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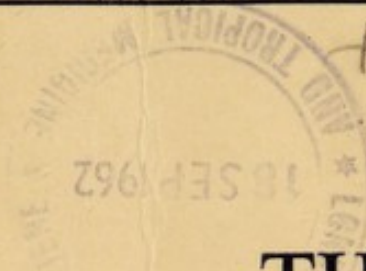
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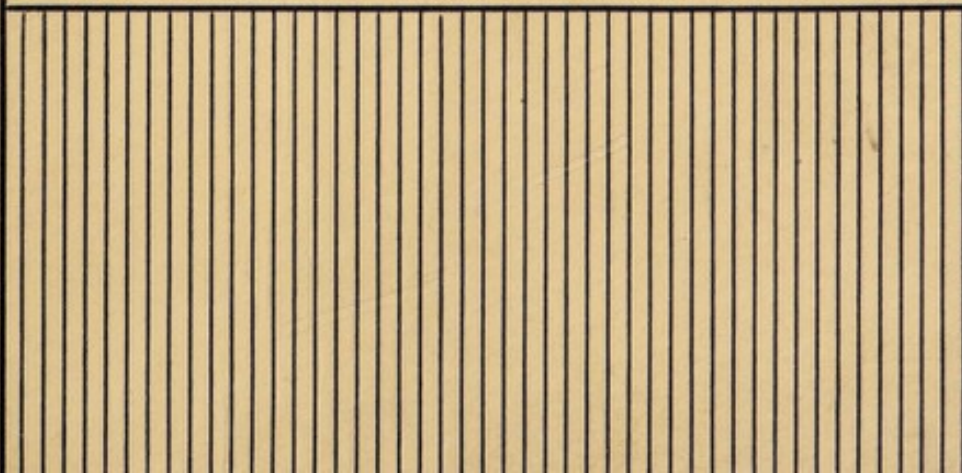


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THE  
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. . . the climate of opinion is favourable to prevention. Those who have to organise it must miss the contact with patients which is one of the rewards of medical work. They have to spend their time with Councils and Ministries, receiving circulars and writing reports. Yet it must be some reward to know that the whole community is in their charge. The clinician is fortunate in saving occasional lives, but the Public Health Services preserve the lives and may in time preserve the sanity of millions.

*"Organizers of Health" by Lord Adrian, O.M., M.A., M.D., F.R.C.P., F.R.S. Delivered at the Centenary Celebrations of the Society of Medical Officers of Health in the Great Hall, B.M.A. House, Tavistock Square, W.C.1, on Wednesday, 16th May, 1956.*

Telephone: Chichester 3001.

COUNTY HALL,  
CHICHESTER.

7th May, 1962.

*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 and at the request of the Ministry of Education, I have much pleasure in presenting my Annual Reports on the Health of the County and of the School Child for the year 1961.

These Reports give a full account of the personal and environmental health services made available for young and old alike and they also describe the steps being taken to preserve and improve the health of school children in West Sussex. In previous years, they have been prepared as separate documents but, since they set out to record activities and developments in complementary fields of preventive medicine, they have for the first time been prepared as one Report. I hope that in its new form *The Health of West Sussex* will commend itself to members of the Council and to all who are interested in the promotion of health and better social conditions.

### **Statistics**

In these days of radio telescopes, electronic computers and journeys into space, there is a growing tendency to think that only the measurable has significance. Although some of the work of the department's 700 employees is reflected in the statistics and statements which follow, a great deal of what has been achieved cannot be documented. Nor is it possible in the fields of preventive medicine and community care to present anything in the shape of an annual profit and loss account. This much can however be said; in the financial year 1960/61, the total net expenditure in the County on local health services amounted to £1,087 a 1,000 population compared with a corresponding figure for all English counties of £1,392. Some impressions of what the ratepayers gained in return for this outlay will be obtained from these pages.

Judged by such statistics as are available, the general level of health throughout the County remained good despite the prevalence of influenza, bronchitis and winter ailments during the first two months of the year.

In accordance with the trend of recent years, there was a further increase (due to migration) in the population of the County; the Report contains an account of the provisional results of the census taken on 23rd April, 1961.

The birth rate remained well below and the death rate slightly above the rates for the country as a whole. Following the sharp decrease in 1960, the stillbirth rate rose from 13.7 to 16.0 a 1,000 total births. There were further falls in the rates for infant, neonatal and perinatal mortality and, as in 1960, there was only one death attributable to maternal causes.

### **Family Doctors and Health Visitors**

Among other important changes which took place during the year was the development of the scheme whereby health visitors are attached to the practices of family doctors. The idea that the preventive and curative services should be working in closer harmony is not new, but only comparatively recently have practical steps been taken to encourage family doctors to make proper use of local health staffs and services.

The basic premise is that good-quality medical care depends on a thorough integration into *his* practice, *by the family doctor*, of the many health services provided by the local health authority—the County Council. The health visitor, who is a nurse–midwife–social worker–health educator, is the essential link and both the doctors and health visitors who have had some experience of the scheme are enthusiastic about its results and future possibilities.

Sir James Spence<sup>(1)</sup> said of the family doctors' use of the health visitor:

“the more she is used directly by the family doctor the more effective will be their joint efforts. She can not only help the doctor but also enhance his responsibility and his authority. He will gain a useful ally and she will regain point and purpose in her work.... We hope to see the slow merging of the work of health visitors with that of family practice.”

During the year, a Joint Working Party of the College of General Practitioners and the Royal College of Nursing<sup>(2)</sup> reported:

“The concept of general practice as well as the concept of health visiting is changing. It is becoming increasingly clear that there is no line of demarcation between preventive and curative medicine and that in the future health visitors must work more and more closely with family doctors.”

The new arrangements were given a thorough trial in Crawley during 1961 and, depending on the availability of staff and the wishes of the family doctors, they will be extended to other parts of the County over the next few years.

### **Scheme of Delegation**

Throughout the Report, statistics relate to the whole County, including the Borough of Worthing which is an excepted district for the purposes of the Education Act 1944.

On 1st April, by a scheme of delegation made under the Local Government Act, 1958 the Borough of Worthing received increased

(1) Spence, Sir James C. “The Purpose and Practice of Medicine”. 1961.

(2) Published in the Journal of the College of General Practitioners (1961) 4,303.

powers to discharge certain duties under the National Health Service, Mental Health, National Assistance, and other related Acts. I am grateful to Dr. G. H. Pringle, Medical Officer of Health of Worthing, for the smooth and efficient manner in which the changes were made.

### **Vaccination and Immunisation**

The *poliomyelitis* vaccination scheme staggered uncertainly from month to month and only the most prodigious efforts by the health authorities saved it from ending in chaos. Announced before adequate supplies of vaccine had been assured, and periodically bedevilled by unexpected newspaper announcements of extensions of eligible categories, the campaign fizzled out towards the end of 1961 when it became clear to the vaccine manufacturers that oral vaccine would be the next 'all change'.

There was a modest improvement in the number of children protected against *diphtheria* but, despite sporadic outbreaks of *smallpox* in various parts of the country, the acceptance rate for infant smallpox vaccination fell to 45.6 per cent from 52.2 per cent in the previous year. With the appointment of additional medical staff, further progress was made with the vaccination of school children against *tuberculosis*.

### **County Ambulance Service**

Towards the end of the year, the Council gave instructions for preparations to be made for the provision of a directly-administered ambulance and hospital car service from 1st April, 1963. Part V of the Report contains an account of the various factors considered in reaching this decision and sets out the Proposals submitted to the Minister of Health under which it is intended that the modified service will be operated.

In all probability, the Council will have assumed direct responsibility for the ambulance service by the time the next Report is published and I therefore take this opportunity of paying tribute publicly to the splendid work done on behalf of the Council by the St. John Ambulance Brigade and the British Red Cross Society over the past fourteen years. These organisations have undertaken the conveyance of the sick in accordance with the best traditions of voluntary service and for this the people of West Sussex owe them a heavy debt of gratitude. In thanking them for all they have accomplished in the past, I look forward to ever-increasing co-operation with them in the future, for the next phase is being so planned as to give every facility and encouragement to members of the voluntary organisations to play a really useful part in the success and economy of the County Ambulance Service.

### **Committees and Staff**

At the beginning of the year the Sub-Committee dealing with rural water supplies and sewerage was re-named the Public Health Sub-Committee with the terms of reference set out on page 69.



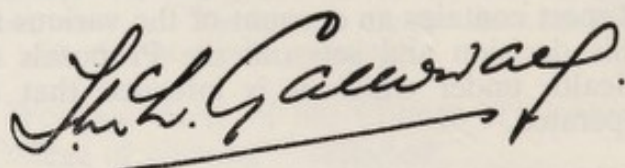
Mr. G. T. Nixey was succeeded by Dr. Ivan Clout as Chairman of the Mental Health Sub-Committee and Mr. D. Bryce, O.B.E., K.St.J., who had been Chairman of the Ambulance Sub-Committee since its inception, resigned from the Sub-Committee and was succeeded as Chairman by Mr. E. G. Harvey, Chairman of the County Health Committee.

There were a number of important staff changes during the year. The untimely death of Mr. Idwal Enos deprived the department of an able Chief Dental Officer and valued colleague. Mr. S. C. Wellington, Chief Clerk, retired after 49 years of local government service, 32 of them with the department. Our good wishes and thanks go with him for his conscientious and successful work.

### **Acknowledgments**

To all who have contributed in any way to the work of the department I give my thanks; to colleagues in other departments and authorities, to voluntary helpers and organisations, to the staffs of the schools and to the Press. I am most grateful to the staff of the County Health Department for their hard work throughout the year and for sharing with me the spirit of discontent which so often provides the motive force culminating in progress in the field of preventive medicine.

I am also particularly indebted to the Chairmen and Members of the County Health and Education Committees for all their encouragement and support and for their patience in dealing with the growing volume of business presented to them for their determination.

A handwritten signature in cursive script, reading "J. L. Galloway". The signature is written in dark ink and is positioned above a horizontal line.

*County Medical Officer of Health and  
Principal School Medical Officer*

# PART I—GENERAL AND STATISTICAL

## Vital Statistics

At the request of the Ministry of Health certain vital statistics relating to mothers and infants are given below; those for 1960 are also given for comparative purposes. Most of these statistics are commented upon in detail elsewhere in the Report.

	1960	1961
<i>Live Births</i>		
Number ... ..	5,802	5,947
Rate a 1,000 population ... ..	14.6	14.6
<i>Illegitimate Live Births</i> (per cent of total live births) ...	4.0	5.0
<i>Stillbirths</i>		
Number ... ..	84	97
Rate a 1,000 total live and still births ... ..	13.7	16.0
<i>Total Live and Still Births</i> ... ..	5,886	6,044
<i>Infant Deaths</i> (deaths under one year) ... ..	118	107
<i>Infant Mortality Rates</i>		
Total infant deaths a 1,000 total live births ...	20.3	18.0
Legitimate infant deaths a 1,000 legitimate live births ... ..	19.9	17.8
Illegitimate infant deaths a 1,000 illegitimate live births ... ..	30.4	30.0
<i>Neonatal Mortality Rate</i> (Deaths under four weeks a 1,000 total live births) ...	15.2	13.3
<i>Early Neonatal Mortality Rate</i> (Deaths under one week a 1,000 total live births) ...	12.9	10.9
<i>Perinatal Mortality Rate</i> (Stillbirths and deaths under one week combined a 1,000 total live and still births) ... ..	27.0	26.8
<i>Maternal Mortality</i> (including abortion)		
Number of deaths ... ..	1	1
Rate a 1,000 total live and still births ... ..	0.2	0.2

The table on page 10 gives details of the population and the main vital statistics for each county district. The table on page 16 gives details of the causes of death in various age groups.

## Area and Population

There were no boundary changes during the year and the area of the County therefore remained at 405,287 acres or about 630 square miles.

The Registrar General's estimate of the mid-year population of the County was 410,930, an increase of 13,690, compared with increases of

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

	Estimated Population middle of 1961	No. of Births	Birth Rates		No. of Illegitimate Births	No. of Deaths	Death Rates		Deaths under one year	Infant Mortality Rate a 1,000 Births	Respiratory Tuberculosis		Cancer Death Rate
			Crude	Standardised			Crude	Standardised			No. of Deaths	Death Rate	
<b>URBAN DISTRICTS</b>													
Arundel (M.B.) ...	2,630	37	14.1	16.0	3	26	9.9	7.2	—	—	—	—	3.0
Bognor Regis ...	27,200	329	12.1	14.5	21	479	17.6	12.7	4	12.2	3	0.1	3.6
Chichester (M.B.) ...	19,480	274	14.1	14.9	14	334	17.1	10.4	4	14.6	1	0.05	2.8
Crawley ...	53,860	1,277	23.7	16.4	34	285	5.3	11.6	24	18.8	1	0.02	1.2
Horsham ...	21,320	346	16.2	15.9	15	251	9.7	9.4	11	31.8	2	0.09	1.7
Littlehampton ...	15,640	273	17.5	17.5	20	220	14.1	13.1	7	25.6	1	0.06	2.6
Shoreham-by-Sea ...	17,240	228	13.2	12.7	8	194	11.3	11.8	3	13.2	—	—	2.0
Southwick ...	11,870	156	13.1	14.1	9	171	14.4	12.8	2	12.8	1	0.08	2.9
Worthing (M.B.) ...	79,550	783	9.8	10.9	48	1,751	22.0	14.3	14	17.9	1	0.01	3.5
<b>TOTAL URBAN DISTRICTS ...</b>	<b>248,790</b>	<b>3,703</b>	<b>14.9</b>	<b>14.4</b>	<b>172</b>	<b>3,711</b>	<b>14.9</b>	<b>12.8</b>	<b>69</b>	<b>18.6</b>	<b>10</b>	<b>0.04</b>	<b>2.6</b>
<b>RURAL DISTRICTS</b>													
Chancetonbury ...	22,810	375	16.4	18.7	30	307	13.5	11.2	5	13.3	—	—	2.6
Chichester ...	50,110	727	14.5	15.2	45	576	11.5	12.2	13	17.9	1	0.02	2.2
Horsham ...	24,040	343	14.3	14.5	12	241	10.0	10.1	4	11.7	2	0.08	2.0
Midhurst ...	17,520	227	13.0	14.0	15	249	14.2	9.1	5	22.0	2	0.1	2.4
Petworth ...	9,690	135	13.9	15.9	5	125	12.9	10.1	1	7.4	—	—	3.1
Worthing ...	37,970	437	11.5	12.1	21	766	20.2	15.7	10	22.9	2	0.02	3.2
<b>TOTAL RURAL DISTRICTS ...</b>	<b>162,140</b>	<b>2,244</b>	<b>13.8</b>	<b>14.8</b>	<b>128</b>	<b>2,264</b>	<b>14.0</b>	<b>12.3</b>	<b>38</b>	<b>16.9</b>	<b>7</b>	<b>0.04</b>	<b>2.5</b>
<b>ADMINISTRATIVE COUNTY ...</b>	<b>410,930</b>	<b>5,947</b>	<b>14.5</b>	<b>14.6</b>	<b>300</b>	<b>5,975</b>	<b>14.5</b>	<b>12.6</b>	<b>107</b>	<b>18.0</b>	<b>17</b>	<b>0.04</b>	<b>2.6</b>

7,240 in 1960 and 7,500 in 1959. There was no natural increase in the population, for there were 28 more deaths than births and the growth in the population was therefore entirely due to migration.

### The Census

The sixteenth census of the population of England and Wales, which was taken on 23rd April, 1961, gave the population of the County as 411,244. This was an increase of 88,432 (27.4 per cent) over the population recorded at the census of 1951, which was itself 99,797 (44.8 per cent) more than at the preceding census of 1931. The percentage annual increase in the population (1951-61) was 2.4 which was greater than that of any other County in England and Wales, except Hertfordshire.

The following table gives particulars of the population in the County and district council areas as recorded at each census since 1921.

Administrative Area	Population						
	1921	1931		1951		1961	
		Persons	Increase Per cent	Persons	Increase Per cent	Persons	Increase Per cent
<b>M.B. and U.D.</b>	<b>104,418</b>	<b>120,728</b>	<b>15.6</b>	<b>181,775</b>	<b>41.9</b>	<b>250,872</b>	<b>38.0</b>
Arundel M.B.	2,742	2,490	-9.2	2,680	7.6	2,614	-2.5
Bognor Regis	15,584	17,859	14.6	25,647	43.6	28,144	9.7
Chichester M.B.	13,287	14,902	12.2	19,127	28.4	20,118	5.2
*Crawley ...	—†	—†	—	10,481	—	53,786	413.2
Horsham ...	12,106	13,580	12.2	16,682	22.8	21,155	26.8
Littlehampton	11,412	10,435	-8.6	13,939	33.6	15,647	12.3
Shoreham-by-Sea ...	7,300	8,772	20.2	13,057	48.8	17,391	33.2
Southwick ...	4,847	6,138	26.6	10,731	74.8	11,874	10.7
Worthing M.B.	37,140	46,552	25.3	69,431	49.1	80,143	15.4
<b>Rural Districts</b>	<b>91,392</b>	<b>102,267</b>	<b>11.9</b>	<b>141,017</b>	<b>44.3</b>	<b>160,352</b>	<b>13.7</b>
Chanctonbury	13,695	14,953	9.2	20,850	39.4	23,212	11.3
Chichester ...	24,184	29,023	20.0	43,659	50.4	49,293	12.9
*Horsham ...	20,902	20,850	-0.2	20,989	0.7	22,619	7.8
Midhurst ...	14,794	15,020	1.5	16,415	9.3	17,370	5.8
Petworth ...	8,123	8,416	3.6	9,190	9.2	9,463	3.0
Worthing ...	9,694	14,005	44.5	29,914	113.6	38,395	28.4
<b>Administrative County</b>	<b>195,810</b>	<b>222,995</b>	<b>13.9</b>	<b>322,792</b>	<b>43.0</b>	<b>411,224</b>	<b>27.4</b>

\* Boundary change effective from 1st April, 1953.

† Included in Horsham R.D.

The table shows that compared with 1951 there were increases in 1961 in the population of all the district council areas except Arundel M.B. The intercensal increase in the boroughs and urban districts was roughly three times as great as in the rural districts but this was largely due to the rapid development of Crawley, where the population

has risen by 413.2 per cent in the past ten years. Other notable increases occurred at Horsham U.D. (26.8 per cent), Shoreham-by-Sea (33.2 per cent), Worthing M.B. (15.4 per cent), and Worthing R.D. (28.4 per cent).

With the single exception of East Sussex, the ratio of females to males in the population remained higher than in any other County in England and Wales; at the 1961 census there were 1,198 females for every 1,000 males, compared with 1,066 for the country as a whole. The County and national figures at the 1951 census were 1,235 and 1,082 females respectively for every 1,000 males.

The reason for this high ratio of females to males must await further analysis of the census records by the General Register Office but, as in 1951, it is likely to be due very largely to the comparatively great proportion of the population of the County being in the older age groups where the greater longevity of women exercises an important influence.

### Births

*Live births* registered during the year numbered 5,947 which resulted in a crude live birth rate of 14.5 a 1,000 population compared with 15.2 in 1960, 15.1 in 1959 and 15.4 in 1958.

For comparison with England and Wales, it is necessary to make an adjustment for the way in which the sex and age distribution of the local population differs from that of the country as a whole. The adjusted rate for the County was 14.6 compared with a provisional rate of 17.4 for England and Wales.

The number of births registered as *illegitimate* was 300 (10 of which were stillborn) compared with 235 in 1960.

The birth rate increased in seven of the county districts and decreased in the other eight. In only two districts (Littlehampton U.D. and Chanctonbury R.D.) was the rate higher than that for England and Wales.

The number of *premature (live and still) births* notified was 375 compared with 388 in 1960. The number of premature births expressed as a percentage of total (live and still) births during each of the past five years is as follows:

1957	1958	1959	1960	1961
7.5	6.6	6.7	6.6	6.2

In 1961, the occurrence of prematurity varied in different parts of the County as will be seen from the table on the next page. The percentage of births weighing  $5\frac{1}{2}$  lb. or less was significantly low in Arundel M.B. and Midhurst R.D. and significantly high in Chichester M.B., Horsham U.D., Shoreham-by-Sea U.D. and Petworth R.D.

*Stillbirths* registered during the year numbered 97 (84 in 1960) which gave a stillbirth rate of 16.0 a 1,000 total births (13.7 in 1960) as compared with a provisional rate for England and Wales of 18.7.

### Premature Births: 1961

County District	3lb. 4oz. or less	Over 3lb. 4oz. up to and including 4lb. 6oz.	Over 4lb. 6oz. up to and including 4lb. 15oz.	Over 4lb. 15oz. up to and including 5lb. 8oz.	Total pre-mature births	Total notified (live and still) births	Percentage of births weighing 5½lb. or less
<b>Urban Districts</b>							
Arundel (M.B.)	- (-)	- (-)	- (-)	1 (-)	1 (-)	37 (-)	2.7
Bognor Regis	6 (2)	6 (1)	3 (-)	3 (1)	18 (4)	336 (7)	5.4
Chichester (M.B.)	4 (1)	3 (1)	2 (-)	12 (1)	21 (3)	279 (5)	7.5
Crawley ...	14 (7)	15 (3)	17 (2)	31 (1)	77 (13)	1,295(18)	5.9
Horsham ...	7 (3)	8 (2)	5 (-)	10 (-)	30 (5)	358 (12)	8.4
Littlehampton	7 (1)	3 (-)	2 (-)	5 (-)	17 (1)	277 (4)	6.1
Shoreham-by-Sea ...	8 (5)	2 (1)	3 (-)	9 (-)	22 (6)	234 (6)	9.4
Southwick ...	3 (1)	1 (-)	1 (-)	4 (-)	9 (1)	159 (3)	5.7
Worthing (M.B.)	6 (1)	7 (2)	11 (1)	21 (-)	45 (4)	793 (10)	5.7
<b>Total Urban Districts ...</b>	<b>55 (21)</b>	<b>45 (10)</b>	<b>44 (3)</b>	<b>96 (3)</b>	<b>240 (37)</b>	<b>3,768(65)</b>	<b>6.4</b>
<b>Rural Districts</b>							
Chanctonbury	6 (3)	4 (-)	3 (-)	10 (1)	23 (4)	379 (4)	6.1
Chichester ...	7 (3)	7 (-)	10 (-)	13 (1)	37 (4)	738 (11)	5.0
Horsham ...	1 (1)	4 (2)	13 (1)	4 (-)	22 (4)	348 (5)	6.3
Midhurst ...	3 (1)	1 (-)	2 (-)	4 (-)	10 (1)	232 (5)	4.3
Petworth ...	2 (1)	- (-)	2 (-)	7 (-)	11 (1)	137 (2)	8.0
Worthing ...	4 (-)	4 (1)	6 (-)	18 (1)	32 (2)	442 (5)	7.2
<b>Total Rural Districts ...</b>	<b>23 (9)</b>	<b>20 (3)</b>	<b>36 (1)</b>	<b>56 (3)</b>	<b>135 (16)</b>	<b>2,276(32)</b>	<b>5.9</b>
<b>Administrative County ...</b>	<b>78 (30)</b>	<b>65 (13)</b>	<b>80 (4)</b>	<b>152 (6)</b>	<b>375 (53)</b>	<b>6,044(97)</b>	<b>6.2</b>

*Note:* The figures in brackets relate to premature stillbirths and are included in the totals.

### Infant Mortality

There were 107 deaths of infants under 1 year of age, giving an infant mortality rate of 18.0 a 1,000 live births. The trends in the *infant mortality* rate for the County and for England and Wales over the last decade are shown below:

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
West Sussex	17.7	22.2	23.9	21.1	24.3	19.5	18.0	16.8	20.3	18.0
England & Wales	27.6	26.8	25.4	24.9	23.7	23.1	22.6	22.2	21.9	21.4

**VITAL STATISTICS**  
**West Sussex compared with England and Wales**

Year	Population (Mid-year estimate)	Live Births			Deaths			Infant Mortality			Neonatal Mortality			Stillbirths			Maternal Mortality		
		West Sussex		Eng- land & Wales	West Sussex		Eng- land & Wales	West Sussex		Eng- land & Wales	West Sussex		Eng- land & Wales	West Sussex		Eng- land & Wales	West Sussex		Eng- land & Wales
		No.	Rate a 1,000 Population	Rate a 1,000 Population	No.	Rate a 1,000 Live Births	Rate a 1,000 Live Births	No.	Rate a 1,000 Live Births	Rate a 1,000 Live Births	No.	Rate a 1,000 Live Births	Rate a 1,000 Total Live and Still Births	No.	Rate a 1,000 Total Live and Still Births	Rate a 1,000 Total Live and Still Births	No.	Rate a 1,000 Total Live and Still Births	Rate a 1,000 Total Live and Still Births
1911	92,725	3,386	19.1	24.4	2,203	13.1	14.6	130	85.0	130	†	†	†	†	†	†	6	1.8	3.7
1921	195,795	3,214	17.4	22.4	2,185	11.4	12.1	83	49.2	83	†	†	†	†	†	†	11	3.3	3.9
1931	216,760	3,134	14.5	15.8	2,808	13.0	12.3	66	44.4	66	†	†	†	†	†	†	13	4.1	4.0
1950	316,090	4,203	14.7	15.8	4,454	10.4	11.6	29.6	26.0	29.6	66	15.7	18.5	19.4	19.4	18.5	5	1.2	0.9
1951	317,900	4,068	14.2	15.5	4,654	10.8	12.5	29.7	25.0	29.7	69	17.0	18.8	23.3	23.3	18.8	2	0.5	0.8
1952	319,600	4,177	14.5	15.3	4,304	10.0	11.3	27.6	18.0	27.6	52	12.4	18.3	20.8	20.8	18.3	4	0.9	0.7
*1953	327,340	4,271	14.4	15.5	4,519	10.4	11.4	26.8	22.0	26.8	67	15.7	17.7	22.7	22.7	17.7	4	0.9	0.8
1954	338,500	4,681	16.0	15.2	4,606	9.5	11.3	25.4	24.0	25.4	88	18.8	17.7	22.1	22.1	18.8	1	0.2	0.7
1955	347,700	4,681	15.3	15.0	4,696	9.5	11.7	24.9	21.0	24.9	77	16.4	17.3	21.3	21.3	17.3	1	0.2	0.6
1956	358,700	5,021	15.4	15.6	5,138	10.7	11.7	23.7	24.0	23.7	85	16.9	16.8	20.5	20.5	16.8	3	0.6	0.6
1957	370,200	5,287	15.4	16.1	4,757	10.2	11.5	23.1	19.5	23.1	77	14.6	16.5	24.0	24.0	16.5	1	0.2	0.5
1958	382,500	5,541	15.4	16.4	5,267	11.0	11.7	22.6	18.0	22.6	74	13.4	16.2	18.8	18.8	16.2	1	0.2	0.4
1959	390,000	5,656	15.1	16.5	5,537	11.8	11.6	22.2	16.8	22.2	64	11.3	15.8	20.9	20.9	15.8	2	0.4	0.4
1960	397,240	5,802	14.9	17.1	5,679	12.2	11.5	21.9	20.3	21.9	88	15.2	15.6	13.7	13.7	15.6	1	0.2	0.4
1961	410,930	5,947	14.6	17.4	5,975	12.6	12.0	21.4	18.0	21.4	79	13.3	15.5	16.0	16.0	15.5	1	0.2	0.3

Note: The rates given for the Administrative County have been adjusted for age and sex and are therefore comparable with those for England and Wales.

\* Boundary change. † Not available.

There have been considerable fluctuations in the local rate during this period but only once (in 1956) has the rate for the County been higher than the national rate.

The infant mortality rate for illegitimate infants, which had risen from 25.2 a 1,000 illegitimate live births in 1959 to 30.4 in 1960, fell to 30.0 in 1961. Too much significance should not be attached to this slight improvement as the rate is based on very few deaths; 9 in 1961.

There were 79 deaths in the first four weeks of life, giving a *neonatal mortality* rate of 13.3 a 1,000 live births compared with 15.2 in 1960. The *early neonatal mortality* rate was 10.9 (12.9 in 1960) and the *late neonatal mortality* rate (i.e. deaths in the second, third or fourth weeks of life a 1,000 live births) was 2.4 compared with 2.3 the previous year.

### **Perinatal Mortality**

This is a useful term which has passed into common usage in recent years. It is a measurement of the rate of loss resulting from a combination of stillbirths and deaths occurring during the first week of life.

Calculated in this way the perinatal mortality rate for the County was 26.8 a 1,000 live and still births compared with 27.0 in 1960 and 30.1 in 1959. The rate for England and Wales in 1961 was not available at the time this Report was published. In 1960, the national rate was 32.9 and in the previous year 34.2 a 1,000 live and still births.

### **Deaths from all causes**

The number of deaths registered during the year (after adjustment for inward and outward transfers) was 5,975. This was an increase of 296 on the figure for 1960 and resulted in a crude death rate of 14.5 a 1,000 population, compared with 14.3 in 1960 and 14.2 in 1959.

The adjusted death rate (i.e. the rate comparable with the correspondingly adjusted rate for any other area and with the crude rate for England and Wales generally) was 12.6 a 1,000 population. The rates for 1960 and 1959 were 12.2 and 11.8 respectively which may be compared with national rates of 12.0\* in 1961, 11.5 in 1960 and 11.6 in 1959. Of the total deaths attributable to the County, 2,750 were of males and 3,225 were of females.

The death rate increased in nine of the county districts, decreased in four others, and in one (Horsham R.D.) remained the same as in 1960. The rates were highest in Worthing R.D. (15.7), Worthing M.B. (14.3) and Littlehampton U.D. (13.1). Arundel M.B. (7.2) had the lowest rate of any of the county districts.

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\*Provisional.



### Causes of Death at Different Periods of Life

Causes of Death	Total all ages		Under 1 year	1-4	5-14	15-44	45-64	65 and over
	M	F						
1. Tuberculosis, respiratory ...	13	4	—	—	—	3	7	7
2. Tuberculosis, other	—	4	—	—	—	—	—	4
3. Syphilitic diseases	1	2	—	—	—	—	—	3
4. Diphtheria ...	—	—	—	—	—	—	—	—
5. Whooping cough ...	—	—	—	—	—	—	—	—
6. Meningococcal infections ...	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	—	—	—	—	—	—	—	—
8. Measles ...	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	5	6	1	1	—	1	4	4
10. Malignant neoplasm, stomach ...	58	51	—	—	—	4	21	84
11. Malignant neoplasm, lung bronchus ...	180	53	—	—	—	8	88	137
12. Malignant neoplasm, breast ...	—	116	—	—	—	4	52	60
13. Malignant neoplasm, uterus ...	—	39	—	—	—	1	15	23
14. Other malignant and lymphatic neoplasms	280	291	2	—	1	20	137	411
15. Leukaemia, aleukaemia ...	16	15	—	2	—	5	11	13
16. Diabetes ...	12	18	—	—	—	1	2	27
17. Vascular lesions of nervous system ...	340	594	—	—	—	3	87	844
18. Coronary disease, angina ...	575	428	—	—	—	16	203	784
19. Hypertension with heart disease ...	43	69	—	—	—	—	9	103
20. Other heart disease	310	596	—	—	—	5	51	850
21. Other circulatory disease ...	122	167	—	—	—	3	29	257
22. Influenza ...	14	18	—	—	—	—	5	27
23. Pneumonia ...	193	230	6	1	2	10	47	357
24. Bronchitis ...	185	78	1	3	—	1	43	215
25. Other diseases of respiratory system	36	21	1	—	2	2	8	44
26. Ulcer of stomach and duodenum ...	30	19	—	—	—	—	4	45
27. Gastritis, enteritis and diarrhoea ...	11	17	—	1	—	2	4	21
28. Nephritis and nephrosis ...	6	20	—	—	—	1	4	21
29. Hyperplasia of prostate ...	25	—	—	—	—	—	1	24
30. Pregnancy, child birth, abortion ...	—	1	—	—	—	1	—	—
31. Congenital malformations ...	24	15	22	1	5	3	3	5
32. Other defined and ill-defined diseases	165	262	67	8	7	20	64	261
33. Motor vehicle accidents ...	27	10	—	—	3	14	11	9
34. All other accidents	47	61	6	—	4	13	20	65
35. Suicide ...	30	20	—	—	—	10	18	22
36. Homicide and operation of war	2	—	1	—	—	—	1	—
ALL CAUSES ...	2,750	3,225	107	17	24	151	949	4,727

A table giving particulars of the causes of death in age groups appears on page 16. This table uses the international categories adopted by the Registrar-General. The numbers of deaths in each sex and the percentage of total deaths in various age groups are shown below. No less than 79.1 per cent of all deaths occurred at the age of 65 and over. Fifty years ago, the corresponding percentage was 44.9.

	<i>Under 1 year</i>	<i>1 and under 5</i>	<i>5 and under 15</i>	<i>15 and under 25</i>	<i>25 and under 45</i>	<i>45 and under 65</i>	<i>65 and under 75</i>	<i>75 and over</i>	<i>All ages</i>
Males ...	70	10	14	20	68	540	833	1,195	2,750
Females ...	37	7	10	5	58	409	760	1,939	3,225
TOTAL ...	107	17	24	25	126	949	1,593	3,134	5,975
<i>Percentage of total ...</i>	1.8	0.3	0.4	0.4	2.1	15.9	26.7	52.4	100.0

### Tuberculosis Deaths

As will be seen from the following table, there were 17 deaths from respiratory disease and 4 deaths from non-respiratory disease (compared with 26 and 4 in 1960) and these gave death rates of 0.04 and 0.01 a 1,000 population. The corresponding national rates were 0.07 and 0.007.

<i>Ages</i>	<i>Respiratory</i>		<i>Non-Respiratory</i>		<i>TOTAL</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
0-15 ...	- (-)	- (-)	- (-)	- (-)	- (-)
15-25 ...	- (-)	- (-)	- (-)	- (1)	- (1)
25-45 ...	3 (-)	- (2)	- (1)	- (-)	3 (3)
45-65 ...	6 (8)	1 (3)	- (-)	- (-)	7 (11)
65-75 ...	2 (8)	1 (-)	- (1)	3 (-)	6 (9)
75- ...	2 (2)	2 (3)	- (-)	1 (1)	5 (6)
TOTAL ...	13 (18)	4 (8)	- (2)	4 (2)	21 (30)

*Note:* The figures in brackets relate to 1960.

The numbers of deaths from all forms of tuberculosis during the past ten years are given on page 18. In the years 1952/53, 100 persons died from tuberculosis. Despite the rapidly increasing population, in 1960/61 this number had fallen to 51. During the past ten years, the trend towards an increasing average age at death from tuberculosis has continued. In 1952/53, 22 per cent of the deaths were of persons over the age of 65; this percentage rose to 51 in the years 1960/61.

Year	Respiratory						Non-Respiratory					
	0-	25-	45-	65-	75-	Total	0-	25-	45-	65-	75-	Total
1952	2	14	26	9	2	53	4	2	4	2	1	13
1953	2	6	11	4	3	26	2	2	3	1	-	8
1954	-	11	15	8	9	43	1	-	-	4	1	6
1955	-	4	19	7	5	35	-	-	-	1	-	1
1956	-	6	8	3	4	21	-	1	2	1	-	4
1957	-	9	10	5	4	28	2	-	-	1	1	4
1958	1	5	13	5	4	28	-	1	2	1	1	5
1959	1	1	14	4	5	25	1	-	3	-	-	4
1960	-	2	11	8	5	26	1	1	-	1	1	4
1961	-	3	7	3	4	17	-	-	-	3	1	4

### Cancer Deaths

The table on page 19 gives details of the age and sex distribution of the deaths from cancer in 1961. The total was over 10 per cent more than in the previous year and this was largely due to increases in the number of deaths from cancer of the lung and bronchus and of other organs. Deaths from cancer of other sites remained steady.

The trend in cancer deaths over the past few years is given below.

	1955	1956	1957	1958	1959	1960	1961	Seven-year average
Stomach ... ..	82	112	94	97	103	121	109	103
Lung and bronchus ..	161	156	172	216	216	189	233	192
Breast .. .. .	98	96	107	106	115	109	116	107
Uterus .. .. .	37	34	39	41	37	44	39	39
Other ... .. .	461	498	465	528	551	500	571	511
Leukaemia and aleukaemia ..	18	23	25	36	29	35	31	28
<b>TOTAL</b> ... ..	<b>857</b>	<b>919</b>	<b>902</b>	<b>1,024</b>	<b>1,051</b>	<b>998</b>	<b>1,099</b>	<b>980</b>

### Deaths from Diseases of the Circulatory System

The heaviest mortality was again due to this group of diseases which together have accounted for more than half the total number of deaths which have occurred in recent years. Of the total deaths in this group, 87.5 per cent were of persons over the age of 65 years.

Disease	1955	1956	1957	1958	1959	1960	1961
Vascular lesions of the nervous system ... ..	714	728	750	794	902	910	934
Coronary disease, angina ... ..	620	783	708	796	877	1,006	1,003
Other heart disease* ... ..	948	1,045	906	1,025	1,027	1,051	1,018
Other circulatory disease ... ..	214	204	205	224	273	226	289
<b>TOTAL</b> ... ..	<b>2,496</b>	<b>2,760</b>	<b>2,569</b>	<b>2,839</b>	<b>3,079</b>	<b>3,193</b>	<b>3,244</b>
Percentage of total annual deaths ... ..	53.2	53.7	54.0	53.9	55.6	56.2	54.3

\* Includes hypertension with heart disease.

Deaths from Cancer: 1961

Site	MALES								Total Males	FEMALES								Total Males and Females	
	0-	1-	5-	15-	25-	45-	65-	75-		0-	1-	5-	15-	25-	45-	65-	75-		Total Females
Stomach ... ..	—	—	—	—	2	15	23	18	58	—	—	—	2	6	16	27	51	109	
Lung, bronchus ... ..	—	—	—	1	6	61	85	27	180	—	—	—	1	27	14	11	53	233	
Breast ... ..	—	—	—	—	—	—	—	—	—	—	—	—	4	52	25	35	116	116	
Uterus ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	15	11	12	39	39	
Other organs ... ..	—	—	1	1	8	66	84	120	280	2	—	—	11	71	95	112	291	571	
Leukaemia, aleukaemia ... ..	—	2	—	1	1	8	1	3	16	—	—	—	1	2	3	3	15	31	
TOTAL...	—	2	1	3	17	150	193	168	534	2	—	1	21	174	167	200	565	1,099	

Within this group of diseases, an increasing number of deaths have been due to coronary disease, with a corresponding reduction in the proportion of those due to other heart disease.

Deaths from coronary disease in persons under 65 years are assuming increasing importance and in 1961 accounted for 22.8 per cent of all the deaths attributable to this cause. As will be seen from the following table, three out of every four of these deaths were of males, and the ratio of male to female deaths in this age group was higher in rural than in urban areas.

#### Deaths from Coronary Diseases: 1961

Area	Population	All Ages		Below 65	
		Male	Female	Male	Female
Urban ...	248,790	367	275	108	42
Rural ...	162,140	208	153	65	14
TOTAL ...	410,930	575	428	173	56
Percentage of age group		57.3	42.7	75.5	24.5

#### Deaths from Diseases of the Respiratory System

The numbers of deaths ascribed to influenza, pneumonia, bronchitis and other respiratory diseases over the past few years are given below:

	1955	1956	1957	1958	1959	1960	1961	Seven-year average
Influenza ...	28	30	47	15	66	9	32	32
Pneumonia ...	188	283	258	324	297	350	423	303
Bronchitis ...	192	204	149	178	169	181	263	191
Other respiratory diseases ...	50	63	32	49	46	62	57	53
TOTAL ...	458	580	486	566	578	602	775	579

Mortality from respiratory disease, particularly pneumonia and bronchitis, was high during 1961. Of the 686 deaths from these causes, 572 (83.4 per cent) were of persons over 65 years. The loss of infants under 1 year fell from 13 in 1960 to 7 in 1961.

Deaths from influenza rose from the remarkably low figure of 9 in 1960 to the seven-year average of 32 in 1961. All the deaths from this cause in both years were of persons over the age of 45 years.

#### Maternal Deaths

There was one maternal death in the County in 1961. This was entirely due to the mother's failure to accept any ante-natal care;

indeed, it might almost be said that this woman committed suicide. Despite repeated visits from the midwife and from her family doctor, she refused any kind of care or supervision until her family doctor was eventually called to find her *in extremis*. She was transferred immediately to hospital where, despite every effort of the staff, she died.

This woman would have survived had she been willing to receive appropriate medical care; the case illustrates graphically how failure to do so may bring disaster.

The numbers of deaths ascribed to maternal causes and the maternal mortality rates a 1,000 total births in recent years are given below:

		1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Number		4	4	1	1	3	1	1	2	1	1
Rates	West Sussex	0.9	0.9	0.2	0.2	0.6	0.2	0.2	0.4	0.2	0.2
	England and Wales	0.7	0.8	0.7	0.6	0.6	0.5	0.4	0.4	0.4	0.3

### Accidents and Suicides

In 1961, deaths from these causes were about the same as the annual average over the past seven years. Motor vehicle deaths fell to 37 (including 3 school children) and there were 18 fewer suicides than in 1960.

The numbers of deaths from accidents and suicide during the last seven years are given below:

		1955	1956	1957	1958	1959	1960	1961	Seven-year average
Motor vehicle accidents	...	26	45	34	48	46	51	37	41
Other accidents	...	105	97	87	115	96	95	108	100
Suicide	...	42	48	40	39	48	68	50	48
TOTAL	...	173	190	161	202	190	214	195	189

### Morbidity

The number of new claims for sickness benefit received in the 52 weeks ending on 2nd January, 1962 at the six local offices of the Ministry of Pensions and National Insurance was 36,459, a weekly average of 701. The corresponding figures for the 53 weeks of 1961 were 30,636 and 578.

The increased numbers of new claims in 1961 were received mainly in January and February. The increase was a national one and was due to a prevalence of influenza, bronchitis and winter colds.

## The Weather

A meteorological station is maintained at Worthing by the Medical Officer of Health. Copies of the observations made are supplied to the Meteorological Office and are included in the Monthly Weather Report published by H.M. Stationery Office; a summary of the monthly reports for 1961 is given below.

	Air Temperature °C.						Rainfall		Sunshine	
	High- est Max.	Lowest Min.	Mean Max.	Mean Min.	Mean	Differ- ence from Average	Total (ins.)	Per- centage of Average	Mean Daily (hrs.)	Per- centage of Average
Jan.	10.0	-1.1	7.5	2.5	5.0	+0.1	4.79	163	2.10	97
Feb.	12.2	1.1	9.6	5.3	7.5	+2.6	2.31	115	2.45	84
March	15.0	-1.1	11.7	4.5	8.1	+1.5	0.08	5	5.81	123
April	15.0	3.9	13.3	8.4	10.9	+2.0	2.90	163	3.67	61
May	20.6	3.9	16.2	8.3	12.3	+0.4	1.14	69	8.84	118
June	23.3	7.8	19.1	11.4	15.3	+0.2	1.33	87	8.68	107
July	26.1	9.4	20.3	13.2	16.7	-0.2	1.14	53	7.61	102
August	25.6	9.4	20.4	13.7	17.1	+0.1	0.97	43	6.53	93
Sept.	25.6	7.8	20.0	13.6	16.8	+1.6	2.20	102	5.48	97
Oct.	19.4	5.0	16.1	10.2	13.1	+1.5	3.33	113	4.92	122
Nov.	14.4	-1.1	10.1	5.2	7.7	-0.2	2.87	83	2.44	96
Dec.	12.8	-3.9	7.3	1.9	4.6	-0.8	4.21	145	2.87	141
Means or Extremes			14.3	8.2	11.3	+0.7			5.12	102

After the dry weather of 1959 and the flooding of 1960, the rainfall during 1961 was notable only for its close approach to the annual average. A total of 27.3 inches of rainfall was recorded and one-third of this fell in the months of January and December.

A period of fairly wet weather which began in July, 1960 continued well into 1961 and the total rainfall for the eight months July, 1960 to February, 1961 over England and Wales amounted to 39 inches, which was  $3\frac{1}{2}$  inches more than the total for the next wettest July to February period (in 1872-73) and  $2\frac{1}{2}$  inches more than the average rainfall for the whole year.

March marked the first decisive break in the long sequence of wet months. The rainfall at Worthing was only one-twentieth of the average for that month and the total rainfall for the month over England and Wales was the lowest since 1944, when 0.5 inches was recorded. There was a spectacular return to wet weather in April, when Worthing recorded a total of 2.9 inches. No wetter April had occurred over England and Wales as a whole since 1920.

The late spring and early summer were dry and sunny. The total rainfall at Worthing for May to July was only 3.6 inches, compared with 5.8 inches for England and Wales; rainfall less than this for these three months may be expected only once in six or seven years. The County was well-favoured during the holiday month of August. England and Wales had 3.3 inches of rain but less than half the average rainfall for the month was recorded in West Sussex.

## PART II—EPIDEMIOLOGY

### Infectious Diseases

The total number of cases of infectious diseases notified during 1961 was 7,707, which was 5,889 more than in the previous year. The increase was due almost entirely to the fluctuation in the incidence of measles. Particulars of the notifications will be found on the next page.

No cases of *smallpox* occurred during the year.

*Whooping cough* notifications decreased in 1961 from 645 to 297. This decrease is encouraging and may be due, in part at least, to the authority's decision, taken in September 1960, to make available triple vaccine, active against whooping cough, diphtheria and tetanus; immunisation against whooping cough in infancy is a valuable health measure.

Notifications of *measles* rose from 574 in 1960 to 7,137. This was to be expected as the incidence tends to be high in alternate years. In 1961, the number of notifications received was, however, higher than at any time since 1953.

There were two notifications of *diphtheria* during the year, the first since 1954. The disease, which was very mild, occurred in Italian immigrant children, neither of whom had been immunised.

For the second year in succession no case of *ophthalmia neonatorum* was notified.

No case of paralytic *poliomyelitis* was notified during 1961 and only one case of non-paralytic *poliomyelitis* occurred.

On the 1st May 1961, *rubella* became a notifiable disease in the Rural District of Worthing. By the end of the year, the Medical Officer of Health had received 22 notifications, two relating to children whose mothers were less than three months pregnant and had never had *rubella*. Arrangements were made for these mothers to have gamma globulin immediately and neither developed the disease.

There was a slight reduction in the number of persons attending *venereal disease* clinics for the treatment of syphilis and gonorrhoea. The figures for the past five years are given below:

Year	Syphilis	Gonorrhoea	Other
1957	9	24	175
1958	6	46	200
1959	11	41	156
1960	10	63	248
1961	7	52	285



**NOTIFICATION OF INFECTIOUS DISEASES**

COUNTY DISTRICT	Acute Poliomyelitis		Acute Encephalitis		Meningococcal Infection	Diphtheria	Dysentery	Erysipelas	Food poisoning	Measles	Ophthalmia Neonatorum	Puerperal Pyrexia	Scarlet Fever	Para-Typhoid Fevers	Whooping Cough	TOTAL
	Para-lytic	Non-Para-lytic	Infec-tive	Post Infec-tious												
Arundel M.B. ...	—	—	—	—	—	—	—	—	—	6	—	—	—	—	7	13
Bognor Regis U.D. ...	—	—	—	—	—	—	6	—	5	487	—	—	—	—	10	497
Chichester M.B. ...	—	1	—	—	1	—	38	1	3	306	—	25	4	2	22	372
Crawley U.D. ...	—	—	—	—	—	—	1	1	1	2,110	—	2	22	—	19	2,195
Horsham U.D. ...	—	—	—	—	—	2	1	1	1	434	—	4	2	—	5	450
Littlehampton U.D. ...	—	—	—	—	—	—	4	4	—	110	—	1	5	—	9	129
Shoreham-by-Sea U.D. ...	—	—	—	—	—	—	1	—	6	321	—	25	7	—	9	369
Southwick U.D. ...	—	—	—	—	—	—	1	1	3	188	—	—	18	—	8	218
Worthing M.B. ...	—	—	—	—	—	—	1	2	—	392	—	2	7	—	27	431
<b>Total Urban Districts</b>	—	1	—	—	1	2	47	9	18	4,354	—	59	65	2	116	4,674
Chancetonbury R.D. ...	—	—	—	—	—	—	—	2	5	534	—	1	7	—	73	622
Chichester R.D. ...	—	—	—	—	—	—	3	1	3	1,010	—	3	5	—	45	1,070
Horsham R.D. ...	—	—	—	—	1	—	—	—	—	355	—	—	3	—	15	374
Midhurst R.D. ...	—	—	—	—	—	—	1	1	1	273	—	—	1	—	3	280
Petworth R.D. ...	—	—	—	—	—	—	—	—	—	301	—	—	1	—	25	327
Worthing R.D. ...	—	—	—	—	—	—	1	1	2	310	—	15	11	—	20	360
<b>Total Rural Districts</b>	—	—	—	—	1	—	5	5	11	2,783	—	19	28	—	181	3,033
<b>Administrative County</b>	—	1	—	—	2	2	52	14	29	7,137	—	78	93	2	297	7,707
<b>Administrative County 1960</b>	2	—	1	2	1	—	207	19	35	574	—	90	240	2	645	1,818

I am indebted to Dr. J. B. Woolley, Venereologist at St. Richard's Hospital, Chichester, for the following information:

"In view of the general increase, particularly in gonorrhoea, throughout the country, I am very pleased to report that this is not reflected in the figures for patients seen in the Chichester area of West Sussex.

During the year, only two cases of late syphilis were recorded and no early infective syphilis cases were seen. Only six patients were seen at Chichester for gonorrhoea and two from West Sussex at the Portsmouth Centre, compared with 12 cases at Chichester and five West Sussex cases at Portsmouth during 1960.

I feel that, in view of the general rise in venereal disease throughout the country, these figures are very satisfactory in an area which attracts many holiday-makers in the summer."

A reduced number of cases of *dysentery* and *food poisoning* was notified this year but notifications are an unreliable indication of the much greater number of cases which actually occur. The existence of these diseases, which can be disastrous in the very young, the debilitated and the aged, is evidence of bad hygiene at some stage of food preparation.

Most people are aware of the dangers of disease which result from dirty habits, but people are generally too reluctant to speak out when they see even flagrant violations of the clean food code.

## Vaccination and Immunisation

### Diphtheria, Whooping Cough and Tetanus

Diphtheria is now a clinical rarity, thanks to immunisation, and fear of this disease is no longer the incentive to immunisation that it was until a few years ago. If immunisation precautions are relaxed the disease will have an opportunity to enter a community which will be without even the basic resistance engendered by an endemic disease. This could create a dangerous situation and it is as important now as ever it was to ensure that all children are protected against this, and other, preventable disease.

The following table shows the number of children at 31st December, 1961 who had completed a course of immunisation at any time before that date. It also gives particulars of the "immunity index" in various age groups which is calculated by dividing the numbers of children whose last immunisation was done in the period 1957 to 1961 by the estimated child population in the relevant age group.

<i>Age on 31.12.61 (i.e.: born in year)</i>	<i>Under 1 1961</i>	<i>1-4 1957-1960</i>	<i>5-9 1952-1956</i>	<i>10-14 1947-1951</i>	<i>Under 15 TOTAL</i>
A. Number of children whose last course (primary or booster) was completed in the period 1957-1961.	1,871 (1,604)	20,755 (17,895)	17,579 (14,456)	5,250 (4,492)	45,455 (38,447)
B. Number of children whose last course (primary or booster) was completed in the period 1956 or earlier.	— (—)	— (—)	13,271 (12,095)	24,956 (23,159)	38,227 (35,021)
C. Estimated mid-year child population.	5,810 (5,600)	22,690 (21,800)	63,100 (61,500)		91,600 (88,900)
Immunity index	32.2 (28.6)	91.5 (82.1)	36.2 (30.8)		49.6 (43.2)

*Note:* The figures in brackets relate to 1960.

The following immunisations were carried out during the year. The figures are included in those given in the previous table since all the procedures carried out conferred protection against diphtheria.

<i>Type of Injection</i>	<i>By County Medical Staff</i>	<i>By General Practitioners</i>	<i>TOTAL</i>
Diphtheria:			
Primary injections ... ..	200	168	368
Reinforcing injections ...	1,878	1,086	2,964
Diphtheria and Whooping Cough:			
Primary injections ... ..	14	41	55
Reinforcing injections ...	7	121	128
Diphtheria and Tetanus:			
Primary injections ... ..	152	91	243
Reinforcing injections ...	349	1,021	1,370
Triple Antigen:			
Primary injections ... ..	992	4,610	5,602
Reinforcing injections ...	67	1,878	1,945
Worthing M.B.:			
Primary injections ... ..	—	—	901
Reinforcing injections ...	—	—	371
ADMINISTRATIVE COUNTY... ..	3,659	9,016	13,947

## Whooping Cough

During the year, 6,496 children completed a primary course of protection against whooping cough. To the extent that these inoculations were combined with other immunisation procedures, they are included in the details given above.

## Smallpox

The following vaccinations were carried out in the County during the year:

	<i>Under 1 year</i>	<i>1 year</i>	<i>2-4 years</i>	<i>5-14 years</i>	<i>15 years and over</i>	<i>TOTAL</i>
Number Vaccinated	2,690 (2,969)	391 (314)	257 (284)	399 (220)	935 (233)	4,672 (4,020)
Number Re-vaccinated ...	1 (3)	4 (3)	40 (67)	230 (233)	1,155 (1,950)	1,430 (2,256)

*Note:* The figures in brackets relate to 1960.

The percentage of children under one year of age vaccinated in 1960 compared with the live births in the area during the 12 months to 30th June, 1960, was 52.2 per cent for the County compared with 44.6 per cent for all Counties in England and Wales. During 1961, the local acceptance rate for infant vaccination fell to 45.6 per cent.

The proportion of people protected against smallpox is depressingly low. In view of the risks attaching to primary vaccination in later life and the recurring importations of smallpox which cannot be entirely prevented, every infant should be vaccinated as part of the generally accepted programme of protection against communicable disease.

## Poliomyelitis

In addition to the normal programme of poliomyelitis vaccination, which continued throughout the year, the Minister of Health announced in April that a reinforcing fourth vaccination should be offered to children between the ages of five and twelve years who had received their third injection not less than one year before. Good progress was made with this work until October when, owing to a shortage of vaccine, the Minister advised that fourth injections should be suspended altogether and that third injections should be postponed until twelve months after the date of the second injection. These arrangements were still in operation at the end of the year.

It is worth noting that over 1,000 more children started a course of poliomyelitis vaccination in the year than started a course of triple

antigen against diphtheria, whooping cough and tetanus. This illustrates the importance of continuing to educate the public regarding all immunisation procedures.

The following poliomyelitis vaccinations were carried out during 1961:

Age Group	Initial vaccination of two injections		Third injections		Fourth injections	
	By County Medical staff	By General Practitioners	By County Medical staff	By General Practitioners	By County Medical staff	By General Practitioners
Children (born 1943–1961) ... ..	1,020	5,604	922	4,792	15,451	7,741
Young Persons (born 1933–1942) ... ..	148	1,446	298	1,666	—	—
Persons up to 40 years of age ... ..	531	4,547	2,955	6,656	—	—
Others ... ..	74	234	343	598	—	—
Worthing M.B. ... ..	2,167		2,379		3,672	
ADMINISTRATIVE COUNTY	15,771 (22,168)		20,609 (35,560)		26,864 (—)	

*Note:* The figures in brackets relate to 1960.

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

Cases	Had two injections since inception of scheme
Children ... ..	87,407
Young persons ... ..	21,760
Up to 40 years ... ..	17,701
Others ... ..	6,685
TOTAL ... ..	133,553

In addition 109,899 persons have received a third injection.

### Influenza Vaccination Trial

Protection against influenza by immunisation was made available to 188 members of the authority's staff who volunteered to take part in a trial scheme in October, 1961. Some of the volunteers were given inert material in order that their reactions could be compared with those of others taking part in the trial. Those availing themselves of the vaccination will be asked to complete a simple questionnaire in the spring of 1962 in order that the effectiveness of the injections can be assessed.

# 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
Lancing	Littlehampton	Petworth	Selsey
Thorney Island	Three Bridges	Worthing (2)	Yapton

Despite a reduction of five in the number of clinics previously available (due to an increasing number of general practitioners providing for the care of their patients with the assistance of the district midwives), there was no appreciable fall in the number of mothers who attended and the total number of attendances actually increased.

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

Details of attendances of expectant mothers at ante-natal clinics during the past two years are shown below:

	1960	1961
Number of ante-natal clinics provided at end of year ...	18	13
Number of sessions held per month ... ..	58	51
Number of expectant mothers who attended during year ... ..	2,220	2,107
Number of expectant mothers who attended for the first time during the year ... ..	1,791	1,698
Total number of attendances made during the year ...	8,366	9,012

No special post-natal clinics have been established, the mothers being seen at ante-natal clinics. During the year, 441 women made 495 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 sterilizers, heating equipment and modern furniture) was introduced wherever required.

Compared with 1960, the total number of attendances in the clinics increased by 22 per cent. There was a 25 per cent increase of children under one year; 11 per cent of children between 1 and 2 years and 17 per cent of children between the ages of 2 and 5.

	1960	1961
Number of centres provided at end of year ... ..	44	48
Number of sessions held per month ... ..	161	185
Number of children who first attended during year and on first attendance were under 1 year of age ...	3,815	4,403
Number of children who attended during the year and who were born in:		
(i) 1961 ... ..	—	4,009
(ii) 1960 ... ..	—	3,450
(iii) 1959-56 ... ..	—	3,701
Number of attendances during the year made by children who at the date of attendance were:		
(i) Under 1 year ... ..	43,919	54,813
(ii) 1 but under 2 ... ..	9,089	10,255
(iii) 2 but under 5 ... ..	5,972	7,068

The number of children born in 1961 who attended for the first time during the year represented 67 per cent of the total (live) births.

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	East Preston
Felpham	Findon	Gossops Green	Henfield
Horsham	Ifield	Lancing	Langley Green
Littlehampton	Loxwood	Midhurst	Petworth
Pulborough	Roffey	Rustington	Selsey
Shoreham (2)	Southbourne	Southwick (2)	Southgate
Steyning	Storrington	Thorney Island	Three Bridges
Tilgate	Walberton	Westbourne	West Chiltington
Worthing (5)	Yapton		

The increase in the number of medical officers employed by the County Council made it possible to arrange for doctors to be in attendance at four centres in Crawley. Previously, these centres had operated as weighing centres but the development of the area and the consequent increase in the numbers attending these centres made it most desirable to arrange for a doctor to be in attendance regularly.

Special clinic sessions were set aside in Crawley for the medical staff to examine difficult cases, to record their progress and to take appropriate action when deviations from normal development were observed. The co-operation of general practitioners in referring children to these clinics was greatly appreciated.

### 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 reviewed from time to time and arrangements are made for medical supervision to be provided if this is appropriate.

		1960	1961
Number of centres provided at end of year	... ..	36	31
Number of sessions held per month	... ..	67	41
Total number of attendances made by children during year:			
(i) Under 1 year of age	... ..	14,159	7,981
(ii) Between ages 1 and 5 years	... ..	5,967	4,331

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

Ashington	Ashling (West)	Barns Green	Broadbridge Heath
Clapham	Colgate	Cowfold	Fernhurst
Ferring	Graffham	Harting	Heyshott
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 was available in various parts of the County for those mothers who required it on medical or social grounds; many cases of sub-fertility were also helped at the clinics. The County Council provided its own clinic at Shoreham-by-Sea; in Bognor Regis, Chichester, Crawley, Horsham and Midhurst, arrangements were made for the service to be provided by the Family Planning Association.

The number of new cases seen at the clinics and the total attendances made during the past two years are shown in the following table:

Clinic	New Cases		Total Attendances	
	1960	1961	1960	1961
Bognor Regis	272	128	1,073	817
Chichester	18	222	28	460
Crawley	338	372	1,675	953
Horsham	177	126	396	650
Midhurst	62	59	210	126
Shoreham	19	25	70	101
<b>TOTAL</b>	<b>886</b>	<b>932</b>	<b>3,452</b>	<b>3,107</b>

### Relaxation Classes

Relaxation classes for expectant mothers and classes in post-natal exercises were held at 11 centres. Their location, with the number of attendances made, is given on the next page.



Area	Year of Establishment	Sessions held	Total number of attendances	
			1960	1961
†Arundel ... ..	1956	*Fortnightly	15	—
Bognor Regis ... ..	1949	Weekly	417	256
Chichester ... ..	1948	Weekly	461	369
Crawley ... ..	1953	Weekly	220	411
†Gossops Green ... ..	1959	Weekly	179	—
Horsham ... ..	1949	Weekly	885	1,457
†Lancing ... ..	1958	Weekly	18	—
†Langley Green... ..	1959	Weekly	59	—
†Littlehampton ... ..	1949	Weekly	267	10
Midhurst ... ..	1959	Fortnightly	102	109
Selsey ... ..	1959	*Weekly	109	65
Shoreham-by-Sea ... ..	1954	Weekly	224	109
†Storrington ... ..	1960	Weekly	16	—
†Thorney Island ... ..	1958	*Weekly	18	—
Three Bridges ... ..	1957	Weekly	177	206
Tilgate... ..	1959	Weekly	384	480
Worthing ... ..	1949	Weekly	273	275
TOTAL ... ..			3,824	3,747

\* Sessions held as required.

† Classes discontinued but will be re-started when required.

Classes are run by physiotherapists at Bognor Regis, Chichester, Crawley, Horsham and Three Bridges. At other centres, the classes are taken by district midwives.

### Distribution of Welfare Foods

At the request of the Ministry of Health, the County Council continued to arrange the distribution of welfare foods to expectant and nursing mothers and children under five years of age.

The following table shows how the quantities of welfare foods issued to beneficiaries have declined during the past five years:

Year	National dried milk (tins)	Cod liver oil (bottles)	Vitamins A and D tablets (packets)	Orange juice (bottles)
1957	101,980 (1,961)	34,420 (662)	17,477 (336)	326,024 (6,270)
1958	76,599 (1,473)	22,199 (427)	17,315 (333)	200,857 (3,862)
1959	71,489 (1,375)	21,693 (417)	18,487 (356)	200,950 (3,864)
1960	63,315 (1,217)	21,177 (407)	19,053 (366)	192,445 (3,701)
1961	57,553 (1,106)	15,982 (307)	14,522 (279)	130,747 (2,514)

Note: The figures in brackets indicate average weekly distribution.

From 1st June, 1961 the prices of orange juice, cod liver oil and vitamin A and D tablets were increased and, in consequence, there was a sharp decline in sales. With the abolition of coupons (except for national dried milk and for free issues of the other commodities), the County Council decided to accept cash at the distribution centres instead of insisting upon payment by postage stamps.

During the autumn, at the request of the Government, arrangements were made to receive increased supplies of national dried milk and an emergency supply of evaporated milk to enable all children under one year of age to receive processed milk instead of fresh milk in the event of the level of iodine 131 reaching a danger level as a result of Russian nuclear tests. It was not, however, necessary to put the emergency arrangements into operation.

During the year, ten sub-centres for the distribution of welfare foods were closed, leaving a total of 96 distribution centres in operation at the end of the year. Twelve of these were main centres situated in the towns and 84 were sub-centres at clinics, private houses and local stores.

As in previous years, a very large proportion of the work was undertaken by the Women's Voluntary Service, who were responsible for the distribution of the foods at all the main centres (8 of which are 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 1961, 49 expectant mothers were referred to the department for financial assistance towards maintenance at a mother and baby home. In all cases, the expectant mother or her relatives, and in certain cases the putative father, made contributions towards the cost of the stay at the home.

One in every three of the girls referred to the department in 1961 decided to keep their babies when they were discharged from the mother and baby homes; the others were placed for adoption.

### **Care of Premature Infants**

In April, the Minister commended to local health authorities a report prepared by a sub-committee of the Central Health Services Council relating to the prevention of prematurity and the care of premature infants. In doing so, the Minister drew attention to the guidance contained in the report on the general principles of care and, in particular,

to domiciliary care, the transport of premature infants, and after-care and follow-up schemes, for which local health authorities have a special responsibility.

Particulars relating to premature births in the County during 1961 are given below:

	1960	1961
(1) Total number of premature live births during year ...	341	322
(2) Number of premature infants born at home during year	79	71
Number of these:		
(a) transferred to hospital ... ..	17	12
(b) died at home during first 24 hours ... ..	1	1
(c) died at home between 2nd and 28th day ... ..	1	1
(d) survived at end of one month ... ..	60	57
Of the 17 infants transferred to hospital in 1961, 5 died on or before 28th day; the comparable figure for 1960 was 7.		
(3) Number born in hospital or maternity home (regional hospital board) ... ..	261	251
Died on or before 28th day ... ..	49	41

The statistics for 1961 show that the majority (78 per cent) of premature infants were delivered in hospital. The reduced number of premature births as compared with 1960 may indicate a rising standard of ante-natal care to which the department made a substantial contribution.

As regards those children born at home, arrangements are available for their early transfer to hospital if that appears desirable. The success of the home nursing of premature infants is borne out by the fact that, out of 59 kept at home, only two died and one of these deaths occurred during the first 24 hours of life. These commendable figures regarding home care are not to be compared with those derived from the hospital care of premature infants since, by and large, the more serious cases with reduced chances of survival are correctly selected for hospital care.

## Report of the Acting Chief Dental Officer

The County Council's scheme for the treatment of expectant and nursing mothers and children under school age continued to operate satisfactorily throughout the year.

### Expectant and Nursing Mothers

The National Health Service (General Dental Services) Regulations, 1961 came into operation on 16th May, 1961 and amended the earlier regulations in relation to the making and recovery of charges for treatment and appliances provided by dental practitioners in the general dental service.

# 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 (135)	121 (127)	89 (97)	89 (98)
Children under five ... ..	723 (608)	380 (276)	289 (249)	259 (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	73 (127)	3 (10)	160 (185)	74 (88)	16 (5)	— (—)	— (—)	2 (—)	13 (20)	11 (17)	4 (4)
Children under five	204 (216)	50 (61)	621 (464)	12 (26)	102 (92)	— (—)	— (—)	— (1)	— (—)	— (—)	— (—)

*Note:* The figures in brackets relate to 1960.

The numbers of expectant and nursing mothers examined during 1961 was 135, the same as in 1960, and the expected decrease in the number of patients seeking treatment at the clinics as a result of the new regulations (which enabled expectant and nursing mothers to obtain artificial dentures under the general dental services free of charge) did not therefore materialise. There was, however, a slight fall in the numbers of complete and partial dentures provided under the authority's arrangements.

### Children under school age

In 1961, there was an increase over the previous year of 115 in the number of examinations of children under five years of age. It is pleasing to see that mothers are continuing to bring their young children forward for examination in greater numbers. These early visits help considerably to establish confidence and willingness to attend regularly for dental treatment during the children's years at school.

### General Remarks

The table on the previous page gives details of the work carried out during the year. The number of extractions undertaken for pre-school children decreased but there was a rise in the number of fillings inserted. The number of general anaesthetics administered to children of pre-school age fell from 61 in 1960 to 50 in 1961.

The willing co-operation and continued help of the medical officers, health visitors and school nurses and the loyal work of the dental officers and dental surgery assistants was much appreciated.

## Midwifery

The numbers of midwives practising in the County at the end of 1960 and 1961 are shown in the following table:

	1960	1961
(a) Employed by County Council ... ..	82	81
(b) In Private Practice—		
(i) Domiciliary ... ..	4	4
(ii) In Nursing Homes ... ..	6	2
(c) Employed by Hospital Management Committees ... ..	65	80
	<hr/>	<hr/>
	157	167
	<hr/>	<hr/>

The total number of births notified under Section 203 of the Public Health Act, 1936 was 5,472 (231 more than in 1960) and, of these, 3,207 (58.6 per cent) occurred in hospital. The percentage of hospital confinements in each County district was as follows:

URBAN DISTRICTS			<i>Per cent</i>	RURAL DISTRICTS			<i>Per cent</i>
Arundel M.B.	...	...	58	Chanctonbury	...	...	63
Bognor Regis	...	...	45	Chichester	...	...	61
Chichester M.B.	...	...	56	Horsham	...	...	60
Crawley	...	...	34	Midhurst	...	...	28
Horsham	...	...	60	Petworth	...	...	58
Littlehampton	...	...	55	Worthing	...	...	56
Shoreham-by-Sea	...	...	62				
Southwick	...	...	70				
Worthing M.B.	...	...	55				

Details of the number of confinements attended by domiciliary midwives during 1961 are given below:

	<i>Doctor not booked</i>		<i>Doctor booked</i>		TOTALS
	<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 County Council	8 (9)	52 (69)	387 (341)	1,803 (1,896)	2,250 (2,315)
(b) Midwives in private practice					
(i) domiciliary	— (—)	— (—)	7 (4)	1 (4)	8 (8)
(ii) in nursing homes	— (—)	3 (—)	21 (16)	9 (20)	33 (36)
TOTAL ...	8 (9)	55 (69)	415 (361)	1,813 (1,920)	2,291 (2,359)

*Note:* The figures in brackets relate to 1960.

The number of confinements attended by family doctors rose from 350 in 1960 to 395 in 1961, an increase of 12.9 per cent.

Maternity cases attended by district midwives after discharge from hospital before the tenth day numbered 778; 47 less than in 1960.

### Inhalational Analgesics

All midwives employed by the County Council are qualified to administer inhalational analgesics and they did so in 1,952 (86.8 per cent) of the 2,250 confinements attended by them in 1961.

The numbers of cases in which gas and air and "trilene" were administered by district midwives are shown below:

	<i>Gas and air</i>		<i>"Trilene"</i>	
	1960	1961	1960	1961
(a) Doctor present at delivery ...	284	324	64	54
(b) Doctor not present at delivery	1,435	1,380	170	194
TOTAL ...	1,719	1,704	234	248

### **Puerperal Pyrexia**

Notifications of puerperal pyrexia (any febrile condition occurring in a woman in whom a temperature of 100.4° F. or more has occurred within fourteen days after childbirth or miscarriage) numbered 78 which, apart from those received in 1953 and 1954, was less than at any time since the present Puerperal Pyrexia Regulations came into operation in 1951. Of the 78 notifications received, only 6 related to women confined at home.

### **District Midwifery**

The high standard of care provided 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.

Eighteen district midwives were sent on refresher courses (in London, Bristol, Sheffield and Hastings) in order to keep them up-to-date in modern 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.

### **Training of Pupil Midwives**

The arrangements for training pupil midwives sent from Horsham Hospital Maternity Unit were continued in Worthing and three of the district midwives in this area acted as tutors.

### **Maternity Liaison Arrangements**

The Maternity Liaison Committee at Redhill Hospital held a further meeting in 1961. The obstetricians at Southlands Hospital, Shoreham-by-Sea, also held meetings to which were invited family doctors, midwives and representatives of the department. These meetings were extremely helpful; they brought together representatives of the various branches of the health service and encouraged a free exchange of views on a number of ways in which improvements could be made.

The ante-natal co-operation card, which had been recommended by the Maternity Services Committee in 1959 and which was referred to in the last Report, was introduced by the department and it has already met with a considerable measure of success.

## The Shortage of Midwives

Ministry of Health Circular 28/61 dated 29th September, 1961 enclosed two hospital memoranda [H.M. (61)5 and H.M. (61)100] which the Ministry considered might be of assistance to local health authorities in using the services of domiciliary midwives to the best advantage and in making the practice of midwifery more attractive.

The first of these memoranda [H.M. (61)5] referred to the need for action by hospital authorities to secure an improvement in the staffing and organisation of midwifery departments, gave guidance on the kind of action to be taken, and called for reports from regional hospital boards and boards of governors on progress up to 31st December, 1961. The second memorandum [H.M. (61)100] drew the attention of hospital authorities to the need to use more part-time nurses and midwives and made suggestions about recruitment, reception, welfare and training.

The Ministry pointed out that the shortage of midwives was not general; it affected some areas seriously but others hardly at all. In West Sussex, although recruitment was generally satisfactory throughout the year, difficulty began to be experienced in the Crawley area. In October, it became necessary to re-assess the home circumstances of expectant mothers already referred by the department on social grounds for confinement at the Zachary Merton Maternity Hospital, Rustington.

The Ministry's suggestions in Circular 28/61 are given below and are followed, in italics, by comments relating to West Sussex:

- (a) Recruitment can be assisted by the institution of night rotas and the improvement of transport facilities, including the provision of car allowances and assisted car purchase schemes.

*The introduction of a night rota system would not appear to be generally appropriate in this County. Night rotas are more likely to be helpful in cities rather than in counties where distances may be considerable. Satisfactory transport arrangements are already in existence but an assisted car purchase scheme, to which consideration was being given at the end of the year, might be an aid to recruitment.*

- (b) Where unattractive localities have to be served, it is sometimes practicable for the midwife to live outside them, provided there are proper arrangements for her to be called.

*The County has no unattractive localities. Where satisfactory arrangements have been made for her to be called, a midwife has occasionally been allowed to live outside her area.*

- (c) The provision by midwives of board-residence for pupil midwives is sometimes found irksome by both midwives and pupils. Separate accommodation for pupils—for example in hostels—can often be provided without detriment to training or to the service.

*No difficulties have been experienced as a result of midwives providing board-residence for pupils.*



- (d) Part-time midwives can be employed to good advantage in the care of mothers discharged early from hospital.

*Where possible, part-time midwives are already employed for this purpose.*

### **Human Relations in Obstetrics**

In April, the Minister of Health drew attention to a report on this subject by a Committee of the Central Health Services Council. This arose from the Report of the Maternity Services Committee (1959) which stated that that Committee had received a general complaint that many hospitals had too little regard for the personal dignity and emotional condition of women during pregnancy. Although most of the suggestions in the Central Council's report referred to action to be taken by hospital authorities, there were also matters of concern to local health authorities and, in particular, the Minister asked that authorities should:

- (a) review the organisation and facilities in ante-natal clinics with the object of keeping waiting time to a minimum;
- (b) review the arrangements for health education in ante-natal clinics and for answering patients' questions about what is happening or is about to happen to them; and
- (c) ensure that the contents of the memorandum were made known to all staff concerned with patients and arrange for them to discuss in the light of it how many defects in their relationship with the patients could be made good.

Although every effort has been made in the past to give patients as comfortable and adequate a service as possible, district midwives were nevertheless issued with a copy of the Central Council's report. A review of the present facilities available in the clinics was undertaken and further development took place in the arrangements for health education.

## **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.

### **Staff**

The following statement shows the staff of general nurses employed on home nursing at the end of the year. Comparable figures for 1960 are also shown.

	1960	1961
Number of nurses employed at end of year—		
Whole-time ... ..	45	50
Part-time ... ..	11	10
Combined duties (health visiting, general nursing and midwifery) ... ..	56	55

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.

Four full-time general nurses were sent on post-certificate courses at Southampton during the year.

### Work Undertaken

The number of patients treated rose from 10,752 in 1960 to 12,073 in 1961 and the total number of visits increased from 199,234 to 232,178.

The increase in the number of visits paid during 1961 (17 per cent) was much greater than the increase (11 per cent) in the number of nurses employed. As the population of the County grows, the need for home nursing will undoubtedly continue to increase, particularly as more and more old people come into the County.

Details are given below of the numbers of patients treated and visits paid, according to category, during each of the past two years.

Category	No. of patients attended		No. of visits paid	
	1960	1961	1960	1961
Medical ... ..	8,027	8,786	167,320	199,695
Surgical ... ..	1,850	1,948	25,259	25,981
Infectious diseases ... ..	54	87	157	182
Tuberculosis ... ..	69	212	3,882	3,623
Maternal complications	114	116	521	335
Others ... ..	818	924	2,095	2,362
<b>TOTAL ... ..</b>	<b>10,752</b>	<b>12,073</b>	<b>199,234</b>	<b>232,178</b>

Of the total number of patients attended during 1961, 6,134 (50.8 per cent) were aged 65 or over at the time of the first visit. The number of visits to such persons was 163,102 which was 70.3 per cent of all visits carried out during the year.

Children under the age of 5 years who were visited by home nurses numbered 557, which was 4.6 per cent of the total number of patients attended, but they only required 1,930 visits which was less than 1 per cent of the total number of visits paid.

## **Equipment**

The provision of special equipment to help in the nursing of patients at home was increased considerably. More commodes, bed hoists, beds, bed cradles and walking aids were made available and served a very useful function. Whenever a request was received for such equipment (63 patients were helped during the year) one of the area nursing officers visited the house and advised on the most suitable aid. It is likely that the need for this sort of equipment will expand in the future.

Following a successful experiment locally in the use of disposable syringes and needles, it was decided to provide such disposable items for all medical and nursing staff. Disposable underpads for the incontinent, which were also introduced during the year, contributed greatly to the comfort of patients and they also relieved relatives of the need to wash much foul linen. Disposable equipment saves valuable nursing time and, by reducing the likelihood of infection, makes for safety.

## **Health Visiting**

### **Staff**

At the end of the year, the number of health visitors employed whole-time or on combined duties (health visiting plus general nursing and midwifery) was 86, 8 more than at the end of the previous year. The equivalent whole-time staff was 34.3 which was only sufficient to provide one health visitor to every 12,000 of the population.

A health visitor in the Crawley area was appointed group adviser as recommended by the Working Party on Health Visiting and contributed materially to the quality of the service in that area. She worked closely with the geriatric physician from Redhill Hospital in the assessment and care of aged persons.

The arrangements described in the last Report for the training of student health visitors were continued during 1961. One student successfully completed her training and bursaries were offered to two others in order to enable them to join approved courses of study.

### **Refresher Courses**

Five health visitors were sent on refresher courses; three in London and two in Ipswich. In addition, six health visitors attended a special course in Cambridge on the screening of infants and children for deafness. As a result, screening clinics were established in Chichester, Littlehampton, Lancing, Horsham, Crawley and the rural area of the West Sussex/Hampshire border.

Since health visitors are playing an increasingly active part in health education, a special course on health education methods (which was very successful) was given by the Central Council of Health Education.

The annual refresher course for nursing staff arranged by the department was held at Lodge Hill, Pulborough. Courses of this nature are intended to maintain and stimulate the health visitors' interest in her work and to suggest to her new methods and new approaches.

### Work Undertaken

Visits carried out by health visitors numbered 105,261, an increase of 2,665 over those made in 1960. The following statement gives particulars of the visits, according to category, for each of the past two years:

	1960	1961
Expectant mothers ... ..	1,607	1,430
Children under 1 year ... ..	35,529	36,230
Children aged 1 and under 2 years ...	15,856	14,387
Children aged 2 and under 5 years ...	28,241	27,102
Tuberculous households ... ..	1,199	953
Old persons ... ..	5,038	8,102
Other cases ... ..	3,350	4,198
Ineffective visits ... ..	11,776	12,859
Total number of families or households visited ... ..	20,949	20,104

During the year special cards for the recording of visits to elderly patients were introduced and are achieving considerable success in directing the attention of the health visitors to specific problems of the aged.

The department continued to receive reports from a number of hospitals on patients, mainly children, discharged home after treatment. These reports were sent to the health visitors concerned so that any necessary after-care could be provided.

### Attachment of Health Visitors to Group Practices

A pilot scheme to attach health visitors to group medical practices was introduced in the Crawley area.

So far as possible, health visitors were attached to practices in the ratio of one health visitor to about 4,000 patients on the doctors' lists and an effort was made to ensure that no practice, however small, was served exclusively by one health visitor. In order to facilitate the work, a car was made available to each health visitor and she was also provided with a telephone in her home.

The arrangements were discussed at a meeting held in Crawley in November, which was attended by family doctors and representatives of the executive council and of the department (including the nursing staff), at which it was generally agreed that the experiment was proving successful and worthwhile. The family doctors had found the new arrangements increasingly acceptable and it was clear that the initial hesitation and doubt on both sides had almost completely disappeared.

The development of this scheme is being watched carefully. It will be given every encouragement to make a major contribution towards the improvement of community health services.

### **Phenylketonuria**

The routine testing by health visitors of the urine of all newly-born children was continued throughout the year. No difficulties have occurred since the arrangements were introduced in May, 1960.

## **PART IV—PREVENTION OF ILLNESS, CARE AND AFTER CARE**

### **Health Education**

The arrangements for health education continued to run on the same lines as last year. Requests for talks continued to increase, especially from youth organisations and schools, and real interest was shown by most of the audiences. These group meetings are an excellent means of contact with the general public but individual teaching, by the personal efforts of the home-visiting staff, is likely to remain the real foundation of all effective health education.

The Central Council for Health Education arranged a short course in March for the nursing staff; the subject was "Parentcraft."

During Commonwealth Technical Training Week, a stand depicting some of the activities of the department formed part of a larger exhibition arranged at County Hall; an exhibition was also arranged at the Crawley clinic.

Small exhibitions on various topics were held in some of the more isolated villages. These were arranged during the infant welfare sessions and were provided mainly for mothers unable easily to visit the larger centres.

The medical and nursing staff gave talks (in addition to 130 given by the health education organiser) to a great variety of audiences throughout the year and I do not recall any invitation which was not accepted. Film shows arranged during the year numbered 93 and, in addition, 140 filmstrips on health education subjects were used.

Further information on health education (with special reference to school children) will be found in Part IX of the Report.

### **Home Safety**

The Home Safety Act, 1961 came into operation on 18th May. This Act empowered the councils of county districts to promote home safety

by giving information and advice on the prevention of accidents in the home. It thus enabled those local authorities which are not health authorities to carry out home safety education as a function of the authority, and empowered them to contribute to national and local non-profit making organisations whose activities include the promotion of home safety.

The County Council made financial grants in support of the work of the Crawley and Worthing Home Safety Committees and the staff of the department gave talks on home safety in clinics, schools and to voluntary organisations; these were illustrated by visual aid material which was made available upon request to representatives of the county district councils.

## Tuberculosis

The consultant chest physicians employed by the regional hospital board continued to act as part-time officers of the local health authority in connection with the arrangements for the prevention, care and after-care of tuberculosis and the health visitors played an active part in tracing and following up, wherever possible, all known contacts of the disease.

### Notifications

The number of primary notifications received was 68, which was 48 less than in 1960 and 69 less than in 1959.

Details of the notifications of respiratory and non-respiratory tuberculosis in 1961 were:

<i>Age</i>	RESPIRATORY			NON-RESPIRATORY		
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
0-1 ...	—	—	—	—	—	—
1-2 ...	—	—	—	—	1	1
2-5 ...	—	—	—	—	—	—
5-10 ...	—	1	1	—	—	—
10-15 ...	—	—	—	—	1	1
15-20 ...	4	1	5	1	—	1
20-25 ...	4	4	8	—	2	2
25-35 ...	10	5	15	—	3	3
35-45 ...	5	3	8	—	—	—
45-55 ...	5	—	5	—	—	—
55-65 ...	7	—	7	—	1	1
65-75 ...	7	1	8	—	—	—
75- ...	1	1	2	—	—	—
TOTAL 1961	43	16	59	1	8	9
TOTAL 1960	60	47	107	1	8	9

In addition to the above notifications, 3 cases became known through death returns and posthumous notifications.

### Contact Tracing

Occasionally, deaths occur of persons whose tuberculous disease was not notified during life. Contacts of these cases are followed up by the chest physicians, usually through the health visitors or the family doctors.

In newly-diagnosed cases, the family, and other 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 1955 to 1961.

<i>Year</i>	<i>No. of Contacts examined</i>	<i>No. found Tuberculous</i>
1955	701	12
1956	496	10
1957	538	8
1958	574	2
1959	505	9
1960	471	10
1961	448	3

### Care and After-Care

The following ancillary services were provided for persons suffering from tuberculosis:

- (a) Extra nourishment, consisting of up to two free pints of milk daily to all non-hospital patients suffering from active tuberculosis.
- (b) Beds, bedding and mattresses were made available by the Sussex Rural Community Council (grant-aided by the County Council) through their Area Committees, which cover the County. During the year, the Area Committees gave assistance to 83 patients.

### B.C.G. Vaccination

The County scheme for B.C.G. vaccination of school leavers was 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 inadequate resistance to tuberculous infection.

Particulars of the work carried out during 1961 will be found in Part IX of the report.

### Mass Radiography

The Mass Radiography Unit from Portsmouth continued its visits to many places throughout the County during 1961. As a result of these

visits, 9,954 persons were examined but at the time this Report was compiled the Unit was unable to give the final results of these examinations.

The Surrey Mass Radiography Unit continued its weekly visit to Crawley and the following table gives the number examined and the results of the examinations:

	<i>Number X-rayed</i>			<i>*Significant Pulmonary Tuberculosis</i>	<i>Primary Lung Cancer</i>
	<i>Male</i>	<i>Female</i>	<i>Total</i>		
General practitioner chest X-ray service ...	294	353	647	1 (male)	Nil
General public and factory groups ...	1,166	791	1,957	Nil	1 (male)
TOTALS ...	1,460	1,144	2,604	1	1

\*i.e. cases requiring treatment and/or close clinic supervision.

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

## Mothercraft Training

In March, a "problem" family, consisting of the mother and two children, were admitted to a training home in Surrey. The husband was serving a prison sentence and his absence afforded an opportunity to rehabilitate his wife and children. It was originally thought that the length of stay would be about two months but the family were at the training home for eight months.

The mother and children benefitted greatly by the training they received and they were visited frequently after they had been discharged in order to ensure that satisfactory home standards were being maintained.

Although the cost of this piece of preventive work is known, one can only guess at the savings which might accrue if this rehabilitation is a lasting success.

## Chiropody Service

Although the Minister of Health had in 1960 approved Proposals made by the County Council for the establishment of a chiropody service under Section 28 of the National Health Service Act, 1946, it had not been possible by the end of the year to recruit the necessary staff to establish chiropody sessions at the County Council's clinics.



During the year, two applications for financial grants to voluntary organisations providing chiropody were, however, received and these were approved.

## **Geriatric Services**

In co-operation with the regional hospital board, consultant geriatric physicians were appointed in the Chichester and Worthing areas.

I am much obliged to Dr. J. N. Mickerson of Chichester for the following first impressions of what he has found in West Sussex regarding the problem of old age in the community.

"The problem of caring for the elderly is increasing throughout the country. This problem is especially important in West Sussex, where the proportion of elderly people in the population is not only particularly high but is also expanding rapidly. There are many reasons for this, but major factors which must contribute to the disproportionately high aged population are the lack of industry to attract and hold younger people, together with the extensive building of bungalows in the residential areas.

Some measures have already been taken to deal with this problem. Chichester and Bognor Regis Councils have built, and are planning, houses and small flats specially designed for elderly persons and the county welfare services have a progressive plan to improve their residential accommodation. In this rural area, where the provision of domiciliary services are not easy, the neighbourly help service can be of considerable value.

Co-operation has been established with the Chichester group of hospitals and expert advice on geriatric medical problems is available for persons living at home and in the county welfare homes. An Assistant County Medical Officer, Dr. P. R. T. Wood, has been attending the geriatric out-patients' department at St. Richard's Hospital, Chichester, in order to gain clinical experience with elderly patients."

Dr. Mickerson has already made some constructive suggestions regarding closer integration of the work of the various authorities concerned with the welfare of old people, including the possible development of "aged communities" by the building of flats for old people as an integral part of local authority residential accommodation.

## **Home Help Service**

The arrangements for providing domestic help for households where such help was required continued to be organised on behalf of the County Council by the Women's Voluntary Services except in Worthing where the arrangements were delegated to the Borough Council.

The County Organiser was assisted throughout the year by W.V.S. area organisers, based on Bognor Regis, Chanctonbury, Chichester, Crawley, Horsham, Lancing, Littlehampton, Midhurst, Petworth, Rustington, Selsey, Shoreham-by-Sea and Southwick.

### **Staff Employed and Persons Helped**

As will be seen from the following table (which gives an account of the staff employed and hours worked over the past five years) no full-

time helps were employed. The service depended entirely on part-time labour, which is becoming increasingly difficult to recruit, particularly during the holiday season in the coastal towns.

### Staff Employed and Hours Worked

	1957	1958	1959	1960	1961
Part-time helps employed	337	370	362	413	448
Whole-time equivalent ...	117	118	129	124	126.6
Hours worked ... ..	255,732	257,898	275,129	273,879	275,982

Despite the rapidly-growing and ageing population and the need, wherever possible, to provide for the care of the sick at home rather than in hospital, it has not for various reasons been possible over the past few years to increase materially the number of hours worked in homes where help has been needed. During the past three years, the number of persons helped has increased by 26.5 per cent (41.4 per cent in the chronic sick and aged category) but the total number of hours worked has remained substantially the same.

### Number of Persons Helped

Category	1957	1958	1959	1960	1961
Maternity ... ..	316	281	297	281	265
Tuberculosis ... ..	27	18	18	13	15
Chronic sick and aged ...	1,218	1,313	1,438	1,501	2,033
Others ... ..	601	591	651	602	728
TOTAL ... ..	2,162	2,203	2,404	2,397	3,041

### Recovery Charges

Following a pay award to home helps, the maximum recovery charge was increased by 3d. to 4/- an hour from 2nd June, 1961; the minimum charge remained at 3d. an hour for the first five hours.

### Survey of Maternity Cases

A survey was carried out of all home confinements taking place during July to September to ascertain what arrangements mothers made for help in the home.

The health visitors completed 340 statements of particulars, which gave the following results:

(i) Mothers having a home help:			
(a) County Council	...	...	41
(b) Private	...	...	9
			50 (15 per cent)
(ii) Mothers not having a home help:			
(a) Husband helping	...	...	83
(b) Other relative helping	...	...	163
(c) Neighbour or friend helping	...	...	24
(d) "Not necessary"	...	...	3
			273 (80 per cent)
(iii) Mothers refusing a County Council home help on financial grounds	...	...	17 (5 per cent)
			340
	TOTAL	...	340

The seventeen mothers who refused a home help on financial grounds were invited to complete a statement of their financial circumstances; six did so and a letter was then sent to them explaining how much the service would cost. Of the eleven who did not complete financial forms, seven did not wish to do so (including one who had found other help, one who objected to a "means test" and one who thought the charges were too high from her experience at a previous confinement) and the four others failed to complete forms in spite of reminders. It was subsequently ascertained that these four mothers were all receiving help from relatives.

The survey did not suggest that any real hardship was being caused in maternity cases by the revised assessment scale.

## County Almoners

The three almoners employed in the department continued to be based on Chichester, Crawley and Worthing. They worked in close consultation with general medical practitioners and with the consultant chest and geriatric physicians in helping patients to overcome social and personal problems arising out of their illness. They also assisted in the co-ordination of the activities of other social workers in calling upon the various sources of statutory and voluntary assistance appropriate to the needs of particular cases.

There was a marked increase in the number of cases referred from the Worthing area where the high proportion of elderly retired people brings an ever-growing pressure on the available social services both voluntary and statutory.

Patients suffering from lung cancer and chronic bronchitis formed a large proportion of those referred from the chest clinics and many of these had problems which required long-term and intensive work. In the sphere of rehabilitation, recuperative holidays continued to provide a service of real benefit to many on the verge of a breakdown as a result of physical or mental stress.

In addition to their case work, the almoners continued to serve on a number of voluntary committees providing community care services of various kinds.

Towards the end of the year, a survey was put in hand with the object of determining the future rôle of the almoners in relation to the care and after-care services being made available by the County Council.

# PART V—AMBULANCE SERVICE

## General

The ambulance and hospital car service continued to be provided on an agency basis by the St. John and British Red Cross voluntary organisations but during the year the Midhurst station, previously operated by the British Red Cross Society, came under the direct control of the County Council.

With a view to the introduction of a more effective administration of a service now costing over £100,000 a year, the County Council had in November, 1960 approved the appointment of a County Ambulance Officer from 1st September, 1961.

At the County Council meeting on 24th November, 1961 instructions were given for preparations to be made for the ambulance and hospital car service to be provided as a direct County Council health service from 1st April, 1963.

## Statistics

As will be seen from the table on page 52 most ambulance stations showed an increase in mileage but Southwick and Worthing accounted for the main increase. The sitting case vehicles at Bognor Regis and Chichester proved most useful and the additional vehicles of the same type which will be forthcoming in the next financial year should bring about some reduction in hospital car mileage.

The average mileage per patient was 14.1 compared with 14.2 in 1960.

The number of accident and emergency cases dealt with was 3,240, which was an increase of 133 over 1960. August was again the busiest month for this type of case, due to the large influx of holidaymakers to the coastal resorts.

## Rail facilities

During the year, 557 patients were conveyed by rail for part of their journey, compared with 420 in 1960. Conveyance of invalids by this means is becoming more widely accepted and will help to reduce the demand on the ambulances and hospital cars, especially for long journeys.

## Ambulance stations

Building operations have been commenced on an ambulance station for Crawley, which will be part of the new County buildings. Apart from the usual administrative offices, there will be garages for six ambulance vehicles.

**AMBULANCE SERVICE**  
**Staff, Vehicles, Mileage and Patients**

Station	Staff*	Vehicles	Mileage			Patients		
			1960	1961	Variation	1960	1961	Variation
Bognor Regis ... ..	6 (5.5)	3	148,895†	51,078	- 1,421	15,418†	11,833	+ 1,366
Chichester ... ..	7 (7)	5		96,396			4,951	
Crawley ... ..	8 (8)	4	79,596	79,893	+ 297	4,881	4,738	- 143
Henfield ... ..	2 (1)	1	15,030	12,103	- 2,927	641	464	- 177
Horsham ... ..	7 (7)	3	46,063	47,768	+ 1,705	1,908	2,047	+ 139
Littlehampton ... ..	4 (4)	2	41,741	44,927	+ 3,186	2,499	2,729	+ 230
Midhurst ... ..	5 (3.5)	1	19,730	21,606	+ 1,876	845	932	+ 87
Petworth ... ..	4 (2)	1	18,134	18,753	+ 619	688	727	+ 39
Pulborough ... ..	3 (1.5)	1	21,619	25,278	+ 3,659	794	911	+ 117
Southwick ... ..	4 (3)	2	43,946	53,840	+ 9,894	3,479	4,489	+ 1,010
Worthing ... ..	11 (10)	5	80,630	91,601	+ 10,971	9,937	11,196	+ 1,259
TOTALS ... ..	61 (52.5)	28	515,384†	543,243	+ 27,859	41,090†	45,017	+ 3,927

\* Figures in brackets indicate whole-time equivalents.

† Includes 29,547 miles travelled by sitting-case vehicles.

‡ Includes 6,903 patients conveyed by sitting-case vehicles.

A site is being cleared for a station at Midhurst, which should be constructed and in operational use before the end of 1962.

### Hospital car service

Had it not been for the increase in mileage in the Worthing area, there would have been a reduction in the overall total. The volunteer drivers of the service meet a definite need for the conveyance of sitting patients where provision of an ambulance would be unnecessary.

Area	Patients			Mileage		
	1960	1961	Variation	1960	1961	Variation
Chichester	38,084	34,613	—3,471	232,541	228,177	—4,364
Horsham	33,647	34,500	+ 853	389,627	385,588	—4,039
Worthing ...	79,518	82,643	+3,125	504,421	513,062	+8,641
TOTALS ...	151,249	151,756	+ 507	1,126,589	1,126,827	+ 238

### Volunteers

I am grateful to the volunteer members of the St. John Ambulance Brigade and the British Red Cross Society and the hospital car drivers for all the time they have given, very often at some inconvenience to themselves, and am hopeful that they will continue to play an important part in the future service.

### Development of the Service

Since the beginning of the National Health Service in July, 1948 the County Council have carried out their responsibility to provide ambulance services in their area by means of agency arrangements with voluntary organisations (the St. John Ambulance Brigade and the British Red Cross Society) and on the whole the arrangements have worked economically and well.

Following the decision of the County Council to appoint a County Ambulance Officer on the staff of the department, the County Treasurer and I were instructed to carry out a preliminary enquiry into the desirability of making other arrangements for the control of the ambulance and hospital car services and to submit suggestions.

In considering this matter, we had regard to the statistics shown in the table on page 55 and to a number of other factors, including:

- (a) the standard of service expected by the public and by the hospitals and family doctors. This had obviously changed over the years; ambulance services, which were regarded in 1946 as being an appropriate field of activity for voluntary organisations, were now administered by local authorities largely as directly-provided services;

- (b) the development of hospital out-patient facilities and the provision of day hospitals in the area. These had made, and seemed likely to continue to make, considerable additional demands on the ambulance service; and
- (c) the amount of available voluntary service. This had not kept pace with the growth of demand and there had therefore been an increase in the proportion of "paid" to "voluntary" time. It seemed to us that the change had been accelerated by the fact that ambulance work was being increasingly regarded as a career rather than a voluntary activity. The effect of trade union organisation was being felt increasingly so that virtually all driving was being paid for in accordance with nationally-negotiated rates of pay and conditions of service, with the exception of a limited amount of voluntary stand-by duty.

It also seemed to us that, irrespective of whether an agency or directly-administered service was operated in future, the service would, for the reasons given above, need to be expanded materially over the next few years. Discussions which took place at officer level with the County Commissioner of the St. John Ambulance Brigade served to emphasise the difficulties under which the Brigade was operating. Although in some parts of the County recruitment of voluntary assistance remained good, it was nevertheless increasingly difficult in other areas to attract volunteers and there was a growing dependence on whole-time paid assistance.

All things considered, it seemed appropriate that consideration should be given to whether the needs of the public would be best met and the responsibility of the County Council be more satisfactorily discharged by the establishment of a directly-administered ambulance and hospital car service in which every facility and encouragement would be given to present and future volunteers to contribute to the success and economy of the service. It appeared that the County Council was at a disadvantage in having only nominal control over a service for which it was financially responsible and that this had implications, not only as regards the quality of the service, but also because the absence of direct control had serious disadvantages in such matters as civil defence and major accident procedures.

The voluntary organisations indicated that, if the County Council decided to bring the present arrangements to an end, they would be willing to co-operate to the fullest possible extent in maintaining the efficiency of the service during the transitional period and in supplementing a direct service with any volunteers they may be able to recruit.

After full consideration of our joint advice, the County Council adopted a recommendation of the County Health Committee that, with a view to the ambulance and hospital car services being directly administered by the County Council from 1st April, 1963 revised Proposals for carrying out the County Council's duties under Section 27 of the National Health Service Act, 1946 be prepared for submission to the Minister of Health and that a full report be made as to the estimated cost of implementing such proposals.

This report was prepared and approved by the Council and, early in 1962, the revised Proposals set out below were submitted to the Minister

of Health and served on all organisations and authorities which had a statutory right to receive them.

## COUNTY AMBULANCE SERVICE

### Comparison of Statistics, 1949-60

Year	Popula- tion*	Vehicles	Whole- time Paid Staff	Patients carried		Mileage		Total net cost †
				Ambul- ance	Hospital Car Service	Ambul- ance	Hospital Car Service	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(1) 1949	312,700	30	27	12,428	26,590	269,912	580,552	32,000 (1949/50)
(2) 1960	397,240	28	42	34,187	158,152	485,857	1,156,135	88,800 (1960/61)

\* The census figures of population for 1951 and 1961 were 319,000 and 411,000 respectively.

† The estimated total net cost for the financial year 1961/62 was £102,000.

## WEST SUSSEX COUNTY COUNCIL

### Proposed Arrangements for Ambulance Services

#### PART I

##### *Introductory :*

1. The County Council as local health authority (hereinafter called "the Authority") for the Administrative County of West Sussex (hereinafter called "the County") are required by Section 27 of the National Health Service Act, 1946 (hereinafter called "the Act") to make provision for securing that ambulances and other means of transport are available, where necessary, for the conveyance of persons suffering from illness or expectant or nursing mothers from places in their area to places in or outside their area.
2. The Authority are moreover empowered to carry out the foregoing duty either by themselves providing the necessary ambulances and other means of transport and the necessary staff therefor or by making arrangements with voluntary organisations or other persons for the provision by them of such ambulances, transport and staff.
3. Since the inception of the Act the Authority have carried out their duty under Section 27 thereof by arrangements (hereinafter called "the existing arrangements") with the St. John Ambulance Brigade and the British Red Cross Society (hereinafter called "the voluntary organisations") who have provided ambulance services on behalf of the Authority throughout the area of the County.
4. The Authority have resolved that from 1st April, 1963 they shall carry out their duty under Section 27 of the Act by themselves making available directly-administered ambulance services throughout the area of the County.



5. The information contained in Part II hereof does not form part of the Authority's revised Proposals but summarises the existing arrangements. The Proposals contained in Part III hereof replace all existing Proposals and are submitted for the approval of the Minister of Health in accordance with the provisions of Section 20 of the Act.
6. In these Proposals, unless the context otherwise requires, the following expressions have the meanings hereby assigned to them:  
"ambulance services" includes the hospital car service;  
"ambulance vehicles" means ambulances proper, sitting-case vehicles, dual-purpose vehicles, that is to say, vehicles capable of carrying both stretcher and sitting patients and cars used in connection with the hospital car service.

## PART II

### The Existing Arrangements

7. Subject to the modifications which have been made by the Authority from time to time with the consent (so far as may have been requisite) of the Minister of Health, the existing arrangements have been in operation since the inception of the Act.
8. Under these arrangements, subject to what is contained in paragraph 12 hereof, ambulance services are provided on behalf of the Authority (on such terms as have from time to time been agreed) by the voluntary organisations, that is to say, by the British Red Cross Society as respects the area of the rural district of Midhurst and by the St. John Ambulance Brigade as respects the remainder of the area of the County.
9. The terms referred to in the foregoing paragraph include terms relating to the payment of grants by the Authority to the voluntary organisations in connection with expenditure for which the Authority have not specifically accepted liability.
10. The voluntary organisations make available a sufficient number of ambulance stations manned by an agreed number of whole-time and part-time paid staff (for whose remuneration the Authority accept liability) and by such members of the voluntary organisations who undertake to give assistance without remuneration.
11. The Authority accept liability for the provision, insurance, equipment, repair and running expenses of ambulance vehicles operated by the voluntary organisations.
12. The hospital car service is administered by the St. John Ambulance Brigade and deals, on behalf of the Authority, with an appreciable proportion of sitting-cases. The Authority accept liability for the payment to drivers operating such service such mileage rates as the Authority may from time to time approve.
13. To meet the needs of the ambulance services of the Authority and of adjoining local health authorities, in so far as these require correlation, the ambulance services provided on behalf of the Authority have been co-ordinated with those of adjoining local health authorities and mutual aid arrangements are in existence.
14. Where the condition of a patient permits and other circumstances are, in the opinion of the Authority, appropriate, the Authority and the voluntary organisations arrange for patients to be conveyed by transport other than ambulance vehicles.
15. The authority and the voluntary organisations have taken steps to publicise the ambulance services available in the County and all bodies and persons who have occasion regularly to summon ambulance vehicles have been informed of the means whereby they may be made readily available either during the day or at night.

### PART III

#### The Proposed Arrangements

##### *Introductory :*

16. The existing arrangements as summarised in Part II hereof shall cease to have effect after 31st March, 1963.
17. Unless and until the Authority, subject (so far as may be requisite) to the consent of the Minister of Health, shall otherwise decide, it is proposed that arrangements on the lines of those embodied in this Part of these Proposals shall, as and when the Authority consider circumstances permit the introduction of all or any of them, operate in lieu of the existing arrangements.
18. Subject to such directions as may be given by the Authority from time to time, the ambulance services will be under the control of the County Health Committee (being the Committee established by the Authority as required by Section 19 and Part II of the fourth schedule of the Act) and the functions of the County Health Committee in this respect will, in general, be exercised by the Ambulance Sub-Committee of that Committee.

##### *Staff :*

19. The County Medical Officer of Health will be responsible for the day-to-day organisation, direction and operation of the services and will be assisted by such whole-time and part-time medical and non-medical staff as may be determined by the Authority.
20. The Authority intend to review their staff requirements from time to time and to adjust their staff establishment in the light of any factor which, in the opinion of the Authority, may make this course either necessary or desirable.
21. So far as may be practicable, it is also intended to encourage individual persons, including, in particular, members of the voluntary organisations and of such other organisations as may be recognised by the Authority, to contribute to the efficiency and economy of the ambulance services by giving voluntary assistance in such capacities as the Authority may approve.

##### *Ambulance Stations :*

22. It is the intention of the Authority to provide within the County, either directly or otherwise, a sufficient number of ambulance stations which will be properly equipped and maintained and which will be so sited and manned as best to meet the varying needs of the inhabitants of the Authority's area.
23. The Authority will make from time to time such changes in the number and siting of ambulance stations as appear to them to be necessary.
24. Whilst the siting of ambulance stations will not be unduly influenced by boundaries of county districts, the Authority will nevertheless consult with the council of a county district when it is proposed that any station situated in that district which is not to be replaced by another station in the same district shall be closed.
25. In addition to selecting sites considered most suitable to serve the needs of different localities, the Authority propose to experiment with schemes whereby in the vicinity of busy traffic routes at peak load periods and at holiday resorts during the summer season ambulance vehicles controlled by radio will be out-posted, that is to say, temporarily removed from the ambulance depôts where they are normally stationed and placed in positions considered to be well sited strategically in order to deal with accidents and other forms of emergency which may be likely to occur at or about those places during such periods.

*Ambulance Vehicles :*

26. It is the intention of the Authority to provide such ambulance vehicles as will ensure the efficient discharge of the Authority's duty under Section 27 of the Act.
27. Where it would be more appropriate to do so, patients will be conveyed by the hospital car service which will in future be directly administered by the Authority.
28. Where the condition of a patient permits and the Authority are otherwise satisfied that it would be proper so to do, the Authority will make such provision as may be necessary for journeys to be made by means of transport, including transport by rail, sea or air, other than by ambulance vehicles used by the Authority.
29. The Authority will provide for the satisfactory servicing and maintaining in good condition of all ambulance vehicles and for the replacement of any found to be unserviceable by other suitable ambulance vehicles and for the purchase of such additional ambulance vehicles as may from time to time be required.
30. The number of ambulance vehicles owned by the Authority will be such as to allow a margin for the maintenance by the Authority of a sufficient number of ambulance vehicles to serve as a reserve to replace ambulance vehicles undergoing repairs, maintenance or other works which temporarily render them unroadworthy.
31. The Authority will collaborate closely with, and where appropriate use the services of, other local health authorities, voluntary, industrial or other organisations, or individual persons for the time being providing their own ambulance vehicles or other form of transport which might, on occasion, be required to supplement the available ambulance services of the Authority.

*General :*

32. The Authority propose to make such arrangements consequential on or supplementary to the foregoing as appear to the Authority to be necessary or expedient and, in particular, but without prejudice to the generality of this clause, such arrangements will include:
  - (i) The furnishing to all bodies and persons concerned, for example, hospitals, general medical practitioners, dentists, domiciliary midwives, the police, fire service and telephone authorities in or adjacent to or serving the County, with up-to-date information about the ambulance services from time to time extant in the County and the means whereby these may readily be made available to all persons in need of them.
  - (ii) Staff matters covering such aspects as the attendance of operational personnel at refresher or other instructional courses and their training so as to render them interchangeable in the performance of their duties and qualified in the administration of first aid.
  - (iii) The introduction of a more adequate system of control and communication than has hitherto been practicable, in order to ensure the most efficient and economic use of both ambulance vehicles and personnel.
  - (iv) The concentration of ambulance vehicles or other forms of transport at scenes of large-scale accidents or major disasters.
  - (v) The precautions to be adopted when ambulance vehicles are used to convey persons suffering from infectious disease.

County Hall,  
Chichester.

1st December, 1961.

## PART VI—MENTAL HEALTH SERVICE

Although some years must elapse before a proper evaluation of the Mental Health Act can be made, it may be appropriate to give some first impressions on the changes brought about by this Act now that it has been in operation for a little over a year.

The increased use of informal arrangements and the new statutory provision whereby any relative can make application for the admission of a patient to a psychiatric hospital for observation in emergency has simplified procedure considerably and has done much to remove the stigma which many people have associated with treatment for mental disorder in the past. As a result of the enlightened policy adopted by Graylingwell Hospital in such measures as the "Worthing Experiment", the principle of informality and the day hospital treatment of mental illness was not unknown to the public in West Sussex before the inception of the Mental Health Act and general practitioners were already giving full support to this policy. The establishment over the years of psychiatric clinics in general hospitals has also done much to encourage the mentally ill to seek advice and early treatment. But despite these developments, the pressure on Graylingwell Hospital for the in-patient accommodation of confused old people remained and the average age of patients on admission to that hospital during 1961 was 55 years: some 34 per cent were aged 65 years and over.

In the field of mental subnormality, the numbers of patients in hospital care at the end of the year was slightly reduced as compared with the previous year, but those in residential homes increased. The public are still very apprehensive of having the mentally subnormal in the community but the increasing provision of hostels should do much to allay these anxieties and fears during the next few years.

The improvement of facilities at the training centres is doing much to encourage parents, many of whom would hitherto have sought to have their children admitted to hospital, to look after them at home and help them to enjoy a life similar to that of children attending ordinary schools.

A new development will take place at Rustington with the opening, in January 1962, of a Centre designed to provide young men with training in simple engineering and light assembly processes. Within the same curtilage, a small residential hostel will be opened for the accommodation and training in social habits of high-grade subnormal men who are deprived of normal home care.

In all these ways steps are being taken to bring new hope and encouragement to those who are either themselves suffering from mental disorder or who have the care of such afflicted persons in their hands.

Much has already been accomplished but much remains to be done and it is becoming increasingly clear that far more will have to be spent on buildings to house developing services and upon the training and recruitment of properly qualified staff than has ever been considered necessary in the past.

### **Community Mental Health Services Study**

During the year the independent research organisation Political and Economic Planning, with support from the Nuffield Provincial Hospitals Trust, decided to undertake a study of the development of community mental health services in various areas of the country and invited the department and Graylingwell Hospital to take part.

A steering committee was set up under Dr. F. M. Martin of the Department of Public Health and Social Medicine of the University of Edinburgh to obtain the following information:

- (a) a detailed description of the structure and mode of operation of the services;
- (b) an analysis of the statistics of patient movement;
- (c) a survey of patients in the community and their families, to ascertain needs and problems;
- (d) a study of the work actually carried out by social workers, welfare officers and others responsible for the day-to-day provision of community services.

Towards the end of the year, the steering committee decided to include a family interview survey in four selected areas (the Worthing district; Oldham; Salford; and the Tottenham, Edmonton and Enfield area) which means that it will be some time before the information obtained in this study can be collated and assessed. In view of the special part that West Sussex is taking in the project, it will, however, be particularly interesting to receive the report in due course.

### **Development of Community Care**

#### *Sites for training centres and residential hostels*

Despite much investigation, little progress was made in acquiring new sites for training centres and hostels although negotiations sometimes reached an advanced stage before serious difficulties arose. Only at Rustington, where the Council owned the property, was it possible to provide additional facilities for training and residential accommodation.

At the end of the year, land in the ownership of the Council at Ham Farm, Durrington, was being considered for a new junior training centre and residential hostel to serve the eastern coastal area of the County and negotiations were taking place regarding the terms upon

which the site in King's Road, Horsham (part of the Forest Hospital estate) could be acquired for similar purposes. In Chichester, a formal request had been made to Graylingwell Hospital Management Committee for land to be made available in Summersdale Road for the erection of a junior training centre upon which a residential hostel could be added at a later date. The site in Tushmore Lane, Crawley, which had been allocated for use as a hostel for adult subnormal females capable of working in the factory area of the New Town, was still being rented for agricultural purposes and some major difficulties were being encountered regarding a right of way over the only access road.

### *Mental Welfare Officers*

With the development of welfare services for old people and for the physically handicapped, it was decided that the district welfare officers, who had all been authorised officers under the Lunacy and Mental Treatment Acts, should discontinue their mental health work from 31st March, 1961. Thereafter, the admission of patients to psychiatric hospitals under statutory procedure became the responsibility of officers appointed to visit the mentally subnormal and their strength was increased by the transfer to whole-time mental health work of the district welfare officer in the Bognar Regis area. Office accommodation for all these members of the staff was made available but it was mostly in poor premises and not ideally situated to encourage the public to make full use of the facilities available.

### *Training Centres*

The three day training centres continued to operate satisfactorily during the year but building work at Worthing and Chichester hindered many of the activities. The hired premises at Horsham and Chichester obviously lack many of the advantages available in purpose-built units. Some simple assembly work has been undertaken at Horsham by senior pupils on behalf of firms in the Crawley factory area and some extension of such occupation is envisaged when more suitable accommodation becomes available at Worthing.

During the year, Miss J. Wakeham, Senior Assistant at the Worthing Centre, obtained the Diploma of the National Association for Mental Health for Teachers of the Mentally Handicapped, and Mrs. M. I. Green, Supervisor of the Chichester Training Centre, commenced a similar course in September.

A number of voluntary organisations took an interest in the work of the Centres and either provided Christmas parties or donated equipment for the use of the children. Thanks are particularly due to the Loyal Order of Moose at Worthing who gave a sum of £210 for playground equipment at Worthing and to the Worthing Branch of the

National Society for Mentally Handicapped Children who provided a television and radio set for the Rustington Training Centre.

### *Short-term residential care*

During the year, eight patients (5 males and 3 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, five patients (1 male and 4 females) were boarded-out in private homes or with foster-parents under the County Council's arrangements.

### *Mental Nursing Homes*

The Mental Health Act requires premises which undertake the nursing or other medical treatment of mentally disordered persons to register as mental nursing homes, and lays down special provisions regarding the registration, inspection and conduct of such homes.

During the year, five establishments were registered as mental nursing homes and, of these, four received a number of aged confused patients in addition to those who were physically ill and infirm. Some of these patients were transferred from psychiatric hospitals and were visited by hospital psychiatrists. The other home received a small number of grossly mentally and physically disabled infants.

A number of residential homes for mentally disordered persons (mostly approved homes or guardians under the former Mental Deficiency Acts) have been registered by the County Welfare Committee.

## **Statistics**

### *Mental illness*

The following statement, provided by the Medical Superintendent of Graylingwell Hospital, shows the numbers of patients admitted to Graylingwell Hospital during 1961. The mental welfare officers assisted in the arrangements for statutory admissions of patients under Sections 25, 26 and 29 of the Mental Health Act, 1959:

	<i>Males</i>	<i>Females</i>	<i>TOTAL</i>
<i>Mental Health Act, 1959</i>			
Section 5—(Informal) ... ..	292	496	788
Section 25—(Observation—28 days) ... ..	9	46	55
Section 26—(Treatment) ... ..	—	6	6
Section 29—(Observation in emergency—3 days)	56	72	128
Section 60—(Court Orders) ... ..	3	2	5
Section 65—(Court Order with restrictive clause)	1	—	1
<b>TOTALS</b> ... ..	<b>361</b>	<b>622</b>	<b>983</b>

The average age on admission was 54.8 years and 331 of the patients admitted were aged 65 years or over.

During the year, 769 patients (276 males and 493 females) left the hospital and 176 patients (61 males and 115 females) died. It will be noted from the following table that, of the 176 deaths, 153 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	221	55	365	128	586	183
Deaths ...	12	49	11	104	23	153

### *Mental subnormality*

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

	<i>Male</i>	<i>Female</i>	<i>Children</i>	<i>TOTAL</i>
In hospitals and homes under regional hospital board ... ..	176	108	92	376
In mental nursing homes ... ..	—	—	2	2
Under guardianship ... ..	6	14	—	20
In residential homes ... ..	7	25	13	45
Boarded out in private homes ... ..	10	17	1	28
Under informal community care ... ..	276	265	105	646
TOTALS ... ..	486	432	198	1,136

The number of subnormal persons admitted to hospital during 1961, the numbers still accommodated and those awaiting accommodation at the end of the year are shown in the following tables.

	<i>Admitted during 1961</i>			<i>Total number accommodated at 31.12.61</i>		
	<i>Male</i>	<i>Female</i>	<i>TOTAL</i>	<i>Male</i>	<i>Female</i>	<i>TOTAL</i>
Royal Earlswood Hospital, Redhill ... ..	15	6	21	145	99	244
The Manor, Epsom ... ..	1	—	1	13	13	26
St. Lawrence's Hospital, Caterham ... ..	—	1	1	1	3	4
Botley's Park, Chertsey ... ..	—	—	—	5	—	5
Farmfield, Horley ... ..	9	—	9	38	—	38
Laughton Lodge, nr. Lewes	—	—	—	18	11	29
Stoke Park, Bristol ... ..	—	—	—	2	2	4
Other hospitals and homes (regional hospital board)	1	—	1	16	10	26
TOTALS ... ..	26	7	33	238	138	376



Number of subnormal persons on waiting list for admission to hospital at 31.12.61 ...

Male	Female	Children	TOTAL
2	3	6	11

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

	Male	Female	TOTAL
Referred by relatives ... ..	5	1	6
Referred by officer of local authority ... ..	2	—	2
Referred by courts ... ..	3	2	5
Referred by local education authority ... ..	26	18	44
Referred by other sources ... ..	3	6	9
<b>TOTALS</b> ... ..	<b>39</b>	<b>27</b>	<b>66</b>

These 66 cases were dealt with as follows:

	Male	Female	TOTAL
Sent to psychiatric hospitals ... ..	9	3	12
Placed in residential homes ... ..	3	2	5
Placed under guardianship ... ..	—	1	1
Placed under informal community care ... ..	26	20	46
Action not yet taken ... ..	1	—	1
Died ... ..	—	1	1
<b>TOTALS</b> ... ..	<b>39</b>	<b>27</b>	<b>66</b>

### Training Centres

Centre	STAFF		PUPILS					
	Super-visor	Assistant Super-visors	On Register				Total	Daily Average Attendance
			Males		Females			
			Under 16	Over 16	Under 16	Over 16		
Chichester ...	1	1	11	1	7	6	25	18
Horsham ...	1	1	7	3	14	5	29	21
Worthing ...	1	3	17	8	19	16	60	44

In addition, 15 other persons (2 males and 1 female under 16 and 2 males and 10 females over 16) attended centres maintained by other authorities or voluntary bodies.

## **PART VII—OTHER SERVICES**

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

*(National Assistance Act, 1948)*

#### **Welfare of the Blind**

For many years, arrangements had been in operation whereby the welfare (other than the provision of residential accommodation) of blind and partially-sighted persons was dealt with in the County Health Department in co-operation with the West Sussex Association for the Blind who carried out general social welfare for such persons as agents of the County Council. Successive County Medical Officers of Health had acted as Honorary Secretary of the Association with a senior member of the staff as Case Secretary.

As foreshadowed in the Report for 1960, the Health Department's interest in this work was transferred to the Welfare Department during May, 1961. Eight home teachers of the blind became employees of the Welfare Committee but the advice of the medical staff in the County Health Department continued to be made available on all matters relating to the certification and follow-up of blind and partially-sighted persons.

I am grateful to the County Welfare Officer for co-operating in the compilation of the following information.

#### **Registration**

On 31st December, 1961 there were 963 blind and 310 partially-sighted persons on the register, compared with 965 blind and 308 partially-sighted on 31st December, 1960.

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

During the year, 84 new (i.e. excluding transferred) cases of blindness and 69 cases of partial sight were added to the register following examination by consultant ophthalmic surgeons.

#### **Analysis of Forms B.D.8**

An examination of the certificates (forms B.D.8) reveals that, of the 153 cases newly registered as blind or partially-sighted, the primary ocular disease was cataract in 43 cases and glaucoma in 27 cases. Other main causes of blindness or defective vision were retinal (including macular) degeneration (40), corneal ulcer (6), retinopathy (5), and myopia (7). There were no cases of retrolental fibroplasia.

#### **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 on the next page.

	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 ... ..	18	2	39	59 (88)
(b) Treatment (Medical, Surgical, Optical or Hospital Supervision) ... ..	25	25	44	94 (126)
TOTALS ... ..	43	27	83	153 (214)
2. Number of cases at 1 (b) above which:—				
(1) Received treatment for the first time ... ..	—	—	1	1 (2)
(2) Continued to receive treatment ... ..	6	8	15	29 (87)
(3) Refused treatment ... ..	1	—	—	1 (4)
(4) Had treatment deferred ... ..	4	—	1	5 (12)
(5) Were placed on waiting list for admission to hospital ... ..	3	—	1	4 (9)
(6) Died or left County before investigation ... ..	—	—	3	3 (12)
(7) Were under investigation at end of year ... ..	11	17	23	51 (—)
TOTALS ... ..	25	25	44	94 (126)

*Note:* The figures in brackets relate to 1960.

## Nurseries and Child Minders Regulation Act, 1948

This Act places a duty upon local health authorities to keep registers of, and empowers them to supervise,

- (a) premises (i.e. day nurseries) in their area, other than premises wholly or mainly used as private dwellings, where children are received to be looked after for the day or a substantial part thereof or for any longer period not exceeding six days; and
- (b) persons (i.e. child minders) in their area who for reward receive into their homes children under the age of five to be looked after for the day or a substantial part thereof or for any longer period not exceeding six days.

It is an offence under the Act for an occupier of premises to carry on a day nursery if the premises are not registered or for an unregistered child minder to receive into his home three or more children, of whom he is not a relative, from more than one household.

Every effort was made to maintain high standards in the day nurseries and amongst child minders. Frequent visits were made by members of the 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>	
	1960	1961	1960	1961
(a) Premises ... ..	25	30	537	629
(b) Daily Minders ... ..	6	9	47	72

In May, consideration was given to a suggestion received from the governors and managers of schools in Crawley that, in order to attract married women back to teaching, day nurseries or crèches should be provided by the County Council. No action was, however, taken on this suggestion as it was felt that the need could be met by private facilities, possibly arranged by the married women teachers themselves.

### **Registration and Inspection of Nursing Homes**

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

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

At the end of the year, there were 58 nursing homes with accommodation as follows:

<i>Maternity beds</i>	<i>Other beds</i>	<i>TOTAL</i>
5	913	918

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 and staffing 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. There has been some improvement in the standard of many homes but there is still cause for concern in a few cases.

### **Medical Examination of Staff**

Each prospective employee of the County Council is required to complete a statement of medical particulars, which is scrutinised by one of the medical staff. In the event of any unsatisfactory medical history, an examination is carried out or further information is obtained (with the candidate's permission) from his general practitioner. Chest X-rays are arranged for those whose work will bring them into contact with children.

In addition, firemen, police cadets and ambulance staff are examined as the need arises to determine their fitness to carry out their duties; examinations are also carried out for other local authorities from time to time.

The following is a summary of work done during 1961:

Medical statements completed	...	...	...	426
Chest X-rays arranged	...	...	...	13
Medical examinations carried out				
Firemen	...	...	...	13
Police cadets	...	...	...	15
Ambulance driver	...	...	...	1
Other authorities	...	...	...	14
				—
				43
				—
				482
				—

## Integration of the Health Services

The work of the local health authority continued to be carried out in harmony with that of the Executive Council for West Sussex and the South West Metropolitan Regional Hospital Board in so far as the functions of these two branches of the National Health Service required correlation with the services made available by the County Council.

I served on Chichester Group Hospital Management Committee and its Group Medical Advisory and Geriatric Liaison Committees, the Local Medical Committee for West Sussex, Graylingwell Group Hospital Medical Advisory Committee, the Local Obstetric Committee for West Sussex and was represented on Crawley Group Hospital Medical Advisory Committee. The Medical Officer of Health of Worthing served on the Worthing Group Hospital Management Committee. As shown in Appendix A of the Report, eight members of the County Health Committee served on that committee as representatives of statutory and voluntary organisations operating in the County.

Consultant chest physicians and consultant geriatricians had joint appointments with the regional hospital board and the local health authority and specialist advice in audiology, ophthalmics, orthopædics, obstetrics and psychiatry was made available in the County mainly by the hospital authorities.

No change took place in the arrangements described in earlier Reports whereby the department advised on the home circumstances of expectant mothers recommended for hospital confinement on social grounds; reports were also made available, upon request, to hospital consultants of all kinds.

The services of the department were used and welcomed by general medical practitioners, with whom relationships continued to be uniformly cordial and effective. Many midwives attended general practitioner ante-natal clinics and, in Crawley, as indicated in Part III of the Report, a start was made with the attachment of health visitors to group medical practices; elsewhere health visitors were in attendance, wherever possible, at welfare clinics run by general practitioners. At all times care was taken not to disturb the family doctor-patient relationship.

## **PART VIII—ENVIRONMENTAL HEALTH SERVICES**

The year brought some significant changes in the work connected with the environmental health services. At the beginning of the year, the Sub-Committee dealing with rural water supplies and sewerage grants became the Public Health Sub-Committee, with the following terms of reference:

- (1) To exercise the powers and duties of the Council under the Rural Water Supplies and Sewerage Acts and the Council's Scheme of Grants in Aid to rural water supplies and sewerage schemes, subject to the approval of the Finance and General Purposes Committee;
- (2) to exercise the powers and duties of the Council under Part II of the Food and Drugs Act, 1955, except sections 32, 33, 47 and 48, and regulations made thereunder; and
- (3) to advise the County Health Committee on such matters relating to public health as may be referred to the Sub-Committee from time to time.

Additional duties in connection with the Milk (Special Designation) Regulations, 1960 necessitated the recruitment of an assistant county public health inspector and Mr. G. R. Crowther took up this appointment on 19th June, 1961. Later in the year, additional assistance with sampling was needed and Mr. F. Wakeford was appointed part-time sampling officer.

Some concern was expressed during the year regarding the effect of possible increases of radioactivity on milk supplies and, although it was not necessary to use them, stocks of dried milk were made ready upon the recommendation of the Ministry of Health.

Figures given in this Part of the Report relate only to the work of the County Council's officers; those relating to housing were obtained from the Ministry of Housing and Local Government.

### **Food and Drugs Act, 1955**

#### **Milk (Special Designation) Regulations, 1960**

These regulations, received in September 1960, provided that from 1st January, 1961 all licences other than those of producers of milk would be granted by the food and drugs authorities. This meant that with the exception of the Borough of Worthing (which is a separate food and drugs authority) and the Urban District Council of Crawley (which acts as a food and drugs authority under delegated powers), some 276 licences had to be granted in the County on 1st January, 1961. Due to the shortage of technical staff, most of these licences were issued without the prior inspection of premises but with the proviso that inspections would be made at a later date. With the appointment of the Assistant County Public Health Inspector in June, a complete inspection of the licensed premises was begun and it was gratifying to find that with few exceptions the premises complied with the regulations.

At the end of the year, only eight premises licensed had not been inspected and these were premises which only operated at certain times of the year at holiday camps.

As will be seen from the results of samples shown in the following tables, a high standard of performance was maintained in the pasteurising plants in the County. Although there was an increase in the number of unsatisfactory samples, the principal cause was due to the failure of the keeping-quality test rather than to that for heat treatment. The heat-treatment test failures were found to be due to errors of the dairy staff, to electricity failures, and to the breakdown of the automatic oil-firing of a dairy boiler. Subsequent samples from the dairies concerned proved satisfactory in all cases.

It will be seen that 31 out of 267 samples of untreated or "raw" milk failed the methylene blue test, which indicates that the milk was not received in a clean condition from the farms; the failures were notified to the Ministry of Agriculture, Fisheries and Food, who are responsible for farm inspections. Apart from a report on one producer, where joint action was taken and it was revealed that a fault in the pipeline of the milking machine had caused the failures, no information was received regarding the other unsatisfactory results.

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

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

During the year, a pasteurising establishment in Littlehampton and the one at Wisborough Green closed down.

It is interesting to note that, with the exception of one small pasteurising plant at Five Oaks, there is no processing dairy in the County north of the Downs. Practically all the milk supplied to Crawley, Horsham and Petworth is obtained from dairies outside the County but care has been taken by routine sampling at depôts and shops to ensure that the milk produced is satisfactory.

The numbers of licences issued during the year were as follows:

Pasteurisers	...	...	...	...	7
Tuberculin tested dealers	...	...	...	...	12
Pre-packed licences	...	...	...	...	257
TOTAL	...	...	...	...	<u>276</u>

The samples of heat-treated milk shown below were procured for bacteriological tests and were examined at the Public Health Laboratories at Brighton and Portsmouth:

### Sampling of Heat-Treated Milk

	<i>Pasteurised</i>	<i>Tuberculin tested (pasteurised)</i>	<i>Channel Island (pasteurised)</i>	<i>School milk (pasteurised)</i>	<i>Sterilised</i>	TOTALS
No. of samples taken ...	490	279	109	136	26	1,040
No. satisfactory	471	272	109	130	26	1,008
No. unsatisfactory ...	19	7	—	6	—	32*

\* Note: 10 failed the phosphatase test and 22 the methylene blue reduction test.

### Sampling of Untreated Milk

	<i>Tuberculin tested (Farm bottled)</i>	<i>Tuberculin tested (Channel Island)</i>	<i>Tuberculin tested (Bottled at dairy)</i>	<i>Tuberculin tested (Churn)</i>	TOTALS
No. of samples taken ...	198	11	37	21	267
No. satisfactory ...	183	10	33	10	236
No. unsatisfactory ...	15	1	4	11	31

### Bottle Washing and Water Sampling at Dairies

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. This classification regards a one-pint bottle giving a mean bacterial colony count of not more than 600 as satisfactory; not more than 2,000 as fairly satisfactory, and over 2,000 as 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.

	1960	1961
<i>Bottle Rinses</i>		
Number of bottles examined ...	575	604
Number of bottles satisfactory ...	539	540
Number of bottles fairly satisfactory ...	24	52
Number of bottles unsatisfactory ...	12	12
<i>Water Sampling at Dairies</i>		
Number of samples procured and examined	18	36
Satisfactory ...	16	25
Fairly satisfactory ...	2	2
Suspicious ...	—	6
Unsatisfactory ...	—	3



## Inspection of Dairies

Inspections of dairies during 1961 numbered 552, an increase of 252 over the previous year.

## Sampling of Milk in Specified Areas

In addition to the routine samples mentioned above, a further 136 samples were procured in the County (which is designated as a "specified area" 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.

## Biological Sampling of Milk

During the year, 185 samples were procured for biological examination. Of these, 15 were found to contain *brucella* organisms, 16 samples were void due to the premature death of the guinea pigs, and 21 examinations had not been completed by the end of the year. In addition, 49 samples from a complete herd were procured at the request of a veterinary practitioner with the intention of eliminating *brucellosis* thought to be present in the animals; seven animals gave positive results. Arrangements were made for individual tests, for the reactors to be isolated from the remainder of the herd, and for the milk to be sent for heat treatment.

No sample of milk was found to contain *tubercle bacilli* but this should not give rise to any relaxation in biological sampling.

A notification was received from an authority outside the County that *tubercle bacilli* had been found in milk from a tuberculin tested herd within the County. The matter was referred to the divisional veterinary officer of the Ministry of Agriculture, Fisheries and Food, who arranged for the herd to be re-tested with tuberculin and for group and individual milk samples to be examined. No animals affected with the disease were found *at the time the examinations were made*.

Two cases of undulant fever in humans were reported from one County district where both patients had been drinking "raw" tuberculin tested milk. Samples at the sources of supply disclosed that *brucella* organisms were present in the milk of the two herds concerned. The milk from both farms was sent for pasteurisation and the veterinary inspector of the Ministry dealt with the infected herds.

## Other Sampling

The following information regarding samples procured during the year for examination under the Food and Drugs Act, 1955 and the Labelling of Food Order, 1953 has been obtained from reports of the Chief Inspector of Weights and Measures. The details given do not include those for the Borough of Worthing which is a separate food and drugs authority.

### Particulars of Samples analysed by Public Analyst and Departmentally by Weights and Measures Department

	<i>No. of samples procured</i>	<i>Examined departmentally</i>	<i>Submitted to Public Analyst</i>	<i>Adversely reported on</i>
1. Liquid milk:				
(a) Channel Island ... ..	414	406	8	3
(b) Other than Channel Island	1,336	1,313	23	15
(c) Designated milk ... ..	131	131	—	—
2. Processed milk, cream and food made from milk ... ..	62	—	62	6
3. Edible fats and oils ... ..	10	—	10	2
4. Preserves ... ..	21	—	21	2
5. Tinned, bottled and dried articles ... ..	51	—	51	16
6. Alcoholic beverages ... ..	93	80	13	2
7. Non-alcoholic beverages ... ..	44	—	44	16
8. Sugar and flour confectionery	86	—	86	22
9. Meat and fish products (not included in 5) ... ..	84	—	84	27
10. Vinegar, pickles and sauces ... ..	11	—	11	2
11. Spices, flavourings and essences	18	—	18	2
12. Cereal products ... ..	48	—	48	10
13. Medicines, drugs and surgical preparations ... ..	20	—	20	2
14. Miscellaneous ... ..	54	—	54	5

## Housing

No statistics can adequately demonstrate the improvements in physical and mental health brought about by satisfactory housing but the figures for the year showed that considerable progress continued to be made by the housing authorities in the County and by private builders. The annual housing return of the Ministry of Housing and Local Government indicated that more new houses had been built in West Sussex since the war than in any other of the 14 administrative counties in England and Wales with a similar population. New houses provided in West Sussex since the war number 52,361, of which 24,303 have been provided by local authorities. Apart from Crawley, most of the building has taken place in the coastal areas.



## 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 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 above an 8d. rate for sewerage.

The Public Health Sub-Committee of the County Health Committee deal with these matters and submit their decisions direct to the Finance and General Purposes Committee of the County Council.

During 1961, seven meetings of this Sub-Committee were held at which, in addition to dealing with the applications set out below, consideration was also given 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.

An engineering inspector of the Ministry of Housing and Local Government visited the County during the year to ascertain what progress had been made with regard to sewerage in the whole of the County and, in preparing information for his use, it was interesting to note that considerable progress had been made in all the rural districts with the provision of suitable sewage treatment and sewerage in the larger villages and hamlets.

As from the 1st April, 1961 the North-West Sussex Water Board was extended to include the Midhurst and Petworth Rural District Councils' water undertakings.

All the rural districts received 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 received grants towards water supplies.

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

## Sewerage and Sewage Treatment

<i>District and Parish or Village</i>	<i>Works and Cost</i>
<b>Chanctonbury R.D.C.</b>	
Ashington and Washington ... ..	Part of comprehensive drainage scheme—sewage treatment works and sewerage. Estimated cost £180,200. County Council grant £7,346 a year for 15 years and £6,721 a year for remainder of 30 years.
Small Dole ... ..	Part of comprehensive drainage scheme—sewage treatment works and sewerage. Estimated capital cost £45,000. County Council grant £2,552 a year for 15 years and £2,240 a year for remainder of 30 years.
Storrington ... ..	Sewage treatment works and sewerage—also an extension to original proposals for sewerage. Cost £193,000, on which County Council grant of £6,785 a year for 30 years was agreed. Extension in Sullington costing £4,000 increased County Council's grant by £112 a year for 30 years.
West Chiltington, Nutbourne and Thakeham ... ..	Part of comprehensive drainage scheme—new sewers to connect into Pulborough scheme. Estimated cost of this part £48,000. County Council grant £1,603 a year for 15 years and £1,328 a year for remainder of 30 years.
<b>Chichester R.D.C.</b>	
Chidham and Hambrook	Scheme of sewerage. Cost increased to £75,611. County Council grant increased to £1,948 a year for 30 years.
Middleton-on-Sea ... ..	Scheme to divert sewage discharging into Bognor Regis sewers (and thence to a sea outfall) by pumping to new sewage treatment works at Lidsey for full treatment. Estimated cost £59,700. County Council approved scheme in principle but deferred fixing amount of grant.  Additional sewerage in East Avenue. Estimated cost £1,120. County Council grant of £33 to £45 a year subject to Ministry approval.
North Mundham ... ..	Small extension to sewer—scheme approved but amount of grant not determined.
Stoughton and Walderton	Scheme submitted for a sewage treatment plant and sewerage; to be carried out in two stages at an estimated capital cost of £51,500. In view of the possible use of the valley of the River Ems (in which the sewage treatment works would be situated) for water supply and to the comparable cost of connecting the sewers to Westbourne, the County Council did not approve the scheme.

<i>District and Parish or Village</i>	<i>Works and Cost</i>
West Ashling ... ..	Extension of sewers. Total cost £800. County Council grant £200.
West Marden ... ..	Duplication of a pumping main to deal with additional flow during peak periods. Estimated cost £275. County Council grant £137. 10s. 0d.
West Wittering ... ..	Scheme of sewerage for Briar Estate area to be pumped to main Wittering sewerage scheme. Will eliminate small sewage treatment works on a Council housing estate. Estimated cost £3,642. County Council grant (dependent on Ministry grant) £102 to £157 a year for 30 years.
<b>Horsham R.D.C.</b>	
Pondtail Road area, Horsham ... ..	Scheme of sewerage (previously approved) with extensions. Cost £16,279. Ministry grant increased. County Council grant £475 a year for 30 years (previously £511).
Tower Hill and Christ's Hospital ... ..	Further revision of proposed scheme for main drainage and sewage treatment works. Estimated cost £40,572. County Council grant increased to £1,132 a year for 30 years (previously £1,091).
<b>Midhurst R.D.C.</b>	
Habin and Nyewood (Rogate and Harting)	Ministry approval given to provisional grant aid. Cost of sewerage scheme £15,850. County Council grant £710 for first year reducing over 30 years to £245 a year.
Stedham and Iping ...	Scheme of sewerage and sewage treatment, originally planned for Stedham, extended on suggestion of County Council to include Iping. Estimated cost £38,600. County Council approval given to scheme but amount of grant dependent on Ministry contribution.
Tillington ... ..	Sewerage and sewage treatment works. Estimated cost reduced to £38,080. County Council annual grant amended to £1,500 for first year reducing to £520 over 30 year period.
<b>Worthing R.D.C.</b>	
Roundstone area of East Preston/ Angmering ... ..	Proposed scheme of sewerage to provide for new housing. Estimated gross cost £30,000. Net cost to Rural District Council £13,000. Scheme approved by County Council but question of grant deferred.
Sompting ... ..	New sewers in Osborne Road—part replacement of collapsed sewer. Estimated cost £12,000. Scheme approved by County Council but question of grant deferred.

## Water Supplies

<i>District and Parish or Village</i>	<i>Works and Cost</i>
<b>Chichester R.D.C.</b>	
East Marden ... ..	Proposed extension of mains supply to replace private supply known to be polluted and of insufficient pressure. Estimated cost £1,460. Scheme approved. No grant payable as Rural District Council's rate for water supply is under 2d. in the pound.
<b>Midhurst R.D.C.</b>	
Harting Coombe ... ..	Proposed extension of mains supply to replace well supplies. Estimated cost £3,660 showing a deficiency of £337 a year. Scheme approved with grant equivalent to that of Ministry.
<b>Petworth R.D.C.</b>	
Petworth ... ..	Proposed extension of mains supply for second stage of housing scheme. Estimated cost £800. Scheme approved with grant equivalent to that of Ministry.
<b>North-West Sussex Water Board</b>	
Cocking, Heyshott and Bepton	Scheme to take over a private estate supply and extend mains in order to provide an adequate supply of water. Estimated cost £16,377 (since increased). Scheme approved with grant equivalent to that of Ministry.
Lurgashall, Upperton, Tillington ...	<p>Twenty-one schemes of extension of water mains necessitating the laying of 3,325 yards of 6 inch, 5,472 yards of 4 inch and 2,112 yards of 3 inch main to serve 217 properties—195 for the first time.</p> <p>Estimated cost exclusive of fire hydrants £19,265.</p> <p>Schemes approved with grant equal that of Ministry. Estimated contribution by County Council £1,928.</p>
Billingshurst (3) ...	
Wisborough Green (2)	
Coldwaltham ...	
Amberley ... ..	
Storrington ... ..	
West Chiltington (3)	
Rudgwick ... ..	
Loxwood (Alfold Bars)	
Horsham Rural ...	
Steyning ... ..	
Henfield (3) ... ..	
Southwater (2) ...	

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

	1960	1961
Total number of samples (bacteriological) ...	664	721
Number procured from:		
Pumping and booster stations ... ..	480	536
Satisfactory ... ..	478	528
Fairly satisfactory ... ..	2	3
Suspicious ... ..	—	2
Unsatisfactory ... ..	—	3
Distribution points ... ..	180	178
Satisfactory ... ..	178	172
Fairly satisfactory ... ..	—	1
Unsatisfactory ... ..	2	5
New Mains before public use ... ..	4	7
Satisfactory ... ..	1	6
Unsatisfactory ... ..	3	1

### Other Water Sampling

Sixteen satisfactory samples of water (one chemical and fifteen bacteriological) were procured from homes and institutions in the County.

### Swimming Baths

During the summer months, eleven samples of water were procured from school swimming baths and examined bacteriologically; all proved satisfactory. The residual chlorine content of the water was checked at each visit and found to be satisfactory.

### Flooding

Due to abnormally heavy rainfall towards the end of 1960, some districts of the County experienced considerable flooding and overloading of sewers and ditches during the last two months of that year. Flooding was again troublesome in the early months of 1961.



# PART IX—SCHOOL HEALTH SERVICE

## Statistics

### Child Population

The increase in the child population as compared with last year is shown below:

<i>Age</i>	1960	1961	<i>Increase</i>
Children under 1 year	5,600	5,810	210
1 to 5 years	21,800	22,690	890
Total under 5 years	27,400	28,500	1,100
5 to 14 years	61,500	63,100	1,600
Total under 15 years	88,900	91,600	2,700

### Number of Pupils

In January, 1962 there were 57,165 children on the rolls of maintained schools in the County, an increase of 1,219 on the figure for last year. The numbers of children in maintained schools in the County during the past two years are shown below:

<i>Type of School</i>	<i>Number of Schools</i>		<i>Number on Roll</i>	
	1960	1961	1960	1961
Nursery	4	4	176	179
Primary	174	172	31,490	32,207
Grammar	10	10	5,626	5,559
Bilateral (Grammar/Secondary)	3	3	2,555	2,956
Technical High	1	1	576	567
Secondary Modern	24	25	15,191	15,340
Special	4	4	332	357
<b>TOTALS</b>	<b>220</b>	<b>219</b>	<b>55,946</b>	<b>57,165</b>

## Medical Inspection

### Periodic and Special Inspections

The practice of arranging for the medical examination of children at least three times during their school lives was continued as in previous years.

These examinations take place as soon as possible after admission to school, in the last year at a primary school or the first year in a secondary school and in the last year of compulsory school attendance. A further examination is arranged for those children who remain at school after they have reached school-leaving age.

On the controversial issue of substituting a system of selective examinations in place of the present periodic medical inspection of children in their last year at a primary school, Dr. F. Cockcroft has commented:

"The alternative of selective examination has much to commend it but I know from much experience that many parents like the children to have this intermediate examination, even though they may not be able to be present at the examination. One often forgets the child's feelings and I am sure that it must be psychologically good for a child to have an examination and, if satisfactory, to be told so, or to be assured (if indeed this is the case) that being a bit over or under average weight is not abnormal. Without necessarily being overfed or underfed we shall always have the asthenic and plethoric types, but both being equally fit and well. It is true that the general picture I see is of children being larger and maturing earlier.

Possibly not as much as adults, but still to an appreciable extent, children sometimes require reassuring about themselves and having simple queries answered by a doctor without having to visit their own doctor. I feel the intermediate examination offers something of far more value than the obtaining of statistics."

In the middle of the year, two additional full-time medical officers were appointed and approximately 60 per cent of their time was allocated for work in the school health service. This addition to the school medical staff resulted in the schools being visited more frequently and enabled arrangements to be made for children requiring observation to be seen more often.

The shortening of the interval between visits to schools by the school doctors is reflected (as will be seen from table C on page 106) in the lower number of children presented for special inspections and the increase in the number of re-inspections.

Table A on page 105 shows that, during 1961, 17,766 children were examined at periodic medical inspections compared with 15,886 in the previous year. The percentage of children whose physical condition was regarded as satisfactory rose from 99.47 in 1960 to 99.86 in 1961.

The number of children who received a special inspection was 620 as compared with 829 in 1960. Special inspections are carried out at the request of parents, headteachers and school medical officers and are additional to those arranged for children in the routine age groups.

Children re-examined for conditions found at previous inspections to require observation numbered 13,447. The corresponding figure for 1960 was 7,162.

An analysis of children examined in the various age groups during the past two years is given on the next page.

	1960	1961
Entrants ... ..	5,899	6,492
Other periodic examinations ... .. (Children aged 10-11 years or those who had not been previously examined in this age group)	6,166	6,887
Leavers ... ..	3,821	4,387
	<hr/>	<hr/>
Special Examinations ... ..	15,886	17,766
	829	620
	<hr/>	<hr/>
TOTAL ... ..	16,715	18,386
	<hr/>	<hr/>

### Co-ordination with other Health Services

As mentioned in previous reports, close co-ordination is maintained with the health services provided by the County Council as local health authority, particularly those concerned with infant welfare and mental health. As far as possible, the medical officer who sees children in an infant welfare clinic is also responsible for the schools in the area served by that clinic. This arrangement makes for continuity of observation and for the creation of good relationships with parents and children. Health visiting and infant welfare clinic record cards are transferred to the school health service when children reach school age.

Co-operation with general practitioners and hospitals continued to be very good and everything was done to make the exchange of information about the health of children as simple and efficient as possible.

### General Physical Condition

Once again I am glad to report that, with a few exceptions, the general physical condition of the children examined was satisfactory. Of the 17,766 children seen at periodic medical inspections, the physical condition of only 24 (0.14 per cent) was considered by the school medical officers to be unsatisfactory. This was the lowest percentage ever recorded in the County.

There are, however, many factors affecting the general physical condition of children at various periods in their lives and it is unlikely that in any one year there will not be a few children whose general condition is unsatisfactory at the time they are examined.

It should be appreciated that the classification of general condition is the summing up by the medical officer of a child's over-all physical fitness; some children whose general condition is satisfactory may nevertheless require treatment for specific defects.

The following table shows the physical condition of children inspected in each of the last five years:

Year	<i>Physical condition of school children</i>		
	<i>Percentage found to be satisfactory</i>	<i>Percentage found to be unsatisfactory</i>	
		<i>West Sussex</i>	<i>England and Wales</i>
1957	99.3	0.7	1.7
1958	99.5	0.5	1.5
1959	99.2	0.8	1.1
1960	99.5	0.5	0.9
1961	99.9	0.1	*

\*Not available.

### **Cleanliness Inspections**

Routine visits by school nurses to primary schools (and to secondary and grammar schools at the request of head teachers) were continued. On occasions there has been comment on the need for these inspections but while there is still a hard core of verminous families, however small this may be, the need for inspections will remain. One child with a verminous head, if undiscovered and untreated, is a potential source of infestation to other children. This is illustrated by the following remarks from Dr. F. Cockcroft:

"The families having dirty children are usually known to the local health department, the school nurses and often to the housing department. Happily, they are few in number but much time and effort is spent in trying to improve conditions. Infestations are few but when one does occur it can quickly affect other very 'innocent' children. An example of this happened when a family, including the mother, was found to have *pediculosis capitis*. One of the family attended a grammar school in another town and infested several girls there before she was discovered and treated."

Table D on page 106 shows that the school nurses carried out 53,936 individual examinations of children in schools and that 104 children were found to have nits or vermin in their hair. The corresponding figures for 1960 were 56,739 and 112 and, for 1959, 50,683 and 104.

### **Foot Health**

Much has been written in the past about the prevention of plantar warts, which are due to a virus, and many arguments and articles have been written on the desirability of discontinuing barefoot dancing and barefoot physical training as a means of preventing the spread of these warts.

One of the arguments for barefoot physical education is that it enables children to spread their toes and to make full use of their foot muscles but this view can be over-emphasised; it is not normally possible to arrange this form of physical training at such regular intervals as will make any appreciable difference.

There seems, however, to be little doubt that plantar warts are more prevalent amongst those who do barefoot exercises and dancing

and, in children of secondary school age, there are more amongst girls than boys. This may merely be due to the fact that the skin of girls is less tough than that of boys and the insults and injuries caused to girls' feet by ill-fitting shoes may predispose to foot infections in girls.

Once the virus has established itself it can be extremely difficult to eradicate and, if not cured, can produce quite a painful disability. With this in mind, after discussion with the Director of Education, an approach was made to a skin specialist in the County who very willingly agreed to the attendance of County physical education teachers at his clinics where they had an opportunity of seeing all types of foot infections and the various methods of treatment. It is hoped that, as a result of their visits, the teachers will have a better understanding of the problem and be able to make a useful contribution towards its prevention and eventual eradication.

Much has also been said and written about the use of foot baths prior to entering swimming pools, a subject which is assuming increasing importance now that many schools are building their own pools.

The main purpose of the foot bath is to remove obvious grime and dirt. It will not kill the virus of the plantar wart or the causal agent of athlete's foot and the introduction of a disinfectant powerful enough to do so would probably remove the skin as well. Nevertheless, the foot bath has its place in the hygiene of swimming pools and, properly sited (on the route which must be taken from the dressing room to the pool), should be an intrinsic part of a swimming pool scheme.

## **Medical Treatment**

### **Statistics**

The percentage of children examined in the three main age groups and found to require treatment was 13.9. This showed an increase of 0.7 per cent on the corresponding figure for 1960. Table A on page 107 shows the numbers and types of defects referred for treatment or observation. The number of children found at special inspections to require treatment or observation is given in table B on page 108.

### **Eye Clinics**

During the year the ophthalmic specialists carried out 3,294 examinations of school children at ten centres in the County. This was an increase of 1,048 on the figure for 1960 and was partly due to additional sessions being made available by the South-West Metropolitan Regional Hospital Board at the eye clinics in Crawley and Horsham.

Spectacles prescribed for school children numbered 1,520; 207 pairs more than in the previous year.

Fifty-seven children were admitted to hospital for operative treatment for squint and 54 operations were performed. Operations on the remaining three children were postponed until 1962 as their eye cultures were not sterile.

Orthoptists treated 503 children at clinics in Chichester, Crawley, Horsham and Worthing. The number of children who received orthoptic treatment in 1960 was 395.

### Orthopaedic Clinics

Orthopaedic clinics were held in six centres in the County. Mr. J. D. Wilson, F.R.C.S., attended the clinic at Chichester and the other five clinics were attended by Mr. John A. Cholmeley, F.R.C.S., to whom I am indebted for the following contribution:

"The orthopaedic clinics in the County continue to carry out very useful work for pre-school and school children. Their existence is of value not only to school medical officers but also to general practitioners, particularly where the out-patient waiting lists at the hospitals are long. As the general practitioners are consulted before children are referred to the clinics and letters are sent to them giving a report after the first visit, a good liaison has been developed and quite frequently the general practitioners themselves refer their patients to the clinics.

At each clinic there is a physiotherapist who has had special experience in orthopaedic work and so is able to make and check plasters, fit splints and supervise surgical footwear and instruments in addition to carrying out various forms of physiotherapy; her work is invaluable. In some cases, treatments are carried out in the schools, thus reducing the loss of school time to a minimum, and several of the treatment centres are close to a school so reducing travelling time.

As in all out-patient clinics, many of the cases seen may seem trivial but such things as advice on, or adjustments to, shop footwear can often be of considerable economic value to the parents and simple early treatment of some conditions can avert the need for an operation at a later date. Even when no treatment is called for, reassurance of an anxious parent can be of great benefit to a whole family."

The following table shows the number of sessions held by school orthopaedic surgeons, the number of cases seen and the attendances. The numbers in brackets refer to children under school age and are included in the total figures.

Clinic	No. of Sessions	No. of Cases Seen			Total Attendances
		New	Old	Total	
Chichester ... ..	11	69 (30)	105 (26)	174 (56)	266 (85)
Crawley ... ..	16	76 (37)	48 (12)	124 (49)	217 (79)
Horsham ... ..	15	63 (23)	63 (15)	126 (38)	225 (64)
Lancing ... ..	7	22 (10)	38 (9)	60 (19)	102 (32)
Littlehampton ... ..	8	22 (4)	46 (9)	68 (13)	128 (27)
Worthing Borough ... ..	11	37 (13)	41 (13)	78 (26)	132 (39)
TOTAL ... ..	68	289 (117)	341 (84)	630 (201)	1,070 (326)

The types of cases seen by the orthopaedic surgeons are shown below: again, the figures in brackets refer to children under school age and are included in the totals.

<i>Diagnosis</i>	<i>Number of</i>		<i>TOTAL</i>
	<i>Boys</i>	<i>Girls</i>	
Club foot ... ..	9 (—)	10 (4)	19 (4)
Dislocation of hip ... ..	1 (1)	3 (—)	4 (1)
Spastic paralysis ... ..	23 (4)	18 (3)	41 (7)
Spina bifida ... ..	9 (3)	10 (3)	19 (6)
Torticollis ... ..	6 (4)	5 (2)	11 (6)
Bow legs ... ..	6 (2)	8 (6)	14 (8)
Knock knees ... ..	47 (29)	35 (19)	82 (48)
Abnormalities of spine ... ..	18 (1)	20 (2)	38 (3)
Flat feet, etc. ... ..	109 (45)	103 (30)	212 (75)
Poliomyelitis (paralyses or pareses) ... ..	30 (—)	23 (—)	53 (—)
Fractures ... ..	— (—)	1 (—)	1 (—)
Tuberculous joints ... ..	— (—)	3 (—)	3 (—)
Perthe's disease ... ..	9 (1)	2 (—)	11 (1)
Apophysitis of the os calcis, etc. ... ..	2 (—)	3 (—)	5 (—)
Osgood-Schlatter's disease ... ..	2 (1)	1 (—)	3 (1)
Pseudo-hypertrophic muscular dystrophy ... ..	2 (—)	— (—)	2 (—)
Other conditions ... ..	51 (18)	61 (23)	112 (41)
<b>TOTAL ... ..</b>	<b>324 (109)</b>	<b>306 (92)</b>	<b>630 (201)</b>

During the year, 50 children (including five under school age) received in-patient treatment.

Surgical appliances were supplied to 104 children, including 11 under school age.

### Physiotherapy

The following statement shows the cases treated by the physiotherapists under the instructions of the orthopaedic surgeons. Sessions were held at various clinics (see page 112) and, when necessary, children were visited in their homes and schools.

<i>Number of Cases Treated</i>			<i>Total Attendances</i>
<i>Old</i>	<i>New</i>	<i>Total</i>	
333 (62)	674 (178)	1,007 (240)	6,783 (1,406)

*Note:* The figures in brackets refer to children under school age and are included in the total figures.

## Speech Therapy

In June, the establishment of speech therapists was increased to three by the appointment of Mrs. A. Miles. This enabled the areas supervised by each speech therapist to be revised and their work to be arranged to better advantage.

Prior to the appointment of Mrs. Miles, it had been necessary to reduce the number of sessions in certain areas and at Shoreham to close the speech clinic and transfer the children to the clinics in Lancing and Worthing. Inevitably this caused inconvenience to parents and children. The clinic at Shoreham was re-opened in June.

The increased mobility of the speech therapists since they were allocated cars has resulted in a more flexible service and the provision of speech therapy in those areas where it is most needed at any particular time.

The following comments on their work have been received from the three speech therapists:

"The advantages of each therapist having a car are many and the following are given as some examples. In Billingshurst, the children used to spend the better part of a day travelling to and from Horsham. Now each child receives care in his own school, losing only the actual treatment period away from his lessons. Weekly contacts can be made with the teachers concerned and parents can come conveniently to the school or be visited at home. The same advantages apply in the Ashington, Findon, Steyning, Storrington and Thakeham areas. Without a car, it would be impossible for the therapist to visit this number of schools in the time available. In Crawley more centres can be visited with less loss of travelling time both to the therapist and to the children. It is hoped to extend these arrangements wherever possible, although the sessions at the clinics will of course continue to be available for the majority of children.

The tape recorders too have proved a valuable addition to equipment, although some difficulty has been experienced in finding suitably quiet conditions for recording. More accurate phonetic records can be kept, improvement can be more accurately assessed and treatment, particularly with older children who can really hear their problem and so work more rapidly to its correction, can be greatly facilitated.

Among the children receiving speech therapy, the proportion of those suffering from articulatory defects remains constant, there being twice as many children with such defects compared to those suffering from stammering, language disorders and cleft palate. The proportion of young children (i.e. from pre-school age to seven) attending the clinics remains high, as it should. The health visitors are responsible principally for these prompt early referrals which prevent so many later problems."

The table on the next pages gives particulars of the number of pupils treated and under observation, according to category of defect or disorder of speech, at the various treatment centres.



## SPEECH THERAPY

CENTRE	Defect or Disorder of Speech										Number discharged during the year	Waiting list at 31.12.61	Number of visits to schools or homes
	Articulation	Language	Fluency	Voice	Associated with cerebral palsy	Associated with cleft palate	Total number of children	Total attendances					
Crawley ...	T	59	11	13	1	4	2	90	1,049				
	O	43	2	22	1	—	1	69	218		98	22	
Horsham ...	T	23	5	11	—	4	1	44	406				
	O	10	2	12	—	1	1	26	73		37	19	16
Billingshurst	T	5	—	1	—	—	—	6	8				
	O	11	—	—	—	—	—	11	11		2	3	2
Bognor Regis	T	13	1	—	—	—	1	15	169				
	O	8	2	3	—	—	2	15	35		8	5	20
Chichester ...	T	30	2	6	—	2	4	44	355				
	O	20	10	13	2	—	1	46	63		12	3	43
Midhurst ...	T	8	—	2	—	—	1	11	75				
	O	7	—	5	—	—	—	12	15		3	2	13
Petworth ...	T	6	1	2	—	—	—	9	95				
	O	4	1	3	1	—	3	12	18		1	—	15

Lancing ...	T	14	—	3	—	3	—	20	190	1	3	4
	O	7	1	2	—	—	—	10	25	—	—	—
Little-hampton ...	T	8	1	4	—	—	1	14	161	3	7	5
	O	16	1	2	—	—	—	19	31	—	—	—
Shoreham ...	T	12	2	2	—	2	1	19	197	5	6	1
	O	4	1	4	—	1	—	10	10	—	—	—
Ashington & Findon ...	T	10	—	1	—	—	—	11	48	1	—	—
	O	—	—	—	—	—	—	—	—	—	—	—
Steyning ...	T	10	—	1	1	—	—	12	154	—	—	—
	O	—	—	3	—	—	—	3	3	—	—	—
Storrington & Thakeham	T	8	—	—	—	—	—	8	33	1	1	—
	O	3	—	—	—	—	—	3	3	—	—	—
Worthing ...	T	10	—	8	1	5	—	24	345	5	6	—
	O	18	1	8	—	1	—	28	67	—	—	—
TOTAL ...	T	216	23	54	3	17	14	327	2,287	70	184	141
	O	151	21	77	4	2	9	264	572	—	—	—

T indicates the number of pupils treated.

O indicates the number of pupils under observation.

## Minor Ailments

During the year, 368 children made 607 attendances at minor ailment clinics. Attendances have declined steadily over the past ten years and it is interesting to compare these figures with those for 1951 when 2,379 children made 8,774 attendances. No longer do large numbers of children attend for treatment of minor eye and ear conditions and skin infections. The clinics are now consultative or advisory, where parents may obtain help and advice on a wide range of problems concerning their children.

## Enuresis

Children found to be suffering from enuresis are issued with pad and bell alarms when the school medical officers consider this type of treatment is indicated and after consultation with the general practitioners concerned.

From the reports received, it is apparent how much the parents and children appreciate the opportunity to try this form of treatment even when it does not result in a complete cure. On one occasion, the father of a child whose enuresis had stopped was so grateful that he offered to buy an alarm for the use of other children in the County.

During the year, reports were received on 13 boys and on one girl to whom enuresis alarms had been supplied. The details given below show that in eight cases the results were completely successful. In four cases the bedwetting became much less frequent; the one girl left the district before the result could be assessed, and the remaining case was a boy aged 16 years who refused to co-operate.

<i>Age of child</i>	<i>History of bedwetting</i>	<i>Result of treatment with enuresis alarm</i>
8	From birth.	Enuresis less frequent.
8	From birth. Treated with drugs.	Completely dry after one week.
10	From birth.	Some improvement but not cured.
16	From early childhood.	Refused to use the alarm.
11	From birth. Treated with drugs.	Condition improved but not completely cured.
10	From early childhood.	Complete success.
14	From birth. Treated with drugs and hypnosis.	Complete and rapid success.
11	Always a bedwetter.	Complete success.
17	Fairly constant bedwetter.	Complete success.
10	From childhood. Treated with drugs.	Complete success.
5	From birth.	Family left district before results could be assessed.
15	From 11 years of age. Treated with drugs.	Complete success.
11	From birth. Treated with drugs.	Some improvement.
5	From birth. Treated with drugs.	Complete success.

## Convalescence

During the year, short-term convalescence was provided for ten children in accordance with the provisions of section 48 (3) of the Education Act, 1944.

## Handicapped Pupils

### Arrangements for Special Educational Treatment

The last Report gave details of the arrangements which have been made in the County for handicapped children since the Education Act, 1944. The information published in that Report showed that facilities for the special educational treatment of children with various handicaps had been provided in 13 units as follows:

<i>Handicap</i>	<i>Special School or Establishment</i>				<i>Number of children</i>
	<i>Residential</i>	<i>Day</i>	<i>Hostel</i>	<i>Class</i>	
Educational subnormality ... ..	1	2	—	1	325
Maladjustment ...	1	—	1	—	62
Learning or behaviour difficulties ... ..	—	—	—	4	85
Partial deafness ...	—	—	—	2	16
Physically handicapped	—	—	—	1	12

In September, 1961 an observation/diagnostic class was established at West Green County Infants' School in Crawley. This class will provide special education for children between the ages of five and seven years who appear unable to benefit from normal schooling. The class is attached to an ordinary infants' school and has a teacher with a special interest in children handicapped in this way. The children attending the class receive education and training appropriate to their needs and, when ready, they join in activities with other children in the infants' school. After they have had a trial period in this class, it is hoped to determine which children are able to cope with normal school, which may need to attend a special school, and which are unsuitable for education by ordinary or special means.

The procedure for admission is informal and the arrangements are made by the Director of Education. The assessment of children, after a period of observation, will be carried out in close consultation with the Education Department.

At the end of the year, there were four children in the class and by the beginning of the summer term, 1962 it is expected that there will be six children attending full-time and two attending part-time.

## **Young Children Handicapped by Impaired Hearing**

Circular 14/61 and Circular 23/61, together with a memorandum on the service for young children handicapped by impaired hearing, were issued jointly by the Ministry of Education and the Ministry of Health on 18th September, 1961.

The circulars emphasised the importance of the early diagnosis of any degree of hearing handicap in young children in order that treatment or education might be provided at an early age which then gave the best prospects of success.

Local authorities were asked to review their arrangements for finding children with impaired hearing through the maternity and child welfare and school health services, and to consult with the regional hospital board and with general practitioners in order to ensure a comprehensive system of early diagnosis and the provision of special educational treatment where necessary.

This authority has for the past few years been alive to the need for early ascertainment of any hearing handicap in young children and, prior to 1958, cases were sent to London for full investigation. Routine audiometric sweep-testing of children in the seven-year-old group was commenced in 1958 and was continued until August, 1960 when it was decided to concentrate on younger children with a view to discovering hearing defects at an earlier age. Selected health visitors have been sent on short courses in the early discovery of impaired hearing in babies and children under five, following which simple screening tests have been carried out by the health visitors at the infant welfare clinics and in the children's homes.

As a result of representations made to the regional hospital board for an increase in the available diagnostic facilities, an audiology clinic was established at Crawley Hospital as a joint venture. The ear, nose and throat consultant is provided by the hospital authorities and a school medical officer, a teacher of the deaf and a health visitor also attend. This means that children no longer have to be taken outside the County for investigation of hearing.

Further diagnostic facilities may well become necessary in other parts of the County but the numbers of children needing these at present are so small that it would be difficult to justify the establishment of additional clinics by the hospital authorities at this stage. This matter is being kept under review, as is also the related problem of the need for any expansion of the arrangements for the teaching of children handicapped by impaired hearing.

### **Ascertainment**

A summary of information sent to the Ministry of Education is given on the next page. This shows the position with regard to handi-

## HANDICAPPED PUPILS

	(1) Blind		(3) Deaf		(5) Physically Handicapped		(7) Maladjusted		(9) Epileptic		TOTAL
	(2) Partially Sighted	(4) Partially Deaf	(6) Delicate	(8) Educationally Sub-normal	(10) Speech Defects	(1)-(10)					
<b>IN THE CALENDAR YEAR:</b>											
Handicapped pupils											
A. Newly assessed as needing special educational treatment at special schools or in boarding homes ..	3	—	1	—	5	11	29	135	2	1	187
B. (i) Included at A above and newly placed in special schools or boarding homes ...	—	—	1	—	4	5	11	42	2	—	65
(ii) Assessed prior to 1st January, 1961 and newly placed in special schools or boarding homes	2	3	—	—	1	3	11	33	—	—	53
TOTAL (B (i) and B (ii)) ...	2	3	1	—	5	8	22	75	2	—	118
<b>AS AT 20TH JANUARY, 1962:</b>											
C. Number requiring places in (a) day ...	—	—	—	—	—	—	—	145	—	—	145
special schools ... (b) boarding ...	3	1	—	—	1	4	17	35	—	1	62
D. (i) Number on the registers of:											
(1) Maintained special (a) day pupils ...	—	—	—	—	—	—	—	242	—	—	242
schools as ... (b) boarding pupils ...	—	—	8	—	2	2	37	82	—	—	131
(2) Non-maintained (a) day pupils ...	—	—	—	—	—	—	—	—	—	—	—
special schools as ... (b) boarding pupils	10	15	6	5	27	12	4	3	8	1	91
TOTAL ...	10	15	14	5	29	14	41	327	8	1	464
(ii) Independent schools under arrangements made by the authority ...	—	—	15	—	2	1	23	7	—	—	48
TOTAL (D (i) and D (ii)) ...	10	15	29	5	31	15	64	334	8	1	512
(iii) Boarded in homes and not included in (i) or (ii)	—	—	—	—	—	—	16	—	—	—	16
TOTAL (D (i), (ii) and (iii)) ...	10	15	29	5	31	15	80	334	8	1	528
E. Number being educated under arrangements made in accordance with Section 56 of the Education Act, 1944											
(i) in hospitals ...	—	—	—	—	1	3	—	—	—	—	4
(ii) in other groups ...	—	—	—	—	—	—	—	—	—	—	—
(iii) at home ...	—	—	—	—	10	7	1	2	2	—	22

capped pupils assessed as needing education in, and those admitted to, special schools or boarding homes during 1961. It also shows the number of children awaiting admission to, and those on the registers of, special schools on 20th January, 1962.

### Children found to be unsuitable for Education at School

During the year, 27 children were reported to the local health authority under section 57 (4) of the Education Act, 1944 as being unsuitable for education at school.

### Child Guidance

The shortage of psychiatric social workers and child psychotherapists, to which reference was made in the last Report, continued during 1961. It was, however, possible to obtain the part-time services of a social worker and of a psychiatric social worker in the Crawley Clinic.

The staffing of the four clinics at the end of the year is set out below. For convenience, the time worked by the staff has been expressed as whole-time equivalents.

		<i>Chichester</i>	<i>Crawley</i>	<i>Horsham</i>	<i>Worthing</i>
Psychiatrist ...	Recruited ...	0.45	0.36	0.36	0.36
	Establishment	0.45	0.36	0.36	0.36
Psychiatric Social Worker	Recruited ...	1.0	0.45	0.82	0.69
	Establishment	1.0	1.0	1.0	1.0
Child Psychotherapist	Recruited ...	0.0	0.54	0.09	0.72
	Establishment	0.54	0.54	0.54	0.72
Educational Psychologist ...	Recruited ...	0.05	0.18	0.18	0.12
	Establishment	0.25	0.25	0.25	0.25

I am indebted to the medical directors of the clinics for the following comments on the work of the service during the year:

"Modern conceptions of care for the emotionally disturbed tend to be more and more in terms of their supervision within the community, rather than isolated in hospitals and hostels: West Sussex is among the pioneering counties in this respect. The community, however, also needs help if it is to play its part in the care and rehabilitation of its emotionally disturbed members, old and young. Our child guidance clinics have for long been aware of their responsibility in this field; aware that a clinic is of value to the community it serves only in so far as its ties with that community are strong, flexible and expanding.

It is striking, therefore, if not surprising, to discover how diverse are our four centres, although we have a common approach. The patients' problems brought to us appear to be similar, wherever in Sussex we work, but local

conditions and staff vary sufficiently to cause a marked difference in emphasis and priorities. The Crawley clinic, for instance, is gratefully aware of its setting in a vigorous New Town: Dr. Kahn has recently, by request, published an article in *Town and Country Planning* on the subject of the psychological stresses (and advantages) of living in New Towns. But there is already in Crawley a conscious and growing feeling of identity with the community and co-operation between all the social services, the clinics included, is more or less taken for granted. It is interesting, for example, that 44 per cent of all referrals to the Crawley clinic in 1961 came from family doctors (in contrast to Roman Chichester, where the percentage is 28 — in itself a marked and welcome increase on early days!). Worthing is fortunate too in being able to answer the request from doctors for seminars and case conferences. All four clinics had parties for and visits from doctors, all of which were occasions for increasing mutual understanding and respect.

Another aspect of the clinics' community work is their contact with courts and probation officers. Since many of the court cases are referred by relatives, the Children's Department or other agencies, our statistics do not adequately reflect the increasingly good relationship between the clinics and the courts and probation officers. Magistrates and psychiatrists do, however, appear to be finding a common language and probation officers are realising that talking to clinic staff about a case can benefit child, parents, probation officer and clinic alike, out of all proportion to the short time involved in the discussions. Court cases are often emergencies, difficult to fit into clinic time-tables, but work with them is felt to be eminently worthwhile.

In line with the Ministry's suggestions and the County's plans for increasing the efficiency of community care for the educationally subnormal, Horsham has been able recently to give more time to the parents of less intelligent children, children whose limitations often puzzle and distress their relatives. Chichester continued to meet regularly the entire staff of the local school for educationally subnormal children, and to help where advisable the parents of the more disturbed pupils or the pupils themselves.

One interesting development, noticed by all the clinics, and in marked contrast to ten years ago, is the welcome acceptance by modern fathers that they themselves are involved in the emotional difficulties of their children. Horsham reports that, apart from court cases (a significant exception in itself), over 90 per cent of the fathers of the new cases in 1961 attended the clinic at least once. This must be partly due to the increased acceptance of the fact that a child is part of a family and of a society; it must also be partly the result of the clinics' attempts to demonstrate to the public what we are trying to do and how we can help.

Each clinic tries to use its facilities and opportunities in the most effective way possible, conscious always that work in the community takes time from clinical work proper, and also increases the demands for that clinical work. For example, Worthing's contacts with the community are rapidly increasing and improving. Such a team naturally creates more work for itself, and referrals are increasing, together with all the problems that this creates. At the other end of the scale, Chichester, which had no psychotherapist since Easter 1960, and only part-time educational psychologists' help for most of the past year, showed a drop in referrals.

The difficulties of adolescents haunt all the clinics. Their satisfactory placement is always difficult, partly because so few schools and hostels attempt to cure as well as to "contain", partly perhaps because we are all uneasily aware that, in a proportion of cases, placement could be avoided if more psychotherapy were available in each clinic.



The clinics' ties with our own Littlegreen and Greenacres have been strengthened by case conferences held on the spot from time to time and attended by the staff of the school or hostel, together with the clinic staff concerned in the cases discussed: we all welcome this practical co-operation.

In October, Worthing, Horsham and Chichester were asked and agreed to co-operate with the Political and Economic Planning research unit in an enquiry into community mental health service, its extent and its implications. We look forward to hearing the result of this project in due course."

Details of the work of the four clinics are given below. Children referred during the year numbered 502 in addition to 65 brought forward from the previous year. Cases investigated totalled 391 and 501 children received child guidance help during the year.

#### 1. REFERRAL

Number of children referred by:				
(a)	Assistant County and School Medical Officers	...	...	138
(b)	Courts and Probation Officers	...	...	39
(c)	Parents and others	...	...	85
(d)	Boarding schools and hostels	...	...	27
(e)	General practitioners	...	...	142
(f)	Children's Department...	...	...	14
(g)	Educational psychologists	...	...	47
(h)	Other Child Guidance Clinics...	...	...	10
	Brought forward from previous year	...	...	65
	(awaiting investigation on 1st January)			
	<b>TOTAL</b>	...	...	<b>567</b>

#### 2. INVESTIGATION

Number of children investigated during the year and found to be:				
(a)	In need of child guidance help	...	...	320
(b)	Educationally subnormal	...	...	19
(c)	Unsuitable for education at school	...	...	1
(d)	Not in need of child guidance help	...	...	51
(e)	Withdrawn before investigation	...	...	93
(f)	Awaiting investigation on 31st December	...	...	83
	<b>TOTAL</b>	...	...	<b>567</b>

#### 3. TREATMENT

Number of children:				
(a)	Receiving help on 1st January	...	...	221
(b)	Helped during the year	...	...	501
(c)	Receiving help at 31st December	...	...	249

#### 4. RECOMMENDATIONS

Number of children recommended during the year for:				
(a)	Special schools	...	...	22
(b)	Hostels	...	...	21
	<b>TOTAL</b>	...	...	<b>43</b>

#### 5. CLINIC ATTENDANCES AND HOME VISITS

(a)	Number of attendances at clinics during the year	...	...	5,793
(b)	Number of homes visited during the year	...	...	315

## Infectious Diseases

### Poliomyelitis

Virological investigation of a boy aged nine years resulted in a diagnosis of acute poliomyelitis of the non-paralytic type. The child had been vaccinated against poliomyelitis in 1958 and had received booster doses in 1959 and 1961.

Information about the vaccination of children against poliomyelitis will be found on pages 27 and 28 in Part II of the Report.

### Diphtheria

For the first time since 1954, two cases of diphtheria were notified in the County. These were brothers aged seven and four years who made excellent progress and were discharged after three weeks in an isolation hospital. Five weeks afterwards, the four-year-old child was admitted to a children's hospital suffering from post-diphtheritic paralysis. He was discharged after eight weeks with no detectable physical impairment.

Immunisation against diphtheria was continued throughout the year and details are shown on page 26 in Part II of the Report.

### Tuberculosis

As a result of a notification that a pupil in a small primary school in the centre of the County was suffering from tuberculosis, an investigation was carried out in the school. All the 53 children on the roll were skin-tested and four showed a positive reaction. These four children were further investigated by the consultant chest physician for the area and were found to be free from active disease. Chest X-rays of all members of the teaching and canteen staff at the school proved to be negative.

### B.C.G. Vaccination

The vaccination of school children aged 13 years and over was continued. The increase in the medical staff enabled twice as many children to be dealt with than in the previous year. The following table shows the number of children skin-tested and vaccinated during the past two years:

<i>Year</i>	<i>Number Skin Tested</i>	<i>Number Positive</i>	<i>Number Negative</i>	<i>Number Vaccinated</i>
1960	1,284	120 (9.4 per cent)	1,164	1,158
1961	2,358	192 (8.2 per cent)	2,103	2,097

### **Gastro-intestinal Infections**

Reports of gastro-intestinal upsets occurring in children were received from nineteen schools. In eleven of these schools, investigations indicated a virus infection. The children concerned suffered from abdominal discomfort and vomiting which was followed by rapid recovery. Cases of *sonne* dysentery were reported from three schools.

Assistant county medical officers visited all the schools where cases of this nature occurred in order to investigate and advise on action to be taken to prevent the spread of infection.

### **General**

The usual outbreaks of measles, mumps, whooping cough and chickenpox occurred in schools during the year.

## **Report of Acting Principal School Dental Officer**

### **Staff**

During the year under review, there were no resignations of full-time dental officers. Mr. I. O. Enos, Principal School Dental Officer, died on 2nd October, 1961 following a prolonged illness and Mr. J. S. Dick, Dental Surgeon in the Bognor Regis area, took over the functions of Principal School Dental Officer until a successor could be appointed. Mr. E. S. Brabazon retired on 31st October, 1961 after 40 years' devoted service as school dental officer in the Horsham area.

### **Dental Areas**

It was necessary to make changes from time to time in the allocation of schools to dental officers. Progress continued to be made in the Crawley area during the year and thanks are again due to the dental officers for their co-operation in accepting changes to their areas and extra schools.

### **Treatment Premises**

The older clinics at Chichester, Littlehampton and Lancing were re-equipped with modern surgery equipment and high-speed dental engines were installed in the clinics at Chichester and Crawley. Consideration was given to re-equipping the clinics at Bognor Regis, Shoreham and Horsham and it is hoped to carry out this work during 1962.

The second mobile dental unit came into operation on 6th July, 1961 and operated in the south-western part of the County. Great interest in this unit was shown by the staff of the schools and by children and parents. The dental officers concerned were most enthusiastic about these improvements in their working conditions and about the extra facilities they are able to offer to their patients.

## **Inspections**

Half-day sessions devoted to routine inspections numbered 447 and 49,374 children were seen on school premises during school hours. This gave an average of 110 children inspected during each session.

In addition to school inspections, 1,212 children were inspected as special casual patients in the dental clinics.

## **Treatment**

Of the 50,586 school children inspected, 23,304 (46 per cent) were referred for treatment. Of the numbers referred, 8,959 (slightly more than the previous year) completed a course of treatment and were made dentally fit.

The acceptance rate was 38 per cent which was slightly lower than in 1960 and suggests that more children are obtaining treatment from private practitioners.

The number of fillings in permanent teeth showed a slight increase, whilst fillings in temporary teeth remained approximately the same.

The number of extractions of permanent teeth showed a marked decrease (approximately 26 per cent); extractions of temporary teeth rose by 15 per cent. It would appear that the condition of permanent teeth is improving.

The year showed an increase from 43 to 48 in the number of dentures supplied to school children.

## **Orthodontics**

Of the 282 cases under treatment during the year, 154 were new cases, 108 cases were successfully completed and 20 failed to complete their treatment. The total number of attendances of patients for orthodontic treatment rose by 254. Again, children were only selected for this type of treatment where the co-operation of the parents was assured.

## **General**

Statistics for the year will be found on page 113.

It is very gratifying to note that, in spite of many staff difficulties, the school dental service has been able to maintain its previous high standard.

I am most grateful for the help given me by the Principal School Medical Officer and his Deputy on many occasions; also for the help and co-operation of the head teachers, school medical and dental staff and the staff of the County Health Department, which I have very much appreciated.

J. S. DICK,

*Acting Principal School Dental Officer.*

## Other Services

### Physical Education

I am indebted to the Director of Education for the following report made by the organisers of physical education:

"Swimming again made great strides forward. The borough swimming pool in Arundel was available and was used by schools within reasonable travelling distance. The adjacent paddling pool gave teachers a first-class opportunity of proving the value of the "shallow water" method of teaching swimming. Three secondary schools and three primary schools began instruction in their own pools during the year and a further four primary schools had pools almost completed. Coaching sessions for teachers were arranged with the Amateur Swimming Association. The first, in January, at Butlin's Pool, Bognor Regis, was attended by 215 teachers; others, at Arundel and Crawley, during the summer were for smaller groups of teachers.

Outdoor pursuits again proved popular. Junior schools camped at Lodge Hill throughout the summer term, combining camping with other activities in the area such as visiting places of interest, studying the tides in the Arun and making expeditions to the Roman Villa at Bignor. One junior school made the journey from Lodge Hill to the gravel pit at Chichester in order to sail and they showed that juniors can sail suitable boats in the right conditions with skill and confidence. Through the generosity of Mr. Martin Beale, the secondary schools were again able to run sailing camps at Cobnor, using County camping equipment and their own boats. Canoes were also used at these camps and proved most successful in estuary waters. The annual Easter sailing course for teachers was again a great success.

The first inter-County sailing races were held in 1961. A team from West Sussex schools sailed at Fareham and beat a Hampshire schools team but, in the return fixture in Chichester harbour, the result was reversed and Hampshire won handsomely.

The climbing site at Pulborough was well-used and a good deal of tidying and cleaning up was done to make the climbs more suitable for school groups.

A number of boys from the secondary schools have won medals including several gold medals in the Duke of Edinburgh's Award Scheme. The youth tutors have played an important part in encouraging outdoor activities, and it is to be hoped that the high standards set in school will be observed when school has been left behind.

A full athletics programme for boys and girls was carried out with large and successful area meetings at the Weald School, Worthing Technical High School and at Littlehampton. Teams were selected from these meetings to compete in the Sussex County Championships at Withdean Stadium. For the first time, a West Sussex Cross Country Championship was run at the Sarah Robinson School and this school provided three boys who ran for Sussex in the National School Cross Country Championships.

The Boys' Sports Association formed a basketball section and teams were entered for the English Schools' Competition after a most successful basketball tournament held at Ifield Grammar School. As more schools take up the game, the standard of play will improve and boys will derive greater enjoyment.

Several of the secondary schools organized a sports day for their contributory schools. The primary schools sent their "leavers" to the secondary school where they met the teachers and were shown round the school in the morning. In the afternoon, after lunch in the school, they took part in a sports meeting. In other areas, e.g. Littlehampton, the primary schools have formed themselves into sports associations and arranged a series of football and netball matches for the winter season."

### School Meals and Milk

The following information on the service of meals and milk in schools has been supplied by the Director of Education:

"The school dinner, regarded as the main meal of the day, continued to be a popular and social part of the school life and, during 1961, an average of slightly more than 64 per cent of the school population received school dinners. The menus were planned to ensure that each dinner contained sufficient nourishment to support a child even if the remaining meals were not always adequate. In technical terms, this meant providing a meal of 700 to 1,000 calories with 20 grammes of first-class protein and 25 to 30 grammes of fat per meal. Great care was taken to ensure that menus were varied each week and were not repeated in the same order. The following sets out a typical weekly menu:

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
Roast beef	Savoury mince	Baked fish	Stewed steak	Grated cheese
Gravy	Boiled potatoes	Chipped	and gravy	and egg
Yorkshire	Carrots	potatoes	Dumplings	Potatoes
pudding	Baked jam	Baked beans	Dried peas	Mixed fresh
Roast potatoes	sponge	Apple pie and	Mashed	salad
Cabbage	Vanilla sauce	custard	potatoes	Steamed treacle
Stewed fruit			Ice cream and	pudding and
and custard			strawberry	custard
			blancmange	

Approximately 80 per cent of the children received milk in school each day. The percentage, however, tended to fall off noticeably amongst the older children, particularly the older girls.

The following information relates to the number of children in maintained schools who received dinners and milk in one day in October 1961:

#### *Meals*

Number of children present on day selected	...	53,766
Number of school dinners served	... ..	34,731

#### *Milk*

Number of children present on day selected	...	53,379
Number of children who received $\frac{1}{2}$ pint of milk	...	42,477."

### School Hygiene and Sanitation

Following their visits to school premises, school medical officers drew attention to a number of matters affecting the general well-being of pupils. As a result, representations were made to the Director of Education in respect of the following deficiencies:

<i>Subject of report</i>	<i>Number of Schools</i>	<i>Subject of report</i>	<i>Number of Schools</i>
Washing facilities ...	1	Lighting ...	1
Lavatory accommodation ...	5	Damp walls ...	1
Sanitation ...	1	Heating ...	1

The following information, obtained from the Director of Education, shows the minor improvements which were carried out in schools during 1961:

<i>School</i>	<i>Minor Improvements</i>
Billingshurst County Primary ...	... Electric fires for Head's study and staffroom
Cocking C. of E. (Controlled) ...	... Lighting in corridor
West Chiltington County Primary (Leased) ...	... Lighting in infants' room
Horsham, St. Leonard's County Infants	Enclosure of verandah
South Bersted C. of E. (Controlled) ...	... Water heater in staff cloakroom
Rose Green County Primary ...	... Ventilation of medical inspection room
Chichester Nursey School (Leased) ...	... Additional electric points
Rusper County Primary (Leased) ...	... Hot water supply
Sompting County Primary (Leased) ...	... Electric points in four classrooms
St. Mary's C. of E. (Aided), Horsham	Provision of new lavatory accommodation
North Lancing County Primary ...	... Booster pump for hot water system
Jolesfield C. of E. (Controlled) ...	... School and canteen to main drainage
Midhurst C. of E. (Controlled) ...	... Lighting in classroom
Walberton & Binstead C. of E. (Controlled) ...	... Provision of overhead electric heaters in hutted classroom
Three Bridges County Infants, Crawley	Additional lavatory accommodation
Littlehampton County Infants ...	... Boys' lavatories
Colgate County Primary ...	... Washing facilities
West Chiltington County Primary (Leased) ...	... Hot water in cloakrooms
Ashington C. of E. (Controlled) ...	... Drinking fountain
Westbourne County Primary ...	... Covering-in of boys' latrines with glass
Rudgwick County Primary ...	... Light to west porch

### **Medical Examinations of Entrants to Courses of Training for Teachers and to the Teaching Profession**

During the year, 152 candidates for admission to training colleges for teachers and 32 new entrants to the teaching profession were examined by school medical officers. The comparable figures for 1960 were 126 and 24, respectively.

### **Children and Young Persons Act, 1933**

Medical information on 328 children (an increase of 118 on the previous year) was submitted to juvenile courts in accordance with the requirements of section 35 of the Children and Young Persons Act, 1933.

### **Health Education**

The opportunities for health education continued to be numerous for children of all ages. The teachers, in continual contact with the children, played a most important part and members of the health department staff arranged both regular courses and occasional talks.

Talks on smoking were much in demand and the health education organiser was able to sit with some of the audiences for these talks, most of which were given by a doctor. Subsequent discussions with school children and teachers suggested that:

- (1) education on smoking must be aimed at the staff as well as the school children;
- (2) children are more likely to be influenced by a personal approach; this is not possible when one talk is given to a whole school;
- (3) talks should be given to staff separately from children, and staff should be discouraged from smoking on school premises;
- (4) teachers' training colleges should be included in order to discourage teachers from ever starting to smoke in schools;
- (5) talks in schools should be supplemented by talks to parent/teacher associations and other organizations;
- (6) the techniques of teaching are of paramount importance and should include visual aids, tape recordings and opportunities for discussion;
- (7) adequate supplies of display materials, posters and leaflets are essential;
- (8) massive opposition by interested concerns renders isolated attempts at health education of little avail and is in fact discouraging to those who try to prevent the development of the smoking habit among young people.

A start was made on the provision of courses dealing with the special problem of school leavers. These courses did not follow any set pattern, as each was adapted to the needs of the particular audience, but they took two main forms.

The first was part of a more intensive course arranged by the schools. It consisted of a half-day session on adolescent relationships for a mixed audience of boys and girls and was taken by the senior medical officer and the health education organiser. This type of session was not very satisfactory, mainly owing to the limited amount of time available and to the difficulty of obtaining satisfactory *rapport* with children who had been specially selected to take the course. On some occasions, the courses were held in the schools; on others, the children assembled outside school premises, which had the effect of producing an artificial school environment. The main advantage of this type of course was that it enabled mixed groups of boys and girls to consider together problems of common interest.

The second type of course was of longer duration but was restricted to girls only. Subjects discussed included personal hygiene, care of the feet, mothercraft, the anatomy, physiology and emotional aspects of sex,



careers and marriage. An attempt was made to make these subjects particularly attractive to adolescent girls. No set syllabus was followed as each course was adapted to the type and needs of the particular group.

These courses were held in the final secondary school year and were repeated for each "stream" in that year. By using this method, the girls are with their own friends and it is easier to establish a relationship between the discussion-leader and the class. The length of course was either three half-day sessions or a series of six one-hour sessions at weekly intervals.

### Road Accidents to Children

According to information supplied by the Chief Constable, there were 390 accidents in the County which involved injury to children under the age of 15 years. Of the total number of casualties, 131 were pedestrians, 156 were cyclists and 103 were passengers in vehicles.

The following table gives details of the time of year during which these accidents occurred:

<i>Period</i>	<i>Pedestrians</i>	<i>Cyclists</i>	<i>Passengers in vehicles</i>	<i>All classes</i>
Six summer months (April-Sept. inclusive)	69 (76)	77 (82)	57 (50)	203 (208)
Six winter months (Jan.-March and Oct.-Dec.) ... ..	62 (48)	79 (37)	46 (23)	187 (108)
WHOLE YEAR ... ..	131 (124)	156 (119)	103 (73)	390 (316)

*Note:* The figures in brackets are averages for the six years 1955 to 1960.

The severity of the injuries to the 287 child pedestrians and cyclists is shown below.

<i>Severity of injury</i>	<i>Pedestrians</i>	<i>Cyclists</i>	<i>Pedestrians and Cyclists</i>
Killed ... ..	3 (3)	2 (1)	5 (3)
Serious ... ..	44 (37)	50 (25)	94 (62)
Slight ... ..	84 (84)	104 (93)	188 (178)
TOTAL ... ..	131 (124)	156 (119)	287 (243)

*Note:* The figures in brackets are averages for the six years 1955 to 1960.

It is all too easy to pass over figures such as these without appreciating the tragedies of which they tell. In 1961, several hundred children were injured on the roads of West Sussex; many were disabled for life; some had their lives brought to an end.

Figures of this kind should prompt all motorists to drive more carefully, to be alert and cautious (especially if children are about) and to play their part in seeing that these melancholy figures are reduced.

### RETURN OF MEDICAL INSPECTION AND TREATMENT FOR THE YEAR ENDED 31st DECEMBER, 1961

#### PART I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

**Table A — Periodic Medical Inspections**

<i>Age Groups Inspected (By year of birth)</i>	<i>No. of pupils Inspected</i>	<i>Physical Condition of Pupils Inspected</i>			
		<i>Satisfactory</i>		<i>Unsatisfactory</i>	
		<i>No.</i>	<i>% of Col. 2</i>	<i>No.</i>	<i>% of Col. 2</i>
(1)	(2)	(3)	(4)	(5)	(6)
1957 and later ...	182	182	100.0	—	—
1956 ...	3,212	3,207	99.84	5	0.16
1955 ...	2,508	2,500	99.68	8	0.32
1954 ...	590	589	99.83	1	0.17
1953 ...	319	317	99.37	2	0.63
1952 ...	94	94	100.0	—	—
1951 ...	317	316	99.68	1	0.32
1950 ...	3,423	3,419	99.88	4	0.12
1949 ...	1,710	1,709	99.94	1	0.06
1948 ...	1,024	1,024	100.0	—	—
1947 ...	699	698	99.86	1	0.14
1946 and earlier ...	3,688	3,687	99.97	1	0.03
TOTAL: 1961 ...	17,766	17,742	99.86	24	0.14
TOTAL: 1960 ...	15,886	15,808	99.47	84	0.53

**Table B — Pupils Found to Require Treatment at Periodic  
Medical Inspections**

(excluding Dental Diseases and Infestation with Vermin)

<i>Age Groups Inspected (By year of birth)</i> (1)	<i>For Defective vision (excluding squint)</i> (2)	<i>For any of the other conditions recorded in Part II</i> (3)	<i>Total individual pupils</i> (4)
1957 and later ...	4	20	23
1956 ... ..	106	310	377
1955 ... ..	110	212	301
1954 ... ..	31	42	70
1953 ... ..	22	32	47
1952 ... ..	5	12	17
1951 ... ..	40	24	60
1950 ... ..	202	285	453
1949 ... ..	117	153	244
1948 ... ..	94	118	201
1947 ... ..	72	77	139
1946 and earlier ...	338	246	537
TOTAL: 1961 ...	1,141	1,531	2,469
TOTAL: 1960 ...	1,028	1,234	2,108

**Table C — Other Inspections**

Number of Special Inspections ... ..	1960	1961
Number of Re-inspections ... ..	829	620
	7,162	13,477
TOTAL ... ..	7,991	14,097

**Table D — Infestation with Vermin**

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ... ..	53,936
(b) Total number of individual pupils found to be infested ... ..	104
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ... ..	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)... ..	—

PART II—DEFECTS FOUND BY MEDICAL INSPECTION

DURING THE YEAR

Table A — Periodic Inspections

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections				
		Entrants (3)	Leavers (4)	Others (5)	TOTAL (6)	
4.	Skin ... ..	T	27	33	41	101
		O	235	118	222	575
5.	Eyes: (a) Vision ...	T	262	389	490	1,141
		O	875	454	750	2,079
	(b) Squint ...	T	71	13	33	117
		O	123	15	80	218
	(c) Other ...	T	6	7	15	28
		O	65	12	50	127
6.	Ears: (a) Hearing ...	T	18	2	16	36
		O	135	7	43	185
	(b) Otitis Media	T	11	7	7	25
		O	92	12	28	132
	(c) Other ...	T	4	3	8	15
		O	41	5	21	67
7.	Nose and Throat ...	T	131	10	49	190
		O	1,051	51	237	1,339
8.	Speech ... ..	T	63	10	25	98
		O	386	17	58	461
9.	Lymphatic Glands ...	T	31	2	8	41
		O	664	17	94	775
10.	Heart ... ..	T	10	2	6	18
		O	113	25	45	183
11.	Lungs ... ..	T	21	5	11	37
		O	223	32	115	370
12.	Develop- (a) Hernia ...	T	40	2	11	53
		O	56	3	26	85
	(b) Other ...	T	16	12	45	73
		O	193	21	119	333
13.	Orthopaedic: (a) Posture	T	24	32	116	172
		O	82	58	155	295
	(b) Feet ...	T	104	65	145	314
		O	297	62	158	517
	(c) Other	T	55	71	89	215
		O	453	130	255	838
14.	Nervous (a) Epilepsy	T	4	2	2	8
		O	23	7	15	45
	(b) Other ...	T	—	1	1	2
		O	36	6	26	68
15.	Psycho- (a) Develop-	T	6	2	13	21
		O	160	19	67	246
	(b) Stability ...	T	5	3	4	12
		O	177	13	88	278
16.	Abdomen ... ..	T	3	—	3	6
		O	64	6	45	115
17.	Other ... ..	T	31	22	35	88
		O	138	88	178	404

T indicates number of pupils requiring treatment.

O indicates number of pupils requiring observation.

Table B—Special Inspections

Defect Code No.	Defect or Disease	Special Inspections	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
(1)	(2)		
4.	Skin ... ..	2	6
5.	Eyes:		
	(a) Vision ... ..	102	66
	(b) Squint ... ..	8	2
	(c) Other ... ..	2	4
6.	Ears:		
	(a) Hearing ... ..	11	6
	(b) Otitis Media ... ..	—	3
	(c) Other ... ..	11	2
7.	Nose and Throat ... ..	5	32
8.	Speech ... ..	9	14
9.	Lymphatic Glands ... ..	1	21
10.	Heart ... ..	2	5
11.	Lungs ... ..	2	12
12.	Developmental:		
	(a) Hernia ... ..	2	—
	(b) Other ... ..	3	5
13.	Orthopaedic:		
	(a) Posture ... ..	6	7
	(b) Feet ... ..	6	11
	(c) Other ... ..	13	11
14.	Nervous System:		
	(a) Epilepsy ... ..	1	3
	(b) Other ... ..	—	1
15.	Psychological:		
	(a) Development ... ..	5	13
	(b) Stability ... ..	2	11
16.	Abdomen ... ..	—	7
17.	Other ... ..	30	8

PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

**Table A — Eye Diseases, Defective Vision and Squint**

	<i>Number of cases known to have been dealt with</i>	
	1960	1961
External and other, excluding errors of refraction and squint ... ..	18	27
Errors of refraction (including squint) ... ..	2,246	3,294
TOTAL ... ..	2,264	3,321
Number of pupils for whom spectacles were prescribed	1,313	1,520

**Table B — Diseases and Defects of Ear, Nose and Throat**

	<i>Number of cases known to have been dealt with</i>	
	1960	1961
Received operative treatment:—		
(a) For diseases of the ear ... ..	—	—
(b) For adenoids and chronic tonsillitis ... ..	10	113
(c) For other nose and throat conditions ... ..	1	1
Received other forms of treatment ... ..	9	24
TOTAL ... ..	20	138
Total number of pupils in schools who are known to have been provided with hearing aids:—		
(a) In 1961 .. ..	10	10
(b) In previous years.. ..	70	76

**Table C — Orthopaedic and Postural Defects**

	<i>Number of cases known to have been treated</i>	
	1960	1961
(a) Pupils treated at clinics or out-patients' departments ... ..	758	819
(b) Pupils treated at school for postural defects ... ..	190	139
TOTAL ... ..	948	958

**Table D — Diseases of the Skin**

								<i>Number of cases known to have been treated</i>	
								1960	1961
Ringworm	(a)	Scalp	...	...	...	...	...	1	—
	(b)	Body	...	...	...	...	...	—	3
Scabies	...	...	...	...	...	...	...	8	1
Impetigo	...	...	...	...	...	...	...	4	12
Other skin diseases	...	...	...	...	...	...	...	31	47
TOTAL								44	63

**Table E — Child Guidance Treatment**

				<i>Number of cases known to have been treated</i>	
				1960	1961
Pupils treated at Child Guidance Clinics	...	...	...	296	501

**Table F — Speech Therapy**

				<i>Number of cases known to have been treated</i>	
				1960	1961
Pupils treated by speech therapist	...	...	...	254	327

**Table G — Other Treatment Given**

								<i>Number of cases known to have been dealt with</i>	
								1960	1961
(a)	Pupils with minor ailments	...	...	...	...	...	...	455	307
(b)	Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	...	...	...	—	10
(c)	Pupils who received B.C.G. vaccination	...	...	...	...	...	...	1,158	2,097
(d)	Other than (a), (b) and (c) above	...	...	...	...	...	...	395	503
	Orthoptic	...	...	...	...	...	...	—	14
	Enuresis (pad and bell alarms)	...	...	...	...	...	...	—	14
TOTAL (a)—(d)								2,008	2,931

**SCHOOL HEALTH SERVICE**  
List of Clinics held in the County; 1961

Place	Address	Type of Clinic Held							
		Dental*	Minor Ailment	Refraction	Orthoptic	Orthopaedic	Physiotherapy	Speech	Child Guidance
ARUNDEL ...	Maltravers Street	—	—	Wed. a.m. (as required)	—	—	—	—	—
BILLINGSHURST ...	The Weald County Secondary School	—	—	—	—	—	—	Mon. a.m.	—
BOGNOR REGIS ...	Westloats Lane	Mon.-Fri. Sat. a.m.	Tues. a.m.	Tues p.m.	—	—	Tues. p.m. Fri. p.m.	Thurs.	—
CHICHESTER ...	Chapel Street	Mon.-Fri. Sat. a.m.	Mon. p.m. (Fortnightly)	Wed. p.m.	Mon. a.m. Wed. & Thur.	Tues. p.m. (Monthly)	Mon. p.m. Tues. a.m. Fri. a.m.	Mon. p.m. Wed. Fri. p.m.	—
CRAWLEY ...	Exchange Road	Mon.-Fri. Sat. a.m.	Wed. a.m.	—	—	†Mon.	Mon. a.m. Wed. Fri. p.m.	Fri. a.m.	Mon.-Fri.
	Gossops Green	—	—	—	—	—	—	Tues. a.m.	—
	Langley Green	Thurs. & Fri. Sat. a.m.	—	—	—	—	—	Fri. p.m.	—
	Tilgate	Mon. Tues. Wed.	—	—	—	—	—	Mon. a.m.	—
	Three Bridges C.P. Junior School	—	—	—	—	—	—	Mon. p.m.	—
	Southgate C.P. Junior School	—	—	—	—	—	Tues. a.m. & Fri. a.m.	Thurs. p.m.	—
LITTLEDEERSWOOD ...	Little Deerswood	—	—	—	—	—	—	Thurs. a.m.	—
	Parochial School	—	—	—	—	—	—	Tues. p.m. (fortnightly)	—
HORSHAM ...	Hurst Road	Mon.-Fri. Sat. a.m.	—	Mon. p.m.	—	†Mon.	Mon. p.m. Fri. a.m.	Tues. p.m. Wed.	—
	Brighton Road	—	—	—	—	—	—	—	Mon.-Fri.
LANCING ...	Irene Avenue	Mon.-Fri.	—	Tues. a.m. (as required)	—	†Mon. p.m.	Tues. a.m. Fri. a.m.	Mon.	—
LITTLEHAMPTON ...	Elm Grove Road	Mon.-Fri. Sat. a.m.	Fri. a.m.	Wed. a.m. (as required)	—	†Mon. a.m.	Mon. a.m. Wed. a.m. Thurs. a.m.	Fri.	—
MIDHURST ...	County Sec. School	—	—	—	—	—	—	Tues. p.m.	—
PETWORTH ...	High Street	—	—	—	—	—	—	Tues. a.m.	—
STEYNING ...	County Secondary & County Primary Schools	—	—	—	—	—	—	Tues. a.m.	—
STORRINGTON ...	Rydon C. S. School & County Primary School	—	—	—	—	—	—	Tues. p.m. (Fortnightly)	—
SELSEY ...	East Street	As required	—	—	—	—	—	—	—
SHOREHAM ...	Middle Road	Fri. Sat. a.m.	—	Fri. a.m.	—	—	Mon. a.m. Wed. a.m. Thurs. a.m.	Wed.	—
WORTHING ...	Stoke Abbott Road	Mon.-Fri. Sat. a.m.	Mon.-Sat. a.m.	Fri. p.m.	Mon. a.m. Wed. Thurs. a.m.	Sat. a.m. (Monthly)	Mon.-Fri. p.m.	Thurs.	—
	18 The Steyne	—	—	Wed. p.m. (as required)	—	—	—	—	—
	6 Southey Road	—	—	—	—	—	—	—	Mon.-Fri.
	Durrington School	—	As required	—	—	—	—	—	—
West Park School	—	As required	—	—	—	—	—	—	

Morning and afternoon sessions are held unless otherwise stated. † Approximately every six weeks. \* In addition two mobile dental units operate in the County.





PART IV—DENTAL INSPECTION AND TREATMENT CARRIED OUT  
BY THE AUTHORITY

(1)	Number of pupils inspected by the Authority's Dental Officers:—					
	(a) At Periodic Inspections ... ..	49,374				
	(b) As Specials ... ..	1,212	TOTAL (1)			50,586
(2)	Number found to require treatment ... ..					25,718
(3)	Number offered treatment ... ..					23,304
(4)	Number actually treated ... ..					8,959
(5)	Number of attendances made by pupils for treatment, including those recorded at 11 (h) ... ..					24,920
(6)	Half days devoted to:					
	(a) Periodic (School) Inspection ... ..	447				
	(b) Treatment ... ..	3,738	TOTAL (6)			4,185
(7)	Fillings:					
	(a) Permanent Teeth ... ..	15,884				
	(b) Temporary Teeth ... ..	5,083	TOTAL (7)			20,967
(8)	Number of Teeth filled:					
	(a) Permanent Teeth ... ..	13,603				
	(b) Temporary Teeth ... ..	4,670	TOTAL (8)			18,273
(9)	Extractions:					
	(a) Permanent Teeth ... ..	870				
	(b) Temporary Teeth ... ..	5,459	TOTAL (9)			6,329
(10)	Administration of general anaesthetics for extraction ... ..					457
(11)	Orthodontics:					
	(a) Cases commenced during the year ... ..					154
	(b) Cases carried forward from previous year ... ..					130
	(c) Cases completed during the year ... ..					108
	(d) Cases discontinued during the year ... ..					20
	(e) Pupils treated with appliances ... ..					140
	(f) Removable appliances fitted ... ..					197
	(g) Fixed appliances fitted ... ..					—
	(h) Total attendances ... ..					1,792
(12)	Number of pupils supplied with artificial teeth ... ..					48
(13)	Other operations:					
	(a) Permanent Teeth ... ..	2,283				
	(b) Temporary Teeth ... ..	2,097	TOTAL (13)			4,380

## Appendix A

# COUNTY HEALTH COMMITTEE

(as at 31st December, 1961)

*Chairman:* Mr. E. G. HARVEY

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

### County Council Members

MRS. E. S. M. BAXENDALE  
CDR. E. H. C. CHAPMAN, R.N., J.P.  
DR. IVAN CLOUT  
MRS. M. COBBY  
CAPT. J. A. D. COCHRANE-BARNETT,  
O.B.E.  
MR. C. A. R. EMMET, J.P.  
MR. L. A. FOSTER  
MR. W. J. GROVER  
LT.-COL. G. B. KENSINGTON, O.B.E.,  
O.ST.J., J.P.  
MR. J. E. MILES  
MRS. M. G. C. GALE MOORE

MRS. M. KEOGH MURPHY  
\*MR. P. MURSELL, M.B.E.  
(*Vice-Chairman of the County Council*)  
MRS. P. B. P. NAUNTON, J.P.  
MR. G. T. NIXEY  
MR. W. G. S. POPE  
MRS. N. B. M. SHARP  
\*LT.-COL. SIR HERBERT SHINER,  
D.S.O., M.C., D.L.  
(*Chairman of the County Council*)  
MRS. D. STAPLETON SKINNER  
MR. R. M. TILLING  
MR. M. D. WILLIAMS

### Other 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

\* *Ex-officio member*

### Ambulance Sub-Committee

*Chairman:* MR. E. G. HARVEY

MRS. E. S. M. BAXENDALE	DR. A. G. K. LEDGER
CDR. E. H. C. CHAPMAN, R.N., J.P.	MR. J. E. MILES
MR. L. A. FOSTER	MRS. M. G. C. 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

\* THE CHAIRMAN AND VICE-CHAIRMAN OF THE COUNTY COUNCIL AND OF THE COMMITTEE

### Mental Health Services Sub-Committee

*Chairman:* DR. IVAN CLOUT

DR. J. CARSE	MR. G. T. NIXEY
MAJOR-GEN. L. A. HAWES, C.B.E., D.S.O., M.C.	MR. W. G. S. POPE
MRS. G. M. DICKIN	DR. H. ROSENBERG, O.ST.J.
DR. A. G. K. LEDGER	MRS. N. B. M. SHARP
MRS. P. B. P. NAUNTON, J.P.	MR. M. D. WILLIAMS

\* THE CHAIRMAN AND VICE-CHAIRMAN OF THE COUNTY COUNCIL AND OF THE COMMITTEE

### Nursing Sub-Committee

*Chairman:* DR. O. M. WILBERFORCE

MRS. E. S. M. BAXENDALE	MRS. M. G. C. GALE MOORE
DR. IVAN CLOUT	MRS. M. KEOGH MURPHY
MISS E. J. CLUNES	MRS. N. B. M. SHARP
MRS. M. COBBY	MISS M. W. SPARKES
DR. W. S. COLTART	THE HON. MRS. WYATT
MRS. H. CONSTANDUROS	

\* THE CHAIRMAN AND VICE-CHAIRMAN OF THE COUNTY COUNCIL AND OF THE COMMITTEE

### Public Health Sub-Committee

*Chairman:* MR. R. M. TILLING

MRS. M. COBBY	MR. W. J. GROVER
CAPT. J. A. D. COCHRANE-BARNETT, O.B.E.	LT.-COL. G. B. KENSINGTON, O.B.E., O.ST.J., J.P.
MR. C. A. R. EMMET, J.P.	MR. W. G. S. POPE
MR. L. A. FOSTER	

\* THE CHAIRMAN AND VICE-CHAIRMAN OF THE COUNTY COUNCIL AND OF THE COMMITTEE

\* *Ex-officio member*

# COUNTY EDUCATION COMMITTEE

(as at 31st December, 1961)

*Chairman:* Brig. L. L. THWAYTES, D.L.

*Vice-Chairman:* MR. R. MARTIN

## County Council Members

DR. H. M. AYRES, O.ST.J.  
MR. H. H. BARRETT  
MAJOR S. R. BROOKS  
LADY E. BRUNDRETT  
MR. E. T. BRYANT, J.P.  
DR. IVAN CLOUT  
MR. R. EDWARDS  
MR. L. A. FOSTER  
MR. J. P. GEE, J.P.  
MR. E. J. F. GREEN  
MR. E. G. HARVEY  
MRS. M. KEOGH MURPHY  
MR. C. P. MASON, M.B.E., J.P.  
MR. R. MAY

MR. R. MILES  
MRS. M. G. C. GALE MOORE  
\*MR. P. MURSELL, M.B.E.  
(*Vice-Chairman of the County Council*)  
MR. A. G. W. PENNEY, J.P.  
MR. W. G. S. POPE  
LADY S. M. PRIOR-PALMER, O.B.E.  
LT.-COL. E. S. SHAXSON, M.C., D.L.  
\*LT.-COL. SIR HERBERT SHINER,  
D.S.O., M.C., D.L.  
(*Chairman of the County Council*)  
COL. E. L. STEPHENSON, D.S.O., M.C.  
MR. J. E. WHITTOME

## Other Members

MRS. M. I. KEELE  
MR. D. W. MORECRAFT  
MRS. H. M. PERYER

Representing Worthing Committee for  
Education

THE REV. A. W. H. CROWTHER  
THE REV. CANON G. HANDISYDE  
THE VERY REV. CANON E. WAKE, D.D.

Representing Religious Denominations

MR. K. D. ANDERSON, M.A.  
MR. S. J. WILKINS  
MR. F. C. WILLMOTT, M.A.

Representing teachers employed in schools  
maintained by the Local Education  
Authority

MISS D. M. M. EDWARDS-REES  
THE REV. CANON T. J. KIRKLAND  
MRS. J. E. MARTIN, M.A.

## Special Services Sub-Committee

*Chairman:* MAJOR S. R. BROOKS

DR. H. M. AYRES, O.ST.J.  
MR. H. H. BARRETT  
DR. IVAN CLOUT  
MISS D. M. M. EDWARDS-REES  
MR. J. P. GEE, J.P.  
THE REV. CANON G. HANDISYDE  
MRS. M. I. KEELE  
MRS. M. KEOGH MURPHY  
MR. R. MILES  
MRS. N. B. M. SHARP  
MR. F. C. WILLMOTT, M.A.

\* THE CHAIRMAN AND VICE-CHAIRMAN OF THE COUNTY COUNCIL AND OF THE COMMITTEE

\* *Ex-officio member*

## Appendix B

### STAFF

(as at 31st December, 1961)

*County Medical Officer of Health and  
Principal School Medical Officer:*

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

*Deputy County Medical Officer of Health and  
Deputy Principal School Medical Officer:*

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.

*Lay Administrative Officer:*

J. SAUNDERS, F.C.C.S.

*Assistant County Medical Officers of Health  
and School Medical Officers:*

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

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

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

P. M. FEA, M.B., CH.B., D.P.H.

\*V. P. GEOGHEGAN, M.D., D.P.H.

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

ESTHER S. KERR, M.A., M.B., B.Ch., D.OBST., R.C.O.G.

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

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

GLADYS A. G. ROBINSON, M.B., CH.B.

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

---

*Borough of Worthing*

*Medical Officer of Health and Borough School Medical Officer:*

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

*Deputy Medical Officer of Health and Deputy Borough School Medical Officer:*

J. C. AITKEN, M.B., CH.B., D.P.H.

*Assistant Medical Officer and School Medical Officer:*

JANE S. MCFARLANE, M.D., D.C.H.

---

*Acting Chief Dental Officer and  
Acting Principal School Dental Officer:*

J. S. DICK, L.D.S.

*Dental Surgeons:*

MISS B. M. BELL, L.D.S.

P. L. CARNALL, L.D.S.

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

P. NATHANAIL, B.D.S.

L. D. SMITH, L.D.S.

F. C. TOMLYN, L.D.S.

C. P. URBANI, L.D.S.

\*F. WINBOLT-LEWIS, L.D.S.

*Consultant Chest Physicians:*

\*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.

*Consultant Geriatric Physicians:*

\*R. B. FRANKS, M.R.C.S., M.R.C.P.                      \*J. N. MICKERSON, M.D., M.R.C.P.

*Consultant Ophthalmologists:*

\*N. CRIDLAND, D.M., D.O. (OXON)                      \*H. B. JACOBS, F.R.C.S., D.O.M.S.  
\*S. D. WALLIS, M.R.C.S., L.R.C.P., D.O.M.S.

\*P. W. ARUNDELL, M.R.C.S., L.R.C.P., D.O.M.S.                      \*J. LUC, M.D.  
\*W. B. HEYWOOD-WADDINGTON, M.B., B.S., M.R.C.S., L.R.C.P.

*Consultant Orthopaedic Surgeons:*

\*J. A. CHOLMELEY, F.R.C.S.                      \*J. D. WILSON, F.R.C.S.

*Consultant Psychiatrists:*

\*M. ALDRIDGE, B.A., M.B., B.Ch., D.P.M.  
\*J. H. KAHN, M.D., D.P.M.                      \*G. A. LEVINSON, M.B., B.S., D.P.M.  
\*F. T. SHADFORTH, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.M.

\*MARGARET DUNCAN, M.R.C.S., L.R.C.P.

*County Public Health Officer:*

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

*Assistant County Public Health Inspector:*

G. R. CROWTHER, M.R.S.H., M.A.P.H.I.

*County Ambulance Officer:*

V. A. GLOVER

*Superintendent Nursing Officer:*

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

*Deputy Superintendent Nursing Officer:*

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

*Area Nursing Officers:*

MISS G. A. RICHES, S.R.N., S.C.M., H.V. CERT.  
MISS E. M. PARKER, 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 M. B. FLEMONS, A.M.I.A.                      MISS J. GATEHOUSE, B.A., A.M.I.A.  
†MISS M. F. WESTON

*Occupational Therapist:*

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

*Physiotherapists:*

\*MRS. B. ANDREWS, M.C.S.P.                      \*MRS. W. M. K. HOPE-GILL, M.C.S.P.  
\*MRS. M. E. KING, M.C.S.P.                      \*MRS. O. R. NETTLES, M.C.S.P.  
\*MISS M. E. WELLS, M.O.A.P.

*Orthoptists:*

\*MISS M. E. TAYLOR, D.B.O.                      \*MISS G. TILLSON, D.B.O.  
\*MISS H. WISE, D.B.O.

*Speech Therapists:*

MISS P. M. MAIDMENT, L.C.S.T.      MISS M. G. A. MCCOMBIE, L.C.S.T.  
MRS. J. M. MILES, L.C.S.T.

*Senior Psychiatric Social Worker:*

\*†MISS N. K. HUNNYBUN

*Psychiatric Social Workers:*

†MRS. K. CARPENTER      \*†V. W. J. ROBINSON  
\*†MRS. E. M. STEAD, B.A.

*Social Workers:*

\*†MRS. H. M. BILLINGTON      \*MRS. F. KAHN

*Child Psychotherapists (non-medical):*

\*†A. T. BARRON      \*†C. J. N. CLEN-MURPHY, B.Sc.

*Senior Educational Psychologist:*

\*DAVID EVANS, M.A.

*Assistant Educational Psychologist:*

\*MISS C. F. BROWNE, B.Sc.

*Mental Welfare Officers:*

‡L. J. ELLIS, A.C.C.S.  
MISS P. DUNNING      MRS. R. GHOM, DIP. N.A.M.H.  
L. O'RIORDAN, S.R.N., R.M.N.      G. S. POPLE, A.I.S.W.

*Senior Administrative Assistants:*

GENERAL SERVICES DIVISION:	P. R. THATCHER, A.I.S.W.
NURSING SERVICES DIVISION:	J. E. FIELD
SCHOOL HEALTH SERVICES DIVISION:	A. W. GASKELL

\* Part-time.

† Holds appropriate qualifications.

‡ and Administrative Officer, Mental Health.

*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., 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



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