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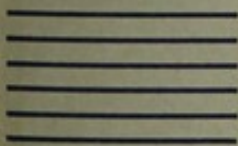



HEALTH  
A-7 SEP. 61  
C.R. 53

THE  
ANNUAL  
REPORT  
OF THE  
COUNTY  
MEDICAL  
OFFICER  
OF  
HEALTH



THE  
HEALTH  
OF  
WEST  
SUSSEX  
1960





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COUNTY HALL,  
CHICHESTER.

Telephone: Chichester 3001.

5th July, 1961.

*To the Chairman, Aldermen and Councillors of the County Council of West Sussex.*

In accordance with the requirements of the Public Health Officers Regulations, 1959, I have much pleasure in presenting my first Annual Report on the health of the County.

The body of the Report gives a detailed account of the many functions of the County Health Department, all of which are directed towards the improvement of the health and social conditions of the people of West Sussex. It is clear that the activities of the Department, carried out at all times in close co-operation with the hospital and family doctor services, are not only continuing to make a most significant contribution towards the prevention of ill-health, but are also bringing relief in many ways to persons who have already had the misfortune to suffer physical or mental affliction and distress.

#### **Past, Present and Future**

Dr. J. S. Bradshaw retired from the office of County Medical Officer of Health and Principal School Medical Officer on March 31st, 1960, after a tenure of twenty years. His predecessors were Dr. R. D. Smedley (1913-1940) and Dr. A. G. R. Cameron (1911-1913).

Those fifty years have seen more significant advances in medicine in general and in the control of communicable disease in particular than had occurred in the 2,300 years since Hippocrates.

In his last Report as County Medical Officer of Health, Dr. Bradshaw stated that the most noticeable feature of his twenty years in office had been the increasing volume, variety and complexity of his work. That trend is continuing and accelerating with the growth of the County population and with the elaboration of more comprehensive schemes of medical and social welfare.

With the exception of Hertfordshire, where there are four new towns, West Sussex has the most rapidly increasing population in England and Wales. From 1950 to 1960 the population increased by 25 per cent and the number of houses and flats by 42 per cent.

The then Minister of Health in his Report\* of June, 1960, sees the next ten years of the National Health Service as a period during which the development of the preventive health services will receive increasing emphasis.

---

\* Report of the Ministry of Health for the year ended 31st December, 1959. Cmd. 1086.

### **Vital Statistics**

There was a further increase in the estimated mid-year population of the County from 390,000 in 1959 to 397,240 in 1960. This increase was almost entirely due to migration.

There was also a slight increase (0.1 per 1,000 population) in the birth rate, whilst the death rate rose to 12.2 per 1,000 population from 11.8 in 1959.

The stillbirth rate fell considerably (from 20.9 per 1,000 total births in 1959 to 13.7 in 1960), but this was made less significant by an increase in the rate for neonatal mortality. The perinatal mortality rate fell from 30.1 in 1959 to 27.0 in 1960. There was only one death from maternal causes.

The number of deaths from tuberculosis (now only one-third of what they were ten years ago) remained much the same as in 1959, but there was a considerable decrease (amounting to more than one-seventh) in the number of notifications received. The Report draws attention to the increasing number of deaths from coronary diseases which are now about twice what they were ten years ago. Suicides numbered 68, the highest ever recorded in the County, and the 51 deaths from motor vehicle accidents also resulted in a new high peak. The fact that no child died from such an accident reflects great credit on the road safety teaching now being made available in the schools.

### **Mental Health**

Mental Health Week in July heralded the coming into force of the Mental Health Act, 1959 on 1st November. The main effects of this statute are to reserve hospital care, with as little formality as possible, for those who need it and can benefit from it, and to place a greatly increased responsibility on the County Council for the care of the mentally disordered who do not need to be in hospital. The proposals of the County Council were approved by the Ministry of Health as a result of which hostels and better training centres will shortly be available, and other improvements will be made during the next few years. As a specific measure of prevention of mental subnormality, all infants born in the County after 1st May were tested for phenylketonuria and this will be continued.

### **Vaccination and Immunisation**

Triple vaccine against diphtheria, whooping cough and tetanus was introduced as soon as Ministry of Health approval could be secured. A simplified and more effective method of recording was brought in at the same time and the two measures have been generally welcomed both by the family doctors and by the parents of the children concerned. I hope that the changes will result in more children being protected against

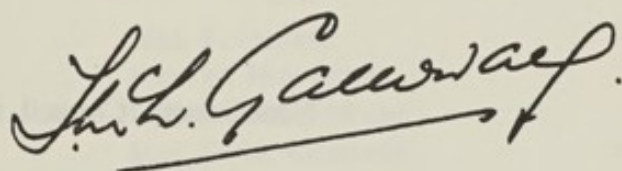
needless risk. There is certainly room for improvement for, as the Report shows, less than half the children in the County under 15 years of age are, for example, protected against diphtheria.

Studies of equipment have made clear the advantages of using sterile, disposable items such as needles and syringes. The slightly increased cost is more than compensated for by the saving in professional staff time spent in sterilising, etc., and the elimination of some of the troubles associated with large-scale inoculation programmes is a noteworthy advance.

### **Acknowledgements**

Cordial and useful working relationships with a great variety of statutory and voluntary agencies and people have been maintained and strengthened during the year. A considerable amount of staff time is spent in this way and all members of the staff realise that success in medical-social work depends on appropriate co-operation and team work. I acknowledge with thanks the help and enthusiastic support I have received from the staff of the department, the voluntary organisations associated with the work, and the officers of other departments and authorities.

I should particularly like to thank the Chairman and Members of the Health Committee and the Sub-Committees for their generous encouragement and support throughout the year.

A handwritten signature in black ink, reading "J. G. Galloway". The signature is written in a cursive style with a long horizontal line extending from the end of the name.

*County Medical Officer of Health.*



# COUNTY HEALTH COMMITTEE

(as at 31st December, 1960)

---

*Chairman:* Mr. E. G. HARVEY

*Vice-Chairman:* DR. O. M. WILBERFORCE

## County Council Members

MR. D. BRYCE, O.B.E., K.ST.J.

MRS. H. C. CARMAN

MR. E. J. F. CHALK

DR. I. R. CLOUT

CAPT. J. A. D. COCHRANE-

BARNETT, O.B.E.

MR. EVAN T. DAVIS, C.B.E.

MR. C. A. R. EMMET

MR. L. A. FOSTER

MR. W. J. GROVER

LT.-COL. G. B. KENSINGTON, O.B.E., O.ST.J.

MR. A. F. LANGMEAD

MR. E. G. MARCUSE

MRS. M. GALE MOORE

MRS. M. KEOGH MURPHY

MRS. P. B. P. NAUNTON

MR. G. T. NIXEY

MRS. D. G. RICHARDS

MRS. D. STAPLETON SKINNER

MR. R. M. TILLING

## Non-County Council Members

DR. A. G. K. LEDGER

DR. W. S. COLTART

MISS M. W. SPARKES

MISS E. J. CLUNES

CAPT. J. M. HODGES, D.S.O., R.N.

MR. H. K. GRIFFITH, F.R.C.S.

MAJOR-GENERAL L. A. HAWES,  
C.B.E., D.S.O., M.C.

DR. H. ROSENBERG, O.ST.J.

representing the West Sussex Branch of the  
British Medical Association

representing the Royal College of Nursing  
representing the West Sussex Branch of the  
Royal College of Midwives

representing the Sussex Branch of the St.  
John Ambulance Brigade

representing the British Red Cross Society  
representing the South West Metropolitan  
Regional Hospital Board

representing the Executive Council for the  
County of West Sussex

MRS. H. CONSTANDUROS

MRS. K. M. URQUHART

### Ambulance Sub-Committee

*Chairman:* MR. D. BRYCE, O.B.E., K.ST.J.

MRS. H. C. CARMAN	MR. E. G. MARCUSE
MR. L. A. FOSTER	MRS. M. GALE MOORE
MR. H. K. GRIFFITH, F.R.C.S.	MR. G. T. NIXEY
CAPT. J. M. HODGES, D.S.O., R.N.	MR. R. M. TILLING
DR. A. G. K. LEDGER	

THE CHAIRMAN AND VICE-CHAIRMAN OF THE COMMITTEE.

### Mental Health Services Sub-Committee

*Chairman:* MR. G. T. NIXEY

MRS. H. C. CARMAN	DR. A. G. K. LEDGER
DR. J. CARSE	MRS. M. GALE MOORE
DR. I. R. CLOUT	MRS. P. B. P. NAUNTON
MAJOR-GEN. L. A. HAWES, C.B.E., D.S.O., M.C.	MRS. D. G. RICHARDS
MRS. G. DICKEN	MRS. K. M. URQUHART

THE CHAIRMAN AND VICE-CHAIRMAN OF THE COMMITTEE

### Nursing Sub-Committee

*Chairman:* DR. O. M. WILBERFORCE

MRS. E. S. M. BAXENDALE	MRS. F. GORING
MRS. H. C. CARMAN	MRS. W. HOWARTH
MR. E. J. F. CHALK	MRS. M. GALE MOORE
DR. I. R. CLOUT	MRS. D. G. RICHARDS
MISS E. J. CLUNES	MISS M. W. SPARKES
DR. W. S. COLTART	MRS. K. M. URQUHART
MRS. H. CONSTANDUROS	THE HON. MRS. WYATT
MR. EVAN T. DAVIS, C.B.E.	

THE CHAIRMAN AND VICE-CHAIRMAN OF THE COMMITTEE

### Rural Water Supplies and Sewerage Sub-Committee

*Chairman:* MR. R. M. TILLING

CAPT. J. A. D. COCHRANE-BARNETT, O.B.E.	LT.-COL. G. B. KENSINGTON, O.B.E., O.ST.J.
MR. C. A. R. EMMET	MR. A. F. LANGMEAD
MR. L. A. FOSTER	MR. W. J. GROVER

THE CHAIRMAN AND VICE-CHAIRMAN OF THE COMMITTEE

# STAFF

(as at 31st December, 1960)

## *County Medical Officer of Health:*

T. McL. GALLOWAY, F.R.C.P., D.P.H., DR.P.H.

## *Deputy County Medical Officer of Health:*

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

## *Senior Medical Officer:*

D. WILD, M.B., CH.B., D.OBST.R.C.O.G., D.P.H.

## *Assistant County Medical Officers:*

\*D. WARREN BROWNE, M.R.C.S., L.R.C.P., D.T.M. AND 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.

\*F. COCKCROFT, M.A., M.R.C.S., L.R.C.P., D.P.H.

\*ROSETTA C. BARKER, M.B., B.CH., B.A.O., D.P.H.

MERLE NEWTON, M.R.C.S., L.R.C.P., D.C.H.

GLADYS ROBINSON, M.B., CH.B.

CHRISTINE A. GUNN, M.B., CH.B., D.P.H.

P. R. T. WOOD, M.B., B.S.

## *Medical Officer to Worthing Health Sub-Committee:*

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

## *Consultant Chest Physicians:*

(Joint appointments with Regional Hospital Board)

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

A. SAKULA, M.D., B.S., M.R.C.P.

E. W. THOMPSON EVANS, M.D., CH.B., D.P.H.

FLORENCE R. PILLMAN, M.B., B.S., M.R.C.P., M.R.C.S.

NORAH ELPHINSTONE, M.R.C.S., L.R.C.P., M.B., B.S., D.C.H.

## *Senior Dental Officer:*

I. O. ENOS, 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., R.C.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.)

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

W. H. GARLAND, B.D.S., L.D.S.

P. NATHANAIL, B.D.S.

*\*Part-time*

*County Public Health Officer:*

F. W. MASON, F.R.S.H., F.A.P.H.I.

*Superintendent Nursing Officer:*

MISS M. DAVIES, 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.

*Assistant Superintendent Nursing Officers:*

MISS G. A. RICHES, S.R.N., S.C.M., H.V.CERT. (WORTHING)

MISS D. M. SMITH, S.R.N., S.C.M., H.V.CERT.

MRS. T. ENGLEFIELD, S.R.N., S.C.M., H.V.CERT.

*Health Education Organiser:*

MISS B. M. JACOB, S.R.N., S.C.M., H.V.CERT.

*County Almoners:*

MISS J. C. GATEHOUSE, B.A. (CHICHESTER)

MISS M. F. WESTON (CRAWLEY)

MISS M. B. FLEMONS (WORTHING)

} *Certificate of  
Institute of  
Almoners*

*Occupational Therapist:*

MRS. D. B. PAYNE, M.A.O.T.

*Mental Welfare Officers:*

L. J. ELLIS, A.C.C.S. (ADMINISTRATIVE OFFICER FOR MENTAL HEALTH)—COUNTY HALL

MISS P. DUNNING—COUNTY HALL

MRS. M. GHOM, DIP.N.A.M.H.—HORSHAM

H. WEST, S.R.N., R.M.P.A.—WORTHING

MR. C. H. W. SIMCOX—COUNTY HALL

MR. C. KIRK—WORTHING

MRS. S. ATKINSON—WORTHING

MR. G. S. POPLE—BOGNOR REGIS

MR. W. D. SPRINGETT—CHICHESTER

MR. L. M. CHALK—HORSHAM

} *District Welfare Officers,  
on staff of County Welfare  
Officer, undertaking stat-  
utory admissions to  
hospital of mentally ill  
persons*

*Chief Clerk:*

S. C. WELLINGTON

*Medical Officers of Health of District Councils:*

G. H. PRINGLE, M.R.C.S., L.R.C.P., D.P.H.

Worthing Municipal Borough

D. WARREN BROWNE, M.R.C.S., L.R.C.P.,  
D.T.M. AND H., D.P.H.

Bognor Regis Urban District  
City of Chichester

K. N. MAWSON, M.B., CH.B., D.P.H.

Crawley Urban District  
(temporary arrangement)  
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

ROSETTA C. BARKER, M.B., B.CH., B.A.O.,  
D.P.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

# PART 1—VITAL STATISTICS

## Area and Population

	<i>Urban Districts</i>	<i>Rural Districts</i>	<i>Administrative County</i>
Area (acres) ..	30,296	374,991	405,287
Estimated Population (mid-1960) ..	241,430	155,810	397,240

There was a net increase in population of 7,240. This increase was due mainly to migration into the County although there was a small natural increase in population since births exceeded deaths by 123. Of these, 110 were in urban areas and 13 were in rural areas.

## *No. of Live Births*

Legitimate .. ..	5,572			
Illegitimate .. ..	230			
	<hr style="width: 50px; margin: 0 auto;"/>			
Total ..	5,802	Rate per 1,000 population		14.6

Illegitimate Live Births (per cent of total live births) .. 4.0

## *Still Births*

Legitimate .. ..	79			
Illegitimate .. ..	5			
	<hr style="width: 50px; margin: 0 auto;"/>			
Total ..	84	Rate per 1,000 live and still births .. .. .		13.7

*Total number of live and still births* .. .. . 5,886

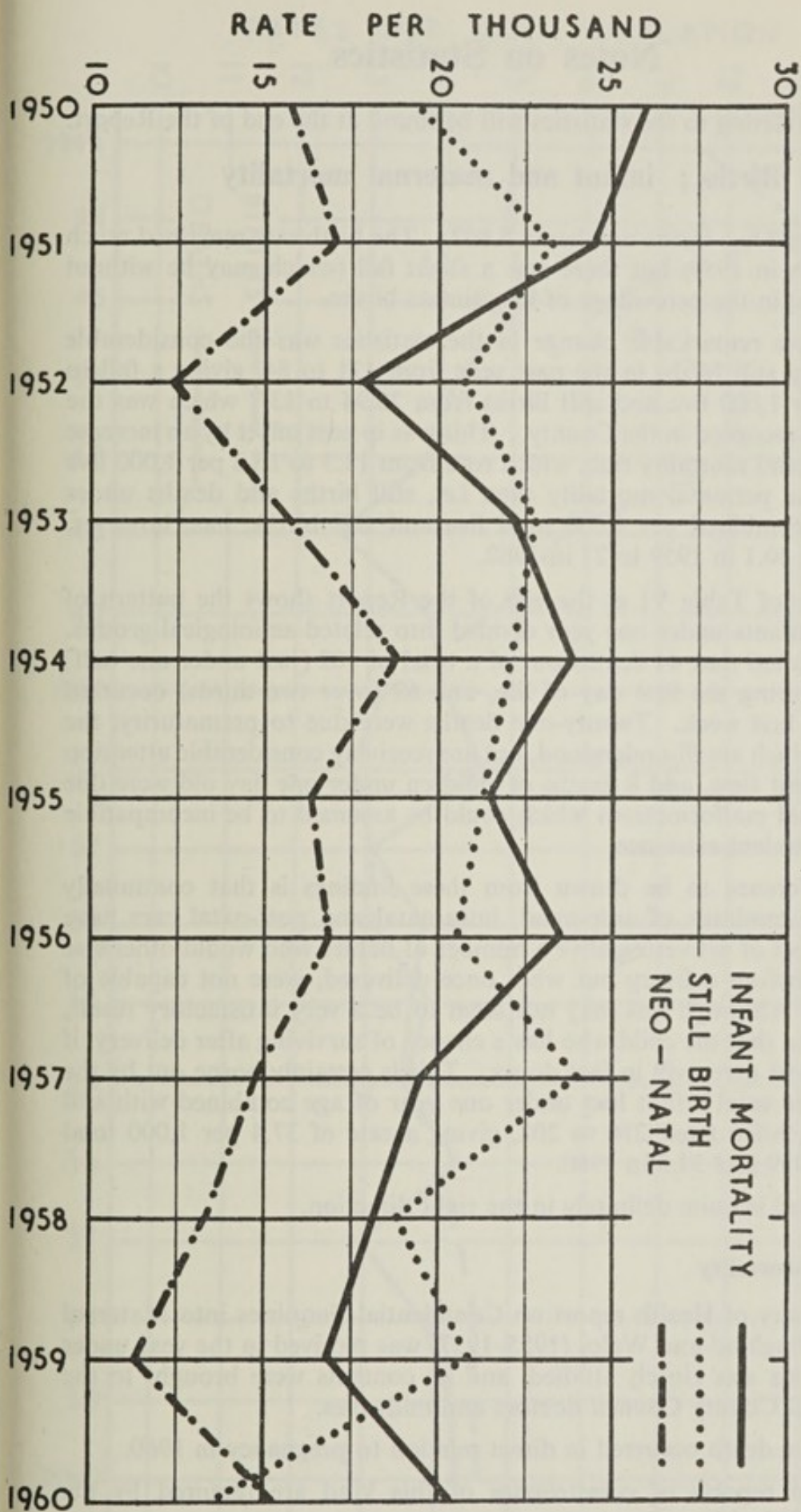
*Infant Deaths (deaths under 1 year)* .. .. . 118

## *Infant Mortality Rates*

Total infant deaths per 1,000 live births .. .. .	20.3
Legitimate infant deaths per 1,000 legitimate live births ..	19.9
Illegitimate infant deaths per 1,000 illegitimate live births ..	30.4
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births) .. .. .	15.2
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births) .. .. .	12.9
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births) .. .. .	27.0

## *Maternal Mortality (including abortion)*

No. of deaths .. .. .	1.0
Rate per 1,000 total live and still births .. .. .	0.2



## Notes on Statistics

Tables relating to the statistics will be found at the end of the Report.

### **Births ; infant and maternal mortality**

Registered live births numbered 5,802. The birth rate remained much the same as in 1959, but there was a slight fall (which may be without significance) in the percentage of illegitimate births.

The most remarkable change in the statistics was the considerable reduction in still births in the past year from 121 to 84, giving a fall in the rate per 1,000 live and still births from 20.94 to 13.7 which was the lowest ever recorded in the County. This was in part offset by an increase in the neonatal mortality rate, which rose from 11.3 to 15.2 per 1,000 live births. The perinatal mortality rate, *i.e.*, still births and deaths under one week combined per 1,000 total live and still births, has, however, fallen from 30.1 in 1959 to 27 in 1960.

A study of Table VI at the end of the Report shows the pattern of deaths of infants under one year divided into related aetiological groups. It will be noted that 44 deaths out of a total of 102 (just under one half) occurred during the first day of life, and 69 (over two-thirds) occurred during the first week. Twenty-one deaths were due to prematurity, the causes of which are ill-understood, but are receiving considerable attention at the present time, and 8 deaths of children under one day old were due to congenital malformations which could be assumed to be incompatible with independent existence.

The inference to be drawn from these findings is that continually improving standards of ante-natal, intra-natal and post-natal care have had the effect of delivering alive a number of babies who would otherwise have died before delivery but who, once delivered, were not capable of surviving. Although this may not seem to be a very satisfactory result, it does mean that the child who has a chance of surviving after delivery, if given the best care, will in fact do so. This is certainly borne out by the fact that the total infant loss under one year of age combined with still births, has fallen from 216 to 202, giving a rate of 37.4 per 1,000 total births in 1959 and 34.3 in 1960.

The trend is quite definitely in the right direction.

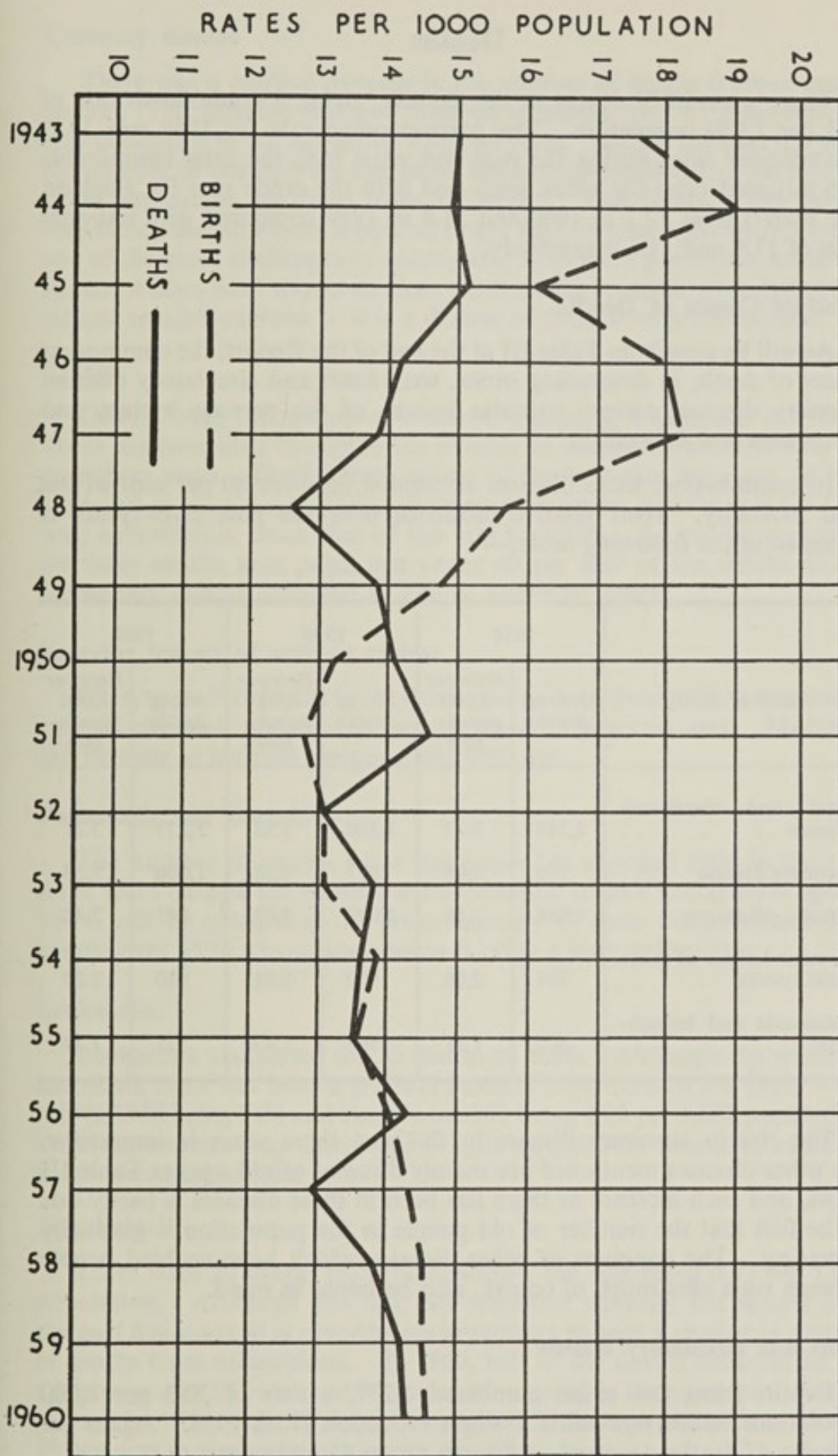
### **Maternal Mortality**

A Ministry of Health report on Confidential Enquiries into Maternal Deaths in England and Wales (1955-1957) was received in the year under review. This was closely studied, and its contents were brought to the notice of all County Council doctors and midwives.

Only one death occurred in direct relation to pregnancy in 1960.

Detailed reports of catastrophes of this kind are required by the Ministry of Health.

WEST SUSSEX BIRTH AND DEATH RATES 1943-1960





## Deaths

There were 5,679 deaths in the County, giving a crude death rate of 14.3 per 1,000 population. The corresponding rate for 1959 was 14.2. The adjusted rates during the past two years (*i.e.*, the rates comparable with adjusted rates for other areas and with the crude rate for England and Wales) were 12.2 in 1960 and 11.8 in 1959 compared with national rates of 11.5 and 11.6 respectively.

### Principal Causes of Death

As will be seen from Table III at the end of the Report, the commonest causes of death, in descending order, were heart and circulatory disease, coronary disease, cancer, vascular lesions of the nervous system and pneumonia and bronchitis.

In combination, these diseases accounted for over 80 per cent of the total mortality. Their relative incidence over the past three years is indicated in the following table:—

Cause of death	1958		1959		1960	
	No. of deaths	Rate per 1,000 population	No. of deaths	Rate per 1,000 population	No. of deaths	Rate per 1,000 population
Heart and circulatory disease .. .. .	1,249	3.27	1,300	3.33	1,277	3.21
Coronary disease ..	796	2.08	877	2.25	1,006	2.53
Cancer—all causes ..	988	2.58	1,022	2.62	963	2.42
Vascular lesions of nervous system .. .. .	794	2.08	902	2.31	910	2.29
Pneumonia and bronchitis .. .. .	502	1.31	566	1.45	531	1.34

The rise in coronary disease in the past three years is impressive. The other diseases mentioned are mainly diseases of old age, as Table III shows, and such increase as there has been in these diseases is partly due to the fact that the number of old people in the population is gradually increasing. The conquest of other diseases which have enabled people to reach such ages must, of course, also be borne in mind.

### Heart and circulatory disease

Deaths from this cause numbered 1,277, a rate of 20.3 per 1,000 population, which represents a slight reduction from 1959. Again the majority of deaths occurred in the age group 65 and over.

### **Coronary disease**

There was a marked increase in the number of deaths from coronary disease. This increase was not confined to people over 65 years but was also noticeable in the age group 45 to 64 years. During the past ten years the number of deaths from this cause has almost doubled and the rate per 1,000 population has risen from 1.7 to 2.5. This increase has been a very steady one and there is now no doubt that coronary disease represents one of the great challenges to society and to modern preventive medicine. Recent studies have shown its close relationship to stress, over-eating and lack of sensible exercise — it is a disease of 20th century civilisation.

### **Cancer**

Deaths from this group of diseases, excluding leukaemia, were 963. There has been little change in the number of deaths from cancer over the past three years. Deaths from cancer of the bronchus have not, in fact, increased in the County during the past three years, but the rate for 1960 was, nevertheless, twice that of the rate for 1950. As will be seen from the table on the next page, just under 40 per cent of the deaths due to pulmonary cancer occurred in people under 65 years.

### **Vascular lesions of nervous system**

There were 910 deaths from this cause and, of these, 808, representing over 80 per cent, occurred in persons aged 65 years or over. Mortality can be seen to increase progressively with age.

### **Pneumonia and Bronchitis**

The number of deaths from this cause has changed little in the past three years despite the continued introduction of new therapeutic agents, but it will be noted that the great majority of these deaths occurred in people over 65 in whom pneumonia is often a terminal event.

### **Leukaemia**

Leukaemia accounted for 35 deaths in 1960. Although the numbers are small, there has been a gradual increase over the past ten years — the rate in 1950 being 0.04 and the rate in 1960 being 0.09 per 1,000 population. Current research may throw some light on possible means of reducing deaths from leukaemia.

### **Tuberculosis**

There were 30 deaths from tuberculosis, the rate being 0.07 per 1,000 population. Although this rate has remained virtually unchanged over the past five years, it is nevertheless interesting to note a change in pattern of deaths from tuberculosis. In 1960, half of the deaths occurred in the age group over 65 years and 90 per cent occurred in the age group over 45 years. In 1950, only 19 per cent occurred in the age group over 65 and 39 per cent in the age group under 45 years.

DEATHS FROM CANCER, 1960

Site	MALES								FEMALES								Total Males and Females	
	Total Males								Total Females									
	0	1	5	15	25	45	65	75	0	1	5	15	25	45	65	75		
Malignant Neoplasm	Stomach ..	—	—	—	—	16	25	23	64	—	—	—	—	11	19	27	57	121
	Lung, Bronchus	—	—	—	1	71	68	27	167	—	—	—	—	9	8	5	22	189
	Breast ..	—	—	—	—	—	—	1	1	—	—	—	6	45	27	30	108	109
	Uterus ..	—	—	—	—	—	—	—	—	—	—	—	6	20	9	9	44	44
	Other Organs ..	—	—	2	3	10	60	82	105	262	1	1	2	1	9	65	71	238
TOTAL ..	—	—	2	3	11	147	176	155	494	1	1	2	1	21	150	134	469	963

## Motor Vehicle Accidents

The number of deaths from motor vehicle accidents was 51, the rate per 1,000 population being 0.13. There has been a steady rise in deaths from this cause (the rate has increased from 0.09 in 1950 to 0.13 in 1960) and it is clear that everything possible must be done to reduce this quite unnecessary loss of life.

It is of interest to note that no child under fifteen died as a result of a motor vehicle accident in 1960 (compared with nine in 1959), and this is undoubtedly an indication of the success of the training of children in road safety measures.

## Other Accidents

The incidence of other accidents remained fairly static, 95 deaths occurring in the year. This cause of death could be considerably reduced by better standards of home safety, education in which has become an integral part of the work of the department.

# PART II—EPIDEMIOLOGY

## Infectious Diseases

The following table gives particulars of infectious disease notified during each of the past two years.

	<i>Urban Districts</i>		<i>Rural Districts</i>		<i>Total</i>	
	1960	1959	1960	1959	1960	1959
Acute Poliomyelitis						
Paralytic .. .. .	1	2	1	1	2	3
Non-paralytic .. .. .	—	2	—	5	—	7
Acute Encephalitis						
Infective .. .. .	1	1	—	—	1	1
Post-infectious .. .. .	2	—	—	—	2	—
Meningococcal Infection .. .. .	1	2	—	—	1	2
Dysentery .. .. .	146	166	61	31	207	197
Erysipelas .. .. .	11	13	8	4	19	17
Food Poisoning .. .. .	20	36	15	7	35	43
Measles .. .. .	216	3584	358	1761	574	5345
Ophthalmia Neonatorum .. .. .	—	2	—	—	—	2
Puerperal Pyrexia .. .. .	70	89	20	23	90	112
Scarlet Fever .. .. .	180	156	60	119	240	275
Typhoid and Paratyphoid Fever .. .. .	1	12	1	1	2	13
Whooping Cough .. .. .	375	151	270	47	645	198

No cases of smallpox or diphtheria occurred during the year.

## Whooping Cough

Whooping cough notifications in 1960 numbered 645, compared with

198 in 1959. This upward trend emphasises the need for early immunisation against whooping cough and, in September, immunisation with triple vaccine, active against whooping cough, diphtheria and tetanus was introduced by the authority for the first time.

There were no deaths from whooping cough, but it may have serious and lasting after-effects in the very young child, and immunisation at a very early age is strongly recommended.

### Measles

The incidence of measles was very low. This is the usual trend with this disease, the incidence of which tends to be high in alternate years.

### Dysentery

The incidence of dysentery was virtually unchanged. The gradual introduction of paper towels and more fastidious personal hygiene should reduce this figure in the future.

### Smallpox and Diphtheria

No case of either of these diseases was notified in the County. This freedom will continue so long as the great majority of parents see to it that their children are properly vaccinated and immunised.

### Ophthalmia Neonatorum

No case of ophthalmia neonatorum was notified during the year.

### Poliomyelitis

Only two cases of poliomyelitis occurred during the year. The continued fall in this disease must be attributed to vaccination.

### Venereal diseases

Venereal diseases, which diminished rapidly in this country following the introduction of antibiotics, are beginning to show a disturbing increase. The numbers of West Sussex persons attending Venereal Disease Clinics are given below:—

<i>Year</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other</i>
1956	16	41	164
1957	9	24	175
1958	6	46	200
1959	11	41	156
1960	10	63	248

The incidence of gonorrhoea has increased by 50 per cent in the past five years, and other diseases dealt with as venereal show a similar increase. Continued vigilance is required to ensure that these diseases are kept under control.

## **Anthrax**

By order of the Ministry of Health, the disease of anthrax was made compulsorily notifiable to District Medical Officers of Health from the 1st December, 1960. No notifications were, however, received by the end of the year.

# **Vaccination and Immunisation**

## **General**

In the year under review, the approval of the Ministry of Health was obtained to the introduction of triple vaccine (*i.e.*, vaccine effective against whooping cough, diphtheria and tetanus) by the local health authority's medical officers. Its use has meant protection for more children against more diseases, using fewer injections.

Active immunisation against tetanus is extremely effective. During World War II, more than 1,500 civilians died of tetanus in the United States, while only one soldier (of 2,734,812 hospitalised for injuries) died of tetanus, since all American soldiers were immunised with tetanus toxoid.

A new system of recording immunisation was introduced and, for the first time, all the immunisations a child receives are entered on one card. This enables a child's immunity to be seen simply by examining one record. These cards were made available to the general medical practitioners; they have been generally welcomed, and have contributed to an increasing proportion of children being protected. All children are given a personal card on which records and details of their immunisations are entered as they are given. This record also indicates to the parents details of the future programme of protective inoculations and when they are due.

From September, a new form giving details of immunisations available was delivered by the health visitor to the parents of each child born in the County within approximately four weeks of birth. The parents are asked to complete this and to state whether they wish the child to be immunised by a County Council medical officer or by their own family doctor. This means that every parent is kept fully informed of the prophylactics available and every child has the opportunity of receiving the broadest available protection against disease.

## **Diphtheria**

The following table gives particulars of the number of children, in age groups, who at the end of the year had been immunised against diphtheria. It also shows the "immunity index" which is calculated by dividing the numbers of children whose last immunisation was done in the period 1956 to 1960 by the estimated child population of that age group.

This table shows that less than half the number of children in West Sussex under the age of 15 years are at present protected against this disease. Every effort is being made to persuade more parents to accept this safety measure for their families.

<i>Immunisation in Relation to Child Population</i>					
<i>Number of children at 31st December, 1960 who had completed a course of immunisation at any time before that date</i>					
<i>Age at 31.12.60 i.e.: born in year</i>	<i>Under 1 1960</i>	<i>1-4 1956-1959</i>	<i>5-9 1951-1955</i>	<i>10-14 1946-1950</i>	<i>Under 15 Total</i>
A. No. of children whose last course (primary or booster) was completed in the period 1956-1960.	1,604	17,895	14,456	4,492	38,447
B. No. of children whose last course (primary or booster) was completed in the period 1955 or earlier.	—	—	12,095	23,159	35,021
C. Estimated mid-year child population ..	5,600	21,800	61,500		88,900
Immunity index ..	28.64	82.08	30.80		43.24

### Whooping Cough

During the year, 5,411 children completed a primary course of protection against whooping cough.

### Smallpox

The County Council's medical officers are now doing vaccinations against smallpox in the child welfare clinics. Smallpox is, fortunately, a rare disease in this country. Cases do, however, come into the country, particularly through sea and air ports, and the disease is extremely infectious. All babies should be vaccinated, not only as a protection against this dangerous disease, but also as an insurance against complications which may follow smallpox vaccination in later life.

The number of vaccinations carried out in 1960 is shown below:—

	<i>Age at 31st December</i>						
	<i>Under 1</i>	<i>1 year</i>	<i>2-4</i>	<i>5-14</i>	<i>Over 14</i>	<i>Total 1960</i>	<i>Total 1959</i>
Number vaccinated ..	2,969	314	284	220	233	4,020	4,365
Number re-vaccinated	3	3	67	233	1,950	2,256	1,928

## Poliomyelitis

Whilst the figures for poliomyelitis vaccination of the younger age groups remained at a reasonably satisfactory level, applications from persons over the age of 25 were disappointing. It should be known that poliomyelitis is more likely to be paralysing or killing among adults than among children. The following table shows the number of vaccinations carried out during the year:—

	<i>Had 2 injections during year</i>	<i>Had 1st injection</i>	<i>Awaiting 1st injection on 31.12.60</i>	<i>Total consents during year</i>
Children (1944–1960) ..	6,801	198	240	7,239
Young Persons (1934–1943) .. .. .	2,160	51	35	2,246
Persons born before 1934 who have not passed their 40th birthday ..	11,815	155	62	12,032
Others .. .. .	1,392	30	2	1,424
TOTALS .. .. .	22,168	434	339	22,941

In addition, 35,560 persons received a third injection.

The numbers of persons vaccinated since the inception of the scheme in 1956 are given below:—

<i>Cases</i>	<i>Completed (had two injections) since inception of scheme</i>
Children .. .. .	79,777
Young Persons .. .. .	19,868
Up to 40 years .. .. .	11,815
Others .. .. .	6,322
TOTAL .. .. .	117,782

In addition, 89,290 persons have received a third injection.

One case of *Coxsackie B* infection, which simulated poliomyelitis, occurred in an immunised adult male during 1960.



## PART III—CARE OF MOTHERS AND YOUNG CHILDREN

### Ante-Natal and Post-Natal Care

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

Arundel	Billingshurst	Bognor Regis	Chichester
Littlehampton	Petworth	Horsham	Lancing
Selsey	Shoreham-by-Sea	Southwick	Rustington
Yapton	Thorney Island	Three Bridges	Steyning
			Worthing (2)

This was a reduction of two in the number of clinics previously available.

Thanks are due to Miss E. Shippam, Consultant Obstetrician at the Chichester and Bognor Regis Clinics, and to Mr. Lynn Evans, a newly-appointed Consultant who attends the ante-natal Clinics in Selsey, Arundel and Littlehampton for all the help and advice they have given throughout the year.

Increasing numbers of general practitioners are now running their own ante-natal clinics and, as far as possible, these are attended by the midwives.

Details of attendances of expectant mothers at ante-natal clinics are shown below:—

	1960	1959
Number of ante-natal clinics provided at end of year .. .. .	18	20
Number of sessions held per month .. .. .	58	55
Number of expectant mothers who attended during year .. .. .	2,220	2,280
Number of expectant mothers who attended for the <i>first</i> time during the year .. .. .	1,791	1,779
Total number of attendances made during year	8,366	7,661

No special post-natal clinics have been established, the mothers being seen at ante-natal clinics. During the year, 463 women made 538 attendances for post-natal examination.

### Child Welfare Centres

The services made available by the child welfare service were kept under review, and improved equipment (such as sterilisers, heating equipment, and modern furniture) were introduced wherever required.

Crawley Health Clinic was formally opened by Dr. J. S. Bradshaw on 18th March, after a meeting of the Health Committee held specially at that Clinic. The Clinic is a new venture, is designed to be in keeping with the modern appearance of Crawley New Town, and offers a wide range of services. A child guidance clinic is attached. Dental, orthopaedic, ophthalmic, speech therapy, and relaxation classes are held in addition to infant welfare and ante-natal clinics. The appointment of a full-time clinic clerk has done much to facilitate the provision of local health services at the new Clinic.

	<i>1960</i>	<i>1959</i>
Number of Centres provided at end of year ..	44	43
Number of sessions held per month .. ..	161	158
Number of children who first attended during year and on first attendance were under 1 year of age	3,815	3,564
Number of children who attended during the year and who were born in —		
(i) 1960 .. .. .		3,329
(ii) 1959 .. .. .		2,932
(iii) 1958–55 .. .. .		2,704
Number of attendances during the year made by children who at the date of attendance were —		
	<i>1960</i>	<i>1959</i>
(i) Under 1 year .. .. .	43,919	44,402
(ii) 1 but under 2 .. .. .	9,089	8,803
(iii) 2 but under 5 .. .. .	5,972	6,367

The number of children born in 1960 who attended for the first time during the year represented 59 per cent of the total (live) births, the same figure as for 1959.

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

Aldingbourne	Aldwick	Angmering	Arundel
Beeding	Billingshurst	Bognor Regis	Bosham
Camelsdale	Chichester	Crawley (2)	East Preston
Felpham	Findon	Henfield	Horsham
Lancing	Littlehampton	Loxwood	Midhurst
Petworth	Pulborough	Roffey	Rustington
Selsey	Shoreham (2)	Southbourne	Southwick (2)
Steyning	Storrington	Thorney Island	Walberton
Westbourne	West Chiltington	Worthing (5)	Yapton

### **Weighing Centres**

In the more rural districts, where the establishment of a child welfare

centre cannot be justified, weighing centres have been set up. These act as a focus for health education and give the mother an opportunity to discuss her problems with the health visitor. The work of weighing centres is periodically reviewed and arrangements are made for medical supervision to be provided if this is appropriate. The busy weighing centres which have been built up in the developing areas will be converted to welfare centres where a doctor attends at regular intervals.

	1960	1959
Number of centres provided at end of year ..	36	36
Number of sessions held per month .. ..	67	68
Total number of attendances made by children during year —		
(i) Under 1 year of age .. .. .	14,159	13,519
(ii) Between ages 1 and 5 years .. ..	5,967	2,888

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

Ashington	Ashling (West)	Barnes Green	Broadbridge Heath
Clapham	Colgate	Cowfold	Crawley (4)
Fernhurst	Ferring	Graffham	Harting
Heyshott	Horsham	Hunston	Lodsworth
Mundham	Northchapel	Oving	Partridge Green
Rogate	Rudgwick	Rusper	Shipley
Sidlesham	Sompting	Southwater	Stedham
Tangmere	Warnham	Washington	Wisborough Green
Wittering (East)			

### Family Planning Clinics

Advice on family planning is made available to those mothers who require it on medical or social grounds.

The County Council provides its own Family Planning Clinic at Shoreham-by-Sea. In other areas (Bognor Regis, Chichester, Crawley, Horsham and Midhurst) arrangements are made for the service to be provided by the local Family Planning Associations.

The number of new cases seen at these clinics in 1960, together with the total attendances made, are shown in the following table:—

<i>Clinic</i>	<i>New Cases</i>	<i>Total Attendances</i>
Bognor Regis .. ..	272	1,073
Chichester .. ..	18	28
Crawley .. ..	338	1,675
Horsham .. ..	177	396
Midhurst .. ..	62	210
Shoreham .. ..	19	70
TOTAL .. ..	886	3,452

The number of new cases seen at these clinics in 1959 was 719 and the total number of attendances made was 2,421. Many cases of subfertility are helped at the family planning clinics.

### Relaxation Classes

Relaxation classes for expectant mothers and classes in post-natal exercises were held at 17 centres, and proved to be very popular. Their location with the number of attendances made in 1960 is given below:—

<i>Area</i>	<i>Year of Establishment</i>	<i>Sessions held</i>	<i>Total number of Attendances</i>	
			1960	1959
Arundel .. ..	1956	*Fortnightly	15	20
Bognor Regis .. ..	1949	Weekly	417	316
Chichester .. ..	1948	Weekly	461	378
Crawley .. ..	1953	Fortnightly	220	214
Gossops Green .. ..	1959	Weekly	179	69
Horsham .. ..	1949	Weekly	885	916
Lancing .. ..	1958	Weekly	18	52
Langley Green .. ..	1959	Weekly	59	23
Littlehampton .. ..	1949	Weekly	267	272
Midhurst .. ..	1959	Fortnightly	102	22
Selsey .. ..	1959	*Weekly	109	107
Shoreham-by-Sea .. ..	1954	Weekly	224	224
Storrington .. ..	1960	Weekly	16	—
Thorney Island .. ..	1958	*Weekly	18	55
Three Bridges .. ..	1957	Fortnightly	177	184
Tilgate .. ..	1959	Weekly	384	454
Worthing .. ..	1949	Weekly	273	295
		TOTAL ..	3,824	3,601

\* Sessions held as required.

A number of these classes are run by trained physiotherapists, but during the year two of these resigned. The clinics have subsequently been carried on by County Council midwives.

### Distribution of Welfare Foods

The County Council continued to arrange, at the request of the Government, the distribution of welfare foods to expectant and nursing mothers and children under two years of age.

The following table shows the quantities of welfare foods issued to beneficiaries during the year:—

	<i>Total number distributed</i>	<i>Average number distributed per week</i>
National Dried Milk .. ..	63,315 tins	1,217 tins
Cod Liver Oil .. ..	21,177 botts.	407 botts.
Vitamin A and D tablets .. ..	19,053 pkts.	366 pkts.
Orange Juice .. ..	192,445 botts.	3,701 botts.

During the year under review issues of National Dried Milk continued to decline from 123,352 tins in 1956, 101,980 in 1957, 76,599 in 1958, 71,489 in 1959 to 63,315 in 1960. Issues of cod liver oil, Vitamin 'A' and 'D' tablets and orange juice remained substantially the same as in 1959.

Five new sub-centres were opened during the year for the distribution of welfare foods, and three sub-centres were closed, leaving a total of 106 distribution centres in operation at the end of the year, *i.e.*, 12 main centres in the towns and 94 sub-centres at clinics, private houses and local stores.

A very large proportion of the work has continued to be undertaken by the Women's Voluntary Services, who are responsible for the distribution of these foods at all the main centres (eight of which are held on their premises) and at 28 sub-centres.

#### Care of the Unmarried Mother and her Child

The Chichester Diocesan Moral Welfare Association and the Southwark Catholic Rescue Society continued to undertake this work through their own officers, in co-operation with the County nursing staff, and grants were made by the County Council towards the funds of these Associations.

During 1960, 34 cases were referred to the Health Department for financial assistance towards maintenance at a Mother and Baby Home.

In all cases, the girl herself or her relatives, and in certain cases the putative father, made contributions towards the cost of the stay at the Home.

#### Care of Premature Infants

Particulars relating to premature births in the County are given below:—

	1960	1959
(1) Total number of premature live births during year .. .. .	341	328
(2) Number of premature infants born at home during year .. .. .	79	81
Number of these —		
(a) transferred to hospital .. .. .	17	11
(b) died at home during first 24 hours ..	1	2
(c) died at home between 2nd and 28th day	1	—
(d) survived at end of one month .. .. .	60	68
Of the seventeen infants transferred to hospital in 1960, seven died on or before 28th day : the comparable figure for 1959 was two.		
(3) Number of premature infants born in private nursing homes during year .. .. .	1	1
Number of these —		
(a) died during first 24 hours .. .. .	—	—
(b) survived at end of one month .. .. .	1	—
(4) Number born in hospital or maternity home (Regional Hospital Board) .. .. .	261	244
Died on or before 28th day .. .. .	26	26

It will be noted that the majority of these infants were delivered in hospital. This indicates that there is an appropriate selection of cases for hospital confinement.

Arrangements are available for the early transfer of premature infants to hospital should more active treatment than is possible at home be required. The success of home nursing of premature infants is borne out by the fact that, out of 62 kept at home, only 2 died — one of these during the first 24 hours of life.

## **Report of the Chief Dental Officer for the Year 1960**

During the year under review the County Council's scheme for the treatment of expectant and nursing mothers, and children under school age has been continued as previously. At all the dental clinics patients seeking treatment under the scheme were examined and treated where necessary.

### **Expectant and Nursing Mothers**

A feature of the year's work was that a smaller number of expectant and nursing mothers have presented themselves for examination. In 1959, there were 187 mothers examined as against 135 during 1960.

### **Children under school age**

During 1960, there was an increase of about one-third in the number of children under five examined. It is gratifying to note that the mothers are bringing these children forward in greater numbers. Young children benefit most if they first visit a dentist at an age of not more than  $2\frac{1}{2}$  years. Even if little treatment is necessary (sometimes much has to be done), these early visits help to establish in the child confidence both in itself and in the dental surgeon. Sympathetic and careful treatment of the child at this early age makes a very great contribution to its future dental health and to willing and regular attendance for treatment during its school career.

### **General Remarks**

The table on the next page shows that, generally, more work was done in 1960 for pre-school children and rather less for expectant and nursing mothers. There was an increase both in the numbers of extractions carried out and in the numbers of fillings inserted. There was also a marked increase in the number of general anaesthetics for pre-school children.

I am grateful for the willing co-operation and the continued help of the medical officers, health visitors and school nurses. The loyal work and application of the dental officers and dental surgery assistants is much appreciated.

NATIONAL HEALTH SERVICE ACT, 1946

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 .. .. .	135	127	97	98
Children under five .. .. .	608	276	249	250

(b) Forms of dental treatment provided:

	Extractions	General anaesthetics	Fillings	Scalings or Scaling and gum treatment	Silver nitrate treatment	Inlays	Crowns	Radio-graphs	Dentures provided		Dentures repaired
									Complete	Partial	
Expectant and nursing mothers ..	127	10	185	88	5	—	—	—	20	17	4
Children under five ..	216	61	464	26	92	—	—	1	—	—	—

## Midwifery Services

The numbers of midwives practising in the County at the end of 1959 and 1960 are shown in the following table:—

	1959	1960
(a) Employed by County Council .. ..	82	82
(b) In Private Practice —		
(i) Domiciliary .. .. .	8	4
(ii) In Nursing Homes .. .. .	3	6
(c) Employed by Hospital Management Committees .. .. .	54	65
	147	157

Details of the number of confinements attended by midwives during 1960 are given below:—

	<i>Doctor not booked</i>		<i>Doctor booked</i>		<i>Totals</i>
	<i>Doctor present at delivery</i>	<i>Doctor not present at delivery</i>	<i>Doctor present at delivery</i>	<i>Doctor not present at delivery</i>	
(a) Midwives employed by the County Council .. ..	9	69	341	1,896	2,315
(b) Midwives in Private Practice—					
(i) Domiciliary ..	—	—	4	4	8
(ii) In Nursing Homes ..	—	—	16	20	36
	9	69	361	1,920	2,359

Number of maternity cases attended by midwives employed by County Council after discharge from hospital before the fourteenth day — 825.

### Inhalational Analgesics

All midwives employed by the County Council are qualified to administer analgesics. Of 2,315 confinements taking place at home attended by County Council Midwives, 1,953 mothers received inhalational analgesics.

The numbers of cases in which gas and air and “Trilene” were administered during the year by midwives employed by County Council are shown below.

	<i>Gas and air</i>	<i>“Trilene”</i>
(a) Doctor present at delivery .. ..	284	64
(b) Doctor not present at delivery ..	1,435	170
	1,719	234



### **District Midwifery**

The high standard of care offered by the district midwives in the employment of the County Council is shown by the low stillbirth rate, the low neonatal death rate, and the very low incidence of infection among their patients.

During the year, eighteen district midwives were sent on refresher courses in order to keep them up-to-date in modern advances and techniques. All the county midwives are kept fully in touch with changes in the obstetric service and are given details of any new procedures or methods.

### **Maternity Outfits**

Every expectant mother booked for a home confinement is issued with a maternity outfit containing the necessary dressings and equipment for her delivery. The content of these packs is constantly under review in order that the equipment should be the best available. This year, for the first time, sterilised paper masks were added. These masks are destroyed after use, thus reducing the risk of infection. It is proposed to introduce further disposable equipment as it becomes available.

### **Recruitment of Midwives**

According to the Annual Report of the Central Midwives Board for the year ending 31st March, 1960, there was an increase of 325 in the number of pupil midwives entering first period training schools during the year. The number of pupils entering second period training schools showed an increase of 382.

Despite this increase in the number of pupil midwives, there is a continued fall nationally in the number of midwives in actual practice, for which there are various reasons. It is well known for example that many trained nurses take midwifery training in order to qualify for senior administrative posts in this country and abroad.

The General Nursing Council introduced in 1960 a new training programme as a result of which all general nurses will receive a certain amount of midwifery training during their ordinary course. This may result in drawing girls into the profession, since the training which they receive before becoming registered as nurses will be taken into account when they train for their midwifery certificate, and the midwifery course will be reduced eventually by two months.

The shortage of midwives in hospitals is acute, and the Central Midwives Board report that pupil midwives are now giving considerable help in hospitals. Such help is not, of course, available to district midwives.

Even though the recruitment of midwives is not nearly as difficult in West Sussex as it is in some parts of the country, the local response to advertisements is, nevertheless, becoming increasingly poor (despite offers of accommodation and transport) and the prospect for maintaining a full establishment of district midwives is not at all good.

### **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.

### **Maternity Liaison Committees**

Following the Report of the Maternity Services Committee published on the 18th February, 1959, which recommended the setting up of Midwifery Liaison Committees, such a Committee was convened by the Redhill Hospital Management Committee on the 16th December, 1960. Representatives from the hospital, general practitioner and local health authority services were present. The County was represented by Dr. D. Wild, the Senior Medical Officer, and Miss E. M. Leeke, a midwife in the Horsham area.

Methods of improving the midwifery service were discussed and there was a free exchange of views. The provision of a card, which would be in the possession of the mother throughout her pregnancy and would be available to all attending her professionally, was considered and it was decided to enquire further into the desirability of such a card.

### **Stillbirths and Neonatal Deaths**

The Population (Statistics) Act, 1960, became law on 1st October, 1960, and introduced certain changes in the law relating to the certification of stillbirths. A registered medical practitioner who is present at a stillbirth or examines the body of a stillborn child must, at the request of a qualified informant, give a certificate stating that the child was not born alive and, where possible, stating to the best of his knowledge and belief the cause of death and the estimated duration of the pregnancy. Where no medical practitioner was present at the stillbirth or has examined the body, the certificate must be given by the certified midwife who was present or who examined the body. Such a certificate is to be given only in respect of a stillborn child as defined in the Births and Deaths Registration Act, 1953, *i.e.*, a child which has issued forth from its mother after the 28th week of pregnancy and which did not at any time after being completely expelled from its mother breathe or show any other signs of life. If the child was born alive and died subsequently then, whatever the duration of pregnancy and however short the duration of life, the birth and death have to be registered separately and the ordinary rules apply for the certification of the death by any doctor in attendance.

Every case of stillbirth or infant death is the subject of a full report by the midwife or health visitor and, in cases of hospital confinement, the hospital is asked to give a report.

Only by the most careful sifting of the detail regarding these cases is further progress likely to be made in improving the quality of medical care and reducing the likelihood of disaster both in and out of hospital.

Attention has been drawn to the confusion which may arise between the several agencies involved in the care of expectant and nursing mothers and various methods are being used to improve co-operation, co-ordination and understanding.

Maternity liaison committees are in process of being formed in the three hospital areas and the various methods of record keeping will be improved.

The district midwives, given the opportunity by the hospital and family doctors, have an important contribution to make. Through her experience, professional skill and frequent visiting she is often able to detect the early signs of trouble which may develop between the scheduled visits of the patient to her medical adviser. Greater use of midwives' services should be made both by hospital obstetricians and family doctors.

## Home Nursing

The scope of the district nurses' work is very considerable, and ranges from the general nursing care of the elderly, the dressing of wounds and ulcers, and the giving of injections such as insulin or penicillin, to the post-operative nursing of patients discharged from hospital. The home nursing service frequently enables the patient to stay in his home, where he can have the comfort of his relatives around him, and thus avoids the need for hospital care.

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. Comparable figures for 1959 are also shown.

	<i>1960</i>	<i>1959</i>
Number of nurses employed at end of year —		
Whole-time .. .. .	45	41
Part-time .. .. .	11	2
Combined duties (health visiting, general nursing and midwifery) .. .. .	56	59
Number of cases attended .. .. .	10,752	11,899
Number of visits made .. .. .	199,234	237,547

The figures for the number of visits in 1960 suggest that there has been a diminution in the amount of work done by the district nursing service. In considering these figures, it must however be borne in mind that a completely new system of recording the work was introduced on 1st January, 1960, and that the figures are now more accurately compiled than previously. The figures, of course, do not in themselves detail the amount of work done by the nurses in the County. There is a very high percentage of elderly persons requiring considerable home nursing, and these naturally take up a great deal of the nurses' time. The nursing of old people can be extremely heavy work, and the nurses are to be congratulated on doing this with cheerfulness, real kindness and goodwill.

All district nurses are car drivers except three who do not wish to learn to drive. The provision of a car is a great boon to these women, who must go out in all kinds of weather, sometimes carrying a considerable amount of equipment.

Two full-time general nurses were sent on post-certificate courses during the year.

## Health Visiting

### 1. Number of health visitors employed at end of the past two years —

	1960	1959
(a) Whole-time .. .. .	41	41
(b) Combined duties (health visiting, general nursing and midwifery) .. .. .	37	36

### 2. Number of visits by health visitors during 1959 and 1960 —

	1960	1959
(a) Ante-natal visits .. .. .	1,607	908
(b) Visits to infants under 1 year .. .. .	35,529	37,714
(c) Visits to children aged 1 and under 2 years	15,856	20,343
(d) Visits to children aged 2 and under 5 years	28,241	29,340
(e) Tuberculous households .. .. .	1,199	1,604
(f) Care of old people .. .. .	5,038	4,542
(g) Other cases .. .. .	3,350	3,348
(h) Total number of families or households visited .. .. .	20,949	20,356

The health visitor has been a familiar member of the community now for over sixty years and during this time the scope of her work has steadily

increased. From being merely an adviser on matters of infant feeding and hygiene in the home and in the school, she has now become an indispensable member of the health team. The scope of her work as general health adviser, confidante, and frequently friend of the entire family, now involves her in work with many statutory and voluntary bodies in assisting to solve problems of many kinds. She helps organise services for the aged, advises on financial and employment difficulties, gives counsel to the parents of handicapped children, and generally co-ordinates the work of many social agencies.

During 1959, the Ministry of Health issued a circular, accepting in principle the recommendations of the Working Party Report on Health Visiting. In this circular, local health authorities were asked to ensure that full use is made of the health visitors' capabilities and potentialities, that she should have proper accommodation from which to work, and that she should be relieved of certain duties which do not call for the use of her special skills. In certain of the larger clinics, ancillary assistance has been provided to ensure that the health visitor will not be required to do some of the less specialised tasks.

In the course of the year, seven health visitors were sent on special refresher courses, four in London and three in Nottingham. In addition, there was the annual County Course at Lodge Hill, which was attended by health visitors, district nurses and midwives. Courses of this nature are intended to maintain and stimulate the health visitor's interest in her work and to suggest to her new methods and new approaches.

Health visitors are increasingly involved in the work of health education, to which reference is made in Part IV of the Report.

### **Mothers' Clubs**

Clubs have been set up in various parts of the County by the health visitors. These clubs offer health education in a pleasant social background. The majority of them are held in the evening, though in a few places afternoon clubs have been started at the request of the mothers. One of the earliest mothers' clubs was started in Chichester six years ago and holds an evening meeting once a fortnight. From an original membership of eight, it has grown to a club of one hundred and there is an average attendance of thirty at each meeting. During the year, there were social gatherings, such as the annual birthday party, an outing and a visit to the Folk Dance Festival. Talks were given on a number of subjects including speech difficulties, the care and preservation of food at home, first aid and facilities for handicapped children. Keep fit classes, needlework and knitting, dramatic work and reading, choral work and visits to local industries were also arranged.

## **Phenylketonuria**

Phenylketonuria is a genetically determined disorder of metabolism resulting from a deficiency of a liver enzyme. As a result of this deficiency a toxic product, phenylpyruvic acid, builds up in the blood stream. This acid, which is a toxin to young brain cells and ultimately causes brain damage, is excreted in the urine and can be detected by a test using a strip of paper impregnated with a special reagent.

The condition is rare and arises in approximately 1 in every 16,000 children. Early diagnosis and treatment of this condition makes it possible for the child to develop normally. Following successful experiments elsewhere, the scheme for the examination of the urine of all infants at the age of 6 weeks by the health visitors was introduced into the County on 1st May, 1960. Only one positive test was recorded by the end of the year and further investigation revealed that the child in question was not in fact suffering from phenylketonuria.

This is a new advance in preventive medicine and, although the numbers involved are small (not more than one child is likely to be found in the County every three years), it is a promising step in the direction of diminishing the number of mentally handicapped persons.

## **Training of Student Health Visitors**

Each year the County Council offer a limited number of bursaries for health visitor training. The training which lasts for nine months may be taken in any of the Training Colleges where there is a vacancy. On the completion of her training the student contracts to return to the County for a period of two years and is required to work as a relief health visitor, midwife and/or general nurse. Every endeavour is made to settle the student in a district of her choice before the end of the two year period.

The generalised workers (health visitor, midwife, and district nurse) in rural areas, give one week's hospitality and training to student health visitors.

## **Teaching of Student Nurses in Social Aspects of Disease**

This subject was included in the syllabus of the General Nursing Council when the syllabus was revised in 1953.

Lectures are given by the senior nursing staff to students at the Chichester Group School of Nursing and to students at Southlands Hospital, Shoreham-by-Sea. In addition to the lectures given, students spend two days on the district observing the work of public health nurses. These studies help the student to understand medical care outside the hospital and the effect which illness has on the family and on the community as a whole. It is hoped that, as a result of the training facilities made available by the Department, many students will realise that district nursing is satisfying and worthwhile and that some will eventually take up careers in the public health nursing field.

# PART IV—PREVENTION OF ILLNESS, CARE & AFTER-CARE

## Health Education

The aim of health education is to spread, as far as possible, the knowledge needed to achieve and maintain physical and mental health. This is done by keeping field workers informed of the latest advances in health education and by maintaining a supply of up-to-date visual aids and other materials for use by medical officers and health visitors. The work is also furthered by the personal contact of the Health Education Organiser with staffs of schools and with a great variety of interested organisations.

The co-ordination of the health education service commenced in October, 1956, with the appointment of a part-time organiser. In September, 1960, this appointment became full-time.

The Health Education Organiser is directly responsible to the Deputy County Medical Officer for health education in the County. The main field workers are those members of the staff of the Department who are in contact regularly with the public and who undertake group teaching in clinics, schools and clubs in addition to individual teaching in the course of their daily work.

Health education is still largely experimental. It is often difficult to persuade people of the value of knowledge of their own health, and a great difficulty in any health education programme is that behaviour is often governed by desires which are much stronger than concern about disease. For example, the current propaganda on the effect of smoking has had very little effect. People enjoy smoking — they must do or they would not volunteer over £800 million in tax each year for their pleasure. Again, the constant advertising of sweets, which are known to cause dental damage, as health-giving and nourishing products, must affect personal attitudes.

The Health Education Organiser is responsible for maintaining and improving equipment of all kinds. She is also instrumental in planning exhibitions, clinic displays, special campaigns and lectures. A list of the groups of people and subjects dealt with during 1960 are given below:—

### *Groups of People*

The Family in their homes	Townswomen's Guilds
Ante-natal classes	Mothers' Unions
Mothers' Clubs	British Red Cross Society
School Children	St. John Ambulance Brigade
Public Health Nursing Staff	Old People's Organisations
Young Wives' Clubs	Factories
Parent-Teacher Associations	Student Teachers
Women's Institutes	Nursery School Associations
Rotary Clubs	Cancer Relief Societies

### *Subjects dealt with*

County Council Health Services	Mental Health
Social Services	Care of Old People
Care of Teeth	Vaccination against Smallpox
Care of Feet	Vaccination against Poliomyelitis
Nutrition	Immunisation against Diphtheria
Normal Delivery	Menstruation
Home Safety	Child Management, including bathing baby, normal routine, physical and mental develop- ment, suitable toys, behaviour problems, diet, sleep
Hygiene in the Home	Smoking and Lung Cancer
Common Infectious Diseases	General Cancer Education
Prevention of Tuberculosis	Adolescent Problems.
Personal Hygiene	
Prevention of Infection	
First Aid	
Ante-natal Care	

### **The Future**

There is a clear need to continue with the present range of subjects, as the public are by no means fully aware of some of the basic principles of health, *e.g.*, the need for clean food, proper rest, avoidance of home accidents and the value of exercise.

There are equally clear indications that the present methods of health education need to be extended and that more national publicity is desirable in order to compete with commercial advertising in the press and on the radio and television.

## **Tuberculosis**

Many authorities believe that this country could be the first in the world to eliminate tuberculosis if it had the will to do so, but the disease is certainly far from being defeated at present. Modern drugs have made a great contribution to treatment but the key to success is still the determined discovery of source cases by diligent contact tracing. Mass radiography has a great part to play in the detection of tuberculosis and, despite the recent fears which have been expressed about the dangers of X-ray exposure, the great advantages of mass radiography far outweigh any radiation hazards involved.

Close liaison with the chest clinics was maintained throughout the year in the work of tuberculosis control and the health visitors continued to trace and follow-up, wherever possible, all known contacts of the disease. Co-ordination between the Medical Officer of Health and the Chest Physician on the epidemiological and preventive aspects of tuberculosis was stressed in a report on the future of the chest services which was prepared by the Standing Tuberculosis Advisory Committee and commended during the year by the Minister of Health to local health and hospital authorities.



Respiratory tuberculosis was responsible for 26 deaths (18 males and 8 females). It is significant to note that approximately 70 per cent of these deaths occurred in males of 45 years and over. The death rate was 0.07 per 1,000 population, compared with 0.06 in 1959.

#### Deaths from Tuberculosis in Age and Sex Groups

Ages	Respiratory		Non-Respiratory		Total
	Male	Female	Male	Female	
0-1 .. .. .	—	—	—	—	—
1-5 .. .. .	—	—	—	—	—
5-15 .. .. .	—	—	—	—	—
15-25 .. .. .	—	—	—	1	1
25-45 .. .. .	—	2	1	—	3
45-65 .. .. .	8	3	—	—	11
65-75 .. .. .	8	—	1	—	9
75+ .. .. .	2	3	—	1	6
TOTAL (all ages) ..	18	8	2	2	30

There was a decrease (from 137 in 1959 to 116 in 1960) in the total number of notifications received and a corresponding fall in the notification rate per 1,000 population. The following table shows the age and sex distribution of the notifications received during the year.

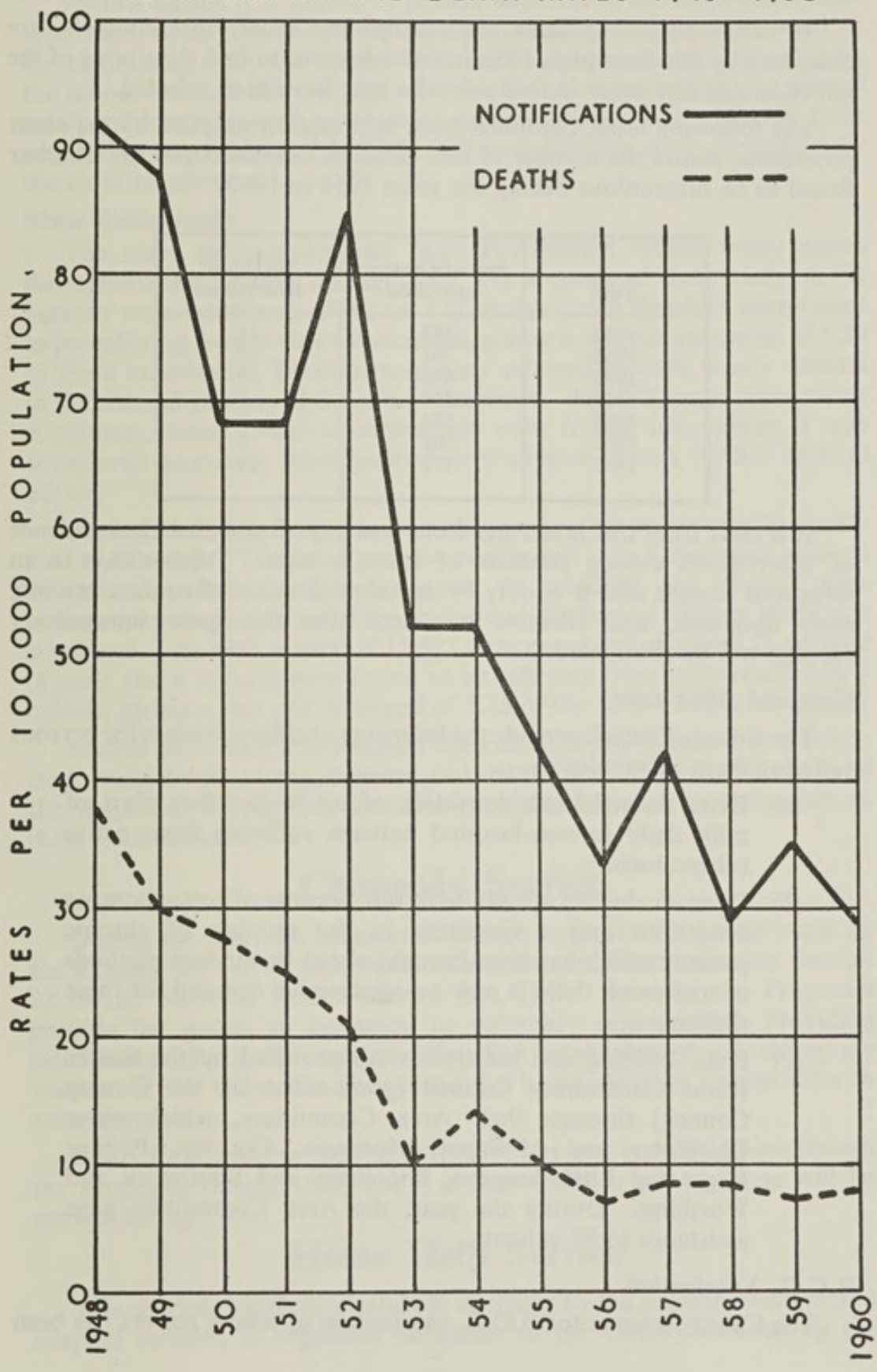
#### Notifications of Tuberculosis in Age and Sex Groups

Ages	Respiratory			Non-Respiratory		
	Male	Female	Total	Male	Female	Total
0-1 .. .. .	—	—	—	—	—	—
1-2 .. .. .	2	—	2	—	—	—
2-5 .. .. .	—	1	1	—	—	—
5-10 .. .. .	1	2	3	—	—	—
10-15 .. .. .	1	2	3	—	—	—
15-20 .. .. .	5	2	7	1	—	1
20-25 .. .. .	4	5	9	—	1	1
25-35 .. .. .	10	13	23	—	1	1
35-45 .. .. .	7	7	14	—	1	1
45-55 .. .. .	7	4	11	—	2	2
55-65 .. .. .	9	2	11	—	1	1
65-75 .. .. .	10	5	15	—	1	1
75- .. .. .	4	4	8	—	1	1
TOTAL 1960 (all ages) ..	60	47	107	1	8	9
1959 .. .. .	75	45	120	4	13	17

In addition to the above notifications, 5 cases became known through death returns and posthumous notifications.

Notification and death rates for the years 1948 to 1960, are shown in the graph on the next page.

WEST SUSSEX  
TUBERCULOSIS (ALL FORMS)  
NOTIFICATION AND DEATH RATES 1948—1960



### Contact Tracing

Occasionally, deaths occur of persons whose 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 cases, the family, and other close contacts, are examined by the chest physicians in an endeavour to find the source of the infection and any other individuals who may have been infected.

The following table, compiled from information supplied by the chest physicians, shows the number of new contacts examined and the number found to be tuberculous during the years 1954 to 1960.

<i>Year</i>	<i>No. of Contacts examined</i>	<i>No. found tuberculous</i>
1954	482	14
1955	701	12
1956	496	10
1957	538	8
1958	574	2
1959	505	9
1960	471	10

It is clear from this table, and from past experience, that the incidence of tuberculosis among contacts of cases is high. Tuberculosis is an infectious disease and it is only by an intensification of contact tracing, early diagnosis, and effective treatment that this quite unnecessary scourge will be eliminated.

### Care and After care

The County Council provide the following ancillary services for persons suffering from tuberculosis:—

- (a) Extra nourishment, consisting of up to two free pints of milk daily to non-hospital patients suffering from active tuberculosis.
- (b) Open air shelters are available but, because of better housing conditions and a reduction in the number of chronic patients which has been brought about by modern methods of treatment, there is now no appreciable demand for these shelters.
- (c) Beds, bedding and mattresses are provided by the Sussex Rural Community Council (grant-aided by the County Council) through their Area Committees, which cover Chichester and Midhurst, Horsham, Crawley, Bognor Regis and Littlehampton, Shoreham and Southwick and Worthing. During the year, the Area Committees gave assistance to 87 patients.

### B.C.G. Vaccination

The County scheme for B.C.G. vaccination of school leavers has been

continued. The parents of children of 13 years and over are offered protection for their children by B.C.G. vaccination if the tuberculin skin test shows them to have an inadequate resistance to tuberculous infection.

By this means it is hoped to protect children at the most susceptible age, that is when they are preparing to leave school and go out to work in the community. By the end of 1960, 1,284 children were vaccinated by the school medical officers. In addition, B.C.G. vaccination was offered to all children who were contacts of persons known to be suffering from respiratory tuberculosis. In 1960, 182 such children were vaccinated by the chest physicians.

### **Mass Radiography**

The mass radiography unit from Portsmouth visited many places throughout the County during 1960. As a result of these visits, 6,191 persons were examined, of whom 8 (2 males and 6 females) were found to be suffering from active tuberculosis, giving a rate per thousand of 1.29 of those examined. These persons were referred by their family doctors to the chest physicians of the areas concerned. In addition to tuberculous conditions, many other abnormalities were found and, where it was considered necessary, these persons were advised to seek further medical advice.

During 1960, the Surrey mass radiography unit continued its weekly visit to Crawley. The main purpose of this unit is to X-ray cases referred by general practitioners in the area. In addition, the normal mass radiography service afforded to the general public and factory staffs was continued. In 1960, a total of 11,813 were examined of whom 16 persons (8 male and 8 female) were found to be suffering from pulmonary tuberculosis, giving a rate per thousand of 1.35 of the total number examined.

Mobile units were also used for the annual X-ray of staff who work in close contact with young children, and thanks are due to the Directors of the Brighton, Portsmouth and Surrey Units for their co-operation in these examinations.

## **Chiropody Service**

During the year, the Minister of Health approved Proposals made by the Council for the establishment of a Chiropody Service under Section 28 of the National Health Service Act, 1946. Broadly, the Proposals provide for grants to be made to voluntary organisations providing satisfactory chiropody services, for the establishment of chiropody sessions at the Council's clinics, and for home visits by chiropodists in exceptional cases.

Apart from making interim grants, it was not possible to implement the Proposals during 1960, but it is hoped that a pilot scheme will be started during 1961.

## **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 Worthing Health Sub-Committee.

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

The number of cases assisted in 1960 was 2,397 (maternity 281, tuberculosis 13, chronic sick, aged and infirm 1,501, others 602), compared with 2,404 in 1959. The services of the home helps are usually restricted to essential domestic duties.

On 31st December, 1960, 413 home helps (all part-time) were employed, and during the year a total of 273,879 hours were worked by home helps. Comparable figures for 1959 were 362 and 275,129, respectively.

All concerned with the operation of the service are to be congratulated on the results achieved, despite the shortage of home helps. A great effort was made to ensure equitable distribution of the workers available but there is an increasing demand for this service and in some cases it was not possible to give as much help as either the recipient or the Organiser would have desired.

## County Almoners

There are three almoners employed in the County Health Department, based on Chichester, Worthing and Crawley. They work in close consultation with general medical practitioners and consultant chest physicians and co-operate with many statutory and voluntary agencies in helping patients to overcome social and personal problems arising out of their illness. Problems vary according to the nature of the illness and may be concerned with personal, domestic, or financial difficulties, accommodation, employment, rehabilitation, and the need for general support and advice at times of stress. The assistance given may be short-term or may extend over months or even years in cases of long-term and chronic illness.

## PART V—AMBULANCE SERVICE

The day-to-day operation of the ambulance service continued to be undertaken by the St. John Ambulance Brigade on an agency basis, except in Midhurst, where the British Red Cross Society operated on the same basis. Whole-time paid staff were employed but voluntary members of the two bodies mentioned manned the ambulances at night and at weekends. There was evidence that the amount of voluntary help available for ambulance duty was not sufficient in many parts of the County.

By arrangement with Surrey County Council, the northern part of Midhurst Rural District was covered by ambulances stationed at Haslemere. With increased centralization of operation and control of Surrey Ambulance Service, Midhurst, however, accepted an increasing proportion of calls in this area.

Radio-telephony service operated over the whole County, and during normal working hours functioned under the control of three Area Transport Officers based at Chichester, Horsham and Worthing. In addition to deploying the ambulances, these officers allocated to the volunteer drivers the journeys to be undertaken by the Hospital Car Service. The continued reduction in the average miles per patient is, no doubt, mainly attributable to the introduction of radio-telephony and the concentration of control associated therewith.

### **Rail facilities**

Where it was necessary for a patient to make a long journey, and he could without detriment to his health conveniently be conveyed by rail, special arrangements were 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, 420 patients were conveyed under these arrangements, of whom 151 were "stretcher" cases.

### **Statistics**

During the year the Service carried 34,187 patients and travelled 485,837 miles.

1. The work undertaken during 1960 showed an increase of 2,491 patients and 30,080 miles as compared with the previous year.
2. The average mileage per patient was 14.2.
3. The highest monthly mileage was in August (43,856).
4. The number of cases conveyed for the major part of the journey by rail was 420, of which 151 were stretcher cases.
5. The number of accident and emergency cases dealt with was 3,107 as compared with 2,969 in 1959 and 2,412 in 1958. The Bognor Regis/Chichester area and Worthing both dealt with over 700 such cases.
6. The number of accident and emergency cases exceeded 300 in each month from June to September inclusive, and reached a peak in July with 337 cases.
7. The number of invalids, *i.e.*, non-emergency and non-infectious cases, increased by 2,348 (from 28,518 to 30,866). The highest number of invalids carried in any month was 2,759 in March.
8. The number of infectious cases increased from 209 to 214.

### Work undertaken by Ambulance Stations

Ambulance Station	Number of patients carried					Mileage
	No. of ambulances	Accidents or emergencies	Invalids	Infectious	Total	
Bognor Regis and Chichester	7*	810	7,620	85	8,515	119,348
Crawley	4	319	4,562	—	4,881	79,596
Henfield ..	1	83	558	—	641	15,030
Horsham	3	345	1,538	25	1,908	46,063
Littlehampton ..	2	291	2,208	—	2,499	41,741
Midhurst	1	62	783	—	845	19,730
Petworth ..	1	112	576	—	688	18,134
Pulborough	1	98	696	—	794	21,619
Southwick	2	229	3,250	—	3,479	43,946
Worthing*	5	758	9,075	104	9,937	80,630
<b>TOTALS</b>	<b>27</b>	<b>3,107</b>	<b>30,866</b>	<b>214</b>	<b>34,187</b>	<b>485,837</b>

\* Including "spare" ambulance to be used wherever required.

*Ministry of Health definition.* NOTE.—"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.

### Numbers of patients carried and the mileages travelled, by the various Ambulance Stations as compared with 1959

Ambulance Station	Patients carried		Mileage	
	Increase	Decrease	Increase	Decrease
Bognor Regis/Chichester	1,101	—	14,153	—
Crawley .. ..	718	—	4,823	—
Henfield .. ..	35	—	1,687	—
Horsham .. ..	179	—	2,734	—
Littlehampton .. ..	—	52	1,880	—
Midhurst .. ..	35	—	922	—
Petworth .. ..	9	—	1,546	—
Pulborough .. ..	125	—	2,313	—
Southwick .. ..	182	—	—	837
Worthing .. ..	159	—	859	—
	2,543	52	30,917	837
<b>TOTAL INCREASE ..</b>	<b>2,491</b>		<b>30,080</b>	

### Work undertaken during calendar months

Month	Number of patients carried				Mileage
	Accidents or Emergencies	Invalids	Infectious	Total	
January ..	182	2,658	20	2,860	38,717
February ..	214	2,659	14	2,887	38,210
March ..	219	2,759	26	3,004	41,375
April ..	210	2,531	22	2,763	37,817
May ..	226	2,582	23	2,831	42,270
June ..	335	2,429	12	2,776	39,095
July ..	337	2,477	24	2,838	43,389
August ..	333	2,596	18	2,947	43,856
September	313	2,372	10	2,695	39,834
October ..	236	2,604	11	2,851	40,077
November	252	2,521	12	2,785	38,457
December	250	2,678	22	2,950	42,740
TOTALS	3,107	30,866	214	34,187	485,837

### Mileage undertaken during years 1955-1960

Station	1960	1959	1958	1957	1956	1955
ST. JOHN AMBULANCE BRIGADE— Bognor Regis/ Chichester .. ..	119,348	105,195	103,598	102,770	91,283	79,332
Crawley .. ..	79,596	74,773	69,558	60,055	56,140	51,180
Henfield .. ..	15,030	13,343	11,024	9,020	6,915	8,580
Horsham .. ..	46,063	43,329	44,856	40,296	43,240	41,392
Littlehampton .. ..	41,741	39,861	36,330	33,152	33,689	33,416
Petworth .. ..	18,134	16,588	17,171	16,604	16,941	16,968
Pulborough .. ..	21,619	19,306	16,362	16,585	17,883	21,338
Southwick .. ..	43,946	44,783	43,263	35,327	38,719	35,912
Worthing .. ..	80,630	79,771	65,964	64,124	60,584	59,919
BRITISH RED CROSS SOCIETY— Midhurst .. ..	19,730	18,808	15,782	15,212	14,013	15,688
TOTALS .. ..	485,837	455,757	423,908	393,145	379,407	363,725
AVERAGE PER MONTH	40,486	37,979	35,325	32,762	31,617	30,310



## Hospital Car Service

1. During the year the hospital car service carried 158,152 patients and travelled 1,156,136 miles. The sitting case vehicle used in the Chichester/Bognor Regis area carried 6,903 patients and travelled 29,547 miles—these figures are included in the statistics for the hospital car service.

2. As compared with 1959, the number of patients carried increased by 18,628 and the mileage by 101,198. There were increases in the number of patients carried at Worthing (8,735), Chichester (3,505) and Horsham (6,388). The increases in mileage travelled were at Chichester/Bognor Regis (27,431), Horsham (53,751) and Worthing (20,016).

3. In the Worthing area, the demands of "The Acre" Day Hospital and the Physiotherapy Departments at Courtlands and Homefield Annexes accounted for the highest demand on the hospital car service. At Chichester, the Day Hospitals at Summersdale and St. Richard's Hospitals and the Radiotherapy Department of St. Mary's Hospital, Portsmouth, made considerable demands on the service, apart from the physiotherapy units at the various hospitals administered by the Chichester Hospital Management Committee. During the year the radiotherapy unit at St. Mary's Hospital, Portsmouth, was extended by the provision of a cobalt unit and this has meant that patients from the Bognor Regis/Chichester districts have been transported in the afternoons in addition to the patients travelling during the mornings for the more conventional type of treatment.

The following tables give particulars of the work undertaken by the hospital car service during the year.

**Numbers of patients carried in transport areas and calendar months**

<i>Month</i>	<i>No. of patients carried*</i>			<i>Totals</i>
	<i>Bognor Regis Chichester</i>	<i>Horsham</i>	<i>Worthing</i>	
January .. .. .	3,662	2,488	6,583	12,733
February .. .. .	3,992	2,674	6,752	13,418
March .. .. .	4,496	3,156	6,896	14,548
April .. .. .	3,646	2,455	5,466	11,567
May .. .. .	3,830	2,983	6,111	12,924
June .. .. .	3,684	2,774	6,192	12,650
July .. .. .	3,598	2,982	6,661	13,241
August .. .. .	3,703	2,741	6,984	13,428
September .. .. .	3,304	2,942	6,815	13,061
October .. .. .	3,605	2,909	6,884	13,398
November .. .. .	3,958	2,875	7,490	14,323
December .. .. .	3,509	2,668	6,684	12,861
<b>TOTALS .. .. .</b>	<b>44,987</b>	<b>33,647</b>	<b>79,518</b>	<b>158,152</b>

\* For definition of 'Patients' see page 46

### Mileage undertaken in transport areas and calendar months

<i>Month</i>	<i>Bognor Regis and Chichester</i>	<i>Horsham</i>	<i>Worthing</i>	<i>Total</i>
January .. ..	19,711	27,688	34,304	81,703
February .. ..	21,157	29,605	40,079	90,841
March .. ..	24,248	32,914	41,812	98,974
April .. ..	18,916	29,344	37,502	85,762
May .. ..	22,489	37,070	42,563	102,122
June .. ..	22,960	33,397	41,666	98,023
July .. ..	21,396	33,238	44,616	99,250
August .. ..	24,198	34,968	45,510	104,676
September .. ..	19,932	35,694	46,290	101,916
October .. ..	21,979	34,637	43,868	100,484
November .. ..	25,156	32,795	45,331	103,282
December .. ..	19,946	28,277	40,880	89,103
TOTALS .. ..	262,088	389,627	504,421	1,156,136
MONTHLY AVERAGE	21,840	32,469	42,035	96,344

### Mileage undertaken during years 1955-1960

<i>Month</i>	1960	1959	1958	1957	1956	1955
January ..	81,703	91,328	70,170	67,030	69,527	55,461
February ..	90,841	78,553	72,189	62,809	69,334	56,610
March ..	98,974	80,204	76,155	66,166	68,443	63,480
April ..	85,762	91,834	69,756	63,771	67,505	62,855
May ..	102,122	85,140	78,385	72,308	70,443	70,166
June ..	98,023	92,472	79,764	62,986	64,543	71,023
July ..	99,250	101,521	89,733	72,610	66,007	65,471
August ..	104,676	84,813	77,948	68,313	62,881	59,114
September	101,916	90,236	82,252	65,599	58,964	67,587
October ..	100,484	87,991	87,078	73,180	71,003	67,657
November	103,282	86,522	80,043	67,786	70,622	68,989
December	89,103	84,324	93,600	59,704	55,847	60,766
TOTAL ..	1,156,136	1,054,938	947,073	802,262	795,119	769,179
AVERAGE PER MONTH	96,344	87,912	78,923	66,850	66,260	64,098

### Mileage undertaken in various transport areas during years 1955-1960

<i>Transport Area</i>	1960	1959	1958	1957	1956	1955
Bognor Regis/Chichester	262,088	234,657	200,790	177,893	182,948	192,893
Horsham	389,627	335,876	336,511	277,213	268,057	233,890
Little-hampton	504,421	484,405	90,925	66,772	69,320	69,669
Worthing			318,847	280,384	281,794	272,727
TOTAL	1,156,136	1,054,938	947,073	802,262	795,119	769,179

## PART VI—MENTAL HEALTH SERVICES

*“Mental Health is Everybody’s Business”*

This truism, which formed the theme for Mental Health Year, crystallises in a sentence the spirit and hope of the new Mental Health Act, which came into operation on the 1st November, 1960.

The period since the introduction of the National Health Service Act, 1946, had been one of great pressure on the mental hospitals. In the sphere of mental illness, the problems of an ageing population had sought relief by using the mental hospitals for the reception of large numbers of the aged confused, and, in the mental deficiency field, the heavy waiting lists held by most local health authorities were further swollen by the knowledge that the provision of institutional accommodation had become a duty of the new regional hospital boards and that such accommodation was to be available at no cost to the patient or his relatives. Graylingwell Hospital, the catchment hospital for the County, had a very high number of elderly patients and was particularly strained in this way. At the end of 1959, there were 453 persons aged 65 years and over in the hospital out of a total in-patient complement of 994. Similarly, the fact that West Sussex had provided no institution for the reception of mental defectives before the National Health Service Act, meant great pressure on the accommodation at the Royal Earlswood Hospital at Redhill (which included West Sussex in its catchment area) and, whereas there were 153 mental defectives in institutions at the end of 1947, the number had risen to 388 in 1960.

The Royal Commission on the Law relating to Mental Illness and Mental Deficiency (1954-1957) felt that there should be a re-orientation of services away from hospital towards community care and, ultimately, it was hoped that society could be persuaded to accept the mentally disordered in their midst in much the same way as the physically handicapped were received, *i.e.*, without stigma and often with kindness and understanding.

The main principles on which the Mental Health Act is based are:—

- (a) The terms “lunatic” and “mental defective” were abolished and a new nomenclature introduced, as follows:—
  - (i) mental illness ; (ii) severe subnormality and subnormality and (iii) psychopathic disorder ;
- (b) Admission to psychiatric hospitals to be, wherever reasonable, on the same informal basis as to general hospitals, but, where statutory removal of a person from the community is essential, the criterion should be a medical assessment rather than a judicial order ;
- (c) The registration and supervision of nursing homes and residential homes accommodating mentally disordered persons to be the responsibility of local health and welfare authorities instead of the Board of Control, which was dissolved ;
- (d) Mental Health Review Tribunals (comprised of legal, medical, administrative and other experienced persons) were set up to hear appeals against the exercise of compulsory powers ;
- (e) That as much treatment as possible should be provided in “day hospitals” and out-patient clinics on an informal basis, and the domiciliary and community care services of the local health authorities should be developed to promote care and after-care services, *e.g.*, the provision of training centres for children (as a first priority) ; small hostels giving a homely atmosphere to replace the large hospital and institution, for persons needing accommodation for social reasons ; and
- (f) Co-ordination of services between Health, Welfare and Children’s Departments of local authorities.

Hitherto it had been essential to make a guardianship order before the local health authority could accept financial responsibility for payment of maintenance of mental patients placed with “foster-parents” in the community, but this requirement was terminated under the new Act, and, within a period of six months, all guardianship cases were to be reviewed by a medical officer with a view to placing them in informal community care without power of detention unless there were strong reasons making necessary such a limitation of individual liberty.

The local health authorities were required to submit proposals to the Minister of Health detailing the ways in which development of community care services were to be undertaken. The first need was to be training centres. The hostels were to provide residential care and be ancillary to the training centres for children and also act as centres where older groups of mentally disordered persons could be trained or rehabilitated or serve as accommodation from which they could take up daily work in local factories. A staff of mental welfare officers was to be appointed to provide social welfare services for the mentally disordered.

To implement these requirements in West Sussex it was recommended that

- (a) A Junior Training Centre with residential accommodation for about thirty children should be built at Horsham and a request was to be made to the Regional Hospital Board and Royal Earlswood Hospital Management Committee to make an area of land in Kings Road (forming part of the estate of the Forest Hospital) available for this purpose.
- (b) A similar unit should be provided in the Worthing area to serve children of school age as soon as numbers of suitable children made such provision necessary. It is envisaged that the present Centre in Brougham Road would then serve as a Day Centre for adult mentally subnormal persons.
- (c) The old "St. Christopher's" Children's Home in Station Road, Rustington, should be acquired from the Children's Committee and be used as a residential hostel for young adult mentally subnormal men. To this unit should be added a "workshop area", on the lines provided in Technical Schools in the County, with facilities for industrial training and light engineering assembly work in addition to the more conventional occupational therapy activities.
- (d) To give parallel provision for young females, a residential hostel should be built in Crawley in the vicinity of the factory area so that high-grade subnormal women (and possibly a few suitable post-psychotic patients) should be placed in day-time employment in the industry of the New Town but have the benefits of sheltered accommodation which could not be expected in lodgings.
- (e) The Welfare Committee be asked to receive into their homes elderly persons suffering from a degree of mental infirmity, admitted from their own homes or on discharge from mental hospitals. The policy of the Welfare Committee has been to absorb such persons into their homes where they can mix with people who have not had treatment in mental hospital, though they may be showing signs of mental infirmity, provided the medical superintendent of the mental hospital can assure the County Welfare Officer that the "episode" which occasioned the elderly person's admission to hospital had been resolved and that there was no reason why he or she should not return to the community.

The year was one of planning and reviewing of services rather than of achievement. Much frustration and disappointment in connection with sites for the new services occurred and it was apparent at an early stage that much education of the public would be required if a more tolerant attitude to the mentally disordered within the community was to be achieved.

It was apparent that many gaps would still exist in the mental health services even if the proposals reached fruition in a reasonable time, *e.g.*, no provision had yet been planned for providing residential accommodation for the lower grade subnormal persons who did not require hospitalisation but who, owing to social distress in the family, were in urgent need of care in the community. In this connection it was already obvious that in a more affluent society, in which married women sought employment on a much greater scale than in past years, the Guardianship Society at Hove would find increasing difficulty in finding suitable persons to undertake the care of the mentally subnormal in their own homes. Bearing in mind that the local health authority has relied to a great extent on this type of accommodation in the past, the problem might become very difficult in West Sussex.

The scheme for training staff of the Training Centres, started in 1959, provided its first success when Mrs. Clarke, the Supervisor of the Worthing Training Centre, obtained the Diploma for Teachers of the Mentally Handicapped, awarded by the National Association for Mental Health. Mrs. McCulloch, the Supervisor of the Horsham Training Centre, entered training for the Montessori Diploma toward the end of the year.

As a contribution to Mental Health Week (the 9th to 16th July) the three Training Centres were opened to the public and exhibitions of handwork and demonstrations of routine class activities were organised. A small exhibition of occupational therapy work, carried out by pupils of the Worthing Training Centre, was staged at County Hall and attracted a fair measure of interest and admiration.

### **The "Worthing Experiment"**

West Sussex has been fortunate in that the "Worthing Experiment", which provided day hospitals and specialised domiciliary psychiatric services, was pioneered within the area by the Regional Hospital Board and Graylingwell Hospital Management Committee.

The reduction of hospital admissions has been significant and the length of stay of the majority of patients has been greatly reduced. The transport, nursing and home help services of the local health authority have played an important part in the results which have been obtained, and the "Experiment" has shown quite clearly that, in an enterprise of this kind, co-ordination of effort between hospital and local health authority is essential for success and for economical working.

### **Statistics**

The following statistical report gives an indication of the work carried out during 1960.

### *Mental Illness*

The following statement, provided by the Medical Superintendent of Graylingwell Hospital, shows the numbers of patients admitted to Graylingwell Hospital during 1960. The mental welfare officers of the local health authority (formerly known as duly authorised officers under the Lunacy Act) assisted in the arrangements for admission of certified patients and, since the 1st November, in the statutory admissions of patients under Sections 25, 26 and 29 of the Mental Health Act:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Section 5 of the Mental Health Act: ..	264	459	723
Certified under the Lunacy and Mental Treatment Acts: .. .. .	39	70	109
Sections 25, 26 and 29 of the Mental Health Act: .. .. .	6	15	21
TOTALS .. ..	309	544	853

Of the certified patients received under the Lunacy and Mental Treatment Acts, 94 were admitted under Urgency Orders.

The average age on admission was 53 years and 278 of the patients admitted were aged 65 years or over.

During the year, 704 patients (252 males and 452 females) left the hospital and 166 patients (62 males and 104 females) died. It will be noted from the following table that of the 166 deaths 149 were of people over 65 years of age.

	MALES		FEMALES		TOTAL	
	<i>Under 65 years</i>	<i>Over 65 years</i>	<i>Under 65 years</i>	<i>Over 65 years</i>	<i>Under 65 years</i>	<i>Over 65 years</i>
DEPARTURES	203	49	334	118	537	167
DEATHS ..	8	54	9	95	17	149

### *Mental Subnormality*

The arrangements for the admission of subnormal persons to hospitals maintained by the Regional Hospital Board continued throughout the year. Most of the patients were admitted either to the Royal Earlswood Hospital, Redhill, or its ancillary premises at the Forest Hospital, Horsham, and Farmfield Hospital, near Horley.

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

	M	F	C	TOTAL
In Hospitals and Homes under Regional Hospital Board .. .. .	177	119	92	388
Under Guardianship .. .. .	11	20	6	37
In Residential Homes .. .. .	—	6	1	7
Boarded out in private homes .. .. .	5	14	—	19
Under informal community care .. .. .	306	274	91	671
<b>TOTALS .. .. .</b>	<b>499</b>	<b>433</b>	<b>190</b>	<b>1,122</b>

The numbers of subnormal persons admitted to hospital during 1960 and the numbers still accommodated at the end of the year are shown in the following table.

	<i>Admitted during 1960</i>			<i>Total number accommodated at 31.12.60</i>		
	M	F	T	M	F	T
Royal Earlswood Hospital, Redhill	11	8	19	136	96	232
The Manor, Epsom .. .. .	—	—	—	13	12	25
St. Lawrence's Hospital, Caterham	1	—	1	1	3	4
St. Mary's Home, Alton .. .. .	—	—	—	—	3	3
St. Teresa's, Farnham .. .. .	—	—	—	—	5	5
Botley's Park, Chertsey .. .. .	—	—	—	5	—	5
Farmfield, Horley .. .. .	4	—	4	32	—	32
Laughton Lodge, Nr. Lewes .. .. .	—	—	—	19	13	32
Stoke Park, Bristol .. .. .	—	—	—	2	3	5
Other Hospitals and Homes ( <i>Regional Hospital Board</i> )	—	—	—	27	18	45
<b>TOTALS .. .. .</b>	<b>16</b>	<b>8</b>	<b>24</b>	<b>235</b>	<b>153</b>	<b>388</b>

### Short-term Care in Hospitals or Homes

During the year, 10 patients (6 males and 4 females) were admitted to the Royal Earlswood Hospital, Redhill, for short-term care owing to the illness of their parents, or other special circumstances. In addition, 5 patients (2 males and 3 females) were boarded out in private homes or with foster parents under the County Council's scheme under Section 28 of the National Health Service Act, 1946.

The provision of short-term care for mentally subnormal children has become an integral part of mental health work and has unquestionably helped to keep patients in the community who would otherwise have been admitted to hospital. As will be seen from the statistics, the burden of this provision has fallen upon the Royal Earlswood Hospital and it is very much appreciated that, in spite of the tremendous pressure on that hospital for the accommodation of long-term stay patients, Dr. Ferguson, the Medical Superintendent, has been very ready to assist in accepting children for temporary periods.

It is hoped that in the near future, the provision of residential accommodation by the local health authority will make some contribution towards easing this load on the hospitals.



## Ascertainment

The following particulars show the immediate sources of information which led to these subnormal persons being dealt with during the year.

	M	F	T
Referred by relatives .. .. .	—	1	1
Referred by officer of local authority .. .. .	—	3	3
Referred by child guidance clinic .. .. .	—	2	2
Referred from other areas .. .. .	1	—	1
Referred by local education authority .. .. .	14	12	26
Referred by other sources .. .. .	4	1	5
<b>TOTALS .. .. .</b>	<b>19</b>	<b>19</b>	<b>38</b>

and these 38 cases have been dealt with as follows:—

	M	F	T
Sent to hospitals .. .. .	1	1	2
Placed under guardianship .. .. .	1	—	1
Placed under informal community care .. .. .	15	15	30
Action not yet taken .. .. .	—	1	1
Died .. .. .	—	1	1
Later not found to be mentally disordered.. .. .	2	1	3
<b>TOTALS .. .. .</b>	<b>19</b>	<b>19</b>	<b>38</b>

## Training Centres

*Worthing Training Centre*—There were 45 persons on the register at the end of the autumn term (11 males and 12 females under 16 years of age and 8 males and 14 females over 16 years of age). The average attendance for the year has been 38.

*Chichester Training Centre*—There were 24 persons on the register at the end of the autumn term (10 males and 4 females under 16 years of age and 1 male and 9 females over 16 years of age). The average attendance has been 15.

*Horsham Training Centre*—There were 25 persons on the register at the end of the autumn term (5 males and 10 females under 16 years of age and 4 males and 6 females over 16 years of age). The average attendance has been 17.

**Other Centres**—In addition, 9 persons (2 males and 7 females) attended Training Centres maintained by other authorities or voluntary bodies as follows:—

*Havant Training Centre (Hampshire County Council)*—1 male and 1 female under 16 years of age.

*Forest Hospital Training Centre, Horsham*—1 female over 16 years of age from Horsham.

*Guardianship Society's Training Centre, Hove*—5 persons (4 females and 1 male over the age of 16 years).

*Tunbridge Wells Training Centre (Kent County Council)*—1 female over 16 years of age boarded out with a nominee of the Guardianship Society.

## **PART VII—OTHER SERVICES**

### **Blind and Partially-Sighted Persons**

*(National Assistance Act, 1948)*

#### **Registration**

On 31st December, 1960, there were 965 blind and 308 partially-sighted persons on the register, compared with 956 blind and 260 partially-sighted on 31st December, 1959, an increase of 9 and 48 respectively. Approximately 72 per cent of the total number of blind persons and 68 per cent of the total number of partially-sighted persons were 65 years of age or over.

#### **Examination of Applicants for Registration**

During the year 1960, 130 new (*i.e.*, excluding transferred) cases of blindness, and 84 cases of partial sight were added to the register following examination, with one exception, by consultant ophthalmic surgeons. One case was re-registered as blind, one re-registered as partially-sighted, and a further 42 persons were examined for registration purposes. Twenty-nine (including four persons who had had successful treatment) were found to be neither blind nor partially-sighted and, in the remaining 13 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 214 cases newly registered as blind or partially-sighted, the primary ocular disease was cataract in 70 cases, and glaucoma in 26 cases. Other main causes of blindness or defective vision were retinal (including macular) degeneration (35), retinopathy (diabetic 9, other 8), myopia (10), optic atrophy (8) and retinal detachment (5). There were no cases of retrolental fibroplasia.

#### **Home Teaching Service**

The home teachers gave 581 lessons in Braille and Moon, 663 lessons in handicrafts, etc. (in addition to tuition at handicraft classes at Bognor Regis, Chichester, Lancing, Littlehampton and Worthing), and made 12,297 other visits during the year, making a total of 13,541 visits.

### Follow-up Action

Where treatment was recommended by ophthalmic surgeons, 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 OCULAR DISEASE			TOTAL
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Other</i>	
1. Number of cases registered during the year in respect of which Form B.D.8 recommends:				
(a) No treatment .. .. .	20	6	62	88
(b) Treatment (Medical, Surgical, Optical or Hospital Supervision) .. .. .	50	20	56	126
TOTALS .. .. .	70	26	118	214
2. Number of cases at 1(b) above which:—				
(1) Received treatment for the first time .. .. .	2	—	—	2
(2) Continued to receive treatment .. .. .	21	15	51	87
(3) Refused treatment .. .. .	3	—	1	4
(4) Had treatment deferred .. .. .	12	—	—	12
(5) Were placed on waiting list for admission to hospital .. .. .	9	—	—	9
(6) Died or left County before investigation .. .. .	3	5	4	12
TOTALS .. .. .	50	20	56	126

In addition, 9 of the partially-sighted persons re-examined during the year and 18 of the persons examined but found not to be registerable as blind or partially-sighted, were recommended to receive treatment. Of these, 21 continued to receive treatment, four had new glasses prescribed and one declined further treatment.

### Administrative Arrangements

The welfare (other than the provision of residential accommodation) of blind and partially-sighted persons continued to be dealt with in the Health Department, but it was agreed that this be transferred to the Welfare Department as soon as practicable after 1st April, 1961.

The West Sussex Association for the Blind, of which the County Medical Officer has acted as Honorary Secretary and a senior member of his staff as Case Secretary, acts as the agent of the County Council in carrying out the general social welfare of blind and partially-sighted persons. In the case of Worthing residents, similar work is done by the Worthing Society for the Blind, which is affiliated to the Association.

### Registration and Inspection of Nursing Homes

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

Five new applications for registration were received during the year and registration was granted in each case.

At the end of the year, there were 61 nursing homes with accommodation as follows:—

<i>Beds for Maternity Cases</i>	<i>Beds for Other Cases</i>	TOTAL
5	912	917

No Orders were made refusing or cancelling registration.

The homes were inspected by medical officers of the department at appropriate intervals and defects of accommodation, staffing, etc., were brought to the notice of the proprietors. There is a national shortage of nursing home accommodation, particularly for the elderly; there is an even more serious lack of staff, and I am concerned about unsatisfactory standards in a few of the homes.

## Nurseries and Child Minders Regulation Act, 1948

Every effort has been made to maintain a high standard in day nurseries and amongst child minders. Both were visited at frequent intervals by members of the County staff and a close watch was kept to ensure that the children received the best care under pleasant and hygienic conditions.

The following statement gives particulars of registrations at the end of the past two years.

	<i>Number registered at 31st December</i>		<i>Number of children provided for</i>	
	1959	1960	1959	1960
(a) Premises . . .	25	25	539	537
(b) Daily Minders	1	6	12	47

## Homes for Disabled and Old Persons

Responsibility for the registration and inspection of homes of this kind (under Section 37 of the National Assistance Act, 1948) was transferred to the Welfare Department of the County Council on the 1st June, 1960.

## Integration of the Health Services

The three branches of the National Health Service continued to work together harmoniously throughout the year.

I served on the Chichester Group Hospital Management Committee and its Group Medical Advisory and Geriatric Liaison Committees, the Local Medical Committee, Graylingwell Hospital Group Medical Advisory Committee, the Chest Services Sub-Committee of the South-West Metropolitan Regional Hospital Board, the West Sussex Local

Obstetric Committee, and was represented on the Crawley Hospital Medical Advisory Committee by the Senior Medical Officer. Dr. G. H. Pringle, Medical Officer of Health, Worthing, served on the Worthing Group Hospital Management Committee. Two general medical practitioners served as co-opted members on the County Health Committee.

Chest physicians hold joint appointments with the Regional Hospital Board and the local health authority and, at the end of the year, consideration was being given to the introduction of similar arrangements as regards the appointment of geriatric consultants, in order that the County Council could have readily available consultant advice on the provision of community health services for the elderly. Ophthalmic, orthopaedic, obstetric and psychiatric specialists were made available in the County clinics, mainly by the Regional Hospital Board, and the possibility of providing specialist staffing in audiology clinics was under consideration by the Board at the end of the year.

The arrangements continued to operate satisfactorily whereby advice was made available to the hospital authorities regarding the circumstances of expectant mothers recommended for hospital confinement on social grounds, and reports by the field workers were also made available, upon request, to hospital consultants of all kinds. No specific arrangements were in operation for the nursing of sick children at home, as the facilities already available through the home nursing service were considered adequate.

The services of the department were used and welcomed by the general medical practitioners, with whom relationships continued to be uniformly cordial and effective. Every encouragement was given to the district medical and nursing staff to form and maintain close co-operation with general medical practitioners in their areas. Many midwives attended general practitioner ante-natal clinics and health visitors were in attendance, wherever possible, at welfare clinics run by some general practitioners. At all times great care was taken not to disturb the family doctor-patient relationship.

### **Co-operation between Child Guidance and Child Welfare Clinic Staffs**

Advice to the medical and nursing staffs of child welfare clinics is always readily available from the child guidance teams. Regular contact between the staffs is much easier in the urban areas in which the clinics are situated but does present some difficulty in the case of, for example, a health visitor working in a rural area which is some distance from a child guidance clinic.

The child guidance teams have endeavoured to overcome this difficulty by arranging meetings with health visitors and medical officers at regular intervals to discuss problems of emotional development in young children and the advice to be given to mothers on the best way of meeting the situations as they arise.

# PART VIII—ENVIRONMENTAL HEALTH SERVICES

## Food and Drugs Act, 1955

### The Milk (Special Designation) Regulations, 1960.

On the 5th September, 1960, a copy of the Milk (Special Designation) Regulations, 1960, was received. The Regulations were laid before Parliament on 30th August, 1960, and consolidated the Milk (Special Designations) Regulations, 1949 to 1954.

The principal changes affecting County Councils are:—

- (a) dealers' licences (except for a few kinds to be issued by the Ministry of Agriculture Fisheries and Food) to be granted by Food and Drug Authorities ;
- (b) the introduction of a dealer's pre-packed licence ;
- (c) the extension of the validity of licences from one to five years ;
- (d) licence holders may now request payment for samples of milk ;
- (e) the sealing of containers (other than retail containers of tuberculin tested milk) is not now obligatory ;
- (f) officers breaking a seal for the purpose of sampling must reseal and attach a certificate of opening ; and
- (g) alterations in the testing of milk.

Part of the regulations came into force on 1st October, 1960, but the regulations concerning the licensing became effective from 1st January, 1961. Apart from producers', all licences are now granted by Food and Drug Authorities.

The transfer of licensing from Local Authorities to Food and Drug Authorities made the County Council responsible for granting licences to over 250 dealers throughout the County (excluding the Borough of Worthing which is a separate Food and Drug Authority and the Urban District of Crawley which has been granted delegated authority to act as a Food and Drug Authority).

Before granting a licence to use any special designation in the sale of milk it is necessary to ensure that there is compliance with the Milk and Dairies (General) Regulations, 1959. At present the authority responsible for the administration of the general regulations is the local authority which means that there is a possibility of overlapping of duties. It may be, that future legislation will make it the duty of the Food and Drug Authority to administer both sets of regulations.

As will be seen from the tables below, regular sampling and inspection has been carried out during 1960 and the results indicate that a high

standard of heat treatment has been maintained. The six unsatisfactory results were found to be due to staff changes in dairies where new employees were not fully conversant with the processing plants, and to defects in recording thermometers and valves in the machinery. Regular and frequent sampling revealed these imperfections which otherwise might have continued for some considerable time.

At the beginning of the year, there were in the County (excluding the Borough of Worthing) eight pasteurising establishments situated as follows:—

Chichester City	..	..	..	..	..	1
Horsham Rural District (Five Oaks)	..	..	..	..	..	1
Littlehampton Urban District	..	..	..	..	..	3
* Midhurst Rural District (Fernhurst)	..	..	..	..	..	1
Petworth Rural District (Wiseborough Green)	..	..	..	..	..	1
Southwick Urban District	..	..	..	..	..	1

\* During the year, the pasteuriser in Midhurst R.D. relinquished his licence.

The Borough of Worthing is a separate Food and Drug Authority and Crawley U.D.C. have delegated powers to act as a Food and Drugs Authority and as such are responsible for the licensing and supervision of pasteurising plants within the Borough and District boundaries.

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

The samples shown below were procured for bacteriological tests and examined at the public health laboratories at Brighton and Portsmouth:—

	<i>Pasteur- ised Milk</i>	<i>Tuberculin Tested Milk (Pasteur- ised)</i>	<i>Channel Island Milk (Pasteur- ised)</i>	<i>School Milk (Pasteur- ised)</i>	TOTALS
No. of samples taken	343	311	139	215	1,008
No. satisfactory ..	343	311	137	211	1,002
No. unsatisfactory ..	—	—	2	4	6

With regular examination of washed bottles at the dairies, it was found that a high standard was generally maintained in accordance with the provisional classification provided by the Public Health Laboratory service\*.

\* A one pint bottle giving a mean bacterial colony count of not more than 600 is satisfactory ; not more than 2,000 is fairly satisfactory, and over 2,000 is unsatisfactory.

Fortunately the dairymen are most anxious to maintain a high standard and are willing to co-operate in achieving satisfactory results but it would be worth while making the provisional classification a legal standard.

### *Bottle Rinses*

Number of bottles examined	..	..	..	..	575
Number of bottles satisfactory	..	..	..	..	539
Number of bottles fairly satisfactory	..	..	..	..	24
Number of bottles unsatisfactory	..	..	..	..	12

### *Water Sampling at Dairies*

Number of samples procured and examined	..	..	..	..	18
Satisfactory	..	..	..	..	16
Fairly satisfactory	..	..	..	..	2
Unsatisfactory	..	..	..	..	0

### **Inspection of Dairies**

The County Public Health Officer made 300 inspections of dairies during 1960.

### **Sampling of Milk in Specified Areas**

In addition to the routine samples mentioned above, a further 146 samples were procured in the County (which is designated as a "specified area" and in which the sale of milk is restricted to heat treated (pasteurised or sterilised) milk and tuberculin tested milk) by the Weights and Measures Inspectors on behalf of the County Health Department.

No infringement of the Act or Regulations was found, but one sample failed to satisfy the methylene blue test, and one the phosphatase test.

### **Biological Sampling of Milk**

During the year, 582 samples were procured for biological examination. Thirty-six of these samples were taken by the County Public Health Officer and the remainder by the Public Health Inspectors of the County Districts. Fifty-five of these samples were found to contain brucella organisms. Sixteen samples were void due to the premature death of the guinea pigs, etc.

It is interesting to note that no samples of milk were found to contain tubercle bacilli but this should not give cause for any relaxation in biological sampling. During the year a report was received that in another part of the country three cases of tuberculosis in school children had been traced to the consumption of tuberculin tested milk. The veterinary investigation which followed discovered 31 positive reactors in a herd of 128 cattle.

The incidence of brucellosis reported by the Public Health Laboratory Service shows that the average percentage of samples found to contain brucella organisms taken from laboratories in the country dealing with more than 100 samples, for 1959, was 4.6 per cent from a total of 11,051 samples examined. In the South-East, the average was 3.3 per cent from



3,892 samples but Brighton Laboratory showed 5.4 per cent from 996 samples and Portsmouth 6.8 per cent from 511 samples.

The figures for the County for 1960 mentioned below reveal that 55 out of 582 samples or 9.4 per cent contained brucella organisms. This high percentage should not be regarded as representative of the position in the county since the figures contain a number of repeat samples from herds already found positive and taken for the purpose of identifying infected animals. Fortunately, most of the milk is pasteurised and where positive results are obtained the local Medical Officers of Health ensure that when any infected milk is likely to be consumed without heat treatment, an alternative source is provided and the infected milk is directed for pasteurisation.

No cases of undulant fever in humans were reported for districts where positive results were found, probably due to the milk being pasteurised before consumption.

#### Sampling of Milk by Public Health Inspectors of District Councils

In addition to sampling milk for tuberculosis, local Public Health Inspectors take samples, in course of delivery, of heat treated and non-heat treated (tuberculin tested) milk.

Of the 797 samples taken, 41 proved unsatisfactory and 4 tests proved void. Of the 370 samples of tuberculin tested milk (not heat treated), 37 were unsatisfactory. Of the 427 samples of heat treated milk, 8 were unsatisfactory and 2 were void samples.

Clearly, heat treated milk is more likely to be safe than raw tuberculin tested milk.

#### Other Sampling

The following information, regarding samples procured during the year for examination under the Labelling of Food Order, 1953, the Food Standards Orders, 1944-1954 and the Public Health (Preservatives, Condensed and Dried Milk) Regulations, has been supplied by the Chief Inspector of Weights and Measures.

	<i>Milk</i>		<i>Other than Milk</i>	TOTAL
	<i>Channel Island</i>	<i>Other than Channel Island</i>		
Submitted to the County Analyst	2	21	356	379
Submitted to the Public Health Laboratories .. .. .	43	103	—	146
Examined Departmentally ..	516	917	—	1,433
	561	1,041	356	1,958

## Particulars of samples analysed by the County Analyst

	<i>Number Analysed</i>	<i>Satisfactory</i>	<i>Reported against</i>
1. Liquid Milk, Channel Island : ..	2	1	1
Other than Channel Island ..	21	2	19
2. Processed Milk, Cream and food made from milk .. .. .	61	57	4
3. Edible fats and oils .. .. .	6	6	—
4. Preserves .. .. .	7	6	1
5. Tinned, Bottled and Dried Articles	35	35	—
6. Alcoholic Beverages .. .. .	26	26	—
7. Non-Alcoholic Beverages .. .. .	38	38	—
8. Sugar and flour confectionery ..	43	43	—
9. Meat and fish products (not included in 5) .. .. .	15	15	—
10. Vinegar, pickles and sauces ..	13	12	1
11. Spices, flavourings and essences ..	48	48	—
12. Cereal products .. .. .	7	7	—
13. Medicines, drugs and surgical pre- parations .. .. .	19	17	2
14. Miscellaneous .. .. .	38	37	1
	379	350	29

This statement does not include the Borough of Worthing (which is a separate Food and Drugs Authority), but includes samples taken in Crawley.

## Housing

Housing Returns are now submitted by County Districts to the Ministry of Housing and Local Government each quarter so that the figures for each County District are omitted from this year's report.

Steady progress has been maintained in the provision of new houses, both by private enterprise and also by local authorities.

Up to June, 1960, figures obtained from the Ministry of Housing and Local Government's Return for England and Wales revealed that West Sussex had had more houses built since the war than any similarly populated County, *i.e.*, Counties with populations between 300,000 and 415,000. At that date, 45,996 new houses had been provided — just over half by local authorities. Apart from Crawley, most of the building has taken place in the coastal districts.

## Water and Sewerage

Schemes for the installation, extension and alteration of sewerage, sewage disposal, and water supplies are submitted by rural district councils and by the North-West Sussex Joint Water Board 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 of enabling the rural districts and the Board to participate in the County Council's scheme for grant aid. Under this scheme, the County Council pay 50 per cent of the aggregate net adjusted deficiency incurred by the rural district above a 2d. rate for water and 8d. in the pound for sewerage.

A special Sub-Committee of the County Health Committee deals with these matters and has power to submit its decisions direct to the Finance and General Purposes Committee of the County Council.

During 1960, seven meetings of this Sub-Committee were held and, in addition to dealing with the applications set out below, also gave consideration to many letters from the Ministry of Housing and Local Government relating to the amounts of grants made under the Rural Water Supplies and Sewerage Acts and to adjustments of grants with regard to District Councils in receipt of rate deficiency grants.

All the rural districts are receiving grant aid from the County Council for sewerage and sewage treatment, and all, (some through a Joint Water Board) except Chichester Rural and Worthing Rural Districts, are receiving grants towards water supplies.

The following applications were received and dealt with during the year:—

### Sewerage and Sewage Treatment

<i>District</i>	<i>Parish or Village</i>	<i>Works and Cost</i>
Chanctonbury R.D.C.	Storrington	Main drainage scheme. Estimated cost £193,000. Ministry grant of £1,400 a year for 30 years. County Council grant of £5,661 for the 30 year period. Ministry grant subsequently increased to £1,720 a year for the 30 year period which reduced the County Council's contribution to £5,611 a year for 30 years.
	<i>Comprehensive Scheme</i>	<i>Adjusted Cost of Scheme £</i>
Chanctonbury R.D.C.	Small Dole	45,000
	Washington and Ashington	151,500
	W. Chiltington, Nutbourne and Thakeham	270,200
	Shermanbury	48,950
	Blackstone	10,130
	Wineham	17,540
	Amberley	69,900
	Coldwaltham	69,100

<i>District</i>	<i>Parish or Village</i>	<i>Works and Cost</i>
		The comprehensive scheme to be spread over a period of 6 years at a total estimated cost of £682,320. The original estimate was £731,970 but was reduced by nearly £50,000 by the omission of some lengths of sewer. The actual amount of County Council grant is dependent upon the progress of the scheme and contributions from the Ministry.
Chichester R.D.C.	Bosham	Extension and alteration of effluent pipe from sewage disposal works. Estimated cost £100. County Council contribution £50.
Chichester R.D.C.	Chidham	Scheme of sewerage. Estimated cost £47,670. County Council contribution £1,725 a year for 30 years.
Chichester R.D.C.	Earnley	Extension of sewer in Clappers Lane at a total cost of £880. County Council contribution £84.
Chichester R.D.C.	Maudlin	Work in connection with extension of site of sewage disposal works. Estimated cost £121. Matter deferred until major works are commenced.
Chichester R.D.C.	North Mundham	Sewage disposal works improvements. Support given to the R.D.C. in further application to the Ministry for an increased grant.
Chichester R.D.C.	Nutbourne	Extension of sewer. Estimated cost £670. County Council contribution £112.
Chichester R.D.C.	Pagham (Nyetimber)	Extension of sewers and provision of pumping station. First stage of comprehensive sewerage scheme. Estimated cost £8,620. County Council contribution £456 a year for 30 years.
Chichester R.D.C.	Selsey	Improvements to sewage treatment works. Estimated cost £1,172. County Council contribution £211 in 1960/61 and £75 a year from 1961/62 to 1965/66 inclusive.
Chichester R.D.C.	Selsey	Extension of sewer. Estimated cost £860. County Council contribution £220.
Chichester R.D.C.	Yapton	Improvements to sewage treatment works. Estimated cost between £275 and £300. County Council contribution between £138 and £150.
Horsham R.D.C.	Cowfold	Improvements to sewage treatment works. Estimated cost £5,580. County Council contribution £237 a year for 30 years.
Horsham R.D.C.	Rusper	Alterations to prevent flooding of road at Ifield. Estimated total cost £510. Matter referred to Roads and Bridges Committee.
Horsham R.D.C.	Partridge Green, Littleworth and Jolesfield	Extension of previous scheme. Estimated cost £47,000. County Council contribution £1,748 a year for 30 years.

<i>District</i>	<i>Parish or Village</i>	<i>Works and Cost</i>
Horsham R.D.C.	Horsham Rural	Proposed extension of sewers in Pondtail Road. Estimated cost £1,310. Scheme to be included in area scheme and to rank for grant.
Horsham R.D.C.	Southwater	Extension of sewer. Estimated cost £1,850. Additional to main scheme. County Council contribution increased by £55 a year for 30 years.
Horsham R.D.C.	Southwater	Improvements to water-course in order to eliminate flooding from the effluent of the sewage treatment works. Estimated cost £500. County Council contribution £16 a year for 30 years. Additional to existing grant.
Horsham R.D.C.	Tower Hill and Christs Hospital	Revised scheme for main drainage. Estimated cost £32,450. County Council contribution £1,091 a year for the first 15 years and £1,022 a year for the second 15 years.
Midhurst R.D.C.	Linchmere	Extension of sewers. Total estimated costs in respect of Extension (1) £298 ; Extension (2) £588. The County Council contribution in respect of (1) £79 and (2) £169.
Worthing R.D.C.	Angmering-on-Sea	Additions to sewerage system connecting to sea outfall. Estimated cost £700. County Council contribution £350.

### Water Supplies

<i>District</i>	<i>Parish or Village</i>	<i>Works and Cost</i>
Chichester R.D.C.	Chidham	Link water main. Estimated capital cost £740. Scheme approved. No grant payable due to Rural District Council's deficiency on water account being less than the product of a 2d. rate.
Midhurst R.D.C.	Graffham and Heyshott	Water main extension. Estimated cost £19,200. County Council grant £772 a year for 30 years.
Midhurst R.D.C.	Milland	Water main extension. Estimated cost £344. County Council contribution £112. 10s. 0d.
Petworth R.D.C.	Loxwood Petworth	{ Extension of water mains. Provision of new pump at Haslingbourne Pumping Station. Estimated cost £3,280. Scheme approved for grant purposes to operate from year 1961/62.
North-West Sussex Water Board	Southern Area Water Supply Scheme	Matter deferred.
North-West Sussex Water Board	Loxwood	Extension of water main. Estimated cost £750. Scheme approved but the question of grant deferred.

## Flooding

Due to abnormally heavy rainfall following a wet summer, some districts in the County experienced considerable flooding and overloading of sewers and ditches during the last two months of the year. The County District Authorities, the West Sussex River Board and the County Surveyor's Department did excellent work in coping with the situation. In addition, the County Council had an emergency scheme to deal with any serious cases of flooding. Provision was made for increased chlorination of public and private water supplies. An isolated case of paratyphoid was reported in a boy who had fallen into a flooded ditch but sewer swabs taken in the village proved negative for paratyphoid and typhoid organisms.

## Water Supplies in Rural Districts of West Sussex

The position regarding water supplies in the rural districts of the County can be seen from the following table, and shows that only 1.49 per cent of the houses in the rural districts of the County are without a piped water supply from mains. Several of the houses included as not having a piped supply, have a piped supply to the taps over sinks from their own well.

<i>Rural District</i>	<i>No. of Houses in area</i>	<i>Number of Houses supplied by</i>			<i>Houses without Piped Supply</i>	<i>Houses without Piped Supply which cannot be supplied at reasonable cost</i>
		<i>Public main</i>	<i>Stand pipe</i>	<i>Private main</i>		
Chanctonbury	7,852	7,583	—	63	206	189
Chichester ..	16,517	15,931	102	238	246	154
Horsham ..	6,900	6,215 †	—	86	87*	87
Midhurst ..	5,787	4,785	—	884	118	118
Petworth ..	3,397	3,279	2	36	80	58
Worthing ..	14,122	14,022	—	—	79	21
TOTALS ..	54,575	51,815	104	1,307	816	627

\* Low figure due to one meter supplying several properties.

† Includes some houses which have a piped supply from their own wells.

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

Total number of samples (bacteriological)	660
Number procured from:—	
Pumping Stations	390
Satisfactory	389
Fairly Satisfactory	1
Unsatisfactory	—
Distribution Points	180
Satisfactory	178
Unsatisfactory	2
Booster Stations	90
Satisfactory	89
Fairly Satisfactory	1
New Mains before Public use	4
Satisfactory	1
Unsatisfactory	3

### Other Water Sampling

Four samples of water were procured from homes and institutions in the County — all proved satisfactory.

### Swimming Baths

The table below shows the number of samples procured from covered swimming baths and uncovered baths (including teaching baths and pools). All water used is chlorinated. 7 samples when examined bacteriologically did not prove entirely satisfactory, but subsequent samples did so. These failures emphasise the necessity for frequent sampling and adequate chlorination and filtration of all swimming bath water.

<i>District</i>	<i>Number of swimming baths</i>		<i>Number of samples procured during year</i>	
	<i>Covered</i>	<i>Uncovered</i>	<i>Covered</i>	<i>Uncovered</i>
Arundel M.B. .. ..	—	3	—	—
Bognor U.D. .. ..	1	1	28	—
Chancetonbury R.D. ..	—	—	—	—
Chichester R.D. .. ..	1	14	—	—
Chichester City .. ..	—	—	—	—
Crawley U.D. .. ..	—	4	—	13
Horsham R.D. .. ..	2	4	10	—
Horsham U.D. .. ..	—	1	—	33
Littlehampton U.D. ..	—	1	—	6
Midhurst R.D. .. ..	—	11	—	—
Petworth R.D. .. ..	—	2	—	—
Shoreham-by-Sea U.D.	—	1	—	1
Southwick U.D. .. ..	—	—	—	—
Worthing M.B. .. ..	2	1	16	8
Worthing R.D. .. ..	—	2	—	1
<b>TOTALS .. ..</b>	<b>6</b>	<b>45</b>	<b>54</b>	<b>62</b>

## Statistical Tables

### TABLE I — BIRTH RATE

Number of Births and Birth Rates for the years 1951–1960 for Urban and Rural Districts, Administrative County, and England and Wales.

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
<b>URBAN DISTRICTS</b>										
No. of Births ..	1,986	2,068	1,970	2,101	2,036	2,800	3,300	3,555	3,520	3,638
Birth Rate ..	11.73	12.27	11.62	12.27	11.69	13.34	15.03	15.43	14.90	15.07
<b>RURAL DISTRICTS</b>										
No. of Births ..	2,082	2,109	2,301	2,580	2,645	2,221	1,987	1,986	2,136	2,164
Birth Rate ..	14.01	13.96	14.58	15.43	15.24	14.93	12.84	13.06	13.89	13.88
<b>ADMIN. COUNTY</b>										
No. of Births ..	4,068	4,177	4,271	4,681	4,681	5,021	5,287	5,541	5,656	5,802
Birth Rate ..	12.80	13.07	13.05	13.83	13.46	14.00	14.28	14.49	14.50	14.61
<b>ENGLAND AND WALES</b>										
Birth Rate ..	15.5	15.3	15.5	15.2	15.0	15.7	16.1	16.4	16.5	17.1

### TABLE II — DEATH RATE

Number of Deaths and Death Rate for the years 1951–1960 for Urban and Rural Districts, Administrative County, and England and Wales.

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
<b>URBAN DISTRICTS</b>										
No. of Deaths ..	2,763	2,514	2,651	2,655	2,689	3,088	2,937	3,276	3,436	3,528
Death Rate ..	16.32	14.92	15.64	15.50	15.44	14.71	13.37	14.22	14.55	14.61
<b>RURAL DISTRICTS</b>										
No. of Deaths ..	1,891	1,790	1,868	1,951	2,007	2,050	1,820	1,991	2,101	2,151
Death Rate ..	12.72	11.84	11.83	11.66	11.56	13.78	12.08	13.09	13.66	13.80
<b>ADMIN. COUNTY</b>										
No. of Deaths ..	4,654	4,304	4,519	4,606	4,696	5,138	4,757	5,267	5,537	5,679
Death Rate ..	14.64	13.07	13.81	13.60	13.50	14.32	12.85	13.77	14.20	14.29
<b>ENGLAND AND WALES</b>										
Death Rate ..	12.5	11.3	11.4	11.3	11.7	11.7	11.5	11.7	11.6	11.5



TABLE III

## Causes of Death at Different Periods of Life

CAUSES OF DEATH	All Ages	Under 1 year	1-4	5-14	15-44	45-64	65 and up
1. Tuberculosis, respiratory ..	26	—	—	—	2	11	13
2. Tuberculosis, other ..	4	—	—	—	2	—	2
3. Syphilitic diseases ..	7	—	—	—	—	3	4
4. Diphtheria ..	—	—	—	—	—	—	—
5. Whooping Cough ..	—	—	—	—	—	—	—
6. Meningococcal infections ..	—	—	—	—	—	—	—
7. Acute poliomyelitis ..	—	—	—	—	—	—	—
8. Measles ..	1	—	1	—	—	—	—
9. Other infective and parasitic diseases ..	8	—	—	1	1	2	4
10. Malignant neoplasm, sto- mach ..	121	—	—	—	—	27	94
11. Malignant neoplasm, lung, bronchus ..	189	—	—	—	1	80	108
12. Malignant neoplasm, breast ..	109	—	—	—	6	45	58
13. Malignant neoplasm, uterus ..	44	—	—	—	6	20	18
14. Other malignant and lym- phatic neoplasms ..	500	1	1	4	23	125	346
15. Leukaemia, aleukaemia ..	35	—	1	3	5	11	15
16. Diabetes ..	32	—	1	—	1	5	25
17. Vascular Lesions of nervous system ..	910	—	—	—	4	98	808
18. Coronary disease, angina ..	1,006	—	—	—	7	197	802
19. Hypertension with heart disease ..	93	—	—	—	—	9	84
20. Other heart disease ..	958	—	—	1	14	55	888
21. Other circulatory disease ..	226	—	—	—	3	27	196
22. Influenza ..	9	—	—	—	—	2	7
23. Pneumonia ..	350	12	4	2	3	27	302
24. Bronchitis ..	181	1	—	1	2	38	139
25. Other diseases of respiratory system ..	62	1	1	1	1	11	47
26. Ulcer of stomach and duo- denum ..	45	—	—	—	2	8	35
27. Gastritis, enteritis and diar- rhoea ..	29	5	1	—	4	3	16
28. Nephritis and nephrosis ..	34	—	—	—	4	12	18
29. Hyperplasia of prostate ..	36	—	—	—	—	2	34
30. Pregnancy, child birth, abortion ..	1	—	—	—	1	—	—
31. Congenital malformations ..	36	20	3	—	4	5	4
32. Other defined and ill-defined diseases ..	413	76	1	4	17	56	259
33. Motor vehicle accidents ..	51	—	—	—	17	11	23
34. All other accidents ..	95	2	1	1	12	6	73
35. Suicide ..	68	—	—	—	7	33	28
36. Homicide and operation of war ..	—	—	—	—	—	—	—
ALL CAUSES ..	5,679	118	15	18	149	929	4,450

**TABLE IV**  
Chief Vital Statistics for each County District in West Sussex

	Estimated Population middle of 1960	No. of Births	Birth Rate	No. of Illegitimate Births	No. of Deaths	Death Rates		Deaths under one year	Infant Mortality Rate per 1,000 Births	Respiratory Tuberculosis		Cancer Death Rate
						Crude	Standardised			No. of Deaths	Death Rate	
<b>URBAN DISTRICTS</b>												
Arundel (M.B.) ..	2,680	32	11.9	2	52	19.5	14.0	—	—	—	—	3.0
Bognor Regis ..	26,920	354	13.1	19	519	19.3	13.9	12	33.9	3	0.11	3.5
Chichester (M.B.) ..	19,030	257	13.5	12	302	15.8	10.3	8	31.1	—	—	2.0
Crawley ..	52,150	1,248	23.9	14	267	5.1	11.0	25	20.0	—	—	0.9
Horsham ..	19,950	307	15.4	7	220	11.0	10.1	6	19.5	1	0.05	2.2
Littlehampton ..	15,630	246	15.7	17	209	13.4	12.3	4	16.2	1	0.06	1.9
Shoreham-by-Sea ..	16,190	266	16.4	11	179	11.0	11.1	4	15.0	2	0.06	2.7
Southwick ..	11,740	153	13.0	6	140	11.9	10.0	2	13.1	—	—	2.0
Worthing (M.B.) ..	77,140	775	10.0	34	1,640	21.3	9.1	16	20.6	6	0.08	3.5
<b>TOTAL URBAN DISTRICTS</b> ..	241,430	3,638	15.1	122	3,528	14.6	12.1	77	21.2	13	0.05	2.5
<b>RURAL DISTRICTS</b>												
Chancetisbury ..	22,270	337	15.2	15	315	14.2	11.6	8	23.7	1	0.05	2.6
Chichester ..	48,680	715	14.7	35	531	10.9	11.6	15	21.0	5	0.10	1.8
Horsham ..	22,610	333	14.8	16	241	10.7	10.1	5	15.0	1	0.04	2.0
Midhurst ..	17,150	229	13.4	14	286	16.8	10.6	5	21.8	2	0.01	2.5
Petworth ..	9,770	135	13.8	8	109	11.2	8.6	1	7.4	—	—	2.0
Worthing ..	35,330	415	11.7	20	669	19.0	13.9	7	16.9	4	0.01	3.1
<b>TOTAL RURAL DISTRICTS</b> ..	155,810	2,164	13.9	108	2,151	13.8	11.7	41	18.5	13	0.08	2.3
<b>ADMINISTRATIVE COUNTY</b> ..	397,240	5,802	14.6	230	5,679	14.3	12.2	118	20.3	26	0.07	2.4

**TABLE V**

Rates of Infant Mortality — 1950–1960

<i>Year</i>	<i>Infant Mortality Rate</i>	<i>Stillbirth Rate</i>	<i>Neonatal Death Rate</i>
1950 ..	26	19.4	15.7
1951 ..	25	23.3	17.0
1952 ..	18	20.8	12.4
1953 ..	22	22.7	15.7
1954 ..	24	22.1	18.8
1955 ..	21	21.3	16.4
1956 ..	24	20.5	16.9
1957 ..	19.5	24.0	14.6
1958 ..	18.0	18.8	13.4
1959 ..	16.8	20.9	11.3
1960 ..	20.3	13.7	15.2

TABLE VI  
Deaths of Infants under One year of Age

AETIOLOGICAL GROUP	CAUSE OF DEATH (and International Classification number)	AGE AT DEATH						TOTAL UNDER 1 YEAR
		Under 1 day	1 day and under 1 week	1 week and under 1 month	1 month and under 3 months	3 months and under 6 months	6 months and under 1 year	
ALL CAUSES	All Causes .. .. .	44	25	10	11	6	6	102
PRENATAL AND NATAL GROUP (including congenital malformations)	Congenital malformations (750-759) .. .. .	8	6	3	2	4	1	24
	Total causes mainly of prenatal and natal origin other than congenital malformations .. .. .	1	1	—	1	—	—	3
	Immaturity alone, or primary to diseases other than of early infancy (774, 776) .. .. .	21	10	1	—	—	—	32
	Attributed to maternal toxæmia (769) .. .. .	4	1	—	—	—	—	5
	Ill defined diseases of early infancy (773) .. .. .	—	—	1	—	—	—	1
	Postnatal asphyxia and atelectasis (762) .. .. .	5	2	1	—	—	—	8
	Intracranial and spinal injury at birth (760) .. .. .	3	3	1	—	—	—	7
	Other birth injury (761) .. .. .	—	—	—	—	—	—	—
	Erythroblastosis (770) .. .. .	1	1	1	—	—	1	4
	Haemorrhagic disease of newborn (771) .. .. .	—	—	—	—	—	—	—
POST NATAL GROUP	Total causes mainly of postnatal origin .. .. .	1	1	2	8	2	4	18
	Gastro-enteritis (including diarrhoea of newborn) (571, 764) .. .. .	—	—	—	2	—	2	4
	Pneumonia and bronchitis (490-493, 763, 500-502) .. .. .	—	1	1	4	1	1	8
	Other diseases of respiratory system (470-475, 510-527) .. .. .	—	—	—	—	—	—	—
	Causes classified as infective (001-138) : others mainly infective in origin (340, 391-393, 480-483, 765-768) .. .. .	—	—	—	—	—	—	—
	Measles (085) .. .. .	—	—	—	—	—	—	—
	Influenza (480-483) .. .. .	—	—	—	1	—	—	1
	Otitis media and mastoiditis (391-393) .. .. .	—	—	—	—	—	—	—
	Septicaemia, sepsis of newborn (053, 765-768) .. .. .	—	—	—	—	—	—	—
	Tuberculosis, other than tuberculous meningitis (001-008, 011-019) .. .. .	—	—	—	—	—	—	—
	Meningococcal infections and non-meningococcal meningitis (057, 340) .. .. .	1	—	1	—	—	—	2
	Causes classified as infective not mentioned above (remainder 001-138) .. .. .	—	—	—	—	—	—	—
	Accidental mechanical suffocation from vomit, food, foreign body, or in cot (E921-E925) .. .. .	—	—	—	1	1	—	2
Lack of care, neglect (including foundlings), infanticide (E926, E980-E985) .. .. .	—	—	—	—	—	—	—	
Other violent causes (remainder E800-E999) .. .. .	—	—	—	—	—	—	—	
UNCLASSIFIED	Other remaining causes .. .. .	—	—	—	—	—	1	1

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TABLE

Deaths of Infants under

Cause of Death	Year 1954				All Causes
	1954	1953	1952	1951	
<p>           ALL CAUSES            1,444         </p>	1,444	1,380	1,310	1,240	1,444
<p>           CONGENITAL MALFORMATIONS (750-759)            Total causes (number of foetuses and total weight other than congenital malformations)            1,174         </p>	1,174	1,100	1,050	1,000	1,174
<p>           PRENATAL AND PERINATAL CAUSES (760-769)            270         </p>	270	260	250	240	270
<p>           POST-NATAL CAUSES (770-779)            274         </p>	274	260	250	240	274
<p>           OTHER CAUSES (780-789)            1,170         </p>	1,170	1,100	1,050	1,000	1,170

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