968. The estimated figure for home helps (in full-time equivalent terms) was 207 whereas the actual total reached was 249.

It is now felt that it will be necessary to re-examine the figures for the expansion of the Service.

Compared with the national average figures (0.79) estimated to be reached in 1972, those for East Sussex (0.45) are comparatively low, and if even the national average is to be reached, the figures to be aimed for will need to be increased considerably.

New Trends

- (a) Arrangements were made to employ a number of home helps who would provide their own transport and who would be available to work at least a 30 hour week, and who would be paid a guaranteed wage of up to 20 hours per week, if the allocation falls below that amount due to circumstances beyond her control.
- (b) More area meetings were held with home helps, and the first purely business meeting to which Area Specialists were invited, and at which I spoke, was held in County Hall in October. The Chief Auditor from the County Treasurer's Department also spoke. This meeting was felt to be very helpful, and it is hoped to arrange more such meetings in future.

Area Specialists

The number of W.R.V.S. Area Specialists supervising the day-to-day running of the Service, rose from 51 to 58 by the end of 1968.

Once again, I am glad to take this opportunity to thank the women who do this voluntary work with such efficiency and willingness.

MEDICAL EXAMINATIONS

Medical examinations continue on an upward trend reflecting an overall increase in the turnover of staff generally, the largest being for canteen staff in schools. 857 examinations were carried out altogether, 342 of these for candidates seeking



PHOTO - E. A. MEYER

Home Help - Tea for Two.

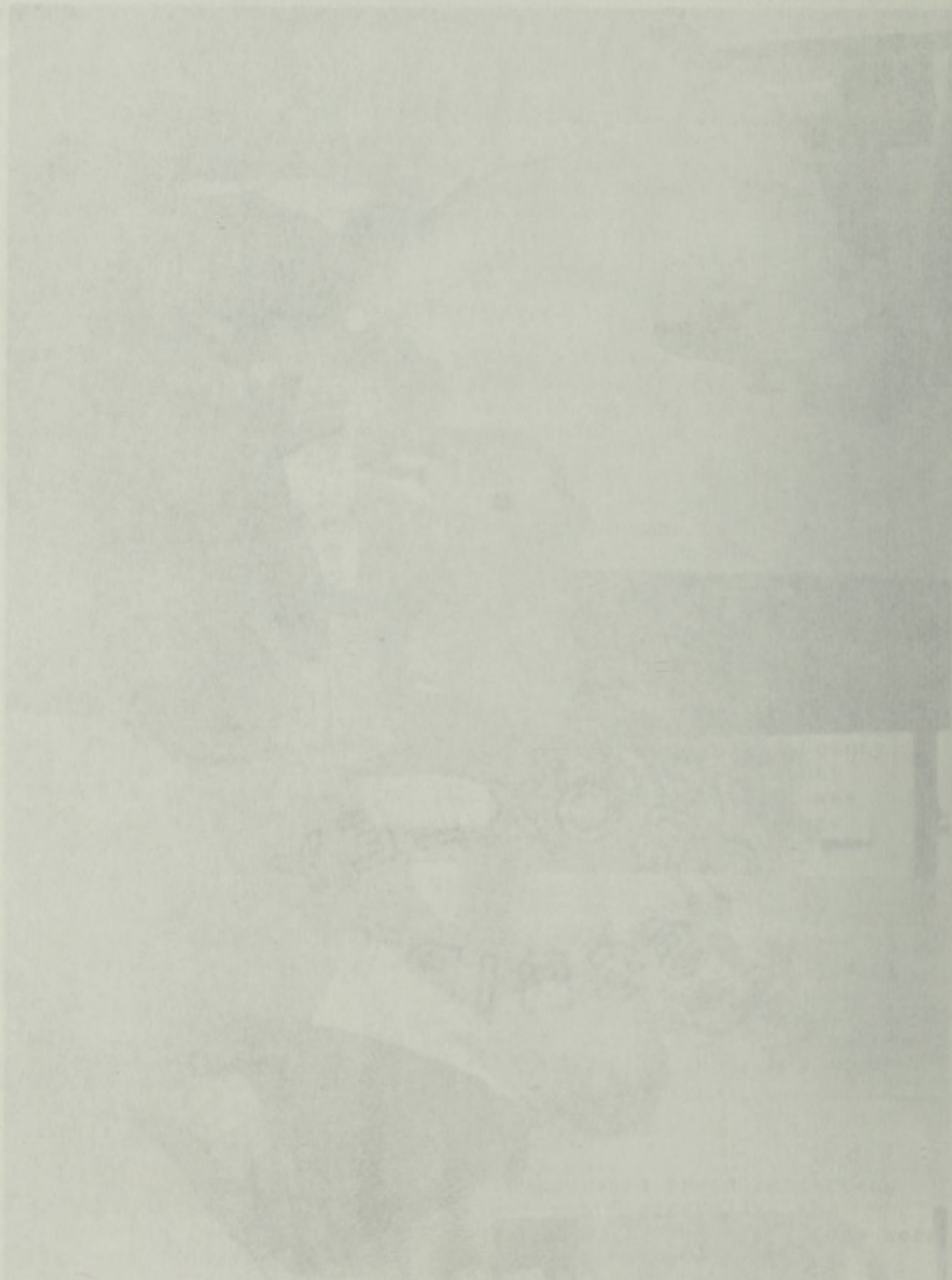




PHOTO - E. A. MEYER

Home Help - Problems Smoothed.





Home Help - A Satisfied Customer.

admission to Teacher Training Colleges and 15 at the request of other Authorities. Apart from this 6 examinations were undertaken on behalf of this authority outside the County,

The number of Health Statements received increased considerably, totalling 2,286 compared with 1,571 in 1967.

FACTORY MEDICAL EXAMINATIONS

Information supplied to H.M. Chief Inspector of Factories for the year 1968 was:

	Without Conditions	Conditional	Provisional
First examinations	51(M) 27(F)	-	-
Subsequent examinations	27(M) 21(F)	-	-
TOTALS	78(M) 48(F)	-	-

REGISTRATION OF NURSING HOMES

24 Nursing Homes were on the register at the end of 1968. Two (St. Elizabeth's Home, Seaford and The Roundels, Hellingly) closed, but Buxted Park Health Hydro and The Horder Centre for Arthritics, Crowborough were registered for 40 convalescent chronic and acute medical cases and 5 acute or chronic nursing cases respectively. The total number of beds available rose to 458.

NURSING AGENCIES

5 Agencies were operating by the end of 1968: 3 new ones having opened at Bexhill, Forest Row and Haywards Heath.

NURSERIES AND CHILD MINDERS REGULATIONS ACT 1948

In a circular received from the Ministry of Health about the protection of children from tuberculosis, the Minister drew attention to the need to bear in mind the risk of infection by adults suffering from tuberculosis when making requirements under the Nurseries and Child Minders Regulations Act. Arrangements were therefore made to seek the co-operation of persons or establishments already registered in arranging for staff to have chest x-rays, produce certificates of fitness or complete health statements. In the case of all new applicants for registration this procedure is now adopted as a requirement before registration takes place. Additionally all staff in this sphere, as in others, having contact with children are required to be x-rayed at least every three years.

This Act has now been amended by the Health Services and Public Health Act 1968, section 60. The scope of the 1948 Act is extended to include premises (other than those used wholly or mainly as private dwellings) in which children are received for a total of two hours or more a day and persons who in their own homes and for reward look after one or more children under the age of 5 to whom they are not related, for similar periods. As a result of the extension of the original Act, the maximum penalties for failing to register are substantially increased. Steps were taken to publicise these amendments.

Since these amendments came into force in November there has been a very noticable increase in the number of people seeking registration. By the end of the year there were 105 registered premises providing 2,482 places compared with 87 premises and 2,011 places in 1967; 44 daily minders providing a further 330 places were also on the register of child minders - the corresponding figures for 1967 being 42 and 341 respectively.

ADMINISTRATIVE COUNTY OF EAST SUSSEX
CHIEF VITAL STATISTICS FOR THE YEAR 1968

TABLE I - Live Births, Stillbirths and Deaths

DISTRICT	Area in Statute Acres (Land & In-land water)	Population estimated by Registrar General mid. 1968	LIVE BIRTHS			STILLBIRTHS		DEATHS UNDER 1 YEAR OF AGE		DEATHS UNDER 4 WEEKS OF AGE		DEATHS UNDER 1 WEEK OF AGE		DEATHS AT ALL AGES		DEATHS FROM RESPIRATORY 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 AREA																	
Bexhill M.B.	7993	33,300	238	7.1	11.4	4	0.12	16.5	1	4.2			723	21.7	10.4	2	.06
Burgess Hill U.D.	2026	17,420	381	21.9	20.3	2	0.11	5.2	5	13.1	3	7.9	161	9.2	10.6	-	-
Cuckfield U.D.	3911	24,320	345	14.2	15.3	2	0.08	5.8	3	8.7	2	5.8	300	12.3	8.4	-	-
E. Grinstead U.D.	6600	17,340	269	15.5	15.7	1	0.06	3.7	4	14.9	3	7.4	240	13.6	10.2	-	-
Hove M.B.	3946	71,480	733	10.3	13.9	4	0.06	5.4	11	15.0	7	9.6	1,566	21.9	11.8	4	.06
Lewes M.B.	1993	14,160	210	14.8	16.9	2	0.14	9.4	2	9.5	1	4.8	174	12.3	11.4	1	.07
Newhaven U.D.	1772	9,760	159	16.3	18.1	1	0.10	6.3	2	12.6	2	12.6	160	16.4	12.3	-	-
Portslade U.D.	1951	18,350	379	20.7	20.2	4	0.22	10.4	11	29.0	8	21.1	229	12.5	12.7	-	-
Rye M.B.	1027	4,040	59	14.6	17.2	-	-	-	1	17.0	1	17.0	69	17.1	14.2	-	-
Seaford U.D.	4274	14,700	156	10.6	19.3	3	0.20	18.9	-	-	-	-	273	18.6	8.2	1	.07
TOTALS	35493	224,870	2,929	13.0	16.2	23	0.10	7.8	40	13.7	28	9.6	3,895	17.3	10.7	8	.04
RURAL DISTRICTS																	
Battle	117,147	32,260	333	10.3	13.6	1	0.03	3.0	1	3.0	1	3.0	537	16.6	10.0	-	-
Chailley	64,183	29,240	399	13.6	18.2	7	0.24	17.2	6	15.0	5	12.5	495	16.9	8.6	-	-
Cuckfield	70,996	37,110	453	12.2	13.3	4	0.11	8.8	8	17.7	5	11.0	417	11.2	9.7	-	-
Hailsham	94,668	52,960	586	11.1	14.4	3	0.06	5.1	4	6.8	2	3.4	692	16.6	10.8	1	.02
Uckfield	112,096	51,810	841	16.2	19.3	7	0.14	8.3	20	23.8	12	14.3	625	12.1	8.9	1	.02
TOTALS	459,090	203,380	2,612	12.8	15.8	22	0.11	8.4	39	14.9	25	9.6	2,966	14.6	9.6	2	.01
WHOLE COUNTY	494,583	428,250	5,541	12.9	16.0	45	0.11	8.1	79	14.3	53	9.6	6,861	16.0	10.3	10	.02

* The rate for England and Wales was 16.9 (live births) and 11.9 (deaths)

TABLE II

NUMBER OF DEATHS AT DIFFERENT PERIODS OF LIFE IN

THE ADMINISTRATIVE COUNTY DURING THE YEAR 1968

SEX	U R B A N D I S T R I C T S												R U R A L D I S T R I C T S											
	All Ages	Under 4 Weeks	4 weeks and under 1 year	1 - 4	5 - 14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over	All	Under 4 Weeks	4 weeks and under 1 year	1 - 4	5 - 14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over
Males	1,760	17	7	5	5	10	11	18	84	256	517	830	1,501	17	9	5	8	12	10	14	64	207	478	677
Females	2,135	11	5	7	6	4	8	18	49	191	443	1,393	1,465	8	5	7	7	7	6	18	41	127	340	899
TOTALS	3,895	28	12	12	11	14	19	36	133	447	960	2,223	2,966	25	14	12	15	19	16	32	105	334	818	1,576

TABLE III (A)
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1968

[illegible]

TABLE III (B)

Causes of and ages at Death during the year 1968.

DEATHS, IN OR BELONGING TO EACH DISTRICT, AT ALL AGES.

CAUSES OF DEATH	BOROUGHES					URBAN DISTRICTS							RURAL DISTRICTS						TOTALS FOR ADMINISTRATIVE COUNTY
	Bexhill	Hove	Lewes	Rye	TOTALS	Burgess Hill	Cuckfield	East Grinstead	Newhaven	Portsmouth by-Sea	Seaford	TOTALS	Battle	Chalvey	Cuckfield	Hailsham	Uckfield	TOTALS	
Enteritis and other Diarrhoeal Diseases	-	1	-	1	2	-	-	1	-	2	-	3	-	-	-	-	-	-	5
Tuberculosis of Respiratory System	2	4	1	-	7	-	-	-	-	-	-	1	-	-	-	1	1	2	10
Other Tuberculosis, incl. Late Effects	1	2	-	-	3	-	-	-	-	-	-	1	-	-	1	-	-	2	5
Malaria	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Syphilis and its Sequelae	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	1	1	2
Other infective and Parasitic Diseases	2	3	-	1	6	-	-	-	-	-	1	1	2	1	1	1	2	7	14
Malignant Neoplasm - Stomach	16	23	6	1	46	3	9	4	1	8	5	30	6	8	5	19	7	45	121
Malignant Neoplasm - Lung, Bronchus	31	71	8	3	113	12	14	14	11	16	11	78	28	15	27	53	32	155	346
Malignant Neoplasm - Breast	13	21	4	1	39	6	5	8	2	4	7	32	7	8	5	13	12	45	116
Malignant Neoplasm - Uterus	3	9	1	2	15	1	1	1	2	1	2	8	1	2	6	4	2	15	38
Leukaemia	1	10	2	-	13	1	2	2	1	4	2	12	6	-	5	3	5	19	44
Other Malignant Neoplasms, etc.	73	126	19	8	228	15	28	23	6	18	26	118	49	34	34	87	67	271	617
Benign and unspecified neoplasms	-	4	1	-	5	-	-	-	1	-	-	1	2	-	2	2	3	8	15
Diabetes Mellitus	4	10	1	-	15	-	3	1	1	1	-	6	4	1	-	4	3	12	33
Avitaminoses, etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Other Endocrine etc. diseases	1	1	-	-	2	-	-	1	1	-	-	2	-	1	-	1	1	3	7
Anaemias	1	4	-	-	5	-	-	-	-	-	-	2	1	2	-	-	-	5	12
Other diseases of Blood, etc.	-	2	1	-	3	-	-	-	-	-	-	1	-	-	-	1	1	2	5
Mental Disorders	-	3	-	-	3	-	1	1	-	-	-	2	2	-	-	1	2	7	12
Meningitis	-	1	-	-	1	-	-	-	1	1	-	2	-	-	-	1	-	1	4
Other Diseases of Nervous System, etc.	10	25	3	1	39	1	3	3	3	3	3	16	4	6	4	13	7	34	89
Chronic Rheumatic Heart Disease	3	9	-	-	12	2	3	1	1	-	1	8	3	2	4	11	3	23	43
Hypertensive Disease	11	21	1	2	35	-	4	4	4	4	5	21	9	10	7	18	10	54	110
Ischaemic Heart Disease	200	389	37	12	638	33	80	42	43	51	59	308	126	144	109	228	140	747	1,693
Other Forms of Heart Disease	37	106	14	4	161	7	14	14	9	10	21	75	30	33	29	88	33	213	449
Cerebrovascular Disease	152	236	27	18	433	25	34	31	38	29	46	203	125	71	51	134	91	472	1,108
Other Diseases of Circulatory System	31	82	8	2	123	16	14	23	7	9	10	79	24	22	21	35	36	138	340
Influenza	3	46	8	-	57	3	16	4	-	8	10	41	10	29	6	6	18	69	167
Pneumonia	53	97	12	3	165	10	33	21	3	12	9	88	22	32	32	47	42	175	428
Bronchitis and Emphysema	19	79	7	3	108	5	9	8	7	16	13	58	21	20	14	39	29	123	289
Asthma	-	6	-	-	6	-	1	1	-	-	1	3	1	3	1	2	3	10	19
Other Diseases of Respiratory System	12	11	1	-	24	2	4	1	4	1	2	14	5	6	4	8	6	29	67
Peptic Ulcer	1	18	-	-	19	3	1	-	1	2	3	9	3	2	3	2	3	13	41
Appendicitis	-	-	-	-	-	-	-	-	1	-	-	1	-	-	2	-	-	3	6
Intestinal Obstruction and Hernia	1	8	-	1	10	-	-	3	-	2	4	9	4	3	1	6	4	18	37
Cirrhosis of Liver	-	8	1	-	9	-	1	2	2	1	-	6	-	3	-	2	-	5	20
Other Diseases of Digestive System	4	11	2	-	17	2	1	-	1	-	3	7	6	3	4	10	3	26	50
Nephritis and Nephrosis	3	3	-	-	6	1	1	-	1	2	1	6	2	4	1	3	3	13	25
Hyperplasia Prostate	1	2	-	-	3	-	-	1	-	-	1	2	-	-	-	4	3	7	12
Other Diseases, Genito-Urinary system	8	22	2	1	33	1	2	3	-	2	2	10	8	4	-	10	7	29	72
Other complications of pregnancy, etc.	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	2	2
Disease of skin, subcutaneous tissue	2	5	-	-	7	1	1	1	-	1	-	4	3	-	4	2	3	12	23
Diseases of Musculo-Skeletal System	2	5	-	-	7	2	-	2	-	4	-	8	1	2	2	4	10	19	34
Congenital Anomalies	-	3	-	1	4	3	1	1	-	1	-	6	-	1	4	2	-	7	17
Birth Injury, Difficult Labour, etc.	-	3	1	-	4	-	1	1	1	3	-	6	1	3	1	-	3	8	18
Other causes of Perinatal Mortality	2	13	1	-	16	-	-	10	1	-	10	23	4	4	4	3	5	20	59
Symptoms and ill-defined Conditions	7	10	2	1	20	1	-	2	1	-	4	8	4	6	7	9	9	35	63
Motor Vehicle Accidents	6	31	2	1	40	4	9	2	4	9	2	30	6	4	11	6	10	37	107
All Other Accidents	2	18	1	2	23	1	2	3	-	3	4	13	3	2	3	1	4	13	49
Suicide and Self-inflicted Injuries	3	1	-	-	4	-	-	-	-	-	-	-	4	1	1	1	1	8	12
All other external causes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL ALL CAUSES	723	1,566	174	69	2,532	161	300	240	160	229	273	1,363	537	495	417	892	625	2,966	6,861

TABLE IV
CASES OF NOTIFIABLE DISEASES OCCURRING DURING THE YEAR 1968

TOTAL NUMBERS OF NOTIFIABLE DISEASES IN EACH DISTRICT																			
	Total for Administrative County	Boroughs				Urban Districts							Rural Districts					Totals	
		Bexhill	Hove	Lewes	Rye	Totals	Burgess Hill	Cuckfield	East Grinstead	Newhaven	Portsmouth-by-Sea	Seaford	Totals	Battle	Chalvey	Cuckfield	Hailsham		Uckfield
Scarlet Fever	189	14	46	5	2	67	4	3	2	2	77	1	88	4	2	10	11	7	34
Whooping Cough	129	20	10	1	-	31	5	3	11	-	11	2	32	9	6	6	9	36	66
Acute Poliomyelitis - Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis - Non Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	1099	123	139	27	13	302	17	195	15	6	28	15	176	39	204	106	129	143	621
Diphtheria	1	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Pneumonia	40	1	25	-	2	28	-	-	4	-	1	-	2	4	2	-	2	2	10
Dysentery	207	-	10	15	-	25	1	22	109	-	16	-	148	-	25	7	2	-	34
Smallpox	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-
Acute Encephalitis - Infective	2	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Acute Encephalitis - Post Infectious	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever	2	-	-	1	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-
Erysipelae	8	-	1	-	3	4	-	-	-	-	-	-	-	1	-	-	1	2	4
Meningococcal Infection	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	22	1	-	-	-	-	-	19	-	-	-	-	19	-	-	1	-	-	1
Ophthalmia Neonatorum	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Hepatitis	56	-	10	-	1	11	4	5	3	-	2	4	18	13	2	8	2	2	27
Food Poisoning	44	3	1	2	-	5	-	6	3	4	-	5	16	-	2	9	3	9	23
Tuberculosis - Respiratory	43	3	10	1	-	14	3	1	4	1	1	1	11	5	1	6	4	2	18
Tuberculosis - Meninges	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis - Other Forms	11	2	3	-	-	5	-	1	1	-	-	-	2	-	-	2	1	1	4
Malaria	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
TOTALS	1857	166	257	52	21	496	35	255	149	13	136	25	513	77	245	156	165	205	848

SECTION II

SCHOOL HEALTH SERVICE

(including Borough of Hove & Portslade Urban District)

SCHOOL HEALTH SERVICE

SECTION II

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STAFFING

It is pleasing to record that changes during the year have consisted entirely of additions to existing staff, which has lead to the strengthening of a number of services. Miss O.M. Baker was appointed to the School Psychological Service and Child Guidance Service as from 1st February and the areas served by Educational Psychologists were accordingly re-organised.

The Speech Therapy Service remained considerably depleted for the first eight months of the year, but in September two new therapists, Miss M.J. Phillips and Mrs. R. Simmons, took up appointments in the Bexhill and the Western Areas of the County respectively.

Finally a new teacher was appointed to the Peripatetic Teaching Service for the Deaf, Miss J.V. Howard, who was given special responsibility for the teaching of pre-school children.

MEDICAL INSPECTION AND TREATMENT.

SCHOOLS

The number of maintained schools in the county is 216, comprising:-

<u>Schools</u>	<u>Number</u>
Comprehensive	2
Grammar	8
Secondary	28
Primary	174
Special	4

The number of children on the registers of the Authority's Schools during the Autumn Term 1968 was 51,729 - a rise of 4.8% on the total for the previous year.

INTRODUCTION

The functions of the School Health Service are diverse. A useful way of thinking about school medical examinations is as a massive screening technique for a large section of the population in order to detect at an early stage or to prevent altogether the development of "dis-ease" in the widest sense. Perhaps a measure of the success or otherwise of this technique may be obtained from a comparison of the percentages of children with defects requiring treatment over a number of years (see Table 3 page 8). In 1963 this figure stood at 13.6% and as can be seen there has been a steady fall to the present figure of 8.8%.

A second function is assessment and provision for the handicapped child. This important function is commented on earlier in the report (page 10).

Another important aspect of the School Health Service is Health Education. While opportunities are taken from time to time to provide formal discussions, both the School Nurse and the School Medical Officer undertake the important role of health educators in their informal discussions with parent and child in the medical examination room. Some of these points are borne out in a report from Dr. Collins who states:

"A very pleasing aspect of school medical inspections is the very high attendance of mothers at the first medical inspection. Even in the most rural areas with poor communications the majority of parents will take considerable trouble to attend for a short consultation.

The common complaints of the mother are that their child: 'is not sleeping enough'; 'hardly eats anything'; 'is too active' or 'too thin', but their complaints in most cases are not justified and a few words of advice and reassurance relieve the mother's anxiety.

Advice of the more active kind is given on simple dietetic matters generally in common sense terms. Such conditions are (a) Obesity, (b) Constipation and (c) Dental Caries.

Some physical defects have virtually disappeared; I do not think I have seen a case of tuberculous adenitis in the last five years, whereas 20 years ago this condition was relatively frequent. However, there has been a slight increase in the number of scabies cases but with prompt detection and adequate treatment it is not likely that there would be any gross epidemic of scabies, as occurred after the last war".

Dr. Parker reiterates these points:

"Setting aside those suffering from nose and throat infections it is noticeable that the defects seen at medical inspections are not now due mainly to infection and disease as was the case 20 years ago. The defects now seen are of hereditary or congenital nature.

As in previous years I have been impressed by the numbers of mothers who attend with their children for school medical inspections and it is plain that many of them welcome the opportunity to discuss with a doctor those things which worry them and yet which they feel are too trivial to mention to their family doctor."

Certain plans introduced in 1967 were further extended

this year and there have been a number of new developments which it is believed will benefit the school children in the County. Thus the pre-school medicals started in Seaford have been extended to Burgess Hill this year. Plans for a Day Unit for children with severe speech disorders have gone ahead and it is expected that the Unit will be opened in the first half of the coming year.

The School Health Service has co-operated with the Education Department in the development of a new approach to the problems of the slow-learning child and reference is made to this in the report of the School Psychological Service (page 19).

A fresh look has been taken at the difficulties of the child with enuresis. Whilst this affects relatively few school children, it makes life extremely miserable for those so affected. In the past all cases found at school were referred, subject to the approval of the family doctor, to the Child Guidance Clinics, with a considerable delay in treatment. A limited number of buzzer-type enuresis alarms have now been supplied to each area of the county for the use of enuretic children under the strict supervision of health visitors, in cases where School Medical Officers in consultation with the family doctor have recommended its use. Of course the Child Guidance Clinics still retain their own stock of alarms.

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 1967 are given for comparison)

	<u>1967</u>	<u>1968</u>
Routine	12,447	12,656
Special	876	1,114
Re-examination	10,941	8,848
	<u>24,264</u>	<u>22,618</u>

NUMBERS AND PERCENTAGE OF CHILDREN WITH

TABLE 2

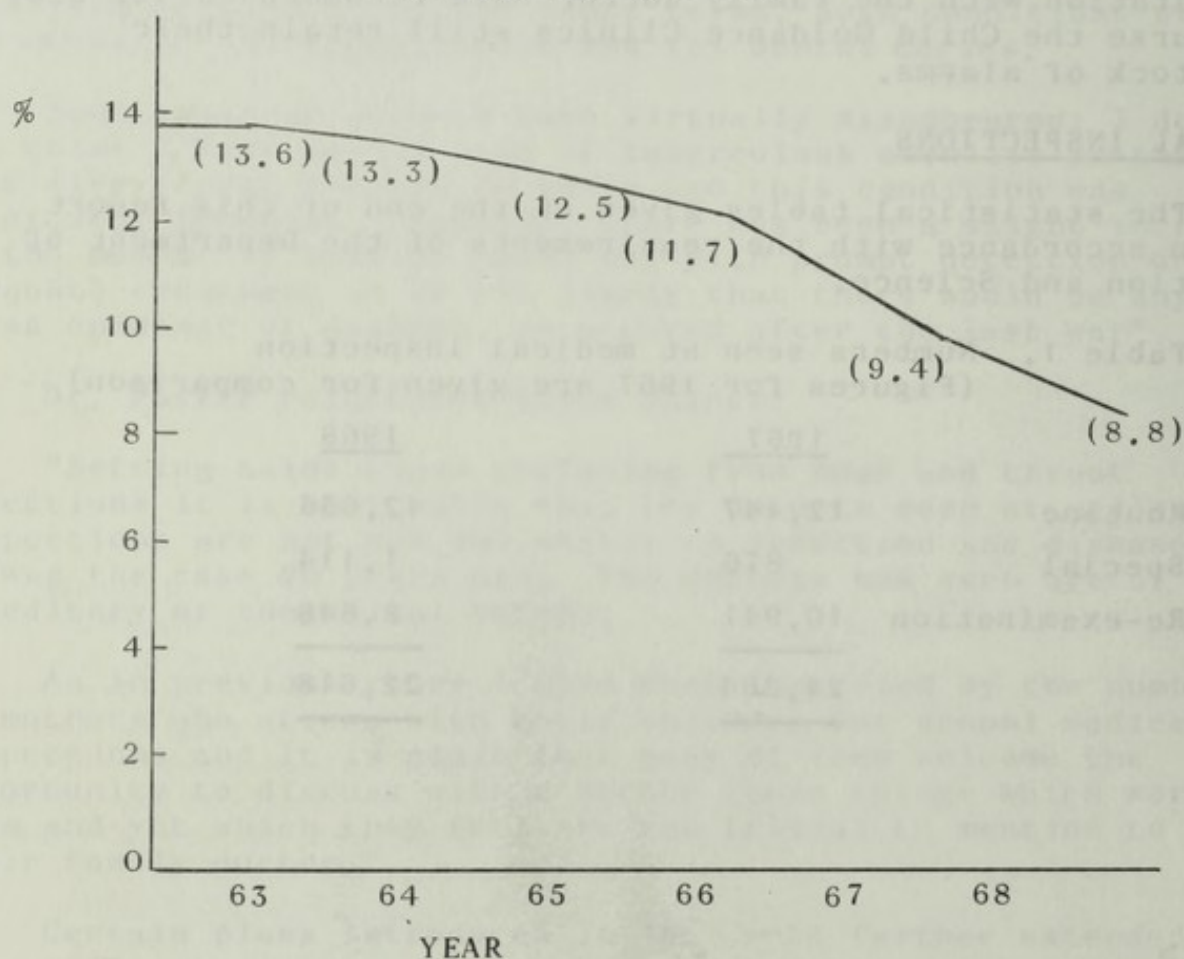
DEFECTS REQUIRING TREATMENT.

Of 12,656 children examined, there were 1,111 children with defects requiring treatment and 5,821 conditions it was considered important to observe over a period of time.

The following graph illustrates the steady downward trend in children found to require treatment over the past six years.

TABLE 3

PERCENTAGE OF CHILDREN WITH DEFECTS REQUIRING TREATMENT



PRE-SCHOOL MEDICALS

A pilot scheme for pre-school medicals was carried out last year in the Seaford Area and has been extended to the Burgess Hill area this year.

A "pre-school" medical is an examination of children between the ages of four and five, before they start school and such a scheme has certain advantages:-

- (a) The examination can be carried out by the School Medical Officer with the help of a Health Visitor, who will also be the School Nurse, with full clinic facilities, so that, for example, eye-testing and urinalysis can be completed at the one session.
- (b) All immunisation procedures are completed at the same visit before the child starts school. Besides the convenience of this, it allows added protection to the child on school entry.
- (c) Treatment of minor or major defects may be set in train and perhaps completed before the child is due to start school.
- (d) The child is always accompanied by a parent.
- (e) It is possible to give the Head advance information and guidance on, for example, emotionally disturbed and physically handicapped children.
- (f) There is no interruption of school time.
- (g) Small children, as well as their mothers, respond well to the doctor in a familiar clinic environment, whereas the first school medical inspection sometimes proves a somewhat frightening experience to a five year old.

The main disadvantage is that the examination of necessity fails to reveal how children are settling down in school and how they are functioning in their first year at school. This is largely overcome, however, by a visit by the School Medical Officer to the schools for a follow up examination after six months of all children who it has been noted require either observation or treatment. On this visit to the school a general enquiry may be made into the progress of the new entrants. Any children missing the pre-school medical are examined at this visit together with any other children referred by the Head.

Dr. Kilsby reported in regard to the pre-school medicals held at Burgess Hill as follows:-

1. To the best of my knowledge there have been no refusals and no unwilling attenders at this examination. Several mothers volunteered information and that they felt much happier about their child starting school "after a thorough check-up".
2. I found the child much more relaxed in the Clinic surroundings than when called out of the classroom "to see the doctor".
3. Two cases of albuminuria and one of glycosuria, all confirmed by repeat tests, have been referred to general practitioners.
4. Several children with dental caries, who had never been seen by a dentist, were referred to the Dental Clinic and will therefore be treated several months earlier.
5. Parents were glad to have booster doses of diphtheria/tetanus toxoid and poliomyelitis vaccine given at the same visit.

The number of children seen at the pre-school medicals for Seaford and Burgess Hill were 152 and 150 respectively.

HANDICAPPED PUPILS

During 1968, 578 pupils were classified as handicapped, as follows:-

Blind	0
Partially sighted	4
Deaf	2
Partially hearing	7
Slow learning	502
Epileptic	4
Maladjusted	29
Physically handicapped	20
Speech defect	2
Delicate	8

Four children were referred to the local Health Authority as unsuitable for education at school because of disability of mind, but a further nine were admitted informally to training centres, as such an arrangement is more satisfactory in every way to all concerned with the care of these children.

At the end of this year there were 2,727 children designated as handicapped pupils.

The total is made up as follows:-

	<u>1967</u>	<u>1968</u>	<u>Trend</u>
Blind pupils	14	11	- 3
Partially Sighted pupils	22	21	- 1
Deaf pupils	35	30	- 5
Partially hearing pupils	58	68	+ 10
Slow learning pupils (Cat A)	2,181	2,384	+ 203
(Cat B)	-	* 1,460	-
Epileptic pupils	5	9	+ 4
Maladjusted pupils	86	100	+ 14
Physically handicapped pupils	77	85	+ 8
Pupils with speech defects	2	2	-
Delicate pupils	16	17	+ 1
	<u>-----</u>	<u>-----</u>	<u>-----</u>
Totals	2,496	2,727	+ 231
	<u>-----</u>	<u>-----</u>	<u>-----</u>

* Excluded from total

The ten categories listed are those recognised in the Education Act 1944. Present research, however, tends more and more to emphasise that few children have handicaps confined to one category. To take one example, a partially sighted child may well be also a slow learner and emotionally disturbed to the extent of being maladjusted. Again, a child physically handicapped with cerebral palsy may well suffer also from epilepsy.

There is a slowly changing pattern of handicaps. The physically handicapped group is becoming more prominent as more children survive from infancy with such conditions as Spina Bifida. On the other hand the child of school age crippled from an attack of poliomyelitis is becoming less and less common.

While it is an accepted policy to keep a handicapped child at a normal school and in his home environment wherever this is both possible and to the child's advantage, in many instances this is not possible and there are good reasons for advising admission to a special school or unit. Thus, a child whose asthma is triggered off by emotional tensions at home may profit from attending a residential school which has experience with this particular problem, or a child whose epilepsy proves uncontrollable in the home and normal school environment may flourish at a school which has facilities for the specific control of this condition.

The details of handicapped pupils under the various categories which follow were supplied by the Chief Education Officer, who is responsible for arranging the provision of special educational treatment, and show the position at the end of the current year:-

PLACEMENTS OF HANDICAPPED CHILDREN

Category	Special Schools			Attending Ordinary Schools	Total
	Residential	Day	Awaiting places		
Blind	11	-	-	-	11
Partially Sighted	20	-	1	-	21
Deaf	30	-	-	-	30
Partially hearing	13	1	-	42) Pre-school) 12)	68
Slow learning (Cat.A) pupils (Cat.B)	84 -	240 -	13 -	2,017 * 1,460	2,384 *1,460
Epileptic	7	-	2	-	9
Maladjusted	81	-	17	2 (Hostel)	100
Physically handicapped	+54	10 Home Tuition	2	19	85
Speech	1	-	1	-	2
Delicate	14	-	3	-	17
Totals	315	251	39	2,122	2,727

* Excluded from total.

+ (Of the total 54 physically handicapped children in residential establishments 32 were in a hospital special school and 22 in special schools)

Slow Learning Pupils - 2,384 in Category A and 1,460 in Category B.

Slow learning children fall into two categories.

Category A: Backward in school work to the extent that the child is a handicapped pupil in need of full-time special educational help in a special school or in a special class.

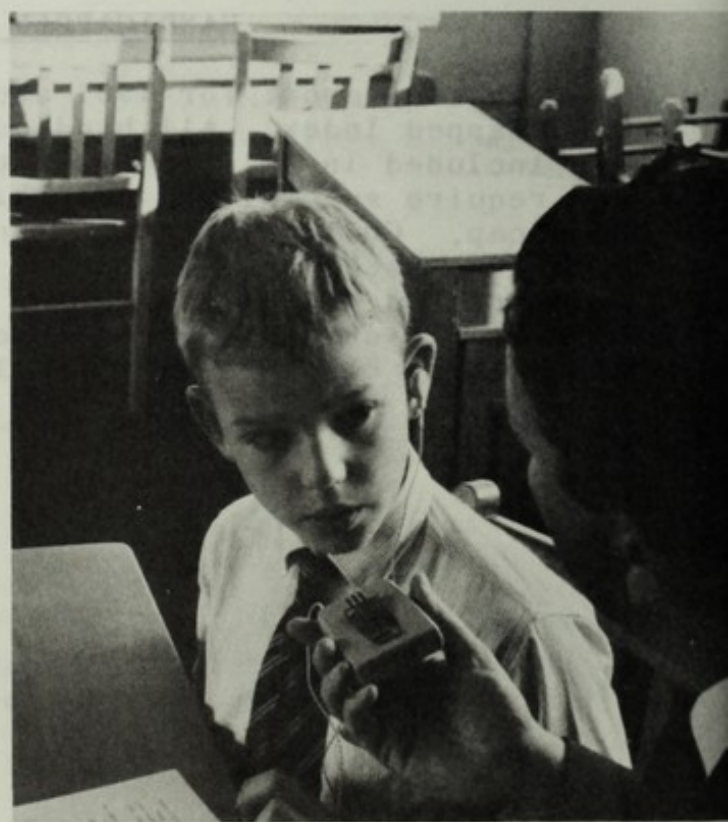
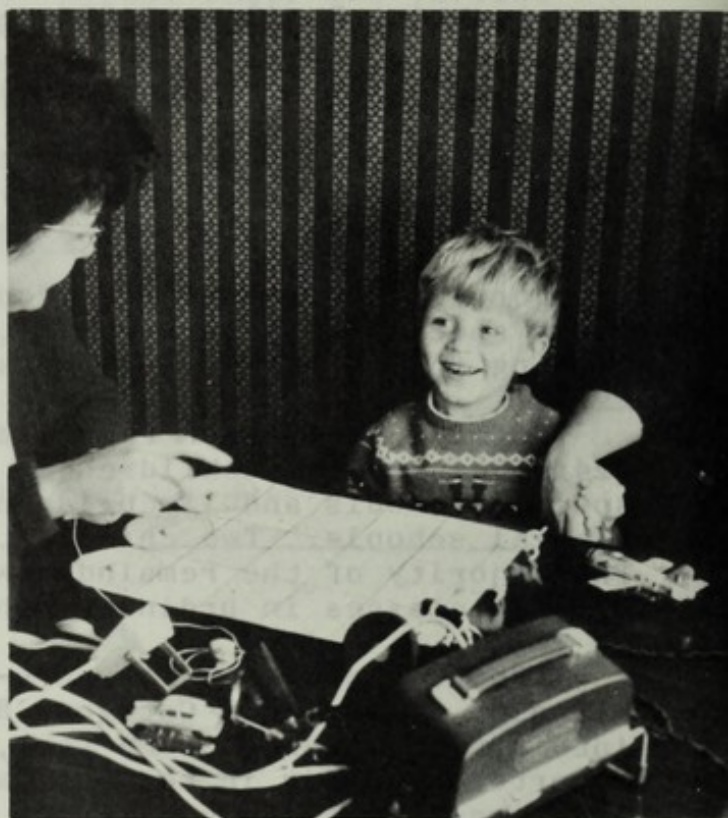
Category B: Seriously retarded to the extent that the child needs special help in certain parts of his/her work but not needing full-time special educational help.

Of 2,384 children reported as slow learners in Category A, 324 (including 70 children in Hove) received education in special schools and 13 children were awaiting placement in special schools. Two children were receiving home tuition. The majority of the remainder were receiving education in special classes in ordinary schools.

The arrangements for part-time remedial help for slow learning children in Category B in primary schools were brought into effect in the Autumn Term, 1968. 1,460 children have been reported as being in need of part-time remedial help and additional teaching assistance has been provided at 79 schools.

HANDICAPPED INDEX

In the report for 1967 attention was called to the Handicapped Index. All handicapped pupils of school age are included in this Index, with the exception of slow-learners who require special class provision, but suffer no other handicap. Children who have known disabilities such as epilepsy, asthma and diabetes, but who attend normal schools, are included as well as those whose handicap makes it advisable for them to attend a special school. An Analysis of selected information obtained from the Index is given on Page 75.



ADVISORY AND PERIPATETIC TEACHING SERVICE FOR HEARING IMPAIRED CHILDREN

The following are extracts from a report prepared by Mr. W.J. Watts, Advisor for Deaf Children.

ASCERTAINMENT AND ASSESSMENT

The number of children referred for audiological/educational assessment continues to show considerable increase. 1,528 case reports have now been filed since the inception of the Advisory and Peripatetic Teaching Service for Hearing Impaired Children in January 1965 (275 case reports 1965; 266 in 1966; 413 in 1967; 574 in 1968). The considerable increase again this year only serves to underline the essential need for such a Service.

REMEDIAL/AUDITORY HELP FOR PARTIALLY HEARING CHILDREN

Qualified experienced teachers of the deaf are now providing intensive remedial/auditory help for 54 partially hearing children with body-worn hearing aids. One teacher is primarily responsible for pre-school guidance for those parents who have very young deaf children. There are in addition 25 children with hearing aids, not receiving intensive remedial/auditory help, but making satisfactory progress. They are provided with good classroom positions as necessary, and required regular management visits. A further 310 children have been found since the inception of the Service who are known to have auditory impairment but not wearing hearing aids. They are satisfactorily controlled as a result of the provision of good classroom positions as necessary. They do not receive management visits unless specially requested.

CHILDREN IN SPECIAL SCHOOLS, UNITS AND OTHER EDUCATIONAL ESTABLISHMENTS FOR DEAF AND PARTIALLY HEARING CHILDREN

There are 44 children with auditory impairments who are receiving full time educational treatment in Schools for the Deaf, Schools for the Partially Hearing, Units for the Partially Hearing and other schools.

STAFFING OF THE ADVISORY AND PERIPATETIC TEACHING SERVICE

At the present moment the Service is dangerously near to being understaffed with the steady increase of children requiring remedial/auditory help. As has been pointed out in previous reports, the staff position will probably stabilize at one teacher of the deaf in full time advisory

capacity, and three/four full time teachers of the deaf (or part time equivalents) to provide the necessary teaching force.

AUDIOLOGY ASSESSMENT PANELS

The Audiology Assessment Panel for the North East area of the County continues to meet at Mead House, Crowborough. The Panel consists of representatives from the Kent and Sussex Hospital, the Principal School Medical Officer, the School Psychological Service, and the Advisory and Peripatetic Teaching Service.

The initial moves for the establishment of a second Audiology Assessment Panel for the Southern area of the County centred on Hastings, Bexhill, Eastbourne and surrounding areas have now taken place.

SCREENING TESTS OF HEARING

There is little doubt that considerable improvement in the speed of assessment could be brought about if, following the initial screening tests of hearing, a follow-up visit was made within three or four weeks. This second testing procedure would need to use slightly more sophisticated techniques and would enable more time to be spent in conditioning a response to sound stimuli. Unless this second testing procedure was carried out in the suggested time, it would of course have the reverse effect of creating delay before significant cases were referred to the Advisory and Peripatetic Teaching Service for full auditory evaluation. Such provision would require a second audiology technician.

Screening tests of hearing carried out by Miss Hannay (Audiology Technician) under the direction of the Principal School Medical Officer have always been of a very high standard and there is considerable positive correlation between the screening measures and those of the fuller auditory investigations. All cases which, on initial screening, show a hearing loss of 30 decibels in any part of the speech spectrum are automatically referred for fuller investigation by the Advisory and Peripatetic Teaching Service. The arbitrary level of 30 decibels was selected as it was considered to be critical to speech communication.

The volume of children receiving screening tests for hearing may not vary greatly but one significant factor should be taken into account. At one stage screening tests of hearing were given to the 6/7 year old age groups but more recently this has been changed to the 5/6 year old age group to fall into line with standard procedure throughout the country. It is of course far more time-consuming to test children of this lower age range.

The provision of a second audiology technician would enable a secondary, more sophisticated screening to take place. It would also mean that more adequate provision could be made to routinely assessing children with speech defects, children who were slow learners, and children with very low innate abilities.

CONCLUSION

Reports often leave some important things to the end. This report follows that pattern and would be incomplete without mention of those of my colleagues - the teachers of the deaf - who work with partially hearing children in East Sussex. However efficient assessment and administration may be, it is virtually useless unless backed by a strong, forward-thinking, teaching service. I should like again to pay tribute to my present staff (Mr. M. A. Harding, Mrs. E. Donovan, Mrs. E. Goulden and Miss J. Howard) for without them the Service would not function. I should like to welcome again the new member of our team, Miss J. Howard.

I should like to stress once more that the detection and management of deafness in infancy and early childhood is a continuous affair, requiring the skill and attention of people from several disciplines. It has rightly been said that there is no room for possessiveness by any one group whether educational, medical, or social, if the children's interest are to be served. I once again acknowledge the existence of this spirit of co-operation in East Sussex, and trust that in the years to come I may not lose touch with the many new friends it has brought me.

It is with a certain amount of sadness that I realise this will be the last time I shall write a report such as this. I take up a new appointment next September as Research Fellow at the University of Sussex working on the proposed research in educational technology for deaf children.

Miss Hannay, the Audiology Technician, has provided the following information:-

Audiometric Screen Testing

	<u>1967</u>	<u>1968</u>
1. Number of schools visited	145	140
2. Total number tested	6,896	6,933
3. Number of cases specially referred	331	340
4. Number of audiograms plotted as a result of screen tests	252	301

CHILD GUIDANCE

The Service continued to function at the six established clinics throughout the year. The number of new cases referred to the Service in the year was 418 and the total number of children treated was 730, which includes those who commenced treatment before 1968.

A short note from Dr. Lomax-Simpson indicates trends in the Child Guidance field towards family guidance in close co-operation with the family doctors. She comments:- "I am pleased that we maintain the support from the family doctors, as in my opinion I feel this is where the referrals should come from. More work is being done with the fathers, and parents are encouraged to bring, at times, all their children to the Clinic as a group."

Burgess Hill, Lewes, and Portslade, have continued to benefit from the specialised services of a Child Psychotherapist. Her work is included in the summary below.

There is no doubt that the Service would be improved by an increase in the establishment of Social Workers. An index of the strain imposed upon some Clinics is the waiting time before a child referred to the Service is interviewed by the Consultant Psychiatrist. This may be as long as nine months. Another cause for concern is the rise in the number of children deemed maladjusted and referred for placement at special schools. In this connection it is well to remember that there is likewise a steady increase in the school population, which means inevitably an increased burden on all services.

To deal with this situation new techniques will have to be explored in Child Guidance, as in other services. The Child Guidance Clinic teams are nevertheless to be congratulated on maintaining a high standard of work, the sheer volume of which can be judged from the accompanying table.

SUMMARY OF WORK DONE

	Diagnostic Interviews	Treatment Interviews	School Visits	Interviews Clinic Home		Treatment Sessions	Totals
Psychiatrists	263	1,650	-	-	-	-	1,913
Educational Psychologists	253	142	216	-	-	-	611
Social Workers	-	-	-	1,392	1,314	-	2,706
Child Psychotherapist	-	-	-	329	36	512	877
TOTALS	516	1,792	216	1,721	1,350	512	6,107

THE SCHOOL PSYCHOLOGICAL SERVICE

The County remained divided into five areas for the first part of this school year, these being as described in the last Annual Report. The appointment of Miss O. Baker from 1st February, 1968 allowed a redistribution of areas to be made as follows:-

Seaford & Newhaven	Mr. N.W. Wilkinson
Lewes & Hailsham	Mr. H.W.A. Karle
Portslade & Hove	Mr. P. Ransome
Burgess Hill & Haywards Heath	Mr. R.D. Gold
Bexhill & Rye	Mr. R.S. McConville
Crowborough & East Grinstead	Miss O. Baker

Table I shows the number of referrals for this year. This has more than doubled (increased by 115%). As shown in Table II, most of the increase is made up of children put forward for inclusion in the part-time remedial teaching which is to commence in September 1968. The number of children referred as Slow Learners under Category A (i.e. in need of full time education in a Special Class or Special School) has increased markedly (by 63%) presumably as a result of the more flexible criteria now in operation, many of them being of Infants' School age. 827 children were on the waiting list at the end of the year (31.7.68). The bulk of these were children referred in the last month of the school year, mostly under Category B (i.e. for part-time remedial teaching).

TABLE I

Number of children referred	County Hove Area		Children's Department		
			Reception Centre	Remand Home	Approved Schools
a) Number referred Category A, S/Learners; behavioural, emotional and other problems	1,074	96	51	40	12
b) Category B, S/Learners	669	-	-	-	-
From waiting list at beginning of year	146	16	-	-	-
Total	1,889	112	51	40	12
Cancelled or withdrawn	49	4	-	-	-
Net referrals	1,840	108	51	40	12

TABLE II

Reason for referral	1965-66	1966-67	1967-68
Disturbed behaviour	85	68	86
Emotional difficulties	55	82	72
S/Learning Children a) Category A	426	488	796
b) Category B	-	-	669
Other educational problems	65	93	64
Assessment	36	78	56
Total	667	809	1,743

The dramatic increase in the number of children referred as Slow Learners tends to mask the fact that the number of children referred for emotional and behavioural problems has not increased. It is probable that more of the latter were referred as Slow Learners this year than in previous years. It may well be that the changes in the Committee's arrangements concerning Slow Learners that were introduced during this year tended to draw more attention to this category than might otherwise have been the case. It is to be hoped that the balance will be redressed in future years.

The psychologists' findings are summarised in Table III.

TABLE III

Findings	1965-66	1966-67	1967-68
Emotional Disturbance	250	289	311
Physical Handicap	14	15	32
Environmental Circumstances	75	91	157
Low Innate Intelligence	92	166	212
Normal	24	33	92
No Cause Found	159	95	118
Category B S/Learners: Discussion only	-	-	91
Total (i.e. net referrals less Waiting List)	614	689	1,013

a) Emotional disturbance

This term covers a very wide range of conditions in terms of the actual disturbance present and also in terms of severity. Further, this category overlaps considerably with the others. For example, a child may come from a culturally limited and materially unsatisfactory home; his school attendance may be irregular and his physical health unreliable. In consequence his school progress may be very slow. At the same time, however, he may be suffering from disturbed development of personality which may stem from the nature of his family background, or from the conflict between it and the environment of the school. Where the emotional problems seem to be primary, the child has been included in this category. Where these problems have arisen in response to his failure to adapt to school or meet its academic demands, the child has been included in the category of "Environmental circumstances" since this seems the primary factor and the emotional disturbance secondary.

The more severely disturbed children are referred on for psychiatric help.

b) Physical handicap

This category includes sensory defects, conditions such as spasticity and a very few cases of Specific Dyslexia ("Word Blindness").

c) Environmental circumstances

This term includes conditions such as poor cultural background, and frequent or prolonged absence from school which as indicated above, may give rise to emotional difficulties.

d) Low Innate Intelligence

Some children of low intellectual ability are emotionally disturbed, but where this is the case, the child is entered in the Table as of Low Intelligence, since this would be the primary factor.

e) Normal

This category comprises two main groups of children; (i) children referred for assessment, advice on provision of boarding education etc., i.e. where there is no emotional or behavioural problem or educational failure: (ii) slow-learning children, whose educational retardation is the result of slow maturation. A considerable number of children are late in acquiring the basic academic skills without any pathological factors, constituting, in effect, the lower part of the normal range in this respect.

f) No cause found

Some children's problems defeat even the most thorough investigations that can be carried out by the psychologists, and these generally are referred on to other specialists, especially psychiatrists. A larger number, however, come into this category because the psychologists are unable to carry out adequate investigations because of pressure of work.

g) Discussion only

Children put forward as being in need of part-time remedial teaching are examined only when there is doubt about their needs or conditions. The majority of these children are discussed by the psychologists and the teachers, perhaps observed in class, and their work examined. Hence no formal diagnosis is made, the only question raised being the suitability of this particular provision for the child concerned.

Table IV shows the action taken by the psychologists

TABLE IV

Action Taken	1965-66	1966-67	1967-68
Advice and follow-up	95	154	266
Advice only	318	321	453
Referral to Child Guidance Clinic	45	45	39
Placement in Remedial Unit	1	6	9
Further investigations pending	12	14	26
Therapy	7	5	12
Assessment only	136	144	117
Category B S/Learners: Discussion only	-	-	91
Total	614	689	1,015

In the last Annual Report, attention was drawn to the importance of preventive work and the increasing emphasis given currently to this in all parts of the world as compared with remedial efforts which have received principal attention in the past. A number of developments have occurred in the County which seem to be particularly worth while.

The provision of part-time remedial teaching for some children retarded in the basic subjects is expected to be influential in the prevention of serious educational failure and consequent emotional disturbance. It is hoped that prompt and effective help in the basic subjects will forestall the development of damaging emotional reactions to early school failure in a significant number of children. Additionally, the selection of children early in their school life for inclusion in the Special Classes and remedial groups should bring children suffering from emotional disturbances and a variety of other handicaps to the attention of the psychologists much earlier than under the previous arrangements. It is hoped that in consequence these children will overcome their difficulties more easily.

A small number of Infants' Schools have developed an interesting programme. Parents of new entrants are invited to an evening at the school, and the Heads invite the area psychologist to attend. In this way, the psychologist is seen to be a normal part of the school life. This should help in two ways: on the one hand, if referral of a child to the psychologist is suggested by the Head to the parent some time subsequently, this is less likely to be alarming to the latter, and the psychologist starts on a better footing than might otherwise be the case; on the other hand, parents knowing of the provision of psychological help, may avail themselves of this spontaneously, perhaps at a time when no problem is demonstrated by the child at school.

Additionally, the attendance of the psychologists at Open Evenings etc., will help to foster a positive and accurate idea of their functions and reduce the unfavourable and often bizarre concepts still quite common in the general population. It is felt that such developments should be encouraged not only in Infants' and Junior Schools, but equally at the Secondary level.

SPEECH THERAPY

The following is taken from a report prepared by Mrs. S. Hudson-Smith, Consultant Speech Therapist.

In the first three months of the year, the deficit in Staff remained the same as in December, 1967, which necessitated suspension of Clinical Treatment in Rye and Wadhurst. At Crowborough, Newhaven and Bexhill, Clinics functioned at fortnightly intervals only for a limited number of cases.

From April to August a full-time, but temporary, Speech Therapist joined the Staff, allowing the following extensions on a weekly basis for treatment facilities:-

The opening of a Clinic at Uckfield;

full provision for treatment at The Downs School, Portslade; treatment Clinics at Bexhill; resumption of Clinics at Newhaven, Seaford, Crowborough and Wadhurst

The Staff situation was improved in September, 1968, by the appointment of two full-time Speech Therapists - the temporary member having left in August. Rye Speech Clinic re-opened a weekly service in October, having been closed for nearly 12 months. There are, however, still considerable numbers of cases which cannot be dealt with until the staff is increased.

The following Table shows the number of Speech Clinics functioning at the close of 1968:-

TABLE OF CLINIC SESSIONS

Area	Speech Therapy Clinic	Sessions per week
Northern	Crowborough	2
	East Grinstead	2
	Wadhurst	2
Central and Southern	Lewes	5
	Newhaven	3
	Seaford	1
	Uckfield	2
Eastern	Battle	4
	Bexhill	5
	Rye	2
Western	Burgess Hill	2
	Haywards Heath	5
	Newick House Special School	1
	Portslade Downs Special School	2
	Portslade and Hove	10

A number of consultative visits are also made weekly

Pre-school children:

There has been a substantial increase in the numbers referred to the Consultant Speech Therapist who reports considerable success with the giving of parent-advice, followed by periodic home visits. Co-operation from parents of young children has been outstandingly good, and many have shown some skill in undertaking play methods of treatment with professional guidance.

Summary of referrals 1968

Schoolchildren

Outstanding referrals from previous year who were investigated in 1968 146

New referrals:-

1) Cases investigated 115

2) Cases accepted for treatment without the need of investigation 122

Pre-school children

New referrals - investigated 42

TOTAL 425

Disposal of above cases

Receiving treatment 256

Awaiting treatment 108

No treatment required 41

Refusals of treatment 20

TOTAL 425

At the 31st December, 1968, a total of 421 children were receiving treatment.

SCHOOL EYE CLINICS

Parents of children discovered with eye defects at school examinations are given the option of their children attending one of the County's Clinics listed below or arranging with their family doctors for the children to be examined by an Optician of their choice:-

Clinic	No. of Sessions	Children found to have errors of refraction (including squint.)	Children for whom spectacles were prescribed.
BEXHILL (*)	3	21	10
BRIGHTON	16	151	103
EASTBOURNE	21	275	235
EAST GRINSTEAD (**)	7	30	21
HAYWARDS HEATH	42	480	388
ST. LEONARDS	16	119	99
TUNBRIDGE WELLS	25	297	223
Totals	130	1,373	1,079

(*) Re-opened 7.10.68.

(**) Re-opened 13.6.68.

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 death	1	2	3	-	3	-	1	4	8	6
Malignancies	-	1	-	-	1	-	1	1	2	2
Congenital abnormalities	-	1	1	-	-	1	1	1	2	3
Others	-	1	1	1	1	2	-	-	2	4
Total	1	5	5	1	5	3	3	6	14	15

The analysis of deaths in children of school age given in the above table shows a most disquieting rise in accidental deaths, which account for half (14 out of 29) of the total number. It is certain that the loss of life in the majority of these cases would have been avoided if more care had been taken. This is a most important field for health education. Nearly all accidents are preventable.

Here is a part of this tragic death roll:

four children aged between 7 and 14 drowned;

three, all girls as it happens, were passengers in vehicles which collided with stationary objects;

a girl of 13 died from multiple injuries, having run across the road in the path of an oncoming car;

two boys of 16 riding motorcycles, died from fractured skulls as a result of collisions, and a boy of 14 suffered a fatal head injury when his bicycle was in collision with a motor car.

STATISTICAL SUMMARY RELATING TO THE B.C.G. SCHEME

FOR SCHOOL CHILDREN AND STUDENTS, 1968

Number of Schools and Colleges visited	68
Number of Children eligible	4,346
Consents received	3,729
Number of Refusals	583
Consent rate	85.8%
Number of absentees	133
Already had B.C.G. (178 were skin tested - 170 found positive and 8 negative)	212
Number skin tested (excluding those who have had B.C.G)	3,147
Number positive	352
% Positive	8.1
Number Negative	2,654
Number Vaccinated	2,662

In Hove and Portslade, under similar arrangements, 618 pupils were vaccinated; the positive reactor rate was 8.8%

It is worth noting that the parental consent rate at 85.8% is the highest yet attained.

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 were arranged but no further cases of tubercle were found.

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 684 certificates were issued by the school medical officer for this purpose.

CHILD CARE AND HYGIENE CLASSES

Senior girls in 23 schools received instruction in Child Care, given by Health Visitors. Boys were included in one of the schools.

Examinations set to test the pupils' theoretical knowledge and practical skill took place in schools. 543 girls and 8 boys took the examination of which 528 girls and 8 boys passed, 178 with credit.

SCHOOL MEALS SERVICE

The total number of schools in the county with self-contained kitchens is 163 and 43 schools received meals from the 2 central kitchens or from other schools.

MILK IN SCHOOLS SCHEME

The schools participating in this scheme are provided with milk under contract by 41 suppliers and all receive pasteurised milk as recommended. As from September, 1968, the supply of free drinking milk to children in secondary schools was discontinued.

Supervision of supply arrangements has been maintained and representative samples from all sources of supply have been submitted for laboratory examination.

These satisfied the prescribed tests except in one case where samples failed the methylene blue (keeping quality) test. This was due to delivery of old stock and procedure was rectified forthwith. The overall position is considered to be satisfactory.

SCHOOL SWIMMING POOLS

There are 55 swimming pools at County maintained schools, fourteen are permanent or major pools at secondary schools and forty-one are "learner" type pools at primary schools.

As recommended at the outset all pools are operated on a full-treatment system providing for continuous circulation, filtration and chlorination of the water.

These provisions and allied arrangements are kept under observation by the county health inspectors, who advise on all matters relating to hygiene.

Throughout the season routine inspections are carried out and the pool waters are subject to regular testing and sampling for bacteriological examination to ensure that all pool conditions are maintained at a satisfactory standard.

FURTHER EDUCATION ESTABLISHMENTS

Advice of a general nature on health matters was made available where required. This concerned first aid provision, the setting up of an advisory service, and occasional talks.

A total of 342 medical examinations were carried out for students who had been selected to attend Teacher Training Colleges.

DEFECTS FOUND BY MEDICAL EXAMINATIONS

Age Group	Vision	Other
10-12 years	10	10
13-15 years	15	15
16-18 years	20	20
19-22 years	25	25
23-25 years	30	30
26-30 years	35	35
31-35 years	40	40
36-40 years	45	45
41-45 years	50	50
46-50 years	55	55
51-55 years	60	60
56-60 years	65	65
61-65 years	70	70
66-70 years	75	75
71-75 years	80	80
76-80 years	85	85
81-85 years	90	90
86-90 years	95	95
91-95 years	100	100
96-100 years	105	105
101-105 years	110	110
106-110 years	115	115
111-115 years	120	120
116-120 years	125	125
121-125 years	130	130
126-130 years	135	135
131-135 years	140	140
136-140 years	145	145
141-145 years	150	150
146-150 years	155	155
151-155 years	160	160
156-160 years	165	165
161-165 years	170	170
166-170 years	175	175
171-175 years	180	180
176-180 years	185	185
181-185 years	190	190
186-190 years	195	195
191-195 years	200	200
196-200 years	205	205
201-205 years	210	210
206-210 years	215	215
211-215 years	220	220
216-220 years	225	225
221-225 years	230	230
226-230 years	235	235
231-235 years	240	240
236-240 years	245	245
241-245 years	250	250
246-250 years	255	255
251-255 years	260	260
256-260 years	265	265
261-265 years	270	270
266-270 years	275	275
271-275 years	280	280
276-280 years	285	285
281-285 years	290	290
286-290 years	295	295
291-295 years	300	300
296-300 years	305	305
301-305 years	310	310
306-310 years	315	315
311-315 years	320	320
316-320 years	325	325
321-325 years	330	330
326-330 years	335	335
331-335 years	340	340
336-340 years	345	345
341-345 years	350	350
346-350 years	355	355
351-355 years	360	360
356-360 years	365	365
361-365 years	370	370
366-370 years	375	375
371-375 years	380	380
376-380 years	385	385
381-385 years	390	390
386-390 years	395	395
391-395 years	400	400
396-400 years	405	405
401-405 years	410	410
406-410 years	415	415
411-415 years	420	420
416-420 years	425	425
421-425 years	430	430
426-430 years	435	435
431-435 years	440	440
436-440 years	445	445
441-445 years	450	450
446-450 years	455	455
451-455 years	460	460
456-460 years	465	465
461-465 years	470	470
466-470 years	475	475
471-475 years	480	480
476-480 years	485	485
481-485 years	490	490
486-490 years	495	495
491-495 years	500	500
496-500 years	505	505
501-505 years	510	510
506-510 years	515	515
511-515 years	520	520
516-520 years	525	525
521-525 years	530	530
526-530 years	535	535
531-535 years	540	540
536-540 years	545	545
541-545 years	550	550
546-550 years	555	555
551-555 years	560	560
556-560 years	565	565
561-565 years	570	570
566-570 years	575	575
571-575 years	580	580
576-580 years	585	585
581-585 years	590	590
586-590 years	595	595
591-595 years	600	600
596-600 years	605	605
601-605 years	610	610
606-610 years	615	615
611-615 years	620	620
616-620 years	625	625
621-625 years	630	630
626-630 years	635	635
631-635 years	640	640
636-640 years	645	645
641-645 years	650	650
646-650 years	655	655
651-655 years	660	660
656-660 years	665	665
661-665 years	670	670
666-670 years	675	675
671-675 years	680	680
676-680 years	685	685
681-685 years	690	690
686-690 years	695	695
691-695 years	700	700
696-700 years	705	705
701-705 years	710	710
706-710 years	715	715
711-715 years	720	720
716-720 years	725	725
721-725 years	730	730
726-730 years	735	735
731-735 years	740	740
736-740 years	745	745
741-745 years	750	750
746-750 years	755	755
751-755 years	760	760
756-760 years	765	765
761-765 years	770	770
766-770 years	775	775
771-775 years	780	780
776-780 years	785	785
781-785 years	790	790
786-790 years	795	795
791-795 years	800	800
796-800 years	805	805
801-805 years	810	810
806-810 years	815	815
811-815 years	820	820
816-820 years	825	825
821-825 years	830	830
826-830 years	835	835
831-835 years	840	840
836-840 years	845	845
841-845 years	850	850
846-850 years	855	855
851-855 years	860	860
856-860 years	865	865
861-865 years	870	870
866-870 years	875	875
871-875 years	880	880
876-880 years	885	885
881-885 years	890	890
886-890 years	895	895
891-895 years	900	900
896-900 years	905	905
901-905 years	910	910
906-910 years	915	915
911-915 years	920	920
916-920 years	925	925
921-925 years	930	930
926-930 years	935	935
931-935 years	940	940
936-940 years	945	945
941-945 years	950	950
946-950 years	955	955
951-955 years	960	960
956-960 years	965	965
961-965 years	970	970
966-970 years	975	975
971-975 years	980	980
976-980 years	985	985
981-985 years	990	990
986-990 years	995	995
991-995 years	1000	1000
996-1000 years	1005	1005
1001-1005 years	1010	1010
1006-1010 years	1015	1015
1011-1015 years	1020	1020
1016-1020 years	1025	1025
1021-1025 years	1030	1030
1026-1030 years	1035	1035
1031-1035 years	1040	1040
1036-1040 years	1045	1045
1041-1045 years	1050	1050
1046-1050 years	1055	1055
1051-1055 years	1060	1060
1056-1060 years	1065	1065
1061-1065 years	1070	1070
1066-1070 years	1075	1075
1071-1075 years	1080	1080
1076-1080 years	1085	1085
1081-1085 years	1090	1090
1086-1090 years	1095	1095
1091-1095 years	1100	1100
1096-1100 years	1105	1105
1101-1105 years	1110	1110
1106-1110 years	1115	1115
1111-1115 years	1120	1120
1116-1120 years	1125	1125
1121-1125 years	1130	1130
1126-1130 years	1135	1135
1131-1135 years	1140	1140
1136-1140 years	1145	1145
1141-1145 years	1150	1150
1146-1150 years	1155	1155
1151-1155 years	1160	1160
1156-1160 years	1165	1165
1161-1165 years	1170	1170
1166-1170 years	1175	1175
1171-1175 years	1180	1180
1176-1180 years	1185	1185
1181-1185 years	1190	1190
1186-1190 years	1195	1195
1191-1195 years	1200	1200
1196-1200 years	1205	1205
1201-1205 years	1210	1210
1206-1210 years	1215	1215
1211-1215 years	1220	1220
1216-1220 years	1225	1225
1221-1225 years	1230	1230
1226-1230 years	1235	1235
1231-1235 years	1240	1240
1236-1240 years	1245	1245
1241-1245 years	1250	1250
1246-1250 years	1255	1255
1251-1255 years	1260	1260
1256-1260 years	1265	1265
1261-1265 years	1270	1270
1266-1270 years	1275	1275
1271-1275 years	1280	1280
1276-1280 years	1285	1285
1281-1285 years	1290	1290
1286-1290 years	1295	1295
1291-1295 years	1300	1300
1296-1300 years	1305	1305
1301-1305 years	1310	1310
1306-1310 years	1315	1315
1311-1315 years	1320	1320
1316-1320 years	1325	1325
1321-1325 years	1330	1330
1326-1330 years	1335	1335
1331-1335 years	1340	1340
1336-1340 years	1345	1345
1341-1345 years	1350	1350
1346-1350 years	1355	1355
1351-1355 years	1360	1360
1356-1360 years	1365	1365
1361-1365 years	1370	1370
1366-1370 years	1375	1375
1371-1375 years	1380	1380
1376-1380 years	1385	1385
1381-1385 years	1390	1390
1386-1390 years	1395	1395
1391-1395 years	1400	1400
1396-1400 years	1405	1405
1401-1405 years	1410	1410
1406-1410 years	1415	1415
1411-1415 years	1420	1420
1416-1420 years	1425	1425
1421-1425 years	1430	1430
1426-1430 years	1435	1435
1431-1435 years	1440	1440
1436-1440 years	1445	1445
1441-1445 years	1450	1450
1446-1450 years	1455	1455
1451-1455 years	1460	1460
1456-1460 years	1465	1465
1461-1465 years	1470	1470
1466-1470 years	1475	1475
1471-1475 years	1480	1480
1476-1480 years	1485	1485
1481-1485 years	1490	1490
1486-1490 years	1495	1495
1491-1495 years	1500	1500
1496-1500 years	1505	1505
1501-1505 years	1510	1510
1506-1510 years	1515	1515
1511-1515 years	1520	1520
1516-1520 years	1525	1525
1521-1525 years	1530	1530
1526-1530 years	1535	1535
1531-1535 years	1540	1540
1536-1540 years	1545	1545
1541-1545 years	1550	1550
1546-1550 years	1555	1555
1551-1555 years	1560	1560
1556-1560 years	1565	1565
1561-1565 years	1570	1570
1566-1570 years	1575	1575
1571-1575 years	1580	1580
1576-1580 years	1585	1585
1581-1585 years	1590	1590
1586-1590 years	1595	1595
1591-1595 years	1600	1600
1596-1600 years	1605	1605
1601-1605 years	1610	1610
1606-1610 years	1615	1615
1611-1615 years	1620	1620
1616-1620 years	1625	1625
1621-1625 years	1630	1630
1626-1630 years	1635	1635
1631-1635 years	1640	1640
1636-1640 years	1645	1645
1641-1645 years	1650	1650
1646-1650 years	1655	1655
1651-1655 years	1660	1660
1656-1660 years	1665	166

SUMMARY OF THE 1968 ANNUAL REPORT FOR THE HOVE SCHOOL
HEALTH SERVICE

Dr. N. I. Condon, Medical Officer of Health for Hove, made the following main points in his 1968 Annual Report:-

MEDICAL INSPECTIONS

A total of 1,537 routine medical examinations were carried out in 1968. This figure comprises 557 examinations of new entrants, 387 children of 10 years of age and 441 school leavers. Thus the majority of children were seen at the appropriate time but 152 examinations were conducted on children outside the three main age groups, for various reasons such as transfer of school.

DEFECTS FOUND BY MEDICAL INSPECTIONS

In the three age groups defects requiring treatment or observation were found as follows:-

<u>Age group</u>	<u>DEFECTS</u>	
	<u>Vision</u>	<u>Others</u>
New entrants	29	83
10 years of age	30	53
School leavers	73	90

It was considered these figures (A) supported the need for the continued screening of new entrants, (B) re-emphasised the value of the examinations for children aged 10 and (C) disclosed the amount of work still required to be done for school leavers.

Satisfactory liaison with family doctors in arranging treatment for defects obviated any need to re-introduce a system of minor ailment clinics.

HANDICAPPED CHILDREN

During 1968, 25 children were classified as handicapped as follows:-

Partially hearing	2
Slow-learning	12
Epileptic	2
Maladjusted	4
Unsuitable to attend normal school - some with multiple handicaps	3

Suitable placements were found for these children although in some cases parental resistance had to be overcome.

HANDICAPPED INDEX

Report prepared by Dr. P.A. Shave, Senior Medical Officer for School Health.

SCOPE OF HANDICAPPED INDEX

At the end of December, 1968, details were included on the Index of all children and young persons classified as handicapped. It omits Hove cases (to be added later) and slow-learning children treated in the ordinary schools.

CODING SYSTEM

A coding system has been devised in the Department to provide as much information as possible in each case.

The handicap or disability of each person is represented by six digits. The first two analyse the handicap by systems, for example, "Disease of the cardiac-vascular system". The second pair of digits analyse the condition by its cause, if this is known, for example, "congenital defect". The final pair of digits indicate the medical diagnosis, for example, "Diabetes".

Analysis of selected information taken from the Index

1. By Systems (Of 20 categories on the index, only the nine numerically largest groups are listed)

System	Number of Cases
Mental disorder	
(a) Subnormality (including slow-learners)	362
(b) Behaviour disorders - mal-adjustment etc.	139
(c) Disease of the nervous system (includes cerebral palsy and epilepsy)	131
Disease of the ear and disorders of hearing	80
Disease of the eye and disorders of sight	48
Disease of the musculo-skeletal system	45
Disease of the respiratory system	42
+Disease of the cardio-vascular system	38
Disease of the endocrine system	34

+ See Paragraph 3 below.

2. By Causes (7 numerically largest groups out of 20 listed at present on the Index)

C A U S E	N U M B E R
Congenital defect	521
Social and environmental	89
Allergy	28
Infective processes	23
Hereditary	22
+ Pre-natal	13
+ Perinatal	10

+ See paragraph 4 below.

3. By Diagnoses (An illustration of the 38 cases of cardiovascular disease are listed)

Diagnosis	Number	Cause	
		Congential	Infective process
Congenital heart disease	13		
Fallot's tetralogy	6		
Pulmonary stenosis	4		
Atrial septal defect	4		
Ventricular septal defect	4		
Aortic stenosis	3		
Dextro-cardia	1		
Mitral stenosis	1		
Pulmonary Atresia	1		
		37	
Rheumatic Carditis with mitral incompetence	1		1
Total	38	37	1

4. Some important causal groups (see "2" above) were selected for specific analysis.

CAUSE - PRE-NATAL		CAUSE - PERINATAL	
Condition	Number	Condition	Number
Rhesus incompatibility	5	Retrolentall Fibroblasia	5 (50% of group)
Maternal Rubella	3	Kernicterus	1
Prematurity	1	Anoxia causing cerebral palsy	1
Thalidomide	4	Anoxia causing Hemiplegia	1
		Perinatal infection: Labyrinthitis	1
		Hydrocephalus due to basal block	1
Total	13	Total	10

CAUSE - NEOPLASTIC - Malignant	
	Number
Astrocytoma causing optic atrophy	1
Glioma causing optic atrophy	1
Lymphatic Leukaemia	2
Retinoblastoma	2
Total	6

5. Some important medical conditions for which specific information was asked.

Condition	Total
Epilepsy	40
Asthma	35
Diabetes	32
Cerebal palsy group	26
Spina bifida and meningomyelocele with associated deformities	16
Cystic fibrosis	7
Nephrosis	7
Haemophilia	5
Muscular Dystrophy	4

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		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1964 & later	128	128	-	-	2	10	12
1963	2,174	2,173	1	-	49	107	154
1962	2,394	2,394	-	-	72	143	207
1961	557	557	-	-	16	41	52
1960	272	272	-	-	7	13	20
1959	240	239	1	-	10	8	17
1958	1,815	1,814	1	-	76	89	156
1957	1,533	1,533	-	-	60	68	125
1956	552	552	-	-	25	22	46
1955	165	164	1	-	8	9	17
1954	859	859	-	-	26	21	44
1953 & earlier	1,967	1,966	1	-	120	70	182
TOTAL	12,656	12,651	5	-	471	601	1,031

Column (3) total as a percentage of Column (2) total..... 99.96%

Column (4) total as a percentage of Column (2) total..... .04%

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	1,114
Number of Re-inspections	8,848
Total	9,962

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 | 68,798 |
| (b) | Total number of individual pupils found to be infested | 70 |
| (c) | Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944). | 19 |
| (d) | Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) | Nil |

PART II. - DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

NOTE:- All defects, including defects of pupils at Nursery and Special Schools, noted at period and special medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table, should include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No. (1)	Defect or Disease (2)		PERIOD INSPECTIONS				Special Inspection
			Entrants	Leavers	Others	Total	
4	Skin	T	27	23	33	83	-
		O	132	54	83	269	-
5	Eyes - a. Vision ...	T	156	146	169	471	12
		O	1,030	247	395	1,672	4
	b. Squint ...	T	23	3	7	33	-
		O	87	13	25	125	-
	c. Other ...	T	4	2	5	11	-
		O	19	3	20	42	-
6	Ears - a. Hearing ...	T	69	7	24	100	13
		O	227	21	50	298	2
	b. Otitis Media	T	6	6	2	14	-
		O	93	1	12	106	-
	c. Other ...	T	7	1	1	9	-
		O	14	-	3	17	-
7	Nose and Throat ...	T	47	3	13	73	-
		O	476	27	91	594	-
8	Speech	T	54	3	11	68	5
		O	221	9	26	256	2
9	Lymphatic Glands ...	T	3	-	-	3	-
		O	70	4	16	90	-
10	Heart	T	9	9	5	23	-
		O	69	15	19	103	-
11	Lungs	T	17	5	7	29	-
		O	174	25	79	278	-
12	Developmental - a. Hernia	T	8	1	4	13	-
		O	33	2	4	39	-
	b. Other ...	T	38	7	36	81	-
		O	149	30	97	276	-
13	Orthopaedic - a. Posture	T	1	12	4	17	-
		O	24	29	38	91	-
	b. Feet	T	5	6	8	19	1
		O	162	44	92	298	2
14	c. Other	T	3	3	5	11	1
		O	110	26	40	176	-
	Nervous System - a. Epilepsy	T	2	1	2	5	-
		O	29	14	7	50	-
15	b. Other	T	1	-	3	4	-
		O	12	8	13	33	1
	Psychological - a. Development	T	6	3	4	13	-
		O	207	47	138	392	3
	b. Stability	T	11	4	9	24	-
		O	282	45	138	465	1
16	Abdomen	T	4	1	2	7	-
		O	48	9	33	90	-
17	Other	T	3	3	4	10	-
		O	33	15	13	61	-

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	35
Errors of refraction (including squint)	2,100
TOTAL	2,135
Number of pupils for whom spectacles were prescribed	1,514

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	-
(b) for adenoids & chronic tonsillitis	462
(c) for other nose and throat conditions	14
Received other forms of treatment	9
TOTAL	485
Total number of pupils still on the register of schools at 31st December, 1968, known to have been provided with hearing aids:-	
(a) during the calendar year 1968	5
(b) in previous years	122

TABLE C. - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments ...	234
(b) Pupils treated at school for postural defects ...	8
TOTAL ...	242

TABLE D. - DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part 1)

	Number of pupils known to have been treated
Ringworm - (a) Scalp ...	-
(b) Body ...	7
Scabies ...	14
Impetigo ...	13
Other skin diseases ...	32
TOTAL ...	66

STATE OF COUNTY DENTAL SERVICE

Section III

Chief Dental Officer and Principal School Dental Officer

MR. C. J. BENTON STANT, L.D.S., F.R.C.S.D.

Chief Dental Officer and Deputy Chief Dental Officer

SECTION III

Reports of the Principal School Dental Officer and Chief Dental Officer

MR. A. ANDER, L.D.S., F.R.C.S.D.

Principal School Dental Officer

MR. J. M. A. PALLER, L.D.S., F.R.C.S.D.

Principal School Dental Officer

COUNTY DENTAL SERVICE

(including Borough of Hove & Portslade Urban District)

Dental Officers

MR. DUDLEY BAKER, L.D.S., F.R.C.S.D., M.B., B.S., L.D.S., F.R.C.S.D. (appointed 1.1.54)

MR. H. W. BAKER, L.D.S., F.R.C.S.D. (appointed 1.1.54)

MR. J. O. DIXON, L.D.S., F.R.C.S.D. (appointed 1.1.54)

MR. S. HYSTERE-CLARKE, L.D.S., F.R.C.S.D.

MR. A. S. ENGLAND, L.D.S., F.R.C.S.D., M.B., B.S., L.D.S., F.R.C.S.D. (appointed 1.1.54)

MR. D. F. PARKER, L.D.S., F.R.C.S.D. (appointed 1.1.54)

MR. J. V. GOLDIE, L.D.S., F.R.C.S.D. (Part time)

MR. R. SHERWOOD HODGETT, L.D.S., F.R.C.S.D. (appointed 1.1.54)

MISS H. M. PHILLIPS, L.D.S., F.R.C.S.D. (appointed 1.1.54)

MR. S. C. PILLON, L.D.S., F.R.C.S.D. - 83 -

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

MR. R. C. TAYLOR, L.D.S., F.R.C.S.D. (appointed 1.1.54)

Principal Dental Officers

MRS. C. E. CROSSMAN, L.D.S.

MRS. S. M. EVANS, L.D.S., F.R.C.S.D.

MRS. W. M. GARRATT, L.D.S., F.R.C.S.D. - 84 -

MISS G. M. HODGETT, L.D.S., F.R.C.S.D.

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STAFF OF COUNTY DENTAL SERVICE

1968

Chief Dental Officer and Principal School Dental Officer.

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

Deputy Chief Dental Officer and Deputy Principal School Dental Officer.

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

Area Dental Officer.

MR. A. AMDOR, L.D.S.R.C.S.

Senior Dental Officers.

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

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

Orthodontist.

DR. DUDLEY BARKER, L.D.S., D.Orth. R.C.S., M.R.C.S., L.R.C.P.
(appointed 1.6.68)

Dental Officers.

DR. DUDLEY BARKER, L.D.S., D.Orth. R.C.S., M.R.C.S., L.R.C.P.,
(appointed Orthodontist 1.6.68).

MRS. H.M. BARNES, L.D.S.R.C.S.. (appointed 4.3.68 resigned 20.9.68).

MR. J.G. DIXON, L.D.S.R.C.S.. (appointed 1.4.68).

MR. B. DYSTERRE-CLARKE, L.D.S.R.C.S..

MR. A.S. ENGLAND, B.D.S. U.Birm., L.D.S.R.C.S.. (appointed 1.1.68,
resigned 30.6.68).

MR. D.P. FAWKNER, L.D.S.R.C.S.. (appointed 1.4.68).

MR. J.V. GOLDIE, L.D.S.R.C.S.. (Part time).

MR. R. SHERWOOD MOCKETT, L.D.S.R.C.S.. (appointed 1.4.68).

MISS H.M. PHILLIPS, L.D.S. U.Leeds.. (resigned 2.2.68).

MR. S.G. PILLOW, B.D.S. U.Bris..

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

MR. R.C. TAYLOR, L.D.S.R.C.S.. (appointed 2.12.68).

Sessional Dental Officers.

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

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

MRS. H.M. GARRETT, 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. A.F. BUCK, M.B., B.S., D.A. (Eng)..

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

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

DR. P.H. VENN, M.R.C.S., L.R.C.P., F.F.A.R.C.S., D.A. (Eng)..

Senior Dental Officers

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

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

Orthodontist

DR. DUDLEY BARNER, F.D.S., D.Orth., R.C.S., M.R.C.S., L.R.C.P.

(appointed 1.8.68)

Dental Officers

DR. DUDLEY BARNER, F.D.S., D.Orth., R.C.S., M.R.C.S., L.R.C.P.

(appointed 1.8.68)

MRS. H.M. BARNES, F.D.S.R.C.S.. (appointed 4.2.68 resigned 20.9.68)

MR. J.G. DIXON, L.D.S.R.C.S.. (appointed 1.4.68)

MR. R. DYSTRE-CLARKE, L.D.S.R.C.S..

MR. A.S. ENGLAND, B.D.S., D.Orth., L.D.S.R.C.S.. (appointed 1.1.68)

resigned 20.9.68)

MR. D.P. FARNER, L.D.S.R.C.S.. (appointed 1.4.68)

MR. J.V. GORIE, L.D.S.R.C.S.. (part time)

MR. R. SHERWOOD HACKETT, L.D.S.R.C.S.. (appointed 1.4.68)

MISS H.M. PHILLIPS, L.D.S., L.Led., (resigned 2.2.68)

MR. S.G. PILLOW, B.D.S., L.D.S.

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

MR. R.C. TAYLOR, L.D.S.R.C.S.. (appointed 2.12.68)

Sessional Dental Officers

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

MRS. S.M. EVANS, L.D.S., D.Orth.

MRS. H.M. GARRETT, L.D.S.R.C.S.

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

1968

COUNTY DENTAL SERVICES

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER AND CHIEF DENTAL OFFICER.

The development and modernisation of the dental services, commenced in 1965, continued throughout the year, but was restricted by staff shortage and by the financial stringencies imposed as a result of the national economic situation.

The renovation and extension of Uckfield Clinic were completed and the new dental suite, although small, now provides comfortable and pleasing facilities for patients and clean congenial conditions for the surgeon.

The appointment of a full-time orthodontist and an increased demand for treatment produced a 32% increase in the number of cases receiving active treatment during the year. The rural areas, where the demand and need is the greatest, have presented many problems but the introduction of a new Mobile Orthodontic Clinic next year should ease many of these and enable this aspect of the service to be further extended.

The rural areas continue to present the greatest challenge in the provision of regular routine inspections and treatment. The four existing mobile clinics have done invaluable work in taking treatment to children and mothers in these areas and it is appropriate at this time to make mention of the splendid efforts made by the surgeons operating the mobiles, in siting their clinics where they were most required and in overcoming the difficulties which result from poor or impossible access to schools. Working in all kinds of weather and conditions and sited in often dreadful situations they have never-the-less succeeded in providing and maintaining a much needed service. The Authority - and the public - must be grateful to the private householders and farmers who have allowed, often at great personal inconvenience, the use of their gardens and land and made available the supply of electricity and water, and also to the unknown but numerous building, farm and sawmill workers who have helped man-handle the Mobile Clinics through mud and snow and over otherwise insurmountable obstacles.

As a result of discussions with the Apple and Pear Council; the Farmers Union and apple growers and distributors, a pilot scheme for the supply of apples to schools was introduced to the Crowborough and Wadhurst areas in September. Although the response and co-operation from the secondary schools, has been disappointing, that from the primary schools has been encouraging. Now that many of the problems associated with such a scheme have been recognised and overcome, negotiations are taking place in an endeavour to extend the scheme to other parts of the county. By making apples available at schools at an attractive price it is hoped to discourage children

from eating soft sweet sticky snacks and to provide them with an efficient means of cleaning their teeth when tooth brushing is not possible. It has been very obvious in the pilot area that the impact and success of the project, would have been much improved had the scheme been linked with a programme of dental health education.

The need for dental health education remains, indeed increases, and I regret that this Authority has not yet agreed to undertake an organised programme in this field and must now be almost the last in the country failing to do so.

Dental surgery assistants were encouraged to study for and take the qualifying examination leading to the Certificate of Proficiency. Arrangements were made for candidates to attend evening tuition courses at Tunbridge Wells and practical demonstrations were organised and provided by members of our own staff, there being, unfortunately, no provision for suitable tuition within the county. The results of these efforts are gratifying, and seven full-time and one sessional dental surgery assistants now hold this qualification.

The pattern of work during the year followed recent trends - an increased amount of treatment of all forms to an increased number of children. The children inspected at routine inspections constituted 66% of the school population. The present accommodation and staff is unable to meet both this greater demand for treatment and to provide annual routine inspection of all children, and although it can be anticipated that the Health Centre at Hailsham will ease the present situation to some extent, further staff and accommodation will be required in the future.

Efforts to encourage the attendance of expectant and nursing mothers and pre-school children have brought only small increases. From the data given in the accompanying table it can be seen that the greatest improvement is in respect of the pre-school child. It is in this age group that lack of care and bad habits set the pattern for later tooth development and determine the fate of certainly the deciduous dentition. It is essential, therefore, that continued efforts be made to ensure that advice to parents is readily available and the regular dental examination and provision of necessary treatment for every child from the age of three years.

Comment may be made at this time on the existing organisation for providing medical and dental care through three almost separate and autonomous bodies - the Public Health Services, the General Medical and Dental Services and the Hospital Service - which was conceived and introduced more than twenty years ago. Since then, many faults have developed and many amendments made, failings and short-comings are becoming apparently more frequent. Shortages of dentists, anaesthetists and ancillaries persist and become progressively more acute as both population and demand increase. Preventive measures are restricted in development and health

education receives little more than lip service - perhaps because of the fear of producing a demand which the already strained facilities would have no hope of meeting.

The originally planned comprehensive, efficient, free and readily available service has been subjected to mounting stress and in many respects, has become something of a myth, and the welfare and clinical needs of patients have been affected by economic and political factors to an extent where good dental health is rationed by the facilities made available.

The satisfaction derived from introducing the first comprehensive health scheme has been over-protracted and has masked the need for sufficient effort being devoted to correcting its faults - the true effectiveness of any scheme demands eradication of its persistent failures. The point has been reached where review and re-organisation in the broad concept is essential and where possibly radical changes must be made.

The issue of the Government's "Green Paper covering the Administrative Structure of the Medical and Related Services" is a welcome gesture to the need for reform and could herald a new era in the approach to Health Services. Whatever changes are to be made, the patient's interests must be held as paramount - a concept which has not always been apparent in recent years.

If local authorities - or whatever bodies may replace them - are to play an active part in any new scheme, a study of their past records in such matters as fluoridation, preventive dentistry, adequate staffing, career structure salaries and conditions of service, dental health education, the provision of decent surgeries and modern equipment, regular inspections and the provision of comprehensive treatment should show ample scope for improvement and demonstrate the disparity of services provided in different parts of the country. It is hoped that any new scheme will ensure comparable and good services being available in all areas.

Consideration must again be given to whether the Department of Health and Social Security or the Department of Education and Science is the appropriate body to co-ordinate and organise matters relative to dental health. Locally, it is questionable whether the development of the dental service should be the function of either the Chief Education Officer or the Medical Officer of Health. Much benefit would be derived from it being autonomous, with its Chief Dental Officer having direct access to its committees.

It must be solely in the interest of the patient that local authorities, committees, officers and the professions work towards taking their part in any new scheme. The preservation of the status quo is not the means to progress.

At the same time it is well to recall the words of Winston Churchill at this time "We must beware of trying to build a society in which nobody counts except a politician or an official..."

The year closed with the original Health Scheme in operation but under serious review, and, in East Sussex, many improvements apparent - but many still required. We look forward to continued progress be it built on a similar or a completely new and different structure.

I should like to thank my colleagues and their staffs for their assistance throughout the year.

C. K. FENTON EVANS.

Principal School Dental Officer
and Chief Dental Officer.

1968

County Dental Service

School Children

<u>1st Inspection in year</u>	<u>1968</u>	<u>1967</u>
Number inspected at school	34,714	35,450
Number inspected at Clinic	3,675	2,704
	<u>38,389</u>	<u>38,154</u>
Requiring treatment	21,443 (55.9%)	21,867 (57.3%)
Offered treatment	19,319 (50.3%)	17,175 (45%)
Treated	8,716	8,281
<u>Treatment</u>		
Sessions devoted for treatment	4,590	4,093
Number of attendances (treatment)	25,351	22,673
<u>Fillings</u>		
(a) Permanent	20,280	18,541
(b) Deciduous	12,328	12,131
	<u>32,608</u>	<u>30,672</u>
<u>Extractions</u>		
(a) Permanent	1,073	1,326
(b) Deciduous	3,552	2,934
	<u>4,625</u>	<u>4,260</u>
Orthodontic cases treated	468	354
Orthodontic cases completed	106	81
Ratio teeth filled: extracted		
(a) Permanent	14.6:1	11.1:1
(b) Deciduous	3.0:1	3.5:1

Maternity and Child Welfare

	<u>Expectant and Nursing Mothers</u>		<u>Children Under Five</u>	
	<u>1968</u>	<u>1967</u>	<u>1968</u>	<u>1967</u>
Examined	111	119	1,036	920
Requiring treatment	109	111	605	537
Courses of treatment commenced	114	115	596	526
Courses of treatment completed	100	93	503	426
Fillings	403	412	1,758	1,437
Extractions	136	70	343	266
Scaling and/or Gum treatment	49	59	12	22
Dentures	28	28	-	-

No. of sessions (equivalent) = 337,375 (306)

1968

ORTHODONTIC TREATMENT

Cases continued from 1967	254
Cases commenced in 1968	214
	<hr/>
Cases receiving treatment in 1968	468
	<hr/>
Cases completed	106
Cases discontinued	39
	<hr/>
	145
	<hr/>
Cases carried to 1969	323
Number of removable appliances fitted	282
Number of fixed appliances fitted	110
	<hr/>
	392
Number referred to Hospital Consultant	20
Number of teeth extracted for orthodontic purposes	1,029





SECTION IV

GENERAL HEALTH SERVICES

(Borough of Hove and Portslade Urban District)

Section IV

Borough of Hove and Portslade Urban District

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BOROUGH OF HOVE STAFF EMPLOYED ON DELEGATED FUNCTIONS

(as at 31st December, 1968)

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	Jane Lodwick, M.B., B.Chir., D.C.H., Anne Toal, L.R.C.P., S.I.
Area Nursing Officer	Miss G. Nicholson, R.F.N., S.R.N., S.C.M., H.V.Cert., Q.N.
Deputy Area Nursing Officer	Miss K.R. Bryant, S.R.N., S.C.M., H.V. Cert., Q.N.
Assistant Area Nursing Officer	Miss B.E. Browning, S.R.N., S.C.M., H.V.Cert., Q.N.
Matron, Hove Day Nursery	Mrs. M.N. Waters, S.R.N. R.S.C.N., S.C.M.
Assistant Home Help Organiser	Mrs. F. Jackson.
Senior Mental Welfare Officer	Mr. L. Oliver
Speech Therapist	Miss B.J. Bentley, L.C.S.T.

EXTRACTS FROM THE REPORT OF DR. N.I. CONDON.

Staff:

The staffing position was considerably easier in 1968, and whereas in 1967 there were several long serving officer who retired and others who left Hove, only Mrs. Nicholls who joined us in July, 1944 retired during the year.

On the nursing side, Miss Bryant was appointed Deputy Area Nursing Officer on 6th February, 1968 to replace Miss Nicholson who had earlier been promoted to Area Nursing Officer.

VITAL STATISTICS

<u>POPULATION</u>	<u>HOVE</u>	<u>1968</u>	<u>1967</u>
		England & Wales	England & Wales
1. Mid Year estimate	71,480		72,140
2. 1966 sample census - 72,630		-	-
<u>DEATH RATE</u> (corrected)	11.82	11.9	10.72
<u>NUMBER OF DEATHS</u> (All causes)	1,566	-	1,460
<u>BIRTH RATE</u> (Corrected)	13.94	16.9	15.05
<u>TOTAL LIVE BIRTHS</u>	733	-	799
Illegitimate live births	144	-	135
Illegitimacy rate	19.64%	-	16.89%
<u>STILL BIRTHS</u>	4	-	13
Still birth rate	5.42	-	16.00
<u>INFANT DEATHS</u> (under 1 year)	11	-	15
Infant mortality rate	15.0	-	18.77
Infant (illegitimate) mortality rate)	20.83	-	37.03
<u>NEONATAL MORTALITY RATE</u>			
Deaths under 4 weeks	9.54	-	13.76
<u>PERINATAL MORTALITY RATE</u>			
Still births & deaths under 1 week	14.92	-	28.32
<u>MATERNAL DEATHS</u>	NIL.		NIL.

PORTSLADE-BY-SEA VITAL STATISTICS

		<u>1967</u>	<u>1968</u>
Population		18,360	18,350
Death Rate	Standard	11.38	12.47
	Corrected	11.49	12.71
Total Deaths		209	229
Birth Rate	Standard	18.57	20.65
	Corrected	18.19	20.23
Total Births.		341	379
Stillbirths		8	4
Rate per 1,000 total live and stillbirths		22.9	10.44
Total Live and Still Births		349	383
Infant deaths under 1 year		3	11
Total infant deaths per 1,000 total live births.		8.79	29.02
Legitimate infant deaths per 1,000 total legitimate live births		9.40	30.47
Illegitimate infant deaths per 1,000 illegitimate live births		Nil	Nil
Neo-Natal Mortality Rate		8.79	21.10
Early Neo-natal Mortality Rate		5.86	18.46
Perinatal Mortality Rate		28.65	28.72
Maternal Mortality			
Number of Deaths		Nil	Nil

Infectious Diseases (including Tuberculosis)

248 cases of Infectious Disease were notified during 1968, against 868 in 1967. There was a considerable drop in measles notifications from 808 in 1967 to 147 in 1968. The number of Scarlet Fever notifications increased from 15 in 1967 to 46 in 1968, and pneumonia accounted for 25 against 5 in the previous year. Infective Jaundice became notifiable during 1968 and 6 cases were notified. Whooping Cough cases number 10 (1967- 37).

The total number of tuberculosis cases on the register at the end of 1968 showed a drop of 12 on the previous year (690), due to the death of 19 persons and the removal of the names of 10 patients who had recovered.

The infectious disease notifications in respect of Portslade were also down compared with 1967, i.e. 1967 - 367 - 1968 - 136. Measles notifications in Portslade also showed a considerable reduction from 355 to 29. Scarlet Fever cases accounted for 77 notifications as against only 7 in the previous year.

The number of cases on the Portslade Tuberculosis Register at the end of 1968 was 142, 5 more than in the previous year. Only 1 new case and 2 deaths were reported.

CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22, National Health Service Act, 1946)

Audiometry

Clinics were held by Dr. Toal, one of the Assistant Medical Officers at the various Infant Welfare Clinics in Hove and Portslade during the year, and the following figures give some idea of the work done.

	<u>Total</u>		<u>No. Passed</u>		<u>No. Failed</u>	
	<u>Hove</u>	<u>Portslade</u>	<u>Hove</u>	<u>Portslade</u>	<u>Hove</u>	<u>Portslade</u>
New Cases	144	269	132	241	12	29
Re-check cases	-	17	-	14	-	3

Babies born at risk

123 cases were reported in Hove during the year and 84 in Portslade.

Hove and Portslade

The three main categories were as follows:-

Forceps delivery	97
Prematurity	30
Caesarean Section	23

CONGENITAL MALFORMATIONS

The following table sets out the actual number of notifications received during 1968.

	<u>Live Births</u>		<u>Still Births</u>	
	<u>Hove</u>	<u>Portslade</u>	<u>Hove</u>	<u>Portslade</u>
January	-	-	-	-
February	1	-	-	-
March	1	1	-	-
April	-	-	-	-
May	1	-	-	1
June	1	-	-	-
July	2	-	-	-
August	2	-	-	-
September	-	1	-	-
October	1	-	-	-
November	1	-	-	-
December	-	-	-	-
	<u>10</u>	<u>2</u>	<u>-</u>	<u>1</u>

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

National Health Service Act, 1946)

HEALTH VISITING

The establishment of the Health Visiting section is 1 Area Nursing Officer, 1 Deputy Area Nursing Officer and 1 Assistant Area Nursing Officer. This increase in senior staff is due to the fact that Hove took over the control of all nurses from the Hove and Portslade District Nursing Association during the year and the three Nursing Officers mentioned above control both Health Visitors and Nursing Staff. There are 14 Health Visitor/School Nurse, plus 1 whole-time School Nurse. One Health Visitor specialises in audiometry. Four Geriatric Health Visitors deal with the needs of the elderly and the handicapped persons in the Borough.

The work of Health Visiting has changed tremendously because of the attachment scheme.

Staff work either with group practices or groups of Doctors working separately. This means that the Health Visitor has to know fewer Doctors in the area in which she worked and, as a result, Doctors are using their Health Visitor effectively, particularly in relation to the following matters:

1. Feeding problems with the young child;
2. Follow-up visits of mild acute illnesses;
3. Sharing visits to the chronic elderly;
4. Assistance with liaison services and the follow-up of patients who fail to keep hospital appointments;
5. Assistance with Immunisation Clinics;
6. Assistance with hospital liaison - informing proposed admissions to hospital and follow-up patients discharged from hospital;
7. Preventative Health Education;

Particular advantages that have arisen out of attachment have been -

1. More co-operation in patient's care;
2. Greater mutual understanding between General Practitioners and Local Health Authority workers;
3. Increased contact with social services;
4. Easier access to each other's records for both General Practitioner and Health Visitors;
5. More visits to elderly patients by Geriatric Health Visitors, and
6. More effective work by existing staff.

DOMICILIARY MIDWIFERY

The nationwide trend for mothers to be delivered in hospital is again shown in our figures for the year. The number of domiciliary confinements is decreasing each year and with this decrease an increase in the number of early discharges after delivery to be nursed at home.

During the year 7 pupil midwives from Cuckfield Hospital have come to Hove to take their Part II domiciliary training.

The midwifery staff are now, in conjunction with the Health Visiting and District Nursing Staff, working with the General Practitioners.

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1968 (HOVE AND PORTSLADE)

NUMBER OF DOMICILIARY CONFINEMENTS ATTENDED BY MIDWIVES UNDER N.H.S. ARRANGEMENTS.					NUMBER OF CASES DELIVERED IN HOSPITALS AND OTHER INSTITUTIONS BUT DISCHARGED AND ATTENDED BY DOMICILIARY MIDWIVES BEFORE 10th DAY.
DOCTORS NOT BOOKED		DOCTORS BOOKED		TOTAL	
DOCTOR PRESENT AT DELIVERY	DOCTOR NOT PRESENT AT DELIVERY	DOCTOR PRESENT AT DELIVERY (either the booked doc- tor or an- other.	DOCTOR NOT PRESENT AT DELIVERY		
-	-	38	51	89	328

NURSING STAFF

Early in 1968 the nursing staff changed to a new system of working in groups. Changes in the staff establishment were necessary to implement this.

The number of S.R.N.'s was reduced to 22, the number of S.E.N.'s was increased by 4 to 6, and the number of nursing auxiliaries was increased by one part-time.

Under this new system the nurses became responsible for arranging all their own day-to-day work, relief duties and off-duty. This relieved the administrative staff of a considerable amount of work and created a more responsible job for the S.R.N.'s.

The group system of working was an excellent precursor to the attachment scheme which started in November. With the attachment scheme all nursing staff gave up their geographical areas and nursed the patients of those General Practitioners to whom they were attached. The two systems of grouping and attachment are now working jointly with good effect.

Two S.R.N.'s resigned during the year and were replaced. Two S.E.N.'s were appointed towards the increase in establishment of S.E.N.'s.

Two male nurses took the District Nurse Training Course and were both successful.

ATTACHMENT OF NURSING STAFF TO GENERAL PRACTITIONERS.

Towards the end of the year I decided that members of the nursing staff should work with groups of Doctors rather than in geographical areas and this new arrangement would appear to be working very satisfactorily.

It was thought that the new arrangement would involve considerably more travelling for the Health Visitors and Nurses, but from experience gained so far, it does not appear to have made any appreciable difference.

By the end of the year three group practices had requested the attachment of local authority nursing staff and after discussion, a nursing sister, male nurse, health visitor and a midwife were designated to work in close co-operation with each practice. The services of the remainder of the health visiting, nursing and midwifery staff had been allocated to the other medical practices in Hove, and those general practitioners concerned were informed of the arrangements made so that they could take advantage of this if they so wished. Whether or not the general practitioner was co-operating, each member of the nursing staff was dealing with the work arising from the patients of a particular practice or practices.

VACCINATION AND IMMUNISATION

(Section 26, National Health Service Act, 1946).

POLIOMYELITIS VACCINATION

The vaccination programme for 1968 followed a similar pattern to previous years until October, when the new Ministry Schedule was introduced.

As will be seen from the table there is a slight decrease in the figures as against the previous years, occurring during the last three months of the year as was to be expected.

<u>Poliomyelitis Vaccination</u>			
	<u>Primary Courses</u>	<u>Re-inforcing Doses</u>	
	<u>Children under 16 yrs.</u>	<u>Persons 16/40 yrs</u>	<u>Children under 16 yrs</u>
1966	861	44	614
1967	842	19	723
1968	768	2	649

Immunisation against Diphtheria-Whooping Cough-Tetanus Children under 16 years

	<u>Primary course of Immunisation</u>	<u>Re-inforcing Injections</u>
1966	759	1106
1967	875	1206
1968	717	343

Smallpox Vaccination Children under 16 years

	<u>Primary Vaccinations</u>	<u>re-vaccinations</u>
1966	518	132
1967	500	109
1968	489	124

MEASLES VACCINATION

The Joint Committee on Vaccination and Immunisation recommended that as from the 1st May, 1968, vaccination against Measles should be offered to all children aged one to sixteen years, who had not already been protected either by previous vaccination or by an attack of the natural disease.

To start with, supplies of vaccine were very limited, but then also, the response by parents was very poor and in consequence the supplies proved to be quite adequate.

In May, June and July vaccination was offered to children between their fourth and seventh birthdays and from August onwards it was made available to all susceptible children in the age group one to sixteen years, other than to those who were already protected.

Special clinics were held to cope with the initial numbers, and thereafter the vaccinations were carried out at the Infant Welfare Clinics - and will continue to be - as it is recommended that Measles Vaccination is offered routinely in the second year of life, after the completion of the basic course of immunisation against Diphtheria-Whooping Cough-Tetanus and Poliomyelitis.

Measles Vaccination (period 1/5/68 - 31/12/68)

Children under 16 years - 834

PREVENTION OF ILLNESS, CARE & AFTERCARE

(Section 28, National Health Service Act, 1946).

Chiropody Service 1968 - Hove.

The demand for this particular service has continued to increase during the year and every effort has been made to cope with this.

Number of patients treated	-	985
Number of actual treatments	-	4,354

Chiropody Service 1968 - Portslade.

As from 18th August, 1967, appointments in connection with this service in Portslade have been dealt with through the Hove Public Health Department, and the following figures give some indication of the work done.

Number of patients treated	-	127
Number of actual treatments	-	559

CYTOLOGY

68 clinics were held in Hove during 1968 and at the 1st December we transferred our Evening Clinic, previously held at Portslade County Clinic, to Conway Court. This now means that all our clinics are held at the one centre.

CYTOLOGY 1968

No. of applications (1st time) received	749
No. of smears taken (some of these were three year re-calls)	1032
No. referred to General Practitioner	172
No. of positives	1

FAMILY PLANNING CLINIC

Family Planning Association clinics were held during 1968 at the Clarendon Villas Mission Hall, Clarendon Villas, Hove.

Since October 1966 an appointment system has been operating in connection with this service.

The following tables give some indication of the work done during the year.

	<u>1967</u>	<u>1968</u>
No. of sessions	149	169
New Patients	501	516
Transfers	64	77
Oral Contraceptive Patients	515	903
Pre-Maritals	88	112
Check visit patients	2627	3829

Sources from which new patients recommended:-

Clinic patient or friend	212	224
Family Doctor	155	165
Local Authority	42	28
Hospital	36	21
Other sources	56	78

Kind of Advice:-

Birth Control	406	392
Pre-Maritals	88	112
Subfertility	3	3
Marital Problems	4	9

The Association also runs an I.U.D. session at the New Sussex Hospital, Windlesham Road, Brighton on Wednesday each week from 6.0.p.m. - 7.0.p.m.

HEALTH EDUCATION

This work, which is so essential to the community in the prevention of ill-health, has again shown an increase.

The Mothercraft and Ante-natal Classes have been well supported. The domiciliary midwives and health visitors have worked closely together to maintain a high standard of instruction.

The number of sessions in schools taken by health visitors in Health Education have increased and lectures have been given to many outside clubs and voluntary agencies.

Excellent results have been achieved with the introduction of a Mothers Club at Hangleton, where a very varied programme has achieved much in the way of Health Education.

We have continued to use films from voluntary agencies and from the Sound Services Film Library with great benefit to support our projects.

HOME HELP SERVICE

(Section 29, National Health Service Act, 1946)

This has been an extremely encouraging year. At the end of 1968 420 cases were being attended weekly, compared with 370 in any peak week in 1967. Once again credit is due to the magnificent team of Home Helps who perform their duties, quite often in very difficult circumstances. Personal relationships and goodwill have been formed, by Home Helps returning at night, unpaid, to attend to personal comforts, taking home washing and inviting patients to their own homes. Sometimes husbands are involved becoming handyman to the senior citizens. This is borne out by the many letters of appreciation received.

There is an ever increasing demand on this service and every possible effort is made to meet this but as always recruitment has been extremely difficult, and in April an appeal for Home Helps was made on Radio Brighton by the Organiser. Although advances have been made, the problems of the aged are far from being solved. The help provided in their homes is not, as yet, sufficient. It is almost impossible for the service to run smoothly at all times, as frequently the helps have to be re-directed to cover maternity and emergency cases and in the winter especially, there is a certain amount of sickness on the staff.

The number of applications for help remained about the same but the increasing annual carry-over of cases has meant that each Home Help now attends an average of 7 cases a week. To achieve this end a considerable redistribution of work has had to be made and a reduction in hours to some cases has been inevitable.

The following table gives some indication of the work carried out by this particular section of the department.

HOME HELP SERVICE, 1968

	Aged 65 or over on first visit in 1968	Aged under 65 on first visit in 1968				
		Chronic sick & Tuberculous	Mentally disordered	Maternity	Others	Total
Number of cases	715	30	2	27	50	824
Number of hours	38,080	5,662	98	915	6,038	50,793

Number of Home Helps employed as at 31st December, 1968:

53 part time equivalent to 25½ full time.

HOVE DAY NURSERY.

The Day Nursery has continued to care for young children under 5 years of age, who for some reason or other, have been deprived of normal home life, either temporarily or for long periods. Attendances have been high, the register always full and other children awaiting admission.

Work has been carried out on the building with a view to better hygiene and safety, but with so many stairs it can never be ideal for the purpose.

The children, however, are happy, the staff endeavouring to make the atmosphere homely, yet giving the stimuli required for normal development and growth. This is promoted by all the activities of a good nursery school, as far as our limited space and equipment will allow.

Young students entering for training each year bring new enthusiasm to the work and the children benefit from their contact with 16 year olds. All the students who entered for the examination gained the Certificate of the N.N.E.B. They left for posts as trained Nursery Nurses.

We have had weekly visits from many fourth and fifth year pupils from several local schools, who come to study various aspects of child care and seem to benefit from and enjoy the experience.

MENTAL HEALTH

(Section 28, National Health Service Act, 1946).

During the year the Hove Borough Council continued to exercise the Scheme of Delegation.

One of the encouraging aspects in the work carried out in the Borough is the slow but sure increase in the number of patients informally admitted to Hospital by the Mental Welfare Officers (without resource to statutory powers).

The following tables summarise the work of the Mental Welfare Officers over the past five years.

<u>Hospital Admissions</u>	1964	1965	1966	1967	1968
Informal	76	77	95	91	188
Statutory	86	110	109	50	81
Cases Referred from all Sources to Mental Welfare Officers	162	181	204	141	269
<u>Community Care</u>					
Cases on Register at 31/12/68					
Mental Illness	147	-	273	231	160
M. Sub.	80		93	101	98
Initial Investigations	108	160	216	369	441
Social Work Visits	2294	2072	2199	2494	2709
Visits to Training Centres and Social Clubs	104	348	214	229	238
Case Conferences and Talks to Organisations	218	181	209	361	305
Miscellaneous visits	-	9	221	261	305
TOTALS	2724	2770	3059	3714	3998
M.W.O's on Establishment	2¼	3	3½	4	4

The Psycho-geriatric Assessment Clinic and Day Hospital is now functioning in part of Bevendean Hospital, and the lack of any Day Centre in the Hove area is bound to have a detrimental effect on the needs of those recommended for day care in the Community who in consequence will deteriorate and need admission for long stay care.

The services for the mentally handicapped continue to show encouraging results, both in the achievements at Hillside by the Juniors, and the number of adults from Belgrave who have been placed in open employment. Unfortunately, a small waiting list has had to be opened for those in need of Special Care at Hillside, and this will include Hove children.

The Social Club members have settled down in their new premises, and one wonders how long it will be before it will be necessary to open another club to meet the growing demand of this popular weekly event.

Residential accommodation for the Elderly Mentally Infirm continues to be a major problem in the Hove area.

LOCAL WELFARE SERVICE UNDER THE NATIONAL ASSISTANCE ACT, 1948

WELFARE OF THE BLIND

The number of registered blind persons in Hove at 31st December, 1968 was 292 and there were also 119 partially sighted; the corresponding figures at the 31st December, 1967 being 298 and 112 respectively.

The Social Welfare Officers of the Blind continue to maintain their high standard of visits to the blind and partially sighted. Weekly handicraft classes and monthly socials have continued throughout the year and the Christmas Party held was much enjoyed. Outings, etc., continue to be organised. These are enjoyed and appreciated while for those who live with relatives, family problems have been greatly assisted by the provision of holidays and similar activities. The Talking Book Service for the Blind is being increasingly used and the Ulverscroft large print books for the Partially Sighted are obtainable from all libraries.

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 residents of the Borough of Hove enrolled with the Society was approximately 200 at the year end and of this total over 90 are severely disabled and most confined to wheelchairs.

Many housebound disabled receive domiciliary craft instructions 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. Many of the housebound also receive regular visits from the Society's voluntary home-visitors.

Attendance at the fortnightly Bluebird Social Club averages 65. Most of the members are brought by voluntary drivers.

The Bluebird (wheelchair) Ambulance was operated in 214 occasions. It covered a total of 6,229 miles and conveyed 1,732 disabled persons. Apart from its routine work for the Bluebird Club and Craft Class, the housebound were given outings to the country during the warmer weather.

The Ambulance register contains the names of over 100 Society members who, by reason of their being housebound, qualify for a "special operation". These included 3 visits to Chichester Festival Theatre and 38 visits to Cinemas to see such epic films as "Dr. Zhivago".

51 of the occasions that the Ambulance was operated were on behalf of other organisations - regularly for the East Sussex Association for the Blind, for the Sussex Association of Youth Clubs (for the young disabled) the British Polio Fellowship, and the East Sussex Association for the Disabled.

The Society is setting aside funds for the eventual replacement of the vehicle by monthly purchase of British Savings Bonds. The fund stood at £925 at the year end.

During the summer the Society was able to start a scheme whereby some disabled can be taken out on fine evenings or week-ends in their wheelchairs or for a drive by car by volunteers, most of whom are middle aged business people or housewives.

Holidays were arranged by the Society for 22 members and in addition grants were made to 4 others who made their own arrangements. The total cost to the Society was £236. 11. 0.

Several fund-raising events were organised during the year including the Bluebird Flag Day in June, Bazaar in October, and a Wine and Buffet Party.

The Society is concerned over the problem of finding suitable facilities for the temporary care of those disabled whose relatives or friends looking after them, who are often under considerable strain, can have a rest. The environment and amenities provided for the disabled in any short-stay centre are of major importance and the whole problem is now receiving closer examination.

The Society works in close co-operation with the Local Authority, the County Council, the County Association and other local organisations, and would like to thank the British Red Cross and the Inner Wheel for their help.

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 on an Agency basis.

33 deaf people and 7 deaf-blind are registered as residing in the Borough.

During the year two women were assisted with placement in new employment, one of them in London. Help was required with personal problems, ranging from straightforward matters of information (for which lifelong deaf people cannot always approach the usual sources) to more complex worries which needed patient questioning by manual means to resolve. Three people were enabled to join a holiday arranged by the British Deaf and Dumb Association in Rhyl, so facing no barriers to companionship. A will was proved on behalf of an elderly deaf-blind man.

Two young men from Hove attend the class for young deaf adults in English language, which began at Ovingdean Hall last November, with the kind co-operation of the school staff.

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

The League of the Hard of Hearing still maintains its membership, and continues to give companionship to all who belong to the Club.

The social activities combine Whist Drives, Films, Socials and Outings, and the very necessary Lip-reading and Clear Speech Classes are much appreciated and well attended regularly each week.

