

[Report 1962] / Medical Officer of Health, West Sussex County Council.

Contributors

West Sussex (England). County Council.

Publication/Creation

1962

Persistent URL

<https://wellcomecollection.org/works/mw3gx8ep>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

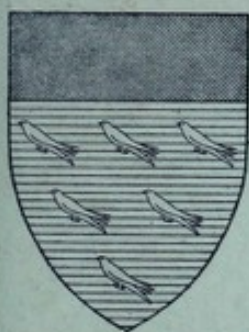
This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.

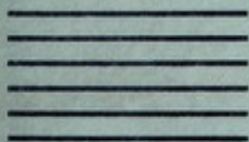


Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

44147

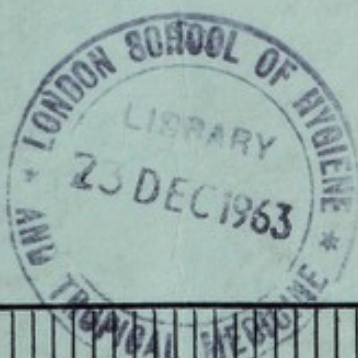



THE
ANNUAL
REPORTS
OF THE
COUNTY
MEDICAL
OFFICER
OF
HEALTH
AND
PRINCIPAL
SCHOOL
MEDICAL
OFFICER



THE HEALTH OF WEST SUSSEX

1962





Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30264716>

CONTENTS

	<i>Page</i>
Preface	5
Part I — General and Statistical	11
Part II — Epidemiology	27
Part III — Care of Mothers and Young Children ..	36
Part IV — Prevention of Illness, Care and After-Care ..	53
Part V — Ambulance Service	75
Part VI — Mental Health Service	81
Part VII — Other Services	89
Part VIII — Environmental Health Services	98
Part IX — School Health Service	111
<i>Appendix A</i> — Committees and Sub-Committees ..	153
<i>Appendix B</i> — Staff	156
<i>Appendix C</i> — Psychiatric Illness in a New Town Practice	159
<i>Appendix D</i> — The Development of the Health Services 1962 to 1972	165
Index	183

Every advance in our knowledge increases the potential capacity of man. But the mere increase of knowledge, and particularly the knowledge of preventive medicine or the ways and means of personal hygiene and well-being, can do nothing of itself to prevent disease and to safeguard health, unless it be *understood, accepted and practised*. So long as it remains exclusive or esoteric it can accomplish little, it can work no mighty deeds. It must filter down through all sections and conditions of society. It must become the common property of the people.

*Public Education in Health:
A Memorandum (1924)
addressed to the Minister
of Health by Sir George
Newman, K.C.B., M.D., F.R.C.P.*

Telephone: Chichester 3001

COUNTY HALL,
CHICHESTER.

17th May, 1963.

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

I have much pleasure in presenting *The Health of West Sussex* for the year 1962 which has been compiled in accordance with the requirements of the *Public Health Officers Regulations, 1959* and at the request of the Ministry of Education. It comprises my Annual Reports on the Health of the County and of the School Child, the third edition of such Reports for which I have been responsible.

Statistics

Although there were small increases in most of the rates which measure the general level of health, they were all without appreciable statistical significance and they continued to compare very favourably with those for England and Wales.

There was a further increase in the population (mainly due to inward migration) but the percentage increase in 1962 (1.8 per cent) was smaller than at any time since 1952.

The birth rate remained well below and the death rate slightly above the rates for the country as a whole. There were more births and deaths in the County in 1962 than ever before.

In the financial year 1961/62, net expenditure on the health services provided by the Council rose from £1,087 to £1,219 a 1,000 population. The corresponding figure for all English counties was £1,555, an increase of £163 a 1,000 population compared with the previous year.

The Ten-Year Plan

One of the outstanding events of the year was the publication in January of *A Hospital Plan for England and Wales* in which the Ministry of Health set out a long-term plan for the development of the hospitals over the next decade, within the framework of the National Health Service as a whole. In drawing up the hospital plan, the Ministry of Health

"... assumed that the first concern of the health and welfare services will continue to be to forestall illness and disability by preventive measures; and that where illness or disability nevertheless occurs, the aim will be to provide care at home and in the community for all who do not require the special types of diagnosis and treatment which only a hospital can provide. Thus any plan for the development of the hospital service is complementary to the expected development of the services for prevention and for care in the community."*

**A Hospital Plan for England and Wales* (Cmnd. 1604); H.M.S.O. 1962, para 31, page 9.

Concurrently with the publication of the hospital plan, the Minister of Health asked local health authorities to review their health and welfare services and to draw up a plan for developing them over the next ten years. The County Council's proposals for the development of the health services, which are set out in Appendix D of this Report, were approved and submitted to the Minister in July.

Experience gained since then has shown one of the main difficulties in implementing the proposals to be the delays encountered in obtaining necessary approvals to the siting and planning of new buildings. After about a year's negotiations with the hospital authorities for sites required for ambulance and mental health purposes in Chichester and Bognor Regis, little progress could be reported, despite the fact that one of these sites had formerly belonged to the County Council and had by law been transferred to the hospital authorities without compensation upon the inception of the National Health Service in 1948. Delays were also encountered at Crawley where a house and land acquired by the Council could not be used for mental health purposes until a local public inquiry had been held by the Ministry of Housing and Local Government and, at the time of writing this Report, it is understood that the Ministry have decided to hold another similar inquiry into the Council's proposals to erect a comprehensive training centre on a site adjoining a primary school.

Unless a way can be found to deal rapidly with formalities associated with the acquisition and use of sites, necessary though some of those formalities may be, there is little purpose in the Council making appropriate financial provision based on estimated starting dates for new buildings: those dates will almost certainly be wrong, more money will be set aside in the financial year than can possibly be spent and the fulfilment of the building programme (as now seems likely with the schemes at Bognor Regis, Chichester and Crawley) will be seriously delayed. At a time when it is already possible to arrange international medical conferences with demonstrations of cases and operations relayed by telstar from countries far away, it is surely not impossible to devise procedures which will facilitate the more rapid acquisition of building sites.

The implementation of the ten-year plan is not only a challenge, it is also an opportunity. It is a challenge to recognise that greater emphasis should be placed upon the prevention of disease. It is also an opportunity to secure that the best possible services are provided for the public within the limits of available resources.

Mental Health

This is one branch of the department's work which is likely to expand considerably over the next decade. Measured in terms of expenditure, this expansion may well prove to be greater than in any other of the Council's health services, for the financial estimates approved in connection with the development plan envisage that in ten years' time the annual cost of the mental health service will be four times what it was in the year 1962/63.

This forecast is by no means disproportionate to the estimated investment on other health services. For too long too little of the County's resources has been made available to alleviate mental distress; for too long the public have been content with standards of service (particularly for subnormal children) which have lagged behind those demanded for the physically ill. There is therefore lost ground to be made up. There will also be an increasing need to provide even better community facilities than ever before since the hospital plan forecasts, by 1975, a national reduction (from 3.3 to 1.9 a 1,000 population) in the number of hospital beds for the mentally ill.

As will be seen from Part VI of the Report, a modest start was made during 1962 with some of the problems facing the mental health service. The first residential training centre for adults was opened at Rustington in January; a house at Crawley (*Catherington*, Ifield Green) was acquired to enable the junior training centre at Horsham to be transferred temporarily to more suitable accommodation and to provide for the eventual erection of two residential units (one for children and the other for adults) on the adjoining land; a site owned by the Council at Worthing was appropriated for the purpose of building a hostel and a training centre for children; and negotiations were started for the acquisition of sites at Chichester (for a training centre and adult hostel) and at Crawley, where it is planned to build a training centre for children and adults.

The results of an important investigation carried out by Dr. Ivan Clout into the prevalence of psychiatric illness in Crawley were published in *The Lancet* in March and, with permission, are reproduced at Appendix C. In this investigation, Dr. Clout reviewed the illnesses of patients living in the new and old towns of Crawley and showed that on the whole there was no more psychiatric illness in the new town compared with the old. The only significant exception was that, among women of reproductive age, more than 15 per cent in the new town complained of depression, compared with some 9 per cent in the old town. At the same time, Dr. Clout found that psychiatric illness (which, if anything, appeared to be on the increase) was by far the commonest illness in any age-group of the adult population except men under 30 and he attributed this to the relative affluence of the community. As he says,

"It seems that the further one gets from subsistence level, the higher is the incidence of neuroses. When there is less need to struggle against environment, people are left with more psychic energy to employ in the struggle against themselves. Thus people who had stood up well to the most appalling housing conditions before they were moved to the new town, broke down when they were rehoused."

Progress and Problems in Prevention

The Council's schemes for the prevention of illness and the care and after-care of persons suffering from illness continued to be pursued with vigour and, as will be seen from the body of the Report, a number of milestones were reached during 1962 which should encourage even greater efforts by all who are concerned with the prevention of ill-health.

For the first year since the disease became notifiable in 1912, there were no cases of paralytic or non-paralytic poliomyelitis in the County and the country as a whole had its first period free of the disease during the week ending on 15th December, 1962. This was certainly a milestone in preventive medicine and a real triumph for the national poliomyelitis vaccination scheme.

When epidemics of the disease were common, as they were in the immediate post-war period, few would have been so bold as to forecast results of this kind; fewer still would have considered that more rapid progress would be made in the fight against poliomyelitis than in the eradication of such an essentially preventable disease as tuberculosis. In recent years, progress has certainly been made in reducing the prevalence of that disease (and it is encouraging to be able to report a further increase last year in the numbers of schoolchildren receiving B.C.G. vaccination) but much remains to be done before it will be possible to report that the scourge of tuberculosis has been overcome.

It is, moreover, clear that, as tuberculosis declines, cancer of the lung continues to increase despite all the evidence that smoking predisposes to lung cancer. In 1962, there were 267 deaths in the County from lung cancer, eleven times as many as there were from tuberculosis and nearly four times as many as the number of deaths on the roads. The main cause of lung cancer is known. What is not yet known is how to persuade people to give up smoking. Only when that is done will the conquest of lung cancer begin.

Progress was made during the year with the problem of how to improve still further levels of immunity against infectious disease. The Report contains an account of the work which is being done on the management of vaccination and immunisation procedures using the Council's newly-acquired electronic computer.

Chiropody

With the recruitment of a full-time chiropodist in April, it was possible to make a start with the implementation of the Council's proposals for the introduction of a directly-provided service which had been approved by the Minister of Health in 1960. The Report contains a full account of the location and times of the clinics which had been established by the end of the year and of the number of attendances made.

The demand for this new service quite outstripped the department's ability to respond promptly to the needs of all patients who were referred for treatment and by December there was an average waiting period throughout the County of six weeks before new patients could be seen. It is clear that additional staff will have to be recruited during the next few years if an adequate service is to be made available.

Fluoridation of Domestic Water Supplies

On 3rd July, 1962 a report* was published jointly by the Ministry of Health, the Scottish Office and the Ministry of Housing and Local

*H.M.S.O. (1962): *Reports on Public Health and Medical Subjects*, No. 105.

Government on *The Conduct of the Fluoridation Studies in the United Kingdom and the Results Achieved after Five Years.*

The conclusions reached in these Studies were impressive. After five years of fluoridation, the dental condition of deciduous teeth of children in Watford, parts of Anglesey and Kilmarnock improved substantially and there was no evidence that fluoride had caused any harm, at any rate in that period.

These conclusions were in line with experience already acquired abroad, where, as regards the possible risks which might result from treating water supplies in this way, an Expert Committee of the World Health Organization† had formed the opinion that safety was guaranteed by "a body of evidence without precedent in public health procedures."

The Minister of Health announced in Parliament on 10th December, 1962 that he would approve local health authority schemes to add fluoride to water supplies and at the time this Report was prepared the Council had already taken steps to urge all water undertakers operating in the County to raise the fluoride content of the water they supply as soon as they can conveniently do so after 1st April, 1964; steps had also been taken to secure an amendment of the Council's Proposals under Section 28 of the *National Health Service Act, 1946* which would enable contributions to be made towards the additional expenditure which would be incurred.

Committees and Staff

Upon his appointment as Chairman of the Finance and General Purposes Committee, Mr. E. G. Harvey relinquished the Chairmanship of the County Health Committee and of the Ambulance Sub-Committee. In the former office he was succeeded by Dr. Ivan Clout and in the latter by Mr. W. G. S. Pope.

Dr. G. H. Pringle retired on 31st October, 1962. For 15 years he had been Medical Officer of Health of Worthing and had played a leading part in the development of the community health services in that part of the County. There are many who have cause to remember him with affection and gratitude and who will wish him a long and happy retirement. As a token of their appreciation of his services and in recognition of the care and sympathy he always showed to handicapped children, the Worthing School Health Services Sub-Committee resolved that the official name of a new day special school for educationally subnormal children should be "The George Pringle School."

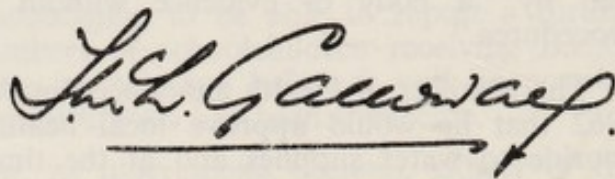
Acknowledgements

This Report has been compiled by Mr. J. Saunders, Lay Administrative Officer, who has done a great deal to bring about the completion of another year of successful work by the department.

†World Health Organisation (1958): *W.H.O. Techn. Rep. Ser.*, 146.

I am again glad of the opportunity to pay a well-deserved tribute to all the staff who have shared in making possible the progress recorded in these pages. The names of some of them are mentioned in Appendix B but there are others, particularly colleagues in other County departments and voluntary workers of many kinds, whose co-operation and efficiency have made a most important contribution to the improvement of the expanding health services: to all these I extend my sincere thanks.

I am also most grateful to the members of the County Health and Education Committees for the encouragement and consideration they have shown to the staff and me and for the strong support they have always given to suggestions for the improvement of the health services.

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

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

PART I—GENERAL AND STATISTICAL

Vital Statistics

The Ministry of Health have again asked that certain vital statistics relating to mothers and infants should be included in the Report in the following form and detail; those for 1961 are also shown for comparative purposes. Comments on most of these statistics are made elsewhere in the Report.

<i>Live Births</i>	1961	1962
Number	5,947	6,183
Rate a 1,000 population	14.6	14.8
<i>Illegitimate Live Births</i> (per cent of total live births) ...	5.0	5.6
<i>Stillbirths</i>		
Number	97	106
Rate a 1,000 total live and still births	16.1	17.1
<i>Total Live and Still Births</i>	6,044	6,289
<i>Infant Deaths</i> (deaths under one year)	107	124
<i>Infant Mortality Rates</i>		
Total infant deaths a 1,000 total live births ...	18.0	20.1
Legitimate infant deaths a 1,000 legitimate live births	17.8	18.8
Illegitimate infant deaths a 1,000 illegitimate live births	30.0	40.7
<i>Neonatal Mortality Rate</i>		
(Deaths under four weeks a 1,000 total live births)	13.3	14.9
<i>Early Neonatal Mortality Rate</i>		
(Deaths under one week a 1,000 total live births) ...	10.9	13.1
<i>Perinatal Mortality Rate</i>		
(Stillbirths and deaths under one week combined a 1,000 total live and still births)	26.8	29.4
<i>Maternal Mortality</i> (including abortion)		
Number of deaths	1	2
Rate a 1,000 total live and still births	0.2	0.3

The table on page 12 gives details of the population and the main vital statistics for each County district. The table on page 18 gives details of the causes of death in various age groups.

Area

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

Chief Vital Statistics for each County District in West Sussex

	Estimated Population middle of 1962	No. of Births	Birth Rates		No. of Illegi- timate Births	No. of Deaths	Death Rates		Deaths under one year	Infant Mortality Rate a 1,000 Births	Respiratory Tuberculosis		Cancer Death Rate
			Crude	Stan- dardised			Crude	Stan- dardised			No. of Deaths	Death Rate	
Urban Districts													
Arundel (M.B.) ...	2,650	39	14.7	17.8	4	44	16.6	12.3	—	—	—	—	1.5
Bognor Regis ...	28,070	366	13.0	14.2	31	453	16.1	13.1	7	19.1	3	0.11	3.2
Chichester (M.B.) ...	19,540	261	13.4	14.2	16	302	15.5	10.1	4	15.3	—	—	2.3
Crawley ...	55,360	1,208	21.8	15.1	30	298	5.4	11.8	19	15.8	1	0.02	1.0
Horsham ...	21,950	366	16.7	16.3	16	270	12.3	11.9	3	8.2	2	0.09	2.5
Littlehampton ...	15,920	257	16.1	16.1	22	215	13.5	12.4	11	42.8	—	—	2.4
Shoreham-by-Sea ...	17,520	265	15.1	14.5	16	208	11.9	12.5	7	26.4	—	—	2.6
Southwick ...	11,870	152	12.8	13.7	9	174	14.7	13.0	3	19.7	1	0.08	2.5
Worthing (M.B.) ...	79,750	826	10.4	11.5	58	1,807	22.7	14.7	16	19.4	6	0.08	4.3
All Urban Districts ...	252,630	3,740	14.8	14.2	202	3,771	14.9	13.0	70	18.7	13	0.05	2.8
Rural Districts													
Chancetonbury ...	23,070	395	17.1	18.5	25	313	13.6	11.9	19	48.1	—	—	2.7
Chichester ...	51,520	765	14.9	15.3	43	594	11.5	12.6	20	26.1	6	0.12	2.5
Horsham ...	24,590	394	16.0	16.3	13	234	9.5	9.6	5	12.7	—	—	1.9
Midhurst ...	17,890	229	12.8	13.8	20	300	16.8	9.4	—	—	2	0.11	2.7
Petworth ...	9,770	148	15.2	17.3	7	135	13.8	10.6	2	13.5	1	0.10	2.4
Worthing ...	39,000	512	13.1	13.8	34	775	19.9	15.3	8	15.6	2	0.05	3.5
All Rural Districts ...	165,840	2,443	14.7	15.6	142	2,351	14.2	12.6	54	22.1	11	0.07	2.7
Administrative County ...	418,470	6,183	14.8	14.8	344	6,122	14.6	12.9	124	20.1	24	0.06	2.7

Population

The Registrar General's estimate of the mid-year population of the County was 418,470, an increase of 7,540 compared with the previous mid-year estimate. This was considerably less than the increase (13,690) in 1961 but was more than the increases (7,240 and 7,500, respectively) in the years 1960 and 1959. The percentage growth was however less in 1962 than at any time since the years 1949 to 1952.

Year	Mid-year population*	Population increase		Year	Mid-year population*	Population increase	
		Persons*	Per cent			Persons*	Per cent
1945	268	9	3.54	1954	339	11	3.30
1946	289	22	7.59	1955	348	9	2.65
1947	299	9	3.13	1956	359	11	3.07
1948	310	11	3.69	1957	370	12	3.11
1949	313	2	0.77	1958	383	12	3.22
1950	316	3	1.07	1959	390	8	1.92
1951	318	2	0.57	1960	397	7	1.82
1952	320	2	0.53	1961	411	14	3.33
1953	327	8	2.36	1962	418	8	1.80

*Figures to nearest thousand.

The table on page 14 gives particulars of the estimated population changes in the County and in each of the district council areas during the past five years. Increases were recorded in all areas during that period, the largest being in Crawley U.D. (41.8 per cent) and Worthing R.D. (20.5 per cent); the smallest were in Petworth R.D. (0.8 per cent) and Arundel M.B. (1.5 per cent). Compared with 1957, the increase in the boroughs and urban districts was more than twice as great as in the rural districts but this was almost entirely due to the continuing development of Crawley.

As between urban and rural districts, the population of the County was far more evenly distributed than in other parts of the country. In 1962, the percentage of persons living in rural districts (39.6) was almost twice as great as the percentage (20.3) for England and Wales as a whole and an examination of earlier records shows that there has been little change in this percentage over the years.

	POPULATION							
	1921		1931		1951		1962	
	Persons*	Per cent of total	Persons*	Per cent of total	Persons*	Per cent of total	Persons†	Per cent of total
Boroughs and Urban Districts	104,418	55.3	120,728	54.1	181,775	56.3	252,630	60.4
Rural Districts	91,312	44.7	102,267	45.9	141,017	43.7	165,840	39.6
Administrative County ...	195,810	100.0	222,995	100.0	322,792	100.0	418,470	100.0

*Census record.

†Mid-year estimate.

POPULATION: 1957 to 1962

District	Home Population						Increase 1957 to 1962		Increase 1961 to 1962	
	30th June, 1957	30th June, 1958	30th June, 1959	30th June, 1960	30th June, 1961	30th June, 1962	No. of persons	Percentage increase	No. of persons	Percentage increase
Urban Districts										
Arundel (M.B.)	2,610	2,620	2,620	2,680	2,630	2,650	40	1.5	20	0.8
Bognor Regis	25,960	26,080	26,310	26,920	27,200	28,070	2,110	8.1	870	3.2
Chichester (M.B.)	19,010	19,100	19,060	19,030	19,480	19,540	530	2.8	60	0.3
Crawley	39,040	46,970	50,710	52,150	53,860	55,360	16,320	41.8	1,500	2.8
Horsham	18,650	19,060	19,470	19,950	21,320	21,950	3,300	17.7	630	3.0
Littlehampton	14,970	15,050	15,150	15,630	15,640	15,920	950	6.3	280	1.8
Shoreham-by-Sea	15,090	15,470	15,980	16,190	17,240	17,520	2,430	16.1	280	1.6
Southwick	11,410	11,500	11,640	11,740	11,870	11,870	460	4.0	—	—
Worthing (M.B.)	72,860	74,550	75,260	77,140	79,550	79,750	6,890	9.5	200	0.3
All Urban Districts	219,600	230,400	236,200	241,430	248,790	252,630	33,030	15.0	3,840	1.5
Rural Districts										
Chancetonbury	21,810	21,890	22,050	22,270	22,810	23,070	1,260	5.8	260	1.1
Chichester	48,060	48,260	48,040	48,680	50,110	51,520	3,490	7.3	1,410	2.8
Horsham	21,710	21,850	22,190	22,610	24,040	24,590	2,880	13.3	550	2.3
Midhurst	16,990	16,940	17,010	17,150	17,520	17,890	900	5.3	370	2.1
Petworth	9,690	9,690	9,740	9,770	9,690	9,770	80	0.8	80	0.8
Worthing	32,370	33,470	34,770	35,330	37,970	39,000	6,630	20.5	1,030	2.7
All Rural Districts	150,600	152,100	153,800	155,810	162,140	165,840	15,240	10.1	3,700	2.3
Administrative County	370,200	382,500	390,000	397,240	410,930	418,470	48,270	13.0	7,540	1.8

The table also shows that the population of the County has more than doubled in the past 40 years; what it does not show is that the most important element in this remarkable increase has been the continuing growth resulting from inward migration. Other factors such as the natural increase of the population (i.e. the excess of births over deaths) can virtually be ignored for in the 40 years from 1921 to 1960, a period during which the population increased by more than 200,000, there were only 12,508 more births in West Sussex than there were deaths.

<i>Period</i>	<i>Yearly average</i>		<i>Natural increase</i>	<i>Total increase</i>
	<i>Live births</i>	<i>Deaths</i>		
1921-30	2,936	2,374	5,621	19,190
1931-40	3,372	3,238	1,350	83,890
1941-50	4,603	4,052	5,509	17,200
1951-60	5,513	4,916	28	81,150

Births

The total number of live births registered was 6,183 which was 236 more than in 1961 and the highest number ever recorded. The crude rate a 1,000 population was 14.8, the same as the adjusted rate. The provisional rate for England and Wales was 18.0. The table on page 24 gives the number of births in the County in previous years and compares the local and national rates.

Increases in the birth rate occurred in eight of the fifteen County districts but in only one area (Chancetonbury Rural District — 18.5) was the rate higher than that for England and Wales. The lowest rate (11.5) was again recorded in Worthing M.B.

There were 344 illegitimate live births, 54 more than in 1961. Throughout the County as a whole, one in twenty of all live births was to an unmarried mother. Illegitimacy was lowest (1 in 40) in Crawley U.D. and highest (1 in 10) in Arundel M.B.

Premature (live and still) births rose from 375 in 1961 to 401 in 1962 and there was a slight increase (from 6.2 to 6.4) in the number of premature births expressed as a percentage of total (live and still) births.

1957	1958	1959	1960	1961	1962
7.5	6.6	6.7	6.6	6.2	6.4

Compared with 1961, there was less prematurity (0.4 per cent) in urban areas which was more than offset by an increase of 1 per cent in rural areas.

Premature Births: 1962

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	Percent- age of births weighing 5½lb. or less
Urban Districts							
Arundel (M.B.)	— (—)	— (—)	2 (—)	2 (—)	4 (—)	39	10.3
Bognor Regis ...	5 (1)	1 (—)	5 (1)	5 (1)	16 (3)	374	4.3
Chichester (M.B.)	3 (1)	5 (1)	3 (—)	4 (2)	15 (4)	269	5.7
Crawley ...	12 (6)	19 (3)	14 (—)	34 (2)	79 (11)	1,229	6.4
Horsham ...	3 (2)	3 (1)	4 (—)	8 (—)	18 (3)	375	4.8
Littlehampton ...	6 (1)	7 (—)	2 (—)	6 (—)	21 (1)	259	8.1
Shoreham-by- Sea ...	4 (3)	3 (—)	1 (—)	4 (1)	12 (4)	269	4.5
Southwick ...	2 (1)	1 (—)	— (—)	4 (1)	7 (2)	155	4.5
Worthing (M.B.)	12 (3)	12 (1)	9 (—)	24 (—)	57 (4)	834	6.8
Total Urban Districts ...	47 (18)	51 (6)	40 (1)	91 (7)	229 (32)	3,803	6.0
Rural Districts							
Chancetonbury ...	4 (2)	4 (1)	4 (—)	11 (—)	23 (3)	400	5.7
Chichester ...	9 (6)	18 (3)	10 (1)	27 (2)	64 (12)	782	8.2
Horsham ...	4 (3)	1 (—)	6 (—)	11 (1)	22 (4)	398	5.5
Midhurst ...	1 (1)	3 (—)	4 (—)	8 (—)	16 (1)	233	6.9
Petworth ...	3 (2)	3 (1)	4 (—)	3 (—)	13 (3)	150	8.7
Worthing ...	9 (5)	6 (—)	6 (—)	13 (1)	34 (6)	523	6.5
Total Rural Districts ...	30 (19)	35 (5)	34 (1)	73 (4)	172 (29)	2,486	6.9
Administrative County ...	77 (37)	86 (11)	74 (2)	164 (11)	401 (61)	6,289	6.4

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

There were 106 stillbirths registered in the year (9 more than in 1961), which gave a stillbirth rate of 17.1 a 1,000 total (live and still) births. The rate was 16.0 in 1961 and 13.7 in 1960. In 1962 there was a new low rate in England and Wales of 18.1 a 1,000 total (live and still) births.

Infant Mortality

Deaths of infants under one year of age numbered 124. This was 17 more than in the previous year and resulted in an infant mortality rate of 20.1 a 1,000 live births. The distribution of infant deaths as between urban and rural areas was 70 and 54 respectively (approximately 60 per cent of the population live in urban areas) but during the fourth quarter of the year the number of deaths in rural areas (6) was 16 less than in the areas of urban authorities.

Most of the infant deaths (83.0 per cent) were due to congenital malformations or other defined and ill-defined diseases but there was

an increase (from 6 to 16) in the number of deaths from pneumonia. Three of these occurred in vagrant families, the social environment of 4 other infants was poor and 1 death was also associated with a congenital abnormality.

The infant mortality rates for the County and for England and Wales over the last decade are given below. Particulars of the various causes of death in 1962 are given on page 18.

	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
West Sussex	22.2	23.9	21.1	24.3	19.5	18.0	16.8	20.3	18.0	20.1
England & Wales	26.8	25.4	24.9	23.7	23.1	22.6	22.2	21.9	21.4	20.7

The infant mortality rate for illegitimate infants (30.0 in 1961) rose to 40.7 a 1,000 illegitimate live births. The neonatal mortality rate (deaths under four weeks a 1,000 live births) was 14.9 (compared with 13.3 in 1961) and there was also an increase in the early neonatal mortality rate (deaths under one week a 1,000 live births) from 10.9 in 1961 to 13.1 in 1962.

Perinatal mortality (stillbirths and deaths under one week a 1,000 total [live and still] births) was also higher in 1962. The rate was 29.4, which was 2.6 more than in the previous year. The rate for England and Wales in 1961 was 32.2; the national figure for 1962 was not available at the time this Report was prepared.

Deaths from All Causes

The total number of deaths from all causes (after adjustment for inward and outward transfers) was 6,122. This was 147 more than in 1961 and resulted in a crude death rate of 14.6 a 1,000 population, compared with 14.5 in 1961 and 14.3 in 1960.

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 as a whole) was 12.9 a 1,000 population. The provisional national rate was 11.9 a 1,000 population.

Of the total deaths attributable to the County, 2,910 (47.5 per cent) were of males and 3,212 were of females. The corresponding figures for 1961 were 2,750 (46.0 per cent) and 3,225. Deaths in urban areas numbered 3,771, which was 61.6 per cent of the total number ascribed to the whole County.

The table on page 12 gives details of the number of deaths and the crude and standardised death rates for each County district. The table on page 18 shows the numbers and causes of death in age groups for the County as a whole. The numbers of deaths in each sex and the percentage of total deaths in various age groups during each of the past two years are shown on page 19. As in 1961, approximately four deaths out of every five were of persons over the age of 65 years: one in two survived their 75th birthday.

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 ...	11	13	—	—	—	2	9	13
2. Tuberculosis, other...	—	—	—	—	—	—	—	—
3. Syphilitic diseases ...	6	3	—	—	—	—	2	7
4. Diphtheria ...	—	—	—	—	—	—	—	—
5. Whooping cough ...	—	—	—	—	—	—	—	—
6. Meningococcal infections ...	—	—	—	—	—	—	—	—
7. Acute poliomyelitis ...	—	—	—	—	—	—	—	—
8. Measles ...	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	6	4	—	1	1	—	2	6
10. Malignant neoplasm, stomach ...	66	54	—	—	—	1	31	88
11. Malignant neoplasm, lung bronchus ...	212	55	—	—	—	7	117	143
12. Malignant neoplasm, breast ...	1	131	—	—	—	10	42	80
13. Malignant neoplasm, uterus ...	—	34	—	—	—	—	8	26
14. Other malignant and lymphatic neoplasms	270	285	1	2	2	24	138	388
15. Leukaemia, aleukaemia ...	21	20	—	3	—	4	15	19
16. Diabetes ...	12	20	—	—	1	1	2	28
17. Vascular lesions of nervous system ...	341	531	—	—	—	4	78	790
18. Coronary disease, angina ...	628	428	—	—	—	13	203	840
19. Hypertension with heart disease ...	32	57	—	—	—	1	4	84
20. Other heart disease...	328	614	—	—	—	10	55	877
21. Other circulatory disease ...	110	158	—	—	—	1	32	235
22. Influenza ...	11	25	—	—	—	1	4	31
23. Pneumonia ...	212	217	16	4	—	8	47	354
24. Bronchitis ...	177	83	1	—	2	1	41	215
25. Other diseases of respiratory system	47	23	1	—	1	1	15	52
26. Ulcer of stomach and duodenum ...	32	26	—	—	—	—	11	47
27. Gastritis, enteritis and diarrhoea ...	12	23	1	—	—	2	5	27
28. Nephritis and nephrosis ...	16	18	—	—	1	3	8	22
29. Hyperplasia of prostate ...	33	—	—	—	—	—	2	31
30. Pregnancy, child birth, abortion ...	—	2	—	—	—	2	—	—
31. Congenital malformations ...	24	23	24	8	3	5	4	3
32. Other defined and ill-defined diseases	180	248	79	6	3	13	60	267
33. Motor vehicle accidents ...	41	29	—	1	4	21	18	26
34. All other accidents	41	65	1	3	1	15	13	73
35. Suicide ...	39	23	—	—	1	17	24	20
36. Homicide and operation of war	1	—	—	—	—	—	—	1
All Causes ...	2,910	3,212	124	28	20	167	990	4,793

	<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 ...	67 (70)	15 (10)	11 (14)	28 (20)	65 (68)	593 (540)	834 (833)	1,297 (1,195)	2,910 (2,750)
Females ...	57 (37)	13 (7)	9 (10)	10 (5)	64 (58)	397 (409)	706 (760)	1,956 (1,939)	3,212 (3,225)
TOTAL ...	124 (107)	28 (17)	20 (24)	38 (25)	129 (126)	990 (949)	1,540 (1,593)	3,253 (3,134)	6,122 (5,975)
<i>Percentage of total ...</i>	2.0 (1.8)	0.5 (0.3)	0.3 (0.4)	0.6 (0.4)	2.1 (2.1)	16.2 (15.9)	25.2 (26.7)	53.1 (52.4)	100.0 (100.0)

Note: The figures in brackets relate to 1961.

Tuberculosis Deaths

There were 24 deaths from respiratory disease, 7 more than in the previous year. Although this was one of the lowest figures on record, it nevertheless serves as an unhappy reminder that tuberculosis has not yet been overcome despite the impressive results brought about by new methods of control and treatment in recent years.

For the first year since records were kept, there were no deaths in the County from non-respiratory tuberculosis. This was another milestone in the forward march of medicine.

The numbers of deaths from all forms of tuberculosis during the past ten years are given below.

<i>Year</i>	<i>Respiratory</i>						<i>Non-Respiratory</i>					
	0-	25-	45-	65-	75-	<i>Total</i>	0-	25-	45-	65-	75-	<i>Total</i>
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
1962	-	2	9	6	7	24	-	-	-	-	-	-

Cancer Deaths

Details of the age and sex distribution of the deaths from all forms of cancer are given in the table on page 20. The total of 1,149 was 4.5 per cent more than in 1961, which itself was more than 10 per cent higher than in the previous year. There were increased numbers of deaths in 1962 from cancer of the stomach, of the breast, and of the lung or bronchus in males; deaths from cancer of the uterus and of other organs were fewer than in 1961.

Deaths from Cancer: 1962

Site	MALES									FEMALES									Total Males and Females
	Age Group								Total Males	Age Group								Total Females	
	0-	1-	5-	15-	25-	45-	65-	75-		0-	1-	5-	15-	25-	45-	65-	75-		
Stomach ...	— (—)	— (—)	— (—)	— (—)	— (2)	20 (15)	24 (23)	22 (18)	66 (58)	— (—)	— (—)	— (—)	— (—)	1 (2)	11 (6)	18 (16)	24 (27)	54 (51)	120 (109)
Lung, bronchus ...	— (—)	— (—)	— (—)	— (1)	4 (6)	89 (61)	76 (85)	43 (27)	212 (180)	— (—)	— (—)	— (—)	— (—)	3 (1)	28 (27)	14 (14)	10 (11)	55 (53)	267 (233)
Breast ...	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	1 (—)	1 (—)	— (—)	— (—)	— (—)	— (—)	10 (4)	42 (52)	34 (25)	45 (35)	131 (116)	132 (116)
Uterus ...	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (1)	8 (15)	22 (11)	4 (12)	34 (39)	34 (39)
Other organs ...	— (—)	1 (—)	1 (1)	— (1)	7 (8)	71 (66)	75 (84)	115 (120)	270 (280)	— (—)	1 (—)	1 (—)	1 (—)	16 (11)	67 (71)	92 (95)	106 (112)	285 (291)	555 (571)
Leukaemia, aleukaemia ...	— (—)	1 (2)	— (—)	— (1)	1 (1)	9 (8)	— (1)	10 (3)	21 (16)	— (—)	2 (—)	— (—)	1 (1)	2 (2)	6 (3)	3 (6)	6 (3)	20 (15)	41 (31)
TOTAL ...	— (—)	2 (2)	1 (1)	— (3)	12 (17)	189 (150)	175 (193)	191 (168)	570 (534)	— (—)	3 (—)	1 (—)	2 (1)	32 (21)	162 (174)	183 (167)	195 (200)	579 (565)	1,149 (1,099)

Note: The figures in brackets relate to 1961.

The increase compared with 1961 in the number of male deaths from lung cancer was 32 (17.8 per cent) and there was a significant increase (28) in the age group 45 to 65 years (45.9 per cent more than in the previous year); more deaths also occurred in men over the age of 75 years. Of the total number of male deaths from lung cancer, 46.7 per cent were attributable to rural areas. Male to female deaths were in the ratio of 4 to 1.

Deaths from leukaemia and aleukaemia rose by one-third. This increase was equally divided between the sexes and occurred mainly in persons over the age of 75 years.

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

	1956	1957	1958	1959	1960	1961	1962	Seven-year average
Stomach ...	112	94	97	103	121	109	120	108
Lung and bronchus	156	172	216	216	189	233	267	207
Breast ...	96	107	106	115	109	116	132	112
Uterus ...	34	39	41	37	44	39	34	38
Other ...	498	465	528	551	500	571	555	524
Leukaemia and aleukaemia	23	25	36	29	35	31	41	31
TOTAL ...	919	902	1,024	1,051	998	1,099	1,149	1,020

Deaths from Diseases of the Circulatory System

Although mortality from this group of diseases again accounted for more than half the total number of deaths, there were 17 fewer deaths in 1962 than in the previous year. Most of the deaths in this group (87.6 per cent) were of persons over the age of 65 years.

The increase in deaths from coronary disease, to which attention was drawn in the last Report, continued in 1962. There was however no change in the number (203) ascribed to the age group 45 to 64 years but almost one-fifth of the deaths from this cause was of persons in this age group.

The sex distribution of all deaths from coronary disease was roughly in the ratio of 6 males to 4 females. During middle-age (45 to 64 years) there were however 14 male for every 4 female deaths.

Disease	1956	1957	1958	1959	1960	1961	1962
Vascular lesions of the nervous system ...	728	750	794	902	910	934	872
Coronary disease, angina ...	783	708	796	877	1,006	1,003	1,056
Other heart disease* ...	1,045	906	1,025	1,027	1,051	1,018	1,031
Other circulatory disease ...	204	205	224	273	226	289	268
TOTAL ...	2,760	2,569	2,839	3,079	3,193	3,244	3,227
Percentage of total annual deaths ...	53.7	54.0	53.9	55.6	56.2	54.3	52.7

*Includes hypertension with heart disease.

Deaths from Diseases of the Respiratory System

There were further increases in the numbers of deaths ascribed to influenza, pneumonia and other respiratory diseases.

	1956	1957	1958	1959	1960	1961	1962	<i>Seven-year average</i>
Influenza ...	30	47	15	66	9	32	36	34
Pneumonia ...	283	258	324	297	350	423	429	338
Bronchitis ...	204	149	178	169	181	263	260	200
Other respiratory diseases ...	63	32	49	46	62	57	70	54
TOTAL ...	580	486	566	578	602	775	795	626

Of the 795 deaths in the respiratory group, 652 (82.0 per cent) were of persons over the age of 65 years. There were however 18 deaths of infants under the age of one year.

Deaths from influenza were roughly the same as the annual average over the past seven years. Of the 36 deaths, 31 were of persons over the age of 65 years; 26 of these persons were over 75.

Pneumonia accounted for 429 deaths, 91 more than the annual average; four-fifths of these deaths (82.5 per cent) were of persons over the age of 65 years but 16 were of infants under one year, 10 more than in 1961. Deaths in urban as compared with rural areas were in the ratio of 7 to 3.

Deaths from bronchitis were also in excess of the annual average and were roughly the same as in 1961. Twice as many males as females died from this cause (as was also the case with deaths from other diseases of the respiratory system) and 215 (82.7 per cent) of the 260 deaths from bronchitis were of persons over the age of 65 years.

Maternal Deaths

There were two maternal deaths in the County, both of which were investigated thoroughly by the Department and by the Ministry of Health.

The first occurred in June and was the result of a rare condition known as acute hepatic necrosis. The patient was carefully supervised from the beginning of her pregnancy and there was no failure of service at any time but her general health was very poor and she had little resistance when she became ill.

The second death was that of a young woman who died of one of the catastrophic complications of early pregnancy. The pregnancy had only existed for six weeks when the patient had a very heavy haemorrhage from which she died. The circumstances were reported to the Coroner who found that death was due to natural causes.

Even the most carefully planned services cannot completely prevent misfortunes of this nature but it may be hoped that, with the general improvement in the health and education of the people, cases of this kind will become even less frequent.

Accidents and Suicides

Deaths from these causes rose from 195 in 1961 to 238 in 1962. Motor vehicle accidents (70) accounted for 33 more deaths than in the previous year and increases from this cause were recorded in all age groups over the age of one year; there were four deaths of school children and 26 of persons over the age of 65 years.

Suicide increased its toll by 12 to 62 (39 males and 23 females) in 1962; this was 11 more than the annual average over the past seven years. Death by suicide has increased steadily since the war and (apart from the peak year of 1960 when 32 men and 36 women took their own lives) more suicides have been committed by men than by women in each year of that period. The trend over the past twelve years is given below.

Years	MALES				FEMALES			
	Age Groups			TOTAL	Age Groups			TOTAL
	Under 45	45-64	65 and over		Under 45	45-64	65 and over	
1947-50	17	21	31	69	12	27	15	53
1951-54	13	33	32	78	9	26	23	58
1955-58	20	40	35	95	6	38	30	74
1959-62	35	50	42	134	18	33	40	101
TOTALS	85	144	140	376	45	124	108	286

The year under review was the first complete year for which statistics have been assembled since the *Suicide Act, 1961* passed into law. From August of that year it ceased to be a crime in England and Wales for a person to take his own life—or to try to do so. Some consider that coroners and doctors will now be less reluctant to certify a death as due to this cause and, although the statistics for one year may be unreliable, the rise in the County during 1962 suggests that this may well be so.

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

	1956	1957	1958	1959	1960	1961	1962	Seven-year average
Motor vehicle accidents ...	45	34	48	46	51	37	70	47
Other accidents ...	97	87	115	96	95	108	106	101
Suicide ...	48	40	39	48	68	50	62	51
TOTAL ...	190	161	202	190	214	195	238	199

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		Rate a 1,000 Population	England & Wales		Rate a 1,000 Population	West Sussex		Rate a 1,000 Live Births	West Sussex		Rate a 1,000 Live Births	West Sussex		Rate a 1,000 Total Live and Still Births	West Sussex		Rate a 1,000 Total Live and Still Births
		No.			No.			No.			No.			No.			No.		
1911	92,725	3,386	19.1	24.4	2,203	13.1	14.6	288	85.0	130	†	†	†	†	†	†	6	1.8	3.7
1921	195,795	3,214	17.4	22.4	2,185	11.4	12.1	158	49.2	83	†	†	†	†	†	†	11	3.3	3.9
1931	216,760	3,134	14.5	15.8	2,808	13.0	12.3	139	44.4	66	†	†	†	†	†	†	13	4.1	4.0
1950	316,090	4,203	14.7	15.8	4,454	10.4	11.6	109	26.0	29.6	66	15.7	18.5	83	19.4	22.6	5	1.2	0.9
1951	317,900	4,068	14.2	15.5	4,654	10.8	12.5	100	25.0	29.7	69	17.0	18.8	98	23.3	23.0	2	0.5	0.8
1952	319,600	4,177	14.5	15.3	4,304	10.0	11.3	74	18.0	27.6	52	12.4	18.3	87	20.8	22.7	4	0.9	0.7
*1953	327,340	4,271	14.4	15.5	4,519	10.4	11.4	95	22.0	26.8	67	15.7	17.7	99	22.7	22.5	4	0.9	0.8
1954	338,500	4,681	16.0	15.2	4,606	9.5	11.3	112	24.0	25.4	88	18.8	17.7	106	22.1	23.5	1	0.2	0.7
1955	347,700	4,681	15.3	15.0	4,696	9.5	11.7	99	21.0	24.9	77	16.4	17.3	102	21.3	23.2	1	0.2	0.6
1956	358,700	5,021	15.4	15.6	5,138	10.7	11.7	122	24.0	23.7	85	16.9	16.8	105	20.5	22.9	3	0.6	0.6
1957	370,200	5,287	15.4	16.1	4,757	10.2	11.5	103	19.5	23.1	77	14.6	16.5	130	24.0	22.5	1	0.2	0.5
1958	382,500	5,541	15.4	16.4	5,267	11.0	11.7	100	18.0	22.6	74	13.4	16.2	106	18.8	21.6	1	0.2	0.4
1959	390,000	5,656	15.1	16.5	5,537	11.8	11.6	95	16.8	22.2	64	11.3	15.8	121	20.9	21.0	2	0.4	0.4
1960	397,240	5,802	14.9	17.1	5,679	12.2	11.5	118	20.3	21.9	88	15.2	15.6	84	13.7	19.8	1	0.2	0.4
1961	410,930	5,947	14.6	17.4	5,975	12.6	12.0	107	18.0	21.6	79	13.3	15.5	97	16.1	19.1	1	0.2	0.3
1962	418,470	6,183	14.8	18.0	6,122	12.9	11.9	124	20.1	20.7	92	14.9	15.1	106	17.1	18.1	2	0.3	0.4

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.

Morbidity

The numbers of first certificates of incapacity received at the six local offices of the Ministry of Pensions and National Insurance in each of the past three years are shown below:

<i>Area</i>	1960*	1961†	1962†
Bognor Regis ...	3,028	3,174	3,472
Chichester ...	5,899	6,716	7,685
Crawley ...	6,719	8,026	8,480
Littlehampton ...	2,957	3,548	3,545
Shoreham ...	3,343	3,874	4,135
Worthing ...	8,773	11,121	11,205
TOTALS ...	30,719	36,459	38,522

*53 weeks.

†52 weeks.

At the time the Report was prepared, the Ministry of Pensions and National Insurance were unable to provide more detailed information on the small increase in the number of first certificates received in 1962. They had, however, stated that special analyses were being prepared on a national basis in respect of the year which ended on 2nd June, 1962 and that these would be available in 1964.

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 1962 is given below:

	<i>Air temperature deg. F.</i>						<i>Rainfall</i>		<i>Sunshine</i>	
	<i>High- est max.</i>	<i>Lowest min.</i>	<i>Mean max.</i>	<i>Mean min.</i>	<i>Mean</i>	<i>Differ- ence from average</i>	<i>Total (ins.)</i>	<i>Per- centage of average</i>	<i>Total (hrs.)</i>	<i>Per- centage of average</i>
Jan.	51	18	45.7	36.5	41.1	+0.2	3.2	110	64.6	96
Feb.	55	27	45.6	35.7	40.7	—0.2	0.5	23	112.5	137
March	54	27	44.0	33.5	38.7	—5.1	1.5	89	139.9	95
April	63	33	52.5	41.1	46.8	—1.2	2.2	125	147.7	81
May	62	36	56.0	45.2	50.6	—2.9	1.0	62	176.7	76
June	71	38	63.8	49.9	56.9	—2.2	0.3	20	282.8	116
July	73	49	66.0	55.2	60.6	—1.9	2.4	112	181.1	78
Aug.	71	47	66.8	54.7	60.7	—1.9	3.2	141	194.7	91
Sept.	69	42	63.4	51.3	57.3	—2.1	3.4	110	174.1	103
Oct.	68	36	59.9	48.4	54.1	+1.2	1.4	49	166.8	134
Nov.	58	27	48.9	40.6	44.7	—1.5	3.8	110	39.6	53
Dec.	56	24	43.6	33.2	38.4	—3.4	2.9	99	113.8	181
Means or ex- tremes	73	18	54.7	43.8	49.2	—1.8	25.9	94	1,794.3	98

Among the outstanding features of the year's weather were the persistently low temperatures and the relatively low rainfall. Over England and Wales as a whole it was, in fact, the driest year since 1955.

Less than a quarter of the monthly average of rainfall was recorded at Worthing in February, and June, with one-fifth of its average expectation, was the driest for 20 years. Although the heavy rainfall of the late summer was valuable in bringing on crops, it nevertheless made harvesting difficult in some parts of the County. Most farmers were however able to make up lost time during the very dry October when less than half the average rainfall was recorded. The rainfall at Worthing in 1962 is compared below with the national records:

	1962	Average	Difference from average	Percentage of average
Worthing ...	ins. 25.9	27.5	ins. —1.6	94
England and Wales ...	31.9	36.5	—4.6	87

The year ended, as it had begun, with severe wintry conditions. The heavy snowfall, the worst since 1947, which occurred immediately after Christmas, 1962 was much greater than that which ushered in the new year (which properly belongs to 1963) and was possibly the worst this century. Such falls may be relatively commonplace to residents of hilly areas but are far more disturbing to normal activity in lowland areas where people are unaccustomed to such severe weather.

In Worthing, it was the coldest spring since 1919 and the coolest summer since 1924. For the eighth successive month, temperatures in September were generally below average and the weather was, as in August, mainly wet and unsettled; in southern Britain the Bank Holiday was one of the coldest and wettest on record. Throughout the summer there was no really warm and sunny weather, and Worthing's highest temperature (on 25th July) only reached 73 degrees. The town had had at least one warmer day in each of the last 80 years.

It was not until October that the first spell of warm and settled weather arrived. Many places in the country had almost three weeks without measurable rain and less than average rainfall for the month was recorded over the whole of the United Kingdom, an unusual occurrence for any month.

For much of the year sunshine was below average. Although five months had more sunshine than is normally expected, totals in April, May, July and November were small. The total for December was however the highest for that month since 1899, the year in which records were first kept.

PART II—EPIDEMIOLOGY

Notifiable Diseases

The number of notifications of infectious disease fell from 7,707 in 1961 to 1,173 in 1962. Although this was almost entirely due to the biennial swing in the prevalence of measles, it was nevertheless the lowest number received for many years. The table on page 28 gives particulars of the notifications in each County district and that on page 30 shows how notifications have fluctuated during the past seven years in the County as a whole.

No cases of *smallpox* or of *diphtheria* occurred during the year.

Whooping cough notifications showed a further decrease from 297 in 1961 to 43 in 1962. This decrease is encouraging and may be due, in part at least, to the authority's policy to make available triple vaccine, active against whooping cough, diphtheria and tetanus; immunisation against whooping cough in early infancy is a valuable health measure.

Notifications of *measles* fell from 7,137 in 1961 to 409. This was to be expected as the incidence tends to be high in alternate years. In 1962 the number of notifications received was, however, lower than at any time since 1955.

There were two cases of *ophthalmia neonatorum*, the first since 1959. Both patients recovered with no loss of sight.

No cases of paralytic or non-paralytic *poliomyelitis* were notified in the County and it is encouraging to report that during the week ended 15th December, 1962 no case of poliomyelitis was notified anywhere in the United Kingdom. Not since the week ended 17th March, 1945 — nearly 18 years ago — had there been a week with no case of poliomyelitis recorded anywhere in England and Wales. This was a milestone in preventive medicine and a real triumph for poliomyelitis immunisation.

The number of cases of *dysentery* increased by 74 from 52 in 1961 to 126 in 1962.

On 1st May, 1961 *rubella* became a notifiable disease in the Rural District of Worthing. By the end of 1961, the Medical Officer of Health had received 22 notifications, two of which related to children whose mothers were less than three months pregnant and had never had rubella. During 1962, 382 notifications were received and the Medical Officer of Health was not able to follow up each case as he had done in 1961. He informed the general medical practitioners of this and pointed out the need for gamma globulin to be offered to expectant mothers in close

NOTIFICATION OF INFECTIOUS DISEASES

COUNTY DISTRICT	Acute encephalitis		Acute pneumonia	Acute poliomyelitis		Diphtheria	Dysentery	Erysipelas	Food poisoning	Measles	Meningococcal infection	Ophthalmia neonatorum	Para-typhoid fevers	Puerperal pyrexia	Rubella*	Scarlet fever	Whooping cough	TOTAL
	Infective	Post Infectious		Paralytic	Non Paralytic													
Urban Districts																		
Arundel M.B.	—	—	—	—	—	—	2	—	—	5	—	—	—	—	—	2	—	9
Bognor Regis	—	—	—	—	—	—	33	—	—	—	—	—	—	19	—	6	—	60
Chichester M.B.	1	—	4	—	—	—	60	1	5	13	—	1	—	13	—	2	1	99
Crawley	—	—	6	—	—	—	1	—	9	68	—	—	—	4	—	1	—	89
Horsham	—	—	1	—	—	—	1	1	6	20	—	—	—	—	—	14	1	45
Littlehampton	1	—	—	—	—	—	5	1	2	4	2	1	—	11	—	3	6	35
Shoreham-by-Sea	—	—	2	—	—	—	—	1	2	4	—	—	—	1	—	3	12	22
Southwick	—	—	—	—	—	—	—	—	1	12	—	—	—	3	—	3	—	19
Worthing M.B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total Urban Districts	2	—	13	—	—	—	102	3	23	126	2	2	—	51	—	34	20	378
Rural Districts																		
Chancetonbury	—	—	15	—	—	—	2	3	1	44	—	—	—	1	—	3	1	70
Chichester	—	—	4	—	—	—	10	—	—	10	1	—	—	—	—	6	18	49
Horsham	—	—	3	—	—	—	3	1	1	73	—	—	—	1	—	3	2	87
Midhurst	—	—	—	—	—	—	1	—	—	98	—	—	—	—	—	—	—	99
Petworth	—	—	10	—	—	—	—	—	—	15	—	—	—	—	—	—	—	25
Worthing	—	—	1	—	—	—	8	—	3	43	—	—	—	19	382	7	2	465
Total Rural Districts	—	—	33	—	—	—	24	4	5	283	1	—	—	21	382	19	23	795
Total Administrative County	2	—	46	—	—	—	126	7	28	409	3	2	—	72	382	53	43	1,173
Total Administrative County 1961	—	—	72	—	1	2	52	14	29	7,137	2	—	2	78	22	93	297	7,707

* Notifiable only in Worthing R.D.

contact if they were within the first three months of pregnancy. Four practitioners notified him that they had given gamma globulin to expectant mothers and none of these mothers subsequently developed rubella.

Of the expectant mothers who received gamma globulin in 1961, one developed rubella two-and-a-half months later. This was obviously not from the contact for which she was given gamma globulin. She was over four months pregnant when the disease was diagnosed and the baby was perfectly normal.

The Medical Officer of Health had no knowledge of any abnormalities in Worthing Rural District due to rubella in either 1961 or 1962.

There was a slight increase in the number of West Sussex 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
1958	6	46	200
1959	11	41	156
1960	10	63	248
1961	7	52	285
1962	10	60	296

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

"During the year 1962, 4 cases, an increase of 2 over 1961, of late syphilis were seen and 7 cases of gonorrhoea, an increase of 1 over 1961, were also dealt with at the Chichester Clinic. Other conditions amounted to 56 cases compared with 49 for 1961. At the Portsmouth Centre we saw 1 case of late syphilis, 3 of gonorrhoea and 15 of other conditions from the West Sussex area. Happily no early syphilis was seen.

It is interesting to note that an increasing number of patients seen from West Sussex were staffs of various catering establishments to do with holiday-makers.

I should like to take this opportunity to record my gratitude to Dr. D. Warren Browne for his help and willingness to deputise for me, often at short notice, at the Chichester Clinic when I have been unable to attend for various reasons."

Notifications of *puerperal pyrexia*, which have been falling in recent years, numbered 72; this was 30 less than the annual average over the past seven years. *Scarlet fever* notifications (53 in 1962) were also well below the seven-year average.

Details of the number of cases of infectious disease notified during the past seven years are shown in the following table.

NOTIFIABLE DISEASES: 1956 to 1962

<i>Disease</i>	1956	1957	1958	1959	1960	1961	1962	<i>Seven-Year Average</i>
Acute encephalitis								
(a) infective ...	1	1	—	1	1	—	2	0.9
(b) post-infectious ...	—	3	—	—	2	—	—	0.7
Acute pneumonia ...	107	120	61	77	41	72	46	74.9
Acute poliomyelitis								
(a) paralytic ...	23	42	8	3	2	—	—	11.1
(b) non-paralytic ...	14	37	7	7	—	1	—	9.4
Diphtheria ...	—	—	—	—	—	2	—	0.3
Dysentery ...	98	127	75	197	207	52	126	126.0
Erysipelas ...	23	19	24	17	19	14	7	17.6
Food poisoning ...	—	—	39	43	35	29	28	24.9
Measles ...	2,652	2,478	3,401	5,345	574	7,137	409	3,142.3
Meningococcal infection ...	2	4	—	2	1	2	3	2.0
Ophthalmia neonatorum ...	2	4	8	2	—	—	2	2.6
Para-typhoid fevers ...	2	5	2	13	2	2	—	3.7
Puerperal pyrexia ...	114	115	132	112	90	78	72	101.9
*Rubella ...	—	—	—	—	—	22	382	202.0†
Scarlet fever ...	103	82	138	275	240	93	53	140.6
Whooping cough ...	461	1,117	119	198	645	297	43	411.4
TOTAL ...	3,602	4,154	4,014	6,292	1,859	7,801	1,173	4,127.9
ATTACK RATE A 1,000 LIVING ...	10.0	13.7	10.5	16.1	4.7	19.0	2.8	10.6

*Notifiable in Worthing R.D. since 1st May, 1961.

†Two-year average.

Winter Vomiting Disease

For a number of years the incidence of a condition, generally known as winter vomiting disease, has been steadily increasing. The disease attacks mainly young children and shows itself by sudden attacks of vomiting which last for about 48 hours but may be repeated.

It is evident from information received in the department that outbreaks of this disease occurred during the winter months, particularly in the schools. The cause of the illness is not known, nor is it known with any certainty how it is transmitted. It is, however, likely to be due to a short-lived virus which is spread by person-to-person contact and which, following an attack, confers only a very short immunity, at any rate in young children; prolonged and expensive research may well be needed to isolate the causative agent.

In concert with neighbouring authorities the County Council asked the County Councils Association to make representations to the Minister of Health for research to be undertaken into the cause of this disease.

Vaccination and Immunisation

The Electronic Computer

An important development took place in Chichester in December when an immunisation session was held for which the entire clerical work had been done by the County Council's newly-acquired computer; this included the verification of records, the selection of procedures which were due to be carried out, the writing of appointment cards and the preparation of lists giving relevant particulars of children who had been invited to attend.

This was a unique venture and, so far as is known, had not previously been attempted anywhere else in the world. In planning the programme close co-operation was maintained throughout with the County Treasurer's Department and cordial relationships developed between the staff as they faced up to problems which at first appeared to be insoluble. It is hoped that before long the administration of all the County Council's immunisation arrangements will be dealt with by electronic machinery.

Experimental work of this kind is not only of immense value but it is also becoming increasingly necessary as the practice of preventive medicine becomes more complex. The fullest possible use of mechanical aids will have to be encouraged if improvements in administrative methods are to be achieved.

Diphtheria, Whooping Cough and Tetanus

The following table shows the number of children who at the end of the year 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 1958 to 1962 by the estimated child population in the relevant age group.

<i>Age on 31.12.62 (i.e.: born in year)</i>	<i>Under 1 1962</i>	<i>1-4 1958-1961</i>	<i>5-9 1953-1957</i>	<i>10-14 1948-1952</i>	<i>Under 15 Total</i>
A. Number of children whose last course (primary or booster) was completed in the period 1958-1962	1,913 (1,871)	21,630 (20,755)	18,021 (17,579)	5,873 (5,250)	47,437 (45,455)
B. Number of children whose last course (primary or booster) was completed in the period 1957 or earlier	— (—)	— (—)	14,559 (13,271)	24,463 (24,956)	39,022 (38,227)
C. Estimated mid-year child population ...	5,980 (5,810)	23,620 (22,690)	62,800 (63,100)		94,400 (91,600)
Immunity Index ...	32.0 (32.2)	91.6 (91.5)	38.0 (36.2)		51.3 (49.6)

Note: The figures in brackets relate to 1961.

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>		TOTALS	
	<i>Primary Injections</i>	<i>Reinforcing Injections</i>	<i>Primary Injections</i>	<i>Reinforcing Injections</i>	<i>Primary Injections</i>	<i>Reinforcing Injections</i>
Diphtheria	48	454	13	209	61	663
Diphtheria and whooping cough ...	3	8	3	12	6	20
Diphtheria and tetanus	261	691	72	949	333	1,640
Triple antigen ...	1,277	508	3,588	1,874	4,865	2,382
TOTALS ...	1,589	1,661	3,676	3,044	5,265	4,705

Whooping Cough

During the year, 4,876 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 during the year:

<i>Age Group</i>	<i>Number Vaccinated</i>			<i>Number Re-vaccinated</i>		
	<i>By County Medical Staff</i>	<i>By General Practitioners</i>	TOTAL	<i>By County Medical Staff</i>	<i>By General Practitioners</i>	TOTAL
Under 1 year	448	3,143	3,591	—	—	—
1 year ...	82	527	609	1	9	10
2-4 years	50	772	822	4	261	265
5-14 years	81	2,889	2,970	175	5,080	5,255
15 years and over ...	49	3,903	3,952	333	18,221	18,554
TOTALS ...	710	11,234	11,944 (4,672)	513	23,571	24,084 (1,430)

Note: The figures in brackets relate to 1961.

The substantial difference in these figures from those for the previous year was due to the outbreaks of smallpox which occurred early in 1962 both in the British Isles and abroad. No cases of smallpox were reported in the County and no mass vaccination programmes were arranged but many people were prompted to ask their general medical practitioners for vaccination, either for reasons connected with travelling or as a precautionary measure. The general public were however informed, through the press and by television and radio that mass vaccination was unnecessary and ill-advised. During 1962, the local acceptance rate for infant vaccination rose to 58.1.

After the outbreaks of smallpox had ended, a circular was sent to all general medical practitioners urging that as many infants as possible should be protected against preventable disease, including smallpox. The circular included the following suggestions regarding smallpox which had been prompted by a study of the recent outbreaks of the disease:

VACCINATE IN INFANCY* unless there is a definite contra-indication or an insurmountable parental objection. Not only are unvaccinated children unnecessarily exposed to the risk of smallpox, but the dangers associated with primary vaccination in later life are even more serious. The Ministry of Health confidently predict that deaths from the complications of delayed primary vaccination will this year outnumber those due to smallpox. Vaccination in infancy is therefore to be recommended enthusiastically, not only as a preventive measure against smallpox, but also as an insurance against vaccination troubles in later life.

RE-VACCINATE ABOUT THE AGE OF NINE YEARS. The aim is to avoid so long an interval between vaccinations that a reaction of primary type may result.

KEEP YOUR OWN PROTECTION UP-TO-DATE. There has been at least one doctor or nurse casualty in every outbreak in this country since the war. Therefore attempt re-vaccination every two or three years, not longer, even if you never "take". Members of your household, particularly those who meet patients, should be similarly protected.

IF YOU HAVE A SUSPECTED CASE

- (a) keep him where he is — do NOT move him or send him to any hospital;
- (b) call the Medical Officer of Health for your district, who will see the case and may call for an opinion by a consultant on the smallpox panel;

[responsibility for the final decision regarding diagnosis and further action lies with the District Medical Officer of Health.]

*Subsequently modified by the recommendation of the Standing Medical Advisory Committee that routine vaccination should preferably be carried out during the second year of life, instead of at four to five months. General medical practitioners and County medical and nursing staff were informed accordingly and this recommendation was brought into operation from December, 1962.

- (c) If the case attends your surgery, isolate him and take the names and addresses of all on the premises with whom he may have come in contact.

IN AN OUTBREAK. A firm authoritative and reassuring lead should be given by all doctors. In particular, ill-founded opinions favouring mass vaccination should be challenged on the following grounds:

- (i) Mass vaccination is the result of unreasonable anxiety and creates more anxiety (see (iii) below).
- (ii) Mass vaccination diverts the attention of doctors and health department staff from the more important techniques of control, i.e. ascertainment and surveillance of contacts.
- (iii) Mass vaccination causes widespread illness, absenteeism, and dislocation of work. Eight deaths may be expected for every million people primarily vaccinated—more deaths than usually result from the typical English episode. The general medical principle of not employing a treatment more dangerous than the disease applies to smallpox control.
- (iv) The "ring" technique of vaccination, i.e. the restriction of vaccination to contacts or likely contacts is effective. Very few contacts are missed and indeed the difficulty is to identify real contacts among the many who volunteer as contacts.

[It should be noted that, apart from the immigrant source cases, not one of the recent smallpox cases occurred in other than ascertained contacts. In any case, it is unlikely that the County Council would pay for records of vaccinations other than those relating to contacts, those at special risk, and persons under 16 years of age.]

- (v) It is as unreasonable to expect unlimited supplies of vaccine lymph in emergency as it would be of any other little-used commodity. If doctors will resolutely adopt the now proven technique of control, supplies of vaccine will always be plentiful.
- (vi) In a time of epidemic, apart from contacts, doctors, nurses, ambulance staff and others at special risk, a member of the public is at greater risk from vaccination than from smallpox. Clearly, a doctor is under no more obligation to give in to demands for vaccination than for any other form of medical attention which in his judgement is inappropriate.

Poliomyelitis

In accordance with the recommendations of the Joint Committee on Poliomyelitis Vaccine, live oral vaccine was made available by the Ministry of Health early in 1962 for routine vaccination against poliomyelitis. The introduction of this vaccine was well received and by the end of the year had almost completely replaced Salk vaccine.

The following poliomyelitis vaccinations were carried out during the year.

Age Group	Initial Vaccination (Two injections of Salk or three doses of oral)		Third (Reinforcing) Procedure		Fourth (Reinforcing) Procedure	
	By County Medical Staff	By General Practi- tioners	By County Medical Staff	By General Practi- tioners	By County Medical Staff	By General Practi- tioners
Children born 1962	85	410	—	—	—	—
Children born 1961	511	1,738	—	—	—	—
Children born 1943-60 ...	677	2,020	2,339	11,225	3,157	3,939
Young persons born 1933-42 ...	207	1,073			—	—
Others ...	75	851			—	—
TOTAL ...	1,555	6,092	2,339	11,225	3,157	3,939
TOTAL ...	7,647 (15,771)		13,564 (20,609)		7,096 (26,864)	

Note: The figures in brackets relate to 1961.

The number of persons vaccinated since the inception of the scheme in 1956 are given below. In addition, 123,463 third reinforcing procedure (either by injection or orally) have been given, and 33,960 children between 5 and 12 years of age have received fourth reinforcing procedures.

Cases	Had initial vaccination since inception of scheme
Children born 1943-1962	92,848
Young persons born 1933-1942	23,040
Others	25,312
TOTAL	141,200

Influenza Vaccination Trial

Reference was made in the last Report to the arrangements made in October, 1961 to offer protection against influenza by immunisation to members of the authority's staff who volunteered to take part in a trial scheme.

During the spring of 1962, the 188 volunteers (19 of whom had been given inert material) were invited to complete a simple questionnaire in order that the effectiveness of the injections could be assessed. The information supplied showed that 3 of those who had received inert material suffered from influenza or an influenza-like illness during the winter and that 26 of the remainder were similarly afflicted.

Although the trial could not have been expected to give conclusive results, there nevertheless appeared to be no obvious advantage in having this vaccine. Many of the volunteers stated that they had faced the winter more confidently as a result of being vaccinated and over half of them (including those who received inert material) thought that they had been helped to avoid absence from work due to sickness.

Cancer and Leukæmia Survey

Dr. Alice Stewart of the Department of Social Medicine, Oxford University, invited the County Council to take part in a nation-wide survey continuing a previous study of child malignancies. This invitation was accepted and arrangements were made for the medical staff to interview the parents of some 30 children in the County who had died of cancer or leukæmia in the years 1953 to 1960. So that comparisons could be made, the parents of a similar number of matched living children were also interviewed.

The causes of leukæmia are still obscure and the investigation is likely to be of value.

PART III—CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal and Post-Natal Care

As in previous years, ante-natal clinics have been maintained in the following places; an additional clinic was started in Worthing.

Arundel	Billingshurst	Bognor Regis	Chichester
Lancing	Littlehampton	Petworth	Selsey
Thorney Island	Three Bridges	Worthing (3)	Yapton

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

Compared with 1961, there was a fall of 18 per cent during 1962 in the number of expectant mothers attending ante-natal clinics for the first time. This decline may be due in part to:

- (i) an increase of 9 per cent in the number of hospital confinements and a corresponding increase in the amount of ante-natal care undertaken by hospitals; and
- (ii) the new payment arrangements to general medical practitioners who book mothers for domiciliary confinement; it would seem that more mothers are receiving ante-natal care in clinics held at doctors' surgeries, many of which are attended by County midwives.

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

	1961	1962
Number of ante-natal clinics provided at end of year ...	13	14
Number of sessions held per month	51	52
Number of expectant mothers who attended during year	2,107	1,791
Number of expectant mothers who attended for the first time during the year	1,698	1,385
Total number of attendances made during year ...	9,012	7,871

No special post-natal clinics have been established, the mothers being seen at ante-natal clinics. During the year, 445 women made 486 attendances for post-natal examination, roughly the same as in 1961 when the figures were 441 and 495 respectively.

Child Welfare Centres

The number of child welfare centres to which mothers may take their children for advice and supervision was reduced by three in 1962. One was discontinued because of the very low attendances and the other two became weighing centres as the numbers did not warrant the regular attendance of a medical officer.

Compared with 1961, the total number of attendances at the clinics increased by 6 per cent. There was a 7 per cent increase in the numbers of children under one year; 6 per cent of children between 1 and 2 years and 4 per cent of children between the ages of 2 and 5.

	1961	1962
Number of centres provided at end of year	48	45
Number of sessions held per month	185	180
Number of children who first attended during year and on first attendance were under 1 year of age ...	4,403	4,437
Number of children who attended during the year and who were born in:		
(i) 1962	—	4,083
(ii) 1961	—	3,623
(iii) 1960-59	—	3,297
Number of attendances during the year made by children who at the date of attendance were:		
(i) Under 1 year	54,813	58,817
(ii) 1 but under 2	10,255	10,957
(iii) 2 but under 5	7,068	7,350

The number of children born in 1962 who attended for the first time during the year represented 66 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	Gossops Green	Henfield	Horsham
Ifield	Lancing	Langley Green	Littlehampton
Loxwood	Midhurst	Petworth	Pulborough
Roffey	Rustington	Selsey	Shoreham (2)
Southbourne	Southgate	Southwick (2)	Steyning
Storrington	Thorney Island	Three Bridges	Tilgate
Westbourne	West Chiltington	Worthing (5)	

The special clinics held in Crawley at which the medical staff examined difficult cases were continued. 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.

		1961	1962
Number of centres provided at end of year	... ..	31	34
Number of sessions held per month	... ..	41	45
Total number of attendances made by children during year:			
(i) Under 1 year of age	... ..	7,981	5,841
(ii) Between ages 1 and 5 years	... ..	4,331	3,458

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	Poling	Rogate
Rudgwick	Rusper	Shipley	Sidlesham
Slinfold	Southwater	Stedham	Tangmere
Walberton	Warnham	Washington	Wisborough Green
Wittering (East)	Yapton		

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 their 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:

<i>Clinic</i>	<i>New Cases</i>		<i>Total Attendances</i>	
	1961	1962	1961	1962
Bognor Regis	128	119	817	455
Chichester	222	178	460	607
Crawley	372	291	953	935
Horsham	126	189	650	698
Midhurst	59	45	126	142
Shoreham-by-Sea ...	25	18	101	67
TOTAL	932	840	3,107	2,904

Relaxation Classes

Relaxation classes for expectant mothers and classes in post-natal exercises were held at 10 centres. Their location, with the number of attendances made in 1961 and 1962, is given below:

<i>Area</i>	<i>Year of Establishment</i>	<i>Sessions held</i>	<i>Total number of attendances</i>	
			1961	1962
Bognor Regis	1949	Weekly	256	342
Chichester	1948	Weekly	369	457
Crawley	1953	Weekly	411	445
Horsham	1949	Weekly	1,457	1,233
†Littlehampton	1949	Weekly	10	—
Midhurst	1959	Fortnightly	109	130
Selsey	1959	*Weekly	65	62
Shoreham-by-Sea ...	1954	Weekly	109	263
†Three Bridges	1957	Weekly	206	5
†Tilgate	1959	Weekly	480	130
Worthing	1949	Weekly	275	352
TOTAL			3,747	3,419

*Sessions held as required.

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

Classes were run by physiotherapists at Bognor Regis, Chichester, Crawley, Horsham and Three Bridges and, at other centres, by district midwives.

Patients attending hospitals for ante-natal care were welcomed at the classes, which are probably more appropriately housed in local authority premises than in hospital out-patient departments.

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:

<i>Year</i>	<i>National dried milk (tins)</i>	<i>Cod liver oil (bottles)</i>	<i>Vitamins A and D tablets (packets)</i>	<i>Orange juice (bottles)</i>
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)
1962	58,030 (1,116)	7,358 (141)	9,269 (109)	83,050 (1,596)

*Withdrawal of subsidy from 1st June, 1961.

Note: The figures in brackets indicate average weekly distribution.

The further decline in sales of cod liver oil, vitamin tablets and orange juice is accounted for by the fact that 1962 was the first full year following the raising of the price of these commodities on 1st June, 1961. For the first time for many years, issues of national dried milk showed a small increase.

During the year, four sub-centres for the distribution of welfare foods were closed, leaving a total of 92 distribution centres in operation at the end of the year. Twelve of these were main centres situated in the towns and 80 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 26 sub-centres.

At the request of the Government, arrangements had been made in 1961 for emergency supplies of processed milk to be available for all children under one year of age in case the level of iodine 131 reached a danger level as a result of nuclear tests. It eventually became clear that the consumption of liquid milk would not be made unsafe by the bomb tests which had taken place but, at the request of the Government, steps were taken to keep in being the arrangements which had been made.

Charges for Medicaments

For many years it had been the practice to issue certain medicaments free of charge on a medical recommendation at ante-natal and infant welfare clinics. These medicaments included ascorbic acid tablets, bemax, ferrous gluconate, glucose D, lactagol (tablets and powder) and ostocalcium tablets.

By Circular 13/62, dated 5th July, 1962, the Minister of Health approved the making of charges (including a handling charge of not more than 10 per cent of the cost price) for medicaments provided under section 22 of the *National Health Service Act, 1946*. The Minister considered this reasonable since statutory charges are now made for medicines supplied by general medical practitioners and vitamin supplements provided under the Welfare Foods Orders are all sold at cost price.

By letter dated 5th July, 1962, the County Councils Association drew attention to the fact that, whilst national assistance recipients and others in a similar financial position could get welfare foods free and could be repaid the charge for prescriptions made by general medical practitioners, there was no statutory power enabling the National Assistance Board to refund charges which might be made for medicaments supplied by local health authorities.

It was accordingly decided that, from 1st January 1963, medicaments should be sold at cost price plus a handling charge of 10 per cent of the cost price and that the charges should be waived for national assistance recipients and in other special cases where there was financial hardship.

Care of the Unmarried Mother and Her Child

The Chichester Diocesan Moral Welfare Association and the Southwark Catholic Rescue Society continued to act as agents of the County Council in caring for unmarried mothers and their children. The work was undertaken by the officers of these organisations acting in close co-operation with the County nursing staff and contributions were made

THE UNMARRIED MOTHER

Particulars of 210 new applications dealt with in 1962 by

The Chichester Diocesan Moral Welfare Association

<i>Source of Referral</i>		<i>Marital Status</i>		<i>Association's Branch Office</i>	
Clergy ...	10	Single ...	176	Bognor Regis ...	52
Doctors...	65	Married ...	24	Chichester ...	38
Health visitors, nurses and clinics ...	21	Widowed ...	3	Crawley ...	20
Hospital almoners ...	50	Divorced ...	6	Horsham ...	27
National Council for the Unmarried Mother ...	22	Separated ...	1	Worthing ...	54
Social agencies (voluntary and statutory) ...	29			Hove } West Sussex	13
Other sources ...	13			Hurst } area	6

<i>Home Conditions</i>		<i>Education</i>		<i>Age</i>	
Reasonably stable homes ...	131	Secondary modern ...	170	15 years ...	7
Broken homes ...	42	Grammar ...	30	16 years ...	16
Step parents ...	12	Technical ...	2	17 years ...	15
Only one parent ...	11	University ...	3	18 years ...	37
Adopted ...	10	Special school ...	1	19 years ...	23
Away from home ...	1	Private ...	4	20 years ...	18
Not known ...	3			21 years and over ...	94

by the County Council towards the expenditure incurred. Mrs. H. S. E. Emerson, Organising Secretary of the Chichester Diocesan Moral Welfare Association, describes how the work of the Association is carried on:

"In the County of West Sussex, the Association carry out their work through four branches based at Bognor Regis, Chichester, Horsham and Worthing and they employ five fully-trained workers. In addition, two of the East Sussex branches cover areas in West Sussex. A male case worker based at Brighton is also employed; he is called upon by any area and is particularly useful in interviewing putative fathers. The Association maintains two mother and baby homes—Garton House at Brighton and The Bell Hostel in Eastbourne. In addition, there is an emergency shelter in Brighton and a children's home in Chichester."

Particulars of the new applications dealt with in 1962 by the Chichester Diocesan Moral Welfare Association are given in the table on page 42.

The care of Roman Catholic unmarried mothers was dealt with by the social worker of the Southwark Catholic Rescue Society whose area covers East and West Sussex and Kent. Towards the end of the year, the Society appointed an assistant social worker for the Kent area and this will allow the present worker more time to deal with East and West Sussex cases.

In 1962, 16 cases were referred to the Society. One was found not to be a Roman Catholic and was dealt with by the Chichester Diocesan Moral Welfare Association and another was referred to the Society post-natally. In the remaining 14 cases, arrangements were made for the mothers to be confined in Roman Catholic Homes. Of these, 5 mothers placed their babies for adoption, 4 mothers kept their children, one girl married the putative father and the other mothers had not been confined at the end of the year.

The amount set aside by the County Council for the care of unmarried mothers in 1962/63 was £2,000. Discounting the grants of £600 paid to the Chichester Diocesan Moral Welfare Association and £50 to the Southwark Catholic Rescue Society, 45 per cent of the maintenance fees charged by the various homes who care for these girls were recovered by the homes from the girls themselves, their parents and the putative fathers. During the year, the Council accepted part of the financial responsibility for 50 girls whose admissions were arranged by the Chichester Diocesan Moral Welfare Association and the Southwark Catholic Rescue Society.

An appeal was received during the year from the National Council for the Unmarried Mother and Her Child for an annual contribution to their funds. Although the County Council pays grants to the Chichester Diocesan Moral Welfare Association and to the Southwark Catholic Rescue Society for their work in West Sussex, there are nevertheless

some unmarried mothers who are unwilling to seek help in their own area and prefer to approach a central organisation. It was accordingly decided that a grant should be paid to the National Council during the year 1963/64.

Care of Premature Infants

The attention of health visitors was drawn to all notifications of premature births received by the department in order that they might advise the mother on any special care required by the baby.

Particulars relating to premature births in the County during the past two years are given below:

	1961	1962
(1) Total number of premature live births during year	322	340
(2) Number of premature infants born at home during year	71	49
Number of these:		
(a) transferred to hospital	12	11
(b) died at home during first 24 hours	1	—
(c) died at home between 2nd and 28th day ...	1	2
(d) survived at end of one month	57	36
Of the 11 infants transferred to hospital in 1962, 3 died on or before 28th day; the comparable figure for 1961 was 5.		
(3) Number born in hospital or maternity home (regional hospital board)	251	291
Died on or before 28th day	41	48

The statistics show that the majority (85 per cent in 1962) of premature infants were delivered in hospital. For those born at home, arrangements were readily available for their early transfer to hospital if that appeared desirable. The success of the home nursing of premature infants is illustrated by the fact that, out of 38 kept at home, only two died before the 28th day. 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 Chief Dental Officer

The figures given on page 45 include, for comparison, those relating to 1961.

It will be seen that, for expectant and nursing mothers, there was an overall decrease in numbers due largely to the fact that these mothers can now receive treatment either through the County dental service or the general dental service.

DENTAL TREATMENT PROVIDED FOR EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

(a) Numbers provided with dental care

	Examined	Needing treatment	Treatment commenced	Made dentally fit
Expectant and nursing mothers	88 (135)	84 (121)	66 (89)	58 (89)
Children under five	729 (723)	382 (380)	303 (289)	270 (259)

(b) Forms of dental treatment provided

	Extrac-tions	Anaesthetics		Fillings	Scalings or scaling and gum treatment	Silver nitrate treatment	Number of inlays provided	Number of crowns provided	Radio-graphs	Dentures provided		Dentures repaired
		Local	General							Complete	Partial	
Expectant and nursing mothers	42 (73)	31 (36)	— (3)	136 (160)	60 (74)	6 (16)	1 (—)	— (—)	1 (2)	6 (13)	11 (11)	2 (4)
Children under five	283 (204)	116 (36)	72 (50)	694 (621)	7 (12)	76 (102)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)

Note: The figures in brackets relate to 1961.

With this freedom of choice, it is only natural that some of these mothers will prefer to continue to receive treatment from their own general dental practitioner.

The inspection and treatment of children under five years of age showed a notable increase in fillings and extractions, 73 and 79 respectively, for a small increase in the number of children made dentally fit (259 in 1961, 270 in 1962). This would suggest a further deterioration in the dentition of these children.

Midwifery

As required by section 23 of the *National Health Service Act, 1946*, the County Council continued to provide a midwifery service in all parts of the County. In the urban areas, the normal practice is to employ full-time midwives, whilst in the rural areas the service is made available by home nurse/midwives or by health visitor/home nurse/midwives.

The numbers of midwives practising in the County at the end of 1961 and 1962 are given below:

	1961	1962
(a) Employed by County Council	81	87
(b) In Private Practice:		
(i) Domiciliary	4	6
(ii) In nursing homes	2	2
(c) Employed by Hospital Management Committees...	80	93
TOTAL	167	188

The total number of births notified under Section 203 of the *Public Health Act, 1936*, was 5,718 (246 more than in 1961) and, of these, 3,892 (685 more than in 1961) occurred in hospital. The percentage of hospital confinements in each County district is shown below. For the County as a whole, the percentage rose from 59 in 1961 to 68 in 1962.

Urban Districts	Per cent		Rural Districts	Per cent	
	1961	1962		1961	1962
Arundel M.B.	58	70	Chancetonbury	63	68
Bognor Regis	45	50	Chichester	61	70
Chichester M.B.	56	56	Horsham	60	73
Crawley	34	66	Midhurst	70	80
Horsham	60	75	Petworth	58	65
Littlehampton	55	64	Worthing	56	66
Shoreham-by-Sea	62	63			
Southwick	70	72			
Worthing M.B.	55	52			

Details of the number of confinements attended by domiciliary midwives during 1962 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	11 (8)	35 (52)	585 (387)	1,389 (1,803)	2,020 (2,250)
(b) Midwives in private practice:					
(i) domiciliary ...	— (—)	— (—)	9 (7)	2 (1)	11 (8)
(ii) in nursing homes	2 (—)	9 (3)	14 (21)	5 (9)	30 (33)
TOTAL ...	13 (8)	44 (55)	608 (415)	1,396 (1,813)	2,061 (2,291)

Note: The figures in brackets relate to 1961.

The number of confinements attended by family doctors rose from 395 in 1961 to 596 in 1962. This was an increase of 50.9 per cent over the previous year which itself was 12.9 per cent more than in 1960.

Maternity cases attended by district midwives after discharge from hospital before the tenth day numbered 646; 132 less than in 1961.

Medical Aid

Section 14 (1) of the *Midwives Act, 1951*, requires a certified midwife, in the event of an emergency, to call to her assistance a qualified medical practitioner; she is also required to report the matter forthwith to the local supervising authority and to state the nature of the emergency and the name of the medical practitioner called in.

Medical aid was summoned by domiciliary midwives on 339 occasions. In 326 of these, the medical practitioner had already arranged to provide the patient with maternity medical services under the National Health Service.

Inhalational Analgesics

All midwives employed by the County Council were qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board and they did so in 1,797 (89.0 per cent) of the 2,020 confinements attended by them in 1962.

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>	
				1961	1962	1961	1962
(a) Doctor present at delivery ...	...	...	...	324	506	54	72
(b) Doctor not present at delivery ...	...	...	...	1,380	1,079	194	140
TOTAL	...	...	...	1,704	1,585	248	212

In addition, pethidine was administered by the Council's midwives on 1,202 occasions: a doctor was present at the time of the delivery of the child on 392 of these occasions.

Of the 8 domiciliary midwives in private practice, 4 were qualified to administer inhalational analgesics and they did so on 5 occasions; on all these occasions a doctor was present at the time the child was delivered. They also administered pethidine to 8 patients.

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 72 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 72 notifications received, only 6 related to women confined at home.

Refresher Courses

Twelve district midwives were sent on refresher courses (in Oxford 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.

One of the Crawley midwives was authorised to attend a three months' course in Community Health Administration at the William Rathbone Staff College, Liverpool.

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.

Application was made during the year to the Central Midwives Board for Crawley Hospital to become a Part II training school. This meant that pupil midwives would spend part of their training in the Crawley area with the district midwives, who stated that they would be willing to co-operate. It is felt that this will be a useful and welcome stimulus to co-operation with the hospital.

Standards of Medical Care

Whenever a district midwife feels apprehensive about the home confinement of an expectant mother who shows abnormalities of pregnancy or who has a history of difficult labour, she is advised to discuss the

matter with the patient's doctor. If the doctor wishes to stand by the arrangements, the midwife is advised to consult the department and, after the clinical and environmental situation has been investigated, the general practitioner is sometimes invited by the department to reconsider the proposed management of the case. It is encouraging to report that all the doctors who have been consulted about their patients have welcomed the interest taken by the department and have accepted any advice given. Home confinements account for about one-third of all births in the County and it is clearly desirable that every foreseeable risk should be eliminated.

Attendance of District Midwives at Hospital Confinements

The medical and nursing staff at the Haslemere and District Hospital invited district midwives to take part in the delivery of mothers confined at the hospital. Midwives in the Midhurst area were informed that they may, if they wish, go into the hospital with mothers about to be confined and so preserve that continuity of care which is reassuring to their patients. Unfortunately, by the end of the year, no midwife had been able to avail herself of this opportunity because of the number of resignations in the area.

Maternity Liaison Committees

During the year, the first meeting of the Chichester Liaison Committee was held. Representatives of the hospitals, the local health authority and the general practitioners were present. Items of mutual importance were discussed and the necessity for close co-operation was well accepted. Arrangements were made for another meeting to be held in six months' time.

The Redhill Maternity Liaison Committee met on one occasion and discussed co-ordination. With the opening of Crawley Maternity Hospital, with its general practitioner maternity unit, co-ordination of the midwifery services in this part of the County is excellent and the services work harmoniously together.

The consultant obstetricians in Shoreham-by-Sea held three meetings during the course of the year to which all local authority medical staff, midwives in the area and general practitioners were invited. Subjects discussed included flying squads, post-maturity, and the alteration in the type of case confined at home over the past ten years. These meetings were generally appreciated and were well attended.

Health Visiting

The County Council continued to provide for the visiting of persons in their homes for the purpose of giving advice as to the care of young children, persons suffering from illness and expectant or nursing mothers and as to measures necessary to prevent the spread of infection.

The First Hundred Years

To mark the first centenary of health visiting, the health visitors at Crawley staged a three-day exhibition at the Health Clinic which created much local interest.

Health visiting started in Salford, Lancashire, in 1862 when some well-to-do ladies formed the *Ladies' Sanitary Reform Association* (later renamed the *Ladies' Health Society of Manchester and Salford*), the aim of which was "to popularise sanitary knowledge and to elevate the people physically, socially, morally and religiously". The visitors of the Association were required to

"visit from house to house, irrespective of creed or circumstance, in such localities as their superintendents direct. They must carry with them carbolic powder, explain its use, leave it where it is accepted; direct the attention of those they visit to the evils of bad smells, want of fresh air, impurities of all kinds; give hints to mothers on feeding and clothing their children; where they find sickness, assist in promoting the comfort of the invalid by personal help, and report such cases to their superintendent. They must urge the importance of cleanliness, thrift and temperance on all possible occasions. They are desired to get as many as possible to join the mothers' meetings of their districts, to use all their influence to induce those they visit to attend regularly at their respective places of worship and to send the children to school."

Following these early beginnings, the influence of the "health missionaries" spread to other areas and the need for properly-trained workers gradually became apparent. The first training course was started by the North Buckinghamshire Technical Committee in 1891, largely at the instigation of Florence Nightingale, and in 1908 the *Royal Sanitary Institute* (now the *Royal Society for the Promotion of Health*) began to hold examinations for health visitors. Soon after the Ministry of Health came into being in 1919, health visitor training regulations were approved which provided for two types of training (a two-year course for women with no previous training and a one-year course for trained nurses) and, from 1925, prospective health visitors had to have some training in midwifery. Since 1939, student health visitors have had to be state registered nurses and to possess at least the first certificate of the Central Midwives Board.

The *Maternity and Child Welfare Act, 1918*, an Act "to make further provision for the health of mothers and young children" empowered local authorities to provide health visiting services and the *National Health Service Act, 1946*, which came into operation in 1948, required county and county borough councils to appoint a sufficient number of "health visitors" (it was the first time that statutory notice had been taken of the title) and extended the scope of the work to include the health and well-being of the whole family.

The usefulness and importance of the health visitor has grown considerably with the development of community care services in recent years. With the family doctor, she now occupies a key position in the domiciliary health team.

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/or midwifery) was 93, 7 more than at the end of the previous year. One of these was the group adviser at Crawley, to whom reference was made in the last Report.* The equivalent whole-time staff of 37.2 (2.9 more than in 1961) was only sufficient to provide one health visitor to every 11,250 of the population but it was an improvement on the previous year when the ratio was one health visitor to every 12,000.

Arrangements for the training of student health visitors were continued. Six students successfully completed their training and bursaries were offered to six others in order to enable them to join approved courses of study.

Refresher Courses

Eleven health visitors were sent on refresher courses held in Bangor, Bolton and London. The benefits of the special training course at Cambridge (referred to in the last Report*) on the screening of infants and children for deafness became apparent and it is hoped that further health visitors will be trained in this important work as more courses become available.

A short intensive course of fourteen lectures on the background of social work was started at Crawley College of Further Education and was attended by 30 health visitors, all of whom agreed that they had been helped to acquire a fuller understanding of the social implications of their work. It is hoped that more courses of this kind will be arranged in future.

A health visitor employed on combined duties in a rural area was authorised to attend lectures on one day a week in order to study for an external diploma in social studies. She was subsequently given four months' paid leave of absence in order to gain practical experience and so complete her studies, on the understanding that she undertook to remain in the service of the County Council for not less than two years after the successful completion of her course.

The annual refresher course for nursing staff arranged by the department was held in April at Lodge Hill, Pulborough. Courses of this nature are intended to maintain and stimulate the health visitor's interest in her work and to suggest to her new methods and new approaches. An innovation at the 1962 course was the recording on tape of each lecture from which a written summary was prepared and circulated to those members of the nursing staff who were unable to attend. In addition, a competition was arranged for the best health education poster; many entries were received and some reached a very high standard.

Work Undertaken

Visits carried out by health visitors numbered 110,722, an increase of 5,461 over those made in 1961. The following statement gives particulars of the visits, according to category, for each of the past two years:

*On page 42.

	1961	1962
Expectant mothers	1,430	1,966
Children under 1 year	36,230	37,929
Children aged 1 and under 2 years	14,387	14,771
Children aged 2 and under 5 years	27,102	27,656
Tuberculous households	953	809
Old persons	8,102	9,484
Other cases	4,198	4,731
Ineffective visits	12,859	13,376
Total number of families or households visited...	20,104	18,997

The special cards introduced last year* for the recording of visits to old people achieved considerable success in directing the attention of the health visitors to specific problems of the aged.

Follow-up of Patients Discharged from Hospital

Although there were no formal arrangements with the hospitals in the area for health visitors to follow up patients discharged from hospital, the department received copies of most letters to general medical practitioners regarding patients who had been discharged from hospital.

These copies were sent, where necessary, to the health visitor concerned for her information and guidance when visiting the home.

Attachment of Health Visitors to Group Practices

The scheme of attaching health visitors to group practices in the Crawley area was completed and by the end of the year had been accepted by both sides as a successful and worthwhile development. Many of the difficulties which had been expected did not in fact occur.

The extension of the arrangements to other parts of the County (particularly in the Horsham area) were well advanced at the end of the year.

This drawing together of the family doctor and local health services is one of the most encouraging current developments in community health services and brings one step nearer the possibility (which informed opinion is increasingly seeking to establish) of a fully-integrated partnership between the preventive and curative branches of the National Health Service.

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.

Health Visiting and Social Work (Training) Act, 1962

This Act came into operation on 1st October, 1962. It provides for the constitution of two Councils, one for the training of health visitors and the other for training in social work. The functions of these Councils are to promote the training of health visitors and social workers and to ensure that there is adequate provision for such training.

*See page 43 of the 1961 Report.

The Act also deals with research. In addition to extending the powers of the Minister to promote research, county and county borough councils are empowered to conduct or to assist other persons in conducting research under Part III of the *National Health Service Act, 1946* or Part III of the *National Assistance Act, 1948*.

PART IV—PREVENTION OF ILLNESS, CARE AND AFTER CARE

Health Education

The words of the late Sir George Newman quoted on the dedication page of this Report are probably more applicable to the health education service than to any other of the department's many activities. The knowledge of preventive medicine must be *understood, accepted and practised*. It must become the common property of the people.

Throughout the year, this continued to be one of the department's primary objectives. Much can be done by modern health services to help the individual when his health has broken down: much more can be done (and still remains to be done) to assist him, by the free selection of wholesome patterns of behaviour, to promote his own physical and mental health and well-being. In earlier times, great emphasis was placed upon the improvement of environment, something which could largely be done without the individual's specific participation. Future advances will clearly depend on the extent to which it is possible to enlist the active co-operation of the individuals who comprise the community.

As in previous years, good work continued to be done by those members of the staff who are in close and informal contact with members of the public and it is probable that the best results were achieved through these frequent personal contacts.

There were many indications throughout the year of an increasing desire for information on the part of the public. Owing to limitations of staff, it was not however possible to meet all requests and, whilst the majority were postponed rather than refused, it is almost certain that some opportunities must have been lost.

Exhibitions

Home Safety

In the summer, Crawley Home Safety Committee and Horsham Health Department held home safety exhibitions. In Crawley, the exhibition was combined with one on road safety and that in Horsham with the Horsham Festival.

Help was given by the department for both these exhibitions; this included the loan of display equipment and help with design and staging. In both towns the health visitors assisted with staffing. The exhibitions were well attended and considerable interest was aroused.

Financial grants were again made to the Crawley and Worthing Home Safety Committees but these Committees were informed that, in view of the provisions of the *Home Safety Act, 1961* (which empower district councils to contribute to such local bodies), the County Council did not intend to repeat their grants to local Committees in future years.

Centenary of Health Visiting

Part III of the Report contains a brief account of the development of health visiting over the past hundred years. In order to celebrate this first centenary, the Crawley health visitors held an exhibition in the health clinic in the centre of the town. It not only depicted the history of health visiting, modern qualifications and functions, but it also portrayed some of the results achieved and (because the health visitors wanted to acknowledge the help they had received from many sources in the early days of establishing a service in a new town) it drew attention to some of the many statutory and voluntary organisations with which the work of the health visitor is connected.

As with all exhibitions, a great deal of work was entailed but such was the enthusiasm of the health visitors, who spent a great deal of their spare time working on it, that, with the help of staff from County Hall, all the preparations were completed without undue difficulty.

The exhibition was opened by the Chairman of the County Health Committee at a social evening to which were invited family doctors and others with whom the department are in frequent contact; talks were given to the public on each of the other evenings.

Judged by the attendances, it was estimated that one in eight of the population of Crawley came to the exhibition. The local press gave good coverage which must have helped to achieve the aim of telling the public about health visitors—a need which became even more apparent when one reporter said that, before being told about their work, he thought health visitors were voluntary workers who gave cups of tea at infant welfare centres and that such centres were for handicapped children!

Equipment

With further financial provision for health education purposes, it was possible to increase stocks of teaching equipment, and materials were purchased to assist the nursing staff to make their own visual aids quickly and easily. The keeping of film strip projectors and tape recorders at Chichester, Crawley and Lancing not only encouraged their more frequent use but also saved much time in transport. Three additional tape recorders were acquired and proved to be a great asset. Although they were mainly used by the staff from County Hall, opportunities were afforded many of the health visitors to gain experience in using equipment of this kind.

The nucleus of a health education library was started during the year and the number of requests to borrow books was encouraging. The film-strip library was increased to 56 film strips and these, together

with a selection of sound film-strips which continued to be used, proved very useful in stimulating discussion groups.

As new equipment was obtained, staff meetings were held in various parts of the County in order to demonstrate its use.

Mothers' Clubs

At the end of the year, there were 12 mothers' clubs in the County, each run on individual lines according to the wishes of the members; some were held in the evenings and some in the afternoons.

Those in the afternoons were, of necessity, more informal, but had the advantage of giving opportunities for practical learning. Small children were helped to establish relationships with others outside the family circle and mothers were encouraged to teach their children independence. It was noticeable how quickly in a new club the mothers learned to let their children play unhindered and how quickly the children themselves settled down and looked forward to future club meetings.

Talks and Lectures

These continued to be given as in previous years but it was interesting to note that several organisations asked for a series of talks to be given on health subjects. Whilst the usual range of topics was covered, it was apparent that interest in various aspects of mental health is growing. Several lectures were given on courses organised by the Welfare Department for the training of their staff.

Clubs designed to teach children under five the rudiments of road safety ("tufty" clubs) were run in the Crawley area and in due course it is hoped to start additional clubs elsewhere in the County.

Talks by medical staff numbered 63 and 182 were given by the health education organiser. Film shows numbered 116 and 312 film-strips were shown. It was estimated that not less than 1,300 hours of the time of nurses were devoted specifically to health education work.

Admission to Hospital

On 25th July, 1962 the Ministry of Health issued Circular No. 15/62 with which was enclosed a memorandum prepared for general medical practitioners, local health and hospital authorities regarding (a) admission to hospital and domiciliary care, and (b) hospital waiting lists.

The memorandum embodied principles which are generally accepted as good practice, but need to be known and applied more widely, governing the admission to hospital of patients (other than maternity patients) and the arrangements which should be made for their care whilst waiting for admission. It described the action which should be taken by the family doctor and by the local health and hospital authorities.

The Ministry stressed that the aim should be to provide care in the community for all patients who do not require treatment of a kind which can only be given in hospital. Many elderly patients and some patients suffering from certain types of chronic illness or mental disorder need not be admitted to hospital if the domiciliary services of the local authority are effectively mobilised.

The memorandum suggested that, before approaching the hospital, the general practitioner should consider whether his patient could be cared for outside hospital if local authority services were provided. If this were the case, he should inform the appropriate local authority officer and seek the provision of the requisite services; where necessary, supporting services should also be sought temporarily for a patient who had been put on a hospital waiting list.

The Ministry emphasised that hospital waiting lists must be realistic and up-to-date and asked hospitals to institute (where this had not been done recently) an immediate review of their waiting lists for geriatric and chronic sick patients and to furnish reports to the Ministry by 31st March, 1963.

After the Ministry circular and memorandum had been considered on behalf of the County Council, officer discussions took place with the Regional Hospital Board and the Board were assured of all possible support from the Council in putting into effect the suggestions made by the Ministry.

At these discussions it became clear that there was a more pressing need to overhaul the arrangements for the provision of domiciliary services for patients about to be *discharged* from hospital. Even when it might have been apparent to the hospital staff that the provision of home nursing equipment or the services of a district nurse, a home help or a health visitor would be required, it is not uncommon for patients to be discharged home from hospital without any prior consultation either with the family doctor or with the department; sometimes the patient's needs become known only after he has been at home for several days.

It was accordingly suggested to the Ministry of Health that in all cases where it is known that the resources of the local health authority will be required to assist a patient coming home from hospital, the circumstances should be brought to the department's notice by the hospital staff (either direct or through the family doctor) as far in advance as possible and certainly not later than the morning of the day the patient leaves the hospital. It was also suggested to the Ministry that in some cases it might be desirable for the authority's staff to be invited to visit the patient in hospital prior to discharge in order to find out what services the patient will need.

A reply was received from the Ministry of Health which indicated that consideration was being given to these suggestions.

Tuberculosis

The Control of Tuberculosis

Following the issue of a memorandum on the Control of Tuberculosis prepared jointly by the Joint Tuberculosis Council and the Society of Medical Officers of Health, a meeting of district medical officers of health and chest physicians in the County was held at Horsham on 26th October, 1962 to discuss points of special interest which might usefully be incorporated in future practices in tuberculosis control.

The main recommendations contained in the memorandum related to the importance of early diagnosis of tuberculosis, the control of infectivity and the subsequent supervision (coupled with the B.C.G. vaccination) of uninfected persons. The memorandum advised that routine chest X-ray in pregnancy should continue (preferably not before the 13th week and not after the 26th week of pregnancy) and that this should be done by using large films and ensuring adequate protection against scatter and over-exposure.

The Horsham meeting agreed with these recommendations and the opportunity was taken to review the present arrangements in the County for the control of tuberculosis, as a result of which a number of improvements are being introduced.

Notifications

The number of primary notifications received during 1962 was 82, which was 14 more than in 1961 and 34 less than in 1960. In addition, 5 cases became known through death returns and posthumous notifications.

Details of the notifications of respiratory and non-respiratory tuberculosis in 1962 were:

<i>Age</i>	RESPIRATORY			NON-RESPIRATORY		
	<i>Male</i>	<i>Female</i>	TOTAL	<i>Male</i>	<i>Female</i>	TOTAL
0-1	—	—	—	—	—	—
1-2	1	—	1	—	—	—
2-5	—	—	—	—	—	—
5-10	—	—	—	—	1	1
10-15	—	2	2	2	—	2
15-20	1	3	4	—	—	—
20-25	5	3	8	—	2	2
25-35	7	3	10	—	1	1
35-45	6	6	12	1	—	1
45-55	10	3	13	—	—	—
55-65	10	2	12	1	—	1
65-75	4	2	6	—	—	—
75-	1	3	4	1	1	2
TOTAL 1962	45	27	72	5	5	10
TOTAL 1961	43	16	59	1	8	9

Contact Tracing

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 1956 to 1962.

<i>Year</i>	<i>No. of contacts examined</i>	<i>No. found tuberculous</i>
1956	496	10
1957	538	8
1958	574	2
1959	505	9
1960	471	10
1961	448	3
1962	527	7

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 were offered protection for their children by B.C.G. vaccination if the tuberculin skin test showed them to have an inadequate resistance to tuberculous infection.

Particulars of the work carried out during 1962 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 1962 and the Surrey Mass Radiography Unit continued to visit Crawley every week. 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 practitioners' chest X-ray service:					
Portsmouth Unit	2,549	2,479	5,028	10	37
Surrey Unit ...	288	292	580	2	1
General public and factory groups:					
Portsmouth Unit	16,791	17,198	33,989	12	17
Surrey Unit ...	5,186	2,431	7,617	13	3
TOTAL ...	24,814	22,400	47,214	37	58

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

A number of West Sussex cases were also seen at the Brighton Unit, but no separate record of these patients was kept by the Unit.

Sleeping Shelters

During 1962, an inspection was completed of all sleeping shelters which had been on loan to tuberculosis patients for a considerable number of years; such shelters are nowadays no longer used to isolate patients suffering from this disease.

Due to their age and general condition, four of the shelters were written off as of no further use and the remaining eight shelters were sold, mostly to the persons already in possession of them.

Home Nursing

In discharging their duty under section 25 of the *National Health Service Act, 1946*, the County Council continued to provide comprehensive facilities for the attendance of nurses on persons who required nursing in their own homes.

A special word of thanks is due to the nurses for their splendid devotion to duty through a period of particularly bad weather which came at the end of the year. They continued to carry out their work without complaint in the most severe conditions and no report was received of any patient having been left unattended.

Staff

The following statement shows the staff of general nurses employed on home nursing at the end of the year. Comparable figures for 1961 are also shown.

	State registered nurses		State enrolled nurses		TOTAL	
	1961	1962	1961	1962	1961	1962
Whole time	45	50	5	4	50	54
Part-time	65	57	—	—	65	57
Total whole-time equivalent	76.8	82.5	5	4	81.8	86.5

Four full-time nurses were sent on post-certificate courses at Bristol during the year. Motor transport was available for all nurses who were car drivers.

Work Undertaken

The number of patients treated fell from 12,073 in 1961 to 11,703 in 1962 but the total number of visits increased from 232,178 to 233,817.

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

<i>Category</i>	<i>No. of patients attended</i>		<i>No. of visits paid</i>	
	1961	1962	1961	1962
Medical	8,786	8,949	199,695	197,690
Surgical	1,948	1,654	25,981	29,594
Infectious diseases ...	87	104	182	199
Tuberculosis	212	55	3,623	3,530
Maternal complications	116	103	335	401
Others	924	838	2,362	2,403
TOTAL	12,073	11,703	232,178	233,817

Of the total number of patients attended during 1962, 6,453 (55.1 per cent) were aged 65 or over at the time of the first visit, compared with 6,134 (50.8 per cent) in 1961. The number of visits to such persons was 166,740 which was 71.3 per cent of all visits carried out during the year, compared with 163,102 (70.3 per cent) in 1962.

Children under the age of 5 years who were visited by home nurses numbered 469 which was 4.6 per cent of the total number of patients attended, but they only required 2,035 visits which was less than 1 per cent of the total number of visits paid.

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.

Equipment

To meet a growing demand, the provision of articles to help patients in their own homes was increased considerably. The amount originally included in the financial estimates for 1962/63 was £450 but, in order to meet the requests of hospitals, general medical practitioners and the district nursing staff, it was necessary to add £1,600 to this sum. No request for the loan of equipment was refused during the year.

A list of the main items of equipment held and the issues made is given in the table; it will be seen that the demand for wheel chairs and commodes was quite considerable.

<i>Article</i>	<i>Stock</i>	<i>No. of issues during 1962</i>	<i>Article</i>	<i>Stock</i>	<i>No. of issues during 1962</i>
Back rests	3	3	Dunlopillo mattresses ...	32	34
Commodes	24	35	Mattress covers	4	2
Cot sides... ..	5	4	P.C.P. mattresses	5	6
Foot cradles	7	5	Sanitary pushchairs ...	4	4
Hoists—King type ...	10	10	Wheelchairs	23	36
Hydraulic	6	6	Walking frames	15	2
Ceiling fixture ...	2	2	Quadruped walking aids	16	20
Hospital beds	22	22	Elbow crutches	2	2
Lifting poles	10	3	Raised toilet seats ...	2	2
Bath seats	7	7			
Bath safety rails ...	4	3			

The transport and installation of this equipment is a continuing problem but the department has been fortunate in finding a member of the staff who has become very skilled in it; the future expansion of the service may, however, make it necessary for more formal arrangements to be made.

Many expressions of appreciation were received from the patients and their relatives and it is becoming increasingly clear that the provision of modern nursing aids in the home is making a major contribution to effective community care.

Home Help Service

Since the beginning of the National Health Service in 1948, the County Council have (except as regards the Borough of Worthing) carried out their responsibility to provide domestic help for households where such help was required by means of agency arrangements entered into with the Women's Voluntary Service. In Worthing the service was administered by the Worthing Health Sub-Committee of the County Health Committee until 1st April, 1961 when, by a scheme of delegation approved by the Minister of Health under the provisions of the *Local Government Act, 1958* immediate responsibility for the domestic help and other services made available under Part III of the *National Health Service Act, 1946* passed to the Borough Council.

Staff Employed and Persons Helped

In continuing throughout 1962 to administer the service on behalf of the County Council, the Women's Voluntary Service operated from 12 centres at Bognor Regis, Chancetonbury, Chichester, Crawley, Horsham, Lancing, Littlehampton, Midhurst, Petworth, Rustington, Shoreham-by-Sea and Southwick. In Arundel, Henfield, Selsey and Wittering, the Women's Voluntary Service were unable to find local organisers and these areas were therefore administered from Chichester. The organiser at Crawley resigned in May and some time elapsed before another organiser could be found.

Although the recruitment of home helps was a little better in 1962 than in previous years, competition from more remunerative and congenial employment continued to create serious problems, a point emphasised in a recent report by Miss B. Murray, the Women's Voluntary Service Organiser:

"It continues to be a struggle to find enough home helps particularly in the coastal areas where so much casual labour is used in the holiday camps but in only six instances have the areas reported inability to provide help for new cases. At the same time, this does often mean that some existing cases have had to suffer a reduction of hours."

In the same report, Miss Murray drew attention to other staffing problems:

"Many of the home helps are old age pensioners or widows and now that the home help scale of wages has risen it is tantalising not to be able to employ these helps for the total number of hours they are prepared to work on account of pension difficulties.

In the areas where there are only a few cases, home helps are often unable to continue in the service as there is not enough work for them to do. This means that arrangements have to be made at the last moment to cover urgent cases."

As in previous years, the service depended entirely on part-time staff and further steps were taken to improve their conditions of employment. Bonus payments were made for cleaning specially dirty houses, bicycle allowances were increased from 1s. 6d. to 2s. 6d. a week, home helps working an average of ten hours a week and over were given an additional week's holiday with pay and nylon overalls and attractive identification badges were introduced.

Staff Employed and Hours Worked

	1958	1959	1960	1961	1962
Part-time helps employed	370	362	413	448	480
Whole-time equivalent	118	129	124	126.6	139
Hours worked ...	257,898	275,129	273,879	275,982	303,620

There was in 1962 a 9.8 per cent increase in the equivalent whole-time staff employed which resulted in an increase of 10.0 per cent in the number of hours worked. This was the first appreciable increase in hours worked since 1958. Such additional hours as were available were however spread among fewer cases, for the total number of persons helped fell to 2,763, a percentage reduction of 9.1 compared with 1961.

Number of Persons Helped

Category	1958	1959	1960	1961	1962
Maternity	281	297	281	265	249
Tuberculosis	18	18	13	15	12
Chronic sick and aged	1,313	1,438	1,501	2,033	1,940
Others	591	651	602	728	562
TOTAL	2,203	2,404	2,397	3,041	2,763

Neighbourly Help Scheme

For some years, the main demand upon the service has come from persons in the chronic sick, aged and infirm category many of whom have required help over a long period. The shortage of home helps has meant that these persons have frequently had allocated to them far less than the number of hours of help they really required.

In view of reports received from area organisers that neighbours not interested in enrolling as home helps were nevertheless sometimes willing to give help in individual cases, it was decided to introduce a "neighbourly help scheme" for a trial period. The main principle underlying the scheme is that a neighbour is asked to give help to one person rather than to a group of persons. The neighbour is not paid on an hourly basis but receives an agreed amount for the service given, which may include helping the beneficiary to get dressed, preparing a meal, lighting a fire or seeing him to bed safely in the evening.

Weekly payment varied between 10s. and £2 according to the needs of the person helped and to the assessment of the home help organiser. The neighbour employed was not required to complete a time sheet but merely signed a statement certifying that the service had been given. Although they were assessed in the usual way, the persons helped were not normally required to contribute towards the cost because their circumstances showed that they were unable to do so.

Only four cases had been helped by the end of the year but there is every likelihood that demand will increase as the arrangements become more widely known.

Recovery Charges

Following a wage award of the Joint Industrial Council for Local Authorities' Services (Manual Workers) the maximum recovery charge was increased by 3d. to 4s. 3d. an hour from 1st July, 1962. The increase was not reflected in the new scale of assessment until an applicant's surplus income exceeded £4.5.0d. a week and the full standard charge of 4s. 3d. an hour for every hour of attendance only became payable when the surplus income exceeded £11 a week.

An alteration in the method of assessing contributions from recipients of the service was also approved. Persons in receipt of supplementary national assistance allowances became automatically exempt from contributing and were therefore no longer required to complete the usual financial circumstances form. All they were required to do was to furnish a signed statement to the effect that they were permanently in receipt of a payment from the Board.

Cost of the Service

According to the Local Health Services Statistics (1961/62) published jointly by the Society of County Treasurers and the Institute of Municipal Treasurers and Accountants the net expenditure incurred on the service in the County amounted to £119.5s. a 1,000 population compared with a corresponding figure for all English counties of £193.11s. The average total cost for each case was £19.9s. compared with a national average of £33.1s.

Development of the Service

The County Council's ten-year plan for the development of the health services* envisaged that the cost of the service would be double in 1971/72 (£99,800) what it was estimated to be (£50,530) in 1962/63 and that the number of field staff required would increase from a whole-time equivalent of 130 in 1962/63 to 250 in ten years' time.

Following consideration of the development plan, a report was called for to enable consideration to be given to whether the service should be directly administered by the County Council in future rather than that it should continue to be operated on an agency basis.

In preparing this report, regard was paid to such statistics relating to the service as were available and to a number of other significant changes which have taken place over the years and which have a direct bearing on the operation of the service. These include:

- (i) the increase of population (from 312,700 in 1949 to 410,930 in 1961) which has been proportionately greater in the older age groups. The County has an "old" population and it has been estimated that, in 1961, persons over 65 formed 15.6 per cent of the West Sussex population compared with a corresponding figure of 12.0 per cent for England and Wales. A five-year forecast for the County of persons aged 65 and over suggests that their number will increase from 64,100 in 1961 to 72,200 by 1966;
- (ii) the increasing emphasis being placed on the provision of domiciliary health services in order to enable the elderly and the sick to remain in their own homes as long as possible;
- (iii) the net total cost to the County Council of the agency service which has risen from £14,400 in 1949/50 to £48,981 in 1961/62. The domestic help service is now one of the more important of all the local health services made available by the County Council, and the Council is clearly at a disadvantage in not having complete control over both the expenditure incurred and the methods adopted to run a major health service; and
- (iv) the increasing difficulty being experienced by the Women's Voluntary Service in recruiting area organisers following a resignation or retirement and the expectation that a number of the present organisers will wish to give up their present activities on grounds of age during the next few years.

An officer meeting took place in Chichester on 21st June, 1962 attended by the Regional Administrator and County Organiser of the Women's Voluntary Service, at which the present and future organisation of the service was discussed at some length. The discussion served to emphasise the difficulties (such as are referred to in paragraph iv above)

*See Appendix D; page 165.

under which the agency service was operating and it became clear that the Women's Voluntary Service representatives were of the opinion that an expansion of the order envisaged in the ten-year plan would be more appropriately administered by the County Council direct, rather than through a voluntary agency. They indicated, however, that if the Council decided to make no change in the present arrangements, they would be willing to continue to do all they could to promote the efficiency and economy of the service.

Following careful consideration of all these points, together with comparable estimates of net revenue, expenditure and staff requirements for both a direct and also a continuing agency service, the County Health Committee resolved to recommend

- (i) the introduction of a directly-administered service from 1st April, 1964;
- (ii) the recruitment of a County Domestic Help Organiser from 1st October, 1963; and
- (iii) the submission to the Minister of Health of an amendment of the County Council's proposals under Part III of the *National Health Service Act, 1946*.

It was however decided subsequently to withdraw these recommendations because of the need for strict economy (the additional cost of direct administration was estimated at £4,905 by 1966/67) but instructions were given for the whole matter to be reviewed in twelve months' time.

Chiropody Service

The New Arrangements

Proposals for the establishment of a chiropody service were made by the County Council and approved by the Minister of Health in 1960. These proposals envisaged that as soon as practicable after 1st April, 1960 the County Council would make chiropody available (giving priority to the aged, to the physically handicapped and to expectant mothers) by the employment or use of the services of qualified whole-time or part-time staff. The new scheme provided for

- (i) chiropody sessions to be held in the Council's clinics in areas where no arrangements were made by voluntary organisations or where arrangements made by such organisations were unsuitable or inadequate;
- (ii) the payment of grants by the Council to voluntary organisations operating satisfactory arrangements;
- (iii) home visits to be paid to patients by chiropodists employed by the Council in those exceptional cases where attendance at a treatment centre could not be arranged; and
- (iv) such developments or variation of the service as the Council might from time to time consider necessary.

CHIROPODY

(May to December, 1962)

Day and time	No. of sessions a month	Clinic	Attendances		Waiting period (weeks)
			First	Total	Percentage free
1st Fri. a.m., 2nd Wed. a.m., 3rd Fri. a.m. & p.m. ...	4	Bognor Regis ...	93	210	38.6
2nd Mon. p.m., 4th Tues. a.m. ...	2	Chichester ...	47	92	31.5
3rd Wed. p.m. ...	1	Camelsdale ...	14	33	12.1
1st & 3rd Tues. a.m., 2nd & 4th Thurs. a.m. & p.m. ...	6	Crawley— Exchange Road	175	418	58.7
Tues. p.m. ...	1	*Gossops Green	7	7	14.3
Tues. a.m. ...	1	*Langley Green	14	16	56.3
Tues. a.m. ...	1	*Three Bridges	11	11	81.8
Tues. p.m. ...	1	*Tilgate	7	11	45.5
1st Wed. p.m. ...	1	Fernhurst ...	13	26	23.1
1st & 3rd Tues. p.m. ...	2	Horsham ...	43	107	36.4
2nd & 4th Mon. a.m. ...	2	Lancing ...	38	105	29.5
1st & 3rd Thurs. a.m. & p.m., 4th Mon. p.m. ...	5	Littlehampton ...	118	258	40.3
1st & 3rd Wed. a.m. ...	2	Midhurst ...	15	22	13.6
1st Mon. a.m., 3rd Mon. a.m. & p.m. ...	3	Roffey ...	37	113	36.3
2nd & 4th Fri. a.m. ...	2	Shoreham— Ham Road	46	128	43.0
2nd Tues. a.m., 4th Wed. a.m. ...	2	Middle Road	31	105	31.4
Each Tues. a.m. & p.m., & Wed. a.m. ...	12	†Worthing ...	187	459	47.8
ADMINISTRATIVE COUNTY ...	48		896	2,081	43.1
					6

*Commenced in October, 1962 by a sessional chiropodist.

†Commenced in February, 1962 by a sessional chiropodist; arrangements delegated to Borough Council.

In Worthing (where the arrangements were delegated to the Borough Council) a sessional chiropodist was recruited in February, 1962 but elsewhere in the County, despite repeated advertisements for qualified staff, it was not possible to make a start with the directly-provided service until shortly after Mr. A. C. Campbell, S.R.N., M.Ch.S., formerly Senior Chiropodist at Langthorne Hospital, Essex, joined the staff on 2nd April, 1962.

Treatment Given

Before treatment sessions were started in any new centre, care was taken to make known to all concerned the days and times when clinics would be held. The response was immediate. Sessions were filled as soon as they were arranged and at each of the treatment centres it soon became necessary to start a waiting list.

A clinic assistant was available to help the chiropodist at each centre except Midhurst (where the surgery is too small to allow for a third person) and this arrangement enabled appointments for treatment to be made every 20 minutes. A charge of 2s. 6d. was made for each treatment given unless the patient was in receipt of an allowance from the National Assistance Board.

Some of the clinic assistants were members of voluntary organisations and, as such, gave their services free of charge. Thanks are due to them not only for promoting the efficiency of the clinics but also for much kindness shown to the patients, many of whom sent letters of thanks for the treatment they had received.

The table on page 66 gives an account of the work undertaken by the directly-provided service during the first eight months of its operation. By the end of the year, 36 treatment sessions a month at 16 different centres were provided by the County Council outside the Borough of Worthing. These sessions were available to men over the age of 65 years, to women over 60 years of age, to disabled persons and to expectant mothers. All but four of the treatment sessions were being held by the Senior Chiropodist, the remainder of whose time was taken up with visiting and, where necessary, advising the various voluntary organisations providing chiropody in the County. Two applications for financial grants were received from such organisations and these were approved.

County Almoners

The three almoners based on Chichester, Crawley and Worthing dealt with 867 new cases needing help with social problems arising from illness. Patients were referred to them by general practitioners, chest and other consultants, hospital almoners, health visitors and a wide range of statutory and voluntary organisations. The reasons for referral included requests for recuperative holidays, assistance with plans for the care of the elderly sick and after-care of patients discharged from hospital where further social help was required. Many of the patients

presented problems of great complexity involving much visiting and contact with many other workers and organisations, both voluntary and statutory, sometimes extending over a considerable period of time.

Recuperative holidays were arranged for 116 patients under the County Council's scheme. In other cases arrangements were made privately or through the Regional Hospital Board. Many patients derived great benefit from the break from their home surroundings. The main difficulty was to find suitable accommodation for mothers, where young children could also be accepted, and for the very old and infirm.

In addition to their work with individual patients, the almoners continued to serve on a number of committees concerned with community care. In particular, great assistance was given to them in their work with chest patients by the Care Committees of the Sussex Rural Community Council on which they served in an advisory capacity. Other voluntary organisations also gave valuable help, especially the National Society for Cancer Relief.

As the result of a survey undertaken in the early part of the year, the recruitment of a fourth almoner was recommended to cover the Borough of Worthing and so relieve the continuing pressure on the almoner at present serving that part of the County.

Marie Curie Memorial Foundation

I can not speak too highly of this admirable institution. Funds are immediately available to give practical help to patients with malignant disease. Extra nourishment, additional fuel, night nursing and other benefits are given, where necessary, to augment the statutory and voluntary services.

The lack of delay and formality in giving help from this generous source contrasts very favourably with the procedural safeguards which delay help from some other voluntary sources to the point of ineffectiveness.

Geriatric Services

Two consultant geriatric physicians (one at Chichester and the other at Worthing) continued to hold joint appointments with the local health authority and the regional hospital board. It is essential to have appointments of this kind in a County where the ratio of old people to the young and middle-aged is as high as anywhere in the country. Over 15 per cent of the County's population (3 per cent more than the national figure) are over the age of 65 years and it has been estimated that their number will increase by a further 8,000 during the next five years.

Chichester Area

I am most grateful to Dr. J. N. Mickerson, Consultant Geriatric Physician, of Chichester for the following comments on the developments which are taking place in the western part of the County.

"Over the past year the most encouraging feature concerning the geriatric services in West Sussex has been the close co-operation between the various bodies concerned in this work. This co-operation has concerned particularly the County Council, the Chichester Hospital Group, Chichester City Council and the Rural District Council. The desire and willingness of all members of these bodies to discuss their various plans for the geriatric services over the next ten years has been most stimulating and has shown that the need for this co-operation is well recognised. The re-constituted Geriatric Liaison Committee will be able to exert an important rôle in this respect and will be helped by the Geriatric Assessment Committee which receives reports from the field workers.

The welfare services have re-arranged their building programme in order to give additional as well as replacement beds in West Sussex and will start building a welfare home in Chichester in 1964. Chichester City Council intend to build flatlets for elderly people, at a site adjoining St. Richard's Hospital, and it is hoped that land will be made available by the regional hospital board for further building for the geriatric or welfare services.

Each of these schemes, as well as the existing services, auger well for the future. It is recognised that much can be done to expand all these services, particularly the various domiciliary services. The only delaying influence should be, and may well prove to be, financial considerations.

In the hospital service, a day hospital has been opened at Bognor Regis War Memorial Hospital, and this has already relieved some of the pressure on the day hospital at St. Richard's where the facilities are inadequate. It is desirable that breaks in the continuity of the St. Richard's day hospital should be avoided. There has been an improvement in the nursing situation in the geriatric wards at St. Richard's Hospital.

It is my opinion that the overall needs of the geriatric population in West Sussex are recognised by the individual authorities, and that there is a co-operative desire to meet those needs. The slowness in providing practical solutions is the result of ministerial and regional hospital board policy rather than financial limitations."

Worthing Area

I am also very much obliged to Dr. R. B. Franks, Consultant Geriatric Physician, of Worthing for the following comprehensive report. Dr. Franks took up his appointment in October, 1961 and since then has made a most important contribution towards the alleviation of the problems of old age in the Worthing area.

"Introduction :

The Worthing group of hospitals covers the areas of Worthing M.B., Arundel M.B., Littlehampton U.D., Shoreham U.D., Southwick U.D., Chancetonbury R.D. and Worthing R.D. The population served grew from 156,000 in 1948 to 189,000 in 1961, a 22 per cent increase, the main concentrations being in the coastal towns.

In 1961, the population of pensionable age for the area as a whole was 27 per cent of the total and, for Worthing Borough, 32 per cent of the total, over double the national average. Fifty-one thousand persons were, therefore, potential geriatric patients in 1961 and it appears certain that the population and the age of the population will go on growing. The estimated total population of the area by 1975 is 232,000, with a probable pensionable population of 69,500.

The great age of the population is reflected in the results of a survey I made in October, 1961 of the last 100 applications for geriatric hospital admission. Fifty-three per cent were in the age decade 80 to 89 instead of the more usual 37 per cent; 13 per cent were in the decade 90 to 99. The survey also showed that the reason for application in the great majority of

cases was "social" rather than "medical" or, at best, "socio-medical". It has been shown by others, however, that the only important difference between "social" and "medical" referrals is the greater length of illness in the "social" group; early investigation and treatment of these patients would, in a great many cases, prevent the physical or mental crippling which brought about their application for long-stay admission.

The social problems met with in this area are those usually encountered in geriatrics but there are three special features peculiar to a population of this sort. The first is that many elderly people have migrated south to retire, leaving their younger relatives and their friends behind. The second is the very large number living in private residential homes and, in the absence of individual attention, gradually becoming too frail to remain there. The third has to do with the elderly person residing in a nursing home and out-living his or her capital. It should be noted that there are 576 registered nursing home beds in the area, 417 of these being in Worthing M.B. The corresponding figures for registered homes for disabled and old persons are 753 and 532.

Central Office Staffing :

In April, 1962 the Group Geriatric Offices were set up at 75 Lyndhurst Road, Worthing (Worthing 7282; extension 76), and all enquiries and correspondence are received there. The telephone is manned full-time during normal office hours. A geriatric social worker, Mrs. M. W. Fielding, was appointed in April but had to resign in August for family reasons. Miss M. F. Hopkins has been appointed geriatric almoner and takes up her duties on 8th February, 1963.

Dr. Gwendolyn Paine took up the appointment of geriatric registrar on 1st October and has been very active in the field of domiciliary visiting.

Management of the Geriatric Waiting-List :

Before my appointment in October, 1961 priority for admission was assessed by a Geriatric Sub-Committee acting mainly on information obtained from the general practitioners and health visitors. Socio-medical emergencies were dealt with by the appropriate district medical officer of health but the remaining cases were admitted in date order. The high-priority list was so long that it took an applicant more than a year to reach the top. Soon after my arrival, I took over the management of the waiting-list and now every applicant is seen at home on a domiciliary assessment visit by me or by the geriatric registrar. I felt that the list was inflated by the names of those who had either died or had improved to the extent that admission was no longer required, and a review showed that this was the case. I have made flexibility the key-note in the management of the waiting-list so that a patient's priority for admission can be varied according to any alteration in his or her clinical or social condition.

The former Geriatric Sub-Committee has now been converted to a Geriatric Liaison Sub-Committee, reporting to the Group Medical Advisory Committee. Its composition is as follows:

- A Lay Chairman (Member of the Hospital Management Committee)
- The Consultant Geriatrician
- The Medical Officer of Health for Worthing M.B.
- The Medical Officer of Health for Worthing R.D. and Littlehampton U.D.
- The Medical Officer of Health for Shoreham-by-Sea and Southwick U.Ds. and Chanctonbury R.D.
- A representative of the National Assistance Board
- A general practitioner nominated by the Local Medical Committee
- A representative of the appropriate Councils of Social Service (Worthing and district, Littlehampton and Shoreham)
- The County Welfare Officer
- The Worthing Group Geriatric Almoner
- The Deputy Group Secretary to act as Secretary to the Sub-Committee.

Policy and Results :

With the prevention of crippling and social incompetence in mind, I have encouraged general practitioners to refer patients earlier than previously so that they may be rehabilitated and returned to their homes or go on to residential accommodation. I run out-patients' clinics at Worthing and Southlands Hospitals to which patients whose problem is clinical rather than social may be referred; these clinics are also very useful in order to follow-up patients who have returned home.

The following table shows what the effects of this policy of early referral and attempted rehabilitation have been. Applications for admission have more than doubled, as have discharges home or to residential accommodation. The disparity between admissions and total discharges and deaths is mostly accounted for by the increase in available beds from 170 in December, 1961 to 240 in December, 1962. These new beds are on the ground floor of Homefield Annexe of Worthing Hospital, which has proved a very useful assessment and rehabilitation unit and at Swandean Hospital where an increasing amount of rehabilitation is taking place. The improving turnover in geriatric beds is reflected in the figures for total discharges and deaths per available bed in each year.

	1960	1961	1962
1. Applications: Male	134	142	289
Female	261	347	518
TOTAL	395	489	807
2. Domiciliary assessment visits	0	121***	748
3. Hospital beds available†	156	163	208
4. TOTAL ADMISSIONS FROM WAITING LIST††	225*	289*	531
5. Short-stay admissions†††	55	58	101
6. Deaths in hospital	141*	141*	243
7. Discharges**	84*	148*	186
8. TOTAL DISCHARGES AND DEATHS ...	225*	289*	429
9. TOTAL DISCHARGES AND DEATHS PER AVAILABLE BED IN THE YEAR	1.45	1.77	2.06

* An approximate figure only.

** The 1962 figure includes only discharges home or to residential accommodation. The 1960 and 1961 figures probably include transfers between geriatric hospitals in the Group.

*** One quarter only.

† An average for the year.

†† Includes transfers from acute beds.

††† Included in line 4.

The Waiting-List at the end of 1962 :

There has been a steady improvement in the figures for females in spite of the doubling of applications over the years. Domiciliary assessment has made it possible to place more women on the B list than previously and there is no doubt that the rehabilitation rate for females has been relatively higher than that for males. This is always the case in geriatric practice.

The male waiting-list, however, gives considerable cause for concern. There are two main reasons for the increase in 1962. First, the unusually high proportion of male applications in that year, the approximate female to male ratio for the three years being: 1960, 2:1; 1961, 2.4:1; 1962, 1.8:1. Secondly, for the whole of the last quarter of 1962, ten male beds were out of use at Swandean Hospital due to a failure of the flooring in one ward. Work has now started on this ward and, when it comes into use, there is no doubt that the male waiting-list will improve.

GERIATRIC WAITING LIST: WORTHING

Type of list	Male			Female			TOTAL		
	1960	1961	1962	1960	1961	1962	1960	1961	1962
A*	8	8	29	93	54	42	101	62	71
B†	6	10	12	17	43	40	23	53	52
Short-stay ...	5	4	14	9	—	7	14	4	21
Other groups	1	2	—	7	8	2	8	10	2
Pending ...	12	3	—	14	5	—	26	8	—
TOTAL ...	32	27	55	140	110	91	172	137	146

*In need of admission.

†For the time being, can be nursed at home or in a nursing home.

Liaison with Local Authority Services :

Increasingly good liaison has been built up over the year. In particular, I have received great help from the County Almoner, Miss M. B. Flemons, and the handicapped services officers.

District welfare officers have been very co-operative in seeing the rehabilitated but homeless patients promptly. Thirteen patients were transferred during the year from hospital beds to welfare accommodation but it should be noted that for every one of these a resident of a welfare home was taken to hospital in exchange. There are, at present 12 patients awaiting transfer and blocking beds which are badly needed for the sick. I realise that there is a great shortage of welfare accommodation but I feel that more priority should be given to cases in hospital so that the work of rehabilitation is not slowed up. In the same way, I find great difficulty in getting patients transferred to accommodation for the blind.

I feel there is a need for a placement officer to serve this area. With the present financial limitation set by the National Assistance Board, it is often very difficult to find suitable board-residence for the rehabilitated patient.

I have talked to the health visitors and district nurses in the Shoreham and Southwick area and hope soon to meet their colleagues in Worthing to give them a talk and show them around Swandean Hospital. I like to feel that they would not hesitate to contact my office if they were in difficulties over a case. I have also given a talk to the Worthing home helps.

Housing :

There is still a great deal of thoroughly bad housing occupied by the elderly in the area, particularly in Worthing Borough. There is a great need for purpose-building with the elderly in mind. Conversions of hotels and large private houses have their limitations. Probably the best solution is blocks of ground-floor homelets with a house warden to supervise and a communal dining-room which the residents can use if they wish. A determined building programme of this type would undoubtedly cut down the need for welfare hostel accommodation.

Future Developments :

There is no doubt that the present number of geriatric hospital beds in the area is quite inadequate. The proposed increase to 330 beds should be adequate so long as a small geriatric convalescent unit and a social day centre are provided. Geriatric wards at Homefield Annexe of Worthing Hospital and at Southlands Hospital are gravely sub-standard and planning must include their replacement by purpose-built units.

The proposed wholesale closure of mental hospital beds is causing some concern. The waiting-list for the beds reserved for the elderly at Graylingwell Hospital appears already to be a long one and in my opinion too many cases of severe dementia in the elderly are already finding their way into my geriatric wards. This makes for considerable practical difficulties; for one thing, the mentally fit patients do not like to be surrounded by demented and, for another, the general nursing staff are not trained in mental nursing — nor are they paid at the higher rate appropriate to this work. However, in 1962, I transferred only one patient to a mental hospital bed, whilst accepting quite a number of patients from the psychiatric service for admission to my beds. I appreciate, of course, that psychiatric wings are planned for district hospitals but these will presumably be used for short-term rather than long-term cases. I feel that discussions on this matter should be held at an early date.

There is a great need for hostel accommodation for the physically fit but mentally frail old person. At present quite a number of such cases are in the geriatric beds because there is nowhere else for them to go. Their need is for supervision, not nursing care.

The county and hospital almoners and I are concerned about the lack of any home in this area for terminal cancer cases, which appear to be on the increase. The Turner Home at Hove is very small and has a long waiting-list. We feel that an approach should be made to some body, possibly religious, interested in this problem to see whether a home could be started."

Sussex Rural Community Council

The Community Council, formed in 1932, has for many years had as one of its main interests the care and after-care of persons suffering from tuberculosis. With the decline in the prevalence of this disease, the Council have modified their arrangements in recent years in order to provide help for those suffering from other diseases of the chest.

In West Sussex, the Community Council operates through six area committees, each of which has its own local chairman, treasurer and organiser together with a varying number of local residents as members, and advice is obtained from the chest physicians, almoners, health visitors and representatives of the National Assistance Board. The Community Council's care secretary is the secretary of each area committee and a link is thus provided between all committees. No case is

considered unless it has been referred by the chest physician or almoner. I am grateful to Mr. P. E. W. Williams for the following description of how the facilities of the Community Council are made available to the public:

"To illustrate how a case arises let us say that a chest physician notes that a patient is poorly clothed. He notifies the almoner. She takes up the point with the patient and/or the family. As a result she considers help in some form must be given. She tries various possible sources, National Assistance Board, British Legion, etc. If all other sources fail in full or in part, she comes to the R.C.C. care secretary and places a request. The care secretary, who is always aware of the general financial position, knows therefore (a) whether help can be afforded, and (b) whether the request is one which will, without question from the committee, be accepted as being within normal practice. In such a simple case she therefore informs the organiser concerned, supplies particulars as received from the almoner, and the organiser carries on and it is assumed that the case is dealt with as suggested unless the organiser comes back with a difficulty.

On the other hand, if the care secretary feels that the case is a peculiar one or one likely to involve high or unusual expenditure or to create a precedent, she would either keep it for the next committee meeting or, if time did not permit, consult the chairman and officers of the committee or write to all committee members. The whole object of these arrangements is to avoid delay."

The number of cases helped (particulars of which are given below) amounted to 83. Of these, 29 were non-tuberculous and 39 were new cases.

Area	Form of help provided*								TOTAL
	Milk	Fuel	Fares	Furniture	Clothing	Television	Holiday	Other	
Chichester/ Midhurst ...	6	12	3	1	4	—	—	—	26
Crawley ...	1	1	2	—	—	—	—	1	5
Horsham ...	—	3	3	—	2	2	—	3	13
Littlehampton/ Bognor ...	8	12	2	—	—	—	2	1	25
Shoreham/ Southwick ...	7	2	1	—	1	—	—	1	12
Worthing ...	7	3	2	1	1	—	—	—	14
ADMINISTRATIVE COUNTY ...	29	33	13	2	8	2	2	6	95

*Some persons received more than one form of help.

As in previous years, the County Council made a grant towards the administrative expenses of the Community Council.

Mothercraft Training

In December, 1961 a mother and her three children were admitted to a training home in Surrey because the mother was experiencing domestic and emotional problems, particularly with regard to the care of her children. The health visitor and a representative of the National Society for the Prevention of Cruelty to Children had endeavoured without success to keep the situation under control. Because the break-up of the family seemed inevitable, it was agreed that the mother and her children should be sent for a period of training. They returned home towards the end of March, 1962 and it appeared that the mother had benefited from the period of training.

In October, 1962 a second family, consisting of a mother and her six children, who had been under the supervision of the department for eight years, were admitted to the training home in Surrey as the mother seemed incapable of household management and the general care of her children. The home conditions deteriorated with the birth of each child. Despite the efforts of the department and of the National Society, it was obvious that, if the family were left to their own devices, conditions would grow worse and the children might have to be admitted to the care of the local authority. The family were still at the training home at the end of the year.

PART V—AMBULANCE SERVICE

General

With the exception of the Midhurst area, the service continued to be provided throughout the County by the St. John Ambulance Brigade who have acted as agents of the County Council since the service was established in 1948.

The County Council's Proposals for the establishment of a directly-administered ambulance and hospital car service from 1st April, 1963 (which were set out *in extenso* in last year's Report) were approved by the Minister of Health in May and thereafter a considerable amount of time was spent laying the foundation upon which the reorganised service would be built. Although there was some opposition at the beginning of the year to the County Council's action in deciding to establish a directly-administered service, this opposition diminished progressively as the benefits of the authority's intentions became more widely known both by the public at large and also by those who would be assisting to promote the efficiency and economy of the new service in either a paid or a voluntary capacity. Meetings were held at ambulance stations and elsewhere to explain the changes which would be introduced and it soon became evident that the proposed developments were being welcomed on all sides as being improvements which were long overdue.

AMBULANCE SERVICE
Staff, Vehicles, Mileage and Patients

STATION	STAFF		VEHICLES		MILEAGE			PATIENTS	
	1961	1962	1961	1962	1961	1962	Variation	1961	1962
Bognor Regis ...	6 (5.5)	7 (7)	3	4	51,078	77,230	+26,152	11,833	21,395
Chichester ...	7 (7)	8 (8)	5	5	96,396	97,662	+ 1,266	4,951	13,760
Crawley ...	8 (8)	8 (8)	4	5	79,893	75,681	— 4,212	4,738	5,754
Henfield ...	2 (1)	2 (1)	1	1	12,103	13,966	+ 1,863	464	670
Horsham ...	7 (7)	7 (7)	3	4	47,768	66,043	+18,275	2,047	3,745
Littlehampton ...	4 (4)	4 (4)	2	2	44,927	45,230	+ 303	2,729	3,380
Midhurst ...	5 (3.5)	5 (3.5)	1	1	21,606	23,326	+ 1,720	932	1,044
Petworth/Pulborough	7 (3.5)	3 (2.5)	2	2	44,031	35,795	— 8,236	1,638	1,251
Southwick ...	4 (3)	4 (3)	2	2	53,840	48,884	— 4,956	4,489	4,812
Worthing ...	11 (10)	12 (11)	5	6	91,601	109,614	+18,013	11,196	15,550
TOTALS ...	61 (52.5)	60 (55)	28	32	543,243	593,431	+50,188	45,017	71,361
									+26,344

Note : The figures in brackets indicate whole-time equivalent.

Following a detailed survey of the present service, it was decided that more effective use of available men and vehicles could be obtained by the initial introduction of a continuously-manned central control at Chichester. This control, which will be operational from 1st April, 1963, will deal with all emergency calls, and with all other calls from anywhere in the County between 6 p.m. and 8 a.m. and at weekends. The two existing controls at Horsham and Worthing will continue to deal with non-urgent work during weekdays and to administer the hospital car service in those areas.

Other matters which received careful consideration and upon which decisions were taken included:

- (i) meetings with staffs of hospitals and adjoining local health authorities to ensure optimum loads of patients with the minimum number of vehicles;
- (ii) bulk-buying of equipment and the introduction of standard equipment on ambulances;
- (iii) a vehicle replacement policy;
- (iv) encouragement of the use of rail transport;
- (v) improved co-ordination and combination of journeys within the County and with neighbouring authorities;
- (vi) the design of new forms and procedures which will result in the least clerical effort by hospitals, general medical practitioners and ambulance staff; and
- (vii) a review of the radio system and the provision of new equipment to provide the coverage required for control from Chichester.

Statistics

The more extensive use of sitting-case vehicles, and the efforts to co-ordinate patient-journeys, produced some interesting statistical results. It will be seen from the tables on pages 76 and 78 that, although the figures for the ambulance service rose, those for the hospital car service show a sharp reduction compared with 1961. Combining the two sets of figures, whilst the total number of patients conveyed increased by 4,417, the mileage travelled decreased by 70,814 miles.

The average ambulance mileage per patient was 8.3 compared with 12.0 in 1961. The number of accident and emergency cases dealt with was 3,023, an increase of 17 over 1961.

Whilst the statistics give cause for satisfaction, there is no doubt that the work of the service will continue to grow, in keeping with the increasing population of the County. The development of out-patient clinics and day hospitals, the quicker turn-over of hospital beds associated with "community care", all continue to create a growing service demand.

Rail Facilities

During the year, 845 patients were conveyed by rail for part of their journey, compared with 557 in 1961 and 420 in 1960. This is a result of the more ready acceptance for their patients of this form of transport by hospitals and general medical practitioners.

Ambulance Stations

The ambulance station at Crawley came into operational use on 10th December; this was the first station to be built in the County since the inception of the National Health Service.

There was delay, owing to inclement weather, in the construction of the Midhurst station and it will not now be available for use until the middle of 1963.

A start was made with the erection of a temporary building in the grounds of County Hall from which the new Chichester control would operate after 31st March, 1963.

Hospital Car Service

As will be seen from the following statistics, there was a more selective use of the car service and the upward spiral was temporarily halted. There will always be a need for volunteer car drivers and I am grateful not only for all the time they give but also for the consideration and sympathy they show to sick persons.

Area	Patients			Mileage		
	1961	1962	Variation	1961	1962	Variation
Chichester...	34,613	19,199	— 15,414	228,177	167,900	— 60,277
Horsham ...	34,500	37,761	+ 3,261	385,588	388,279	+ 2,691
Worthing ...	82,643	72,869	— 9,774	513,062	449,646	— 63,416
TOTALS ...	151,756	129,829	— 21,927	1,126,827	1,005,825	—121,002

Upon the recommendation of the County Councils Association, mileage rates paid to drivers of the hospital car service were revised from 1st July, 1962, at an estimated additional cost of £3,200 a year. The rates operative from that date are given below; the old rates are shown in brackets.

Cars up to 1,399 c.c. (13 h.p.)

7½d. (7d.) a mile for first
1,000 (800) miles run in
month;
5½d. (5d.) for ensuing mileage.

Cars over 1,399 c.c. (13 h.p.)

8d. (7½d.) a mile for first
1,000 (800) miles run in
month;
6d. (5½d.) for ensuing mileage.

Volunteers

The volunteers of the St. John Ambulance Brigade and the British Red Cross Society continued to give assistance but in some areas of the County the numbers were small, with a particular lack of drivers. Every encouragement is being given to the voluntary element in the

reorganised service and, from enquiries made by the County Commissioner of the St. John Ambulance Brigade, it seems likely that there will be little change in the amount of voluntary help available.

Ambulance Vehicles

As will be seen from the table on page 76, four additional vehicles were acquired in 1962; two of these were ambulances and two were sitting-case vehicles capable of carrying stretcher patients when necessary.

By Circular 16/62 dated 20th July 1962, the Ministry of Health stated that, following accidents to ambulance vehicles, consultation had taken place with the Ministry of Transport about the need for improved maintenance and safety precautions. The main recommendations contained in a memorandum on this subject, which was attached as an appendix to the Circular, were considered by the Ambulance Sub-Committee and are being complied with.

Accident and Emergency Services

A report of a Sub-Committee of the Standing Medical Advisory Committee on Accident and Emergency Services was published on 6th September, 1961. A copy of this report was received from the Ministry of Health who stated that they intend to issue a Circular on the subject at a later date.

The recommendations contained in the report, together with proposed action, were considered by the Ambulance Sub-Committee on 28th September, 1962.

By Circular 5/62 dated 27th February, 1962 the Ministry of Health stated that a Sub-Committee of the Standing Medical Advisory Committee had reported on the emergency treatment in hospital of cases of acute poisoning and had recommended that in each area one general hospital (referred to in the report as the district centre) should be designated as the preferred receiving centre for such cases. The Ministry considered it important that the location of such centres should be known to the local ambulance service and they had accordingly asked regional hospital boards to notify the local health authorities for the areas served as soon as the centres had been designated.

Information was received from the South West Metropolitan Regional Hospital Board that they considered that the district centres should be associated with accident centres and the fact that the latter would not come into operation for some years meant that interim arrangements would have to be made. At the end of the year, the Board were in consultation with hospital management committees and they promised that a list of appropriate hospitals would be issued as soon as possible to all concerned.

Civil Defence: Ambulance and First Aid Section

By Civil Defence Circular No. 18/1962 dated 12th July 1962, the Home Office drew attention to changes in the functions and structure

of the Civil Defence Corps. These changes, which became operative from 1st October 1962, were designed to provide a sufficient number of trained volunteers as a nucleus for a greatly expanded civil defence organisation which, in an emergency, would have to be rapidly assembled in a matter of days.

In future, volunteers will be required to fulfil precise obligations in order to remain active members of the Corps; enrolment will be for specific periods of time with provision for service in a Reserve and the importance attaching to membership will be recognised by the payment of an annual bounty to those prepared to undertake special obligations.

Under this reorganisation, the main structure of the Ambulance and First Aid Section remained unchanged. The County Civil Defence Officer is responsible for the civil defence training of personnel. It is for him to prepare and carry through a training scheme whilst I, as Head of the Section, have a responsibility to supervise the training and to advise the County Civil Defence Officer in his task.

On 31st December, 1962 there were 480 volunteers in the Ambulance and First Aid Section and, towards the end of the year, detailed arrangements were well advanced for the training of some 200 personnel; plans were made for 18 classes to be started in various parts of the County. The Ambulance and First Aid Section League Competition proved popular in introducing a competitive element and in preparing volunteers to undertake the standard tests.

Development of the Service

The ten-year plan for the development of the health services, which was approved by the County Council in July, envisaged the erection of eight ambulance stations and, during the second half of the year, a start was made with the acquisition of sites upon which developments planned for the first five years could take place.

At *Worthing* land in the ownership of the County Council was appropriated for health purposes and a schedule of accommodation for an eight-bay station was agreed; sketch plans were being prepared by the County Architect at the end of the year.

Negotiations were commenced with the hospital authorities for the acquisition of sites at Graylingwell Hospital, *Chichester* and at the War Memorial Hospital, *Bognor Regis*.

In co-operation with the Chanctonbury Rural District Council, consideration was given to the development of land at *Pulborough* which would be used for a two-bay ambulance station and other County purposes and consultation took place with the County Planning Officer to ensure that the proposed six-bay station at *Horsham* would be integrated with other developments taking place in that part of the County. During the last weeks of the year, meetings of officers were convened so that various County interests in land at *Littlehampton* (where a two-bay station is proposed) could be satisfactorily resolved.

PART VI—MENTAL HEALTH SERVICE

The Changing Scene

Two years after the commencement of the *Mental Health Act, 1959* it is more than ever clear that only the passage of time and the sustained publicity and example of the more enlightened statutory and voluntary agencies will modify the general attitude of the public towards the misfortune of mental disorder. Although experience has shown the recommendations of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency (1954-57) to be well-founded, many of those recommendations (now incorporated into the *Mental Health Act, 1959*) are nevertheless diametrically opposed to the popular conception of what facilities and standards of care should be provided at public expense for those who suffer from mental ill-health. Most Acts of Parliament are passed in response to changing public attitudes and needs. The *Mental Health Act, 1959* has become law some years in advance of ordinary people being able to understand even the bare essentials of what it is setting out to do.

Administratively, the Act has been found to work well but, on the mental illness side, there is some prospect that the emphasis upon informality of admission and discharge may be carried too far, especially if it leads to the routine of the "revolving door". Already, much of the time of mental welfare officers is spent visiting and re-admitting chronic patients to hospital and distress is sometimes caused to patients and their relatives when force has to be used in order to carry out the compulsory procedures. Another consequence is the alienation of landlords which occasionally follows when patients are placed with them after premature discharge from hospital; it is true that some accommodation may not be volunteered if it were made known that prospective lodgers were being discharged from psychiatric hospitals but it is a mistake to think that success in this field is possible without adequate preparation. In due time, the County Council will make their contribution by the provision of residential accommodation for the rehabilitation of the mentally disordered.

The needs of the aged confused, especially in a County with an exceptionally high proportion of old people, causes anxiety to hospital, local health and welfare services, and it must be admitted that piecemeal efforts cannot hope to solve this problem, if in fact any solution is possible. It is questionable whether the reduction in psychiatric and geriatric beds envisaged in the Hospital Plan can do other than add to the difficulties and it is disturbing to hear reports from families and district nurses of the strain that many aged and infirm persons are placing on homes ill-equipped to cater for semi-bedridden patients.

The provision of psychiatric beds in general hospitals, which does much to remove the stigma of mental treatment and often promotes

early diagnosis and treatment, does not appear to be making the same strides in the south as it has done in the north of the country. Similarly, it is difficult to persuade general hospitals to accept the mentally subnormal child into their paediatric wards.

The development of services for the mentally subnormal is however rather brighter and there is no doubt that the "catchment" scheme under which patients in need of hospital care are placed on the waiting list of the Royal Earlswood Hospital at Redhill has worked well. There has never been an occasion when it has not been possible to find accommodation for a case in extreme distress or on reference from the courts. At the same time, care has been taken not to inflate the hospital waiting list by requesting vacancies for all "hospital cases"; admission has only been sought when the patient's condition or home circumstances have indicated that the provision of care away from the community cannot be long delayed. The placing of the baby who is mentally subnormal has on occasion caused difficulty as the Royal Earlswood Hospital is not equipped for the reception of such children and units such as The Hospital for Sick Children, Great Ormond Street, London, W.C.1, and Queen Mary's Hospital for Children, Carshalton, normally confine their assistance to short periods of observation and assessment. However, by the use of a few places paid for by the Council at Milton Lodge Nursing Home, Bognor Regis, and the contractual arrangements of the Regional Hospital Board at The Grange at Hindhead, the problems have not proved insurmountable.

Commenting on the general position of care for mentally subnormal persons in this area, Dr. H. R. Ferguson, the Physician Superintendent of the Royal Earlswood Hospital, reports:

"During 1962 as I see it you had no problem as regards hospital care for the subnormal. Colgate Ward in the Forest Hospital was opened in October, 1960. It has accommodation for 36 male adults. The addition of this ward eased the situation and enabled me to deal quickly with your urgent requests. I think too your Rustington Training Centre must have been a help in clearing the waiting list.

Circular 9/59 dated 4th May, 1959 recommended various ways in which integration could be implemented. We already do a certain number of reports on out-patients on behalf of your authority. Case conferences are mentioned, but at this early stage of the development of the community services, patients will still have to be admitted to hospital for social reasons. As you have no alternative it would appear such conferences are premature. I do notify you of every patient discharged from hospital so that your after-care services can function immediately."

The Scott Report

In September, 1959 a Sub-Committee of the Standing Mental Health Advisory Committee was appointed to advise on the training of staff in training centres for the mentally subnormal provided by local health and hospital authorities and on the number of staff required. The report of the Sub-Committee was published in July, 1962 and a summary of the main recommendations were considered on behalf of the County Council in October.

The report was subsequently considered by the County Councils Association who were advised by the Association of County Medical Officers of Health that

- (i) it was not their wish to criticise the Scott Report in detail;
- (ii) they considered that the training of the staff in question should be on a systematic basis;
- (iii) they supported the report's main recommendations and conclusions and urged their early implementation; and
- (iv) they did not agree with the view of the Central Health Services Council as stated in the preface to the report.

The County Councils Association were also urged to ask the Government to implement recommendations contained in the report that

- (a) courses of two years' training should be provided in places approved by a Central Training Council and that this should be the main source of supply of teachers in training centres; and that
- (b) the establishment, maintenance and development of higher national standards of training should be supervised by a permanent independent body financed from public funds; a Central Training Council should be established for these purposes;

and the Association thereupon decided to support these views and to convey them to the Ministry of Health.

At the end of the year, the views of the Ministry of Health had not been published but it is hoped that the implementation of important and sensible recommendations of this kind will not be long delayed.

Development of Community Care

Sites for training centres and residential hostels

During the year it was decided to terminate the negotiations with the Regional Hospital Board for a site on the estate of the Forest Hospital at Horsham for the purpose of providing a purpose-built training centre to serve the Horsham and Crawley areas and thereafter much progress was made with the New Towns Commission on the acquisition for this purpose of a site off Martyrs Avenue at Crawley. Plans for the erection of a comprehensive day training centre to cater for 75 mentally subnormal persons of both sexes were approved and forwarded to the Minister of Health.

It was also possible to purchase a private house (*Catherington*, Ifield Green) standing in about two acres of land as a site for the erection in due course of two residential hostels, one for 30 children under 16 years of age and the other for 30 adult mentally subnormal females capable of employment in the local factory area. As a temporary measure, it was decided that *Catherington* should be used by the day training centre which was being housed in the Horsham Masonic Hall. As the use of *Catherington* for mental health purposes constituted a departure from the Town Plan, it was necessary to approach the Minister of Housing and Local Government and he decided to hold a Public Inquiry into the proposal on 6th November. In due course, the Minister found in favour of the proposal submitted by the County Council.

It was also decided that about 2½ acres of land belonging to the Council at Ham Farm, Durrington, should be used for the erection of a new junior training centre providing 75 places, with which should be combined a residential hostel for 30 children under the age of 16 years. The combination of these two units and the lay-out of the dormitory

accommodation in the hostel were the subject of some discussion with officers of the Ministry of Health and by members of the appropriate Committees, but satisfactory accommodation seemed possible in designs conforming with the recommendations of the Second Consortium of Local Authorities and plans were accordingly approved and sent to the Ministry of Health. It is hoped that the building of both these projects will begin in September, 1963.

Negotiations were also started during the year with the South West Metropolitan Regional Hospital Board for the acquisition of about 1½ acres of land in Summersdale Road, Chichester (on the estate of the Graylingwell Hospital), as a site for a day training centre to replace hired accommodation at Stockbridge Hall, Chichester. Little progress was made with these negotiations by the end of the year.

Reference is made elsewhere in the Report* to the ten-year plan for the Development of Health Services prepared by the County Council at the request of the Minister of Health. In addition to the three training centres and three hostels referred to above, it was envisaged that two hostels (Worthing and Chichester) should be provided during the second quinquennium for adult psychiatric patients.

Rustington Residential Training Centre

In January, the adaptation and redecoration was completed of the old *St. Christopher's* Children's Home at Rustington. Thereafter the premises were used as a hostel for 25 mentally subnormal youths and a steady intake of residents took place from the community and from Farmfield Hospital at Horley. The Superintendent and Matron had been appointed some six months previously and so the unit was fully equipped and staffed at the time of opening. A purpose-built industrial unit was erected in the grounds and was equipped with fly-presses, a power drill, a metal guillotine and a variety of hand tools and accommodation was sufficient to permit the attendance of some 20 day pupils in addition to the residents.

During its first year of operation, the unit attained a fair measure of success and was visited by many medical, social and educational workers. In addition to carrying out light engineering and plastic assembly work the boys have, under the guidance of their craft teachers, built garages, laid access ways and landscaped the gardens.

Day Training Centres

The extensions to kitchen and toilet accommodation at Worthing Training Centre were completed during the year. The additional accommodation enabled housecraft and cookery instruction to be given to the senior girls and meals were served with much less disruption of other activities. In spite of the extra accommodation and the transfer of senior boys to Rustington, the unit, which was built in 1951 under the restricted building plan, has proved quiet inadequate for the continually-growing numbers and it was necessary to hire a small hall from the Methodist Church for the senior girls. An attempt was made to introduce light assembly work to this class but the experiment had to be abandoned because of difficulties associated with hired premises.

*See Appendix D; page 165.

With the return of the head teacher of the Chichester Training Centre from the Diploma Course for Teachers of the Mentally Handicapped in London, it was possible to second her assistant for training and it is hoped that some improvement in the trainee teacher scheme will be possible in the financial year 1963/64.

Thanks are due to a number of voluntary organisations for taking a sympathetic interest in the work of the centres and either providing Christmas parties or donating equipment for the use of the children.

The numbers of staff and pupils attending the centres at the end of the year are given below. In addition, 17 other pupils (1 male and 1 female under 16 and 5 males and 10 females over 16) attended centres maintained by other authorities or voluntary bodies.

Centre	Staff		Pupils					
	Head Teacher	Assistant Teachers	On Register				TOTAL	Daily Average Attendance
			Males		Females			
			Under 16	Over 16	Under 16	Over 16		
Chichester	1	1	10	2	7	5	24	18
Horsham	1	1½	9	—	15	5	29	23
Worthing ...	1	4	18	8	15	21	62	52

The growth of the centres over the past seven years is shown in the following table.

Training Centre	1956	1957	1958	1959	1960	1961	1962
CHICHESTER							
Staff... ..	—(—)	—(—)	—(—)	2(—)	2(—)	2(—)	2(—)
Pupils ...	—	—	—	17	24	25	24
HORSHAM							
Staff... ..	—(—)	—(—)	—(—)	2(1)	2(1)	2(1)	2½(1)
Pupils ...	—	—	—	19	25	29	29
WORTHING							
Staff... ..	3(—)	3(—)	3(—)	3(—)	3(1)	4(2)	5(2)
Pupils ...	29	32	35	41	45	60	62
TOTALS							
Staff... ..	3(—)	3(—)	3(—)	7(1)	7(2)	8(3)	9½(3)
Pupils ...	29	32	35	77	94	114	115

Note: (i) The figures in brackets denote the number of qualified staff.

(ii) The number of pupils is the number on the register at the end of the year.

Mental Welfare Officers

The home visiting of mentally subnormal persons and the statutory admission of the mentally ill to psychiatric hospitals was undertaken by four district mental welfare officers (based on Bognor Regis, Chichester, Horsham and Worthing) and, in special circumstances, by the Administrative Officer for Mental Health. Having regard to the size of the County and to the growing volume of work to be undertaken, the present number of staff must be regarded as an absolute minimum if basic efficiency is to be maintained. Additional staff will clearly be needed soon to augment the male staff employed on statutory removals and a psychiatric social worker will also be required to assist in setting up a psychiatric advice service in the community.

The modern office accommodation provided with other social services for the mental welfare officer off the sea front at Bognor Regis was a welcome improvement in making the mental health service at field level more conveniently available to those members of the public who sought advice. The officer at Worthing, accommodated in the Health Department, was also closely in touch with other social workers but at Chichester and Horsham the accommodation was either remote or unsuitable for the purpose and made the interviewing of patients a difficult matter.

Short-term residential care

During the year, seven patients (4 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, twelve patients (5 males and 7 females) were boarded-out under the County Council's community care arrangements.

Attempts have been made from time to time to arrange for parties of mentally subnormal persons attending training centres to be provided with short-term accommodation during the summer months in order to improve their physical health and to give their parents and relatives an opportunity to have a break from the constant demands made upon them by the presence in the home of a mentally subnormal person.

Arrangements were entered into with the National Society for Mentally Handicapped Children to use for this purpose from the summer of 1963 accommodation belonging to the Society at Pirates' Spring, Dymchurch, Kent. Under these arrangements, it was agreed that parties of pupils from the training centres would be accompanied by County Council staff, that the charges for persons under the age of 16 years would be borne by the Council and that those over that age would contribute such benefit as may be receivable from the National Assistance Board less an allowance for personal expenses. It was also agreed that transport to and from Dymchurch would be arranged and paid for by the County Council.

Mental Nursing Homes

The *Conduct of Mental Nursing Homes Regulations, 1962* were laid before Parliament on 12th September, 1962 and came into operation the following day. These regulations govern the conduct of mental nursing homes and require the managers (the person or persons registered in respect of the home) to provide accommodation, care and staff of a satisfactory standard.

If the registration authority consider that the regulations are not being complied with, they may give notice to the managers to this effect, specifying what they consider should be done to satisfy the regulations. If the regulations are not complied with after the prescribed period of notice, summary proceedings may be brought under section 16 (2) of the *Mental Health Act, 1959*.

One establishment was registered as a mental nursing home during the year and this made a total of six such homes registered in the Council's area. One of these homes catered for 31 severely subnormal and physically handicapped children under the age of five years and the other five, with a total bed complement of 184, received aged and infirm patients, some of whom were confused.

Statistics

Mental Illness

The following statement, provided by the Physician Superintendent of Graylingwell Hospital, shows the numbers of patients admitted to that hospital during 1962. 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>Mental Health Act, 1959</i>				<i>Males</i>	<i>Females</i>	<i>Total</i>
Section 5—(Informal)				305	565	870
Section 25—(Observation—28 days)				12	26	38
Section 26—(Treatment)				4	1	5
Section 29—(Observation in emergency—3 days)				71	97	168
Section 60—(Court Order)				—	1	1
Section 71—(Custody during Her Majesty's pleasure)				1	1	2
TOTAL 1962				393	691	1084
TOTAL 1961				361	622	983

The average age on admission was 51.8 years and 337 of the patients admitted were aged 65 years or over.

During the year, 891 patients (299 males and 592 females) left the hospital and 172 patients (68 males and 104 females) died. It will be noted from the following table that, of the 172 deaths, 146 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	239	60	432	160	671	220
Deaths ...	14	54	12	92	26	146

Mental Subnormality

The total number of subnormal persons under care at the end of the year is shown below.

	<i>Males</i>	<i>Females</i>	<i>Children</i>	<i>TOTAL</i>
In hospitals and homes under regional hospital board	189	110	87	386
Mental nursing homes	—	—	3	3
Under guardianship	5	8	—	13
In residential homes	7	24	10	41
Boarded out in private homes	6	19	1	26
Rustington Training Centre	25	—	—	25
Under informal community care	266	275	117	658
TOTAL 1962	498	436	218	1,152
TOTAL 1961	475	429	213	1,117

The number of subnormal persons admitted to hospital during 1962, the numbers still accommodated and those awaiting accommodation at the end of the year are shown in the following tables.

	<i>Admitted during 1962</i>			<i>Total number accommodated at 31.12.62</i>		
	<i>Male</i>	<i>Female</i>	<i>TOTAL</i>	<i>Male</i>	<i>Female</i>	<i>TOTAL</i>
Royal Earlswood, Redhill	17	6	23	157	99	256
The Manor, Epsom	1	—	1	13	13	26
St. Lawrence's, Caterham	—	—	—	1	4	5
Botley's Park, Chertsey	—	—	—	4	—	4
Farmfield, Horley	8	—	8	33	—	33
Laughton Lodge, Nr. Lewes	—	—	—	18	10	28
Stoke Park, Bristol	—	—	—	2	2	4
Other hospitals and homes (regional hospital board)	2	—	2	21	9	30
TOTAL 1962	28	6	34	249	137	386
TOTAL 1961	26	7	33	238	138	376

Number of subnormal persons on waiting list for admission to hospital at 31.12.62

<i>Male</i>	<i>Female</i>	<i>Children</i>	<i>TOTAL</i>
2	2	6	10

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

	<i>Male</i>	<i>Female</i>	<i>TOTAL</i>
Referred by relatives	2	1	3
Referred by officer of local authority	4	1	5
Referred by courts	2	—	2
Referred by local education authority	17	10	27
Referred by other sources	7	3	10
	32	15	47

These 47 cases were dealt with as follows:

	<i>Male</i>	<i>Female</i>	<i>TOTAL</i>
Sent to psychiatric hospitals	7	—	7
Placed in residential homes	1	1	2
Placed under guardianship	1	—	1
Placed in mental nursing homes	1	1	2
Placed in Rustington Training Centre	2	—	2
Placed under informal community care	17	13	30
Action not yet taken	2	—	2
	32	15	47

PART VII—OTHER SERVICES

Blind and Partially-Sighted Persons

Registration

On 31st December, 1962 there were 1,016 blind and 310 partially-sighted persons on the register, compared with 963 blind and 310 partially-sighted on 31st December, 1961.

Examination of Applicants for Registration

During the year, 151 new (i.e. excluding transferred) cases of blindness and 67 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 218 cases newly registered as blind or partially-sighted, the principal causes were retinal and macular degeneration (80), cataract (67), glaucoma (35), retinopathy (14) and myopia (14). 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 below.

	<i>Primary Ocular Disease</i>			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	15	7	59	81 (59)
(b) Treatment (Medical, Surgical, Optical or Hospital supervision)	52	28	57	137 (94)
TOTALS	67	35	116	218 (153)
2. Number of cases at 1 (b) above which:				
(a) Received treatment for the first time	—	—	—	— (1)
(b) Continued to receive treatment	24	19	35	78 (29)
(c) Refused treatment	3	—	1	4 (1)
(d) Had treatment deferred or discontinued	12	3	10	25 (5)
(e) Were placed on waiting list for admission to hospital ...	6	—	1	7 (4)
(f) Died or left County before investigation	—	—	1	1 (3)
(g) Were under investigation at end of year	7	6	9	22 (51)
TOTALS	52	28	57	137 (94)

Note: The figures in brackets relate to 1961.

Ophthalmia Neonatorum

1. Total number of cases notified during year ...	2
2. No. of cases in which:	
(a) vision lost	—
(b) vision impaired	—
(c) treatment continuing at end of year ...	1

Nurseries and Child Minders

The *Nurseries and Child Minders Regulation Act, 1948* 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 among child minders. Periodic inspections 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>	
	1961	1962	1961	1962
(a) Premises	30	36	629	808
(b) Daily minders	9	9	72	83

Nursing Homes

The County Council continued to administer the relevant sections of the *Public Health Act, 1936* which provides for the registration and inspection of nursing homes.

On 12th September, 1962 the Minister of Health, in exercise of the powers conferred on him by section 16(1) of the *Mental Health Act, 1959*, laid before Parliament the *Conduct of Mental Nursing Homes Regulations, 1962* which came into operation the following day. These regulations make provision governing the conduct of mental nursing homes. They require the managers (the person or persons registered in respect of a mental nursing home) to provide accommodation, care and staff of a satisfactory standard. If the registration authority (the local authority) consider that the regulations are not being complied with, they may give notice to the managers to this effect, specifying what they

consider should be done to satisfy the regulations. If, after the prescribed period of notice the regulations are not complied with, proceedings may be brought under section 16 (2) of the *Mental Health Act, 1959*.

Towards the end of the year a Bill (*The Nursing Homes Bill*) was introduced into Parliament which, if it becomes law, should enable local authorities to do much more than is possible at present to improve the facilities and standards of accommodation made available in nursing homes. The main purpose of the Bill is to authorise the Minister of Health to make regulations by statutory instrument as to the conduct of nursing homes which may in particular

- (a) make provision as to the facilities and services to be provided in such homes;
- (b) empower the local authority responsible for the registration of any such home to limit the number of persons, or persons of any description, who may be received into the home, and enable registration of any such home to be made subject to the condition that persons shall not be received therein in excess of the number fixed for the home in accordance with the regulations;
- (c) provide that a contravention of, or failure to comply with, any specified provision of the regulations shall be an offence against the regulations; and
- (d) empower local authorities responsible for the registration of any such homes to institute proceedings against any persons for such an offence.

The Bill provides for penalties which may be imposed on persons found guilty of an offence against the regulations and proposes that the existing power to cancel the registration of a person in respect of a nursing home shall include power to cancel the registration on the ground that he has been convicted of an offence. The Bill also seeks to repeal the present law which enables certain institutions not carried on for profit to be exempted from the provisions of the *Public Health Act, 1936* relating to nursing homes.

The accommodation available at the end of the year in nursing homes registered by the County Council is shown below:

Number of beds in homes	Number of homes	Number of beds provided		TOTAL
		Maternity	Other	
25 and over	12 (4)	—	428	428
20 to 24	2	—	43	43
15 to 19	11	—	181	181
10 to 14	23 (1)	—	271	271
5 to 9	9 (1)	—	64	64
Under 5	5	4	9	13
TOTAL	62 (6)	4	996	1,000

Note: The figures in brackets denote homes (included in totals) also registered as mental nursing homes under the *Mental Health Act, 1959*.

No difficulty was encountered with any of the five applications received during the year for the registration of property as nursing homes under the *Public Health Act, 1936* and registration was approved in each case. One applicant was particularly anxious that the home she was to establish should offer first-class accommodation. She called at the department on many occasions for advice on beds, commodes and other nursing equipment and on the general planning of the home. She also visited the showrooms of many firms and the home, when eventually opened, was of a particularly high standard.

The following table gives details of the registration of nursing homes in the County during the past five years:

	1958	1959	1960	1961	1962
Registered at 1st January ...	57	60	62	61	58
New homes registered ...	4	7	5	3	5
Registrations cancelled ...	1	5	6	6	1
Registered at 31st December ...	60	62	61	58	62

Nurses Agencies

The *Nurses Agencies Act, 1957* empowers county and county borough councils to issue licences to agencies for the supply of nurses. The Act provides, *inter alia*, that

no person shall carry on an agency for the supply of nurses on any premises in the area of any licencing authority unless he is a holder of a licence from that authority authorising him so to do on those premises; and that any such application may be refused, and any such licence which has been granted may be revoked, on any of the following grounds:

- (a) that the applicant or, as the case may be, the holder of the licence is an individual under the age of twenty-one years or is unsuitable to hold such a licence;
- (b) that the premises are unsuitable;
- (c) that the agency has been or is being improperly conducted; or
- (d) that offences against the Act or Part II of the *Nurses Act, 1943* have been committed in connection with the carrying on of the agency.

At the end of 1962, two agencies were licensed in the County Council's area.

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 medical 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 the work done during 1962:

(a) Medical Statements Completed

DEPARTMENT	Male	Female	TOTAL
Architect's	18	1	19
Archivist's	—	1	1
Children's	3	26	29
Civil Defence	5	1	6
Clerk's	19	20	39
Education	58	51	109
Fire	1	2	3
Health	6	20	26
Library	—	9	9
Planning	11	6	17
Police	—	5	5
River Board	9	1	10
Surveyor's	43	4	47
Treasurer's	12	12	24
Valuer and Land Agent's	5	1	6
Welfare	1	16	17
TOTAL	191	176	367

(b) Medical Examinations

DEPARTMENT	Male	Female	TOTAL
Children's	—	1	1
Education	—	1	1
Fire	35	1	36
Health (ambulance staff)	18	—	18
Other Authorities	2	1	3
TOTAL	55	4	59

(c) Chest X-Rays Arranged

DEPARTMENT	Male	Female	TOTAL
Children's	—	2	2
Education	1	4	5
Other Authorities	1	—	1
TOTAL	2	6	8

Integration of the Health Services

For some years, evidence has been growing that the artificial division of the National Health Service into three parts (the local health, hospital and general practitioner services) has created in some parts of the country unnecessary problems of co-ordination and co-operation, particularly in such sectors as the provision of efficient maternity services.

The system of tripartite administration was one of the major criticisms of the National Health Service contained in a report* (the Porritt Report) published in November. To overcome this, the report recommended that area health boards "should become the focal point for all the medical services" in the area and that "doctors and other personnel in all branches of the service should be under contract with this one authority." The area boards would control all the activities of the service in their respective areas and would include a "Preventive and Social Health Services Council with special responsibility in connection with the promotion of health and the prevention and control of disease."

The report (which was sent to the Minister of Health and to the nine medical organisations who had sponsored the enquiry) was of the Medical Services Review Committee set up in 1958 under the chairmanship of Sir Arthur Porritt

"to review the provision of medical services to the public, and their organisation, in the light of ten years' experience of the National Health Service, and to make recommendations."

Throughout the year, the work of the County Council, as 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 those two branches of the National Health Service required correlation with the services made available by the County Council.

In co-operation with the Executive Council and the hospital authorities a handbook, dealing with the health services in the County, was published in June. This was printed at little cost to the County Council by Messrs. Ed. J. Burrow & Co. Ltd., publishers, of Cheltenham, and was distributed free of charge to many who might have cause to call upon the various services either for themselves or on behalf of others.

The good relationship between the County Council and the Executive Council for West Sussex is brought out in the following observations made by Mr. J. R. Knighton, Clerk of the Executive Council.

"The Executive Council for West Sussex, in administering the general practitioner services, has appreciated the possible difficulties inherent in the pattern in which the National Health Service is organised and has been particularly anxious to do anything possible to ensure that the services in West Sussex provided under the auspices of the County Council, the Hospital Management Committees and the Executive Council, are integrated in the best possible manner.

*A Review of the Medical Services in Great Britain (published by Social Assay, 56 Kingsway, London, W.C.2, price 18s. 0d.).

For this reason, full advantage has been taken of opportunities of joint consultation in any field in which this has offered likely advantages. Such consultation and liaison cannot but be of value and members and the staff of the Executive Council have always been pleased to participate in joint discussions and to provide any possible assistance from the Executive Council's offices.

The development of the scheme under which health visitors have been attached to the practices of individual doctors or partnerships of doctors in Crawley has created considerable interest and the Executive Council hopes that it will prove possible to extend these arrangements to other urban areas.

Similarly, the recent inception of the Maternity Liaison Committee in the Chichester area is regarded by the Council as a real step forward in the constant effort to improve the maternity services and to secure that they are operated with the minimum of inconvenience.

The implementation of the Hospital Plan for England and Wales and the development of the services providing for care in the community for all patients not requiring admission to hospital, will involve a constantly increasing use by family doctors of the domiciliary services of the County Council."

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 antenatal clinics and, in Crawley and Horsham, health visitors were attached 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.

All general medical practitioners taking up practice in the County for the first time received a personal letter of welcome; a copy of the County health services handbook was also sent to them along with brief details of the health visiting service and of the Council's policy regarding vaccination and immunisation and the payment of medical aid fees.

By arrangement with the Executive Council and the family doctor concerned, arrangements were made in November for a trainee general medical practitioner to spend three days with various senior members of the department. He was given an insight into the services organised by the department and the programme arranged for him included discussion of the work of a local health authority (with an appraisal of such developments as the attachment of health visitors to general medical practices), visits to various types of clinics, to a training centre and to residential accommodation provided for old people. It was felt that this was a further useful step towards the realisation of the ideal of co-ordination, through the general medical practitioner, of the entire health team.

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, nine 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 geriatric physicians held joint appointments with the regional hospital board and the local health authority and specialist advice in audiology, ophthalmics, orthopaedics, obstetrics and psychiatry was made available in the County mainly by the hospital authorities.

At the request of the Ministry of Health, arrangements were made for clinic accommodation at Chichester to be available to Ministry doctors on two mornings a week for the purpose of carrying out medical examinations.

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.

I am grateful to Mr. K. H. Williams, Secretary of the Chichester Group Hospital Management Committee, for the following comments which illustrate the continuing efforts which are made to bring about the integration of the work of the local health and hospital authorities:

"Policy: The feature of 1962 was the publication of the Hospital Plan for England and Wales. It is intended more as a signpost than as a blue-print because it has to be reviewed year by year to ensure topicality for all developments as they materialise. It includes a section on *Care in the Community* which says that the development of the hospital service is complementary to the expected development of the services for prevention and for care in the community. Straightaway officers of the Regional Hospital Board, the Group Hospital Management Committee, and the County Council conferred with a view to acting together, each in the knowledge of what the other was aiming at and doing. This continues, and should much assist the attainment of early, effective and complementary results in a matter of great complexity.

Common Endeavours: The maternity and child welfare services, the school clinics and the chest clinics continue to have hospital consultants whose appointments provide a valuable link between preventive and therapeutic activities.

As regards caring for the sick and infirm aged, the department, the local medical officers of health, the hospitals and the National Assistance Board co-ordinate admirably. At regular intervals throughout each year representatives of all these authorities meet and review the old people who need help and attention and decide who should do what for each patient. By this means, present joint resources are used most beneficially for those in greatest need, whilst those whose needs cannot wholly be satisfied are given what help is possible and, above all, each knows that *"they"* are aware of his or her difficulties and are bent upon removing them. In the autumn, an informal conference of the Chairmen and officers of the County Council and the Hospital Management Committee revealed how well this liaison was being maintained and promised its permanent usefulness.

The County almoners are in daily touch with their hospital counterparts dealing with convalescent after-care needs, with rehabilitation and with family problems stemming from incapacity of one form or another. In the case of the chest hospitals, the almoner is in fact one and the same person sharing her time between the department and the hospitals.

Hospital transport is a continuing problem and could be vexatious, but here again the department has very close co-operation with the hospitals. The County Ambulance Officer is welcomed at each hospital and frequently disentangles complexities of time-table, geography and personal requirements."

PART VIII—ENVIRONMENTAL HEALTH SERVICES

Introduction

The Public Health Sub-Committee of the County Health Committee dealt particularly with questions relating to environmental health and their terms of reference were given in the Report for 1961*. The Sub-Committee met on eight occasions and dealt with many matters including applications for grant aid in support of rural water supplies and sewerage schemes, the sewage contamination of bathing beaches, the proposed fluoridation of public water supplies and the control of milk supplies to the consumer.

The department continued throughout the year to develop its work in connection with the environmental health services and the statistics contained in this Part of the Report show that, in particular, progress was made with regard to the control of milk, the promotion of mains water and sewerage schemes and the inspection of schools and school swimming baths.

A request was received from the Warren Springs Laboratory of the Department of Scientific and Industrial Research to assist in a long-term survey of the measurement of air pollution in some of the rural areas. Agreement was reached whereby the work would be undertaken by the County Council after April, 1963.

Further consideration was given to the sewage contamination of bathing beaches but little progress was made and the matter was referred to the County Councils Association.

Other matters dealt with by the department during the year included complaints about district council refuse tips, the unauthorised depositing of feathers from broiler houses, the condition of some almshouses, temporary housing accommodation, delay by a district council in dealing with housing repairs, food supplies to County institutions and vermin infestation. Co-operation between officers of the department and those of the County districts enabled most of the complaints to be dealt with speedily.

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

As mentioned in the Report for 1961*, these Regulations brought about a considerable increase in the County Council's power to ensure that all milk produced, processed and sold within the County reaches

*On page 69.

the consumer in a clean and wholesome condition and free from disease-producing organisms. It was possible to implement in 1962, for the first complete year with adequate staff, a full programme of sampling, control and inspection.

In framing this programme, regard was paid to the following points:

- (i) the greater proportion of milk consumed in the County is pasteurised;
- (ii) there are now five pasteurising depôts in the County outside the Borough of Worthing and the Crawley Urban District, which are separate food and drugs authorities;
- (iii) milk is supplied in the County to 226 retail points (in addition to the pasteurising depôts) from 14 different depôts; 10 of these depôts are outside the County and one is in the Borough of Worthing;
- (iv) in order to ensure that adequate sampling is carried out, each supply of milk should be sampled in accordance with the following table. In addition, weekly samples should be taken from the five pasteurising depôts in the County which are not included in the table. The figures given as the number of samples a quarter are based on a ten-week period in order to allow time for repeat samples to be taken, where necessary, and to make adjustments for holidays and sick leave;

<i>Pasteurising Dépôt</i>	<i>Retail points supplied</i>	<i>Approximate number of samples a quarter (ten week)</i>	<i>Frequency of sampling</i>
Dairy 1 ...	59	60	6 a week
" 2 ...	31	30	3 a week
" 3 ...	19	20	2 a week
" 4 ...	9 + rounds	10	1 a week
" 5 ...	1	3	1 a month
" 6 ...	5	5	1 a fortnight
" 7 ...	29	30	3 a week
" 8 ...	4	5	1 a fortnight
" 9 ...	1 + round	3	1 a month
" 10 ...	5 + rounds	10	1 a week
" 11 ...	1	1	1 a quarter
" 12 ...	18	20	2 a week
" 13 ...	41	40	4 a week
" 14 ...	3	3	1 a month
ALL DEPÔTS ...	226	240	—

This programme will mean that during each quarter at least 130 samples will be procured from milk coming from depôts outside the County and 110 samples (in addition to the weekly samples from pasteurising plants) from milk supplied from depôts in the County and should ensure that every retail point is checked once each quarter. These figures will include pasteurised milk, sterilised milk and tuberculin tested milk but not repeat samples (should results prove unsatisfactory), biological samples and samples of milk procured at schools; and

- (v) for biological sampling the aim should be to obtain, in addition to samples from farm supplies at receiving depôts, one sample a quarter from each of the 44 farms in the County who supply "raw" tuberculin tested milk; this will, however, depend upon time and laboratory facilities being available.

Although the programme created additional travelling, it also ensured a fairly uniform rate of sampling and an adequate coverage of all supplies of milk in proportion to the quantities sold.

The results of the examination of samples referred to in the following tables show that the high standards achieved in previous years were continued throughout 1962. Milk deliveries were maintained during the latter part of December despite the adverse weather and the farmers, dairymen and their staffs are to be congratulated on the manner in which they were able to cope with these severe conditions.

Of the five pasteurising establishments in the County (excluding the Borough of Worthing), two plants used the high-temperature short-time method and three the Holder method. Several years ago, public health authorities had doubts about the reliability of the short-time method but experience has shown that, since modern methods of control are much less liable to error, the samples have produced more consistent results than those from the Holder plants.

The location of the pasteurising plants were as follows:

Chichester City	1
Horsham Rural District (Five Oaks) ...	1
Littlehampton Urban District... ..	2
Southwick Urban District	1

The number of licence holders during 1962 (an increase of 16 over the previous year) was as follows:

Pasteurisers	5
Tuberculin tested dealers	12
Pre-packed licence holders	275
TOTAL	292

Samples of milk procured for bacteriological and biological tests were examined at the Public Health Laboratories at Brighton and Portsmouth, and the Department's thanks are due to Dr. J. E. Jameson and Dr. K. E. A. Hughes for the co-operation and assistance they gave at all times.

During the year, 2,331 samples of milk were procured for bacteriological and biological examination. This number included 134 procured by the inspectors of weights and measures on behalf of the department for the purpose of the "specified areas" orders. Samples of milk procured by officers of the department totalled 2,197 and consisted of 1,506 samples of heat-treated milk, 241 samples (for bacteriological examination) of tuberculin tested "raw" milk, 299 samples of "raw" milk for biological examination (for *tubercle bacilli* and *brucella* organisms) and 151 samples of school milk.

Only two samples of milk pasteurised in the County failed the phosphatase test which determines the efficiency of heat treatment. Nineteen samples of pasteurised milk failed to satisfy the methylene blue half-hour test. All these samples were procured from shops and rounds and, on investigation, a number of them were found to be from milk supplied from one dairy. A check was made on the farm supplies to this dairy with the result that milk from one farm was found to be of poor keeping quality, and investigations were then carried out by the Ministry of Agriculture, Fisheries and Food; subsequent samples proved satisfactory.

Sixteen samples of "raw" tuberculin tested milk failed to satisfy the methylene blue half-hour test; thirteen of these were from farm-bottled milk, one from a churn and two from milk bottled at a processing dairy. The failures were notified to the Ministry of Agriculture, Fisheries and Food who organised farm inspections; again, "repeat" samples were found to be satisfactory.

Only one of the 151 samples of milk supplied to schools failed to satisfy the prescribed tests, the one failure being with regard to keeping quality. Only one of the County Council's schools does not receive pasteurised milk; this school is in a remote rural area and is supplied with tuberculin tested milk from a local farm. It has not so far been possible to arrange for pasteurised milk to be delivered.

Sampling of Milk for Bacteriological Examination

	<i>Pasteurised</i>		<i>Tuberculin tested (pasteurised)</i>		<i>Channel Island (pasteurised)</i>		<i>Homogenised (pasteurised)</i>		<i>School milk (pasteurised)</i>	<i>Sterilised</i>		TOTALS
	(A)	(B)	(A)	(B)	(A)	(B)	(A)	(B)		(A)	(B)	
No. of samples taken ...	227	375	243	447	102	22	45	—	151	3	42	1,657
No. satisfactory	226	372	243	432	102	22	45	—	150	3	42	1,637
No. unsatisfactory	1	3	—	15	—	—	—	—	1	—	—	20*

(A) From processing dairies; (B) From shops and dealers.

*One sample failed the phosphatase test and 19 the methylene blue test.

Sampling of Untreated Milk

	<i>Tuberculin tested (farm bottled)</i>		<i>Tuberculin tested Channel Island (farm bottled)</i>		<i>Tuberculin tested (bottled at dairy)</i>		<i>Tuberculin tested (churn)</i>	<i>School milk (Tuberculin tested)</i>	TOTALS
	(A)	(B)	(A)	(B)	(A)	(B)	(A)		
No. of samples taken ...	169	12	2	—	48	—	10	1	242
No. satisfactory ...	158	11	1	—	46	—	9	1	226
No. unsatisfactory ...	11	1	1	—	2	—	1	—	16*

(A) From processing dairies; (B) From shops and dealers.

*Failed the methylene blue (half-hour) test.

Sampling of Milk in Specified Areas

In addition to the routine samples mentioned above, a further 134 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 department. The results of the samples are given below:

	<i>Tuberculin tested (pasteurised)</i>	<i>Channel Island (pasteurised)</i>	<i>Pasteurised</i>	<i>TOTAL</i>
No. of samples taken	56	29	49	134
No. satisfactory	56	27	49	132
No. unsatisfactory	—	2	—	2*

*One sample failed the phosphatase test and one the methylene blue test—both from dairies outside the County.

Biological Sampling of Milk

During the year, 299 samples were procured for biological examination. All these gave negative results for *tubercle bacilli* which indicates that the national campaign for the eradication of tuberculosis in cattle is proving effective. This should not, however, give rise to any relaxation of the sampling of milk for *tubercle bacilli*, particularly of those supplies which are consumed without heat treatment.

Thirteen of the samples were found to contain *brucella* organisms and 11 were void due to the premature death of the guinea pigs. In addition, notification was received from one County district that two samples of milk from herds within the County had been found to contain *brucella* organisms.

Where a positive *brucella* result was obtained, arrangements were made for the medical officer of health of the district in which the farm was situated to be informed and also the divisional veterinary officer of the Ministry of Agriculture, Fisheries and Food. The milk was diverted for heat treatment and animals secreting the organism were identified.

Other Sampling

The sampling of milk for chemical content and the sampling of other foods under the *Food and Drugs Act, 1955* was carried out by the Chief Inspector of Weights and Measures.

Little work is at present being done in the bacteriological sampling of foods other than milk and, with the growing use of frozen foods, it is desirable that health departments should be more actively concerned

with this aspect of environmental health. A report published during the year in the Bulletin of the Ministry of Health and Public Health Laboratory Service on *Food Poisoning in England and Wales during 1961* stated that, although there was a reduction of 16 per cent of cases from the figures in 1960, there were in all 5,387 incidents of food poisoning. There were 229 general outbreaks, 490 family outbreaks and 4,668 sporadic cases involving illness in about 12,700 persons with at least 22 fatal cases. Foods found to be associated with food poisoning included milk, cheese and duck eggs. Infected animal feeding stuffs were thought to be the most probable origin in a large outbreak associated with milk.

Dr. K. N. Mawson, Medical Officer of Health of the North-West Sussex Combined Districts and Mr. G. E. Maton, the Chief Public Health Inspector of Horsham Urban District Council published a report in the October, 1962 Monthly Bulletin of the Ministry of Health and Public Health Laboratory Service on *An outbreak of human salmonellosis Saint Paul associated with infection in poultry*. The report dealt with an outbreak of food poisoning due to the consumption of cooked meat probably contaminated by the intestinal contents of infected ducks who, in turn, may have been infected by imported animal feeding stuffs.

Bottle Washing at Dairies

The regular examination at the dairies of washed bottles continued and, as will be seen from the details set out below, high standards were generally maintained. Out of the total of 853 bottles examined, only 26 were found to be unsatisfactory. The provisional classification of the Public Health Laboratory Service, referred to in the Report for 1961*, continued to be adopted as a standard.

BOTTLE RINSES			1961	1962
Number of bottles examined	...	...	604	835
Number of bottles satisfactory	...	...	540	753
Number of bottles fairly satisfactory	...	...	52	56
Number of bottles unsatisfactory	...	...	12	26

Inspection of Dairies and Sampling of Dairy Water Supplies

Inspections of dairies numbered 358 and, in addition, there were 1,010 visits to premises where milk was retailed. With one exception, all the pasteurising establishments are now using public mains water supplies. Ten samples of water were procured from the one dairy which has its own bore and all proved satisfactory when examined bacteriologically. In addition, at the request of a veterinary surgeon, a further ten samples were procured from dairy farms on a large estate. These samples showed that the supply was contaminated and advice was given regarding the provision of chlorination equipment.

*On page 71.

HOUSING STATISTICS

Construction of new houses up to 31st December, 1962							LOCAL AUTHORITY (7)	Estimated population mid-1961 (8)	Houses in clearance areas and unfit houses elsewhere		
Local authorities			Private builders		Houses provided by Housing Associations (6)	Included in orders confirmed 1.1.55 to 31.12.62 (9)			In clear- ance areas (10)	Demolished or closed 1.1.55 to 30.9.62 (11)	
In tenders approved but not started (1)	Under construc- tion (2)	Completed since 1.4.45 (3)	Under construc- tion (4)	Completed since 1.4.45 (5)							
416	846	25,036	2,963	31,176	117	West Sussex	...	410,930	629	444	1,361
—	—	172	2	150	—	BOROUGHS	...	2,630	—	—	53
—	117	1,183	46	606	—	Arundel	...	19,480	169	35	103
—	42	1,786	577	7,359	13	Chichester	...	79,550	61	62	34
20	—	787	214	2,013	29	Worthing	...				
75	—	896	56	2,164	—	URBAN DISTRICTS	...	27,200	—	—	18
41	10	884	158	2,086	19	Bognor Regis	...	53,860	29	21	33
—	47	585	132	838	36	Crawley	...	21,320	39	17	50
4	—	585	198	1,842	—	Horsham	...	15,640	39	42	17
—	40	743	43	568	—	Littlehampton	...	17,240	116	65	10
						Shoreham-by-Sea	...	11,870	142	153	30
						Southwick	...				
57	16	1,159	115	1,395	—	RURAL DISTRICTS	...	22,810	—	—	49
52	80	1,721	710	4,203	—	Chancetonbury	...	50,110	29	44	226
59	35	1,094	180	1,452	6	Chichester	...	24,040	5	5	276
8	24	794	47	598	14	Horsham	...	17,520	—	—	182
34	—	416	79	327	—	Midhurst	...	9,690	—	—	104
66	52	1,251	406	5,575	—	Petworth	...	37,970	—	—	176
—	383	10,980	112	1,745*	—	Worthing	...		—	—	
						Crawley New Town	...	—*	—	—	—

* Note: These figures are included in those for Crawley Urban District.

Housing

New houses completed in the County during 1962 numbered 3,851; of these, 3,118 were erected by private builders and 733 (including 219 in Crawley) by local authorities.

From April, 1945 to December, 1962 no less than 56,329 houses have been built in West Sussex — 31,176 by private builders, 25,036 by local authorities (including 10,980 in Crawley) and 117 by housing associations. More houses have been built in West Sussex since the war than in any of 14 other administrative counties in England and Wales with comparable populations.

The table on page 104, compiled from information made available by the Ministry of Housing and Local Government, gives details of the number of houses built and those demolished or closed in the various County districts.

Water and Sewerage

Water supplies from public mains are now available in most parts of the County, although there are still a few isolated hamlets remaining to be dealt with.

Progress in the provision of sewerage continues but there are still some areas where such amenities are needed.

Grants were paid by the County Council to rural district councils and to the North-West Sussex Water Board to assist in the installation, extension and alteration of sewerage, sewage disposal and water supplies in rural areas. The County Council's scheme for grant aid was revised at the end of 1961 and came into operation at the beginning of 1962. The new scheme provides for grants to be paid only if the scheme has been approved for grant aid by the Minister of Housing and Local Government under the *Rural Water Supplies and Sewerage Acts, 1944 to 1961*. The amount now payable by the County Council for new schemes of sewerage is ten-sevenths of the grant paid by the Central Government and, for water (both as regards directly-financed schemes and also those carried out by water companies under guarantee), a sum equivalent to the Central Government grant.

Before submission of schemes to the Ministry of Housing and Local Government, the Public Health Sub-Committee of the County Health Committee considers the proposals and submits its decisions direct to the Finance and General Purposes Committee of the County Council. During 1962, the Sub-Committee considered 13 sewerage schemes and 28 concerning water supplies, brief details of which are given on the following pages.

All the rural districts received grant aid from the County Council for sewerage schemes and, with the exception of Worthing Rural District, all received grant aid for water supply schemes, some through a Joint Water Board and not direct.

Two Ministry investigations were held in the County relating to sewerage at which the County Public Health Officer represented the County Council.

Sewerage and Sewage Treatment

<i>District and Parish or Village</i>	<i>Works and Cost</i>
Chanctonbury R.D.C. Blackstone Henfield (Upper Station Road) Shermanbury Steyping (Castle Lane, Bramber)	Revision of Scheme; cost increased to £14,950. Grant of £226 a year for 30 years. Extension of 6" sewer for 100 yds.; cost £1,080. No grant — new properties, private development. Revision of scheme; cost increased to £63,240. Grant of £2,092 a year for 30 years. Pumping station and extension of sewers (6" for 156 yds.; 4" for 214 yds.); cost £3,472. Grant of £215 a year for 30 years.
Chichester R.D.C. Middleton-on-Sea (East Avenue) Selsey (Park Lane) West Ashling (Mill Cottages) West Wittering (Briar Estate)	Extension of sewer (£1,120). Lump-sum grant of £447 instead of annual payments. Revision of grant due to increased cost (£1,063). Lump-sum grant of £240. Revision of grant due to increased cost. Lump-sum grant of £151. Further consideration of scheme (£3,642). Lump-sum grant of £1,403.
Horsham R.D.C. Billingshurst	Extension of 6" sewer by 505 yds. at cost of £1,960. Lump-sum grant of £857.
Midhurst R.D.C. Fernhurst Linchmere (Marley Lane) Tillington	Revision of grant on completion of alterations to sewage treatment works which showed saving on cost. Grant reduced to £435 for first year reducing to £190 in thirtieth year. Extension of 6" sewer by 587 yds. at cost of £4,350. Estimated grant of £2,030. Revision of grant on completion of scheme and saving in cost. Grant reduced to £1,500 for first year reducing to £520 in thirtieth year.
Worthing R.D.C. Sompting (Church Lane)	Extension of 6" sewer by 525 yds. at cost of £3,846. Lump-sum grant of £688.

Water Supplies

DISTRICT AND PARISH OR VILLAGE	WORKS AND COST
Chichester R.D.C.	
East Marden
Selsey (Church Norton)
Midhurst R.D.C.	
Linchmere Marsh
North-West Sussex Water Board	
Chancetonbury R.D.C. (area)	
Coldwaltham
Henfield (Nep Lane)
Pulborough (Mare Hill)
Steyning
Steyning & Wiston
West Chiltington
Woodmancote & Fulking
Horsham R.D.C. (area)	
Lower Beeding (Colgate)
Lower Beeding (St. Leonard's Park)
Southwater (Cripplegate Lane)
Southwater (Pipers Close)
Southwater (The Chase)
Midhurst R.D.C. (area)	
Chithurst
Cocking (Cocking Mill)
Cocking, Heyshott, Bepton & Didling
Harting (Hurst area)
Harting (The Coombe)
Heyshott (Grafham)
Midhurst (Canon Lane)
Milland (Stage 1)
Petworth R.D.C. (area)	
Ifold (Poundfield Lane)
Petworth (Midhurst Road)
Bury (West Burton)

Fluoridation of Domestic Water Supplies

<i>County District</i>	<i>Water Undertaking</i>	<i>Source of Supply</i>	<i>Estimated Fluoride Content (in parts per million)</i>
Urban Districts			
Arundel M.B.	Arundel Corporation	Bore (Mill Road, Arundel)	0.31
*Bognor Regis	Bognor Regis U.D.C.	Bores (Fontwell & Slindon)	0.02
*Chichester City	Chichester Corporation	Bores and Wells (Funtington & Fishbourne)	0.12
Crawley	North West Sussex Water Board	Impounding Reservoir (Weir Wood)	0.30
		River Intake (Hardham)	0.10
		Bores (Nutbourne, Smock Alley)	0.03
Horsham	North West Sussex Water Board	do.	0.10
Littlehampton	Worthing Corporation	Bore (Burpham)	0.28
Shoreham-by-Sea	Brighton Corporation	Bores (Mile Oak)	0.17
Southwick	Brighton Corporation	Bores (Mile Oak)	0.17
Worthing M.B.	Worthing Corporation	Bores (Patching, Broadwater, etc.)	0.17
Rural Districts			
Chanctonbury	North West Sussex Water Board	River Intake (Hardham)	0.10
		Bores (Smock Alley, Nutbourne, Upper Beeding)	0.03
			0.03
			Nil
*Chichester	Bognor Regis U.D.C.	Bores	0.02
	Chichester Corporation	Bores	0.12
	Chichester R.D.C.	Bore	0.08
	Selsey Water Company	Purchased from Chichester Corporation	0.12
	Arundel Borough (in Tortington)	Arundel Corporation	0.30
	North West Sussex Water Board (in Upwaltham)	Springs and Bores (Petworth)	0.03
Horsham	North West Sussex Water Board	Bores	0.30
		River Intake	0.10
		Impounding Reservoir	0.30
Midhurst	North West Sussex Water Board	Bores	Nil
	Wey Valley Water Co.	Bores	0.27
Petworth	North West Sussex Water Board	Springs, Bores and River Intake	0.03
Worthing	Worthing Corporation	Bores	0.17
	Brighton Corporation (for Parish of Lancing)	Bores	0.17
	North West Sussex Water Board (part of Houghton)	Bores	0.03
		River Intake	0.10

*Will become part of Portsmouth and Gosport Water Company during 1963.

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

	1961	1962
Total number of samples (bacteriological)	721	1,101
Number procured from:		
Pumping and booster stations ...	536	952
Satisfactory	528	909
Fairly satisfactory	3	18
Suspicious	2	—
Unsatisfactory	3	25
Distribution points	178	149
Satisfactory	172	148
Fairly satisfactory	1	1
Unsatisfactory	5	—
New mains before public use	7	—
Satisfactory	6	—
Unsatisfactory	1	—

Other Water Sampling

Forty samples were procured from homes and institutions in the County, all of which proved to be satisfactory.

Fluoride in Water

To determine the natural content of fluoride in public water supplies in the County, samples of water from the different sources of supply were procured and examined. The results, which disclosed a maximum of 0.31 part per million, are given on page 108. One part per million is the ideal concentration needed to have a significantly beneficial effect in reducing dental decay.

Swimming Baths

At the end of the year there were 21 swimming and teaching pools at County Schools (excluding Worthing) and four others were at the planning stage.

A check was kept on these pools during the swimming season and advice and assistance were given regarding the purification of the water and the precautions to be taken against contamination and the possible spread of infection. The water was examined periodically for general condition, clarity, chlorine content and acidity/alkalinity and samples of the water were submitted where necessary to the Public Health

Laboratory for bacteriological examination. This involved 88 visits and the taking of 80 samples of water, of which 7 proved unsatisfactory. Immediate action was taken to increase and improve chlorination of the unsatisfactory water.

Of the 21 pools in use, 16 can be regarded as satisfactory, being equipped with both filtration and chlorination plant. In many, however, the provision of extra fencing, time switches and a few other minor improvements would make them more efficient and easier to maintain. In most cases the staff are aware of this and the works are being done as money and time become available. Of the five other pools, three are swimming pools and two are used for teaching purposes.

The three swimming pools are all provided with chlorinators but have no filters. As the water deteriorates, it becomes more difficult to keep it bacteriologically satisfactory and clarity is quickly reduced so that a child who has slipped on the algal growth and gone to the bottom cannot be seen from the sides. The emptying, cleansing and refilling of these pools is moreover expensive both in water and labour.

The two teaching pools are of the fill and empty types with hand chlorination which is not satisfactory.

After the attention of the Director of Education had been drawn to these matters, the provision of filters at two of the swimming pools was approved and, at the end of the year, consideration was being given to a number of other outstanding points.

Credit must be given to teachers and parents for the great amount of voluntary work they have given in providing and maintaining swimming pools in schools; these pools are proving most useful in promoting physical education.

Inspection of Schools

More detailed and systematic inspection of schools, with special regard to sanitation and food hygiene, was carried out than in previous years. Inspections numbered 96, as a result of which 21 sanitary deficiencies and 13 contraventions of the *Food Hygiene Regulations* were referred to the Director of Education. Three of the inspections were made as a result of complaints by school managers. One complaint about the cleanliness of school transport was investigated and advice was given on how a satisfactory standard could be maintained. Assistance was asked to trace an unusual smell which occurred at one of the newer schools; investigation showed that this was due to plastic lampshade fittings having become overheated. No further complaint arose after the fittings had been replaced.

PART IX—SCHOOL HEALTH SERVICE

Statistics

Child Population

Since last year the child population has increased by 800, as is shown in the following table:

<i>Age</i>					1961	1962	<i>Increase</i>
Children	under 1 year	...	...	...	5,810	5,980	170
	1 to 5 years	...	...	...	22,690	23,620	930
TOTAL							
	under 5 years	...	...	...	28,500	29,600	1,100
	5 to 14 years	...	...	...	63,100	62,800	—300
TOTAL							
	under 15 years	...	...	...	91,600	92,400	800

Number of Pupils

In January, 1962 there were 57,857 children on the rolls of maintained schools in the County, an increase of 692 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>	
	1961	1962	1961	1962
Nursery	4	4	179	234
Primary	172	172	32,207	33,028
Grammar	10	10	5,559	5,537
Bilateral (Grammar/Secondary) ...	3	3	2,956	3,246
Technical High	1	1	567	519
Secondary Modern	25	25	15,340	14,900
Special	4	4	357	393
TOTALS	219	219	57,165	57,857

Medical Inspection

Periodic and Special Inspections

The arrangements for the medical examination of children at least three times during their school lives remained unchanged.

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.

The substitution of a system of selective school medical examinations in place of the present periodic medical examination of children in their last year at primary school has been the subject of much comment in recent years. The evidence so far available suggests that the advantages of selective examinations over periodic examinations are possibly more apparent than real.

Much has been written about the selection team of school medical officer, headteacher and health visitor but this team has been operating since the start of medical inspections in schools. In a well-organised service any children about whom the school staff or the health visitors may be concerned are brought to the notice of the school doctor for special examination. Whilst it is true that, during an ordinary medical inspection, a school medical officer sees many children who require neither treatment nor observation, there is nevertheless an opportunity to reassure the children and the parents who attend that everything is well. It is also an opportunity for continued health education.

It is interesting to note that in 1961, of the boys examined at the intermediate inspections, 41 were noted to have undescended or imperfectly-descended testes. Two of these boys received operative treatment. In 1962, the condition was noted in 59 boys and two of these were referred for specialist opinion. In one case operation and treatment with hormones was carried out and the other boy was kept under observation. Under a system of selective examinations it is unlikely that these and other conditions would have been detected.

During the year all schools were visited for medical inspection not less frequently than alternate terms; it was, however, possible to arrange inspections at some schools each term.

Table A on page 144 shows that, during 1962, 16,282 children were examined at periodic medical inspections compared with 17,766 in the previous year. This decrease can be attributed to the fact that in 1961 arrears of medical inspections were being overtaken; last year the examinations of children due for inspection were virtually up-to-date.

Special inspections made at the request of parents, headteachers, or school medical officers numbered 543 compared with 620 in 1961.

Children re-examined for conditions found at previous inspections to require observation numbered 14,973; the corresponding figure for 1961 was 14,447.

The numbers of children examined and re-examined in the various age groups during the past two years are given below:

							1961	1962
Entrants	...	...	...	...	...	...	6,492	5,718
Other periodic examinations	...	...	...	...	...	...	6,887	5,612
(Children aged 10-11 years or those who had not been previously examined in this age group)								
Leavers	...	...	...	...	...	...	4,387	4,952
							17,766	16,282
Special examinations	...	...	...	...	...	...	620	543
Re-examinations	...	...	...	...	...	...	13,447	14,973
TOTAL	...	...	...	...	...	...	31,833	31,798

Co-ordination with other Health Services

The health services provided by the County Council both as local health authority and as local education authority are closely integrated. This co-ordination is particularly apparent in those services which tend to be individual such as 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 and thus has an opportunity to observe individual children for many years.

Co-operation with general practitioners continued to be very good and, with very few exceptions, the arrangements for the exchange of information about the health of children have worked well.

There are still few hospitals which send copies of reports made to family doctors on school children who have been discharged. As mentioned in previous reports, if this were done as a routine procedure it would obviate a considerable amount of correspondence in obtaining reports on past medical history.

In the light of experience gained, and to keep pace with changing conditions, the existing procedures, aimed at achieving the closest co-operation with all who are concerned with the health of school children, are constantly under review. This is illustrated by such developments as the attachment of health visitors to group medical practices (to which reference is made on page 52) and by administrative improvements being brought about by the introduction (described on page 31) of computer methods to assist the vaccination and immunisation arrangements.

General Physical Condition

The general physical standard of children examined continued to be satisfactory. Of the 16,282 children seen at periodic medical inspections, only one was considered to be unsatisfactory. This was a girl aged 12 years who was found by a school medical officer to be grossly overweight.

It does not follow necessarily that a child whose general physical condition is considered to be satisfactory does not require treatment or observation for specific defects. This classification is an assessment of a child's overall physical fitness at the time he is seen by the school doctor.

The improvement in material and social conditions since the war has been reflected in the improvement of the general physical condition of children at all ages. They are now much taller and heavier than they were a few years ago and are maturing at an earlier age. Experienced school medical officers, aware of these changes, are continually revising their concepts of good physical condition: whereas, for example, they saw many undersized children a few years ago, they are nowadays far more conscious of the number of children who tend to be overweight. This is emphasised by Dr. M. Newton:

"Obesity is still an urgent problem amongst the school children. Some very overweight children are without doubt laying up trouble for the future."

The following table shows that the number of children found to be of unsatisfactory physical condition has continued to fall 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>
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	0.7
1962	99.99	0.01	*

*Not available.

Unsuitable Footwear

School medical officers continued to draw attention to the number of children they see wearing unsuitable shoes. Dr. C. A. Gunn noted:

"Footwear among senior girls is still very unsatisfactory. As long as manufacturers turn out these so-called 'fashionable' shoes so long will they continue to be worn, despite advice to the contrary from parents and school medical officers. I have even seen a few ten-year-olds in the pointed-toe type of shoe."

Similar comments were also made by Dr. F. Cockcroft following his experience of examining children in Littlehampton and the rural district of Worthing:

"The only defect that really stands out is in the feet of adolescents. I find that no efforts of mine have any good effect in changing the adolescent girls' minds in wearing unsatisfactory footwear. Earlier sexual maturity has brought an earlier desire to conform with fashion. Luckily, in the boys this occurs later than in girls and their feet are spared the tribulations which the girls' feet have to suffer. Hallux valgus is the defect which I find most common and which I am certain could be prevented in many cases by better footwear between the ages of 10 and 15 years."

Posture

Much has been written in the past and no doubt much will be written in the future about faulty posture among school children; attention is constantly being drawn to this by school medical officers. Although children of all ages need to be reminded to sit, stand and walk correctly, faulty posture is most apparent in the adolescent age group and is more frequently noticed amongst boys than girls. In both sexes round shoulders and stooping are a characteristic of this age group but the great majority outgrow these postural faults as they mature and become aware of the approach of adult life.

When not sufficiently serious to necessitate referral to an orthopaedic surgeon, minor defects of posture can well be dealt with by exercises given under the supervision of a physiotherapist, provided these exercises are arranged frequently and regularly. Most physiotherapists are, however, fully committed to give remedial exercises to children already under treatment by an orthopaedic surgeon and, in consequence, have little time for regular sessions aimed at correcting these postural faults.

Many defects of posture can be remedied in schools within the framework of the physical education syllabus and I am glad to say that this matter is very much in the minds of those responsible for this aspect of the school curriculum.

Ascertainment of Diabetes

During the year Dr. F. Cockcroft carried out urine tests on school-leavers and reported as follows:

"I did not pick up any case of diabetes. On first testing several urines contained albumen but, with only one exception (and he was known to the family doctor), all proved negative on further testing. From the results so far, I have the impression that we do not miss many cases of children with defects which could be found by urine testing."

At the end of the year, Dr. Cockcroft, in collaboration with a group of general practitioners in his area, was planning a survey of the patients in the doctors' practices with a view to discovering cases of diabetes.

Hair Lacquer

Following her examination of teenage girls, Dr. C. A. Gunn reported on the increasing use, or misuse, of hair lacquer which resulted in poor scalp tone and dull lifeless-looking hair. Reports were also received from health visitors about girls in secondary schools whose hair had been found to be well sprinkled not only with lacquer but also with vermin.

As with the wearing of unsuitable shoes, the problem is how to persuade modern girls from following fashions which can be harmful to them. Judging from the remarks made to her, Dr. Gunn concludes that many mothers have given up the struggle with their teenage

daughters. This attitude cannot easily be accepted by those who are really concerned with the health and welfare of young people.

Cleanliness Inspections

Routine hygiene inspections by school nurses in secondary and grammar schools were discontinued four years ago. Inspections are carried out in these schools only at the request of the head teacher or when it has been found necessary to check on brothers or sisters of children attending other schools who are known to be verminous. In 1962, visits were made to eight secondary schools and in six of these 19 children were found to require treatment for nits or vermin.

Routine visits to primary schools were continued, with the exception of those in Crawley. There, inspections were discontinued from the beginning of the summer term for a trial period of one year. No instances of heavy infestation were reported but a complete hygiene inspection will be carried out in these schools at the beginning of the summer term, 1963. A decision will then be made on whether routine inspections should be resumed or whether this experiment should be extended to other areas of the County.

The health visitors and school nurses are usually aware of children who came from dirty families and a watchful eye is kept on them. These children are a potential source of infestation to others and this must be borne in mind when any modification of the system of hygiene inspections is being considered.

Table C on page 145 shows that the school nurses carried out 36,431 individual examinations of children in schools and that 61 were found to have nits or vermin in their hair. The following table shows that the number of children in the County found to have vermin in their heads has decreased steadily over the last ten years.

<i>Year</i>	<i>Total number of individual examinations</i>	<i>Total number of individual children found to be infested</i>
1952	95,664	423
1953	91,900	355
1954	103,439	337
1955	90,050	257
1956	82,236	206
1957	91,725	171
1958	85,218	123
1959	50,683	104
1960	56,739	112
1961	53,936	104
1962	36,431	61

Medical Treatment

Statistics

The percentage of children examined in the three main age groups and found to require treatment was 12.9. This showed a decrease of one per cent on the corresponding figure for 1961. Table A on page 146 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 147.

In the following table the numbers of children examined in the various age groups and the numbers found to require treatment during the year are compared with the figures for 1961.

Age Group	Number of children examined		Number found to require treatment		Percentage found to require treatment			
					West Sussex		England and Wales	
	1961	1962	1961	1962	1961	1962	1961	1962
Entrants ...	6,492	5,718	771	598	11.9	10.5	15.51	*
Other periodic inspections ...	6,887	5,612	1,022	845	14.9	15.0		
Leavers ...	4,387	4,952	676	668	15.4	13.5		
TOTALS ...	17,766	16,282	2,469	2,111	13.9	12.9		

*Not available.

Eye Clinics

During the year, school eye clinics continued to be held at ten centres in the County. Sessions were maintained regularly at all the clinics with the exception of those at Horsham and Crawley which ceased to operate at the end of March following the death of the ophthalmologist. It was not until the end of June that the South West Metropolitan Regional Hospital Board were able to provide the services of another ophthalmologist at these clinics. By that time, approximately 37 sessions had been lost and there was a considerable number of children waiting for examination.

Following representations made to them, the Board agreed to the need for an additional weekly session at each of the school eye clinics in Horsham and Crawley but as yet they have been unable to obtain an ophthalmologist for these additional sessions.

The number of children examined by the ophthalmologists during the year was 2,367. The number of examinations was 3,483; an increase of 189 on the figure for 1961.

Spectacles prescribed for school children numbered 1,546; 26 pairs more than in the previous year.

Thirty-three children were known to have received operative treatment for squint.

Orthoptists treated 461 children at clinics in Chichester, Crawley, Horsham and Worthing. The number of children who received orthoptic treatment in 1961 was 503.

Orthopaedic Clinics

The arrangements for the orthopaedic clinics held in six centres in the County remained unchanged. 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 comments:

"There has been no significant change in the scope of the work carried out at my orthopaedic clinics in the County.

Apart from actual clinic work, however, the formation of the Crawley and District Physically Handicapped Children's Association is a matter of great significance and interest. Here we have a young community stimulated and encouraged by Mrs. Nettles, the Crawley Clinic physiotherapist, founding an Association to help handicapped children and their parents in their district. A hut is being put up in Crawley on land which has been lent to the Association by the Society of Friends. The County Council is also taking a lively interest in this project and the Senior Medical Officer has joined the Trustees."

The number of children attending the orthopaedic clinics increased from 610 (including 183 under school age) in 1961 to 701 (including 257 under school age) in 1962.

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	75 (35)	128 (45)	203 (80)	295 (112)
Crawley	16	78 (39)	70 (25)	148 (64)	242 (96)
Horsham	15	72 (36)	64 (14)	136 (50)	190 (70)
Lancing	8	28 (13)	37 (10)	65 (23)	112 (39)
Littlehampton ...	8	23 (8)	43 (8)	66 (16)	111 (33)
Worthing Borough ...	10	49 (18)	34 (6)	83 (24)	130 (37)
TOTAL	68	352 (149)	376 (108)	701 (257)	1,080 (387)

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	13 (2)	4 (1)	17 (3)
Dislocation of hip	— (—)	4 (1)	4 (1)
Spastic paralysis	19 (3)	18 (3)	37 (6)
Spina bifida	6 (1)	9 (1)	15 (2)
Torticollis	6 (5)	7 (3)	13 (8)
Bow legs	6 (6)	2 (1)	8 (7)
Knock knees	68 (43)	58 (30)	126 (73)
Abnormalities of spine	13 (—)	32 (1)	45 (1)
Flat feet, etc.	136 (60)	130 (48)	266 (108)
Poliomyelitis (paralyses or pareses)	22 (1)	17 (—)	39 (1)
Fractures	— (—)	— (—)	— (—)
Tuberculous joints	1 (—)	3 (—)	4 (—)
Perthe's disease	7 (—)	— (—)	7 (—)
Apophysitis of the os calcis, etc.	4 (—)	1 (—)	5 (—)
Osgood-Schlatter's disease	2 (—)	— (—)	2 (—)
Pseudo-hypertrophic muscular dystrophy	2 (—)	1 (—)	3 (—)
Other conditions	59 (26)	51 (21)	110 (47)
TOTAL	364 (147)	337 (110)	701 (257)

During the year, 40 children (including three under school age) received in-patient treatment.

Surgical appliances were supplied to 78 children, including 13 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 151) 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>	
390 (60)	605 (160)	995 (220)	5,960 (1,142)

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

SPEECH THERAPY

Centre	Defect or Disorder of Speech								New cases	Number discharged during the year	Waiting list at 31.12.62	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 88	3	14	—	5	7	117	1,177	72	34	13	25
	O 85	5	24	1	—	5	120	175				
Horsham	T 29	2	9	—	—	3	43	287	53	14	9	10
	O 16	4	24	—	—	1	45	72				
Billingshurst	T 14	—	—	—	1	1	16	216	43	6	6	40
	O 39	—	3	—	—	—	42	60				
Bognor Regis	T 18	—	3	—	—	1	22	239	48	9	9	60
	O 38	1	12	—	1	2	54	115				
Chichester	T 31	—	8	—	1	4	44	564	90	31	48	106
	O 92	1	20	—	—	—	113	163				
Midhurst	T 8	—	1	—	—	1	10	116	14	7	6	22
	O 12	—	7	—	—	—	19	25				
Petworth	T 8	—	—	—	—	—	8	112	7	2	3	29
	O 7	—	4	1	—	2	14	35				

Lancing	T	19	2	2	1	—	1	—	352	10	2	5	5
	O	11	—	3	—	—	—	—	23	—	—	—	—
Littlehampton	T	21	—	3	—	1	—	—	298	15	4	6	6
	O	11	2	8	—	—	—	—	34	—	—	—	—
Shoreham	T	19	3	2	—	—	4	—	358	17	8	2	3
	O	9	6	2	—	—	1	—	34	—	—	—	—
Ashington and Findon	T	12	—	—	—	—	—	—	112	2	3	—	—
	O	—	—	—	—	—	—	—	—	—	—	—	—
Steyning	T	12	—	1	—	1	—	—	185	2	3	—	—
	O	1	—	—	—	—	—	—	3	—	—	—	—
Storrington and Thakeham	T	5	—	—	—	—	—	—	66	3	4	—	—
	O	—	—	1	—	—	1	—	5	—	—	—	—
Worthing	T	21	1	7	—	2	3	—	348	16	8	13	8
	O	13	4	8	—	—	2	—	59	—	—	—	—
TOTAL	T	305	11	50	2	11	25	—	4,428	392	135	120	314
	O	334	23	116	1	1	14	—	803	—	—	—	—

T indicates the number of pupils treated.

O indicates the number of pupils under observation.

Speech Therapy

Speech therapy in the County was undertaken by three speech therapists, each working in separate areas. Although they have been provided with cars, and this has enabled them to see more children and to arrange treatment in areas where previously this was not possible, only the more urgent cases could receive treatment regularly, and there was a large number of children under observation.

Every endeavour is made to provide speech therapy where it is most needed by the re-arrangement of areas and sessions. This is, however, a case of "robbing Peter to pay Paul", and experience has shown that an increase in therapy time in one part of the County results in complaints of a diminished service from parents of children and from teachers in another part.

By letter dated 10th August, 1962 the Ministry of Education stated that from enquiries they had made of local authorities it seemed that on average one speech therapist was required for every 11,000-12,000 children. In West Sussex, the ratio is one therapist to approximately 19,000 children. It is hoped to appoint a fourth speech therapist in 1963 and this will give a ratio of one therapist to 14,000 children. It will also enable further re-arrangements of speech therapy areas to be made, with a more equitable distribution of case loads, and will give greater flexibility which is essential in a service of this kind.

Miss M. G. A. McCombie, who works in the western part of the County, has commented on the increased work carried out in schools and in homes as follows:

"The majority of children are seen at school now, and this is undoubtedly to their benefit. Although conditions may not always be ideal, head teachers and their staffs have done their best to provide suitable accommodation so that speech therapy may be an integral part of the children's schooling. Many children have been referred who might otherwise have had to wait some time before being brought to the therapist's attention. Some may have comparatively minor defects, but advice and supervision are readily available.

All initial interviews for very young children and, where possible, full examinations and treatments are carried out at home. Clinic sessions are reserved for those for whom visits to homes or schools are not practicable."

The table on pages 120 and 121 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. These categories can be defined broadly as follows:

Articulation: Impairment or slow development of speech patterns including substitutions, distortions, omissions and transpositions of the sounds of speech.

Language: Absence, delayed or partial development, loss of, or acquired deviate forms of language.

Fluency: Defect of speech rhythm characterised by repetition of sounds, syllables or phrases, and by blocks, often accompanied by associated movements and disruption of normal breathing rhythm.

Voice : Impairment or absence of phonation.

Associated with cerebral palsy : Impairment of speech which may include one or more of the defects of articulation, language, fluency and voice. The severity and number of these defects depend upon the degree of cerebral damage.

Associated with cleft palate : Defects of articulation and phonation caused by structural abnormalities of the lips, palate, etc.

Minor Ailments

During the year, 289 children made 520 attendances at minor ailment clinics. As mentioned in previous reports the scope of these clinics has widened in the last few years. The numbers of children attending with minor eye, ear and skin conditions have decreased and the clinics are now consultative and advisory. They provide school medical officers with an opportunity to discuss with parents in privacy, and if necessary at length, problems which cannot be dealt with adequately during medical examinations in schools. They have proved to be most useful in the preliminary investigation of those children thought to have some impairment of hearing, those who show evidence of emotional disturbance and as centres where advice and help can be given on such problems as nocturnal enuresis.

Enuresis

The treatment of this distressing condition by means of pad and bell alarms continued to show good results. The alarms were issued to selected children by school medical officers after consultation with the family doctors concerned.

During the year, reports were received on 20 boys and seven girls to whom enuresis alarms had been supplied and the time the apparatus was used varied from four days to 16 weeks. The average time for each child was seven weeks.

The success or failure of this type of treatment depends on many factors, one of the most important being the co-operation of the patient and his parents. This is illustrated by the case of a parent whose child, aged eight years, had been wet since birth but returned the alarm after four days with the comment, "It upsets the child and nobody gets any sleep." In contrast, there was the case of a 12-year-old boy who had been dry on only a few nights each year and who used an alarm for 16 weeks. He was completely dry after 12 weeks and his parents were very pleased with what they termed "his quick progress."

The following table shows that in 15 cases the results were completely successful. In four cases there was a marked improvement; in three some improvement and there was no improvement in the remaining five cases.

Age	Complete Success		Marked Improvement		Some Improvement		Not Improved	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
5	2	—	—	—	—	—	—	1
7	1	—	—	1	—	—	—	—
8	5	—	—	—	—	—	1	—
9	1	—	—	—	1	1	—	—
10	1	—	—	—	—	—	1	—
11	2	1	2	1	—	—	—	1
12	1	—	—	—	—	—	—	1
15	1	—	—	—	1	—	—	—
TOTALS	14	1	2	2	2	1	2	3

Convalescence

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

Handicapped Pupils

Assessment

Of the many duties which the *Education Act, 1944* laid upon local education authorities, those which are concerned with the discovery of children who are handicapped either mentally or physically, and with the provision of special educational treatment according to the needs, abilities and aptitudes of these children, rank high in importance. The *Handicapped Pupils and School Health Service Regulations, 1945* defined eleven handicaps — blind, partially sighted, deaf, partially deaf, delicate, diabetic, educationally sub-normal, epileptic, maladjusted, physical and speech. In 1953 these categories were reduced to ten by the inclusion of diabetic with delicate.

The *Handicapped Pupils and Special Schools Amending Regulations, 1962* which came into operation on 1st October, 1962 contained new definitions for children with impaired hearing and the category of "partially deaf pupils" was amended to "partially hearing pupils". Circular 10/62 issued by the Ministry of Education concurrently with the Amending Regulations pointed out that the new definitions aimed at reflecting a more positive approach to the use of residual hearing and also contained advice on the education of children with impaired hearing in the light of the many new developments in that field.

A summary of the information sent to the Ministry of Education showing the number of handicapped children assessed as needing education in special schools or boarding homes during 1962 is given on page 125. It also shows the number of handicapped children awaiting during the year and, as on 20th January, 1963 the number awaiting admission to, and those on the registers of, special schools or boarding homes.

HANDICAPPED PUPILS

IN THE CALENDAR YEAR: Handicapped pupils	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally Sub-normal		(9) Epileptic (10) Speech Defects		TOTAL
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
A. Newly assessed as needing special educational treatment at special schools or in boarding homes	—	2	—	—	6	7	24	90	—	—	129
B. (i) Included at A above and newly placed in special schools or boarding homes ...	—	—	—	—	2	6	9	22	—	—	39
(ii) Assessed prior to 1st January, 1962 and newly placed in special schools or boarding homes	—	—	—	1	—	7	11	21	—	1	41
TOTAL (B (i) and B (ii)) ...	—	—	—	1	2	13	20	43	—	1	80
AS AT 20TH JANUARY, 1963:											
C. Number requiring places in... (a) day ...	—	2	—	—	2	—	1	124	—	—	127
special schools ... (b) boarding ...	2	—	—	—	3	1	13	28	—	—	49
D. (i) Number on the registers of:											
(1) Maintained special (a) day pupils ...	—	—	—	—	—	—	—	272	—	—	272
schools as ... (b) boarding pupils ...	—	—	3	2	2	2	42	83	—	—	134
(2) Non-maintained (a) day pupils ...	—	—	—	—	—	—	—	—	—	—	—
special schools as ... (b) boarding pupils	12	12	6	5	24	18	7	1	4	2	91
TOTAL ...	12	12	9	7	26	20	49	356	4	2	497
(ii) Independent schools under arrangements made by the authority ...	—	—	16	—	3	—	21	8	—	—	48
TOTAL (D (i) and D (ii)) ...	12	12	25	7	29	20	70	364	4	2	545
(iii) Boarded in homes and not included in (i) or (ii)	—	—	—	—	1	—	17	—	—	—	18
TOTAL (D (i), (ii) and (iii)) ...	12	12	25	7	30	20	87	364	4	2	563
E. Number being educated under arrangements made in accordance with Section 56 of the Education Act, 1944											
(i) in hospitals ...	—	—	—	—	1	2	1	—	—	—	4
(ii) in other groups ...	—	—	—	—	—	—	—	—	—	—	—
(iii) at home ...	—	—	—	4	8	17	—	4	1	—	34

Arrangements for Special Educational Treatment

As mentioned in previous reports, much has been accomplished since 1944 in providing facilities for special educational treatment within the County for certain categories of handicapped children. These facilities were extended in 1962 by the opening in Worthing of a special unit for partially hearing children.

This unit follows the pattern of those already established at Chichester and Crawley. It is attached to a primary school and the children are taught by means of special equipment by a teacher who is fully qualified to deal with this type of handicap. Children attending the class take part in the recreational and social activities of the school and are integrated into the ordinary pattern of school life as much as possible.

The remedial classes established for children with learning and/or behaviour difficulties continued to be of great benefit. At the end of the year, there were four of these classes, one each in Chichester and Horsham and two in Worthing. Close contact with the classes was maintained by the educational psychology and by the child guidance services and I am indebted to Dr. J. A. G. Graham, Borough School Medical Officer, for the following comments on the classes in Worthing:

"The two classes in Worthing form a unit which is known as a remedial education centre. The purpose of the centre is to assist emotionally and socially disturbed children to become better adjusted. In some cases the degree of disturbance is such that the children require to attend full-time but in the majority of cases attendance is divided between the centre and the ordinary schools.

By giving psychiatric help and keeping in touch with the parents it is found that, in time, the majority of the children return to their ordinary schools. Only rarely, it seems, does it become necessary to admit a child to a residential special school. For varying periods during the year, 17 children attended the centre full-time and 46 attended on a part-time basis. Two children were admitted to units for adolescents in psychiatric hospitals and two were transferred to the authority's school for maladjusted boys."

At the end of the year, proposals for a further increase in the provision for the special education, within the County, of physically handicapped and partially hearing children had been approved. A day school with accommodation for 120 educationally sub-normal children which was to have been opened in Worthing in 1962 will not be ready for occupation until 1963.

The special needs of handicapped children were constantly under review and the following table shows the provision which had been made for them in the County at the end of the year.

<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	—	2	405
Maladjustment ...	1	—	1	—	60
Learning or behaviour difficulties ...	—	—	—	4	102
Partial hearing ...	—	—	—	3	21
Physical ...	—	—	—	1	12
Not fully diagnosed ...	—	—	—	2	11

Child Guidance

The national shortage of psychiatric social workers, child therapists and educational psychologists continued to be reflected in the staffing of the child guidance service in the County. The staffing of the four clinics at the end of the year is set out below. For convenience, the time worked has been expressed as whole-time equivalents. In two instances the figure of staff recruited is shown to exceed the establishment. This is due to the fact that opportunities have been taken to increase the number of sessions at the clinics concerned although it has been impracticable, for geographical reasons, to utilise these additional sessions at the clinics which are under-staffed.

		<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	0.63	0.09	0.72
	Establishment	0.54	0.54	0.54	0.72
Educational Psychologist ...	Recruited ...	0.09	0.12	0.18	0.36
	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:

"The day-to-day working of a child guidance clinic covers a vast field. In addition to the all-important task of diagnosing problems and treating them, there are reports to write and contacts to be made and maintained. There are also the seminars, conferences, research projects and meetings of all kinds, which contribute so much to the success of the clinic in its relations with the community, and to its efficiency as a clinic. In our opinion all these activities are preventive work which should in time lessen the need for direct treatment. We are aware that, with heavy and increasing caseloads and a staff below establishment, there is a danger of dilution of facilities and of a reduction in quality and efficiency. Any such reduction in efficiency is bad for the patients and detracts from the good reputation of the Service, which has taken time to build up and which depends upon the community's recognition of the quality of a completely integrated team. Chichester is perhaps suffering most in this respect but all the clinics need more psycho-therapy either from psychiatrists or psycho-therapists and/or casework time, together with more educational psychologist's sessions. Without the school visits which should be paid by the latter, teachers cannot get full value from the clinics' suggestions, nor can they so easily refer to the clinics the most suitable cases for help. (Horsham suggests that its slight drop in referrals this year may well be due largely to insufficient school visiting, because of vacancies.) The educational psychologists, given time, can do so much to create a favourable public image of the clinics, as happened in Crawley before the clinic opened. There is, unfortunately, a shortage of educational psychologists in the County.

The result of such staffing deficiencies tends to be that, however much we are aware of the danger, decisions may be made because of their practicability, or because parents or community demand "immediate action", rather than because these decisions are in the best long-term interests of the children and their families. And it certainly applies to placements of all kinds from all

the clinics, costly placements many of which would be unnecessary if we could provide clinic treatment instead. In Worthing, for example, there appears to have been in the past ten years a marked increase in the number of younger children, and so an increase in the problems peculiar to them. Clinic referrals there have increased from an average of 100 a year (1946-56) to approximately 200 (1962): this means double the work, particularly for the psychiatric social worker, who is now working part-time only.

Referrals of these younger children nevertheless provide (given the time to work with them and with their parents) our most rewarding cases, and all clinics share the hope that family doctors particularly will refer suitable cases as early as possible and before symptoms have become too 'set': it is widely recognised that, the younger the child, the more successful the treatment, and the less time required for investigation and help. Work with the parents of under-fives is particularly satisfying, not only in relation to the family's immediate difficulty, but also as being preventive work with young parents whose families will grow, and with the community as a whole. Horsham notes with pleasure that there the second largest group of referrals from any one source is of children who come at the request of parents or friends who know the clinic—direct evidence of good public relations.

Good public relations remain one of our priorities. Members of the clinics' staffs have visited many schools during the year including Littlegreen, St. Anthony's, St. Cuthman's, and the diagnostic class in Crawley. In the clinics themselves, group discussions and seminars are held, and weekly conferences of staff have visitors from other disciplines interested in particular cases. Worthing with its larger team and Crawley in its keen 'new town' setting are perhaps doing the most in this sphere of public relations. Training facilities have been afforded at Worthing to psychiatric social work students from the University of London and applications for similar facilities have been received from Liverpool and Hull. A student of the Course for the Diploma in the Education of Maladjusted Children (Institute of Education, University of London) was placed in Crawley for field work at the clinic and in the remedial class. All the remedial classes, and the Worthing remedial centre are in close touch with their respective clinics.

During the year the Senior Educational Psychologist addressed numerous meetings and conferences and so did Dr. J. H. Kahn, who also published six articles and several book reviews. Miss N. K. Hunnybun, of Horsham, in addition to one article, published a book—*The Caseworker's Use of Relationships*—in collaboration with Miss L. Ferard (Tavistock Publications). Dr. M. Duncan, of Chichester, was appointed editor of *The New Era*, an international educational magazine which has published many articles and reviews written by members of the West Sussex Child Guidance Service."

Details of the work of the four clinics are given below:

1. REFERRAL						1961	1962
Number of children referred by:							
(a)	Assistant County and School Medical Officers	...				138	146
(b)	Courts and Probation Officers	...	...	...	...	39	63
(c)	Parents and others	...	...	...	...	85	95
(d)	Boarding schools and hostels	...	...	...	...	27	14
(e)	General practitioners	...	...	...	...	142	147
(f)	Children's Department	...	...	...	...	14	20
(g)	Educational psychologists	...	...	...	...	47	49
(h)	Other Child Guidance Clinics	...	...	...	...	10	12
	Brought forward from previous year	...	...	...	...	65	83
	(awaiting investigation on 1st January)						
TOTAL						567	629

2. INVESTIGATION

Number of children investigated during the year and found to be:

(a) In need of child guidance help	...	...	...	320	351
(b) Educationally sub-normal	...	...	...	19	11
(c) Unsuitable for education at school	...	...	...	1	—
(d) Not in need of child guidance help	...	...	...	51	50
(e) Withdrawn before investigation	...	...	...	93	126
(f) Awaiting investigation on 31st December	...	...	...	83	91
TOTAL	...	...	...	567	629

3. TREATMENT

Number of children:

(a) Receiving help on 1st January	...	...	...	221	249
(b) Helped during the year	...	...	...	501	489
(c) Receiving help at 31st December	...	...	...	249	326

4. RECOMMENDATIONS

Number of children recommended during the year for:

(a) Special schools	...	...	...	22	20
(b) Hostels	...	...	...	21	14
TOTAL	...	...	...	43	34

5. CLINIC ATTENDANCES AND HOME VISITS

(a) Number of attendances at clinics during the year	...	5,793	5,614
(b) Number of homes visited during the year	...	315	567

Children found to be unsuitable for Education at School

During the year, 15 children were reported to the local health authority under section 57 (4) of the *Education Act, 1944* as being unsuitable for education at school.

Infectious Diseases

Polomyelitis

No cases of poliomyelitis were notified. During the year, 5,441 children received initial vaccination against poliomyelitis and further information about the vaccination programme is shown in detail on pages 34 and 35 in Part II of the Report.

Diphtheria

No cases of diphtheria were notified. Immunisation against diphtheria was continued during the year and 5,265 children received protection for the first time. Further information about diphtheria immunisation will be found on page 31 in Part II of the Report.

Tuberculosis

Tuberculosis is still one of the most important serious communicable diseases in this country. In spite of increasingly effective control measures, there are still occasions when children are infected by adults who are unrecognised infectious cases. This point is well demonstrated by the following report received from Dr. K. N. Mawson after an investigation which he carried out in November at a primary school in Crawley:

"On 7th November a notification was received that a girl aged 11 years had been admitted to hospital with a tuberculous pleural effusion. Her home contacts had already been examined at the Chest Clinic, but the findings were negative. There was a history of an attack of erythema nodosum (a condition characterised by the appearance of painful node-like swellings on the limbs, particularly over the shins) about the end of August. Recognising that this condition could indicate a recent tuberculous infection, it was felt likely that the child had been infected during the summer months. It was decided, therefore, to carry out full investigations at the school in an endeavour to trace the source. The patient was a pupil at a junior school in Crawley with 470 children on the roll and, as a first stage, skin-testing of her class was carried out. The percentage of positive reactions among schoolchildren is falling steadily and, in a new town like Crawley, one would not now expect more than 5 per cent in this age group to give a positive reaction. Of the 31 children given a Mantoux test, 16 showed positive readings and the marked intensity of the reaction in the majority suggested a recent infection.

Three days later the mobile mass radiography unit visited the school to X-ray all children who showed positive reactions and also to examine 14 teachers and 14 other members of the school staff. Five of the 16 children filmed showed changes suggestive of primary infection, while several others had indefinite shadowing. Only one of the adults showed abnormal appearances in the chest film. This was the teacher of the class involved who had a history of a troublesome cough during the spring and early summer. Although the film did not confirm tuberculosis, it did show an abnormal shadow and the patient was referred immediately to the Chest Clinic for further investigation. On the following day she was admitted to Redhill Hospital and diagnosed as a case of tuberculosis which was subsequently confirmed by bacteriological examination. Arrangements were made for all children in the class who were found to be positive reactors to be examined at the Chest Clinic and chemotherapeutic treatment was advised where necessary. One child was notified as a case of primary infection. Among those examined was a small girl of 11 years who was first seen at the Chest Clinic on 9th December when a further X-ray was normal. She later developed chest pain and on 22nd December was found to have a pleural effusion.

In view of these somewhat alarming findings, the parents of all other children at the school were asked to agree to skin-testing and the response was most gratifying as only one parent refused. On 11th December, a further 391 children from the remaining classes were given Mantoux tests and on this occasion the results were altogether different. It was only necessary to refer 17 children for examination at the mass radiography unit. Of these, six were known to have had B.C.G. previously and two were known contacts of cases in their homes. Of the remaining nine positive reactors, only two showed 'strong' reactions. These findings gave further confirmation that the source of infection had been detected. As there is normally a delay of up to two months after infection before the development of sensitivity to a skin test, arrangements will be made to re-test in February all children found to be negative on previous testing. B.C.G. vaccination will be offered to those children who are then found to show no reaction, and any who may be positive will be X-rayed.

I would like to express my appreciation of the whole-hearted co-operation of the Headmistress and her staff, without whose help this survey could not have been completed so expeditiously."

As there were many children absent from school owing to minor illness when the second phase of the investigation was due in February, 1963 this was postponed until the end of March. The parents of 391 children had consented to the tests and had accepted the offer of B.C.G. vaccination. Of the 344 children re-tested, 320 were found to be negative and were vaccinated. Two children who showed minimal positive reactions were subsequently X-rayed and the results in both cases were satisfactory. Further visits to the school will be required to complete the investigation of 66 children who were absent when the tests were made or when the results were read.

The most unusual feature of the investigation at this school was that, some months before she was discovered to have tuberculosis, the teacher who was the source of infection had in fact had a chest X-ray which was considered to be satisfactory. In spite of this, however, the importance of all adults who have contact with children — and indeed *all* adults — taking every advantage of mass radiography facilities to have periodic chest X-rays cannot be over-emphasized.

Over the past seven years there have been six other instances of school children having contracted pulmonary tuberculosis where subsequent investigation has shown that a member of the school staff was suffering from the disease.

In September, a comprehensive report on the practice relating to the medical examination on appointment of staff employed in schools, canteens and other departments of the County Council whose employment brought them into contact with children was submitted to the County Education Committee.

In the report reference was made to Circular 248 on the Protection of School Children against Tuberculosis issued by the Minister of Education in March, 1952 in which the attention of local education authorities was drawn to the recommendations made to the Minister of Health by the Joint Tuberculosis Council. Two of these recommendations were:

- (i) No person with respiratory tuberculosis should be engaged for employment which involves close contact with groups of children unless and until the disease is certified as arrested. Any candidate for such employment should therefore not be engaged without a medical examination, including an X-ray examination of the chest.
- (ii) Persons whose employment brings them into close contact with groups of children should have an X-ray examination of the chest annually.

The report also pointed out that certain groups of staff who came into close contact with children (e.g. health visitors, staffs of children's homes, staffs of residential schools, medical officers, speech therapists and dental officers) were not accepted as fit for appointment until they had produced satisfactory chest X-ray reports. Staff in these groups were also encouraged to have an annual chest X-ray.

As far as school staffs were concerned, the procedure outlined in the foregoing paragraph applied to caretakers, the domestic staffs of residential establishments and to manageresses of school canteens. Other employees in the school meals service (i.e. meals supervisors, cook/supervisors, cook/caterers, cooks, assistant cooks and kitchen helpers) were not required to submit a medical questionnaire or to have their chests X-rayed prior to appointment.

Teachers were not required to complete a medical questionnaire or to produce a satisfactory chest X-ray report except where they were entering the local authority service for the first time. Any candidate for appointment as a teacher or in the school meals service who was known to the Director of Education to have a doubtful medical history was referred for a medical opinion.

Whilst acknowledging the undoubted practical and administrative difficulties in arranging for the X-ray examination of teachers and other workers in schools, particularly those in some rural areas, it was suggested that consideration should be given to the following recommendations:

EITHER (a) that new appointments to the teaching and other staff of maintained schools should not be made without a satisfactory chest X-ray and subsequent annual X-rays.

OR (b) that an X-ray on appointment be required and that the staff be encouraged to have an annual X-ray subsequently, without making the latter a condition of service with the authority.

It was also suggested that before such action was taken it might be appropriate to arrange for the problem as a whole to be considered in relation to the practice of other County departments (e.g. Health, Welfare and Children's) and that it might ultimately be desirable to refer the matter to the County Councils Association in the hope that a uniform approach might be adopted by all employing authorities.

Upon consideration of these suggestions, it was decided on behalf of the County Education Committee that a short pamphlet be prepared and distributed to all employees on the need for voluntary X-ray examinations. It was also decided to refer to the Finance and General Purposes Committee of the County Council the general question of whether the X-ray examination of staff should be compulsory, along with other related issues affecting conditions of employment.

B.C.G. Vaccination

The vaccination of children aged 13 years and over was continued. In the Report for 1961, reference was made to the increase in the medical staff which had enabled twice as many children to be dealt with than in the previous year. The following table giving details of the number of children skin-tested and vaccinated during the past two years shows that the benefit of this increased establishment was even more apparent in 1962:

<i>Year</i>	<i>Number skin-tested</i>	<i>Number positive</i>	<i>Number negative</i>	<i>Number vaccinated</i>
1961	2,358	192 (8.2 per cent)	2,103	2,097
1962	6,767	656 (9.7 per cent)	5,889	5,863

Gastro-intestinal Infections

Notifications of children absent with gastric upsets were received from a number of schools. In five instances the evidence available suggested that the children affected were suffering from the condition known as virus or winter vomiting. Very little is yet known of the cause of this illness which is characterized by a sudden onset of nausea and vomiting. Cases of sonne dysentery were known to have occurred in children attending four schools.

School medical officers visited all schools where cases of gastric upsets were reported in order to investigate and to advise on precautions to be taken to prevent the spread of infection.

General

The usual outbreak of measles, mumps and chicken-pox occurred in schools during the year.

School Dental Service

On 27th August, 1962 the Ministry of Education and the Ministry of Health issued a joint circular (8/62 and 20/62 respectively) on the dental services provided by local authorities under the Education and National Health Service Acts. In the circulars, the important contribution which these services can make to the country's dental health were emphasized and local authorities were asked to review all aspects of their dental manpower and the promotion of dental health. Various suggestions for improvements were made in a series of appendices to the circular.

It was most appropriate that the circular was received just at the time when the reports of the Principal School Dental Officer on the development of the School Dental Service and on the Fluoridation of Water Supplies were being considered by the appropriate committees of the Council. Much of what was said in the circular had long been apparent in the various returns and suggestions which had been submitted to the Council from time to time with a view to improving the dental service.

Many improvements have been made and the suggestions for further improvements contained in the following report of the Principal School Dental Officer will result in a modern and effective dental service.

Report of the Principal School Dental Officer

The authorised establishment of staff at the end of the year is compared below with the number of staff who were actually in post on 31st December, 1962.

<i>Appointment</i>	<i>County Council</i>		<i>Borough of Worthing</i>		TOTAL
	<i>Full-time</i>	<i>Part-time</i>	<i>Full-time</i>	<i>Part-time</i>	
Principal School Dental Officer	1 (1)	— (—)	— (—)	— (—)	1 (1)
Area Dental Officer ...	— (—)	— (—)	1 (1)	— (—)	1 (1)
Dental Officer ...	9 (6.9)	— (—)	— (—)	0.5 (0.5)	9.5 (7.5)
TOTAL ...	10 (7.9)	— (—)	1 (1)	0.5 (0.5)	11.5 (9.5)

Note: The figures in brackets denote equivalent whole-time officers in post at the end of the year.

The ratio of dental officers in post to pupils on the registers of maintained schools was no better than one to more than 6,000. Even this unsatisfactory ratio was not maintained throughout the year for one dentist was on sick leave for four months and another retired in October on grounds of ill-health.

The high average age of the dental officers in the County (54) resulted in an increasing loss of sessions due to ill-health and a consequent decreasing output of work. In the year under review, nearly 600 sessions were lost through sickness. These lost sessions are naturally reflected in the annual figures even though the average output per dental officer per session has remained very much as before.

Although one new appointment was made (Mrs. H. M. Pollard, B.D.S., who took over the Horsham Clinic in October), sustained attempts to recruit more dental surgeons, particularly young graduates, have been of little avail.

Re-equipment of Surgeries

In accordance with the Council's intention to improve the efficiency of the Service, three further clinics (Bognor Regis, Horsham and Shoreham-by-Sea) were re-equipped with modern units, chairs, operating lights, high-speed air-turbine drills and dental cabinets.

It is hoped that further improvements will take place in future years.

Inspections

Half-day sessions devoted to routine dental inspections in schools numbered 370 during which 43,165 children were inspected.

This gave an average of 111 children inspected per session. A further 1,027 children were inspected as "casuals"; the majority of these children had persistently refused treatment in the past and came to a clinic only because they were suffering from toothache.

It is a sad reflection on some families that they still believe that visits to the dentist are paid only to have a tooth extracted.

Treatment

Of 43,165 children inspected, 20,254 (47 per cent) were found to require treatment, 18,234 (90 per cent) of whom were offered treatment and 8,176 were treated. This gave an approximate acceptance rate of 44 per cent.

Statistics for the year will be found on page 150 where the figures for 1961 are also given for purposes of comparison.

School Tuck-shops

It was very gratifying to find at least one school in the County (Midhurst Secondary Modern) which has seen fit to cease to run a tuck-shop. The indiscriminate selling of all types of the most cariogenic foodstuffs cannot but be condemned. Quite unintentionally, schools selling these types of foods are defeating one of the main objectives of dental health education which is to stress that no sweet, sticky foods should be eaten between meals. If a school feels bound to have a tuck-shop, for whatever reason, consideration should be given to selling more suitable types of foods such as apples, nuts and other more fibrous foods. It is not the quantity of food taken which causes the trouble, but the nature of the food and the frequency of eating.

Much of the dental caries amongst school children can be attributed to the school tuck-shop. These shops have been made increasingly popular by biscuit and sweet manufacturers whose massive propaganda, particularly on television, has changed the dietary habits of the nation to such an extent that it is now considered odd to have three good meals a day with nothing between.

Dental caries is the most prevalent disease in the civilised world. The dental profession can do little more to reduce that prevalence because they are unable, with the limited means available, to persuade the public of the relationship between bad teeth and snacks between meals. Until effective methods are devised to discourage high-powered, indiscriminate advertising of refined carbohydrate foodstuffs, little progress is likely to be made in teaching school children the basic principles of good dental health education.

Development of the Service

In September a comprehensive report on the School Dental Service was submitted to the County Education Committee. In this report the service was reviewed critically and proposals were made for further improvements to be phased over the next few years.

These proposals provided for:

- (i) an increased staff establishment of dental officers, dental surgery assistants and the appointment of a dental hygienist;

- (ii) increased and improved static clinic accommodation;
- (iii) the provision of additional mobile dental units;
- (iv) the provision of X-ray facilities;
- (v) the continuing replacement of obsolete dental and anaesthetic equipment; and
- (vi) the introduction of a specialist orthodontic service and a specialist anaesthetic service.

The improvements envisaged in the report were agreed in principle and by the end of the year plans had already been laid for some improvements to be carried out during 1963. These included:

- (i) the variation of the present staff establishment to include a post of area dental officer;
- (ii) the appointment of a dental hygienist for clinical work and dental health education;
- (iii) alterations to an existing clinic to provide separate dental surgery facilities;
- (iv) the provision of another mobile dental unit; and
- (v) the provision of three anaesthetic machines, four X-ray machines and three high-speed drills.

Acknowledgments

In this, my first annual report since I took up my appointment on 29th April, 1962 I am glad of the opportunity to record my thanks to members of the County Council and to my colleagues in the County Health and Education Departments for the consideration, encouragement and support I have at all times received.

P. S. R. CONRON
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:

"In co-operation with the Principal School Medical Officer and Mr. Colin Jones, Consultant Dermatologist, arrangements were made for all physical education specialist teachers in the County to visit the Children's Hospital, Dyke Road, Brighton, to see the various types of foot infection occurring in school children. With the increasing amount of barefoot work and the growing number of swimming pools, it was felt that much greater care should be taken to prevent foot infections, particularly verrucae. The visits were arranged to give the physical education specialists a clearer idea of what verrucae are and to discuss with Mr. Jones methods of preventing infection; as a result, few cases of infection now escape the physical education 'foot inspection'.

The increase in the number of school swimming pools continued; several new primary teaching pools were installed as well as a larger secondary pool at Ifield Campus, Crawley. The organisers visited the pools and advised the teachers, where necessary, on methods of instruction. A trained swimming instructor was employed in the Bognor Regis area and he helped the standard of swimming very considerably during the winter session. Both the boys' and girls' secondary schools held successful swimming galas but it is unlikely that 'national' standards will be attained until more and better facilities are available for coaching, including heated pools which are available all through the year. One primary school is contemplating putting a portable pool in a building not now required for teaching and this should provide interesting evidence of the advantages of swimming all the year round.

The increase in the number of swimmers meant that the expansion of sailing and canoeing could continue with confidence. This occurred at both primary and secondary levels. A course in canoeing was held at Butlin's pool, Bognor Regis, for primary and secondary teachers and the course, which included practical demonstrations, was instructed by the National Coach of the British Canoe Union. At Easter, after a preparatory course in seamanship and navigation, twelve teachers went on a training cruise with the Ocean Youth Club. After this course and cruise, it was felt that teachers taking groups of children on such cruises would be able to act as 'mates' to the professional skippers and, at the end of the year, three secondary schools were planning to hold such cruises in 1963 with the Ocean Youth Club which has done much valuable work in this field. At Ivy Park Lake, Chichester, the beginners' course ran smoothly and successfully with men and women teachers from primary and secondary schools.

As a result of staff training, more schools were able to hold sailing camps both at Ivy Park Lake and at Cobnor, near Chichester, and the children benefited accordingly. Ivy Park Lane was well used during the year both by local secondary and primary schools and also by schools from other parts of the County. A further extension of sailing and canoeing activities was made possible by the granting of facilities for sailing at Weirwood Reservoir by the North-West Sussex Water Board. The Crawley schools in particular gained much from this and it is hoped that more schools will soon be able to participate.

A training course in mobile camping based at Lodge Hill, Pulborough, was held in May in co-operation with the Ministry of Education. From this base, parties went on walking or canoeing expeditions, with light-weight tents and rations, and these not only proved the value of the rations but also provided the experience necessary to plan such trips elsewhere in the County and to run similar camps in schools. The course was followed by a number of other expeditions aimed at securing recognition in the Duke of Edinburgh's Award Scheme.

Area athletics meetings were held at the Thomas Bennett School, Crawley, Westergate County Secondary School and at Worthing Technical High School, after which representative teams were selected to compete at the Sussex Schools' Championship at Withdean Stadium, Brighton. Following this meeting, athletes were chosen to represent Sussex in the National Championships. Several of the boys and girls were very successful and one boy was selected to represent England in international school fixtures.

The Boys' and Girls' Sports Associations carried out full programmes of games fixtures with other associations."

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 arrangements for the provision of meals and milk continued to function very satisfactorily throughout the year. Approximately 64 per cent of the children took school dinners and 80 per cent had milk under the milk-in-schools scheme. The numbers of children in maintained schools who received dinners and milk on one day during October are given below:

Meals

Number of children present on day selected	52,885
Number of school dinners served	35,081
(Percentage taking dinner — 66 per cent).	

Milk

Number of children present on day selected	53,507
Number of children who received $\frac{1}{2}$ pint of milk ..	43,239
(Percentage of milk drinkers — 81 per cent)."	

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 ...	4	Lighting	1
Lavatory accommodation	5	Heating	1
Sanitation	1		

The following information, obtained from the Director of Education, shows the minor improvements which were carried out in schools during 1962:

<i>School</i>	<i>Minor improvements</i>
Aldingbourne County Primary ...	Additional power and lighting points. Hot water in cloakroom.
Ashington C. of E. (Controlled) ...	Power points in classroom.
Bersted County Primary ...	Additional power and light points.
Billingshurst County Junior ...	New heating boiler in hut.
Billingshurst County Infants ...	Additional heating in medical inspection room.
Boxgrove C. of E. (Controlled) ...	Hot water in children's and in staff cloakrooms.
Broadbridge Heath, Shelley County Primary	Heating in headteacher's room. Hot water in cloakrooms.
Chichester, Lancastrian County Infants	Lighting in headteacher's room.
Chidham Parochial (Controlled) ...	Lighting and heating.
Compton and Upmarden C. of E. (Controlled)	Additional heating for one classroom. Roof over boys' urinal.
Crawley, Northgate County Junior ...	Hot water supply in cloakrooms.
Crawley, Langley Green County Infants	Sink and hot water supply in one classroom.
Crawley, Southgate County Junior ...	Extension of hot water to each basin in cloakrooms used by handicapped children.
Dial Post C. of E. (Controlled) ...	Hot water in cloakrooms.
Duncton C. of E. (Controlled) ...	Hot water in cloakrooms.
Easebourne Parochial (Controlled) ...	Lighting and provision of power points.
East Wittering County Primary ...	Installation of new waterclosets suitable for juniors. Hot water in cloakrooms.
Elsted District (Controlled)	Hot water in cloakrooms.
Felpham C. of E. (Aided) (Old School)	Drinking fountain.
Fernhurst County Primary (Leased)	Lighting.
Fishergate County Infants	Power point and heater in staffroom.
Horsham, St. Leonard's County Infants	Improvements to ventilation in lavatories. Hot water in cloakrooms.
Horsham, Greenway County Junior	Conversion of boiler to oil firing.
Itchingfield County Primary (Leased)	Electrical rewiring and provision of extra power points.
Kirdford County Junior (Leased) ...	Hot water supply in cloakrooms.
Lancing County Primary	Additional lighting in hatted classroom.
Midhurst C. of E. (Controlled) ...	Lighting.
North Lancing County Primary ...	Installation of nine power points.

<i>School</i>		<i>Minor improvements</i>
Northchapel County Primary...	...	Hot water in cloakrooms.
Plaistow County Infants (Leased)	...	Additional light in one classroom.
Rustington County Primary ...	...	Heating.
Shipley C. of E. (Controlled)	...	Lighting. Hot water in cloakrooms.
Slindon C. of E. (Controlled)...	...	Hot water in cloakrooms.
Sompting County Primary (Leased) ...	...	Hot water and heating in cloakroom. Roof over boys' urinal.
Southwater County Primary ...	...	External lighting.
Warnham C. of E. (Controlled)	...	Hot water in cloakrooms.

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

During the year, 183 candidates for admission to training colleges for teachers and 28 new entrants to the teaching profession were examined by school medical officers. The comparable figures for 1961 were 152 and 32 respectively. In addition, seven new entrants to the teaching profession were examined on behalf of other authorities.

Children and Young Persons Act, 1933

Medical information on 208 children (a decrease of 120 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

Education is more than mere learning — as any teacher will agree — and education for healthy living is as important as education in any subject. The health education facilities of the department make an important contribution towards the proper development of the school child.

The health visitors continued to give regular classes in schools; their number again increased and in some areas became a regular part of the school curriculum.

Although the teacher in a primary school spends a great deal of time on health education, more interest can often be aroused in the children when the teacher and health visitor work together on a special project. This is clearly illustrated by the following comments made by Mrs. N. J. Poynter, a health visitor in Crawley:

"I approached the Headmistress of Ifield Infants School about giving talks on hygiene to 7 to 8-year-olds. I prepared a syllabus which we discussed and I also had a preliminary talk on methods with the class teacher concerned. This co-operation quickly turned to enthusiasm and a three-wall display to be seen by the whole school was eventually devised. Follow-up work was done with the children by the teacher — both written and pictorial. The children in other age groups became keenly interested to see the growth of the display day by day, and discussed it amongst themselves. Books made by the children formed part of the section on *The Work of the Health Visitor in School* at the exhibition held to mark the centenary of health visiting."

The school was most appreciative of the help given by Mrs. Poynter.

School-Leavers Courses

The Senior Medical Officer and the Health Education Organiser continued to participate in many of these courses which were arranged by the Education Department; they led half-day sessions on sex education which were part of longer courses. Although the facts were already known to most of the school-leavers, opportunities for discussion were created in a favourable atmosphere.

The clarification of many misconceptions, and the understanding and sympathy which these young adults quite clearly showed for the difficulties of others, must help in forming their own personal relationships. After a short introduction, there was usually a general discussion; on some occasions the sexes were divided for part of the time and then re-assembled to discuss common problems. Questions based on fact were answered by the Senior Medical Officer or the Health Education Organiser and questions involving moral principles were dealt with by the group in discussion. This technique allowed free communication between the children and gave them a better appreciation of the responsibilities of adult life.

Youth Clubs

The increase of health education in schools is being reflected in the greater awareness by youth clubs of problems affecting mental and physical health. Opportunities were taken whenever possible to introduce health education topics into the activities of youth clubs and the keen interest of members led to many lively discussions. As additional health education staff becomes available, the department would like to encourage the many clubs in the County to make a greater use of the health education service.

Smoking and Health

The report of the Royal College of Physicians of London on *Smoking and Health* was published on 7th March, 1962; sales of the report reached 50,000 within six weeks of publication.

The report assessed the evidence about the relationship of smoking and health and concluded that cigarette smoking is a cause of lung cancer and bronchitis, and probably contributes to the development of coronary heart disease and various other common diseases. The report urged that decisive steps should be taken by the Government to curb the present rising consumption of tobacco, especially of cigarettes, and suggested that action could be taken along the following lines:

- (i) more education of the public and especially school children concerning the hazards of smoking;
- (ii) more effective restrictions on the sale of tobacco to children;
- (iii) restriction of tobacco advertising;
- (iv) wider restriction of smoking in public places;
- (v) an increase of tax on cigarettes, perhaps with adjustment of the tax on pipe and cigar tobaccos;
- (vi) informing purchasers of the tar and nicotine content of the smoke of cigarettes; and
- (vii) investigating the value of anti-smoking clinics to help those who find difficulty in giving up smoking.

By circulars 6/62 and 3/62 respectively (both dated 12th March 1962) the Ministries of Health and Education drew attention to the need for positive action to drive home to members of the public, especially schoolchildren, the dangers of smoking and promised that publicity material would be prepared and made available free of charge. This material was subsequently obtained and sent to all schools.

The following joint memorandum, dated 26th March, 1962 was sent by the Director of Education and me to the heads of all schools and educational establishments:

SMOKING AND HEALTH

Following the recent report on this subject by the Royal College of Physicians, the Ministries of Health and Education have asked local authorities to do everything possible to *discourage smoking* and to *prevent the development of the smoking habit* among children and young people.

The evidence linking smoking with cancer of the lung is now overwhelming and the available statistics show that nearly 40,000 men and women die each year in England and Wales from the direct effects of smoking.

Whilst we are not convinced that it is either wise or effective to threaten children with death from malignant disease if they smoke cigarettes, we are nevertheless quite sure that in matters of this kind adult example is of paramount importance. We very much hope therefore that you will

- (i) encourage teachers and others working in or visiting schools not to smoke on school premises;
- (ii) prohibit smoking by pupils and ensure that the prohibition is enforced as far as is practicable; and
- (iii) arrange for occasional talks to be given on the folly and danger of smoking, in which the main emphasis is persuading pupils that it is no longer wise or sensible to smoke cigarettes.

Revised publicity material will shortly be made available to schools and this should be prominently displayed. Upon request further advice on this subject, including suggestions regarding suitable speakers, will gladly be made available by the County Health Department. Additional copies of this letter will also be made available upon request.

As indicated in the Report for 1961, health education on the dangers of smoking has been carried out in secondary schools for some time and this was continued throughout the year under review. Numerous talks were given by the health education organiser and by the medical and nursing staff to schools, youth clubs, mothers' clubs, training colleges and parent/teacher associations. It is difficult to assess what results these talks may have had and the conclusions given in the Report for 1961 are still applicable.

No action was taken to hire the mobile units which the Central Council for Health Education offered to place at the disposal of local authorities in order to augment their anti-smoking campaigns. It was considered that little would thereby be achieved in the face of the millions of pounds of advertising by mass media which reach the public several times a day every day of their lives.

When the subject of smoking and health was considered on behalf of the County Health Committee, it was decided that consideration of this matter be deferred pending further advice from appropriate Government departments and it was learned in September from the County

Councils Association that the Government had decided to launch a long-term health education campaign to discourage smoking; it was stated that this campaign would be managed by the Ministry of Health and the Scottish Home and Health Departments in consultation with the Ministry of Education.

Road Accidents to Children

I am obliged to the County Road Safety Officer for supplying much of the following information.

Although road accidents to children under 15 years of age decreased from 390 in 1961 to 361 in 1962, this figure is still far too high. Of the total number of casualties, 142 were pedestrians, 122 were cyclists and 97 were passengers in vehicles.

The following table shows that the vulnerable age-group for child pedestrians is 5 to 9 years; most accidents to child cyclists occur between the ages of 10 and 14 years.

<i>Age</i>	<i>Pedestrians</i>	<i>Cyclists</i>
1	1 (—)	— (—)
2	5 (5)	1 (1)
3	6 (10)	1 (1)
4	15 (13)	— (—)
Total under 5 years	27 (28)	2 (2)
5	10 (12)	1 (—)
6	24 (19)	3 (2)
7	24 (18)	7 (4)
8	10 (13)	8 (5)
9	7 (10)	13 (8)
Total 5 to 9 years	75 (72)	32 (19)
10	14 (11)	9 (11)
11	10 (7)	8 (17)
12	9 (5)	19 (19)
13	5 (3)	19 (24)
14	2 (2)	33 (30)
Total 10 to 14 years	40 (28)	88 (101)
ALL AGES UNDER 15	142 (128)	122 (122)

Note: The figures in brackets are averages for the past seven years.

Splendid progress was made throughout 1962 in training young cyclists to be more responsible road users. Under the National Cycling Proficiency Scheme enrolled voluntary instructors, both men and women, undertook training courses at a number of schools in the more thickly-populated coastal areas. Accidents to cyclists decreased from 156 in 1961 to 122 in 1962 and much of this was due to the untiring efforts of

the 97 women and 33 men who devoted their time to coaching youngsters to ride well. Many more volunteers are necessary so that this training scheme can be introduced in every school in the County. No less than 700 pupils passed the National Cycling Proficiency Test in 1962.

The pedestrian casualties increased slightly from 131 in 1961 to 142 in 1962. Due to the yearly increases in the number of vehicles on the roads and to the fact that more and more parents are at work, leaving young children either to the care of others, or to their own devices, it is not surprising that there was this small increase. It is nevertheless hoped that more can be done at school to train younger children in road drill. More interest was taken in the "Tufty Clubs" for the under-fives and attempts were made not only to form clubs at clinics and nursery schools but also to bring organised road safety training to the infant schools.

The severity of the injuries to the 264 child cyclists and pedestrians is shown below.

<i>Severity of injury</i>	<i>Pedestrians</i>	<i>Cyclists</i>	<i>Pedestrians and cyclists</i>
Killed	2 (3)	— (1)	2 (4)
Severely injured ...	48 (39)	31 (28)	79 (67)
Slightly injured ...	92 (87)	91 (94)	183 (181)
TOTAL ...	142 (129)	122 (123)	264 (252)

Note: The figures in brackets are averages for the past seven years.

A comparison between boys and girls shows clearly that greater risks are taken by boys as pedestrians and as cyclists.

<i>Category</i>	<i>Pedestrians</i>	<i>Cyclists</i>	<i>Pedestrians and cyclists</i>
Boys	83 (82)	87 (89)	170 (171)
Girls	59 (47)	35 (34)	94 (81)
TOTAL ...	142 (129)	122 (123)	264 (252)

Note: The figures in brackets are averages for the past seven years.

The above figures indicate that the training of children in all forms of road safety is now urgent and should also stimulate all responsible people to do what they can to bring about a reduction in the number of children injured in road accidents.

RETURN OF MEDICAL INSPECTION AND TREATMENT FOR THE YEAR ENDED 31st DECEMBER, 1962

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

Table A — Periodic Medical Inspections

Age groups inspected (by year of birth)	No. of pupils inspected	Physical condition of pupils inspected				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory		Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
		No.	% of Col. 2	No.	% of Col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1958 and later ...	195	195	100	—	—	1	14	14
1957 ...	3,258	3,258	100	—	—	114	234	334
1956 ...	1,958	1,958	100	—	—	74	149	205
1955 ...	307	307	100	—	—	16	32	45
1954 ...	158	158	100	—	—	7	28	28
1953 ...	78	78	100	—	—	9	11	18
1952 ...	425	425	100	—	—	34	35	66
1951 ...	3,653	3,652	99.97	1	0.03	209	344	528
1950 ...	871	871	100	—	—	68	73	135
1949 ...	427	427	100	—	—	32	46	70
1948 ...	673	673	100	—	—	76	38	102
1947 and earlier	4,279	4,279	100	—	—	335	270	566
TOTAL	16,282	16,281	99.99	1	0.01	975	1,274	2,111

Table B — Other Inspections

					1961	1962
Number of Special Inspections	...	...			620	543
Number of Re-inspections	...	...			13,477	14,973
TOTAL	...	...	...	...	14,097	15,516

Table C — Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	36,431
(b) Total number of individual pupils found to be infested	...			61
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), <i>Education Act, 1944</i>)	...	...		—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), <i>Education Act, 1944</i>)	...	...		—

Table D — Screening Tests of Vision and Hearing

(1) (a) Is the vision of entrants tested ?	...	Yes.
(b) If so, how soon after entry is this done ?	...	Within two terms.
(2) If the vision of entrants is not tested, at what age is the first vision test carried out ?	...	—
(3) How frequently is vision testing repeated throughout a child's school life ?	...	At age 8, 11 and 14 years.
(4) (a) Is colour vision testing undertaken ?	...	Yes.
(b) If so, at what age ?	...	Eleven years.
(c) Are both boys and girls tested ?	...	Boys only.
(5) By whom is vision and colour testing carried out ?	...	Vision testing by health visitors. Colour testing by school medical officers.
(6) (a) Is audiometric testing of entrants carried out ?	...	Yes in some urban areas and will be extended to the whole County when practicable.
(b) If so, how soon after entry is this done ?	...	Within two terms.
(7) If the hearing of entrants is not tested, at what age is the first audiometric test carried out ?	...	—
(8) By whom is audiometric testing carried out ?	...	Health visitors supported by school medical officers.

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	26	37	39	102		
		O	185	83	142	410		
5.	Eyes: (a) Vision ...	T	209	404	362	975		
		O	836	583	669	2,088		
	(b) Squint ...	T	66	10	38	114		
		O	111	16	77	204		
	(c) Other ...	T	10	10	11	31		
		O	38	6	22	66		
6.	Ears: (a) Hearing ...	T	11	6	8	25		
		O	101	19	25	145		
	(b) Otitis Media	T	10	18	13	41		
		O	51	11	16	78		
	(c) Other ...	T	3	3	3	9		
		O	39	10	13	62		
7.	Nose and Throat ...	T	92	15	36	143		
		O	843	48	129	1,020		
8.	Speech	T	68	4	23	95		
		O	328	14	36	378		
9.	Lymphatic Glands ...	T	34	—	9	43		
		O	556	10	82	648		
10.	Heart	T	12	6	8	26		
		O	105	35	52	192		
11.	Lungs	T	18	10	17	45		
		O	146	32	95	273		
12.	Develop- (a) Hernia ...	T	16	5	12	33		
	mental:	O	29	10	11	50		
	(b) Other ...	T	9	6	63	78		
		O	159	32	121	312		
13.	Orthopaedic: (a) Posture	T	21	43	76	140		
		O	64	39	83	186		
	(b) Feet ...	T	40	38	84	162		
		O	204	45	116	365		
	(c) Other...	T	38	46	60	144		
		O	321	113	164	598		
14.	Nervous (a) Epilepsy	T	2	2	3	7		
	System:	O	24	6	14	44		
	(b) Other ...	T	—	—	—	—		
		O	30	2	27	59		
15.	Psycho- (a) Develop- T	3	5	9	17			
	logical:	O	132	19	73	224		
	(b) Stability	T	4	7	12	23		
		O	157	22	87	266		
16.	Abdomen	T	—	1	—	1		
		O	47	9	28	84		
17.	Other	T	25	39	36	100		
		O	89	65	121	275		

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	4
5.	Eyes:		
	(a) Vision	59	43
	(b) Squint	4	2
	(c) Other	—	3
6.	Ears:		
	(a) Hearing	17	7
	(b) Otitis Media	—	—
	(c) Other	4	4
7.	Nose and Throat	10	20
8.	Speech	21	3
9.	Lymphatic Glands	2	11
10.	Heart	1	4
11.	Lungs	2	7
12.	Developmental:		
	(a) Hernia	1	—
	(b) Other	2	7
13.	Orthopaedic:		
	(a) Posture	3	6
	(b) Feet	6	14
	(c) Other	6	9
14.	Nervous System:		
	(a) Epilepsy	—	1
	(b) Other	—	3
15.	Psychological:		
	(a) Development	2	9
	(b) Stability	2	19
16.	Abdomen	—	2
17.	Other	25	13

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>	
	1961	1962
External and other, excluding errors of refraction and squint	27	49
Errors of refraction (including squint)	3,294	2,367
TOTAL	3,321	2,416
Number of pupils for whom spectacles were prescribed	1,520	1,546

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

	<i>Number of cases known to have been dealt with</i>	
	1961	1962
Received operative treatment:—		
(a) For diseases of the ear	—	—
(b) For adenoids and chronic tonsillitis	113	211
(c) For other nose and throat conditions	1	1
Received other forms of treatment	24	20
TOTAL	138	232
Total number of pupils in schools who are known to have been provided with hearing aids:—		
(a) In 1962	10	8
(b) In previous years	76	73

Table C — Orthopaedic and Postural Defects

	<i>Number of cases known to have been treated</i>	
	1961	1962
(a) Pupils treated at clinics or out-patients' depart- ments	819	834
(b) Pupils treated at school for postural defects	139	79
TOTAL	958	913

Table D — Diseases of the Skin

								<i>Number of cases known to have been treated</i>	
								1961	1962
Ringworm:	(a)	Scalp	...	...	...	...	...	—	—
	(b)	Body	...	...	...	...	...	3	—
Scabies	...	...	...	...	...	...	...	1	1
Impetigo	...	...	...	...	...	...	...	12	6
Other skin diseases	...	...	...	...	...	...	...	47	84
TOTAL								63	91

Table E — Child Guidance Treatment

								<i>Number of cases known to have been treated</i>	
								1961	1962
Pupils treated at Child Guidance Clinics								501	489

Table F — Speech Therapy

								<i>Number of cases known to have been treated</i>	
								1961	1962
Pupils treated by speech therapist								327	403

Table G — Other Treatment Given

								<i>Number of cases known to have been dealt with</i>	
								1961	1962
(a)	Pupils with minor ailments		...	...	...	...	...	307	226
(b)	Pupils who received convalescent treatment under School Health Service arrangements							10	8
(c)	Pupils who received B.C.G. vaccination							2,097	5,863
(d)	Other than (a), (b) and (c) above:								
	Orthoptic	...	...	...	...	...	...	503	461
	Enuresis (pad and bell alarms)	...	...	...	...	...	...	14	27
TOTAL (a)–(d)								2,931	6,585

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

Number of pupils on the registers of maintained primary and secondary schools (including nursery and special schools) in January, 1963 ... 57,857

(a) DENTAL AND ORTHODONTIC WORK:

(1) Number of pupils inspected by the Authority's Dental Officers:

	1961	1962	1961	1962
(i) At periodic inspection ...	49,374	43,165		
(ii) As specials ...	1,212	1,027	TOTAL	50,586 44,192
(2) Number found to require treatment				25,718 20,254
(3) Number offered treatment ...				23,304 18,234
(4) Number actually treated ...				8,959 8,176

(b) DENTAL WORK (OTHER THAN ORTHODONTICS):

(1) Number of attendances made by pupils for treatment, excluding those recorded at (c) (i) below ...			23,128	19,549
(2) Half days devoted to:				
(i) Periodic (school) inspection ...	447	370		
(ii) Treatment ...	3,738	3,351	TOTAL	4,185 3,721*
(3) Fillings:				
(i) Permanent teeth ...	15,884	13,538		
(ii) Temporary teeth ...	5,083	5,293	TOTAL	20,967 18,831
(4) Number of teeth filled:				
(i) Permanent teeth ...	13,603	11,552		
(ii) Temporary teeth ...	4,670	4,952	TOTAL	18,273 16,504
(5) Extractions:				
(i) Permanent teeth ...	870	665		
(ii) Temporary teeth ...	5,459	5,273	TOTAL	6,329 5,938
(6) Administration of general anaesthetics for extraction ...			457	464
(7) Number of pupils supplied with artificial teeth ...			48	28
(8) Other operations:				
(i) Permanent teeth ...	2,283	1,922		
(ii) Temporary teeth ...	2,097	2,087	TOTAL	4,380 4,009

(c) ORTHODONTICS:

(i) Number of attendances made by pupils for orthodontic treatment ...	1,792	1,883
(ii) Half days devoted to orthodontic treatment ...	154	145
(iii) Cases commenced during the year ...	154	147
(iv) Cases brought forward from the previous year ...	130	156
(v) Cases completed during the year ...	108	97
(vi) Cases discontinued during the year ...	20	15
(vii) Number of pupils treated by means of appliances ...	140	124
(viii) Number of removable appliances fitted ...	197	172
(ix) Number of fixed appliances fitted ...	—	—

* In addition the Principal School Dental Officer spent 210 sessions on administration.

SCHOOL HEALTH SERVICE
List of Clinics held in the County: 1962

Place	Address	Type of Clinic Held							
		Dental*	Minor Ailment	Refraction	Orthoptic	Orthopaedic	Physiotherapy	Speech	Child Guidance
ARUNDEL ...	Maltravers Street	—	—	Mon. 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.	Mon. a.m. Wed. & Thurs.	Tues. p.m. (monthly)	Mon. p.m. Tues a.m. Fri. a.m.	Mon. p.m. Wed. Fri. p.m.	— — Mon.-Fri.
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.	—
	Little Deerswood	—	—	—	—	—	—	Thurs. a.m.	—
FINDON ...	Parochial School	—	—	—	—	—	—	Tues. p.m. (fortnightly)	—
HORSHAM ...	Hurst Road	Mon.-Fri. Sat. a.m.	—	Mon.	—	†Mon.	Mon. p.m. Fri. a.m.	Tues. p.m. Wed.	—
	Brighton Road	—	—	—	—	—	—	—	Mon.-Fri.
LANCING ...	Irene Avenue	Mon.-Fri.	—	Tues. a.m. (fortnightly)	—	†Mon. p.m.	Tues. a.m. Fri. a.m.	Mon.	—
LITTLEHAMPTON	Elm Grove Road	Mon.-Fri. Sat. a.m.	Fri. a.m.	Wed. (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-BY-SEA	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.-Fri. a.m.	Fri. p.m.	Mon. a.m. Wed. Thurs. a.m.	Sat. a.m. (monthly)	Mon.-Fri. p.m.	Thurs.	—
	33 Madeira Avenue	—	—	Wed. p.m. (fortnightly)	—	—	—	—	—
	6 Southey Road	—	—	—	—	—	—	—	Mon.-Fri.
	Durrington School West Park School	—	As required 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.

Appendix A

COUNTY HEALTH COMMITTEE

(at 31st December, 1962)

Chairman: DR. IVAN CLOUT

Vice-Chairman: DR. O. M. WILBERFORCE

County Council Members

MRS. E. S. M. BAXENDALE
MRS. M. F. CALE
MRS. H. C. CARMAN
MRS. M. COBBY
CAPT. J. A. D. COCHRANE-BARNETT, O.B.E.
MR. E. G. R. FISK
MR. L. A. FOSTER
MR. W. J. GROVER
MR. A. A. HANKEY
*MR. E. G. HARVEY
(Chairman of the Finance and
General Purposes Committee)
MR. J. E. MILES

MRS. M. GALE MOORE
*MR. P. MURSELL, M.B.E., D.L.
(Chairman of the County Council)
MRS. P. B. P. NAUNTON, J.P.
MR. W. G. S. POPE
MR. C. W. REECE
MRS. N. B. M. SHARP
MRS. D. STAPLETON SKINNER
*BRIG. L. L. THWAYTES, D.L.
(Vice-Chairman of the County Council)
MR. R. M. TILLING
MR. M. D. WILLIAMS

Other Members

DR. A. G. K. LEDGER	representing the Local Medical Committee for West Sussex
DR. W. S. COLTART	representing the West Sussex Branch of the British Medical Association
MISS M. W. SPARKES	representing the Royal College of Nursing
MISS E. J. CLUNES	representing the West Sussex Branch of the Royal College of Midwives
CAPT. J. M. HODGES, D.S.O., O.ST.J., R.N. (Ret'd)	representing the Sussex Branch of the St. John Ambulance Brigade
MR. H. K. GRIFFITH, F.R.C.S.	representing the Sussex Branch of the British Red Cross Society
MAJOR-GENERAL L. A. HAWES, C.B.E., D.S.O., M.C.	representing the South West Metropolitan Regional Hospital Board
DR. H. ROSENBERG, O.ST.J.	representing the Executive Council for the County of West Sussex
MRS. J. L. VANRENEN	representing the Women's Voluntary Service
MRS. M. J. DAVIS POYNTER	

*Ex-officio member

Ambulance Sub-Committee

Chairman: MR. W. G. S. POPE

MRS. E. S. M. BAXENDALE	DR. A. G. K. LEDGER
MRS. M. F. CALE	MR. J. E. MILES
MR. L. A. FOSTER	MRS. M. GALE MOORE
MR. H. K. GRIFFITH, F.R.C.S.	MR. R. M. TILLING
CAPT. J. M. HODGES, D.S.O., O.ST.J., R.N. (Ret'd)	

*THE CHAIRMAN AND VICE-CHAIRMAN OF THE COUNTY COUNCIL AND OF THE COMMITTEE
AND THE CHAIRMAN OF THE FINANCE AND GENERAL PURPOSES COMMITTEE

Mental Health Sub-Committee

Chairman: DR. IVAN CLOUT

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

*THE CHAIRMAN AND VICE-CHAIRMAN OF THE COUNTY COUNCIL AND OF THE COMMITTEE
AND THE CHAIRMAN OF THE FINANCE AND GENERAL PURPOSES COMMITTEE

Nursing Sub-Committee

Chairman: DR. O. M. WILBERFORCE

MRS. E. S. M. BAXENDALE	MR. E. G. R. FISK
MRS. H. C. CARMAN	MRS. M. GALE MOORE
MISS E. J. CLUNES	MRS. N. B. M. SHARP
MRS. M. COBBY	MISS M. W. SPARKES
DR. W. S. COLTART	MRS. J. L. VANRENEN
MRS. H. CONSTANDUROS	THE HON. MRS. WYATT

*THE CHAIRMAN AND VICE-CHAIRMAN OF THE COUNTY COUNCIL AND OF THE COMMITTEE
AND THE CHAIRMAN OF THE FINANCE AND GENERAL PURPOSES 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.	MR. W. G. S. POPE
MR. E. G. R. FISK	MR. C. W. REECE
MR. L. A. FOSTER	

*THE CHAIRMAN AND VICE-CHAIRMAN OF THE COUNTY COUNCIL AND OF THE COMMITTEE
AND THE CHAIRMAN OF THE FINANCE AND GENERAL PURPOSES COMMITTEE

Executive Sub-Committee

THE CHAIRMAN AND VICE-CHAIRMAN OF THE COMMITTEE AND THE CHAIRMEN OF THE
FOREGOING SUB-COMMITTEES, IF MEMBERS OF THE COMMITTEE, AND ONE MEMBER
APPOINTED BY EACH SUB-COMMITTEE

*THE CHAIRMAN AND VICE-CHAIRMAN OF THE COUNTY COUNCIL AND THE CHAIRMAN
OF THE FINANCE AND GENERAL PURPOSES COMMITTEE

**Ex-officio member*

COUNTY EDUCATION COMMITTEE

(at 31st December, 1962)

Chairman: *BRIG. L. L. THWAYTES, D.L.
(Vice-Chairman of the County Council)

Vice-Chairman: MR. R. MARTIN

County Council Members

DR. H. M. AYRES, C.ST.J.	MR. C. P. MASON, M.B.E., J.P.
MR. H. H. BARRETT	MR. R. MAY
MAJOR S. R. BROOKS	MR. R. MILES
LADY BRUNDRETT	MRS. M. GALE MOORE
MR. E. T. BRYANT, J.P.	MR. T. C. MOORE
DR. IVAN CLOUT	*MR. P. MURSELL, M.B.E., D.L.
MR. L. A. FOSTER	(Chairman of the County Council)
MR. J. P. GEE, J.P.	MR. A. G. W. PENNEY, J.P.
MR. E. J. F. GREEN	MR. W. G. S. POPE
MR. R. J. HARRIS	LT.-COL. E. S. SHAXSON, M.C., D.L., J.P.
*MR. E. G. HARVEY	COL. E. L. STEPHENSON, D.S.O., M.C.
(Chairman of the Finance and General Purposes Committee)	MR. J. E. WHITTOME
MRS. M. KEOGH MURPHY	THE HON. R. T. B. WYNN, C.B.E.
	MR. A. A. HANKEY, J.P.

Other Members

MRS. D. STAPLETON SKINNER	
MR. D. W. MORECRAFT	representing Worthing Committee for Education
MRS. H. M. PERYER	
THE REV. A. R. SPOONER	
THE REV. CANON G. HANDISYDE	representing Religious Denominations
THE VERY REV. CANON E. WAKE, D.D.	
MR. K. D. ANDERSON, M.A.	representing teachers employed in schools maintained by the Local Education Authority
MR. S. J. WILKINS	
MR. F. C. WILLMOTT, M.A.	
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, C.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. H. M. PERYER
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
AND THE CHAIRMAN OF THE FINANCE AND GENERAL PURPOSES COMMITTEE

*Ex-officio member

Appendix B

STAFF

(at 31st December, 1962)

*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., D.M.A.

Lay Administrative Officer:

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

Medical Officers of the Department 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:

J. A. G. GRAHAM, M.B., Ch.B., D.P.H.

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

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

Medical Officer and School Medical Officer:

GABRIELLE J. GRASSET-MOLLOY, M.B., B.S., D.P.H.

Chief Dental Officer and Principal School Dental Officer:

P. S. R. CONRON, L.D.S.

Dental Surgeons:

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

HELEN M. POLLARD, B.D.S.

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

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

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

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

P. NATHANAIL, B.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.

Men

The pattern of psychiatric illness was similar in the old and the new towns, though perhaps there was a little less in the new. The highest levels were in the old town in the 30-40 age-group (26 per cent) and in the new town in the 40-55 age-group (24 per cent). These figures are what one would expect, since the new town had better factory morale, less travelling to work, better living conditions, and improved social clubs based on the factory.

In both groups the prevalence of psychiatric illness was greater in the managerial class (25.6 per cent) than among the weekly wage-earners (16.9 per cent). In bachelors this was 6 per cent, while in the married men it was 18 per cent. Obviously there are advantages in remaining single.

DISCUSSION

The lessons to be learnt from this investigation are primarily that psychiatric illness is far the commonest illness in any age-group of the adult population except men under 30. Psychiatric morbidity exceeded that for heart-disease by 15 to 1, for serious lung disease (acute uncomplicated pneumonia and pneumonitis are not included) by nearly 30 to 1, for neoplasm by 40 to 1, and for all other serious physical disease by 20 to 1. Surely we should no longer turn out students who have had only six or seven lectures on psychiatric illness and have not learnt how to handle the neuroses in detail and in depth?

The publicity given to 'New Town Blues' is unfortunate, for this survey shows on the whole no more psychiatric illness in the new town compared with the old. The only considerable exception is that, among women of reproductive age, more in the new town complained of depression (15.6 per cent compared with 9.5 per cent in the old town).

Why were the people in both towns so prone to mental ill health? It seems that the further one gets from subsistence level, the higher is the incidence of neuroses. When there is less need to struggle against environment, people are left with more psychic energy to employ in the struggle against themselves. Thus people who had stood up well to the most appalling housing conditions before they were moved to the new town, broke down when they were rehoused.

The results of the survey show that, if anything, psychiatric illness is increasing, and this is important in planning our mental-health services. The high incidence of neurotic illness found among a relatively stable and well-to-do population indicates the need to reconsider the staffing ratios of mental hospitals. At present it is not unusual for the neurotic patient in a mental hospital to see his doctor 3-4 times only in six to eight weeks. The problem is so big that it can only be tackled if more general practitioners are prepared to treat the neurotic patient. This means that doctors may need opportunities for post-graduate study and training. The treatment of neuroses, in the population as a whole, by psychoanalytical technique is impossible because of the sheer magni-

tude of the task. It is the more essential that the medical schools should turn out doctors who are able and willing to treat the neurotic patient.

I wish to thank my secretarial staff, who carried out the initial screening of the record cards, and the many doctors — particularly my partners — whose notes have made up the practice records.

REFERENCES

- Finlay, B. R., Gillison, K. H., Hart, R. D., Mason, R. W., Mond, N. C., Page, L. V., O'Neill, D. F. (1954) *Practitioner*, **172**, 183.
- Guiang, R. (1949) *J. Phil. Is. med. Ass.* **25**, 1.
- McCartney, J. (1950) *U.S. Forces med. J.* **1**, 1.
- Martin, F. M., Brotherston, J. H., Chave, S. P. (1957) *Brit. J. Prev. Soc. Med.* **11**, 196.
- Ministry of Housing and Local Government (1961) Annual report for 1960. Cmnd. 1435. H.M. Stationery Office.
- Pemberton, J. (1949) *Brit. med. J.* **i**, 306.
- Pougher, J. C. E. (1955) *ibid.* **ii**, 409.
- Taylor, S. (1938) *Lancet*, **i**, 759.

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.

*ELIZABETH L. R. DOUGLAS, M.B., CH.B., D.O.

*W. B. HEYWOOD-WADDINGTON, M.B., B.S., M.R.C.S., L.R.C.P.

*KATHLEEN M. THOMAS, B.A., M.B., B.Ch., B.A.O.

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 M. NASH, S.R.N., S.C.M., H.V. CERT.

MISS E. M. PARKER, S.R.N., S.C.M., H.V. CERT.

MISS J. W. PARNELL, 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 P. E. CORR, D.B.O.

*MISS G. TILLSON, D.B.O.

*MISS H. WISE, D.B.O.

Speech Therapists:

MISS M. G. A. McCOMBIE, L.C.S.T. MRS. J. M. MILES, L.C.S.T.
MISS V. C. OSBORNE, 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., DIP. ED. PSY.

Assistant Educational Psychologists:

*MISS J. TURNER, B.Sc.

Administrative Officer, Mental Health:

L. J. ELLIS, A.C.C.S.

Mental Welfare Officers:

MISS P. DUNNING MRS. R. GHOM, DIP. N.A.M.H.
L. O'RIORDAN, S.R.N., R.M.N. G. S. POPLER, 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

Medical Officers of Health of District Councils:

J. A. G. GRAHAM, M.B., Ch.B., 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

Appendix C

PSYCHIATRIC ILLNESS IN A NEW TOWN PRACTICE *

IVAN CLOUT, M.R.C.S.

GENERAL PRACTITIONER, CRAWLEY, SUSSEX.

Surveys of the prevalence of psychiatric illness in the new housing estates have ranged from the suburban private housing estate (Taylor 1938) to the out-country municipal estates (Martin, Brotherston, and Chave 1957). This paper attempts to assess the prevalence in a new town.

The difference between the new towns and the other forms of post-war housing is the way in which tenancies are allocated. In all the out-country estates and fringe developments the tenants came from housing lists, in order of priority. They included a high proportion of families

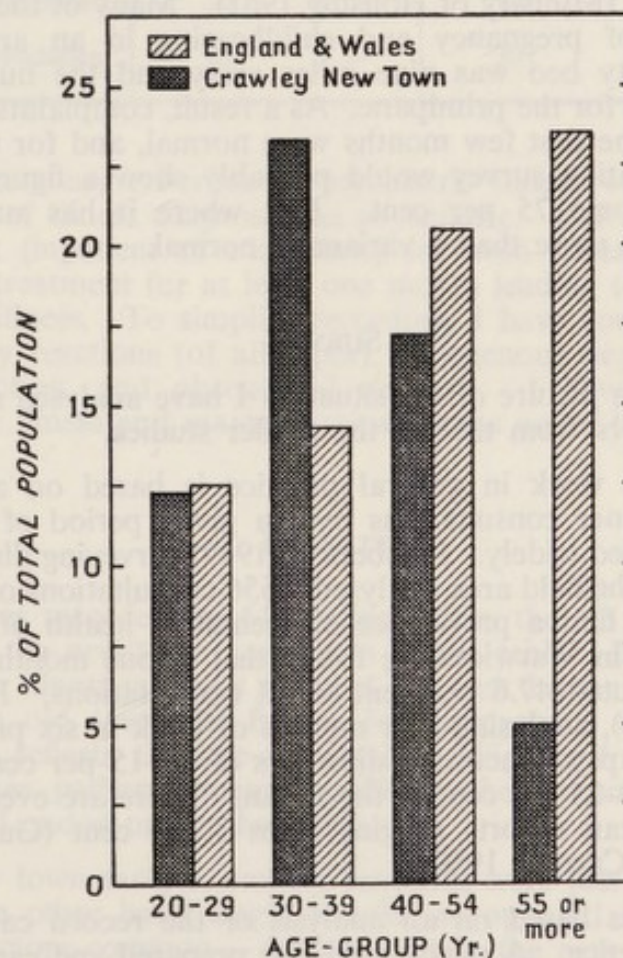


FIGURE 1 — Population distribution by age-groups in Crawley new town and in England and Wales.

*Reprinted (with permission) from THE LANCET, March 31, 1962, pp. 683-685.

who had been living in overcrowded conditions. Many members had tuberculosis, psychoneurotic disease, or heart disease. In the new towns, on the other hand, the tenants came because they were employed in a factory that decided to move to the new industrial estate. As a result they tended to be younger than the national average (fig. 1) and to be healthy.

The material is drawn from a practice of about 3,400 in a neighbourhood unit of Crawley. The neighbourhood was occupied between 1951 and 1953, and the sample includes a good number of families from the old town, who make a useful comparative group. The old town expanded as part of the railway development of the early 1900s and its industries were largely building, retail trade, timber, agriculture, and railway employment. The new town is entirely industrial and its population emigrated from the crowded areas of London south of the Thames.

The men moved to Crawley in working groups, and their morale remained high: if anything, the social activities based on the factories — such as organised games and clubs — increased. The wives, however, had severed their ties with mum and grandma, and had lost their familiar grocer and deliveryman. The new neighbourhoods were bleak and muddy, and often shops, schools, and halls were not ready till months after the houses (Ministry of Housing 1961). Many of the women faced the problems of pregnancy and childbearing in an area where the nearest maternity bed was nine miles away and the number of beds inadequate even for the primiparæ. As a result, complaints of depression and misery in the first few months were normal, and for these first two years a consultation survey would probably show a figure for neurotic complaint of some 75 per cent. But, where it has sufficient cause, depression is no more than a variant of normal.

SURVEY

To get a true picture of the situation I have analysed morbidity in a way which differs from that of the earlier studies.

Most of the work in general practice is based on an analysis of general-practitioner consultations over a given period of review. The results have varied widely. Pemberton (1949) surveying illness in general practice in the Sheffield area analysed 4,656 consultations of eight general practitioners to find a prevalence of mental ill health of 6.5 per cent. Pougher (1955) in Warwickshire found that in one month patients with neurosis constituted 47.6 per cent of all consultations. Finlay and his colleagues (1954), analysing four months of work in six practices, found a prevalence of psychoneurotic disorders of 10–15 per cent in the rural practices and 20–25 per cent in the urban. There are even wider variations in American reports ranging from 3 per cent (Guiang 1949) to 80 per cent (McCartney 1950).

My survey is based on an analysis of the record cards and notes kept on the practice. A punch card was prepared and cards were made for every patient over 20. Cards were scrutinised by the secretary, and every card that had entries for other than the common trivial ailments, such as colds, boils, or sore throats, was set aside for me. I assessed each case.

INCIDENCE OF ILLNESSES IN THE TWO GROUPS

<i>Illness</i>	<i>Old town patients</i>		<i>New town patients</i>		<i>TOTAL</i>
	No. 616	% 100	No. 1,280	% 100	
Psychiatric ...	147	24.0	362	28.2	509
Anxiety reactions ...	123	19.9	328	25.6	451
Endogenous depression ...	15	2.4	25	2.0	40
Schizophrenia ...	6	1.0	6	0.5	12
Obsessional neuroses ...	1	0.2	2	0.2	3
Addicts ...	2	0.3	1	0.1	3
Psychosomatic ...					
Asthma ...	3	0.5	11	0.9	14
Skin disease ...	5	0.8	18	1.4	23
Gastric ulcer ...	7	1.1	22	1.7	29
Other psychosomatic conditions ...	—	—	2	0.2	2
Major physical ...					
Heart ...	12	—	22	—	34
Lung ...	4	—	10	—	14
Neoplasm ...	6	—	6	—	12
Other major illnesses ...	7	—	18	—	25
No recorded attendance...	16	—	30	—	46

For the men, my criterion of psychiatric illness was a period off work because of illness diagnosed as psychiatric. For the housewife it was treatment (inpatient or outpatient) for such illness, or continued complaint or treatment for at least one month leading to a diagnosis of a psychiatric illness. To simplify recording, I have confined the headings to anxiety reactions (of all types), endogenous depression, schizophrenia, addiction, and obsessional neurosis. I have also recorded psychosomatic illness and major physical illness under broad groupings.

RESULTS

The illnesses recorded for 616 patients from the old town and 1,280 patients from the new town are shown in the table. In the new town the psychiatric illness-rate was about 4 per cent higher than in the old town. In the old town the figures for endogenous depression were higher, which reflects the age-distribution. Figures for schizophrenia were also higher, perhaps because families in the new town left relatives behind in the London mental hospitals.

In the new town sample, anxiety reactions were just over 6 per cent higher; on the other hand single attacks, as opposed to two or more attacks, were more common — 8.8 per cent in the new town as against 5.4 per cent in the old town — and figures for referral and admission were lower — 6.3 per cent new town patients were referred to specialists as against 8.9 per cent old town patients, and 3.6 per cent were admitted to hospital as against 4.9 per cent.

Fig. 2 shows that psychiatric illness was far commoner in women than in men — especially in middle age.

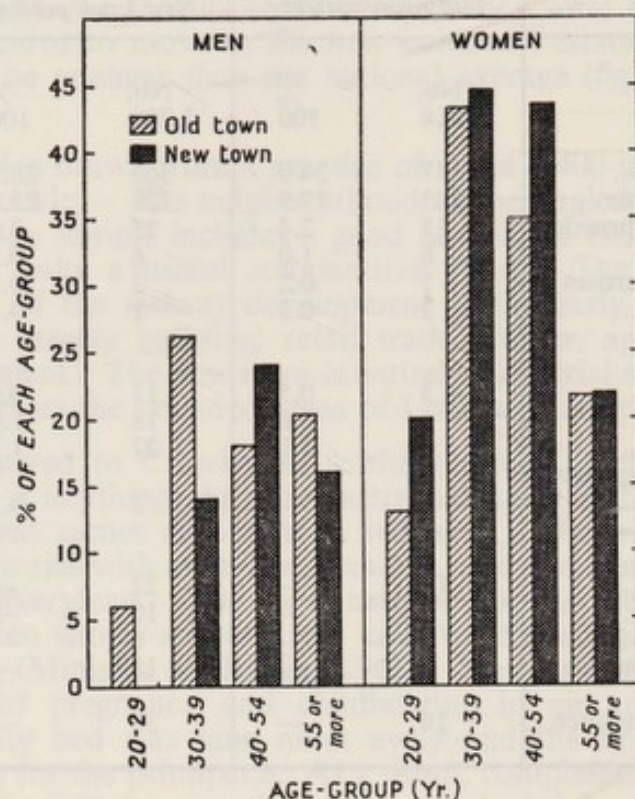


FIGURE 2 — Psychiatric illness as a percentage of each age-group in new and old towns.

Women

In the 30-40 age-group the prevalence of psychiatric illness was 43.3 per cent in the old town and 44.8 per cent in the new town (fig. 2). This suggests that neurosis is almost normal at this age. Even in the 40-50 age-group it was 43.6 per cent in the new town and 35 per cent in the old town. Throughout the reproductive period by far the greatest morbidity was caused by psychiatric illness.

Among women, such illness was only slightly commoner in the new town than in the old town. Even this difference may be false, for the records of women moving out of London were more complete, since many of them had been employed and had National Insurance records for the period before the National Health Service.

There was no apparent tendency for the size of the family to affect the mother's mental health, as is shown by the following figures for the incidence of psychiatric illness among women aged 30-55:

	Old town (%)	New town (%)
0 children	34	42
1 child	30	45
2 children	48	44
3 or more children	42	45

Appendix D

THE DEVELOPMENT OF THE HEALTH SERVICES: 1962 TO 1972*

*For which of you, intending to build a tower,
sitteth not down first, and counteth the cost,
whether he have sufficient to finish it? Lest
haply, after he hath laid the foundation, and is
not able to finish it, all that behold it begin to
mock him, Saying, This man began to build, and
was not able to finish.*

St. Luke xiv 28-30

PART I — INTRODUCTION

1. In January, 1962 the Minister of Health laid before Parliament a Command Paper entitled *A Hospital Plan for England and Wales* which sets out a long-term plan for the development of the hospitals over the next decade, within the framework of the National Health Service as a whole. This plan is complementary to the expected development of the services for prevention and for care in the community and the Ministry of Health have stated that a continued expansion of these services has been assumed in the assessment of the hospital provision to be aimed at.

2. By Circular 2/62 dated 23rd January, 1962 the Minister of Health stated that the local authority services will need to be planned for the same period ahead as the hospital service and he has called upon county and county borough councils to review their health and welfare services and to draw up a plan for developing them over the next ten years.

3. In preparing their plans, the Minister has asked local authorities to take account of what is happening in related fields and to consult with appropriate organisations providing health and welfare services on all aspects of the plan that concern them. In particular, the Minister has asked local authorities:

- (a) to cover ten years, broken into two five-yearly periods; plans for the first period are called for in more detail than for the second, though all will necessarily be provisional;
- (b) to deal with all their health and welfare services; and
- (c) to include information about estimated cost, about buildings to be erected, and about numbers of staff to be employed.

4. The Minister has asked that the contents of the plan, including the forecast of cost, should be reviewed annually, and that on each occasion it should be taken a year further forward, thus always covering the

*This report was approved by the County Council for submission to the Minister of Health on 27th July, 1962 subject to further consideration of the need to maintain the standards of nursing care in the rural areas.

decade lying ahead. He has requested the Council to send him summaries of the initial plan as soon as they are ready (in any case not later than 31st October, 1962) and to let him have the results of the annual review by the same date each year.

5. In framing the suggestions contained in this report, it has been assumed that:

- (a) the boundaries of the County Council's area will remain unchanged;
- (b) the estimated population of the County will increase from 411,000 in 1961 to 460,000 by 1966 and to 490,000 by 1971
- (c) prices, salaries, wages and interest rates will remain as at March, 1962.

6. The accompanying Appendix has been prepared in close consultation with other departments and I am particularly grateful to the County Treasurer and the County Architect for their assistance and advice.

PART II — THE COST

7. Part I of the accompanying Appendix gives details of the estimated net revenue expenditure on the various health services made available by the County Council for each of the next five years and for the last year of the ten-year plan. These estimates are based upon the suggestions contained in Parts II and III of the Appendix and show that the total cost of the services is expected to rise from £578,677 in the financial year 1962/63 to £922,800 in 1971/72 which is an average annual increase of about 5 per cent. In commending this rate of increase to the Council, regard has been paid to a number of factors, including:

- (a) the advice contained in Ministry of Health Circular 21/61 dated 10th August, 1961 that the growth in current expenditure over the next four years in the National Health Service as a whole (including, for this purpose, the local authority health and welfare services) is envisaged as running at a rate of about 2½ per cent per annum in real terms;
- (b) the intention of the Ministry of Health to plan the growth of hospital current expenditure at 2 per cent per annum in order to enable local health and welfare services to expand rather faster;
- (c) the view of the Ministry of Health that there will be room for variation in the rate of growth between different local authority areas according to local needs; and
- (d) the limited capital investment which has been set aside for the development of local health services in the County during the post-war years.

8. The following notes draw attention to the principal requirements of the various services, all of which are reflected in the estimates given in Part I of the Appendix.

- (a) *Care of mothers and young children*: In order to relieve pressure on existing buildings, to provide for developing services (such as chiropody and dental care) and for the increasing population, it is likely that small extensions of each of the older, purpose-built clinics will be required. Further provision has also been made for mothercraft training and for the care of the unmarried mother and her child.

- (b) *Home Nursing*: Most of the increasing expenditure will be needed for additional nursing staff (see paragraph 10(d)) but account has also been taken of the need to increase the use of disposable nursing equipment and to make additional funds available for the training of qualified nurses in district nursing techniques.
- (c) *Ambulance Service*: The estimates are based on those approved by the Council on 23rd February, 1962 in reaching the decision to provide a directly-administered service from 1st April, 1963.
- (d) *Prevention of Illness, Care and After Care*: Additional funds should be made available for an expanding health education programme and provision has accordingly been made for the erection of a health education centre and for the recruitment of the necessary staff. Account has also been taken of the need to expand the chiropody service (particularly for old people), to increase the facilities for recuperative convalescence and to provide better equipment to enable the sick, wherever possible, to be cared for at home.
- (e) *Domestic Help*: Recent experience suggests that provision should be made for a considerable and fairly rapid expansion of the home help service in order to enable the elderly and the sick to remain in their own homes as long as possible. During the past three years the number of persons requiring help has increased by 26.5 per cent (41.4 per cent in the chronic sick and aged category) but the total number of hours of home help provided has remained substantially the same.

Most of the additional expenditure will be required for the payment of staff (see paragraph 10(h)) but provision has been made for a number of motor vans (containing suitable home-cleaning equipment) to be available so that domestic helps can get to the more isolated parts of the County more easily.

At a recent meeting, senior officers of the South West Metropolitan Regional Hospital Board expressed doubt on whether this proposed expansion would be adequate bearing in mind the increasing and ageing population and the growing tendency to effect earlier discharge from hospital than has hitherto been the practice. The forecast of future requirements is nevertheless considered to be realistic (having regard particularly to the difficulty in recruiting home helps) and will in any case be reviewed annually.

A detailed report has been called for by the Nursing Sub-Committee to enable consideration to be given to whether this most important service should be directly administered by the County Council in the future or whether it should continue to be operated through the Women's Voluntary Service on an agency basis. The forecasts of staff and expenditure shown in Parts I and III of the Appendix are, however, likely to be required regardless of whether the service is administered by the County Council or by the Women's Voluntary Service.

- (f) *Mental Health*: The Royal Commission on the Law relating to Mental Illness and Mental Deficiency (1957) stated as one of their general principles for the future that there should be a re-orientation in the mental health services away from institutional care when the special facilities of the hospital service were not needed and towards care in the community. This principle, which has been accepted by Parliament and incorporated into the *Mental Health Act, 1959*, requires an expansion of local authority services such as the provision of residential accommodation for the mentally disordered (including in this term those hitherto classed as of unsound mind or as mentally defective); of adequate training facilities for children, young persons and adults; and of general social work to help all types of mentally disordered persons and their relatives, including a variety of forms of community care after patients leave hospital.

As will be seen from Part I of the Appendix, this expansion will result in a considerable increase in revenue expenditure during the next few years. Most of the building projects (see paragraph 9(e)) have already been considered by the County Health Committee and the recommendations regarding staff (see paragraph 10(f)) are due in part to the need to operate expanding services from these new buildings.

PART III — THE BUILDINGS

9. Part II(a) of the Appendix gives particulars of premises at present owned or rented by the County Council for the purpose of providing local health services. A forecast of those which should be made available during the next ten years is given in Part II(b) of the Appendix which envisages a phased programme of development along the following lines:

- (a) *Clinic Extensions*: Additional accommodation will be needed to house the expanding community health services, particularly those dealing with geriatric, chiropody and dental care. During the next decade, there may be some reduction in the number of ante-natal clinics but, on balance, it is likely that small extensions of each of the older, purpose-built clinics will be required.
- (b) *Nurses' Houses*: Provision has been made for the acquisition of houses at the rate of four a year during each of the next ten years. As far as possible, these should be ready-built and, provided adequate transport facilities are made available to the nurses, should be situated in urban rather than in isolated rural areas.
- (c) *Health Education Centre and Dental Laboratory*: This accommodation will be required, preferably at Chichester, in order to make better provision for the expanding health education and dental services.
- (d) *Ambulance Stations*: Provision has been made for the erection of eight ambulance stations during the next ten years, one of which (Chichester) will house the Central Control.
- (e) *Mental Health Training Centres and Hostels*: During the next ten years it is envisaged that there will be a need to provide two comprehensive day training centres for subnormal persons (i.e. centres capable of providing for the needs of both children and adults), one junior training centre for subnormal children, two residential hostels for children and three for adults.

PART IV — THE STAFF

10. The reasons for most of the recommendations contained in Part III of the Appendix, which gives particulars of estimated staff requirements, are given below. In framing some of these **recommendations** (particularly those relating to the health visiting, home nursing, home help and chiropody services) attention has been paid to the developing problem of the care of the elderly. Special account has also been taken of the increasing population; the annual percentage increase in the County's population during the years 1951 to 1961 was 2.4 which was greater than that of any other county in England and Wales, except Hertfordshire.

- (a) *Dentists*: Additional dentists (4 per cent of whose time would be allocated to the care of mothers and young children) will be needed as more dental surgeries become available. The facilities provided through the school health service (which has been excluded by the Ministry from the ten-year plan) will thereby be improved, but the additional staff will also enable more time to be given to the dental care of the pre-school child and the nursing and expectant mother. A similar increase is envisaged in the number of *dental surgery assistants* employed, and from 1965 (when trained workers should be more plentiful) a start should be made with the recruitment of *dental auxiliaries* and *oral hygienists*.

- (b) *Domiciliary Midwives*: It is unlikely that the need for midwives will increase. *A Hospital Plan for England and Wales* aims at implementing the recommendations of the Committee on Maternity Services (1959) that:
- (i) 70 per cent of confinements should take place in hospital (the County's present percentage is 58.6);
 - (ii) a period of ten days should be the normal stay in hospital after confinement; and
 - (iii) some seven ante-natal beds should be provided for every 1,000 births.

The implementation of these recommendations should, of themselves, reduce the need for domiciliary midwives but the increasing population of the County and the tendency towards earlier discharge from hospital suggests that the present level of recruitment should be maintained.

- (c) *Health Visitors*: The suggestion is that an additional health visitor should be recruited in each year which will preserve the level of recruitment of one health visitor for about 11,000 population. Although this is well below that of one health visitor for every 4,300 population recommended by the Departmental Working Party on Health Visiting (1956), it is considered to be an adequate and realistic standard for the County, having regard to the difficulty of recruiting trained staff and to the degree of support which will become available in the health visiting service from the increasing numbers of *clinic assistants* for which provision has been made.
- (d) *Home Nurses*: For various reasons, there will clearly be a need to expand the home nursing service and provision has accordingly been made for an increase of staff of about 10 per cent a year. It is suggested that half of this increase should relate to qualified *home nurses* and half to *nursing auxiliaries*.
- (e) *Ambulance Staff*: The forecasts of staff are the same as those reported to the County Council at the meeting held on 23rd February, 1962.
- (f) *Mental Health Staff*: The estimates of staff needed in the training centres have been based on a staff to pupil ratio of one to twelve, which is an improvement on the recommendation (now withdrawn) of one member of the staff to every fifteen pupils made by the Ministry of Health in 1949. This estimate may, however, require to be modified when the views of the Scott Committee (which has been considering the staffing of training centres) are made known.

The estimates of staff (other than domestics) for the hostels have been based on experience already gained at Rustington. It is envisaged that an adult hostel for 30 residents will need a warden, a matron and a housemother, and that an additional housemother will be required for a children's hostel providing similar accommodation.

Additional provision has been suggested for domiciliary social workers but the numbers required cannot be estimated with any precision until the amount of community care work to be undertaken in future by Graylingwell Hospital has been determined. For this reason no forecast has been made of the number of social workers required after the year 1965/66.

- (g) *Health Education Staff*: The recruitment of three *assistant health education organisers* and one *technical assistant* has been suggested during the first five years.
- (h) *Home Helps*: The need for home helps is expected to rise from 127 (as at 31st March, 1962) to 150 by 1964/65 and to increase thereafter (subject to satisfactory recruitment) at the rate of 25 a year.
- (i) *Chiropodists*: To meet the needs of the elderly, the physically handicapped and expectant and nursing mothers, it is suggested that an additional chiropodist should be recruited annually in the first five years and that two more posts should be established by 1971/72.

T. McL. GALLOWAY

County Medical Officer of Health

**WEST SUSSEX COUNTY COUNCIL
DEVELOPMENT OF LOCAL AUTHORITY HEALTH SERVICES**

PART I

**Net Revenue Expenditure
(including loan charges and capital expenditure from revenue)**

<i>Service</i>	<i>Estimate for 1962-63</i>	<i>Estimate for 1963-64</i>	<i>Estimate for 1964-65</i>	<i>Estimate for 1965-66</i>	<i>Estimate for 1966-67</i>	<i>Approx. estimate 1971-72</i>
	£ —	£ —	£ —	£ —	£ —	£ —
Health Centres	25,625	24,700	27,200	35,800	52,800	49,500
Care of Mothers and Young Children	71,400	71,600	72,600	72,300	72,300	72,600
Midwifery including expenditure as Local Supervising Authority	55,030	58,100	60,300	62,000	63,700	70,100
Health Visiting	98,475	106,600	114,000	121,500	129,000	166,000
Home Nursing	18,720	18,800	20,500	20,600	21,700	23,300
Vaccination and Immunisation...	121,517	110,300	119,600	128,000	134,200	149,000
Ambulance Service	13,820	16,000	17,900	25,300	29,700	27,000
Prevention of Illness, Care & After Care (excluding Mental Health)	50,530	53,300	62,100	71,500	81,900	99,800
Domestic Help	40,495	53,100	52,300	82,100	144,400	165,100
Mental Health	70,400	73,000	74,500	76,000	77,500	85,000
Expenditure under other enact- ments and on general admini- stration	12,665	13,000	13,300	13,600	13,900	15,400
Expenditure on local health services not reckonable for general grant	578,677	598,500	633,900	708,700	821,100	922,800
TOTAL FOR LOCAL AUTHORITY HEALTH SERVICES						

PART II
CAPITAL PROGRAMME
(a) List of Premises as at 31st March, 1962
(i) Premises owned by County Council

<i>Health clinics</i>	<i>Location and size</i>	<i>Approximate population served</i>	<i>Health clinics</i>	<i>Location and size</i>	<i>Approximate population served</i>
ALDWICK AND PAGHAM	Welfare House, 75 Rose Green Road	7,000	HORSHAM	Hurst Road	30,000
ARUNDEL	Granville House, Maltravers Street	3,500	LANCING	Irene Avenue	19,000
BOGNOR REGIS	Westloats Lane	20,000	LITTLEHAMPTON	Elm Grove Road	16,000
CHICHESTER	Chapel Street	30,000	PETWORTH	High Street	9,000
CRAWLEY (main clinic)	Exchange Road, Northgate	54,000	ROFFEY	Leechpool Lane, Roffey, Horsham	5,000
CRAWLEY (wing clinics) attached to primary schools:			SELSEY	County Primary School, High Street	4,000
GOSSOPS GREEN	Gossops Green C.P. School, Kidborough Road	5,000	SHOREHAM-BY-SEA	Middle Road	17,000
LANGLEY GREEN	Langley Green C.P. School, Langley Drive	8,500	WORTHING	Stoke Abbott Road	77,000
TILGATE	Bishop Bell C.P. School, Loppets Road, Tilgate	8,000			
THREE BRIDGES	Jubilee Hall, 180 Three Bridges Road, Three Bridges, Crawley	5,500	<i>Accommodation for nurses:</i>	28 units of housing accommodation in various parts of the Administrative County	

(i) Premises owned by County Council (continued)

<i>Premises</i>	<i>Location and size</i>	<i>Premises</i>	<i>Location and size</i>
<i>Mental Health Training Centre:</i>	Brougham Road, Worthing. Purpose-built; both sexes and all ages received; now inadequate for numbers attending Centre; intended to use these premises as a day training centre for adults when new purpose-built junior training centre at Ham Farm, Durrington Lane is available.	<i>Ambulance Station:</i>	Exchange Road, Crawley. Accommodation for 6 vehicles; in course of erection.
		<i>Mental Health Training Centre and Hostel:</i>	Station Road, Rustington, nr. Littlehampton. Residential hostel (25 residents) and industrial unit (50 pupils) for mentally subnormal males aged 16 to 40 years.

(ii) Premises rented by County Council

<i>Clinics at Village Halls, etc.</i>	<i>Location and size</i>	<i>Approximate population served</i>	<i>Clinics at Village Halls, etc.</i>	<i>Location and size</i>	<i>Approximate population served</i>
ALDINGBOURNE	Village Hall	3,000	CRAWLEY (Ifield)	Community Hall	6,000
ANGMERING	Village Hall; Vestry Hall	2,400	CRAWLEY (Southgate)	Community Hall	5,000
ASHINGTON	Community Centre	1,500	EAST PRESTON	Conservative Hall	3,500
BARNES GREEN	Village Hall	1,000	FELPHAM	Methodist Hall	9,000
BEEDING	Village Hall, High Street	3,000	FERNHURST	Village Hall	2,500
BILLINGSHURST	Women's Hall	3,000	FERRING	Village Hall	3,500
BOSHAM	Village Hall	3,500	FINDON	Old School House	1,200
BROADBRIDGE HEATH	Village Room, Wickhurst Lane	1,000	FUNTINGTON	Women's Institute Hall,	1,500
CAMELSDALE	Village Hall	1,500		East Ashling	500
CHICHESTER	Coronation Hall	30,000	GRAFFHAM	Empire Hall	1,500
	Relaxation classes only		HARTING	The Malt House	3,000
CLAPHAM AND PATCHING	Village Hall	500	HENFIELD	Parish Hall	500
COLGATE	Village Hall	1,500	HEYSHOTT	The Cobden Club Room	500
COWFOLD	Village Hall	1,500	HUNSTON	Village Hall Annexe	500

(ii) Premises rented by County Council (continued)

<i>Clinics at Village Halls, etc.</i>	<i>Location and size</i>	<i>Approximate population served</i>	<i>Clinics at Village Halls, etc.</i>	<i>Location and size</i>	<i>Approximate population served</i>
LODSWORTH ... LOXWOOD ... MIDHURST ... NORTHCHAPEL ... NORTH MUNDHAM ... OVING ... PARTRIDGE GREEN ... PULBOROUGH ... ROGATE ... RUDGWICK ...	Village Hall Village Hall Welfare Hall, Petersfield Road Working Men's Club Village Hall Village Hall Girl Guides' Hut Church Room Village Hall War Memorial Club; Home Guard Hall Village Hall Village Hall, Woodlands Ave. Village Hall Keynor Hut Church Hall, Stein Road Village Hall	500 1,000 5,000 1,000 1,000 1,000 2,000 3,000 2,000 2,000	WESTBOURNE ... WEST CHILTINGTON ... WISBOROUGH GREEN ... WITTERING ... YAPTON ...	No. 25 Families' Hostel Village Hall Village Hall Youth Hut, East Wittering Yapton and Ford Village Hall	3,500 1,500 1,500 5,000 2,000
RUSPER ... RUSTINGTON ... SHIPLEY ... SIDLESHAM ... SOUTHBORNE ... SOUTHWATER ... SOUTHWICK ...	Village Hall Village Hall Village Hall Village Hall Church Hall, Stein Road Village Hall	1,500 5,500 1,500 1,500 3,500 2,000	Rented for distribution of Government welfare foods only: CRAWLEY ... HORSHAM ... STORRINGTON ...	Hedley House, Three Bridges 33 London Road The Old Market Room at rear of the White Horse	5,500 30,000 5,000
(1) Social Club (2) All Souls Church Hall	The Twitten } Downsway }	12,000	<i>Accommodation for nurses:</i>	43 units of housing accommodation in various parts of the Administrative County.	
STEDHAM ... STEYNING ... STORRINGTON ... TANGMERE ... THORNEY ISLAND ... WALBERTON ... WARNHAM ... WASHINGTON ...	Village Hall St. Andrew's Hall, Jarvis Lane Girl Guides' Hall, Brown's Ln. Sick Bay, R.A.F. Station R.A.F. Station Parish Hall Village Hall Room, rear of Settattreeshop } Memorial Hall }	1,500 3,000 5,000 1,500 500 2,500 1,500 1,500	<i>Mental Health Training Centre:</i>	Stockbridge Hall, Donnington, nr. Chichester. Parish Hall of modern design and construction. Centre receives 25 persons (all ages and both sexes). Should be replaced by purpose-built Centre.	
			<i>Mental Health Training Centre:</i>	The Masonic Hall, Denne Road, Horsham. Purpose-built Masonic Temple. Centre receives 30 persons (all ages and both sexes). Should be replaced by purpose-built Centre.	

(b) Premises to be provided 1963/72

<i>Schemes (in order of priority)</i>	<i>Location and size</i>	<i>Need</i>	<i>Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)</i>	<i>Effect on Revenue Expenditure</i>
1962/63			£	£
MIDHURST: Ambulance Station	Bepton Road, Midhurst. Station for two vehicles.	NEW PROVISION: Driver and attendant work from home at present.	Buildings ... 8,042 Furniture ... 250 Site (already acquired) 912 <hr/> £9,204	+ 2,400
HOUSES FOR NURSING STAFF:				
COWFOLD: One house (site purchased 1961/62)	Accommodation for one nurse.	REPLACEMENT of nurse's cottage.	Total cost of scheme (Site £745 included) 4,905	—
HENFIELD: One house (site purchased 1961/62)	Accommodation for one nurse.	REPLACEMENT of nurse's cottage.	Total cost of scheme (Site £750 included) 4,910	—
HORSHAM: Acquisition of four maisonettes ...	Accommodation for four nurses.	REPLACEMENT of nurse's home at 52 Hurst Road, Horsham.	Total cost of scheme 11,500	+ 100
LANCING: One house (site purchased 1961/62)	Accommodation for one nurse.	NEW PROVISION.	Total cost of scheme 5,160 (site £1,000 included)	+ 100
LITTLEHAMPTON: Acqui- sition of two flats ...	Accommodation for two nurses.	NEW PROVISION.	Total cost of scheme 6,000	+ 200
PULBOROUGH: One house (site purchased 1961/62)	Accommodation for one nurse.	REPLACEMENT.	Total cost of scheme 5,160 (Site £1,000 included)	—
SHOREHAM-BY-SEA: Acquisition of one house	Accommodation for one nurse.	NEW PROVISION.	Total cost of scheme 3,375	+ 100

(b) Premises to be provided 1963/72 (continued)

<i>Schemes (in order of priority)</i>	<i>Location and size</i>	<i>Need</i>	<i>Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)</i>	<i>Effect on Revenue Expenditure</i>
1962/63 (continued)			£	£
HOUSES FOR NURSING STAFF (<i>continued</i>):				
SOUTHBOURNE: Acquisition of one house	Accommodation for one nurse.	REPLACEMENT of rented house.	3,250	—
SOUTHWICK: Acquisition of two flats ...	Accommodation for two nurses.	NEW PROVISION.	6,090	+ 200
			Totals 1962/63 ...	+ £3,100
1963/64				
CRAWLEY: Day Training Centre (comprehensive)	Crawley; 75 places.	NEW PROVISION: There is need for a purpose-built training centre to serve the population of the New Town of Crawley and the Horsham Urban and Rural Districts. At present, the Masonic Hall in Horsham is hired for this purpose, but numbers must be limited to 30 and facilities are inadequate.	Project ... 50,000 Furniture ... 5,000 Fees ... 3,000 Site ... 58,000 7,500 £65,500	+ 4,500
CHICHESTER: Ambulance and Control Station ...	Site not yet chosen; new control centre and station for eight vehicles.	NEW PROVISION: Ambulances operate from St. John Ambulance Head- quarters at present. This building is unsuitable for use as a permanent control centre, and garage facilities will become inadequate.	Buildings ... 17,700 Furniture ... 500 Site ... 2,000 £20,200	+ 13,900

(b) Premises to be provided 1963/72 (continued)

<i>Schemes (in order of priority)</i>	<i>Location and size</i>	<i>Need</i>	<i>Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)</i>	<i>Effect on Revenue Expenditure</i>
1963/64 (continued)			£	£
PULBOROUGH: Ambulance Station ...	Site not yet chosen; station for two vehicles.	NEW PROVISION: At present service operates from a County Council welfare home as a temporary arrange- ment. There is no room for expan- sion.	Buildings ... 8,000 Furniture ... 250 Site ... 1,000 £9,250	+ 3,900
HOUSES FOR NURSING STAFF: Acquisition of four houses ...	Location not yet decided; accommodation for four nurses.	NEW PROVISION and/or REPLACEMENT	4 houses at £3,500... 14,000	+ 200
*WORTHING: Junior Training Centre	Ham Farm, Durrington Lane, Worthing; 75 places.	NEW PROVISION: Present purpose-built Centre in Brougham Road (built during period of building restriction in 1951 for 30 day pupils) now inade- quate and temporary premises for adult females being hired in Methodist Church Hall, Lyndhurst Road. Pres- ent premises will be used as day training centre for adults.	Loan Project ... 50,000 Furniture ... 5,000 Fees ... 3,000 Site ... 58,000 7,200 £65,200	+ 9,900
			Totals 1963/64 £174,150	+ £32,400

* To be built under one contract with Worthing Hostel for Children.

(b) Premises to be provided 1963/72 (continued)

<i>Schemes (in order of priority)</i>	<i>Location and size</i>	<i>Need</i>	<i>Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)</i>	<i>Effect on Revenue Expenditure</i>
1964/65			£	£
*WORTHING: Residential Hostel for Children ...	Ham Farm, Durrington Lane, Worthing; 30 places.	NEW PROVISION: There is need for residential accommodation for child- ren from inadequate or distant homes.	<i>Loan</i> Project ... 80,000 Furniture ... 5,000 Fees ... 4,000 <hr/> Site ... 89,000 ... 4,800 <hr/> £93,800	+ 22,400
CHICHESTER: Day Train- Centre (comprehensive)	Summersdale Road, Chiches- ter (subject to site on R.H.B. land); 75 places.	NEW PROVISION: There is need for a purpose-built training centre to serve Chichester and Bognor Regis and the population in the coastal belt of Chichester Rural District.	Project ... 50,000 Furniture ... 5,000 Fees ... 3,000 <hr/> Site ... 58,000 ... 4,000 <hr/> £62,000	+ 4,500
BOGNOR REGIS: Ambulance Station ...	Site not yet chosen; station for six vehicles.	NEW PROVISION: At present service operates from St. John Ambulance Headquarters, which is due for demolition under the town develop- ment plan.	Buildings ... 13,500 Furniture ... 350 Site ... 2,000 <hr/> £15,850	+ 5,750

*To be built under one contract with Worthing Junior Training Centre.

(b) Premises to be provided 1963/72 (continued)

<i>Schemes (in order of priority)</i>	<i>Location and size</i>	<i>Need</i>	<i>Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)</i>	<i>Effect on Revenue Expenditure</i>
1964/65 (continued)			£	£
LANCING: Additional Health Clinic provision including dental surgery	South Lancing; 1,000 sq. ft.	NEW PROVISION: Existing clinic in North Lancing inadequate for expanding population	Loan Total cost of scheme 7,750 (including furniture)	+ 1,200
HOUSES FOR NURSING STAFF: Acquisition of four houses	Location not yet decided; accommodation for four nurses.	NEW PROVISION and/or REPLACEMENT.	4 houses at £3,500... 14,000	+ 200
			Totals 1964/65 £193,400	+ £34,050
1965/66				
CRAWLEY: Residential Hostel for children ...	Crawley; 30 residents.	NEW PROVISION: There is need for residential accommodation for children from inadequate or distant homes.	Project ... 80,000 Furniture ... 5,000 Fees ... 5,500 Site ... 90,500 5,000 £95,500	+ 15,000
WORTHING: Ambulance Station ...	Ham Farm, Durrington Lane, Worthing; station for eight vehicles.	NEW PROVISION: At present service operates from St. John Ambulance Headquarters. There is no garage provision, and control is in old adapted stables.	Loan Buildings ... 16,500 Furniture ... 500 Site ... 4,000 £21,000	+ 9,400
CHICHESTER: Additional Health Clinic provision including dental surgery	Chichester; 650 sq. ft.	NEW PROVISION: Extension to existing clinic, which is inadequate.	Total cost of scheme 5,000 (including furniture)	+ 1,000

(b) Premises to be provided 1963/72 (continued)

<i>Schemes (in order of priority)</i>	<i>Location and size</i>	<i>Need</i>	<i>Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)</i>	<i>Effect on Revenue Expenditure</i>
1965/66 (continued)			£	£
CHICHESTER: Health Education Centre and Dental Laboratory ...	Chichester; 1,250 sq. ft.	NEW PROVISION: To provide for re- quirements of expanding health educa- tion and dental services.	Total cost of scheme 12,500 (including furniture)	+ 1,000
HORSHAM: Health Clinic, including den- tal surgery ...	Horsham; to serve population of 30,000.	NEW PROVISION or IMPROVEMENT of existing premises.	Total cost of scheme 25,000 (including furniture)	+ 1,000
HORSHAM: Ambulance Station ...	Site not yet chosen; station for six vehicles.	NEW PROVISION: At present service operates from St. John Ambulance Headquarters. Garage facilities are poor and there is no room for expan- sion.	Buildings ... 13,500 Furniture ... 350 Site ... 2,000 £15,850	+ 5,000
HOUSES FOR NURSING STAFF: Acquisition of four houses. ...	Location not yet decided; accommodation for four nurses.	NEW PROVISION and/or REPLACEMENT.	4 houses at £3,500... 14,000	+ 200
1966/67			Totals 1965/66 £188,850	+ £32,600
WORTHING: Residential Hostel for mentally ill adults ...	Worthing; 30 residents.	NEW PROVISION: It is envisaged that a number of hostels will be needed for mentally ill patients.	Loan Project ... 50,000 Furniture ... 5,000 Fees ... 3,000 58,000 Site ... 8,000 £66,000	+ 14,500

(b) Premises to be provided 1963/72 (continued)

<i>Schemes (in order of priority)</i>	<i>Location and size</i>	<i>Need</i>	<i>Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)</i>	<i>Effect on Revenue Expenditure</i>
1966/67 (continued)			£	£
CRAWLEY: Residential Hostel for adult female subnormals	Crawley; 30 residents.	NEW PROVISION: This hostel will receive high-grade mentally subnormal females and a small number of mentally ill persons from any part of the County who are capable of working in the factory area of Crawley New Town.	Project 50,000 Furniture 5,000 Fees 3,000 Site 58,000 5,000 £63,000	+ 9,000
LITTLEHAMPTON: Ambulance Station ...	Site not yet chosen; station for four vehicles.	NEW PROVISION: At present ambulances operate from the site of the public mortuary. There is only one garage, and no room for expansion. The population of the area is growing.	Buildings 11,000 Furniture 300 Site 1,500 £12,800	+ 3,350
CRAWLEY: Additional Health Clinic provision	Pound Hill, Crawley; 1,000 sq. ft.	REPLACEMENT of clinic in Three Bridges, Crawley.	Total cost of scheme (including furniture) 7,750	—
WORTHING: Additional Health Clinic provision	Worthing; 1,020 sq. ft.	NEW PROVISION: Extension to existing clinic, which is inadequate.	Loan Total cost of scheme (including furniture) 8,750	+ 1,800
HOUSES FOR NURSING STAFF: Acquisition of four houses.	Location not yet decided; accommodation for four nurses.	NEW PROVISION and/or REPLACEMENT.	4 houses at £3,500 ... 14,000	+ 200
			Totals 1966/67 £172,300	+ £28,850

(b) Premises to be provided 1963/72 (continued)

<i>Schemes (in order of priority)</i>	<i>Location and size</i>	<i>Need</i>	<i>Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)</i>	<i>Effect on Revenue Expenditure</i>
1967/72 CHICHESTER: Residential Hostel for mentally ill adults	Chichester; 30 residents.	NEW PROVISION: It is envisaged that a number of hostels will be needed for mentally ill patients.	<div> <div>£</div> <div> Project ... 50,000 Furniture ... 5,000 Fees ... 3,000 <hr/> Site ... 58,000 ... 5,000 <hr/> £63,000 </div> </div>	+ 9,000
SHOREHAM-BY-SEA: Ambulance Station ...	Site not yet chosen; station for three vehicles.	NEW PROVISION: Although the St. John Ambulance Division are building a new headquarters in Southwick, it would be preferable for the ambulances to be based in Shoreham-by-Sea where there is a large hospital and also an airport. NEW PROVISION and/or REPLACEMENT.	<div> <div>£</div> <div> Loan Buildings ... 9,500 Furniture ... 250 Site ... 1,500 <hr/> 20 houses at £3,500 70,000 <hr/> £11,250 </div> </div>	+ 4,150
HOUSES FOR NURSING STAFF: Acquisition of 20 houses	Location not yet decided; accommodation for 20 nurses.			+ 1,000
WITTERING: Ambulance Station	Site not yet chosen; small office and garage/carport for one ambulance.	NEW PROVISION: There is a growing population in the area and in the peak summer months approximately 40,000 people can be on the beaches. In view of traffic problems, an ambulance in the area will more than ever become necessary and one can be detached from the Chichester station as necessary.	<div> <div>£</div> <div> Buildings ... 2,500 Furniture ... 100 Site ... 500 <hr/> £3,100 </div> </div>	+ 2,300
			Totals 1967/72 £147,350	+£16,450

PART III

STAFF

(Figures relate to whole-time equivalent in each case)

<i>Category of Staff</i>	<i>In post at</i> 31.3.62	1962/63	1963/64	1964/65	1965/66	1966/67	1971/72
Doctors	10.5	10.5	10.5	12.0	12.0	13.0	14.0
Dentists	0.58	0.58	0.58	0.62	0.70	0.74	0.94
Domiciliary midwives	52.5	55.5	55.5	56	56	56	56
Health visitors ...	37.4	38.2	39	40	41	42	47
Home nurses	80.5	84.5	89	93	97	101	121
Other nursing staff:							
Supervisory ...	3.3	3.3	3.3	3.3	3.3	3.3	4
Health education organiser & assistants	0.6	0.6	1.2	1.8	2.4	3.0	3.0
Clinic assistants ...	1.5	5	7	8	9	10	13
Nursing auxiliaries ...	—	—	4	8	12	16	36
Ambulance staff (num- ber of vehicles in brackets)	53 (29)	58 (31)	67 (34)	70 (35)	78 (36)	80 (36)	98 (43)
Staff (other than dom- estic) in training centres for mentally subnormal	10.5	12	15	16	21	25	25
Home helps:							
Supervisory ...	10.2	10.5	11	5	5	6	6
Field staff	127	130	135	150	175	200	250
Staff (other than dom- estic) in residential accommodation under section 28	4	4	5	5	9	16	23
Domiciliary social or welfare workers:							
(a) University or equiv- alent professional training:							
Almoners	3	3	3	3	3	3	3
Psychiatric social workers	—	—	1	1	1	†	†
(b) Other social workers:							
Mental welfare officers	4	4	4	4	5	†	†
Occupational therpaist	1	1	1	1	1	1	1
(c) Welfare assistants	—	—	1	2	3	†	†
Other staff:							
Dental auxiliaries ...	—	—	—	—	0.04	0.08	0.08
Oral hygienists ...	—	—	—	—	—	—	0.08
Dental surgery assist- ants	0.58	0.58	0.58	0.62	0.70	0.74	0.94
Chiropodists	—	1	2	3	4	5	7

† Number will depend on amount of community care work being undertaken by Graylingwell Hospital.

INDEX

	<i>Page No.</i>		<i>Page No.</i>
Accidents	23, 142	Deaths, infant ..	11, 12, 16, 24
Accident and emergency services	79	Deaths, tuberculosis	12
Acute encephalitis ..	28, 30	Dental Officer, report of Chief	42
Acute pneumonia ..	28, 30	Dental Officer, report of Principal School	134
Admission to hospital	55	Development of the health services	5, 165
Ambulance service	75	Diabetes, ascertainment of ..	115
Ambulance sub-committee ..	154	Diphtheria	27, 28, 129
Analgesia	47	Diphtheria immunisation ..	31
Ante-natal care	36	Distribution of welfare foods ..	40
Ascertainment of diabetes ..	115	Dysentery	27, 28
B.C.G. vaccination ..	58, 132	Electronic computer ..	8, 31
Births	5, 11, 12, 15, 24	Enuresis	123
Birth rate	5, 11, 12, 24	Environmental health	98
Blind persons	89	Epidemiology	27
Bronchitis	22	Erysipelas	28
Cancer, deaths ..	8, 12, 19, 20, 21	Executive sub-committee ..	154
Cancer and leukaemia survey ..	36	Eye clinics	117
Care and after care	53	Family doctors and health visitors	52
Care of mothers and young children	36	Family planning	39
Charges for medicaments ..	41	Finance	5
Child guidance	127	Fluoridation of domestic water supplies	8, 108, 109
Child minders	91	Food and drugs	98
Child population	111	Food poisoning	28
Child welfare centres	37	Footwear	114
Children and Young Persons Act, 1933	139	Gastro-intestinal infections ..	133
Children, physical condition of ..	113	Geriatric services	68
Chiropody	8, 65	General physical condition of children	113
Circulatory system, deaths from diseases of	21	Hair lacquer	115
Civil defence, ambulance and first aid section	79	Handicapped pupils	124
Cleanliness inspections	116	Health education	53, 139
Clinics, list of	151	Health services, integration of ..	95
Committees	9, 153	Health Visiting and Social Work (Training) Act, 1962	52
Computer	8, 31	Health visiting	49
Convalescence	67, 124	Hearing, children with impaired	126
Co-ordination with other health services	113	Home confinements, standards of medical care	48
County almoners	67	Home help service	61
County education committee ..	155	Home nursing	59
County health committee ..	153	Home safety	53
Dairies, inspection of	103	Hospital, admission to	55
Death rates	5, 12, 24		
Deaths, all causes ..	12, 17, 18		
Deaths, cancer ..	8, 12, 19, 20, 21		

	<i>Page No.</i>		<i>Page No.</i>
Hospital car service	78	Nursing sub-committee	154
Hospital confinements	46	Ophthalmia neonatorum	27, 90
Housing	104, 105	Orthopaedic clinics	118
Illegitimacy	11, 12, 15	Partially-sighted persons	89
Immunisation	31	Perinatal mortality	11, 24
Infant mortality	11, 12, 16, 24	Phenylketonuria	52
Infectious diseases	27, 28, 129	Physical education	136
Infestation with vermin	116	Physiotherapy	119
Influenza	22	Pneumonia	22
Influenza vaccination	35	Poliomyelitis	27, 129
Inhalational analgesics	47	Poliomyelitis vaccination	34
Inspection of schools	138	Population	12, 13, 14
Integration of the health services	95	Post-natal care	36
Marie Curie Memorial Founda- tion	68	Posture	115
Mass radiography	58	Premature births	15, 16
Maternal mortality	11, 22, 24	Premature infants, care of	44
Maternity liaison committees	49	Prevention of illness	7, 53
Maternity outfits	48	Psychiatric illness in a new town practice	159
Meals and milk (schools)	137	Public health sub-committee	154
Measles	27, 28	Puerperal pyrexia	29, 48
Medical aid	47	Pupil midwives, training of	48
Medical examination, staff	93	Radiography, mass	58
Medical examination, teachers	139	Refresher courses, health visitors	51
Medical inspection, school children	111	Refresher courses, midwives	48
Medicaments, charges for	41	Relaxation classes	39
Meningococcal infection	28	Respiratory system, deaths from diseases of	22
Mental health	6, 81	Road accidents	142
Mental health sub-committee	154	Rubella	27
Midwifery	46	Sampling, milk	100
Milk	98	Sampling, other	102
Milk for tuberculous patients	74	Sampling, water	108
Milk, in schools	137	Scarlet fever	29
Minor ailments	123	School health service	111
Morbidity	25	School hygiene and sanitation	110, 138
Mortality, infant	11, 24	School-leavers courses	140
Mortality, maternal	11, 24	School meals and milk	137
Mortality, neonatal	11, 24	Scott report	82
Mortality, perinatal	11, 24	Sewerage	105, 106
Mothercraft training	75	Smallpox	27
Mothers' clubs	55	Smallpox vaccination	34
Neighbourly help scheme	63	Smoking	8, 140
Neonatal deaths	11, 24	Special schools	126
Notifiable diseases	27, 30	Special services sub-committee	155
Number of pupils	111	Speech therapy	120
Nurseries and child minders	91	Staff	9, 156
Nurses agencies	93	Statistics, vital	11, 12, 18, 19, 24
Nursing homes	91, 93		

	<i>Page No.</i>		<i>Page No.</i>
Stillbirths	11, 24	Vaccination, influenza	35
Suicide	23	Vaccination, poliomyelitis	34
Sussex Rural Community Council	73	Vaccination, smallpox	34
Swimming baths	108	Vascular lesions of nervous system	21
Ten-year plan	5, 165	Venereal diseases	29
Tetanus immunisation	31	Vital statistics .. 11, 12, 18, 19, 24	
Training of pupil midwives ..	48		
Tuberculosis	12, 57, 130	Water, supplies and sampling	105, 107, 109
Tuberculosis, deaths	12, 19	Weather	25
Tuberculosis, notifications ..	57	Weighing centres	38
Typhoid fever	28	Welfare foods, distribution of ..	40
Unmarried mother and child, care of	41	Whooping cough	27
Vaccination and immunisation ..	31	Whooping cough immunisation	31
Vaccination, B.C.G.	58, 132	Winter vomiting disease	30
		Youth clubs	140

Printed by
The Hove Printing Co. Ltd.,
Hove, Sussex.
