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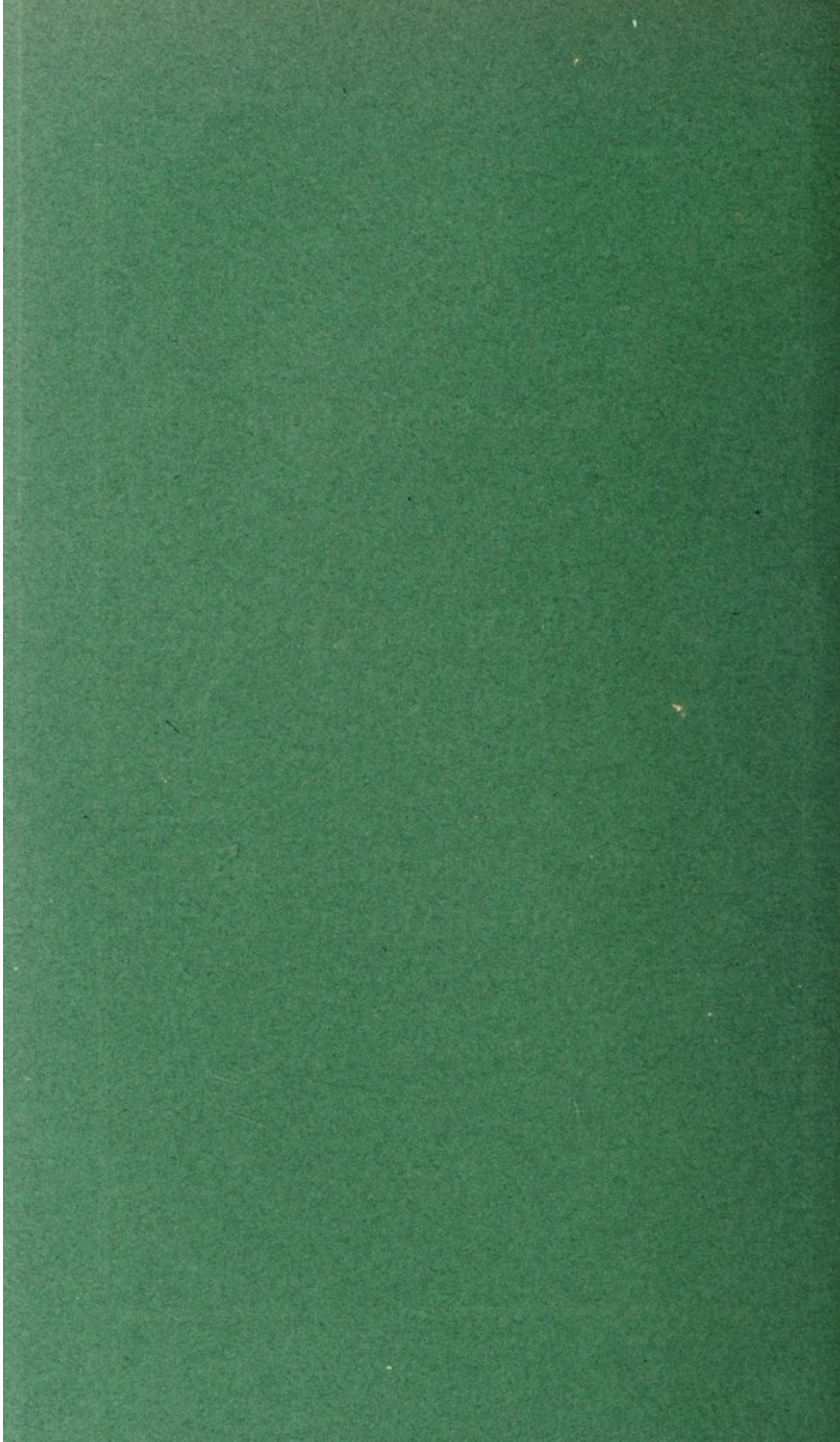
ANNUAL REPORT

OF THE

**COUNTY MEDICAL OFFICER
OF HEALTH**

FOR THE YEAR

1952





West Sussex County Council


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WEST SUSSEX COUNTY COUNCIL

Annual Report of the County Medical Officer for the year 1952

FOREWORD

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

I have the honour to present my Annual Report for the year 1952.

The Minister of Health has asked that, for this particular year, the Annual Report should include a survey of the health services provided under the National Health Service Act, 1946, which came into force in July, 1948, and the part of this Report which deals with the schemes provided under the Act follows the lines suggested by the Minister. I hope the review will provide a picture of the work involved in carrying out new schemes provided under the Act or the extension of schemes already in being when the Act came into force. The effect of the Act and the schemes brought into force by it have been far reaching, not only in that part of it which became the responsibility of Local Health Authorities, but also that relating to the duties of Hospital Boards and Executive Councils. Each Authority has attempted to meet the ever increasing demands made by the public on its service, but it has been difficult in some instances to keep pace with the demand or to estimate when saturation point was likely to be reached.

Reference to the Statistics in the Report will be of interest, as these show that the health of the population in the County for the year under review has been generally satisfactory. The birth rate has increased slightly whilst the death rate has decreased compared with the previous year, and the infantile death rate has been reduced to 18 per thousand live births; a figure so low that it demands attention. On page 10 are contrasted the figures for infantile mortality over the last 40 years, and this contrast is even more marked in 1952. In 1911 the infantile mortality rate was 85 per thousand live births and is now reduced to 18. Even as recently as 1937 the infantile mortality rate was 46, $2\frac{1}{2}$ times as high as the latter figure. The reasons for this marked reduction are, of course, many—improved nutrition, both of mother and child, better housing, higher standards of living generally and, perhaps the most important, better education of young mothers in the feeding and upbringing of children. It is noteworthy that there are no infantile deaths recorded for 1952 due to Gastritis, Enteritis and Diarrhoea. In years gone by such conditions were frequent causes of infantile deaths. Another cause of infantile deaths which has been much reduced in recent years is that of Congenital Malformation. It will be noted that only 9 deaths occurred from such conditions in 1952 (Table III). In 1937, the figure was 114. There is little doubt that the ante-natal care given to

expectant mothers, and the consequent improvement in their general health, has had its due effect on this particular cause of infantile mortality.

Although due emphasis has been placed on the curative services provided under the Health Service Act, a perusal of this Report will, I hope, indicate the part the preventive services are playing in the maintenance of health and the prevention of disease, and also shew the ways in which the tripartite division of responsibility—shared by Hospital Boards, Local Health Authorities and Executive Councils—has resulted in a workable, though in some respects somewhat clumsy, scheme.

It is very satisfactory to record that for the third year in succession the County was entirely free from Diphtheria.

I desire to place on record my thanks to all members of the staff of the County Health Department for their loyal assistance during the year under review.

J. S. BRADSHAW,
County Medical Officer.

COUNTY HALL,
CHICHESTER.

September, 1953.

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.

Senior Assistant Medical Officer and Supervisor of Midwives

Frances Heron-Watson, M.B., CH.B., 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.

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

*F. Cockcroft, M.A., 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.

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).*

Chest Physicians

(appointed by Regional Hospital Board)

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

E. W. Thompson Evans, M.D., CH.B., D.P.H.

Florence R. Pillman, M.B., B.S., M.R.C.S., M.R.C.P.

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.

†J. Hampton, L.D.S., R.C.S. (ENG.).

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

J. S. Dick, L.D.S., R.C.S. (ENG.).

J. S. Price, L.D.S., R.C.S. (ENG.).

F. C. Tomlyn, L.D.S., R.C.S. (ENG.).

†L. D. Smith, L.D.S. (ENG.).

C. P. Urbani, L.D.S., R.C.S. (ENG.).

†F. Winbolt-Lewis, L.D.S., R.C.S. (ENG.).

† Part-time.

County Sanitary Officer

F. W. Mason.

Superintendent Nursing Officer

Miss J. M. Akester, S.R.N., S.C.M., D.N., H.V.CERT.

Deputy Superintendent Nursing Officer

Miss T. Brown, S.R.N., S.C.M., H.V.CERT.

Asst. Superintendent Nursing Officers

Miss K. D. Holland, S.R.N., S.C.M., H.V.CERT. (also Supervisor of Midwives).
Miss G. A. Riches, S.R.N., S.C.M., H.V.CERT. (Worthing).

Care Almoners

Miss E. Bryce, A.M.I.A. (Worthing).
Miss E. Davis, A.M.I.A. (Chichester).

Occupational Therapist

S. A. Groom.

Mental Welfare Officers (Mental Deficiency)

Miss C. A. Woolston.
Henry West, S.R.N., R.M.P.A., M.S.S.CH.

Authorised Officers (Lunacy and Mental Treatment)

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

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., D.P.H.	...	Arundel Municipal Borough Chichester Rural District Midhurst Rural District
T. H. Harrison, M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H.	...	Chanctonbury Rural District Shoreham-by-Sea Urban District Southwick Urban District.
F. Cockcroft, M.A., M.R.C.S., L.R.C.P., D.P.H.	...	Littlehampton Urban District Worthing Rural District.

GENERAL STATISTICS

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

Population at mid-year (as estimated by the Registrar-General).

Urban Districts	...	...	...	168,500
Rural Districts	...	...	...	151,100
Administrative County	...	...	...	319,600

The estimated population (at mid-Year) in each Sanitary District is shown on page 14.

Rateable Value (1st April, 1952)	£3,279,805
-----------------------------------------	-----	-----	-----	------------

Product of Penny Rate

For General County purposes	...	...	...	£13,537
For Special County purposes	...	...	...	£9,357

Rate in the £ Precepted

General County purposes	...	...	...	...	s. d. 12 6
Special County purposes	...	...	...	...	5
					12 11

VITAL STATISTICS

Live Births			
Legitimate	...	3,982	Birth rate per 1,000 of the estimated resident population.
Illegitimate	...	195	
Total		...	4,177
			13.07
Still Births			
Legitimate	...	83	Rate per 1,000 total births (live and still).
Illegitimate	...	4	
Total		...	87
			20.82
Deaths		4,304	Death rate per 1,000 of estimated resident population.
			13.47
Maternal Deaths		4	
Rate		...	0.9

DEATH rate of Infants under one year of age

All Infants per 1,000 live births	...	18
Legitimate Infants per 1,000 legitimate births	...	18
Illegitimate Infants per 1,000 illegitimate births	...	15
DEATHS from Cancer (all ages)	...	784
DEATHS from Measles (all ages)	...	-
DEATHS from Whooping Cough (all ages)	...	-
DEATHS from Diarrhoea, Gastritis and Enteritis (under 1 year of age)	...	-

NOTES ON STATISTICS

Birth Rate

In Table I, the birth rates are shown for the last ten years for urban districts, rural districts, and the administrative County, and also those for England and Wales.

The birth rate for the County was 13.07 per thousand population, as compared with 15.3 for England and Wales. The rate is always likely to be lower than that for the Country as a whole, owing to the age constitution of the County population.

If the Registrar General's comparability factor is applied, which takes into account the age and sex distribution in the County, the standardised birth rate of 14.51 per thousand of the population is produced.

Death Rate and Causes of Death

The death rate (Table II) was 13.47 per thousand population, as compared with 14.64 in 1951. When the comparability factor (referred to above) is applied, the rate is reduced to 9.97, which is lower than that for England and Wales (11.3).

It is of interest to note the incidence of death in various age groups, as follows :—

Under 1 year	1—5	5—15	15—45	45—65	65 years and over
1.8%	0.5%	0.4%	3.3%	18.6%	75.4%

35% of the deaths were due to heart disease—mainly persons over 65 years of age.

Other diseases of the circulatory system accounted for 196 deaths of which 166 occurred in persons over 65 years of age. Bronchitis and pneumonia caused 326 deaths, of which 249 occurred amongst persons over 65 years of age.

Vascular lesions of the nervous system (haemorrhages, thromboses, etc.) caused 667 deaths, of which 577 were in persons over 65 years of age.

Pulmonary tuberculosis was responsible for 53 deaths, 16 (30%) of which occurred in the age group 15-45 years. It will be seen from the Table on page 16 that the death rate from this disease has been continuously reduced during the past five years. This improvement extends to the 15-45 years age group, in which it is noted that the death rate is 30% of the total.

The marked reduction in mortality from respiratory tuberculosis since the War is general to the United Kingdom and has been accelerated by the great strides made in thoracic surgery and treatment by drugs such as streptomycin and P.A.S.

Cancer was responsible for 784 deaths (477 being persons over 65 years of age). This shows a reduction of 33 as compared with the previous year which was the highest recorded. The Cancer death rate was 2.45 compared with 2.56 in 1951.

The following table shows the number of deaths and death rates from Cancer recorded in the County during the last ten year.

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Admin. County No. of Deaths	632	619	662	691	673	681	774	766	817	784
Death Rate per 1,000 pop.	2.47	2.40	2.47	2.38	2.25	2.19	2.38	2.42	2.57	2.45

Particulars of the sites of the disease and the age distribution of persons who died from cancer during the year will be found in Table III.

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 infantile mortality rate was 18 as compared with 25 in 1951. During 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	1941	1951	1952
West Sussex	85	49	44	44	25	18
England and Wales ...	130	83	66	59	29.6	27.6

Still-births

The still-birth rate was 20.82, compared with 23.25 in 1951 and 19.37 in 1950.

Efforts will be continued by means of the County ante-natal service to reduce this rate, but it should be remembered that the still-birth rate in 1938 was as high as 36.8 per 1,000 total births (live and still).

Maternal Mortality

There were four maternal deaths during the year (two in Worthing M.B. ; one in Chichester R.D. and one in Horsham R.D.) as compared with two deaths in the previous two year. The maternal mortality rate was 0.94 per 1,000 births (live and still) in 1952 ; 0.5 in 1951 and 1.2 in 1950. The rate for the Country as a whole was 0.53 for the year under review.

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 1943–1952 for Urban and Rural Districts, Administrative County, and England and Wales.

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Urban Districts										
No. of Births	2,256	2,525	2,265	2,758	2,878	2,507	2,293	2,112	1,986	2,068
Birth Rate	16.87	18.52	15.67	17.39	17.59	15.04	13.64	12.46	11.73	12.27
Rural Districts										
No. of Births	2,263	2,383	2,051	2,462	2,602	2,370	2,341	2,091	2,082	2,109
Birth Rate	18.51	19.58	16.67	18.80	19.20	16.50	16.19	14.27	14.01	13.96
Admin. County										
No. of Births	4,519	4,908	4,316	5,200	5,480	4,877	4,634	4,203	4,068	4,177
Birth Rate	17.61	19.02	16.13	18.03	18.34	15.72	14.82	13.30	12.80	13.07
England and Wales										
Birth Rate	16.5	17.6	16.1	19.1	20.5	17.9	16.7	15.8	15.5	15.3

TABLE II—DEATH RATE

Number of Deaths and Death Rates for the Years 1943–1952 for Urban and Rural Districts, Administrative County, and England Wales.

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Urban Districts										
No. of Deaths	2,248	2,241	2,401	2,474	2,486	2,267	2,507	2,622	2,763	2,514
Death Rate	16.80	16.62	16.62	15.60	15.20	13.60	14.91	15.47	16.32	14.92
Rural Districts										
No. of Deaths	1,588	1,626	1,667	1,639	1,651	1,627	1,806	1,832	1,891	1,790
Death Rate	13.05	13.36	13.55	12.52	12.20	11.32	12.49	12.50	12.72	11.84
Admin. County										
No. of Deaths	3,836	3,840	4,068	4,113	4,137	3,894	4,313	4,454	4,654	4,304
Death Rate	15.02	14.88	15.20	14.20	13.80	12.55	13.79	14.09	14.64	13.07
England and Wales										
Death Rate	12.1	11.6	11.4	11.5	12.0	10.8	11.7	11.6	12.5	11.3

TABLE III

Causes of Death at Different Periods of Life.

Causes of Death	All Ages	Under 1 year	1—5	5—15	15—45	45—65	65 and up
1. Tuberculosis, respiratory ...	53	—	—	—	16	26	11
2. Tuberculosis, other ...	13	—	1	3	2	4	3
3. Syphilitic diseases ...	12	1	—	—	1	6	4
4. Diphtheria ...	—	—	—	—	—	—	—
5. Whooping Cough ...	—	—	—	—	—	—	—
6. Meningococcal infections ...	—	—	—	—	—	—	—
7. Acute poliomyelitis ...	3	1	—	—	2	—	—
8. Measles ...	—	—	—	—	—	—	—
9. Other infective and parasitic diseases ...	10	—	1	—	—	2	7
10. Malignant neoplasm, stomach	96	—	—	—	3	27	66
11. Malignant neoplasm, lung, bronchus ...	114	—	—	—	—	55	59
12. Malignant neoplasm, breast ...	104	—	—	—	8	37	59
13. Malignant neoplasm, uterus...	35	—	—	—	3	15	17
14. Other malignant and lymphatic neoplasms ...	435	—	1	1	19	138	276
15. Leukaemia, aleukaemia ...	22	—	3	4	3	4	8
16. Diabetes ...	32	—	—	1	—	8	23
17. Vascular Lesions of nervous system ...	667	—	—	—	8	82	577
18. Coronary disease, angina ...	546	—	—	—	3	103	440
19. Hypertension with heart disease	75	—	—	—	—	12	63
20. Other heart disease ...	889	—	—	1	6	69	813
21. Other circulatory disease ...	196	1	—	—	3	26	166
22. Influenza ...	15	—	—	—	—	2	13
23. Pneumonia ...	176	12	4	—	4	25	131
24. Bronchitis ...	150	—	1	1	3	27	118
25. Other diseases of respiratory system ...	31	—	—	—	1	5	25
26. Ulcer of stomach and duodenum	53	—	—	—	2	19	32
27. Gastritis, enteritis and diarrhoea ...	14	—	—	1	1	1	11
28. Nephritis and nephrosis ...	35	—	—	1	—	6	28
29. Hyperplasia of prostate ...	35	—	—	—	—	3	32
30. Pregnancy, childbirth, abortion	4	—	—	—	4	—	—
31. Congenital malformations ...	16	9	3	—	2	1	1
32. Other defined and ill-defined diseases ...	341	47	5	1	19	67	202
33. Motor vehicle accidents ...	25	—	1	3	6	5	10
34. All other accidents ...	71	3	4	3	15	10	36
35. Suicide ...	35	—	—	—	7	13	15
36. Homicide and operation of war	1	—	—	—	1	—	—
ALL CAUSES ...	4304	74	24	20	142	798	3246

TABLE IV

Chief Vital Statistics for each Sanitary District in the County.

	Estimated Population middle of 1952	No. of Births	BIRTH RATES			No. of Deaths	DEATH RATES			Infant Mortality Rate per 1,000 Births	Respiratory Tuberculosis Death Rate	Cancer Death Rate
			Crude	Standardised	Illegitimate Births		Crude	Standardised	Deaths under one year			
Urban Districts												
Arundel (M.B.)	2580	32	12.4	14.0	—	33	12.8	9.2	—	—	—	1.9
Bognor Regis	24860	308	12.4	13.3	17	382	15.4	11.2	5	16.4	0.2	2.9
Chichester (M.B.) ...	19020	263	14.2	15.9	8	188	9.9	8.5	5	19.0	0.2	2.1
Horsham	16810	211	12.6	13.3	8	230	13.7	11.1	4	19.0	0.1	2.5
Littlehampton	14130	270	19.1	20.4	16	164	11.6	10.1	8	29.6	0.2	2.6
Shoreham-by-Sea ...	12890	191	14.8	14.8	9	148	11.5	10.4	2	10.5	0.1	2.9
Southwick ...	10680	149	13.9	14.8	9	134	12.5	10.1	—	—	0.3	2.9
Worthing (M.B.) ...	67530	644	9.5	11.2	27	1235	18.3	10.1	11	17.1	0.3	3.0
Total Urban Districts ...	168500	2068	12.3	13.7	94	2514	14.9	13.1	35	16.9	0.2	2.8
Rural Districts												
Chanctonbury	20920	292	13.9	15.2	16	250	11.9	9.4	4	13.7	0.1	1.8
Chichester ...	43700	659	15.1	16.3	36	447	10.2	9.5	14	21.2	0.2	1.9
Horsham ...	30350	477	15.7	16.5	14	328	10.8	9.8	8	16.8	0.2	1.7
Midhurst ...	16750	210	12.5	13.8	12	206	12.3	9.6	4	19.1	0.1	2.0
Petworth ...	9410	128	13.6	14.9	5	101	10.7	8.3	1	—	0.1	2.2
Worthing	29970	343	11.4	13.6	18	458	15.3	10.4	8	23.3	0.1	3.1
Total Rural Districts ...	151100	2109	14.0	15.4	101	1790	11.8	9.7	39	17.8	0.1	2.1
Administrative County ...	319600	4177	13.1	14.5	195	4304	13.07	9.7	74	17.7	0.2	2.5

INFECTIOUS DISEASES

Table V below shows the incidence of infectious diseases in urban and rural districts during the year.

The incidence of the common infectious diseases was very light during the year, as compared with 1951.

However, acute poliomyelitis was more prevalent than in the previous year, 47 cases (as compared with 12 and 58 in the previous two years) being notified, and, of this number five were of the non-paralytic type.

It is very satisfactory to note that for the third year in succession no case of diphtheria occurred.

TABLE V
Notifications of Infectious Diseases

	Urban Districts	Rural Districts	Admin- istrative County
Acute Poliomyelitis and Encephalitis ...	18	29	47
Meningococcal Infections	3	2	5
Diphtheria	—	—	—
Dysentery	24	35	59
Erysipelas	30	6	36
Measles	263	473	736
Ophthalmia Neonatorum	—	—	—
Puerperal Pyrexia	43	36	79
Scarlet Fever	261	118	379
Typhoid and Paratyphoid Fever	2	2	4
Whooping Cough	220	143	363

In Shoreham-by-Sea U.D. Chicken Pox is notifiable and 42 cases were reported during the year.

No cases of Smallpox were reported in the year.

Seventeen of the cases of Puerperal Pyrexia were notified from Southlands Hospital, Shoreham-by-Sea, and 15 of these patients were not residents of West Sussex.

A case of Malaria was notified in the City of Chichester.

TUBERCULOSIS

Although the County Council¹ is no longer responsible for the diagnosis and treatment of tuberculosis, this being the responsibility of the Regional Hospital Board, it is still the duty of the Council to provide a scheme for the prevention of the spread of infection, and for the care of patients and their families in their homes. Reference is made to this scheme in the appropriate section of this Report.

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, 1952.

								1952
Respiratory :								
Male	...	...	...	...	...	...	...	859
Female	...	...	...	...	...	...	...	480
Total	...	...	...	...	...	...	...	1339
Non-respiratory :								
Male	...	...	...	...	...	...	...	394
Female	...	...	...	...	...	...	...	187
Total	...	...	...	...	...	...	...	581
Total number of tuberculous patients on register on 31st December								1920

Notifications of Tuberculosis received in the years 1943-1952

Year	Population	PRIMARY NOTIFICATIONS			Five Year Average
		Respiratory	Non-Respiratory	Total	
1943	255,400	145	90	235	} 214
1944	258,040	162	68	230	
1945	267,510	144	36	180	
1946	289,490	170	50	220	
1947	298,850	169	38	207	
1948	310,300	219	65	284	} 251
1949	312,700	218	58	276	
1950	316,090	183	31	214	
1951	317,900	183	32	215	
1952	319,600	228	40	268	

Notifications of Tuberculosis shown in age-groups for 1952

AGES	RESPIRATORY			NON-RESPIRATORY		
	Male	Female	Total	Male	Female	Total
0— 1	1	1	2	—	1	1
1— 2	—	1	1	—	—	—
2— 5	4	2	6	4	2	6
5—10	7	3	10	6	5	11
10—15	1	1	2	1	6	7
15—20	21	11	32	2	2	4
20—25	13	15	28	—	1	1
25—35	29	28	57	—	—	—
35—45	19	9	28	2	—	2
45—55	23	5	28	1	4	5
55—65	18	4	22	1	—	1
65—75	7	1	8	—	2	2
75—	2	2	4	—	—	—
Total (all ages)	145	83	228	17	23	40

In addition to the above notifications, 11 cases became known through death returns and posthumous notifications.

Deaths from Tuberculosis, and Rate per 1,000 population, in years 1942-1952

Year	Population	Respiratory		Non-Respiratory		Total	
		No.	Rate	No.	Rate	No.	Rate
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
1950	316,090	81	0.26	7	0.02	88	0.28
1951	317,900	66	0.20	12	0.04	78	0.25
1952	319,600	53	0.17	13	0.04	66	0.21

Deaths from Tuberculosis in 1952, in age-groups

AGES	Respiratory	Non-Respiratory	Total
0— 1	—	—	—
1— 5	—	1	1
5—15	—	3	3
15—25	2	—	2
25—45	14	2	16
45—65	26	4	30
65—75	9	2	11
over 75	2	1	3
TOTAL (all ages)	53	13	66

Survey of the Local Health Services provided by the County Council under the National Health Service Act, 1946 and Amending Act, 1949.

(1) ADMINISTRATION

The County Health Committee is responsible for the administration of the services provided by the County Council under the National Health Service Acts; the County Medical Officer being responsible to that Committee for the overall control, supervision and co-ordination of those services.

The County Health Committee consists of 30 members, made up as follows :—

- 20 members of the County Council
- 8 non-members nominated by the following bodies :—
 - British Medical Association (Sussex Branch) (2)
 - British Red Cross Society (Sussex Branch)
 - Executive Council for the County of West Sussex
 - Royal College of Nursing
 - West Sussex Branch of the Royal College of Midwives
 - St. John Ambulance Brigade (Sussex Branch)
 - South-West Metropolitan Regional Hospital Board
- 2 additional members nominated by the County Council.

Sub-Committees of the County Health Committee administer certain sections of the work, i.e. the Nursing Sub-Committee, the Mental Health Sub-Committee, the Ambulance Sub-Committee.

In the Borough of Worthing a decentralised area of administration was set up in July, 1948, to deal with Sections 21-29 of the National Health Service Act. A Sub-Committee of the Health Committee was established in this area, for day-to-day administration, comprising six members of the County Council and six members of the Worthing Borough Council, and the staff of the Borough Council—Medical Officer of Health, Deputy Medical Officer of Health, clerical staff, Clerk, Finance Officer and Surveyor—are loaned by that Council for the necessary duties under the Act in that area.

(2) CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE

Co-ordination between the County services and those of the Hospital and Specialist services, and the General Practitioner services, is secured by means of personal contact, from time to time, at officer level. In addition, contact at member level is secured by members of the County Council being also members of the County Executive Council and of various Hospital Management Committees and Sub-Committees.

At field level, hospitals and general practitioners are aware of the County services of which they can make use for particular patients, either nursing, health visiting, or midwifery, or care almoners, for tuberculous cases or for invalids generally. The nursing service is, of course, the one that is most appreciated by patients and general prac-

titioners, but the value of our health visiting service is gradually becoming better known to practitioners and hospital doctors and almoners, and one can expect this service to be used to an increasing extent in the future, as its value becomes more evident.

At the coming into force of the National Health Service Act in July, 1948, a guide to the health services was issued for the benefit of the public and general practitioners, in which was shown, not only the Local Health Authority services, but also those of the Hospital and Specialist services, and the General Medical and Dental services; Pharmaceutical, Eye and Special Maternity services.

Contact with general practitioners by the County Medical Officer has been usefully maintained by his attendance at meetings of the Local Medical Committee, of which he is a member. In this way, he keeps in touch with problems which are of mutual interest, and can discuss any matters he likes to bring up which affect general practitioners, or they, in their turn, can raise matters with him. The County Medical Officer is also invited, as an observer, to meetings of the County Executive Council, and thus keeps himself informed of the activities of that body.

Useful exchange of views and information is effected at meetings of the Liaison Committee set up by the Ministry of Health for the western area of the South-West Metropolitan Regional Hospital Board. At such meetings Medical Officers of Health of Local Health Authorities in this area meet Medical Officers of the Ministry of Health and of the Regional Hospital Board, when subjects of mutual interest are raised.

(3) JOINT USE OF STAFF

General practitioners are employed, on a sessional basis, at many child welfare clinics in the County. The Chest Physicians, by arrangement with their employing authority, the Regional Hospital Board, carry out care and after-care work for the County Council. Also, an obstetric consultant, employed by the Hospital Board, continues, as before the Act, to attend three County ante-natal clinics, where the majority of cases are those who will have their confinements at Hospital Board maternity homes and hospitals.

No opportunity has occurred, so far, for Medical Officers employed by the County Council to work part-time in the hospital or specialist services, but the two County Care Almoners, as well as visiting tuberculous patients in their own homes, when referred by Chest Physicians, also visit the County sanatoria, in this respect working for the Hospital Management Committees. Also, certain County health visitors attend the chest clinics and assist in the work there, as well as gaining knowledge, by such attendance, of the patients they are required to visit in their own homes. It is not possible, however, for the majority of health visitors to attend the chest clinic in this way, and health visitors are kept in touch with the Chest Physician, and the patients with whom they are mutually concerned, by an exchange of information contained on a card specially designed for the purpose, and which passes between them as often as is necessary. Also, in one area periodic meetings take place between the Chest Physician and a group of local health visitors, and a case conference is then held.

With the exception of two women Medical Officers, all the Assistant Medical Officers, who are employed mainly on school medical work, are also Medical Officers of Health of local Sanitary Authorities.

(4) USE MADE OF VOLUNTARY ORGANISATIONS

Extensive help is given by voluntary organisations in the carrying out of the various schemes under the Act. Reference is made to specific organisations under the different sections hereunder.

PARTICULAR SERVICES

(5) SECTION 22. CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE

Expectant and Nursing Mothers

For many years there have been good facilities in West Sussex, and at the end of 1952 there were 22 ante-natal clinics, and at which clinics post-natal mothers were encouraged to attend. In areas where the population is small, facilities for ante-natal and post-natal care are available at the nearest child welfare centre. Of the ante-natal clinics mentioned above, most of these are in the charge of general practitioners (who are recognised as obstetric practitioners), but eight welfare centres and five ante-natal clinics are attended by Assistant County Medical Officers, and three ante-natal clinics by a Consultant employed by the Regional Hospital Board. As a rule, general practitioners who see expectant mothers in their surgeries are not given assistance by the County staff, though occasionally a midwife will bring a mother to the surgery if there are no ante-natal clinic facilities reasonably near.

During 1952, 2,277 expectant mothers made 6,764 attendances at ante-natal clinics and, in addition, 662 mothers made 852 attendances for post-natal examination.

At all ante-natal clinics blood samples are taken for blood grouping and the RH factor.

Training in Mothercraft

In the estimates for 1952/53, the County Council agreed to provide, as an experiment, a certain sum for the training of mothers in the care and upbringing of children. Cases of this kind are carefully selected, and it has been possible to make use of the Dedisham Children's Convalescent Home, Slinfold, for this purpose, provision being made in their accommodation for a mother and her baby, or young child, to stay for several weeks. During the year, one case of this kind was sent to this Home.

Unmarried Mothers

Arrangements have continued with the Chichester Diocesan Moral Welfare Association and St. Monica's Welfare Centre, in Worthing, for the care of the unmarried mothers and their children. During 1952, eleven cases were admitted to the Bell Hostel, Eastbourne, and 18 to other residential homes.

Maternity Outfits

These are available, free of cost, to all mothers confined at home.

Child Welfare Centres

Ample clinic facilities were available in 1952, as in previous years. Particulars relating to these centres are given below. The majority of the centres are staffed by general practitioners, but in one town there is an additional consultant clinic, held weekly, by a former member of the County Staff, to which special cases are referred.

Number of Centres provided at end of year	38
Number of sessions held per month	138
Number of children who first attended during year and on first attendance were—	
(i) under 1 year of age	2529
(ii) between ages of 1 and 5 years	506
Number of children in attendance at end of year who were then—	
(i) under 1 year of age	2179
(ii) between ages of 1 and 5 years	4743
Total number of attendances made by children during year—	
(i) under 1 year of age	35,299
(ii) between ages of 1 and 5 years	22,098

The number of children under one year of age who attended for the first time during the year, represented 61% of the total (live) births, as compared with 62% in 1951.

Weighing Centres (20) were held in districts where the numbers did not justify the setting up of a child welfare centre.

The ladies of the voluntary committees attached to each child welfare centre do much to help with the sale and distribution of the foods, etc., and they also help in other practical ways, such as weighing children, so releasing the health visitors and nurses to give advice to the mothers and children.

Care of Premature Infants

All babies under 5½ lbs. in weight continue to be classified as premature, and special equipment has been provided for such infants as are nursed at home. This equipment continues to be available at the St. John Ambulance Depots, at convenient points in the County. If necessary, a premature infant could be immediately transferred to one of the maternity hospitals, where greater facilities for nursing are available. The figures for 1952 are as follows :—

(1) Total number of premature live births during year	239
(2) Number of premature infants born at home during year	68
Number of these—	
(a) transferred to hospital	11
(b) died at home during first 24 hours	1
(c) died at home between 2nd and 28th day	2
(d) survived at end of one month	54
Of the eleven infants transferred to hospital, six died on or before 28th day.	
(3) Number of premature infants born in private Nursing Homes during year	9
Number of these—	
(a) transferred to hospital	1
(b) survived at end of one month	8
The infant transferred to hospital died before the 28th day.	

(4) Number born in hospital or maternity home (Regional Hospital Board)	162
Died on or before 28th day	26

Supply of Dried Milks, etc.

Supplies of National Dried Milk, and of orange juice and cod liver oil, are available at centres established by the Ministry of Food, many of these being in County Child Welfare Centres. Other dried milks and nutrients are available at all welfare centres, and are purchased by the mothers, on the recommendation of the Medical Officer, at cost price.

Dental Care

The following report has been prepared by the Senior Dental Officer :—

“ Regarding the working of the scheme for the dental treatment of nursing and expectant mothers, and children under school age, for the year 1952, the records show many favourable signs. Although the number of expectant and nursing mothers treated is approximately the same as last year, it is pleasing to note that a considerably higher proportion of these women were made dentally fit, that is to say, they completed the full course of treatment to restore their dentition to complete health. This shows that, on the average, patients who make use of our facilities are, on the whole, taking it far more seriously, and are showing increased keenness not to fail to have the full course of treatment. This fact is made even more laudable when it is noticed that the number of artificial dentures supplied decreased from 81 in 1951, to 65 in 1952, despite the fact that only under our scheme are these dentures now obtainable free of charge, so it will be seen that the treatment undergone has been more of a conservative nature.

With regard to the children under school age, the number treated has again shown an increase, and 494 children received treatment during the year, as against 372 in 1951, which again shows that the appreciation of the service supplied by the County Council is increasing considerably, despite the fact that such children are entitled to free treatment by private practitioners under the General Dental Service.

With regard to staff, the situation improved slightly, and at the end of the year we were in the happy position of having a full complement of dental officers, and in consequence the number of operative sessions devoted to this work increased from 182 to 199.

As in 1951, our facilities for the supply of dentures was by firms of mechanics to the dental profession, and this was the most economic method.

The obtaining of X-ray pictures for dental patients was, as in the past, through the medium of the local hospitals, and when this was impracticable, a number of private dentists have co-operated.

Perhaps the most outstanding feature of our dental scheme during 1952, and in 1951, was the large increase in the number of tiny children treated. This, I think, is a very healthy sign, and can well be interpreted as indicating that the present-day mother looks with increasing faith and confidence to the dental and medical facilities offered at our clinics.”

Dental Treatment provided for expectant and nursing mothers and young children

(a) Numbers provided with dental care.

	<i>Examined</i>	<i>Needing treatment</i>	<i>Treated</i>	<i>Made dentally fit</i>
Expectant and nursing Mothers	664	546	539	480
Children under five	599	482	494	458

(b) Forms of dental treatment provided

	<i>Expectant and Nursing Mothers</i>	<i>Children under five</i>
Extractions	398	351
Anaesthetics—		
Local	174	56
General	50	148
Fillings	440	412
Scalings or scaling and gum treatment	140	4
Silver Nitrate treatment	3	138
Dressings	45	68
Radiographs	—	—
Dentures provided—		
Complete	22	—
Partial	43	—
Dentures repaired	6	—

Relaxation Classes

It is of interest to note that Relaxation Classes for expectant and post-natal mothers, held at five centres, have proved to be very popular, the number of attendances having increased each year. The following statement shows the number of attendances made in 1952:—

<i>Area</i>	<i>Date of Establishment</i>	<i>Sessions held</i>	<i>Total Number of Attendances 1952</i>
Bognor Regis	9/6/49	Weekly	323
Chichester	18/3/48	Weekly*	372
Horsham	1/12/49	Weekly	698
Littlehampton	8/6/49	Weekly	581
Worthing	11/11/49	Weekly	246

*No sessions held between 8/5/52 and 24/7/52, owing to the indisposition of the Physiotherapist.

Birth Control Clinics

Cases are referred to Birth Control Clinics at Bognor Regis, Shoreham-by-Sea and, occasionally, at Brighton. The Clinic at Bognor Regis is run by the Family Planning Association.

The number of cases dealt with at these Clinics in 1952 was 379, and the total number of attendances was 1,110.

(6) SECTION 23. DOMICILIARY MIDWIFERY

The domiciliary midwifery service, which is provided by the County Council, continued to work satisfactorily during the year. Every woman can have the service of a County midwife all through her ante-natal period, confinement and post-natal period.

By virtue of the National Health Service Act, a woman can also engage a general practitioner for her ante-natal care with a specified number of ante-natal examinations, to attend her confinement if he thinks it necessary, and to carry out a post-natal examination. Consultant obstetricians are also at the practitioner's disposal, and beds are available in hospitals and maternity homes for abnormal cases, or where the home conditions are unsuitable. Applications for hospital beds, on grounds that the home conditions are unsuitable for the confinement to take place there, are dealt with by the Health Department, the hospitals concerned relying on that Department to obtain a report from the district midwife on the nature of the home conditions. The division of responsibility among the three authorities concerned with confinement cases—Executive Council, Regional Hospital Board and Local Health Authority—still gives rise to some difficulties in making for a well co-ordinated service, although co-operation with the general practitioners continued to be satisfactory. In most areas practitioners and midwives regard themselves as members of the same team, dealing with a mutual problem, that of the supervision and care of expectant and nursing mothers, and their safe delivery.

With the implementation of the National Health Service Act, the number of domiciliary confinements attended by midwives in private practice has fallen considerably, and the same applies to confinements in Nursing Homes. This is, no doubt, due to the fact that a greater proportion of mothers are admitted to hospitals and maternity homes under the Regional Hospital Board—the fact that a mother is put to a certain amount of expense when the confinement takes place at home, which she does not have if she goes into hospital, must have a considerable bearing on this matter. How great a bearing will be ascertained when the new Regulations for increased maternity allowances for those who have their confinements at home, come into force.

Supervision of Midwives in West Sussex in 1952 was similar to previous years. The Senior Assistant County Medical Officer is the Medical Supervisor, and there is a senior member of the County Nursing Staff who is the non-medical Supervisor. Both these Supervisors work in close collaboration, and every midwife is inspected at least once a year. This system applied also for midwives not employed on the County Council domiciliary service, i.e. private midwives, and midwives in maternity hospitals and nursing homes. All County midwives, with the exception of two of the more elderly ones, were fully qualified to give gas and air analgesia, and it was not necessary to send any others for training in the use of the apparatus in 1952.

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 December—

	1951	1952
(a) Employed by County Council	75	75
(b) In Private Practice—		
(i) Domiciliary	12	12
(ii) In Nursing Homes	16	13
(c) Employed by Hospital Management Committees	50	52
	<hr/> 153	<hr/> 152

2. Number of Confinements attended by Midwives—

	1951		1952	
	As Midwives	As Maternity Nurses	As Midwives	As Maternity Nurses
(a) Midwives employed by County Council ...	1309	309	1305	377
	1618		1682	
(b) Midwives in private practice—				
(i) Domiciliary ...	4	15	1	33
	19		34	
(ii) In nursing homes	74	199	83	135
	273		218	

3. Number of Maternity Cases attended by Midwives after discharge from Hospital and before the fourteenth day.

	As Midwives	As Maternity Nurses
Midwives employed by County Council ...	58	13
	71	

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

(i) Midwives employed by the Authority ...	73
(ii) Midwives in private practice (including midwives in Nursing Homes) ...	3
(iii) Midwives employed by Hospital Management Committees	45

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

(a) As midwife ...	926	} 1182
(b) As maternity nurse ...	256	

Housing

In accordance with the five-year building programme for midwives and general nurses, one house containing two flats was completed at Bognor Regis in 1952, and one midwife and two general nurses took up occupation on the 7th September, 1952.

During the year, the Midhurst Rural District Council allocated a Council house at Harting to the County Council, for the use of the District Nurse, and she took up residence there in September, 1952.

Accommodation, consisting of two flats, was in course of erection during the year at Felpham. Approval for similar accommodation at Littlehampton has been obtained. A site has been offered by the Littlehampton Urban District Council, and it is hoped to start building in 1953. Consent has also been obtained for the erection of a house for the nurse at West Dean.

Post-Graduate Courses

Refresher courses were attended by 12 midwives during the year, and in March, 1952, a five-day course was again organised at Lodge Hill Residential Centre.

Training of Pupil Midwives. The arrangements for training pupil midwives, sent from the Horsham Hospital Maternity Unit, a Part II Training Hospital, were continued in Worthing and Bognor, two of the County Council midwives in those places acting as tutors.

(7) SECTION 24. HEALTH VISITING

This service continued in 1952 on the same lines as previously, and vacancies for combined posts were filled by fully qualified Health Visitors. All Health Visitors continue to undertake school nursing work and tuberculosis visiting, in addition to their maternity and child welfare duties. There is a certain amount of linking up of the Health Visitors with the General Practitioners at the welfare centres, but there is not as much collaboration as might be wished for, either in this regard, or with the local hospitals. Occasionally the hospital almoners refer cases for follow-up and supervision, but it is felt that much more could be done in this way.

During 1952, one nurse was sent by the County Council to be trained for the Health Visitor's certificate.

Refresher Courses. Each year, a five day course is held for this purpose at Lodge Hill, a large residential building, administered by the Education Committee of the County Council, where lecturers are invited to give talks on a variety of subjects of interest in the work of the Health Visitors and other nursing staff. One of these courses was held in 1952, and all nurses and Health Visitors were encouraged to attend. Other refresher courses outside the County were made use of in 1952, and the number of Health Visitors sent was eight.

1. Number of health visitors employed at end of year—	
(a) Whole-time	31
(b) Combined duties (health visiting, general nursing and midwifery)	39
2. Number of visits by health visitors during year—	
(a) Ante-natal visits	548
(b) Visits to infants under 1 year	34,236
(c) Visits to children 1 to 5 years	43,237

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

(8) SECTION 25. HOME NURSING

The following statement shows the staff of general nurses employed on Home Nursing at the end of the year, and summarises the work done during the year.

Number of Nurses employed at end of year—	1952	1951
Whole-time	36	35
Part-time	2	2
Combined duties (health visiting, general nursing midwifery)	60	58
Number of cases attended	12,361	12,652
Number of visits made	207,628	207,472

There was on the whole good co-operation with the general practitioners, who rely very greatly on the care and attention given by the

nurses to their patients. The almoners of the hospitals also kept in touch to some extent with the Headquarters nursing personnel regarding information to be sent on to the personnel in the field, but it was again felt that more co-operation should, and could, be obtained.

The home nursing work covered every possible type of case, although serious infectious cases were not dealt with unless unavoidable. All sections of the community are able to benefit by the work of the nurses, provided the patient's doctor asks for their help.

Refresher Courses. Eight general nurses were sent for refresher courses in 1952.

District Nurse Training. Arrangements were made during the year for one nurse to receive the Queen's Nurse's training.

SECTION 26. VACCINATION AND IMMUNISATION

(a) Vaccination

Efforts to maintain and improve the infantile vaccination rate have continued in the years that have elapsed since 1948, when the Vaccination Act, which made vaccination compulsory, was repealed. It was thought that the repeal of compulsory vaccination might not adversely affect the figures, as previously there were so many loopholes whereby parents could avoid having their children vaccinated. All they had to do was to state their objection on a legal document before a Justice of the Peace. Prior to 1948 the West Sussex average figure for infantile vaccinations was 39%, whilst the figure for 1952 was 35%. Thus, efforts made under the voluntary scheme, and the publicity and propaganda put out by the County Council, to persuade parents to have their children vaccinated free of cost by general practitioners, the County Council paying such practitioners a fee for providing the record of the vaccination, have not proved so successful, although the average for this County in pre-1948 years was usually above the average for the country. It is only when there has been a smallpox scare in an area, or on its borders, that the population have rushed to be vaccinated. Thus, in 1951, 54,000 vaccinations were carried out by general practitioners in West Sussex, the great majority being done during the period of the outbreak of small-pox at Brighton. In 1952 the number was 3,165. The number in 1950 was 3,096.

Up to now, no general policy of vaccination following infancy has been promulgated, but a recent report of the Society of Medical Officers of Health has suggested that, for the best protection of the public from epidemics, children should be vaccinated in infancy, on entering school, and on leaving school. With the population protected in this way, there should be little opportunity for smallpox to gain a hold in the community. This policy, of course, does not cut across that of vaccination of contacts of actual cases as they occur, whether such contacts have been vaccinated in the immediate past, or not.

The main propaganda for vaccination is carried out at the Child Welfare Centres, where leaflets are given to parents, and verbal advice by the health visitors and doctors in attendance. The details of vaccinations carried out during 1952 were as follows:—

	<i>Age at 31st December</i>					<i>Total</i>
	<i>Under 1</i>	<i>1 yr.</i>	<i>2-4</i>	<i>5-14</i>	<i>Over 14</i>	
Number vaccinated	1476	264	108	67	386	2301
Number re-vaccinated	—	2	46	139	677	864

(b) Diphtheria Immunisation

The number of children who completed a course of immunisation in the year 1952 was 3,341, including 2,797 under school age. In addition, 3,052 children received reinforcing injections.

If diphtheria in epidemic form is to remain a disease of bygone days, no lessening of our efforts to immunise all children, when they approach the age of one year, should be allowed to take place. From the Table given below, which shows the position on 31st December, 1952, it will be noted that, out of a child population computed to be 68,100, 44,531 (65%) had been protected by immunisation by the end of that year. Although the number of protected children under five years of age remained the same as for 1951, i.e. 51%, this cannot be regarded as entirely satisfactory, as it has been thought that no feeling of complacency can be engendered if the percentage of the child population, i.e. under 15 years of age, protected against diphtheria does not reach 75%.

The efforts that are made to keep the figure increasing from year to year, or even to maintain the previous year's figure, have therefore to be intensive, and it may be of interest to outline here the steps taken in this County.

The main propaganda item is a birthday greeting card, sent to each child on his first birthday. Included with this card is information about the importance of immunisation against diphtheria, and a form on which parents can give their consent to the necessary injections. Each quarter the list of children not immunised is sent to the health visitors, for personal contact with the parents, so that they can add their persuasion and personal influence with the mother. Health Visitors are responsible for collecting consent forms, and for keeping a record which will enable them to follow up defaulters. Immunisation clinics are held monthly in the large towns, and as required in the country districts, the doctor in attendance being an officer of the County Council, though parents have the option of taking their children to their general practitioner, who has agreed to carry out the work under his agreement with the Executive Council, and to provide a record of the immunisation to the County Council for an agreed fee. The public are kept informed, by exhibition of posters in clinics and public places, of the need for immunisation and of the facilities available for having it carried out.

With regard to school children, sessional arrangements are made for immunisation, in the same way as for those under school age, and often at the same time as these. Teachers are expressly urged to encourage immunisation, as are nurses and doctors engaged in the school medical service. Reinforcing injections are advised at the age of five years, and again four years later, and the importance of this is

stressed to parents in a special letter, sent out from the School Medical Officer, through the Head Teachers.

The details showing the number of children immunised during 1952 are as follows :—

	Age							Total under 15
	Under 1	1	2	3	4	5-9	10-14	
Number protected	161	2309	2323	3259	3269	14957	18253	44531
Estimated Mid-year child population 1952	Children under 5 22,100				Children 5-14 46,000			68,100

Protection against Whooping Cough

The report by the Medical Research Council, at the request of the Ministry of Health, is still awaited. For some years investigations have been taking place as to the protection which can be afforded by the injection of special vaccines against whooping cough. Claims have been made, which have not all been substantiated, and until the Ministry of Health advise Local Health Authorities to adopt one particular form, it is not proposed to institute any scheme in this County. This, of course, does not prevent general practitioners using any particular vaccine for the protection of their patients, if they think fit, the service being provided free under the National Health Service Act by the Executive Council.

SECTION 27. AMBULANCE AND HOSPITAL CAR SERVICE

Section 27 of the National Health Service Act places on the County Council the responsibility of providing, where necessary, and 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 ".

The National Health Service (Amendment) Act, 1949 (Section 24) provides that where a patient in the area of one Local Health Authority enters a hospital in another area and is discharged within a period of three months, to an address in the same area from which he was admitted, the Local Health Authority of the latter area shall be responsible for the cost of the return journey by ambulance or hospital car. As considerable use is made of London, Brighton and Portsmouth hospitals by residents of West Sussex and little use is made of hospitals in this County by non-residents, the financial claims received have greatly exceeded the amounts recovered from other Local Health Authorities.

(a) Ambulance Service

Organisation

The provision of an ambulance service has been delegated to the St. John Ambulance Brigade, except in Midhurst, where the British Red Cross Society is continuing to serve the area.

By arrangement with the Surrey County Council, the northern part of the Midhurst Rural District is covered by ambulances stationed at Haslemere.

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 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. During the year, 140 patients were transported for the major part of their journeys by rail facilities.

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 has been discontinued since the introduction of the National Health Service Act, but the St. John Ambulance Brigade has found it practicable to deal with such cases from the main stations (Bognor Regis, Chichester, Horsham and Worthing) where disinfection facilities are available and the temporary withdrawal of a vehicle for disinfection does not seriously affect the ambulance service.

Statistics

The Table set out below shows details of the work carried out during 1952. For the first time since the introduction of this service, in July, 1948, the mileage undertaken during the year showed a decrease. It is difficult to say whether this decrease is due to any specific cause, but it is thought that the increasing use being made of rail facilities, by special arrangement with the Railway Authorities, and by using a specially designed stretcher in certain cases, which obviates the necessity for the patient being transferred from ambulance stretcher to railway seat, and from railway seat to ambulance at the rail terminus, is having some effect. In addition, Transport Officers are referring all queries, particularly with regard to long-distance journeys, to the Health Department, for any necessary enquiry of doctor or hospital as to the necessity for the journey or an alternative means of transport. Discretion has had to be exercised on several occasions to decide whether the purpose of the journey proposed could be said to come under the heading of treatment. This particularly applies to holiday resorts. Generally speaking, it has been possible to deal with each case on its merits, without creating a precedent which would embarrass one in dealing with what might become a practice, rather than an exception.

Station	No. of Ambulances	No. of patients carried				Mileage
		Accident and other emergencies	In-valids	Infectious cases	Total	
St. John Ambulance Brigade—						
Bognor Regis	3	260	1468	40	1768	31,692
Chichester	4	243	1828	84	2155	42,417
Crawley	1	161	693	—	854	17,971
Henfield	1	41	207	—	248	7,871
Horsham	3	196	1494	28	1718	44,494
Littlehampton	2	171	1077	—	1248	27,647
Petworth	1	62	468	—	530	15,150
Pulborough	1	44	557	—	601	19,632
Southwick	2	111	1797	—	1908	27,031
Steyning	1	10	99	—	109	2,414
Worthing	5	306	5245	272	5823	58,804
British Red Cross Society						
Midhurst	1	73	406	—	479	12,823
Totals	25	1678	15,339	424	17,441	307,946

The mileage covered by the Ambulance Service per month during 1952 was 25,662, as compared with 26,098 miles per month during 1951, and 25,258 during 1950.

(b) Hospital Car Service

The St. John Ambulance Brigade, acting for the County Council, covers the whole County, with Transport Officers based on Bognor Regis, Chichester, Horsham, Littlehampton and Worthing, using the services of voluntary car drivers and their cars.

The demands made on the service are shown in the Table below.

It will be noted that there was a decrease, compared with 1951, of 98,000 miles. As in the case of the Ambulance Service, this is the first year when any decrease has been noted. As with the Ambulance Service also, it is difficult to assess what factors are responsible for this, and to what extent, there being several imponderables in the matter. It may be that the efforts of the Department with the doctors, hospitals and the public, are at last bearing fruit, or that saturation point has been reached in certain local hospital Out-patient Departments, resulting in a more static demand for hospital cars. In the past, it has been thought that the public had regarded this service as a taxi service, and one to which they were entitled by reason of their contributions under the National Insurance Act. Many of their applications for transport to hospital have, of course, been turned down by the hospital or practitioner concerned, but many more got through the sieve. By intensive effort in certain areas of the County, on the part of the Health Department, it has gradually become known that there are certain criteria to be observed in dealing with a patient's request for a hospital car. Thus, it is not justified if the reason is the lack of a convenient 'bus service. Such questions as alteration of time of Out-patient appointment, or of alternative means of transport provided by the patient himself, and paid for by the National Assistance Board, if the patient's means do not allow, have had to be discussed. Also, it is sometimes difficult to under-

stand why it is necessary for a patient to be sent to a London Out-patient Department, when facilities are, or should be, available at a hospital in the County. Here it is thought the period of waiting for an appointment, or for admission, must be the deciding factor.

The special form, which was introduced by the County Council in 1951 for use in the hospitals comprised in the Chichester and Worthing groups, was extended to the Redhill and Brighton groups of hospitals during 1952, the hospitals concerned being most co-operative in bringing the form into use, and in making constructive criticisms of it. By the use of this form, which has to be completed by the patient, as well as by the specialist who certifies the journey cannot be made by public transport, because of the patient's unfitness, the County Council endeavour to bring home to the patient the fact that it is on his responsibility that the first steps are taken to apply for a hospital car, and that the questions on the form which he has to answer will indicate the occasions when it is thought a car would be justified in a particular case. In the case of regular attenders at Out-patient Departments, usually Physiotherapy, the authorisation for the provision of a hospital car only extends for two months. At the end of that time a fresh form and certificate has to be obtained from the hospital concerned, and the need of the patient re-assessed by the Consultant. That the introduction of this form, and its extension to all hospitals, has helped in any way to reduce hospital car mileage in the County, is problematical, but I think it possible that it has had an inhibiting effect on demands made by those who might abuse the service.

As a further effort to educate the public in the wise use of the Hospital Car Service, a notice was sent to general practitioners, for display in their surgeries, indicating that a hospital car should not be requested if the patient were at all fit to travel by public transport.

One constantly recurring problem in connection with the Hospital Car Service has been that of "dead" mileage, i.e. the distance which the voluntary car driver has to travel from his home to pick up the patient, and the mileage of this kind on the return journey. In a rural County such as this, it depends on adequate recruitment of drivers to the service, to ensure that each part of the County is covered, and to avoid bringing drivers from a distance to pick up a case. It is hoped the efforts that have been made to publicise the need for recruitment of drivers will prove more successful than in the past, and by this means the "dead" mileage be reduced.

Requests for hospital cars for long-distance journeys are carefully investigated by the Department, and every effort is made to take advantage of rail facilities.

<i>Month</i>				<i>Mileage</i>
January	...	...	...	71,900
February	...	...	...	61,258
March	...	...	...	61,933
April	...	...	...	59,333
May	...	...	...	70,557
June	...	...	...	60,578
July	...	...	...	67,169
August	...	...	...	57,234
September	...	...	...	52,431
October	...	...	...	60,553
November	...	...	...	56,028
December	...	...	...	54,048
Total	...	...	...	<u>733,022</u>

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

Tuberculosis

The County Council, who were responsible for the whole of the Tuberculosis Scheme prior to the National Health Service Act, are now responsible for only part of it, that labelled "Prevention, Care and After-Care". Nobody has, as far as can be ascertained, attempted to define the limits of this part of the work, as compared with that done on the clinical side by the Chest Physicians working at the clinics taken over by the Hospital Board from the County Council. It was, of course, agreed from the outset that the Chest Physicians should be closely connected with this work, and the Local Health Authorities agreed, after prolonged discussion, to bear part of the Chest Physicians' salaries. In dealing with the prevention of tuberculosis, it cannot be claimed that the present scheme is as effective as the previous one, but as nothing can be done to alter the policy, without a change in the law, every endeavour has been made to make the present scheme as effective as possible.

The field worker in this particular scheme is the Health Visitor, who acts as Tuberculosis Health Visitor and is brought in touch with all tuberculous cases soon after notification, unless there is any particular reason why, in the opinion of the Chest Physician, a visit would not be welcome. Investigations into the home conditions are carried out by the Health Visitors, and unsatisfactory conditions are reported to the local Medical Officer of Health. Advice is given to the householder, and the patient, on management of the case whilst waiting for admission to sanatorium, or following discharge from there. Periodic visits are paid to see how the patient is getting on, or to know whether any change has taken place, for the better, or for the worse. Such changes are reported to the Chest Physicians, so that they can be aware of the ar.d social domestic conditions which may affect the chances of recovery. Reference has been made in the section on general administration, and the joint use of staff, to the way in which the Health Visitor is kept informed of the physical condition of the patient, and the Chest Physician with the home and social conditions, by the exchange between them of a card designed to record this information. Periodic meetings take place in one area between the Chest Physician and a group of local Health Visitors, when cases are discussed to their mutual advantage. It is hoped that such meetings may be arranged in other areas of the County in due course.

In areas where Chest Clinics are situate, the local Health Visitor attends and assists in the running of the Clinic.

In addition to the work of Health Visitors, two Care Almoners are employed by the County Council in tuberculosis work. They are also employed in following up invalids generally, and the one based on Chichester also acts as Almoner at Aldingbourne Sanatorium and its annexe at Bognor Regis, this arrangement having been made between the County Council and the Chichester Group Hospital Management Committee.

An Occupational Therapist is employed to teach suitable handicrafts to patients on discharge from Sanatoria, and also to tuberculous patients being treated at home. During the year, 66 new patients were referred for instruction by the Chest Physicians. The handicrafts

taught include leatherwork, tapestry, plastics, weaving, embroidery, needlework, knitting, etc.

Thirty revolving shelters were supplied free on loan during 1952, to patients recommended by the Chest Physicians.

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 the year, 47 patients received this assistance. Patients who receive assistance from the National Assistance Board, and who were "gainfully occupied" before receiving treatment, are 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—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 1952, 96 patients were given assistance.

B.C.G. Vaccination

During the year, 213 children, whose parents were suffering from respiratory tuberculosis, were given Bacillus Calmette-Guerin vaccination by the Chest Physicians, to protect them against infection. During the testing period, and for a period after the inoculation, such children have to be isolated from the source of infection—about 12 weeks in all—and in some cases this necessitates the provision by the County Council of foster-home accommodation. In 1952, five children were boarded-out with foster-mothers for the purpose of keeping them from contact with their parents.

Mass Radiography

Mobile X-ray Units, provided by the Regional Hospital Board, and based on Portsmouth and Worcester Park, visited Bognor Regis, Crawley and Worthing during the year. Altogether, 12,578 persons were X-rayed, of whom 12 were referred for further advice as suspected cases of active respiratory tuberculosis.

In addition, special investigations were carried out, at my request, in one country school, and in a class of children at a town school, in the County, following the notification of a case of active tuberculosis amongst the staff. As a result of skin testing, it was possible to restrict the number referred for X-ray to 37 cases. Of these, only one needed to be referred to her own doctor for further investigation.

Rehabilitation of Tuberculous Persons

On the recommendation of the Chest Physicians, patients suitable for industrial rehabilitation are sent to special Training Colonies, where they can work under medical supervision, with a view to their employment in the Colony workshops, or elsewhere.

During 1952, four men were admitted to the Enham-Alamein Village Centre, near Andover, and on 31st December, 1952, two trainees were in residence. In addition, two ex-service patients were admitted to the British Legion Village Centre, attached to Preston Hall Sanatorium, near Maidstone, and they were still in residence on 31st December, 1952. The cost of maintenance of these patients in the Rehabilitation Units was shared by the County Council and the Ministry of Labour.

Care Almoner Service

The Care Almoners' work has been referred to above, under "Tuberculosis". In addition to following up tuberculous patients and their families in their own homes, they investigate on the social and domestic side cases of general illness referred to them by General Practitioners, Almoners of Hospitals, etc. The number of new cases brought to their notice during 1952 was 366, including 199 tuberculous cases.

The main function of the Care Almoners is to advise and assist patients in carrying out the doctors' recommendations for after-care, as far as possible, and in this connection they work in close contact with the National Assistance Board on financial matters, with the Ministry of Labour on questions of training and employment, and with the Sussex Rural Community Council for any other assistance required by tuberculous cases.

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 Ambulance Brigade, and the British Red Cross Society.

Recuperative Holidays

Arrangements were continued, as in 1951, whereby patients on discharge from hospital, or recovery from illness at home, were provided with recuperative holidays before they returned to work or domestic duties. Such cases are recommended by the doctor in charge of the case, and, after careful examination of the circumstances by the County Medical Officer, are referred to the Chairman of the County Health Committee for approval, before arrangements for admission to a suitable Home are made. The Local Health Authority accepts responsibility for the cost of maintenance at the Holiday Home, and recovers from the patient such amount as his means permit.

During the year, 21 patients (15 women, 4 men and 2 children) were given recuperative holidays under these arrangements.

Prevention of Illness—Health Education

These days, when so much money and planning is expended on the curative services, hospital and other, there is a tendency to forget that preventive medicine plays a large part in the National Health Service Act. It would indeed be a sad prospect if the country was committed to an ever-increasing expenditure on the treatment of established, or about to be established, illness, without any prospect of stemming the tide by preventive and educational methods. The part which the Health Department and its officers play in the field of education of the public is therefore of primary importance, and one which is constantly being brought to notice by various activities, whether these be addressed specifically to special groups, such as mothers attending a Welfare or Ante-natal Centre, or such general groups as those addressed by Medical Officers or Nursing Staff at meetings of Women's Institutes, Townswomen's Guilds, Parent-Teacher Associations, etc.

The work of Health Visitors in the preventive and educational field has already been referred to under Health Visiting, Section 24

(page 8). Their knowledge and experience is kept up-to-date by means of refresher courses and staff meetings, held from time to time, at which subjects of special interest are discussed. I referred in my Report for 1951 to the fact that a special Course for the teaching of parentcraft had been arranged by the Royal College of Nursing, at our special request, and in conjunction with the Education Committee, as administrators of the evening classes scheme. Eight Health Visitors obtained the certificate, and I have no doubt that this has been of value to them in their day-to-day contacts with mothers and children. Their services have also been utilised in certain instances by the Director of Education, in giving talks to the older girls in certain schools.

The Central Council for Health Education has continued to give valuable assistance in much of the work mentioned above, particularly in the production of suitable pamphlets for distribution to the public, and in providing lecturers on special subjects of importance to Health Visitors, Nurses and Midwives. The policy of the Central Council for Health Education is to provide means for educating the health educators, and this aim is one which should be encouraged by Health Authorities. It is considered that this is the best way of getting to the individual man and woman in the street information which can be applied by them in their day-to-day activities.

SECTION 29. HOME HELP SERVICE

This service, which is 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, where the scheme is administered by the Medical Officer to the Worthing Health Sub-Committee, with the assistance of an Organiser.

The County Organiser, appointed by the W.V.S., was assisted during the year under review by 12 W.V.S. Area Organisers, based on Bognor Regis, Chichester, Crawley, Horsham, Lancing, Littlehampton, Selsey, Storrington, Midhurst, Petworth, Rustington and West Wittering.

As I have indicated above, the Home Help Service is complementary to the nursing, welfare and hospital services, the first two, of course, being provided by the County Council, and the last by the Hospital Board. It will no doubt be appreciated that, to prevent, or to postpone as long as possible, the admission of an old person to hospital, because he or she cannot be looked after adequately at home, is a worth-while objective. Though it does not save the County Council money, in this respect the problem should be looked at from a national point of view, instead of a local one. In a County such as West Sussex, with the high average age of its population, particularly in certain parts of the County, it is only to be expected that the demand for the home help service should be in proportion, being required by so many people who have passed retiring age. At the time of writing this report, signs are evident that an overall increase in the cases to be dealt with, and the impossibility of cutting down the hours of existing cases to make up for the increase, will mean a reconsideration of the financial problem, as to how much should be provided for this service in the yearly estimates in the future. Many of the cases appear to require more or less constant supervision, and this, of course, cannot be met by the home help service,

which is meant to provide only essential day-to-day domestic needs. In the same way, many of them require more nursing attention than can be undertaken by the district nurses. The answer to problems such as this lies in close co-operation with the Hospital Management Committee on the geriatric service which should be provided. The question of the Hospital Management Committee in any particular area setting up residential units in connection with their geriatric service is, however, also affected by the amount of money at their disposal, and, although it is proposed that a meeting should take place in the near future between Welfare Committee representatives and those of the Hospital Management Committees in the County, I am afraid that the financial stringency of the times would prevent such a development taking place in the immediate future. Whether West Sussex, with the high proportion of old people resident in it, should be treated differently to other parts of the country, by an increase in money allocated for hospital beds or rest home beds, and for the Home Help Service, is a matter for debate, But it is only a part of the national problem dealing with old age in all its manifestations.

The number of cases assisted by the Home Help Service in 1952 was 1,431 (maternity 204, Tuberculous 45, general 1,182), as compared with 1,444 in 1951, and, as in previous years, the services of the Home Helps were restricted to essential domestic duties.

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). One Officer is based at Chichester and the other at Worthing.

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—a number of special examinations were made of persons at North View, Budgenor Lodge, Bury House, and Stopham House.

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

The arrangements for the admission of defectives to institutions maintained by the Regional Hospital Board continued throughout the year.

Most of the patients were admitted to either the Royal Earlswood Institution, Redhill, or its ancillary premises at the Forest Hospital, Horsham and Farmfield, Horley.

Since the introduction of the National Health Service Act on the 5th July, 1948, 152 defectives (89 males and 63 females) have been admitted to institutions provided by the Regional Hospital Board, and the problem of defectives waiting institutional accommodation has now been greatly eased. However, the above number of admissions represents an average rate of 34 per annum and it should be borne in mind that such provision cannot be continued in the future without considerable development of hospital accommodation for defectives. In this connection it is understood that the Hospital Management Committee have plans to increase the accommodation at the Royal Earlswood Institution and Forest Hospital, Horsham.

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.

Training of Staff

The necessity for sending staff for special training has, so far, not arisen.

Work undertaken by the Mental Health Service

(i) Lunacy and Mental Treatment

ADMISSION TO MENTAL HOSPITALS

During the year Authorised Officers arranged for the admission of the following number of patients to Graylingwell Hospital

	<i>M.</i>	<i>F.</i>	<i>T.</i>
Urgency Order	14	46	60
Summary Reception Order	18	59	77
Voluntary Patient	33	68	101
Totals	65	173	238

In addition, one male patient was admitted by an Authorised Officer to Oakwood Mental Hospital, Barming, Kent, on an Urgency Order.

The number of admissions to Graylingwell Hospital in 1952, as shown in the Annual Report of the Medical Superintendent, were :—

	<i>M.</i>	<i>F.</i>	<i>T.</i>
Voluntary	237	490	727
Temporary	—	—	—
Certified	60	130	190
Totals	297	620	917

Of the certified patients received, 112 were admitted under Urgency Orders.

Of the total direct admissions, 79.8% were voluntary patients.

The average age on admission was 50.1 and 213 (23.2%) of those admitted were aged 65 years or over.

In addition, notices of admission were received from the following Mental Hospitals in respect of residents of West Sussex, as follows :—

	<i>M.</i>	<i>F.</i>	<i>T.</i>
St. Francis Hospital, Haywards Heath	16	18	34
Netherne Mental Hospital	2	3	5
Knowle Mental Hospital, Fareham	1	—	1
Brookwood Mental Hospital, Knapphill, nr. Woking	—	1	1
Goodmayes Hospital, Ilford	—	1	1
Total	19	23	42

DISCHARGES FROM MENTAL HOSPITALS

In accordance with the Lunacy and Mental Treatment Rules, notices of Discharge and Death were received during the year in respect

of residents of West Sussex, as follows:—

	<i>Discharges</i>	<i>Deaths</i>
Graylingwell Hospital, Chichester	910	105
St. Francis Hospital, Haywards Heath	22	4
Netherne Mental Hospital, Coulsdon	6	1
St. Ebba's Hospital, Epsom	2	—
St. James' Hospital, Portsmouth	3	—
Banstead Hospital, Banstead	6	—
Total	949	110

(ii) Mental Deficiency

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

	<i>M.</i>	<i>F.</i>	<i>C.</i>	<i>T.</i>
In Institutions and Approved Homes	115	116	66	297
Under Guardianship	24	43	11	78
In "place of safety"	1	1	2	4
Under Statutory Supervision	123	132	89	344
Under Voluntary Supervision	107	71	2	180
Totals	370	363	170	903

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

<i>Institution</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
Royal Earlswood Institution, Redhill)	79	62	141
Forest Hospital, Horsham ... .. (	16	14	30
The Manor, Epsom	—	12	12
St. Teresa's, Farnham	2	1	3
Botley's Park, Chertsey	7	—	7
Farmfield, Horley	21	20	41
Laughton Lodge, Lewes	3	9	12
Stoke Park, Bristol	2	—	2
Coldeast Colony, Southampton	—	4	4
St. Mary's Home, Alton	13	15	28
Other Institutions	14	3	17
Approved Homes			
Totals	157	140	297

The number of Defectives admitted to Institutions during the year was as follows:—

<i>M.</i>	<i>F.</i>	<i>T.</i>
12	16	28

The number of defectives ascertained during the year was as follows:

	<i>M.</i>	<i>F.</i>	<i>T.</i>
(a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944)—			
(i) under Section 57(3)	14	5	19
(ii) under Section 57(5)	12	10	22
(b) Other cases reported and ascertained to be "subject to be dealt with"	11	15	26

Total cases ascertained to be " subject to be dealt with "	37	30	67
(c) Other cases reported who are not at present " subject to be dealt with " but for whom the Local Health Authority may subsequently become liable	5	1	6
Total number of cases reported during the year	42	31	73

The following Table shows the disposal of cases reported during the year :—

	M.	F.	T.
(a) Cases ascertained to be " subject to be dealt with "—			
(i) Admitted to Institutions (by order) ...	4	6	10
(ii) Placed under Guardianship (by order) ...	1	2	3
(iii) Taken to place of safety	1	—	1
(iv) Placed under Statutory Supervision ...	31	22	53
(v) Died or removed from area	—	—	—
(vi) Action not yet taken	—	—	—
(b) Cases not at present " subject to be dealt with "—			
(i) Placed under Voluntary Supervision ...	5	1	6
(ii) Found not to be defective	—	—	—
(iii) Died or removed from area	—	—	—
(iv) Action not yet taken	—	—	—
(v) Action unnecessary	—	—	—
Totals	42	31	73

Guardianship

At the end of the year there were 78 cases under guardianship, of which 56 (24 males and 32 females) were under the care of nominees of the Brighton Guardianship Society and were supervised by that Society on behalf of the Local Authority. Six other defectives were under the guardianship of their parents or relatives and received a weekly allowance from the Local Authority or National Assistance Board towards the cost of their maintenance. The remaining 16 defectives were with other guardians in the community.

Of the 78 cases under guardianship at the end of the year, 8 females were wholly self-supporting and 4 males were wholly and 5 partially self-supporting.

Short-term in Institutions or Homes

It is proposed to extend the County scheme under Section 28, Care and After-Care so as to include in it the provision of accommodation by the County Council of short-term cases. This will meet the occasional need of hard-pressed families, who require relief from time to time, or where convalescent holiday is indicated for a particular mental defective.

Occupation Centres

(a) Worthing Occupation Centre

With the opening of the new Occupation Centre, specially erected for the purpose, in Brougham Road, Worthing, in September, 1952,

the use of the premises adjoining the Home for the Blind, Worthing, ceased.

A qualified Supervisor and an unqualified Assistant are employed, to train the defectives who are mainly of compulsory school age.

At the end of the year 33 children were on the register.

(b) Brighton Guardianship Society

At the end of the year there were 12 cases under the care of the Brighton Guardianship Society in attendance at Occupation Centres maintained by that Society.

(c) Forest Hospital, Horsham

During the year, two defectives have continued to attend as day pupils in the Occupation Centre at the Forest Hospital, Horsham, by agreement with the Medical Superintendent of the Royal Earlswood Institution, Redhill.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

This Act provides for the registration and inspection of :—

- (a) premises other than premises wholly or mainly used as private dwellings, where children are received to be looked after by the day or for any longer period not exceeding six days ;
- (b) persons who for reward receive into their homes children under the age of five to be looked after as aforesaid.

The following statement gives particulars of registrations at the end of the year.

	<i>Number registered at 31st December, 1952</i>	<i>Number of children provided for</i>
(a) Premises	3	51
(b) Daily Minders	—	—

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.

Four applications for registration were received during the year, and in every instance registration was granted.

At the end of the year, there were 69 Nursing Homes (the same as in 1951) with accommodation as follows :—

<i>Beds for Maternity cases</i>	<i>Beds for Other cases</i>	<i>Total</i>
56	806	862

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

These Homes are inspected periodically by the Senior Assistant Medical Officer.

MILK

Food and Drugs Acts, 1938 to 1950

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 and 1950

No new pasteurising plants were licensed during the year. The use of one plant was discontinued following the sale of the dairy to a larger firm.

At the end of the year there were eleven licensed pasteurising plants in the County (excluding the Borough of Worthing) situated as follows:—

Bognor Regis Urban District	1
Chichester City	1
Horsham Rural District (Five Oaks)	1
Horsham Urban District	1
Littlehampton Urban District	3
Midhurst Rural District (Midhurst and Kingsley Green) ...	2
Petworth Rural District (Wisborough Green)	1
Southwick Urban District	1

(The Borough of Worthing is a separate Food and Drug Authority and as such is responsible for the supervision and licensing of pasteurising plants in the Borough).

A satisfactory standard was maintained in all the licensed dairies in the County.

The samples shown below were procured for bacteriological examination and examined at the Public Health Laboratories at Brighton and Portsmouth:—

No. of samples procured and examined	1192
No. satisfying both the Methylene Blue and Phosphatase Tests	1165
No. failing the Methylene Blue Test only	17
No. failing the Phosphatase Test only	10
No. failing both tests	0
	} 27

Details

<i>Numbers</i>	<i>Pasteur-ised</i>	<i>Tuber- culin Tested (Pasteur- ised)</i>	<i>Channe l Island (Pasteur- ised)</i>	<i>School Milk (Pasteur- ised)</i>	<i>Totals</i>
No. of samples taken	466	304	127	295	1192
No. satisfactory	452	302	127	284	1165
No. failing Meth. Blue Test	9	1	Nil	7	17
No. failing Phosp. Test	5	1	Nil	4	10

Bottle Rinses

No statutory standard has been fixed for the cleanliness of washed milk bottles. The provisional standard in use during 1950 and 1951 was adopted again for 1952. It is as follows:—

A one pint bottle giving a mean colony count of less than 600	Satisfactory
A one pint bottle giving a mean colony count of 600 to 2,000	Fairly satisfactory
A one pint bottle giving a mean colony count of over 2,000	Unsatisfactory
No. of bottles examined	227
No. of bottles satisfactory	177
No. of bottles fairly satisfactory	38
No. of bottles unsatisfactory	12

Water Sampling at Dairies

No. of samples procured and examined	39
No. of samples satisfactory	36
No. of samples fairly satisfactory	1
No. of samples unsatisfactory	2

Inspections of Dairies

The County Sanitary Officer made 506 inspections of dairies, during 1952.

Hospital and Institution Samples

No. of samples procured and examined (all satisfactory) 12.

Food and Drugs (Milk Dairies and Artificial Cream) Act, 1950.

Biological sampling of Milk for Tubercle, etc.

Under Section 8 of the Food and Drugs Act of 1950, it is the responsibility of the County Council (not as a Food and Drugs Authority but as a Council) to ensure that no person shall sell, offer or expose for sale for human consumption, or use in the manufacture of products for sale for human consumption, the milk of any cow which has to his knowledge given tuberculous milk, is suffering from emaciation due to tuberculosis, from tuberculosis of the udder or any other disease of cows specified in the Section. This enactment is the replacement of Section 25 of the Food and Drugs Act, 1938.

Part VII of the Milk and Dairies Regulations of 1949 contains provisions with regard to the infection of milk and are administered by the Local Authorities.

The only known method of ascertaining whether milk contains tubercle, is by the inoculation of samples of the milk into guinea pigs, and the number of samples examined in past years has been limited to the number of guinea pigs available in the laboratory and the staff available for the collection of the samples. The Public Health Laboratories staffed by the Medical Research Council for the Ministry of Health have made available many more guinea pigs. Prior to 1949 the County Council's Milk Sampling Officers and the Sanitary Inspectors of the County Districts collected a number of samples of milk for biological examination from farms in the County, but when the general supervision of milk production was transferred to the Ministry of Agriculture and Fisheries the greater part of this work ceased. During 1950 and 1951 the County Sanitary Officer procured as many samples as

possible, but time did not permit him to obtain as many as is considered desirable. It was appreciated also that there may be some duplication of sampling and a consequent wastage of guinea pigs and man-power. During the early part of the year 1952 a meeting between the Chief Sanitary Inspectors of the County Districts and the County Sanitary Officer was held, and a scheme evolved and agreed upon to cover, as far as possible, the sampling of all the herds in the County. The scheme commenced in May, 1952, and from the table below it can be seen that 1282 samples were procured during the year. Of these 16, or 1.31%* were found to contain tubercle, and 155 or 12.9%* contained brucella abortus or brucella melitensis.

* In ascertaining the percentages the voids and outstanding results have been disregarded.

The positive results were notified to the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries, and, as regards the tubercle and brucella melitensis cases, the offending animals were slaughtered.

Sampling of Milk for Biological Examination, 1952

District	No. of samples procured	No. containing tubercle	No. containing <i>Brucella Melitensis</i>	No. containing <i>Brucella Abortus</i>	No. of void samples (due to death of guinea pig)	No. of results outstanding at 31.12.52	Remarks
Arundel (B.)	Nil	—	—	—	—	—	
Bognor Regis (U.D.)	3	0	0	0	0	3	
Chanctonbury (R.D.)	11	0	0	3	0	1	
Chichester (City)	154	1	0	11	2	0	
Chichester (R.D.)	83	2	0	14	1	18	
Horsham (R.D.)	480	8	0	51	42	46	
Horsham (U.D.)	75	0	0	12	1	0	
Littlehampton (U.D.)	34	1	0	3	1	6	
Midhurst (R.D.)	Nil	—	—	—	—	—	Scheme not in operation due to staff shortage
Petworth (R.D.)	17	0	0	3	0	0	
Shoreham-by-Sea (U.D.)	30	0	0	0	3	0	
Southwick (U.D.)	123	0	0	12	10	8	
Worthing (B.)	162	2	2	24	7	0	
Worthing (R.D.)	31	0	0	4	0	0	
West Sussex C.C.	79	2	1	15	1	2	
Total	1282	16	3	152	68	84	

WATER

Rural Water Supplies and Sewerage Act, 1944

Public Health Act, 1936, Section 307

Schemes for the installation, extension and alteration of sewerage, sewage disposal and water supplies are submitted by Rural District Councils for the observations of the County Council before submission to the Ministry of Housing and Local Government for the purposes of obtaining a grant under the Rural Water Supplies and Sewerage Acts.

The County Council is required to make a grant at least equal to that made by the Central Government.

The following applications were received during the year :—

<i>District</i>	<i>Parish</i>	<i>Works</i>
Chanctonbury R.D.	Henfield	Sewerage and Sewage Disposal
Chanctonbury R.D.	Shermanbury	Ditto
Chichester R.D.	Southbourne	Ditto (extension)
Horsham R.D.	Broadbridge Heath	Ditto
Horsham R.D.	Mannings Heath	Ditto
Horsham R.D.	Rudgwick	Ditto
Horsham R.D.	Slinfold	Ditto

Sampling of Water on behalf of the North-West Sussex Joint Water Board, 1952

Total No. of samples (bacteriological)	648
No. procured from Pumping Stations	556
No. procured from Pumping Stations Satisfactory	553
No. procured from Pumping Stations Unsatisfactory—(Untreated) ...	3
No. procured from Distribution points	5
No. procured from Distribution points Satisfactory	5
No. procured from New Mains before public use	81
No. procured from New Mains before public use Satisfactory ...	57
*No. procured from New Mains before public use Fairly satisfactory	6
*No. procured from New Mains before public use Unsatisfactory ...	18
No. procured for Chemical Analysis	6

* In some cases these unsatisfactory samples may be repeat samples taken from New Mains previously found unsatisfactory and all were prior to the Main being brought into service.

HOUSING

The table below shows that 1,741 new housing units (i.e. houses, flats, bungalows) were erected in the County during 1952. This figure compares with 1,201 in 1951, 1,421 in 1950, and 1,882 in 1949.

In 1951 only 258 housing units were built by private enterprise as compared with 485 during 1952. The number built by Local Authorities increased from 948 to 1,256.

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

<i>County District</i>	<i>By Local Authority</i>	<i>By Private Enterprise, etc.</i>	<i>Total</i>
Urban Districts—			
Arundel	28	6	34
Bognor Regis	36	19	55
Chichester	70	26	96
Horsham	36	14	50
Littlehampton	86	22	108
Shoreham-by-Sea	74	41	115
Southwick	50	17	67
Worthing	254	111	365
	634	256	890
Rural Districts—			
Chanctonbury	100	60*	160
Chichester	199	53	252
Horsham	117	32	149
Midhurst	70	36†	104
Petworth	6	13	19
Worthing	130	35	165
	622	229	851
Total	1256	485	1741

*includes conversion of one dwelling house into two and other buildings into dwelling houses.

†includes two houses built by Rural Housing Society.

Improvement Grants—Housing Act, 1949

It can be seen from the table below that with one exception very little progress towards improving existing property by means of Improvement Grants under the Housing Act, 1949, has been made during 1952. The exception is Midhurst Rural District where 27 applications were received.

County District	Applications dealt with by Council				Applications submitted to Ministry		
	Received	Approved	Rejected	Under Consideration	No. sent	Approved	Rejected
Urban Districts							
Arundel	Nil	—	—	—	—	—	—
Bognor Regis	Nil	—	—	—	—	—	—
Chichester	Nil	—	—	—	—	—	—
Horsham	1	0	1	—	0	—	—
Littlehampton	Nil	—	—	—	—	—	—
Shoreham-by-Sea	2	—	—	2	0	—	—
Southwick	1	0	—	Application withdrawn	0	—	—
Worthing	1	0	1	—	0	—	—
Rural Districts							
Chancetonbury	1	0	1	—	0	—	—
Chichester	3	0	2	one application withdrawn	1	0	1
Horsham	3	1	1	1	1	1	0
Midhurst	27	26	1	—	26	18	8
Petworth	2	1	0	1	1	0	1
Worthing	Nil	—	—	—	—	—	—
Totals	41	28	7	4 (2 withdrawn)	29	19	10

Rural Housing Survey

The survey of housing conditions in Rural areas commenced in 1944 by the Rural District Councils on the instructions of the Ministry of Health, following the recommendations contained in the Hobhouse Report has been completed.

The table below gives the results of the survey, but considering the different standards adopted by different Rural Districts as regards the maximum rateable value of the houses surveyed and the standard of survey, it is unwise to compare the results of one district with another.

In Chanctonbury and Worthing Rural Districts the standard of survey adopted is the legal standard under the Housing Act which is not so high as that recommended by the County Rural Housing Committee, which has been used by the remaining districts. In Chanctonbury and Worthing the figures contained in column (4) of the classification are additional to those in the other columns whilst in the other districts the figures relate to houses included in columns (1), (2) and (3).

Making allowance for these differences it can be assumed that over 50% of the houses included in the survey are reasonably fit whilst 25.2% of that number are satisfactory in all respects. 8.4% are unfit for human habitation and incapable of repair at reasonable cost.

It should be noted that 98 houses condemned as unfit are still occupied and that 59 houses are overcrowded.

The figures in the table have been obtained from the Public Health Departments of the Rural Districts.

Rural District	Rateable Value Limit of houses within survey	No. of houses surveyed (a)	Classification of Houses in (a)					Houses condemned but still occupied	Over-crowded houses	Applications for New houses at 31.12.52
			Satisfactory in all respects (1)	Minor Defects (2)	Requiring repair, structural alterations or improvements (3)	Appropriate for Re-conditioning under Housing Rural Works Acts (4)	Unfit for habitation and beyond repair at reasonable expense (5)			
Chanctonbury	No Limit	4829	2346 (48.5%)	2048 (42.4%)	337 (6.9%)	24 (0.49%)*	74 (1.5%)	0	9	764
Chichester	£20	7784	1196 (15.45%)	1172 (15.15%)	4457 (57.58%)	—†	915 (11.82%)	0	6	814
Horsham	£26	5477	1117 (20.39%)	2285 (41.7%)	1449 (26.4%)	142 (2.4%)	621 (11.3%)	0	10	881
Midhurst	£20	3380	192 (5.6%)	435 (12.8%)	2323 (68.7%)	729 (21.5%)	430 (12.7%)‡	31	9	481
Petworth	£10	1335	102 (7.6%)	107 (8.0%)	770 (56.5%)	68 (5.0%)	356 (26.6%)	67	14	350
Worthing	£30	8025	2840 (35.3%)	1791 (22.1%)	2952 (36.7%)	231 (2.8%)*	211 (2.6%)	0	11	889
Totals	—	30830	7793 (25.2%)	7838 (25.4%)	12288 (39.8%)	1194 (3.8%)	2607 (8.4%)	98	59	4179

* Figures are additional to those in columns (1), (2), (3), and (5).

† Due to demolition of some houses and discontinuance of others as dwellings, the total number of houses is reduced to 7740.

‡ The figure of 430 in column (5) includes 48 houses the subject of demolition orders, 14 of which have been demolished and 17 the subject of undertakings that they will not be used until rendered fit.

FOOD AND DRUGS ACT, 1938 and 1950.

LABELLING OF FOOD ORDER, 1950.

**PUBLIC HEALTH (Preservatives, Condensed and Dried Milk)
REGULATIONS**

Samples procured for examination under the above legislation during the year ended 31st December, 1952.

	<i>Milk</i>	<i>Other than Milk</i>	<i>Total</i>
Submitted to Public Analyst	52	387	439
Examined Departmentally	1109	4	1113
	1161	391	1552

Particulars of Samples analysed by the Public Analyst.

	<i>Number Analysed</i>	<i>Genuine</i>	<i>Reported against</i>
1. Liquid Milk and Cream	52	18	34
2. Processed Milk and Products derived from Milk (incl. ice cream)	61	61	—
3. Edible Fats and Oils	4	4	—
4. Preserves	36	36	—
5. Tinned, Bottled and Dried Articles	40	40	—
6. Alcoholic Beverages	11	11	—
7. Non-Alcoholic Beverages	20	20	—
8. Sugar and Flour Confectionery	21	21	—
9. Meat and Fish Products (not incl. in 5)	66	62	4
10. Vinegars, Pickles and Sauces	20	20	—
11. Spices, Flavourings and Essences	15	15	—
12. Cereal Products	10	10	—
13. Medicines, Drugs and Surgical Preparations	16	16	—
14. Miscellaneous	67	66	1
	439	400	39

There were no prosecutions during the year.

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THE HISTORY OF THE

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