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COUNTY COUNCIL OF WEST SUSSEX.

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH,

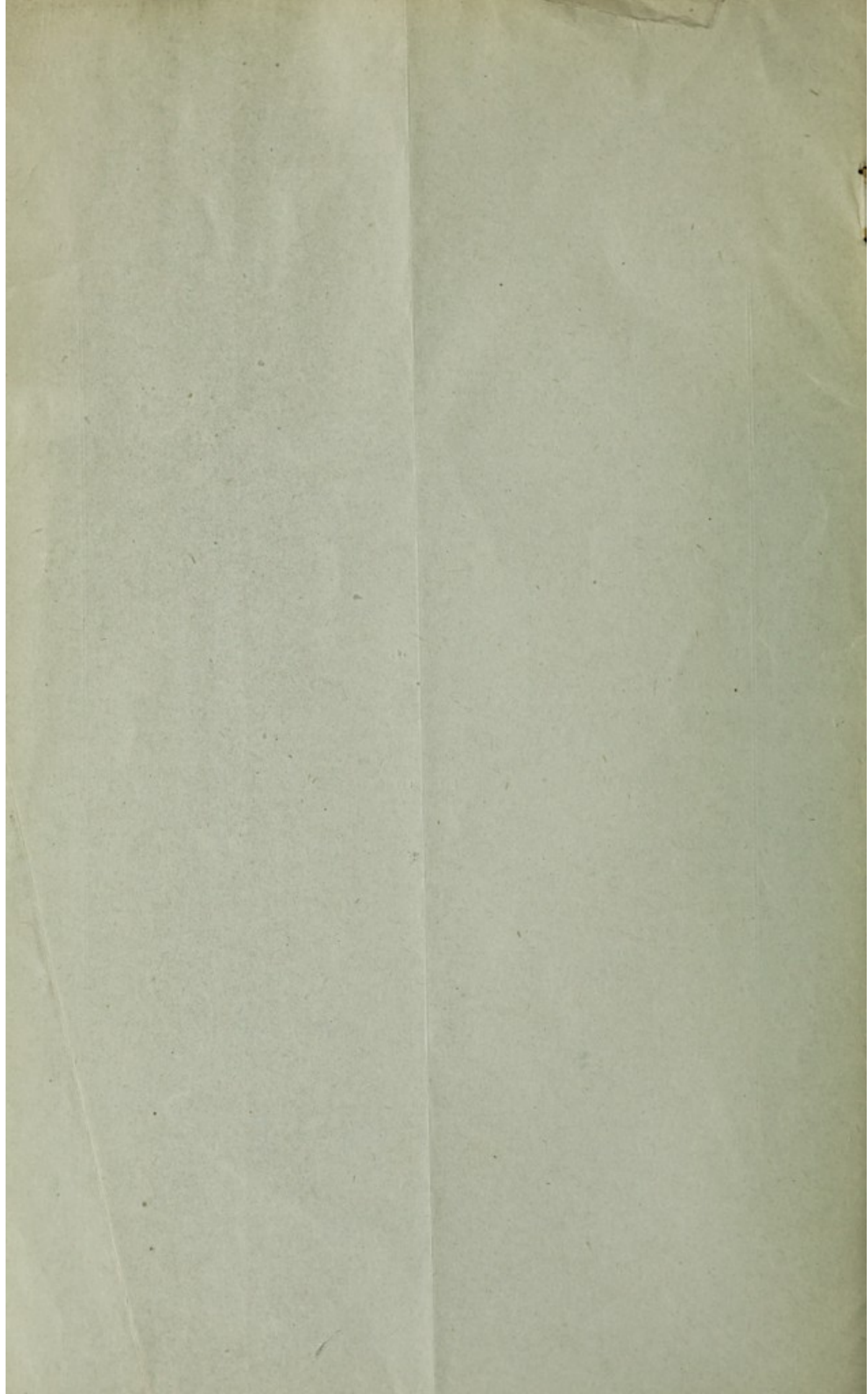
FOR THE

YEAR ENDED 31st DECEMBER, 1925,

BY

RALPH D. SMEDLEY, M.A., M.D., D.P.H.,

County Medical Officer and School Medical Officer.



TO THE CHAIRMAN AND MEMBERS OF THE WEST SUSSEX
COUNTY COUNCIL.

My Lords, Ladies and Gentlemen,

I have the honour to present my 14th Annual Report on the health of the administrative County for the year ended the 31st December, 1925. In accordance with the requirements of Circular 648, issued by the Ministry of Health, some additional matters have been incorporated in this Report so as to indicate :—

“ (a) The measure of progress made in the area during the
“ preceding five years in the improvement of the public health ;

“ (b) The extent and character of the changes made during
“ that period in the public health services of the area (e.g., housing,
“ water supply, sewerage, scavenging or refuse disposal, food
“ inspection, or other services affecting the environment of the
“ inhabitants ; and maternity and child welfare schemes, schemes
“ for the treatment of tuberculosis and venereal diseases, pro-
“ vision of isolation hospitals, or other services directed to the
“ prevention or cure of disease in individuals) ;


“ (c) Any further action of importance in the organization
“ or development of public health services contemplated by the
“ Local Authority or considered desirable by the Medical Officer
“ of Health.”

Your obedient Servant,

RALPH D. SMEDLEY,
County Medical Officer.

County Health Department,
47, West Street, Chichester.

August, 1926.



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WEST SUSSEX COUNTY COUNCIL.

THE PUBLIC HEALTH AND HOUSING COMMITTEE (1925).

Chairman—THE REV E. D. L. HARVEY, O.B.E., Beedingwood, Faygate.

*Mr. A. M. BARFORD, M.D., D.P.H., The Willows, 10, West Street, Chichester.

*Miss E. A. BARNETT, Holm Leas, Worthing.

*Mr. W. S. GRAVES, Newells, Lower Beeding, Horsham.

Mr. J. A. GREENWOOD, Funtington House, Near Chichester.

*The Rev. J. HALL-YARR, The Parsonage, Camelsdale.

Col. C. G. H. A. HANKEY, Binderton House, Near Chichester.

*Mr. G. W. F. HARE, The Norfolk Hotel, Arundel.

*Lt.-Col. R. M. HELME, Lee Place, Pulborough.

Major H. JELLICORSE, O.B.E., Densworth, Near Chichester.

Mr. A. LINFIELD, Thistledown, Bramber.

*Mrs. M. L. LINTOTT, Russell Dene, Richmond Road, Horsham.

*Dr. S. P. MATTHEWS, Holly Lodge, Crawley.

*Miss A. E. PAYNE, Knotts, 114, Heene Road, Worthing.

Mr. H. W. RYDON, Greatham Manor, Pulborough.

Mr. W. SAMS, The Elms, Boundary Road, Worthing.

Mr. H. L. STAFFURTH, The Shrubbery, Upper Bognor Road, Bognor.

*Dr. M. H. H. VERNON, The Highlands, 11, Richmond Road, Horsham.

Mr. J. F. WHYTE, 6, Heene Terrace, Worthing.

Mr. L. E. H. YATES, Montalan, Crawley.

* Also Members of the Midwives, Maternity and Child Welfare Committee (*see below*).

Ex-Officio—

The Chairman of the County Council: THE LORD LECONFIELD,
Petworth House, Petworth; and

The Vice-Chairman of the County Council: THE REV. E. D. L. HARVEY, O.B.E.,
Beedingwood, Faygate, Horsham.

THE MIDWIVES, MATERNITY AND CHILD WELFARE COMMITTEE (1925)

Chairman—THE REV. E. D. L. HARVEY, O.B.E., Beedingwood, Faygate.

Mr. A. M. BARFORD, M.D., D.P.H., The Willows, 10, West Street, Chichester.

Miss BARNETT, Holm Leas, Worthing.

Mr. W. S. GRAVES, Newells, Lower Beeding, Horsham.

The Rev. J. HALL-YARR, The Parsonage, Camelsdale.

Mr. G. W. F. HARE, The Norfolk Hotel, Arundel.

Lt.-Col. R. M. HELME, Lee Place, Pulborough.

Mrs. M. L. LINTOTT, Russell Dene, Richmond Road, Horsham.

Dr. S. P. MATTHEWS, Holly Lodge, Crawley.

Miss A. E. PAYNE, Knotts, 114, Heene Road, Worthing.

Dr. M. H. H. VERNON, The Highlands, 11, Richmond Road, Horsham.

N.B.—The foregoing are also Members of Public Health and Housing Committee
(*see above*).

Co-opted Members—

Mrs. G. C. BARKER, Gaskyns, Rudgwick.

THE LADY BURRELL, Knepp Castle, Horsham.

Mrs. E. D. L. HARVEY, O.B.E., Beedingwood, Faygate, Horsham.

Miss HILLMAN, Hilary, Park Road, Bognor.

Miss KENNARD, Abelands, Merston, Near Chichester.

THE COUNTESS OF MARCH, C.B.E., Molecomb, Near Chichester.

STAFF—COUNTY HEALTH DEPARTMENT.

County Medical Officer and School Medical Officer—

RALPH D. SMEDLEY, M.A., M.D., D.P.H., M.R.C.S., L.R.C.P.

Tuberculosis Officer, Deputy County Medical Officer and Deputy School Medical Officer—

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

Clerical Staff—

Chief Assistant—E. RANN.

Assistant Clerks—C. R. L. BOXER, V. H. KIRCHEN, L. BAILEY, W. HORTON.

Part-Time Officers—

Inspector of Midwives and Assistant Medical Officer for Maternity and Child Welfare—

F. ERIN SMEDLEY, M.B., B.S.

Medical Officer (Worthing Venereal Diseases Clinic)—

F. H. LAWSON, M.R.C.S., L.R.C.P.

Visiting Physician (Aldingbourne House)—

G. C. GARRATT, O.B.E., B.A., M.D., M.B., B.Ch.

MEDICAL OFFICERS OF LOCAL SANITARY AUTHORITIES.

Chichester City—

A. M. BARFORD, M.D., F.R.F.S., D.P.H., The Willows, West Street, Chichester.

Bognor Urban—

T. P. COLE, M.B., B.S., D.P.H. (also Assistant School Medical Officer—*see* School Medical Officer's Annual Report).

Worthing Borough—

R. H. WILSHAW, M.D., M.R.C.P., D.P.H., Fairlawn, Chapel Road, Worthing.

Shoreham Urban, East Preston Rural,

Southern Combine (*comprising* Arundel Borough, Littlehampton Urban, Southwick Urban, Steyning West Rural, Westbourne Rural, Westhampnett Rural)—

W. J. BUTCHER, M.R.C.S., L.R.C.P., D.P.H., "Southover," Lansdowne Road, Worthing (also School Medical Inspector—*see* School Medical Officer's Annual Report).

Northern Combine (*comprising* Horsham Urban, Midhurst Rural, Horsham Rural, Petworth Rural, Thakeham Rural)—

S. CHILD, M.A., M.B., D.P.H., M.R.C.S., L.R.C.P. (also School Medical Inspector—*see* School Medical Officer's Annual Report).

Port Sanitary Authorities—

Shoreham-by-Sea—W. J. BUTCHER, M.R.C.S., L.R.C.P., D.P.H.

Littlehampton—J. H. PORTER, M.R.C.S., L.R.C.P., "Beachcroft," Littlehampton.

WEST SUSSEX COUNTY COUNCIL.

SURVEY REPORT for the year 1925, by the COUNTY MEDICAL OFFICER.

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

AREA.

The Area in acres, including inland water, is as follows :—

URBAN DISTRICTS	....	....	....	13,411
RURAL DISTRICTS	....	....	....	388,505
ADMINISTRATIVE COUNTY	....			<u>401,916</u>

POPULATION.

The population of the Administrative County for the year 1925 was estimated by the Registrar-General to be as follows :—

		For Birth Rate.	For Death Rate.
URBAN DISTRICTS	....	94,510	94,300
RURAL DISTRICTS	....	99,030	99,030
ADMINISTRATIVE COUNTY		<u>193,540</u>	<u>193,330</u>

In Table I. (page 6) is shewn the Estimated Population for each Sanitary District. These figures have been used for the calculation of the various Rates in this Report. There is reason to believe that the population is slightly greater than is estimated by the Registrar-General.

CENSUS POPULATIONS, 1901, 1911 and 1921.

		1901	1911	1921*
URBAN DISTRICTS	....	70,223	83,590	90,044
RURAL DISTRICTS	....	81,053	92,718	94,830
ADMINISTRATIVE COUNTY	....	<u>151,276</u>	<u>176,308</u>	<u>184,874</u>

* As amended by Registrar-General.

PHYSICAL FEATURES AND GENERAL CHARACTERS OF THE AREA.

The South Downs, which are the chief physical features of the County, average 5 to 7 miles in width and traverse the middle of the County in the Western half of the County and then take a diagonal course gradually approaching the sea in the Eastern half of the County.

The broken, sparsely populated country in the neighbourhood of the Downs, and the long valleys running North and South, with poor means of inter-communication in the hilly country round Petworth and Midhurst, increase the difficulties of administration of the Maternity and Child Welfare and School Medical Services. In particular, it is difficult to arrange nursing areas with effective radius of action.

The Rivers Arun and Adur, both tidal for a considerable portion of their length, afford natural drainage. The extreme Northern corners of the County lie within the Thames watershed, being drained by the River Mole (Crawley) and the River Wey (Midhurst).

INHABITED HOUSES (CENSUS 1921).

	Urban Districts.	Rural Districts.	Administrative County.
Number of Inhabited Houses	19,022	22,266	41,288
Number of families or separate occupiers	21,396	23,036	44,432

Rateable Value of County £1,059,897

Sum represented by penny Rate £4,416

SOCIAL CONDITIONS.

The following Statement, taken from the Census, 1921, indicates the chief sources of employment in this County—

Occupation.	Number employed		Total.
	Men.	Women.	
Agricultural and Horticultural Workers	16,511	710	17,221
Builders, Workers in Wood, Painters, Etc.	7,156	48	7,204
Transport Workers	5,613	179	5,792
Domestic Servants	712	12,074	12,786
Lodging and Boarding House Keepers	103	2,005	2,108

Agriculture, fruit growing, market gardening, etc., are the important industries in the County, and the seaside towns attract a large number of visitors during the season. Inland, many parts of the County are residential in character.

VITAL STATISTICS.

Table I. below, gives the chief vital statistics of each Sanitary District and the total Urban Districts, Rural Districts and Administrative County—

TABLE I.—VITAL STATISTICS, 1925.

Sanitary District	Estimated Population to middle of 1925.	No. of Births.	Birth Rate.	Illegitimate Births.	No. of Deaths.	Death Rate	Deaths under 1 year.	Infant Mortality rate per 1,000 births.	Pulmonary Tuberculosis Death Rate.	Cancer Death Rate.
Urban Districts—										
Arundel	2655	35	13.18	1	40	15.06	—	—	1.12	3.01
Bognor	12800	174	13.59	11	118	9.20	6	34	0.46	1.09
Chichester	13410	186	13.87	10	142	10.75	8	43	0.37	1.60
Horsham	11330	173	15.26	9	129	11.36	6	35	0.26	1.23
Littlehampton	9020	134	14.85	9	102	11.30	8	60	0.55	1.43
Shoreham-by-Sea	7420	99	13.34	1	73	9.83	6	61	0.80	0.67
Southwick	4925	70	14.21	5	55	11.16	5	71	0.81	1.01
Worthing	32950	442	13.41	22	452	10.68	21	47	0.66	1.82
Total Urban Districts	94510	1313	13.89	68	1111	11.77	60	46	0.57	1.49
Rural Districts—										
East Preston	7838	127	16.20	3	92	11.74	9	71	0.89	1.78
Horsham	21610	335	11.18	13	254	12.08	14	42	0.52	1.61
Midhurst	14910	202	13.54	12	170	11.41	13	64	0.40	1.60
Petworth	8136	134	16.45	4	100	12.29	10	74	0.73	1.72
Steyning West	10440	141	13.50	7	126	12.06	10	71	1.05	1.53
Thakeham	8572	155	18.05	8	118	13.76	6	39	0.81	1.74
Westbourne	9154	153	16.71	5	117	12.78	8	52	0.76	0.98
Westhampnett	18970	313	16.49	16	198	10.43	10	32	0.52	1.73
Total Rural Districts	99030	1560	15.75	68	1175	11.86	80	51	0.65	1.59
Administrative County	193540	2873	14.84	136	2286	11.82	140	49	0.61	1.55

BIRTH RATE.

It will be noted from Table II., given below, that there has been since 1920, an abnormal year following the termination of the War, a heavy decline in the Birth Rate.

An important factor in the declining birth rate is undoubtedly the shortage of houses, but economic factors are also concerned, as is shewn by the small families of professional men, skilled workers, etc.

BIRTH RATES :—Urban Districts, 13.89. Rural Districts, 15.75. Administrative County, 14.84.

TABLE II., showing number of Births and Birth Rates for years 1911-1925, for Urban and Rural Districts, Administrative County and England and Wales.

	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Urban Districts—															
No. of Births	1598	1468	1501	1518	1416	1456	1231	1325	1278	1806	1514	1345	1257	1276	1313
Birth Rate	19.6	17.2	17.2	17.4	16.2	17.6	14.7	14.7	14.8	20.9	16.8	14.9	13.8	13.7	13.9
Rural Districts—															
No. of Births	1788	1848	1754	1707	1526	1506	1163	1298	1315	2029	1700	1612	1588	1533	1560
Birth Rate	19.2	19.6	18.3	17.9	15.9	16.7	13.0	14.6	14.8	22.9	17.9	16.8	16.4	15.6	15.7
Administrative County—															
No. of Births	3386	3316	3255	3225	2942	2962	2394	2623	2593	3835	3214	2957	2845	2809	2873
Birth Rate	19.1	18.4	17.8	17.6	16.1	17.1	13.8	14.4	14.8	21.9	17.3	15.9	15.1	14.7	14.8
England and Wales—															
Birth Rate	24.4	23.8	23.9	23.8	22.0	20.9	17.8	17.7	18.5	25.4	22.4	20.6	19.7	18.8	18.3

It will be noted from the above Table that there is a slight increase in the Birth Rate, but this is probably only an apparent increase as the population is undoubtedly underestimated.

DEATH RATE.

It will be seen from the following Table III. that there has not been much variation in the Death Rate during the past five years. The tendency is towards a slight increase, which is to be expected in view of the fact that the expectation of life is increasing and therefore the proportion of persons of advanced age is higher.

DEATH RATES :—Urban Districts, 11.77. Rural Districts, 11.86. Administrative County, 11.82.

TABLE III., showing number of Deaths and Death Rates for Years 1911-1925, for Urban and Rural Districts, Administrative County and England and Wales.

	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Urban Districts—															
No. of Deaths	1104	1017	1085	1149	1323	1145	1131	1327	1211	1048	1143	1157	1042	1248	1111
Death Rate	13.1	11.9	12.5	13.2	17.0	15.0	15.0	16.5	14.6	12.2	12.7	12.7	11.4	13.4	11.7
Rural Districts—															
No. of Deaths	1099	1040	1061	1117	1250	1066	1108	1196	1170	971	1042	1096	953	1094	1175
Death Rate	11.8	11.4	11.1	11.6	14.4	12.8	13.8	14.5	13.7	10.9	10.9	11.4	9.8	11.1	11.8
Administrative County—															
No. of Deaths	2203	2057	2146	2266	2573	2211	2239	2523	2381	2019	2185	2253	1995	2342	2286
Death Rate	12.4	11.4	11.7	12.4	15.6	13.9	14.4	15.5	14.2	11.5	11.8	12.1	10.6	12.2	11.8
England and Wales—															
Death Rate	14.6	13.3	13.7	14.0	15.7	14.4	14.4	17.6	13.8	12.4	12.1	12.9	11.6	12.2	12.2

The Causes of Death are shewn in Table IV., the most important being Heart Disease (433), which is higher than usual, Cancer, Malignant Disease (299), which shews a slight decrease, (see also Table VI. p. 19), Pneumonia (146), Bronchitis (105), Pulmonary Tuberculosis (119) (see also Table XVII. p. 26).

CAUSES OF DEATH.

The following Table shows for each Sanitary District the number and causes of death during the year 1925 :—

TABLE IV.—Showing for each District the Number and Causes of Death during the year 1925.

Causes of Death.	Arundel M.B.	Bognor U.D.	Chichester M.B.	Horsham U.D.	Littlehampton U.D.	Shoreham-by-Sea U.D.	Southwick U.D.	Worthing M.B.	East Preston R.D.	Horsham R.D.	Midhurst R.D.	Petworth R.D.	Steyning West R.D.	Thakeham R.D.	Westbourne R.D.	Westhampnett R.D.	Totals.
Enteric Fever .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	1	.....	1	.....	3
Measles .....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	.....	1	.....	.....	.....	.....	3
Small Pox .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Scarlet Fever .....	.....	.....	.....	.....	.....	.....	.....	1	.....	1	.....	1	.....	.....	1	1	5
Whooping Cough .....	.....	1	2	2	.....	1	.....	5	.....	2	1	.....	.....	.....	1	1	16
Diphtheria .....	.....	.....	.....	.....	.....	1	.....	1	.....	.....	1	.....	.....	.....	.....	.....	3
Influenza	1	3	.....	2	3	3	3	4	7	7	2	1	5	3	6	10	60
Encephalitis Lethargica .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	2	.....	.....	1	.....	.....	4
Meningococcal Meningitis .....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	2
Tuberculosis of Respiratory System	3	6	5	3	5	6	4	22	7	11	6	6	11	7	7	10	119
Other Tuberculous Diseases	1	.....	2	1	.....	.....	3	6	1	.....	3	.....	1	3	1	3	25
Cancer, Malignant Disease	8	14	22	14	13	5	5	60	14	34	24	13	16	15	9	33	299
Rheumatic Fever .....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	1	.....	1	2	.....	.....	5
Diabetes	1	1	1	4	4	2	.....	10	1	5	2	1	1	1	5	6	45
Cerebral Haemorrhage, etc.	6	14	12	5	6	6	4	31	2	20	14	2	6	9	4	12	153
Heart Disease	6	22	20	38	14	16	9	101	16	54	23	24	22	16	23	29	433
Arterio-sclerosis	2	3	6	2	11	3	.....	27	4	8	3	11	8	3	6	8	105
Bronchitis	1	11	8	14	12	5	4	28	4	11	21	6	6	1	4	10	146
Pneumonia (all forms) .....	.....	3	13	9	1	2	2	14	7	12	2	2	9	1	9	5	91
Other Respiratory Diseases .....	.....	2	4	2	1	.....	1	8	1	5	.....	1	2	.....	.....	3	30
Ulcer of Stomach or Duodenum	2	1	3	.....	2	.....	3	3	2	5	.....	.....	.....	1	.....	3	25
Diarrhoea, etc. (under two years) .....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	.....	1	1	.....	1	1	6
Appendicitis and Typhlitis .....	.....	1	2	.....	.....	1	1	1	.....	.....	1	.....	.....	2	2	.....	11
Cirrhosis of Liver	2	1	.....	.....	.....	.....	.....	3	1	2	1	.....	.....	.....	1	.....	11
Acute & Chronic Nephritis	1	6	8	3	5	2	.....	10	2	6	6	5	3	5	3	6	71
Puerperal Sepsis .....	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	2	5
Other Accidents & Diseases of Pregnancy and Parturition .....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	1	.....	1	1	4
Congenital Debility, and Malformation, Premature Birth .....	.....	5	6	4	6	5	5	9	6	8	10	6	8	3	3	6	90
Suicide .....	.....	.....	.....	.....	.....	1	2	3	.....	.....	4	1	.....	2	3	2	18
Other deaths from violence	2	1	2	4	1	5	1	10	3	5	1	2	3	6	4	7	57
Other defined diseases	4	21	26	21	18	9	7	90	13	56	40	16	21	36	21	39	438
Causes ill-defined or unknown .....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	1	.....	.....	1	.....	.....	3
Totals	40	118	142	129	102	73	55	452	92	254	170	100	126	118	117	198	2286

The following Table gives the Causes of Death at different periods of life in the Administrative County during the year 1925 :—

TABLE V.—CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY—1925.

Causes of Death.	All Ages.	Under 1 year.	1—2	2—5	5—15	15—25	25—45	45—65	65—75	75 and up.
Enteric Fever	3	—	—	—	—	1	2	—	—	—
Small Pox	—	—	—	—	—	—	—	—	—	—
Measles	3	1	2	—	—	—	—	—	—	—
Scarlet Fever	5	—	—	1	1	—	1	1	1	—
Whooping Cough	16	9	1	5	1	—	—	—	—	—
Diphtheria and Croup	3	—	—	2	1	—	—	—	—	—
Influenza	60	—	—	1	3	4	8	16	8	20
Encephalitis Lethargica	4	—	—	1	2	—	1	—	—	—
Meningococcal Meningitis	2	1	—	—	—	1	—	—	—	—
Tuberculosis Respiratory System	119	—	—	—	1	19	62	30	6	1
Other Tuberculous Diseases	25	2	2	2	2	3	6	5	2	1
Cancer, Malignant Disease	299	1	—	—	3	1	24	93	100	77
Rheumatic Fever	5	—	—	—	—	—	—	4	1	—
Diabetes	45	—	—	1	2	4	2	13	16	7
Cerebral Haemorrhage, etc.	153	—	1	—	—	—	—	38	40	74
Heart Disease	433	—	—	—	2	3	14	87	124	203
Arterio-Sclerosis	105	—	—	—	—	—	1	22	26	56
Bronchitis	146	9	1	—	—	1	4	17	31	83
Pneumonia (all forms)	91	10	5	3	1	2	13	25	15	17
Other Respiratory Diseases	30	—	1	2	1	1	3	9	7	6
Ulcer of Stomach or Duodenum	25	—	—	—	—	—	5	15	2	3
Diarrhoea	19	4	2	—	—	—	3	5	2	3
Appendicitis and Typhlitis	11	—	—	2	3	1	1	3	1	—
Cirrhosis of Liver	11	—	—	—	—	—	2	5	2	2
Acute and Chronic Nephritis	71	—	—	—	3	—	7	20	25	16
Puerperal Sepsis	5	—	—	—	—	2	3	—	—	—
Other Accidents and Diseases of Pregnancy and Parturition	4	—	—	—	—	—	4	—	—	—
Congenital Debility and Malformation	90	86	1	1	—	1	—	1	—	—
Suicide	18	—	—	—	—	1	1	13	2	1
Other Deaths from Violence	57	1	2	3	9	7	9	13	7	6
Other Defined Diseases	425	16	2	8	10	15	29	84	66	195
Causes Ill-defined or Unknown	3	—	1	—	—	—	—	2	—	—
Totals	2286	140	21	32	45	67	205	521	484	771

CANCER.

The Mortality from this disease is referred to in the following Table :—

TABLE VI.—Shewing Deaths and Death Rates from Cancer in the Urban and Rural Districts and the Administrative County for years 1911-25, and corresponding Death Rate for England and Wales :—

	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Urban Districts—															
No. of Deaths	103	115	134	122	127	133	135	143	146	143	169	159	143	208	141
Death Rate....	1.23	1.34	1.54	1.40	1.64	1.75	1.79	1.78	1.77	1.66	1.88	1.75	1.57	2.24	1.49
Rural Districts—															
No. of Deaths	94	113	129	113	111	113	123	117	124	116	150	131	152	123	158
Death Rate	1.01	0.99	1.35	1.18	1.27	1.36	1.54	1.42	1.45	1.30	1.58	1.37	1.57	1.26	1.59
Administrative County—															
No. of Deaths	197	228	263	235	238	246	268	260	270	259	319	290	295	331	299
Death Rate	1.11	1.09	1.44	1.28	1.44	1.55	1.66	1.60	1.61	1.48	1.72	1.56	1.57	1.73	1.55
England and Wales—															
Death Rate	0.99	1.02	1.06	1.06	1.12	1.16	1.21	1.21	1.14	1.16	1.21	1.22	1.26	1.29	—
					x	x	x	x							

x—The Mortality for the years 1915-1918 relates to civilians only.

In August, 1923, the Ministry of Health issued a Memorandum and Circular 426, on Cancer. The Memorandum was prepared "for the guidance of Local Authorities, in view of the great and increasing amount of suffering and death due to that disease in this country, the public concern which is evinced by its prevalence, the failure so far to find a preventive cure for it, and the inquiries made by local public health authorities as to the steps which they can usefully take to disseminate information with regard to it amongst the inhabitants of their districts." It was pointed out that, making due allowance for the fact that a larger proportion of the population is now of those ages at which deaths from Cancer commonly occur, the mortality from this disease has trebled in the space of two generations. Cancer is now one of the most important causes of death; about 50,000 deaths are due each year to this disease.

Cancer is particularly fatal to women, because of the liability of the breast and womb to become affected. The disease is not incurable if treated in the early stages. In other cases, life is prolonged and much suffering is averted by surgical treatment.

INFECTIOUS DISEASES.

ZYMOTIC MORTALITY.

In Table VII. below is given the number of deaths from Zymotic diseases in each Sanitary District. The aggregate number of deaths in the administrative county was 36, and the death rate 0.17 per thousand of the population. The aggregate number of deaths in the Urban Districts was 17, and in the Rural Districts 19, the respective rates being 0.18 and 0.19 per thousand of the population.

TABLE VII.—Number of Deaths from Zymotic Diseases in each Sanitary District.

	Enteric Fever.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria & Croup.	Diarrhoea.	Small Pox.	Total.	Death Rate.
Urban Districts—									
Arundel (M.B.)	—	—	—	—	—	—	—	—	—
Bognor	—	—	—	1	—	—	—	1	.07
Chichester	—	—	—	2	—	—	—	2	.15
Horsham	—	—	—	2	—	—	—	2	.17
Littlehampton	—	—	—	—	—	—	—	—	—
Shoreham-by-Sea	—	—	—	1	1	—	—	2	.26
Southwick	—	1	—	—	—	—	—	1	.22
Worthing (M.B.)	—	1	1	5	1	1	—	9	.27
Rural Districts—									
East Preston	—	—	—	—	—	1	—	1	.12
Horsham	1	—	1	2	—	—	—	4	.19
Midhurst	—	—	—	1	1	—	—	2	.13
Petworth	—	1	1	—	—	1	—	3	.36
Steyning West	1	—	—	—	—	1	—	2	.19
Thakeham	—	—	—	—	—	—	—	—	—
Westbourne	1	—	1	1	—	1	—	4	.43
Westhampnett	—	—	1	1	—	1	—	3	.15
Total Urban Districts	—	2	1	11	2	1	—	17	0.18
Total Rural Districts	3	1	4	5	1	5	—	19	0.19
Administrative County	3	3	5	16	3	6	—	36	0.17

The following Table VIII. summarises the deaths from Zymotic Diseases during the past 5 years :—

TABLE VIII.—Zymotic Diseases Mortality—1921-25.

YEAR.	Enteric Fever.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria & Croup.	Diarrhoea.	Small Pox.	Total.	Death Rate.
1921	4	—	7	6	10	16	—	43	0.2
1922	3	—	1	10	3	8	—	25	0.1
1923	5	6	—	9	5	9	—	34	0.1
1924	2	15	1	7	3	6	—	34	0.1
1925	3	3	5	16	3	6	—	36	0.1
Total	17	24	14	48	24	45	—	172	0.1
Average for 5 years	3.4	4.8	2.8	9.6	4.8	9	—	34.4	

NOTIFIABLE DISEASES.

Table IX. below shews the distribution of notifiable diseases throughout the County, the figures in brackets indicating the number of cases removed to Isolation Hospitals.

TABLE IX.—Cases of Infectious Diseases notified during the year 1925.

	Diphtheria	Erysipelas	Scarlet Fever	Enteric Fever	Puerperal Fever	Cerebro-Spinal	Poliomyelitis	Encephalitis Lethargica	Ophthalmia Neonatorum	Pulmonary Tuberculosis	Other Forms of Tuberculosis	Malaria	Dysentery	Pneumonia	TOTAL	Total Cases removed to Hospital
Urban Districts :																
Arundel (M.B.)	—	1	—	—	—	—	—	—	—	3	1	—	—	1	6	—
Bognor	6 (5)	—	22 (18)	—	1	—	—	—	—	19	1	—	—	6	55	23
Chichester (M.B.)	4 (2)	2	15 (21)	2	—	—	—	—	—	14	4	1	—	17 (1)	59	24
Horsham	1 (1)	3	22 (6)	—	—	1	—	—	1	5	2	—	—	3	38	7
Littlehampton	2 (2)	—	9 (7)	2	—	—	—	—	—	11	3	—	—	1	28	9
Shoreham-by-Sea	7 (4)	2	18 (5)	1	—	—	—	—	1	5	2	—	—	2	38	9
Southwick	1 (1)	1 (1)	6 (4)	1	—	—	—	1 (1)	—	8	3	—	—	4	25	7
Worthing (M.B.)	8 (10)	9	84 (75)	2 (2)	1	—	—	—	5	35	18	1	—	11	174	87
Rural Districts :																
East Preston	5 (5)	2	14 (7)	—	—	—	—	—	—	15	5	—	—	15	56	12
Horsham	11 (7)	6	47 (39)	3 (1)	—	—	—	—	2	23	5	—	—	10	107	47
Midhurst	9 (4)	1	59 (26)	—	—	1	2 (1)	—	1	12	1	—	—	3	89	31
Petworth	1	1	29 (16)	—	2	—	—	—	1	7	1	—	—	2	44	16
Steyning West	—	3	10 (4)	1	—	—	—	—	—	11	3	—	—	3	31	4
Thakeham	—	3	5 (2)	—	—	—	1 (1)	—	1	6	6	—	1	4	27	3
Westbourne	2	—	11 (7)	2	1	—	—	—	1	10	3	—	—	6	36	7
Westhampnett	21 (19)	6	23 (22)	3 (1)	—	—	—	—	2	14	4	—	—	15	88	42
Totals :																
Urban Districts	29 (25)	18 (1)	176 (136)	8 (2)	2	1	—	1 (1)	7	100	34	2	—	45	423	166
Rural Districts	49 (35)	22	198 (123)	9 (2)	3	1	3 (2)	—	8	98	28	—	1	58	478	162
Admin. County	78 (60)	40 (1)	374 (259)	17 (4)	5	2	3 (2)	1	15	198	62	2	1	103	901	328

In addition 60 cases of Chicken Pox were notified in the Shoreham-by-Sea Urban District.

The following Table shows the number of cases of Infectious Disease notified in the Urban Districts, Rural Districts and the County as a whole during the past five years.

TABLE X.—Cases of Infectious Disease notified during the past five years.

	Diphtheria	Erysipelas	Scarlet Fever	Enteric Fever	Puerperal Fever	Cerebro-Spinal Fever.	Poliomyelitis	Encephalitis Lethargica	Ophthalmia Neonatorum	Pulmonary Tuberculosis	Other Forms of Tuberculosis	Trench Fever	Pneumonia	Malaria	Typhus	Anthrax	Dysentery	TOTAL	Cases removed to Istn. Hospitals*
Urban Districts :																			
1921	115	18	321	14	1	1	—	3	9	131	29	—	25	—	—	—	—	667	337
1922	55	7	262	9	5	—	—	3	9	116	30	—	34	1	—	—	—	531	171
1923	56	16	118	13	5	1	6	2	6	135	33	—	33	—	2	—	—	426	119
1924	26	15	149	17	3	2	4	2	12	135	37	—	52	—	—	—	—	454	125
1925	29	18	176	8	2	1	—	1	7	100	34	—	45	2	—	—	—	423	166
Total	281	74	1026	61	16	5	10	11	43	617	163	—	189	3	2	—	—	2501	918
Rural Districts :																			
1921	48	2	142	2	2	—	1	2	9	103	24	1	46	—	—	—	—	382	88
1922	26	5	175	3	—	—	—	3	10	116	20	—	36	—	—	—	—	394	67
1923	19	6	108	10	2	2	4	3	3	124	29	—	35	2	—	1	—	348	79
1924	27	11	123	18	3	2	1	4	5	117	44	—	59	—	—	—	—	414	111
1925	49	22	198	9	3	1	3	—	8	98	28	—	58	—	—	—	1	478	162
Total	169	46	746	42	10	5	9	12	35	558	145	1	234	2	—	1	1	2016	507
Admin. County :																			
1921	163	20	463	16	3	1	1	5	18	234	53	1	71	—	—	—	—	1049	425
1922	81	12	437	12	5	—	—	6	19	232	50	—	70	1	—	—	—	925	238
1923	75	22	226	23	7	3	10	5	9	259	62	—	68	2	2	1	—	774	198
1924	53	26	272	35	6	4	5	6	17	252	81	—	111	—	—	—	—	868	236
1925	78	40	374	17	5	2	3	1	15	198	62	—	103	2	—	—	1	901	328
Total	450	120	1772	103	26	10	19	23	78	1175	308	1	423	5	2	1	1	4517	1425

* Removals to Hospitals include Cases of Diphtheria, Erysipelas, Scarlet Fever, Enteric Fever, Poliomyelitis, Encephalitis Lethargica, Pneumonia, Anthrax.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

HOSPITALS PROVIDED OR SUBSIDIZED BY THE COUNTY COUNCIL

Tuberculosis—

Name of Institution.	Address.	Supported wholly by County Council.	Number of beds.
Aldingbourne House	Nr. Chichester	Yes	59
* Swandean Hospital	Durrington, Nr. Worthing	Yes	12

* Infectious Diseases Hospital provided by the Worthing Corporation, to which the County Council have been permitted to add and maintain a Tuberculosis Block for acute and advanced cases of both sexes.

Reference is also made to this matter in the separate Sections of this Report dealing with Tuberculosis, Maternity and Child Welfare and Venereal Diseases.

ISOLATION HOSPITAL ACCOMMODATION.

The County is not adequately provided with Isolation Hospital Accommodation and in many instances, as will be seen from the following Statement, arrangements are made with neighbouring Authorities outside the County :—

Sanitary Authority.	Population Census 1921.	Accommodation. (Beds).	Remarks.
Urban Districts :			
Arundel (M.B.)	2742	Nil.	Cases treated at Littlehampton Isolation Hospital.
Bognor	13302	24—12 Diphtheria 12 Scarlet.	—
Chichester (M.B.)	12413	28—Scarlet, Diphtheria and Enteric.	—
Horsham	11406	Nil.	Cases treated at Cuckfield and East Grinstead Isolation Hospitals.
Littlehampton	11287	18 beds.	—
Shoreham-by-Sea	5731	Nil.	Cases treated at Hove or Brighton Isolation Hospitals
Southwick	4314	Nil.	Cases treated at Hove Isolation Hospital.
Worthing (M.B.)	30305	32—14 Scarlet, 14 Diphtheria, 4 observation.	—
Rural Districts :			
East Preston	6853	Nil.	Cases treated at Swandean Isolation Hospital.
Horsham	20792	Nil.	Cases treated at Cuckfield and East Grinstead Isolation Hospitals.
Midhurst	15280	Nil.	Cases treated at Chichester, Brighton and Farnham Isolation Hospitals.
Petworth	8776	Nil.	Cases treated at Westhampnett Isolation Hospital.
Steyning West	8804	Nil.	Cases treated at Hove Isolation Hospital.
Thakeham	8334	Nil.	Cases treated at Hove Isolation Hospital.
Westbourne	8331	4	Some cases treated at Westhampnett Isolation Hospital.
Westhampnett	15548	24	—
Ports :			
Littlehampton	—	Nil.	Cases treated at Littlehampton Isolation Hospital.
New Shoreham	—	Nil.	Cases treated at Brighton Isolation Hospital.

TREATMENT OF SMALL POX.

Name of Institution.	Address.	Within County Area.	Supported wholly by C.C.	No. of Beds retained.
Brighton Small Pox Hospital.	Fulking	No.	No.	2 beds.

Under the terms of an Agreement with the Brighton Corporation, cases of Small Pox occurring in this County will be admitted into their Hospital at Fulking. Two beds are reserved for the use of patients from this County, and permission has also been given for the erection of Huts in the Hospital grounds should the occasion arise. The charge for maintenance for one patient is to be £7 7s. 0d. per week, or any proportional week, and £5 per week or any proportional week, for any number of patients over one. This charge includes Nursing, Medicines, Food and all other requisites, but not medical attendance. The County Council have also approved Supplementary estimates of £590 for the erection of Huts and £200 for the equipment of same, should the necessity arise. Patients will be conveyed from the County by the Brighton Corporation's Ambulance. The County Council have an Agreement with Dr. W. A. Powell of Brighton to attend their cases at the Hospital.

AMBULANCE FACILITIES.

The following Statement shows that the County is well provided with Ambulance facilities.

	(a) For Infectious Cases.	(b) For non-infectious cases and accidents.
Urban Districts—		
Arundel (M.B.)	Ambulance of Authority providing accommodation.	Littlehampton Red Cross Ambulance.
Bognor	Horse Ambulance provided by Local Authority.	Motor Ambulance provided by Local Authority.
Chichester (M.B.)	Ditto.	Two Motor Ambulances—British Red Cross Society.
Horsham	Red Cross Society's Motor Ambulance.	Motor Ambulance—British Red Cross Society.
Littlehampton	Horse Ambulance provided by Local Authority.	Littlehampton Red Cross Ambulance.
Shoreham-by-Sea.	Brighton or Hove Ambulance	Brighton or Hove Red Cross Ambulance
Southwick	Hove Authority's Ambulance	Ditto.
Worthing (M.B.)	Motor Ambulance provided.	Ditto.
Rural Districts—		
East Preston	Ambulance of Authority providing accommodation utilised.	Littlehampton Red Cross Ambulance.
Horsham	Motor Ambulance provided by British Red Cross Society	Motor Ambulance provided by British Red Cross Society
Midhurst	Ambulance of Authority providing accommodation utilised.	Chichester Ambulance provided by British Red Cross Society.
Petworth	Thakeham Red Cross Ambulance.	Thakeham Red Cross Ambulance.
Steyning West	Hove Corporation's Ambulance utilised.	Brighton and Hove Red Cross Ambulance.
Thakeham	British Red Cross Ambulance.	British Red Cross Ambulance.
Westbourne	Horse Ambulance provided by Local Authority.	Chichester Red Cross Ambulance.
Westhampnett	Ditto.	Ditto.

CLINICS AND TREATMENT CENTRES.

The following Statement shows the Clinics and Treatment Centres provided by the County Council—

List of Clinics and Treatment Centres provided by County Council.

Address.	Nature of Accommodation.			V.D. Clinic.
	T.B. Dispensary.	School Clinic.	M. & C. W. Centre.	
Chichester—				
4, St. John's Street	Yes.	Yes.	—	—
15, St. Martin's Street	—	—	Yes.	—
Bognor—				
Parochial Hall	—	—	Yes.	—
Council Schools, Lyon Street	—	Yes.	—	—
Arundel—				
Granville House, Maltravers Street	Yes.	Yes.	*Yes.	—
Littlehampton—				
20a, South Terrace	—	—	*Yes.	—
East Street, Girls' School	—	Yes.	—	—
Worthing—				
Worthing Hospital, Lyndhurst Road	Yes.	Eye Clinic.	—	Yes.
Shoreham—				
Town Hall	—	—	Yes.	—
Upper Mixed C. School	—	Yes.	—	—
Southwick—				
Town Hall	—	—	Yes.	—
Horsham—				
Tan Cottage, Brighton Road	Yes.	Yes.	Yes.	—
Midhurst—				
Congregational Hall	—	—	Yes.	—
Northchapel—				
Old Schools	—	—	Yes.	—
Camelsdale—				
Parochial Hall	—	—	Yes.	—

* The M. and C. W. Centre is provided by the Duchess of Norfolk.

In addition, Dental Treatment is carried out at a number of Schools and temporary Centres.

MATERNITY AND CHILD WELFARE.

INFANT MORTALITY.

There were 140 deaths of infants under one year, which is equivalent to an infant mortality rate of 49 per 1,000 births, as compared with the low (record) rate of 43 during the previous two years. The following Table gives the rates for the Administrative County and England and Wales for the past 15 years, and indicates the remarkable diminution which has occurred in the Infant Mortality Rate for the County, and in the Country as a whole :—

TABLE XI.—Showing Infant Mortality Rates for Urban Districts, Rural Districts, Administrative County and England and Wales for the years 1911-1925.

	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Urban Districts	98	63	75	76	76	67	66	65	66	47	62	49	48	46	46
Rural Districts	73	68	62	68	69	58	52	55	48	51	38	50	41	41	51
Administrative County	85	66	68	72	73	63	59	60	57	49	49	49	43	43	49
England and Wales	130	95	108	105	110	91	97	97	85	80	83	77	69	75	75

ILLEGITIMATE BIRTHS.

There were 136 illegitimate births (4.7 per cent. of the total births), and the infant mortality rate amongst illegitimate children was 110 per thousand births, as compared with a rate of 45 for legitimate children.

NOTIFICATION OF BIRTHS (EXTENSION ACT, 1915.)

The following figures do not include the Borough of Worthing, which is a separate Maternity and Child Welfare Authority :—

BIRTHS NOTIFIED (1) Live Births, 2245 ; (2) Still Births, 64. Total 2309.

BIRTHS NOTIFIED BY : (1) Midwives, 1567 ; (2) By Doctors and Parents, 742.

ANTE-NATAL WORK AND HEALTH VISITING.

Ante-Natal Work.—It will be seen from Table XIII., that only an insignificant amount of Ante-Natal work is done at the Centres. It is recognized that Centres should play a more important part in this respect, as Mothers might derive considerable benefit and help by attendance. As regards Ante-Natal work of the Midwives this is maintained at a high level as will be seen from Table XII.

TABLE XII.—Shewing Number of Visits to Expectant Mothers, 1921-25.

	No. of Ante-natal visits. By Midwife.		No. of cases attended.		Total Births (County).
	1st Visits.	Total Visits.	As Midwife.	As Maternity Nurse (Doctors' Cases).	
1921.	1668	4477	1787*	—	3214
1922.	1601	4217	1713*	—	2957
1923.	1443	4825	1490	727	2873
1924.	1305	4641	1486	682	2809
1925.	1421	4746	1517	700	2845
Total	7438	22906	7993	2109	14698

* Includes Maternity Cases.

At the Ante-Natal visit, a record is made of any difficulties the mother may have experienced in the past at childbirth. Advice is given as to general health, and as to the arrangements to be made for labour. A record is also made of any abnormality detected by abdominal examination, examination of urine, etc., and medical assistance is obtained when needed. Further reference is made to this matter in the paragraphs dealing with Hospital Treatment.

Health Visiting.—It is the routine practice of the Health Visitor to visit children four times during the first year of life, twice a year during the second and third years of life, and once a year during the fourth and fifth years of life, but actually many more visits are paid especially to children shewing any departure from normal health or progress. A large proportion of the children are attended at birth by the Health Visitor in her capacity as Midwife or Maternity Nurse, but for the purpose of Health Visiting her first visit is recorded on the 14th day or thereabouts. During the year, 1925, 23,741 health visits were recorded as follows :—

Number of Visits to Infants under one year—

(1) First visits, 2095. (2) Total visits, 11,707.

Total Number of Visits to Children aged 1 to 5 years—12,034.

There is general agreement that it is important to retain children under supervision, until they become of school age, when they come under the care of the Education Committee as there are many matters such as, Feeding, Clothing, Rest and Sleep, on which the majority of parents can be given guidance with advantage. As regard abnormal children, the Health Visitor is frequently the first person to detect departure from health and other abnormalities in the child.

The following table gives the number of Centres working in the County at the end of the year, the days and hours of attendance, and the numbers on the registers at the end of the year, and the average attendance per week :—

TABLE XIII.—Maternity and Child Welfare Centres in the County.

Address.	Weekly or fort- nightly Sessions.	Day & time of Meeting.	Average Attendance per Session.				Present Arrangements for Medical supervision.
			Expectant Mothers.		Children.		
			No. on Reg. at 31/12 1925	Aver. Attendance during year	No. on Reg. at 31/12 1925	Aver. Attendance during year	
Chichester — 15, St. Martin's St.	Weekly	Friday, 2.30	2	0.6	288	35	Doctor attends weekly
Horsham — Tan Cottage, Brighton Road	Ditto	Friday, 2.30	—	—	135	25	Ditto
Bognor — Parochial Hall	Ditto	Thursday, 2.30	—	0.5	122	28	Doctor attends fortnightly
Shoreham — Town Hall	Ditto	Tuesday, 2.30	—	—	140	20	Ditto
Southwick — Town Hall	Ditto	Ditto	—	—	88	22	Ditto
Northchapel — Old School	Monthly	Thursday, 2.30	—	0.2	29	10	Doctor attends monthly
Midhurst — Congregational Hall ...	Weekly	Tuesday, 2.30	—	—	75	20	Doctor attends fortnightly
†Camelsdale — Village Hall	Monthly	Thursday, 2.30	—	—	—	3	Doctor attends monthly
*Arundel — Granville House, Maltravers St.	Weekly	Tuesday, 2.30	5	1.3	67	21	Doctor attends weekly
*Littlehampton — 20a, South Terrace	Ditto	Friday, 2.30	7	2.0	259	27	Ditto

† At the end of the year this Centre was closed owing to the small attendance.

* Voluntary Centres towards which County Council made total grants of £50 per annum.

HOSPITAL TREATMENT.

(1). **Sussex Maternity and Women's Hospital, 80, Buckingham Road, Brighton.**

Under an agreement dated the 22nd May, 1918, difficult and complicated cases of labour are referred to this Hospital by Medical Practitioners in emergency. Also a few cases are referred for Ante-Natal examination and for subsequent treatment if necessary. The maintenance charge is £2 12s. 6d., per week, contributions being recovered from patients in accordance with their means.

(2). **Steyning Lying-in Ward, Steyning Union, Shoreham-by-Sea.—**

In January, 1924, arrangements were made by the County Council with the Guardians of the Steyning Union for the admission of normal cases.

This accommodation has proved very valuable in cases where the Home Conditions are unsatisfactory due to overcrowding, insanitation, or where the mother is living in lodgings, or is unmarried. Another advantage is that it is possible to secure early admission of cases to this Institution instead of at the last "probable" moment, as so often occurs in a special Hospital dealing with urgent emergencies.

The maintenance charge is £1 1s. 0d., per week, and in addition there is a midwifery fee of 10s. 6d.

(3). **The Royal Alexandra Hospital for Sick Children, Dyke Road, Brighton.**

Under an agreement dated the 2nd May, 1919, a few cases of early Rickets, Malnutrition, etc., are referred annually to this Hospital for treatment. The maintenance charge is £1 11s. 6d., per week, contributions being recovered from the patient's relatives in accordance with their means.

(4). **General Hospitals and Cottage Hospitals.—**

Cases of enlarged Tonsils and Adenoids in children under School age, may be referred for treatment to the following Hospitals upon the same terms as agreed with the West Sussex Education Committee for the treatment of School children: The Royal West Sussex Hospital, Chichester, Worthing Hospital, Horsham Hospital, Arundel and District Cottage Hospital, Bognor War Memorial Hospital, Crawley and Ifield Cottage Hospital, Easebourne Cottage Hospital, Littlehampton and District Cottage Hospital, and Petworth Cottage Hospital. The Hospital charge for operative treatment is £1 11s. 6d., and a small charge for maintenance, which is borne by the parents.

The following statement summarises treatment provided during the year:—

Name of Institution.	Receiving Treatment at beginning of Year.	No. of Admissions.	No. of Discharges.	Still in at end of Year.	Average duration of Treatment. (Days).
(a) Sussex Maternity and Women's Hospital Brighton	1	15	14	2	23
(b) Steyning Lying-in Ward	1	11	9	3	48
(c) Alexandra Hospital for Sick Children, Brighton	—	2	2	—	29
(d) General Hospitals (Nose and Throat cases)	—	6	6	—	2

During the past 5 years an average of 13 cases have received treatment at the Sussex Maternity and Women's Hospital, Brighton, and during the past 2 years an average of 9 cases have been admitted to the Steyning Lying-in Ward.

In the City of Chichester and neighbourhood emergency cases are actually referred by Medical Practitioners to the Royal West Sussex Hospital and in the Borough of Worthing, the Maternity and Child Welfare Authority of that area refer cases to the Worthing Hospital to which a Maternity wing was added in 1923.

MIDWIVES ACTS, 1902 AND 1918.

Midwives Practising in the County.—During the year 155 certified midwives notified their intention to practise. Fourteen of these midwives left the county during the year, eleven notified for holiday duty, five ceased to practise, and two were off duty ill. Excluding thirteen midwives who resided without the county and were inspected by other Authorities, there remained at the end of the year 110 midwives requiring inspection, of whom 107 were trained and three were bona fide Midwives.

Inspections.—Quarterly visits were paid by the County Inspector of Midwives, and 183 routine visits of inspection and 9 special visits were made during the year. In addition, two visits were made in connection with cases of alleged unqualified practice, and 15 visits to patients in connection with the work of a Midwife.

Notification by Midwives.—During the year 529 notifications were received as follows :—

Medical help for the Mother	299
Medical help for the child	59
Notifications of death of mother	3
Notifications of death of child	4
Notifications of still-birth	31
Notifications of having laid out a dead body	74
Notifications of liability to be a source of infection	30
Notifications of artificial feeding	29
	—
	529
	—

The 299 Notifications of sending for medical help for mother received during the year were as follows :—

Torn perineum (86), Prolonged Labour (86), Adherent and retained Placenta (13), Prolapse of Uterus (1), Abortion or threatened Abortion (24), Malpresentation (14), Uterine inertia (10), Post Partum Haemorrhage (8), High Temperature and Quickened Pulse (12), Illness of Mother (7), Anti Partum Haemorrhage (8), Albuminuria (6), Phlebitis (3), Dangerous Varicose Veins (4), Vaginal Discharge (1), Placenta Praevia (1), Persistent Occipito Posterior (5), Fits (1), Collapse (2), Premature Labour (2), Faintness and mental trouble (1), Abdominal palpation unsatisfactory (1), Rigid O.S. (1), Haematoms of Labia (1), Metrorrhagia (1),

The 59 Notifications of sending for medical help for children received during the year, were as follows :—

Dangerous Feebleness (20), Discharging Eyes (23) (eight being cases of Ophthalmia Neonatorum) Phimosis (2), White Asphyxia (1), Malformation (2), Stillbirth (2), Tongue Tie (1), Fits (1), Pemphigus (1), Inflamed Breast (1), Fractured Humerus (1), Rectal Haemorrhage (1), Cephalhaematoma (1), Spina Befidia (1), Retention (1).

The total number of births attended by Midwives was 2,217, including 700, as Maternity Nurses.

FEES TO DOCTORS CALLED IN BY MIDWIVES.

During the financial year, fees amounting to £474, were paid to Medical Practitioners in 294 instances. Contributions amounting to £186 were received in respect of 209 cases. In 64 instances, fees amounting to approximately £73, were paid direct by patients to Doctors.

The following statement summarises the fees paid to Doctors during the past 5 years :—

FEES PAID TO DOCTORS CALLED IN BY MIDWIVES, 1921-25.

Fees paid by County Council.				Part fees recovered by County Council.		Fees paid direct by patient to Doctor.	
		No. of Cases.	Approximate Amount.			No. of Cases.	Approximate Amount.
			£				£
1921	....	305	452	212	169	51	57
1922	....	268	450	157	118	60	85
1923	....	287	445	162	111	69	89
1924	....	299	462	213	180	58	63
1925	....	294*	474	209	186	64	73
Total	....	1453	2283	953	764	302	367

* Includes 29 cases still under investigation.

It will be seen from the Table given above that the nett cost to the County during the past five years, amounted to £1519, giving an average cost of £304 per annum.

OPHTHALMIA NEONATORUM.

Early information is received on these cases where a midwife is in attendance and information on other cases is received by telephone from the District Medical Officer of Health by whom the notification is received. In all cases, the Doctor in attendance is consulted and when required, a Special Nurse is provided, otherwise the local Nurse deals with the case. The following statement summarises the cases which have occurred during the past 5 years :—

STATEMENT SHEWING NUMBER OF CASES OF OPHTHALMIA NEONATORUM.

1921-25.

Year.	Cases.			Vision unimpaired.	Vision impaired.	Total Blindness.	Deaths.
	Notified.	Treated.					
		At Home.	In Hospital.				
1921	15	12	3	15	—	—	—
1922	18	17	1	18	—	—	—
1923	12	12	—	12	—	—	—
1924	13	13	—	13	—	—	—
1925	11	9	2	11	—	—	—

About 2 per cent. of cases of blindness are due to loss of sight during the first year of life and in a high proportion of these cases the blindness is caused by Ophthalmia Neonatorum. Every case of Ophthalmia Neonatorum must therefore be regarded as serious, though, fortunately, in actual practice, the cases notified in recent years have been relatively mild in character.

MATERNAL MORTALITY.

During the year 1925, nine deaths of mothers occurred, as follows—

Puerperal sepsis (5), Other Accidents and Diseases of Pregnancy (4).

The mortality rate was equal to 3.13 per thousand births as compared with rates of 2.1 in 1924, 3.1 in 1923, 3.3 in 1922, 4.9 in 1921, and 3.1 in 1920. The rates in the Urban and Rural Districts were 2.28 and 3.84 respectively, as compared with rates of 2.3 and 1.9 the previous year.

The following Table summarises the Maternal deaths and rates during the past 5 years :—

TABLE XIV.—MATERNAL MORTALITY AND RATES PER 1,000 BIRTHS—1921-25.

	URBAN.				RURAL.			
	Puerperal Sepsis.		Other Accidents.		Puerperal Sepsis.		Other Accidents.	
	No.	Rate per 1000 Births.	No.	Rate per 1000 Births.	No.	Rate per 1000 Births.	No.	Rate per 1000 Births.
1921	1	(0.60)	8	(5.01)	2	(1.1)	5	(2.8)
1922	3	(2.2)	3	(2.2)	1	(0.6)	3	(1.8)
1923	2	(1.5)	3	(2.4)	1	(0.6)	3	(1.85)
1924	—	—	3	(2.4)	1	(0.6)	2	(1.3)
1925	2	(1.5)	1	(0.7)	3	(1.9)	3	(1.9)

	ADMINISTRATIVE COUNTY.				TOTAL.	
	Puerperal Sepsis.		Other Accidents.			
	No.	Rate per 1000 Births.	No.	Rate per 1000 Births.	No.	Rate.
1921.....	3	(1.7)	13	(4.0)	16	(4.9)
1922.....	4	(1.3)	6	(2.0)	10	(3.3)
1923.....	3	(1.05)	6	(2.1)	9	(3.1)
1924.....	1	(0.35)	5	(1.78)	6	(2.1)
1925.....	5	(1.7)	4	(1.3)	9	(3.1)

SUPPLY OF MILK FOR EXPECTANT AND NURSING MOTHERS AND FOR INFANTS.

During the financial year 41 families were supplied with 121 Orders for 3241 pints of fresh milk, and in addition, 432 pounds of dried milk were distributed free, whilst 2,722 pounds were sold, the approximate receipts being £205. The cost of free milk, fresh and dried, was approximately £56.

COUNTY NURSING SERVICE.

At the end of the year, the West Sussex County Nursing Association employed a Staff consisting of County Superintendent, Assistant County Superintendent, and three whole-time Health Visitors engaged in Public Health work in areas unprovided with District Nurses, and for emergency work which includes the Nursing of cases of Ophthalmia Neonatorum, Septic Lying-in cases, or for relief of Nurse Midwives in illness or exceptional stress of work. There were also 63 affiliated District Nursing Associations employing 78 Nurses, grant being paid in respect of 75 Nurses.

During the year the following additional District Nursing Associations were established by the West Sussex County Nursing Association, in accordance with the scheme (as since slightly modified), which was approved by the County Council in 1919:—

Name and Number of Nursing District.	Number of Nurses.	Annual Grant.	Parishes served.	Date appointed.
		£		
D/3. Sutton and Bignor.	1	50	Bignor Barlavington Duncton Sutton.	1/1/25.
B/7. Lodsworth and N. Ambersham.	1	50	Lodsworth N. Ambersham	19/1/25.
B/4. *Bepton, etc.	1	80	(a) Bepton (Nurse undertakes midwifery, maternity, general nursing, and Public Health work).	25/5/25.
			(b) Treyford Didling Elsted Harting (Public Health work only).	
E/16. Wisborough Green	1	50	Wisborough Green.	1/11/25.

* Owing to lack of local support, it was found impossible to establish a Nursing District in the parishes of Didling, Elsted, Treyford, and the above amended District was formed with the approval of the Ministry of Health.

An additional Nurse appointed by the Southbourne District Nursing Association on the 1st October, 1924, was recognised by the County Council during the year, and the usual grant of £50 was paid in respect of her as from the 1st April, 1925.

In the Rural areas the District Nurse undertakes midwifery and maternity nursing, and the whole of the public health work in her district, i.e., she is Health Visitor, School Nurse, and Tuberculosis Nurse. In the Urban Districts of Bognor, Shoreham-by-Sea and Southwick, where two or more nurses are employed in each area, the duties are divided so that the maternity and child welfare work is allotted to the Nurses engaged in midwifery and maternity nursing, and the school work and tuberculosis work is done by the Queen's Nurses, engaged for general nursing in the district. A whole-time nurse is employed at the Chichester Clinic and Dispensary who does the school work and tuberculosis work in the City, whilst the Centre work and health visiting is done by three nurses employed by the Chichester Association, who also undertake the Midwifery and Maternity nursing in the City of Chichester, midwifery and general nursing and all public health work in the adjoining parishes of Appledram and Oving. The general nursing in the City of Chichester is undertaken by the Nursing Staff of the Royal West Sussex Hospital, Chichester.

At Horsham where independent midwives are responsible for all the midwifery and maternity nursing, the work of the Centre, Clinic and Dispensary and the public health work is undertaken by two Queen's Nurses, employed by the Horsham District Nursing Association. At Arundel and Littlehampton where voluntary Maternity and Child Welfare centres are maintained by the Duchess of Norfolk, the health visiting is done by the whole-time staff employed at the Centres; midwifery and maternity nursing is undertaken by midwives in independent practice. A whole-time Health Visitor attends at the Arundel Clinic and Dispensary, and does the school and tuberculosis work in this area. In Littlehampton a Queen's Nurse employed by the District Nursing Association undertakes the clinic work, school work, and tuberculosis work.

In the following parishes, district nursing associations are established, but the District Nurse does not undertake public health work :—

Parishes.	District Nursing Association.	
Steyning } Bramber } Beeding } Horsham Rural (Roffey). Wisborough Green. (Loxwood)	Steyning } Beeding & } Bramber } Roffey. } Alfold. }	Public Health work done by wholetime Health Visitor.

In the following parishes, District Nursing Associations have not yet been established :—

Rogate } Trotton } Chithurst }	Northern portion.	District Nursing Association to be re-established at an early date. Public Health work temporarily undertaken by Rogate and Terwick Nurse.
Harting } Elsted } Treyford } Didling }		Public Health work done by Bepton Nurse. A Nurse pri- vately maintained does general nursing in Harting.
Botolphs } Edburton }		Public Health work done by whole-time Health Visitor.
Kirdford		Public Health work done by whole-time Health Visitor. District Nursing Association to be established at an early date.

STATEMENT shewing number of Nurses employed in Urban Districts and Rural Districts and Area and Population served excluding the Borough of Worthing :—

	Number of Nurses.	Acreage.	Population (1921) as amended by Registrar- General.
Urban Districts—			
(1) Nurses employed by District Nursing Associations engaged in Public Health work as well as General Nursing or Midwifery	13	10772	58524
(2) Nurses employed by D.N.A.'s engaged solely in general nursing (no Grant paid)	2		
(3) Nurses and Health Visitors devoting their whole time to Public Health work	3		
	—18		
Rural Districts—			
(4) Nurses employed by District Nursing Associations engaged in Public Health work, Midwifery, Maternity Nursing and General Nursing	62	343511	85190
(5) Nurses engaged solely in general nursing (no Grant paid)....	1		
(6) Nurses privately maintained-engaged in general and mater- nity Nursing (no Grant paid)	2		
	—65		
(7) Nurses employed by District Nursing Associations engaged solely in Midwifery and Maternity and General Nursing (no Grant paid). Whole-time staff do Public Health work (see (9) below).	3	13699	5883
(8) District Nursing Association not yet formed	.....	31295	3757
Number of Nurses privately maintained (whole time staff do Public Health work (see (9) below)	1		
(9) Number of Nurses devoting their whole time to Public Health work (see (7) and (8) above) and emergency nursing Ophthalmia Neonatorum, Puerperal cases, etc.	2		
	89	399277	153354

With reference to the Statement given above, it may be recalled that in 1915 there were 19 District Nursing Associations employing 22 Nurses established in the County, and these Associations had naturally been established in the more populous areas, with the exception of one or two areas where Nurses were being maintained privately. Under these circumstances, less than one-fourth of the area of the County had the services of a Nurse. There was also a service of Cottage Nurses in the rural areas which failed, however, to meet the demands made upon the small staff then maintained by the West Sussex Benefit Nursing Association. In 1917 the County Council, as part of the development of the Maternity and Child Welfare Scheme, sanctioned grants of £50 per annum per Nurse appointed, to stimulate the formation of District Nursing Associations. In 1918, the formation of the West Sussex County Nursing Association (by severance from the Sussex County Nursing Association) led to more rapid developments which were hastened by the withdrawal of the services of Cottage Nurses in 1919, when a complete scheme for the division of the whole County into Nursing areas was prepared in consultation with the County Nursing Association and approved by the County Council.

The following Statement indicates the progress made with the scheme which is nearing completion, with the exception of a few parishes given on page 22 :—

GRANT-AIDED DISTRICT NURSING ASSOCIATIONS.

Year.	Number of District Nursing Associations receiving Grants.	Number of Nurses employed.
1918	30	33
1920	56	60
1925	63	78

It has required considerable effort upon the part of the County Nursing Association to achieve the results recorded above. Many conflicting interests inevitably arose in defining the districts of the various nursing associations, and in some of the more sparsely populated parishes it has been very difficult to form Committees willing to bear the responsibilities of a nursing association. In the last financial year the total grants (including the grants paid to the County Nursing Association towards the salaries of their whole-time staff) amounted to approximately £4,675, which was apportioned as follows, between the grant-bearing services :—

Total Grants (approx.)	APPORTIONMENTS.			
	Tuberculosis.	School.	Maternity and Child Welfare.	
			Health Visiting.	Midwifery Grant.
£ 4675	£ 350	£ 1294	£ 1408	£ 1623

Taking into consideration the geographical difficulties in this county, the number of sparsely populated areas where it would be impossible for independent midwives in independent practice to earn a living, the extensive demand on the time and services of the Nurses engaged at the Maternity and Child Welfare Centres, School Clinics, (Minor Ailment, Dental and Eye Clinics), Tuberculosis Dispensaries, and upon Health Visiting, and following up of school children, it will be realised that a considerable expenditure on nursing is unavoidable. Equally it must be agreed that this is a wise expenditure of public funds, co-ordinating great voluntary efforts which have produced in so short a time a nursing service penetrating to the remotest hamlet in the County. To consolidate this service is the work of the future. Much can still be done to make the work and life of the district Nurse more attractive, less precarious in a financial sense and more comfortable as regards housing. Attention to these matters would undoubtedly lead to fewer changes in the staff which would be to the benefit of the locality and add to the efficiency of Public Health work. In the rural districts the policy of employing nurses for public health work has been justified beyond expectation. The nurses are well received, they have first hand information about the children under their supervision having attended many at birth and they show sympathetic and tactful zeal in the performance of their duties.

As regards the urban districts, reference has already been made to the variable arrangements in this County for health visiting and other public health work. In the town where there are sufficient midwives in independent practice to obviate the necessity of subsidising a midwife there is nothing to be gained by employing district nurses to do the public health work as they are fully occupied with general nursing. In such towns the appointment of whole-time health visitors is desirable, especially if there is a busy clinic or centre. In the towns where the Nursing Associations are still responsible for the midwifery the nursing staffs have been increased to ensure adequate attention to the public health work.

TUBERCULOSIS.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1924.

These Regulations came into force on the 1st January, 1925, and amend previous Regulations issued in 1912 and 1921. The amended Regulations require each District Medical Officer of Health to make a quarterly Report to the County Medical Officer showing:—

"(a) The number of cases of tuberculosis on his register at the commencement of the quarter;

"(b) The number of cases notified to him under the Regulations of 1912, for the first time during the quarter;

"(c) The number of cases removed from the register during the quarter (giving the name and address of each such case, and the reason for such removal); and

"(d) The number of cases remaining on the register at the end of the quarter."

As explained in Circular 549 issued by the Ministry of Health on the 22nd December, 1924—

"considerable difficulty has in the past been experienced in obtaining reliable data for estimating the numbers of tuberculous persons in the country and its various divisions. Such information is of much value for administrative as well as statistical purposes, and the new Regulations have been made with a view to securing that the needful information is readily available."

Suggestions are also made in the Circular as to the removal of names from the Register, if—

"(a) the diagnosis of tuberculosis is agreed not to be established, or

"(b) the patient in due course attains a condition in which he may be regarded as "cured of the disease."

It is advised that a case of Pulmonary Tuberculosis should not be regarded as "cured" until there has been for a period of five years, absence of symptoms of active disease and of Tubercle bacilli in the sputum; and in non-pulmonary cases until three years have elapsed without any signs or symptoms of active disease.

The following statement shows the number of cases of Tuberculosis remaining on the Registers of Notification, kept by the District Medical Officers in the county, on the 31st December, 1925:—

Total Cases.	Pulmonary.			Non-Pulmonary.		
	Males.	Females.	Total.	Males.	Females.	Total.
991	365	385	750	120	121	241

The following Table shows the number of primary Notifications received during the year:—

TABLE XV.—PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

SUMMARY of Notifications during the period from the 4th January, 1925, to the 2nd January, 1926.

Notifications on :—				Form " A."										Form " B."				Form "C"	
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	& Total (Primary)	0 to 1	5 to 10	10 to 15	Poor Law Institu- tions.	Sanatoria			
Pulmonary Tuberculosis :																			
Males	—	—	2	4	9	10	28	15	15	7	2	92	—	—	2	2	77		
Females	—	—	—	1	16	14	30	19	12	6	6	104	—	—	—	—	74		
	—	—	2	5	25	24	58	34	27	13	8	196†	—	—	2	2	151		
Other Forms of Tuberculosis :																			
(Non-Pulmonary)																			
Males	1	7	—	4	4	4	4	1	2	—	—	27	—	2	1	3	11		
Females	—	5	3	8	1	3	3	1	1	—	3	28	—	1	3	4	13		
	1	12	3	12	5	7	7	2	3	—	3	55	—	3	4	7	24		

† This figure includes 4 cases notified from the County Mental Hospital, Graylingwell, Chichester.

The following NEW cases of Tuberculosis came to the knowledge of the Medical Officer of Health, otherwise than by Notification on Form "A" or Form "B", in addition to the primary cases shewn in the above Table:—

Age Periods.	20—25	35—45	45—55	55—65	Total
Pulmonary Males	1	3	1	—	5
Pulmonary Females	—	—	—	1	1

The following Statement shews the number of primary Notifications of Tuberculosis during the past 5 years :—

	1921.	1922.	1923.	1924.	1925.
Pulmonary Tuberculosis	236	241	259	252	198
Other forms of Tuberculosis	46	41	62	81	62
Total all forms	282	282	321	333	260

AVERAGE ANNUAL NOTIFICATIONS (5 YEARS).

Pulmonary	277	Other	54	All forms	295
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TUBERCULOSIS MORTALITY.

Tuberculosis in its various forms accounted for 144 deaths, the death-rate being 0.74 per 1,000 population, as compared with 0.78 per 1,000 population in 1924. 6.3 per cent. of the total mortality from all causes was due to tuberculosis.

TABLE XV.—Shewing number of deaths at different periods of life in the Administrative County, Urban Districts and Rural Districts :—

A.—Tuberculosis of respiratory system.

		0	1	2	5	15	25	45	65	75
All ages.		—	—	—	—	—	—	—	—	—
		1	2	5	15	25	45	65	75	up
Urban districts	54	—	—	—	1	11	26	11	4	1
Rural districts	65	—	—	—	—	8	36	19	2	—
Adm. County	119	—	—	—	1	19	62	30	6	1

B.—Other Tuberculous diseases.

		0	1	2	5	15	25	45	65	75
All ages.		—	—	—	—	—	—	—	—	—
		1	2	5	15	25	45	65	75	up
Urban districts	13	1	1	1	1	—	4	2	2	1
Rural districts	12	1	1	1	1	3	2	3	—	—
Adm. County	25	2	2	2	2	3	6	5	2	1

From Table XVI. below it will be noted that 99 per cent. of the deaths from Pulmonary Tuberculosis occurred after the age of 15 years—the most fatal period being between the ages 25 and 45 years.

TABLE XVI.—Showing the number and percentage of deaths at various ages from Pulmonary and Non-Pulmonary Tuberculosis during the year 1925 :—

	Total all ages.	Number and Percentage.		
		0-5 years.	5-15 years.	15 years and over.
Pulmonary Tuberculosis :—				
Urban Districts	54	—	1 (1.9%)	53 (98.1%)
Rural Districts	65	—	— (—)	65 (100%)
Administrative County	119	—	1 (0.8%)	118 (99.2%)
Non-Pulmonary Tuberculosis :—				
Urban Districts	13	3 (23.1%)	1 (7.7%)	9 (69.2%)
Rural Districts	12	3 (25.0%)	1 (8.3%)	8 (66.7%)
Administrative County	25	6 (24.0%)	2 (8.0%)	17 (68.0%)
All forms of Tuberculosis—				
Urban Districts	67	3 (4.5%)	2 (3.0%)	62 (92.5%)
Rural Districts	77	3 (3.9%)	1 (1.3%)	73 (94.8%)
Administrative County	144	6 (4.2%)	3 (2.1%)	135 (93.7%)

Pulmonary Tuberculosis—From Table XVII. it will be noted that this disease was the cause of 119 deaths (as compared with an average of 147 deaths during the past fifteen years), *i.e.*, 82.6 per cent. of all deaths from all forms of Tuberculosis, giving a death-rate for the County of 0.6 per 1,000 population, as compared with a rate of 0.7 in the preceding year.*

TABLE XVII.—The following Table shows the number of deaths from Pulmonary Tuberculosis from 1911 to 1925 :—

	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Urban Districts....	70	64	65	72	102	102	86	116	87	63	86	74	62	66	54
Rural Districts	73	69	83	72	72	94	89	86	81	40	53	58	46	61	65
Administrative County	143	133	148	144	174	196	175	202	168	103	139	132	108	127	119
Death-rate per 1,000 living	0.8	0.7	0.8	0.8	1.0	1.2	1.1	1.2	1.0	0.5	0.7	0.7	0.5	0.7	0.6

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

Under Article 4 of these Regulations—

“no person who is aware that he is suffering from Tuberculosis of the respiratory tract shall enter upon any employment or occupation in connection with a dairy which would involve the milking of cows, the treatment of milk, or the handling of vessels used for containing milk.”

Circular 615 issued by the Ministry of Health on the 7th August, 1925, to Local Sanitary Authorities contains instructions as to the desirability of obtaining a clinical report from the Tuberculosis Officer and a report by a Pathologist as to the presence of Tubercle Bacilli in the person's sputum. It is to be noted that persons to be dealt with under these regulations must not only be suffering from Pulmonary Tuberculosis, but it must also be demonstrated that they are in an infectious state, due to the presence of Tubercle Bacilli in the sputum.

An Order was issued on the 6th March, 1926, by the Ministry of Health declaring the County Council an authority for the purpose of executing and enforcing these Regulations.

It was not necessary to take any action under these Regulations during the year.

PUBLIC HEALTH ACT, 1925—SECTION 62.

Section 62 of this Act enables a Local Authority or County Council to apply to a court of summary jurisdiction for an Order for the compulsory removal to Hospital of “any person suffering from Pulmonary Tuberculosis in an infectious state.” The Court have to be satisfied that a patient is in an infectious state and that precautions cannot be or are not being taken causing the serious risk of infection to other persons. The order may be made for not more than three months in the first instance and may be renewed for a further period of not more than three months. The cost of removal and maintenance is to be borne by the County Council or Local Authority applying for the Order who may contribute towards the maintenance of any dependants of the patient.

No cases have been dealt with under this Section during the year.

TUBERCULOSIS SCHEME.

(i). LIST OF DISPENSARIES, ETC.

Address.	Day and Time of Dispensary.	Tuberculosis Officer.	Nursing Assistance.	Areas Served.
*Arundel Dispensary, Granville House, Maltravers Street	Monday, 3 p.m.	Dr. W. Templeton	Wholetime Nurse employed by County Nursing Association.	Arundel M.B. Littlehampton U.D. E. Preston R.D. (part) Thakeham R.D. (part)
Chichester Dispensary, 4, St. John's Street	Tuesday, 10.30 a.m.	Ditto.	Ditto for Dispensary and School	Bognor U.D. Chichester M.B. Midhurst R.D. Petworth R.D. (part). Westbourne R.D. Westhampnett R.D.
Horsham Dispensary, Tan Cottage, Brighton Road.	Wednesday, 11 a.m.	Ditto.	Queen's Nurse—Horsham.	Horsham U.D. Horsham R.D. Petworth R.D. (part). Thakeham R.D. (part).
Worthing Dispensary, Out-patient, Dept., The Hospital, Lyndhurst Road.	Monday, 10.30 a.m.	Ditto.	Wholetime Health Visitor employed by Worthing Corporation.	Worthing M.B. E. Preston R.D. Shoreham-by-Sea U.D. Southwick U.D. Steyning West R.D.

* This Dispensary is held monthly, and more frequently if found necessary.

(ii.)—Return showing the work of the Dispensary during the year 1925.

Diagnosis.	Pulmonary.				Non-Pulmonary.				Total.			
	Adults.		Children		Adults.		Children		Adults.		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—New Cases examined during the year (excluding contacts)												
(a) Definitely tuberculous	62	61	—	—	6	6	2	3	68	67	2	3
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	3	4	2	4
(c) Non-tuberculous	—	—	—	—	—	—	—	—	19	26	46	54
B.—Contacts examined during the year :—												
(a) Definitely tuberculous	1	1	—	—	—	—	1	2	1	1	1	2
(b) Doubtfully tuberculous	—	—	—	—	—	—	—	—	1	1	2	—
(c) Non-tuberculous	—	—	—	—	—	—	—	—	3	12	26	22
C.—Cases written off the Dispensary Register as												
(a) Cured	5	4	2	1	—	—	5	1	5	4	7	2
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error)	—	—	—	—	—	—	—	—	22	38	72	78
D.—Number of Persons on Dispensary Register on December 31st :—												
(a) Diagnosis completed	231	179	36	27	22	24	27	23	253	203	63	50
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	4	5	4	4

1. Number of persons on Dispensary Register on January 1st, 1925	543	9. Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary	Nil
2. Number of patients transferred from other areas and of "lost sight of" cases returned	16	10. Number of consultations with medical practitioners :—	
3. Number of patients transferred to other areas and cases "lost sight of"	43	(a) At Homes of Applicants	31
4. Died during the year	70	(b) Otherwise	10
5. Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months	N.K.	11. Number of other visits by Tuberculosis Officer to Homes	164
6. Number of attendances at the Dispensary (including Contacts)	2017	12. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	2876
7. Number of attendances of non-pulmonary cases at Orthopaedic Out-stations for treatment or supervision	—	13. Number of	
8. Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for		(a) Specimens of sputum, etc., examined	63
(a) "Light" treatment	817	(b) X-ray examination made in connection with Dispensary work	3
(b) Other special forms of treatment	2	14. Number of Insured Persons on Dispensary Register on the 31st December	227
		15. Number of Insured Persons under Domiciliary Treatment on the 31st December	70
		16. Number of reports received during the year in respect of Insured Persons :—	
		(a) Form G.P. 17	9
		(b) Form G.P. 36	260

RESIDENTIAL INSTITUTIONS.

Name of Institution.	No. of Beds.	Type of Case Treated.	Names of Medical Officers.
1. Aldingbourne	59	Observation and Sanatorium	Dr. R. D. Smedley, County Medical Officer. Dr. W. Templeton, Tuberculosis Officer. Dr. G. C. Garratt, Visiting Physician.
2. Swandean Hospital.	12	Acute & advanced	Dr. A. Collins, ditto (emergency cases). Dr. R. H. Wilshaw, Medical Officer of Health, Worthing.
*3. Other Institutions.	Beds are retained as required.	Cases requiring Surgical and light treatment.	—

* The accommodation reserved at Other Institutions during the year was as follows:—

Name of Institution—	Average No. of Beds—
The Royal West Sussex Hospital, Chichester	5
The King Edward VII. Sanatorium, Midhurst	1
Preston Hall, Aylesford, Kent	1
Lord Mayor Treloar Cripples' Hospital, Alton	1
London Hospital (Light Dept.), Whitechapel, E.	3

ALDINGBOURNE HOUSE opened on 1st October, 1921, is a Georgian mansion standing in a park of about 120 acres, of which approximately 35 acres is reserved for the Institution. In the house there are Nine Wards accommodating 44 patients, and in the Grounds there are Shelters for fifteen patients. This makes accommodation for 35 men and 24 women, but the accommodation for men can be reduced to 31 beds, or still further to 28 beds when additional beds are required for women. A few children are accommodated as circumstances permit.

RESIDENTIAL INSTITUTIONS.

(A)—Average Number of Beds Available for Patients during the Year 1925.

	Observation.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Total.
		"Sanatorium" Beds.	'Hospital' Beds.	Disease of Bones and Joints.	Other Conditions.	
Adult Males	—	28	6	}	4	34
Adult Females	—	31	6			41
Children under 15	—	—	—			2	2
Total	—	59	12	6		77

(B)—Return showing the Extent of Residential Treatment during the Year 1925.

	In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31.
Number of Patients—					
Adults—					
M.	21	75	52	14	30
F.	28	70	58	9	31
Children					
M.	8	10	11	—	7
F.	5	8	9	1	3
No. of Observation Cases—					
Adults					
M.	—	1	1	—	—
F.	—	4	3	—	1
Children					
M.	—	—	—	—	—
F.	1	1	2	—	—
Total	63	169	136	24	72

Return showing the immediate results of treatment of patients* and of observation of doubtful cases discharged from Residential Institutions during the year 1925.

Classification on admission to the Institution.		Condition at time of discharge.	Duration of Residential Treatment in the Institution.												Total.	
			Under 3 months			3—6 months			6—12 months			More than 12 months				
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
Pulmonary Tuberculosis.	Class T.B. minus.	Quiescent	3	1	1	1	8	3	—	1	3	—	—	2	23	
		Improved	3	4	—	1	10	—	—	1	—	—	—	—	19	
		No material improvement	2	1	1	1	—	—	—	—	—	—	—	—	5	
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Class T.B. plus, Group 1.	Quiescent	1	—	—	—	1	—	—	—	—	—	—	—	2	
		Improved	1	—	—	—	2	—	—	1	—	—	—	—	4	
		No material improvement	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Class T.B. plus, Group 2.	Quiescent	—	—	—	—	—	—	—	2	—	—	1	—	3	
		Improved	1	—	—	3	3	1	—	3	—	3	1	—	15	
		No material improvement	4	1	—	—	—	—	1	—	—	—	—	—	6	
		Died in Institution	—	—	—	—	1	—	—	—	—	—	—	—	1	
	Class T.B. plus, Group 3.	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Improved	2	2	—	1	1	—	2	—	—	1	—	—	9	
		No material improvement	8	2	—	6	2	—	1	6	—	—	—	—	25	
		Died in Institution	12	4	—	—	4	—	—	—	1	2	—	—	23	
	Non-Pulmonary Tuberculosis.	Bones and Joints.	Quiescent or Arrested	—	1	—	—	—	2	—	—	1	—	—	—	4
			Improved	2	—	—	1	2	—	1	—	—	1	—	—	7
			No material improvement	—	1	—	—	—	—	—	—	—	—	—	—	1
			Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
Abdominal.		Quiescent or Arrested	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Improved	—	—	—	—	—	—	—	—	—	—	—	—	—	
		No material improvement	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Organs.		Quiescent or Arrested	—	—	—	1	—	—	—	—	—	—	—	—	1	
		Improved	—	—	—	—	—	—	—	—	—	—	—	—	—	
		No material improvement	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	
Peripheral Glands.		Quiescent or Arrested	—	—	4	—	—	2	—	—	—	—	—	—	6	
		Improved	—	—	—	—	—	—	—	—	—	—	—	—	—	
		No material improvement	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	
			Under 1 week.			1—2 weeks.			2—4 weeks.			More than 4 weeks.				
Observation for purpose of diagnosis.	Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Non-tuberculous	—	—	—	—	—	—	—	—	—	1	3	2	6		
	Doubtful	—	—	—	—	—	—	—	—	—	—	—	—	—		

* It should be borne in mind that the definition of "patient" does not include persons in whom a definite diagnosis of tuberculosis has not been made.

(ii.) Co-operation with Sanitary Authorities and their Officers.

For many years the Medical Officers of Health of the Sanitary Districts have furnished Reports upon the Home Conditions of patients notified to be suffering from Tuberculosis and they arrange for the disinfection of rooms when cases are removed to Institutions and in cases of death. The Medical Officers of Health also advise as to the suitability of premises for the erection of Shelters and they arrange for the distribution of Sputum Pots, Flasks, Disinfectants, etc.

(iii.) Co-operation with General and Special Hospitals, School Clinics and other Institutions.

(a) Cases are notified from Special Hospitals and General Hospitals to the County Medical Officer and treatment provided if recommended by the Tuberculosis Officer.

(b) The School Medical Officer and Medical Officers of Infant Welfare Centres refer all suspicious cases to the Tuberculosis Officer for examination and any necessary Treatment.

(iv.) Co-operation of Medical Practitioners.

In all notified cases and suspected cases of Tuberculosis, the Tuberculosis Officer makes immediate inquiries from the Medical Practitioner in attendance upon the case, as to the desirability of Institutional Treatment and arranges consultations where necessary.

Co-operation between Tuberculosis Officer and Insurance Practitioner as outlined in Memorandum 286 issued by the Ministry of Health is well maintained.

(v.) Observation of cases in which the Diagnosis is doubtful.

In doubtful cases, observation is carried out at Dispensaries or in Sanatorium, and the cases are followed up when necessary by subsequent enquiries from practitioners, or by Reports from the Health Visitor, and re-examination if required.

(vi.) Examination and Systematic Supervision of "Home Contacts."

In all cases of Pulmonary Tuberculosis with T.B. positive sputum and in many with T.B. Negative sputum, examination of "home contacts" is offered at Dispensary or home.

Subsequent re-examination is carried out at Dispensaries by appointment when there is doubt as to the diagnosis of Tuberculosis, or where Debility, Anaemia or Malnutrition is present.

(vii.) Special Methods of Diagnosis and Treatment in use.

Special methods of diagnosis used consist of—

- | | |
|--|--------------------------|
| (1). X-Ray examination of chest. | No. of cases examined 7. |
| (2). Tuberculin Tests by Morlands quantitate method. | No. of cases 5. |

Special methods of Treatment—

- | | |
|---|------------------|
| (1). Injection of Sodium Morrhuate given weekly for many months, in Sanatorium and at Dispensaries. | No. of cases 18. |
| (2). Inunction of Tuberculin Ointment, by Phillips method, used mainly for children at Dispensaries. | No. of cases 12. |
| (3). Artificial Pneumothorax Treatment, carried out at Sanatorium in suitable cases which do not react well to Sanatorium conditions. | No. of cases 9. |

(viii.) The Results of Local Experience as to the Relative Value of each Form of Treatment.

Result of Treatment—

- (1). Injections of Sodium Morrhuate—
The results obtained were not materially better than would be expected from Sanatorium, or similar treatment alone.
- (2). Tuberculin Inunction—
Results as yet are uncertain, but the general condition of children treated appears to improve more steadily and consistently, than that of children treated without Tuberculin.
- (3). Artificial Pneumothorax—
Extremely satisfactory results in cases which are really suitable. Of those treated results are as follows :—
2 cases—Very satisfactory.
2 cases—Treatment discontinued on account of recurrent pleural effusion and obliteration of cavity, but general condition much improved.
1 died—Bilateral case and treatment discontinued.
1 Left County—But still under A. P. Treatment and doing well.
3 cases—Still under treatment.

(ix.) Dental Treatment.

Cases undergoing Institutional Treatment receive Dental Treatment if an emergency arises, but there is no provision under the scheme for Dental Treatment.

(x.) Provision of Nursing or of Extra Nourishment.

There is no provision under the scheme for the Nursing of cases at their own homes, but the services of the District Nurse are available in many instances. Extra Nourishment is supplied to patients on the recommendation of the Tuberculosis Officer in cases where there is prospect of cure and or where a patient makes sufficient progress to enable resumption of work.

(xi.) Treatment of Non-Pulmonary Tuberculosis.

Institutional Treatment is provided (see page 28). Special provision for Orthopaedic Cases is under consideration.

(xii.) After-Care and Local Arrangements for Finding Employment for Patients.

Individual cases have been assisted on discharge from Institutions, but there are no special arrangements for the After-Care of patients.

(xiii.) Supply and Provision of Shelters at the Homes of Patients.

Twenty-seven Shelters have been provided by the County Council and arrangements are made with the Midhurst Rural District Council to utilise the three Shelters in their possession for patients residing in the Midhurst District. The Shelters are of the Revolving type. They have proved satisfactory in every way and have been occupied practically the whole year.

(xiv.) Examination of Sputum.

The County Council have made arrangements for the free examination of sputum at the Stephen Ralli Memorial Laboratory, Royal Sussex County Hospital, Brighton.

(xv.) X-Ray Examination.

The County Council have entered into an agreement with The Graylingwell Mental Hospital, Chichester, for X-Ray examinations, which are carried out under the personal supervision of the Tuberculosis Officer.

VENEREAL DISEASES.

Details of Council's Scheme—

Schemes were approved by the County Council on the 17th November, 1916, and the 2nd February, 1917, respectively, by which arrangements were made for the establishment of Clinics with the Royal Portsmouth Hospital, Portsmouth, for the western part of the County, and with the Sussex County Hospital, Brighton, for the eastern part. In April, 1920, the scheme was extended by the establishment of a Clinic, at Worthing Hospital, Lyndhurst Road, Worthing, to which cases residing in the eastern part of the County are referred instead of the Brighton Clinic, but the County Council have agreed to make themselves responsible for any West Sussex cases who may attend the Brighton Hospital from time to time.

FACILITIES FOR TREATMENT.

Clinics—Treatment, provided free of cost at the Clinics, is available to any resident in the County suffering from or suspected to be suffering from Venereal Disease in its earlier and at all communicable stages. Patients may attend the Clinics on the advice of their Medical Attendant or on their own initiative.

A limited number of beds is reserved at the Hospitals for patients requiring In-patient Treatment on the recommendation of the Medical Officer, *i/c.* of the Clinic.

Complete secrecy as to the names and addresses of all patients is observed. This information is only required by the Medical Officer in charge of the Clinic for the purpose of communicating with the patients as to subsequent treatment, and in order to allocate the cost between the various Authorities having arrangements at the same Hospital.

TRAVELLING EXPENSES OF PATIENTS.

The County Council have authority, under certain circumstances, to defray the reasonable travelling expenses of patients attending the Clinics who are unable to bear the cost themselves.

PATHOLOGICAL EXAMINATION OF SPECIMENS.

Specimens may be sent for pathological examination by any medical practitioner in the County. The examination and report are made without cost to either the doctor or the patient. Stamped Outfits, with full direction for the collection of specimens are supplied free of charge, on application being made to the County Health Office.

SUPPLY OF DRUGS.

Arrangements are made for the supply to the Medical Practitioners, but very few requests for drugs have been received.

From April 23rd, 1920, to December 31st, 1925, 522 cases came to the Clinic. An analysis of these cases shows :—

	Male.	Female.
Syphilis	101	92
Gonorrhoea	98	35
Soft Chancre	10	1
Non-Venereal	109	76
	318	204

Syphilis.	Male.	Female.
1. Discharged as cured	11	6
2. Transferred to other Clinics	16	12
3. Did not complete treatment	40	35
4. Completed treatment, but did not have final tests	2	2
5. Still attending Clinic	32	37
	101	92

The treatment for cases of Syphilis, is usually 28 intravenous injections of an arsenical preparation, and 36 intramuscular injections of either mercury or bismuth, and for a cure this should be followed by a negative Wassermann Re-action taken every three months for two years after cessation of treatment. A provocative dose of an arsenical preparation is then given, this should be followed by a negative Wassermann Re-action of the blood three and seven days after, also by an examination of the Cerebro Spinal Fluid ; if these should all be negative the patient is discharged as cured.

In the case of patients who are recorded not having completed treatment it is known that some of these patients have continued treatment at other Clinics. Few cases leave the Clinic before completing a course consisting of 8 intravenous and 9 intra-muscular injections.

Gonorrhoea.	Male.	Female.
1. Did not complete treatment	16	4
2. Transferred to other Clinics	17	2
3. Completed treatment and discharged as cured	50	21
4. Still attending	15	8
	98	35

Cases of Gonorrhoea are regarded as cured if (1) no clinical evidence a month after cessation of treatment and removal of restrictions as to diet, alcoholic beverages, etc., (2) No re-action or pathological changes after passing full size Bougie and giving provocative dose of vaccine.

Soft Chancre.	Male.	Female.
1. Did not complete observation	4	—
2. Transferred	1	—
3. Discharged as cured	5	1
	10	1

The diagnosis of Soft Chancre is confirmed by observation for 3 months from the time of the first appearance of the sore and by the Wassermann Re-action remaining negative during that period.

(Signed) F. H. LAWSON,
Medical Officer i/c., Worthing Clinic.

PORTSMOUTH VENEREAL DISEASES CLINIC.

DR. CAMPBELL, Medical Officer of the Portsmouth Clinic Reports as follows:—

The facilities are as follows—

Males—There are 5 cubicles fitted with irrigators and sinks for irrigation, but one of these is usually reserved for dressings, etc. The Clinic is open for auxiliary treatment from 8.0 a.m. to 8 p.m., except on Saturdays (8.0 a.m. to 6.30 p.m.), and on Sundays (9.0 a.m. to 12.0 noon). If there are in-patients in the ward, out-patients may attend for irrigations at any hour of the day and night. There is always one attendant, at least, on duty from 8.0 a.m. to 8.0 p.m.

Females—The days and hours of irrigation for women are as follows—Monday to Saturday (inclusive) 10.0 a.m. to 12.0 noon, and 5.0 p.m. to 6.30 p.m.; Sunday 2.0 p.m. to 4.0 p.m., with the same extension if there are in-patients in the wards.

During the last 5 years, 111 men and 49 women attended this Clinic from West Sussex, subdivided as follows:—

Males.				Females.			
Syph.	Gon.	S.C.	Non-Ven.	Syph.	Gon.	S.C.	Non-Ven.
33	36	1	41	26	14	1	8

With few exceptions, patients have been eager to avail themselves of the facilities provided by the County Council, but it is obviously not so easy for them to attend for auxiliary treatment as it is for patients residing in Portsmouth. I have therefore provided outfits for both men and women for use at home, the outfit consisting of a metal douche can and Glass nozzle. In every case where the patient has the means, the sum of 6/- is charged as a deposit, the money being returned to the patient when the outfit is brought back. Patients are carefully instructed in irrigation for 2 or 3 days before they are allowed to carry out their treatment at home.

They are seen by me once weekly but should complications arise which necessitate more frequent medical supervision and they are unable to attend the Clinic, it is my practice to write to their panel doctor.

I find that the provision for free railway tickets in suitable cases has been a great inducement to patients to continue their treatment until they are discharged cured. The total number of patients attending last year was 23 and of these only 4 ceased to attend before completion of their treatment. This proportion is practically the same for all other areas which this Clinic serves.

(Signed) A. CAMPBELL,

Medical Officer i/c., Portsmouth Clinic.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

All the Urban Districts have their own public water supplies with the exception of Shoreham-by-Sea and Southwick which are supplied by the Brighton Corporation Waterworks. Many houses in the Rural Districts are still dependent upon local supplies, often derived from shallow wells. The following summary, taken from the Reports of the District Medical Officers of Health, gives the chief sources of supply in each Rural District:—

EAST PRESTON—

Public supplies—Durrington and Goring (Worthing Corporation), Lyminster (Littlehampton U.D.C.)

Private Companies, etc.—Angmering, Burpham, Clapham, East Preston, Ferring, Ford, Kingston, Lyminster, Poling, Rustington, Tortington, Warningcamp.

HORSHAM RURAL—

Public supplies—Crawley, Ifield, Billingshurst and area immediately surrounding Horsham (Horsham U.D.C.)

Private Companies, etc.—Partridge Green (Steyning Water Company), Rudgwick (Hurstwood Water Company).

MIDHURST RURAL—

Public supplies—Midhurst, Easebourne, West Lavington (Midhurst R.D.C.)

Private Companies, etc.—Fernhurst, Linchmere (Wey Valley Water Company), Cocking, Henley.

PETWORTH RURAL—

Public supplies—Petworth.
Private Companies, etc.—Byworth, Duncton.

STEYNING WEST RURAL—

Public supplies—Lancing and Old Shoreham (Brighton Corporation).
Private Companies, etc.—Bramber, Steyning, Upper Beeding, Woodmancote, Henfield, Shermanbury (Steyning Water Company).

THAKEHAM RURAL—

Public supplies—Storrington (Thakeham R.D.C.)
Private Companies, etc.—Nil.

WESTBOURNE RURAL—

Public supplies—Bosham (Chichester Corporation), Stoughton (Portsmouth Corporation), Westbourne (Westbourne R.D.C.)
Private Companies, etc.—Compton, East Marden, Racton, North Marden, Up-Marden, West Dean, West Thorney.

WESTHAMNETT RURAL—

Public supplies—New Fishbourne, Oving (Chichester Corporation).
Private Companies, etc.—Felpham, Aldingbourne, Yapton, Eastergate, Walberton, Barnham, Bersted and Pagham (Bognor Water Company), Selsey, Sidlesham, Donnington (Selsey Water Company), Slindon, Eartham.

The Thakeham Rural District Council are considering a scheme for a public supply to Pulborough, including Codmore Hill.

The Medical Officer of Health of the Horsham Rural District has reported that public supplies are urgently needed in the parishes of Warnham, Rusper, Slinfold and Broadbridge Heath.

DRAINAGE AND SEWERAGE.

The Water Carriage System is used in all Urban Districts, which are also provided with adequate sewerage systems. In the Rural Areas sewerage systems are confined to a few of the larger centres of population as will be seen from the following summary :—

SANITARY DISTRICT—

East Preston—There are cesspools practically throughout this district. A portion of Angmering-on-Sea and Kingston have a small outfall to the sea. Offington Park (Durrington) is connected with Worthing Sewerage System.

Horsham Rural—Water carriage system at Crawley, Ifield, Billingshurst, Broadbridge Heath, Cowfold, Partridge Green and Warnham. Cesspools or conservancy system (earth closets and privies) in remainder of area.

Midhurst Rural—Water carriage system—Midhurst, Easebourne and West Lavington. Cesspools at Camelsdale. Conservancy system in remainder of area.

Petworth Rural—Water carriage system in Petworth. Conservancy system in remainder of area.

Steyning West Rural—Water Carriage system at Steyning, Henfield (also cesspools), Lancing (sewerage in hand). Remainder of district have cesspools.

Thakeham Rural—Conservancy system generally prevails.

Westbourne Rural—Cesspools throughout area.

Westhampnett Rural—Water carriage system at Felpham, Yapton, New Fishbourne (part), Selsey (part). Remainder of district have cesspools.

SCAVENGING.

Public scavenging is undertaken in all the Urban Districts and in portions of the Rural Districts as summarised below :—

Sanitary District.	Public Scavenging undertaken in the following Parishes or Places.
East Preston Rural	.... Rustington and East Preston.
Horsham Rural ....	.... Broadbridge Heath, Warnham and parts of Horsham Rural Parish.
Midhurst Rural ....	.... Midhurst, Easebourne, Camelsdale and Harting.
Petworth Rural ....	.... Petworth.
Steyning West Rural	.... Lancing and Steyning.
Thakeham Rural	.... Storrington.
Westbourne Rural	.... Bosham, Old Fishbourne, Westbourne, Prinsted, Southbourne (part).
Westhampnett Rural	.... Felpham, New Fishbourne and Selsey.

HOUSING.

As will be seen from the following Table XIX. prepared from the Reports of the District Medical Officers of Health, 1,641 houses were erected in the County during the year :—

Sanitary District.	Total number of New Houses Erected.	With State Assistance under the Housing Acts, 1919, 1923 or 1924.		Private Enterprise
		(i) By Local Authority.	(ii) By other bodies or persons.	
Urban Districts.				
Arundel (M.B.)	3	—	—	3
Bognor	254	32	19	203
Chichester (M.B.)	118	48	44	26
Horsham.....	31	12	15	4
Littlehampton	60	—	36	24
Shoreham-by-Sea	*43	—	20	23
Southwick	29	—	17	12
Worthing (M.B.)	349	28	107	214
Total Urban Districts	887	120	258	509
Rural Districts.				
East Preston	183	—	54	129
Horsham.....	103	34	19	50
Midhurst	40	—	21	19
Petworth	35	—	5	30
Steyning, West	69	—	11	58
Thakeham	44	—	—	44
Westbourne	34	—	—	34
Westhampnett	246	75	60	111
Total Rural Districts	754	109	170	475
Total Administrative County.	1641	229	428	984

* Includes 11 Bungalows on the Beach.

The following Table XX. shews the number of New Houses erected during the five years from 1921-25.

With State Assistance under the Housing Acts, 1919, 1923 or 1924.													Private Enterprise.
Total number of New Houses erected.				(i) By Local Authority.						(ii) By other Bodies or Persons.			
Year.	Urban Dist.	Rural Dist.	Total.	Urban Dist.	Rural Dist.	Total.	Urban Dist.	Rural Dist.	Total.	Urban Dist.	Rural Dist.	Total.	
1921	439	634	1073	306	372	678	—	—	—	133	244	377
1922	235	428	663	93	40	133	—	—	—	142	388	530
1923	326	539	865	—	4	4	—	—	—	326	535	861
1924	614	611	1226	48	46	94	180	181	361	386	384	770
1925	887	754	1641	120	109	229	258	170	428	509	475	984
Totals	2501	2966	5476	567	571	1138	438	351	789	1496	2026	3522

MENTAL DEFICIENCY ACT, 1913.

At the end of the year there were under observation the following cases of Mental Deficiency :

Committee for the Care of the Mentally Defective—

Receiving Institutional Care	Cases.
Under Care of Brighton Guardianship Society	75
Under supervision of the West Sussex Association for the Care of the Mentally Defective	16
	104
	<hr/> 195

West Sussex Education Committee—

Attending Special Schools	11
In other Institutions	1
In Public Elementary Schools	46
Not at School	21
	<hr/> 79
Total	274

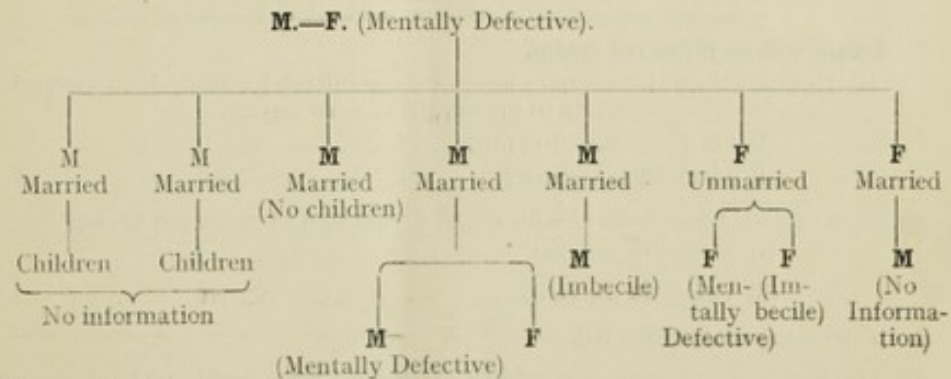
During the past five years the number of ineducable children notified by the West Sussex Education Committee to the Committee for the Care of the Mentally Defective is as follows :—

	1921		1922		1923		1924		1925		Total.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
Feeble-minded	4	4	4	1	1	—	—	—	2	2	18
Imbeciles	4	3	2	1	7	2	—	3	2	8	32
Idiots	2	1	2	1	—	—	1	—	1	1	9
	<hr/> 10	<hr/> 8	<hr/> 8	<hr/> 3	<hr/> 8	<hr/> 2	<hr/> 1	<hr/> 3	<hr/> 5	<hr/> 11	<hr/> 59

Further provision for the care of the mentally defective appears to be inevitable, owing to the difficulty of finding accommodation for urgent cases. As the provisions of the Act become better known, appeals for assistance from parents become more numerous, and it is difficult to resist such appeals where the welfare of other children, the health of the mother and the self-respect of the family are involved.

On the other hand, suggestions are often made that harmless low-grade defectives, comparatively happy in their home surroundings, should be sent to expensive Special Schools or Institutions in the hope that special training will render them more useful in later life. No doubt this is the ideal treatment to bestow, but it is not a policy to recommend as long as other services dealing with the education and health of the mentally fit are being curtailed on the grounds of economy. As regards the adolescent mentally defective girl seeking every opportunity of reproducing her kind, Institutional care is urgently needed to prevent perpetuation of unsound stock, to prevent misery and distress to her relatives. When, unfortunately, a feeble-minded girl becomes married, a baby a year is the rule rather than the exception, and the misery and degradation in the home is fearful to contemplate. Sooner or later the question of sterilisation of mentally defective girls must be faced. The state cannot afford to squander money on the unfit. The following lineal table of a family which has been under observation in this County gives strong support to the view that mental deficiency is transmitted :—

Lineal Table shewing direct line of descendants of Mentally Defective Mother—



M—Male. F—Female.

BLIND PERSONS ACT, 1920.

The West Sussex Association for the care of the Blind are responsible for the Registration and general supervision of the blind in this area. The Education Committee deal with children of school age and with older persons requiring education and special training in Institutions for the Blind. The following Statement shows the number of cases registered in successive years :—

October 28th, 1921	....	....	....	187
March 31st, 1922	....	....	....	202
March 31st, 1923	....	....	....	207
March 31st, 1924	....	....	....	208
March 31st, 1925	....	....	....	240
March 31st, 1926	....	....	....	256

Classified according to age there were, in March, 1926 :—

4	Cases under 5 years of age.
14	" " 16 "
3	" " 21 "
65	Cases 21 to 50 "
170	Cases over 50 "
256	

SALE OF FOOD AND DRUGS ACTS.

Table showing articles purchased for analysis by the Public Analyst, with the result of analysis for the year ended 31st December, 1925 :—

Description.	No. of Samples Analysed.	Result of Analysis—	
		Genuine.	Otherwise.
New Milk	186	154	32
Separated Milk	1	1	—
Whiskey	4	2	2
Jam	10	10	—
Rice	2	2	—
Butter	5	5	—
Camphorated Oil	2	2	—
Calcined Magnesia	5	4	1

PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912.

REPORT for the year ended 31st December, 1925

1. Milk and Cream not sold as preserved Cream :—

	(a) Number of Samples examined for the presence of a preservative.	(b) Number of Samples in which a preservative was reported to be present.
Milk	190	Nil.
Cream	3	3

2. Cream sold as preserved cream.

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the Label as to preservatives were correct.

(i) Correct statements made	....	....	....	1
(ii) Statements incorrect	....	....	....	Nil.

(b) Determination made of Milk Fat in Cream sold as preserved Cream.

(i) Above 35 per cent	....	....	....	1
(ii) Below 35 per cent.	....	....	....	Nil.

3. Thickening substances, Nil.

4. The 3 samples of Cream not sold as preserved Cream but in which the Analyst reported Boric Acid to be present were *Informal* Samples. Formal samples are to be taken from the vendors.

PORT OF NEW SHOREHAM.

The number of Vessels entering the Port during the year was 609. Of these, 446, with a tonnage of 85,304 were from British ports, and 163, with a tonnage of 29,066 were from foreign ports showing an increase of 14 coast wise, and 38 foreign vessels over the previous year.

Inspection—Every vessel was visited and inspected by the Port Sanitary Inspector. Ten vessels were found unclean, one was generally dirty, four had dirty forecastles and five had dirty forecastles and sanitary conveniences. Verbal notices secured the necessary cleansing in each case.

Infectious Diseases—No cases of sickness were reported on vessels arriving at the port. Leaflets containing information as to the dangers of Venereal Disease and the facilities provided for treatment were distributed to the Master of every ship. Agreement with Brighton Corporation for removal of any cases to Isolation Hospital.

Public Health (Regulations as to food) Act, 1907—All cargoes of food have been inspected, but no unsound food found.

Public Health Shell Fish Regulations—No instance of selling shell fish gathered from the prohibited area came under notice during the year.

Rats and Mice Destruction Act, 1919—Printed cards, indicating the responsibilities of Masters of Ships under this Act, have been distributed. Rats were found on one vessel entering the port, but these were all destroyed by poison.

PORT OF LITTLEHAMPTON.

The number of vessels entering the Port during the year was 127, with a tonnage of 23,571. Of these 109, with a tonnage of 17,811 were from British Ports, and 18, with a tonnage of 5,760 were from foreign Ports, showing an increase of 27 vessels from British Ports, compared with last year, and a decrease on 12 from Foreign Ports.

Inspection—Every vessel was visited and inspected by the Sanitary Inspector, and in five instances only, verbal orders for minor defects to be remedied, were necessary.

Infectious Disease—No cases occurred during the year. Arrangements have been made for isolation of cases at the Infectious Diseases Hospital belonging to the Littlehampton Urban District Council.

Rats and Mice Destruction Act, 1919—No rat infected ships entered the Port, but 104 rats were caught on the Wharf by traps and poison during the year.

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