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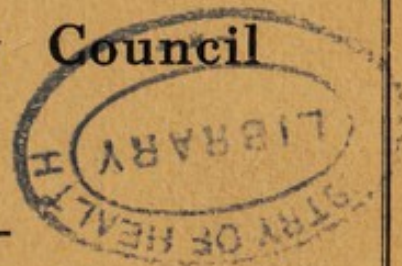
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West Sussex County Council



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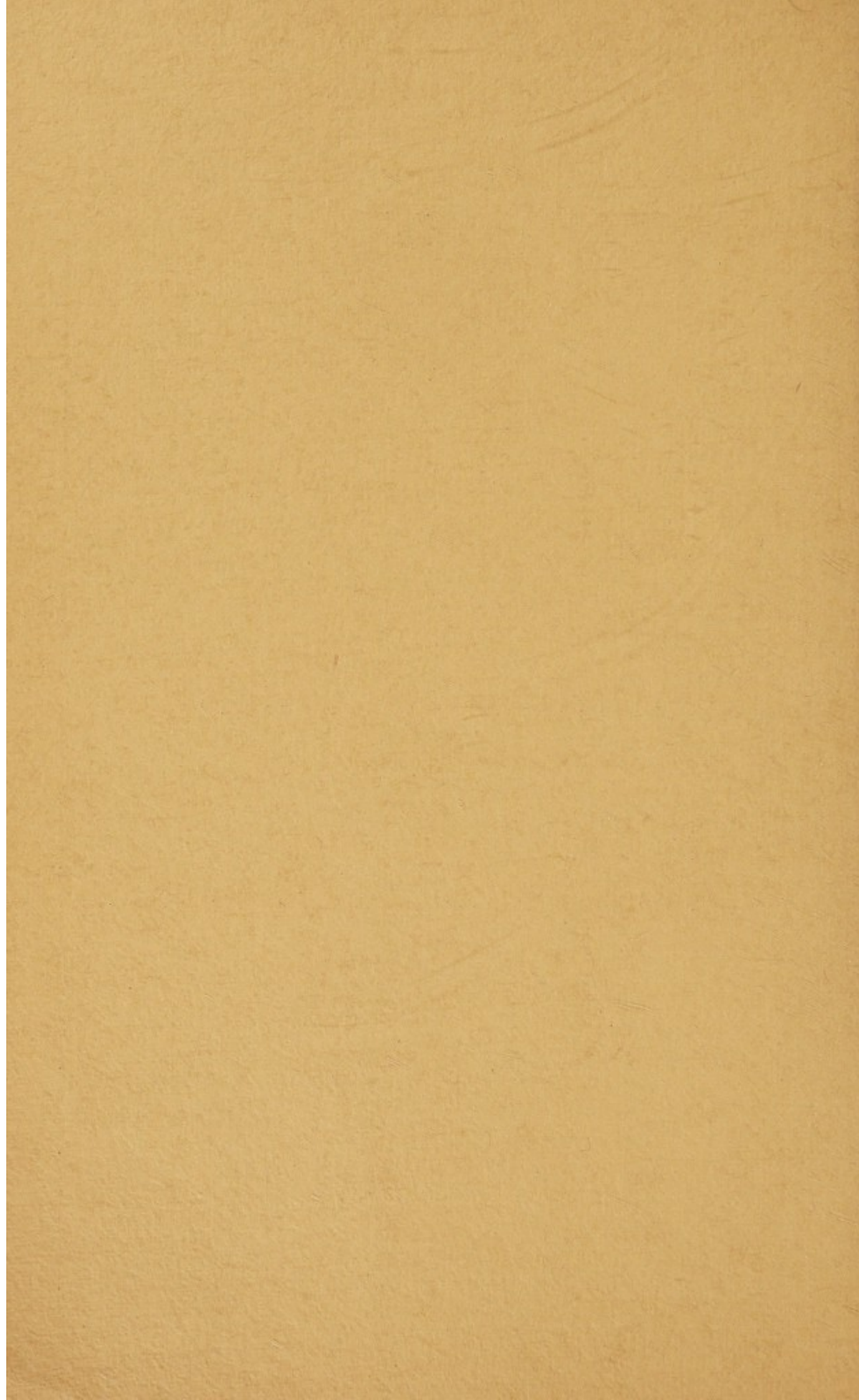
OF THE

COUNTY MEDICAL OFFICER

OF HEALTH

FOR THE YEARS

1948 and 1949





West Sussex County Council


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WEST SUSSEX COUNTY COUNCIL

Annual Reports of the County Medical Officer for the Years 1948 and 1949.

FOREWORD

To the Chairman and Members of the Health Committee
of the West Sussex County Council.

I have the honour to present my Annual Reports for the years 1948 and 1949. The delay in presenting the report for 1948 is regretted, but is due to pressure of work on the department. When it was realised that this report was likely to be delayed, it was thought advisable to present a report on the two years together, so that the report for 1948 has been delayed even more than might have been the case.

The year 1948 marked the coming into force—on 5th July—of the National Health Service Act, 1946, which was joined by three other social welfare Acts—the National Assistance Act, 1948, the Children Act, 1948 and the National Insurance Act, 1948. The report will, it is hoped, give a picture of the work carried out in accordance with the schemes made under the various sections of the National Health Service Act, and of work carried out under other public health legislation. The schemes prepared by the Health Committee for submission to the Ministry of Health were published in book form in 1949, and circulated to members of the County Council. It is difficult to summarise the effect of the National Health Service Act on the County services, but it can be said to have made co-ordination more difficult between the preventive and curative health services, by transferring to the Government the County, Municipal and Voluntary Hospital Services, and thus reversing the policy inherent in the Local Government Act, 1929, which placed the responsibility for institutional and domiciliary care in the hands of the major local authorities.

The transition between schemes in operation before 5th July, 1948, and those that came into force on that date, has been fairly smooth, though it is still going on in certain services. New services which became the responsibility of the County Council will necessarily require review from time to time. This particularly applies to the general nursing service (previously carried out by Nursing Associations), where the extent of the increased public demand, consequent on the coming into force of the free health service, could not be gauged prior to July, 1948.

Reflecting in general on the operation of the Act, one defect which has been particularly noticeable—and I think this applies to the schemes of the

Regional Hospital Board and Executive Council, as well as to those for which the County Council is responsible—has been the lack of education and preparation of the public in the wise use of the services available. No doubt time will alter this, but in the first year or so the effect was bound to be embarrassing on occasions.

In Worthing the County Council has delegated the day-to-day administration of its schemes under certain sections of the National Health Service Act to a special Sub-Committee, on which are representatives of the Worthing Borough Council. The Medical Officer of Health of Worthing acts as Medical Officer to the Sub-Committee, and the Town Clerk, as Clerk to the Sub-Committee.

The development of services, new and old, has proceeded throughout 1948 and 1949, and an account of the work carried out is given in this report. It can give, I think, only an incomplete picture of the volume of work and the complexity of the problems with which a Public Health Department has to deal nowadays, but it will indicate the scope of modern preventive and social medicine.

My thanks are due to the medical, technical, and clerical staff of my department for their loyal assistance during two particularly busy years.

J. S. BRADSHAW,

County Medical Officer.

County Hall,
Chichester.

August, 1950.

STAFF

(a) County Health Department

County Medical Officer and School Medical Officer

J. S. Bradshaw, M.B., Ch.B., D.P.H.

Deputy County Medical Officer and Deputy School Medical Officer

W. Ainslie, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

Assistant County Medical Officers

*H. M. Ayres, M.R.C.S., L.R.C.P., D.T.M. & H., D.P.H.

*K. N. Mawson, M.B., Ch.B., D.P.H.

*V. P. Geoghegan, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Gladys Robinson, M.B., Ch.B.

Christina A. Gunn, M.B., Ch.B., D.P.H.

Barbara M. Towers, B.A., M.R.C.S., L.R.C.P., M.B., Ch.B.

Medical Officer to Worthing Health Sub-Committee

*G. H. Pringle, M.R.C.S., L.R.C.P., D.P.H.

**Also Medical Officers of Health of Local Sanitary Authorities (see page 6).*

Inspector of Midwives and Assistant County Medical Officer

Kathleen E. Stevens, M.B., B.S.

Tuberculosis Officers

Transferred to Regional Hospital Board on 5th July, 1948.

J. E. Wallace, M.D., Ch.B.

W. Templeton, M.B., Ch.B., D.P.H.

P. Heffernan, B.A., M.D., B.A.O. (Part-time).

County Pathologist

Transferred to Regional Hospital Board on 5th July, 1948.

C. J. Harwood Little, O.B.E., M.B., Ch.B. (Part-time).

Senior Dental Surgeon

H. D. Hall, L.D.S., R.C.S. (ENG.).

Dental Surgeons

E. S. Brabazon, L.D.S., R.C.S.I.

†Mrs. K. S. Bingley, L.D.S., R.C.S. (ENG.) (resigned 31-12-48).

†J. Hampton, L.D.S., R.C.S. (ENG.).

P. H. S. Lahaise, B.D.S., L.D.S., R.C.S. (ENG.) (resigned 14-5-49).

Mrs. N. M. Kurz, L.D.S., R.C.S. (ENG.).

E. N. Stevens, M.R.C.S., L.R.C.P., L.D.S. R.C.S. (ENG.) (resigned 31-5-48).

G. Reilly, L.D.S., R.F.P.S. (resigned 5-4-48).

J. S. Dick, L.D.S., R.C.S. (ENG.) (appointed 1-6-48).

S. Levy, L.D.S. (Borough of Worthing).

R. A. Currie, L.D.S., R.C.S. (ENG.) (appointed 24-6-48).

Mrs. S. McDonald, L.D.S. (appointed 12-10-49).

†J. G. Pollock, L.D.S., R.C.S. (ENG.) (appointed 25-5-49, resigned 31-8-49).

†T. C. Tomlyn, L.D.S., R.C.S. (ENG.) (appointed 27-6-49).

†S. G. Townley, L.D.S. (appointed 15-2-49).

†Part-time.

Superintendent Nursing Officer

Miss J. M. Akester, S.R.N., S.C.M., D.N. (appointed 17-6-48).

Deputy Superintendent Nursing Officer

Miss G. C. Collins, S.R.N., S.C.M. (resigned 28-2-49).

Miss T. Brown, S.R.N., S.C.M. (appointed 1-3-49).

Asst. Superintendent Nursing Officers

Miss T. Brown, S.R.N., S.C.M. (resigned 28-2-49).

Miss G. I. Jess, S.R.N., S.C.M. (resigned 14-1-49).

Miss K. D. Holland, S.R.N., S.C.M. (appointed 1-3-49).

Miss G. A. Riches, S.R.N., S.C.M. (appointed 19-11-48).

Senior Health Visitor

Miss C. M. Arbon, S.R.N., S.C.M. (transferred to Children's Dept. on 5-7-48).

Mental Welfare Officers (Mental Deficiency)

Miss C. A. Woolston.

Miss E. M. Aplin (appointed 28-6-48—resigned 28-9-48).

Henry West, S.R.N., R.M.P.A., M.S.S.CH. (appointed 1-12-48).

Authorised Officers (Lunacy and Mental Treatment)

W. P. Ansell	..	..	Chichester.	N. F. Graville	..	Worthing.
G. S. Pople	..	..	Bognor Regis.	H. B. Jervis	..	Storrington.
H. Harding	..	..	Littlehampton.	F. Dawton	..	County Hall.
A. Werry	..	..	Midhurst			

County Sanitary Officer

F. W. Mason, F.R. SAN. I., M.S.I.A.

Chief Clerk

S. Potter.

(b) Medical Officers of Health of Local Sanitary Authorities

G. H. Pringle, M.R.C.S., L.R.C.P., D.P.H.	..	..	Worthing Municipal Borough.
H. M. Ayres, M.R.C.S., L.R.C.P., D.T.M. & H., D.P.H.			Bognor Regis Urban District.
			City of Chichester.
K. N. Mawson, M.B., Ch.B., D.P.H.	..	..	Horsham Urban District.
			Horsham Rural District.
			Petworth Rural District.
V. P. Geoghegan, M.D., Ch.B., M.R.C.S., L.R.C.P.			Arundel Municipal Borough.
D.P.H.	..	..	Chichester Rural District.
			Midhurst Rural District.
R. H. Wilshaw, M.D., M.R.C.P., D.P.H.	..	..	Chanctonbury Rural District.
			Littlehampton Urban District.
			Shoreham-by-Sea Urban District.
			Southwick Urban District.
			Worthing Rural District.

GENERAL STATISTICS

Area.				Acres.
Urban Districts	..	..	..	24,674
Rural Districts	..	..	..	377,266
Administrative County	..	..	..	<u>401,940</u>

Population (as estimated by the Registrar-General).

		1948	1949
Urban Districts	..	166,690	168,110
Rural Districts	..	143,610	144,590
		<u>310,300</u>	<u>312,700</u>

The estimated population (at mid-Year) in each Sanitary District is shown on page 16.

Census Populations.

		1901	1911	1921	1931
Urban Districts	..	70,223	83,590	90,044	114,800
Rural Districts	..	81,053	92,718	94,830	108,195
Administrative County		<u>151,276</u>	<u>176,308</u>	<u>184,874</u>	<u>222,995</u>

		1948	1949
Rateable Value (1st April)		£2,979,920	£3,067,938

Product of Penny Rate.

For General County purposes	..	..	£12,282	£12,600
For Special County purposes	..	..	£8,281	£8,550

Rate in the £ Precepted.

		1948		1949	
		s.	d.	s.	d.
General County purposes	..	9	8	11	2
Special County purposes	..		4		4
		<u>10</u>	<u>0</u>	<u>11</u>	<u>6</u>

VITAL STATISTICS

Live Births.		1948	1949	Birth rate per 1,000 of the estimated resident population.
Legitimate	..	4,572	4,374	
Illegitimate	..	305	260	
Total		4,877	4,634	15.72 14.82

Still Births.				Rate per 1,000 total births (live and still).
Legitimate	..	84 50	92	
Illegitimate	..	12 7	11	
Total		99 57	103	19.88 21.74

Deaths.		1948	1949	Death rate per 1,000 of estimated resident population.
		3,984	4,313	12.55 13.79

Maternal Deaths.

Puerperal sepsis ..	—	1
Other maternal causes	2	4
	2	5
Rate	0.4	1

DEATH rate of Infants under one year of age.

	1948	1949
All Infants per 1,000 live births	23	27
Legitimate Infants per 1,000 legitimate births ..	22	26
Illegitimate Infants per 1,000 illegitimate births ..	39	32
DEATHS from Cancer (all ages)	681	744
DEATHS from Measles (all ages)	—	—
DEATHS from Whooping Cough (all ages)	1	—
DEATHS from Diarrhoea (under 2 years of age) ..	5	4

NOTES ON VITAL STATISTICS

Population.

According to the Registrar-General's estimate, the population increased from 298,850 in mid-1947, to 310,300 in mid-1948, and 312,700 in mid-1949. The natural increase of population (excess of births over deaths) was 983 in 1948, and 321 in 1949. The population of the County has now more than doubled since the census of 1901, when it was 151,276.

The disproportionately large number of aged persons resident in West Sussex was shown in the report of the Registrar General on "Sex and Age Distribution of the Civilian Population at the 31st December, 1947."

This report showed that the percentage population of the County age 65 years and over was 16.4%, compared with 10.9% for England and Wales. The percentages of the County population in the various age groups were :—

0-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	75-85	85 +
8%	13%	11%	12%	15%	13%	12%	10%	5%	1%
21%		51%				28%			

As well as affecting the birth and death rates, such a high proportion of aged people brings with it other problems in the social welfare field, and accounts in part for the increased demand now being made on the nursing and home help services.

Birth Rate.

In Table I the birth rates for the urban and rural districts of the County are shown for the last twelve years and, for purposes of comparison, those for England and Wales. It is to be expected that the birth rate for the County will always be lower than that for the country as a whole, owing to the age constitution of the County population. This is referred to in the notes above on Population. In Tables IV and IV (a) are shown, *inter alia*, the birth rates in the various County districts for 1948 and 1949. It will be noted from these that certain districts have a high birth rate and others a low one. This, presumably, is again due to the age constitution of their populations.

Death Rate and Causes of Death.

The death rate rose somewhat in 1949, but the 1948 rate was lower than that in 1947 and 1946 (Table II). Most of the increased mortality was due to diseases specially associated with old age. It is to be expected that the death rate in the County will always be higher than that for England and Wales (11.7 in 1949) owing to the age constitution of the County.

It is of interest to note the incidence of death in various age groups, and for 1949 the percentages were as follows:—

Under 1 year	1—5	5—15	15—45	45—65	65 years and over
2.9%	0.5%	0.5%	4.5%	17.9%	73.7%

Of the deaths in 1948 and 1949, heart disease accounted for over 30% and the majority of such cases occurred in persons over 65 years of age.

Other diseases of the circulatory system accounted for many deaths in the oldest age group—there were 167 such deaths in 1949, of which 141 occurred in persons over 65 years of age. Bronchitis and pneumonia caused 280 deaths in 1948 and 372 in 1949, of which 210 and 292, respectively, occurred amongst persons over 65 years of age.

Intra cranial vascular lesions (hæmorrhages, thromboses, etc.) caused 545 deaths in 1948, and 563 in 1949, of which 428 and 468 were in persons over 65 years of age.

Pulmonary tuberculosis was responsible for the highest number of deaths in the 15—45 years age group, i.e. 54 out of 206 deaths from all causes in that age group in 1948, and 46 out of 193 in 1949. Half the deaths from pulmonary tuberculosis occurred in this age group.

Cancer was responsible for 681 deaths in 1948 and 744 in 1949 (414 and 488 being in persons over 65 years of age). Although the cancer death rate (per 1,000 population) is greater than that for England and Wales (1.75 in 1947), this is no doubt due to the high proportion of aged persons in the County. The rate in the County has remained fairly steady for the last nine years, as will be seen by examination of the figures which follow :—

	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
Admin. County											
No. of Deaths	564	564	616	620	632	619	662	691	673	681	774
Death Rate per 1,000 pop.	1.95	1.88	2.23	2.34	2.47	2.40	2.47	2.38	2.25	2.19	2.38

Particulars of the sites of the disease and the age distribution of persons who died from cancer during 1948 and 1949 will be found in Tables III and III(a).

With the increased facilities for diagnosis and treatment now available for many types of cancer, the aim of public health propaganda should be to educate people to seek medical advice as soon as suspicious symptoms or signs appear. The mortality rate can be lowered by this means, for the earlier treatment is instituted the more chance there is of complete recovery, and the most promising line of attack is on those conditions which are easily observable by the patient in the early stages—cancer of the breast, the uterus, the skin, the lips and the tongue.

Infantile Mortality.

The reduction in the infantile mortality rate suffered a check in 1949, when the rate per 1,000 births (live and still) was 27, as compared with 23 in 1948. Although this is disappointing, it is hardly fair to take one year and assess results of child welfare schemes on that. It is preferable to take the results over a period of years, and if this is done for the last 40 years, the reduction effected in the infantile mortality rate is striking, both for the County and for the Country as a whole.

	1911	1921	1931	1948	1949
West Sussex	85	49	44	23	27
England and Wales	130	83	66	34	32

Still-Births.

It will be noted that the still-birth rate is higher for 1949 than for 1948. Efforts will be continued by means of the County ante-natal service to reduce this rate, but it is satisfactory to note that there has been a gradual decline in the still-birth rate since 1938, when it was as high as 36.8 per 1,000 total births (live and still).

Maternal Mortality.

The maternal mortality rate was 0.4 per 1,000 births (live births and still births) in 1948, and 1.0 in 1949, the actual number of such deaths being 2 and 5 respectively. These figures compare favourably with those for the country as a whole. With the introduction of the sulphonamide drugs and penicillin, deaths from puerperal sepsis are nowadays extremely rare, and it is towards the reduction of the causes of maternal death attributed to "accidents of childbirth" that our efforts, and those of the practitioner obstetricians and hospitals, with their consultant services, are directed.

TABLE I—BIRTH RATE

Number of Births and Birth Rates for the Years 1938—1949 for Urban and Rural Districts, Administrative County, and England and Wales.

	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
Urban Districts												
No. fo Births	1,885	2,021	1,817	1,745	2,187	2,256	2,525	2,265	2,758	2,878	2,507	2,293
Birth Rate	13.00	13.53	11.57	12.84	15.70	16.87	18.52	15.67	17.39	17.59	15.04	13.64
Rural Districts												
No. of Births	1,775	1,821	1,731	1,849	2,110	2,263	2,383	2,051	2,462	2 602	2,370	2,341
Birth rate	14.77	14.85	13.59	15.32	16.76	18.51	19.58	16.67	18.80	19.20	16.50	16.19
Admin. County												
No. of Births	3,660	3,842	3,548	3,594	4,297	4,519	4,908	4,316	5,200	5,480	4,877	4,634
Birth Rate	13.81	14.12	12.49	14.02	16.20	17.61	19.02	16.13	18.03	18.34	15.72	14.82
England and Wales												
Birth Rate	15.1	15.0	14.6	14.2	15.8	16.5	17.6	16.1	19.1	20.5	17.9	16.7

TABLE II—DEATH RATE

Number of Deaths and Death Rates for the Years 1938—1949 for Urban and Rural Districts, Administrative County, and England and Wales

	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
Urban Districts												
No. of Deaths	1,933	2,112	2,434	2,255	2,299	2,248	2,241	2,401	2,474	2,486	2,267	2,507
Death Rate	13.36	13.32	14.99	15.66	16.50	16.80	16.62	16.62	15.60	15.20	13.60	14.91
Rural Districts												
No. of Deaths	1,370	1,555	1,619	1,703	1,607	1,588	1,626	1,667	1,639	1,651	1,627	1,806
Death Rate	11.40	11.93	11.86	12.94	12.76	13.05	13.36	13.55	12.52	12.20	11.32	12.49
Admin. County												
No. fo Deaths	3,303	3,667	4,053	3,958	3,906	3,836	3,840	4,068	4,113	4,137	3,894	4,313
Death Rate	12.47	12.69	13.56	14.36	14.73	15.02	14.88	15.20	14.20	13.80	12.55	13.79
England and Wales												
Death Rate	11.6	12.1	14.3	12.9	11.6	12.1	11.6	11.4	11.5	12.0	10.8	11.7

TABLE III

Causes of Death at Different Periods of Life during 1948.

Causes of Death	All Ages	Under 1 year	1—5	5—15	15—45	45—65	65 and up
1. Typhoid and paratyphoid fevers	—	—	—	—	—	—	—
2. Cerebro-spinal fever	—	—	—	—	—	—	—
3. Scarlet fever	—	—	—	—	—	—	—
4. Whooping cough	1	—	1	—	—	—	—
5. Diphtheria	—	—	—	—	—	—	—
6. Tuberculosis respiratory system	104	—	—	—	54	35	15
7. Other forms of tuberculosis	12	1	—	3	5	2	1
8. Syphilitic diseases	19	—	—	—	—	7	12
9. Influenza	17	—	—	—	2	1	14
10. Measles	—	—	—	—	—	—	—
11. Acute poliomyelitis and polio- encephalitis	4	—	—	2	1	1	—
12. Acute infantile encephalitis	3	—	—	—	—	1	2
13. Cancer of buccal cavity and oesophagus (m) uterus (f)	51	—	—	—	4	19	28
14. Cancer of stomach and duodenum	109	—	—	—	3	33	73
15. Cancer of breast	87	—	—	—	5	41	41
16. Cancer of all other sites	434	—	1	1	16	144	272
17. Diabetes	19	—	—	—	—	5	14
18. Intra-cranial vascular lesions	545	—	—	—	12	105	428
19. Heart diseases	1249	—	—	2	24	175	1048
20. Other diseases of circulatory system	129	—	—	—	1	25	103
21. Bronchitis	131	2	1	—	3	18	107
22. Pneumonia	149	19	1	2	4	20	103
23. Other respiratory diseases ..	53	—	2	—	6	11	34
24. Ulcer of stomach or duodenum	36	—	—	—	1	12	23
25. Diarrhoea, under 2 years ..	5	5	—	—	—	—	—
26. Appendicitis	10	—	—	1	3	—	6
27. Other digestive diseases ..	94	—	1	4	8	31	50
28. Nephritis	70	—	—	—	3	18	49
29. Puerperal and post-abortion sepsis	—	—	—	—	—	—	—
30. Other maternal causes ..	2	—	—	—	2	—	—
31. Premature birth	37	37	—	—	—	—	—
32. Congenital malformation, birth injuries, infantile diseases	59	43	2	3	5	2	4
33. Suicide	25	—	—	—	4	13	8
34. Road traffic accident	31	—	1	2	13	11	4
35. Other violent causes	72	4	8	5	7	13	35
36. All other causes	337	2	2	6	20	43	264
Totals	3894	113	20	31	206	786	2738

TABLE III(a)

Causes of Death at Different Periods of Life during 1949.

Causes of Death	All Ages	Under 1 year	1—5	5—15	15—45	45—65	65 and up
1. Typhoid and paratyphoid fevers	—	—	—	—	—	—	—
2. Cerebro-spinal fever	—	—	—	—	—	—	—
3. Scarlet fever	1	—	—	—	1	—	—
4. Whooping cough	—	—	—	—	—	—	—
5. Diphtheria	—	—	—	—	—	—	—
6. Tuberculosis respiratory system	86	—	2	2	46	26	10
7. Other forms of tuberculosis	10	—	2	4	2	1	1
8. Syphilitic diseases	18	1	—	—	1	8	8
9. Influenza	37	2	2	—	5	5	23
10. Measles	—	—	—	—	—	—	—
11. Acute poliomyelitis and polio-encephalitis	4	1	1	—	1	1	—
12. Acute infantile encephalitis	4	—	—	—	—	1	3
13. Cancer of buccal cavity and oesophagus (m) uterus (f)	48	—	—	—	2	17	29
14. Cancer of stomach and duodenum	115	—	—	—	1	27	87
15. Cancer of breast	96	—	—	—	4	39	53
16. Cancer of all other sites ..	485	2	1	1	18	144	319
17. Diabetes	22	—	—	—	—	7	15
18. Intra-cranial vascular lesions	563	—	—	—	4	91	468
19. Heart diseases	1452	—	—	—	15	180	1257
20. Other diseases of circulatory system	167	—	—	—	3	23	141
21. Bronchitis	183	2	—	2	1	25	153
22. Pneumonia	189	15	2	2	5	26	139
23. Other respiratory diseases ..	51	—	—	2	4	15	30
24. Ulcer of stomach or duodenum	49	—	—	—	3	19	27
25. Diarrhoea, under 2 years ..	4	4	—	—	—	—	—
26. Appendicitis	5	—	—	—	2	1	2
27. Other digestive diseases ..	73	—	1	—	11	17	44
28. Nephritis	97	—	—	—	8	20	69
29. Puerperal and post-abortive sepsis	1	—	—	—	1	—	—
30. Other maternal causes ..	4	—	—	—	4	—	—
31. Premature birth	28	28	—	—	—	—	—
32. Congenital malformation, birth injuries, infantile diseases	63	55	1	—	4	2	1
33. Suicide	33	—	—	—	8	10	15
34. Road traffic accident ..	20	—	2	1	5	6	6
35. Other violent causes ..	82	6	1	4	12	11	48
36. All other causes	323	8	8	2	22	50	233
Totals	4313	124	23	20	193	772	3181

TABLE IV

Chief Vital Statistics for each Sanitary District in the County
for the year 1948.

	Estimated Population middle of 1948	No. of Births	Birth Rate	Illegitimate Births	No. of Deaths	Death Rate	Deaths under one year	Infant Mor- tality Rate per 1,000 births	Respiratory Tuberculosis Death Rate	Cancer Death Rate
Urban Districts										
Arundel (M.B.)	2,650	42	15.84	1	40	15.09	—	—	1.50	0.37
Bognor Regis	25,800	383	14.84	24	316	12.25	16	41.78	0.39	1.98
Chichester (M.B.)	17,900	329	18.38	10	188	10.50	3	9.12	0.39	1.84
Horsham	16,400	275	16.76	13	197	11.99	6	21.81	0.59	1.77
Littlehampton	13,520	262	19.40	18	177	13.10	5	19.00	0.52	1.60
Shoreham-by- Sea	12,190	214	17.60	16	129	10.60	7	33.00	0.20	2.30
Southwick	10,690	161	15.10	7	117	10.90	3	19.00	0.28	2.60
Worthing (M.B.)	67,520	841	12.50	69	1103	16.30	20	24.00	0.28	2.71
Total Urban Districts	166,690	2,507	15.04	158	2,267	13.60	60	24.00	0.37	2.25
Rural Districts										
Chanctonbury	19,880	321	16.10	18	250	12.60	5	16.00	0.35	2.50
Chichester	41,100	732	17.81	47	422	10.26	15	20.49	0.31	1.38
Horsham	26,780	471	17.72	25	271	10.11	16	33.97	0.22	1.68
Midhurst	16,530	248	15.00	15	194	11.73	3	12.09	0.24	1.99
Petworth	10,210	181	17.72	19	119	11.65	4	22.10	0.47	1.78
Worthing	29,110	417	14.30	23	371	12.80	10	26.00	0.34	2.60
Total Rural Districts	143,610	2,370	16.50	147	1,627	11.33	53	22.00	0.30	2.13
Administrative County	310,300	4,877	15.72	305	3,894	12.55	113	23.00	0.34	2.19

TABLE IV(a)

Chief Vital Statistics for each Sanitary District in the County
for the year 1949.

	Estimated Population middle of 1949	No. of Births	Birth Rate	Illegitimate Births	No. of Deaths	Death Rate	Deaths under one year	Infant Mor- tality Rate per 1,000 births	Respiratory Tuberculosis Death Rate	Cancer Death Rate
Urban Districts										
Arundel (M.B.)	2,670	37	13.86	2	33	13.36	—	—	—	3.37
Bognor Regis	25,530	334	13.02	24	361	14.14	8	23.95	0.35	2.27
Chichester (M.B.)	17,970	301	16.75	9	212	11.80	7	23.26	0.11	2.06
Horsham	17,260	233	13.50	11	238	13.79	9	38.63	0.70	2.03
Littlehampton	13,620	243	17.84	15	161	11.82	6	24.69	0.29	1.54
Shoreham-by- Sea	12,480	206	16.51	9	159	11.94	6	29.13	0.16	2.16
Southwick ..	10,650	141	13.24	10	134	12.58	6	42.55	0.47	2.63
Worthing (M.B.)	67,930	798	11.75	38	1,209	17.80	16	20.05	0.25	3.14
Total Urban Districts	168,110	2,293	13.64	118	2,507	14.91	58	25.29	0.30	2.54
Rural Districts										
Chanctonbury	20,100	350	17.37	21	268	13.33	13	37.14	0.30	2.44
Chichester	41,030	705	17.18	38	468	11.40	18	25.53	0.32	1.19
Horsham	27,880	474	17.00	32	300	10.76	13	27.43	0.11	1.58
Midhurst ..	16,590	244	14.71	15	201	12.12	4	16.39	0.42	2.11
Petworth ..	9,530	145	15.21	9	125	13.12	4	27.59	0.10	2.62
Worthing ..	29,460	423	14.36	27	444	15.07	14	33.10	0.17	2.48
Total Rural Districts	144,590	2,341	16.19	142	1,806	12.49	66	28.19	0.24	2.19
Administrative County	312,700	4,634	14.82	260	4,313	13.79	124	26.76	0.27	2.38

EPIDEMIC DISEASE

The years 1948 and 1949 were free from any serious outbreak of infectious disease, apart from Measles and Whooping Cough.

Table V below shows the incidence of infectious diseases in urban and rural districts in 1948 and 1949. Measles continued to provide by far the greater number of cases, but there were no deaths from this cause in either year.

There were 12 cases of acute poliomyelitis (infantile paralysis) in 1948 and 34 in 1949. These figures compare with 55 in 1947, when the country had a widespread epidemic.

Only two cases of diphtheria were notified throughout the County in 1948, and eight in 1949 (including six children). There were no deaths in either year. This excellent record is undoubtedly the result of the County's immunisation scheme, started in 1936, which is referred to on page 33.

TABLE V
Notifications of Infectious Diseases.

	1948			1949		
	Urban Districts	Rural Districts	Administrative County	Urban Districts	Rural Districts	Administrative County
Acute Poliomyelitis and Encephalitis	5(2)	7(2)	12(4)	17(3)	17(1)	34(4)
Cerebro-Spinal Fever ..	1	4	5	—	1	1
Diphtheria	1	1	2	—	8	8
Dysentery	8	3	11	1	21	22
Erysipelas	25	14	39	22	21	43
Measles	1161	1276	2437	1453	1776	3299
Ophthalmia Neonatorum	2	—	2	—	1	1
Puerperal Pyrexia ..	31	9	40	46	14	60
Scarlet Fever	214	84	298	188	174(1)	362(1)
Typhoid and Paratyphoid Fever	2	1	3	—	2	2
Whooping Cough	589	612(1)	1201(1)	295	176	471
Respiratory Tuberculosis	115(61)	104(43)	219(104)	113(51)	105(29)	218(80)
Other forms of Tuberculosis	32(5)	33(7)	65(12)	28(4)	30(6)	58(10)

Figures in brackets indicate the number of deaths during the year.

In Shoreham-by-Sea U.D. Chicken Pox is notifiable and 44 cases were reported in 1948 and four in 1949.

One case of malaria (non-civilian) was reported in Chichester M.B. in 1949. In 1948 two cases of Malaria Relapses (Tertian) were reported in Midhurst R.D. and one case of Malaria (believed contracted abroad) was notified in Worthing M.B.

No cases of Smallpox or Encephalitis Lethargica were reported in the years 1948 and 1949.

TUBERCULOSIS

The County Council is no longer responsible for the diagnosis and treatment of Tuberculosis, these functions having been transferred to the Regional Hospital Board on 5th July, 1948. The County Council, however, is still responsible for the prevention, care and after-care tuberculosis schemes, and reference is made in the appropriate section of this report (page 36) to the work carried out during the years under review. The chest physicians (formerly tuberculosis officers) assist in this work and thus attempt to secure co-ordination of the County Council's and the Regional Hospital Board's schemes. Thus, the efforts to control the spread of tuberculosis still go on, in spite of this unfortunate dual responsibility. The size of the problem is seen in the Tables which follow, in which details are given of the incidence and mortality of the disease.

The following table shows the number of cases of tuberculosis remaining on the registers of notifications, kept by the District Medical Officers of Health in the County, on 31st December, 1948 and 1949. It will be noted that the figures for 1949 show an appreciable reduction compared with 1948. A considerable part of this reduction is due to a complete overhaul of registers.

	1948	1949
Respiratory.		
Male	846	761
Female	744	569
Total	1,590	1,330
Non-respiratory.		
Male	283	258
Female	309	219
Total	592	477
Total number of tuberculous patients on register on 31st December ..	2,182	1,807

Notifications of Tuberculosis received in the years 1938—1949.

Year	Population	PRIMARY NOTIFICATIONS			
		Respiratory	Non-Respiratory	Total	Five Year Average
1938	264,900	178	56	234	228 (1935-39)
1939	272,000	137	59	196	
1940	298,890	181	47	228	
1941	275,700	214	64	278	245
1942	265,200	173	81	254	
1943	255,400	145	90	235	
1944	258,040	162	68	230	233
1945	267,510	144	36	180	
1946	289,490	170	50	220	
1947	298,850	169	38	207	233
1948	310,300	219	65	284	
1949	312,700	218	58	276	

Notifications of Tuberculosis shown in age-groups for the years 1948 and 1949

AGES	1948						1949					
	Respiratory			Non-Respiratory			Respiratory			Non-Respiratory		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0—1	1	—	1	1	—	1	—	—	—	—	—	—
1—2	1	1	2	1	1	2	1	—	1	1	1	2
2—5	2	1	3	4	1	5	2	3	5	5	5	10
5—10	3	7	10	9	12	21	6	2	8	9	10	19
10—15	3	1	4	4	3	7	2	1	3	3	2	5
15—20	8	10	18	3	2	5	11	12	23	2	3	5
20—25	20	17	37	3	5	8	11	11	22	3	2	5
25—35	28	31	59	4	2	6	32	17	49	4	3	7
35—45	22	18	40	2	1	3	19	16	35	2	2	4
45—55	18	4	22	2	—	2	29	9	38	1	—	1
55—65	13	2	15	—	4	4	11	6	17	—	—	—
65—75	6	1	7	1	—	1	13	3	16	—	—	—
75—	—	1	1	—	—	—	—	1	1	—	—	—
Total (all ages)	125	94	219	34	31	65	137	81	218	30	28	58

In addition to the above notifications, 15 cases in 1948 and 7 in 1949 became known through death returns and posthumous notifications.

Deaths from Tuberculosis, and Rate per 1,000 population, in years 1938—1949.

Year	Population	Respiratory		Non-Respiratory		Total	
		No.	Rate	No.	Rate	No.	Rate
1938	264,900	113	0.43	19	0.07	132	0.50
1939	272,000	105	0.39	21	0.07	126	0.46
1940	298,890	115	0.39	30	0.10	145	0.49
1941	275,700	139	0.50	36	0.13	175	0.63
1942	265,200	110	0.41	24	0.09	134	0.50
1943	255,400	106	0.42	27	0.10	133	0.52
1944	258,040	97	0.37	24	0.09	121	0.46
1945	267,510	107	0.40	21	0.08	128	0.48
1946	289,490	90	0.32	21	0.07	111	0.39
1947	298,850	109	0.36	18	0.06	127	0.42
1948	310,300	104	0.34	12	0.04	116	0.38
1949	312,700	86	0.27	10	0.03	96	0.30

Deaths from Tuberculosis in 1948 and 1949, in age-groups.

AGES	1948			1949		
	Respira- tory	Non- respiratory	Total	Respira- tory	Non- respiratory	Total
0—1	—	1	1	—	—	—
1—5	—	—	—	2	2	4
5—15	—	3	3	2	4	6
15—45	54	5	59	46	2	48
45—65	35	2	37	26	1	27
over 65	15	1	16	10	1	11
Total (all ages)	104	12	116	86	10	96

NATIONAL HEALTH SERVICE ACT, 1946

Section 21. HEALTH CENTRES.

The Minister of Health has not yet enforced this section of the National Health Service Act, which deals with the provision by Local Health Authorities of Health Centres, in which general practitioners and dental practitioners will have facilities provided for examining and treating their patients, alongside clinic facilities provided by the Local Health Authority for child welfare, ante-natal and school medical work. It is understood that the only place in this County which is likely to be approved for the provision of a Health Centre during the next few years is Crawley New Town, where the position is complicated by the fact that it is at present in three Counties—East Sussex, West Sussex and Surrey. The planning of the first Health Centre in Crawley ought to take place fairly soon, but until the boundary question has been settled, and Crawley becomes an entity, such planning will be difficult. At the moment, the site for the first Health Centre is in East Sussex.

Section 22. CARE OF MOTHERS AND YOUNG CHILDREN

The County Council's scheme for providing ante-natal clinics and child welfare centres existed before the National Health Service Act came into force, and has been continued as before. The details of attendances of expectant mothers at ante-natal clinics are shown in the Table which follows:—

	1948	1949
Number of Ante-natal Clinics provided at end of year	20	22
Number of sessions held per month	47	52
Number of expectant mothers who attended during year	2,391*	2,645

Number of expectant mothers who attended for the First Time during year	2,119*	2,072
Total number of attendances made during year	7,967*	7,965

* Including figures for Worthing Borough as from 5th July, 1948.

It will be noted that the ante-natal attendances remained at the same level for 1949 as for 1948, though the figure for 1948 included Worthing Borough attendances for only part of the year, i.e. from 5th July to 31st December. The total number of attendances made during 1947 was 8,439. It was thought at one time that the provision of a free ante-natal service under the general practitioner scheme would affect the number of attendances at County ante-natal clinics, but this has not been shown to any marked degree. In areas where the population is small, and where the establishment of an ante-natal clinic has not been justified, arrangements have been made for expectant mothers to be seen at the infant welfare centre, either at the beginning or at the end of a session. The work in this connection for the two years under review is shown below :—

	1948	1949
Number of expectant mothers seen at Welfare Centres during year	181	116
Number of expectant mothers who attended for the First Time during year	180	97
Total number of attendances made during year..	559	215

It will be noted that the total number of attendances made during 1949 is less than half the number made in 1948, and this may be due to the fact that the services of the family doctor have been available under the National Health Service Act, as well as to the opening of two additional ante-natal centres in 1949.

Post-Natal Cases.

No special post-natal clinics have been established, the mothers being seen instead at ante-natal clinics. During 1948, 615 women made 743 attendances at such clinics (these figures include attendances in the Worthing Borough from the 5th July, 1948). In 1949, 661 women made 825 attendances. In addition, 19 women, making 19 attendances, attended at infant welfare centres for post-natal examination in 1948, and 33 women made 35 such attendances in 1949.

Medical Staff.

The majority of the County ante-natal and child welfare clinics are staffed by general practitioners, but nine welfare centres and six ante-natal clinics were, at the end of 1949, attended by assistant county medical officers, and five ante-natal clinics were in charge of consultants (women). Cases from the surrounding districts are referred occasionally to the nearest consultant ante-natal clinic.

Child Welfare Centres.

Particulars relating to the child welfare centres in operation during 1948 and 1949 are given below:—

	1948	1949
Number of Centres provided at end of year ..	36	36
Number of sessions held per month	115	123
Number of children who First attended during year and on first attendance were—		
(i) Under 1 year of age	2,861*	2,914
(ii) Between ages of 1 and 5 years ..	587*	653
Number of children in attendance at end of year who were then—		
(i) Under 1 year of age ..	2,573*	2,459
(ii) Between ages of 1 and 5 years ..	4,791*	5,121
Total number of attendances made by children during year—		
(i) Under 1 year of age	36,335*	38,271
(ii) Between ages of 1 and 5 years ..	19,674*	23,232

* Including figures for Worthing Borough as from 5th July, 1948.

Weighing Centres.

In certain districts where the establishment of a child welfare centre has not been justified, or is doubtful, weighing centres have been set up. These provide facilities for mothers to attend with their children, up to the age of five, to have them weighed and for the health visitor to examine them and give the mothers any necessary advice. Details of the centres provided at the end of each year under review are given below:

	1948	1949
Number of Centres provided at end of year ..	8	12
Number of sessions held per month	13	17
Total number of attendances made by children during year—		
(i) Under 1 year of age	1,682	1,442
(ii) Between ages 1 and 5 years	958	1,660

Welfare Foods and Medicaments.

Supplies of National Dried Milk and of Orange Juice and Cod Liver Oil are available at centres established by the Ministry of Food. In the rural areas these centres are usually at the County child welfare centres.

A variety of proprietary brands of welfare foods are available at all child welfare centres, on the recommendation of the Medical Officer, at cost price.

Supplies of certain medicaments are also available at centres for issue free of charge to expectant and nursing mothers, on the recommendation of the doctor.

Relaxation Classes for Expectant Mothers.

The first relaxation class for expectant mothers was established in March, 1948, and efforts were continued in 1949 to extend this scheme to main centres of population. Generally speaking, such attempts to make labour easier for the mother advertise themselves by results, and by word of mouth encouragement from mother to mother. The extent to which this new service was used during 1948 and 1949 is shown in the following Table:—

Area	Date of Establish- ment	Sessions held	Total Number of Attendances	
			1948	1949
Bognor Regis	9/6/49	Weekly	—	96
Chichester	18/3/48	Weekly	175	413
Horsham	1/12/49	Weekly	—	41
Littlehampton	8/6/49	Weekly	—	123
Shoreham-by-Sea	15/9/49	Weekly	—	51
Worthing	11/11/49	Weekly	—	74

Provision of Maternity Outfits.

These are supplied free of charge to all mothers having their confinements at home.

Contraceptive Clinics.

Cases are referred from the County ante-natal clinics to contraceptive clinics in Brighton and Portsmouth, and to the clinic established by the County Council at the Shoreham Health Centre in April, 1948. Such cases are referred only for medical reasons. The number of those attending the various clinics is shown below:—

Clinic	No. who attended for First Time		Total No. of attendances	
	1948	1949	1948	1949
Brighton	12	5	27	9
Portsmouth	10	27	9	24
Shoreham-by-Sea	46*	58	75*	121
Totals	68	90	111	154

* Including figures for Worthing Borough residents as from 5th July, 1948.

Care of Premature Infants.

It will be noted from the Table below that the percentage of premature children who died before the end of the month following birth remained much the same, and that the fact that the baby was born in hospital or nursing home did not add to its chance of survival. No matter what the period of pregnancy, all babies weighing $5\frac{1}{2}$ lbs. at birth, or less, are regarded as premature infants for the purpose of these statistics. An investigation is being carried out into the progress of premature babies by the Joint Committee of the Royal College of Obstetricians and Gynaecologists and the Population Investigation Committee. The results of this investigation will, it is hoped, throw fresh light on the problems of prematurity.

Special equipment has been provided by the County Council for premature infants who are nursed at home—draught-proof cots and bedding, and means of keeping the baby warm, etc. This equipment is stored at the St. John Ambulance Depots in Chichester and Horsham, and is at the disposal of midwives and doctors. This was used on two occasions in 1948, and on three occasions in 1949.

	1948*	1949
1. Number of premature babies born at home during year	71	82
Number of these :		
(a) Transferred to hospital	1	1
(b) Died at home during first 24 hours.	6	8
(c) Died between 2nd and 28th day ..	3	3
(d) Survived at end of one month ..	61	70
2. Number of premature babies born in Hospital or Nursing Homes	137	161
Number of these :		
(a) Died during first 24 hours	16	13
(b) Died between 2nd and 28th day ..	8	7
(c) Survived at end of one month ..	113	141

* Including figures for Worthing Borough as from 5th July, 1948.

Care of Unmarried Mothers and their Children.

The arrangements which the County Council made, prior to the 5th July, 1948, with the Chichester Diocesan Moral Welfare Association to care for unmarried mothers and their children were continued, the County Council making a grant to that body's welfare funds and paying for the cost of any mothers admitted to special residential Homes. During 1948, eight cases were admitted to the Bell Hostel, Eastbourne, and two cases to other Homes; during 1949, seven cases were admitted to the Bell Hostel, and six to other Homes.

Dental Care

The following Report for the years 1948 and 1949 has been prepared by the Senior Dental Officer.

"A perusal of the statistics of the work done and the number of patients seen reveals some interesting facts. The year 1948 was important inasmuch as the National Health Service Act came into operation on July 5th. In anticipation we had prepared a scheme whereby all expectant and nursing mothers and young children who came to our ante-natal and welfare clinics were given the opportunity of a dental inspection and free treatment if this was found to be required. It was anticipated that there would be an enlargement in the number of patients we should treat. For 1948 there was no great change in the volume of work done, or in the amounts of different types of treatment given, compared with 1947. In 1949, however, the number of children under school age treated showed a considerable increase, but the number of mothers treated showed a definite decline. Probably the reason for this is the fact that the coming of the National Health Service Act enabled all patients, who would normally come to us, to obtain free treatment at the surgeries of private practitioners. The fact that more very young children are being treated at our clinics is probably due to the general reluctance of private practitioners to accept these toddlers as patients, whereas we are thoroughly used to dealing with children of all ages. The facility of general anaesthetics for extractions was made good use of, and in Chichester, Bognor Regis, and Worthing, regular sessions for this work were organised. A fact worth noting is that the volume of work carried out at the Chichester Clinic is very much greater than at any other central clinic and shows no signs of diminishing. Possibly the reasons for this are that Chichester Clinic caters for a very large surrounding rural district and that there is some difficulty in this area in obtaining dental treatment from private practitioners, although it is known that all these practitioners are working to capacity in order to meet the very great demands upon their services."

The following tables show the numbers provided with dental care; and the form of treatment given, for the years 1948 and 1949.

(a) Numbers provided with dental care.

		Examined	Needing treatment	Treated	Made dentally fit
Expectant and Nursing Mothers	1948	643	540	567	448
	1949	569	550	551	371
Children under five	1948	190	131	130	123
	1949	314	300	296	269

(b) Forms of dental treatment provided.

		Extractions	Anæsthetics		Fillings	Scalings or Scaling and gum treatment	Silver Nitrate treatment	Dressings	Radiographs	Dentures provided		Dentures repaired
			Local	General						Complete	Partial	
Expectant & Nursing Mothers	1948	1412	374	87	813	242	4	60	4	76	94	12
	1949	1044	229	117	794	187	8	88	7	78	106	14
Children under five	1948	239	48	72	96	22	33	33	—	—	—	—
	1949	394	91	132	184	—	39	26	2	—	—	—

Facilities for X-rays are available at the Horsham Hospital and St. Richard's Hospital, Chichester, and by arrangement with private dental practitioners in the Bognor Regis, Littlehampton and Shoreham-by-Sea areas. Dentures are provided as and when necessary and are obtained from commercial laboratories in Cardiff and Bognor Regis.

Section 23. MIDWIVES SERVICE.

A domiciliary midwifery service is provided by the County Council and the services of a County midwife are available for every woman during her ante-natal period, confinement, and post-natal period. Under the National Health Service Act, the expectant mother may also engage a general practitioner to give her a specified number of ante-natal examinations, to attend at her confinement, if he thinks it necessary, and to carry out a post-natal examination following the confinement. The services of hospital consultant obstetricians are also at the practitioner's disposal, and beds are available in hospitals and maternity homes provided by the Regional Hospital Board, when required on account of obstetric abnormality, or of unsuitable home conditions. It will thus be seen that three Authorities may be concerned with a confinement case—the Executive Council providing the services of the general practitioner, the Local Health Authority providing the domiciliary midwifery and ante-natal clinics, and the Regional Hospital Board being responsible for the provision of maternity homes and hospitals, and the services of consultants. Such a division of responsibilities cannot make for a well co-ordinated scheme.

The work carried out by the County midwives is shown in the following Statement, which also includes particulars of the work carried out by midwives in private practice.

1. Number of Midwives practising on 31st Dec.	1948	1949
Employed by County Council	76	78
In Private Practice (including Midwives in Nursing Homes)	49	42
Employed by Hospital Management Com- mittees	32	44
Totals	157	164

2. Number of Confinements attended by Midwives.

	1948		1949	
	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses
(a) Midwives employed by the County Council	1,451	473	1,355	563
	1,924		1,918	
(b) Midwives in Pri- vate Practice (in- cluding Midwives in Nursing Homes)	373	608	170	474
	981		644	

Gas and Air Analgesia.

Since January, 1946, a midwife's training has included training in the administration of gas and air analgesia, and in course of time all midwives will have received this instruction. The position in this County is shown below. During 1948, one County midwife was sent for the necessary training in the use of the apparatus, and three in 1949. Of 1,962 births taking place at home, 1,039 mothers received gas and air analgesia.

Number of midwives practising in the County at the end of the year qualified to administer gas and air analgesia.

	1948	1949
(i) Midwives employed by the Authority	62	68
(ii) Midwives in private practice (including midwives in Nursing Homes)	6	6
(iii) Midwives employed by Hospital Management Committees	40	34

Number of cases in which gas and air was administered during year by domiciliary midwives employed by the Authority.

(a) As midwife	536	771	} 1039
(b) As maternity nurse		268	

Housing of Midwives.

The problem of housing midwives and other nurses, which had been met for many years by the County Nursing Association and the District Nursing Associations, came before the Health Committee during 1948 and 1949. Many of the District Nursing Associations had met the problem by buying or renting houses for the use of the nurses, and the County are meeting only the residue of the problem. It will be realised that to obtain and keep nurses, employing authorities have to see that suitable housing accommodation is provided for them. A housing programme, spread over five years, was approved, but progress has been slow and no houses as yet have been built by the County Council for nursing staff, although in 1949 plans were approved by the Ministry of Health for a house for one nurse at Yapton, and approval of the policy of building a house to provide two flats (for three nurses) in Bognor Regis was given by the Ministry.

In addition, improvements have been carried out on existing accommodation, where this has been found necessary. These improvements include provision of bathroom, lavatory, garage, district room, and other amenities.

Post-Graduate Courses.

Ten midwives attended Refresher Courses during 1949.

MIDWIVES ACTS, 1902—1936

Summoning of Medical Aid in Emergency.

Although every expectant mother is now able to obtain the services of a doctor for her pregnancy, confinement and after-care, midwives are still required by the rules of the Central Midwives Board to summon medical aid in an emergency, even though the doctor has been booked for the confinement. The midwife is also required to send the Local Supervising Authority (the County Council) a copy of the Medical Aid form which she sends to the practitioner, and in cases where a doctor has not been booked by the mother, the County Council is required to pay specified fees under the Midwives Act, 1918.

During 1948 and 1949 there was, as expected, a drop in the number of occasions when the midwives had to summon medical aid, for the doctor in many cases was already in attendance when an emergency occurred, as

part of his service under the National Health Service Act (Part IV). The details are shown below.

(a) For Domiciliary Cases.	1948	1949
(i) Where the medical practitioner had arranged to provide the patient with maternity medical services under the N.H.S. Act, 1946.	140*	252
(ii) Others	650	302
	—	—
	790	554
(b) For cases in Institutions and Nursing Homes . .	396	485
	—	—
Totals	1,186	1,039
	—	—

* As from 5th July, 1948.

Supervision.

Under these Acts the County Council has the duty of supervising all midwives practising in the County, and of ensuring that the rules laid down by the Central Midwives Board are carried out. This supervisory work is carried out by the Senior Assistant Medical Officer for Maternity and Child Welfare, assisted by a lay Supervisor of Midwives, who also acts as Assistant Superintendent Nursing Officer.

Section 24. HEALTH VISITING

Whole-time health visitors are employed in the urbanised areas of the County. In the rural areas health visiting is combined with general nursing and midwifery. Details of the work carried out during the two years under review are given below: The essential field worker in preventive social medicine—in the home and the child welfare centre—is the health visitor and, with the increase in the scope of her work envisaged in the National Health Service Act, she plays an increasingly important part in health education, and consequently in the prevention of illness and the spread of disease. As part of such work the health visitor has regard to the background and environment of the family and of its likely effect on the child, as well as its actual effect, physical and mental. As she also undertakes the duties of a school nurse, she is in close touch with the child from birth until he leaves school.

Tuberculosis health visiting is also an important part of the health visitor's work.

1.	Number of health visitors employed at end of year	1948	1949
(a)	Whole-time	27	27
(b)	Combined duties (health visiting, general nursing and midwifery) ..	53	53
2.	Number of visits by health visitors during year	1948 Total visits	1949 Total visits
(a)	Ante-Natal visits	362*	722
(b)	Visits to Infants under 1 year ..	24,383*	38,038
(c)	Visits to children 1 to 5 years ..	24,993*	40,833
(d)	Visits to other cases.	3,149*†	27,837

* Including figures for Worthing Borough from 5th July, 1948.

† From 5th July, 1948, only.

It should be pointed out that figures relating to School Nursing duties, are not included in the above table.

Since 5th July, 1948, health visitors no longer act as Child Life Protection visitors, as this work has been undertaken by the staff of the Children's Officer.

Post-Graduate Courses.

During 1948 four health visitors attended post-graduate courses under the County scheme, and six in 1949. In addition, in March, 1949, a County refresher course was organised at Lodge Hill Residential Centre. This enabled a certain number of participants to be resident there during the week's Course, whilst others attended daily. Ninety-four nurses attended (including two from Portsmouth), and the average attendance at lectures was approximately 50.

Training Courses.

Arrangements were made for two nurses to take the Health Visitors' Training Course in 1948 and two in 1949.

Section 25. HOME NURSING

Home nursing, formerly undertaken by voluntary Nursing Associations, is now the duty of the County Council, who provide the services of whole-time general nurses in the urbanised areas and of nurses who combine their work with midwifery and health visiting in the rural areas. Details of this work are given in the following Table:—

Number of Nurses employed at end of year.	1948	1949
Whole-time.	33	33
Part-time.	4	4
Combined duties (health visiting, general nursing and midwifery).	60	60
Number of cases attended	5,046*	12,650
Number of visits made.	71,284*	177,712

* As from 5th July, 1948.

The increase in the work in 1949 is seen by comparing with 1948, even though the figures shown for the latter year are for the period from 5th July only.

Housing.

Reference has been made in the section dealing with midwives to the difficulty in providing houses in certain areas. The same remarks apply to the housing of general nurses.

Training for Queen's Roll.

Arrangements were made during 1949 for five nurses to receive Queen's training in district nursing.

Section 26. VACCINATION AND IMMUNISATION.

(a) VACCINATION

The Vaccination Acts were repealed when the National Health Service Act came into force on the 5th July, 1948, and vaccination is no longer compulsory. It is hoped that this will not mean that parents will decide not to have their children vaccinated. The figures for 1948 and 1949 are given below, but it is too early to say whether the lack of compulsion is having any effect on the number of children vaccinated.

The vaccinations are carried out by general practitioners under the terms of their contract with the Executive Council, and a fee is payable by the County Council for the record of the vaccination which the practitioner supplies in each case.

No. of vaccinations carried out.

(i) From 1st January to 30th June, 1948.

Total number of Certificates and copies of certificates of successful Primary Vaccination of Children under 14 (irrespective of the year of birth) received during the six months ended 30th June, 1948 (including those of which copies have been sent to Vaccination Officers of other districts).	}	1386
--	---	------

Total number of copies of certificates of successful Primary Vaccination received during the six months ended 30th June, 1948, which have been sent to Vaccination Officers of other districts.	}	203
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(ii) From 1st July to 31st December, 1948.

	Age at 31st December, 1948				
	Under 1	1—4	5—14	15 or over	Total
Number vaccinated	625	44	45	38	752
Number re-vaccinated	5	12	36	196	249

(iii) From 1st January to 31st December, 1949.

	Age at 31st December, 1949				
	Under 1	1—4	5—14	15 or over	Total
Number vaccinated	1171	142	72	82	1467
Number re-vaccinated	13	20	85	370	488

(b) DIPHTHERIA IMMUNISATION

The protection of children from attacks of diphtheria by immunisation became the sole responsibility of the County Council on 5th July, 1948. Previous to that date the Worthing Borough Council had been responsible for the scheme in Worthing. The number of children who completed a course of immunisation in 1948 was 3,005, and in 1949, 3,581, whilst 2,614 received re-inforcing injections in 1948, and 2,287 in 1949. The work is carried out at County Council clinics, where children of school age are dealt with at the same time as children under school age. Also, since 5th July, 1948, general practitioners have been brought into the scheme, and parents, if they wish, can ask their own doctors to immunise their children, the doctor subsequently giving the County Council a record of the inoculation and being paid a fee for this by the County Council. Of the number having primary injections in 1948, 483 were carried out by the general practitioners, and 672 in 1949. The Table below shows the position as at 31st December, 1949, with regard to protection of the child population of the County in the various age groups.

	Age							
	Under 1	1	2	3	4	5—9	10—14	Total under 15
Number protected	139	1988	3007	2507	2446	16133	19313	45533
Estimated Mid-year child population 1949	Children under five 24030					Children 5—14 42280		66310

It will be noted that on the 31st December, 1949, out of a child population computed to be 66,310, 45,533 had been protected by immunisation. The percentage immunised is thus, approximately, 69 of those still under 15 years of age. Whilst this is satisfactory, it has been estimated that to maintain protection against diphtheria of the child population the percentage immunised should be maintained in the neighbourhood of 70%, i.e. to prevent a major epidemic. The percentage for children under five is only 42, and every effort will be made to raise this percentage to something nearer that of the school child, which in 1949 was 84%.

Two children contracted the disease during 1948, neither of whom had been immunised, and six in 1949, three of whom had been immunised. No deaths occurred in either year.

Section 27. AMBULANCE AND HOSPITAL CAR SERVICE.

Section 27 of the National Health Service Act places on the County Council the responsibility of providing, free of cost to the patient, an Ambulance and Hospital Car Service "for the conveyance of persons suffering from illness, or mental defectiveness, of expectant and nursing mothers, from places in their area to places in or outside their area."

(a) AMBULANCE SERVICE

In West Sussex the duty has been delegated to the St. John Ambulance Brigade, except that the British Red Cross Society is continuing to serve the Midhurst area.

Infectious Cases.

On the recommendation of the Ministry of Health, the practice of confining the use of certain vehicles to the removal of infectious disease cases was discontinued, but it was envisaged that such cases would be dealt with only by the four main stations (Bognor Regis, Chichester, Horsham and Worthing) where adequate disinfection facilities would be available.

Rail Facilities.

Where it is necessary for a patient to make a long journey and he can without detriment to his health most conveniently be conveyed by rail, as a stretcher or semi-ambulant case, special arrangements are made with the Railway Authorities, and with the appropriate Local Health Authority at the point of detraining, for the provision of an ambulance to undertake the last stage of the journey.

Statistics.

The following Tables show the distribution of ambulances and the mileage undertaken.

1948

Station	No. of Ambulances	Mileage	
		Total July—Dec.	Monthly Average
St. John Ambulance Brigade			
Bognor Regis	4	12,207	2,034
Chichester	4	18,521	3,087
Crawley	1	6,578	1,096
Henfield	1	1,915	319
Horsham	4	12,782	2,130
Littlehampton	1	6,168	1,028
Petworth	1	5,019	837
Pulborough	1	5,914	986
Southwick	2	13,076	2,179
Steyning	1	1,363	227
Worthing	4	24,191	4,032
British Red Cross Society			
Midhurst	1	3,519	587
Total	25*	111,253	18,542

* Also one ambulance based on the St. John Ambulance Brigade Headquarters.

Station	No. of Ambulances	No. of patients carried				Mileage
		Accident and other emergencies	Invalids	Infectious cases	Total	
St. John Ambulance Brigade						
Bognor Regis	4	224	1,219	—	1,443	28,302
Chichester	4	115	2,122	129	2,366	43,069
Crawley	1	44	375	—	419	12,840
Henfield	1	25	136	—	161	4,577
Horsham	4	110	862	61	1,033	41,252
Littlehampton	1	139	662	—	801	16,205
Petworth	1	59	337	—	396	11,279
Pulborough	1	37	313	—	350	13,817
Southwick	2	85	1,143	—	1,228	26,178
Steyning	1	15	137	—	152	3,010
Worthing	4	296	3,235	170	3,701	59,079
British Red Cross Society						
Midhurst	1	126	246	6	378	10,304
Totals	25*	1,275	10,787	366	12,428	269,912

* Also one ambulance based on the St. John Ambulance Brigade Headquarters.

(b) HOSPITAL CAR SERVICE

Before the appointed day (5th July, 1948) a voluntary car service scheme, organised by the St. John Ambulance Brigade, except in Bognor Regis, was being operated. Hospitals using the service paid for it at the rate of 3d. per mile, and endeavoured to recover the cost from the patients concerned. In Bognor Regis the Urban District Council operated their own scheme. Since the appointed day, the St. John Ambulance Brigade, acting for the County Council, have covered the whole County, with Transport Officers based on Bognor Regis, Chichester, Horsham, Littlehampton and Worthing, still using the services of voluntary car drivers and their cars. They are paid 6d. per mile for their car expenses.

The demand on this service has increased greatly since 5th July, 1948. During the last six months of 1948, 201,425 miles were covered by the Hospital Car Service, and the monthly mileage in December was almost double that of July (though this was not a complete month). The following statement shows the mileage undertaken in each of the two years under review.

At the time of writing this report, the demand is still increasing and it is obvious that many people regard this as a free taxi service.

Month	Mileage		No. of Patients carried in 1949
	1948	1949	
January	Voluntary Service	38,752	13,295
February		43,414	
March		46,564	
April		46,987	
May		52,968	
June		49,694	
July	19,006*	48,686	2,036
August	23,850	49,139	2,064
September	37,977	50,851	2,232
October	38,402	49,746	2,289
November	41,454	52,591	2,354
December	40,736	51,160	2,320
Totals	201,425	580,552	26,590

* From 5th July, 1948.

The number of patients carried from 5th July to 31st December, 1948, is not available.

Section 28. PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis.

The chest physicians on the staff of the Regional Hospital Board carry out for the County Council the prevention, care and after-care Tuberculosis Scheme, assisted by the health visitors, who act as tuberculosis visitors in their various districts. In the Chest Clinic areas the health visitor attends and assists in the running of the Clinic. Care almoners will also assist in this work in the future.

The County Council appointed an occupational therapist (part-time), to commence duty in January, 1950. He will visit the homes of patients and instruct them in handicrafts.

Thirty revolving shelters were supplied free on loan during 1948, to patients recommended by the chest physicians, and 33 in 1949.

Subject to a means test, free milk is supplied by the County Council, on the recommendation of the chest physicians, to patients suffering from respiratory tuberculosis, who are not eligible for National Assistance. During 1948, 184 patients received this assistance, and in 1949, 21 patients. As from 5th July, 1948, patients who receive assistance from the National Assistance Board, and who were "gainfully occupied" before receiving treatment, become entitled to a higher rate of allowance to cover the cost of extra nourishment, such as milk.

Certain of the County Council's duties with regard to tuberculosis care and after-care have been delegated to the Sussex Rural Community Council, who give help of various kinds—boarding-out child contacts, supplying bedding, clothes, etc.—to patients referred to them by the chest physicians. Committees have been set up by the Rural Community Council at Chichester, Horsham and Worthing. During 1948, 95 patients were assisted by them, and in 1949, 127. Materials for occupational therapy were also supplied.

B.C.G. Vaccination.

Late in 1949 the County Council adopted the scheme suggested by the Ministry of Health, whereby children of tuberculous parents are inoculated with B.C.G. vaccine before they have been infected. During the testing period, and for a period after the inoculation, such children have to be isolated from the source of infection. In some cases this will mean the provision by the County Council of foster-home accommodation, or of accommodation in one of the County Council's Children's Homes.

Holiday Home Accommodation.

Patients requiring convalescent treatment are the responsibility of the Regional Hospital Board, but the Minister of Health has informed Regional Hospital Boards that they are not responsible for the provision of what is called "holiday home" accommodation, where no medical or nursing attention is required, but where merely good food, regular hours, fresh air, etc., are available, and that Local Health Authorities have power to provide this service under Section 28 of the Act. As some Convalescent Homes provide for both classes of case, difficulties have occurred in the past and it has been proposed by the Ministry of Health that a survey of all such accommodation should be carried out by representatives of the Regional Hospital Board and the Local Health Authorities. When this survey has been completed, it is hoped that agreement will be reached as to the respective responsibilities of the Regional Hospital Board and the County Council. At the moment there are a certain number of cases that are recommended for holiday home accommodation, for whom no Authority is responsible, and the only way they can get this is through voluntary sources.

Travelling Expenses of Relatives visiting Hospital Patients.

The Minister of Health has pointed out to Local Health Authorities, in Circular 85, issued on the 10th September, 1949, that it is within the scope of their arrangements under Section 28 of the National Health Service Act to provide travel warrants for relatives of hospital patients where there is urgent reason for a visit, because of the patient's serious condition, or because the visit would, in medical opinion, do the patient good and aid response to treatment. The County Council has deferred action on this matter, pending consideration by the County Councils Association. Meanwhile, where hardship occurs, the assistance of voluntary funds and bodies is being sought.

Patients discharged from Hospital and Invalids in their own Homes.

Two Care Almoners commenced work in January, 1950, to follow up patients discharged from hospital and to carry out social welfare work amongst invalids generally, including tuberculous patients. The care

almoner centred on Chichester acts as almoner at Aldingbourne Sanatorium and its Bognor Regis Annexe, run by the Chichester Group Hospital Management Committee of the Regional Hospital Board. The other almoner is centred on Worthing. They will make contact with almoners of local hospitals, and the Regional Hospital Board has requested constituent hospitals to notify the Local Health Authority when patients about to be discharged are considered to need "follow-up" or after-care, and for the necessary details of the patient's illness and the extent of his needs to be transmitted. The almoners will also deal with cases referred to them by general medical practitioners.

Provision of Nursing Equipment.

The scheme has been continued, whereby articles required by patients being nursed in their own homes are supplied on loan from depots established by District Nursing Associations, the St. John Brigade and the British Red Cross Society.

Prevention of Illness—Education of the Public.

The programme of the Central Council for Health Education, to whom this work has been delegated, has been continued, its aim being to give the man and woman in the street appropriate information concerning individual community health. The Central Council has also organised Courses for health educators—doctors, nurses, teachers, etc.

The work of health visitors in the preventive and educational field is referred to under "Health Visiting"—Section 24.

Section 29. HOME HELP SERVICE.

This service, which can be regarded as a valuable ancillary to the nursing, welfare and hospital services, is organised on behalf of the County Council by the Women's Voluntary Service (except in Worthing) and has continued to develop since the appointed day. Area Organisers, based on Bognor Regis, Chichester, Horsham, Lancing, Littlehampton, Selsey and Storrington, act under the direction of a W.V.S. County Organiser. During 1948 (from 5th July) 477 cases were assisted, and 1,241 in 1949. These figures include the Worthing cases, where the scheme is administered by the Medical Officer to the Worthing Health Sub-Committee, with the assistance of an Organiser.

With the increased demand on the service, and the limited amount of money available for it, efforts have had to be made to "ration" the use of the service, in order to spread it over as great a number of people as possible, and, as a result, it has been necessary to ensure that the Home Helps' services are used for only essential domestic duties. Fortunately, no epidemic, such as influenza, occurred in major form during the period under review, for the demands on the service would then have been greatly increased.

Section 51. MENTAL HEALTH SERVICE

The functions devolving on the County Council under the National Health Service Act include the responsibility for initial proceedings for removal of patients to hospital under the Lunacy and Mental Treatment Acts (formerly undertaken by Relieving Officers); for the ascertainment of, and (where necessary) removal to institutions of mental defectives, or for their care within the community by means of guardianship; for the training and supervision of defectives in their own homes; and for the provision of training centres and occupation centres for mental defectives.

Constitution and Meetings of Mental Health Sub-Committee.

The Mental Health Sub-Committee consists of nine members of the County Health Committee, plus the Chairman and Vice-Chairman (*ex officio*) and a representative nominated by the Brighton Guardianship Society. Meetings are normally held at the beginning of each quarter and all matters relating to Mental Health are referred to the Sub-Committee.

Administration.

The County Medical Officer is responsible for the organisation and control of the Mental Health Service, and the Deputy County Medical Officer assumes responsibility for the medical direction of the Service.

Staff.

The Deputy County Medical Officer and all Assistant County Medical Officers carry out certification work.

Care and After-care.

There are two Mental Welfare Officers employed whole-time on duties in connection with mental deficiency (e.g. visitation of defectives under voluntary or statutory supervision, under guardianship or on licence from institutions).

Arrangements for initial proceedings and removal to Mental Hospital under the Lunacy and Mental Treatment Acts are undertaken by seven Duly Authorised Officers, giving part-time service.

Co-ordination with the Regional Hospital Board and Hospital Management Committees.

(i) Mental Illness.

Co-ordination is maintained with the hospital and specialist services of Graylingwell Hospital. Out-patient Psychiatric Clinics are held at the Worthing, Horsham and Royal West Sussex (Chichester) Hospitals by the staff of the Mental Hospital.

Regular weekly visits have been paid by a Psychiatrist to North View at East Preston and Budgenor Lodge at Midhurst (former Public Assistance Institutions now being used as Welfare Homes for aged and handicapped persons). In addition to giving advice and guidance on the care management and occupation of those resident—principally senile patients—special examinations were made of 56 persons at North View and 43 at Budgenor Lodge, in 1948, and 89 and 60 respectively in 1949.

The psychiatric social workers on the staff of Graylingwell Hospital carry out after-care work by visiting homes and advising on domestic

problems, etc. They also supervise patients—if any—on trial or licence from the Mental Hospital.

At Chichester the Deputy Superintendent of the Mental Hospital organised an Out-patient Social Club of about 20—25 members, which meets in the County Health Centre.

(ii) *Mental Deficiency.*

Towards the end of 1948 the practice of each Local Authority making application to individual institutions for the admission of defectives was discontinued, and the Regional Psychiatrist drew up a scheme whereby the main Mental Deficiency Institutions were to act as parent units for specified catchment areas. All applications for admission were then made to the Medical Superintendent of the respective parent institution and he assessed priority and allocated vacancies to the various units, according to grade of defectiveness, age and sex distribution, etc.

West Sussex was included in the catchment area served by the Royal Earlswood Institution at Redhill, and it was envisaged that a few vacancies would be allocated at The Manor, Epsom, for high-grade defectives in need of institutional care.

It has been a great advantage to have one centre to which applications for institutional care for defectives can be made. The Medical Superintendent of the Royal Earlswood Institution has given much help and guidance, and has had periodic meetings with the Deputy County Medical Officer to discuss mutual problems and assess priority of admission of defectives in need of institutional care and training.

Duties delegated to Voluntary Associations.

The Brighton Guardianship Society continues to find homes for the bulk of defectives in need of guardianship, and they supervise those that they place. They maintain Occupation Centres which are attended by defectives placed in Brighton.

Work undertaken by the Mental Health Service

(i) *Lunacy and Mental Treatment*

During the period 5th July to 31st December, 1948, and during 1949, Authorised Officers arranged for the admission of the following number of patients to Graylingwell Hospital:—

	1948			1949		
	M.	F.	T.	M.	F.	T.
Urgency Order	24	39	63	43	68	111
Summary Reception Order	10	19	29	19	35	54
Voluntary Patient	4	8	12	12	14	26
Totals	38	66	104	74	117	191

The number of admissions to Graylingwell Hospital in 1948 and 1949 as shown in the Annual Reports of the Medical Superintendent were :—

	1948			1949		
	M.	F.	T.	M.	F.	T.
Voluntary	140	274	414	195	361	556
Temporary	1	2	3	—	1	1
Certified	60	98	158	67	114	181
Totals	201	374	575	262	476	738

Of the certified patients received 108 in 1948 and 120 in 1949 were admitted under Urgency Orders.

Of the total direct admissions 72.5% in 1948 and 75.4% in 1949 were voluntary or temporary patients.

The average age on admission was 48.2 years in 1948 and 47.3 in 1949. 117 (20.3% of the total) of the patients admitted in 1948 and 138 (18.7%) of those received in 1949 were aged 65 years or over.

(ii) *Mental Deficiency*

The total number of defectives under care on 31st December, 1948, and 31st December, 1949, is shown below :—

	1948			1949		
	M.	F.	T.	M.	F.	T.
In Institutions and Approved Homes ..	99	86	185	136	104	240
Under Guardianship	45	69	114	33	50	83
In "place of safety"	2	3	5	—	3	3
Under Statutory Supervision	94	93	187	118	113	231
Under Voluntary Supervision	16	17	33	47	37	84
Totals	256	268	524	334	307	641

The following Table shows the number of defectives under institutional care on 31st December, 1948 and 1949:—

Institution	1948			1949		
	M.	F.	T.	M.	F.	T.
Royal Earlswood Institution, Redhill ..	10	2	12	66	32	98
Forest Hospital, Horsham (former P.A. Institution)	39	23	62			
The Manor, Epsom	2	2	4	14	10	24
St. Teresa's, Farnham	—	11	11	—	13	13
Botleys Park, Chertsey	2	—	2	2	1	3
Fountain Hospital, Tooting	—	—	—	2	—	2
Farmfield, Horley	1	—	1	2	—	2
Laughton Lodge, Lewes	25	23	48	24	21	45
Stoke Park, Bristol	4	10	14	4	9	13
Other Institutions	10	14	24	15	17	32
Approved Homes	6	1	7	7	1	8
Totals	99	86	185	136	104	240

The number of Defectives admitted to Institutions during 1948 and 1949 was as follows:—

1948			1949		
M.	F.	T.	M.	F.	T.
29	20	49	31	19	50

The number of defectives ascertained during the years 1948 and 1949 was as follows:—

	1948			1949		
	M.	F.	T.	M.	F.	T.
(a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944):—						
(i) Under Section 57 (3)	12	10	22	14	6	20
(ii) Under Section 57 (5)	4	1	5	11	5	16
(b) Other cases reported during 1948 and 1949 and ascertained to be "subject to be dealt with"	11	13	24	19	18	37
Total cases ascertained to be "subject to be dealt with" during 1948 and 1949	27	24	51	44	29	73
(c) Other cases reported during 1948 and 1949 who are not at present "subject to be dealt with" but for whom the Local Health Authority may subsequently become liable	2	—	2	24	11	35
Total number of cases reported during 1948 and 1949	29	24	53	68	40	108

The following Table shows the disposal of cases reported during 1948 and 1949:—

	1948			1949		
	M.	F.	T.	M.	F.	T.
(a) Cases ascertained to be "subject to be dealt with"						
(i) Admitted to Institutions (by order)	9	9	18	15	7	22
(ii) Placed under Guardianship (by order)	2	—	2	1	1	2
(iii) Taken to place of safety	2	2	4	—	1	1
(iv) Placed under Statutory Supervision	14	11	25	28	18	46
(v) Died or removed from area	—	1	1	—	—	—
(vi) Action not yet taken	—	1	1	—	2	2
(b) Cases not at present "subject to be dealt with"						
(i) Placed under Voluntary Supervision	2	—	2	23	9	32
(ii) Found not to be defective	—	—	—	—	—	—
(iii) Died or removed from area	—	—	—	—	1	1
(iv) Action not yet taken	—	—	—	—	1	1
(v) Action unnecessary	—	—	—	1	—	1
Totals	29	24	53	68	40	108

Guardianship.

Fifteen defectives were placed under guardianship in 1948 and 3 in 1949. Of the 83 cases under guardianship at the end of 1949, 64 were under the care of nominees of the Guardianship Society of Brighton and were supervised by that Society on behalf of the Local Authority: 29 defectives were under the guardianship of their parents or relatives in 1948, and seven in 1949, who in most cases received a weekly allowance from the Local Authority or National Assistance Board towards the cost of their maintenance. There were also 14 defectives with other guardians in 1948, and 12 in 1949.

Of the 83 cases under guardianship at the end of 1949, 9 defectives were wholly self-supporting and 9 partially self-supporting.

Supervision.

A second Mental Welfare Officer was appointed in April, 1948, based at Worthing, to cover the eastern half of the County, leaving the western half to be covered by the Mental Welfare Officer based at Chichester.

Worthing Occupation Centre.

A non-residential Occupation Centre is housed in the same building as the Home for the Blind at Worthing, and caters for defectives from that district and surrounding areas. A qualified Supervisor and an unqualified assistant are employed to train the defectives, who are mainly of compulsory school age. At the end of 1948 there were 18 children on the register and

during the Autumn Term the average attendance was 14. These numbers varied slightly in 1949 and at the end of that year there were 17 on the register, with an average attendance of 17.

In view of the need to provide additional accommodation for the blind, it was decided to extend the present Home for the Blind at Worthing, and this necessitated the provision of alternative accommodation for the Occupation Centre. Although a number of buildings were viewed and sites inspected, suitable arrangements had not been made by the end of 1949.

REGISTRATION OF NURSING HOMES

The Public Health Act, 1936 (Sections 187-194) provides for the registration of Nursing Homes and the inspection of them by the County Council.

Six applications for registration were received in 1948 and seven in 1949. In every instance registration was granted.

At the end of 1949, there were 69 Nursing Homes (as compared with 71 in 1948) with accommodation as follows :—

Year	Beds for Maternity cases	Beds for Other cases	Total
1948	163	589	752
1949	106	542	648

No Orders have been made refusing or cancelling Registration and no Applications for Exemption have been received.

Visits of inspection are paid periodically by an Assistant County Medical Officer to these Homes.

MILK

MILK (SPECIAL DESIGNATIONS) REGULATIONS 1936—1949

The responsibility of the County Council in administering the Milk (Special Designations) Regulations relating to the production of designated milk on farms ceased on the 30th September, 1949, when the Food and Drugs (Milk and Dairies) Act, 1944, was brought into operation. This work is now carried out by the Ministry of Agriculture and Fisheries.

In 1936, when the regulations were brought into force, there were only 28 tuberculin tested herds, out of a total of 1,136 herds in the County. On the 30th September, 1949, there were 402 tuberculin tested herds out of a total of 1,137, and the cattle in these herds comprised 51.38% of the cattle population of the County.

During the same period the number of accredited herds increased from 305 to 338, although in 1943 the figure had reached 477. The lower number in 1949 is due to some of the accredited herds having advanced to the tuberculin tested status.

The total number of designated (tuberculin tested and accredited) licences increased from 29% of the total herds in 1936, to 65% in September, 1949, whilst the cattle in these herds increased from 38.8% of the cattle population in 1936, to 80.56% in 1949.

The number of samples procured by the County Council increased from 1,074 in 1936 to 6,086 in 1947 (the only complete year when three Milk Sampling Officers were engaged), and averaged over 5,000 samples per year between 1943 and 1948.

The results of inspection and testing of milk during 1948 and the first three quarters of 1949 are shown below. In view of the differing conditions in the winter and summer quarters, it is suggested that the figures given for 1949 should not be used for comparative purposes.

Farm Inspections by the County Sanitary Officer.

	1948	1949‡
(a) With respect to applications for new licences..	426	301
(b) "Tuberculin Tested" Farms	204	146
(c) "Accredited" Farms	162	88
(d) Other Farms and Dairies	11	6
	<hr/> 803	<hr/> 541

‡ The figures relating to 1949 represent the period 1st January to 30th September.

Most of the inspections made at the "designated" farms were made during "milking" hours.

Advisory samples procured by the County Sanitary Officer in connection with visits to "designated" farms:-						1948	1949
(i)	Milk	..	..	..	..	23	62
(ii)	Churn, bottle and utensil rinsings and residues	..	..	..	..	2	11
(iii)	Water	..	..	..	..	20	7
No. of Sediment Tests carried out by County Sanitary Officer						63	9

Sampling of Milk for Bacteriological Examination.

Total No. of samples procured (all sources)						1948	1949 [‡]
						5464	3011
"Tuberculin Tested"	Routine samples	..	..	..	..	1752	1064
	No. unsatisfactory	..	..	..	..	210	215
						(11.9%)	(20.2%)
	† Repeat samples	..	..	..	..	233	145
						49	68
"Accredited"	Routine samples	..	..	..	..	2026	992
	No. unsatisfactory	..	..	..	..	373	204
						(18.4%)	(20.5%)
	† Repeat samples	..	..	..	..	539	155
						197	71
Application samples (qualifying for licence)						251	268

† Repeat samples are samples procured from "designated" farms following an unsatisfactory report on a routine sample and may include more than one repeat sample from the same farm should the first repeat sample prove unsatisfactory.

‡ The figures relating to 1949 represent the period 1st January to 30th September.

Licences.

						1948	1949
No. of "Tuberculin Tested" licences granted..						81	110
No. of "Accredited" licences granted						28	30
"Tuberculin Tested" licences in force						329*	402†
"Accredited" licences in force						373*	338†
Total "Tuberculin Tested" and "Accredited"						702*	740†

* As at 31st December. † As at 30th September.

During 1948 three cases were considered by the Milk Sub-Committee as a result of unsatisfactory sampling (as compared with six in 1947, nine in 1946 and thirteen in 1945). One licence was suspended for a period of three months. During 1949 two cases were similarly considered and one licence was revoked. No appeal to the Ministry of Health against the decisions of the Authority was made during 1948 or 1949.

School Milk Supplies.

	1948	1949
No. of samples	234	194
No. unsatisfactory	76	49

Samples of heat treated milk supplied to schools were submitted to the phosphatase test to ascertain whether they had been adequately treated as follows:—

	1948	1949
No. of samples	192	166
No. unsatisfactory	9	40

The standards of the Milk (Special Designations) Regulations and Heat Treated Milk (Prescribed Tests) Order have been applied to School supplies. In this connection it should be explained that the conditions of the Milk (Special Designations) Regulations require that samples of designated milk when sold in bottles shall be either examined at the laboratory within two hours of the collection of the sample, or kept at a temperature between 32° and 40°F. Every effort has been made to enable these samples to arrive within the specified time, but not always with success. The results relating to these supplies should therefore only be regarded as a rough and ready indication of the state of the supply. This statement applies only to the School supplies and not to samples procured at the "designated" farms.

Hospitals and Institution Supplies.

	1948	1949
No. of samples	45	28
No. unsatisfactory	12	13

Payment of Bonus for Heat Treatment of Milk—Defence Regulation 55G.

The Ministry of Food continued, subject to compliance with certain conditions, to pay milk retailers, wholesalers, and depot proprietors an allowance in respect of milk heat-treated by them.

In order to assist the Minister of Food in securing compliance with the conditions, the Minister asked Food and Drug Authorities to take and examine samples; in this respect 361 samples were procured in 1948 and 217 in 1949 (to 30th September). On the 1st October, 1949, the responsibility for the supervision of pasteurising plants became that of the County Council, and copies of routine sampling results were forwarded to the Ministry of Food. All the samples were examined by the Phosphatase Test and Methylene Blue ($\frac{1}{2}$ hour) Test.

Food and Drugs Act, 1938—Tuberculous Milk.

The responsibility of sampling for biological examination for tuberculosis under Section 25 of the Food and Drugs Act, 1938, still remains that of the County Council, and is not affected by the transfer mentioned in paragraph 1.

The number of samples examined is controlled by the availability of guinea pigs at the laboratory. From time to time these were insufficient for this purpose.

	1948	1949
No. of samples	131	81
No. containing tubercle (11 results not available at end of 1948)	3	—
No. containing tubercle (7 results not available at end of 1949)	—	2

Of the 30 results not available at end of 1947, all proved negative.

Of the 11 results not available at end of 1948, all proved negative.

Of the 30 results reported as not being available in 1947, all proved negative.

Of the 11 results reported as not being available in 1948, all proved negative.

During 1948, three samples of milk submitted by the County Sanitary Officer for biological examination were found to contain tubercle bacilli, and one notification regarding tuberculous milk was received as a result of sampling carried out by an Authority in whose area the milk was being sold. These notifications related to four herds, and, as a result of the veterinary investigation by the Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries, four cows were slaughtered.

During 1949, two samples of milk submitted for biological examination were found to contain tubercle bacilli, and one notification was received as the result of sampling carried out by an Authority in whose area the milk was offered for sale. These notifications related to three herds, and, as a result of the veterinary investigation by the Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries, six animals were slaughtered.

Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949

The supervision of milk production was, on the 1st October, 1949, transferred from the County Councils and Local Sanitary Authorities to the Ministry of Agriculture and Fisheries, and on the same day the responsibility for the licensing and supervision of the pasteurising and sterilising plants was transferred from Local Sanitary Authorities to the Food and Drugs Authorities. So far as West Sussex is concerned, this means that the County Council is responsible for the supervision of all such plants, with the exception of those in the Borough of Worthing.

Seven licences to pasteurise milk were transferred from Local Sanitary Authorities to the County Council. Owing to the amendments made in the Milk and Dairies Regulations, 1949, six of these plants required alterations, and arrangements are in hand for these to be completed at an early date, though there has been some delay owing to the difficulty in obtaining mechanical apparatus, such as temperature recorders, etc.

Samples procured for bacteriological examination under the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949, from 1st October to 31st December, 1949.

No. of samples procured and examined	..	..	..	143
No. of samples satisfying both the Phosphatase and Methylene Blue tests	..	..	..	140
No. failing Phosphatase Test	..	..	..	1
No. failing Methylene Blue Test	..	..	..	2

No. of Inspections of Dairies by the County Sanitary Officer from 1st October to 31st December, 1949	32
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Situation of Licensed Pasteurising Plants.

Chichester..	1
Littlehampton	3
Bognor Regis	..	..	..	1
Southwick	..	..	..	1
Horsham ..	..	..	..	1

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944

PUBLIC HEALTH ACT, 1936 — SECTION 307

Schemes for the installation, extension, and alterations, of sewerage, sewage disposal, and water supplies, are submitted by Rural District Councils for the observations of the County Council, before being submitted to the Ministry of Health for approval for the purpose of grant. The County Council is required to make a grant at least equal to that made by the Ministry of Health.

The following applications were submitted to the County Council in the years 1948 and 1949:—

District or Authority	Sewerage	Water
1948		
Chichester R.D.	North Bersted	Westbourne, Bosham Funtington, Oving, East & West Wittering, Mundham, Climping, Aldingbourne, Yapton, Walberton, Sidlesham, Birdham, Pagham, Ford, Chidham.
Midhurst R.D.	Fernhurst (Nappers Wood)	Harting (Durford Mill)
Worthing R.D.		(a) Angmering (Hammerpot) (b) Findon.
1949		
Chanctonbury R.D.	(a) Pulborough, West Chilmington and Thakeham. (b) Steyning, Bramber and Beeding.	
Chichester R.D.	(a) Climping. (b) Compton and West Marden. (c) Hunston.	
Midhurst R.D.	West Lavington.	(a) Cocking. (b) Iping (part) Stedham and Linch. (c) Woolbeeding & Redford (d) Chithurst, Harting and Iping (part).
Worthing R.D. North West Sussex Joint Water Board	Sompting (3rd stage).	(a) Horsham Rural. (b) Warnham.

SAMPLING OF WATER.

At the request of the North West Sussex Joint Water Board arrangements were made for the County Sanitary Officer to carry out routine sampling at pumping stations and at distribution points. This work was commenced on 7th April, 1948, and samples for bacteriological examination were procured weekly. Also, samples for chemical examination were procured twice a year from each source of supply.

	1948	1949
	<i>(from 7th April)</i>	
Samples procured at Pumping Station	339	526
No. unsatisfactory—untreated water	3	13
No. unsatisfactory—chlorinated water	1	—
Samples procured at Distribution Points	107	152
No. unsatisfactory—chlorinated water	3	2
Total No. of samples procured	446	678
Samples procured from Pumping Stations for chemical analysis	5	12

HOUSING

The Table below shows that 1,882 new houses were erected in the County during 1948 and 1,660 in 1949. The figures have been obtained from the Medical Officers of Health of the County Districts.

Sanitary District	1948			1949		
	By Local Authority	By Private Enterprise	Total	By Local Authority	By Private Enterprise	Total
Urban Districts						
Arundel	26	6	32	24	7	31
Bognor Regis	15	36	51	109	25	134
Chichester	192	35	227	114	23	137
Horsham	138	11	149	105	18	123
Littlehampton	52	20	72	48	9	57
Shoreham-by-Sea	21	18	39	56	24	80
Southwick	41	14	55	46	10	56
Worthing	228	38	266	172	52	224
	713	178	891	674	168	842
Rural Districts						
Chanctonbury	244	45	289	136	53	189
Chichester	136	29	165	221	38	259
Horsham	194	39	233	146	56	202
Midhurst	118	14	132	16	23	39
Petworth	6	25	31	6	5	11
Worthing	118	23	141	94	214	118
	816	175	991	619	199	818
Total	1529	353	1882	1293	367	1660

HOUSING SURVEY IN RURAL AREAS

The survey of housing conditions by Rural District Councils, started in 1944 on the instructions of the Ministry of Health, following the recommendations in the Hobhouse Report, has been completed, with the exception of 525 houses in the Petworth Rural District.

The classification of the houses at the time of inspection is shown in the Table below. It will be seen that 14.8% of the houses surveyed proved satisfactory in all respects; over 50% were in need of repair, structural alterations, or improvement, whilst 7.9% were considered to be unfit for habitation and beyond repair at reasonable expense.

The high cost of repairs and uneconomic rents were, no doubt, retarding factors in maintaining and improving existing property.

The figures in the table have been obtained from the Medical Officers of Health of the County Districts.

Rural District	Total number of houses included in survey	Number of houses surveyed and classified	(c) Classification of houses in (b)				
			Satisfactory in all respects	Minor defects	Requiring repair, structural alterations or improvements	Appropriate for reconditioning under Housing (Rural) Workers Acts	Unfit for habitation and beyond repair at reasonable expense
	(a)	(b)	(1)	(2)	(3)	(4)	(5)
Chanctonbury ..	4049	4049	996	1767	1098	40	148
Chichester ..	7784	7784	1138	1144	4176	333	993
Horsham ..	5477	5477	953	2285	1517	176	546
Midhurst ..	3371	3371	134	395	1736	769	337
Petworth ..	1461	936	51	54	562	254	15
Worthing ..	7172	7172	1006	1169	4282	487	228
Totals	29314	28789	4278	6814	13371	2059	2267
Percentage		100	14.8	23.7	46.4	7.2	7.9

FOOD AND DRUGS ACT, 1938.

LABELLING OF FOOD ORDER, 1946 **PUBLIC HEALTH (Preservatives, Condensed and** **Dried Milk) REGULATIONS.**

The following information, regarding samples procured for examination under the above legislation during the years 1948 and 1949, has been supplied by the Chief Inspector of Weights and Measures.

	1948			1949		
	Milk	Other than milk	Total	Milk	Other than milk	Total
Submitted to the Public Analyst	64	309	373	75	520	595
Examined Departmentally	1,211	37	1,248	633	12	645
	1,275	346	1,621	708	532	1,240

Particulars of Samples analysed by the Public Analyst.

Description	1948			1949		
	Number Analysed	Genuine	Reported against	Number Analysed	Genuine	Reported against
1. Liquid Milk and Cream	64	37	27	75	26	49
2. Processed Milk and Products derived from milk (including ice cream) ..	2	2	—	50	50	—
3. Edible Fats and Oils ..	22	22	—	34	34	—
4. Preserves	65	59	6	33	31	2
5. Tinned, Bottled and Dried articles	6	5	1	11	11	—
6. Alcoholic Beverages ..	33	32	1	25	25	—
7. Non-Alcoholic Beverages	18	17	1	49	48	—
8. Sugar and Flour Confectionary	5	4	1	25	25	—
9. Meat and Fish Products (not included in 5) ..	52	41	11	94	81	13
10. Vinegars, Pickles and Sauces	46	43	3	63	59	4
11. Spices, Flavourings and Essences	9	9	—	6	6	—
12. Cereal Products	4	4	—	26	23	3
13. Medicines, Drugs and Surgical Preparations ..	26	23	3	19	19	—
14. Miscellaneous	21	17	4	85	85	—
	373	315	58	595	523	72

Proceedings were instituted against the vendors of samples, as follows:-

1948

Milk certified as containing added water.

- 4.9%; 16.6% added water—Fined £5 in each case and 5 gns. costs.
Total £15. 5s.
4.9% added water—Fined £4. (to include costs).
7.1% added water—Fined £2 and 3 gns. costs. Total £5 3s.
12% added water—Fined 5 gns. (to include costs).
9.2% added water—Fined £5 and 6 gns. costs. Total £11 6s.
8.6% added water—Fined £1 and 5 gns. costs. Total £6 5s.
22.5% added water—Two defendants. Fined £5 each and 7 gns.
costs. Total £17 7s.

Sausages and Sausage Meat certified as being deficient in meat content.

- Sausage Meat. Deficient in meat content 15%. Fined £3 and 2 gns.
costs. (Total £5 2s.).
Sausage Meat. Deficient in meat content 44%. Ordered to pay
£3 7s. costs.
Sausage Meat. Deficient in meat content 28%. Ordered to pay
£3 7s. costs.
Sausages. Deficient in meat content 30%. Ordered to pay £3 7s.
costs.

1949

Milk certified as containing added water.

- 4.1%; 8.3%; 4.1%; 4.5%; added water—Cowman charged as "actual
offender" and Fined 10/- in each case and 2 gns. costs. Total
£4 2s.
10%; 4.9% added water—Fined £5 and 5 gns. costs. Total £10 5s.
30% added water—Cowman charged as "actual offender." Fined
£6. Producer ordered to pay 4/- costs. Total £6 4s.
4.9%; 3.4%; 4.1% added water—Fined £5; £2; £2 respectively and
5 gns. costs. Total £14 5s.
8.4%; 4.1%; 4.1%; 2.5%; 2.3% added water—Fined 4/- in each case
and £9 8s. costs. Total £10 8s.

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