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West Sussex County Council

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1955

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West Sussex County Council

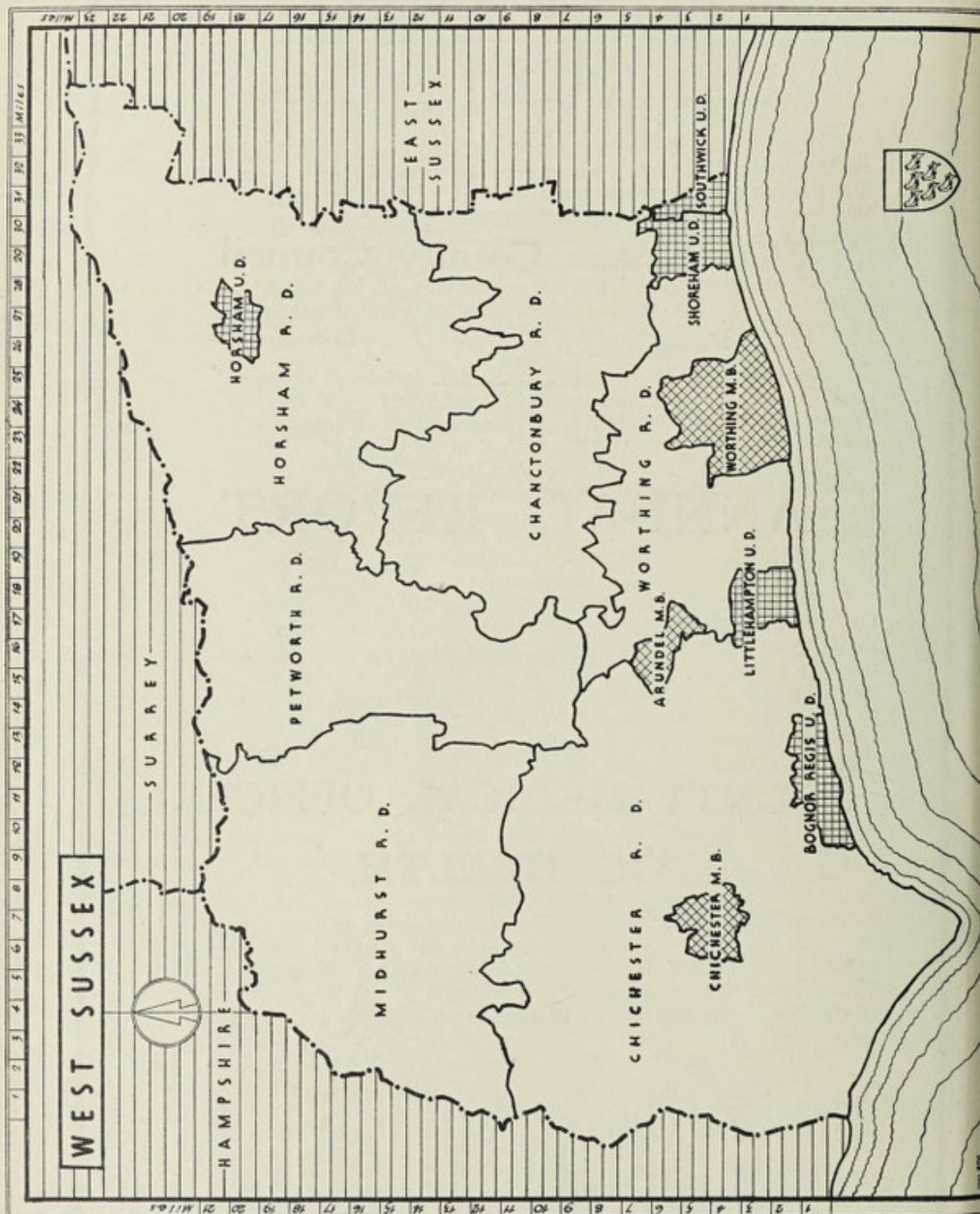
ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1955



Annual Report of the County Medical Officer
for the year 1955

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 1955.

The health of the population of the County, as judged by statistics and reports, was generally satisfactory. Information regarding all the work carried out under the various health schemes for which the County Council is responsible will be found in the appropriate sections in the body of the Report.

It will be noted that the population of the County continued to increase, and that the Registrar General estimated that at mid-year it was 347,700.

Contrary to the previous year, the number of deaths in the County in 1955 exceeded the number of births by 15. This was due to the excess of births over deaths in the rural districts being more than offset by the contra position in the urban areas. Of special significance was the birth rate in Horsham Rural District, of which Crawley is a part, which reached the very high level of 20.8 whereas the death rate was only 7.5. As pointed out in my last report, this position is in extreme contrast with the Borough of Worthing, where the rates in 1955 were 9.4 for births and 18.2 for deaths.

On page 9, I shew in graphic form the birth and death rates in the County during the past twenty-six years. It will be noted that, due to wartime influences, there was a peak period for births in the forties, and, to a less marked extent, a period of high death rates in the four years from 1942 to 1945. It will be interesting to observe in years to come, how far the age structure of the population in Worthing is counter-balanced, both as regards birth and death rates, by the increasing influence of the age structure of the population in Crawley.

During the year efforts were made, by means of notices displayed in surgeries of general practitioners and distribution of leaflets etc. by Health Visitors, to increase the response to vaccination against smallpox of infants under one year of age. From the Table on page 33 it will be seen that 2258 such children were vaccinated in 1955. This corresponds to 48.2 per cent of the number of births during the same period, and, although this figure does not justify complacency, it compares favourably with that of the rest of the Country. In the absence of any cases of smallpox it is difficult to get parents to realise the importance of having their children protected in infancy.

With regard to the other infectious diseases it will be seen from Table V on page 13 that there was an outbreak of Measles during the year - this disease recurs in epidemic form every two or three years. Dysentery was also more prevalent than in the previous year.

There were 59 cases of Poliomyelitis (as compared with 14 in 1954). Of these, 27 were of the non-paralytic type. The incidence was much heavier in the rural districts than in the urban areas (see page 13).

Tuberculosis showed a decrease in 1955, both as regards cases notified and in the number of deaths. The number of notifications

was the lowest recorded and the death rate was also lower than in any other year, except 1953 which equated. The graph on page 18 shows clearly how the mortality from this disease has been reduced during the past seven years. The reduction in the incidence and incapacity caused by this disease, due to advances in surgery and anti-biotics is particularly to be appreciated when it is remembered that tuberculosis was for many years a principal cause of death and incapacity amongst the younger age groups of the population.

Attention is drawn to the chart on page 11 which shows in graphic form the principal causes of death and of how much influence the ageing population has on these. Cancer ranks high, but it does not by any means top the list, heart diseases preceding it.

I have included, on pages 35 and 36, graphs showing the mileages undertaken by the ambulance and hospital car services during the past five years, and it will be seen that there was an increase in mileages of both services during the year. There was also an increase in the number of patients carried during the year. Examination of ambulance statistics issued by the Ministry of Health recently for the financial year 1954-55 show that this increase in the number of patients carried and the mileage covered has been general throughout the Country and compared with the financial year 1952-53, the number of patients carried has gone up from 12½ million to 14½ million, the number of patients carried per 1,000 of population from 281 to 323, the total mileage from 95 million to 99 million, and the cost from 9½ to 10½ million pounds.

My thanks are due to the Chairman and Members of the Committee for their encouragement and support during the year, and to members of the staff of the County Health Department for their loyal assistance.

Addendum.

Whilst this Report was going to press, the sad news was received of the death of Mr. Packer, former Chairman of the County Health Committee. Mr. Packer had retired from the Chairmanship of the Committee only in April, 1956, having held that post since 1952. His service to the Health Committee is too recent to need emphasis by me, but I should like to pay personal tribute to the help, guidance and encouragement I have received from Mr. Packer. Although he ceased to be Chairman of the Health Committee, he still continued to take an active interest in Health Committee matters, and, in fact, took on the Chairmanship of the Nursing Sub-Committee in May last. His passing will be regretted by all.

County Hall,
Chichester.

June, 1956.

STAFF

County Medical Officer and Principal 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 and School 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.
- Elsie C. Taylor, M.B., B.Ch., B.A.O., D.C.H., D.R.C.O.G.

Medical Officer to Worthing Health Sub-Committee and Borough School Medical Officer

*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 4).

Chest Physicians (On Staff of 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 Officer

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

Dental Surgeons

- E.S. Brabazon, L.D.S., R.C.S.I.
- J.S. Dick, 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.).
- Miss B.M. Bell, L.D.S., R.C.S. (Eng.).
- J.P. MacGregor, L.D.S., R.F.P.S.
- H.S. Johnson, L.D.S.
- J.P. Middleton, B.D.S., (Resigned 24.4.55)
- P.J. Pescoe, B.D.S., (Appointed 16.5.55) (Resigned 25.11.55)

† Part-time.

County Sanitary Officer

F.W. Mason.

Superintendent Nursing Officer

Miss L.J. Gray, S.R.N., S.C.M., H.V.Cert.

Deputy Superintendent Nursing Officer

Miss K.D. Holland, S.R.N., S.C.M., H.V.Cert. (also Supervisor of Midwives).

Assistant Superintendent Nursing Officers

Miss G.A. Riches, S.R.N., S.C.M., H.V.Cert. (Worthing).
Miss O.M. Smith, S.R.N., S.C.M., H.V.Cert.

Care Almoners

Miss E. Bryce (Worthing).) Certificate of
Miss J.C. Gatchouse, B.A., (Chichester).) Institute of Almoners.

Occupational Therapist

S.A. Groom.

Mental Welfare Officers (Mental Deficiency)

Henry West, S.R.N., R.M.P.A.
Miss P. Dunning.
Mrs. M. Ghem (Appointed 19.9.55).

Authorised Officers (Lunacy and Mental Treatment)

G.S. Pople	...	(Chichester	A. Werry	...	Midhurst and
		(Bognor Regis			Petworth
C. Kirk	...	(Worthing, Shoreham	H.B. Jervis	...	Horsham and
		(Littlehampton and			Storrington
		(Arundel	C.H.W. Simcox	...	County Hall

Chief Clerk

S. Potter

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
K.N. Mawson, M.B., Ch.B., D.P.H.	City of Chichester
	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

		Acres
Urban Districts	...	24,674
Rural Districts	...	380,613
		<hr/>
Administrative County		405,287
		<hr/>

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

Urban Districts	...	174,100
Rural Districts	...	173,600
		<hr/>
Administrative County		347,700
		<hr/>

The estimated population (at mid-year) in each Sanitary District is shown on page 12.

Rateable Value (1st April, 1955) ... £3,734,233

Product of Penny Rate (1955-56)

For General County purposes	...	£15,382
For Special County purposes	...	£10,927

Rate in the £ Precepted

		s.	d.
General County purposes	...	13.	9.
Special County purposes	...		6.
		<hr/>	
		14.	3.
		<hr/>	

VITAL STATISTICS

Live Births

Legitimate	...	4497	Birth rate per 1,000 of the estimated resident population.
Illegitimate	...	184	
<hr/>			13.46
Total	...	4681	
<hr/>			

Still Births

Legitimate	...	96	Rate per 1,000 total births (live and still).
Illegitimate	...	6	
<hr/>			21.30
Total	...	102	
<hr/>			

Deaths

4696	Death rate per 1,000 of estimated resident population.
<hr/>	
13.50	

Maternal Deaths

1	
<hr/>	
Rate per 1,000 births	0.2
<hr/>	

Death rate of Infants under one year of age

All Infants per 1,000 live births	...	...	21
Legitimate Infants per 1,000 legitimate births	...	...	20.9
Illegitimate Infants per 1,000 illegitimate births	...	...	26.6
DEATHS from Cancer (all ages)	...	...	839
DEATHS from Measles (all ages)	...	...	2
DEATHS from Whooping Cough (all ages)	...	...	-
DEATHS from Diarrhoea, Gastritis and Enteritis (under one year of age)	...	...	3

NOTES ON STATISTICS

Population

The Registrar General estimated that the population of the County had increased by 9,200 during the year. The increase was entirely due to migration; the largest increase in population was in Horsham Rural District, where the development of Crawley New Town continued, but increases of over 1,000 persons occurred in Worthing M.B. and Chichester R.D.

Smaller increases occurred in all other districts, with the exception of the City of Chichester and Chancetonbury R.D.C. where the decrease was 30 and 20 respectively and at Arundel where the position was static.

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. It will be noted (see Table II) that, as in 1954, in the urban districts deaths exceeded births by 653, whilst in the rural districts births exceeded deaths by 638. In the administrative county as a whole, deaths exceeded births by 15.

The birth rate for the County was 13.46 per thousand population, as compared with 15.0 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 15.34 per thousand of the population is produced.

Death Rate and Causes of Death

The death rate (Table II) was 13.50 per thousand population, as compared with 13.60 in 1954. When the comparability factor (referred to above) is applied, the rate is reduced to 9.45 which is lower than that for England and Wales (11.7).

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
2.1%	0.4%	0.4%	2.9%	17.0%	77.2%

33% of the deaths were due to heart disease - mainly persons over 65 years of age.

Other diseases of the circulatory system accounted for 214 deaths of which 189 occurred in persons over 65 years of age. Bronchitis and pneumonia caused 380 deaths, of which 313 occurred amongst persons over 65 years of age.

Vascular lesions of the nervous system (haemorrhages, thromboses, etc.) caused 714 deaths, of which 615 were in persons over 65 years of age.

Respiratory tuberculosis was responsible for 35 deaths, 4(11%) of which occurred in the age group 25 - 45 years.

Cancer was responsible for 839 deaths (539 being persons over 65 years of age).

Infantile Mortality

The infantile mortality rate was 21 per 1000 live births as compared with 24 in 1954. Congenital conditions accounted for 16 of the 99 deaths in 1955.

Reports are obtained regarding the deaths of children under one year of age, from medical practitioners, health visitors, or midwives. These reports are examined with a view to seeing whether the deaths could have been prevented.

Still Births

The still birth rate was 21.30 compared with 22.14 in 1954 and 22.65 in 1953.

Maternal Mortality

There was only one maternal death during the year, as in the previous year. The maternal mortality rate was 0.2 per 1,000 births (live and still) in 1955; 0.2 in 1954 and 0.92 in 1953. The rate for the Country as a whole was 0.64 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 cases 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
1946 - 1955 for Urban and Rural Districts, Administrative County, and England and Wales.

	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Urban Districts										
No. of Births	2,758	2,878	2,507	2,293	2,112	1,986	2,068	1,970	2,101	2,036
Birth Rate	17.39	17.59	15.04	13.64	12.46	11.73	12.27	11.62	12.27	11.69
Rural Districts										
No. of Births	2,462	2,602	2,370	2,341	2,091	2,082	2,109	2,301	2,580	2,645
Birth Rate	18.80	19.20	16.50	16.19	14.27	14.01	13.96	14.58	15.43	15.24
Admin. County										
No. of Births	5,200	5,480	4,877	4,634	4,203	4,068	4,177	4,271	4,681	4,681
Birth Rate	18.03	18.34	15.72	14.82	13.30	12.80	13.07	13.05	13.83	13.46
England and Wales										
Birth Rate	19.1	20.5	17.9	16.7	15.8	15.5	15.3	15.5	15.2	15.0

TABLE II - DEATH RATE

Number of Deaths and Death Rates for the years
1946 - 1955 for Urban and Rural Districts, Administrative County, and England and Wales.

	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Urban Districts										
No. of Deaths	2,474	2,486	2,267	2,507	2,622	2,763	2,514	2,651	2,655	2,689
Death Rate	15.60	15.20	13.60	14.91	15.47	16.32	14.92	15.64	15.50	15.44
Rural Districts										
No. of Deaths	1,639	1,651	1,627	1,806	1,832	1,891	1,790	1,868	1,951	2,007
Death Rate	12.52	12.20	11.32	12.49	12.50	12.72	11.84	11.83	11.66	11.56
Admin. County										
No. of Deaths	4,113	4,137	3,894	4,313	4,454	4,654	4,304	4,519	4,606	4,696
Death Rate	14.20	13.80	12.55	13.79	14.09	14.64	13.07	13.81	13.60	13.50
England and Wales										
Death Rate	11.5	12.0	10.8	11.7	11.6	12.5	11.3	11.4	11.3	11.7

RATES PER 1,000 POPULATION.

WEST SUSSEX - BIRTH & DEATH RATES - 1930 - 1955.

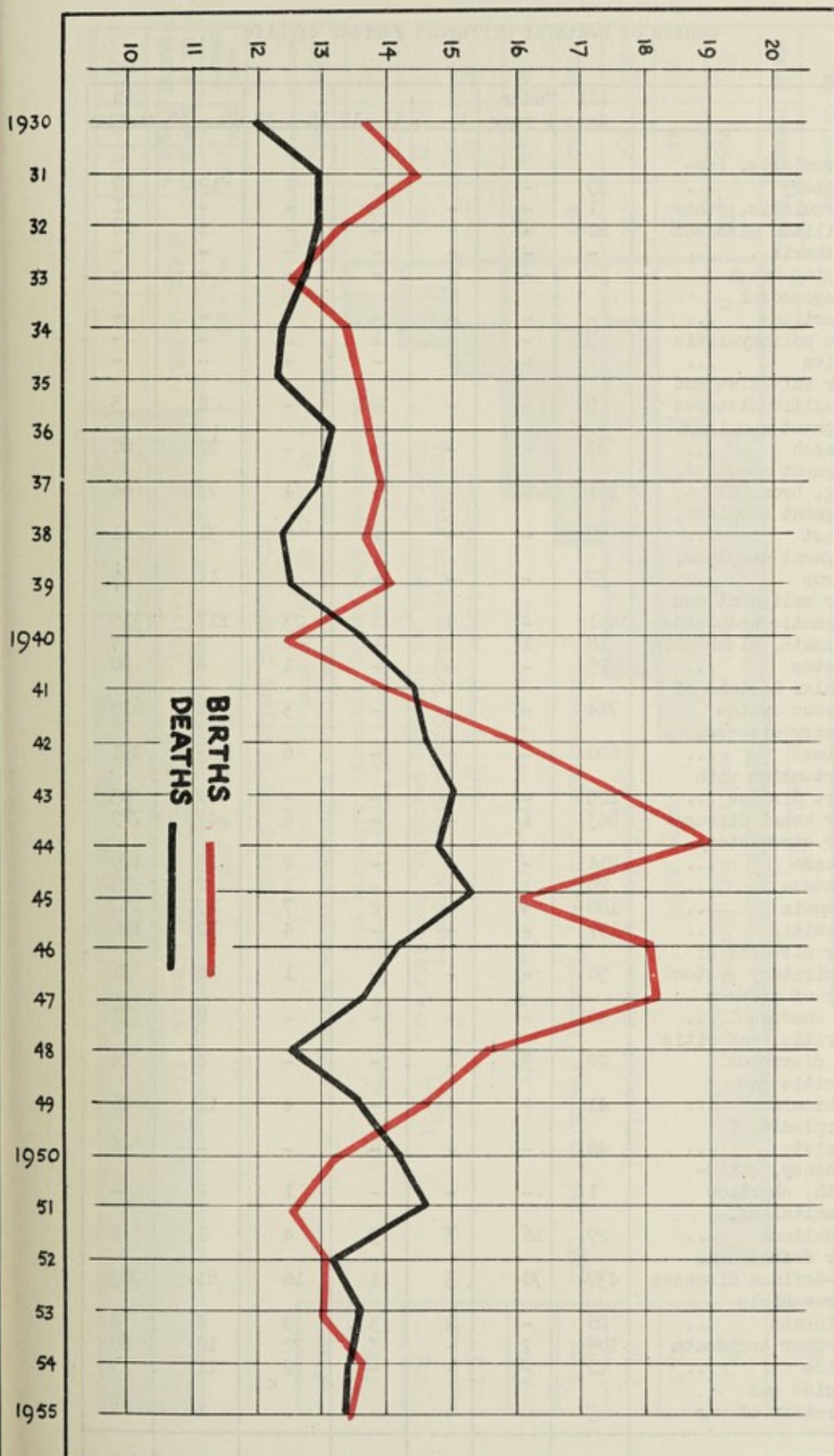


TABLE III

Causes of Death at Different Periods of Life

	All Ages	Under 1 year	1 - 5	5 - 15	15 - 45	45 - 65	65 and up
1. Tuberculosis, res- piratory ...	35	-	-	-	4	19	12
2. Tuberculosis, other	1	-	-	-	-	-	1
3. Syphilitic diseases	20	-	-	-	-	2	18
4. Diphtheria ...	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-
6. Meningococcal infections ...	-	-	-	-	-	-	-
7. Acute poliomyelitis	3	-	-	1	2	-	-
8. Measles ...	2	-	2	-	-	-	-
9. Other infective and parasitic diseases	5	-	-	-	-	2	3
10. Malignant neoplasm, stomach ...	82	-	-	-	-	22	60
11. Malignant neoplasm, lung, bronchus	161	-	-	-	4	73	84
12. Malignant neoplasm, breast ...	98	-	-	-	6	31	61
13. Malignant neoplasm, uterus ...	37	-	-	-	7	11	19
14. Other malignant and lymphatic neoplasms	461	-	4	2	23	117	315
15. Leukaemia, aleukaemia	18	1	1	-	2	5	9
16. Diabetes ...	25	-	-	-	1	4	20
17. Vascular Lesions of nervous system	714	-	-	-	3	96	615
18. Coronary disease, angina ...	620	-	-	-	6	123	491
19. Hypertension with heart disease ...	105	-	-	-	-	12	93
20. Other heart disease	843	1	-	-	6	47	789
21. Other circulatory disease ...	214	-	-	-	2	23	189
22. Influenza ...	28	1	1	-	1	2	23
23. Pneumonia ...	188	5	-	2	7	17	157
24. Bronchitis ...	192	-	-	-	4	32	156
25. Other diseases of respiratory system	50	-	-	-	1	18	31
26. Ulcer of stomach and duodenum ...	42	-	-	-	-	8	34
27. Gastritis, enteritis and diarrhoea	22	3	1	-	-	4	14
28. Nephritis and nephrosis ...	41	-	-	-	4	11	26
29. Hyperplasia of prostate ...	46	-	-	-	-	-	46
30. Pregnancy, child- birth, abortion	1	-	-	-	1	-	-
31. Congenital mal- formations ...	29	16	3	3	4	1	2
32. Other defined and ill-defined diseases	437	70	3	4	16	81	263
33. Motor vehicle accidents ...	26	-	2	3	9	4	8
34. All other accidents	105	2	-	3	22	10	68
35. Suicide ...	42	-	-	-	2	21	19
36. Homicide and operation of war	3	-	-	-	-	1	2
All Causes ...	4696	99	17	18	137	797	3628

See Table III

- 11 -

Note:— The shaded areas and the figures in brackets relate to persons of 65 years of age and over.

Percentage of deaths in Age Groups.

Problem 7 of 6

TABLE IV

Chief Vital Statistics for each Sanitary District in the County

	Estimated Population middle of 1955	No. of Births	Birth Rate	Illegitimate Births (No. of)	No. of Deaths	Death Rates		Deaths under one year	Infant Mortality Rate per 1,000 Births	Respir- atory Tuber- culosis		Cancer Death Rate
						Crude	Standard- ised			No. of Deaths	Death Rate	
Urban Districts												
Arundel (M.B.)	2,650	36	13.6	3	38	14.3	9.8	1	27.8	1	0.38	3.8
Bognor Regis	25,370	285	11.2	20	401	15.8	10.6	13	45.6	3	0.12	2.5
Chichester (M.B.) ...	18,980	255	13.4	6	297	15.6	12.2	3	11.7	2	0.11	2.4
Horsham ...	17,210	216	12.6	4	220	12.8	10.1	3	13.9	-	-	2.2
Littlehampton	14,760	234	15.9	15	171	11.6	9.4	5	21.4	2	0.14	2.3
Shoreham-by- Sea ...	14,190	208	14.7	12	160	11.3	9.2	7	33.7	2	0.14	2.4
Southwick	11,100	145	13.1	4	133	12.0	9.2	3	20.6	1	0.09	2.3
Worthing (M.B.) ...	69,840	657	9.4	30	1269	18.2	9.3	13	19.8	8	0.11	3.3
Total Urban Districts	174,100	2036	11.7	94	2689	15.4	9.7	48	23.6	19	0.11	2.7
Rural Districts												
Chancetonbury	21,550	265	12.3	7	280	13.0	9.9	8	30.2	1	0.05	2.4
Chichester	46,540	690	14.8	28	479	10.3	9.4	10	14.5	5	0.11	1.8
Horsham ...	47,770	993	20.8	19	358	7.5	7.4	23	23.2	4	0.08	1.7
Midhurst...	16,980	262	15.4	13	249	14.7	10.7	3	11.5	1	0.06	2.7
Petworth...	9,530	117	12.3	6	102	10.7	7.8	1	8.5	-	-	1.8
Worthing...	31,230	318	10.2	17	539	17.3	10.9	7	22.0	5	0.16	2.7
Total Rural Districts	173,600	2645	15.2	90	2007	11.6	9.3	52	19.7	16	0.09	2.1
Administrative County ...	347,700	4681	13.5	184	4696	13.5	9.5	100	21.4	35	0.10	2.4

INFECTIOUS DISEASES

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

Measles was the most prevalent disease during the year. Poliomyelitis showed an increase compared with the previous year: 59 cases (as compared with 14 in 1954), twenty-seven were of the non-paralytic type. For details see Table which follows.

Poliomyelitis

County District	Poliomyelitis		Deaths
	Paralytic	Non-Paralytic	
Arundel M.B.	-	1	-
Bognor Regis U.D.	1	1	-
Chichester M.B.	1	1	-
Horeham U.D.	1	4	-
Littlehampton U.D.	1	-	-
Shoreham-by-Sea U.D.	-	6	-
Southwick U.D.	1	-	-
Worthing M.B.	2	-	1
Total U.Ds.	7	13	1
Chancetonbury R.D.	4	1	-
Chichester R.D.	10	10	1
Horsham R.D.	10	2	1
Midhurst R.D.	-	-	-
Petworth R.D.	-	-	-
Worthing R.D.	1	1	-
Total R.Ds.	25	14	2
Total Admin. County	32	27	3

TABLE V

Notifications of Infectious Diseases

	Urban Districts	Rural Districts	Administrative County
Acute Poliomyelitis			
Paralytic	7	25	32
Non-paralytic	13	14	27
Acute Encephalitis			
Infective	1	-	1
Post-infectious	-	-	-
Meningococcal Infections	1	1	2
Diphtheria	-	-	-
Dysentery	111	53	164
Erysipelas	20	4	24
Measles	2118	2936	5054
Ophthalmia Neonatorum	1	-	1
Puerperal Pyrexia	58	40	98
Scarlet Fever	76	62	138
Typhoid and Paratyphoid Fever	10	17	27
Whooping Cough... ..	216	215	431

No cases of Smallpox or Diphtheria occurred during the year.

Two cases of Malaria (contracted abroad) were notified during the year, one in Shoreham-by-Sea Urban District and one in Chichester Rural District.

NATIONAL ASSISTANCE ACT, 1948

Blind and Partially-Sighted Persons

Registration

On 31st December, 1955, there were 787 blind and 177 partially-sighted persons on the Register, compared with 748 blind and 152 partially-sighted on 31st December, 1954, an increase of 39 and 25 respectively. Approximately sixty-eight per cent of the total number of blind persons and fifty-seven per cent of the partially-sighted persons were 65 years of age or over.

Examination of Applicants for Registration

During the year 1955, 127 new (i.e. excluding transferred) cases of blindness, and 55 cases of partial sight were added to the Register, following examination, with 5 exceptions, by Consultant Ophthalmic Surgeons. A further 33 persons were examined for registration purposes, twenty of whom (including seven persons who had had successful treatment) were found to be neither blind nor partially-sighted, and in the remaining thirteen cases (already on the Register) no change of category had taken place.

Analysis of Forms B.D.8

An examination of the certificates (Forms B.D.8) reveals that, of the 182 cases registered as blind or partially-sighted, the primary cause of defective vision was Cataract in 51 cases, and Glaucoma in 20 cases. Other main causes included Retinal including Macular Degeneration (31), Myopic Error (12), Arteriosclerosis (10), Diabetes (10), Congenital, Hereditary and Developmental defects (9). There were no cases of Retrolental Fibroplasia.

Follow-up Action

Where treatment was recommended by Ophthalmic Surgeons on Forms B.D.8, the cases were followed up to ensure that the treatment prescribed was being carried out. The results of this follow-up action are tabulated below:-

	Primary Cause of Disability			Total
	Cataract	Glaucoma	Others	
1. Number of Cases registered during year in respect of which Section F.1 of Forms B.D.8 recommends:				
(a) No treatment	34	10	70	114
(b) Treatment (medical surgical, optical or hospital supervision)	17	10	41	68
	51	20	111	182

	Primary Cause of Disability			Total
	Cataract	Glaucoma	Others	
2. Number of Cases at 1(b) above which:-				
(i) Received treatment for the first time	-	-	-	-
(ii) Continued treatment	5	10	39	54
(iii) Refused treatment	2	-	1	3
(iv) Had treatment deferred	8	-	1	9
(v) Were placed on waiting list for admission to Hospital	2	-	-	2
	17	10	41	68

In addition, six of the partially-sighted persons re-examined during the year and three of the persons examined, but found not to be registerable as blind or partially-sighted, were recommended to receive treatment. Of these, one received glasses for the first time, four continued treatment, two were placed on the waiting list for admission to hospital, one refused treatment and in one case treatment was deferred.

Home Teaching Service

The six Home Teachers employed by the Council gave 422 lessons in Braille and Moon, 579 lessons in handicrafts, and 9,570 other visits during the year, making a total of 10,571 visits.

Administrative Arrangements

The welfare (other than the provision of residential accommodation) of blind and partially-sighted persons continues to be dealt with in the Health Department. The West Sussex Association for the Blind (of which I am Honorary Secretary and a member of my staff is Case Secretary) acts as the agent of the County Council in carrying out the general social welfare of blind and partially-sighted persons, in co-operation with the Worthing Society for the Blind, which is affiliated to the Association.

Ophthalmia Neonatorum

1. Total No. of cases notified during year	1
2. No. of cases in which	
(a) Vision lost	NIL
(b) Vision impaired	NIL
(c) Treatment continuing at end of year	NIL

Homes for Disabled or Old Persons

When the National Assistance Act, 1948, came into force, it was agreed that, in view of the fact that the dividing line between Nursing Homes and Old Folks Homes was difficult to define, the Health Department should carry out, for the Welfare Committee, the inspections of Old Folks Homes which were required to be registered under Section 37 of the National Assistance Act. Such Homes are inspected initially for registration purposes, and periodically thereafter, by the Senior Assistant Medical Officer of the Health Department.

At the end of 1955 there were 34 Homes registered, providing accommodation for 590 persons.

NURSERIES AND CHILD MINDERS REGULATIONS 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.

	Number registered at 31st December, 1955	Number of children provided for
(a) Premises	7	138
(b) Daily Minders	2	17

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.

One new application for registration was received during the year, and registration was granted.

At the end of the year, there were 62 Nursing Homes with accommodation as follows:-

Beds for Maternity cases	Beds for Other cases	Total
19	809	828

No Orders were made refusing or cancelling Registration.

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

TUBERCULOSIS

Statistics

Pulmonary tuberculosis was responsible for 35 deaths, 4 (11%) of which occurred in the age group 25 - 45 years. The death rate from this disease showed a slight decrease over that of the previous year, (see graph) and equated the rate of 1953 which had been the lowest recorded.

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, 1955.

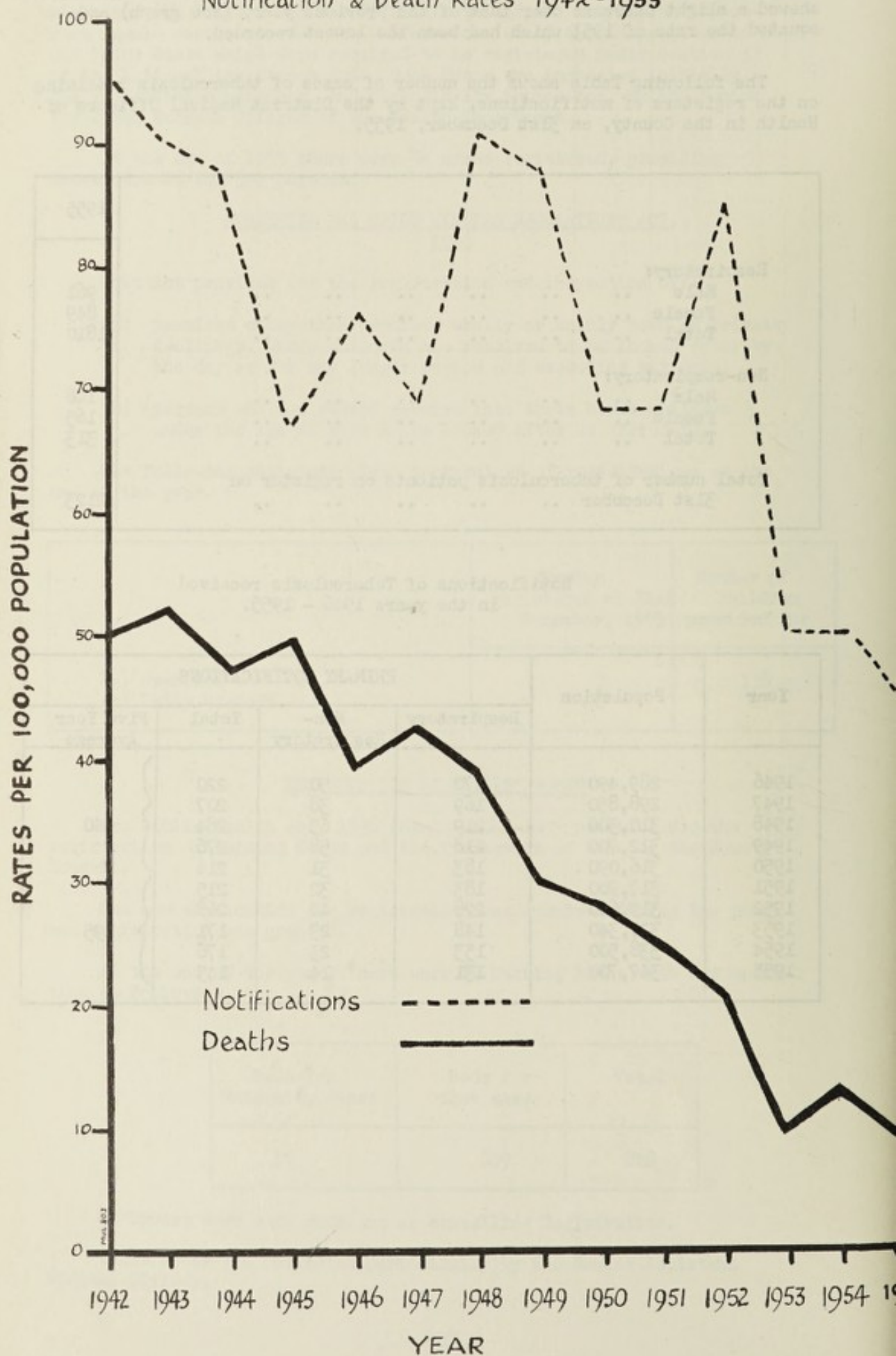
							1955
Respiratory:							
Male	..	..	..	..	..	..	961
Female	..	..	..	..	..	..	849
Total	..	..	..	..	..	..	1810
Non-respiratory:							
Male	..	..	..	..	..	..	148
Female	..	..	..	..	..	..	165
Total	..	..	..	..	..	..	313
Total number of tuberculosis patients on register on 31st December							2123

Notifications of Tuberculosis received
in the years 1946 - 1955.

Year	Population	PRIMARY NOTIFICATIONS			
		Respiratory	Non-Respiratory	Total	Five Year Average
1946	289,490	170	50	220	240
1947	298,850	169	38	207	
1948	310,300	219	65	284	
1949	312,700	218	58	276	
1950	316,090	183	31	214	
1951	317,900	183	32	215	195
1952	319,600	228	40	268	
1953	327,340	148	23	171	
1954	338,500	153	23	176	
1955	347,700	131	14	145	

WEST SUSSEX TUBERCULOSIS (ALL FORMS).

Notification & Death Rates 1942-1955



Notifications of Tuberculosis shown in age-groups
for 1955.

AGES	Respiratory			Non-Respiratory		
	Male	Female	Total	Male	Female	Total
0 - 1	-	1	1	1	-	1
1 - 2	-	-	-	-	-	-
2 - 5	2	1	3	2	-	2
5 - 10	1	2	3	-	1	1
10 - 15	2	9	11	-	2	2
15 - 20	5	3	8	-	1	1
20 - 25	7	4	11	-	-	-
25 - 35	9	11	20	1	1	2
35 - 45	11	10	21	2	1	3
45 - 55	19	4	23	1	1	2
55 - 65	7	4	11	-	-	-
65 - 75	12	1	13	-	-	-
75 -	3	3	6	-	-	-
Total (all ages)	78	53	131	7	7	14

In addition to the above notifications, 9 cases became known through death returns and posthumous notifications.

Deaths from Tuberculosis, and Rate per 1,000 population, in years 1946 - 1955.

Year	Population	Respiratory		Non-Respiratory		Total	
		No.	Rate	No.	Rate	No.	Rate
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
1953	327,340	26	0.08	8	0.02	34	0.10
1954	338,500	43	0.13	6	0.02	49	0.14
1955	347,700	35	0.10	1	0.00	36	0.10

Deaths from Tuberculosis in 1955, in age groups.

Ages	Respiratory	Non-Respiratory	Total
0 - 1	-	-	-
1 - 5	-	-	-
5 - 15	-	-	-
15 - 25	-	-	-
25 - 45	4	-	4
45 - 65	19	-	19
65 - 75	7	1	8
75 -	5	-	5
Total (all ages)	35	1	36

Care and After-Care Services.

Although the County Council 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.

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 social and domestic conditions which may affect the chances of recovery. 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.

In addition to the work of Health Visitors, two Care Almoners are employed by the County Council in tuberculosis work. The Care Almoners see new patients attending the Chest Clinics and patients discharged from sanatoria are referred to the Care Almoners, by the almoners of the sanatoria, if there is social need. They are also employed in following up invalids generally, and the almoner 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 tuberculosis patients being treated at home. During the year, 29 new patients were referred by the Chest Physicians for instruction, and 1,352 visits were paid. The handicrafts taught include leatherwork, tapestry, plastics, weaving, embroidery, needlework, knitting, etc.

At the end of 1955, twenty sleeping shelters were in use. These are supplied free, on loan, on the recommendation of the Chest Physicians, usually to provide separate bedrooms for patients.

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, 12 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. Other tuberculosis patients in receipt of National Assistance receive a discretionary allowance from the Board to cover the cost of milk recommended by the Chest Physician.

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 to cover Chichester and Midhurst; Horsham; Bognor Regis and Littlehampton; Worthing; and Shoreham-by-Sea and Southwick. During 1955, 90 patients were given assistance.

B.C.G. Vaccination

During the year 218 children, whose parents were suffering from respiratory tuberculosis, were given Bacillus Calmette-Guerin vaccination by the Chest Physicians, to protect them against infection.

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.

At the end of the year, the County Council were maintaining two patients at the British Legion Village Centre, and were making a reduced weekly payment in respect of one patient at the Enham Alamein Centre, near Andover, who had been admitted in 1952 and had "colonised" in the Carpentry Department.

Contact Tracing

The following Table, compiled from information supplied by the Chest Physicians, shows the number of contacts examined and the number found to be tuberculous, during the years 1950 - 1955.

Year	No. of Contacts examined	No. found tuberculous
1955	701	12
1954	482	14
1953	561	12
1952	663	15
1951	473	16
1950	671	16

Occasionally deaths occur of persons whose tuberculous disease was not notified during life. Contacts of these cases are followed up by the Chest Physicians, usually through the Health Visitors or the family doctors.

In newly diagnosed primary cases in children, the family, and other close contacts are examined by the Chest Physicians, in an endeavour to find the source of the infection. On several occasions adult cases have been discovered by this means.

CANCER

Cancer was responsible for 839 deaths (539 being persons over 65 years of age). This shows a decrease of 26 as compared with the previous year. This is the second highest number of deaths recorded, though this rate is the lowest since 1949. The provisional death rate for England and Wales from cancer for 1955 was 2.06, so that the rate for the County is above that for the country as a whole.

It will be seen from the chart on page 10, shewing causes of death, that cancer was responsible for 17.9% of the deaths during 1955.

The following Table shows the number of deaths and death rate from cancer recorded in the County during the last ten years:-

	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Admin. County No. of Deaths	691	673	681	774	766	817	784	812	865	839
Death Rate per 1,000 pop.	2.38	2.25	2.19	2.38	2.42	2.57	2.45	2.48	2.56	2.41

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.

Sanitary District	No. of Deaths from Cancer						
	Malignant Neoplasm					Total	Cancer Death Rate
	Stomach	Lung, Bronchus	Breast	Uterus	Other Organs		
Urban Districts:-							
Arundel (M.B.)	2	1	3	1	3	10	3.8
Bognor Regis	8	11	9	6	30	64	2.5
Chichester (M.B.)	3	6	6	4	26	45	2.4
Horsham	5	10	2	4	17	38	2.2
Littlehampton	4	10	2	-	17	33	2.3
Shoreham-by-Sea	4	7	5	3	15	34	2.4
Southwick	2	5	3	1	14	25	2.3
Worthing (M.B.)	17	44	26	8	133	228	3.3
Total Urban Districts	45	94	56	27	255	477	2.7
Rural Districts:-							
Chancetonbury	6	9	7	1	29	52	2.4
Chichester	5	20	8	2	47	82	1.8
Horsham	7	12	14	1	48	82	1.7
Midhurst	7	9	3	1	25	45	2.7
Petworth	2	5	2	1	7	17	1.8
Worthing	10	12	8	4	50	84	2.7
Total Rural Districts	37	67	42	10	206	362	2.1
Administrative County	82	161	98	37	461	839	2.4

Section 22. Care of Mothers and Young Children

Ante and Post-Natal Care

The details of attendances of expectant mothers at ante-natal clinics are shown in the following Table:-

Number of Ante-natal Clinics provided at end of year	24
Number of sessions held per month	56
Number of expectant mothers who attended during year	2,441
Number of expectant mothers who attended for the <u>first time</u> during year	1,931
Total number of attendances made during year	7,590

At the end of the year ante-natal clinics were in operation in the following districts:-

Arundel	Billingshurst	Bognor Regis	Chichester
Crawley	Felpham	Horsham	Lancing
Littlehampton	Pulborough	Roffey	Rustington
Selsey	Shoreham-by-Sea	Southbourne	Southwick
Steyning	Storrington	Thorney Island	Three Bridges
Worthing (3)	Yapton		

In areas where the population is small, and where the establishment of an ante-natal clinic has not been justified, arrangements have been continued for expectant mothers to be seen at the infant welfare centre, either at the beginning or at the end of a session. The work in this connection is shown below:-

Number of expectant mothers seen at Welfare Centres during year	50
Number of expectant mothers who attended for the <u>first time</u> during year	36
Total number of attendances made during year	235

Post-Natal Cases

No special post-natal clinics have been established, the mothers being seen instead at ante-natal clinics. During the year, 619 women made 722 attendances at such clinics.

Child Welfare Centres

Ample clinic facilities were available in 1955, as in previous years. Particulars relating to these centres are given below. The majority of the centres are staffed by general practitioners. In one town there is an additional consultant clinic, held weekly, attended by an Assistant County Medical Officer, to which special cases are referred.

Number of Centres provided at end of year	41
Number of sessions held per month	149
Number of children who first attended during year and on first attendance were under 1 year of age	3,284
Number of children who attended during the year and who were born in -	
(i) 1955	2,802
(ii) 1954	2,636
(iii) 1953-50	3,368
Number of attendances during the year made by children who at the date of attendance were	
(i) Under 1 year	40,154
(ii) 1 but under 2	9,648
(iii) 2 but under 5	8,923

The number of children born in 1955 who attended for the first time during the year, represented 60% of the total (live) births, as compared with 58% in 1954.

At the end of the year child welfare centres were in operation in the following districts:-

Aldingbourne	Aldwick	Angmering	Arundel
Boeding	Billingshurst	Bognor Regis	Bosham
Canelsdale	Chichester	Crawley	East Preston
Falphan	Findon	Henfield	Horsham
Lancing	Langley Green	Littlehampton	Loxwood
Midhurst	* Northchapel	* Petworth	Pulborough
Roffey	Rustington	Selsey	Shoreham-by-Sea
Southbourne	Southwick	Steyning	Storrington
Three Bridges	Walberton	Westbourne	Worthing (5)
Yapton			

* Expectant mothers can be seen at these centres.

Weighing Centres

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

Number of Centres provided at end of year	...	...	23
Number of sessions held per month	...	...	32
Total number of attendances made by children during year -			
(i) Under 1 year of age	...	...	3,200
(ii) Between ages 1 and 5 years	...	...	3,116

At the end of the year weighing centres were in operation in the following districts:-

Ashling (West)	Broadbridge Heath	Clapham	Colgate
Ferring	Heyshott	Hunston	Kirdford
Mundham	Oving	Partridge Green	Rogate
Rudgwick	Rusper	Sidlesham	Sompting
Southwater	Stedham	Strood Park	Tangmere
Warnham	Washington	Wittering (East)	

Distribution of Welfare Foods

During the year under review, three new sub-centres were opened for the distribution of welfare foods, and four small sub-centres were closed, leaving 102 distribution centres in operation at the end of the year, i.e. 13 main centres in the towns and 89 sub-centres at clinics, private houses, local stores, etc.

A very large proportion of the work has continued to be undertaken by the Women's Voluntary Services, who were responsible for the distribution of these foods at all the main centres (ten of which are held on their premises) and at 23 sub-centres.

The following Table shows the quantities of welfare foods issued to beneficiaries during the year:-

	Total number distributed	Average number distributed per week
National Dried Milk	117,461 tins.	2,240 tins.
Cod Liver Oil	42,022 botts.	800 botts.
Vitamin A and D Tablets	14,554 pkts.	280 pkts.
Orange Juice	266,010 botts.	5,116 botts.

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 1955, 16 cases were admitted to the Bell Hostel, Eastbourne, and 10 to other residential homes.

Maternity Outfits

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

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 convenient points in the County. If necessary, a premature infant can be immediately transferred to one of the maternity hospitals, where greater facilities for nursing are available. The figures for 1955 are as follows:-

(1) Total number of premature live births during year ...	304
(2) Number of premature infants born at home during year	91
Number of these -	
(a) transferred to hospital	15
(b) died at home during first 24 hours	3
(c) died at home between 2nd and 28th day	3
(d) survived at end of one month	70
Of the 15 infants transferred to hospital, eight died on or before 28th day.	
(3) Number of premature infants born in private Nursing Homes during year	-
Number of these -	
(a) died during first 24 hours	-
(b) survived at end of one month	-
(4) Number born in hospital or maternity home (Regional Hospital Board)	213
Died on or before 28th day	46

Dental Care

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

"Regarding the working of the County Council's scheme for the dental treatment of nursing and expectant mothers and children under school age for the year 1955, I am glad to be able to report that despite the fact that, in West Sussex there is a large number of dentists working in the general dental service ready to give treatment to expectant mothers and children under school age at no cost to the patients (except for the provision of dentures), the flow of patients to our Dental Clinics shows no sign of falling off. When the statistics for 1955 are compared with the previous year there is a very small drop in the number of patients treated, due to staff difficulties in one particular area. Whereas the

number of teeth extracted has decreased, the amount of conservative dental work accomplished has not done so and it is gratifying to know that the number of artificial dentures supplied is less than the preceding year. It has always been our policy in this County that each Dental Officer should be prepared to devote approximately 1/10th of his time to the treatment of expectant and nursing mothers and children under school age as the importance of this service is fully recognized. In some Authorities where the staff problem has been acute there has been a tendency to neglect this side of the work in order to concentrate on the school children, but at no time has this been the case in West Sussex. It will be noticed that the numbers of both mothers and infants commencing treatment are only slightly more than the numbers made dentally fit and this means that the vast majority of our patients do complete the full course of treatment to attain dental fitness and that the Clinics of the Local Authority are not regarded just as places where the relief of toothache can be found. This point is an important one because the whole object of our scheme is to provide complete dental fitness to our patients. In this County it is not our practice for the Dental Officer to carry out the dental inspections at Maternity and Child Welfare Clinics, but for the Health Visitors to suggest and persuade mothers to attend the Dental Clinic for an examination. The name of every new patient attending a Maternity and Child Welfare Clinic is passed to the Dental Officer, who sends a written invitation to that patient to attend for a dental examination. This scheme is both economical of the dentist's time and works well in practice.

As in 1954 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."

National Health Service Act, 1946

Year 1955.

Dental treatment provided for expectant and nursing mothers and young children

(a) Numbers provided with dental care:

	Examined	Needing treatment	Treated (commencing treatment)	Made dentally fit (Treatment completed)
Expectant and Nursing Mothers	368	338	308	270
Children under five ..	501	356	338	310

(b) Forms of dental treatment provided:

	Extractions	General Anæsthetic	Fillings	Scalings or scaling and gum treatment	Silver Nitrate treatment	Inlays	Crowns	Radio-graphs	Dentures provided		Dentures repaired
									Complete	Partial	
Expectant and Nursing Mothers	377	33	635	129	3	-	-	-	23	37	13
Children under five	363	69	428	6	85	-	-	-	-	-	-

Relaxation Classes

It is of interest to note that Relaxation Classes for expectant and post-natal mothers, held at eight centres, have proved to be very popular. The following statement shows the number of attendances made in 1955:-

Area	Date of Establishment	Sessions held	Total number of Attendances 1955
Bognor Regis ...	9. 6.49	Weekly	265
Chichester ...	18. 3.48	Weekly	346
Horsham ...	1.12.49	Weekly	685
Littlehampton ...	8. 6.49	Weekly	312
Worthing ...	11.11.49	Weekly	326
Crawley ...	5.11.53	Fortnightly	510
Petworth # ...	9. 9.54	Fortnightly	14
Shoreham ...	5. 7.54	Weekly	530

Discontinued - 10.2.55 - To be resumed when staff have been trained.

Family Planning Clinics

Cases are referred to Clinics at Bognor Regis, Midhurst, and Shoreham-by-Sea. The Clinics at Bognor Regis and Midhurst are administered by the Family Planning Association, and that at Shoreham by the County Council.

The number of new cases dealt with at these Clinics in 1955 was 373, and the total number of attendances was 1,022.

Prevention of Break-up of Families (Ministry of Health Circular 27/54).

This Circular, which was issued on the 30th November, 1954, drew the attention of Local Health Authorities to the efforts that should be made to preserve, for as long as possible, the family as a unit, and to prevent its break-up, from whatever cause. I quote herewith a report I made to the Health Committee in March, 1955.

"Speaking generally, the attitude of the Health Department is, and has been all along, the policy suggested by the Ministry, i.e. to keep the family together wherever possible, and to advise removal of children only when every effort has proved unsuccessful to bring the home care provided for them up to a decent standard, and when the children are obviously going to suffer in one way or another from neglect, if the bad conditions continue. To put it another way, we have attempted to balance the happiness and the mental health of the children against what is usually physical neglect and/or bad home conditions, agreeing that an unsatisfactory home is better than a good Institution or foster-home, provided the children are happy and there is a strong family feeling. Each case, of course, has to be taken on its merits, and a nice judgment has to be exercised in deciding when conditions have deteriorated to such an extent, and the efforts made to improve these over a period have failed, as to warrant the children being taken into care.

To take the Ministry's suggestions seriously, it is suggested in paragraph 2 that Local Health Authorities might help in the family difficulties which are caused by illness, usually of a temporary nature, by providing a Home Help, or, where the father is on night work, a "sitter-in". The County Home Help Service has been used since its inception in this way, the Home Help sometimes living in with the family, and sleeping

there. The need for "Sitters-in" for the reason mentioned, i.e. the father being on night work, has not, so far as I know, arisen in this County, and one would not expect it to do so to any extent.

In paragraph 4 of the Circular, it will be noted that the Health Visitor is considered to be the field worker who, by reason of her close contact with young families, should deal with the practical side of this work, and the Circular can be welcomed for this reason alone, to show the part which the Ministry considers the Health Visitor should play in the prevention of break-up of families, and in dealing with difficulties which beset problem families.

The Minister suggests that there may be a need to employ a trained social worker to deal with the particular needs of such families, but I do not think we should change our present scheme, by which problem family work is dealt with comprehensively in the Department, being spread over the whole of the health visiting staff, with administrative control and advice from the headquarters nursing staff and myself. Reports come in from Health Visitors and if any help or advice is required, contact is usually made by the Superintendent Nursing Officer or her Assistant, either of whom, if necessary, accompanies the Health Visitor on a visit to the family concerned, and discusses the case with her. The Health Visitors have been made aware of the help they can get, in dealing with such families, from Voluntary, County and other Local Authority services - the N.S.P.C.C., the W.V.S., the Children's Visitor, the Probation Officer, the Housing Officer, etc. Local discussion on problem families between the Health Visitor and one or other of the field workers mentioned above takes place, as required. On one or two occasions I have found it necessary to call a case conference, to which all those concerned have been invited, with a view to deciding what the next steps should be, and who should take them.

The only problem we have not been able to solve as yet is that of providing, in extreme cases, the services of a woman to go into the home and to work alongside the housewife, in an endeavour to raise the domestic standards to a decent level, and to teach the housewife how best to budget and to manage her home and her children. This means a continuous series of visits, and, even after standards have been raised, for follow-up visits to be made by the person who should have become the friend and fellow-worker of the housewife and family. The number of such families varies, of course, from time to time, but at no time would the number be sufficient to justify the appointment of a whole-time officer. There may be in the future, however, an opportunity to share with the N.S.P.C.C. the services of one of their women visitors. The Society have had for some years a scheme of providing women visitors specially trained in such work, and working in the area of the N.S.P.C.C. Inspectors. Some of the appointments have been made at the request of the Local Health Authority, with the Authority sharing the expenses of the appointment. It would be very useful to be able to call on the services, from time to time, of a woman officer of this kind, and the Committee might consider giving me authority to approach the N.S.P.C.C. as to the possibility of such an arrangement being made in this County.

The Ministry mention the use of special convalescent and re-training facilities for the type of mother mentioned above, as having limited but valuable application. Such a scheme has operated in this County for three years, and under it occasional cases have been sent, with their babies, immediately following confinement, to specially selected convalescent homes, where training has been given to the mother in child care and in housecraft.

In paragraph 4 of the Circular, it will be noted that the Ministry draw attention to the necessity of the Health Visitor receiving information from other health or welfare workers, of any signs of family difficulty or deterioration. Liaison with District Nurses, with N.S.P.C.C. Inspectors, Hospitals, etc., is maintained by the County Health Visitors, and information is exchanged on cases, either directly or through me, and with the Children's Visitor if there is a possibility of the children being taken

into care. The liaison with Medical Practitioners is not as close as one could wish, but it is hoped, as a result of recent arrangements that have been made for Practitioners and Health Visitors to meet locally, an improvement will result in this matter. Housing Managers are, from time to time, consulted by the Health Visitor, or by me on their behalf, and similarly the local Medical Officer of Health is brought into the picture, when necessary.

In paragraph 5, the Minister suggests that Authorities should consider "whether their health visiting service can be redeployed on a more selective basis and, if necessary, increased, so that more time is devoted to those families where problems are likely to arise, or are known to exist." In this County, Health Visitors have, up to now, tended to take the additional work, which problem families entail, in their stride. They have, of course, been concerned with the health, both physical and mental, of the family as a whole since the coming into force, in July, 1948, of the National Health Service Act, 1946, and this has inevitably meant that some Health Visitors have had too much to do at times. There is no doubt that the case-loads of some Health Visitors, both of children under five and of families, are too large, but until the whole matter of the recruitment, work and training of Health Visitors has been investigated by the Working Party which is at present considering the question, it is difficult to suggest any way in which the matter can be dealt with, without a widespread increase in the health visiting staff. The alternative mentioned by the Minister, redeployment, I think refers to the ways in which the Health Visitors function, rather than redeployment of actual Health Visitors. Certainly, the County Health Visitors have been advised that they should be selective in their visiting of children under five, and concentrate on those whose mothers, they know, need advice and help, and pay less frequent visits than in the past to other cases.

It should be appreciated, of course, that there is no hand-and-fast definition of "problem" families, and that what is a problem family in a slum area in London may be very different in degree to a family classified as "problem" in West Sussex. Generally speaking, however, problem families may be defined as families whose standards of personal responsibility, child care, and home management, are so unsatisfactory as to run the risk of causing serious neglect to their children."

As a result of consideration of this report, the Health Committee recommended that the County Council should support, financially, the N.S.P.C.C. in making an appointment of a woman officer for work in connection with problem families in the County. This has been agreed and the approval of the Minister of Health is awaited.

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 the 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 usually 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 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.

Supervision of Midwives in West Sussex in 1955 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 one who is elderly, 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 1955.

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 -

	1954	1955
(a) Employed by County Council	78	78
(b) In Private Practice -		
(i) Domiciliary	17	15
(ii) In Nursing Homes	10	7
(c) Employed by Hospital Management Committees	52	54
	<u>157</u>	<u>154</u>

2. Number of Confinements attended by Midwives -

	1955	
	As Midwives	As Maternity Nurses
(a) Midwives employed by the County Council	1,492	413
	<u>1,905</u>	
(b) Midwives in Private Practice -		
(i) Domiciliary	2	18
	<u>20</u>	
(ii) In Nursing Homes	41	64
	<u>105</u>	

3. Number of Maternity Cases attended by Midwives employed by County Council after discharge from Hospital and before the fourteenth day - 194.

Gas and Air Analgesia

With one exception, all midwives employed by the County Council are now qualified to administer gas and air analgesia. Of 1,925 births taking place at home, 1,580 mothers received gas and air analgesia.

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

(i) Midwives employed by the Authority	77
(ii) Midwives in private practice (including midwives in Nursing Homes)	4
(iii) Midwives employed by Hospital Management Committees	46

Number of cases in which gas and air was administered during year by domiciliary midwives -

(a) As midwife	1,234
(b) As maternity nurse	346
	1,580

Housing of Midwifery and Nursing Staff

In accordance with the original five year Building Programme for Midwives and General Nurses, two houses were started in 1955 at North Mundham and Singleton.

In December a tenancy was arranged with the Crawley Development Corporation for the use of a nurse/midwife.

Post Graduate Courses

Refresher courses lasting a week were attended by ten midwives during the year, and in March, 1955, a five-day course was again organised at Lodge Hill Residential Centre, for midwives, nurses and health visitors.

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, three of the County Council midwives in this area acting as tutors.

Section 24. Health Visiting

This service continued in 1955 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.

During 1955, two nurses were 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, 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, and midwifery. One of these courses was held in 1955, and all nurses, midwives, and Health Visitors were encouraged to attend. Other refresher courses lasting a fortnight outside the County were made use of in 1955, and the number of Health Visitors sent was four.

1. Number of Health Visitors employed at end of year -

(a) Whole-time	32
(b) Combined duties (health visiting, general nursing and midwifery)	37

2. Number of visits by Health Visitors during 1955 -

(a) Ante-natal visits	632
(b) Visits to infants under 1 year	32,575
(c) Visits to children 1 and under 2 years	17,579
(d) Visits to children 2 and under 5 years	32,040
(e) Tuberculous households	2,157
(f) Care of old people	3,681
(g) Other cases	2,558
(h) Total No. of families or households visited	16,374

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

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 -

Whole-time	...	...	...	...	...	38
Part-time	...	...	...	...	...	2
Combined duties (health visiting, general nursing and midwifery)	...	...	...	...	...	67
Number of cases attended	...	...	...	...	...	13,019
Number of visits made	...	...	...	...	...	238,658

Refresher Courses

Eight general nurses were sent for refresher courses lasting a week in 1955.

District Nurse Training

Arrangements were made during the year for two nurses to receive the Queen's Nurse's training.

Section 26. Vaccination and Immunisation

(a) Vaccination

Vaccinations are carried out by general practitioners under the terms of their contract with the Executive Council, and a fee is payable by the County Council for the record of the vaccination.

The number of such records received in respect of vaccinations, and re-vaccinations, carried out in 1955 is given below:-

	Age at 31st December					
	Under 1	1 year	2 - 4	5 - 14	Over 14	Total
Number vaccinated	2,258	273	173	353	384	3,441
Number re-vaccinated	1	6	96	282	943	1,328

The totals for 1954 were primary vaccinations 2,887, and re-vaccinations 1,458.

(b) Diphtheria Immunisation

The campaign for the immunisation of children against diphtheria continued throughout the year, the field work being mainly carried out by the School Medical Officers. The Ministry of Health Table shown below is based on the fact that it has been generally agreed that because individual immunity tends to wane with the passage of time an assessment of the percentage of children protected must take into account the age of the child and the ages at which inoculations were received. For the sake of simplicity the Ministry ignore the distinction between primary and boosting inoculation.

During 1955, a total of 4,306 children were immunised against diphtheria; of these 3,476 were under school age. In addition, 4,790 received a third or "boosting" dose. It will be noted that 55,796 children still under 15 years of age had been immunised against diphtheria, of these 11,840 were under the age of 5 years.

Immunisation in Relation to Child Population					
Number of Children at 31st December, 1955, who had completed a course of Immunisation at any time before that date.					
Age at 31.12.55. i.e. born in year	Under 1 1955	1 - 4 1951-1954	5 - 9 1946-1950	10 - 14 1941-1945	Under 15 Total
Last complete course of injections (Primary or booster)					
A. 1951 - 1955 ...	545	11,295	17,467	6,195	35,502
B. 1941 - 1950 ...	-	-	7,120	13,174	20,294
C. Est. mid-year child population	4,560	17,540	53,000		75,100
Immunity index 100A/C	11.95	64.40	46.53		47.27

Section 27. Ambulance and Hospital Car Service

(a) Ambulance Service

The day to day operation of the ambulance service is undertaken by the St. John Ambulance Brigade on an agency basis, 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.

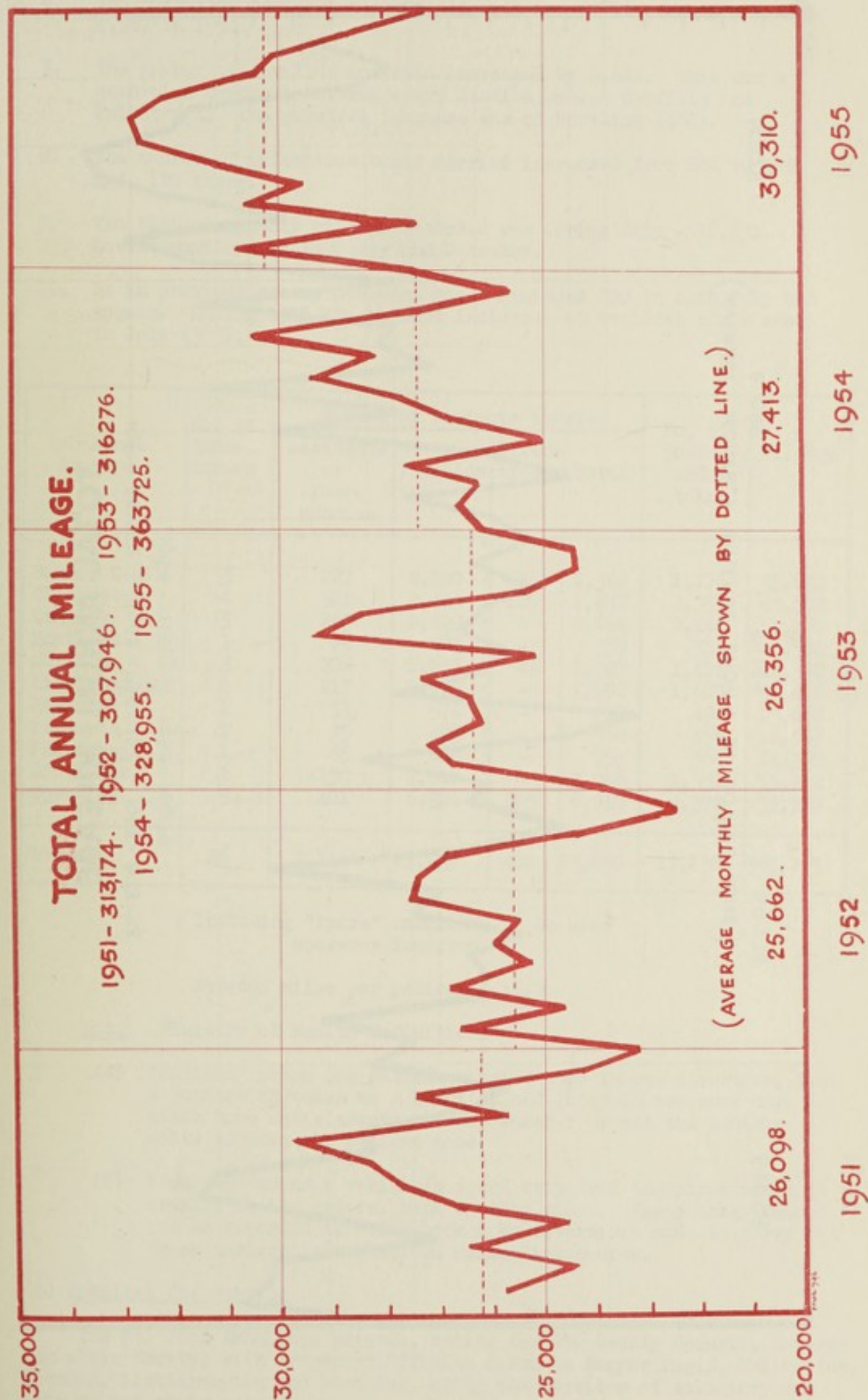
Rail Facilities

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, 231 patients were transported for the major part of their journeys by rail facilities.

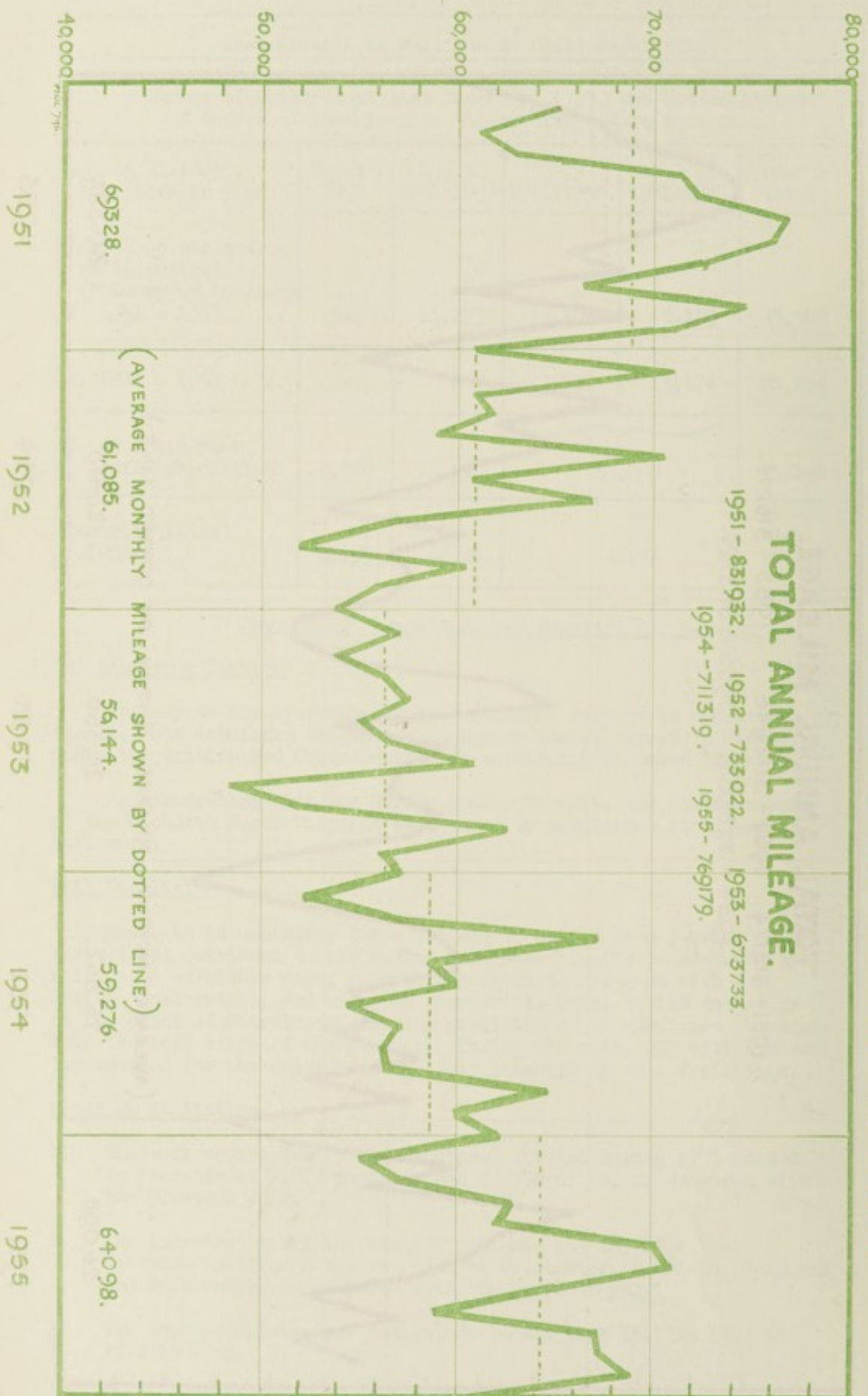
Notes on Statistics

1. The work undertaken by the Ambulance Service during 1955 shewed an increase of 2,870 patients and 34,770 miles, as compared with the previous year.
2. The increase at Crawley was 639 patients and 10,789 miles. A decrease in mileage was recorded at Chichester, Henfield, Petworth and Pulborough, as compared with the previous year.
3. The average mileage per patient decreased from 15.7 in 1954 to 15.2 in 1955.
4. The two facts, of increased number of patients and lower average mileage per patient, is partly accounted for by increased use of rail facilities for the longer journeys.

WEST SUSSEX AMBULANCE SERVICE - MILEAGE 1951-1955.



WEST SUSSEX HOSPITAL CAR SERVICE - MILEAGE 1951-1955.



5. The number of stretcher cases conveyed for major part of journey by rail was 231, as compared with 185 in 1954.
6. The number of accident cases dealt with was 2,116 as compared with 1,967 in 1954.
7. The number of invalids conveyed increased by 2,601. This was a general increase involving every Station except Henfield and Pulborough. The greatest increase was at Worthing (660).
8. The number of infectious cases carried increased from 284 to 404, i.e. 120 cases.
9. The highest monthly mileage recorded was during July - 32,831. Lowest months were February and December.
10. As in previous years, accident cases exceeded 200 in both July and August. During 1955 the highest incidence of accident cases was in July (305).

Ambulance Station	No. of Ambulances	Number of patients carried				No. of journeys undertaken	Mileage
		Accidents or Emergencies	Invalids	Infectious	Total		
Bognor Regis	3	227	2,100	35	2,362	1,778	35,830
Chichester	4	301	2,416	120	2,837	2,359	43,502
Crawley	3	265	2,429	-	2,694	2,162	51,180
Henfield	1	74	285	-	359	311	8,580
Horsham	3	228	1,655	44	1,927	1,416	41,392
Littlehampton	2	217	1,775	-	1,992	1,687	33,416
Midhurst	1	53	574	-	627	494	15,688
Petworth	1	95	495	-	590	455	16,968
Pulborough	1	65	688	-	753	564	21,338
Southwick	2	190	2,618	-	2,808	1,552	35,912
Worthing	5+	401	6,304	205	6,910	4,372	59,919
Totals	26	2,116	21,339	404	23,859	17,150	363,725

+ Including "spare" ambulance to be used wherever required.

Average miles per patient - 15.2.

Note: Ministry of Health definitions -

- (a) "Patient" means one patient carried once in one direction, i.e. a patient is taken to a hospital and later in the same day taken home again counts as two, whether or not the vehicle waits to take the patient home.
- (b) "Journey" means a vehicle's round trip from the place where it usually awaits orders, back to that place. The journey should not be regarded as being broken by diversions made to carry out fresh instructions received during its course.

(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.

Notes on Statistics

1. The number of patients carried increased by 10,571, and the mileage by 57,860.
2. There was an increase in mileage in all areas, except Littlehampton where the decrease was 3,392 miles.
3. The lowest monthly mileage during the year was recorded in January (55,461).
4. The number of abortive journeys increased from 475 to 553, and the abortive mileage increased from 1,765 to 1,885.
5. During the year 290 cases were conveyed to distant hospitals or home addresses etc., by rail with hospital car facilities to and from the entraining and detraining points.

Month	No. of patients carried	Journeys undertaken			Mileage		
		Patient carrying	Abortive	Total	Patient carrying	Abortive	Total
January	6,472	1,764	64	1,828	55,219	242	55,461
February	6,497	1,781	46	1,827	56,453	157	56,610
March	7,294	1,949	44	1,993	63,286	194	63,480
April	6,696	1,860	49	1,909	62,694	161	62,855
May	7,831	2,084	46	2,130	70,054	112	70,166
June	7,640	2,071	51	2,122	70,840	183	71,023
July	7,113	1,903	33	1,936	65,342	129	65,471
August	6,968	1,840	42	1,882	58,949	165	59,114
September	7,731	2,025	39	2,064	67,474	113	67,587
October	7,781	1,911	39	1,950	67,527	130	67,657
November	8,043	2,117	48	2,165	68,855	134	68,989
December	7,391	1,983	52	2,035	60,601	165	60,766
Totals	87,457	23,288	553	23,841	767,294	1,885	769,179

Section 28. Prevention of Illness, Care and After Care

Care Almoner Service

The Care Almoners' work has been referred to under "Tuberculosis". In addition to following up tuberculosis 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 1955 was 339, including 148 tuberculous cases.

The main function of the Care Almoners is to advise and assist patients in carrying out the doctors' recommendations for after-care and recuperation, 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, 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 investigation by the County Care Almoners and consideration 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, 24 patients (18 women, 4 men, and 2 children) were given recuperative holidays under these arrangements.

Prevention of Illness - Health Education

The Central Council for Health Education has continued to give valuable assistance in the work of Health Education, 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 15 W.V.S. Area Organisers, based on Arundel, Bognor Regis, Chichester, Crawley, Horsham, Lancing, Littlehampton, Midhurst, Petworth, Rustington, Selsey, Shoreham-by-Sea, Southwick, Storrington and West Wittering.

The number of cases assisted by the Home Help Service in 1955 was 1,705 (maternity 231, tuberculous 36, chronic sick, aged and infirm 908, others 530), as compared with 1,618 in 1954. The services of the Home Helps are usually restricted to essential domestic duties.

Section 51. Mental Health Service

Care and After-Care

There are three 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). These Officers are based at Chichester, Horsham and Worthing.

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

Lunacy and Mental Treatment

Admission to Mental Hospitals:

During the year 72 male and 173 female patients were admitted to Mental Hospitals by Authorised Officers, as follows:-

	M.	F.	T.
(a) <u>Graylingwell Hospital:</u>			
Voluntary	14	23	37
Summary Reception Orders ...	33	79	112
Urgency Orders	24	66	90
Temporary Orders	-	2	2
	<u>71</u>	<u>170</u>	<u>241</u>

(b) Other Mental Hospitals:

Hellingly Hospital Hailsham (Urgency Order)	-	1	1
Oakwood Hospital, Maidstone (Voluntary) ...	1	-	1
St. Francis' Hospital, Haywards Heath (Urgency Order)	-	1	1
Springfield Hospital, Tooting (Urgency Order)	-	1	1
	<u>1</u>	<u>3</u>	<u>4</u>
Total (all Mental Hospitals) ...	<u>72</u>	<u>173</u>	<u>245</u>

The number of admissions to Graylingwell Hospital, including Summersdale Hospital and The Acre at Worthing, in 1955, as shown in the Annual Report of the Medical Superintendent, were -

	M.	F.	T.
Summersdale Hospital	162	242	404
The Acre, Worthing	-	90	90
Graylingwell Hospital:-			
Voluntary	175	262	437
Temporary	2	1	3
Certified	62	155	217
Magistrates Courts Act ...	-	-	-
Totals	<u>401</u>	<u>750</u>	<u>1,151</u>

Of the certified patients received, 107 were admitted under Urgency Orders.

Of the total direct admissions, 80.9% were voluntary or non-statutory patients.

The average age on admission was 49.1 years for Graylingwell Hospital and 46 years for Summersdale Hospital. 12.3% of those admitted were aged 70 years or over.

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

	M.	F.	T.
St. Francis' Hospital, Haywards Heath	13	21	34
Netherne Mental Hospital ...	1	4	5
Cane Hill Hospital, Coulsdon ...	-	1	1
Totals	<u>14</u>	<u>26</u>	<u>40</u>

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 -

	<u>Discharges</u>	<u>Deaths</u>
Graylingwell Hospital, Chichester	533	86
St. Francis' Hospital, Haywards Heath	44	1
Netherne Mental Hospital, Coulston	3	-
St. Ebba's Hospital, Epsom ...	3	-
Knowle Hospital, Fareham ...	-	1
St. James' Hospital, Portsmouth	2	1
Totals	585	89

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 Farnfield, Horley.

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

	M.	F.	C.	T.
In Institutions and Approved Homes	143	119	77	339
Under Guardianship	19	46	6	71
In "place of safety"	-	-	-	-
Under Statutory Supervision ...	156	160	87	403
Under Voluntary Supervision ...	93	70	1	164
Totals	411	395	171	977

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

<u>Institution</u>	M.	F.	T.
Royal Earlswood Institution, Redhill	104	67	171
The Manor, Epsom	15	15	30
Coldeast Colony, Southampton ...	2	1	3
St. Mary's Home, Alton	-	5	5
St. Teresa's, Farnham	-	11	11
Botleys Park, Chertsey	4	1	5
Farnfield, Horley	7	-	7
Loughton Lodge, near Lewes ...	19	18	37
Stoke Park, Bristol	4	5	9
Other Institutions	18	18	36
Approved Homes	21	4	25
Totals	194	145	339

The number of defectives admitted to Institutions during the year was as follows -

M.	F.	T.
9	14	23

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

	M.	F.	T.
Referred by Mental Hospitals ...	1	1	2
Referred by relatives ...	2	3	5
Referred following Court proceedings	-	-	-
Referred by Officer of Local Authority	-	5	5
Referred by Child Guidance Clinic	-	-	-
Referred from other areas ...	1	1	2
Referred by Local Education Authority	15	12	27
Referred by National Assistance Board	2	4	6
Referred by other sources ...	6	3	9
Totals ...	27	29	56

The following Table shows the disposal of cases reported during the year -

	M.	F.	T.
Sent to Institutions ...	3	4	7
Placed under Guardianship ...	-	1	1
Placed under Statutory Supervision	17	15	32
Placed under Voluntary Supervision	-	1	1
Action not yet taken ...	6	5	11
Left area or died ...	1	1	2
In a "place of safety" ...	-	-	-
Action unnecessary ...	-	-	-
Later not found to be defective ...	-	2	2
Admitted to Mental Hospital ...	-	-	-
Totals ...	27	29	56

Guardianship

At the end of the year there were 71 cases under guardianship, of which 50 (18 males and 32 females) were under the care of nominees of the Guardianship Society of Hove and were supervised by that Society on behalf of the Local Authority. Four 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 17 defectives were with other guardians in the community.

Of the 71 cases under guardianship at the end of the year, 2 males and 7 females were wholly self-supporting and 5 males and 1 female partially self-supporting.

Short-Term Care in Institutions or Homes

During the year, five patients (four male and one female) were admitted to the Royal Earlewood Institution at Redhill in accordance with Ministry of Health Circular 5/52, for short-term care owing to illness of parents or other special circumstances. In addition, two male patients were boarded out at Approved Homes and one female patient was placed in a Nursing Home under the County Council's scheme under Section 23 of the National Health Service Acts.

Occupation Centres

(a) Worthing Occupation Centre

At the end of 1955 there were 32 children on the register. An unqualified Supervisor, an unqualified assistant and a trainee assistant, are employed to train the defectives in habits and behaviour, as well as teaching them a wide range of occupational therapy, including mat making, basketry, jigsaws, and embroidery. The children are also instructed in eurythmics and percussion band.

(b) Guardianship Society of Hove

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

MILK

Food and Drugs Acts, 1938 - 1950

Milk (Special Designation) (Pasteurised and Sterilised Milk)
Regulations, 1949-53.

During the year one new pasteurising establishment (situated at Fernhurst) was licensed. This plant replaced the dairy at Kingsley Green.

The licence for the pasteurising establishment at Bognor Regis was relinquished early in the year - the dairymen making arrangements for the milk to be pasteurised and bottled in Littlehampton.

The dairy at Horsham was absorbed by a large company in December and the pasteurising licence was not renewed for 1956.

All the heat-treated milk in the Horsham Urban District is now pasteurised or sterilised outside the County.

At the end of the year there were in the County (excluding the Borough of Worthing) nine pasteurising establishments situated as follows:-

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

There are also two pasteurising establishments in the Borough of Worthing. The Borough is a separate Food and Drug Authority and as such is responsible for the licensing and supervision of pasteurising plants.

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

The samples shown below were procured by the County Sanitary Officer for bacteriological tests and examined at the Public Health Laboratories at Brighton and Portsmouth:-

No. of samples procured and examined. ... ..	...	...	1,082
No. satisfying both the Methylene Blue and Phosphatase Tests ... ..	...	...	1,059
No. failing the Methylene Blue Test ... ..	...	...	14
No. failing the Phosphatase Test ... ..	...	...	9

Details

Numbers	Pasteur- ised Milk	Tuberculin Tested Milk (Pasteur- ised)	Channel Island Milk (Pasteur- ised)	School Milk (Pasteur- ised)	Totals
No. of samples taken	339	349	201	193	1,082
No. satisfactory	336	341	190	192	1,059
No. unsatisfactory	3	8	11	1	23

Hospital and Institution Milk Samples

No. of samples (Raw Milk) ... ..	...	...	...	14
All satisfied the Methylene Blue Test.				

Bottle Rinses

No. of bottles examined	...	...	780
No. of bottles satisfactory	...	...	700
No. of bottles fairly satisfactory	...	...	44
No. of bottles unsatisfactory	...	...	36

Water Sampling at Dairies

No. of samples procured and examined	...	70
No. of samples satisfactory	...	69
No. of samples unsatisfactory	...	1

Inspection of Dairies

The County Sanitary Officer made 423 inspections of dairies during 1955.

Sampling of Milk in Specified Areas

In addition to the routine samples mentioned above, a further 96 samples were procured in those parts of the County which are designated as "Specified Areas" and which the sale of milk is restricted to Heat Treated (Pasteurised or Sterilised) Milk and Tuberculin Tested Milk, on behalf of the County Health Department, by the Weights and Measures Inspectors. No infringement of the Act or Regulations was found.

Food and Drugs (Milk Dairies and Artificial Cream) Act, 1950 Biological Sampling of Milk for Tuberculosis, etc.

During the year, 1,162 samples were procured for biological examination but 319 were "quarter" samples following the report of a positive brucella result from a herd sample. 39 positive "quarter" samples were found from these samples.

Forty-two samples were void due to the premature death of the guinea pigs (principally due to an outbreak of infectious disease in the animals in one laboratory).

Nine samples were found to contain tubercle bacilli - a decrease of seven from 1954.

One sample contained brucella melitensis which resulted in the infected animal being slaughtered.

117 samples (including 39 from "quarter" samples) were found to contain brucella abortus.

The positive results were notified to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food and animals found to be secreting tubercle were slaughtered. No reports of action by the Veterinary Officer regarding brucella abortus were received.

The Table on page 45 gives details of samples taken.

Sampling of Milk by Sanitary Inspectors of County Sanitary Districts

In addition to sampling milk for tuberculosis, Local Sanitary Inspectors take samples, in course of delivery, of heat treated and non-heat treated milk. The latter consist mainly of tuberculin tested milk, as even in "unspecified" areas most of the milk sold is either heat treated or tuberculin tested.

Of the 856 samples taken 61 proved unsatisfactory. Of the total samples taken 29 were of raw milk (other than tuberculin tested), and 11 of these were unsatisfactory.

District	No. of samples procured	No. containing tubercle	No. containing Brucella Melitensis	No. containing Brucella Abortus	No. of void samples (due to death of guinea pig)
Arundel (B.)	Nil	-	-	-	-
Bognor Regis U.D.	Nil	-	-	-	-
Chancetonbury R.D.	9	-	-	6 X	2
Chichester City	64	1	-	6	-
Chichester R.D.	68 ø	-	-	4 ø	-
Horsham R.D.	Nil	-	-	-	-
Horsham U.D.	73	2	-	5	5
Littlehampton U.D.	65	1	-	3	9
Midhurst R.D.	28	-	-	1	-
Petworth R.D.	101	1	-	13	5
Shoreham-by-Sea U.D.	12	-	-	1	-
Southwick U.D.	129	-	-	21	5
Worthing (B.)	182	1	1	9	16
Worthing R.D.	292#	-	-	36 #	-
West Sussex C.C.	139	3	-	12	-
Totals	1,162	9	1	117	42

X With one sample it was reported that the strain of organism isolated behaved biochemically as *Brucella Abortus* and serologically as *Brucella Melitensis*.

ø The 68 samples included 27 "quarter" samples and three of the four positive *Brucella Abortus* results were from these samples.

The 292 samples were all "quarter" samples and the 36 positive *Brucella Abortus* samples were from these samples.

HOUSING

The Table below shows that 3,828 new housing units (houses, flats, bungalows) were erected in the County during 1955. This figure compares with 3,538 in 1954, 2,821 in 1953, and 1,741 in 1952.

2,939 housing units were built by private enterprise, as compared with 2,389 in 1954.

In addition 1,177 houses were erected by the Crawley New Town Development Corporation, as compared with 1,745 in 1954.

	By Local Authority	By Private Enterprise	Total
Urban Districts:			
Arundel (Borough)	6	6	12
Bognor Regis	56	196	252
Chichester (Borough)	70	91	161
Horsham	33	178	211
Littlehampton	44	85	129
Shoreham	74	308	382
Southwick	75	55	130
Worthing (Borough)	72	737	809
Total Urban Districts	430	1,656	2,086

	By Local Authority	By Private Enterprise	Total
Rural Districts:			
Chancetonbury	16	105	121
Chichester	87	320	407
Horsham (excluding Crawley Development Corporation)	208	286	494
Midhurst	61	75	136
Petworth	-	26	26
Worthing	87	471	558
Total Rural Districts	459	1283	1742
Crawley New Town Development Corporation	-	-	1177
Total Administrative County	889	2939	5005

Housing Acts

Five houses were demolished in 1955 in connection with clearance areas.

The following Table shows the position regarding unfit houses not included in clearance areas:-

Area	Number of houses	Number of rooms	Number of persons
Chancetonbury	16	105	121
Chichester	87	320	407
Horsham (excluding Crawley Development Corporation)	208	286	494
Midhurst	61	75	136
Petworth	-	26	26
Worthing	87	471	558
Total Rural Districts	459	1283	1742
Crawley New Town Development Corporation	-	-	1177
Total Administrative County	889	2939	5005

Unfit Houses not included in Clearance Areas, 1955.

DEFECTIVE AND DANGEROUS HOUSES											REPAIRS									
Housing Act, 1936.											Housing Act, 1949.				Local Government (Housing) Act, 1955 (Sec. 10(1))		Number of Houses rendered fit by informal action by Local Authority under Public Health Acts			
Sec. 11 Houses Demolished		Sec. 11 Houses Closed and Order still in force		Sec. 12 Parts of Buildings Closed.		Sec. 10 Closing Orders made		Sec. 12 Closing Orders made for Demolition		Local Government (Housing) Act, 1955 (Sec. 10(1))		Number of Houses rendered fit by informal action by Local Authority under Public Health Acts								
Number of Houses		Number of Persons Displaced		Number of Persons Displaced		Number of Persons Displaced		Number of Persons Displaced		Number of Persons Displaced		By Owner		By Local Authority in Default		By Owner		By Local Authority in Default		
Urban Districts:-																				
Arundel (U.R.)		1	1	2	2	4	4	-	-	-	-	70	2	-	-	-	-	-	-	
Bognor Regis		-	-	1	3	1	3	-	-	-	-	74	-	-	-	-	1	-	-	
Chichester (U.R.)		7	-	6	16	-	-	-	-	-	-	112	2	-	-	-	-	-	-	
Horsham		-	-	-	-	-	-	-	-	-	-	20	-	-	-	-	-	-	-	
Littlington		-	-	2	8	1	1	-	-	-	-	119	5	-	-	-	1	-	-	
Shoreham-by-Sea		1	5	-	-	2	4	-	-	-	-	121	6	-	-	-	1	-	-	
Southwick		-	-	-	-	1	-	-	-	-	-	40	1	-	-	-	-	-	-	
Worthing (U.R.)		-	-	1	6	-	-	-	-	-	-	93	3	-	-	-	8	-	-	
Total Urban Districts		9	6	12	35	10	12	-	-	-	-	640	19	1	1	11	-	-	-	
Rural Districts:-																				
Unincorporated		-	-	-	-	-	-	-	-	-	-	756	-	1	-	-	-	-	-	
Chichester		3	-	19	34	-	-	-	-	-	-	138	2	-	-	-	-	-	-	
Horsham		13	4	54	57	-	-	-	-	-	-	23	1	-	-	-	4	-	-	
Hiddeston		2	7	10	28	-	-	-	-	-	-	278	6	-	-	-	8	-	-	
Pewsey		1	5	14	23	8	20	-	-	-	-	27	2	-	-	-	8	-	-	
Worthing		6	11	5	4	-	-	-	-	-	-	30	-	-	-	-	-	-	-	
Total Rural Districts		25	27	102	146	8	20	-	-	1	-	1,282	11	1	1	20	-	-	-	
Total Administrative County		34	33	114	161	18	32	-	-	1	-	1,922	30	2	2	31	-	-	-	

* A defective house remedied more than once during the period should be included once only.

Improvement Grants - Housing Acts, 1949

The Table below shows the number of applications for Improvement Grants under the Housing Act, 1949, made in the County throughout the year.

	Applications dealt with by Council.				Applications submitted to Ministry.			
	Received	Approved	Rejected or withdrawn	Under consideration	Sent	Approved	Rejected or withdrawn	Under consideration
Urban Districts:								
Arundel M.B.	1	0	1	0	-	-	-	-
Bognor Regis	2	1	1	-	-	-	-	-
Chichester M.B.	18	13	2	3	-	-	-	-
Horsham	32	30	2	-	-	-	-	-
Littlehampton	8	6	2	-	-	-	-	-
Shoreham-by-Sea	7	2*	6	1	-	-	-	-
Southwick	-	-	-	-	-	-	-	-
Worthing M.B.	24	19	5	-	-	-	-	-
Total Urban Districts	92	71	19	4	-	-	-	-
Rural Districts:								
Chancetonbury	35	33	2	-	-	-	-	-
Chichester	81	71	10	-	-	-	-	-
Horsham	94	93	10	3	1	1	-	-
Midhurst	55	51	1	3	-	-	-	-
Petworth	25	24	1	1	-	-	-	-
Worthing	18	14	1	3	-	-	-	-
Total Rural Districts	308	286	25	10	1	1	-	-
Total Administrative County	400	357	44	14	1	1	-	-

* Application received 1954.

Rural Housing Survey

Periodical review of the Rural Housing Survey commenced in 1944 (on the instructions of the Ministry of Health following the recommendations of the Hobhouse Report) give figures as set out in the following Table.

In considering the figures regard should be had to the different standards adopted in column 2.

Comparing the figures with 1954, there appears to be an improvement in the standards of the houses, a slight increase in the number of overcrowded dwellings, and in the list of outstanding applications for new houses.

RURAL HOUSING SURVEY

Rural District	Rateable Value Limit of houses within survey	No. of houses surveyed and re-surveyed	Present Classification of Houses												Houses con-demned but still occupied	Over-crowded dwellings	Applications for new houses outstanding at 31.12.55.
			Satisfactory in all respects			Minor Defects		Requiring Repair structural alterations or improvements			Appropriate for re-conditioning under Grants ^x		Unfit for habitation and beyond repair at reasonable cost				
1.	2.	3.	No.	%	No.	%	No.	%	No.	%	No.	%	14.	15.	16.		
Charentonburg	No limit	5,415	3,045	56.2	2,072	38.2	249	4.6	-	-	49	0.9	0	8	303		
Chichester	£20	7,643	1,246	16.3	1,204	15.7	4,446	58.2	-	-	747	9.8	0	6	714		
Horseshoe	£26	5,469	1,304	23.7	2,470	45.2	1,325	24.2	2,277	41.6	357	6.5	0	1	647		
Widhamst	£20	3,380	351	10.4	470	13.9	2,196	64.9	2,458	72.7	363	10.8	26	6	326		
Potworth	£12	1,360	102	7.6	108	8.0	771	56.5	68	5.1	379	28.0	87	8	356		
Worthing	£30	8,654	3,612	41.7	1,926	22.3	3,116	36.0	351	4.1	178	2.1	2	7	687		
Totals	-	31,921	9,660	30.3	8,250	25.8	12,103	37.9	5,154	16.1	2,073	6.5	115	36	3,038		

^x Figures included in columns 10 and 11 are also included in other categories.

WATER AND SEWERAGE

Rural Water Supplies and Sewerage Acts, 1944 to 1955

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, and also to enable the Rural Districts to participate in the County Council's scheme for grant aid. Under this scheme the County Council pay 50% of the aggregate net adjusted deficiency incurred by the Rural District above a 3d. rate for water and 1s. Od. in the pound for sewerage.

In order to expedite dealing with the applications of Rural Districts and the North West Sussex Joint Water Board for grant aid under the above Schemes, the County Council in November 1954 authorised the appointment of a special Sub-Committee of the County Health Committee - namely the Rural Water Supplies and Sewerage Sub-Committee - with power to submit their decisions direct to the Finance and General Purposes Committee of the County Council.

During 1955 nine meetings of this Sub-Committee were held and in addition to dealing with the applications set out below also gave consideration to (a) many letters from the Ministry of Housing and Local Government relating to alterations in methods and amounts of grants made under the Rural Water Supplies and Sewerage Acts and Water Charges; (b) the question of clearing of sewer ditches and emptying of communal cesspools being allowed for grant; (c) water supplies to Council Housing Estates. The Sub-Committee did not approve of (b) as matters of principle but considered every case very fully in relation to the water supplies. It was also agreed to permit in two cases the descaling of water mains to rank for grant.

During 1955, the Government altered the method of payment of lump sum grants to periodic payments spread over the period of loan (sometimes 30 years)

All the rural districts excepting Chancetonbury are receiving grant aid for sewerage and sewage treatment and all (some through a Joint Water Board) except Worthing Rural District are receiving grants towards water supplies.

The following applications were received during the year:-

Sewerage and Sewage Treatment

District	Parish or Village	Works
Chichester R.D.	Bosham	Sewage Treatment Works (Previously considered by County Health Committee).
	Hunston	Sewerage (Not approved).
	Prinsted	Sewerage
	Selsey	Sewerage (Not approved 4 applications) (Approved with modification 1956).
	Tangmere and Maudlin	Sewage Treatment Works (Improvements).
	Thorney	Sewage Treatment Works (Improvements).
	West Wittering	Sewerage
	Yapton	Cleansing of Sewer Ditches (Not approved).
	Various	Emptying of Communal Cesspools (Not approved).

District	Parish or Village	Works
Horsham R.D.	Cowfold	Sewage Treatment Works
	Partridge Green,	Sewerage & Sewage Treatment Works
	Littleworth	(Considered previously by County Health Committee).
	Jolesfield	Sewerage & Sewage Treatment Works
	Slinfold	(Considered previously by County Health Committee).
Midhurst R.D.	Lurgashall	Sewerage & Sewage Treatment Works (Previously considered in 1954).
Petworth R.D.	Bignor	Sewerage & Sewage Treatment Works (Not Approved).
	Fittleworth	Sewerage & Sewage Treatment Works
	Petworth	Sewage Treatment Works

Water

District	Parish	Works
Chichester R.D.	Chidham)	Extension of Mains
	Fontwell)	
	North Marden)	
	Up Marden)	Improvements to Pumping Station.
	Woodmancote	
Midhurst R.D.	Graffham	Acquisition of Undertaking
	Midhurst	Descaling of Mains (2 sections)
	Nyewood (Rogate)	Extension of Main
	Trotton	Housing Estate (Not approved)
	Upperton	Extension of Main
Petworth R.D.	Bury)	Extension of Mains
	Fittleworth)	
	Kirdford)	
	Lower Bedham)	
	Petworth)	
	Plaistow)	
N.W. Sussex Joint Water Board	Henfield)	Extension of mains
	Itchingfield)	

Sampling of Water on behalf of the North-West Sussex Joint Water Board, 1955

Total No. of samples (bacteriological) ... 519

No. procured from:-

Pumping Stations	...	...	...	...	352
Satisfactory	...	...	...	...	351
Fairly Satisfactory	...	...	...	...	1
Unsatisfactory	...	...	...	...	0
Distribution Points	...	...	...	...	122
Satisfactory	...	...	...	...	114
Fairly Satisfactory	...	...	...	...	3
Unsatisfactory	...	...	...	...	5
New Mains before Public Use	...	...	...	...	53
Satisfactory	...	...	...	...	35
*Fairly Satisfactory	...	...	...	...	10
*Unsatisfactory	...	...	...	...	8
Chemical Analysis - all Satisfactory	...	...	...	...	10

* 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.

Other Water Sampling

26 samples of water were procured from Homes and Institutions in the County - all proved satisfactory when examined bacteriologically.

FOOD AND DRUGS ACTS, 1938-1950

Defence (Sale of Food) Regulations, 1943

Labelling of Food Order, 1953

Food Standards Order, 1954-1954

Public Health (Preservatives, Condensed and Dried Milk) Regulations

The following information, regarding samples procured for examination under the above legislation during the year 1955, has been supplied by the Chief Inspector of Weights and Measures.

	Milk	Other than Milk	Total
Submitted to the County Analyst	113	521	634
Submitted to Public Health Laboratories ...	101	-	101
Examined Departmentally ...	914	2	916
	1,128	523	1,651

Particulars of samples analysed by the County Analyst.

	Number Analysed	Genuine	Reported Against
1. Liquid Milk and Cream ...	113	28	85
2. Processed Milk and Products derived from milk (including ice cream)	95	88	7
3. Edible Fats and Oil ...	32	32	-
4. Preserves ...	46	46	-
5. Tinned, Bottled, and Dried Articles	51	50	1
6. Alcoholic Beverages ...	13	13	-
7. Non-Alcoholic Beverages ...	55	55	-
8. Sugar and Flour Confectionery ...	61	58	3
9. Meat and Fish Products (not included in 5) ...	31	28	3
10. Vinegars, Pickles, and Sauces ...	37	36	1
11. Spices, Flavourings and Essences	15	15	-
12. Cereal Products ...	7	7	-
13. Medicines, Drugs and Surgical Preparations ...	26	26	-
14. Miscellaneous ...	52	52	-
	634	534	100

Prosecutions:

Selling Ice Cream 48.0% deficient in fat. Unconditional discharge on payment of £3. 0. 0. costs.

Selling to the Milk Marketing Board one churn of milk to which 24.5% water had been added. Fined £25 and giving a false warranty to the Milk Marketing Board in respect of the same milk. Fined £10 and 2 gns. costs. Total £37. 2s. 0d.

Selling to the Milk Marketing Board five churns of milk to which water had been added ranging from 5.6% to 9.0%. Fined £10 and giving a false warranty to the Milk Marketing Board in respect of the same milk. Fined £5 and 10 gns. costs. Total £25. 10s. 0d.

Possession of two churns of milk for sale containing 10.7% and 9.0% added water. Fined £10 and 6 gns. costs. Total £16. 6s. 0d.

Selling apples as "Cox Orange Pippin" not of that variety. (Complaint by housewife). Dismissed and 5 gns. costs awarded against the County Council.