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THE HEALTH OF THE COMMUNITY

1970





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Report of the Medical Officer of Health and Principal School
Medical Officer for the Year 1970

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Mr. Chairman, My Lord, Ladies and Gentlemen,

The report for the year 1970, which I have the honour to present, is the seventy-sixth such annual report on the health of the Administrative County of East Sussex.

Before the report reaches you, the far reaching changes implicit in the Social Services Act will have been implemented. This means that I am reporting certain matters for the last time; noticeably those relating to the Mental Health and Home Help Services. Over the years your Health and Housing Committee has given a great deal of attention and priority to these extremely important services and it is with a mixture of pride and regret that the responsibility for them is handed on to the newly formed Social Services Committee and, in the case of the schools for mentally handicapped children, to the Education Committee. It is felt that the recognition of the necessity for these administrative changes represents the logical outcome of all that your Committee and officers have been striving to achieve through these services over the years.

I would like to place on record my thanks to and admiration of all the staff of the department who have contributed so much to the success of the Mental Health and Home Help services - from the senior officers to the most junior. They have done a good job and will, I am sure, continue to do so in the new administration.

It should not be thought that these changes leave little to be done in the Health Department. This annual report indicates the large volume of other work being undertaken. But I would not wish to emphasise this so much as the gaps in our service and the developments awaiting attention.

Once again, I would comment on the need to develop health education as a tool of preventive medicine. The setting up of a working party jointly with the Education Department is an important development in this respect. Health Education needs to be more widely recognised as an integral part of the whole education of the child, and not as a dramatic intervention and interruption in the child's education to deal with special problems like 'drugs' and 'sex'.

The report of the Chief Dental Officer indicates another problem. So long as we rely on the identification of disease (e.g., dental caries) as a means of prevention, the treatment services will always be overstretched in meeting the demands placed upon them. Year by year it becomes more difficult to inspect the teeth of the schoolchildren because the demands for treatment leave less and less time for routine inspections. Vicious circles of this sort can only be broken by the introduction of specific preventive measures such as Health Education and Fluoridation (these are not to be regarded as alternatives but complementary measures.)

During the year further steps were taken in the evolution of a more 'General Practice' orientated pattern of community medicine. The continuing evolution of the Community Health Team - general practitioners, health visitors, nurses, and midwives is gaining momentum. The County Council's computer is now aiding this pattern of working by helping these teams to cope effectively with the protection from specific diseases of the children in the team's care. There is a growing awareness that the function of these teams is to 'care for' people registered with them rather than to sit on the sidelines waiting for people in trouble to come to them. This may well prove to be the most significant development in Health Care to come from the National Health Service as we know it today. It is to be hoped that whatever changes may come in the structure of the Health Service in the future they will foster this development.

I would like to express my appreciation for the interest, help and encouragement that I have received from members of the County Council. Again my thanks are due to all members of the staff of the Health Department for their efforts and enthusiasm during the year in question.

Health Department,
County Hall,
Lewes, Sussex.

I have the honour to be,

Your obedient servant,

J.A.G. Watson

County Medical Officer of Health.

MEMBERS OF THE HEALTH AND HOUSING COMMITTEE

(as at 31st December 1970)

(a) Members of the County Council:

Mr. T. Benson
Miss M. Blount, M.B.E.
Mrs. M.L. Coltart
Major R.W. Corkling
The Hon. Daphne Courthope, C.B.E.
Mrs. E.S. Dickson
Mr. A.H.H. Draper
Mrs. M. Edmonson
Mr. R.G. Edwardes-Jones
(Vice Chairman of the C.C.)
Mr. L.A. Hammond
Mr. A.B. Haworth-Booth
(Chairman of the C.C.)
Mr. Claude Hershman, M.C.

Mrs. M.L.J.A. Kirby Turner
Sir William Lindsay, C.B.E. (Chairman
of Co-ordinating Committee)
Mr. R. Mitchell
Mr. T.H.B. Myners (Vice Chairman)
Mrs. W.L. Norrish
Mr. H. Riley, O.B.E.
Brigadier L.M. Scott
Lt. Col. E.M. Sheehan (Chairman)
Mr. C.W. Shelford
(Chairman of Finance Committee)

(b) Other Members:

Mrs. E. Boyden
Mrs. J.N. Kleinwort, M.B.E.
Mr. R.B. Powell

Dr. E.G. Sibley
Dr. J.A. Smart

Staff of the County Health Department and School

Health Service (as at 31st December 1970)

County Medical Officer of Health &
Principal School Medical Officer
Deputy County Medical Officer of
Health & Deputy Principal School
Medical School

J.A.G. Watson, M.B.,
B.S., D.P.H.
R.G. Brims Young, M.B.,
Ch.B., D.P.H.

Senior Medical Officers:

Nursing & 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.
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., B.Obst., R.C.O.G.

Twenty 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.,
H.V. Cert., Q.N.

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 P.A. Cross, 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 F.M. Wells, S.R.N., S.C.M.
H.V. Cert., D.N. Cert.
Miss G.M. Williams, S.R.N., S.C.M.
H.V. Cert., Q.N.
Miss M.J. Lilley, S.R.N., M.T.D.,
S.C.M. H.V. Cert., Q.N.

Midwifery Tutor

CHILD GUIDANCE SERVICE

Psychiatrists: H.V.W. Elwell, M.A., M.R.C.S., L.R.C.P., D.P.M.
Josephine M. Lomax-Simpson, M.B., Ch.B., D.P.M.
K.R. Masani, M.R.C.S., L.R.C.P., D.P.M.
J. Ross, B.Sc., M.B., ChB., D.P.M.

Child Psychotherapist: Miss Hedda Kevend, B.A., A.A.P.S.W.

Senior Education Psychologist: A.H. Morgan, M.A. (Psychology),
Dip. Ed.

Educational Psychologists:

R.I. Archibald, M.A. (Psychology),
Dip. Ed. Psy.
Miss O.M. Baker, M.A. (Psychology),
R.D. Gold, B.Sc.,
R.S. McConville, B.A. (Psychology),
Mrs. S.A.T. Morris, B.A. (Psychology),
Dip. Ed. Psy.

Principal Social Worker:

Social Workers:

P. Ransome, B.A. (Psychology).
N.W. Wilkinson, M.A., B.Ed.
J. Chisnell, A.A.P.S.W.
Miss S. Ellis, B.A.
Mrs. F.E. Harris, B.A. (Hons.)
Mrs. S. Korner, M.A. (Cantab.)
Mrs. J.M. Meredith, Dip. Soc. St. (Ldn.)
Mrs. I.C. Pember, B.A. (Oxon)
Miss M.M. Coates

Remedial Teacher:

Consultant Speech
Therapist:

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

Speech**Therapists:**

Mrs. E. J. Baker, L.C.S.T.

Mrs. M. M. Bell, L.C.S.T.

Mrs. C. Bloomer, L.C.S.T.

Mrs. M. E. Pruden, L.C.S.T.

Mrs. J. B. Smith, L.C.S.T.

Mrs. E. A. Stone, L.C.S.T.

Miss P. A. Tufnell, L.C.S.T.

Miss B. J. Bentley, L.C.S.T.

Adviser for**Deaf Children:**

M. A. Harding, M.N.C.T.D., M.S.H.A.A.

Peripatetic Teachers**of the Deaf:**

Mrs. E. M. Donovan, M.N.C.T.D.

Miss J. V. Howard, M.N.C.T.D.

Mrs. J. Melhuish, M.N.C.T.D.

P. Wilson, M.N.C.T.D.

Audiology Technicians:

Mrs. E. S. Caulfield

Mrs. M. E. Godlewski

Ophthalmic**Specialists:**

N. Ahmad, M.B., B.S., D.O., F.R.C.S.

M. J. Gilkes, M.B., B.S., F.R.C.S., L.R.C.P.

T. S. Goodwin, M.D., M.B., B.Ch., M.R.C.S.,
L.R.C.P.

A. B. Law, M.B.D.O., F.R.C.S. (Ophth.)

F. N. Shuttleworth, M.B., Ch.B., D.O.M.S.

M. Squires, M.B., B.S., D.O.M.S.

General Practitioner School Medical Officers:DoctorSchools

Dr. F. B. Briggs

Five East Grinstead Primary Schools plus pre-school
medical examinations.

Dr. R. M. Lodge and

Dr. Elizabeth M. O'K. Robinson

Dr. H. N. Hardy

Forest Row

Dr. A. R. Del Mar

Ashurstwood

Dr. R. R. Evans

Hartfield & Withyham, St. Michael's

Dr. P. C. Steel

Groombridge, St. Thomas

Dr. Sheila Green

Six Crowborough Schools

Dr. A. Brockman

Eridge, Frant & Mark Cross

Dr. S. A. Marsh

Wadhurst Secondary & Primary Schools

Dr. B. A. Tudgay

Stonegate & Ticehurst

Dr. G. G. Shackel

Five Ashes & Mayfield

Dr. Hazel A. Walters

Burwash, Etchingham & Hurst Green,

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, F.I.A.O.

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

Miss P. St. J. Robinson, D.M.A.

VITAL AND GENERAL STATISTICS

The figures given for Births and Deaths include those for Hove and Portslade so that a comparison with last year can be made. The figures for Portslade are given on a separate sheet in Section IV of this report, and as with the figures for the various districts, the figures for Hove and Portslade are given in Table I, II, III (a) and (b) annexed to this section of the report.

VITAL STATISTICS

(a) General Statistics

There is a table of the population (estimated mid-year) for the various districts, and a table of the population (estimated mid-year) for the whole county. The figures for the population of the county are given in Table I, II, III (a) and (b) annexed to this section of the report.

SECTION I

GENERAL HEALTH SERVICES

(Except Borough of Hove and Portslade Urban District)

Year	Male		Female		Total
	1970	1971	1970	1971	
Births	1,004	1,018	1,084	1,091	2,088
Deaths	1	2	4	3	7
Stillbirths	22	22	47	18	69
Infants	219	206	427	197	646
Legitimate	212	200	420	195	632
Illegitimate	7	6	7	2	14

Year	Male		Female		Total
	1970	1971	1970	1971	
Births	1,004	1,018	1,084	1,091	2,088
Deaths	1	2	4	3	7
Stillbirths	22	22	47	18	69
Infants	219	206	427	197	646
Legitimate	212	200	420	195	632
Illegitimate	7	6	7	2	14

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

	<u>1969</u>	<u>1970</u>
(a) <u>General Statistics</u>		
Area in statute acres (land and inland water)	494,583	494,583
Population (estimated mid-year)		
- Total	434,140	440,860
Rateable Value for whole county (estimated 1st April)	£22,947,190	24,496,281
Product of a penny rate for whole (1969/70 and 1970/71)	92,942 (old penny)	237,682 (new penny)

(b) Extracts from vital statistics for the year

<u>Live and Still Births</u>	<u>1969</u>			<u>1970</u>		
<u>Live Births</u>	<u>Male</u>	<u>Female</u>	<u>Totals</u>	<u>Male</u>	<u>Female</u>	<u>Totals</u>
Legitimate	2723	2385	5108	2608	2373	4981
Illegitimate	215	208	423	195	215	410
<u>Still Births</u>						
Legitimate	25	22	47	18	30	48
Illegitimate	1	3	4	-	3	3
Total	2964	2618	5582	2821	2621	5442

	<u>East Sussex</u>	<u>England and Wales</u>
Live births rate per 1,000 population	12.2	16.0
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)	84	14,269
Infant mortality rates per 1,000 live births	16	18
per 1,000 live legitimate births	14	17
per 1,000 live illegitimate births	32	26

	East Sussex	England and Wales
Neo-natal mortality rate (first four weeks) per 1,000 live births	11	12
Early neo-natal mortality rate (deaths under one week) per 1,000 total live births	9	11
Perinatal mortality rate (still births and deaths under one week combined) per 1,000 total live and still births	19	23
Maternal Deaths (including abortion)	-	-
Maternal mortality rate per 1,000 total live and still births	-	-
Total number of deaths	6,863	575,208
Death rate per 1,000 population	15.6	11.7

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 as follows:-

Battle Rural District

Further progress was made on the main drainage scheme for Westfield Village area and a scheme for extending the Peasmarsh sewerage system was submitted and completed.

A proposal for extending the water service to Jury's Gap, Camber was submitted and two minor water extensions were completed at:-

Parsonage Lane, Westfield and

Churchlands Lane, Sedlescombe

Chailey Rural District

A revised scheme of sewerage and sewage disposal for South Chailey (Plumpton Green and Barcombe) was submitted and extensions to the Wivelsfield system and works were completed.

Cuckfield Rural District

The work of extending the sewerage system to Street Lane, Ardingly was completed.

Hailsham Rural District

A scheme of sewerage and sewage disposal for the village area of Ripe was submitted and the main drainage scheme for Hooe and Ninfield was completed.

Proposals for three minor water extensions were submitted and the works completed in the following localities:-

Rushlake Green to Egypt Farm, Warbleton

Standard Hill to Coombe Hill, Ninfield

The Quadrangle to Great Aillies Farm, East Hoathly

Uckfield Rural District

The main drainage scheme for Danehill and Chelwood Gate was completed.

Summary

During the year, two village drainage schemes were completed and a third was in progress. Three sewer extensions to existing village systems were also completed but only one new scheme was submitted in 1970 and progress on the back-log of village drainage schemes continues to be retarded by lack of money.

The principal areas of development throughout the county are already provided with "mains" water services.

Food and Drugs and Milk and Dairies Regulations 1963-65

Pasteurisers' Licences

At the beginning of the year four milk pasteurisers were operating under licences issued by the County Council. One of these ceased processing at the end of June.

Supervision of the arrangements for treatment and distribution of milk has been maintained and during the year 296 samples of milk were submitted to prescribed tests and reported to be satisfactory.

The efficiency of the methods adopted for cleansing milk bottles at Pasteurising Establishments has also been checked and twenty-five sample sets of bottles were submitted for examination. One set of bottles was found to be unsatisfactory due to failure to maintain the sterilising solution at the correct strength.

Milk Dealers' Licences

The total number of designated milk licences in operation at the year end was 427.

Routine inspection of dealers' premises and arrangements has been continued and 1184 samples of milk were submitted to the prescribed tests. Nineteen samples failed the Methylene blue (keeping quality) test and this was 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 the report of the Principal School Medical Officer.

Infectious Diseases

The notification of infectious diseases rose sharply during the year to a total of 1869, compared with 1101 in 1969. This was mainly attributable to the measles epidemic during which 1455 cases were reported compared with 509 in 1969. It was encouraging to note that cases reported for dysentery and infective hepatitis dropped from 159 and 150 in 1969, to 27 and 100 in 1970, respectively.

HEALTH CENTRES

(Section 21, National Health Service Act 1946)

The completion of the first full year of operation at Hailsham has demonstrated the value of having all local health services under one roof. Not only has the patient benefitted from a comprehensive and co-ordinated service, but professional staff from all disciplines have had the opportunity of working in close co-operation. Six family doctors practise from the centre and a full programme of ancillary services is available.

Plans are in an advanced stage for the provision of health centres at Crawley Down, Hurstpierpoint and Newick, with several other projects also under consideration.

CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22, National Health Service Act 1946)

(Excluding Hove and Portslade Area)

Child Health Clinics

Seventy two Clinics operated during 1970, three fewer than in 1969. A correspondingly small drop in attendances was therefore to be expected, 11,242 children attended as against 12,373 in 1969. 5515 live births were notified during the year, of whom 2,841 attended clinics, that is just under 50%, the lowest percentage ever. Increasingly general practitioners are providing Well Baby clinics for the children of their practices. Attachment of Health Visitors to practices is encouraging these developments.

Congenital Dislocation of the Hip

Three cases were found during the year, two less than in 1969.

Congenital Malformations

Ninety three children were notified as having congenital malformations observable at birth, classified as follows:-

18	affecting the central nervous system
4	the eyes and ears
11	the alimentary system
7	the heart and great vessels
8	the uro-genital systems
21	the limbs
4	other parts of musculo-skeletal systems
9	other systems
7	other malformations

Of the ninety three notified, nineteen had more than one abnormality, five were stillborn and eight have since died.

Welfare Foods

A slightly different pattern was shown this year in the sale of welfare foods. There was a considerable decrease in the sale of National dried milk, a decrease in cod liver oil, a slight increase in vitamin tablets and the amount of orange juice sold remains the same.

Care of the Unsupported Mother and her Child

The decrease (though less than in previous years) in the number of unsupported mothers for whom the health authority accept responsibility for hostel accommodation continued in 1970. Twenty three mothers were assisted compared with twenty seven in 1969.

The Chichester Diocesan Moral Welfare Association continued to act in these cases on behalf of the health authority and co-ordination between the two remains excellent.

Recuperative Holidays

More recuperative holidays were provided in 1970 than in any previous year. Two were for mothers and their children, one for a patient following hospital treatment and two as a preventative measure against illness where there was great family stress. One elderly man and a retired husband and wife were also provided with holidays following illness.

DOMICILIARY MIDWIFERY, HEALTH VISITING AND HOME NURSING

As from 1st April 1970, the County Council assumed responsibility for the direct provision of Midwifery, Health Visiting and Home Nursing services. The agency service so effectively provided by the County Nursing Association came to an end. The change in the pattern of the service, and impending changes in the administration of the National Health Service made this inevitable.

Midwifery

Deliveries attended by domiciliary midwives during 1970 totalled 443 (269 less than 1969).

31 cases were delivered in hospital by domiciliary midwives.

The number of patients discharged early from hospital was 1827 (an increase of 441 over 1969).

1970 saw the publication of the Peel Report which strongly recommends unification of the maternity services and sufficient facilities to allow 100% hospital confinement. It is to be hoped however that if a mother wishes to be confined at home and the obstetric and social conditions are suitable she should be allowed the choice. Domiciliary midwives are encouraged to work more closely with their hospital colleagues in order to maintain continuity of care for the expectant and nursing mother.

Part 2 Midwifery Training School

The schools have not been full during the past year largely due to late cancellations by prospective pupils. A total of 21 pupils have entered during the year.

22 pupils sat for the Central Midwives Board Part II examination of whom 20 passed at the first attempt and the other two passed on re-sitting. Three pupils left before completing their training. The decline in domiciliary deliveries has made it more difficult for pupils to obtain the required six home deliveries. However there has been plenty of experience in caring for mothers and babies discharged early from hospital and a few have been able to participate in general practitioner schemes.

Health Visiting

The health visitor, as she becomes increasingly involved in general practice finds the volume and variety of her work growing rapidly.

In addition to her routine duties in connection with expectant mothers, mothers and young babies, the young child, the school child, the elderly, the family with problems, and patients on the doctor's list needing help. These are, for example, those awaiting hospital admission and needing advice and reassurance. Where children are to be admitted for hospital treatment their parents often need guidance in order to prevent any mental trauma which may result from this enforced separation.

Support to the bereaved is a vital and until recently a much neglected part of the health visitor's work. She also gives support to families of alcoholics and mentally disturbed patients. Home visits to persistent surgery attenders may uncover the real trouble behind their recurring complaints. The health visitor's "dual" training equips her to fulfil a very vital role in the community health team.

The health visitors are to be congratulated on their valuable co-operation in the computerization of the vaccination and immunisation scheme without which it could not have been so successful.

Home Nursing

The number of persons nursed at home during 1970 was 10,916.

The number of persons treated by district nurses in surgeries and at health centres was 8,490.

The new patterns of working within practice teams has emphasised the need to increase the numbers of state enrolled nurses and nursing auxiliaries. These valued members of the staff have an important role to fulfill within their own right as well as ensuring the proper use of skills at all levels of staffing

Integration of Nursing Staff into Practices of Family Doctors

At the end of 1970, 80% of family doctors in East Sussex have attached nursing, midwifery and health visiting staff.

Staff are to be congratulated for their enthusiasm in embarking on this new pattern of working. They have made outstanding progress during the year.

In most cases the introduction of "integration" has increased the work load but it has also increased the job satisfaction. The improved communication between colleagues and family doctors operates greatly to the benefit of the patients. This was obvious at our Post Graduate Course in July when two family doctor teams, one from Hailsham and one from Lewes, expounded on the advantages of G.P. attachment.

Cross Boundary Arrangements

Mutual agreement was reached between East and West Sussex for the respective nursing staffs to visit patients registered with doctors on either side of the county boundaries. This arrangement has worked to the satisfaction and benefit of all concerned.

Nurse Training

The General Nursing Council has approved a scheme whereby pupil nurses at Cuckfield Hospital training for the State Enrolment spend one week of their training in the community to see all aspects of local authority health services.

The 1969 General Nursing Council syllabus recommends a period of three months' community experience as one option for student nurses training for State Registration. Arrangements have been made with the Eastbourne Nurse Training School for us to provide this experience commencing in January 1972 if the proposed programme is approved by the General Nursing Council.

It is hoped to have similar arrangements with the Hastings and Brighton Nurse Training Schools.

Practical Work Instructors

With more student and pupil nurses requiring training in the community it will be necessary to train some of our more experienced district nurses as Practical Work Instructors in order that the students obtain full benefit from their period on the district. Five district nurses were trained in 1970, and it is hoped to train seven more in 1971 when the Queen's Institute of District Nursing hold a course at Elfinward, Haywards Heath.

In-Service Training

Apart from our Annual Post Graduate Course, the first training course for nursing auxiliaries was held and two members of the Brighton staff attended. It was a great success and plans are in hand for a second course early in 1971 and also an annual refresher course of one day for these valuable members of staff teams.

Hospital Liaison

A Working Party was set up consisting of district nurses and hospital ward sisters from the Hastings/Bexhill/Battle area 'to consider the relationship between the hospital and local authority nursing services with the object of ensuring that the most effective use is made of these services in meeting the needs of the patients'. Further meetings will be held to implement some of their recommendations which should improve the continuity of patient care in that area.

Voluntary Help

During the year a scheme for the direct attachment of British Red Cross Society V.A.D. members to district nurses within group practices was introduced. I believe that the scheme will develop teamwork, produce more effective use of the V.A.D. with greater satisfaction to her and an opportunity for her to gain experience in 'Total Patient Care' under the expert guidance of the district nurse.

Area Nursing Officers

Miss Y. Nulty, the area nursing officer for the Crowborough area, left in May to take up an appointment as nursing officer with the South East Metropolitan Hospital Board. Miss F. Wells was appointed her successor and took up duty in June. The establishment of area nursing officers was increased to five in 1970, and Miss P. Cross was appointed for the Lewes/Burgess Hill area in August.

Success and progress in any organisation depend on team work, and I would like to take this opportunity of thanking all the nursing staff for their co-operation and help in such a rapidly changing Health Service.

VACCINATION AND IMMUNISATION

The computerised scheme of appointments with general practitioners for routine vaccination and immunisation which was described briefly in my last Report, is now well underway.

By the end of the year one hundred and twelve family doctors were taking part in the scheme and the vaccination and immunisation records of some 25,000 children were held on the computer. Due to the amount of research work necessary before placing the records of children born between 1st January, 1965 and 1st May 1970 (from this latter date all transfers in to the County and new birth records are put on the computer file) the scheme has not yet been fully implemented through the County. Eighty more general practitioners have yet to be approached and the children's vaccination/immunisation records in each practice put to the computer. At the present rate of progress, it is hoped to complete the task by the autumn of 1971.

As with every complex computer scheme, there have been birth pangs but these are slowly disappearing and once the period of initiation for each practitioner and the attached health visitor, and the queries attendant upon computerising records of past vaccination and immunisation is over, the general practitioners and their secretarial staffs are finding an enormous reduction in clerical and organisational work.

Primary Courses given against Diptheria/Tetanus/Whooping Cough.

Year	0-5 years	5-15 years	Total
1969	3024	216	3240
1970	3205	691	3896

As I reported in 1969, I did not expect a significant increase in primary courses given, but I have no doubt that the slight increase is due to the adoption of the system.

Re-inforcing inoculations against Diptheria/Tetanus

Year	0-5 years	5-15 years	Total
1969	3267	4894	8161
1970	4643	2645	7288

The drop in these figures is accounted for by two factors:-

- (a) Although the 18 month and ten year-old booster doses were abolished in October, 1968, it was necessary to continue giving these in 1969 since the spacing of the primary doses were such that the boosters were required at these ages for the children whose primary doses were spaced according to the old schedule.
- (b) The introduction of the computer scheme has imposed a more uniform adherence to the recommended schedule.

Primary Polio Vaccinations				Reinforcing Polio Vaccinations		
Year	0-5 yrs	5-15 yrs	Total	0-5 yrs	5-15 yrs	Total
1969	2898	-	2898	-	6491	6491
1970	3140	127	3267	4040	3172	7212

The slight increase in both cases is again considered to be due to the computer scheme. The process for putting the 'backlog' of children's records on to the computer resulted in a number of children who had not been immunised at the recommended age being 'discovered' by the computer, appointments issued and children immunised.

Primary Smallpox Vaccinations				Reinforcing Smallpox Vaccinations		
Year	0-5 yrs	5-15 yrs	Total	0-5 yrs.	5-15 yrs	Total
1969	3255	324	3579	257	1107	1364
1970	3139	328	3467	313	2107	2510

The 100% increase in re-vaccinations given is accounted for by two factors:-

- (a) Formerly, there was no planned re-vaccination of children either at schools or county clinics and any re-vaccinations given were by family doctors at the parents' initiative.
- (b) Under the computer scheme, appointments have been made with the family doctors, for those children who have become due for their re-vaccinations.

This is a most encouraging aspect of the scheme and in this particular field I had hoped to find a significant increase of re-vaccinations given.

Measles Vaccination

Year	0-5 yrs	5-15 yrs	Total
1969	2707	1363	4070
1970	4395	472	4867

The measles vaccine shortage in 1969 persisted until supplies again became available in May 1970. Thus the figures for 1970 represent the immunisation given for only six months of the year as do those for 1969. The increased 1970 figure is account for by the introduction of the computer scheme and the publicity campaign against the disease which was initiated in August 1970.

Rubella Vaccination

In September of this year, the Department of Health and Social Security launched a publicity campaign against rubella concurrently with the introduction of a vaccine against the disease.

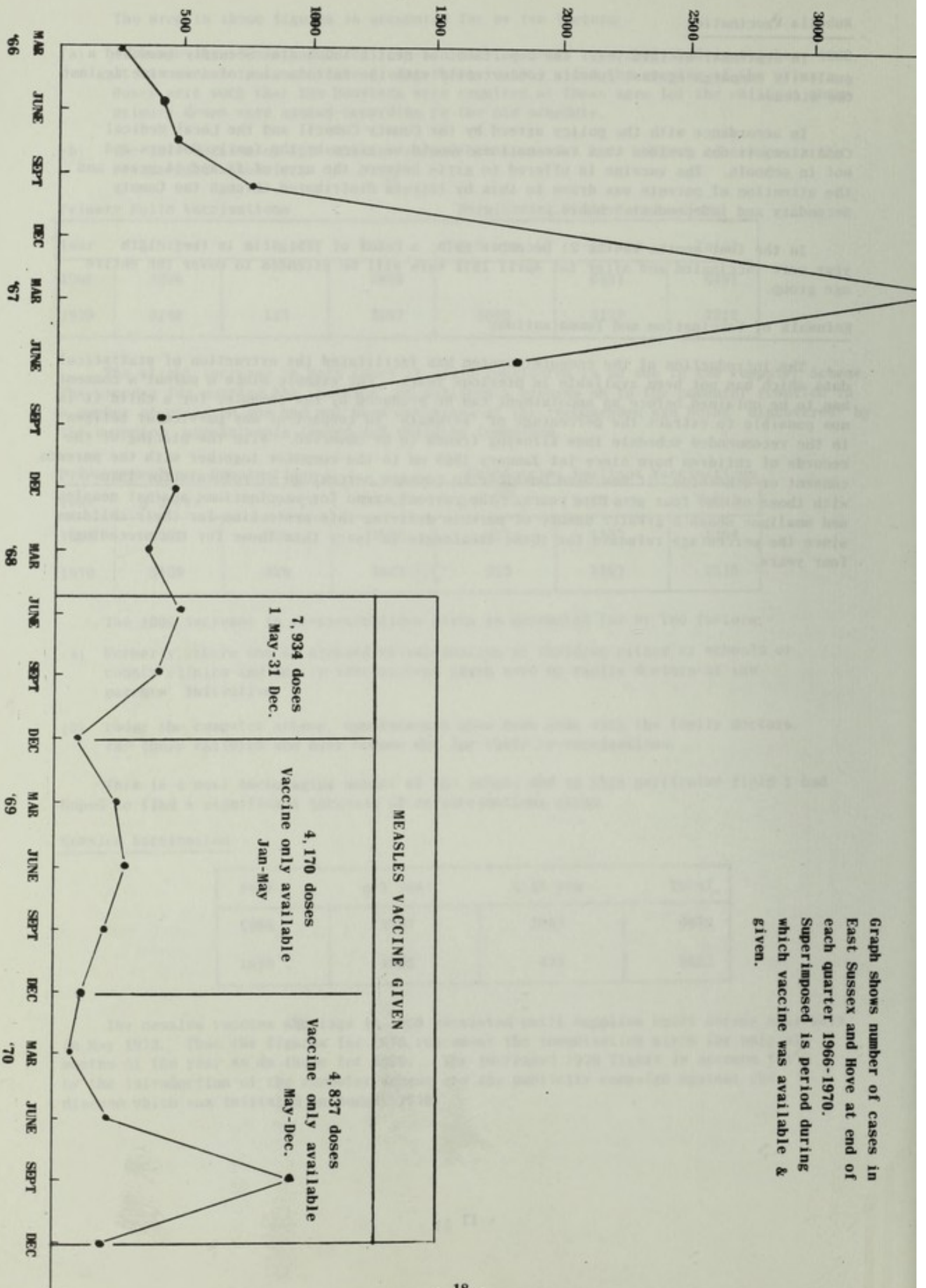
In accordance with the policy agreed by the County Council and the Local Medical Committee, it was decided that vaccinations should be given by the family doctors and not in schools. The vaccine is offered to girls between the ages of 11 and 14 years and the attention of parents was drawn to this by letters distributed through the County Secondary and independent schools.

In the four months ending 31 December 1970, a total of 775 girls in their 12th year were vaccinated and after 1st April 1971 this will be extended to cover the entire age group.

Refusals of Vaccination and Immunisations

The introduction of the computer system has facilitated the extraction of statistical data which has not been available in previous years. For example since a parent's consent has to be obtained before an appointment can be produced by the computer for a child it is now possible to extract the percentage of "refusals" in respect of any particular antigen in the recommended schedule thus allowing trends to be observed. With the placing of the records of children born since 1st January 1965 on to the computer together with the parents consent or otherwise, it has been possible to compare percentage of refusals for 1970 with those of the four previous years. The current trend for vaccinations against measles and smallpox shows a greater number of parents desiring this protection for their children since the percentage refusals for these treatments is lower than those for the preceding four years.

Graph shows number of cases in East Sussex and Hove at end of each quarter 1966-1970. Superimposed is period during which vaccine was available & given.



AMBULANCE SERVICE

(Section 27 National Health Service Act, 1946)

The ambulance service has again had to meet increasingly heavy demands upon its resources and these are indicated in the statistical information.

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

<u>Main Station</u>	<u>Sub-Station</u>	<u>Staff</u>	<u>Vehicles</u>
HOVE	-	30	11
BEXHILL	-	14	5
	Battle	6	2
	Rye	6	2
LEWES	-	16	7
	Hailsham	7	2
	Heathfield	5	2
	Newhaven	9	3
BURGESS HILL	-	8	4
	Haywards Heath	10	3
	Uckfield	3	1
EAST GRINSTEAD	-	9	4
	Crowborough	5	2
		<u>128</u>	<u>TOTAL 48</u>

The number of patients carried compared with 1969, increased by 8,028; mileage of ambulance vehicles increased by 29,699, and of Hospital Car Service vehicles by 125,788 miles. The upward trend in numbers of accidents and other emergencies continues.

<u>STATISTICS</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>
<u>AMBULANCES</u>					
Patients	89,641	97,963	108,124	110,948	111,446
Mileage	639,986	695,152	754,881	783,873	813,572
<u>SITTING CARS (HCS)</u>					
Patients	267,532	241,332	168,065	224,993	232,432

The ambulance service during the year, has continued to carry children to the junior training schools and with the opening of Glyne Gap at Bexhill, there was an increase in this work.

AMBULANCESCARS (H. C. S.)

	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>
Children carried	37,760	36,643	35,831	41,919	47,409	54,254
Mileage	151,069	160,140	149,576	587,770	681,642	763,330

Long Distance Journeys

970 patients were conveyed by rail during 1970.

Training

Ambulance men with two years' or less service attended six weeks' interim courses during the year and others with over two years' service attended a shortened two weeks' course at the Southern Regional Training School at Bishops Waltham. Officers' courses of one week's duration also attended a special management course run by the Southern Home Counties National Joint Council.

A week's in-hospital training course at the Royal East Sussex Hospital accident and emergency unit has been attended by staff from the Bexhill area. This included working with medical and nursing teams in the Intensive-Care Unit. The object of this training is to give ambulance staff knowledge of treatment given to patients involved in accidents after they have been handed over to the casualty officer in the accident unit.

Competitions

A team from Newhaven sub-station-ambulancemen, I. Colwell and B. Jupp, represented the County Ambulance Service, winning the Regional Competition at R.A.F. Station Stanmore and subsequently the team test in the National finals at Stoke Mandeville.

Hospital Car Service

I must pay tribute to Mrs. M.Y. Hastings, County Organiser of the Hospital Car Service, her area transport officers and drivers who have, very efficiently and unobtrusively helped in the conveyance of a record number of patients during the year.

Emergencies

The adjoining authorities of Kent, Surrey, West Sussex, Brighton, Eastbourne and Hastings continue to cover all emergency calls along our common boundaries and we in turn send help to their areas. We also support Surrey C.C. in the event of emergencies at Gatwick Airport when the two main stations nearest to this airport are alerted.

PREVENTION OF ILLNESS, CARE AND AFTER CARE

(Section 28, National Health Service Act 1946)

Loan Equipment

As in the past the British Red Cross Society and St. John Ambulance Brigade played a very great part in the supply of home nursing equipment. Without their complementary assistance this service would fall very short of the demands made upon it.

Chiropody

This service continues to expand - both in the number of patients treated and in its cost. 10,257 patients received 55,926 treatments.

Although voluntary organisations continue to play an important part in the administration of the service, it has been necessary to supplement their efforts by use of central office staff.

Cervical Cytology Clinics

The number of applications received during 1970 rose very slightly to 5,014 although only 4,574 actually attended the Clinics. A variety of reasons account for the number of people who failed to attend after being given appointments. Some move away from the county but an analysis of the situation shows that the majority, equally divided, either decide to go to Family Planning Clinics for the test, or simply change their minds about attending.

Anoteworthy finding during the year was that 60% of the attendances were by people who had attended three or four years previously who were advised to have a further test in three years time.

2,771 tests were normal, 6 showed evidence of pre-malignancy. 703 women were referred to their family doctors for various gynaecological abnormalities and 220 for breast abnormalities. 841 had minor irregularities not requiring further investigation and 10 had breast examinations only. Twenty three patients required repeat tests because the original was unsatisfactory for technical reasons.

Family Planning Clinics

Family Planning Clinics continue to be run on behalf of the County Council by the Sussex Branch of the Family Planning Association. It is a continually expanding service as numbers and costs show and figures given here relate only to patients for whom the County Council accepted financial responsibility. A greater part of the additional cost however was due to an increase in the fee per patient from April 1st 1970 i.e. £3.17.6d. to £4. 5.0d.

Financial responsibility was accepted for 990 patients at a total cost of £4,126.10.0d.

A new Clinic at Newhaven was opened in January where sessions are held once a week and additional sessions were once again organised at the Lewes Clinic.

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, Croydon General Hospital, and the Royal Surrey County Hospital, Guildford.

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	395	2	3	106	284
Rest of Admin. County of East Sussex	426	2	8	85	331
Total	821	4	11	191	615

MEDICAL SOCIAL WORKER'S REPORT.

There has been an appreciable increase in requests for milk, extra nourishment and fuel, available for patients on the T.B. Register and others suffering from chest and heart conditions. Pensioners and patients on sickness benefit confined to their homes in the winter months find it difficult to meet the cost of keeping warm even with the extra grants allowed by the Department of Health & Social Security, and the Medical Social Worker has been glad to be able to help them both from the Council's fund and from the Seal Sale Fund.

The Seal Sale Fund, as in former years, has been used to pay cash grants for patients to help with gas and electricity bills and also with the provision of heating appliances. Payments have been made towards television licences and for holidays. In two cases these holidays were arranged to give a much needed break to a relative looking after an elderly patient.

The Medical Social Worker also obtained grants from other voluntary funds including the Invalids at Home Fund, the Elderly Invalids Fund and the Friends of the Poor. These grants were for special needs including clothing and help with the cost of holidays.

The Medical Social Worker has visited over 50 patients suffering from some form of malignant disease. These were referred by G.P's, and health visitors, either for grants available from the National Society for Cancer Relief or for advice on terminal care.

SPASTICS AND EPILEPTICS

The number of spastics and epileptics at 31st December 1970 was 106.

<u>Age Range</u>	<u>Spastics</u>	<u>Epileptics</u>
Under 5 years	1	-
5 - 15 years	9	1
Over 15 years	59	36
	<hr/>	<hr/>
	69	37
	<hr/>	<hr/>

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: -	4 + 2	8 + 1	0 + 0	108 + 62	120 + 65
a) No treatment	1 + 0	2 + 0	0 + 0	41 + 7	44 + 7
b) Treatment					
Medical	1 + 0	2 + 0	0 + 0	31 + 25	34 + 25
Surgical	2 + 2	0 + 0	0 + 0	5 + 5	7 + 7
Optical	0 + 0	0 + 0	0 + 0	11 + 13	11 + 13
Ophthalmic Medical Supervision	1 + 0	6 + 1	0 + 0	44 + 42	51 + 43
ii) Number of cases at (i) (b) above which on follow-up action have received treatment.	1 + 0	4 + 1	0 + 0	55 + 46	60 + 47
iii) Number of cases which have not received treatment	2 + 2	2 + 0	0 + 0	12 + 10	16 + 12

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

TABLE B
OPHTHALMIA NEONATORUM

(1) Total number of cases notified during the year	0 + 0
(2) Number of cases in which: -	
(a) Vision Lost	0 + 0
(b) Vision Impaired	0 + 0
(c) Treatment continuing at end of year	0 + 0

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

EAST SUSSEX including Hove

The total number of new registrations are as follows:-

31st December, 1968	296
31st December, 1969	332
31st December, 1970	259

The total number of new registrations during the year shows a sharp decrease of 72. Of the people who have been recommended for treatment and not received it the details are as follows:-

34	Treatment is still pending
6	Died
3	Transferred Out

<u>Blind Register</u>	<u>Age Groups</u>	<u>Number</u>
	0 - 15	1
	16 - 64	8
	65 & over	154
<u>Partially Sighted Register</u>		
	0 - 15	1
	16 - 64	14
	65 & over	81

During the year 33 people who were previously registered as partially sighted were re-examined by an Ophthalmologist and found to be now blind.

4 people were removed from the Blind register owing to their sight having improved.

The total number on the Blind register is 1,260. Of this total 1,038 are in the over 65 group and of the total number of 492 on the Partially Sighted register, 374 are in the over 65 group.

MENTAL HEALTH

NATIONAL HEALTH SERVICE ACT 1946 (Section 28)

MENTAL HEALTH ACT 1959

DEVELOPMENT OF MENTAL HEALTH SERVICES

This is to be the last full year of responsibility in relation to the comprehensive service as far as the Health & Housing Committee are concerned.

It has long been apparent that schools for mentally subnormal children have developed their scope and educational potential far beyond the bounds envisaged in 1960. It is true to say that further progress should be guided by educationalists and consequently I welcome the transfer of responsibility to the Education Committee.

This may not end the "education" involvement, as there is a school of thought which considers that the adult training centres are in effect the technical colleges for the mentally handicapped and should be regarded as part of the further education scheme.

The registration and inspection of mental nursing homes are functions that will remain with the department but the mental health community services in general will become the responsibility of the new Social Services Committee in consequence of the passing of the Local Authority Social Services Act 1970.

The "approval" of medical practitioners as having special training and experience in the care of the mentally disordered is another function to remain with the Health & Housing Committee.

The appointed day for transfers, 1st April 1971, will of course have come and gone before this report is in print.

Mental Illness

Last year I included for the first time an evaluation of the results obtained at the "Brook" Rehabilitation Centre at Burgess Hill and these are reprinted below with comparison figures for the year under review.

The Centre can take a total of 60 patients and it is situated on the Industrial Estate off Victoria Way.

Table 1.

	<u>1969</u>	<u>1970</u>
Number of patients in unit at beginning of year	27	30
Number of patients admitted during year	52	74
Number of patients discharged during year	49	63
Number of patients in unit at end of year	30	41
Discharge details are recorded as follows:		
To employment	23	41
Withdrawn on medical advice	12	18
Transferred to other centres	7	3
Discharged to home care	5	-

	1969	1970
Deceased	1	-
No reason	1	1

Of the 41 patients discharged to work, the job categories so far as they can be ascertained were as follows:

Plasterer	1	Factory Work	10
Storekeeper	1	Telephonist	1
T.V. Repairs	1	Garage Clerk	1
Hotel Work	2	Factory Clerk	2
Gardening	3		

Although many patients travel daily from their homes while undergoing training at the "Brook", for those who require hostel provision, places may be available at the establishment set up at East Grinstead for men recovering from mental illness.

2 Orchard Way, the hostel in question, can take up to 15 men.

"Albany Court", Bexhill. This rehabilitation hostel for women suffering from mental illness can take up to 19 persons.

It is not linked specifically with a rehabilitation centre and the mental welfare officers try to arrange employment and lodgings when a resident is deemed fit to leave this "halfway house" for ordinary life again.

Red Cross Centre, London Road, Bexhill.

Although I mentioned above that there was no rehabilitation centre related to Albany Court, a day centre for mild, chronic, mentally disordered persons had been set up experimentally some years ago at the Red Cross Headquarters using voluntary staff and with professional guidance from mental welfare officers. This soon catered for up to 30 day patients and it became necessary to make paid staff provision. Certain Albany Court residents attend this centre for day occupation.

Care of the Mentally Infirm

County resources for the care of the elderly mentally infirm were increased towards the end of the year by the opening of "Littlefair", a purpose built establishment on the southern outskirts of East Grinstead which can care for a total of 37 residents, 12 men and 25 women, but the proportion is flexible.

Undoubtedly the home will, like the other two establishments, seldom have vacancies that will remain unfilled for more than a day or so.

County provision set up by the Welfare Services Committee is now as follows:

57 Harebeating Drive, Hailsham (Mixed)	35 places
"Hillcrest", Portslade (Women only)	35 places
"Littlefair", Lewes Road, East Grinstead (Mixed)	37 places

Mental Subnormality

It will be seen from Table 2 that there are still only small variations in the patterns of care from year to year.

Table 2

Year	Population	Total No.	Rate Per 1000	Hospital	Rate Per 1000	Community Care	Rate Per 1000
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	3.55	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
1970	370,100	1,301	3.51	459	1.24	842	2.27

Pre-School Cases

Apart from important counselling provision for parents, every encouragement is given to facilitate the establishment of playgroups by voluntary effort. Groups have been set up at Hellingly, Seaford, Bexhill and Haywards Heath and it is hoped that more will come into being so that eventually there will be county cover. Parents find heartening support in discussion of common problems and children learn to enjoy themselves as members of a group.

Schools for the Mentally Handicapped

With the opening of Glyne Gap School, Bexhill, just before Easter in the year under review, county provision for school age children is for the present reasonably adequate.

I give below attendance figures at 31st December 1970:

Table 3

	Boys	Girls	Totals
Hillside (Portslade)	31	22	53
Court Meadow (Cuckfield)	39	33	72
Hazel Court (Eastbourne)	14	14	28
Glyne Gap (Bexhill)	13	17	30
Others	4	1	5
	<u>101</u>	<u>87</u>	<u>188</u>

At these schools special provision has been made to accommodate speech therapists, physiotherapists, and educational psychologists, and although there are national shortages of trained persons, this area has been fortunate in maintaining reasonable cover.

Adult Training

During the year "Middleton Manor" Plumpton received the equipment necessary to receive a total of 28 trainees, and numbers are building up. It may be necessary to limit intake to cope with transfers from the hostel at 223 Old Shoreham Road, which is to have alteration and additions involving closure of part or all of the premises.

The establishment provides residential places for trainees in horticulture, nursery, general garden and greenhouse work, forestry and some domestic indoor training. Both men and women are received.

The industrial training facilities remain as before:

Belgrave Training Centre, Portslade	60 places
Burnside Training Centre, Burgess Hill	60 places.

Work Centres

Reference has been made in previous reports to these enterprises which are intended to cope with the long term sheltered employment needs of the handicapped. At the end of the year two were well established

Newhaven Workshop	30 places
Hailsham Workshop	30 places

At Hailsham attendances are well above the planned figure and at the end of the year 44 workers were on the books. The premises are, however, quite spacious and the staff can cope with the additional numbers. Another interesting feature is the arrangement whereby a number of physically handicapped workers attend by joint user agreement between the Health and Housing Committee and the Welfare Services Committee.

It has of course been necessary to allocate hostel accommodation for trainees as well as provide places for the mentally sub-normal who have no homes, and county provision at the end of the year was as follows:

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

Orchard House, Cuckfield, now has accommodation for 12 children with better facilities for those suffering from dual handicaps.

92 Cromwell Road, Hove, provides for 15 women, mainly trainees at Belgrave Centre.

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

Total Numbers in Residential Accommodation

It is still necessary to arrange placement of a number of cases in private or voluntary houses, to cope with our responsibilities under the Mental Health Act and provision at the end of the year is summarised below:

Table 4

	Private Accommodation or Voluntary Homes			Local Authority Homes or Hostels		
	M	F	Total	M	F	Total
Mentally Handicapped	32	72	104	41	39	80
Psychopaths	-	-	-	-	-	-
Mental Illness Patients	5	53	58	16	77	93

Advisory Committee on the Employment of the Disabled.

This continues to meet quarterly and during the year has discussed such topics as the interchange of local authority and Hospital Industrial Therapy Staff, insurance cover for materials belonging to industrial firms at centres and the trade union attitude to incentive payments.

Guardianship

One elderly mentally infirm woman was admitted to Guardianship during the year and there were three cases under this form of compulsory care at the end of the year.

Staffing

Arrangements have continued on the lines set out in my report for last year, and discussions on future commitments in the training field have proceeded so that there will be a smooth transfer of responsibility to the Social Services Committee.

Mental Welfare Officers

The work of the officers can be summarized as follows:

Table 5 Community Care

	1965	1966	1967	1968	1969	1970
Cases on Mental Illness Register	392	568	719	926	575	532
Elderly Mentally Infirm 31st Dec.	-	-	-	-	227	285
Mental Sub-normality	669	693	691	799	874	842
a) Initial Investigations	469	550	596	579	410	503
b) Social Work Visits	10,703	12,880	13,088	14,100	12,004	11,006
c) Visits to training centres and Social Clubs	1,356	1,823	1,941	1,750	1,922	1,387
d) Case Conferences	1,009	1,490	1,642	1,688	1,521	1,690
e) Miscellaneous Visits	1,056	1,147	1,485	1,376	1,673	1,770

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, 1970 together with the 1969 figures for comparison.

YEAR	AGED	CHRONIC	T.B.	MENTAL	MATERNITY	GENERAL	TOTAL
1969	2,907	209	6	25	346	197	3,690
1970	3,108	183	7	23	287	221	3,829
Inc./ Dec.	201	- 26	1	- 2	- 59	24	139

Recruitment of Home Helps

This past year has seen a noticeable increase in the number of young married women wishing to become home helps. There are several reasons for this, among the most obvious being a means of making extra money, a way of relieving boredom when husbands and children are away from home during the greater part of the day, and a feeling that they are doing something to help others less fortunate than themselves.

This is most encouraging and it may well pave the way to an even wider area of recruitment in the future.

One obvious drawback to this source of recruitment, however, is the difficulty of caring for pre-school children while the mother is at work. If she has only one child, the mother may, on occasion take the child with her, but this may be undesirable for a number of obvious reasons. For example, many elderly people, contrary to general belief, do not appreciate toddlers in their homes, except for brief visits, and then, only if they are part of the family.

It would give a tremendous fillip to recruitment if more nursery school facilities could be made available to home helps and prospective home helps at a nominal cost.

The report of a nation-wide survey on the Service has been published in this year, and one of its main recommendations is that the present Service will have to be considerably increased if it is to continue to function really effectively.

To those closely connected with the work, this has been self-evident for years, and it was disappointing to find that nowhere in the report was there any guidance on how best to ensure the supply being equal to the demand. However, local efforts, with varying degrees of success, continued to be made towards encouraging recruitment, mainly through feature articles in local newspapers, displays of post cards in windows of suitable shops and sub-post offices, and, perhaps the best method of all, urging home helps to recruit their friends. It has been found in practice that most of the best home helps are those who have been recruited by experienced home helps.

Recruitment of Area Specialists

Finding new Area Specialists to organise the day-to-day provision of the Service still presents many problems, and two small areas of the County have been without Area Specialists since June and are being administered from County Hall.

MEDICAL EXAMINATIONS

The number of health statements dealt with totalled 2,423 compared with 2,038 in 1969. 300 of the additional statements were in respect of educational staff.

Of the 486 medical examinations carried out, 353 were for candidates seeking admission to Teacher Training Colleges, 17 were at the request of other Authorities, and the remainder were for firemen, roadmen, ambulancemen and prospective teachers.

123 applications for driving licences and for the renewal of driving licences in respect of persons suffering or who had suffered from medical disability were received for consideration. This compares with 52 during 1969. The increase is mainly attributable to a modification of the conditions under which a person suffering from epilepsy may be granted a licence, vide Regulation 22(2) of the Motor Vehicle (Driving Licences) Regulations, 1970.

FACTORY MEDICAL EXAMINATIONS

Information supplied to H.M. Chief Inspector of Factories for the year 1970:-

	<u>Without Conditions</u>	<u>Conditional</u>	<u>Provisional</u>
First Examination	40 (M) 14 (F)	-	-
Subsequent Examinations	26 (M) 15 (F)	-	-
	66 (M) 29 (F)	-	-

REGISTRATION OF NURSING HOMES

Five new nursing homes were registered during the year to take sixty-two acute and chronic medical, elderly and convalescent cases. Gateways Nursing Home, Seaford, which took seventeen cases closed and became a home for the elderly. The total number of nursing homes rose to twenty-nine, four more than in 1969; the number of beds available also rose from four hundred and eighty-seven to five hundred and forty-three.

NURSES AGENCIES

Three agencies closed during the year, leaving only two operating by the end of 1970.

NURSERIES AND CHILD MINDERS REGULATIONS ACT 1948

HEALTH SERVICES AND PUBLIC HEALTH ACT, 1968.

Registration of premises and child minders continued to increase during the year, thus providing three thousand and fifty seven places for children in one hundred and twenty-nine registered premises and six hundred and fifty-one places with one hundred and fifty-seven child minders, an increase over 1969 of one hundred and fifty-five places in five additional premises and one hundred and forty-one places provided by fifty-five newly registered child minders.

ADMINISTRATIVE COUNTY OF EAST SUSSEX
CHIEF VITAL STATISTICS FOR THE YEAR 1970

TABLE I - Live Births, Stillbirths and Deaths

DISTRICT	Area in Statute Acres (Land & In-land water)	Population estimated by Registrar General mid. 1970.	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 total 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
URBAN AREAS																		
Bexhill M.B.	7993	33,900	227	6.7	10.7	3	0.09	13	4	18	3	13	2	776	22.9	11.0	1	0.03
Burgess Hill U.D.	2026	18,360	350	19.1	17.8	1	0.05	3	6	17	5	14	5	172	9.4	10.8	-	-
Cuckfield U.D.	3911	24,940	330	13.2	14.3	3	0.12	9	6	18	2	6	3	326	13.0	8.6	-	-
E. Grinstead U.D.	6600	17,790	294	16.5	16.7	3	0.11	10	5	17	5	17	4	239	13.4	9.6	-	-
Hove M.B.	3946	70,760	676	9.6	13.1	8	0.11	12	18	27	15	22	13	1470	20.8	11.0	4	0.06
Lewes M.B.	1993	14,080	195	13.8	15.7	1	0.07	5	1	5	-	-	-	160	11.4	10.3	-	-
Newhaven U.D.	1772	9,980	152	15.2	16.9	3	0.30	19	-	-	-	-	-	130	13.0	10.4	-	-
Portslade U.D.	1951	18,650	335	18.0	17.6	8	0.42	23	10	30	8	24	8	201	10.8	10.8	-	-
Rye M.B.	1027	4,570	52	11.4	13.5	-	-	-	1	19	1	19	1	64	14.0	11.8	-	-
Seaford U.D.	4274	15,870	157	9.9	18.7	1	0.06	6	1	6	-	-	-	261	16.4	7.7	-	-
TOTALS	35493	228,900	2768	12.1	15.0	31	0.13	11	52	10	39	14	35	3799	16.6	10.1	5	0.02
RURAL DISTRICTS																		
Battle	117,147	32,540	368	11.3	14.9	1	0.03	3	2	5	-	-	-	548	16.9	10.1	1	0.03
Chichester	64,183	30,750	380	12.4	16.5	5	0.16	13	4	11	4	11	1	452	14.7	8.2	-	-
Cuckfield	70,996	38,960	503	12.9	14.1	4	0.10	8	6	12	6	12	5	440	11.2	9.4	-	-
Hailsham	94,668	55,160	569	10.3	14.2	5	0.09	9	11	19	4	7	3	961	17.4	9.9	-	-
Uckfield	112,096	54,550	803	14.7	17.5	5	0.09	6	9	11	8	10	7	663	12.1	8.7	-	-
TOTALS	459,090	211,960	2623	12.4	15.5	20	0.09	8	32	12	22	8	16	3064	14.5	9.3	1	0.01
WHOLE COUNTY	494,583	440,860	5391	12.2	15.3	51	0.12	9	84	16	61	11	51	6863	15.6	9.8	6	0.01

* The rate for England and Wales was 16.0 (live births) and 11.7 (deaths)

TABLE II
NUMBER OF DEATHS AT DIFFERENT PERIODS OF LIFE IN
THE ADMINISTRATIVE COUNTY DURING THE YEAR 1970

	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	1737	20	8	6	3	10	9	29	70	246	576	760	1449	11	3	4	4	16	14	20	57	199	467	654
Females	2062	19	5	7	2	7	7	17	55	179	456	1308	1615	11	7	5	2	5	5	11	49	157	397	966
TOTALS	3799	39	13	13	5	17	16	46	125	425	1032	2068	3064	22	10	9	6	21	19	31	106	356	864	1620

TABLE III (A)
CAUSES OF AND AGES AT DEATH DURING THE YEAR 1970

DEATHS IN OR BELONGING TO DISTRICTS, AT SUBJOINED AGES.																																							
CAUSES OF DEATH	BOROUGH										URBAN DISTRICTS										RURAL DISTRICTS										TOTALS FOR ADMINISTRATIVE AREA								
	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	-	-	1	-	-	-	-	1	2	1	1	4	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	2	
Tuberculosis of Respiratory System	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Other Tuberculosis, incl. Late Effects	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Syphilis and its Sequelae	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Other Infective and Parasitic Diseases	-	-	-	-	-	-	-	1	1	1	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Malignant Neoplasm - Buccal Cavity etc.	-	-	-	-	-	-	1	-	-	4	2	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Malignant Neoplasm - Oesophagus	-	-	-	-	-	-	-	2	5	6	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Malignant Neoplasm - Stomach	-	-	-	-	-	-	-	1	11	7	25	45	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Malignant Neoplasm - Intestine	-	-	-	-	-	-	-	-	11	25	26	62	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Malignant Neoplasm - Larynx	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Malignant Neoplasm - Lung Bronchus	-	-	-	-	-	-	7	25	60	27	119	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Malignant Neoplasm - Breast	-	-	-	-	-	-	5	7	21	10	43	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Malignant Neoplasm - Uterus	-	-	-	-	-	-	2	3	6	7	18	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Malignant Neoplasm - Prostate	-	-	-	-	-	-	3	7	15	28	39	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Leukaemia	-	-	-	-	-	-	3	2	7	7	19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Other Malignant Neoplasms, etc.	-	-	1	-	1	4	9	28	42	46	132	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Benign and unspecified neoplasms	-	-	-	-	-	-	1	1	1	4	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Diabetes Mellitus	-	-	-	-	-	-	-	1	5	2	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Avitaminoses, etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Other Endocrine etc. Diseases	-	-	-	-	-	-	-	2	1	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Anaemias	-	-	-	-	-	-	-	-	-	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Other diseases of Blood, etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Mental Disorders	-	-	-	-	-	-	1	-	-	1	6	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Meningitis	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Other Diseases of Nervous System, etc.	-	-	-	-	-	-	1	2	4	7	19	33	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			

TABLE 11 (D)

Causes of and ages at Death during the year 1970

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

CAUSES OF DEATH	BOROUGHES					URBAN DISTRICTS							RURAL DISTRICTS						TOTALS FOR ADMINISTRATIVE COUNTY
	Bexhill	Hove	Lewes	Rye	TOTALS	Burgess Hill	Cuckfield	East Grinstead	Newhaven	Portsmouth-by-Sea	Seaford	TOTALS	Battle	Chichester	Cuckfield	Hailsham	Uckfield	TOTALS	
Enteritis & other Diarrhoeal Diseases	-	3	1	-	4	-	-	-	-	-	1	1	-	-	-	1	-	2	7
Tuberculosis of Respiratory System	-	3	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Other Tuberculosis, incl. Late Effects	1	1	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Measles	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	3
Syphilis and its Sequelae	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Infective and Parasitic Diseases	1	2	-	-	3	-	1	-	-	-	-	5	-	-	-	1	-	1	2
Malignant Neoplasm - Buccal Cavity etc.	-	5	2	-	7	2	1	1	2	2	-	5	3	1	-	1	1	2	10
Malignant Neoplasm - Oesophagus	4	8	1	-	13	1	1	-	-	1	2	5	2	3	1	2	1	8	20
Malignant Neoplasm - Stomach	18	25	1	1	45	3	6	3	2	7	2	28	3	10	7	22	11	53	126
Malignant Neoplasm - Intestine	22	30	6	4	62	5	9	11	3	8	13	49	15	15	14	32	16	94	205
Malignant Neoplasm - Larynx	-	1	-	-	1	1	-	-	-	-	-	1	1	-	-	-	-	2	4
Malignant Neoplasm - Lung, Bronchus	35	69	14	1	119	6	8	12	6	14	11	57	26	29	24	40	38	157	333
Malignant Neoplasm - Breast	13	27	1	2	43	5	6	9	2	1	7	30	10	8	10	14	14	56	129
Malignant Neoplasm - Uterus	6	9	3	-	18	1	-	3	1	1	-	6	-	1	2	10	6	19	43
Malignant Neoplasm - Prostate	8	19	1	-	28	-	3	2	3	1	3	12	4	3	8	8	4	27	67
Leukaemia	3	12	4	-	19	2	1	1	2	1	1	8	1	1	3	4	5	14	41
Other Malignant Neoplasms, etc.	44	72	13	3	132	15	20	6	4	8	10	63	20	23	16	60	45	164	359
Benign and Unspecified Neoplasms	1	6	-	-	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diabetes Mellitus	1	6	1	-	8	1	1	2	-	3	-	7	5	4	1	5	5	20	35
Avitaminoses, etc.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	3	3
Other Endocrine etc. diseases	1	3	-	-	4	1	2	-	-	1	1	6	-	-	-	-	-	4	14
Anaemias	1	2	-	-	3	1	3	-	-	-	-	4	1	-	1	-	2	8	15
Other diseases of Blood, etc.	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-	3	4	8	1
Mental Disorders	1	6	-	1	8	-	4	4	-	-	1	9	-	-	-	-	-	-	21
Meningitis	1	-	-	-	1	-	1	-	-	1	-	2	-	1	1	1	1	4	7
Other Diseases of Nervous System, etc.	7	26	-	-	33	3	3	5	5	2	5	23	3	2	4	5	5	19	75
Chronic Rheumatic Heart Disease	7	8	2	2	19	2	4	4	-	2	3	15	3	7	7	6	3	26	60
Hypertensive Disease	15	17	5	2	39	1	5	1	3	4	6	20	8	11	6	17	9	51	110
Ischaemic Heart Disease	204	382	75	19	640	27	76	50	30	35	63	281	132	104	106	242	158	742	1663
Other Forms of Heart Disease	35	83	3	5	126	17	23	12	5	17	8	82	28	27	31	67	35	188	396
Cerebrovascular Disease	139	219	27	9	394	24	45	38	32	33	55	227	95	75	56	150	88	464	1085
Other Diseases of Circulatory System	38	56	5	2	101	5	8	16	3	1	12	45	25	18	20	44	39	146	292
Influenza	8	25	1	-	34	-	6	4	2	5	5	22	11	12	7	31	14	75	131
Pneumonia	73	96	8	3	180	19	38	18	8	15	15	113	50	37	52	64	40	243	536
Bronchitis and Emphysema	24	46	9	3	82	8	6	6	4	8	9	41	26	15	14	31	29	115	238
Asthma	-	2	-	-	2	-	-	-	-	-	-	1	-	-	-	-	-	-	-
Other Diseases of Respiratory System	9	15	-	1	25	2	4	3	-	1	1	3	1	-	1	-	1	3	9
Peptic Ulcer	5	15	-	-	20	-	6	4	-	1	1	12	10	6	3	4	5	28	68
Appendicitis	-	1	-	-	1	-	-	1	-	-	-	1	-	2	6	1	2	11	43
Intestinal Obstruction and Hernia	4	7	-	-	11	1	-	-	2	4	-	7	2	1	-	-	-	-	2
Cirrhosis of Liver	1	8	1	-	10	-	3	1	-	1	1	6	1	1	2	7	-	10	28
Other Diseases of Digestive System	6	22	1	-	29	3	3	-	-	1	6	13	6	1	3	7	10	27	69
Nephritis and Nephrosis	3	6	2	-	11	-	-	2	-	2	-	5	4	1	-	-	3	8	24
Hyperplasia Prostate	1	5	-	1	7	-	1	1	-	-	-	2	3	1	1	3	-	8	17
Other Diseases, Genito-Urinary System	4	13	1	-	18	1	2	-	-	2	3	8	-	2	2	2	2	14	40
Disease of skin, subcutaneous tissue	1	3	-	-	4	-	-	-	-	-	-	1	-	-	-	-	-	1	5
Diseases of Musculo-Skeletal System	2	7	1	-	10	-	1	3	-	3	1	8	2	4	1	5	2	14	32
Congenital Anomalies	-	6	1	-	7	1	2	-	-	1	-	4	1	2	3	1	4	11	22
Birth Injury, Difficult Labour, etc.	-	5	-	-	5	2	-	1	-	-	-	3	-	1	-	2	2	5	13
Other causes of Perinatal Mortality	3	5	-	1	9	2	2	3	-	6	-	13	-	1	3	-	4	8	30
Symptoms and ill-defined Conditions	-	7	1	-	8	1	-	2	-	1	5	9	1	1	1	6	18	27	44
Motor Vehicle Accidents	5	13	2	-	20	3	1	2	1	-	1	8	12	6	6	10	8	42	70
All other Accidents	15	37	6	-	60	3	16	5	6	3	2	35	9	7	10	27	14	67	162
Suicide and Self-Inflicted Injuries	4	20	1	-	25	-	4	2	-	-	1	7	2	4	3	7	3	19	51
All other external causes	2	5	-	1	8	1	-	-	1	-	-	2	2	-	1	2	3	8	18
TOTAL ALL CAUSES	776	1470	160	64	2470	172	326	239	130	201	261	1329	548	452	440	961	663	3064	6863

TABLE IV
CASES OF NOTIFIABLE DISEASES OCCURRING DURING THE YEAR 1970.

	Total for Administrative 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	Chalvey	Cuckfield	Hailsham	Uckfield	Totals
Scarlet Fever	116	18	23	-	1	42	-	3	14	3	16	1	37	17	7	3	10	-	37
Whooping Cough	28	-	9	-	2	11	-	-	1	-	2	-	3	2	3	4	2	3	14
Acute Poliomyelitis - Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis - Non Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	1455	205	268	2	16	491	5	22	118	10	50	6	211	211	50	87	227	178	753
Diphtheria	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
Acute Pneumonia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	27	-	2	1	-	3	-	3	-	-	-	-	3	1	8	1	4	7	21
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis - Infective	3	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	1	3
Acute Encephalitis - Post Infectious	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever	2	-	-	1	-	1	-	1	-	-	-	-	1	-	-	-	-	-	-
Paratyphoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal Infection	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Puereral Pyrexia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infective Hepatitis	100	2	10	2	2	16	8	8	1	2	18	10	47	3	3	11	3	17	37
Food Poisoning	101	25	31	1	-	57	7	6	-	-	2	7	22	2	7	7	3	3	22
Tuberculosis - Respiratory	26	2	7	-	1	10	2	2	-	-	-	2	6	2	2	-	2	4	10
Tuberculosis - Meninges	1	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-
Tuberculosis - Other Forms	8	1	1	-	-	2	-	1	1	-	-	-	2	-	-	2	1	1	4
Acute Meningitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
TOTALS	1869	253	351	7	22	633	22	47	135	15	88	26	333	238	83	115	252	215	903

T A B L E
SECTION II

SCHOOL HEALTH SERVICE

(including Borough of Hove & Portslade Urban District)

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INTRODUCTION

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest obtainable standard of health is one of the fundamental rights of every human being"

(Preamble to Constitution of the World Health Organisation 1946)

It must surely be the aim of all concerned with child health to see that this fundamental right is preserved for all children. The reports which follow will give some indication how far this aim has been achieved in 1970 for the school child.

Among a number of staff appointments during the year, the new posts of principal social worker in the Child Guidance Service and of senior educational psychologist are of particular significance. Apart from their intrinsic value, these appointments help to create a better structured service. To give but one example, this enables the service to accept students for training from universities and colleges and this, in the long term, must improve recruitment and the quality of service provided.

In the introduction to last year's report it was stated that the whole area of health education needed close scrutiny. Towards this end the work of the joint working party on health education set up by the Education Department in collaboration with the Health Department has been of great value. It is anticipated that the appointment of a health education officer in the coming year will help further to co-ordinate and to channel more effectively the endeavours of those who are involved in this field.

The end of the year has seen the commissioning of a specially designed audiology testing van. This will be used by the two audiometricians and also, occasionally by the adviser for deaf children, as a mobile "room," providing an environment sufficiently quiet for valid hearing tests to be carried out.

With the retirement of one of the district medical officers of health from school health the opportunity has arisen to introduce general practitioners into the school health service to carry out routine school medical examinations, on a sessional basis. With the increasing development of health visitor attachment to general practices, it is thus possible, in some cases, for one health visitor and one doctor to be intimately concerned with a child's development and health from birth at least until the age of transfer from primary to secondary school. It should be noted that where this scheme obtains, specialist medical officers from the school health service retain responsibility for the assessment and supervision of handicapped children.

Pre-school medical examinations have been extended to a fourth area, East Grinstead. In her personal report Dr. J. Lodwick makes a valuable comment. She writes: 'There are many advantages in doing a pre-school medical examination at the age of 4, but I do not think that it is satisfactory that there should be a gap of 6 years after this before the child is seen for a further routine medical at 10 years of age. Difficulties do arise after a child starts school and these are not always evident to the teachers. Parents are still very reluctant to go to the school to tell of any problems their children may be having but are glad of the opportunity to discuss them with the school medical officer at a routine inspection in School. I find that a large proportion of my time is spent in discussing emotional and behaviour problems with parents. Some of these are due to rather intractable social problems, but many can be helped by simple discussion and advice'.

During the year the County joined in a research project under the aegis of the Medical Research Council to evaluate the use of Rubella vaccination as a protection against Rubella (german measles) and against the now accepted high risk of danger to the foetus when german measles is contracted during pregnancy. There are, for example,

fourteen deaf children of pre-school and school age in the County whose hearing-loss has been attributed to this cause. As a direct result of this research rubella vaccination is now being offered nationally to all girls in the 11-14 years age range.

It is hardly necessary to observe that with the rise in school population recorded elsewhere most, if not all, services have carried increased case loads. This will become apparent in the reports which follow.

STAFF OF THE SCHOOL HEALTH SERVICE

AS AT 31st DECEMBER, 1970

Principal School Medical Officer	J. A. G. Watson, M.B., B.S., D.P.H.
Deputy Principal School Medical Officer	R. G. Brims Young, M.B., Ch.B., D.P.H.
Senior Medical Officer for 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.

School Medical Officers:

Anne P. Barnes, M.R.C.S., L.R.C.P.
J. K. Butterfield, T.D., L.M.S.S.A., D.P.H.
L. A. Collins, M.A. M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.M., D.P.H.
Jane Lodwick, M.B., B.Chir., D.C.H.
Margaret B. Parker, M.B., Ch.B., D.P.H.
M. I. Silverton, O.B.E., T.D., M.R.C.S., L.R.C.P., D.P.H.
Sheila M. Thwaites, M.B., B.S., D.Obst., R.C.O.G.

General Practitioners acting as School Medical Officers:

<u>Doctor</u>	<u>Schools</u>
Dr. F.B. Briggs,	Five East Grinstead Primary Schools plus pre-school medical examinations.
Dr R.M. Lodge and	
Dr. Elizabeth M.O.K. Robinson)	
Dr. H.N. Hardy	Forest Row.
Dr. A.R. Del Mar	Ashurstwood.
Dr. R.R. Evans	Hartfield and Withyham, St. Michael's.
Dr. P.C. Steel	Groombridge, St. Thomas.
Dr. Sheila Green	Six Crowborough schools.
Dr. A. Brockman	Eridge, Frant and Mark Cross.
Dr. S.A. Marsh	Wadhurst Secondary and Primary schools.
Dr. B.A. Tudgay	Stonegate and Ticehurst.
Dr. G.G. Shackel	Five Ashes and Mayfield.
Dr. Hazel A. Walters	Burwash, Etchingham and Hurst Green.

Hove Committee for Education:

N. I. Condon, M.B., B.Ch., B.A.O., D.P.H., L.M.

Sessional Doctors acting as School Medical Officers:

Dr. Alison J. Abrahams.
Dr. Patricia K. Clegg.
Dr. Dorothy Lucas.
Dr. Elizabeth Zadeh.

Psychiatrists:

H. V. W. Elwell, M.A., M.R.C.S., L.R.C.P., D.P.M.

Josephine M. Lomax-Simpson, M.B., Ch.B., D.P.M.

K. R. Masani, M.R.C.S., L.R.C.P., D.P.M.

J. Ross, B.Sc., M.B., Ch.B., D.P.M.

Child Psychotherapist: Miss Hedda Kevend, B.A., A.A.P.S.W.

Senior Education Psychologist: A.H. Morgan, M.A. (Psychology), Dip. Ed.

Educational Psychologists:

R. I. Archibald, M.A. (Psychology), Dip. Ed. Psy.

Miss O. M. Baker, M.A. (Psychology), Dip. Ed.

R. D. Gold, B.Sc.

R. S. McConville, B.A. (Psychology)

Mrs. S.A.T. Morris, B.A. (Psychology), Dip. Ed. Psy.

P. Ransome, B.A. (Psychology).

N. W. Wilkinson, M.A., B.Ed.

Principal Social Worker: J. Chisnell, A.A.P.S.W.

Social Workers: Miss S. Ellis, B.A.

Mrs. F.E. Harris, B.A. (Hons.).

Mrs. S. Korner, M.A. (Cantab.).

Mrs. J. M. Meredith, Dip. Soc. St.

Mrs. I. C. Pember, B.A.

Remedial Teacher: Miss M. M. Coates

Consultant Speech

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

Speech

Therapists:

Mrs. E.J. Baker, L.C.S.T.

Mrs. M. M. Bell, L.C.S.T.

Mrs. C. Bloomer, L.C.S.T.

Mrs. M.E. Pruden, L.C.S.T.

Mrs. J.B. Smith, L.C.S.T.

Mrs. E.A. Stone, L.C.S.T.

Miss P.A. Tufnell, L.C.S.T.

Miss B.J. Bentley, L.C.S.T. (Hove).

Adviser for

Deaf Children: M. A. Harding, M.N.C.T.D., M.S.H.A.A.

Peripatetic
Teachers of
the Deaf:

Mrs. E.M. Donovan, M.N.C.T.D.

Miss J.V. Howard, M.N.C.T.D.

Mrs. J. Melhuish, M.N.C.T.D.

P. Wilson, M.N.C.T.D.

Audiology
Technicians:

Mrs. E.W. Caulfield

Mrs. M.E. Godlewski

Ophthalmic
Specialists:

N. Ahmad, M.B., B.S., D.O., F.R.C.S.

M.J. Gilkes, M.B., B.S., F.R.C.S., L.R.C.P.

T.S. Goodwin, M.D., M.B., B.Ch., M.R.C.S., L.R.C.P.

A.B. Law, M.B.D.O., F.R.C.S., (Ophth.)

F.N. Shuttleworth, M.B., Ch.B., D.O.M.S.

M. Squires, M.B., B.S., D.O.M.S.

STAFFING

There have been a considerable number of staff changes in the past year. The comments which follow refer, in the main, to additions to staff establishment.

After many years of valuable service, Dr. J. Petrie has retired from his post as School Medical Officer in the East Grinstead and Crowborough areas of the County. Reference to the employment of general practitioners in the School Health Service has been made already in the introduction (page 3) and further details of this scheme are given on page 10.

Dr. J.N. Runes, Consultant Psychiatrist, has resigned from his appointment as consultant to Shelley's Reception Centre and Stonepound House Remand Home as from 8th May 1970. Unfortunately, in spite of repeated appeals, the Regional Hospital Board has been unable to make a new appointment, so that it has been necessary to call upon the services of a panel of psychiatrists, who, perforce, have been obliged to make somewhat arbitrary assessments in difficult and unsatisfactory circumstances.

Mr. J. Chisnell has been appointed as principal social worker in the Child Guidance service as from 1st May 1970. Mrs. Stuart-Menteth, who, as psychiatric social worker, has made a distinctive contribution to the clinics in Crowborough and East Grinstead, has resigned for family reasons, but there have been two part-time appointments to cover the Crowborough, Hailsham and East Grinstead clinics.

The team of educational psychologists has been strengthened by the appointment of Mr. A.H. Morgan as senior psychologist and by the appointments of Mr. R.I. Archibald (Portslade and Hove) and of Mrs. S.A.T. Morris (East Grinstead). Mr. Archibald's appointment followed on the resignation of Mr. H.W.A. Karle, after ten years' service.

In the Speech Therapy Service, Mrs. H.J. Phillips has resigned, on her marriage, to be replaced by Miss P.A. Tufnell at the Day Unit, Sidley, and an addition to establishment, Mrs. E.J. Baker has been appointed to cover the Central area, with a base at Hailsham Health Centre.

An additional (part-time) teacher of the deaf, Mrs. J. Melhuish, has been appointed.

It is sad, indeed, to have to record the death of Miss H.E. Hannay, who had served the Authority most faithfully for eleven years as audiology technician in sole charge, providing a quietly efficient audiometric screening service for every school in the County (excluding Hove and Portslade). The demands on her time were such that approval had been given to engage a second worker in this field. Accordingly two trainee audiology technicians have been appointed. Both have now completed a period of training in hospital and school health clinics. One of them has also attended a short course on audiometry at Manchester University.

MEDICAL INSPECTION AND TREATMENT

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

<u>Schools</u>	<u>Number</u>
Comprehensive	6
Grammar	4
Secondary Modern	24
Primary	173
Special	4

The number of children on the registers of the Authority's Schools during the Autumn Term 1970 was 57,242 - a rise of 4.5% on the total for the previous year.

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.

NUMBERS SEEN AT MEDICAL INSPECTIONS

(figures for 1969 are given for comparison).

	<u>1969</u>	<u>1970</u>
Routine	15,350	15,703
Special	1,218	1,002
Re-examinations	7,674	7,414
	<u>24,242</u>	<u>24,119</u>

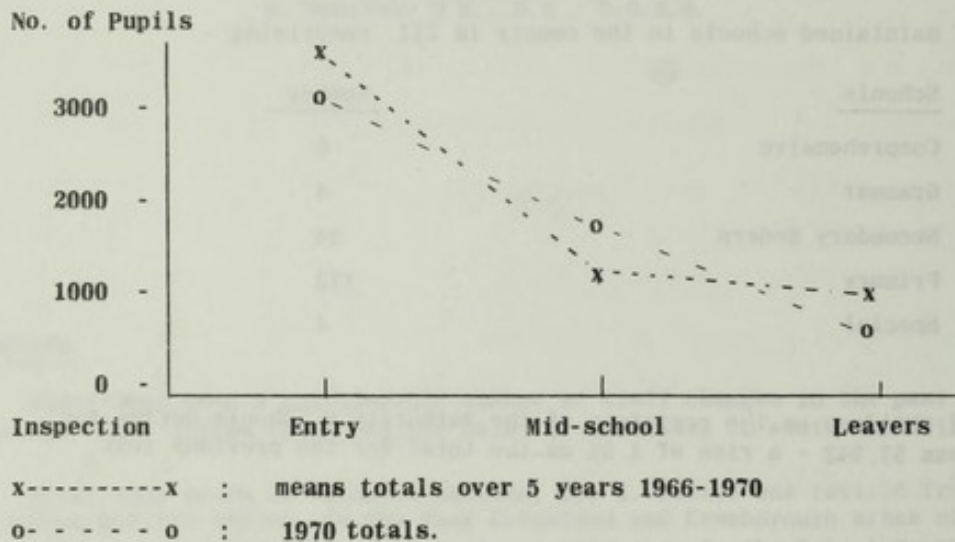
"Routine inspections" are examinations at present carried out on all school children during the first year at school, during the last year of junior school and thirdly, on all school-leavers.

"Re-examinations" are of children whom the medical officer wishes to observe periodically usually after a six-month interval, either to note the result of treatment, or to check on a condition that had been noted previously.

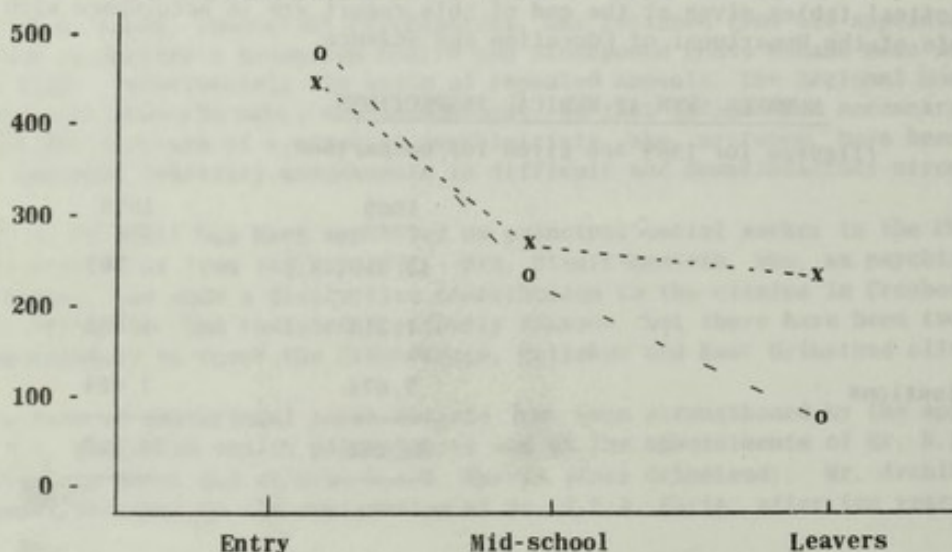
"Special examinations" are those made at the request of a school, a parent or a specialist in another field, where ill-health or the development of some handicapping condition is suspected. This group also includes the examination of children who are slow learners, or who have other handicaps, which may require special educational provision.

A comparison of the numbers of children examined and of those noted for observation or treatment at the three routine examinations has shown a constant pattern which has been repeated in the past year. This is illustrated in the accompanying two graphs which compare figures for 1970 with the mean figures for the past five years.

CHILDREN NOTED FOR OBSERVATION AT 3 MAIN INSPECTIONS



CHILDREN REFERRED FOR TREATMENT AT 3 MAIN INSPECTIONS



From these graphs it will be apparent that at the mid-school examination a much smaller proportion of children fall into treatment and observation categories.

While the school leavers' examination has a particular value, it is suggested that a selective form of medical examination could with advantage replace the routine examination of all children in the middle age group.

A pilot survey carried out in the County in December 1968 gave the following results:-

186 questionnaires, completed by parents of children aged 10+ years included in the survey, were scrutinized by a panel comprising School Medical Officer, School Nurse and Head Teacher. As a result, 67 of the children concerned were referred for medical examination.

Of the 186 children, 17 special class pupils would have been examined as a routine so that of the adjusted total 29 per cent were considered to require medical examination.

Eye-sight tests were, of course, repeated for all children in the 10+ age group and colour blindness tests were completed on the boy population.

PRE-SCHOOL MEDICALS

In areas where it has been possible to introduce this examination all concerned have accepted its value. It is inherent in the scheme, however, that the pre-school medical is linked with a thorough follow-up visit by the school medical officer to the school during the first term.

Since the pilot venture in Seaford in 1967, one new area has been added each year.

<u>Area</u>	<u>Total Examined</u>	<u>Conditions needing</u>	
		<u>Treatment</u>	<u>Observation</u>
Burgess Hill	238	14	130
East Grinstead	98	21	47
Haywards Heath	111	1	64
Seaford	171	6	144
TOTALS	618	42	385

APPOINTMENT OF GENERAL PRACTITIONERS AS SCHOOL MEDICAL OFFICERS

By the end of the year, 13 doctors had agreed to participate in this scheme, which covers the northern part of the County from East Grinstead in the west to Hurst Green in the east. 26 primary schools are involved and 2 secondary schools. In addition, one practice is accepting responsibility for pre-school medical examinations in the East Grinstead area.

HANDICAPPED PUPILS

During 1970, 475 pupils were classified as handicapped, as follows:-

Blind	-
Partially sighted	3
Deaf	3
Partially hearing	2
Slow learning	411
Epileptic	2
Maladjusted	32
Physically handicapped	16
Speech Defect	4
Delicate	2

In addition a further 35 children were admitted informally to Schools for Mentally Handicapped Children.

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	14	-	-	-	-	14
Partially sighted	16	4	3	-	-	23
Deaf	24	12	-	-	1	37
Partially hearing	9	3	-	40 (pre school 9)	-	61
Slow learning (Cat. A) pupils	73	275	8	2008	-	2364
Epileptic	13	-	-	-	-	13
Maladjusted	91	2	8	1	1	103
Physically handicapped	52	15	1	20	7	95
Speech	-	-	-	9	-	9
Delicate	14	1	-	-	1	16
TOTALS	306	312	20	2087	10	2735

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.

The basic aim of the Advisory and Peripatetic Teaching Service is to provide hearing impaired children in the County with the degree of help necessary to allow them to fulfil their full intellectual potential.

In cases where the child is very deaf, it is necessary to arrange for him to attend a Special School for the deaf where he will receive full-time help. In cases where the degree of deafness is very slight it is usually sufficient to advise the parents and teachers how best to treat the child. The bulk of the work undertaken by this Service is however, with those children who are deaf enough to need a hearing aid, but who are not sufficiently handicapped to warrant removing them from their home environment and sending them to Special School. These children, through their loss of hearing, or distortion of hearing, have considerable difficulty in developing clear speech, and adequate language. Such children as these are visited up to three times a week and given auditory training. The Visiting Teacher of the Deaf who gives auditory training undertakes to help the child, by the use of hearing aids and Speech Training Units, to make the fullest possible use of his residual hearing. This entails not only understanding what is said, but also developing language and speech. It is similarly important that parents and teachers are given guidance regarding the educational, social and emotional needs of the child. To be effective the Visiting Teacher must offer a social as well as an educational service.

In order that appropriate help may be offered to each child, detailed measurements of the hearing loss, and investigation of his needs must be made. It is sometimes possible that medical or surgical help can restore hearing to normal; in other cases intensive remedial teaching help, perhaps throughout the child's school life, is necessary to allow him to reach his full potential.

During 1970 demands on this service have continued to grow. Most new referrals continue to arise either from the routine hearing tests carried out by the Health Department on all children entering school or from part of wider educational testing of children who are failing to make satisfactory progress academically, emotionally, or with their speech. It is pleasing to note that many queries now arise from local hospital consultants with whom close liaison is maintained. Interest in helping very young pre-school children and guiding their parents, and in the follow-up of school leavers with hearing difficulty has been extended during this year.

CHILDREN WITH NORMAL HEARING

Of the 713 children referred in 1970, 145 were found to have normal hearing. Many of these were children tested as part of a wider educational/psychological investigation, or where the child had failed to respond to routine screening procedures.

CHILDREN UNDER OBSERVATION

On the 31st December 1970 there were approximately 110 children under observation. In each case these had been fully tested, and the schools and parents alerted to their specific needs. The majority of these children are receiving medical or surgical help and complete recovery of hearing is anticipated.

CATEGORY 'C' HEARING LOSSES

There are now 360 children with minimal losses of hearing placed in positions of auditory preference in County Schools. The majority of these hearing losses affect one ear only, and have arisen from such illnesses as mumps. In each case the possibility of cure has been investigated. During 1970 a system of annual audiometric review to ensure that hearing had not further deteriorated was instigated in the Borough of Hove. It is hoped to extend this form of systematic check to the County area.

CATEGORY 'B' HEARING LOSSES

There are now 23 children who wear hearing aids, but apart from educational management visits and periodic medical supervision from an Ear Specialist they require no special treatment. Although in some cases losses of hearing are moderate, others have more severe losses. Due to auditory help in earlier years and good quality hearing aids, the handicapping effect of deafness is minimised, and frequent training visits are not needed.

CATEGORY 'A' HEARING LOSSES

There are now 49 hearing aid users who receive regular auditory training from a visiting teacher of the deaf. Most receive one visit per week but in some cases, in particular with pre-school children, help is intensified to 3 visits per week. Extra demand is made on teaching time by children from Category 'C' and 'B' who occasionally need extra attention when they change schools, classes or are fitted with new hearing aid systems. Every effort is made to tailor the type and amount of help to the specific needs of the individual child.

CATEGORY 'S' PLACEMENTS

There are now 45 severely deaf children placed in Special Schools for the Deaf. With the exception of six children at Mary Hare Grammar School for the Deaf at Newbury, and three children with special needs who are placed further afield, East Sussex children are now placed at schools within or close to the County area. In many cases these children attend as day pupils, the remainder are able to return to their homes

each weekend. Placements are as follows:

Ovingdean Hall School for the Partially Deaf, Brighton	11
Mill Hall School for the Deaf, Cuckfield	9
Hamilton Lodge School for the Deaf, Brighton	7
Mary Hare Grammar School for the Deaf, Newbury	6
Nutfield Priory Secondary School for the Deaf, Redhill	6
Portley House School for the Deaf, Caterham	3
Royal School for the Deaf, Margate	2
Rayners School for the (E.S.N.) Deaf, Penn, Buckinghamshire	1
	<hr/> 45 <hr/>

LIAISON

Continued close liaison with other disciplines affecting the welfare and education of hearing impaired children has been maintained. Where difficulties of academic progress, speech or behaviour occur it has often been possible to provide a multi-disciplinary approach to the child's needs. Close contact with parents and teachers has led to a degree of co-operation which is greatly valued. Contact with parents of our children at regular meetings of the two local branches of the National Deaf Children's Society has been particularly valuable.

Regular meetings of the Audiology Assessment Panel (comprising Otologist, Audiometrician, Senior Speech Therapist, Senior School Medical Officer and myself) for the Northern part of the County continue. A similar arrangement, with Mr. Wadsworth (E.N.T. Consultant) is now in full operation for the Southern and Western area.

No doubt due to improving knowledge of the significance of deafness in children an increasing willingness to co-operate at all stages is in evidence. This is seen not only in other professional workers, but in all, from those who assist in playgroups, to the employers who often show a surprising willingness to help.

IN-SERVICE TRAINING

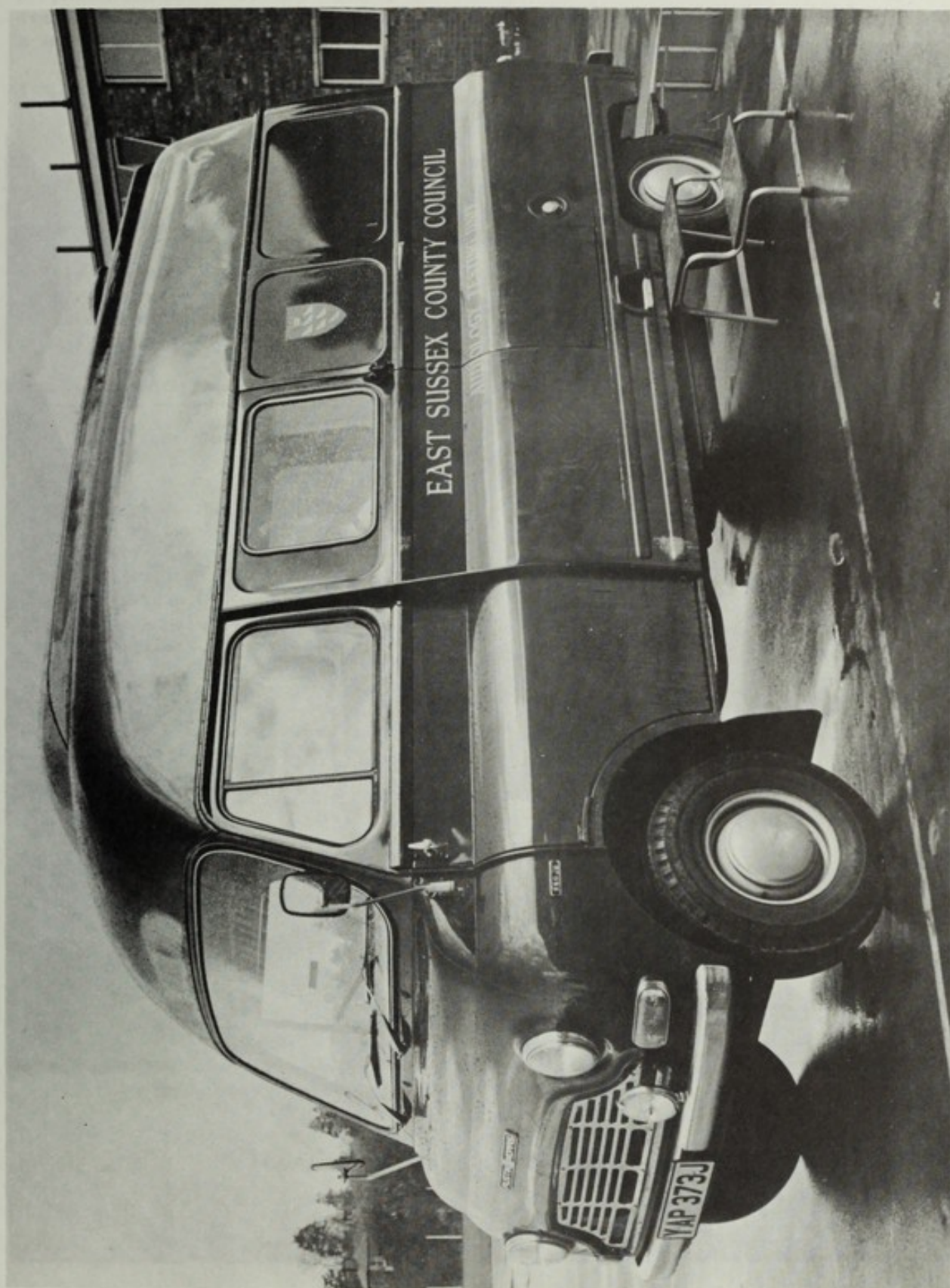
A two-day course "Hearing Impaired Children at Home and at School" was held at Stafford House, Hassocks, in September 1970. Various experts of national repute spoke on the medical aspects, nature of hearing loss, hearing aids, diagnosis, management and educational and social treatments of hearing impairment. A hidden benefit of such a course attended by parents, class teachers, teacher of the deaf, and possibly the Headmaster of a child has proved to be a closer understanding of the mutual problems involved.

EQUIPMENT

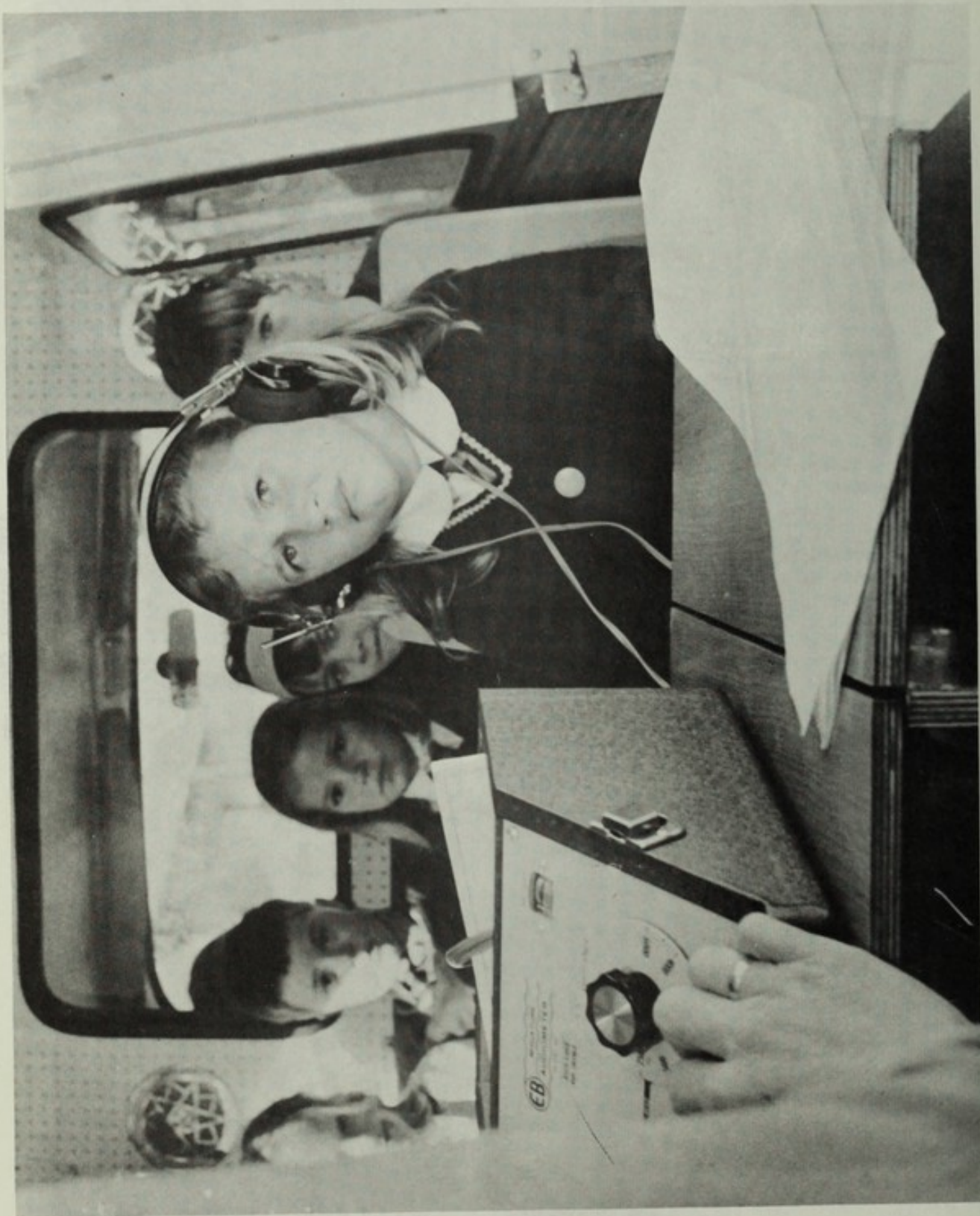
New speech training units and commercial hearing aids have been provided as necessary. Replacement aids have been purchased as original aids wear out. With advancing technology it is becoming possible to obtain aids more closely suited to the specific needs of the child. In many cases it is now possible to provide ear level type aids which have suitable power and selectivity. From experience it is becoming increasingly evident that for young children a second hearing aid does much to help develop speech and language.

Much consideration has been given during this year to radio link equipment. This consists of a microphone, with a built-in transmitter used by the teacher. The pupil carries a receiving set which receives and amplifies the sound of his teacher's voice. By this method the teacher is relieved of the need for an awkward trailing microphone lead, whilst the partially deaf pupil may listen to his teacher's voice, unhampered by unwanted classroom noises which would be picked up by a normal hearing aid.

The two most important needs of the deaf child are for early diagnosis, followed by prompt, appropriate action, and for those concerned with his care to realise that it is necessary to help the parents to accept the handicap before the child himself may be fully helped.



Audiology Testing Unit



Audiology Testing Unit - in action.

AUDIOMETRIC SCREEN TESTING

Owing to the prolonged illness of Miss Hannay (see under *Staffing*), for the greater part of the year only intermittent visits to schools were possible and a full programme was not completed. During the autumn term, however, the two newly appointed trainees (Mrs. Caulfield and Mrs Godlewski) underwent a course of training and began a screening programme.

TABLE

Period:	Hannay Jan-Mar.	Godlewski (western area) Oct-Dec.	Caulfield (eastern area) Dec.	TOTAL
Number of schools visited	16	14	4	34
Number of children screened	- *	956	119	1075
Number of audiograms plotted as a result of screening	- *	107	10	117
No. of cases specially referred	- *	136	2	138

* Figures not available.

In the coming year the new acoustically treated van (converted from a standard vehicle) will make it possible to test children under standard conditions at schools where lack of accommodation and noise factors have made testing unreliable in the past. In addition, the audiometricians will repeat tests on children who have failed an initial screen test, so that children with only transient hearing defects, which may disappear spontaneously or with early treatment, will not be referred unnecessarily to the advisory and peripatetic service for more detailed assessment.

CHILD GUIDANCE SERVICE

With the opening of the Hailsham Child Guidance Clinic, within the Hailsham Health Centre at the beginning of the year there are now seven clinics in the County. The following table summarises the staff position at the end of the year:-

<u>CLINIC</u>	<u>CONSULTANT PSYCHIATRIST</u>	<u>EDUCATIONAL PSYCHOLOGIST</u>	<u>SOCIAL WORKER</u>
Lewes	Dr. J. Ross	Mr. N. Wilkinson Mr. P. Ransome	Mrs. I.C. Pember
Burgess Hill	"	Mr. D. Gold	Mrs. J. Meredith
Portslade	"	Mr. R.I. Archibald	"
East Grinstead	Dr. J. Lomax-Simpson	Mrs. S.A.T. Morris	Miss S. Ellis
Crowborough	Dr. K.R. Masani	Miss O.M. Baker	Mrs. S. Korner
Bexhill	Dr. H. Elwell	Mr. R.S. McConville	Mrs. F.E. Harris
Hailsham	"	Mr. P. Ransome	Mrs. S. Korner

In practice the addition of another centre has not affected the work-load of the service, because no additional psychiatric sessions have been granted for the new clinic. It does mean, however, that the load has been re-distributed more evenly over the County.

Of some interest is the fact that the number of referrals to the clinics, at 383 is 67 less than 1969, and is the lowest figure for 5 years. Are related methods of approach, the remedial units, school psychological service, family clinic and even psychoprophylactic classes for mothers bearing fruit? It is too early to say but the trend is a welcome one.

In May the new position of Principal Social Worker in the Child Guidance Service was established and I am indebted to Mr. J. Chisnell, appointed to the post for the following notes:-

SOCIAL WORK IN THE CHILD GUIDANCE SERVICE

This year has seen a number of changes in the social work team of the Child Guidance Service. The newly created post of Principal Social Worker was filled in May of this year and there have also been new social work appointments made to Hailsham, Crowborough and East Grinstead Clinics. The appointment at East Grinstead was made following the retirement for domestic reasons of Mrs. Stuart Menteth. As Psychiatric Social Worker, Mrs. Menteth made a valuable contribution to the work of the clinic and in particular was responsible for the development of a therapeutic group for mothers with pre-school children experiencing separation difficulties.

The comparatively large geographical area of East Sussex has always allowed only minimal contact between social workers in the individual clinics. The new appointment of Principal Social Worker has provided an effective link between the social workers in the various clinics, so keeping workers informed on developments in other areas. At the same time the social workers in the clinics make frequent contact with other social agencies in their respective areas. Informal case discussions take place with health visitors, child care officers, mental welfare officers etc.

An important function of a Child Guidance Clinic is the provision of facilities for the training of new social workers wishing to enter the Service. Apart from attracting new entrants of the right calibre to the clinics, training facilities also ensure that present staff are kept informed of new developments in the field of social work. The possibility of having social work students attached to the clinics of the East Sussex Child Guidance Service is currently under discussion with Sussex University. This does of course highlight the need for the professionally trained social worker

within the Service. Apart from the role of Student Supervisor the professionally trained social worker has an important contribution to make to the social work service provided by the clinics. He will also be in a position to act as casework consultant to other social workers. The last function will assume even greater importance with the creation of the new Social Services Department. It is important for the clinics to effectively meet any demands that the new Department is likely to make on the Child Guidance Service.

The accompanying tables summarise the work of the Child Guidance Clinics:-

CLINIC	Bexhill	Burgess Hill	Crowborough	East Grinstead	Hailsham	Lewes	Portslade	Shelley's	Total
REFERRED BY:									
SCHOOL MEDICAL OFFICERS	6	9	12	4	4	6	14	-	55
PRIVATE DOCTORS	24	12	16	17	8	22	27	-	126
SCHOOLS	-	1	1	2	-	4	-	-	8
HOSPITALS	7	1	2	-	-	2	-	-	12
JUVENILE COURTS & PROBATION OFFICERS	2	2	-	1	1	-	1	47	54
CHIEF EDUCATION OFFICER & E. W. O.	2	1	-	2	-	1	5	-	11
EDUCATIONAL PSYCHOLOGISTS	7	12	4	6	2	8	11	-	50
CHILDREN'S OFFICER	6	6	-	3	1	6	5	-	27
HEALTH VISITORS	-	1	-	3	2	-	-	-	6
OTHERS	2	-	-	1	-	-	-	-	3
TRANSFERRED FROM OTHER CLINICS	1	-	-	-	2	-	4	-	7
PARENTS	6	1	2	5	1	4	5	-	24
NEW CASES TOTAL	63	46	37	44	21	53	72	47	383
PROBLEMS									
PERSONALITY, NERVOUS HABITS etc.	1	17	2	16	3	14	24	-	77
HABIT DISORDER	2	6	4	6	1	10	3	-	32
BEHAVIOUR	52	13	28	12	16	20	41	-	182
EDUCATIONAL & VOCATIONAL DIFFICULTIES	1	7	1	5	1	4	3	-	22
SPECIAL EXAMS - JUVENILE COURTS	3	1	-	2	-	-	1	47	54
" " - ADVICE RE PLACEMENT	3	2	1	3	-	5	-	-	14
DID NOT ATTEND	1	-	1	-	-	-	-	-	2
TOTAL	63	46	37	44	21	53	72	47	383
HOW DEALT WITH									
ADVICE	27	10	9	3	3	5	8	47	112
PSYCHIATRIC TREATMENT, REMEDIAL TEACHING & THERAPY)	23	6	18	13	5	15	18	-	98
PERIODIC SUPERVISION	2	10	7	8	7	1	11	-	40
WITHDRAWN BEFORE COMPLETED	-	5	1	1	1	8	17	-	33
AWAITING DIAGNOSIS	6	8	5	9	3	20	15	-	66
PLACED IN SPECIAL SCHOOLS ETC	-	2	1	-	1	2	3	-	9
TRANSFERRED TO CHILDREN'S DEPARTMENT & OTHER AUTHORITIES	1	2	1	8	1	-	-	-	13
REFERRED TO HOSPITAL	-	3	-	1	-	-	-	-	4
LEFT AREA	-	-	-	1	-	2	-	-	3
LEFT SCHOOL	-	-	-	-	-	-	-	-	-
DID NOT ATTEND	4	-	1	-	-	-	-	-	5
TOTAL	63	46	37	44	21	53	72	47	383

CLINIC	Bexhill	Burgess Hill	Crowborough	East Grinstead	Hailsham	Lewes	Portslade	Shelleys	Total
<u>ANALYSIS OF TREATMENT</u>									
ADVICE ONLY	25	5	-	-	1	-	-	47	78
IMPROVED	31	26	9	7	8	3	4	-	88
NOT IMPROVED	3	3	3	-	1	1	-	-	11
TRANSFERRED	10	1	-	5	1	2	2	-	21
CLOSED, WITHDRAWN OR REFUSED	6	5	1	3	11	2	6	-	34
STILL UNDER TREATMENT OR SUPERVISION	54	111	21	50	11	68	85	-	400
TRANSFERRED TO SPECIAL SCHOOLS ETC.	1	6	4	8	1	8	3	-	31
DIAGNOSTIC ONLY	1	-	2	3	6	-	4	-	16
ADMITTED TO HOSPITAL	-	3	1	-	-	-	1	-	5
LEFT AREA	6	3	2	4	-	3	1	-	19
LEFT SCHOOL	10	1	1	2	-	1	-	-	15
TOTAL	147	164	44	82	40	88	106	47	718
<u>SUMMARY OF WORK INVOLVED</u>									
<u>PSYCHIATRISTS</u>									
DIAGNOSTIC INTERVIEWS	46	36	21	42	19	36	46	47	293
TREATMENT INTERVIEWS	178	194	61	228	21	303	305	-	1290
DOMICILIARY VISITS	-	-	-	-	-	-	-	-	-
TOTAL	224	230	82	270	40	339	351	47	1583
<u>EDUCATIONAL PSYCHOLOGISTS</u>									
DIAGNOSTIC INTERVIEWS	39	39	20	24	14	-	19	-	155
REMEDIAL INTERVIEWS	-	29	6	7	-	-	2	-	44
SCHOOL VISITS	76	60	24	12	-	-	20	-	192
TOTAL	115	128	50	43	14	-	41	-	391
<u>SOCIAL WORKERS</u>									
CLINIC INTERVIEWS	272	36	129	211	49	629	58	-	1384
HOME & OTHER INTERVIEWS	81	228	93	66	56	436	270	-	1230
TOTAL	353	264	222	277	105	1065	323	-	2614
<u>CHILD PSYCHOTHERAPIST</u>									
NO. OF TREATMENT SESSIONS	-	-	-	-	-	1	341	-	342
INTERVIEWS (CLINIC)	-	-	-	-	-	7	327	-	334
HOME VISITS	-	-	-	-	-	-	32	-	32
TOTAL	-	-	-	-	-	8	700	-	708

A breakdown of age and sex was also made this year of children referred to the clinic, the accompanying table shows this:-

CHILD GUIDANCE CLINICS CATEGORIES OF REFERRALS AGE/SEX/SCHOOLS

AGE GROUP/SCHOOL	BEXHILL						BURGESS HILL CROMBOROUGH		EAST GRINSTEAD		HAILSHAM		LEWES		PORTSLADE		SHELLEY'S		TOTAL	
	B		G		B		G		B		G		B		G		B		G	
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G
PRE-SCHOOL	3	2	2	1	2	-	-	2	7	-	-	5	-	1	1	-	-	15	11	
LEA SCHOOLS																				
Age 5 - 7	11	4	3	7	4	7	4	7	4	6	-	6	3	10	5	1	2	45	35	
Age 8 - 11	8	4	8	3	10	2	6	4	3	2	16	6	6	14	15	1	3	66	39	
Age 11 -	10	16	13	4	7	3	6	2	8	1	7	8	13	10	10	29	74	73		
INDEPENDENT SCHOOLS																				
Age 5 - 7	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	
Age 8 - 11	-	-	-	-	-	-	-	1	1	1	-	-	-	1	1	-	-	2	2	
Age 11	2	2	5	-	2	-	-	5	-	-	-	2	-	-	1	1	12	8		
TOTAL	35	28	31	15	25	12	18	26	18	21	3	36	17	39	33	13	34	215	168	
	63		46		37		44		21		53		72		47		383			

Bearing in mind the relative size of the population in each age range referrals are evenly divided between the different age-groups. Boys outnumber significantly girls, except at Secondary School age.

At two clinics, Lewes and Crowborough, a remedial teacher, Miss M.M. Coates, forms part of the clinic team. During the year a total of 38 children have received individual remedial teaching at the clinics. Usually while most of the teacher's time has been taken up with individual tuition, from one to two sessions a week have been spent in consultation with psychiatrist, social worker and educational psychologist, in work preparation, the writing of case notes and visits.

A feature of the year has been the development in a more systematic way of case conferences at a majority of the clinics.

This year's account of Child Guidance is fuller than that of recent years. It would not be complete without a reference to the work of the Child Psychotherapist at Portslade Clinic. The basic statistics indicate a very considerable case-load and a full programme of treatment sessions and interviews. Of particular value are Miss Kevend's contributions to clinic case conferences.

Some interesting comments have been made by Dr. Lomax-Simpson in a preface to East Grinstead Child Guidance Clinic's Report. She states "the figures in the returns do not always reflect the amount of work done. For instance, the decrease in the number of referrals has been to the clinic's advantage, as it enables those waiting from the previous year to be seen."

Commenting on staff changes, she notes that changes always lead to "a disruption of a clinic, as it takes referring authorities time before they get to know and have confidence in new members of staff." Dr. Lomax-Simpson ends on a personal note "I have been discussing with my colleague child psychiatrists the fact that clinics may see quite a number of adopted children, but how seldom the mother who has kept her illegitimate child and is living on her own seems to avail herself of Child Guidance Clinic facilities. I cannot believe this is because these children are not in need of help, but more that they are somehow still hidden away."

FAMILY CLINIC

The Family Clinic, opened at Lewes in May, 1969, to which reference was made in a previous report, has continued throughout the present year. It was conceived as a means of dealing with problems affecting mainly young children and their parents, (though not in any way confined to any age group) which, if left unresolved, might lead to later child guidance referral and indeed the development of overt maladjustment in a minority. The basic team at Lewes has been a Medical Officer, an Educational Psychologist and a Health Visitor; referral has been open and informal, so that mothers have been free to walk in without a previous appointment, to be seen by at least one of the team. After a preliminary visit, in most cases a second appointment has been made for a more detailed assessment, to be followed by appropriate action, ranging from advice to regular therapeutic visits or referral for further investigation or treatment.

95 cases have attended the clinic since its opening and 45 have been seen in 1970. A fall-off in cases at the end of the year corresponded to a period when the Lewes area was without a Psychologist.

The age of children seen at the Family Clinic has ranged from babies under one year to young people of 16 and 17. Over the year the mean age of attenders has been 7 years. A frequency distribution curve of ages shows two peaks, at 3 and 7 years, and also shows that three times as many children of 8 years and under have attended as those over 8. This is in contrast to Child Guidance attendances when twice as many over 8 attended.

It is also of interest to note that referrals to the Lewes Child Guidance Clinic have indeed been less in 1970 than in 1969. Obviously this is not necessarily related to the development of the Family Clinic, but it is worth noting that the Family Clinic is seeing children at an earlier age than those seen at the Child Guidance Clinic.

The following tables have been prepared for a comparison with the Child Guidance statistics:-

I. Referrals

Referral by:-

Principal School Medical Officer	1
General Practitioners	19
Schools (Head Teacher)	2
Parents	9
Chief Education Officer	2
Health Visitor	10
Child Guidance Clinic	1
Speech Therapist	1

II. Problems

Personality etc.	9
Habit disorders	11
Behaviour	14
Educational and vocational difficulties	9
School Psychological Service Cases	2

III. How dealt with

Advice only	15
Assessment by Psychologist	5
Therapy (regular therapeutic visits etc.)	15
Referral to own General Practitioner	1
Referral to Hospital	1
Transfer to School Psychological Service	2
Recent referrals, final action not yet determined	5

Thus it will be seen that the bulk of the general referrals have been from General Practitioners and Health Visitors. As, however, Health Visitor attachment is practised in the Lewes area these referrals are from the same source. Behaviour and habit disorders, including enuresis, figure largely in the problems for which advice has been sought. 15 children have attended the clinic for varying periods, some for therapeutic sessions with the psychologist, others for supportive treatment and some of the smaller children have come regularly for what amounts to play therapy. Of this "treatment" group one has left the area, seven are improved, three are continuing and two have been unsuccessful in treatment.

The Family Clinic at Hailsham is entirely dependent on the Psychologist. In the Health Centre setting in effect doctor and health visitor are already present, and the psychologist thus completes the basic team. The following necessarily brief report has been supplied by Mr. P. Ransome, now psychologist in the Hailsham area:-

"There were 17 referrals during this period, 16 from family doctors at the Centre and one from a Consultant Psychiatrist (Hellingly). The reason for referral were:-

Behaviour difficulties	9
Emotional difficulties	5
Educational problems	3
Total	17

Ages on referral:

Pre-School	2
5 - 6	3
8 - 9	2
13 - 15	8
17 - 19	2
	<hr/>
Total:	17

It would be inadvisable to draw any conclusions from such a small number of cases. Nevertheless it is interesting to note that this group shows a bias towards the older secondary school child.

Even with seven established Centres for child guidance, there are areas at a considerable distance from a clinic. It is in such parts that extensions of the "Family Clinic" principle would also be of value, acting as satellites, as it were, to a central Child Guidance Clinic.

THE SCHOOL PSYCHOLOGICAL SERVICE

(N.B. This report relates to the School year ended 31/7/70)

The County is divided into six areas each served by an Area Psychologist. Two graduates in Psychology were appointed to act as assistants to the Area Psychologists, one being appointed in July 1969 and the other in December, 1969. The North and West have been helped by one assistant and the centre and East by the other. The University of Sussex has a two-year training course for Educational Psychologists and during the current year one of these students was based at the Lewes Clinic.

Mr. H.W.A. Karle, who had been in the service of the County since 1960, left to take up private work in August, 1970. Apart from his Area Psychology duties he had taken a special interest in the development of the Family Clinics at Lewes and at Hailsham. He had also completed a field trial of the Talking Typewriter.

On 15th July, 1970, Mr. A.H. Morgan, who had been appointed as Senior Educational Psychologist, took up his duties.

TABLE I

(a) No. of Children Referred	County Area		Hove	Total
		(68-69)		
From Waiting List 1.8.69	649	(827)	5	654
New Referrals (1969-70)	1,250	(1,962)	173	1,423
TOTAL	1,899	(2,789)	178	2,077
<hr/>				
(b) Disposal				
On waiting List 1.8.70	197	(728)	5	202
Cancelled or Withdrawn	87	(88)	12	99
No. of Children Dealt With	1,615	(1,973)	161	1,776
TOTAL	1,899	(2,789)	178	2,077

It will be noted that the waiting list at the beginning of the year was 649 but by the end of the year this had been reduced to 197 in the County Area. This was largely due to the work of the Assistants to the Educational Psychologists who carried out a good deal of routine testing, but also to a significant fall in the number of children who were referred for part-time help in schools (Category B Pupils). This reduction in the number of new referrals, combined with the help from the Assistants, has meant that more intensive help has been possible for the children seen in the current year.

Table II shows the reasons for referral of children to the School Psychological Service during the current year, 1969-70.

TABLE II

Analysis of New Referrals (1969-70)

<u>Reason for Referral</u>	<u>County Area</u>		<u>Hove</u>	<u>Total</u>
		(68-69)		
Slow Learning Children - Category A	494	(565)	106	600
Slow Learning Children - Category B	395	(1,064)	31	426
Other Educational Problems	68	(59)	16	84
Assessment	101	(98)	2	103
Disturbed Behaviour	96	(98)	12	108
Emotional Difficulties	96	(78)	6	102
TOTAL	1,250	(1,962)	173	1,423

As previous reports have commented, the different categories of reasons listed in Table II are to some extent arbitrary. A child might well have symptoms which could appear in more than one category; the presenting symptoms might also not be the most serious ones which investigation would reveal. With these reservations in mind, it will be noticed that the most striking feature is the great reduction in the number of Slow Learning Children needing part-time help in school (Category B). This sort of help was instituted some two years ago and by now most of the older children in need of this help will have been identified and new referrals consisted mainly of the younger children and therefore form a smaller total. The fall in the number of Slow Learning Children needing full-time help in a special class has also fallen but not to the same extent. There was a slight increase in the referral of children for other reasons than slow learning problems in general and this is a trend to be welcomed.

Table III shows the schools attended by children referred in the year 1969-70.

TABLE III

Schools attended by New Referrals (1969-70)

	<u>County Area</u>				<u>Hove</u>		<u>Total</u>	
			(1968-69)					
Pre-School	12		(12)		2		14	
Primary								
Infants	385		(696)		53		438	
Junior	669	1,054	(1,070)	(1,766)	106	159	775	1,213
Secondary								
Sec. Mod.	112		(117)		10		122	
Grammar	4		(8)		1		5	
Comprehensive	15	131	(2)	(127)	-	11	15	142
Special Schools	29		(31)		1		30	
Independent Schools	17		(25)		-		17	
Post Schools	7		(1)		-		7	
	1,250		(1,962)		173		1,423	

The Table shows the school distribution of new referrals, with the referrals in the preceding year, 1968-69, for comparison. There has been little change in the overall pattern.

It would be expected that the larger number of referrals would come from the primary schools, partly because this is where special facilities are available and partly because attention is likely to be focused on early identification of children with difficulties.

The number of children referred from the pre-school age group does not represent the total number of such children seen by the Psychologists, e.g. the Family Clinic was visited by a large number of parents with babies and pre-school children. An increase in the facilities for pre-school children might indeed be one of the more fruitful investments of psychological time.

The number of children referred at secondary level stays roughly the same; the development of pastoral care schemes within secondary schools, whether this involves the use of Counsellors or other kinds of help, could lead to the growth of the number of children referred and to closer liaison with the members of staff concerned so that indirect help could be given.

The number of children referred from the Special Schools stays roughly the same. It is possible that a more thorough review of children attending these schools would lead to an increase in the number of children seen.

Table IV gives the findings on children seen during the year 1969-70; (i.e. they could be children who were referred in the previous year as well as children referred in the current year).

TABLE IV

Findings

	County Area		Hove	Total
		(68-69)		
Emotional Disturbances	372	(306)	50	422
Physical Handicap	54	(43)	3	57
Environmental Handicap	187	(206)	6	193
Poor General Ability	120	(210)	26	146
Normal	131	(89)	7	138
Cause Unknown	126	(105)	45	171
Slow Learners, Category B (discussion only)	620	(1,014)	24	644
Referred to Family Clinic	5	-	-	5
Total	1,615	(1,973)	161	1,776

The Table shows a fall in the number of children for whom poor general ability is a major factor. There is also a fall in the number of children referred as slow learners for whom discussion alone was sufficient.

The increase in the number of children seen and found to be emotionally disturbed probably does not reflect proportionally the increase in time spent with these children.

Table V shows the action taken by Psychologists.

TABLE V

Action Taken

	County Area		Hove	Total
		(68-69)		
Assessment Only	134	(80)	-	134
Advice Only	443	(491)	116	559
Advice and Follow-up	327	(293)	6	333
Placement in Remedial Unit	16	(19)	7	23
Therapy	19	(19)	3	22
Referred to Child Guidance Clinic	33	(39)	4	37
Further investigation pending	18	(18)	1	19
Discussion Only (Slow Learners, Category B)	620	(1,014)	24	644
Referred to Family Clinic	5	-	-	5
Total	1,615	(1,973)	161	1,776

The figures show a similar pattern to previous years with a few interesting changes. The number of children dealt with by "discussion only" shows a marked decrease and there is a small decrease in the number of children dealt with by "advice only". There is, however, an increase in the number of children seen for "advice and follow-up" and for assessments. The increase in number of children seen for follow-up of course does not reflect proportionally the amount of time involved in seeing a child at intervals over a period of time. The figures which refer to children receiving treatment deal only with those children added to the treatment list; it does not include children already in treatment at the beginning of the year. The Table does not include interviews with parents during treatment nor of course does it include the interviews with parents in cases where the child was not seen.

The children forming the Special Classes need to be kept under constant review, not only individually but corporately as a group. It is therefore particularly important that the Psychologists should work in close co-operation with the Advisers who deal with these schools. Discussions about particular children, if they are to be made meaningful, have to be made in the light of the class of which they are members. Similarly, a good deal of time can be spent in repeating from school to school the sort of comments which could be made much more effectively in In-Service Courses to groups of teachers at the same time. This need for In-Service help is important not only for the teachers taking special classes but, in a different way, for those taking children for part-time help in their own schools.

The present provision for Slow Learners also needs to be kept under constant review, not only to ensure that its present functions are continued but to review them more basically. It may be that changes in school organisation, with a more individualised approach, may make it less desirable - as well as less practical - to segregate the Slow Learners in separate groups. The needs of slow learning children in small schools, unable to provide a special class within their own walls, can also easily be overlooked unless special care is taken.

There are four Tutorial Units in the County. These take children who are selected by the Area Psychologist and/or the Child Guidance Clinic team, and the children attend part-time; the rest of the time they attend their ordinary school. They are children for whom emotional and social readjustment is the primary aim though educational progress is not neglected as a means to these ends. Whilst each Unit has this common aim, there are differences arising from the needs of the area and the particular resources available. A review of these classes is now being made.

SCHOOLS FOR MENTALLY HANDICAPPED CHILDREN

At present one Educational Psychologist spends roughly one half of his time in work with the mentally handicapped.

The immediate task is to provide a basic psychological assessment for each child. There is a back-log of children for whom this has not yet been done. When this has been completed the Psychologist will be able to extend his contribution to the children's on-going needs, in co-operation with members of the school staff and of other visiting advisers and workers.

Many of the adults, in whose childhood no psychological help was available, have not had a psychological assessment. Gradually, however, as the service to children improves this situation will be changed and more information should be available about children admitted to the adult centres. It seems reasonable that, in addition, some personal follow-up should be made which would be of value, not only to the Adult Centre, but as a feed-back on the work done with these children in Schools for Mentally Handicapped.

The need for this constant re-appraisal, not only of the children, but of the kind of help offered, is especially important in this new and expanding field of work and provision must be made for it as an integral part of the work.

OTHERS

Other work undertaken by the Educational Psychologists includes:-

(i) Research. During the current year a field trial was made of the Talking Typewriter and a report was submitted to Committee. Another Psychologist has also been working on a projective test for children which will be helpful in revealing aspects of their personality relevant to their needs. A paper on this has been read to the British Rorschach Forum and Society for Projective Techniques and this is later to be published.

The link with the University may encourage this involvement of Psychologists with ad hoc enquiries, as well as more fundamental ones.

(ii) The University of Sussex has established a training course for Educational Psychologists. This is a two-year course and Trainee Educational Psychologists spend two days per week throughout each of the two years in Local Authority work. During the current year, one Trainee was attached to Lewes Clinic. As the numbers of this course increase it is expected that most of the Area Psychologists will be involved in the training programme. This involves a good deal of time and, at least during the student's first year, may not result in a net increase in time available to the schools. Second year students, however, should be able to make some direct contribution to the service. It is, of course, equally important to the service that this stimulus of training and link with the University is of advantage to the area Psychologists themselves.

(iii) Psychologists have been involved in In-Service Training.

Some of this has been devoted to teachers but it has also extended outside to Parent Teacher Associations, Child Care Courses, a College of Education, a Technical College, etc.

SPEECH THERAPY

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

The complement of Speech Therapists has been increased by one full-time member who commenced duties in September, thus allowing an increase of clinical facilities during the latter part of the year. This was offset to some extent by the need for a temporary closure in the Western area during most of the autumn term, whilst the Speech Therapist was on maternity leave.

TABLE OF CLINIC SESSIONS

Area	Speech Therapy Clinic	Sessions per week 1969	Sessions per week 1970
Northern	Crowborough	2	4
	East Grinstead	3	5
	Wadhurst	1	2
Central and Southern	Lewes	4	4
	Newhaven	2	2
	Seaford	2	2
	Uckfield	2	2
Eastern	Battle	3	3
	Bexhill	3	3
	Rye	3	3
	Hailsham	2	3
	Heathfield	1	-
	Maynards Green School	-	2
	Willingdon C.P. School	-	1
	Speech Therapy Day Unit	4	5
Western	Burgess Hill	3	3
	Haywards Heath	3	3
	Newick House	1	1
	Downs School, Portslade	2	2
	Portslade and Hove	10	10
	Chailey School	1	1
	Staplefield and Warninglid Schools (1 each)	2	2

A number of consultative visits are also made weekly.

PRE SCHOOL CHILDREN

The Consultant Speech Therapist has had a striking increase in the numbers of pre-school children referred for investigation, over and above those of last year. These form approximately 40% of her assessment work. In the great majority of cases, professional help is needed in the form of regular individual treatment at the Speech Clinics. Study is being given to indirect methods of approach and techniques to meet the needs of children who fail to produce speech in the early years or who do so by mutilated forms of communication.

Consultant advice to parents both at the Clinic and by home visiting has proved most successful. The close co-operation between the Speech Therapist and the mother has meant that a higher percentage of young children can be relieved to their speech handicap before starting school, and thus make a better social adjustment to the early stages of school life. Infant school teachers frequently express their satisfaction

with the new intake of pupils who have been under the Speech Therapist's care. Liaison between Speech Therapist and Teacher is most desirable and takes place as often as possible in the limited time available.

LIAISON WITH OTHER SERVICES:

A close and invaluable liaison has been maintained with the Audiological and School Psychological Services.

At an Area Meeting of the College of Speech Therapists held at Lewes in July, Mr. Harding kindly gave an interesting address which helped to further mutual understanding of our closely related work.

Speech Therapists addressed members of the Teaching Staff as follows:-

Mrs. Hudson-Smith	-	Pyke House, Battle.
Mrs. Bloomer	-	Halford Park School.
Mrs. Pruden	-	Newick House School (Parents and teachers)
Mrs. Pruden	-	Family Club, Burgess Hill.
		(Health Visitors and mothers of pre-school children).

SPEECH THERAPY DAY UNIT

The Special Unit at Sidley C.P. School has become fully established, providing a most valuable asset to the Speech Therapy Service. The numbers of children on the waiting list greatly exceed the vacancies, which can only occur by individual discharges of present pupils.

With the severity of the cases, some long-term ones are to be expected. It is gratifying, therefore, to report the following discharges during the year:-

R.C.

A severely dysphasic girl whose language was grossly confused and speech unintelligible. Discharged back to her former school after one year in the Unit. According to the follow-up report, her speech handicap is now negligible. She is adjusting satisfactorily to the school regime and catching up on educational attainments.

E.A.

Admitted to the Unit in April, 1969, aged 4½ years, as a dysphasic child having practically no speech communication. Articulatory disorder with stammer overlaid a slow and confused development of language. Progress was negligible during her first two terms whilst she adjusted to her new environment, but from early 1970 she made striking progress. This girl was discharged to normal day school at the end of the Christmas term. Her new teacher reports that her powers of communication are equal to the other normal speakers in the class. She would not have known of this child's former handicap had she not been subsequently told by the Speech Therapist visiting the School.

CHILDREN REFERRED DURING 1970

Schoolchildren	..	..	..	..	..	553
Pre-school children	..	..	..	..	..	240
Total						793

ACTION TAKEN.

Receiving treatment	..	..	..	..	505
Awaiting treatment	..	..	..	..	201
No treatment required	..	..	..	..	54
Treatment refused or terminated	..	..	..	..	33

Total 793

Additional children, who have to be seen periodically not included in the above figures - 197.

TREATMENT

No. of Children receiving treatment at 1st Jan. 1970	-	379
No. of children added during 1970	-	375
No. of cases closed during 1970	-	249
Total number of children receiving treatment at 31st December, 1970	-	505

RUBELLA VACCINE TRIALS IN SCHOOLGIRLS

As part of a larger study, a trial was carried out under the auspices of the Medical Research Council on Rubella Vaccines on schoolgirls in East Sussex with the co-operation of schools and parents in the Haywards Heath area.

The aim was to determine the serological and clinical responses by two rubella vaccines administered to 12-14 year old schoolgirls.

Blood for determining susceptibility to rubella and the immune response to vaccination was collected by a fingerprick technique. In all blood samples were taken from 273 pupils. The number of girls found to be susceptible by the screening test was 105(38.5%). The girls were then vaccinated and developed an antibody response.

As a result of this work, the Joint Committee on Vaccination and Immunisation have recommended that vaccination against rubella should be offered to all girls between their 11th and 14th birthdays. The purpose of this recommendation is to ensure that as many girls as possible are offered protection against rubella by vaccination before reaching child-bearing age, because of the known association of certain foetal abnormalities (including deafness) with rubella infection in pregnancy. A letter has been sent to all parents of girls in this age group urging them to accept this vaccination for their daughters.

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	9	60	39
BRIGHTON	19	152	97
EASTBOURNE	19	245	216
EAST GRINSTEAD	12	83	71
HAYWARDS HEATH	43	474	375
ST. LEONARDS	12	78	69
TUNBRIDGE WELLS	25	231	183
TOTALS	139	1,323	1,050

STATISTICAL SUMMARY RELATING TO THE B.C.G. SCHEME FOR SCHOOL CHILDREN AND STUDENTS 1968/70 (COUNTY AREA)

Details	1968	1969	1970
(a) ACCEPTANCE RATE			
Number of schools and colleges visited	68	60	61
Total children eligible	4,346	4,411	4,829
Consents received	3,729	3,831	4,156
Percentage of acceptances	85.8%	86.8%	86.1%
(b) RESULTS OF ROUTINE SKIN TESTS			
Number skin tested	3,147	3,318	3,556
Number positive	352	434	458
Number negative	2,654	2,696	2,940
Percentage positive	11.2%	13.1%	12.9%
Not vaccinated	141	178	158
Children not vaccinated are reviewed the following year. Vaccination may not have been given for various reasons (e.g. absence from school or vaccination contra indicated at the time)			
(c) RESULTS OF SKIN TESTS WHERE PUPILS HAD PREVIOUSLY RECEIVED B.C.G. VACCINATION			
Number skin tested	212	215	263
Number positive	204	186	232
Number negative	8	29	31

A Medical Research Council survey showed that vaccinated children were 4 or 5 times less likely to contract tuberculosis than similar children who had not been protected. No precise period can be given as to the length of protection given by B.C.G. vaccination but the amount of protection is still substantial after several years. Pupils recorded in (c) above as having had a negative reaction would have been given boost doses of B.C.G. vaccine. The high proportion of positive reactions is evidence of the degree of protection afforded, as many of the pupils would have had B.C.G. vaccination in infancy.

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

CHILD CARE AND HEALTH EDUCATION CLASSES

Senior boys and girls in 20 schools have continued to receive instruction in Child Care from the Health Visitors. 499 pupils took the examination. 364 passed, 119 of them with credit.

The Health Visitors also gave 515 classes in Health Education in the 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 infant and junior schools participating in this scheme are supplied with pasteurised milk which is delivered daily under contract by thirty-six approved dealers.

Supervision of the arrangements has been maintained and 56 representative samples, covering all sources of supply were submitted for laboratory examination.

All samples were reported to be up to the required standard and the present arrangement of supply is considered to be satisfactory.

SCHOOL SWIMMING POOLS

Eight additional swimming pools came into operation during the year, making a total of 77 pools at County maintained schools. Fourteen of these are permanent or major pools at comprehensive or secondary schools and 63 are "learner" type pools at primary schools.

All pools are operated on a full treatment system providing for continuous circulation, filtration 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 continues 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 353 medical examinations were carried out for students who had been selected to attend Colleges of Education for teacher training courses.

FOR HOVE SCHOOL HEALTH SERVICE - 1970

The year under review has been a difficult one due to the shortage of medical staff in established posts. Doctor Blomfield, Deputy Medical Officer of Health, left the department early in the year to take up a post in another authority, and prior to his departure had been away from the department for some time. Doctor Toal, Assistant Medical Officer of Health, left on the 31st May, 1970, and since that time I have been administering the service myself, with the assistance of a number of sessional doctors. Without their help it would have been impossible to carry out our statutory duties, and I am indeed most grateful to all of them for their assistance during the past year. Their duties were mainly concerned with the routine medical examinations of school children, the basis of the School Health Service.

The assessment of handicapped children is most important, and most of this work I carried out myself, as well as the routine day to day administration and enquiries which have got to be dealt with, and I am grateful to Mrs. Reynolds, the Senior Clerk, who having no previous experience in school work carried out her duties in an excellent manner.

In 1970 there was a very slight decrease in the number of children who had a full medical examination compared with 1969 and it is essential that this work should not be neglected because of the shortage of medical staff.

More and more authorities are replacing the intermediate medical examination with a selective type of examination. In other words not all children due for the intermediate examination have one. The decision as to which child shall or shall not have an examination depends on the information received from a questionnaire sent to the parents of all children who were due to have this examination. In addition information is also received from the Head Teacher, School Nurse and Health Visitor, and if necessary the child's General Practitioner, and the decision to carry out a medical examination is made after discussion by the School Doctor. There is always the danger that a child who has been left out should in fact have the examination because of some condition not identifiable from the questionnaire and the information received.

Further consideration will be given to this method of selective medical examination when the staff position improves.

Though there is a reduction in the number of individual pupils found to be infested with vermin, there are still too many cases reported. The total number of examinations has been stepped up and more pressure will be exerted on the parents and pupils to ensure a significant reduction in the numbers. It is noted that it is usually the same families involved and some of these are well known to the other services operating in the Borough.

During the year 19 school children were examined and classified as follows:-

Deaf	Nil	Maladjusted	3
Partial hearing	Nil	Physically handicapped	5
Partially sighted	Nil	Educationally backward	11
	Epileptic	Nil	

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

The Child Guidance Service continues to be very busy, although the figures show a slight reduction on the previous year. Behaviour problems account for 50% of those children referred. Nowadays many parents are too caught up in trying to keep up with the 'Jones' that little time can or is being devoted to what used to be called a 'normal home life'. A Parent Guidance Clinic might be the answer.

The School Dental Service continues to give excellent service. During the year the Ministry complemented the Borough on the work it was doing in this field. In Mr. Amdor, the Area Dental Officer, the Borough has an officer of the highest ability, not only as a dentist but also as an administrator, and I would like to thank him and his staff for their excellent work.

To Mr. O' Sullivan, Borough Education Officer, and his staff I would like to express my appreciation for their help. Doctor Watson, County Medical Officer of Health and Mr. K. Fenton Evans, County Dental Officer have always been most helpful and I am most grateful for the support I have received from them and their staff.

Much of the work of the School Health Service could not be carried out without the help of the Head Teachers and their staff. They do put themselves out to help us, even if we are a bit of a nuisance at times, and I wish to thank them for their co-operation.

To the members of the Education Committee and Special Services Committee my appreciation for their efforts and support during the year.

Finally to members of my own staff, who in their own small way get through a considerable amount of work, I would like to say 'thank you' for relieving me of many of the headaches during a very difficult year.

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
(1)	(2)	No.	No.	(5)	(6)	(7)	(8)
1966 and later	387	387	-	-	6	9	15
1965	2,636	2,635	1	-	54	110	164
1964	2,547	2,547	-	-	74	142	216
1963	713	713	-	-	16	39	55
1962	436	436	-	-	12	26	38
1961	411	411	-	-	15	20	35
1960	1,248	1,248	-	-	36	39	75
1959	2,222	2,222	-	-	76	63	139
1958	1,104	1,104	-	-	44	24	68
1957	557	557	-	-	16	24	40
1956	940	940	-	-	22	24	46
1955 and earlier	2,502	2,502	-	-	106	47	153
TOTAL	15,703	15,702	1	-	477	567	1,044

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

99.99%

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

00.01%

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	1,002
Number of Re-inspections	7,414
Total	8,416

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 61,144

(b) Total number of individual pupils found to be infested 76

(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944). 8

(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	34	10	18	62	-
		O	109	49	91	249	3
5	Eyes - a. Vision.....	T	174	132	167	473	4
		O	813	341	492	1,646	13
	b. Squint.....	T	23	3	6	32	-
		O	103	11	54	168	3
	c. Other.....	T	1	1	1	3	93
		O	20	3	8	31	-
6	Ears - a. Hearing	T	129	8	33	170	3
		O	233	35	71	339	10
	b. Otitis Media.....	T	9	-	2	11	1
		O	44	11	12	67	1
	c. Other.....	T	4	2	3	9	2
		O	12	5	5	22	-
7	Nose and Throat.....	T	23	2	6	31	1
		O	402	32	47	481	1
8	Speech.....	T	53	2	13	68	-
		O	213	3	34	250	-
9	Lymphatic Glands.....	T	6	-	1	7	-
		O	86	4	8	98	-
10	Heart.....	T	13	2	4	19	-
		O	61	23	29	113	-
11	Lungs.....	T	6	2	10	18	-
		O	128	36	67	231	2
12	Developmental - a. Hernia.....	T	14	1	3	18	-
		O	41	2	10	53	-
	b. Other.....	T	21	6	21	48	-
		O	130	35	94	259	3
13	Orthopaedic - a. Posture.....	T	4	8	5	17	-
		O	31	16	50	97	-
	b. Feet.....	T	16	2	9	27	-
		O	154	18	81	253	-
	c. Other.....	T	6	3	2	11	-
		O	146	34	35	215	-
14	Nervous System - a. Epilepsy.....	T	3	1	1	5	-
		O	32	7	25	64	-
	b. Other.....	T	4	-	-	4	-
		O	31	6	5	42	1
15	Psychological - a. Development.....	T	4	2	4	10	1
		O	270	25	139	434	11
	b. Stability.....	T	12	2	7	21	-
		O	168	26	82	276	10
16	Abdomen.....	T	3	-	3	6	-
		O	41	17	24	82	-
17	Other.....	T	8	-	1	9	-
		O	38	38	45	121	1

**TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (including Nursery and Special Schools)**

TABLE A. - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	31
Errors of refraction (including squint)	2,100
TOTAL	2,131
Number of pupils for whom spectacles were prescribed	1,517

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	33
(b) for adenoids and chronic tonsillitis	485
(c) for other nose and throat conditions	19
Received other forms of treatment	3
TOTAL	540
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 1970	11
(b) in previous years	28

TABLE C. - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	298
(b) Pupils treated at schools for postural defects	14
TOTAL	312

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	Nil
(b) Body	3
Scabies... ..	9
Impetigo	34
Other skin diseases	19
TOTAL	65

SECTION III

COUNTY DENTAL SERVICE

(including Borough of Hove & Portslade Urban District)

Section III

County Dental Service

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STAFF OF COUNTY DENTAL SERVICE

1970

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

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

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

Senior Dental Officer

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

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. R. A. POYNTZ, B.D.S. U.Dur.

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 (Resigned 5.7.70.)

MISS P. A. WOOD (Resigned 2.8.70.)

MISS L. M. HOLDEN (Appointed 17.8.70.)

Anaesthetists

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

DR. R. BEWLEY, M.B., B.Ch., B.A.O. (Dublin)

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. G.R. GERSON, M.B., B.S. Lond. M.R.C.S. (Eng) L.R.C.P. (Lond) D.Obst. R.C.O.G.
F.F.A.R.C.S., D.A. (Eng)

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. P.C. SCHOFIELD, M.B., Ch.B. (Birm) M.R.C.S. (Eng) L.R.C.P. (Lond) B.D.S.
L.D.S. (Manch), D.A. (Eng)

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).

1970

COUNTY DENTAL SERVICES

Report of the Principal School Dental Officer and Chief Dental Officer

The present conditions of service and the improved surgery facilities offered to dental surgeons by this Authority played an important part in maintaining a complete and stable staffing of the Dental Service throughout the year. It was disappointing, however, to lose two Dental Auxiliaries so soon after their appointment. Their resignations, the difficulty in replacing them and in recruiting Dental Surgery Assistants, clearly illustrated the almost impossible position of young girls hoping to make a career in dentistry on the present inadequate salary scales - particularly when having to live away from home and without parental financial support. At the close of the year, the appointment of Dental Auxiliary at the new Health Centre at Hailsham remains vacant and there seems little chance of filling it before September of next year.

In February, one of the mobile dental clinics overturned whilst being towed and was out of operation for seven months. The suitability of various types of towing vehicles was brought under review and resulted in all mobile clinics being immobilised for a time. Until a decision was reached, the movement of mobile clinics was undertaken by the County Surveyor and I am most grateful for his assistance during this difficult period. The effectiveness of existing braking systems on the mobile clinics was also investigated and until the most suitable system was determined, the construction of the new additional mobile clinic had to be halted and it now will not be delivered until next year.

The dental clinic at Bexhill was closed for six months during the building and equipping of a new surgery. This new dental suite and the re-equipping of Lewes Clinic were further achievements in providing modern and improved facilities for both patients and operators.

The loss of one mobile and one fixed clinic for so long a period, the temporary cessation of movement of the remaining mobiles and the delay in delivery of the new one, sadly disrupted the planned programme and adversely affected the number of inspections and the amount of treatment provided - as may be seen from the accompanying tables.

A start was made in providing inspection and treatment for the mentally handicapped; 137 patients accepting the offer of inspection. 181 fillings and 70 extractions were completed for the forty patients accepting treatment. By using the orthodontic mobile clinic whenever possible at the time of the initial inspection, X-Ray examination enabled more accurate diagnosis and treatment planning and the saving of surgery time at treatment sessions.

In Hove, arrangements were made for a Dental Auxiliary to devote eleven sessions to dental health education. It is hoped to further develop this activity, especially linking dental health education with routine school dental inspections. Although no such programme was possible in the remainder of the County, a working party has been formed and is studying the need over the whole spectrum of health education and it is hoped that this hitherto neglected aspect of the Dental Service will receive adequate attention in the not too far distant future.

By the end of the English apple season some 1,300,000 apples had been sold to pupils during two terms in our scheme for supplying apples to schools. As it proved not to be possible to buy imported apples at the desired low price, the scheme closed during the summer term but re-opened in September when English fruit again became available. The glut of fruit this year depressed demand but 300,000 were sold during the Christmas Term. It was gratifying to note that apples from other sources were being eaten in schools, no doubt a continuation of the habit and desire encouraged by last year's scheme.

In support of the apple scheme, the Apple and Pear Development Council generously presented a handsome silver cup which will be awarded each term to the school with the highest per capita sales. Sir Richard Boughey, Chairman of the Apple and Pear Development Council presented the cup to the first school to win it - Copthorne C.E. with 7.747lbs. per head sales during the Christmas Term.

In an attempt to prevent money, given by parents for apples, being spent on sweets an 'apple stamp' was given as a receipt for each apple bought. To help encourage participation in the scheme, children could save the stamps and the staff of the Dental Service provided prizes of electric toothbrushes which were awarded to pupils at Maresfield Bonners C.E. and Staplefield St. Marks C.E. This competition was organised for one term only but from comments of Head Teachers whose pupils entered it proved to be popular and at least one school is to continue the competition under its own arrangements.

A two week tour of schools by "Pierre the Clown" helped stimulate interest in both dental health and the value of apples as did a scrapbook competition promoted by the General Dental Council.

The interest and support of Head Teachers of Schools selling apples has been greatly appreciated and it is hoped that the scheme will receive support from an increasing number in the future. By introducing the hoped for health education programme greater success may be attained in convincing Head Teachers of the dangers of tuck shops selling soft sweet sticky foods.

The number of expectant and nursing mothers and of children under five seeking treatment showed an increase; the figures are given in the accompanying table. In certain areas, the despatch of the third year birthday card was executed by computer and this improved and more certain coverage resulted in an increased return; 340 requesting examination and treatment.

Over past years, this Authority has provided for the improvement and expansion of its Dental Service and the benefits of this policy have been reflected in the range and amount of treatment undertaken. We now enter a new year in which it is promised many changes will be introduced to existing local authority and Health Service organisation. The most imminent is increased charges for National Service treatment and the possible effects of these are at the moment being debated and argued over. It could well be that marked repercussions may be felt on our service and the developing situation will require careful watching and may necessitate changes in existing routines to meet variations in demand.

I should like to thank my colleagues and their staff for the assistance they have given me during the year.

C. K. FENTON EVANS

Principal School Dental Officer and
Chief Dental Officer

SCHOOL CHILDREN

<u>1st Inspection in year</u>	<u>1969</u>	<u>1970</u>
Number inspected at school	39,629	36,991
Number inspected at Clinic	4,237	3,892
	<u>43,866</u>	<u>40,883</u>
Requiring treatment	24,103 (54.94%)	21,356 (52.7%)
Offered treatment	21,108 (43.63%)	18,595 (45.5%)
Treated	10,473	9,996
<u>Treatment</u>		
Sessions devoted to treatment	5,629	6,068
Number of attendances (treatment)	30,477	31,413
<u>Fillings</u>		
a) Permanent	24,080	23,417
b) Deciduous	15,903	15,186
	<u>39,983</u>	<u>38,603</u>
<u>Extractions</u>		
a) Permanent	1,305	1,688
b) Deciduous	4,526	4,658
	<u>5,831</u>	<u>6,346</u>
Orthodontic cases treated	649	726
Orthodontic cases completed	161	184
Ratio teeth filled : extracted		
(a) Permanent	14.6:1	10.8:1
(b) Deciduous	3.0:2	2.7:1

Maternity and Child Welfare

	<u>Expectant and Nursing Mothers</u>		<u>Children Under Five</u>	
	<u>1969</u>	<u>1970</u>	<u>1969</u>	<u>1970</u>
Examined	136	158	1,236	1,526
Requiring treatment	131	152	682	753
Courses of treatment commenced	124	150	603	722
Courses of treatment completed	107	93	549	686
Fillings	403	527	2,059	2,401
Extractions	103	95	328	385
Scaling and/or Gum treatment	71	72	109	126
Dentures	14	24	Nil	Nil
No. of sessions (equivalent)	= 336.25	409.63		

1970

ORTHODONTIC TREATMENT

	<u>1970</u>
Cases continued from 1969	442
Cases commenced in 1970	284
Cases receiving treatment in 1970	<u>726</u>
Cases completed	184
Cases discontinued	59
	<u>243</u>
Cases carried to 1971	483
Number of removable appliances fitted	446
Number of fixed appliances fitted	124
	<u>570</u>
Number referred to Hospital Consultant	Nil
Number of teeth extracted for orthodontic purposes	1506

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, 1970)

Medical Officer of Health	N. I. Condon, M.B., B.Ch., B.A.O., D.P.H.
Deputy Medical Officer of Health	Vacant
Medical Officer in Departments	Vacant
Area Nursing Officer	Miss K.R. Bryant, S.R.N., S.C.M., H.V., Q.N.
Deputy Area Nursing Officer.	Miss K. Brackley, 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.

STAFF

Dr. D.M. Blomfield, Deputy Medical Officer of Health, resigned on the 12th April, 1970 to take up another post in Hampshire.

Dr. A. Toal, one of the Assistant Medical Officers resigned on the 31st May, 1970 and this post was still vacant at the end of the year. As Dr. Lodwick the other Assistant Medical Officer of Health resigned in 1969, by the end of 1970 the medical staff consisted of only Dr. Condon as Medical Officer of Health. It is hoped that the staffing situation will improve in 1971.

Mrs. M. Goldsmith, Health Visitor, resigned on the 28th February, 1970 after 15 years in the department and was replaced by Mrs. Grant, a recently qualified Health Visitor.

Miss K. Brackley commenced duties as Deputy Area Nursing Officer on the 4th May, 1970.

Mrs. Robinson, Social Welfare Officer for the Blind resigned on 31st March, 1970, and Mrs. M.S. Sharp commenced duties as a Social Welfare Officer for the Blind on 1st June, 1970.

Miss K.E. Young and Mrs. M.R. Sherrif commenced duties as Health Visitor Students on 28th September, 1970.

VITAL AND GENERAL STATISTICS 1970

Population - Mid 1970 (General Register Office Estimate)	70,760
Rateable Value (1st April, 1970)	6,410,354
Sum represented by a penny rate	25,145

Deaths

1969	:	1,470	(621 male, 849 female)
1970	:	1,470	(654 male, 816 female)
1969	:	Standard Rate : 20.6	Nat. Average : 11.9 Corrected rate 11.1
1970	:	Standard Rate : 20.8	Nat. Average : 11.7 Corrected Rate 11.00

Mothers and Infants

Live Births:

1969	:	694	(349 male, 345 female)
1970	:	676	(360 male, 316 female)
1969	:	Standard Rate : 9.7	Nat. Average : 16.3 Corrected rate 13.2 (per 1,000 population)
1970	:	Standard rate : 9.6	Nat. Average : 16.0 Corrected rate 13.10 (per 1,000 population)

	<u>1970</u>	<u>1969</u>
Illegitimate Live Births (per cent of total live births)	12.0	18
Stillbirths:	8	5
Rate per 1,000 total live & still births	12	7
Total Live and Still Birth:	684	699
Infant Deaths (deaths under one year)	18	6
Infant Mortality Rates:		
Total Infants deaths per 1,000 total live births	27	9
Legitimate infant deaths per 1,000 legitimate live births	24	9
Illegitimate infant deaths per 1,000 illegitimate live births	39	8
Neo-natal Mortality Rate (deaths under four weeks per 1,000 1,000 total live births)	22	9
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births)	19	7
Perinatal Mortality Rate (still-births and deaths under one week combined per 1,000 total live and still births)	31	14
Maternal Mortality (including abortion)		
Number of deaths	Nil	Nil

PORTSLADE-BY-SEA VITAL STATISTICS

		1970	1969
Population		18,650	18,420
Death Rate			
	Standard	10.8	10.2
	Corrected	10.8	10.1
Total Deaths		210	187
Birth Rate			
	Standard	18.0	17.5
	Corrected	17.6	17.2
Total Births		335	323
Stillbirths		8	3
Rate per 1,000 total live and stillbirths		23.0	9
Total Live and Still Births		343	326
Infant deaths under 1 year		10	3
Total infant deaths per 1,000 total live births		30	9
Legitimate infant deaths per 1,000 total legitimate live births		22	10
Illegitimate infant deaths per 1,000 illegitimate live births		130	Nil
Neo-Natal Mortality Rate		24	9
Early Neo-Natal Mortality Rate		24	6
Perinatal Mortality Rate		47	15
Maternal Mortality			
Number of Deaths		Nil	Nil

Infectious Diseases (including Tuberculosis)

343 cases of Infectious Diseases were notified during 1970, against 194 in 1969. 268 measles notifications were received (1969 - 108), and 23 Scarlet Fever (1969 - 21). Dysentery notifications 2 (1969 - 22). There were 31 cases of Food Poisoning during the year (1969 - 14), and 10 cases of Infective Jaundice (1969 - 17).

The total number of tuberculosis cases on the register at the end of 1970 was 512 (1969 - 512).

The infectious disease notifications in respect of Portslade for 1970 totalled 88, compared with 211 in 1969. Measles accounted for 50 notifications (1969 - 158) and Scarlet Fever 16 (1969 - 48).

The number of cases on the Portslade Tuberculosis Register at the end of 1970 was 110, compared with 115 in 1969.

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	63	61	2	4	4	0
Portslade	119	115	4	4	3	1

CONGENITAL MALFORMATIONS

The following table sets out the actual number of notifications received during 1970.

	<u>Live Births</u>	<u>Still Births</u>
January	-	-
February	4	1
March	2	-
April	2	-
May	2	-
June	-	-
July	-	-
August	-	1
September	2	1
October	-	-
November	-	-
December	2	-
	<u>14</u>	<u>3</u>

WELFARE FOODS SERVICE

National Dried Milk, Cod Liver Oil, A and D Tablets, and Orange Juice are obtainable at all Infant Welfare Clinics in the Borough of Hove, and at the Mothercraft Training Society, Dyke Road, Hove.

The table below sets out the quantities issued over the past five years.

	1966	1967	1968	1969	1970
National Dried Milk Powder (Full/Half Cream)	6623	5577	5319	5720	3995
Cod Liver Oil (Bottles)	932	776	869	747	781
A and D Tablets (Packets)	1230	947	851	723	804
Orange Juice (Bottles)	16726	13601	12321	13128	13591

DOMICILIARY MIDWIFERY, HEALTH VISITING AND

HOME NURSING (SECTIONS 23, 24 and 25)

(National Health Service Act, 1946)

HEALTH VISITING

This year has seen the start of the Computerisation of the Vaccination and Immunisation records and at the end of the year the majority of the General Practitioners were using the new system. During the change-over to this system the Health Visitors have been involved in much extra work and those Health Visitors attached to General Practitioners now using the Computer are assisting in the surgeries at the regular Vaccination and Immunisation sessions.

The staff position has remained satisfactory throughout the year. Mrs. Goldsmith retired in February after fifteen years of service and was replaced by Mrs. Grant, who successfully completed the Health Visitor Course in September.

The Geriatric Health Visiting staff were brought up to establishment early in the year with the appointment of Miss Thomas. The demands on this service have continued to be of a very heavy nature. Regular personal contact is now made with the Geriatric Department of Brighton General Hospital. The Medical Social Worker from the hospital attends the Geriatric Conference held each week at Shirley Street, and one of the Health Visitors attends the hospital each Tuesday morning and is present at the Geriatrician's round. We are much indebted to the hospital for their co-operation in making this possible.

MIDWIFERY

The staff position gradually improved during the year and by September we were up to establishment. This enabled us to re-commence the scheme whereby the domiciliary midwives deliver certain mothers in Southlands Hospital and continue to nurse them on their return home.

The new maternity unit at the Royal Sussex County Hospital opened at the beginning of October. At the end of the year, after three months of operation by the new unit, it was becoming obvious that the new unit would greatly affect the work of the domiciliary midwife. Mothers and babies are discharged earlier than previously and the numbers of these mothers discharged from hospital requiring visits from the domiciliary midwife is rapidly increasing.

We have continued to take Part II pupil midwives from Cuckfield Hospital. During the year 4 pupils have completed with us the district part of this training.

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1970

(Hove and Portslade).

Number of Domiciliary Confinements attended by Midwives under N.H.S. arrangements.

Doctor not booked:

Doctor present at delivery	..	..	2
Doctor not present at delivery	..	..	-

Doctor booked:

Doctor present at delivery (either the booked doctor or another)	..	..	31
Doctor not present at delivery	..	..	11

TOTAL 44

Number of cases delivered in Hospitals and other Institutions but discharged and attended by

Domiciliary Midwives before 10th day	428
--------------------------------------	----	----	-----

DISTRICT NURSING

No major changes have taken place during the year. We have been fortunate in replacing staff who have resigned or retired fairly quickly. Miss McCallum retired in November after seventeen years of service in Hove.

Three members of staff have taken the National District Nurse Training Course and all three were successful in obtaining their certificates.

The pattern of work has continued as in the previous year, with many seriously ill and handicapped patients being nursed at home. More and more emphasis is being laid on community care, putting an increasingly heavy burden on the district nurses.

The cases nursed are largely those in the geriatric age group which are causing and are associated with many social problems.

Time is needed by the staff to keep 'up to date' and a number of talks and films have been given to the staff during the year. A number of the staff have also attended refresher courses.

HOME NURSING FIGURES

Total number of patients nursed	..	..	..	2274
Total number of patients nursed over 65 yrs	..	..	..	1731
Total number of visits	..	..	..	63517
Total number of visits to patients over 65 yrs.	..	..	..	50827

VACCINATION AND IMMUNISATION

(Sec 26, National Health Service Act, 1946)

A major change in the administration of Vaccination and Immunisation procedures took place on 1st May 1970, when the scheme was integrated into the county scheme and put onto the computer. The initial preparation for this scheme has been a marathon task, but the advantages can already be seen with the improvement in the levels of immunity, the reduction of paper work for the general practitioners, and the decrease in the number of local authority clinics as the general practitioners take more of this work into their own practices.

Poliomyelitis Vaccination

Routine vaccinations have continued, and the school doctor visited the Secondary and Grammar Schools in the spring to give booster doses of polio and tetanus vaccine. It is no longer necessary for the school doctor to visit the infant schools as most children now receive their booster doses from their general practitioner prior to school entry.

Poliomyelitis Vaccination

	<u>Primary Courses</u>	<u>Re-inforcing Doses</u>	
	<u>Children under 16 years</u>	<u>Persons 16-40 years</u>	<u>Children under 16 years</u>
1968	768	2	649
1969	480	6	846
1970	695	-	842

Routine immunisation has continued as set out in the schedule introduced in 1968.

Immunisation against Diphtheria - Whooping Cough - Tetanus

Children under age of 16 years

	<u>Primary Course of Immunisation</u>	<u>Re-inforcing injections</u>
1968	715	343
1969	457	544
1970	638	416

Smallpox Vaccination

Children under 16 years

	<u>Primary Vaccinations</u>	<u>Re-Vaccinations</u>
1968	489	124
1969	408	224
1970	441	323

Measles Vaccination

Children under 16 years	-	1969	-	319
		1970	-	524

Rubella Vaccination (German Measles)

Rubella Vaccination (German Measles)

Vaccine became available in September, and during the first phase of the campaign has been offered to girls between 13 and 14 years. The response so far has been disappointing but it is hoped that with further publicity interest will be stimulated.

Rubella Vaccination

Children under 16 years (1.9.70 - 31.12.70)

PREVENTION OF ILLNESS, CARE & AFTERCARE

(Section 28, National Health Service Act, 1946)

Chiropody Service

The demand for this particular service has continued to increase during the year and every effort has been made to cope with this. In view of the very large number of elderly residents in the town, it is a continual battle to keep the waiting list down to reasonable proportions.

	<u>1969</u>	<u>1970</u>
Number of patients treated	1150	1354
Number of actual treatments	5566	6290

CYTOLOGY

Number of clinics held	109
Number of applications (1st time) received	680
Number of smears taken (some of these were three year recalls)	1640
Number referred to General Practitioners	408
Number of positives	1

FAMILY PLANNING

During the early part of the year clinics were held at Clarendon Villas, Hove, but as from September when the Family Planning Association acquired their own clinic in Western Road, Hove, the clinics were transferred to these premises.

Vasectomy Clinic

Towards the end of the year Hove Council agreed to accept financial responsibility for Hove residents treated on medical grounds.

HEALTH EDUCATION

Each year shows an increase in the work done in this field.

The teaching in schools by Health Visitors has been the major part of the work and subjects have covered a much wider range than in previous years.

The Mothercraft and Ante-Natal Classes have continued and are now held regularly each week in the clinics. The Health Visitors and Domiciliary Midwives work together to make these classes of great interest and an appreciation of this has been shown by the mothers at one clinic, who have asked that the classes be continued after their confinements. This will give the staff a further valuable opportunity of teaching the way to "good health".

Many projects have been displayed at the clinics throughout the year and these are another excellent way of educating to health those who pass through the clinics.

It must always be remembered, though, that much of Health Education is done by the Health Visitor talking with the mother as an individual in her home and each time she makes a visit or talks to a mother she is helping in the field of health education.

HOME HELP SERVICE

(Section 29, National Health Service Act, 1946)

The year was started with a 'flu epidemic which not only hit the community but the Home Helps who were requested to attend these cases. However, most of the helps struggled on duty and did whatever they could to help the sick during this particular time.

The training programme that was begun in 1969 was continued and thirteen new recruits benefited from the lectures which covered all aspects of their work.

Regular bi-monthly meetings were held out of working hours for which no pay was allowed and it is very encouraging to know that on an average we had about 50% attendances. These meetings are mainly discussions where any problems can be brought to the fore and thrashed out.

The problems facing the service are the same, namely the population growing older and needing permanent help. The ever increasing demand is usually met but there are periods when this exceeds the supply. Grateful thanks to the W.R.V.S. who attend three times weekly with meals, this allows us to distribute more help who would normally be attending on these days.

For three consecutive weeks in November, when all staff were working, our case load rose to 486 cases per week. This figure is the highest number ever attended by Home Helps.

Of course we cannot be content with our efforts but continually strive to make this a much better service. This can only be done by the continued co-operation of Medical Practitioners, G.H.V's., 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 1970						
	Aged 65 or over on first visit	Aged under 65 on first visit				
		Chronic sick & Tuberculous	Mentally disordered	Maternity	Others	Total
Number of Cases	727	26	1	16	63	833
Number of Hours	38725	5797	608	516	3702	49348

Number of Home Helps employed as at 31st December, 1970

..... 58 part-time equivalent to 27½ full time.

HOVE DAY NURSERY

The Nursery remained very busy and full to capacity during the year. The major repairs and necessary re-decorations were finished in January and we were able to admit the full compliment of children.

Attendances were very high, as we had little sickness and no epidemics of infectious illness, during the year. When children were away, due to mothers holidays etc. the places were used for emergencies i.e. temporary help for mothers needing hospital admission etc. Some children came in for a few days only, or even less, but our main work is still with the children who spend most of their first five years in the nursery.

We have continued to work in close liaison with the Nursery Training Centre, now part of Brighton Polytechnic. Students have been accepted for periods to give them experience with the very young child. All our own students passed the examination of the N.N.E.B. at the first attempt.

Several schools in the area sent pupils to us, so that the girls can gain some experience of child behaviour. Two senior pupils from a boys college started to come regularly for one afternoon a week. The children are delighted to welcome them especially the little boys.

We have also had the usual parties of pupil nurses and other students. Our year ended with the Christmas parties when His Worship the Mayor of Hove and the Mayoress, spent a short time with us.

MENTAL HEALTH

NATIONAL HEALTH SERVICE ACT, 1946

MENTAL HEALTH ACT, 1959

This has been a year of appreciation of the services of the past in relation to the role of the Mental Health Services of the future with a special look at the proposed legislation in the Local Authority Social Services Act 1970.

As will be seen from Table I in this report, there has been an overall decrease in the number of cases referred to the staff of the Mental Health Services in the Borough during the year 1970 as compared to 1969.

This has been fortunate because without an increase in staff that was hoped for it would not have been possible to have maintained the high service which the Borough has provided in the past.

TABLE I

Referrals	1966	1967	1968	1969	1970
Referred by General Practitioners	128	105	75	121	58
Hospital on Discharge from In-Patient etc.	58	73	56	58	64
From Out-Patient Clinics, etc.	49	70	44	69	24
L. E. A.	3	1	6	9	10
Police	34	24	23	37	9
Other Sources	153	124	135	263	231
Totals	425	397	339	557	396

TABLE II

Number of persons under Local Authority Care (as at 31.12.70)

	1966	1967	1968	1969	1970
Mental Illness	273	231	160	242	224
Mental Subnormality	93	101	98	115	105

As with many other south coast areas, Hove has a large number of elderly residents, many of whom are regarded as mentally infirm persons and receiving help from the services. There is no precise definition laid down, broadly speaking it would include elderly people whose mental condition has deteriorated to a confusional state to such an extent that the conventional hospital services are not required and yet their behaviour, due to the confusion, often times excludes them from being cared for in an ordinary Home for aged persons. Fortunately, purpose built establishments for the Elderly Mentally Infirm are being provided by the East Sussex County Council in increasing numbers.

If the policy of the Government to provide Community Care is to be fully developed then a Day Centre in the Hove area must be given the highest priority for without this unit we are not giving the fullest services to local residents who would wish to retain the elderly members of the family at home but realise that this is not possible if it means that a younger member of the family having to give up employment to look after the aged relative during the daytime.

The Mental Health Act 1959 provided for Mental Welfare Officers of the Local Authority to assist families in obtaining hospital treatment for any of their sick and where necessary to effect a compulsory removal. This particular method of hospital admission is kept to the absolute minimum. Unfortunately, in the last year there has been a clear indication that until there is a greater provision of Consultant Psychiatrists who are available at the request of G.P.s., there will be considerable difficulty in keeping this type of admission as low as one would wish.

In Table III can be seen the pattern of admission over the years and it is gratifying to know that informal admissions are still in the greatest number.

TABLE III

HOSPITAL ADMISSIONS

	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>
Informal	95	91	188	117	126
Section 29	68	18	48	46	62
Section 25	26	20	23	25	24
Section 26	5	8	3	4	8
Other Sections	10	4	7	4	2
	204	141	269	196	222

MENTAL SUBNORMALITY

The total number of mentally handicapped persons in the Borough remains approximately the same as over the past five years. A total of 26 children attend the Junior Training School at Hillside, Portslade. 29 adults attend the Belgrave Training Centre, Portslade. A considerable number are at work and this group especially are very keen and regular members of the Conway Court Club which meets on Tuesday evenings each week.

The average attendance at the club is approximately 60 and during the year members have enjoyed various outings. We are particularly grateful to the local branch of the British Red Cross who provide volunteers to assist in the running of this very popular and successful club.

WELFARE OF THE BLIND

The number of registered blind persons in Hove as at 31st December, 1970, was 299 and there were 117 partially-sighted; the corresponding figures at the 31st December, 1969 being 286 and 108 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.

The Bluebird Club Committee had a most successful year to the enjoyment of the 70 odd club members. Four outings during the summer were followed by a Christmas Party at which the "Three Blind Mice" gave an excellent show. The 'Bring and Buys', held about every three months, not only help Club funds but enable members to pick up useful items at very low cost.

The Fund-raising Committee organised a number of successful functions - a Bridge Afternoon at the Ralli Hall which was sponsored by the Mayoress, the Derby Sweepstake, a Wine and Buffet Party, a joint Flag Day and the annual Bluebird Bazaar.

The Transport Committee placed the order in September for "Bluebird Two" and it is hoped to take delivery shortly after the middle of this year.

Lady Robey made a presentation at the Bluebird Club to the 5000th disabled member to have been conveyed by the present ambulance. During the year, the ambulance operated on 266 occasions and conveyed 2045 disabled members, covering a total of 7602 miles. At the year-end, there were 120 housebound members on the register for special outings; these outings included 41 visits to cinemas, 9 to the Sunday Symphony Concerts at the Dome, 5 to Chichester Festival Theatre and 43 runs in the country. 68 operations were made on behalf of other organisations.

The County Council are assisting by providing an extension to the present garage.

The Welfare Committee, which has now taken over responsibility for holidays, made grants to 17 members who made their own arrangements, and provided holidays for 25 others. The voluntary home visitors, who are such an important link with the housebound, distributed Christmas parcels. The Craft Classes, under their new teacher, are turning out a high standard of work and, since October, have been held twice weekly. Domiciliary craft visits have shown an increase.

The number of disabled Hove residents enrolled with the Society averaged some 210 over the year. Through the Honorary Visitor a close link is maintained with the Health Department, a member of whose geriatric section attends committee meetings.

WELFARE OF THE DEAF AND DUMB

The Sussex Diocesan Association for the Deaf and Dumb serves the needs of lifelong deaf people in the Borough of Hove, helping them to overcome problems which arise from unavoidable isolation.

At the end of 1970, 33 deaf people and 5 deaf-blind were registered in the Borough. These were visited at Home, and the majority also joined in club activities at St. Stephen's Brighton. A mid-week badminton club was formed in November. Seven deaf schoolchildren were also registered, some of whom attend the club at weekends.

Deaf-blind people were brought to the monthly social, and two of them enjoyed a holiday with the help of interpreters to keep them in touch with events.

Interpreting and casework help has been given on several occasions. In a dispute between neighbours, both parties were visited to unwind a tension which might not have arisen had the original communications been fluent. A man needed help in making wedding arrangements in Worcester with a bride from Ipswich. A couple were prepared for marriage. A woman whose work problems stemmed from a mild persecution complex was given support, and successfully placed in new employment. Explanation was given over tax, house improvement and similar matters. Visits were made to deaf people in hospital.

Deaf Persons in the Borough

Speaking Deaf	12
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Deaf	21
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AGE GROUPS

16 - 29 years	6
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30 - 49 years	7
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50 - 64 years	14
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65 years and over	6
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	33
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Schoolchildren under 16 years	7
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Deaf-blind	5
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