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THE HEALTH OF THE COMMUNITY



1969



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**Report of the Medical Officer of Health and Principal School
Medical Officer for the Year 1969**

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Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to present the seventy-fifth Annual Report on the health of the Administrative County of East Sussex, being that for the year 1969.

It is difficult to know which of the many significant matters to single out for particular comment in my introduction to this report. The decision of the County Nursing Association to give up the agency arrangement with the County Council must rate as one of the most important of these matters. For so many years now - long before the National Health Service Act - the County Nursing Association and its predecessors were providing a first class domiciliary nursing service in the county. They will long be remembered for the very high standards that were established in this vital service. During the recent years of which I can speak from personal knowledge, Mrs. Brooke and Mrs. Kleinwort, as Chairman and Secretary, have inspired these high standards by their foresight, wisdom and dedication to the nursing services.

Progress has continued in the integration of the nursing services with the General Medical Services. The results of this method of working are most heartening. The skills of the nursing staff are being used more effectively. This means that their patients are getting a better service and the nurses greater job satisfaction.

In October the Hailsham Health Centre opened. For such an eagerly awaited event, this passed off remarkably quietly. On Saturday, October 25th the general practitioners' surgeries closed and at 8 a.m. on the following Monday the Health Centre was open. A few months later the influenza epidemic gave the new organisation a severe testing which it passed with flying colours.

Concern has been increasing about the pollution of our external environment - pollution with the waste of living beings and of the industrialised society within which we live. Certainly an increasing amount of time and thought will have to be devoted to this matter. Just as serious - and even more pressing is the pollution of our internal environment, by the waste products of "those lethal things" - cigarettes, by the abuse of drugs and by the use of inadequately tested food additives. Deaths from carcinoma of the lung (331) represent an unnecessarily high proportion of all deaths. They, however, form but a small part of the story. The morbidity, in terms of chronic bronchitis and heart disease should cause us to abandon the cigarette, as we should, for that matter, the other props of our ailing society.

This re-emphasizes the need to tackle the challenges of preventive medicine more realistically. Health education is more vital than ever it was, and must be the chief weapon of the future.

A particular target for health education should be the appalling amount of dental ill health. Health educationists need to tackle the whole range of problems associated with this, viz., personal dental hygiene, proper nutrition and the acceptance of the need for such protective agents as fluoride.

There are members of the staff of this department whose contribution to the Health and Social Services is greatly underestimated - the home helps. Their work goes far beyond that of a domestic help and without them the whole structure of the Health and Social Services would be in great danger of collapse. I would like to pay tribute to the work of these ladies and all associated with that service.

Similarly I would like to draw attention to the work of the ambulance men. Of recent years the development of the hospital services, and particularly the Accident and Casualty departments have placed greater responsibility on these men. To help them to meet these responsibilities greater emphasis has been placed on training.

Old ambulance stations are being replaced by new ones - Burgess Hill being the latest of these. Bexhill will be the next to open in March, 1970. No less a responsibility rests on the radio control staff at County Hall. Their efforts ensure full economic useage of vehicles on ordinary transport runs, and speedy attention to emergency calls.

In conclusion, I would like to take this opportunity of saying 'thank you' to the staff of this department for their enthusiasm and spirit of team working during the past year. Once again I would single out Dr. Brims Young and Mr. Ryder for particular mention. I would also like to express my appreciation for the interest, help and encouragement that I have received from 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, 1970.

MEMBERS OF THE HEALTH AND HOUSING COMMITTEE

(as at 31st December, 1969)

(a) Members of the County Council:-

Miss M. Blount, M.B.E.
(Chairman)

Miss C.C. Bolding

Brigadier Sir Edward

Caffyn, K.B.E., C.B., D.L.

(Chairman of the Co-ordinating
Committee)

Major R.W. Corkling

The Hon. Daphne Courthope,

O.B.E. (Chairman of the
County Council)

Mrs. M. Edmondson

Mr. R.G. Edwardes-Jones

(Chairman of the Finance
Committee)

Mr. L.A. Hammond

Mr. A.B. Haworth-Booth (Vice-
Chairman of the County Council)

Mr. Claude Hershman, M.C.

Miss E.A. Kennedy

Mr. R. Mitchell

Mr. T.H.B. Mynors

Major H.A. Neal

Mrs. K.M.N. Pither

Mr. R.B. Powell

Mr. H. Riley, O.B.E.

Brigadier L.M. Scott

Lt. Col. E.M. Sheehan

(Vice Chairman)

Miss O.M. Vaughan

(b) Other members:-

Mrs. E. Boyden

Mr. L. Burtenshaw

Mrs. E.F. Cave

Mrs. J.N. Kleinwort, M.B.E.

Dr. E.G. Sibley

Dr. J. A. Smart

Staff of the County Health Department and School Health Service

(as at 31st December, 1969)

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.,

Medical Officers in Departments:

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.

Jane Lodwick, M.B., B.Chir., D.C.H.

Margaret B. Parker, M.B., Ch.B., D.P.H.

J. Petrie, T.D., M.B., Ch.B., D.P.H.

D.M. Richardson, M.R.C.S., L.R.C.P., D.P.H., D.I.H.

M.I. Silvertown, O.B.E., T.D., M.R.C.S., L.R.C.P. D.P.H.

Sheila M. Thwaites, M.B., B.S., D.Obst. R.C.O.G.

Eighteen General Practitioners are employed in Child Health Clinics on a sessional basis.

NURSING AND AFTERCARE

Superintendent Nursing Officer

Miss J.E. Moss, S.R.N.,
S.C.M., Q.I.D.N.S., H.V. Cert.

Deputy Superintendent Nursing Officer

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

Area 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. 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.D. Runes, M.D.

Child Psychotherapist

Miss Hedda Kevend, B.A.,
A.A.P.S.W.

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.

Audiology Technician

Miss H.E. Hannay

Consultant Speech Therapist

Mrs. S. Hudson-Smith, F.C.S.T.

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 Officer

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

Senior Administrative Assistant

G.M.G. Futter

Administrative Assistants:-

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.

1968 & 1969

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 submitted in Tables I, II, III (a) and (b) annexed to this section of the Report.

VITAL STATISTICS

(a) General Statistics

1969

1968

Area in square metres (land and water) 1,484,582

Population (last census) 154,140

SECTION I

Rateable Value for whole County £22,047,782,597,180

Product of a penny rate for whole County £22,047,782,597,180

GENERAL HEALTH SERVICES

(b) Extracts from vital statistics for the year 1968

(Except Borough of Hove and Portslade Urban District)

(Except Borough of Hove and Portslade Urban District)									
1969	1968	1967	1966	1965	1964	1963	1962	1961	1960
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
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1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
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1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
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1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
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1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
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1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
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1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
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1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
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1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000

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 summarised in Tables, I, II, III (a) and (b) annexed to this section of the Report.

VITAL STATISTICS

(a) <u>General Statistics</u>		<u>1968</u>	<u>1969</u>
Area in statute acres (land and inland water)		494,583	494,583
Population (estimated mid-year)			
- Total		428,250	434,140
Rateable Value for whole county (estimated 1st April)		£22,047,765	£22,947,190
Product of a penny rate for whole (1968/69 and 1969/70)		89,520	92,942
(b) <u>Extracts from vital statistics for the year</u>			
<u>Live and Still Births</u>			
<u>Live Births</u>		<u>1968</u>	<u>1969</u>
	<u>Male</u>	<u>Totals</u>	<u>Totals</u>
		<u>Male</u>	<u>Female</u>
Legitimate	2,607	2,459	5,066
Illegitimate	262	213	475
		215	208
			423
<u>Still Births</u>			
Legitimate	26	14	40
Illegitimate	2	3	5
		1	3
			4
Total	2,897	2,689	5,586
		2,964	2,618
			5,582
		<u>East Sussex</u>	<u>England and Wales</u>
Live births rate per 1,000 population		12.7	16.3
Illegitimate live births per cent of total live births		8	8
Still births rate per 1,000 total live & still births		9	13

Deaths

Infant deaths (under one year of age)	68	14,397
Infant mortality rates per 1,000 live births	12	18
" " " per 1,000 live legitimate births	12	17
" " " per 1,000 live illegitimate births	14	25
Neo-natal mortality rate (first four weeks) per 1,000 live births	9	12
Early neo-natal mortality rate (deaths under one week) per 1,000 total live births	8	10
Perinatal mortality rate (still births and deaths under one week combined) per 1000 total live and still births	17	23
Maternal Deaths (including abortion)	-	-
Maternal mortality rate per 1,000 total live and still births	-	-
Total number of deaths	6,738	579,463
Death rate per 1,000 population	15.5	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

A main drainage scheme for the village areas of Iden and Playden was submitted at the year end. The sewerage schemes for Guestling and West Pett and for Etchingham and Hurst Green were completed and a start was made on the Westfield Village scheme.

Proposals for minor water extensions to serve properties in Churchlands Lane, Sedlescombe and Parsonage Lane, Westfield were submitted but not started.

Water extensions for the following localities were completed:-

Brightling Road, Brightling
Harts Green Area, Westfield
Junction Road, Ewhurst
Quickbourne Lane, Northiam

Chailey Rural District

The main drainage scheme for Falmer Village was completed and the work of extending the Wivelsfield system continued.

Cuckfield Rural District

A start was made on the sewer extension at Street Lane, Ardingly.

Hailsham Rural District

No new schemes for sewerage were submitted during the year but further progress was made on the provision for Hooe and Ninfield, work in the latter area being substantially complete by the end of the year.

Schemes for minor water extensions to serve the following localities were submitted and completed:-

North Corner, Horam to Lewhurst Hellingly
Trolliloes to Bemzells, Herstmonceux.

Uckfield Rural District

The main drainage scheme for Danehill and Chelwood Gate areas was in its final stages by the year end.

Whilst three former sewerage schemes reached completion during 1969, only one new village scheme for "first time" provision has been submitted in the past two years and the overall position is one of laboured progress, influenced no doubt by the continuing economic restrictions.

The water supply position is satisfactory with the main areas of development in the County already provided for and during the year six minor extensions have been completed, to serve properties in more isolated localities.

Food and Drugs and Milk and Dairies Regulations 1963-65

Pasteurisers' Licences

Four milk pasteurisers are licensed by the County Council and supervision of the arrangements for processing & distribution of milk has been maintained.

During the year 327 samples of milk were submitted to prescribed tests. One sample failed the phosphatase test due to a defective thermometer on a Holder-type plant.

The efficiency of the methods adopted for cleansing milk bottles at Pasteurising establishments has also been checked and out of twenty four sample groups of bottles examined, two failed to meet the recommended standard due to neglect of plant maintenance.

Milk Dealers' Licences

At the year end there were 456 designated milk licences in operation, and routine inspection of dealer's premises and arrangements has been continued.

1,182 samples of milk were submitted to prescribed tests and 19 samples failed the Methylene Blue (keeping quality) test. These failures were attributed to overstocking or failure to turn over stocks in proper rotation. In all cases repeat samples were satisfactory.

Milk in Schools Scheme

Reference is made to this scheme in Section II, page 77.

European Conservation Year and Environmental Health

1970 is to be European Conservation Year and it is appropriate to draw attention to man's growing tendency to use his planet as a rubbish dump.

The impact of science and technology on agriculture has produced its own problems. The broiler industry produces vast quantities of highly septic manure estimated at 50 - 60 tons per annum per 1,000 birds with the resultant nuisances of smells and pollution of water courses. Intensive pig fattening and calf raising units contribute their share of nuisances and with the ever-increasing use of hormones and anti-biotics produce particular problems to those responsible for the safety of our food.

Insecticides in the form of chemical sprays are now widely used in agriculture and horticulture and have been the subject of investigation by the Advisory Committee on Pesticides and other Toxic Chemicals who in 1967 recommended legislation to control their sale and importation. Their indiscriminate use has been condemned by ecologists and biologists.

The use of artificial fertilisers, especially nitrates is also giving rise to concern. Excessive use of these chemicals can cause pollution to rivers and harm to the fish life but even more important can affect our sources of drinking water with consequential effects.

Of the 20,000 miles of river in this country, 4,000 miles need serious attention and more than 1,000 miles are grossly polluted. Industrial effluent is the main pollutant although local authorities in some instances contribute their share of pollution by the discharge of untreated or under-treated sewage effluent into our rivers.

The sea around our coasts suffers similarly from pollution and apart from the obvious incidents of gross oil pollution there is the more insidious poisoning of marine life and sea-birds by industrial and agricultural chemical wastes reaching the sea via the rivers. There are local authorities who dispose of refuse and industrial waste by dumping in the sea in specified areas. The Natural Environment Research Council has now started a programme for the monitoring of discharges into coastal waters.

Disposal of domestic refuse continues to pose greater problems to local authorities as the volume of refuse grows and suitable tipping sites become scarcer. The changing nature of the refuse itself i.e. greater use of plastics, more bulky metal objects such as cars, refrigerators, cookers, add to the problem and research into better and cheaper methods of pulverisation and incineration continues. Those interested in preserving our countryside must be constantly vigilant to stop the indiscriminate dumping of refuse and badly-sited in inadequately controlled tips.

The Clean Air Act created smoke control areas but air pollution is still a major health hazard in some industrial areas. The rapid increase in the number of road vehicles and the resultant increase in the amount of carbon monoxide emitted is giving rise for concern especially in congested urban areas.

Conservation must include the problem of noise. Aircraft noise is one that receives a lot of publicity but the noise from ever larger and noisier goods vehicles especially in built-up areas is one that also merits more attention. The difficulty of finding 'peace and quiet' grows more difficult as motorways and the urban sprawl reaches across the countryside. The Advisory Council on Noise has been formed to consider whether noise merits industrial injury benefit in cases where degrees of hearing loss can be attributed to exposure to noise at work.

Local Authorities must be even more vigilant in the coming years to protect what is left of our natural heritage and to create and protect all places where people can work and live in a completely healthy environment.

Food Hygiene

An intensive course on food hygiene was given by the Assistant County Health Inspector to a group of senior School Meals Service cooks who were studying for a City and Guilds Examination in Catering. It is hoped that similar lectures will soon be an integral part of the training of school meals personnel and also of the staffs of all other County Council establishments where food is prepared.

Infectious Diseases

The notification of infectious diseases again fell sharply during the year to a total of 1,101 compared with 1,857 in 1968. The only increase was for infective jaundice - 150 cases were reported against 56 in 1968. There were 509 cases of measles and 159 cases of dysentery compared with 1,098 and 207 respectively, for 1968.

New cases of pulmonary tuberculosis numbered 40.

At the end of the year there were 2,092 notified cases of tuberculosis on the register (1,871 pulmonary and 221 non-pulmonary).

Deaths from pulmonary tuberculosis were 29.

HEALTH CENTRES

(Section 21, National Health Service Act, 1946)

The Authority's policy concerning the provision of health centres continues. Discussions have taken place for health centres proposed at Battle, Crawley Down, Hurstpierpoint, Newick Green, Newhaven and Lewes and it is hoped that work will commence on the health centres at Crawley Down and Newick Green during 1970/71. The County's first health centre in Hailsham opened on 27th October, 1969, and has proved very successful. Five family doctors practice at the centre working with home nurses, midwives and health visitors. The health centre offers ante natal and child health clinics, ante natal relaxation classes, family planning, cytology, chiropody, school health clinics, (child guidance, dental, orthodontic and speech therapy), welfare foods and home help.

CARE OF MOTHERS AND YOUNG CHILDREN

(Excluding Hove & Portslade Areas)

(Section 22, National Health Service Act, 1946)

Child Health Clinics

During the year 73 clinics operated, three less than last year. It is expected that there will be a natural decrease in the number run by the health authority as health visitor attachment increases throughout the County and more general practitioners hold well baby clinics within their practices. It is pleasing to note, however, that although the number of clinics were less, the number of children who attended rose slightly to 12,373 as against 12,183 in 1968. Of a total of 4,527 live births notified, 3,336, that is 73%, were taken to the clinic.

Congenital Dislocation of the Hip

Five cases were found during the year, two less than in 1968.

Congenital Malformations

80 Children were notified as having congenital malformations observable at birth, classified as follows:-

17 affecting the central nervous system

4 " the eyes and ears

9 " the alimentary system

9 " the heart and great vessels

4 " the uro-genital system

21 " the limbs

5 " other parts of Musculo-skeletal system

5 " other systems

6 " other malformations

Of the 80 notified, 18 had more than one abnormality, 9 were stillborn, and 14 have since died.

The Guthrie Test

The Guthrie test was introduced at the beginning of the year as it is very much more reliable as a screening method or detecting phenylketonuria in infants than the Phenistix urine test. It can be carried out on or soon after the 7th day of life.

Two weak positives were found during the year but further investigation showed that neither child was suffering from phenylketonuria.

Welfare Foods

In contrast to recent years there has been a slight increase in the sale of vitamin tablets. The issue of orange juice continues to rise and the sale of other welfare foods remains fairly constant.

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. The main factor is the changing attitude to illegitimacy - with more families coping with their own problems.

In 1968 there was a decrease of 14 over the previous year and in 1969 the Authority accepted financial responsibility of hostel accommodation for 27 mothers, 10 less than in 1968.

Recuperative Holidays

Holidays were provided for one mother, three elderly women and a retired husband and wife.

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, provided 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 J.E. Moss, and her report on the year's work is as follows:-

The work of the Superintendent Nursing Officer and Area Nursing Officers during the year was as follows:-

Visits to and general inspections of nursing sisters and H.V.s.	828
Visits to expectant mothers regarding arrangements for confinement - including Home Helps	15
Visits to Nursing Homes and Child Minders	507
Visits to Child Health Centre, A.N. Clinics (including relaxation and Child Care Classes and Cytology Clinics)	148
Visits to D.N.A. Hon. Secs.	18
Interviews, meetings and lectures	878
D.N. Training - Rounds and tutorials	77
Child Care, Hygiene Classes and Examinations	12
Hearing Tests	77

Midwifery

Deliveries attended by domiciliary midwives during 1969 totalled 712 (46 fewer than 1968) - there were 15 cases delivered in hospital by domiciliary midwives - the number of patients discharged early from hospital was 1386 (an increase of 43 from 1968).

Health Visiting

The following is a summary of the number of cases visited by the health visitors in 1969.

Total number of children under five years visited	23,765
Persons aged 65 or over	7,074
Mentally disordered persons	291
Persons (excluding maternity cases) discharged from hospitals (other than mental hospitals)	112
Number of households visited on account of infectious disease	254

Home Nursing

Number of persons nursed (including patients treated at doctors' surgeries and the health centre)	14,739
---	--------

Number of persons who were under 5 at first visit	324
Number of persons who were 65 or over at first visit	6,006

Staff

We continue to experience great difficulty in recruiting district nurse/midwife/health visitors. The generalised nurse has been a most valuable member of staff in rural areas working with the single-handed family doctor. In group practices, on the other hand, it is often more satisfactory to have full time health visitors, district nurse/midwives and district nurses, to enable the doctors to be given the right allocation of each category in their team.

The establishment of nursing staff employed by the East Sussex County Nursing Association at the end of 1969 was 178 (full time equivalent).

188 nursing sisters and 8 nursing auxiliaries were working in the County, 154 whole time and 42 part time.

An analysis of the different combinations of work shows that 131 were engaged in district nursing, 103 in health visiting, 81 midwifery and 12 were clinic nurses.

Midwifery Service

The scheme whereby our midwives attend mothers in Crawley Hospital with the patient's family doctor has now been in operation for over 3 years and is working most satisfactorily. A similar scheme in Cuckfield Hospital involving ten G.P.'s with their midwifery teams is now finalised and should be implemented early in 1970. We have received the utmost help and co-operation from the staffs of all the hospitals at all our meetings and discussions. The maternity liaison committees continue to meet regularly, and are a useful point of contact between hospital and community services.

Part II Midwifery Training School

During the year 22 Pupil Midwives completed their training and passed the Central Midwives Board Second Examination. With the increasing tendency for women to be delivered in hospital and discharged early, emphasis during the period of District training has been on an understanding of community care and the social services rather than on an accumulation of deliveries. In keeping with the general trend, it has in some cases been possible for the pupil to accompany the patient into hospital for delivery and to receive her home again for nursing a little later. It is hoped that there will be increasing opportunities for this in the coming year.

District Nurse and Health Visitor Training

Seven students were sponsored by East Sussex County Nursing Association for Health Visitor training at Brighton College of Technology and one for Chiswick Polytechnic.

Twelve of our nursing sisters successfully completed their training at the Brighton District Nursing Training School. Our Area Nursing Officers play a vital part in tutorials, lectures and supervision of the practical experience of both health visitor and district nurse students.

County Post Graduate Course

The Lewes Grammar School for Boys was once again the venue for our County Post Graduate Course, which was well attended and much appreciated by County staff and visitors.

The theme "Optimum Independence by Care out of Effort" was maintained throughout with lectures and discussions on maintaining the independence of the handicapped patient.

Liaison with Hospitals

There have been interesting developments in co-operation between the Hastings Group Hospitals and our domiciliary staff arising out of a preliminary meeting between the Senior Nursing Officers in both fields. Health Visitors now work with the Diabetic, Paediatric and Geriatric consultants in outpatient clinics. Arrangements are in hand for district nursing sisters to visit the hospitals to discuss home conditions and nursing treatment with the ward sisters ensuring continuity of care for each patient on discharge.

Integration of Nursing Staff into Practices of Family Doctors

With the increase in the number of integration schemes, the existing ones are becoming more complete, i.e. staff are attending all patients of the doctors with whom they work, no matter where the patients live. Once implemented, both staff and family doctors appreciate the benefits of "team work" and when group practice teams can be built up to include the State Enrolled Nurse and the Nursing Auxiliary, each member of the team will be used according to her skills, experience and qualifications, which will enable the doctor to concentrate on "medical consultations".

The number of patients attended by the Nursing Sisters has increased considerably during the year (10,720 to 14,739) and nearly one third of the total number of patients were treated in the doctor's surgery. This has a double advantage - the patient can have the treatment ordered by the doctor without delay and the nurse can carry out a larger number of treatments in a given time in a surgery than by visiting each patient separately.

Some health visitors are now working from group practice surgeries and their specialist knowledge and help is often invaluable during a busy surgery session.

The Hailsham staff are to be congratulated on the very efficient way in which they adapted to the different methods of working at the new health centre. They are finding it most helpful to work in a closer relationship with their colleagues.

My first 8 months in East Sussex have been most interesting and enjoyable and I would like to take this opportunity of thanking not only Dr. Watson and his administrative team for their help during this period of "change" but my grateful thanks to my deputy - Miss Hollands - for her unfailing support at all times and the willing co-operation of the Area Nursing Officers.

VACCINATION AND IMMUNISATION

(Section 26, National Health Service Act, 1946)

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

Immunisation against Diphtheria, Whooping Cough & Tetanus

In previous annual reports it was a relatively simple matter to report the amount of work done in regard to the vaccination and immunisation scheme and to gauge progress by comparison with totals for previous years. This was possible because the schedule of recommended immunisations had remained unaltered for a number of years. From October, 1968, however, a revised schedule operated making such variations that comments are necessary in regard to the following table of figures:-

<u>Year</u>	<u>PRIMARY COURSES OF IMMUNISATION</u>			<u>REINFORCING INNOCULATIONS</u>	
	<u>Under 1 Year</u>	<u>1 - 4 Years</u>	<u>5 - 15 Years</u>	<u>1 - 4 Years</u>	<u>5 - 15 Years</u>
1967	5,415	232	322	4,614	8,308
1968	4,491	168	288	3,833	6,504
1969	2,778	246	216	3,267	4,894

The figures for primary immunisations for children under 1 year of age in both 1968 and 1969 have fallen because of the provisions of the new schedule of immunisations. The previous schedule which operated throughout 1967 allowed for the full quota of records to be received during that year. The new schedule operating from October, 1968, resulted in six months' delay in the receipt of records of completed primary courses. It is not believed, however, that the immunisation rate has fallen for the total of 2,778 for 1969 can only relate to about 5-6 month age group, i.e. those babies born in the period from about August, 1968, to early January, 1969.

Again, the longer interval between doses of a primary course of immunisation avoids the need to give a reinforcing dose at 18-21 months of age as was the case previously. The removal of the need for this 18-21 month booster dose and another at 10 years of age account for the fall in the numbers of reinforcing doses arranged.

Poliomyelitis Vaccination

During 1969 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>
1967	5,936	5,625
1968	5,417	5,174
1969	2,898	6,491

The fall in primary courses is due with the provisions of the new schedule of immunisation as poliomyelitis vaccine is given at the same time as the triple immunisations.

Smallpox Vaccination

The following table shows the number of vaccinations and re-vaccinations carried out under the approved scheme during 1969.

	<u>Under 1 Year</u>	<u>1 Year</u>	<u>2 - 4 Years</u>	<u>5 - 15 Years</u>	<u>Total</u>
Primary	164	2,201	890	324	3,579
Re-vaccinations	Nil	9	148	1,107	1,264

Measles Vaccination

Although this scheme is available to children up to 15 years of age, vaccine shortages which persisted throughout 1969 severely curtailed the full implementation of this scheme.

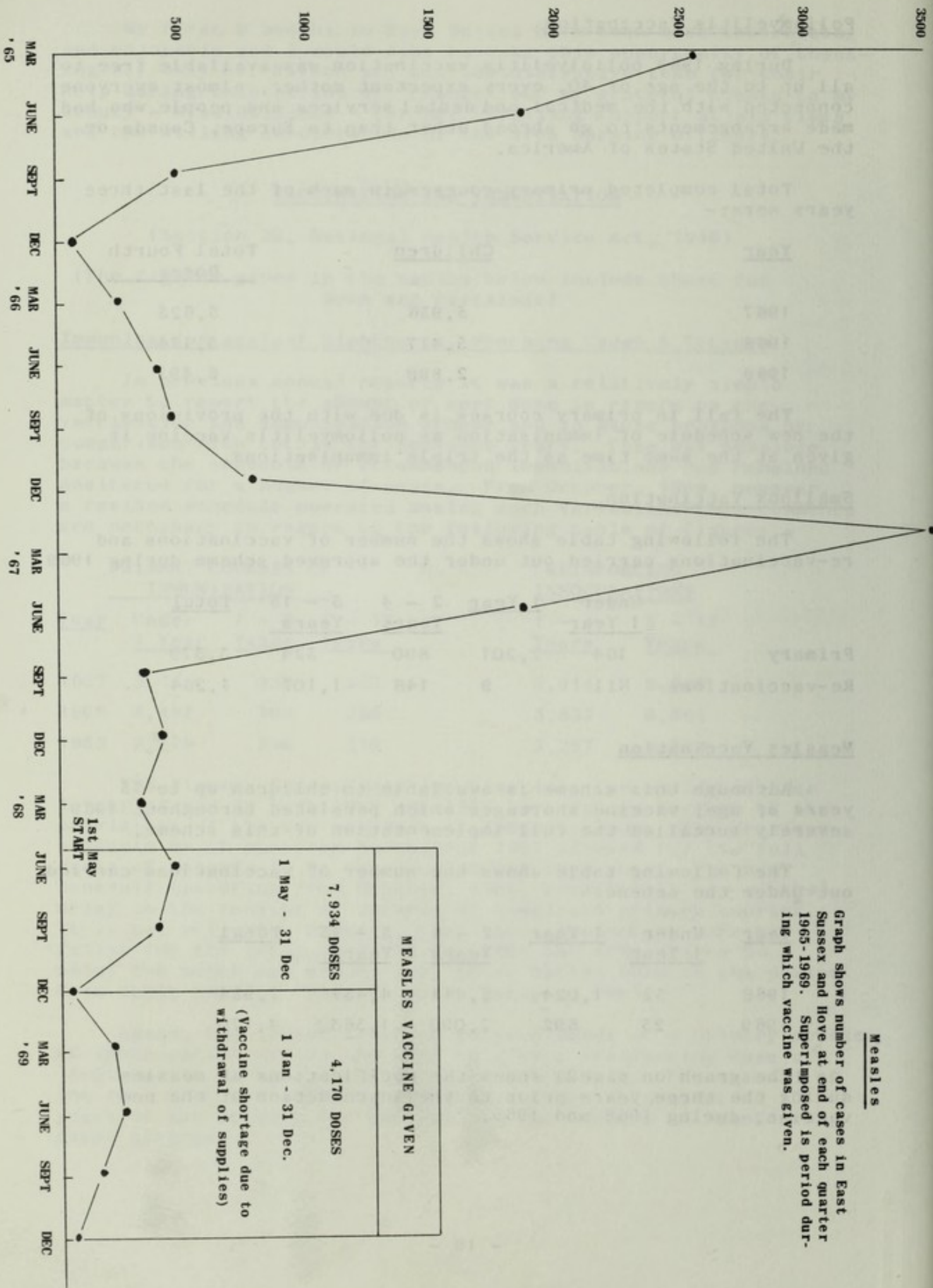
The following table shows the number of vaccinations carried out under the scheme:-

<u>Year</u>	<u>Under 1 Year</u>	<u>1 Year</u>	<u>2 - 4 Years</u>	<u>5 - 15 Years</u>	<u>Total</u>
1968	32	1,024	2,441	4,437	7,934
1969	25	692	2,090	1,363	4,170

The graph on page 20 shows the notifications of measles during the three years prior to the introduction of the new vaccine, during 1968 and 1969.

Measles

Graph shows number of cases in East Sussex and Hove at end of each quarter 1965-1969. Superimposed is period during which vaccine was given.



COMPUTERISATION SCHEME FOR VACCINATION AND IMMUNISATION

April 1970 will see the introduction of computer facilities to the health department beginning with a programme designed primarily to relieve family doctors of the clerical and administrative time inherent in the vaccination and immunisation procedures for children. From the 1st April 1970 the names, addresses and birth details of all children born in the county will be kept on the county computer. Beginning with 20 practices selected to give experience of all possible variations of working arrangements, details of the general practitioners and their immunisation sessions will also be fed to the computer. The computer will then automatically make arrangements for the children to attend their doctors according to the current vaccination and immunisation procedures and retain records of what has been done. It will also issue a new style Infant Health Visiting record and, in time, the clerical burden of health visitors will be much reduced.

Preliminary work is already in hand to convert the vaccination and immunisation data of children born after 1st January, 1965, into a form suitable for the computer. This task will progress practice by practice until all general practitioners in the county who wish it join the scheme; it is hoped to complete the "back-log" phase by May 1971.

I am glad to be able to report an enthusiastic reception of the scheme by the great majority of the county's family doctors and the willing co-operation of those whose practices have been visited, has been most marked.

I do not anticipate a significant rise in the overall level of primary immunisation which is high throughout the county, but the scheme will ensure that children will be called for their treatment at the correct time and also provide a means of rapid dissemination of information to family doctors and health visitors from the computerised birth, vaccination and immunisation records. There should be an increase in the level of smallpox vaccination, and in the proportion of children receiving booster doses in the older age range.

There is considerable scope for computerising other health service functions; in particular, the school health and dental aspect which is a natural follow on from the vaccination and immunisation scheme.

AMBULANCE SERVICE

(Section 27, National Health Service Act 1946)

General

The demands on the service during 1969 were higher than the previous twelve months, both in mileage and patients as in the table of statistics for the past four years.

Statistics

AMBULANCES

	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>
PATIENTS	89,641	97,963	108,124	110,948
MILEAGE	639,986	695,152	754,881	783,873

SITTING CARS (H.C.S.)

	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>
PATIENTS	267,532	241,332	168,065	224,893
MILEAGE	1,947,265	1,963,844	1,596,184	2,237,920

There has also been an overall increase in the number of 'child journeys' to the schools for mentally handicapped children as follows:-

	<u>AMBULANCES</u>			<u>CARS (H.C.S.)</u>		
	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>
<u>PATIENTS</u>	31,996	37,760	36,643	24,233	41,919	47,409
<u>MILEAGE</u>	138,195	151,069	160,140	331,577	587,770	681,642

It will be seen that this work has considerably increased, and with the opening of Glyne Gap School in Bexhill a further increase may be expected. The overall growth of the work has led to an increase of staff from 118 to 124 whilst the number of vehicles has remained the same at 45. The use of trains for taking patients on long journeys continues and a total of 989 patients were conveyed by this means during the year covering a total of 84,595 rail miles.

Training

As a follow-up to the proficiency and advanced courses held by this authority at Hailsham, members of the service with two years service or less have attended six week qualifying courses run by the Hampshire and Surrey County Councils and a number of ambulancemen with over two years service have been on a two week shortened course. 80% of the staff have now qualified for the proficiency certificate issued by the Department of Health which entitles them to extra increments above the basic rates of pay.

Several members have also passed the graduateship of the Institute of Ambulance during the year, Ambulanceman D. J. Larkin of Haywards Heath passing with distinction and being one of two prize winners in the United Kingdom. The three mechanics employed in the service have attended an engineers' course at the Vauxhall works and three officers have attended special courses at the Hampshire Ambulance Service Training School. Two other officers have also attended a special supervisors course at Dorking run by the National Joint Council.

Mr. J. Brockhurst (Bexhill) attended and passed an Ambulance Service Instructors Course at Wrenbury Hall, Cheshire and both he and Mr. J. Small (Burgess Hill) have assisted with the instruction of ambulancemen at the Hampshire C.C. Training school at the invitation of that authority. Several authorities provided instructors at this establishment and it is thought that a well balanced and high standard of training is given by this means, and the trainee doesn't feel that only one authority's methods of working are pressed on to him.

I have held meetings with Mr. Alderton, Group Secretary, Brighton and Lewes Hospital Management Committee and Dr. R.A. Binning who are arranging a special weeks course for staffs of the local ambulance services, including working with medical and nursing teams in the Accident and Emergency Unit and in the Intensive Care unit at the County Hospital, Brighton. Much knowledge can thus be gained by the ambulanceman in the handling and care of serious accident cases. They will gain a better understanding of the items of information about the history of an accident and the condition of the patient when he was picked up which the hospital staff need.

The Hospital Car Service continues to operate very efficiently and I would like to pass on my thanks to Mrs. M. Y. Hastings, Branch Director, British Red Cross Society, her H.C.S. Area Transport Officers and the drivers for their help and support during the year.

Emergencies The adjoining health authorities of Kent, West Sussex, Brighton, Eastbourne and Hastings continue to cover all emergency calls along our common boundaries and we in turn send help to their area. We also support Surrey C.C. in the event of emergencies at the Gatwick Airport when the two main stations nearest to this airport are alerted and are in constant touch with our Control Centre by radio until a "standdown" from the emergency is received. A letter of appreciation was received from the Health and Welfare Committee of the Surrey Authority for the valuable support given to the Surrey Service on the occasion of the aircraft accident at Gatwick Airport in January 1969.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(Section 28, National Health Service Act, 1946)

Loan Equipment

The demands on this service are constantly increasing and as a result it has been necessary to purchase more new equipment than has been the case for many years. The range of equipment provided continues to extend, and includes such items as alternating pressure pad units, bed cradles, walking aids, hoists and fracture boards.

The biggest problem is that of transporting the equipment but with the help of ambulance, professional medical and clerical staff delays are infrequent.

A great contribution in the supply of home nursing equipment is undertaken by the British Red Cross Society and the Order of St. John of Jerusalem through their medical loan depots situated throughout the county. This valuable service complements that run directly by this Authority and I would like to express my appreciation to all those voluntary workers who undertake this very important work.

Chiropody

This year has seen a further increase in the service given; 9,531 patients received 54,237 treatments at a cost of £27,526. Two new clinics have been opened at Wivelsfield and Selmeston. It has been necessary to operate a direct service at two more centres - Rye and Ardingly. This becomes necessary when it proves impossible to replace voluntary workers who retire from the work, or when the volume of work becomes too great for volunteers to administer.

Once again, I must offer my appreciation to all those concerned in this very important scheme and especially to all those volunteers whose work in this field has increased so much since in inception of the service.

Cervical Cytology Clinics

During 1969 the number of applications and attendances rose from 4,365 and 4,125 to 4,961 and 4,721 respectively. A greater number was anticipated as 3 years had elapsed since the inception of the scheme and early attenders were advised to have a further test after 3 years. The number of applications is lessened by the fact that tests are now being carried out in Family Planning Clinics. 3,182 tests showed normal cells and 12 were abnormal. 1,269 persons were referred to their family doctors for various gynaecological abnormalities, and 202 for breast abnormalities. 56 patients required repeat tests because the original was unsatisfactory for technical reasons.

Family Planning Clinics

Once again the number of patients for whom financial responsibility was accepted rose, the total being 837 and the cost £3,243. 7s. 6d. The increase in expenditure was mainly due, however, to an increase in cost per patient.

Sessions which had been discontinued at East Grinstead were reinstated, and additional sessions were arranged at the Lewes Clinic.

These clinics are organised and run by the Sussex branch of the Family Planning Association as agents of the County Council.

Venereal Diseases: Statistics

The following table has been completed from returns made by the Royal Sussex County Hospital, Royal East Sussex Hospital, Hastings, Princess Alice Hospital, Eastbourne, Kent & Sussex Hospital, Tunbridge Wells, and Croydon General Hospital.

Local Health Authority area of residence of patient	Number of New Cases in the Year				
	Totals all Venereal Diseases	Syphilis		Gonorrhea	Other Venereal Conditions
		Primary and Secondary	Other		
HOVE	370	1	4	115	250
Rest of Admin. County of East Sussex	436	-	2	61	374
Total	806	1	6	176	624

MEDICAL SOCIAL WORKER'S REPORT

The Medical Social Worker has had an increasing number of requests for help with fuel during the year and with higher costs this has almost expended the £1,000 available for milk, extra nourishment and fuel bills. From a total of 38 patients helped with fuel 13 were unknown to the Chest Clinics and had been referred to the Medical Social Worker by the Health Visitors from the local county clinics. Most of these patients were suffering from chronic bronchitis and emphysema and were housebound during the winter months thus needing fires all day.

34 patients were helped with milk and extra nourishment during the year.

The Seal Sale Fund has been invaluable to supplement the help given by the Authority. The Medical Social Worker has used this fund to help meet part of the considerable cost of electric and gas heating and also to pay for electrical and gas appliances. One widow, who had never used anything but oil burners and a kitchen range in nearly 50 years of married life, was provided with an electric cooker and a kettle. Another widow was helped with the cost of installing a gas fire, the major part of the bill being paid by the Department of Health and Social Security, in this case.

The Seal Sale Fund was also used to pay for holidays, for fares for wives to visit their husbands who were patients in Darvell Hall Hospital, and it also helped with payment of T.V. rentals, T.V. licences and repairs to T.V. sets. A total of over £24 was spent of Christmas gifts for patients in East Sussex and a further £24 was spent by the Hove Care Committee who gave their patients cash grants for Christmas. Hove Committee spent nearly £200 of Seal Sale money on fuel, extra nourishment and special gifts.

An unusual need for help arose when a husband and wife, both recently diagnosed as suffering from pulmonary tuberculosis, arrived in the County from London. Because of their illness they had to vacate their service flat and were homeless and jobless. For more than nine months they were in furnished accommodation in the County and the Seal Sale Fund paid over £75 to help them - most of this money going towards furniture storage payments. When they finally moved to a flat the Medical Social Worker was able to obtain grants from the Chest & Heart Association and the Royal Naval Benevolent Trust totalling over £100 to meet the deposit on the flat and the cost of moving their furniture from London.

During the year the Medical Social Worker also administered grants from the National Society for Cancer Relief totalling over £1,000 to approximately twenty patients.

SPASTICS AND EPILEPTICS

The number of spastics and epileptics at 31st December, 1969 was 310.

<u>Age Range</u>	<u>Spastics</u>	<u>Epileptics</u>
Under 5 years	8	9
5 - 15 years	58	59
Over 15 years	84	92

150

160

135 of the total of 310 are mentally sub-normal.

REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

(Excluding the Borough of Hove)

	Cataracts	Glaucoma	Retro- lental fibro plasia	Others	Total
i) Number of cases registered during the year in respect of which para 7(c) of Form B.D.8 recommends:-	18 + 9	21 + 9	-	101 + 49	140 - 67
a) No treatment	6 + 0	2 + 0	-	63 + 16	71 + 16
b) Treatment					
Medical	0 + 1	6 + 5	-	16 + 12	22 + 18
Surgical	11 + 7	7 + 1	-	10 + 2	28 + 10
Optical					
Ophthalmic Medical Supervision	1 + 3	10 + 7	-	29 + 23	40 + 33
ii) Number of cases at (i) (b) above which on follow-up action have received treatment.	10 + 7	17 + 9	-	36 + 38	63 + 54
iii) Number of cases which have not received treatment	8 + 2	4 + 0	-	65 + 11	77 + 13

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 1967	207
31st December 1968	230
31st December 1969	241

The total number of examinations during the year shows a continuing rise, mainly in the age group of 65 and over. Of the people who have been recommended for treatment and not received it the details are as follows:-

12 died
1 moved out of the area
7 Treatment is pending

<u>Ages at which registered</u>	<u>Age groups</u>	<u>Number</u>
<u>Blind Register</u>		
1	0 - 15	0
2	16 - 64	18
3	65 & over	138
<u>Partially Sighted Register</u>		
1	0 - 15	1
2	16 - 64	16
3	65 & over	66

During the year 35 people who were previously registered as partially sighted were re-examined and found to be now blind.

Two people were removed from the blind register owing to their sight having improved and 2 people were removed from the partially sighted register owing to their sight having improved.

The total number on the blind register (excluding Hove) is 949. Of this total 773 are in the over 65 group and of the total number of 371 on the partially sighted register, 266 are in the over 65 group.

MENTAL HEALTH

NATIONAL HEALTH SERVICE ACT, 1946 (Section 28)

MENTAL HEALTH ACT, 1959

DEVELOPMENT OF MENTAL HEALTH SERVICES

Mental Illness

This has been a year of consolidation as there have been no alterations in the pattern of the service described in previous years. The role of the rehabilitation hostel at East Grinstead has for a number of reasons been restricted largely to the provision of residential facilities for patients in attendance at the "Brook" Rehabilitation Centre at Burgess Hill.

It has been possible to evaluate the results obtained at the "Brook" and I give below statistics which should be a source of quiet satisfaction to the staff concerned.

Table I

Number of patients in unit at 31.12.68	27
Number of patients admitted from 1.1.69 - 31.12.69	52
Number of patients discharged from 1.1.69 - 31.12.69	49
Number of patients still in unit at 31.12.69	30

the 49 patients discharged are summarised as follows:-

Working	23
Withdrawn on medical advice	12
Transferred to other centres	7
Discharged to Home care	5
Deceased	1
No reason	1
Total:	49

Of the 23 patients discharged to work, the job categories are:-

Domestic	1	Parks & Gardens	1
Kitchen Porters	5	Commercial Artist	1
Machine Minders	6	Driver and T.V. Repair	1
Clerks	2	Factory Hands	4
Copy Typists	2		

Care of the Mentally Infirm

Table 5 has been recast to provide information as to the number of mentally infirm persons receiving help from the service. There is no precise definition laid down and broadly speaking it would include elderly folk whose mental condition

has deteriorated to a confusional state, pre-senile dementia, and in summary all those who need more care than can be provided in an ordinary home for aged persons, but who do not require the special care provided in the geriatric wards of psychiatric hospitals.

The County have two purpose built establishments for the elderly mentally infirm which were filled as soon as opened, and the need for further homes is agreed.

Mental Subnormality

In April the first purpose built work centre opened at Newhaven. It is intended to site these on industrial estates when possible, and the Newhaven enterprise has such a situation. A number of local workers who had received instruction at Adult Training Centres formed the initial intake and the numbers built up to 28 at the end of the year. The intended capacity is thirty but it may be possible to take a few more without overcrowding.

This centre is to be followed by another at Hailsham (work is well advanced in adapting premises there). Sites are being sought for further centres.

This logical extension of community care and work for persons who may always need "sheltered" employment will increase still further the opportunities for mentally subnormal persons who could live fruitful and happy lives outside hospitals. The proportion of patients in Hospital ought over the years to decrease steadily until the planned need of one bed per thousand of the population is reached, although there has been no planned discharge policy to date.

Table 2

Year	Popu- lation	Total Number	Rate per Thousand	Hospital	Rate per Thousand	Community Care	Rate per Thousand
1963	316,470	1,056	3.34	455	1.44	601	1.90
1964	326,860	1,000	3.06	450	1.38	550	1.68
1965	335,110	1,123	3.35	454	1.36	669	1.99
1966	342,380	1,153	3.37	460	1.35	693	2.02
1967	349,850	1,154	3.30	463	1.32	691	1.98
1968	356,770	1,253	3.54	454	1.21	799	2.24
1969	362,950	1,334	3.67	460	1.26	874	2.41

Table 2 - Attendances at 21st December, 1969

Total	Girls	Boys	Willside (Pocahontas)
58	28	31	



NEWHAVEN WORKSHOP

There have been no new cases admitted to guardianship during the year, and there were still only two cases under this form of compulsory care at the end of the year.

Residential Accommodation

No new establishments were opened during the year and County provision for the mentally disordered was as follows throughout the twelve months.

Hospitals for the Mentally Subnormal

83 Cromwell Road, Hove, for a total of 12 women who will in general attend a local Authority adult training centre.

(a) Schools for the Mentally Handicapped

Table 3 - Attendances at 31st December, 1969

	<u>Boys</u>	<u>Girls</u>	<u>Total</u>
Hillside (Portslade)	31	28	59
Court Meadow (Cuckfield)	33	29	62
Hazel Court (Eastbourne)	16	19	35
Others	3	1	4
	83	77	160

Although a waiting list existed at the end of the year under review, the opening of Glyne Gap School, Bexhill before the presentation of this report has enabled the clearance of the list to be effected. Photographs of this school are a feature of this report.

(b) Adult Training

At the end of the year a total of 106 trainees were under instruction at Belgrave and Burnside centres. The total capacity is 120.

(c) Work Centres

Reference has already been made to the start of these enterprises. Photographs of Newhaven Work Centre have been included in this report. The "temporary" work centre at Wadhurst will function with a total of about 27 workers until Hailsham Work Centre is opened.

(d) Advisory Committee on the Employment of the Disabled

I referred last year to the common problems in relation to all handicapped persons, and Committee discussions are now broader in scope.

Guardianship

There have been no new cases admitted to guardianship during the year, and there were still only two cases under this form of compulsory care at the end of the year.

Residential Accommodation

No new establishments were opened during the year and County provision for the mentally disordered was as follows throughout the twelve months.

Hostels for the Mentally Subnormal

92 Cromwell Road, Hove, for a total of 15 women who will in general attend a local Authority adult training centre.



GLYNE GAP SCHOOL



GLYNE GAP SCHOOL

223 Old Shoreham Road, Hove, provides care for ten men either trainees or in the early days of employment.

Westhill Hostel, Westhill Drive, Burgess Hill, a mixed hostel for 20 mentally subnormal adults.

"Tentercroft", Cuckfield, provides residential accommodation for 10 children who attend "Court Meadow". Short term care cases are received during school holiday times.

Orchard House, Cuckfield

Alterations to provide:-

(a) Accommodation for 12 instead of 10 children.

(b) Better facilities for dual handicapped children.

(c) Better accommodation for staff were commenced early in the year and the residents and staff have been housed temporarily in "Horsgate", formerly a children's nursery, during the rest of the year under review.

Homes for the Elderly Mentally Infirm

"Hillcrest", Portslade

This home for 35 elderly women has been full throughout the year, there is a waiting list.

57 Harebeating Drive, Hailsham

This home provided care for 6 men and 29 women, and also has a waiting list.

Rehabilitation Hostels for Mentally Ill Patients

"Albany Court", Bexhill

This home is for the rehabilitation of mentally ill women. Numbers in residence have varied considerably over the year but when full it can accommodate 19, including the "bed sitter" resident.

2 Orchard Way, East Grinstead

Receives up to 15 men who require rehabilitation, attendance at the "Brook Centre", Burgess Hill is usually arranged.

Total numbers in residential accommodation

In addition to the local authority accommodation listed above, it is still necessary to accept financial responsibility for placement of a number of cases in private or voluntary homes.

Provision at the end of the year is summarised below:-

Table 4

	Private Accommodation or Voluntary Homes			Local Authority Homes and Hostels		
	M.	F.	Total	M.	F.	Total
Subnormal Mentality	21	67	88	36	39	75
Psychopaths	-	-	-	-	-	-
Mental Illness Patients	5	49	54	16	72	88

Staffing

During the year there has been agreement in principle to increasing the numbers of mental welfare officers with an eventual aim of providing one officer for each 15,000 of the population.

In addition provision has been made for the appointment of trainees who will be seconded after "in-service" training to courses leading to the Certificate of training in Social Work. The "in-service" training of teachers for the mentally handicapped has also been expanded to give experience in seven different placements, including subnormality hospitals, Slow Learner and Primary Schools as well as other establishments in the Department.

A Mental Health training week was held in February open to staffs of all mental health establishments and social workers of allied disciplines, the programme of lectures, discussion syndicates and plenary sessions provided a successful pattern for future courses.

(a) Mental Welfare Officers

The work of the mental welfare officers in part during the year can be summarised as follows. The returns show a slight decrease owing to the secondment of two officers to courses for part of the year and consequent loss of some cover, in certain areas.

Table 5. Community Care

	1964	1965	1966	1967	1968	1969
Cases on Mental Illness Register	263	392	568	719	926	575
31st Dec. Elderly Mentally Infirm	-	-	-	-	-	227
Mental Sub-normality	550	669	693	691	799	874
(a) Initial Investigations	423	469	550	596	579	410
(b) Social Work Visits	8,236	10,703	12,880	13,088	14,100	12,004
(c) Visits to training centres and Social Clubs	742	1,356	1,823	1,941	1,750	1,922
(d) Case Conferences	613	1,009	1,490	1,642	1,688	1,521
(e) Miscellaneous Visits	940	1,056	1,147	1,485	1,376	1,673

(b) Physiotherapy and Speech Therapy (in schools for Mentally Handicapped Children)

Authority exists to provide complete cover at these schools but there is a national shortage of trained persons and consequently cover is difficult to arrange all the time.

(c) Psychologists

The service continues and there have been no great difficulties in relation to adequate cover by educational psychologists but there is still no prospect of getting the part-time services of a clinical psychologist for the adult training establishments.

HOME HELP SERVICE.

(Section 29, National Health Service Act, 1946)

(Excluding Hove and Portslade Area)

Below is a table showing the number of cases provided with help during the year ending 31st December, 1969, together with the 1968 figures for comparison.

YEAR	AGED	CHRONIC SICK	T.B.	MENTAL	MATERNITY	GENERAL	TOTAL
1968	2,728	203	10	34	366	175	3,516
1969	2,907	209	6	25	346	197	3,690
Inc./ Dec.	+179	+6	-4	-9	-20	+22	+174

As was to be expected, the number of aged persons receiving help continued to increase. 85% of cases for which help is being provided now comes within this category.

The increase in the number of 'general cases' is attributable to the influenza epidemic in November and December.

Hailsham Health Centre

This centre is proving most helpful to the Hailsham Area Organiser, who attends the office made available.

Almost immediately after the centre opened, local home helps and members of the public began to call at the office. It is particularly convenient for home helps wishing to contact their organiser, who normally works from her home in a comparatively isolated part of the County.

The allocation of storage space is utilised to hold stocks of stationery for certain organisers, and overalls for home helps. The Battle and Hailsham rural organisers can now collect supplies from the centre, instead of having to wait for deliveries to be made by car from Lewes by either the County Organiser or her Deputy.

An afternoon meeting of home helps from Polegate, Pevensey Bay and Hailsham areas, together with their organisers, was held in the centre. It is hoped to be able to arrange meetings in the near future, not only for home helps, but also for organisers from the Hailsham, Battle and Bexhill areas.

It has become obvious that the facilities available in the centre have helped towards making communication between those who use it, much easier. The Home Help Organiser reports that she receives every co-operation from the Senior Receptionist, who is most helpful in passing on requests for help from the G.P.'s.

The fact that there is a Health Visitor in daily attendance who can easily be contacted for personal discussion of difficult mutual problems, is also invaluable.

Recruitment of Home Helps

Steady progress was maintained in most parts of the County; the principle exception being that of Bexhill.

Special efforts were made during the year to recruit extra helps in Bexhill, the major one being the sending of a circular letter to 800 householders in the Borough, explaining the service and asking for recruits. The names and addresses were supplied by the Housing Manager. This exercise produced the disappointing total of only five home helps.

The majority of the present panel of helps live in the Sidley area of the town, and it is becoming increasingly difficult to provide adequate help to the new, outlying estates, mainly because of the infrequent public transport service.

Recruitment of Organisers

The number of W.R.V.S. Area Organisers (58) remained the same as in 1968.

However, there were some changes in personnel during the year, due to organizers resigning on health grounds or moving from the Area. New, young members were soon found to replace those who had left.

It is worth recording that young women are still to be found who are willing to serve the community for little or no personal gain, and, indeed, often at considerable inconvenience to themselves.

I would like, once again, to express to them my grateful thanks.

Further Developments

One of the changes in the Service which is now taking place is the increasing number of local Authorities throughout the Country who are providing some form of training scheme for home helps.

Training courses vary considerably in detail, but the basic pattern is similar to the one outlined below:-

Classes are usually composed of from 8 to 12 home helps who have volunteered to take the training, and who have been doing the work for some time.

Classes are normally held on two to three days per week, and are arranged so as to interfere as little as possible with home helps' normal duties. Lectures on the following subjects are given by experts in their particular field:-

- (a) Problems of the Aged and Handicapped.
- (b) Conditions of Service.
- (c) Home Safety and Hygiene.
- (d) Household Management.
- (e) Home Nursing.
- (f) Welfare Services for the Aged and Handicapped.
- (g) Difficulties connected with Mentally Sick and Problem Family cases.
- (h) Cookery - special emphasis being placed on Invalid cookery and on learning "how to make a little go a long way".

Some Authorities hold a fairly simple examination at the end of each course, when the successful candidates are presented with a certificate.

Helps who successfully complete the course are sometimes paid at a higher hourly rate.

MEDICAL EXAMINATIONS

The numbers of medical examinations and health statements continue to reflect an overall increase in the turnover of staff generally, the largest being for canteen staff in schools. 500 medical examinations were carried out altogether, 373 of these for candidates seeking admission to Teacher Training Colleges and 23 at the request of other Authorities.

The number of Health Statements received increased considerably, totalling 2,038 compared with 2,286 in 1968.

FACTORY MEDICAL EXAMINATIONS

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

	Without Conditions	Conditional	Provisional
First examinations	45 (M) 45 (F)	-	-
Subsequent Examinations	16 (M) 17 (F)	-	-
TOTALS	61 (M) 62 (F)	-	-

REGISTRATION OF NURSING HOMES

25 Nursing Homes were on the register at the end of 1969, an increase of one over the previous year. One new nursing home was registered to take 15 acute and chronic medical, elderly and convalescent. The total number of beds available rose to 487.

NURSING AGENCIES

5 Agencies were operating during 1969, the same number as in 1968.

NURSERIES AND CHILD MINDERS REGULATIONS ACT 1948

The Health Services and Public Health Act, 1968 has had a considerable impact on registration as the figures show. This has meant a great deal of extra work for the officers concerned in visiting prospective child-minders or those wishing to form nursery or playgroups. The greatest difficulty lies in getting people to have an x-ray of the chest, mainly because of the infrequency of the visiting mass x-ray unit in all areas.

By the end of the year there were 124 registered premises providing 2,902 places compared with 105 and 2,482 respectively in 1968. There were 102 child-minders providing a further 510 places, the corresponding figures for the previous year being 44 and 330.

ADMINISTRATIVE COUNTY OF EAST SUSSEX
CHIEF VITAL STATISTICS FOR THE YEAR 1969

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.	Number	Crude rate per 1000 pop.
URBAN AREAS																			
Bexhill M.B.	7993	33,470	235	7.0	11.2	3	0.09	13	3	13	2	9	2	678	20.3	9.9	-	-	-
Burgess Hill U.D.	2026	17,980	392	21.8	20.3	5	0.28	15	6	15	4	10	3	157	8.7	10.0	-	-	-
Cuckfield U.D.	3911	24,640	377	15.3	16.5	4	0.16	-	-	-	-	-	-	353	14.3	9.9	-	-	-
E. Grinstead U.D.	6600	17,490	292	16.7	15.9	1	0.06	14	4	14	-	14	4	229	13.1	9.4	-	-	-
Hove M.B.	3946	71,190	694	9.7	13.2	5	0.07	9	6	9	6	9	5	1,470	20.6	11.1	-	-	-
Lewes M.B.	1993	14,030	175	12.5	14.3	-	-	6	-	-	-	-	-	179	12.8	11.3	-	-	0.02
Newhaven U.D.	1772	9,900	165	16.7	18.5	-	-	24	4	24	3	18	3	135	13.6	10.3	-	-	0.08
Portslade U.D.	1951	18,420	323	17.5	17.2	3	0.16	9	3	9	3	9	2	187	10.2	10.1	-	-	-
Rye M.B.	1027	4,470	62	13.9	16.4	-	-	-	-	-	-	-	-	57	12.8	10.8	-	-	-
Seaford U.D.	4274	15,600	169	10.8	20.4	2	0.13	24	4	24	3	18	3	293	18.8	8.5	-	-	0.2
TOTALS	38493	227,190	2,884	12.7	15.7	23	0.11	8	31	11	25	9	22	3,738	16.5	10.2	6	6	0.03
RURAL DISTRICTS																			
Battle	117,147	32,340	369	11.4	15.0	4	0.13	11	10	27	9	24	7	541	16.7	10.0	-	-	-
Chailley	64,183	30,000	402	13.4	17.8	6	0.20	15	4	10	4	10	3	480	16.0	9.0	-	-	-
Cuckfield	70,996	37,810	466	12.3	13.4	-	-	-	8	17	3	6	2	356	9.4	8.0	-	-	-
Hailsham	94,668	54,100	592	10.9	15.0	8	0.15	13	6	10	3	5	2	938	17.3	10.0	-	-	0.04
Uckfield	112,096	52,700	818	15.5	18.4	10	0.19	12	9	11	8	10	6	685	13.0	9.4	-	-	-
TOTALS	459,090	206,950	2,647	12.8	16.0	28	0.14	10	37	14	27	10	20	3,000	14.5	9.3	2	2	0.01
WHOLE COUNTY	494,593	434,140	5,531	12.7	15.9	51	0.12	9	68	12	52	9	42	6,738	15.5	9.8	8	8	0.02

* The rate for England and Wales was 16.3 (live births) and 11.9 (deaths)

TABLE II
NUMBER OF DEATHS AT DIFFERENT PERIODS OF LIFE IN
THE ADMINISTRATIVE COUNTY DURING THE YEAR 1969

	URBAN DISTRICTS												RURAL DISTRICTS											
SEX	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 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
Males	1,646	17	2	4	1	12	12	18	75	258	529	720	1,450	10	8	9	8	11	11	12	56	208	442	675
Females	2,092	8	4	5	3	4	5	25	62	159	469	1,348	1,550	17	2	6	8	3	9	18	50	183	316	938
TOTALS	3,738	25	6	9	4	16	17	41	137	417	998	2,068	3,000	27	10	15	16	14	20	30	106	391	758	1,613

TABLE III (A)
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1969

CAUSES OF DEATH	DEATHS IN OR BELONGING TO DISTRICTS, AT SUBJOINED AGES.																																								TOTALS FOR ADMINISTRATIVE COUNTY
	BOROUGH										URBAN DISTRICTS										RURAL DISTRICTS																				
	Under 4 weeks	4 weeks & under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and under 75	75 and over	TOTALS	Under 4 weeks	4 weeks & under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and under 75	75 and over	TOTALS	Under 4 weeks	4 weeks & under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and under 75	75 and over	TOTALS					
Enteritis & other Diarrhoeal Diseases	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	2	3	3		
Tuberculosis of Respiratory System	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	1	1	8			
Other Tuberculosis, incl. Late Effects	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4				
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1				
Syphilis and its Sequelae	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	14				
Other Infective and Parasitic Diseases	-	-	-	-	-	-	1	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	19				
Malignant Neoplasm - Buccal Cavity etc.	-	-	-	-	-	-	-	-	-	-	-	13	-	-	-	-	-	-	-	-	-	-	7	-	-	-	-	-	-	-	-	-	-	-	-	-	31				
Malignant Neoplasm - Oesophagus	-	-	-	-	-	-	-	-	-	-	-	10	-	-	-	-	-	-	-	-	-	-	20	-	-	-	-	-	-	-	-	-	-	-	-	-	122				
Malignant Neoplasm - Stomach	-	-	-	-	-	-	-	-	-	-	-	53	-	-	-	-	-	-	-	-	-	-	40	-	-	-	-	-	-	-	-	-	-	-	-	-	190				
Malignant Neoplasm - Intestine	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	28	-	-	-	-	-	-	-	-	-	-	-	-	-	7				
Malignant Neoplasm - Larynx	-	-	-	-	-	-	-	-	-	-	-	115	-	-	-	-	-	-	-	-	-	-	66	-	-	-	-	-	-	-	-	-	-	-	-	-	331				
Malignant Neoplasm - Lung Bronchus	-	-	-	-	-	-	-	-	-	-	-	11	-	-	-	-	-	-	-	-	-	-	28	-	-	-	-	-	-	-	-	-	-	-	-	-	158				
Malignant Neoplasm - Breast	-	-	-	-	-	-	-	-	-	-	-	16	-	-	-	-	-	-	-	-	-	-	6	-	-	-	-	-	-	-	-	-	-	-	-	-	37				
Malignant Neoplasm - Uterus	-	-	-	-	-	-	-	-	-	-	-	16	-	-	-	-	-	-	-	-	-	-	25	-	-	-	-	-	-	-	-	-	-	-	-	-	61				
Malignant Neoplasm - Prostate	-	-	-	-	-	-	-	-	-	-	-	25	-	-	-	-	-	-	-	-	-	-	11	-	-	-	-	-	-	-	-	-	-	-	-	-	40				
Leukaemia	-	-	-	-	-	-	-	-	-	-	-	12	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	356				
Other Malignant Neoplasms, etc.	-	-	-	-	-	-	-	-	-	-	-	143	-	-	-	-	-	-	-	-	-	-	22	-	-	-	-	-	-	-	-	-	-	-	-	-	12				
Benign and unspecified neoplasms	-	-	-	-	-	-	-	-	-	-	-	5	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	30				
Diabetes Mellitus	-	-	-	-	-	-	-	-	-	-	-	7	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	1				
Avitaminoses, etc.	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	14				
Other Endocrine etc. Diseases	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	18					
Anaemias	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	1					
Other diseases of Blood, etc.	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	31					
Mental Disorders	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	6	-	-	-	-	-	-	-	-	-	-	-	-	3					
Meningitis	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	70					
Other Diseases of Nervous System, etc.	-	-	-	-	-	-	-	-	-	-	-	25	-	-	-	-	-	-	-	-	-	-	8	-	-	-	-	-	-	-	-	-	-	-	-	69					
Chronic Rheumatic Heart Disease	-	-	-	-	-	-	-	-	-	-	-	22	-	-	-	-	-	-	-	-	-	-	10	-	-	-	-	-	-	-	-	-	-	-	-	-	114				
Hypertensive Disease	-	-	-	-	-	-	-	-	-	-	-	40	-	-	-	-	-	-	-	-	-	-	13	-	-	-	-	-	-	-	-	-	-	-	-	-	1610				
Ischaemic Heart Disease	-	-	-	-	-	-	-	-	-	-	-	143	-	-	-	-	-	-	-	-	-	-	162	-	-	-	-	-	-	-	-	-	-	-	-	-	404				
Other Forms of Heart Disease	-	-	-	-	-	-	-	-	-	-	-	377	-	-	-	-	-	-	-	-	-	-	227	-	-	-	-	-	-	-	-	-	-	-	-	-	1063				
Cerebrovascular Disease	-	-	-	-	-	-	-	-	-	-	-	104	-	-	-	-	-	-	-	-	-	-	56	-	-	-	-	-	-	-	-	-	-	-	-	-	303				
Other Diseases of Circulatory System	-	-	-	-	-	-	-	-	-	-	-	10	-	-	-	-	-	-	-	-	-	-	37	-	-	-	-	-	-	-	-	-	-	-	-	-	66				
Influenza	-	-	-	-	-	-	-	-	-	-	-	20	-	-	-	-	-	-	-	-	-	-	66	-	-	-	-	-	-	-	-	-	-	-	-	-	447				
Pneumonia	-	-	-	-	-	-	-	-	-	-	-	107	-	-	-	-	-	-	-	-	-	-	60	-	-	-	-	-	-	-	-	-	-	-	-	-	290				
Bronchitis and Emphysema	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	12				
Asthma	-	-	-	-	-	-	-	-	-	-	-	23	-	-	-	-	-	-	-	-	-	-	16	-	-	-	-	-	-	-	-	-	-	-	-	-	57				
Other Diseases of Respiratory System	-	-	-	-	-	-	-	-	-	-	-	18	-	-	-	-	-	-	-	-	-	-	5	-	-	-	-	-	-	-	-	-	-	-	-	-	28				
Peptic Ulcer	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	5				
Appendicitis	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	18				
Intestinal Obstruction and Hernia	-	-	-	-	-	-	-	-	-	-	-	11	-	-	-	-	-	-	-	-	-	-	7	-	-	-	-	-	-	-	-	-	-	-	-	-	25				
Cirrhosis of Liver	-	-	-	-	-	-	-	-	-	-	-	23	-	-	-	-	-	-	-	-	-	-	10	-	-	-	-	-	-	-	-	-	-	-	-	-	60				
Other Diseases of Digestive System	-	-	-	-	-	-	-	-	-	-	-	9	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	20				
Nephritis and Nephrosis	-	-	-	-	-	-	-	-	-	-	-	14	-	-	-	-	-	-	-	-	-	-	5	-	-	-	-	-	-	-	-	-	-	-	-	-	33				
Hyperplasia of Prostate	-	-	-	-	-	-	-	-	-	-	-	19	-	-	-	-	-	-	-	-	-	-	14	-	-	-	-	-	-	-	-	-	-	-	-	-	61				
Other Diseases, Genito-Urinary System	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	9	-	-	-	-	-	-	-	-	-	-	-	-	-	25				
Diseases of skin, subcutaneous tissue	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	43				
Diseases of Musculo-Skeletal System	-	-	-	-	-	-	-	-	-	-	-	9	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	17				
Congenital Anomalies	-	-	-	-	-	-	-	-	-	-	-	5	-	-	-	-	-	-	-	-	-	-	13	-	-	-	-	-	-	-	-	-	-	-	-	-	71				
Birth Injury, Difficult Labour, Etc.	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	7	-	-	-	-	-	-	-	-	-	-	-	-	-	67				
Other causes of Perinatal Mortality	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	26	-	-	-	-	-	-	-	-	-	-	-	-	-	147				
Symptoms and ill-defined Conditions	-	-	-	-	-	-	-	-	-	-	-	5	-	-	-	-	-	-	-	-	-	-	15	-	-	-	-	-	-	-	-	-	-	-	-	-	60				
Motor Vehicle Accidents	-	-	-	-	-	-	-	-	-	-	-	57	-	-	-	-	-	-	-	-	-	-	37	-	-	-	-	-	-	-	-	-	-	-	-	-	9				
All other accidents	-	-	-	-	-	-	-	-	-	-	-	35	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	160				
Suicide and Self-inflicted Injuries	-	-	-	-	-	-	-	-	-	-	-	25	-	-	-	-	-	-	-	-	-	-	6	-	-	-	-	-	-	-	-	-	-	-	-	-	67				
All other external causes	-	-	-	-	-	-	-	-	-	-	-	5	-	-	-	-	-	-	-	-	-	-	12	-	-	-	-	-	-	-	-	-	-	-	-	-	9				
TOTAL ALL CAUSES	8	2	1	2	10	8	21	79	250	665	1338	2384	17	4	8	2	6	9	20	58	167	333	730	1354	27	10	15	16	14	20	30	106	391	758	1613	3000	6738				

TABLE III (B)

Causes of and ages at Death during the year 1969

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

CAUSES OF DEATH	BOROUGHES					URBAN DISTRICTS							RURAL DISTRICTS						TOTALS FOR ADMINISTRATIVE COUNTY
	Bethill	Hove	Lewes	Rye	TOTALS	Burgess Hill	Cuckfield	East Grinstead	Newhaven	Portsmouth by-Sea	Seaford	TOTALS	Battle	Chichester	Cuckfield	Hailsham	Uckfield	TOTALS	
Enteritis & other Diarrhoeal Diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis of Respiratory System	-	2	-	-	2	-	-	-	-	-	3	3	-	-	2	-	1	3	3
Other Tuberculosis, incl. Late Effects	-	2	-	-	2	-	1	-	-	-	1	2	1	-	-	-	1	2	8
Measles	-	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	4	4
Syphilis and its Sequelae	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	1
Other Infective and Parasitic Diseases	-	3	1	-	4	-	-	1	-	-	1	2	4	-	-	1	3	8	14
Malignant Neoplasm - Buccal Cavity etc.	4	8	-	-	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Malignant Neoplasm - Oesophagus	3	7	-	-	10	-	2	-	-	1	5	8	1	-	-	2	2	5	19
Malignant Neoplasm - Stomach	11	37	5	-	53	3	7	2	1	1	4	20	6	9	3	6	3	13	31
Malignant Neoplasm - Intestine	13	38	3	4	58	4	12	4	3	5	12	40	16	12	14	33	17	92	122
Malignant Neoplasm - Larynx	2	-	-	-	2	-	1	-	-	-	-	-	1	-	-	-	-	1	4
Malignant Neoplasm - Lung, Bronchus	26	69	18	2	115	12	13	7	6	14	16	68	36	17	26	44	25	148	331
Malignant Neoplasm - Breast	16	33	3	2	54	-	8	4	2	4	7	25	9	12	10	26	20	79	158
Malignant Neoplasm - Uterus	3	12	1	-	16	1	-	1	-	2	1	5	5	3	-	-	-	16	37
Malignant Neoplasm - Prostate	5	16	4	-	25	3	3	4	-	-	1	11	5	3	3	10	4	25	61
Leukaemia	3	8	-	-	12	-	2	1	-	-	1	4	5	4	2	8	5	24	40
Other Malignant Neoplasms, etc.	51	77	12	3	143	4	21	12	8	9	17	71	19	23	19	42	39	142	356
Benign and Unspecified Neoplasms	1	4	-	-	5	1	-	-	-	1	-	2	-	4	-	-	-	5	12
Diabetes Mellitus	1	4	1	1	7	-	1	1	1	3	1	7	-	3	4	6	3	16	30
Avitaminoses, etc.	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Other Endocrine etc. diseases	3	5	-	-	8	1	-	-	-	-	-	2	-	-	1	-	-	1	3
Anaemias	1	3	-	-	4	-	1	-	-	-	1	4	2	2	1	4	5	14	14
Other diseases of Blood, etc.	-	-	-	-	-	2	-	-	-	-	-	-	-	-	1	1	4	10	18
Mental Disorders	1	1	-	-	2	-	6	1	1	-	-	8	5	1	-	-	-	1	1
Meningitis	-	2	-	-	2	-	-	-	-	-	-	1	-	-	-	15	-	21	31
Other Diseases of Nervous System, etc.	5	18	1	1	25	-	3	1	4	-	2	10	6	5	5	12	7	35	70
Chronic Rheumatic Heart Disease	6	14	2	-	22	3	6	-	1	2	1	13	2	8	5	12	7	34	69
Hypertensive Disease	163	381	47	13	604	44	86	50	35	43	56	314	111	117	86	217	161	692	1610
Ischaemic Heart Disease	45	87	9	2	143	9	19	15	6	14	26	88	32	17	27	64	33	173	404
Other Forms of Heart Disease	112	226	26	13	377	31	53	42	25	26	50	227	88	88	47	138	98	459	1093
Cerebrovascular Disease	34	56	10	4	104	5	17	14	1	8	11	56	21	18	19	39	46	143	303
Other Diseases of Circulatory System	4	12	2	2	20	1	1	-	-	-	1	3	6	10	5	12	10	43	66
Influenza	47	78	9	4	138	5	33	18	8	6	16	86	45	43	19	72	44	223	447
Pneumonia	30	68	6	3	107	10	7	9	14	13	7	60	29	17	12	40	25	123	290
Bronchitis and Emphysema	1	3	-	-	4	1	1	-	1	1	-	4	-	-	-	3	1	4	12
Asthma	13	8	2	-	23	-	1	5	3	6	1	16	4	2	2	4	6	18	57
Other Diseases of Respiratory System	4	13	1	-	18	-	-	2	-	1	2	5	6	4	3	11	4	28	51
Peptic Ulcer	1	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-
Appendicitis	1	2	-	-	3	1	2	1	-	1	-	1	-	-	-	2	1	3	5
Intestinal Obstruction and Hernia	1	10	-	-	11	2	1	-	-	-	1	5	4	1	-	2	3	10	18
Cirrhosis of Liver	9	13	1	-	23	1	4	-	-	1	3	5	1	1	-	3	2	7	25
Other Diseases of Digestive System	4	5	-	-	9	1	1	-	-	1	1	4	1	8	-	8	6	23	60
Nephritis and Nephrosis	8	5	1	-	14	-	-	2	1	1	1	5	2	1	2	4	1	7	20
Hyperplasia Prostate	8	9	-	2	19	-	6	2	-	2	4	14	6	4	1	8	9	28	61
Other Diseases, Genito-Urinary System	-	2	-	-	2	-	-	-	-	-	1	1	-	-	-	-	-	-	3
Disease of skin, subcutaneous tissue	2	7	-	-	9	1	2	1	-	1	-	5	3	1	2	1	4	11	25
Diseases of Musculo-Skeletal System	2	3	-	-	5	2	2	1	4	-	4	13	4	1	6	7	7	25	43
Congenital Anomalies	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Birth Injury, Difficult Labour, etc.	1	2	-	-	3	-	-	2	1	-	2	7	3	2	1	1	1	7	17
Other causes of Perinatal Mortality	1	10	1	-	12	-	1	-	-	-	1	5	4	1	1	1	1	8	16
Symptoms and Ill-defined Conditions	4	12	4	-	20	2	8	-	3	-	11	26	6	1	2	6	18	33	71
Motor Vehicle Accidents	12	42	2	1	57	3	14	3	3	8	6	37	11	13	8	11	10	53	147
All other Accidents	7	18	-	-	25	1	2	2	1	2	4	12	4	4	3	8	4	23	60
Suicide and Self-Inflicted Injuries	3	2	-	-	5	-	-	-	-	-	-	-	2	-	-	-	2	4	9
All other external causes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL ALL CAUSES	678	1470	179	57	2384	157	353	229	135	187	293	1354	541	480	356	938	885	3000	6738

TABLE IV
CASES OF NOTIFIABLE DISEASES OCCURRING DURING THE YEAR 1969

	Total for Admini- strative County	TOTAL NUMBERS OF NOTIFIABLE DISEASES IN EACH DISTRICT																	
		Boroughs					Urban Districts						Rural Districts						
		Bexhill	Hove	Lewes	Rye	Totals	Burgess Hill	Cuckfield	East Grinstead	Newhaven	Portslade- by-Sea	Seaford	Totals	Battle	Chailly	Cuckfield	Hailsham	Uckfield	Totals
Scarlet Fever	149	13	21	-	1	35	-	3	1	-	48	6	58	23	14	2	11	6	56
Whooping Cough	48	-	11	-	4	15	1	-	-	-	1	-	2	-	14	2	-	15	31
Acute Poliomyelitis - Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis - Non Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	509	8	108	7	6	129	8	26	6	-	158	14	212	59	24	26	11	48	168
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Pneumonia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	159	-	17	-	-	17	-	20	38	1	3	-	62	-	27	45	3	5	80
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis - Infective	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis - Post Infectious	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid Fever	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	-	3
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal Infection	1	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-
Puerperal Pyrexia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Hepatitis	150	1	12	-	3	16	8	19	-	-	1	1	29	33	26	35	6	5	105
Food Poisoning	43	-	10	2	-	12	1	5	4	-	-	-	10	-	4	5	5	7	21
Tuberculosis - Respiratory	30	1	6	1	-	8	1	3	2	1	2	-	9	1	3	1	4	4	13
Tuberculosis - Meninges	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis - Other Forms	5	-	3	-	-	3	-	-	-	1	-	-	1	1	-	-	-	-	1
Acute Meningitis	3	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	-	-	3
TOTALS	1101	23	189	10	14	236	19	77	51	3	213	21	384	117	114	119	41	90	481

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SECTION II**SCHOOL HEALTH SERVICE**

(including Borough of Hove & Portslade Urban District)

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SCHOOL HEALTH SERVICE

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STAFFING

Staff changes are inevitable in any service and to some extent they reflect the dynamic nature of its structure. The following alterations in staff have occurred during the year:-

Dr. Evelyn B. Kilsby resigned from her appointment as a school medical officer as from January, to be replaced by Dr. Jane E. Lodwick from June, who had previously worked in Hove. Unfortunately, as a result of this change, there was a six month hiatus which affected in particular the school medical inspection programme.

Mrs. R. Simmons, having completed a year as full-time speech therapist resigned on moving out of Sussex, and her place was filled by two part-time therapists, Mrs. J.B. Smith and Mrs. E.A. Stone.

In the Child Guidance Service an addition to the establishment has been the appointment of Miss M. Coates, from September, as a remedial teacher working in the Lewes and Crowborough Clinics.

Tribute has been paid elsewhere to Mr. W.J. Watts, who has been largely responsible for setting up a comprehensive service for the deaf and partially-hearing children in the County. On Mr. Watts' taking up an appointment as Reader in the University of Sussex, Mr. M.A. Harding, was appointed as his successor as Advisor for Deaf Children. Mr. P. Wilson joined the staff as a peripatetic teacher of the deaf.

MEDICAL INSPECTION AND TREATMENT

SCHOOLS

The number of maintained schools in the county is 211, comprising:-

<u>Schools</u>	<u>Number</u>
Comprehensive	4
Grammar	6
Secondary Modern	26
Primary	171
Special	4

The number of children on the registers of the Authority's Schools during the Autumn Term 1969 was 54,774 - a rise of 5.9% on the total for the previous year.

INTRODUCTION

"There are those who would say that the school health service is approaching its end; they are people without understanding. It is approaching a period of greatly enhanced opportunity closely united with the health provision for children as a whole."

*(Sir George Godber - Introduction to
"The Health of the School Child 1966-68")*

The wind of change has been felt in many quarters of late, not least in the areas of education and health. One of the more far-reaching changes has been the establishment of comprehensive schools, of which there were 4 in the Authority at the end of the year under review. These very large schools present new problems in school health as well as in other fields. Some of these are mentioned by Dr. M. B. Parker in her report, from which the following is an extract:-

"This year for the first time I had the experience of doing medical inspections at a comprehensive school. At one school with over 1,000 pupils, facilities for inspection were, by comparison with facilities elsewhere, luxurious but at times there was difficulty in finding children who failed to turn up at the time of their appointment. It was virtually impossible to track down individual members of the staff in order to talk to them. Those defects such as deafness, vision etc., of direct educational significance had to be listed for circulation to the staff. In this school the welfare officers were a valuable link as they had knowledge of most of the children who were frequently ailing or who had needed support. As in previous years the general health of the children in all schools was satisfactory and it was the social rather than the medical problems which caused symptoms difficult to cure."

Here are problems of locating children on a large campus, and problems of communication. There are wider issues of community health in comprehensive schools coming to the fore and these increasingly will require the co-operation of health and education services for their satisfactory solution. The whole area of health education, with a carefully balanced emphasis on both words, needs close scrutiny at the present time.

I wish to direct attention to developments in three other fields in particular. The first development is in the speech therapy service with the setting up of a Day Unit for intensive speech therapy for children with severe speech and language disorders. The pilot scheme has undoubtedly proved its worth. A full report is included on page 71.

Secondly with the opening of a Health Centre at Hailsham in October, it has been possible to establish a new Child Guidance Clinic in ideal premises. Though the case load is at present small, it is anticipated that this will increase steadily.

A great advantage to all concerned with child guidance is the fact that the family doctor is available for discussion within the same premises. Also sited within the new Health Centre is an excellently equipped school dental clinic and an active speech therapy clinic.

The third development referred to has been called "Family Clinic". A Family Clinic was opened in Lewes in May, with a weekly session intended to cope with problems such as mild behaviour and habit disorders in children, before these had developed to such a degree that a child was in urgent need of full-scale psychiatric assessment and treatment at the Child Guidance Clinic. Thus it is in essence a preventive rather than a curative service. It has obviously fulfilled a need in that cases have been referred from a wide range of sources, though the majority have come from general practitioners or health visitors attached to practices. The 'team' has consisted of an educational psychologist, a medical officer and a health visitor.

On a trial basis this type of scheme has been extended to the Hailsham Health Centre, where an educational psychologist is available by appointment to meet children and their parents with similar problems. At Hailsham, of course, the psychologist can have direct access to general practitioners and health visitors, so that the wider team has not been considered necessary.

For the rest, it has been a year of quiet extension in existing fields. For example, pre-school medicals have been started at Haywards Heath, the third area into which this scheme has been introduced. All services, needless to say, have carried increasing loads owing to the steady rise in the school population.

A number of school medical officers and many of the school nurses have co-operated during the early part of the year in a comprehensive survey of 11 year old children, as part of the National Child Development Study (1958 Cohort). 82 children were examined and the assessment included the preparation of an audiogram by the audiology technician. Previously these children were examined at the age of 7. The results of the present survey will be published in due course and should provide much additional material of interest and value to all concerned with child health and education.

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.

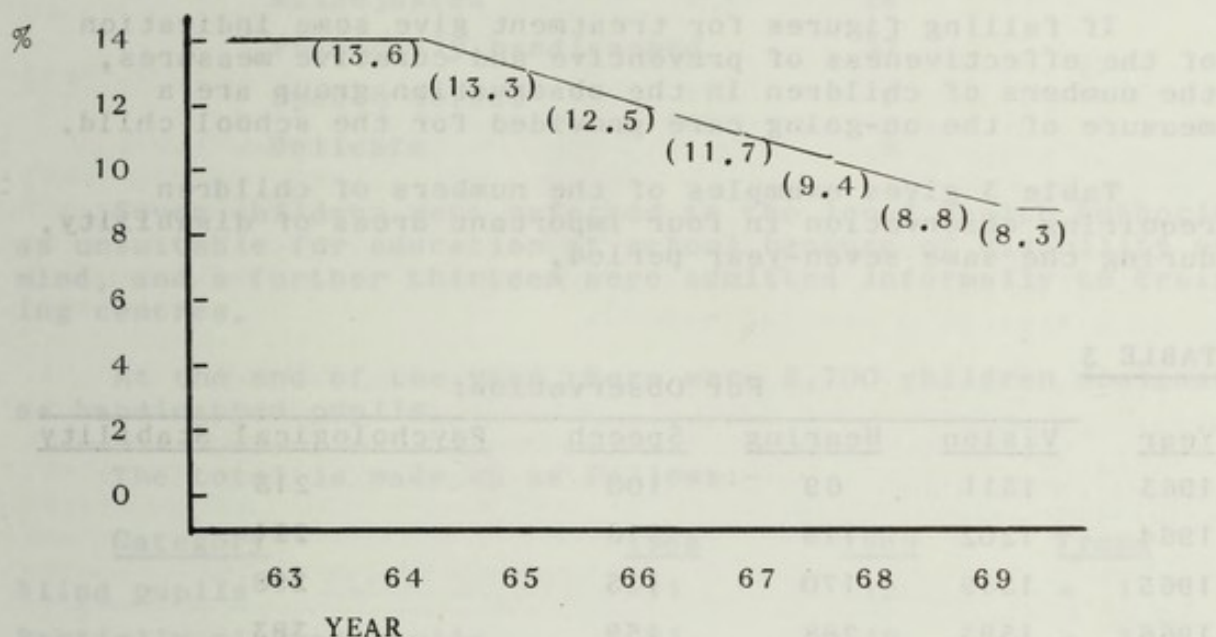
Table 1 Numbers seen at medical inspection
(Figures for 1968 are given for comparison).

	<u>1968</u>	<u>1969</u>
Routine	12,656	15,350
Special	1,114	1,218
Re-examinations	<u>8,848</u>	<u>7,674</u>
	22,618	24,242

NUMBERS AND PERCENTAGE OF CHILDREN WITH DEFECTS REQUIRING TREATMENT

Of 15,350 children examined, there were 1,280 children with defects requiring treatment and 5,401 conditions it was considered important to observe over a period of time.

The following graph illustrates the steady downward trend, which has now been observed over the past seven years, in children found to require treatment.



An exhaustive breakdown of the figures has been made to cover the seven-year period. Lower totals of children needing active treatment may be attributed to a number of factors. Chief amongst these seems to be the more adequate control of infections by the use of antibiotics and by vaccination programmes (to which measles vaccination has been added since 1968).

This is well illustrated, for example, in the decrease in number of cases of nose and throat conditions (including infected tonsils) referred for treatment.

TABLE 2

Year	Children with Nose and Throat Conditions	
	Referred for Treatment	
1963	207	
1964	135	
1965	143	
1966	88	
1967	70	
1968	73	
1969	57	

On the other hand the commonest defect for which treatment is advised is imperfect vision. Here the yearly totals are variable, but there is not the same dramatic fall in incidence, nor would this be anticipated.

To place the picture in perspective, however, it is important to take into consideration the much larger number of children who are kept under observation by school medical officers each year. These are children who have conditions already noted and for which treatment has begun or is being completed, or who have conditions which the doctor wishes to observe over a period, without necessarily initiating treatment.

If falling figures for treatment give some indication of the effectiveness of preventive and curative measures, the numbers of children in the observation group are a measure of the on-going care provided for the school child.

Table 3 gives examples of the numbers of children requiring observation in four important areas of disability, during the same seven-year period.

TABLE 3

For Observation:

<u>Year</u>	<u>Vision</u>	<u>Hearing</u>	<u>Speech</u>	<u>Psychological Stability</u>
1963	1311	69	100	213
1964	1202	118	116	221
1965	1539	170	135	298
1966	1593	288	159	383
1967	1508	328	263	386
1968	1499	255	245	434
1969	1594	411	216	291

PRE-SCHOOL MEDICALS

Pre-School medicals were started as a pilot venture in Seaford in 1967. The next year they were introduced in Burgess Hill and in the present year they have been extended to Haywards Heath, though progress in this area was delayed by a temporary shortage of medical staff.

The numbers of children examined under this scheme are still small. For the year 1969 they were as follows:-

<u>Area</u>	<u>Total Examined</u>	<u>Children referred for:</u>	
		<u>Treatment</u>	<u>Observation</u>
Burgess Hill	285	11	121
Haywards Heath	44	1	33
Seaford	187	15	134
TOTAL	516	27	288

It is proposed to extend this scheme more widely in the coming year.

HANDICAPPED PUPILS

During 1969, 565 pupils were classified as handicapped, as follows:-

Blind	1
Partially sighted	3
Deaf	6
Partially hearing	10
Slow learning	460
Epileptic	2
Maladjusted	28
Physically handicapped	37
Speech defect	9
Delicate	9

Seven children were referred to the local Health Authority as unsuitable for education at school because of disability of mind, and a further thirteen were admitted informally to training centres.

At the end of the year there were 2,700 children designated as handicapped pupils.

The total is made up as follows:-

<u>Category</u>	<u>1968</u>	<u>1969</u>	<u>Trend</u>
Blind pupils	11	12	+ 1
Partially sighted pupils	21	19	- 2
Deaf pupils	30	33	+ 3
Partially hearing pupils	68	63	- 5
Slow learning pupils (Cat.A) 2,384		2,339	- 45
" " " (Cat.B)*1,460		* 2,110	* +650
Epileptic pupils	9	12	+ 3
Maladjusted	100	114	+ 14
Physically handicapped pupils	85	86	+ 1
Pupils with speech defects	2	ø 8	ø + 6
Delicate pupils	17	14	- 3
	<hr/>	<hr/>	<hr/>
Totals	2,727	2,700	- 27
	<hr/>	<hr/>	<hr/>

* Excluded from total

ø Includes children attending Day Unit.

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 larger as more children survive from infancy with such conditions as Spina Bifida. On the other hand there are fewer children of school age with severe defects resulting from acute poliomyelitis.

It is 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, but in some instances this is not possible. 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 difficult to control in the home and normal school environment may do better at a special school.

The details of handicapped pupils in 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

	Special Schools			Attending Ordinary Schools	Home Tuition	Total
	Resident-ial	Day	Awaiting places			
Blind	12	-	-	-	-	12
Partially sighted	15	4	-	-	-	19
Deaf	22	10	1	-	-	33
Partially hearing	11	2	-	40 (pre-school 10)	-	63
Slow learning (Cat. A)	83	250	22	1,984	-	2,339
pupils (Cat. B)	-	-	-	*2,110	-	*2,110
Epileptic	12	-	-	-	-	12
Maladjusted	100	3	6	1 (Hostel)	4	114
Physically handicapped	+ 49	8	3	16	10	86
Speech	-	-	-	8	-	8
Delicate	13	1	-	-	-	14
Totals	317	278	32	2,059	14	2,700

* Excluded from total

+ Includes 35 children in hospital special schools

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.

ADVISORY AND PERIPATETIC TEACHING SERVICE FOR HEARING IMPAIRED CHILDREN

The following are extracts from a report prepared by Mr. M.A. Harding, Adviser for Deaf Children.

CASE REFERRALS

678 children were referred to the Advisory and Peripatetic Teaching Service for hearing/educational Assessment in 1969. The number of cases has risen steadily since the Service began in 1965, when 275 children with suspected hearing impairment were investigated. In all, 2,206 reports have been made.

The majority of requests for full hearing investigation in 1969 came from the Principal School Medical Officer as a result of routine screening. Other cases referred were from the County Consultant Speech Therapist and from the School Psychological Service as part of wider educational investigation. Increasing information and vigilance on the part of class teachers and Heads is doing much to reduce the risk of children with variable, or newly acquired loss of hearing, from being overlooked.

CHILDREN WITHIN NORMAL HEARING LIMITS

Of 678 children examined in 1969, 130 were found to have made spontaneous recovery. Most of the remainder regained normal hearing after medical intervention. When a second audiometrician is employed by the School Health Department many such referrals of minor, temporary losses will be eliminated by re-screening. The anticipated provision of a sound-proofed van for use at schools where quiet test conditions are not available will do much to improve the validity of routine screening.

CHILDREN UNDER OBSERVATION

On the 31st December, 1969, there were approximately 100 children who had been fully tested, but who had not been placed in a category. The majority of these were children receiving medical/hospital treatment for their hearing loss, which was expected to return to normal. In each case the school was aware of the auditory problem. In cases of greater handicap, help by a visiting teacher of the deaf and hearing aid equipment is used to minimise retardation whilst the problem is being medically or educationally resolved.

CATEGORIES OF AUDITORY LOSS

- C - Slight hearing impairment catered for by preferential classroom position, but no hearing aid. Full and recent otological investigation carried out by a Specialist.
- B - As 'C' above, but with greater losses necessitating the use of a hearing aid. A teacher of the deaf will introduce the child to the use of an aid, and thereafter provide management visits.
- A - Children whose hearing losses are such that hearing aids and regular auditory training visits are needed to maintain satisfactory progress.
- S - Children so impaired by deafness that placement in a School for the Partially or Totally Deaf is necessary.

Category C

There are now approximately 400 children with a minimal auditory impairment in the primary and secondary schools.

Category B

There are now 31 children in the County who wear hearing aids but do not receive regular auditory help. Some of these have in the past received regular auditory help from a visiting teacher of the deaf but have made such good progress that assistance is no longer required. All have periodic medical supervision from an Ear Specialist and revision audiometry from this Service. Parent and school guidance is available as necessary.

Category A

A total of 50 pre-school and school-age children receive regular auditory help from a visiting Teacher of the Deaf. The frequency of visits may vary from one per fortnight to three per week, according to the child's specific need. Close liaison between the home, play-group and school is maintained.

Category S

East Sussex children with severe or profound losses of hearing are placed in schools as follows:-

Mill Hill Oral School for the Deaf, Cuckfield.	13
Ovingdean Hall School for the Partially Deaf, Brighton	10
Hamilton Lodge School for the Deaf, Brighton	7
Mary Hare Grammar School for the Deaf, Newbury	5
Portley House Junior School for the Deaf, Caterham	4
Royal School for the Deaf, Margate	4
Nutfield Priory Secondary School for the Deaf, Nutfield	2
Woodford School for the Deaf, Essex.	1
Rayners School for the Deaf, Penn, Bucks.	1

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The East Sussex children placed in the above schools have been visited during 1969, and home visits have been made as necessary.

As a result of auditory help, it is hoped that the child's ability to cope with his handicap will improve. It is therefore essential that assessment is dynamic rather than static, and that change of treatment/placement is considered as necessary.

LIAISON WITH OTHER SERVICES

There is close liaison with other professional workers concerned in the education, health and welfare of the deaf.

Many hearing impaired children receive extra language help as slow learners in schools, and there is close liaison with the School Psychological Service regarding retardation and auditory function. It is hoped that eventually all hearing aid users will be subject to Psychological Assessment to ensure that their true potential is being reached. New cases referred for Speech Therapy receive auditory assessment and in cases where speech faults are gross, and hearing defect is minimal, the remedial work is carried out by a Speech Therapist. In cases of difficult home circumstances, assistance from local Education Welfare Officers is sought.

Joint consideration of children by the Otologist, Audiometrician, Senior Speech Therapist, Psychologist, the Senior Schools Medical Officer and myself has continued to be carried out in the north of the County. A similar arrangement has been made with Mr. Wadsworth (E.N.T. Consultant) and it is hoped to form such a panel for the Brighton/Mid-Sussex area. It has not yet been possible to form such a mutually beneficial forum in the eastern part of the County.

Close contact is maintained with the parents of children receiving remedial/auditory help and, as far as is possible, with parents whose children are at boarding schools.

Visits to hearing impaired school leavers are made to ensure that employment arrangements have been made and to outline the available audiological and medical facilities for the treatment of deafness.

EQUIPMENT AND FACILITIES

Many East Sussex children now use the new behind-the-ear National Health Service aid, which is proving to be not only educationally adequate but, due to its small size, psychologically acceptable.

Various new speech trainers and audiometric instruments have been purchased during the year. The most useful of these has been a paediatric audiometer which allows the hearing function of very small children to be judged.

CONCLUSION

During 1969 the volume of work continued to increase and various new evaluation techniques have been employed. I wish to thank Miss Howard, Mrs. Donovan and Mr. Wilson for their loyalty and hard work and repeat what has so often been said before, that without their ability to provide effective auditory help, assessment of hearing impairment would be meaningless.

Audiometric Screen Testing

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

	<u>1968</u>	<u>1969</u>
1. Number of schools visited	140	129
2. Total number tested	6933	5227
3. Number of cases specially referred	340	227
4. Number of audiograms plotted as a result of screen tests	301	173

In addition to the normal routine testing three weeks were spent in testing for the National Child Development Study. An unexpectedly prolonged illness has prevented Miss Hannay from completing her annual quota of schools and tests. The appointment of a second audiometrician in the coming year will enable the service to recover lost ground.

CHILD GUIDANCE

With the opening of a new Child Guidance Clinic in November at the Hailsham Health Centre there are now 7 child guidance clinics functioning in the county. Although these are early days for the new clinic which began with a monthly session, this nevertheless is a step forward in providing a comprehensive cover for the whole county. Clinics are held at the following centres:-

<u>Centre</u>	<u>Psychiatrist</u>
Lewes	Dr. J. Ross
Burgess Hill	" " "
Portslade	" " "
East Grinstead	Dr. J. Lomax-Simpson
Crowborough	Dr. K.R. Masani
Bexhill	Dr. H. Elwell
Hailsham	" " "

The annual statistical return from each clinic answers such questions as "who refers cases to the clinics?" As each clinic has developed its own identity over the years it is not surprising that the answers differ. 450 new cases were referred to the Service during the year and in every clinic the largest number of cases (130 children in all) were referred by general practitioners. In addition, 61 were brought forward by School Medical Officers and 51 by educational psychologists. In a further 22 cases parents made a direct approach to the clinic, and 15 children were brought to the attention of the clinic by health visitors. Another 80 children were referred through the Children's Officer and the remainder through other sources. Whatever the original source of referral, however, the general practitioner is always asked to confirm his agreement with this action.

There is a considerable variety of presenting problems, but the following main groups may be distinguished:-

<u>Reason for referral</u>	<u>Number of Children</u>
Behaviour disorders	209
Personality problems & nervous disorders	95
Habit disorders	46
Educational and vocational difficulties	18
Special examinations required by juvenile courts	13

The traditional approach to child guidance involves each member of a team in the assessment and treatment of a child's problems and the related problem of the family. Thus, the social worker may interview the parent, the psychologist may assess the child, the psychiatrist may carry out diagnostic interviews with both parent and child, separately or together. In practice, this approach is modified by experience at the different clinics and, where they are available, child psychotherapist and remedial teacher will also have an important role to play in treatment.

Of the new cases seen at child guidance clinics in the year, 123 were treated by a combination of psychiatric treatment (therapeutic interviews), remedial teaching and psychotherapy. 116 cases were treated by advice to children and parents. For 42 children periodic supervision was considered to be satisfactory. 7 children required to be placed in special schools for maladjusted children and 3 were admitted to hospital either for thorough investigation or for more intensive treatment. At the end of the year 89 cases still awaited diagnosis, or were waiting for an appointment with the consultant psychiatrist.

In all, 781, children were treated at clinics during the year. The following table summarises the work done:-

SUMMARY OF WORK DONE

	Diagnostic Interviews	Treatment Interviews	School Visits	Interviews Clinic	Home	Treatment Sessions	Totals
Psychiatrists	287	1,503	-	-	-	-	1,790
Educational Psychologists	153	66	214	-	-	-	433
Social Workers	-	-	-	1,515	1,270	-	2,785
Child Psychotherapist	-	-	-	238	10	298	546
Remedial Teacher	-	-	-	-	-	120	120
TOTALS	440	1,569	214	1,753	1,280	418	5,674

Statistics, inevitably, give only the bare outline of the story. Dr. Ross, consultant to the Lewes, Burgess Hill and Portslade clinics, has added the following comment:-

"I have been concerned with the need to review constantly the function of the clinics in the light of changing requirements in the community. This is not an easy task, as essentially it involves attaching numerical values to some notoriously elusive items, such as the degree of change to be expected in a disturbed individual in response to psychological treatment. At the present time, moreover, our ability to make plans for anything but the very short-term is hindered by the prospect of legislation which will bring about radical changes in the organisation of the Health Services, of the Social Services, and of Local Government. We can at least say that we may have to be ready to apply our skills to other problems and in other settings than those already familiar to us.

As for the figures in the returns, it is worth pointing out that they necessarily underestimate the service provided by the clinic staffs. They cannot, for example, include the informal consultations in schools, in clinic waiting rooms, or on the telephone which, though brief, are often greatly valued. To take another example, in the cases entered as 'withdrawn' the social worker has almost always visited the family at least once, and occasionally has given several hours of attention to the problems before the decision is made not to proceed with the referral".

At East Grinstead in particular the referral of children to the clinic at an early age has been encouraged. Dr. Lomax-Simpson has written about this:-

"I am pleased to note that there are a younger group of children being referred to the clinic as the result of the increased participation and interest in the work of the clinic by the Health Visitors.

Also, as can be seen, there has been some direct referrals from anxious parents. This seems an important area of preventive work.

We have now started a play-group with two 4-year olds who were too clinging and frightened to separate from their mothers; now a third child has joined the first two. The three mothers and children all play and talk in the large consulting room, and are being helped from time-to-time by either Mrs. Stuart-Menteth (social worker) or myself. This seems to have been of benefit to the mothers concerned. It is hoped that this group will expand to about five."

REMEDIAL UNITS

A product of the interaction of the Child Guidance and School Psychological Services has been the setting up of Remedial Units by the Education Department. At present there are 4 such units based at Lewes, Portslade, Burgess Hill and East Grinstead.

In addition a remedial teacher has been appointed to the Child Guidance Service, dividing her time between Lewes and Crowborough clinics.

The following extract from the psychologists report summarises briefly the function of these units:-

"The Remedial Units have become well established during the course of the past year. Each has its separate identity because of the differing personalities of the teachers-in-charge and of the educational psychologist, and differing character of the area served. The educational psychologist, with the psychiatrist in the local Child Guidance Clinic, is responsible for selection of the children. If a child and parents are not receiving psychiatric help then the psychologist has a continuing function of assessing the value of attendance at the Unit in terms of increasing emotional and social stability with the ultimate aim of complete re-integration into life at school and later, employment. Although some children are out of school altogether, wherever possible a child's continuity with its own school is maintained".

FAMILY CLINIC

It is to deal with the 'pre-maladjusted child', to coin a phrase, that the family clinic has been developed, firstly at Lewes and latterly at Hailsham.

A brief comment on this type of approach has been taken from the general report of the educational psychologists:-

"This clinic opened at Lewes in May 1969. After a slow start, referrals, especially to the psychologist, increased rapidly and the clinic is now welcomed and used regularly by parents, Health Visitors and General Practitioners. There is a slight overlap with the School Psychological Service, but the majority of children seen there are below school age.

The aim of this clinic is, of course, in great part to prevent the development of problems that would lead subsequently to referral to the School Psychological Service or the Child Guidance Clinic. One major virtue of the clinic is its informality: parents are able to refer themselves or their child simply by walking in. Such self-referral without intermediary form-filling, etc., makes intervention in the early stages of the development of a problem much more likely, and more likely to be successful".

THE SCHOOL PSYCHOLOGICAL SERVICE

The County continued to be divided into six areas throughout this school year (1968/69). The only change in allocation of duties is the result of the opening of the Family Clinic in Lewes; this occupies one psychologist for approximately 1½ sessions per week.

A. WORK IN SCHOOLS

Table I shows the number of referrals for this year. 827 children were on the waiting list at the beginning of the year (1/8/68), and 728 children had not yet been examined or otherwise dealt with at the end of the year (31/7/69). The majority of these children on the waiting list were referred as Category 'B' Slow Learners at the end of the school year.

TABLE I

Number of children referred	County Area	Hove
Category 'A' Slow Learners	565	56
Behavioural, emotional and other problems	333	28
Category 'B' Slow Learners	1064	60
From waiting list (1/8/68)	827	16
Total	2789	160
Cancelled or withdrawn	88	6
Net referrals	2701	154

N.B. The following tables exclude Hove

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

TABLE II

Reason for Referral	1966-67	1967-68	1968-69
Disturbed behaviour	68	86	98
Emotional difficulties	82	72	78
S/Learning Children			
a) Category 'A'	488	796	565
b) Category 'B'	-	669	1064
Other Educational Problems	93	64	59
Assessment	78	56	98
Total	809	1743	1962

The increase in children put forward as Category 'B' Slow Learners is discussed later in this report.

The heading "Other Educational Problems" covers such situations as specific learning problems (e.g. spelling), seemingly intelligent children who are underfunctioning, etc. In these cases, the request is for a diagnosis of an educational problem in contrast to those children who are referred for assessment of intellectual ability and academic attainment alone, sometimes at the request of other specialists, e.g. Paediatricians, Speech Therapists, etc.

During the course of the year the psychologists have assessed 1973 children, and their findings are summarised in Table III. The headings in this Table were discussed in some detail in the last Annual Report. The psychologists consider that these headings overlap considerably and are relatively uninformative; they hope to elaborate this table in future years to give a more detailed picture of the causes of the children's difficulties.

TABLE III

Findings	1966-67	1967-68	1968-69
Emotional Disturbance	289	311	306
Physical Handicap	15	32	43
Environmental Circumstances	91	157	206
Low Innate Intelligence	166	212	210
Normal	33	92	89
Cause unknown	95	118	105
Category 'B' S/Learners: Discussion only	689 -	922 91	959 1014
Total	689	1013	1973

Of the 959 children represented in Table III (omitting Category 'B' Slow Learners) a total of 784 were dealt with by advice from the psychologists. In 293 of these cases the children were followed-up by further visits. 80 children were assessed with no additional action.

39 children showed sufficient emotional disturbance or other cause for a referral to the Child Guidance Clinic to be warranted.

19 children were placed in Remedial Units (compared with 9 in 1967-68).

A further 19 were accepted for therapy by psychologists and in 18 cases further investigations were pending at the end of the year.

Slow Learning Children

The provision of part-time remedial teaching for children who are retarded in literacy or numeracy, but not to an extent that they need to go into a Special Class, has now been available for one year. It has been welcomed by the schools with enthusiasm, and many teachers wish more help were available. The number of children referred for this help is half the total referred to the School Psychological Service. Relatively few of these children are examined by the psychologists. The majority are only discussed with the teachers and their work examined; some are seen briefly by the psychologists to

establish what approach to their retardation would be most appropriate. Some are examined in detail, sometimes: (a) because there is doubt as to whether they need Category 'B' help or to go into a special Class: (b) because the information provided by the school suggests that the child may be in need of other help.

The creation of Category 'B' has had the effect that schools who normally never put children forward have begun to make use of the School Psychological Service under this heading. This has given the Educational Psychologists a useful opportunity to get to know these schools better. In some cases it became clear that the children so referred should really come under Category 'A', sometimes because of low innate intelligence. Some small country schools have been reluctant to report retarded children because of resistance to transfer of children to other schools for placement in Special Classes. Where such transfer was, in any case unlikely, referral was not made because the schools felt that no useful purpose would be served and the child might suffer from being 'labelled' without any benefit in terms of special help, extra teaching, etc.

B. WORK IN OTHER EDUCATION SERVICES, HEALTH AND CHILDREN'S DEPARTMENTS

Speech Therapy Day Unit

The Speech Therapy Day Unit opened at Sidley C.P. School, Bexhill, in April, 1969. Candidates for the Unit were selected by an Assessment Panel which included the area psychologist and, in all, psychological reports on 17 children were required. It is hoped that in the coming year the psychologist will be able to give one session per month to the Unit so that, in addition to seeing new cases, he will be able to carry out regular re-assessments of those already attending.

Other Activities

In recent years the function of the Educational Psychologist, in the eyes of too many teachers, has been solely that of assessing slow learners. The Educational Psychologists have continued to expand the areas in which they exercise a preventive role. For instance, one source of educational, emotional and social problems as well as family friction and unhappiness, is unhappiness on the part of a child that does not in the early stages give rise to symptoms as such. Where parents and teachers recognise the potential contribution of the Educational Psychologist in such a situation and invite him to intervene the problem can often be dispersed before lasting harm is done. Greater understanding on the part of teachers and parents of the wider scope of the Educational Psychologist's professional skills is therefore desirable. This is fostered by talks to P.T.A.'s and Young Wives and by the Educational Psychologist attending such functions as school open evenings. In this setting especially parents can discuss their children informally with the Educational Psychologist. Open evenings

have been attended by the Educational Psychologists and many interviews have been held in this way. A considerable number of such interviews have led to further appointments and a number of quite severely disturbed children have come to attention.

Other activities have included:-

- a) The assessment of deaf children in conjunction with the Authority's Advisory Service for Deaf Children; participation in the Audiology Assessment Panel;
- b) Acting in a consultative role to the staff of the Hove Day Nursery. A high proportion of the children in the Day Nursery are "at risk" and help and advice at an early stage of the children's development may prevent or minimise later psychological problems;
- c) In-service training course for teachers in the four special schools;
- d) Two courses each of 11 sessions for teachers on personality development;
- e) Two local courses in child development for parents, play group leaders, and teachers;
- f) Participation in the Youth Leadership training course for voluntary workers and a week-end course for teenagers;
- g) Advice to students at the Seaford College of Education.

Children's Department

The psychologists have investigated and advised concerning the behavioural, emotional and other problems of children as follows:-

Shelleys Reception Centre	29
Stone Pound Remand Home	55
Mile Oak and Walsh Manor approved schools	15
	<hr/>
	99
	<hr/>

SPEECH THERAPY

The following are extracts from a report provided by Mrs. S. Hudson-Smith, Consultant Speech Therapist:-

An important new venture was started in April with the opening of a Speech Therapy Day Unit at Sidley, Bexhill, where 8 children with severe speech and language disorders receive intensive speech therapy, combined with special education (see report on page 71).

TABLE OF CLINIC SESSIONS

Area	Speech Therapy Clinic	Sessions per week
Northern	Crowborough	2
	East Grinstead	3
	Wadhurst	1
Central and Southern	Lewes	4
	Newhaven	2
	Seaford	2
	Uckfield	2
Eastern	Battle	3
	Bexhill	3
	Rye	3
	Hailsham	2
	Heathfield	1
Western	Burgess Hill	3
	Haywards Heath	3
	Newick House	1
	Down School, Portslade	2
	Portslade and Hove	10
	Chailey School	1
	Staplefield and Warninglid	
	Schools (1 each)	2

A number of consultative visits are also made weekly.

118 children were awaiting speech therapy at the end of the year, so that the appointment of an additional full-time Speech Therapist is an outstanding need in the coming year.

Pre-school children

The Consultant Speech Therapist has continued to provide parent advice and periodic home visiting for substantial numbers of under-fives, which has shown encouraging results and in a fair proportion of cases this has meant their entry into school free of their speech handicap. It has been found beneficial to form small groups for speech stimulation by play methods at several Clinics.

CHILDREN REFERRED DURING 1969

Schoolchildren	438
Pre-school children	95
TOTAL	533

Action taken.

Receiving treatment	379
Awaiting treatment	118
No treatment required	30
Treatment refused	6
TOTAL	533



Group therapy - "The rabbit hops"

**DAY UNIT FOR CHILDREN WITH
SEVERE SPEECH DISORDERS**

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

This has been a very important year for the Speech Therapy Service with the opening of a Speech Therapy Unit in April at Sidley C.P. School, Bexhill.

The purpose of the venture is to combine intensive speech therapy with special education to meet the needs of children suffering from severe speech and language disorder. Since 1967 attention has been directed towards the increasing number of dysphasic children in the County (those with partial or complete failure to develop expressive language and intelligible speech by Infant and Junior school age). In this event educational progress remains at a standstill. The Day Unit, designed to relieve a multiple handicap, is a progressive step taken as yet by only a few Authorities and will, therefore, arouse much interest as to its results.

A preliminary survey indicated that the heaviest concentration of cases in need of intensive treatment was in the Bexhill area.

An Assessment Panel was formed early in 1969 under the Chairmanship of the Senior Medical Officer for School Health. Each member was concerned with a special aspect of investigation necessary to establish suitability for acceptance at the Unit. Eight children were selected (that being the maximum number recommended for classroom teaching), and entered the Unit in April 1969. A substantial waiting list for future vacancies is being maintained. Children's ages range from 5 - 8 years. Speech therapy is given to each child individually at least four times a week and some group projects are shared between teacher and therapist. The bias is always on verbalising the variety of activities taking place in the classroom and some interesting apparatus is being used to stimulate the children's interest in communication.

One of the great advantages of the Unit situation is that whilst the children have specialised teaching and therapy within the Unit, they are not isolated from the other pupils in the school but are able to participate in many of their pursuits. This is especially valuable from the speech aspect, giving the children the opportunity of talking and listening to others with normal powers of communication.

The following are examples of striking progress made by children attending the Unit over the first 6 months period:-

R.M. An intelligent boy, aged 7 years, who had received weekly treatment (intermittently) for over 2 years.

Speech and language progress was very slow and response to learning skills unsatisfactory. After 2 terms at the Unit he has attained normal language and articulation and has now been discharged back to his former school.

S.D. Aged 8 years, she received intermittent weekly treatment over a period of four years. On entry to the Unit she still showed very confused verbal communication although her I.Q. was average on performance tests. In 6 months she has made over 12 months progress in expressive language and will be placed in a normal class of 8 year olds at Sidley School and continue to attend the Unit for speech therapy only.

R.C. Aged 7 years, this child was referred from Newcastle Royal Infirmary as dysphasic when the family moved to East Sussex 2 years ago. Her previous treatment had been carried out at the Hospital for approximately 12 months. Therapy had been continued weekly for the last 2 years. On entry to the Unit she showed marked confusion in expressive language and articulation was often unintelligible. 2½ years progress has been made in the 6 months at the Unit.

S.S. Aged 5 years - she was practically a non-communicating child on entry to the Unit. She produced mainly jargon noises as a means of expressing herself. No previous speech therapy or schooling had been received. At the time of her entry it was impossible to apply any speech or language tests but six months later her progress has been of the order of 2 years advance in vocabulary and articulation.



Attention and co-ordination - essential skills



Speech through play therapy -
"A cup of tea?"

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:-

<u>Clinic</u>	<u>No. of Sessions</u>	<u>Children found to have errors of refraction (including squint)</u>	<u>Children for whom spectacles were prescribed</u>
BEXHILL	11	82	56
BRIGHTON	15	129	99
EASTBOURNE	18	263	242
EAST GRINSTEAD	11	65	51
HAYWARDS HEATH	34	372	322
ST. LEONARDS	11	74	57
TUNBRIDGE WELLS	23	247	177
TOTALS	123	1232	1004

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	2	5	-	-	-	-	2	2	4	7
Malignancies	1	-	-	1	-	-	-	-	1	1
Congenital Abnormalities	-	1	-	1	1	-	-	-	1	2
Others	-	-	2	1	1	-	-	2	3	3
Total	3	6	2	3	2	-	2	4	9	13

Deaths in children of school age again showed a predictable pattern. Exactly half of all the deaths (11 out of 22) were due to accidents, and the toll was heavier among boys than girls. Furthermore, it might be of some significance that these accidents involved children in two age-groups, the 5 - 7 year olds and the 15-16 year olds.

Three of the four older children were killed on the roads. One might have been saved by wearing a crash-helmet and the other two by the correct use of safety belts.

A disturbing number of children were killed in the younger age-group. Three died on the roads in the following circumstances:-

One rode a child's scooter down an alley way onto a main road in the path of a passing motor car, the second was run over while crossing the road, and the third rode a bicycle in collision with a public service vehicle.

Two boys, both aged six, died on railway property. One was killed by a passing train and the other was electrocuted by the live-rail.

While the figures are small, the seven deaths in the infant school age group would correspond to a national figure of over a thousand deaths.

STATISTICAL SUMMARY RELATING TO THE B.C.G. SCHEME
FOR SCHOOL CHILDREN AND STUDENTS 1969

DETAILS	COUNTY AREA	HOVE & PORTSLADE	EAST SUSSEX
Number of Schools and Colleges visited	60	18	78
Number skin tested (excluding those who have had B.C.G.)	3,318	1,378	4,696
Number skin tested but already had B.C.G. (186 found positive and 29 negative)	215	-	215
Number positive	434	158	592
Percentage found positive	13.1%	11.5%	12.6%
Number negative	2,696	1,186	3,882
Number vaccinated (includes 29 negatives who already had B.C.G.)	2,725	1,183	3,908

EMPLOYMENT OF CHILDREN

One of the conditions regulating the 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 649 certificates were issued by the school medical officer for this purpose.

ENURESIS ALARMS

In the introduction to the report for 1968 a brief reference was made to the provision of buzzer-type alarms for children who are habitual bed-wetters.

The alarms are supplied by the Principal School Medical Officer through the Area Nursing Officers. Before an alarm is issued, certain conditions must be fulfilled:-

- (1) The General Practitioner must be consulted and confirm his agreement to this method of treatment.
- (2) The child must be over six years of age.
- (3) It must be confirmed by a doctor, either the School Medical Officer, or the General Practitioner, that there is no physical or primary emotional cause. (Emotionally disturbed children are of course treated within the Child Guidance Service).
- (4) A limit of six weeks is set to a course of treatment.

Two similar types of alarms have been used. One emits a low frequency continuous buzz and the other a high frequency note.

From the 1st April to the 31st December, 1969:-

32 alarms were issued.

58% showed a successful response after one course

7% relapsed immediately after one course.

29% failed

6% were dry with medical treatment before alarm system could be effective.

These figures correspond to the findings at most centres. It will be some time before long term results can be assessed.

CHILD CARE AND HYGIENE CLASSES

Senior girls and boys in 23 schools have continued to receive instruction in Child Care, given by Health Visitors. 518 girls and 22 boys took the examinations set to test the pupil's theoretical knowledge and practical skills and 483 girls and 22 boys passed, 107 of them with credit.

In addition the Health Visitors gave 869 classes in health education in primary schools.

SCHOOL MEALS SERVICE

The total number of schools in the County with self-contained kitchens is 168 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 supplied with pasteurised milk which is delivered daily under contract by forty-one approved dealers.

Supervision of supply arrangements has been maintained and 64 representative samples, covering all sources of supply were submitted for laboratory examination.

The milk was reported to be up to the required standard except in one case where a sample failed the phosphatase test. This was attributed to a defective flow diversion valve at a central pasteurising establishment, which was repaired forthwith.

The present arrangement of supply is considered to be satisfactory.

SCHOOL SWIMMING POOLS

Fourteen additional swimming pools came into operation during the year at County maintained schools and there are now 14 permanent or major pools at Secondary Schools and 55 "learner" type pools at primary schools.

All these pools are operated on a full treatment system providing for continuous circulation, filtrations and chlorination of the water.

The conditions of the pool water and the facilities provided in connection with swimming are kept under observation by the county health inspectors who advise on all matters relating to safety and hygiene.

Routine testing and sampling of the water for bacteriological examination is undertaken throughout the swimming season and the general standard of maintenance is considered to be satisfactory.

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 373 medical examinations were carried out for students who had been selected to attend Colleges of Education for teacher training courses.

EXTRACTS FROM THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR HOVE SCHOOL HEALTH SERVICE - 1969

MEDICAL INSPECTIONS

During the year the total number of periodic medical examinations carried out was 1604, which is an increase of 67 over the previous year.

Hearing tests are carried out on all children. One of the School Medical Officers holds an Audiology Clinic fortnightly, when all cases with defects are examined. Further investigation may then be considered necessary, including the advice of a Consultant Ear, Nose and Throat Surgeon, or the child's General Practitioner. Where necessary cases are also reported to the East Sussex Advisor of the Deaf and advice given regarding the choice of hearing aid, if such is necessary. Advice may also be given to school staff regarding placement of the child within the class room. All cases where defects are found are followed up to ensure that the child is benefiting from the advice or aid.

HANDICAPPED CHILDREN

The Education Authority is responsible for ascertaining which children over the age of two require special educational treatment. It is essential that all handicapped pupils are detected as early as possible. The School Health Service learns of these handicapped pupils from various sources, including the local Consultants, General Practitioners, Infant Welfare doctors and Health Visitors. We are fortunate that a very good relationship exists in this area and the attachment of Health Visitors to the General Practitioner team has improved greatly this close liaison.

Handicapped pupils may also be detected by the Head Teachers and at school medical examinations.

During the year 33 school children were examined and classified as follows:-

Deaf	3	Maladjusted	1
Partial hearing	8	Physically handicapped	13
Partially sighted	4	Educationally backward	1
Epileptic	3		

All these children were satisfactorily placed to meet their own special individual needs.

STAFF

During the year Dr. Lodwick resigned to take up a post with East Sussex County Council. It has not been possible to secure the services of a suitable successor and it has been necessary to rely on the services of sessional doctors to operate the service.

CONCLUSION

I would like to express my thanks to those involved in the work of the School Health Service and particularly the medical, nursing and lay staff for their co-operation during the year.

I would also like to mention Dr. Watson, County Medical Officer of Health, and his staff, Mr. Fenton Evans, Chief Dental Officer, Mr. Amdor, Area Dental Officer, Mr. O'Sullivan, Borough Education Officer.

The continued support and encouragement received from the Education Committee at all times is greatly appreciated.

N. I. CONDON.

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)
1965 and later	589	589	-	-	24	46	70
1964	2,806	2,803	3	-	69	103	172
1963	2,750	2,750	-	-	64	119	183
1962	720	720	-	-	22	39	61
1961	445	445	-	-	14	28	42
1960	377	377	-	-	9	13	22
1959	1,208	1,208	-	-	40	37	77
1958	1,388	1,388	-	-	40	70	110
1957	1,079	1,079	-	-	40	25	65
1956	397	397	-	-	17	14	31
1955	826	826	-	-	56	19	75
1954 and earlier	2,765	2,765	-	-	170	91	261
TOTAL	15,350	15,347	3	-	565	604	1,169

Column (3) total as a percentage of Column (2) total

99.98%

Column (4) total as a percentage of Column (2) total

.02%

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	1,218
Number of Re-inspections	7,674
Total	8,892

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	63,164
(b) Total number of individual pupils found to be infested	104
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944).	16
(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 periodic 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)		PERIODIC INSPECTIONS				SPECIAL INSPECTIONS
			ENTRANTS	LEAVERS	OTHERS	TOTAL	
4	Skin.....	T	23	28	25	76	-
		O	108	53	53	214	3
5	Eyes - a. Vision.....	T	205	236	149	590	107
		O	911	358	325	1,594	26
	b. Squint.....	T	37	3	3	43	3
		O	96	10	14	120	1
	c. Other.....	T	7	4	1	12	-
		O	13	9	5	27	-
6	Ears - a. Hearing	T	88	9	33	130	15
		O	337	24	50	411	13
	b. Otitis Media.....	T	14	-	1	15	-
		O	48	6	12	66	1
	c. Other.....	T	3	1	2	6	-
		O	32	4	5	41	1
7	Nose and Throat.....	T	41	6	10	57	-
		O	405	22	52	479	10
8	Speech.....	T	58	6	15	79	-
		O	180	14	22	216	3
9	Lymphatic Glands.....	T	2	2	-	4	-
		O	45	6	3	54	2
10	Heart.....	T	17	4	7	28	-
		O	78	14	24	116	4
11	Lungs.....	T	21	11	7	39	2
		O	158	26	61	245	3
12	Developmental - a. Hernia.....	T	12	1	2	15	-
		O	48	-	3	51	-
	b. Other.....	T	22	8	23	53	-
		O	137	43	60	240	3
	Orthopaedic - a. Posture.....	T	2	10	3	15	-
		O	26	21	22	69	1
13	b. Feet.....	T	5	2	4	11	-
		O	113	43	57	213	1
	c. Other.....	T	4	9	2	15	2
		O	65	33	36	134	-
	Nervous System - a. Epilepsy.....	T	2	-	4	6	-
		O	29	9	27	65	1
14	b. Other.....	T	1	5	-	6	-
		O	26	2	8	36	-
	Psychological - a. Development.....	T	19	7	9	35	-
		O	373	50	124	547	19
	b. Stability.....	T	9	4	4	17	1
		O	186	27	78	291	18
16	Abdomen.....	T	8	2	2	12	-
		O	45	15	30	90	1
17	Other.....	T	6	4	6	16	-
		O	41	18	23	82	4

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND

SECONDARY SCHOOLS (including Nursery and Special Schools)

TABLE A. - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	41
Errors of refraction (including squint)	2,194
TOTAL	2,235
Number of pupils for whom spectacles were prescribed	1,598

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	38
(b) for adenoids and chronic tonsillitis	464
(c) for other nose and throat conditions	12
Received other forms of treatment	2
TOTAL	516
Total number of pupils still on the register of schools at 31st December, 1969, known to have been provided with hearing aids: -	
(a) during the calendar year 1969	5
(b) in previous years	123

TABLE C. - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	274
(b) Pupils treated at schools for postural defects	12
TOTAL	286

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	15
Scabies... ..	5
Impetigo	20
Other skin diseases	32
TOTAL	72

SECTION III

COUNTY DENTAL SERVICE

(including Borough of Hove & Portslade Urban District)

Section III

County Dental Service

C O N T E N T S

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STAFF OF COUNTY DENTAL SERVICE

1969

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 Officers

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

MR. T. H. A. PALLIN, L.D.S.R.C.S. (Appointed 1.8.69)

MRS. S. A. PARK, L.D.S.R.C.S. (Appointed 1.8.69)

Senior Dental Officers

MR. T. H. A. PALLIN, L.D.S.R.C.S. (Appointed Area Dental Officer 1.8.69)

MRS. S. A. PARK, L.D.S.R.C.S. (" " " ")

MR. S. G. PILLOW, B.D.S. U. Bris. (Appointed 1.8.69)

Orthodontist

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

Dental Officers

MR. J. G. DIXON, L.D.S.R.C.S.

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

MR. D. P. FAWKNER, L.D.S.R.C.S.

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

MR. R. SHERWOOD MOCKETT, L.D.S.R.C.S.

MR. S. G. PILLOW, B.D.S. U. Bris. (Appointed Senior Dental Officer 1.8.69)

MR. R. A. POYNTZ, B.D.S. U. Dur. (Appointed 1.9.69)

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

MR. R. C. TAYLOR, L.D.S.R.C.S.

Sessional Dental Officers

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.

Dental Auxiliaries

MISS M. C. HOCKEY (Appointed 8.9.69)

MISS P. A. WOOD (Appointed 2.9.69)

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. J.A. DEWSBURY, M.B., B.S., D.A. (Eng)

DR. M. FIELDING, M.B., F.F.A.R.C.S.

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

DR. M.T. KILCOYNE, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M., D.A. (Eng)

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

DR. D.H. SIVADEVAIAH, L.M.S.S.A., D.A. (Eng)

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

COUNTY DENTAL SERVICESREPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER & CHIEF DENTAL OFFICER

The facilities now being made available for the provision of more sophisticated forms of treatment, the creation of a staffing structure and the offer of enhanced Conditions of Service were important factors in retaining a stable and complete staff throughout the year.

This improvement in staffing and the opening of the dental suite in the New Health Centre in Hailsham is reflected in an increase in all forms of treatment provided and in the number of children inspected. It has remained impossible, however, to examine all children at routine school dental inspections within the year. It has continued to be within the rural areas that the greatest difficulties have been experienced but the introduction of an additional mobile clinic next year should ease the situation and allow the re-adjustment of clinic areas so that all children may receive an annual inspection.

The specially designed mobile orthodontic clinic was brought into service during the second half of the year. Constructed on a Ford 30 cwt. chassis and capable of carrying a small water supply and of operating from mains electric supply or batteries, it has given the County's orthodontist maximum mobility and has enabled the provision of treatment where and when it is needed. In the rural areas the patient is not now required to travel long distances and it has reduced the degree of encroachment on academic time. Some 14% of the orthodontic cases treated during the year were in rural areas and few of these would have received this form of treatment had it not been for the availability and easy mobility of this clinic.

An additional advantage of this mobile unit - the only one of its type in the country - is that it may be sited at a full-time single surgery clinic, using the waiting room and sanitary facilities available there, without interfering with the normal working of the resident dental officer. During the time the clinic has been in use, operating to this pattern has resulted in a saving of sixty nine surgery sessions.

Based on the experience gained from the successful pilot scheme of the previous year, an Apples for Schools Scheme covering the whole county with the exception of Hove, was offered to schools in September. The scheme was designed to supply first class small fruit from grower to pupil, ready washed for immediate consumption at a reasonable price, and to provide a small profit margin for school funds but at no cost to the Authority. A considerable amount of advance planning was necessary; particularly in respect of the distribution system, and by the time the final details were settled all those associated with the scheme were confident that it could operate successfully provided it gained the support of Head Teachers and parents.

The launching of the scheme was given excellent publicity in both local and national press, on radio and on television and aroused greater interest than was anticipated - both inside and outside the county. The support given by the Head Teachers and parents produced an initial demand for apples far in excess of the estimate based on the uptake of the pilot scheme.

However, the one factor over which planners and planning had neither control nor influence - Mother Nature - very nearly brought the scheme to an early close. Because of the prolonged good summer, the fruit cropped unusually large with a resultant shortage of the smaller sized apples on which the scheme was based. It became obvious that if the scheme was not to be abandoned, a larger apple must be used and it was with regret and reluctance that a consequent increase in price was announced.

In spite of this early and unfortunate upset, however, the scheme registered some considerable success, for during the fifteen weeks from its launching to the end of the year over 912,000 apples were sold and, at the recommended selling price, school funds benefited by more than £1,600. It also made possible a useful assessment of the attitudes and interest of Head Teachers and of parents to dental health measures. From the number of parents who participated - and provided the necessary money - it would certainly seem that there is a healthy interest in the maintenance of their children's dental health.

Although it is almost certain that some of the "apple-money" given to children by their parents was spent on sugar confectionery before they arrived at school, it is hoped that at least some reduction resulted in the overall intake of harmful sweet sticky foodstuffs.

The advice and assistance given by the Apple and Pear Development Council was invaluable and I should especially like to express my appreciation to the packing station and its associated growers for all they have done to try to make the scheme a success, for dealing so patiently with the many problems which arose and particularly for their generosity in subsidising the scheme by £1,115 during the difficult period when small apples were not available and before the new price structure was introduced.

The need for a dental health education programme continues and was demonstrated in several ways after the introduction of the Apples for Schools scheme. Although it has not been possible to embark upon a planned programme the outlook is more hopeful than ever before that dental health education may become an integral part of the normal school curriculum within the reasonable future and that, as in about 60% of Authorities, special staff will be appointed to supervise and carry out this most important function of an ideal dental service.

The fluoridation of domestic water supplies would greatly reduce, at a minimal cost, the incidence of dental caries but until its introduction - and even after -

the dental service must increase its efforts in the field of preventive dentistry. Once the immediate target of annual inspections for all is attained, it is hoped that this hitherto neglected aspect of the service may be developed ; preferably alongside an effective and constant campaign of dental health education.

In October, a Senior Dental Officer and a Dental Officer of the Department of Education and Science visited East Sussex and carried out a survey of the dental service. Since their previous visit in 1965, the service has been remodelled and certain improvements have resulted - the number of children treated has been increased by 29%; the number of fillings inserted has been increased by 147%; the number of fillings per dental officer per session has been increased by 115%; the cost per filling has been reduced by 24.9%; a completely new orthodontic service has been brought into being and an oral surgery unit is being developed in the new Health Centre in Hailsham. Progress in improving the standard of clinics has been slower than hoped for, however, particularly in respect of decoration. A seven or more year programme of redecorating, without interim washing down, not only fails to present a clean and pleasing atmosphere to the public and working environment for the staff but makes it almost impossible to maintain a reasonable standard of sterility. It is hoped that progress in improving the fabric of the clinics may be accelerated and it is planned to instal, in all surgeries over as short a period as possible, new equipment more suited to modern techniques of providing treatment. All surgeries are now provided with x-ray machines.

In the first national dental survey ever to be carried out, there is recorded evidence of the need for, and the importance of, an efficient and well staffed school dental service. In the report, "Adult Dental Health", prepared for the Department of Health and Social Security by the Government Social Survey, attention is drawn to the effect on present day adults of the poorly staffed school dental service of the 40's and 50's. Evidence was apparently found to show that this has resulted in a failure to educate a substantial proportion of adults in the 16 to 34 age group in the importance of regular attendance for dental inspection and treatment.

A start has been made in offering and providing dental treatment for the mentally handicapped. It is intended to extend this service during the coming year provided that it can be integrated without adverse effect on the immediate target of annual inspection of all pupils at maintained schools.

Within the Maternity and Child Welfare classes there has been little change in the number of patients and the amount of treatment provided. It is not possible to forecast any marked increase in the service provided for these priority classes and almost certainly, not before a programme of dental health education impresses upon mothers the need for early inspection and treatment of young children.

In a number of respects, the year was one of expansion, progress and improvement none of which would have been possible without the loyal support of a conscientious and competent staff. For this support I am extremely grateful. I should also like to thank my colleagues and their staffs for the assistance they have given during the year.

C. K. FENTON EVANS,

Principal School Dental Officer
and Chief Dental Officer.

Children		Expectant and Nursing Mothers	
1968	1969	1968	1969
111	128	111	128
109	121	109	121
114	124	114	124
100	107	100	107
402	402	402	402
126	102	126	102
49	71	49	71
28	14	28	14
- 19 -			
No. of Sessions (advisory)			
256.25 (221.227)			

1969

COUNTY DENTAL SERVICE

School Children

<u>1st Inspection in year</u>	<u>1968</u>	<u>1969</u>
Number inspected at school	34,714	39,629
Number inspected at Clinic	3,675	4,237
	<u>38,389</u>	<u>43,866</u>
Requiring treatment	21,443 (55.9%)	24,103 (54.94%)
Offered treatment	19,319 (50.3%)	21,108 (43.63%)
Treated	8,716	10,473
<u>Treatment</u>		
Sessions devoted to treatment	4,590	5,629
Number of attendances (treatment)	25,351	30,477
<u>Fillings</u>		
(a) Permanent	20,280	24,080
(b) Deciduous	12,328	15,903
	<u>32,608</u>	<u>39,983</u>
<u>Extractions</u>		
(a) Permanent	1,073	1,305
(b) Deciduous	3,552	4,526
	<u>4,625</u>	<u>5,831</u>
Orthodontic cases treated	468	649
Orthodontic cases completed	106	161
Ratio teeth filled : extracted		
(a) Permanent	14.6:1	14.6:1
(b) Deciduous	3.0:1	3.0:1

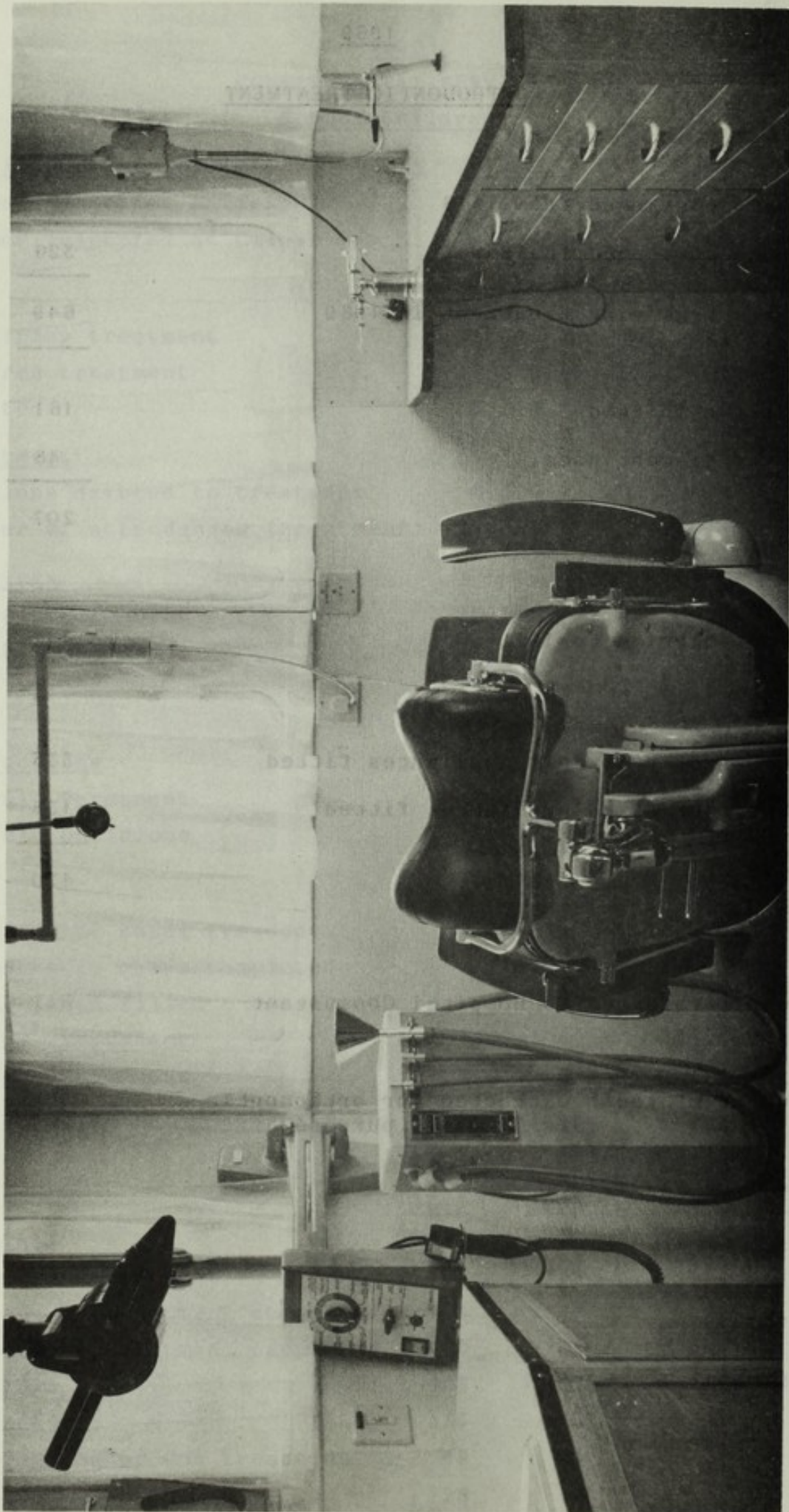
Maternity and Child Welfare

	<u>Expectant and Nursing Mothers</u>		<u>Children Under Five</u>	
	<u>1968</u>	<u>1969</u>	<u>1968</u>	<u>1969</u>
Examined	111	136	1,036	1,236
Requiring treatment	109	131	605	682
Courses of treatment commenced	114	124	596	603
Courses of treatment completed	100	107	503	549
Fillings	403	403	1,758	2,059
Extractions	136	103	343	328
Scaling and/or Gum treatment	49	71	12	109
Dentures	28	14	-	-
No. of Sessions (equivalent)	= 336.25 (337.357)			

1969

ORTHODONTIC TREATMENT

	<u>1969</u>
Cases continued from 1968	323
Cases commenced in 1969	<u>326</u>
Cases receiving treatment in 1969	649
	<u>-----</u>
Cases completed	161
Cases discontinued	<u>46</u>
	207
Cases carried to 1970	442
Number of removable appliances fitted	335
Number of fixed appliances fitted	<u>135</u>
	470
Number referred to Hospital Consultant	Nil
Number of teeth extracted for orthodontic purposes	1,265



Interior of Mobile Orthodontic Clinic.



Mobile Orthodontic Clinic.

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, 1969)

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.
Medical Officer in Departments	Anne Toal, L.R.C.P., S.I.
Area Nursing Officer	Miss K.R. Bryant, S.R.N., S.C.M., H.V., 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.M. Waters, S.R.N. R.S.C.N., S.C.M.
Home Help Organiser	Mrs. F. Jackson
Senior Mental Welfare Officer	Mr. L. Oliver, M.S.M.W.O., R.M.P.A., S.R.M.N., R.G.N.
Speech Therapist	Miss B.J. Bentley, L.C.S.T.

VITAL AND GENERAL STATISTICS 1969

Population - Mid 1969 (General Register Office Estimate) 71,190

Rateable Value (1st April, 1969) 6,410,354

Sum represented by a penny rate 25,145

Deaths

1969 : 1,470 (621 male, 849 female)

1968 : 1,566 (665 male, 901 female)

1969 : Standard rate : 20.6 Nat. Average:11.9 Corrected rate 11.1

1968 : Standard rate : 21.90 Nat. Average:11.9 Corrected rate 11.82

Mothers and Infants

Live Births:

1969 : 694 (349 male, 345 female)

1968 : 733 (365 male, 368 female)

1969 : Standard rate : 9.7 Nat. Average : 16.3 Corrected rate 13.2
(per 1,000 population)

1968 : Standard rate : 10.25 Nat. Average 16.9 Corrected rate 13.94
(per 1,000 population)

	<u>1968</u>	<u>1969</u>
Illegitimate Live Births		
(per cent of total live births)	19.64	18

Stillbirths:	4	5
--------------	---	---

Rate per 1,000 total live & still births	5.42	7
--	------	---

Total Live and Still Birth:	737	699
-----------------------------	-----	-----

Infant Deaths (deaths under one year)	11	6
---------------------------------------	----	---

Infant Mortality Rates:

Total Infants deaths per 1,000 total live births	15.00	9
--	-------	---

Legitimate infant deaths per 1,000 legitimate live births	13.58	9
---	-------	---

Illegitimate infant deaths per 1,000 illegitimate live births	20.83	8
---	-------	---

Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)	9.54	9
--	------	---

Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births)	9.54	7
--	------	---

Perinatal Mortality Rate (still-births and deaths under one week combined per 1,000 total live and still births)	14.92	14
--	-------	----

Maternal Mortality (including abortion)

Number of deaths	Nil	Nil
------------------	-----	-----

PORTSLADE-BY-SEA VITAL STATISTICS

		<u>1968</u>	- <u>1969</u>
Population		18,350	18,420
Death Rate	Standard	12.47	10.2
	Corrected	12.71	10.1
Total Deaths		229	187
Birth Rate	Standard	20.65	17.5
	Corrected	20.23	17.2
Total Births		379	323
Stillbirths		4	3
Rate per 1,000 total live and stillbirths		10.44	9
Total Live and Still Births		383	326
Infant deaths under 1 year		11	3
Total infant deaths per 1,000 total live births		29.02	9
Legitimate infant deaths per 1,000 total legitimate live births		30.47	10
Illegitimate infant deaths per 1,000 illegitimate live births		Nil	Nil
Neo-Natal Mortality Rate		21.10	9
Early Neo-Natal Mortality Rate		18.46	6
Perinatal Mortality Rate		28.72	15
Maternal Mortality			
Number of Deaths		Nil	Nil

Infectious Diseases (including Tuberculosis)

194 cases of Infectious Diseases were notified during 1969, against 248 in 1968. 108 measles notifications were received (1968 - 147), and 21 Scarlet Fever (1968 - 46). Dysentery notifications 22 (1968 - 10). There were 14 cases of Food Poisoning during the year (1968 - 1), and 17 cases of Infective Janudice (1968 - 6).

Notification is no longer required in respect of Pneumonia and Erysipelas.

The total number of tuberculosis cases on the register at the end of 1969 was 512 (1968 - 678). This reduction is because the register was completely reviewed during 1969 and numerous cases were found to have left the area.

The infectious disease notifications in respect of Portslade for 1969 totalled 211, compared with 136 in 1968. Measles accounted for 158 notifications (1968 - 29) and Scarlet Fever 48 (1968 - 77).

The number of cases on the Portslade Tuberculosis Register at the end of 1969 was 115, compared with 142 in 1968. Two new cases were reported during the year and there were seven deaths.

CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22, National Health Service Act, 1946)

Audiometry

As in previous years clinics were held at the various Infant Welfare Clinics in Hove and Portslade.

The following table gives some indication of the work done during the year.

	<u>New cases</u>			<u>Re-check cases</u>		
	<u>Number Examined</u>	<u>Number Passed</u>	<u>Number Failed</u>	<u>Number Examined</u>	<u>Number Passed</u>	<u>Number Failed</u>
Hove	97	85	12	6	5	1
Portslade	172	150	22	13	9	4

CONGENITAL MALFORMATIONS

The following table sets out the actual number of notifications received during 1969.

	<u>Live Births</u>	<u>Still Births</u>
January	-	-
February	1	-
March	2	-
April	1	1
May	2	-
June	-	-
July	-	1
August	1	1
September	1	-
October	-	-
November	-	-
December	-	-
	<u>8</u>	<u>3</u>

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

(National Health Service Act, 1946)

HEALTH VISITING

There has been no major change in the work of Health Visiting during the year. The attachment scheme started in 1968 has continued and although still in its infancy and with some of the problems of infants, the benefits of this system can already be seen. The staff have a greater knowledge of their patients through working in closer contact with the General Practitioners and this, of course, is of great benefit to those they care for.

The staff position remained satisfactory during the year. Miss Kirkhope, Senior Health Visitor, left at the beginning of the year after thirty years of service. Mrs. Joyce left us to work nearer home and Miss Van't Veen resigned in November to take up a more senior appointment in Surrey. Miss Richardson, who was sponsored for the Health Visitor Training Course, was successful in passing her examination and took up her duties as a Health Visitor in September.

In September a new course started at the Brighton College of Technology combining the Health Visitor and District Nurse Training. Two students were accepted for this course, one of whom is taking her practical training in Hove. This practical training has to take place in the framework of an attachment scheme where the Health Visitor Fieldwork Instructor and the District Nurse Practical Work Instructor work together with the same group of General Practitioners. The student, Miss Reeve, appears to be enjoying this course which is proving stimulating and interesting both for her and for her instructors.

The Geriatric Health Visitors were rather depleted in number after Mrs. Richardson left in February, 1969, and unfortunately we were not able to find a successor to her during the year. This side of the work continues to be very demanding and time-consuming owing to the number of complex and urgent cases needing attention.

DOMICILIARY MIDWIFERY

The number of domiciliary confinements has dropped again this year and, as can be seen by the figures overpage, is now very low.

A new scheme was started during the year whereby the domiciliary midwives have delivered certain mothers in Southlands Hospital and then continued to care for them when discharged home. We are very indebted to Southlands Hospital for their co-operation in making this scheme possible.

Unfortunately this scheme had to be temporarily discontinued owing to an acute staff shortage. Three of our midwives left during the year. Two to return to hospital work and one to take the Health Visitor Training Course.

It is increasingly difficult to recruit domiciliary midwives due to the trend for the majority of mothers to be delivered in hospital.

We have continued to take pupil midwives for their Part II training from Cuckfield Hospital.

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1969
(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 doctor or another.	DOCTOR NOT PRESENT AT DELIVERY		
-	-	18	27	45	628

DISTRICT NURSING

Although we have had a number of staff changes during the year we have been fortunate in being able to replace staff without much delay. During the latter part of the year Miss O. Birch died suddenly within a short time of her impending retirement. Miss Birch had been a member of the nursing staff for 12 years, during which time she gave loyal and devoted service. She is much missed by all the staff and the patients whom she attended. Three nurses have taken the district nurse training during the year and, having all been successful in passing the examination, have received the National District Nurse Training Council Certificate. The majority of our nursing staff have now taken the training course and it is hoped eventually that all nursing staff will have received the Certificate.

The number of cases nursed during the year shows a slight drop on the previous year, but the amount of work involved with each case seems to increase each year. Many seriously ill and severely handicapped people now remain at home to be cared for and visits to these patients are very time consuming.

Great emphasis is laid, where possible, on rehabilitation of patients so that they can achieve as active a life as possible.

VACCINATION AND IMMUNISATION

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

POLIOMYELITIS VACCINATION

The new Schedule of Immunisation was in operation for the whole of 1969, and it will be noted that there is a variation in the figures for this year.

The drop in the number of initial courses is due to the fact that any child born after mid-April would not complete the primary course during 1969, whereas in previous years an initial course was usually completed within three to four months. The increase in re-inforcing doses is partly due to the new Schedule and partly to the fact that at the beginning of July we were notified by the Department of Health and Social Security of press reports of an occurrence of Poliomyelitis in Spain. This resulted in a large number of children receiving booster doses from their General Practitioners prior to travelling to this area.

Poliomyelitis Vaccination

	<u>Primary Courses</u> <u>Children under</u> <u>16 years</u>	<u>Re-inforcing Doses</u> <u>Persons 16-40 years</u>	<u>Children under</u> <u>16 years</u>
1967	842	19	723
1968	768	2	649
1969	480	6	846

DIPHTHERIA - WHOOPING COUGH - TETANUS

Again the difference in figures is largely due to the introduction of the new Schedule.

Under the new arrangements the Secondary and Grammar Schools were visited during the Spring Term and consequently there has been a large increase in the number of primary and re-inforcing injections given for Tetanus. In approximately another 12 - 18 months, the number of primary Tetanus injections should decrease as most children attaining the age of 15 years in 12 months time, will have had Tetanus included in their infancy course and therefore will only require re-inforcing doses.

In addition to the figure shown in the table for primary courses in 1969, 359 Tetanus courses were given.

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

	<u>Primary Course of</u> <u>Immunisation</u>	<u>Re-inforcing</u> <u>injections</u>
1967	875	1260
1968	715	343
1969	457	544

Smallpox Vaccination
Children under 16 years

	<u>Primary Vaccinations</u>	<u>Re-Vaccinations</u>
1967	500	109
1968	489	124
1969	408	224

Measles Vaccination

Children under 16 years - 319

PREVENTION OF ILLNESS, CARE & AFTERCARE

(Section 28, National Health Service Act, 1946)

Chiropody Service 1969 - 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	-	1,150
Number of actual treatments	-	5,566

Chiropody Service 1969 - 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	-	124
Number of actual treatments	-	702

CYTOLOGY

No. of Clinics held	131
No. of applications (1st time) received ...	830
No. of smears taken (some of these were three year re-calls) ...	1,794
No. referred to General Practitioner ...	368
No. of positives ...	2

FAMILY PLANNING CLINIC

Clinics were held during 1969 at 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>1968</u>	<u>1969</u>
No. of sessions	169	200
New Patients	516	435
Transfers	77	109
Oral Contraceptive Patients	903	-
Pre-Maritals	112	-
Check visit patients	3,829	4,210

Sources from which new patients recommended:-

Clinic patient or friend	224	170
Family Doctor	165	118
Local Authority	28	17
Hospital	21	20
Other sources	78	110

This service is provided by the Family Planning Association.

HEALTH EDUCATION

This work is a very important part of the Health Visitor's duties, who are concerned mainly in the prevention of ill-health.

Much of this work has continued to take place in the schools and in the Autumn we took part in the national campaign to encourage people to stop smoking. Talks and lectures were given in schools, mothers clubs and clinics, and some excellent projects were displayed.

The Mothers' Clubs have continued to flourish and much in the way of health education has been achieved at these clubs. Displays and films have been used extensively to aid the programme and in addition to work in schools and clinics, lectures and talks have been given to many other bodies and groups.

The Central Council of Health Education, to whom we are much indebted, had supplied us with most of the materials used in our programme.

HOME HELP SERVICE

(Section 29, National Health Service Act, 1946)

This has proved to be a year of challenge. Some form of In-service training for Home Helps was considered advantageous to all concerned. This was started in January and achieved with the co-operation of the Area Nursing Officer, Deputy Area Nursing Officer and Senior Mental Welfare Officer. Lectures were given by these members of the staff to groups of ten at each session, 53 helps taking part.

Subjects were as follows:-

- (1) General running of household. Use of stores. Food values etc., Laundry - offensive - and Launderette.
- (2) Basic rules of home accidents. When to call the doctor, health visitor, district nurse. Disabilities of the aged.
- (3) Mental disorders and how to handle patients.
- (4) Summing up. Nature of work etc.

These lectures finished in July with a tea party and a presentation of certificates by the Medical Officer of Health. It is hoped that as groups of new recruits are engaged these too will undergo the same form of training.

As a result of these talks, interest was shown in facilities available for specialist groups in the area. Visits were arranged to Hillside School and Belgrave Training Centre.

The ever growing problem of how to continue caring for the aged registered with the department and to accept all new requests, is always difficult. This seems to balance out by admissions to hospitals and welfare homes and occasionally by care of relatives.

Recruitment is always our main source of concern. It is understandable that available sources of manpower are attracted to private homes that offer modern amenities. However, the type of person that does become a Home Help has a genuine desire to help people in need.

In November the Assistant Part-time ORGANISER became a full-time member of the staff. This will enable us to give the necessary supervision of staff and cases.

The achievement of this section is largely due to the continued co-operation of the Medical Practitioners, Geriatric Health Visitors, Medical Social Workers etc.

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

HOME HELP SERVICE, 1969

	Aged 65 or over on first visit in 1969	Aged under 65 on first visit in 1969				
		Chronic sick & Tuberculous	Mentally disordered	Maternity	Others	Total
Number of cases	723	29	1	22	44	819
Number of hours	37,745	5,404	862	765	4,772	49,548

Number of Home Helps employed as at 31st December 1969:

55 part-time equivalent to 26 $\frac{3}{4}$ full time.

HOVE DAY NURSERY

The year started as usual with a full complement of young children needing the special service the nursery is able to give. 1969 saw a higher percentage of social problems, some of which were very acute. Fortunately we were able to admit most children of applicants who were un-supported, i.e. widows, separated, divorced, unmarried, but it was still impossible to avoid a waiting list.

In August, however, it was necessary to close the Nursery in order to carry out major work in connection with dry-rot. As the rooms were completed, including redecoration, some of the most needy cases were taken back, but it was not until December that the Nursery was able to get back into full working order.

During the period from August to December, we were indebted to the Holy Trinity Church for the loan of their Youth Hut, which made it possible to look after twenty or so children who would otherwise have been without a place in the nursery.

During this period the staff worked under very difficult circumstances indeed and are to be congratulated on their efforts.

Towards the end of December the usual Christmas Party was held at the Clarendon Villas premises and we were very pleased that His Worship the Mayor of Hove, Councillor N.N. Freedman was able to spend a short time with the children.

MENTAL HEALTH

(Section 28, National Health Services Act, 1946)

During the year, the Hove Borough Council continued to exercise those functions included in the Scheme of Delegation.

Table I

Hospital Admissions

1966 1967 1968 1969

Informal

95 91 188 117

Statutory

109 50 81 79

Total

204 141 269 196

Annual Returns to Ministry

As will be seen from these statistics a greater demand has been made on the service throughout the year resulting in an increase of those in care at the end of the year by 50%. The staff remain at the same establishment of four.

Table IIAnnual Returns to
MinistryCases on Register at
31/12/69. Mental IllnessIllness Mental
Subnormality

1966	1967	1968	1969
273	231	160	242
93	101	98	115

In Table III will be seen the increase of use of the Mental Health service by the various agencies and voluntary bodies. It is of interest to note that in 1969 a large number of the referrals related to aged people.

Table IIIReferrals to Mental Health Service
January - December, 1969

	1965	1966	1967	1968	1969		Total 1969
					under 65	over 65	
Referred by General Practitioner	119	128	105	75	63	58	121
Hospitals on Dis-charge from In-Patient, etc.	23	58	73	56	30	28	58
From Out-Patient Clinics, etc.	23	49	70	44	39	30	69
L.E.A.	4	3	1	6	9	-	9
Police	9	34	24	23	25	12	37
Other Sources	82	153	124	135	164	99	263

As is common with most south coast towns, Hove Borough has to provide for the requirements of an ageing population, many of whom, through the processes of ageing, cannot look after themselves adequately in their own homes. Whilst the Day Hospital facilities at Bevendean, Brighton General and St. Francis Hospitals have increased their services in this field, the lack of a Day Centre in the area is bound to have a detrimental effect on the services for the elderly. It is hoped that the decision to establish a Psycho-Geriatric Day Centre will be implemented as soon as possible.

The Rehabilitation Centre at Burgess Hill has been well attended by the Hove residents during the year and the results are most encouraging in these cases.

The mentally handicapped have continued to benefit from their attendances at Hillside School and the Belgrave Adult Centre. Unfortunately, due to the number of applications,

for places at the Hillside School, a small waiting list exists. The same situation applies in the case of those severely handicapped children whose needs can only be met in the long-term care situation within one of the Regional Hospital Board's Hospital

The Social Club for the mentally handicapped continues to thrive. Attendance now exceeds 60 on Club nights and a most enjoyable outing took place in the summer to the Isle of Wight.

LOCAL WELFARE SERVICE UNDER THE NATIONAL ASSISTANCE ACT, 1948

WELFARE OF THE BLIND

The number of registered blind persons in Hove as at 31st December, 1969, was 286, and there were 108 partially-sighted; the corresponding figures at the 31st December, 1968 being 292 and 119 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 and dancing classes have continued throughout the year and the Christmas party 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 DISABLED

The Hove Society for the Disabled has continued to extend its assistance in the Borough to those who are disabled and in their work it is greatly helped by a large number of voluntary workers- on committees and 'in the field' as home visitors, drivers etc.

An Hon. Visitor was appointed early in the year who took over the voluntary visitors scheme and also the enrolment of new disabled members which was undertaken previously by the Geriatric Health Visitors. This has led to closer co-ordination of case-work, both within the Society and with the Public Health Department.

The number of residents of the Borough enrolled with the Society at one time reached some 220, but at the year end it was down to 200 due partly to a higher than usual number of deaths.

In October the weekly Craft Class was split into two classes which are now held on Wednesday mornings and Friday afternoons. This was to enable the craft teacher to give more individual attention to the members whose standard of work had already shown a marked improvement. The craft teacher also visits other members to give instruction in their homes. The Society acknowledges the assistance given by the East Sussex Association for the Disabled and the Local Authority.

Attendance at the fortnightly Bluebird Club averaged 65 and four outings were arranged during the summer months. Most of the members are brought by voluntary drivers and some are brought by the Bluebird ambulance and the County ambulance - for whose assistance the Society is most grateful.

Holidays were arranged and transport was provided for 25 members, and grants were made to a further 17 members who made their own arrangements. The net cost to the Society was £274, which excludes a grant of £44 from the Mayor's fund to assist some of those who were unable to provide all of their half-share of the cost of holidays arranged by the Society.

In addition to gifts handed to members at the Bluebird Club's Christmas Party, food parcels etc. were distributed to all other members.

The two principal fund-raising events of the year were the Flag Day collection jointly with the local branch of the British Rheumatism and Arthritis Association, and the Bluebird Bazaar in November.

The Bluebird ambulance was operated on 257 occasions; it conveyed 1,963 disabled persons and covered 7,435 miles at a cost of £438. In addition £300 in British Savings Bonds was added to the fund, set up for the eventual replacement of this ambulance, and the fund stood at £1,200 at the year end.

In order to safeguard this service to the housebound in the event of the present ambulance being off the road at any time and to increase our sphere of usefulness, the Society has ordered a second ambulance for delivery in June 1970 and consideration is being given by the County Council to the provision of additional garage accommodation.

At the year end, 117 housebound members were on the Bluebird register for whom special outings are planned. These included 40 to the country, 49 visits to cinemas, 10 to Sunday symphony concerts at the Dome and 5 to the Chichester Festival Theatre. The ambulance operated on 63 occasions on behalf of other organisations which included the Sussex Association of Youth Clubs (in conjunction with the Borough's Further Education Dept.) for the young disabled's P.H.A.B. Club, the East Sussex Associations for the Blind and for the Disabled, and the Disabled Drivers Association.

The services provided by the Society are arranged by three committees - Bluebird Club, Transport and Welfare, in addition to which is the fund raising committee. Experience gained over recent years has enabled the final stage of decentralisation to be implemented so that each committee will be able to handle it's own tasks more effectively.

One of the most difficult problems facing the Society is the finding of suitable places within reasonable distance for severely disabled for both holidays and short-stay (to give those looking after them a rest). This problem is unlikely to be solved in the short term. Another task concerns the raising of funds the major part of which, some £3,000, will be required for the new ambulance and for the overhaul of the present one when it enters its fifth year.

The Society gratefully acknowledges the co-operation and assistance it has received from the Local Authority, the County Council, the County Association for the Disabled, other organisations and supporters.

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.

At the end of 1969, 32 deaf people and 6 deaf-blind were registered in the Borough. 58% of these deaf people have attended Association activities in the past year, many of them regularly. The rest have been visited in their own homes.

During the year help was given in the case of a deaf young man of previous good character, who found himself in court. He was assisted by an interpreter at interviews with his solicitor and during the court proceedings, and is under regular supervision following his conditional discharge. Two people needed help over disturbed relationships at work, and in finding alternative employment.

Interviews were given to those needing explanations of written communications which they could not understand, and to discuss personal problems. Five deaf-blind people came regularly to the monthly social for the deaf-blind, with the help of transport provided.

Visits have been made to deaf schoolchildren, and a useful relationship formed with their families. One deaf young man is a member of the successful Sussex deaf football team.



