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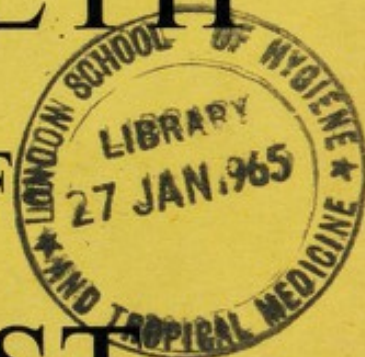
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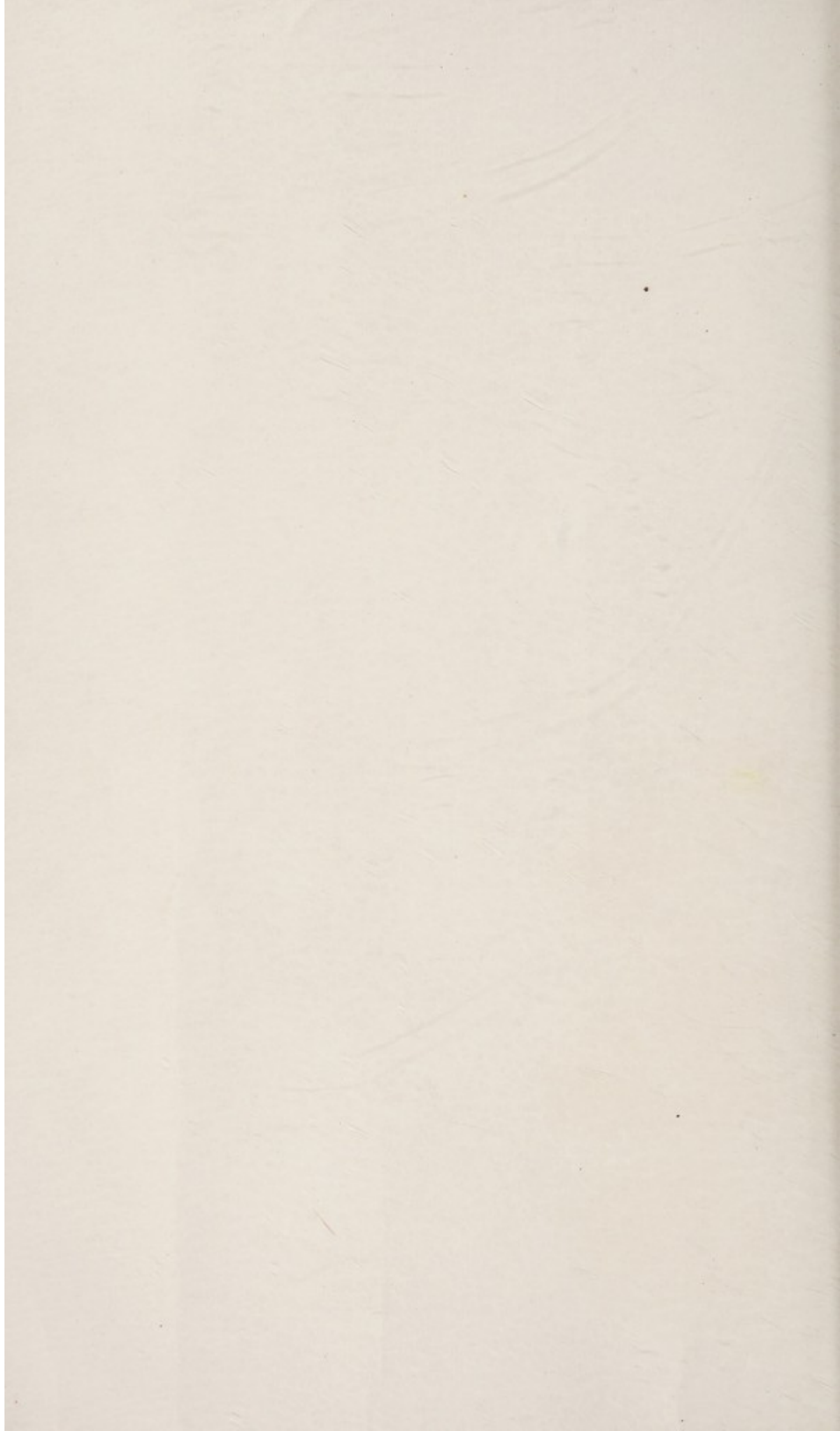
THE  
ANNUAL  
REPORTS  
OF THE  
COUNTY  
MEDICAL  
OFFICER  
OF  
HEALTH  
AND  
PRINCIPAL  
SCHOOL  
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THE  
HEALTH  
OF  
WEST  
SUSSEX

1963









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*Winners of  
The National  
Competition for  
Local Authority  
Ambulance  
Services: 1963  
Mr. P. Weeks  
and  
Mr. A. Weston*





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The welfare society depends for its success upon the way citizens will shoulder the duty of contributing their own effort; if they are encouraged to leave it to others without making any serious response themselves, then the whole aim of community welfare, which seeks to give all its members the opportunities of a fully mature life, will be undone. This duty of responsibility of course lies heavily on parents, and all who have the care of the young; but since many find it difficult to grow up, it must be shared by others too. Above all it rests with the individuals themselves, or, alas, the welfare may weaken rather than strengthen them.

*The Right Reverend  
Roger Wilson, D.D., Lord  
Bishop of Chichester.  
From the Foreword to  
the 1962 Annual Report  
on the work of the Chi-  
chester Diocesan Moral  
Welfare Association.*



Telephone: Chichester 3001

COUNTY HALL  
CHICHESTER

15th May, 1964

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 1963 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 fourth edition of such reports for which I have been responsible.

Although the statistics show that the health of the people remained good, I am afraid that the period covered by this Report will not be reckoned a vintage year from the point of view of the development of the health services for it was characterised more by delays and frustrations than by accomplishments.

#### **Developments and Delays**

In a recent study *Family Needs and the Social Services*,<sup>(1)</sup> it was shown that the National Health Service is by far the most used and the most appreciated of all the social services. It is becoming increasingly clear that, unless the pace of its development is quickened, its standards will fall to a level at which public confidence will neither be given nor be justified.

At the time the Ministry of Health called for the preparation of the ten-year plan for the development of the health services,<sup>(2)</sup> some 25 years had elapsed since any substantial and general capital investment had been made in the medical care services of this country. This issue having at last been forced (some 17 years after the *National Health Service Act* was passed), it is now obvious that the costs of building hospitals and arranging for their proper staffing, equipment and maintenance are so great that only absolute medical necessity can justify their provision. An example of reluctance to plan sensibly because of financial restrictions occurred towards the end of the year in the Worthing area where the hospital authorities decided against providing over the next few years a new district general hospital (a conservative estimate of the cost had been given as three million pounds) but rather to improve and extend on restricted sites the existing Southlands and Worthing Hospitals.

The consequence of stringent financial restrictions in the hospital service is a constant pressure to keep patients out of hospital wherever possible, and the expression *community care* bids fair to become the catch phrase of the day. But *does* the community *really* care? It is one thing to coin a phrase; it is another to bring about a rapid development of such domiciliary facilities as will both promote the health of the people and at the same time provide effectively for those whose health has broken down.



Many local authorities (including West Sussex) have begun to play their part in starting the transformation which will be required. In the belief that further economy and improved performance of the domiciliary services depend upon the emergence of the family doctor as the leader and director of the medical auxiliary staff and other resources made available by the local health authority, the County Council have begun to give vigorous and generous support to the services provided for the public by general medical practitioners. This is exemplified in the action taken by the Council to attach health visitors to general practice groups (now common in most of the urban areas of the County); in the growing use of the computer to manage vaccination and immunisation procedures and in the liberal provision now being made of home nursing equipment of many kinds.

"But of technical advance in general practice there is little sign — and for the simple reason that we have not yet found a means within our terms of reference to bring about an industrial revolution for the general practitioner. The Health Centre was intended to provide this grouping and technical support, but the idea has not yet got off the ground. The general practitioner is excluded from the hospital, so he continues to operate at cottage industry level, under-financed in terms of capital equipment and auxiliary support. At the same time a deep and widespread feeling exists that the personal relationship and responsibility for continuity of care which our system of general practice permits is something worth preserving. Our task is to reconcile the social advantages of general practice with technical advance. Until we do this, our services outside the hospital will be below the potential of which they are capable, and will continually require support from the hospital to compensate for this."<sup>(3)</sup>

Any opportunities which may be discovered or created whereby closer working and hence more effective partnership with general practice can be brought about will be examined as they occur and one obvious possibility may be to think in terms of the new health clinics to be provided in Horsham and Chichester as Health Centres providing common bases for local health authority and general practitioner service.

Exhortations to better performance are not enough. The general practitioners are individual entrepreneurs in contract with the Executive Council and they have neither the capital nor the administrative organisation to make rearrangements of this kind possible. I hope that the County Council may provide the stimulus which is at present lacking.

Developments in other directions were disappointing; in particular, progress in the acquisition of some building sites was lamentably slow. Although after two years of parley agreement was reached by the Group Hospital Management Committee, the Regional Hospital Board and the County Council, no final decision was made about the sale of a piece of land required for an ambulance station at Bognor Regis and at the end of the year the ball was squarely in the court of the Ministry of Health.

A similar period of negotiation with no different outcome was experienced over a site needed for ambulance and mental health purposes on hospital land at Chichester and another local public enquiry (following a similar investigation in 1962) had to be held by the Ministry of Housing and Local Government at Crawley where the County Council proposed to erect a training centre for the mentally subnormal on a site adjoining a primary school.



If the ten-year plan for the development of the health services is to mean anything at all, ways must be found to hasten our present entirely desirable but far too leisurely democratic processes. With hard work, careful planning and reasonable financial investment, the health services of the County could be improved beyond all recognition within the next ten years. But the prospects for improvement are extremely bleak if a quarter of that time must be wasted in arguing the toss over small pieces of land, some of which are already in public ownership.

### **The Fluoridation Fiasco**

Following a statement made by the Minister of Health in Parliament on 10th December, 1962 that he was ready to approve local health authority schemes for the fluoridation of domestic water supplies, the Council decided on 22nd February, 1963 to urge all water undertakers operating in the County to raise to an approved level the fluoride content of the water they supply as soon as they could conveniently do so after 1st April, 1964.

No sooner had this step been taken than the ranks of the anti-fluoridationists began to close and they pressed their claims upon their elected representatives with such energy and persistence that the decision made by the Council in February was reversed in November.

I have made known my views in support of the fluoridation of domestic water supplies on many occasions and I have found no reason to modify those views in any way since an Expert Committee of the World Health Organisation<sup>(4)</sup> reported in 1958 that, as regards the possible risks which might result from treating water supplies in this way, they had formed the opinion that *safety was guaranteed by a body of evidence without precedent in public health procedures*. The possible dangers of fluoridation were also considered in some detail during the course of an action which lasted 62 days in the High Court, Dublin in which a housewife sought to have the *Health (Fluoridation of Water Supplies) Act, 1960* held unconstitutional. In delivering his reserved judgment on 31st July, 1963 in which he held that the Act was not unconstitutional, Mr. Justice Kenny said:

"I am satisfied beyond the slightest doubt that the fluoridation of public water supplies in this country to a concentration of one part per million will not cause the slightest damage or injury to the health of anybody living in this community."

In a speech made at the opening of a new clinic at Hitchin, Hertfordshire on 17th May, 1963 the then Minister of Health (The Right Honourable Enoch Powell, M.B.E., M.P.) put the case for fluoridation in simple language:

"Even at the age when children enter school, let alone by the time they leave it, much of the work of the dentist consists of repair and not prevention: the mouths of all too many children will already have suffered irretrievable damage before they are dealt with here. Fortunately we know a way in which a great deal of this damage can be prevented safely, surely and simply, for we know that in areas where the drinking water is not deficient in fluoride, children's dental health is vastly better than elsewhere;



we know that water with adequate fluoride has been used by millions of people and their ancestors from time immemorial without any ill effects; and we know that water with fluoride brought up to the requisite level artificially is indistinguishable in any respect from water containing it naturally.

I am aware that there are cranks who are trying to hold up fluoridation by scaremongering and misrepresentation. It is hard to speak of these people in moderate language. They themselves drink water which contains numerous chemicals artificially added. They themselves drink water which already contains fluoride, sometimes at appreciable levels. Yet, for the sake of a private fad or personal quirk they would be satisfied to see whole generations of children grow up suffering avoidable pain and ill-health. This must not be allowed to happen."

There is a time for research and there is a time for action. In the minds of all reasonable and fair-minded people there should be no doubt that the second stage has now been reached regarding the fluoridation of domestic water supplies.

### **The Problems of Old Age**

By comparison with the country as a whole, the population of the County is old. There are now almost as many persons over the age of 65 in West Sussex as there are children under the age of fifteen.

This imbalance of the age structure of the population is not evenly distributed throughout the County. There are more old people living in the coastal districts. In Worthing, for example, over 36 per cent of the population is of pensionable age and there are more persons in the Borough between the ages of 65 and 69 than in any other age group.

Throughout the County as a whole, more than 14,000 persons of pensionable age (mostly female) are living alone and with many loneliness is not their only problem for, by modern standards, they are also poor — some 12,300 old persons are receiving allowances from the National Assistance Board.

I commend for the consideration of all who are concerned about the problems of old age the excellent report on page 73 by Dr. R. B. Franks regarding the geriatric services in the Worthing area. In this report, Dr. Franks not only draws attention to a number of serious inadequacies in the present services but also shows how improvements could be brought about.

It is becoming increasingly clear that far more will have to be done for old people in the future than has ever been thought desirable in the past. If public resources cannot be increased in order to bring this about, then a re-allocation will need to be made of such resources as are already available; less may well have to be spent on some services in order to ensure that adequate funds are provided for the support of the elderly. There is something wrong with a social order which takes all possible steps to safeguard the interests of children and young persons but which fails to provide adequately and with dignity for the old and the infirm. Any country which neglects to do that has lost its sense of justice and its capacity for compassion.



## **Nursing Homes**

The Report contains an account of some important legal changes made during the year which will empower the County Council to improve standards of accommodation, care and staffing in those private nursing homes where conditions have not been all that might be desired. The *Nursing Homes Act, 1963* was one of those short, unobtrusive measures in which Parliament does good almost by stealth. Its passage was so uncontentious that it had received the Royal Assent before most people were aware that a change in the law was even being considered.

The Act authorised the Minister of Health to make regulations by statutory instrument as to the conduct of nursing homes and these came into operation on 27th August, 1963. In addition to giving statutory effect to the provision of basic facilities and services, the regulations empower the Council to direct compliance with the new standards and to prosecute for failure to do so. Before the law was changed, the only way in which an unsatisfactory nursing home could be dealt with was for its registration to be cancelled, a drastic step which could result in the patients being rendered homeless.

There are about 18,500 beds in registered private nursing homes in England and Wales. Of this number, over 1,000 are situated in West Sussex. The Council's newly-acquired powers should do much to ensure high standards of care for all who need to be looked after in accommodation of this kind.

## **The Ambulance Service**

One of the important events of the year was the setting up by the Council on 1st April, 1963 of the directly-administered arrangements for the provision of ambulance transport. As recorded elsewhere in the Report, the newly-created service celebrated its inauguration by winning all the trophies in the National Ambulance Competition.

The Report gives an account of some of the preparations which preceded the introduction of the new arrangements and draws attention to a number of developments which are likely to improve still further the efficiency of the service over the next few years.

## **Committees and Staff**

The Council learned with regret of the death on 18th December, 1963 of Dr. O. M. Wilberforce, Vice-Chairman of the County Health Committee. She had been a member of the Council for eight years and was always deeply interested in the work of the Nursing Sub-Committee over which she presided. Dr. Wilberforce was greatly admired and respected by all who worked with her at County Hall. As Vice-Chairman of the County Health Committee she was succeeded by Mr. R. M. Tilling and as Chairman of the Nursing Sub-Committee by Mrs. E. S. M. Baxendale.

The year saw the retirement of Dr. W. Ainslie. He had served West Sussex well as Deputy County Medical Officer of Health and Deputy Principal School Medical Officer for 16 years and had played an important rôle in the development of the ambulance, mental health and



school health services. Despite the many privations he suffered during the War, Will Ainslie, as he was known to all his friends, was always approachable and always full of kindness and human understanding.

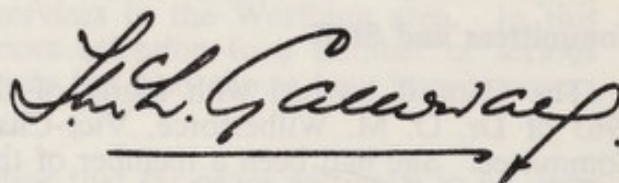
Another sad loss to the Department was brought about by the retirement of Dr. J. Carse from the post of Medical Superintendent of Graylingwell Hospital, Chichester, an appointment he had held with distinction for 25 years. He will long be remembered for the improvements he carried out at the hospital and, in particular, for the lead he gave in developing services for the domiciliary care of the mentally ill. Dr. Carse served for many years as a co-opted member of the Mental Health Sub-Committee; his knowledge and experience of this field of medicine were always a source of great support and benefit to my predecessor and to me.

### Acknowledgments

Special tribute is due to the staff of the Department for the work they have carried out during the year. Some of them have borne heavy additional burdens brought about by re-organisation and the impact of the development plan, and it is with great pleasure that I take this opportunity of thanking them publicly for their great efforts. It is often said that there is a built-in resistance to change in most of us but the staff have shown considerable determination in facing up to a number of problems created by changing concepts in the provision of local health services. They have also done much to ensure that the growing resources being made available by the Council are wisely and economically used. An excellent team is being built up in which the enthusiasm of youth is blending well with the wisdom acquired through experience.

I am also indebted to colleagues in other Departments for the counsel and practical assistance they have so freely made available and to the many voluntary organisations and workers whose efforts have so greatly facilitated the activities of the Department.

I must again record my thanks to the members of the Council and in particular to those who serve on the County Health and County Education Committees for all they have done to promote the better health and social welfare of the people.



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

### REFERENCES.

- (1) PEP (Political and Economic Planning); 1961; *Family Needs and the Social Services*; London.
- (2) 23rd January, 1962; Ministry of Health Circular 2/62.
- (3) Brotherston, J. H. F.; 1963; *The Use of the Hospital: Review of Research in the United Kingdom*; MEDICAL CARE 4, 225.
- (4) W.H.O. Techn. Rep. Ser., 146.



# 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 1962 are also shown for comparative purposes. Comments on most of these statistics are made elsewhere in the Report.

<i>Live Births</i>	1962	1963
Number ... ..	6,183	6,395
Rate a 1,000 population ... ..	14.8	17.3
<i>Illegitimate Live Births</i> (per cent of total live births) ...	5.6	5.8
<i>Stillbirths</i>		
Number ... ..	106	92
Rate a 1,000 total live and still births ... ..	17.1	14.2
<i>Total Live and Still Births</i> ... ..	6,289	6,487
<i>Infant Deaths</i> (deaths under one year) ... ..	124	114
<i>Infant Mortality Rates</i>		
Total infant deaths a 1,000 total live births ...	20.1	17.8
Legitimate infant deaths a 1,000 legitimate live births ... ..	18.8	17.1
Illegitimate infant deaths a 1,000 illegitimate live births ... ..	40.7	29.4
<i>Neonatal Mortality Rate</i>		
(Deaths under four weeks a 1,000 total live births)	14.9	13.4
<i>Early Neonatal Mortality Rate</i>		
(Deaths under one week a 1,000 total live births) ...	13.1	11.1
<i>Perinatal Mortality Rate</i>		
(Stillbirths and deaths under one week combined a 1,000 total live and still births) ... ..	29.4	25.1
<i>Maternal Mortality</i> (including abortion)		
Number of deaths ... ..	2	—
Rate a 1,000 total live and still births ... ..	0.3	—

The table on page 14 gives details of the population and the main vital statistics for each County district. The table on page 20 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. This is less than the average acreage of all counties in England and Wales (596,000 acres) but considerably greater than the average of all local health authorities in England and Wales (259,294 acres).



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

	Estimated population middle of 1963	No. of births	Birth rates		No. of illegitimate births	No. of deaths	Death rates		Deaths under one year	Infant mortality rate a 1,000 births	Respiratory tuberculosis		Cancer death rate
			Crude	Standardised			Crude	Standardised			No. of deaths	Death rate	
<b>Urban Districts</b>													
Arundel (M.B.) ...	2,640	36	13.6	17.3	1	45	17.0	12.0	1	27.8	—	—	3.4
Bognor Regis ...	28,620	409	13.3	17.5	43	538	18.8	11.7	13	31.8	—	0.03	3.3
Chichester (M.B.) ...	19,560	252	12.9	13.4	15	374	19.1	11.3	1	4.0	1	0.05	2.6
Crawley ...	56,790	1,268	22.3	17.6	38	345	6.1	12.5	24	18.9	—	—	1.0
Horsham ...	22,430	376	16.8	17.8	14	230	10.3	9.3	9	23.9	1	0.04	1.5
Littlehampton ...	16,220	293	18.1	20.4	21	245	15.1	11.8	4	13.7	—	—	2.8
Shoreham-by-Sea ...	17,690	264	14.9	15.5	23	203	11.5	10.2	3	11.4	—	—	2.1
Southwick ...	11,990	155	12.9	14.7	11	170	14.2	11.6	4	25.8	—	—	2.8
Worthing (M.B.) ...	79,710	856	10.7	16.3	56	1,934	24.3	11.4	17	19.9	6	0.08	3.8
<b>All Urban Districts</b>	<b>255,650</b>	<b>3,909</b>	<b>15.3</b>	<b>17.1</b>	<b>222</b>	<b>4,084</b>	<b>16.0</b>	<b>11.3</b>	<b>76</b>	<b>19.4</b>	<b>9</b>	<b>0.04</b>	<b>2.6</b>
<b>Rural Districts</b>													
Chancetbury ...	23,320	346	14.8	17.8	13	340	14.5	11.4	2	5.8	1	0.04	2.8
Chichester ...	53,650	793	14.8	17.0	55	562	10.5	9.5	11	13.9	2	0.04	1.8
Horsham ...	25,280	427	16.9	17.6	24	259	10.2	9.6	8	18.7	—	—	1.9
Midhurst ...	17,890	265	14.8	16.6	15	353	19.7	12.8	5	18.9	1	0.05	2.6
Petworth ...	9,920	166	16.7	20.4	9	134	13.5	10.4	2	12.0	—	—	2.7
Worthing ...	40,000	489	12.2	16.9	36	902	22.6	12.2	10	20.4	1	0.03	3.8
<b>All Rural Districts</b>	<b>170,060</b>	<b>2,486</b>	<b>14.6</b>	<b>17.4</b>	<b>152</b>	<b>2,550</b>	<b>15.0</b>	<b>11.1</b>	<b>38</b>	<b>15.3</b>	<b>5</b>	<b>0.03</b>	<b>2.6</b>
<b>Administrative County</b> ...	<b>425,710</b>	<b>6,395</b>	<b>15.0</b>	<b>17.3</b>	<b>374</b>	<b>6,634</b>	<b>15.6</b>	<b>11.2</b>	<b>114</b>	<b>17.8</b>	<b>14</b>	<b>0.03</b>	<b>2.6</b>



## Population

According to the Registrar General's estimate, the mid-year population of the County was 425,710. This was 7,240 more than in 1962 which was itself 7,540 more than in 1961. The post-war growth in the population of the County has been impressive.

Year	Mid-year population*	Population increase		Year	Mid-year population*	Population increase	
		Persons*	Per cent			Persons*	Per cent
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
1954	339	11	3.30	1963	426	7	1.73

\*Figures to nearest thousand.

The mid-year population of the County was considerably above the average for county boroughs in England and Wales (166,000) and of all Welsh counties (158,000). It was, however, less than the average of English counties (578,000) but approximated more closely to the average of all counties in England and Wales (488,000).

The table on page 16 shows the estimated population variations in the County and in each of the district council areas during the past five years. There was an increase of 11.3 per cent in the population of the County as a whole during that period and this increase was shared fairly evenly between the urban and rural districts. The proportion of persons living in rural compared with urban areas remained almost twice as high in West Sussex as in England and Wales as a whole.

Amongst the urban districts, the largest increase took place in Crawley U.D. (20.9 per cent), Horsham U.D. (17.7 per cent) and Shoreham-by-Sea U.D. (14.4 per cent). The Boroughs of Arundel (0.8 per cent) and Chichester (2.4 per cent) showed the smallest increases.

In the rural areas, the population growth was greatest in Worthing R.D. (19.5 per cent), Horsham R.D. (15.7 per cent) and Chichester R.D. (11.2 per cent). By far the smallest increase was in Petworth R.D. (2.4 per cent).



**POPULATION: 1958 to 1963**

DISTRICT	Home Population							Increase 1958 to 1963		Increase 1962 to 1963	
	30th June, 1958	30th June, 1959	30th June, 1960	30th June, 1961	30th June, 1962	30th June, 1963	No. of persons	Percentage increase	No. of persons	Percentage increase	
<b>Urban Districts</b>											
Arundel (M.B.)	2,620	2,620	2,680	2,630	2,650	2,640	20	0.8	-10	-0.4	
Bognor Regis	26,080	26,310	26,920	27,200	28,070	28,620	2,540	9.7	550	2.0	
Chichester (M.B.)	19,100	19,060	19,030	19,480	19,540	19,560	460	2.4	20	0.1	
Crawley	46,970	50,710	52,150	53,860	55,360	56,790	9,820	20.9	1,430	2.6	
Horsham	19,060	19,470	19,950	21,320	21,950	22,430	3,370	17.7	480	2.2	
Littlehampton	15,050	15,150	15,630	15,640	15,920	16,220	1,170	7.8	300	1.9	
Shoreham-by-Sea	15,470	15,980	16,190	17,240	17,520	17,690	2,220	14.4	170	1.0	
Southwick	11,500	11,640	11,740	11,870	11,870	11,990	490	4.3	120	1.0	
Worthing (M.B.)	74,550	75,260	77,140	79,550	79,750	79,710	5,160	6.9	-40	-0.1	
<b>All Urban Districts</b>	<b>230,400</b>	<b>236,200</b>	<b>241,430</b>	<b>248,790</b>	<b>252,630</b>	<b>255,650</b>	<b>25,250</b>	<b>11.0</b>	<b>3,020</b>	<b>1.2</b>	
<b>Rural Districts</b>											
Chancetisbury	21,890	22,050	22,270	22,810	23,070	23,320	1,430	6.5	250	1.1	
Chichester	48,260	48,040	48,680	50,110	51,520	53,650	5,390	11.2	2,130	3.5	
Horsham	21,850	22,190	22,610	24,040	24,590	25,280	3,430	15.7	690	2.8	
Midhurst	16,940	17,010	17,150	17,520	17,890	17,890	950	5.6	—	—	
Petworth	9,690	9,740	9,770	9,690	9,770	9,920	230	2.4	150	1.5	
Worthing	33,470	34,770	35,330	37,970	39,000	40,000	6,530	19.5	1,000	2.6	
<b>All Rural Districts</b>	<b>152,100</b>	<b>153,800</b>	<b>155,810</b>	<b>162,140</b>	<b>165,840</b>	<b>170,060</b>	<b>17,960</b>	<b>11.8</b>	<b>4,220</b>	<b>2.5</b>	
<b>Administrative County</b>	<b>382,500</b>	<b>390,000</b>	<b>397,240</b>	<b>410,930</b>	<b>418,470</b>	<b>425,710</b>	<b>43,210</b>	<b>11.3</b>	<b>7,240</b>	<b>1.7</b>	



Compared with 1962 there were (with three exceptions) increases in the population in all the county districts. There was an estimated decrease of 10 in Arundel M.B., 40 in Worthing M.B. and the population of Midhurst R.D. was estimated to have remained unchanged.

Appendix F gives a summary of the more important local details ascertained at the 1961 Census, a report on which was published by the General Register Office in March, 1964.

## Births

There were more live births registered in the County during 1963 than ever before. The total of 6,395 was 212 more than the previous year and gave a crude rate of 15.0 a 1,000 live births which was 0.2 higher than in 1962. The adjusted rate for the County was 17.3 a 1,000 live births which, though marginally lower than the national rate of 18.2, was nevertheless higher than at any time since the years immediately after the First World War. The table on page 26 gives the number of births in the County in previous years and compares the local and national rates.

In all but three of the fifteen county districts the birth rate increased but in only one area (Petworth R.D.—20.4) was the rate higher than that for England and Wales. The lowest rate (13.4) was in Chichester M.B.

There was a further increase (from 344 in 1962 to 374 in 1963) in the number of illegitimate live births. In the County as a whole, one in seventeen of all live births was to an unmarried mother. Illegitimacy was highest in Bognor Regis U.D. (1 in 9) and lowest in Arundel M.B. (1 in 36) and Crawley U.D. (1 in 33).

Stillbirths registered during the year numbered 92, which was 14 less than in the previous year. This number gave a stillbirth rate of 14.2 a 1,000 total (live and still) births. In 1962 the rate was 17.1. The provisional rate for England and Wales in 1963 was 17.3.

Although the number of premature (live and still) births was roughly the same in 1963 as in the previous year, the percentage of premature births to total (live and still) births continued to fall.

1957	1958	1959	1960	1961	1962	1963
7.5	6.6	6.7	6.6	6.2	6.4	6.2

The following table gives particulars of all premature births in each county district during 1963.



### Premature Births: 1963

County District	3lb. 4oz. or less	Over 3lb. 4oz. up to and including 4lb. 6oz.	Over 4lb. 6oz. up to and including 4lb. 15oz.	Over 4lb. 15oz. up to and including 5lb. 8oz.	Total pre-mature births	Total notified (live and still) births	Percentage of births weighing 5½lb. or less
<b>Urban Districts</b>							
Arundel (M.B.)	— (—)	— (—)	— (—)	— (—)	— (—)	36	—
Bognor Regis ...	11 (3)	6 (1)	4 (—)	16 (3)	37 (7)	415	8.9
Chichester(M.B.)	1 (—)	1 (—)	5 (1)	8 (—)	15 (1)	255	5.9
Crawley ...	20 (8)	16 (2)	20 (—)	34 (—)	90 (10)	1,288	7.0
Horsham ...	3 (1)	4 (1)	2 (—)	13 (—)	22 (2)	381	5.8
Littlehampton ...	5 (4)	6 (—)	4 (—)	5 (—)	20 (4)	298	6.7
Shoreham-by-Sea ...	2 (1)	1 (—)	1 (—)	7 (1)	11 (2)	267	4.1
Southwick ...	1 (1)	3 (—)	2 (—)	4 (—)	10 (1)	156	6.4
Worthing (M.B.)	9 (4)	7 (2)	14 (1)	20 (—)	50 (7)	864	5.8
<b>Total Urban Districts ...</b>	<b>52 (22)</b>	<b>44 (6)</b>	<b>52 (2)</b>	<b>107 (4)</b>	<b>255 (34)</b>	<b>3,960</b>	<b>6.4</b>
<b>Rural Districts</b>							
Chanctonbury ...	3 (2)	2 (—)	6 (—)	9 (—)	20 (2)	350	5.7
Chichester ...	8 (3)	11 (5)	11 (1)	23 (—)	53 (9)	808	6.6
Horsham ...	4 (2)	3 (1)	5 (1)	10 (—)	22 (4)	436	5.0
Midhurst ...	3 (2)	3 (—)	1 (—)	5 (—)	12 (2)	269	4.5
Petworth ...	— (—)	4 (—)	2 (—)	2 (—)	8 (—)	167	4.8
Worthing ...	6 (3)	7 (1)	7 (—)	13 (1)	33 (5)	495	6.7
<b>Total Rural Districts ...</b>	<b>24 (12)</b>	<b>30 (7)</b>	<b>32 (2)</b>	<b>62 (1)</b>	<b>148 (22)</b>	<b>2,527</b>	<b>5.9</b>
<b>Administrative County ...</b>	<b>76 (34)</b>	<b>74 (13)</b>	<b>84 (4)</b>	<b>169 (5)</b>	<b>403 (56)</b>	<b>6,487</b>	<b>6.2</b>

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

### Infant Mortality

There were 114 deaths of infants under one year of age, giving an infant mortality rate of 17.8 a 1,000 live births. Deaths in urban districts numbered 76 and the remaining 38 (exactly one-third of the total) were attributable to the rural areas.

Of all the infant deaths, 86 took place during the first four weeks of life and this resulted in a neonatal mortality rate of 13.4 a 1,000 live births, compared with 14.9 in 1962 and 13.3 in 1961.

As in previous years, most of the infant deaths (81.6 per cent) were due to congenital malformations or to other defined and ill-defined diseases. Deaths from pneumonia fell from 16 in 1962 to 6 in 1963. For the first time for many years, there was a death from measles. Particulars of the various causes of infant deaths are given in the table on page 20.



Perinatal mortality (stillbirths and deaths under one week a 1,000 total [live and still] births) was also lower in 1963. The rate was 25.1 compared with 29.4 in the previous year. The rate for England and Wales in 1962 was 30.8; the national figure for 1963 was not available at the time this Report was prepared.

The trends in the infant mortality rate for the County and for England and Wales over the last ten years are shown below.

	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
West Sussex	23.9	21.1	24.3	19.5	18.0	16.8	20.3	18.0	20.1	17.8
England & Wales	25.4	24.9	23.7	23.1	22.6	22.2	21.9	21.6	21.6	20.9

### Deaths from All Causes

There was an eight per cent increase in the number of deaths from all causes. After adjustment for inward and outward transfers, the total number attributable to the County was 6,634, an increase of 512 over the previous year.

The crude death rate was 15.6 a 1,000 population (14.6 in 1962 and 14.5 in 1961) and 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 10.8 a 1,000 population. The provisional national rate was 12.2 a 1,000 population which was 0.3 higher than that for 1962.

The following table gives particulars of the crude and adjusted death rates in urban and rural districts for each of the past seven years and enables comparisons to be made with the annual rates for England and Wales.

AREA	<i>Death rate a 1,000 of the estimated population</i>						
	1957	1958	1959	1960	1961	1962	1963
<b>Urban Districts</b>							
Crude ... ..	13.4	14.2	14.5	14.6	14.9	14.9	16.0
Adjusted ... ..	10.3	11.1	12.2	12.1	12.8	13.0	11.3
<b>Rural Districts</b>							
Crude ... ..	12.1	13.1	13.7	13.8	14.0	14.2	15.0
Adjusted ... ..	9.9	10.7	11.4	11.7	12.3	12.6	11.2
<b>Administrative County</b>							
Crude ... ..	12.9	13.8	14.2	14.3	14.5	14.6	15.6
Adjusted ... ..	10.2	11.0	11.8	12.2	12.6	12.9	10.8
<b>England and Wales</b> ...	11.5	11.7	11.6	11.5	12.0	11.9	12.2



### 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 ...	9	5	—	—	—	1	5	8
2. Tuberculosis, other	—	2	—	—	—	—	—	2
3. Syphilitic diseases ...	4	3	—	—	—	—	2	5
4. Diphtheria ...	—	—	—	—	—	—	—	—
5. Whooping cough ...	—	—	—	—	—	—	—	—
6. Meningococcal infections ...	2	—	—	—	—	—	1	1
7. Acute poliomyelitis	—	—	—	—	—	—	—	—
8. Measles ...	1	3	1	1	—	—	—	2
9. Other infective and parasitic diseases ...	5	5	—	—	—	1	3	6
10. Malignant neoplasm, stomach ...	51	56	—	—	—	2	22	83
11. Malignant neoplasm, lung bronchus ...	191	52	—	—	—	6	93	144
12. Malignant neoplasm, breast ...	1	123	—	—	—	8	48	68
13. Malignant neoplasm, uterus ...	—	40	—	—	—	4	18	18
14. Other malignant and lymphatic neoplasms	264	325	1	—	3	17	163	405
15. Leukaemia, aleukaemia ...	18	12	—	—	6	3	9	12
16. Diabetes ...	14	19	—	—	1	1	5	26
17. Vascular lesions of nervous system ...	352	650	—	—	—	7	109	886
18. Coronary disease, angina ...	692	505	—	—	—	14	213	970
19. Hypertension with heart disease ...	46	70	—	—	—	—	16	100
20. Other heart disease ...	376	642	—	—	—	4	61	953
21. Other circulatory disease ...	127	168	—	—	—	5	30	260
22. Influenza ...	43	40	3	1	3	1	12	63
23. Pneumonia ...	227	303	6	4	—	7	40	473
24. Bronchitis ...	209	82	3	—	3	—	51	234
25. Other diseases of respiratory system	45	16	2	—	—	1	7	51
26. Ulcer of stomach and duodenum ...	31	28	—	—	—	1	9	49
27. Gastritis, enteritis and diarrhoea ...	8	19	1	1	—	—	4	21
28. Nephritis and nephrosis ...	15	14	—	—	—	4	3	22
29. Hyperplasia of prostate ...	27	—	—	—	—	—	2	25
30. Pregnancy, child birth, abortion ...	—	—	—	—	—	—	—	—
31. Congenital malformations ...	23	22	31	2	2	2	3	5
32. Other defined and ill-defined diseases...	148	247	62	3	1	18	54	257
33. Motor vehicle accidents ...	42	19	—	2	3	30	12	14
34. All other accidents	54	59	4	3	4	18	20	64
35. Suicide ...	33	42	—	—	—	23	29	23
36. Homicide and operations of war ...	5	—	—	—	—	2	—	3
<b>All Causes ...</b>	<b>3,063</b>	<b>3,571</b>	<b>114</b>	<b>17</b>	<b>26</b>	<b>180</b>	<b>1,044</b>	<b>5,253</b>



Amongst the county districts, the adjusted death rate was highest in Midhurst Rural District (followed closely by Crawley U.D.) and was lowest in the Urban District of Horsham.

Mortality of females was again higher than that of males. The 3,571 female deaths amounted to 53.8 per cent of the total number, an increase of 1.3 per cent over 1962.

The table on page 14 gives details of the numbers of deaths and the crude and standardised death rates for each county district. The table on page 20 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 the various age groups during each of the past two years are shown below.

	<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 ...	77 (67)	11 (15)	12 (11)	30 (28)	76 (65)	598 (593)	904 (834)	1,355 (1,297)	3,063 (2,910)
Females ...	37 (57)	6 (13)	14 (9)	9 (10)	65 (64)	446 (397)	749 (706)	2,245 (1,956)	3,571 (3,212)
TOTAL ...	114 (124)	17 (28)	26 (20)	39 (38)	141 (129)	1,044 (990)	1,653 (1,540)	3,600 (3,253)	6,634 (6,122)
<i>Percentage of total ...</i>	1.7 (2.0)	0.3 (0.5)	0.4 (0.3)	0.6 (0.6)	2.1 (2.1)	15.7 (16.2)	24.9 (25.2)	54.3 (53.1)	100.0 (100.0)

*Note:* The figures in brackets relate to 1962.

Of all deaths in 1963, 94.9 per cent occurred at ages of 45 years or over, a decrease of 0.4 per cent compared with the previous year. Approximately 4 deaths out of every 5 were of persons over the age of 65 years; one in two survived their 75th birthday.

### **Tuberculosis Deaths**

Compared with the previous year, deaths from respiratory tuberculosis fell from 24 to 14 which was the lowest figure ever recorded in the County. All but one of these 14 deaths were of persons over the age of 45 years.

The two deaths from non-respiratory disease were both of persons over the age of 65 years. The gradual decline in the numbers of deaths from respiratory and non-respiratory tuberculosis over the past ten years is shown in the following table. Nationally, the death rate from respiratory tuberculosis has fallen by 69 per cent since 1953.



Year	Respiratory						Non-Respiratory					
	0-	25-	45-	65-	75-	Total	0-	25-	45-	65-	75-	Total
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	-	-	-	-	-	-
1963	-	1	5	4	4	14	-	-	-	1	1	2

### Cancer Deaths

Details of the age and sex distribution of deaths from various forms of cancer are given in the table on page 23. Following increases of 4.5 per cent in 1962 and 10.1 per cent in 1961, the loss of life from cancer was marginally less in 1963 than in the previous year. Nevertheless, 1,133 persons died from cancer during the period under review. This was 82 more than the average for the past seven years and accounted for 17.1 per cent of the deaths from all causes.

Apart from cancer of the uterus and of other organs, there were fewer deaths in 1963 from all other forms of cancer. The lung remained the principal site for cancer in males and, although deaths from cancer of this site were fewer in 1963 than in the previous year, it is unlikely that this will prove to be more than a temporary interruption in the upward trend which has become so well-established in recent years. This trend is shown below together with, for comparison, the corresponding figures for females.

Year	Number of deaths from cancer of the lung and bronchus							
	25 to 44 years		45 to 64 years		Over 65 years		All ages	
	Male	Female	Male	Female	Male	Female	Male	Female
1950	7	1	39	7	19	7	65	15
1951	6	1	42	13	53	18	101	32
1952	-	-	43	12	44	15	87	27
1953	3	1	59	6	36	22	98	29
1954	6	3	52	10	59	18	117	31
1955	2	1	59	14	65	19	126	34
1956	1	1	57	15	66	16	124	32
1957	2	1	54	11	83	20	140	32
1958	6	1	82	12	97	18	185	31
1959	5	1	84	9	92	25	181	35
1960	1	-	71	9	95	13	167	22
1961	6	1	61	27	112	25	180	53
1962	4	3	89	28	119	24	212	55
1963	4	2	75	18	112	32	191	52
TOTALS	53	17	867	191	1,052	272	1,972	480



### Deaths from Cancer: 1963

Site	MALES								FEMALES								Total Males and Females		
	Age Group								Age Group										
	0-	1-	5-	15-	25-	45-	65-	75-	Total Males	0-	1-	5-	15-	25-	45-	65-		75-	Total Females
Stomach ...	— (—)	— (—)	— (—)	— (—)	2 (—)	18 (20)	11 (24)	20 (22)	51 (66)	— (—)	— (—)	— (—)	— (—)	— (—)	4 (11)	18 (18)	34 (24)	56 (54)	107 (120)
Lung, bronchus ...	— (—)	— (—)	— (—)	— (—)	4 (4)	75 (89)	76 (76)	36 (43)	191 (212)	— (—)	— (—)	— (—)	— (—)	2 (3)	18 (28)	26 (14)	6 (10)	52 (55)	243 (267)
Breast ...	— (—)	— (—)	— (—)	— (—)	— (—)	1 (—)	— (—)	— (1)	1 (1)	— (—)	— (—)	— (—)	— (—)	8 (10)	47 (42)	26 (34)	42 (45)	123 (131)	124 (132)
Uterus ...	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	4 (—)	18 (8)	9 (22)	9 (4)	40 (34)	40 (34)
Other organs ...	1 (—)	— (1)	1 (1)	1 (—)	7 (7)	68 (71)	87 (75)	99 (115)	264 (270)	— (1)	— (1)	2 (1)	2 (1)	7 (16)	95 (67)	97 (92)	122 (106)	325 (285)	589 (555)
Leukaemia, aleukaemia ...	— (—)	— (1)	4 (—)	1 (—)	1 (1)	6 (9)	1 (—)	5 (10)	18 (21)	— (—)	— (2)	2 (—)	— (1)	1 (2)	3 (6)	3 (3)	3 (6)	12 (20)	30 (41)
<b>TOTAL</b> ...	1 (—)	— (2)	5 (1)	2 (—)	14 (12)	168 (189)	175 (175)	160 (191)	525 (570)	— (1)	— (3)	4 (1)	2 (2)	22 (32)	185 (162)	179 (183)	216 (195)	608 (579)	1,133 (1,149)

Note: The figures in brackets relate to 1962.



The following table gives particulars of the numbers of deaths from various forms of cancer over the past seven years.

<i>Site</i>	1957	1958	1959	1960	1961	1962	1963	<i>Seven-year average</i>
Stomach ... ..	94	97	103	121	109	120	107	107
Lung and bronchus	172	216	216	189	233	267	243	219
Breast ... ..	107	106	115	109	116	132	124	116
Uterus ... ..	39	41	37	44	39	34	40	39
Other ... ..	465	528	551	500	571	555	589	537
Leukaemia and aleukaemia ...	25	36	29	35	31	41	30	32
<b>TOTAL ... ..</b>	<b>902</b>	<b>1,024</b>	<b>1,051</b>	<b>998</b>	<b>1,099</b>	<b>1,149</b>	<b>1,133</b>	<b>1,051</b>

### Deaths from Diseases of the Circulatory System

Following a slight fall in the number of deaths from these causes in 1962, there were 401 more deaths in 1963 than in the previous year. Mortality from this group of diseases again accounted for more than half the total number of deaths and 87.3 per cent (0.3 per cent less than in 1962) were of persons over the age of 65 years.

Coronary disease continued to increase its toll and, of the 1,197 deaths due to this cause, almost one-fifth (213) were in the age group 45 to 64 years. Deaths of males to females at this period of life were in the ratio of more than three to one.

The numbers of deaths from the various diseases of the circulatory system over the past seven years are shown below.

<i>Disease</i>	1957	1958	1959	1960	1961	1962	1963
Vascular lesions of the nervous system ... ..	750	794	902	910	934	872	1,002
Coronary disease, angina ... ..	708	796	877	1,006	1,003	1,056	1,197
Other heart disease* ... ..	906	1,025	1,027	1,051	1,018	1,031	1,134
Other circulatory disease ... ..	205	224	273	226	289	268	295
<b>TOTAL ... ..</b>	<b>2,569</b>	<b>2,839</b>	<b>3,079</b>	<b>3,193</b>	<b>3,244</b>	<b>3,227</b>	<b>3,628</b>
Percentage of total annual deaths ... ..	54.0	53.9	55.6	56.2	54.3	52.7	54.8

\*Includes hypertension with heart disease.

### Deaths from Diseases of the Respiratory System

The further increases in the numbers of deaths ascribed to influenza, pneumonia and bronchitis reflected to some extent the severity of the weather at the beginning of the year and the inability of the elderly to withstand the wintry conditions.



Deaths due to this group of diseases were 41.7 per cent more than the average for the past seven years and no less than 85.1 per cent were of persons over the age of 65 years.

<i>Disease</i>	1957	1958	1959	1960	1961	1962	1963	<i>Seven-year average</i>
Influenza ... ..	47	15	66	9	32	36	83	41
Pneumonia ... ..	258	324	297	350	423	429	530	373
Bronchitis ... ..	149	178	169	181	263	260	291	213
Other respiratory diseases ... ..	32	49	46	62	57	70	61	54
<b>TOTAL</b> ... ..	<b>486</b>	<b>566</b>	<b>578</b>	<b>602</b>	<b>775</b>	<b>795</b>	<b>965</b>	<b>681</b>

Deaths from influenza were twice as high as the annual average and most of these were of old people. Of the 83 deaths from this cause, 46 were of persons over the age of 75 years.

Pneumonia accounted for 530 deaths which was 101 more than in the previous year and 157 more than the average for the past seven years. Nine out of ten of these were of persons over 65 years and 57.5 per cent had attained the age of 75 or over. Deaths from this cause in the first year of life fell from 16 in 1962 to 6 in 1963; two of these were in the neonatal period.

There was also an increase of 31 in the number of deaths from bronchitis. All but six of the 291 deaths were of persons over 45 years and, as with the other diseases of the respiratory system, deaths were greatest in the older age groups. As between males and females, deaths from this cause were in the ratio of five to two.

### **Maternal Deaths**

There were no deaths in the County during 1963 attributable to maternal causes.

In March, 1963 the Ministry of Health published a *Report on Confidential Enquiries into Maternal Deaths in England and Wales, 1958-1960*.\* The Report showed that, whilst the fall in the total number of deaths directly due to pregnancy and childbirth continued, there were nevertheless 928 deaths of women ascribed to pregnancy and childbirth. Confidential reports were obtained about 742 of these deaths and 315 or 42.5 per cent were shown to have had avoidable factors. This does not mean that death could or should have been prevented but that a major factor in the fatal outcome could have been averted and that the outcome might have been different.

\*Report on Public Health and Medical Subjects No. 108; H.M.S.O.; 4s.6d.



## VITAL STATISTICS West Sussex compared with England and Wales

Year	Population (Mid-year estimate)	Live Births			Deaths			Infant Mortality			Neonatal Mortality			Stillbirths			Maternal Mortality		
		West Sussex		Eng- land & Wales	West Sussex		Eng- land & Wales	West Sussex		Eng- land & Wales	West Sussex		Eng- land & Wales	West Sussex		Eng- land & Wales	West Sussex		Eng- land & Wales
		No.	Rate a 1,000 Population	Rate a 1,000 Population	No.	Rate a 1,000 Population	Rate a 1,000 Live births	No.	Rate a 1,000 Live births	Rate a 1,000 Live births	No.	Rate a 1,000 Live births	Rate a 1,000 Total live and still births	No.	Rate a 1,000 Total live and still births	Rate a 1,000 Total live and still births	No.	Rate a 1,000 Total live and still births	Rate a 1,000 Total live and still births
1911	92,725	3,386	19.1	24.4	2,203	13.1	14.6	288	85.0	13.0	†	†	†	†	†	†	6	1.8	3.7
1921	195,795	3,214	17.4	22.4	2,185	11.4	12.1	158	49.2	8.3	†	†	†	†	†	†	11	3.3	3.9
1931	216,760	3,134	14.5	15.8	2,808	13.0	12.3	139	44.4	6.6	†	†	†	†	†	†	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	15.7	18.5	19.4	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	17.0	18.8	23.3	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	12.4	18.3	20.8	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	15.7	17.7	22.7	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	18.8	17.7	22.1	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	16.4	17.3	21.3	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	16.9	16.8	20.5	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	14.6	16.5	24.0	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	13.4	16.2	18.8	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	11.3	15.8	20.9	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	15.2	15.6	13.7	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	13.3	15.5	16.1	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	21.6	14.9	15.1	17.1	106	17.1	18.1	2	0.3	0.4
1963	425,710	6,395	17.3	18.2	6,634	10.8	12.2	114	17.8	20.9	13.4	14.2	14.2	92	14.2	17.3	—	—	0.3

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

\*Boundary change.

†Not available.



Every branch of the midwifery service must bear some responsibility for these deaths and no single agency can be wholly indicted. These enquiries emphasised the importance of the confinement being arranged in a suitable environment; the home is only safe for a normal woman having a normal pregnancy. If the Cranbrook Committee's recommendations are followed, there should be a material decrease in the number of maternal deaths.

The County's records show a particularly low rate of maternal death but constant vigilance is nevertheless essential. The practice of writing to the medical attendant in every case where it is felt that unsuitable booking arrangements have been made for a confinement and the drawing of the doctor's attention to unsatisfactory findings is unquestionably a great help in maintaining high standards in West Sussex.

### Accidents

Although deaths from motor vehicle accidents fell from 70 in 1962 to 61 in 1963, the number of deaths last year was nevertheless nine more than the annual average over the past seven years. There were more male than female deaths in each of the age groups between 15 and 74 years and as many as ten men were killed between the ages of 15 and 24 years compared with four women. Two boys under five years died as a result of motor vehicle accidents and there were three deaths (one fewer than in 1962) of school children. Deaths of persons over 65 years fell from 26 in 1962 to 14 in 1963.

Other accidents accounted for 113 deaths (54 males and 59 females) which was seven more than in 1962 and there were fewer deaths of persons over 65 years (64 in 1963 compared with 73 the previous year). The numbers of male deaths were either the same or greater than those of females in each of the age groups below 55 years but the 75 deaths of males and females above that age were in the ratio of one to two.

The numbers of deaths from accidents during the last seven years are given below.

	1957	1958	1959	1960	1961	1962	1963	<i>Seven-year average</i>
Motor vehicle accidents ...	34	48	46	51	37	70	61	50
Other accidents ...	87	115	96	95	108	106	113	103
<b>TOTAL ...</b>	<b>111</b>	<b>163</b>	<b>142</b>	<b>146</b>	<b>145</b>	<b>176</b>	<b>174</b>	<b>153</b>

### Suicides

Suicides increased by 13 from 62 in 1962 (39 males and 23 females) to 75 in 1963 (33 males and 42 females). This was 20 more than the average for the past seven years and was greater than in any year since 1945. The records show that in only one other year since the War



(1960) were there more suicides of females than of males; the number of women who took their own lives was in fact almost twice as great in 1963 as in the previous year. All but four of the 42 female deaths were persons over the age of 35 years and the greatest number (nine) occurred in the age group 55 to 64 years.

Of the total number of suicides, four were of persons under the age of 25 years and 23 were over the age of 65. Amongst the county districts, the greatest number of suicides (19) occurred in Worthing M.B.; there were no suicides in the rural district of Midhurst.

The numbers of deaths from suicide during the last seven years are given below.

1957	1958	1959	1960	1961	1962	1963	Seven-year average
40	39	48	68	50	62	75	55

### 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>				1961†	1962†	1963†
Bognor Regis	...	...	...	3,174	3,472	3,695
Chichester	...	...	...	6,716	7,685	8,094
Crawley	...	...	...	8,026	8,480	9,847
Littlehampton	...	...	...	3,548	3,545	3,999
Shoreham-by-Sea	...	...	...	3,874	4,135	4,359
Worthing	...	...	...	11,121	11,205	11,504
<b>TOTALS</b>	...	...	...	<b>36,459</b>	<b>38,522</b>	<b>41,498</b>

†52 weeks.

Although no detailed analysis was available regarding the 7.7 per cent increase in the number of first certificates received in 1963, the bad weather at the beginning of the year and the increasing population were no doubt contributory factors.

### 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 1963 is given on the next page.

The main feature of the weather of 1963 was undoubtedly the prolongation over the first two months of the year of the unusually severe wintry spell that occurred at the end of 1962. During the three months



1963	Air temperature (deg. F.)							Rainfall		Sunshine	
	Highest	Lowest min.	Mean max.	Mean min.	Mean	Difference from average	Total (ins.)	Percentage of average	Total (hrs.)	Percentage of average	
January ...	42	18	33.5	25.7	29.6	-11.3	.44	15	80.9	114	
February ...	43	21	36.1	28.7	32.4	-8.5	.81	41	89.3	109	
March ...	52	30	45.9	37.6	41.7	-2.1	3.01	175	119.6	85	
April ...	62	31	52.0	41.7	46.9	-1.1	3.42	192	145.1	78	
May ...	76	37	58.1	46.1	52.1	-1.4	1.79	108	218.9	95	
June ...	78	48	64.9	53.9	59.4	-0.3	1.91	125	204.6	84	
July ...	80	50	66.7	55.3	61.0	-1.5	1.08	50	243.6	109	
August ...	74	46	66.4	55.1	60.7	-1.9	2.37	104	177.9	82	
September ...	71	44	64.3	56.1	60.2	+1.2	2.49	111	146.0	88	
October ...	64	41	58.4	49.0	53.7	+0.8	1.94	66	82.8	67	
November ...	60	35	54.5	46.6	51.0	+4.8	6.94	202	67.4	92	
December ...	50	26	41.8	34.0	37.9	-3.9	.73	25	67.8	111	
Means or extremes	80	18	53.5	44.1	48.8	-2.2	26.93	98	1,643.9	90	



December, 1962 to February, 1963 the ground was covered by snow for sixty days and the mean temperature was probably the lowest for more than two hundred years.

Although precipitation was relatively slight in January and February, blizzards did occur, with heavy drifting in some parts of the County. The first of these blizzards (on 3rd January) affected most of southern England and, after further heavy snowfall on 19th and 20th January, it was reported that eighty counties in Britain had roads blocked by snow.

Little or no snow-melt took place during the first two months of the year and it was feared that the thaw when it did arrive, particularly if accompanied by heavy rain, would result in disastrous flooding. In the event, the thaw was slow and, although some rivers overflowed their banks, damage was comparatively slight.

The general dryness of the winter, coupled with loss of water from burst pipes, might have caused temporary difficulties for the water undertakers but luckily (for water supply purposes) the spring proved to be wet (most parts of the County had about twice the normal rainfall in March and April) and water supplies were quickly replenished.

It was undeniably a poor season for holidaymakers but this was caused as much by cool, dull weather and by the absence of any prolonged settled spells as by exceptionally heavy rainfall. At Worthing, all the elements were below average — rainfall, sunshine and temperatures. The year was the third dullest since the War. Although the winter was a record for bitter weather, it had the most sunshine since 1949 and the lowest rainfall since 1933. The spring was the wettest since 1947, but it was the sunniest autumn for 31 years. The summer was again disappointing and, for the fourth successive summer, mean temperature was below the average. It had the highest number of rain days and the smallest sunshine total since 1960. The hottest day occurred in July, when the temperature reached 80 degrees. The year's lowest ground temperature was recorded on 23rd January, when there were 19 degrees of frost.

November was the wettest since 1940 and December was the coldest since 1950. It was also the driest December for 30 years. Worthing had its wettest Easter for 30 years, its sunniest Whitsun but one since 1948 and its dullest August bank holiday weekend since 1954.

The rainfall at Worthing in 1963 is compared below with the national records:

	1963	<i>Average</i>	<i>Difference from average</i>	<i>Percentage of average</i>
Worthing ...	ins. 26.9	ins. 27.5	ins. -0.6	98
England and Wales ...	34.2	36.5	-2.3	94



## PART II—EPIDEMIOLOGY

### Notifiable Diseases

Notifications of infectious diseases were 8,787 compared with 1,173 in 1962 and 7,707 in 1961. These fluctuations were due to the biennial prevalence of *measles*; 1963 and 1961 were both years of measles epidemics and over 1,000 more cases were notified in 1963 compared with 1961. The tables on pages 32 and 34 show, respectively, notifications of infectious diseases in county districts and the fluctuations in notifications during the past seven years in the County as a whole.

No cases of *smallpox* or *diphtheria* occurred during the year. There were 89 cases of *whooping cough*, 46 more than last year, but still the second lowest figure recorded in recent years.

For the second consecutive year, no case of paralytic or non-paralytic *poliomyelitis* was notified in the County. The table on page 34 shows the effect which poliomyelitis vaccination has had in reducing the incidence of this disease.

*Rubella* remained a notifiable disease in the Rural District of Worthing and there were 57 notifications in 1963 compared with 382 in the previous year.

No less than 120 cases of *puerperal pyrexia* were notified in 1963, compared with 72 last year. As only six of these occurred in women confined at home, it is evident that the danger of infection in hospitals is always present.

The number of cases of *dysentery* was 192 compared with 126 in 1962. There was an outbreak of *Sonne dysentery* in the autumn in the Horsham area. Every effort was made to keep close contact with schools and to follow up absentees who may have had diarrhoea. A large number of specimens was submitted by the Department to the Epsom Laboratory and children with positive stools were excluded from school until negative reports were received. Where several cases were known in any school, special care with hand-washing and disinfection of toilets was insisted upon; every co-operation was obtained from the school staffs concerned.

### Venereal Disease

There was little change in the number of persons from West Sussex attending venereal disease clinics for the treatment of syphilis, gonorrhoea and other conditions. The figures for the past five years are given below.

Year	Syphilis	Gonorrhoea	Other
1959	11	41	156
1960	10	63	248
1961	7	52	285
1962	10	60	296
1963	1	62	291



**NOTIFICATION OF INFECTIOUS DISEASES**

COUNTY DISTRICT	Acute encephalitis		Acute pneumonia	Acute poliomyelitis		Diphtheria	Dysentery	Erysipelas	Food poisoning	Measles	Meningococcal infection	Ophthalmia neonatorum	Paratyphoid fevers	Puertal pyrexia	Rubella*	Scarlet fever	Whooping cough	TOTAL
	Infective	Post Infectious		Paralytic	Non-Paralytic													
<b>Urban Districts</b>																		
Arundel M.B.	—	—	—	—	—	—	101	—	1	24	—	—	—	2	—	10	3	24
Bognor Regis	—	—	—	—	—	—	1	—	1	438	—	—	—	11	—	2	—	555
Chichester M.B.	—	—	—	—	—	—	35	—	3	461	—	—	—	31	—	9	—	476
Crawley	—	—	4	—	—	—	14	—	1	1,630	—	—	—	—	—	8	3	1,723
Horsham	—	—	9	—	—	—	8	—	1	424	—	—	1	3	—	1	5	463
Littlehampton	—	—	3	—	—	—	3	5	—	908	—	—	—	1	—	5	—	931
Shoreham-by-Sea	—	1	2	—	—	—	3	—	—	499	—	—	—	53	—	1	—	564
Southwick	—	—	8	—	—	—	2	—	—	196	—	—	—	—	—	1	4	211
Worthing M.B.	—	—	3	—	—	—	7	1	—	930	1	—	—	—	—	5	19	966
<b>Total Urban Districts</b>	—	1	29	—	—	—	171	6	6	5,510	1	—	1	101	—	41	46	5,913
<b>Rural Districts</b>																		
Chancotbury	—	—	4	—	—	—	3	—	4	441	—	—	—	1	—	8	23	484
Chichester	—	1	2	—	—	—	6	1	1	1,060	—	1	—	—	—	8	5	1,085
Horsham	—	—	2	—	—	—	14	3	—	235	—	—	2	1	—	4	3	264
Midhurst	—	—	9	—	—	—	—	—	1	271	1	—	—	—	—	1	4	287
Petworth	—	—	11	—	—	—	—	—	—	87	—	—	—	—	—	—	2	100
Worthing	—	—	1	—	—	—	—	1	—	560	—	—	—	17	57	12	6	654
<b>Total Rural Districts</b>	—	1	29	—	—	—	23	5	6	2,654	1	1	2	19	57	33	43	2,874
<b>Total Administrative County</b>	—	2	58	—	—	—	194	11	12	8,164	2	1	3	120	57	74	89	8,787
<b>Total Administrative County</b>																		
County 1962	2	—	46	—	—	—	126	7	28	409	3	2	—	72	382	53	43	1,173

\*Notifiable only in Worthing R.D.



The numbers of patients diagnosed during 1963 as suffering from venereal disease are shown in the following table.

<i>Hospital</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other</i>
St. Richard's Hospital, Chichester ...	—	18	70
Worthing Hospital ... ..	—	6	23
Royal Surrey County Hospital, Guildford ... ..	—	2	3
St. Helier Hospital, Carshalton ...	—	—	1
St. Mary's Hospital, Portsmouth ...	—	6	23
Redhill General Hospital ... ..	—	4	8
Royal Sussex County Hospital, Brighton ... ..	1	26	163
<b>TOTAL ... ..</b>	<b>1</b>	<b>62</b>	<b>291</b>

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

It was again interesting to note an increasing number of patients coming to the clinics who were employed in the holiday catering trade. The following table shows the sex and age groups of the cases of gonorrhoea.

<i>Age group Years</i>	<i>Male</i>	<i>Female</i>	<i>TOTAL</i>
Under 16 ...	—	—	—
16-17 ... ..	—	3	3
18-19 ... ..	2	—	2
20-24 ... ..	6	2	8
25 and over ...	3	2	5
<b>TOTAL ...</b>	<b>11</b>	<b>7</b>	<b>18</b>

The figures recorded above give no cause for satisfaction. In this County, as elsewhere, the incidence of venereal diseases declined rapidly after the War. This was mainly due to the large-scale production of penicillin and to the end of the social upheaval created by the War. The decline in these diseases was such as to give rise to the hope that they would eventually become as rare as smallpox or diphtheria. In the event, this has not turned out to be so for the venereal diseases are again on the increase with a high rate of attack among teenagers, homosexuals and immigrants coupled with the traditional pattern of high incidence among prostitutes and sailors. The problem (not confined to this country) is becoming more serious and, at a *European Symposium on Venereal Diseases Control* arranged by the World Health Organisation in Stockholm during September, 1963, it was suggested that "the rising tide of venereal disease has now become one of Europe's most urgent health problems."



The problem is primarily one of public health. The medical treatment of these diseases is extremely efficient, for they still respond to the same treatment which caused the dramatic fall in their incidence at the end of the War, but here, as elsewhere, prevention is much better than cure. The dangers of contracting venereal disease must be far more widely publicised and even greater efforts must be made to persuade those who have been infected to come forward for treatment. Only as it is possible to do these things will progress be made in the control or eradication of these diseases.

## NOTIFICATION OF INFECTIOUS DISEASES 1957 to 1963

<i>Disease</i>	1957	1958	1959	1960	1961	1962	1963	<i>Seven-year average</i>
Acute encephalitis								
(a) infective ...	1	—	1	1	—	2	—	0.7
(b) post-infectious ...	3	—	—	2	—	—	2	1.0
Acute pneumonia ...	120	61	77	41	72	46	58	67.9
Acute poliomyelitis								
(a) paralytic ...	42	8	3	2	—	—	—	7.9
(b) non-paralytic ...	37	7	7	—	1	—	—	7.4
Diphtheria ...	—	—	—	—	2	—	—	0.3
Dysentery ...	127	75	197	207	52	126	194	139.7
Erysipelas ...	19	24	17	19	14	7	11	15.9
Food poisoning ...	—	39	43	35	29	28	12	26.6
Measles ...	2,478	3,401	5,345	574	7,137	409	8,164	3,929.7
Meningococcal infection ...	4	—	2	1	2	3	2	2.0
Ophthalmia neonatorum ...	4	8	2	—	—	2	1	2.4
Paratyphoid fevers ...	5	2	13	2	2	—	3	3.9
Puerperal pyrexia ...	115	132	112	90	78	72	120	102.7
*Rubella ...	—	—	—	—	22	382	57	153.7†
Scarlet fever ...	82	138	275	240	93	53	74	136.4
Whooping cough ...	1,117	119	198	645	297	43	89	358.3
<b>Total ...</b>	<b>4,154</b>	<b>4,014</b>	<b>6,292</b>	<b>1,859</b>	<b>7,801</b>	<b>1,173</b>	<b>8,787</b>	<b>4,868.6</b>
<b>Attack rate a 1,000 living ...</b>	<b>13.7</b>	<b>10.5</b>	<b>16.1</b>	<b>4.7</b>	<b>19.0</b>	<b>2.8</b>	<b>2.6</b>	<b>12.2</b>

\*A notifiable disease in Worthing R.D. since 1st May, 1961. †Three-year average.

## Vaccination and Immunisation

### The Electronic Computer

The transfer to the computer of the considerable volume of manually-kept vaccination and immunisation records continued throughout 1963. At the end of the year, the vaccination and immunisation procedures carried out at four clinics and in the practices of 18 family doctors were being managed exclusively by computer methods; ordinary clerical methods were employed elsewhere. Progress in this pioneer



venture was cautious but steady; a number of modifications and improvements were made in the light of experience and the warmest tribute is due to those, particularly the family doctors, who by their willingness to adopt new methods made the Department's task so much easier.

A description of how the computer is being used to promote higher levels of immunity against infectious disease is given in a paper reproduced at Appendix E. The publication of this paper created considerable interest in various parts of the country and, in order to meet requests for further information and to avoid lengthy correspondence, a discussion and demonstration of the new procedures was arranged at Chichester on 28th June, 1963. This was attended by representatives of other local health authorities and of the Ministry of Health.

### Diphtheria, Whooping Cough and Tetanus

The following table shows the number of children who, at the end of 1963, had completed a course of immunisation against diphtheria; it also gives the "immunity indices" for various age groups. These are calculated by dividing the number of children for whom immunisation was completed in the period 1959 to 1963 by the estimated child population in the relevant age groups.

<i>Age on 31.12.63 (i.e. born in years)</i>	<i>Under 1 1963</i>	<i>1-4 1959-1962</i>	<i>5-9 1954-1958</i>	<i>10-14 1949-1953</i>	<i>Under 15 Total</i>
A. Number of children whose course of immunisation was completed in the period 1959-1963	1,995 (1,913)	23,918 (21,630)	18,148 (18,021)	7,136 (5,873)	51,197 (47,437)
B. Number of children whose course of immunisation was completed before 1959 ... ..	—	—	16,197 (14,559)	25,950 (24,463)	42,147 (39,022)
C. Estimated mid-year child population ...	6,170 (5,980)	25,630 (23,620)	60,300 (62,800)		92,100 (94,400)
Immunity Index	32.3 (32.0)	93.3 (91.6)	41.9 (38.0)		55.6 (51.3)

*Note:* The figures in brackets relate to 1962.

The next table gives the numbers of children who completed a primary course of immunisation (three injections) against diphtheria, whooping cough and tetanus and also the numbers of children who received reinforcing injections. The figures are included in the previous table since all the procedures carried out conferred protection against diphtheria.



Type of Injection	By County Medical Staff		By General Practitioners		TOTALS	
	Primary Course	Reinforcing Injections	Primary Course	Reinforcing Injections	Primary Course	Reinforcing Injections
Triple antigen ...	1,358 (1,277)	789 (508)	3,550 (3,588)	1,968 (1,874)	4,908 (4,865)	2,757 (2,382)
Diphtheria	3 (48)	2 (454)	3 (13)	35 (209)	6 (61)	37 (663)
Diphtheria and whooping cough	— (3)	— (8)	1 (3)	8 (12)	1 (6)	8 (20)
Diphtheria and tetanus	196 (261)	838 (691)	155 (72)	1,294 (949)	351 (333)	2,132 (1,640)
Quadruple vaccine ...	— (—)	— (—)	12 (—)	— (—)	12 (—)	— (—)
TOTALS ...	1,557 (1,589)	1,629 (1,661)	3,721 (3,676)	3,305 (3,044)	5,278 (5,265)	4,934 (4,705)

Note : The figures in brackets relate to 1962.

### Poliomyelitis

The last table shows that 12 children received a primary course of immunisation with quadruple vaccine. This vaccine (which also confers protection against poliomyelitis) has been available for some time and is being used by a small number of general medical practitioners in the County. The Ministry of Health have made no recommendation that the vaccine should be brought into general use but various studies are in progress and the possible use of the vaccine is being kept under review by the Poliomyelitis Vaccination Sub-Committee of the Joint Committee on Vaccination and Immunisation appointed by the Central and Scottish Health Services Councils.

By Circular 10/63 dated 29th May, 1963, the Ministry of Health stated that the Joint Committee had reviewed the arrangements for vaccination against poliomyelitis in the light of a year's experience of the use of oral vaccine in this country, and of experience in countries abroad, and had advised the Minister that certain further measures were desirable. The Minister accordingly commended to authorities the following advice which was aimed at securing even greater protection for those who had already been immunised:

- (i) children who have had two doses only of Salk vaccine (the second not more than a year previously) should receive, as an alternative to a third dose of Salk vaccine, two doses of oral vaccine to complete their basic course of immunisation. The interval between the two doses of oral vaccine should be not less than four weeks. The second should be given at the first convenient opportunity but not later than school entry.



- (ii) All immunised children joining school should be offered a reinforcing dose of vaccine. The interval between the reinforcing dose and the last previous dose should be not less than four weeks.
- (iii) A reinforcing dose of vaccine should be offered also to immunised persons at special risk of contracting poliomyelitis.

The Joint Committee also advised that the occurrence of a case of paralytic poliomyelitis would justify the emergency administration of a single dose of oral vaccine to all children in the neighbourhood of the case, i.e. living nearby or attending the same school, regardless of their vaccination state.

As a general rule, oral vaccine continued to be used throughout the County for the purpose of poliomyelitis vaccination and the following table gives particulars of the numbers of vaccinations carried out during the year. Following the admission to hospital of a boy aged 11 who was suspected to be suffering from bulbar poliomyelitis, tentative arrangements were made in September to give emergency doses of oral vaccine to pupils attending a County secondary school at Littlehampton. In the event, the diagnosis was not confirmed and it was not therefore necessary to bring the emergency scheme into operation.

Age Group	Primary Vaccination (3 doses Sabin oral ; 2 injections Salk ; or 3 injections quadruple)		Reinforcing Vaccination (4th dose Sabin oral ; 3rd or 4th injection Salk ; or 4th injection quadruple)	
	By County Medical Staff	By General Practitioners	By County Medical Staff	By General Practitioners
Children born 1963 ... ..	149	638	—	—
Children born 1962 ... ..	800	2,369	354	984
Children born 1961 ... ..	320	536		
Children and young persons born 1943-60	347	681	1,588	2,480
Young persons born 1933-42	76	616	91	591
Others ... ..	29	138	1	70
TOTAL ...	1,721 (1,555)	4,978 (6,092)	2,034 (5,496)	4,125 (15,164)

Note: The figures in brackets relate to 1962.

The numbers of persons vaccinated since the inception of the scheme in 1956 are given overleaf. In addition 125,554 third reinforcing vaccinations have been given and 38,028 children between 5 and 12 years of age have received fourth reinforcing vaccinations.



<i>Age Group</i>	<i>Had initial vaccination since inception of scheme</i>
Children born 1943-1963	98,688
Young persons born 1933-1942 ... ..	23,732
Others ... ..	25,479
<b>TOTAL ... ..</b>	<b>147,899</b>

### Smallpox

A much smaller number of vaccinations was carried out in 1963 than in the previous year when there were outbreaks of smallpox. It is now customary for primary vaccination to be offered between the first and second birthdays.

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>	<b>TOTAL</b>	<i>By County Medical Staff</i>	<i>By General Practitioners</i>	<b>TOTAL</b>
Under 1 year	282	687	969	—	—	—
1 year ...	149	588	737	—	15	15
2-4 years ...	21	114	135	1	86	87
5-14 years	20	158	178	13	360	373
15 years and over ...	1	237	238	2	2,062	2,064
<b>TOTALS</b>	<b>473</b>	<b>1,784</b>	<b>2,257</b>	<b>16</b>	<b>2,523</b>	<b>2,539</b>

In April, 1963 the Ministry of Health published a report\* on the outbreaks of smallpox which had occurred in England and Wales between December, 1961 and April, 1962. Between 16th December, 1961 and 12th January, 1962, five travellers from Pakistan (each of whom held valid international vaccination certificates) arrived in this country by air and subsequently developed smallpox; two of them died.

From 11th January, 1962 indigenous cases began to be recognised and, in all, there were 62 of these, of whom 25 died.

\*Report on Public Health and Medical Subjects; No. 109; H.M.S.O.; 5/-; 1963.



In West Sussex, as elsewhere, there was an overwhelming public demand for vaccination and, as was recorded in the last Report, some 36,000 persons were vaccinated or re-vaccinated in the County. Although there were occasional delays in the distribution of vaccine to meet inessential demands in a few localities, supplies were never inadequate for essential needs.

As was expected, the number of complications of vaccination was not inconsiderable. Although enquiries were still incomplete, the Ministry's report records 251 illnesses following smallpox vaccination, 18 of which were fatal.

### **Cancer and Leukaemia Survey**

Reference was made last year to the Oxford Survey of Childhood Cancers. In order to provide information for this national survey, medical staff interviewed the parents of children who had died from cancer. Some preliminary reports of the investigation have now been published and suggest that further studies of a similar kind over a period of years will be required in order to obtain more information about latent periods for different types of cancer and pre-natal influences which may be important.

## **PART III—CARE OF MOTHERS AND YOUNG CHILDREN**

### **Ante-Natal and Post-Natal Care**

The provision of ante-natal clinics was continued in 1963 on lines similar to those described in earlier Reports. The clinics at Petworth, Thorney Island and Three Bridges were transferred to the local general practitioners' surgeries and that at Yapton was suspended because of a decline in attendances.

At the end of the year, the Council provided ante-natal clinics in the following places:—

Arundel	Billingshurst	Bognor Regis	Chichester
Lancing	Littlehampton	Selsey	Worthing (3)

During the year, co-operation between the family doctors and midwives continued to improve. Many doctors welcomed midwives to the ante-natal clinics which they ran in their own surgeries and, in some areas, arrangements were made for the family doctors to see their patients in local authority premises with the midwives present.

Two rota systems for midwives (one in Crawley and the other in Lancing) were in operation in the County; these ensured that a midwife engaged with an ante-natal clinic would not suddenly be called away to a confinement. This made it possible to arrange for appointments in advance with both patient and family doctor.



Midwives attended hospital clinics regularly in the Crawley area and, at the end of the year, negotiations were in hand to extend this practice to other hospitals.

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.

I am also indebted to Miss Shippam for the following report on the County Council's maternity services:

"The ante-natal clinics held by the Consultants in the local authority buildings are still well attended. I am grateful to the County Council for allowing us to use them as, in spite of not being in a hospital building, these clinics are mainly for patients for consultation and for those who will be delivered in Zachary Merton Maternity Hospital. Hospital pathological and X-ray facilities are available usually on the day of attendance and many patients attend the mothercraft, relaxation and exercise classes provided by the local authority. I wish ones in housekeeping, diets and cooking could also be provided!

I am sure that these clinics are a valuable link between hospital and domiciliary services and real team work exists. It is enormously helpful when midwives accompany their patients and treatment and problems can be discussed, especially when the midwives are also health visitors and will be following up the patients after delivery and when early discharge from hospital is considered. It is, of course, equally helpful and pleasant when general practitioners can spare time to come in.

I must express my gratitude to all the midwives who assist and attend the clinics for their very great help to me. Most particularly, I want to thank the present Superintendent Nursing Officer, Miss K. D. Holland, who since 1939 has helped me so enormously in the clinics and who, in various capacities, has been so largely responsible for the very high standard of domiciliary midwifery in our County."

There was a further fall in the number of women in attendance at ante-natal clinics. This was 29 per cent less than in 1962 which was itself 11 per cent less than in 1961. The decline in attendances at these clinics was, however, offset by comparable increases in the amount of ante-natal care undertaken by hospitals and by general medical practitioners in their own surgeries.

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

	1962	1963
Number of ante-natal clinics provided at end of year	14	10
Number of sessions held per month	52	39
Number of women in attendance:		
(i) for ante-natal examination	1,791	1,389
(ii) for post-natal examination	445	385

### Child Welfare Centres

The number of child welfare centres to which mothers may take their children for advice and supervision was increased by one (at Worthing) in 1963. At the end of the year, 46 centres were provided and the 39 districts in which they operated were given on page 38 of the last Report.



Compared with 1962, the total number of children who attended clinics showed an increase of nearly one per cent. There were four per cent increases in the numbers of children under one year and between 1 and 2 years and a fall of seven per cent of children between the ages of 2 and 5 years.

The numbers of children who attended during 1962 and 1963 are given below:

1962				1963			
<i>Born in</i>				<i>Born in</i>			
1962	...	...	4,083	1963	...	...	4,266
1961	...	...	3,623	1962	...	...	3,751
1960-1957	...	...	3,297	1961-1958	...	...	3,074
<b>TOTAL</b>	...	...	<b>11,003</b>	<b>TOTAL</b>	...	...	<b>11,091</b>

The number of children born in 1963 who attended for the first time during the year represented 67 per cent of the total (live) births.

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.

The numbers of children who attended during 1962 and 1963 are given below:

1962				1963			
<i>Born in</i>				<i>Born in</i>			
1962	...	...	623	1963	...	...	578
1961	...	...	485	1962	...	...	538
1960-1957	...	...	555	1961-1958	...	...	580
<b>TOTAL</b>	...	...	<b>1,663</b>	<b>TOTAL</b>	...	...	<b>1,696</b>

At the end of the year, weighing centres were in operation in 34 districts. Apart from closures at Heyshott and Stedham and new centres opening at Findon and Milland, these were as set out on page 38 of the last Report.

### **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.

Compared with 1962, new cases rose by about seven per cent but total attendances increased by 83 per cent. This was largely due to the activity of the clinics in Crawley and Horsham.

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>	
	1962	1963	1962	1963
Bognor Regis ... ..	119	128	455	586
Chichester ... ..	178	161	607	653
Crawley ... ..	291	373	935	2,867
Horsham ... ..	189	173	698	1,011
Midhurst ... ..	45	40	142	117
Shoreham-by-Sea ... ..	18	27	67	78
<b>TOTAL ... ..</b>	<b>840</b>	<b>902</b>	<b>2,904</b>	<b>5,312</b>

### Relaxation Classes

Relaxation classes for expectant mothers and classes in post-natal exercises were held at seven centres. Their location, with the number of attendances made in 1962 and 1963, is given below:

<i>Area</i>	<i>Year of establishment</i>	<i>Sessions held</i>	<i>Total number of attendances</i>	
			1962	1963
Bognor Regis ... ..	1949	Weekly	342	280
Chichester ... ..	1948	Weekly	457	614
Crawley ... ..	1953	Weekly	445	647
Horsham ... ..	1949	Weekly	1,233	1,415
Midhurst ... ..	1959	Fortnightly	130	181
*Selsey ... ..	1959	Weekly	62	—
Shoreham-by-Sea ... ..	1954	Weekly	263	256
*Three Bridges ... ..	1957	Weekly	5	—
*Tilgate ... ..	1959	Weekly	130	—
Worthing ... ..	1949	Weekly	352	206
<b>TOTAL ... ..</b>			<b>3,419</b>	<b>3,599</b>

\*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 and health visitors.



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 the quantities of welfare foods issued to beneficiaries during the past five years:

<i>Year</i>	<i>National dried milk (tins)</i>	<i>Cod liver oil (bottles)</i>	<i>Vitamins A &amp; D tablets (packets)</i>	<i>Orange juice (bottles)</i>
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 (178)	83,050 (1,596)
1963	59,678 (1,147)	7,117 (137)	8,410 (161)	92,363 (1,776)

\*Withdrawal of subsidy from 1st June, 1961.

*Note:* The figures in brackets indicate average weekly distribution.

The table shows the dramatic decline which has taken place in sales of cod liver oil and vitamin tablets since the price of these commodities was increased by the withdrawal of the Government subsidy in 1961. Compared with 1960, only a third of the quantity of cod liver oil was distributed in 1963. Sales of vitamin tablets also decreased further during the year under review. There were, however, increases in the demand for national dried milk and orange juice but sales of the latter commodity were still less than half of what they were three years ago.

Another sub-centre for the distribution of welfare foods was opened in 1963 and a total of 93 distribution centres were in operation at the end of the year. Twelve of these were main centres situated in the towns and 81 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.

The issue of these foods involved cash sales to the value of £14,391 and the fact that the total losses of cash and stock amounted to only £6.0s.6d. testified to the efficiency and excellent work of the voluntary and paid staff concerned.



## Proprietary foods and medicaments

Large quantities of infant proprietary foods and medicaments were sold at infant welfare clinics throughout the County at cost price plus a ten per cent handling charge. The cost of purchases during 1963 was £12,637.

## Care of the Unmarried Mother and her Child

The Chichester Diocesan Moral Welfare Association and the Southwark Catholic Children's Society continued to undertake the care of unmarried mothers through their own officers, in co-operation with the County nursing staff. Financial aid was given by the County Council towards the funds of these Associations and, in addition, a small contribution was made in support of the work of the National Council for the Unmarried Mother and Her Child.

During 1963, 59 cases (66 in 1962) were referred to the Department for financial assistance towards maintenance at a mother and baby home.

Particulars of the new applications dealt with in the past two years by the Chichester Diocesan Moral Welfare Association are given in the table on page 45.

## 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.

	1962	1963
(1) Total number of premature live births during year ...	340	347
(2) Number of premature infants born at home or nursing home during year ... ..	49	39
Number of these:		
(a) transferred to hospital ... ..	11	9
(b) died at home during first 24 hours ... ..	—	—
(c) died at home between 2nd and 28th day ... ..	2	—
(d) survived at end of one month ... ..	36	37
Of the 9 infants transferred to hospital in 1963, 2 died on or before 28th day ; the comparable figure for 1962 was 3.		
(3) Number born in hospital or maternity home (regional hospital board) ... ..	291	308
Died on or before 28th day ... ..	48	39

The statistics show that the majority (89 per cent in 1963) 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 there were no neonatal deaths among the 30 babies born and nursed at home. These commendable figures regarding home care are not to be compared with



## THE UNMARRIED MOTHER

Particulars of 258 new applications dealt with in 1963 by

The Chichester Diocesan Moral Welfare Association

<i>Source of Referral</i>	<i>Marital Status</i>	<i>Association's Branch Office</i>
Clergy ... ..	Single ... ..	Bognor Regis ... ..
Doctors ... ..	Married ... ..	Chichester ... ..
Health visitors, nurses and clinics ... ..	Widowed ... ..	Crawley ... ..
Hospital almoners... ..	Divorced ... ..	Horsham ... ..
National Council for the Unmarried Mother ... ..	Separated ... ..	Worthing ... ..
Social agencies ... ..		Hove ... ..
Other sources ... ..		
	227 (176)	63 (52)
	19 (24)	53 (38)
	— (3)	22 (20)
	12 (6)	35 (27)
	— (1)	69 (54)
		16 (19)

<i>Home Conditions</i>	<i>Education</i>	<i>Age</i>
Stable home ... ..	Secondary modern ... ..	15 years and under ... ..
Broken home ... ..	Grammar ... ..	16 years ... ..
Step parents ... ..	Technical ... ..	17 years ... ..
Only one parent ... ..	University ... ..	18 years ... ..
Adopted ... ..	Special school ... ..	19 years ... ..
Away from home ... ..	Private or not recorded ... ..	20 years ... ..
Not known... ..		21 years and over ... ..
	187 (170)	6 (7)
	47 (30)	27 (16)
	10 (2)	28 (15)
	3 (3)	34 (37)
	— (1)	27 (23)
	11 (4)	22 (18)
		114 (94)

*Note: The figures in brackets relate to 1962.*



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.

### **Congenital Malformations**

By letter dated 7th November, 1963 the Ministry of Health introduced a new scheme for notifying congenital abnormalities and asked that the arrangements be brought into force from 1st January, 1964.

The scheme depends on information being sent to the Department by the doctor or midwife notifying a birth, as required by section 203 of the *Public Health Act, 1936*, of any malformations present at birth, whether the baby is alive or stillborn. Steps were taken to modify the birth notification form in use in the area and this will in future be sent to the department in a sealed envelope.

The information received will be sent to the General Register Office and, though no central record of individual cases will be kept, it is hoped that it may be possible to detect any national or regional variations in incidence. The notifications will also enable the treatment and education of the surviving children to be planned at an early stage.

## **Report of Chief Dental Officer**

The figures given on page 47 include, for comparison, those relating to 1962.

There was a further decrease in the numbers of expectant and nursing mothers examined and treated despite efforts by midwives and health visitors to persuade these mothers to have dental inspection and treatment.

The pattern for pre-school children followed that of the mothers with one exception. There was an increase in the number of fillings carried out. In 1962, each child commencing treatment had, on average, 0.9 extractions and 2.3 fillings carried out. In 1963, the extraction figure remained the same, but the fillings figure increased to 3.3 fillings a child.

## **Midwifery**

The County Council continued to provide a domiciliary midwifery service throughout the County under the provisions of section 23 of the *National Health Service Act, 1946*. In the urban areas, full-time midwives were employed, whilst in the rural areas use was made of home nurse/midwives or of health visitor/home nurse/midwives.

The numbers of midwives practising in the County at the end of 1962 and 1963 are given below:

	1962	1963
(a) Employed by the County Council:		
(i) Whole-time ... ..	28	25
(ii) Part-time ... ..	59	56
(iii) Total whole-time equivalent ... ..	49	45
(b) In private practice... ..	8	10
(c) Employed by Hospital Management Committees ... ..	93	94



**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	64 (88)	54 (84)	40 (66)	24 (58)
Children under five	623 (729)	359 (382)	240 (303)	219 (270)

**(b) Forms of dental treatment provided**

	Extractions	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	85 (42)	55 (31)	3 (—)	123 (136)	35 (60)	— (6)	1 (1)	— (—)	1 (1)	2 (6)	7 (11)	7 (2)
Children under five	213 (283)	47 (116)	49 (72)	782 (694)	4 (7)	45 (76)	— (—)	— (—)	3 (—)	— (—)	1 (—)	— (—)

Note: The figures in brackets relate to 1962.



The number of births notified under section 203 of the *Public Health Act, 1936* totalled 6,464, an increase of 247 over the preceding year; of these 4,746 (594 more than in 1962) occurred in hospital. The percentage of hospital confinements in each county district is shown below; the percentage for the whole County rose from 68 in 1962 to 73 in 1963. There are, however, two general medical practitioner units in West Sussex, one at Crawley Hospital and one at Horsham Hospital, and 708 babies were delivered at these two units; this was 15 per cent of the total number born in hospital and 11 per cent of all births notified in the County during the year.

Urban Districts	Per cent		Rural Districts	Per cent	
	1962	1963		1962	1963
Arundel M.B. ... ..	70	64	Chanctonbury ... ..	68	69
Bognor Regis ... ..	50	55	Chichester ... ..	70	77
Chichester M.B. ... ..	56	68	Horsham ... ..	73	75
Crawley ... ..	66	74	Midhurst ... ..	80	75
Horsham ... ..	75	72	Petworth ... ..	65	80
Littlehampton ... ..	64	67	Worthing ... ..	66	69
Shoreham-by-Sea ... ..	63	71			
Southwick ... ..	72	77			
Worthing M.B. ... ..	71	78			

Details of the number of domiciliary confinements attended by County Council midwives during 1963 are given below:

Doctor not booked	Doctor booked	TOTAL
31 (46)	1,673 (1,974)	1,704 (2,020)

Note: The figures in brackets relate to 1962.

The number of mothers who did not book a doctor for their confinements was only 31, 15 less than in 1962.

The number of cases delivered in hospitals but discharged home to be attended by domiciliary midwives before the tenth day following confinement totalled 733, 87 more than in 1962. This number is likely to increase in the future as early discharge becomes more common.

An important article on *Maternity Services in General Practice* written by Dr. P. J. Bell of Petworth which appeared originally in the June, 1963 issue of THE PRACTITIONER is reproduced, with permission, at Appendix C.

### 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 296 occasions. In all but 6 cases, the medical practitioner had already arranged to provide the patient with maternity medical services under the National Health Service.

### **Equipment**

There were further improvements during the year in the equipment used by the midwives. Pre-packed plastic clamps were introduced to replace ligatures on the umbilical cord. These clamps are easy to use, attractive in appearance and give rise to considerably less difficulty than the old-fashioned ligature.

### **Maternity Outfits**

Every expectant mother booked for a home confinement was issued, free of charge, with a maternity outfit containing the necessary dressings and equipment for her delivery. Minor changes were made in the outfits as improved dressings became available.

### **Puerperal Pyrexia**

Notifications of puerperal pyrexia numbered 120, a very substantial increase compared with last year's figure of 72 and the second highest figure for ten years. Only 7 cases (compared with 6 in 1962) occurred in women confined at home; all the others occurred in women confined in hospital.

Most of the additional notifications came from Crawley (31 in 1963 — 18 more than in the previous year) and Shoreham-by-Sea, where the number rose from 11 in 1962 to 53 in 1963.

### **Refresher Courses**

Sixteen district midwives (four more than in 1962) were sent on refresher courses (in Bristol, Exeter and Cardiff) 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.

### **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.

The arrangements with Crawley Hospital, referred to in the last Report, for pupils to be attached to Crawley and Horsham midwives, commenced during 1963 and nine midwives in the area were approved as teachers.

The total number of pupils completing training in 1963 was 29 and a further five were in training at the end of the year.



## **Maternity Liaison Committees**

Further meetings of local maternity liaison committees took place during the year at Chichester and Redhill.

The meetings convened by the consultant obstetricians at Southlands Hospital continued and the local authority medical staff, midwives and general practitioners in the area were invited to attend.

## **Perinatal Mortality**

The First Report\* of the British Perinatal Mortality Survey was published towards the end of the year under the auspices of the National Birthday Trust Fund and attracted national interest. The birth rate has been increasing in recent years and it is unsatisfactory that the figures for perinatal mortality (stillbirths, and infant deaths in the first week of life) in this country compare unfavourably with those in many other countries with similar living standards. One of the Survey's most important conclusions was that environmental and social factors continued to influence the number of perinatal deaths.

As a result of the Survey, a report† was issued by an Emergency Committee of the National Birthday Trust Fund which drew attention to the need for hospital confinement for all cases in which there is an increased risk; the report recommended increased maternity bed provision and the use of early discharge schemes as a temporary measure in order to make beds available. Early discharge schemes increase the burden on the local authority services as a major part of the maternity nursing falls on the Council's midwives; they also increase demands on the ambulance and home help services.

The Department continued to give all possible assistance to hospitals who were compelled to discharge maternity patients early in the puerperium. In cases where a district midwife felt apprehensive about the home confinement of an expectant mother who showed abnormalities of pregnancy, or who had a history of difficult labour, she was advised to discuss the matter with the patient's doctor. If the doctor wished to stand by the arrangements, the clinical and environmental circumstances were investigated by the Department and the general practitioner was sometimes invited to re-consider the proposed management of the case. Doctors who were consulted about their patients welcomed the interest taken by the Department and accepted any advice given.

## **Health Visiting**

### **Staff**

At the end of the year, 92 health visitors were employed either whole-time or on combined duties (health visiting, plus home nursing and/or midwifery). Although this was one less than at the end of 1962, the equivalent whole-time staff of 49.4 was 12.2 more than in 1962.

\*Perinatal Mortality; N. R. Butler and D. G. Bonham; Livingstone; 1963.

†Report of the Maternity Services Emergency Informal Committee; The National Birthday Trust Fund; 1963.



This was due to a re-allocation of the amount of health visitors' time spent on health visiting and school nursing. The ratio of staff to population was one to every 8,620 compared with one to 11,850 in the previous year.

### **Training of Student Health Visitors**

Arrangements for the training of student health visitors were continued along the lines described in previous Reports. Eight students were in training during the year; of these, four successfully completed the course, one failed the examination, one withdrew owing to ill-health and the other two had not completed their training by the end of the year.

I am grateful to Miss J. K. Wenborn, the Organiser and Tutor of the Health Visitors' Course at Brighton Technical College, for the following report on the practical training arranged for health visitor students in West Sussex.

"I am much indebted to the public health staff in West Sussex for their help in permitting and arranging observation visits and practical experience for the student health visitors from the Queen's Institute of District Nursing Course held at the Brighton Technical College.

During the nine months' course, one or two students each spend six weeks (three fortnightly periods) at one of the child welfare centres in the County. There they take part in the various activities and also go out visiting in the homes under the supervision of a qualified health visitor. The students also have opportunity of meeting other social workers and of seeing their work. Effort is made to co-ordinate the theoretical teaching given at the College with the practical experience in the County, so that the latter can be arranged and graded according to the students' knowledge and growing ability. To further this end, annual meetings are held between the health visitor instructors concerned and the Tutor to the Course. The Tutor also visits the various welfare centres from time to time to meet the staff there. These informal visits seem of great value in promoting exchange of ideas with a view to improving the teaching and practice.

We are also grateful to Dr. Wild and other members of the County staff who give lectures at the College from time to time, or who take students out on 'observation' visits."

### **Refresher Courses**

Seven health visitors were sent on refresher courses held in London and Birmingham.

The health visitor referred to in the last Report who had been encouraged to prepare for an external diploma in social studies successfully completed her course of training in December, 1963.

The annual refresher course for nursing staff arranged by the Department was again held in April at Lodge Hill, Pulborough.

### **Work undertaken**

Details of the main types of cases visited by health visitors during the year are given overleaf.



Type of case	Number of cases visited
Children born in 1963 ... ..	6,533
Children born in 1962 ... ..	6,970
Children born in 1958-61 ... ..	13,780
Total number of children under the age of 5 years visited ...	27,283
Persons aged 65 or over ... ..	2,692 (983)
Mentally disordered persons ... ..	110 (64)
Persons discharged from hospital other than maternity or mental cases ... ..	469 (311)
Tuberculous households visited ... ..	611
Households visited on account of other infectious diseases ...	196

*Note:* The figures in brackets denote the number of persons visited at the special request of a general practitioner or hospital.

### Attachment of Health Visitors to Group Practices

Because of the success of the attachment of health visitors to group medical practices in the Crawley area (completed in 1962), similar arrangements were introduced in Horsham in January, in Bognor Regis in May, and in the Shoreham-by-Sea/Southwick area in October, 1963. Health visitors were attached whole-time to a practice; they covered all branches of the doctors' work and all the patients in the practices concerned. Authority was obtained for them to be provided with telephones and personal transport.

It is hoped to extend the scheme to other areas of the County in due course.

### Phenylketonuria

This is an inherited metabolic disease, the basic fault appearing to be a deficiency of the enzyme normally responsible for the breakdown of phenylalanine absorbed in excess of the body's requirements. As a result, phenylalanine accumulates in the blood and is excreted in the urine together with certain of its derivatives. A severe degree of mental retardation is present in most cases and there may be associated epileptic seizures and other physical stigmata. A small number of cases with normal or near normal intelligence have been recorded.

Fortunately, this is a rare disease. Its frequency in this country has been estimated as 1 per 50,000 of the population and it can be diagnosed by a simple test of the urine. The intelligence of babies with this condition is unimpaired if they are diagnosed sufficiently early and reared for the first few years of life on a diet from which phenylalanine has been excluded. Subsequently they can live on normal diets. The treatment of these children represents one of the most spectacular advances in the prevention of mental subnormality.

Since May, 1960 health visitors have, as a routine, tested the urine of newly-born children at the age of six weeks. Although a number of cases have been referred for further investigation, no child in the County has, as a result of these tests, been found to be suffering from the disease.



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

## Health Education

*"Man's body and mind, with utmost reverence to both I speak it, are exactly like a jerkin and a jerkin's lining; rumple the one, you rumple the other."*

*Laurence Sterne; 1713-1768*

In health education, strong emotions are aroused; you only have to mention such subjects as *smoking, teenagers or road accidents*, for this to become obvious. These emotions require patient and skilful handling by the teacher for it is an important part of the function of health education to allay anxieties and to give a positive concept of both physical and mental health. It is useless to teach by fear and to create anxieties. In all health teaching, the body and the mind must be considered as one.

Professor C. Fraser Brockington (sometime Medical Officer of Health of Crawley and lately Professor of Social and Preventive Medicine in the University of Manchester) once wrote

It is said that health education makes hypochondriacs, encourages quacks and induces self-diagnosis and self-treatment; that it hinders the physician by imparting half-truths; that it raises false hopes; and that in the result it is ineffectual. None of the criticisms is valid. The introvert will find other means to examine himself, the quack will flourish whether or not we leave people in ignorance of health. If health education leads to self-treatment, or raises false hopes, or hinders the physician in his practice, it has been badly done. If it is ineffectual, that is due to the limitations on our present knowledge, which are considerable.\*

The need for an adequate health education service both at national and local levels becomes apparent when it is realised that there are still many who, for example, are unaware of all the facts relating to smoking despite all the publicity that this has received in the press and on the radio and television. No poster can give the full facts and there is a continuing need for personal communication with as many groups as possible.

The work of the Health Education Organiser changed slightly during the year in that much more of her time was spent advising organisations and individuals. In this way, the principles of good health education were conveyed to a wider public. More people, both from inside and outside the area of the County, asked for advice on their own health education problems. These included doctors, clergy, public health inspectors, teachers and youth leaders, and it was a pleasure to welcome to the Department a number of students in these fields.

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\*The Health of the Community; Churchill; 1954.



The Deputy County Medical Officer and the Health Education Organiser were again invited by the Central Council for Health Education to be discussion group leaders at the Annual Summer School in Bangor, North Wales.

### **Smoking**

As an experiment, a new approach was made to the problem of smoking amongst school children; a full account of this appears in Part IX of the Report.

It is unrealistic to suggest that smoking should be "banned". Prohibition is neither satisfactory nor practicable as it does nothing to change the attitude of the individual; if there is to be any lasting effect, the approach must be positive, many-sided and continuous. Strenuous efforts were made by the staff to introduce the subject whenever possible in various contexts. Anti-smoking posters were obtained from the Ministry of Health and were used with discretion according to their suitability.

### **Annual Refresher Course**

The refresher course for nursing staff was held during April and was given a stimulating introduction by Kenneth Robinson, Esq., M.P., who addressed the first session on the subject of *The Future of the National Health Service*.

An interesting and varied programme was arranged and the nursing staff were encouraged by the presence of members of the Council at some of the sessions. Lectures were given not only on public health nursing methods but controversial subjects dealing with other professional matters were also introduced in order to stimulate the interest of the staff in their work.

A visual aid competition was again organised and all the staff were invited to enter. The standard was high and two of the six prizes were won by non-nursing members of the staff.

### **Equipment**

The format used for the equipment list circulated to all members of the staff was changed. It was redesigned and printed as a loose-leaf book in order to simplify additions as new material becomes available. A new film projector was purchased and if (as seems likely) two assistant health education organisers are appointed (one mainly for the Borough of Worthing) it is hoped to make greater use of this type of visual aid; a selection of slides is being built up to provide another form of teaching aid.

There was a change in the demand for visual aids, which showed a greater understanding of the use of this type of material. As the staff become more skilled in adapting materials to their own needs, less reliance is being placed solely on conventional aids and a larger variety of teaching materials is accordingly requested. In most cases it has been possible to meet these requests.



The health education library proved useful and books continued to be in demand.

### Talks and Lectures

These continued to be given along the lines adopted in previous years but more emphasis was placed on the value of properly-organised discussions. Owing to limited staff, it was not possible to meet all requests, but the growing demand was nevertheless encouraging and showed an increasing awareness by the public of the need to keep themselves properly informed on matters relating to their health.

Talks to young people and adults on the subject of venereal disease revealed many misconceptions particularly about spread of infection. Young people showed a great deal of concern about this problem and were disturbed by the knowledge that promiscuous behaviour leads to increased risks.

There was an increased number of requests for talks to old people's clubs and these were welcomed because of the opportunity they afforded to help the elderly with their problems and difficulties.

Teaching sessions on home safety were arranged in schools by the Horsham Home Safety Committee and the Department assisted the Crawley Home Safety Committee with another exhibition.

The activities of the 13 mothers' clubs in the County continued to be run on the lines described in the last Report.

Subjects dealt with during the year included:

Home Safety	First Aid — including resuscitation
Foot Health	Home Nursing
Dental Health	Adolescent Problems
Mental Health	Family Relationships
Nutrition	Care of Old People
Child Care	Social Services
Child Development	The Work of the Health Visitor.
Personal Hygiene	Health Education
The School Health Service	Smoking
Ante-natal Care	Infectious Diseases
Food Hygiene	Immunisation and Vaccination
Road Safety	Social Aspects of Disease

and the groups to which these talks were given included:

Mothers' Clubs	School Children
Young Wives' Clubs	Mothers' Union
Rotary Clubs	Student Teachers
Old People's Clubs	Students for the D.P.H.
Women's Institutes	Public Health Inspectors.
Parent-Teacher Associations	Student Nurses

Numerous talks were given by the medical staff and by the Health Education Organiser. Film shows numbered 106 and 272 film strips were shown.



## **Civil Defence (Training in Nursing) Regulations, 1963**

These Regulations came into operation on 24th May, 1963 and conferred on the councils of counties and county boroughs in England and Wales the function of providing training in home nursing and first aid in accordance with such directions as may be given by the Minister of Health.

By Circular 9/63, the Ministry of Health stated that, in the event of an attack with nuclear weapons, the general medical and local authority home nursing services would need to be reinforced by home nursing on the part of the general public, to enable families to care for themselves and their neighbours until such time as help could be provided from the organised services. Under the authority of the Regulations, training in home nursing and first aid could be given in peace-time to as many persons as were willing to receive it. The Ministry emphasised that, whilst the Regulations were made under the *Civil Defence Act, 1948* those receiving training were not in any sense being recruited for civil defence or any other purposes, nor were they incurring obligations of any kind; the training would be of considerable value in everyday life.

Following consultation with the civil defence administration, a series of lectures was arranged by the Department for volunteers from the staff and representatives of the first aid and nursing organisations. These lectures were given by the Deputy County Medical Officer of Health, the Superintendent Nursing Officer and the Health Education Organiser during October and November, 1963 in the hope that the programme would thereafter be repeated elsewhere throughout the County to such organisations as Women's Institutes, Townswomen's Guilds, the British Legion, Senior Scouts and Guides and other national or local organisations by the British Red Cross Society and the St. John Ambulance Brigade.

## **Discharge from Hospital**

The last Report referred to advice which had been received from the Ministry of Health (Circular 15/62 dated 25th July, 1962) regarding (a) admission to hospital and domiciliary care, and (b) hospital waiting lists. After this advice 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. It frequently occurred that patients were discharged home from hospital, without any prior consultation with the local health authority, when it must have been apparent to the hospital staff that the provision of, say, home nursing equipment or the services of a district nurse or a home help



would be required by the patient immediately he left hospital. Sometimes the need for such services was only brought to the notice of the Department after the patient had been at home for several days.

Representations were accordingly made to the Ministry of Health that, in all cases where it was known that the resources of the local health authority would 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 left 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 would need.

A reply was received from the Ministry of Health indicating that consideration was being given to these suggestions and a Circular (3/63) was in fact published on 14th March, 1963. With this Circular was enclosed a copy of a memorandum on the discharge of patients from hospital and arrangements for after-care which *inter alia* drew attention to the following matters:

- (a) After-care arrangements need to be planned in good time; where community services are likely to be needed, the local authority should be consulted at the outset; in some cases, local authority officers should be invited to meet hospital patients whose problems present special difficulties;
- (b) local authorities should designate one or more officers as responsible for mobilising the community services, and the hospitals (and Executive Council) should know who these officers are and how to get in touch with them; it would be for each local authority to decide how many officers to designate, in the light of local circumstances, particularly the size of the area; and
- (c) the authority will need to tell the patient's general practitioner what they propose in the way of community services and take his suggestions into account.

In consultation with the hospital authorities, the Executive Council and the Local Medical Committee, it was agreed that action to meet the after-care needs of patients discharged to addresses in the County should be initiated by the discharging hospital completing a simple form in triplicate and forwarding it to the Department so as to arrive not later than 48 hours before the patient's discharge. It was felt that this would give the authority sufficient opportunity to make available most after-care requirements by the time the patient arrived home and that it would also enable arrangements to be made for a representative of the Department to visit the hospital to discuss the needs of patients with special problems where the hospital staff considered that to be desirable before the patient was discharged. It was also agreed that action taken by the Department would be recorded on the reverse of the form, the first copy of which would be sent to the family doctor (the form was designed to fit the envelope in which doctors keep their patients' records), the second being returned to the hospital in acknowledgment of the request and in order to keep the hospital informed of subsequent developments.



It was also decided that, in exceptional cases, where it was not possible for the hospital to follow the procedure set out above, telephone requests for after-care would be acted upon by the Superintendent Nursing Officer or, in her absence, by a senior administrative assistant.

These new arrangements were brought to the attention of all general medical practitioners in the County and they were invited to inform the Department immediately if, at any time after the patient had returned to their care, they were not in agreement either with the recommendation of the hospital or with the action taken, or proposed to be taken, by the Department. They were also invited to let the Department know without delay when a patient no longer needed an after-care facility which had been provided.

## Tuberculosis

### Notifications

The number of primary notifications received during 1963 was 66, which was 16 less than in 1962. In addition, one case became known through the death return.

Details of the notifications of respiratory and non-respiratory tuberculosis in 1963 were:

Age	RESPIRATORY			NON-RESPIRATORY		
	Male	Female	TOTAL	Male	Female	TOTAL
0-1 ...	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
1-2 ...	— (1)	— (—)	— (1)	— (—)	— (—)	— (—)
2-5 ...	1 (—)	— (—)	1 (—)	— (—)	— (—)	— (—)
5-10 ...	— (—)	1 (—)	1 (—)	— (—)	— (1)	— (1)
10-15 ...	1 (—)	— (2)	1 (2)	— (2)	— (—)	— (2)
15-20 ...	1 (1)	1 (3)	2 (4)	— (—)	— (—)	— (—)
20-25 ...	1 (5)	3 (3)	4 (8)	— (—)	— (2)	— (2)
25-35 ...	6 (7)	4 (3)	10 (10)	— (—)	1 (1)	1 (1)
35-45 ...	6 (6)	5 (6)	11 (12)	1 (1)	1 (—)	2 (1)
45-55 ...	2 (10)	1 (3)	3 (13)	— (—)	3 (—)	3 (—)
55-65 ...	8 (10)	2 (2)	10 (12)	— (1)	— (—)	— (1)
65-75 ...	6 (4)	4 (2)	10 (6)	— (—)	— (—)	— (—)
75+ ...	6 (1)	2 (3)	8 (4)	— (1)	— (1)	— (2)
<b>TOTAL ...</b>	<b>38 (45)</b>	<b>23 (27)</b>	<b>61 (72)</b>	<b>1 (5)</b>	<b>5 (5)</b>	<b>6 (10)</b>

*Note:* The figures in brackets relate to 1962.

### Chest Clinic Statistics

I am grateful to the chest physicians for supplying the following information about their work.



	<i>Chest Clinics</i>			
	<i>Worthing and Southlands</i>	<i>Horsham</i>	<i>Crawley</i>	<i>Chichester and Bognor Regis</i>
1. Approximate population of area served ... ..	179,000	47,710	60,000	148,500
2. Patients on register at 1.1.63	219	113	196	425
3. Transfers from other areas ...	20	19	20	10
4. New notifications:				
(a) Respiratory ... ..	26*	3	6	16
(b) Non-respiratory ... ..	—	1	1	2
5. Removed from register:				
(a) Recovered ... ..	37	6	1	88
(b) Left area or lost sight of	20	—	19	21
(c) Died ... ..	13†	—	4	14
6. Patients on register at 31.12.63	195	130	199	330
7. (a) New patients first examined ... ..	680‡	306	402	707
(b) Of these, numbers found to be tuberculous ...	23	4	7	18
8. (a) Contacts of 7 (b) examined ... ..	90§	20	21	125§
(b) Of these, number found to be tuberculous ...	3	1	3	—

\* But diagnosis not confirmed in three cases.

† Only five died of tuberculosis.

‡ Excluding transfers.

§ Total contacts seen; does not refer specifically to contacts of 7 (b).

### Contact Tracing

The following table, also 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 1957 to 1963.

<i>Year</i>	<i>No. of contacts examined</i>	<i>No. found tuberculous</i>
1957	538	8
1958	574	2
1959	505	9
1960	471	10
1961	448	3
1962	527	7
1963	376	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 1963 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 1963 and the Surrey Mass Radiography Unit continued to visit Crawley every week. 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.

	Number X-rayed			*Significant pulmonary tuberculosis	Primary lung cancer
	Male	Female	Total		
General practitioners' chest X-ray service:					
Portsmouth Unit ...	2,816	2,367	5,183	8	54
Surrey Unit ...	394	413	807	1	1
General public and factory groups:					
Portsmouth Unit ...	3,448	4,157	7,605	4	4
Surrey Unit ...	1,901	1,401	3,302	—	2
<b>TOTAL ...</b>	<b>8,559</b>	<b>8,338</b>	<b>16,897</b>	<b>13</b>	<b>61</b>

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

## Home Nursing

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.

Because of the great pressure on hospital beds, patients were often discharged to be nursed at home as soon as was reasonably possible; similarly, home nursing under the direction of the family doctor frequently obviated the need for a hospital bed. The case load at any one time amounted to about 1,000 patients of whom approximately one quarter were suffering from cancer; there was also a large number of chronic patients some of whom had required nursing care for several years. Because of the relatively high proportion of difficult cases of this



kind, the work, though rewarding, was often very heavy but the provision of nursing equipment such as is referred to below was of the greatest value in helping the nursing staff to achieve the highest possible standards of care.

### Staff

The following table shows the number of home nurses employed at the end of the year. Comparable figures for 1962 are also shown.

Category	No. of home nurses employed during	
	1962	1963
Whole-time ...	54	58
Part-time ... ..	57	64
Total whole-time equivalent ...	86.5	90.6

During the year eleven nurses attended post certificate courses at various centres in the country. Motor transport was available for all nurses who were car drivers.

I am pleased to record the splendid devotion to duty shown by the nursing staff during a long period of exceptionally severe weather at the beginning of the year. The nurses were sometimes obliged to abandon their cars and walk to their patients. A number of them received help from local farmers who offered lifts on their tractors, and one nurse spent an hour-and-a-half riding on a tractor driven by an expectant father who was determined to get her to his wife.

In one case, the help of the R.A.F. at Tangmere was enlisted. Arrangements were made for a helicopter to pick up the Beeding nurse from a field together with supplies of oil and provisions for an elderly diabetic patient and her 85-year-old husband. The patient was taken to hospital by helicopter but unfortunately died there six days later.

In spite of the icy road conditions, no part of the County went without the services of the nursing staff.

### Work Undertaken

The demand for home nursing came increasingly from older people. The number of persons aged 65 or over who required nursing increased by 7.5 per cent and amounted to 59.6 per cent of the total patients nursed, compared with 55.1 per cent in 1962.



It is evident from these figures that the present emphasis on care in the community includes patients with organic illness, as well as patients with mental illness and patients who are severely handicapped.

In contrast with the above, the number of children under the age of five years who were visited by home nurses totalled 451, only 3.9 per cent of the total number of patients attended, compared with 469 children (4.6 per cent) treated in 1962.

Details are given below of the number of patients treated and the visits paid during the past two years.

	1962	1963
Total number of persons nursed during year ... ..	11,703	11,640
Number of persons under 5 years ...	469	451
Number of persons over 65 years ...	6,453	6,936
Total number of visits ... ..	233,817	239,414

In the Report for 1962, a forecast was made that the need for home nursing would continue to increase. This was borne out by the increase of 2.3 per cent in the number of visits made in 1963. The corresponding increase in 1962 was 0.7 per cent. As more people come to Sussex to retire, the need for home nursing will undoubtedly increase.

## Equipment

Requests for equipment to assist the nursing of patients in their own homes have increased considerably as the service has become more widely known. General practitioners, almoners and domiciliary nursing staff have found that the more quickly equipment is provided the more effective it becomes not only in the treatment of the patients themselves but also in bringing help to the patients' relatives. The amount originally included in the financial estimates for 1963/64 was £1,750 but this was increased to £5,125 by the approval of supplementary estimates.

The transport and installation of this equipment together with its care and maintenance occupied a great deal of time but the value of the service was often emphasised by the expressions of appreciation which were received from relatives, patients and general practitioners. It is obvious that the service is a very useful and important one.

A list of the main items of equipment held and issues made is given in the table. In addition, bed-pans, urinals, plastic draw-sheets, incontinence pads and dunlopillo cushions were supplied as well as a number of miscellaneous items.



<i>Article</i>	<i>Stock</i>	<i>No. of issues during 1963</i>	<i>Article</i>	<i>Stock</i>	<i>No. of issues during 1963</i>
Wheelchairs ... ..	87	139	Back rests ... ..	19	30
Commodes ... ..	106	145	Foot cradles ... ..	37	46
Sanitary push-chairs ... ..	5	1	Bed ladders ... ..	21	29
Hospital beds ... ..	43	56	Walking frames ... ..	81	111
Lifting poles and chains	18	22	Quadruped and tripod		
Cot sides (pairs) ... ..	6	8	walking aids ... ..	70	74
Dunlopillo mattresses ... ..	58	70	Elbow crutches ... ..	21	21
P.C.P. inflatable			Walking sticks ... ..	7	6
mattresses ... ..	7	9	Bath seats ... ..	26	26
Bed blocks ... ..	8	1	Bath safety rails ... ..	10	11
Fracture boards... ..	5	7	Bath mats ... ..	7	8
Hoists: Chain ... ..	19	16	Raised toilet seats ... ..	16	20
Hydraulic ... ..	14	26	Helping hands ... ..	10	10

## Home Help Service

Except in the Borough of Worthing, the County Council continued to carry 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, immediate responsibility for the service was delegated to the Borough Council.

### Staff Employed and Persons Helped

Apart from the area of the Selsey peninsula (which was managed from Chichester by the County Organiser from 1st June, 1963) the Women's Voluntary Service made help available from 15 centres, each of which had a local organiser. Miss B. Murray retired on 31st May, 1963 from the office of County Organiser after ten years of service devoted to meeting the needs of the aged and the sick but she continued to give part-time help in the Arundel area. As County Organiser, she was succeeded by Mrs. J. Burling who had been the Chichester Area Organiser for many years and who had deputised for the County Organiser as occasion required.

There was an increase in the number of persons helped (entirely in the age group over 65 years) but some improvement in the recruitment of home helps enabled most of the additional demands to be met. The recruitment of staff was nevertheless one of the major problems with which the service was faced, a point emphasised by Mrs. J. Burling, the W.V.S. County Organiser.

"The greatest difficulty is, as ever, during the summer season when many home helps are unable to work during the school holidays and others find more lucrative work, particularly in the coastal areas. Special difficulties, however, are still experienced in some areas in finding enough home helps in the ordinary way, despite advertising in local papers. The areas mostly affected are Chanctonbury and Rustington."



In addition to the staff incentives referred to in the last Report, further steps were taken to improve conditions of service by granting to all home helps employed by the County Council for ten years or more who worked an average of ten hours a week or more, an extra half-week's paid holiday a year. Authority was also obtained to supply rubber gloves to all home helps.

More use was made of home helps who were able to travel in their own cars. This made it possible to meet more easily the needs of persons living in inaccessible areas and also proved most useful in dealing with urgent applications for help. Greater use was also made of widowed home helps now that they can work for more hours without loss of pension.

A start was made with the improvement of staff training by holding meetings (often attended by local nurses and welfare workers) in some of the more compact areas at which talks were given on various topics relating to the work. These meetings were well attended and enabled the home helps to become better informed on the important part they play in helping to care for the sick and aged at home.

#### Staff Employed and Hours Worked

	1959	1960	1961	1962	1963
Part-time helps employed ...	362	413	448	480	522
Whole-time equivalent ...	129	124	126.6	139	148
Hours worked ...	275,129	273,879	275,982	303,620	328,202

There was in 1963 a 6.5 per cent increase in the equivalent whole-time staff employed which resulted in an increase of 8.1 per cent in the number of hours worked. The total number of persons helped rose to 3,070, a percentage increase of 11.5 compared with 1962.

#### Number of Persons Helped

Category	1959	1960	1961	1962	1963
Aged 65 years and over ...	} 1,456	} 1,514	} 2,048	} 1,952	2,362
Chronic sick and tuberculous ...					158
Mentally disordered ...					9
Maternity ...					201
Others ...	651	602	728	562	340
TOTAL ...	2,404	2,397	3,041	2,763	3,070



STATISTICS RELATING TO THE HOME HELP SERVICE

1949 to 1962

Year	Number of W.V.S. area organisers*	Number of cases assisted					Number of helps employed		Number of hours worked	Average number of hours a case a week	Gross expenditure	Income	Net expenditure
		Maternity	Tuberculosis	Chronic sick, aged and infirm	Others	TOTAL	Whole-time	Part-time					
1949	10	347	3	—	971	1,321	12	145	171,179	2.5	£ 21,997	£ 7,597	£ 14,400
1953	14	270	49	647	621	1,587	2	241	197,433	2.4	27,796	6,548	21,248
1957	16	316	27	1,218	601	2,162	—	337	255,732	2.3	45,779	10,015	35,764
1958	15	281	18	1,313	591	2,203	—	370	257,898	2.3	48,620	10,528	38,092
1959	16 (10)	297	18	1,438	651	2,404	—	362	275,129	2.2	51,829	11,382	40,447
1960	24 (9)	281	13	1,501	602	2,397	—	413	273,879	2.2	54,013	10,919	43,094
1961	21 (9)	265	15	2,033	728	3,041	—	448	275,982	1.7	60,470	11,489	48,981
1962	21 (9)	249	12	1,940	562	2,763	—	480	303,620	2.1	69,353	12,838	56,515

\*Includes full-time paid organiser at Worthing.

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



## Neighbourly Help Scheme

Experience gained during the year confirmed the forecast made in the last Report that more help would be made available through this scheme as the arrangements became more widely known. Altogether, 41 persons were assisted, all of whom were receiving allowances from the National Assistance Board.

In most cases, the help was given by neighbours who were either unable to work set hours or who had no wish to become enrolled as home helps. They were not paid on an hourly basis but received an agreed amount (varying between 10/- and £2) for the service they gave. Many of the neighbourly helps were elderly but active people who found satisfaction in continuing to be employed on a casual basis and who were glad of the opportunity to supplement their pensions. It was occasionally necessary to arrange a few hours of conventional home help in order to cope with the heavier work.

### Cost of the Service

The full standard charge of 4s.3d. an hour for every hour of attendance remained unchanged but this amount only became payable when an applicant's assessable income was more than £11 a week. Persons in receipt of supplementary allowances from the National Assistance Board continued to receive help without charge and without the need for their financial circumstances to be further assessed.

According to the financial statistics published jointly by the Society of County Treasurers and the Institute of Municipal Treasurers and Accountants, the County's net expenditure on domestic help in 1962/63 a 1,000 population was £135.1s. compared with an average of £207.9s. for all English counties. The total cost a case locally was £24.11s. (an increase of £5.2s. on the previous year) compared with a national average of £34.12s., an increase over 1961/62 of £1.11s.

### Development of the Service

A further review was undertaken of the future requirements of the service as a result of which it seemed likely that the estimated increase in the number of home helps (roughly 25 a year) which was included in the County Council's original ten-year plan (prepared in 1962) was likely to be quite inadequate when compared with the national averages. Information made available by the Ministry of Health in April (Command Paper 1973) enabled the following comparisons to be made between local and national forecasts prepared in 1962 of the number of home helps a 1,000 population likely to be required in 1967 and 1972.

	<i>Rate a 1,000 population</i>		
	31.3.62	31.3.67	31.3.72
West Sussex ... ..	0.33	0.43	0.47
England and Wales... ..	0.55	0.66	0.73



These statistics suggested that the County's need for additional home helps was likely to be much greater than was originally envisaged. The table on page 64 shows that in the great majority of cases help is required by people over 65 years of age. In West Sussex, with a relatively high percentage of the population in that age group compared with the national average, the provision of home help is a particularly important social service and is often instrumental in enabling old people to keep a home going when, without assistance, they would be compelled to sell up and become dependent upon institutional care. The Department tries to prevent this whenever possible. People prefer to live in their own homes and it is in the financial interests of the County that, so long as it is possible, they should do so. For these reasons, in the first annual revision of the ten-year plan, the Council approved the provision of staff at the rate of 40 additional helps in each of the next five years and 25 a year for the remainder of the ten-year period.

Reference was made in the Report for 1962 to the recommendations of the County Health Committee that a directly-administered service should be introduced from 1st April, 1964, that a County Home Help Organiser should be recruited from 1st October, 1963, and that Ministry of Health approval should be sought to an amendment of the County Council's proposals under Part III of the *National Health Service Act, 1946*. These recommendations were withdrawn at a meeting of the County Council held on 23rd November, 1962 because of the need for strict economy but instructions were given for the whole matter to be reviewed in 1963.

Revised estimates of revenue expenditure and staff requirements were submitted to the County Health Committee on 18th October, 1963 together with certain statistical information (reproduced on page 65) relating to the experience of previous years. The Committee thereupon re-affirmed their earlier view that a considerable and fairly rapid expansion of the service was necessary in order to meet the needs of the rising and ageing population and they again recommended the County Council to establish a directly-administered service. This recommendation was approved by the County Council on 22nd November, 1963 when it was decided that a directly-administered service should be introduced from 1st October, 1964 and that an appropriate amendment should be sought of the County Council's proposals made under Section 29 of the *National Health Service Act, 1946*.

## Chiropody Service

The directly-provided chiropody service which began in May, 1962 was further consolidated during the year but, although a second chiropodist was appointed on 17th June, 1963, it was obvious that further staff will have to be recruited before the service is adequate to meet the requirements of the priority groups (the aged, the physically handicapped, and expectant mothers) in all parts of the County who are in need of treatment.



With the appointment of a second chiropodist, it was possible to extend existing clinics and to commence nine new sessions at seven additional centres, namely, Arundel, Harting, Henfield, Petworth, Rogate, Selsey, and Southborne. As a result, the total number of sessions held in the County each month increased from 48 in 1962 to 90 in 1963. Details of the location and frequency of the clinics together with the number of attendances are given in the following table.

Clinic	Number of sessions a month	Attendances		
		First	Total	Percentage free
Arundel ... ..	1 (—)	1 (—)	1 (—)	— (—)
Bognor Regis ... ..	7 (4)	77 (93)	516 (210)	36 (39)
Camelsdale ... ..	2 (1)	7 (14)	75 (33)	35 (12)
Chichester ... ..	3 (2)	64 (47)	303 (92)	43 (32)
Crawley—				
Exchange Road ... ..	16 (6)	99 (175)	832 (418)	59 (59)
*Gossops Green ... ..	1 (1)	6 (7)	74 (7)	55 (14)
*Langley Green ... ..	1 (1)	13 (14)	81 (16)	44 (56)
*Three Bridges ... ..	1 (1)	24 (11)	90 (11)	64 (82)
*Tilgate ... ..	1 (1)	13 (7)	70 (11)	59 (46)
Fernhurst ... ..	2 (1)	8 (13)	80 (26)	30 (23)
Harting ... ..	1 (—)	11 (—)	12 (—)	25 (—)
Henfield ... ..	2 (—)	10 (—)	15 (—)	33 (—)
Horsham ... ..	2 (1)	24 (43)	153 (107)	35 (36)
Lancing... ..	5 (2)	52 (38)	338 (105)	32 (30)
Littlehampton ... ..	5 (5)	71 (118)	612 (258)	44 (40)
Midhurst ... ..	2 (2)	11 (15)	141 (22)	33 (14)
Petworth ... ..	1 (—)	5 (—)	5 (—)	80 (—)
Rogate ... ..	1 (—)	12 (—)	14 (—)	57 (—)
Roffey ... ..	10 (3)	40 (37)	440 (113)	40 (36)
Selsey ... ..	2 (—)	15 (—)	18 (—)	50 (—)
Southborne ... ..	1 (—)	3 (—)	4 (—)	50 (—)
Shoreham-by-Sea—				
Ham Road ... ..	4 (2)	22 (46)	280 (128)	51 (43)
Middle Road ... ..	3 (2)	17 (31)	214 (105)	39 (31)
†Worthing ... ..	16 (12)	199 (187)	1,265 (459)	39 (48)
ADMINISTRATIVE COUNTY	90 (47)	804 (896)	5,633 (2,081)	43 (43)

\*Services of a sessional chiropodist used for these clinics.

†Arrangements delegated to Borough Council; sessional chiropodist.

Note: The figures in brackets relate to the period May to December, 1962.

The service provided by the County Council was augmented by the work of a number of voluntary organisations who employed private chiropodists. In 1962 it was possible to make grants to only two of these organisations as the chiropodists employed by the others were not qualified in accordance with the *National Health Service (Medical Auxiliaries) Regulations, 1954*. The chiropodists concerned were however registered during 1963 under the *Professions Supplementary to Medicine Act, 1960* and the County Council thereupon made grants in support of the work of the organisations by whom they were employed. By the end of the year, 12 voluntary bodies were receiving grants



ranging from £10 to £100 a year and some account of their work is given below.

Voluntary Organisation	Payment of grant commenced	Number of sessions held during 1963 or since receipt of grant	Attendances		
			First	Total	Percentage free
Arundel Good Companions Club ... ..	1.11.63	6	—	48	22.9
Chichester W.V.S.... ..	1.2.62	26	—	174	—
Cowfold Darby & Joan Club Graffham, Lavington, South Ambersham and Selham District Nursing Association ... ..	1.11.63	1	—	6	16.7
Henfield Darby & Joan Club	1.4.62	41	4	384	0.8
Partridge Green Welcome Club ... ..	1.11.63	2	1	17	11.8
Petworth Old People's Wel- fare Committee ... ..	1.11.63	2	—	16	50.0
Steyning Darby & Joan Club	1.12.63	2	1	14	21.4
Storrington Darby & Joan Club ... ..	1.11.63	3	—	18	50.0
Tillington Darby & Joan Club ... ..	1.11.63	1	—	8	50.0
West Ashling Darby & Joan Club ... ..	1.11.63	1	—	7	—
West Chiltington Darby & Joan Club... ..	1.11.63	1	7	7	28.6
	1.11.63	2	1	17	29.4
<b>TOTAL ... ..</b>		<b>88</b>	<b>14</b>	<b>716</b>	<b>6.7</b>

## County Almoners

The staff of almoners was increased by one during the year which brought the number employed by the County Council to four; the additional appointment was mainly for work in the Borough of Worthing. The almoner based at Chichester was promoted Senior County Almoner with additional responsibility for co-ordinating the work throughout the County.

Persons referred to the almoners during 1963 numbered 787, which was 80 less than in 1962. The sources of referral were:

General medical practitioners	...	...	...	...	189
Chest and other consultants	...	...	...	...	83
County nursing staff	...	...	...	...	112
Hospital almoners	...	...	...	...	129
Other voluntary and statutory agencies	...	...	...	...	274
<b>TOTAL</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>787</b>



Many patients had social or personal problems which had either been aggravated by illness or which were, in some cases, the precipitating factors. They often found it difficult to accept the community services offered to them and much time had therefore to be spent in trying to help them to accept their situation and to live with their disability.

Among the chest patients referred, fewer suffered from tuberculosis but more from other chronic chest conditions; these patients frequently required long-term help and advice. Many patients were referred by hospital almoners (with whom co-operation continued to be good) because they lived so far from the hospital that it was impracticable for the patients' progress to be followed up by the hospital staff. Upon request, the county almoners also supplied information to hospitals about patients being admitted.

Recuperative holidays were arranged for 84 patients, 32 fewer than in the previous year. The majority of these patients probably derived more benefit from this form of care than would have been the case had their needs not been carefully assessed before the arrangements were made. Little may be achieved unless an endeavour is made to help the patient overcome the initial problem which made recuperation necessary.

More requests were received for help with the temporary care of elderly invalids to give relatives relief and also in many difficult "border-line" cases where the patient was not needing hospital care but was also not suitable for admission to residential welfare accommodation. This applied increasingly to persons aged between 40 and 60 years suffering from progressive illnesses for which little specific provision is at present available.

The almoners continued to co-operate closely with other county departments and with many voluntary and statutory organisations; in some cases they acted in an advisory capacity. Much invaluable help was given by voluntary organisations such as the Women's Voluntary Service and the British Red Cross Society. This was greatly appreciated, particularly since it was very often made available at short notice.

The Council's thanks are again due to the Marie Curie Memorial Foundation for all the practical help they gave to meet the urgent requirements of necessitous cancer patients being nursed at home. A sum of £272 was disbursed by the Department to 46 persons under the terms of the Foundation's Area Welfare Grant Scheme and arrangements were made for ten patients to be provided with the attendance of a nurse or sitter at night.

The National Society for Cancer Relief also continued to give generous support to the cost of providing residential accommodation for persons suffering from cancer and £2,771 was disbursed on behalf of the Society to 112 persons.



## **Occupational Therapy**

The domiciliary occupational therapist based on Chichester carried out during the year 767 visits to 82 chest and 12 mentally handicapped cases all over the County, including the Borough of Worthing. Visiting was usually at fortnightly intervals and referrals came from chest consultants, county and hospital almoners, occupational therapists, health visitors and mental welfare officers.

The age of most of the chest cases was between 50 and 65 years and many were well below the normal age of retirement. The mentally handicapped were mainly young women as most of the males previously visited are now attending Rustington training centre.

Most of the visits were for the purpose of supplying materials and giving instruction in such crafts as cane-work, stool-seating, leather-work, rug-making, embroidery, lampshade-making, raffia work and art. Since many of the patients have been forced to retire from active employment on medical advice, often with little prospect of returning to their normal work, much time had to be spent in encouraging adjustment to a new way of life. Experience frequently showed that the teaching of new crafts played an important part in helping patients to accept their disabilities and to live contentedly with their families despite their inability to earn their former wages.

Craft materials were bought direct from wholesalers and sold to the patients without profit. During her early visits, the occupational therapist encouraged the making of articles for the home and thereafter it was suggested that products should be sold to the patients' friends and neighbours in order to bring in some pocket-money and to assist in the making of social contacts.

The regular visiting carried out by the occupational therapist usually enabled her to gain the confidence not only of the patient but also of his family. Personal problems were often discussed and, where it seemed appropriate that help should be sought from another source, steps were taken, with the patient's consent, to secure the interest of other agencies.

## **Geriatric Services**

The County Council continued to share with the South West Metropolitan Regional Hospital Board the services of two consultant physicians in geriatric medicine. In a County where the age distribution of the population is greatly in excess of that of England and Wales, it is essential that consultant advice should readily be available and I am most grateful to Dr. J. N. Mickerson and to Dr. R. B. Franks for all they did throughout the year not only in helping individual cases but also in putting forward suggestions for the improvement of community facilities.



The problems confronting the Department in caring for the elderly at home are increasing and will certainly continue to increase. The Report of the General Register Office on the 1961 Census shows that the proportion of the population aged 65 or over in West Sussex (18.8 per cent) was considerably more than that in England and Wales (11.9 per cent) and that the proportion of persons in the County in that age group had risen by 1.7 per cent since 1951, a percentage increase which was almost twice as great as that in England and Wales as a whole.

Following the publication in 1962 of *A Hospital Plan for England and Wales*, some concern was felt locally at the inadequate proposed provision in the plan of hospital beds for old people in certain parts of the County. A meeting had taken place in June, 1962 with officers of the South West Metropolitan Regional Hospital Board when it was emphasised that a ratio of 1.4 beds a thousand persons was considered to be an under-estimate of need and it was also pointed out that the ratio of 6.8 beds a thousand persons over 65 years of age (which would be achieved in the Chichester and Worthing area on the completion of the Hospital Plan) placed an unfair burden on the local authority services and would be far below the national average provision by that time. The County representatives had asked for a review of the geriatric bed provision by the Board when the programme was next projected so that the ratio of 10 geriatric beds a thousand persons over 65 (which was the national standard envisaged in the Hospital Plan) should be achieved in West Sussex as soon as possible. The Board's representatives had said that they would bear this in mind and that they would draw the attention of the Ministry of Health to the matter.

By letter dated 11th November, 1963, the Secretary of the South West Metropolitan Regional Hospital Board indicated that the matter had been raised with the Ministry, who were not prepared to increase the proposed allocation of geriatric beds until, in the light of experience, when these beds were available, they could be shown to be inadequate. The Secretary of the Board stated that the Ministry of Health held the view that a considerable number of patients over 65 occupy, and will continue to occupy, acute accommodation which is also to be considerably increased. The hospital authorities hoped that the provision of day hospitals, increased physiotherapy facilities and local authority welfare accommodation would all combine to meet the demand.

At the end of the year, it was decided to refer this matter for further consideration to a small liaison committee (consisting of members of the County Council and of the Board) which had been created to discuss any problems which might arise from time to time.

### **Chichester Area**

I am most grateful to Dr. Mickerson for the following report in which he refers to some developments taking place in the western part of the County and draws attention to a number of imperfections in the present arrangements.



"I would like to emphasise that the close co-operation between the geriatric services of the County Council, the Chichester Hospital Group, Chichester City, Bognor and the Rural District Council, has been very encouraging. These bodies, meeting at regular intervals in the Geriatric Assessment Committee, have been able to resolve a number of difficult situations which have arisen in the past year concerning specific problems.

I also wish to commend the future developments (flatlets for the elderly and welfare homes) which the County, Urban and Rural District Councils have planned to improve the geriatric residential services over the next 10 years.

I am, however, concerned about some aspects of the geriatric services in the area.

*1. Domiciliary Services :*

*(a) Meals on wheels.*

The quality and quantity of these meals is not good. There is a need to improve the menu, the frequency of the service and the method of transport so that the meals remain hot.

*(b) Home helps.*

This service is not always adequate.

In this largely rural area, domiciliary services will always present a problem; furthermore, our elderly rural population have always led a very independent existence and tend to resent intrusion into their homes. Nevertheless there is considerable room for improvement in these services.

*2. Hospital Accommodation :*

The requests for admission into our geriatric wards at St. Richard's Hospital are increasing and over the past two years there has been an insidious increase in the number of very elderly patients admitted to our acute wards. In many instances, recovery from the acute illness has presented the problem of returning an elderly debilitated patient to a lone existence in unsatisfactory home conditions, so that the patient has had to be transferred to the geriatric wards. The delay in this transfer during the winter months when acute beds are in demand is often many weeks, during which time the bed may be blocked for urgent acute cases. While many of these debilitated patients have disorders which would make their care in welfare homes very difficult, their retention in hospital is justified only on social grounds.

There is a very strong need for a 'half-way house' with special facilities, wherein these elderly debilitated patients could be accommodated. Such accommodation would best be sited close to the hospital where medical out-patient and physiotherapy services are available."

## **Worthing Area**

I am also very much obliged to Dr. R. B. Franks for the following comprehensive report in which he not only draws attention to some of the problems of old age but also makes some important suggestions on how they can be relieved. Further reference to some of Dr. Franks's comments is made in the introduction to the Report, on page 10.

*"The Ageing Population :*

In my report for 1962, I mentioned that in 1961 the population of pensionable age in Worthing Municipal Borough was estimated to be 32 per cent of the total borough population. The 1961 Census figures are now to hand and show that the figure was in reality 36.3 per cent, and that the population aged 65 and over amounted to 30.7 per cent. From the Census, emerges the startling fact that the biggest population group of all was the 65-69 age group.

The Census figures for the whole area covered by the Worthing Hospital Group show that 29.5 per cent of the population were of pensionable age and 24.7 per cent were aged 65 and over, more than double the national average.



The continual influx of elderly immigrants from further north is largely responsible for this state of affairs and another factor is, of course, the lack of suitable employment either to hold young people in the area or to attract them to it. As has been frequently pointed out, the population of this part of the coastal plain has become quite unbalanced.

The elderly who migrate south to retire, leaving their younger relatives and friends behind, bring a potential social problem with them. Many find it very difficult to make new friends in the south and if, as so often happens, one partner of a marriage falls ill or dies, a critical situation very often occurs. On my domiciliary visits, I always ask about good friends and neighbours who might help in times of difficulty but only too often the answer is 'We haven't been able to make any friends since we came here,' or 'Our neighbours are all too old to be of any help.' These factors produce an increasing strain on the domiciliary and hospital services for the elderly. In my view the time is fast approaching when serious consideration should be given to publicising the facts on a national scale, and warning potential immigrants to think carefully before pulling up their roots and coming south. This would certainly be regarded by many as adverse publicity for the image of the 'Residential Resort.' But the fact must be faced that, unless a better balance of population is planned now, slow strangulation of the community, brought about by the increasing shortage of younger people available to give care to the elderly, may well occur in the next decade or two.

*The Work of the Service:*

The following table gives the statistics for each of the past four years.

	1960	1961	1962	1963
Applications: Male ... ..	134	142	289	349
Female ... ..	261	347	518	725
TOTAL ... ..	395	489	807	1,074
Domiciliary assessment visits ... ..	—	121*	748	931
Hospital beds available† ... ..	156	163	208	255
Admissions from waiting list†† ... ..	225	289	531	663
Discharges††† ... ..	84	148	186	317
(Short stay discharges included in above figure)	(55)	(58)	(101)	(109)
Deaths in hospital ... ..	141	141	243	316
Total of discharges and deaths††† ... ..	225	289	429	633
Discharges and deaths per available bed in the year ... ..	1.45	1.77	2.06	2.50
Average length of hospital stay (months) ...	8.3	6.8	5.8	4.8
Geriatric outpatients seen in clinics ...	—	—	106	218

\* Last quarter only.

† An average for the year.

†† The 1960 and 1961 figures include transfers in from other geriatric beds in the Group. These are not included in the 1962 and 1963 figures.

††† The 1962 and 1963 figures include only discharges home or to private or welfare accommodation. The 1960 and 1961 figures include transfers between geriatric hospitals in the Group.



The table shows that the work is steadily increasing and that there is a continuing upward trend in the turnover of patients per hospital bed per year with a corresponding shortening of the average stay in hospital. The number of discharges home or to residential accommodation, compared with deaths in hospital, also shows a satisfactory trend, the figure for discharges being 50 per cent in 1963 compared with 43 per cent in 1962.

This improvement in the discharge rate has come about in various ways. First, early referral (as described in the Report for 1962) has done much to prevent crippling and social incompetence; general practitioners are referring cases earlier and the success-rate in rehabilitation has thereby increased considerably. But in this connection I must also mention the excellent co-operation received from our Consultant in Physical Medicine, Dr. G. Holden, whose direction of the physiotherapy and remedial occupational therapy of our patients has greatly speeded up their physical rehabilitation.

Another important factor is that placement of the rehabilitated but homeless patient has improved greatly, though it remains a considerable problem. Our geriatric almoner, Miss M. F. Hopkins, A.M.I.A., has been tireless in visiting private residential accommodation and fitting the individual patient into the right sort of surroundings. As a result of her efforts, 56 patients were placed in private accommodation in 1963, compared with only 18 in 1962.

Discharges to welfare accommodation have also improved, 31 patients having been placed in 1963, compared with 13 in 1962. The majority of these discharges were on an exchange basis, but I should like to express my appreciation of the co-operation of the welfare officers at all levels. The opening of the excellent purpose-built home at Henfield has made a big difference to the rural population and I look forward to the completion of the new homes in Worthing and Shoreham which will serve the urban population.

*The Waiting List :*

The following table, which gives the numbers of patients on the list at the end of each of the past two years, shows that there was some improvement for males during 1963. This was largely due to the re-opening of 10 male beds during the year, rather than to any significant alteration in the ratio of male applications (the ratio of females to males for the year 1963 was 2.08:1).

<i>Type of List</i>	<i>Male</i>	<i>Female</i>	<i>TOTAL</i>
A* ...	15 (29)	55 (42)	70 (71)
B† ...	6 (12)	34 (40)	40 (52)
Short Stay ...	8 (14)	6 (7)	14 (21)
Other Groups	2 (—)	2 (2)	4 (2)
<b>TOTAL ...</b>	<b>31 (55)</b>	<b>97 (91)</b>	<b>128 (146)</b>

\*In need of admission.

†Can be nursed at home or in a nursing home for the time being.

*Note :* The figures in brackets relate to 1962.

The waiting-list for 1963 showed little change from that of 1962, despite the addition of 47 geriatric beds and the considerable reduction in the duration of admissions to hospital. This was mainly because of the greater demands made on the hospital service in 1963, applications being 267 more than in 1962.



The exceptional weather conditions of the first quarter of the year undoubtedly played a part here; in these three months the Emergency Bed Service was completely swamped with emergency calls for acute hospital beds and there were no less than 367 applications for geriatric beds.

Development at Swandean Hospital was completed but there were still not enough geriatric beds in the area. Unfortunately, further geriatric hospital building is a very long way away and it is to be expected that the waiting-list will remain a long one for many years to come.

The continued existence of this long waiting-list inevitably causes physical and mental hardship to patients and their relatives. In addition, it throws a great strain on the statutory and voluntary domiciliary services which help to care for the patient until admission can be arranged.

A further aspect which causes me great concern is the financial hardship which is often brought about by lack of sufficient hospital beds. In the 1962 Report, I referred to the elderly person residing in a nursing home and out-living her capital. Another equally pressing problem is that of the elderly person who is forced by a medical emergency, or by a social emergency (such as the sudden illness of a responsible relative) to enter a nursing home, which she can ill-afford, because there is no hospital bed available. Ways have yet to be found for granting statutory financial aid to elderly persons who find themselves in such predicaments.

#### *Domiciliary Services and Community Care :*

With the growing emphasis on community care for the elderly, I am very glad to be able again to report increasing co-operation between the hospital services and other statutory and voluntary services of all kinds. During the year, a number of health visitors and district nurses attended a short course in simple rehabilitation techniques given by the Senior Physiotherapist and Senior Occupational Therapist at Swandean Hospital. I understand that the nurses enjoyed and benefited from their course and that they have passed on their new knowledge to their colleagues. This will, I am certain, prove of great value to patients with physical disability, such as hemiplegic stroke, who are being nursed at home.

The Geriatric Almoner and I were very pleased to attend a meeting held in May by the County Welfare Officer to thrash out some of the many problems created by the care by relatives of elderly people at home. A number of very progressive suggestions came out of this meeting (in particular some relating to housing and financial aid) and I do hope that these, supported by the Institute of Social Welfare, will influence the policy of the Central Government.

I should like here to stress the great value of the occasional short-term admission of the elderly person in order to give her relatives a rest and the chance of a holiday. This service is very much appreciated and, whilst the patient is in hospital, we do what we can to improve her condition. In 1963, 109 persons were discharged home after a relief admission of this kind, usually of four weeks' duration.

In order to support and encourage relatives, I should like to see a very great increase in relief admission. The type of establishment to which the elderly person is temporarily admitted will depend on his or her physical and mental state. Those who are physically frail will need to be admitted to a geriatric hospital bed, or at least to a bed in a geriatric convalescent home. Those who are demented and physically frail may need to go to a mental hospital, whilst those who are physically fit but mentally rather frail could go to a local authority hostel under the *Mental Health Act, 1959*. Those who are just old, but physically and mentally well, would be admitted to ordinary welfare accommodation.

Shortage of accommodation is the great difficulty here at present, but in forward planning I am convinced that adequate provision must be made for this most valuable and humane service.



### *Housing Needs of the Elderly :*

In his excellent report to the County Council in November, 1963 on the revised ten-year plan, the County Welfare Officer stressed the special housing needs of the elderly. He also emphasised the fact that the elderly should be encouraged to retain as much independence as possible for as long as possible, and with this I wholeheartedly agree. He gave the figures for special units for the elderly already provided, and those planned up to 1969 by the various district councils in the Worthing area. In general, all have planned for something like 100 per cent increase or more, but it is surprising that apparently Shoreham has no units of special housing at all, either built or planned. This is surely a remarkable state of affairs and one that I feel needs looking into urgently.

### *Psychiatric Illness in the Elderly :*

In last year's Report, I mentioned the need for hostel accommodation for the physically fit but mentally frail old person, whose need is for supervision and not nursing care in a geriatric or mental hospital.

I have in my wards at present some 20 persons in this category and they are, of course, blocking beds which are urgently required for patients who do need nursing care or physical rehabilitation.

In the County Council's ten-year forward plan, provision is made for the building of a residential hostel for 30 mentally ill adults in Worthing during the year 1965-66. I understand that the hostel will be for adults of all age groups. In my view there is an urgent and specific need for a hostel of this type, designed for the elderly, where the patient may go either for short-term (for example, holiday) relief or for long-term care.

I am still concerned about the problem of severely demented old people who require long-term hospital care but for whom insufficient beds are available in a mental hospital. Discussions are going on at various levels on this very difficult problem.

### *A Home for Terminal Cancer Cases :*

I mentioned in the last Report that there was a need for such a home in the Worthing area. During the summer, I conducted a full survey of this problem, which is a real and growing one.

It emerged that well over half the total cancer deaths for West Sussex in 1962 occurred in districts covered by the Worthing area, the figures running parallel with those for deaths from all causes. Some 660 cancer deaths occurred in the area during the year and, of these, only about 270 took place in hospital. It follows that some 400 cancer deaths must have occurred either at home or in nursing homes. Probably some 75 per cent of these deaths were in persons aged 65 and over; 8 out of 11 cancer deaths occurred either in Worthing Borough or Rural District — that is within about six miles of the centre of Worthing.

From the humanitarian point of view, there is no doubt that the cancer patient's end is much more peaceful in an atmosphere imbued with the strong vocational feeling found in a home run specifically for terminal nursing care. Furthermore, it is very much simpler to arrange financial help for a cancer patient in such a home because the organisation behind the home would be non-profit-making.

I have discussed the type and size of accommodation required with the county and hospital almoners and we are agreed that 24 beds are needed, 18 for terminal nursing care and 6 for short-stay relief admissions. The home should be sited in the Worthing area and all beds should be in single rooms.

We all sincerely hope that some religious or charitable organisation will come forward to help with this pressing problem."



Consultations took place during the year with the Marie Curie Memorial Foundation about the possibility of their being able to establish a home in the Worthing area for terminal cancer cases. The Foundation gave the suggestion most careful and sympathetic consideration but regrettably came to the conclusion that their capital commitments were such that they were unable to promote such a project at that time; they said that the situation would, however, be reviewed at a later date.

## Sussex Rural Community Council

Since its formation in 1932, an important part of the Community Council's many activities has always been the care and after-care of persons suffering from tuberculosis. Out of a total of 115 cases helped during the year (particulars of which are given below) 80 were suffering from the disease and the remaining 35 were non-tuberculous; new cases numbered 47, eight more than in the previous year.

Area	Form of help provided*						TOTAL
	Milk	Fuel	Fares	Tele- vision	Holi- day	Other	
Chichester/ Midhurst ...	3 (6)	24 (12)	— (3)	1 (—)	1 (—)	3 (5)	32 (26)
Crawley ...	3 (1)	2 (1)	3 (2)	— (—)	1 (—)	2 (1)	11 (5)
Horsham ...	1 (—)	3 (3)	— (3)	2 (2)	— (—)	9 (5)	15 (13)
Littlehampton/ Bognor Regis	10 (8)	20 (12)	— (2)	— (—)	1 (2)	1 (1)	32 (25)
Shoreham-by- Sea/Southwick	10 (7)	7 (2)	— (1)	— (—)	2 (—)	— (2)	19 (12)
Worthing ...	9 (7)	10 (3)	1 (2)	— (—)	— (—)	— (2)	20 (14)
ADMINISTRATIVE COUNTY ...	36 (29)	66 (33)	4 (13)	3 (2)	5 (2)	15 (16)	129 (95)

\*Some persons received more than one form of help.

Note: The figures in brackets relate to 1962.

The increased number of persons helped with fuel (twice as many as in 1962) reflects the severity of the weather during the early part of the year. More help was also given with the provision of milk but this was partly due to a revision of the arrangements as between the Community Council and the County Council. From 1st April, 1963 the County Council's scheme for the provision of free milk for necessitous cases



was suspended, the Community Council undertook to help all patients recommended for extra milk and other extra benefits by the chest physicians and the County Council increased their annual grant in support of the work of the Community Council by £100, making a total annual grant of £250.

Much of the care and after-care work of the Community Council depends upon voluntary support as is evident from the following comments received from Mr. P. E. W. Williams, the Council's Director:

"Each year the Community Council organises a Christmas Seal Sale. Some 16,000 appeal letters are sent out in West Sussex and East Sussex, the appeal itself being made by the Duchess of Norfolk. Moneys received from West Sussex sources are devoted to the work in West Sussex in the following year; a total of £2,336.18s.6d. was raised in Sussex in the 1962 Christmas appeal. After deduction of expenses (which consist mainly of postage and purchase of Seals — almost all the work being done by voluntary workers) the money is distributed among the 10 Area Committees, six of which operate in West Sussex. An Annual Report and Audited Accounts of the Seal Sale are published by the Community Council."

Sincere thanks are due to this splendid organisation for the prompt and effective help they give to those who have fallen on bad times.

## Ascertainment Surveys

### Diabetes

The attention of some public health authorities is now being directed towards the detection of this disease which is as much a disease of prosperity as tuberculosis was one of privation and poverty. It has been estimated that ten people in every thousand are diabetics, about half of them undiagnosed.

Reference was made in the last Report to an investigation by Dr. F. Cockcroft, Medical Officer of Health of the Urban District of Littlehampton and the Rural District of Worthing, into the existence of unknown cases of diabetes amongst school children. During 1963, Dr. Cockcroft embarked upon another survey, in collaboration with a group of general medical practitioners, among adult patients on the doctors' lists. Persons thought to be at risk will be followed up by arranging for them to have a simple urine test every other year.

### Cervical Cancer

There were no facilities in the County for the routine taking and examination of cervical smears in order to reduce the toll of cancer of the cervix but the problem was raised with the Regional Hospital Board. One of the main difficulties is the shortage of trained laboratory staff to examine the specimens.



# PART V—AMBULANCE SERVICE

## The New Arrangements

In the Report for 1962 reference was made to the work being done in preparation for the establishment of the directly-administered ambulance and hospital car service from 1st April, 1963; the first three months of the year saw the finishing touches being put to the foundations upon which the re-organised service would be built. Meetings were held with all ambulance staff to be transferred and with members of the voluntary organisations in order that there should be no doubt about the Council's desire to promote full co-operation among all concerned with the developing service. Officers and control staff were appointed and the instructions they subsequently received in their future duties emphasised the Council's intention to provide common standards of efficient service throughout the entire County, an objective which had previously been difficult to achieve through the divisional administration of the voluntary organisations.

All these preparations culminated in an important Ceremony of Thanksgiving and Dedication held on 31st March at County Hall. A parade of volunteers representing the St. John Ambulance Brigade, the British Red Cross Society and the County Council was inspected by the Chairman of the County Council, who was accompanied by senior officers of the voluntary organisations, and a short service was conducted by the Archdeacon of Chichester. The new arrangements were introduced smoothly and experience has shown them to be well conceived. After a few months, all opposition to the re-organisation disappeared; indeed, some of those who were at first bitterly opposed to the establishment of a directly-administered service became its keenest champions and there was an increase in the amount of voluntary assistance made available.

I am obliged to the Commissioner of the St. John Ambulance Brigade in Sussex, Captain J. M. Hodges, D.S.O., O.ST.J., R.N. (Ret'd), for the following comments and I wish to place on record my gratitude to Captain Hodges for the statesmanship and diplomacy he always brought to bear upon our negotiations. At all times he acted in the very best traditions of voluntary service and the success of the transition from an agency to a directly-administered ambulance service was due in no small way to his splendid example and leadership.

"From the inception of the National Health Service in 1948 the St. John Ambulance Brigade operated the West Sussex Ambulance Service as agents of the Council. The ambulances were manned, during working hours, by full-time paid drivers and attendants who were also members of the Brigade, and almost entirely by unpaid volunteers in the evenings and at week-ends. The number of voluntary hours so given during the last year of this arrangement came to no less than 81,900.

When the Council decided that they would administer and operate the service directly from 1st April, 1963 they made it clear that they would welcome the continuation of this voluntary work. Many people, both in the Brigade and among the general public, believed that it would prove impossible for a County Council service and a voluntary organisation to work smoothly together. Happily this belief has been proved wrong and, with goodwill and



understanding on both sides, difficulties have been smoothed away. St. John volunteers continue to man the ambulances outside working hours and I hope that the number of hours of free and voluntary service given to the service during 1963/64 will, when available, come as a pleasant surprise to all those who have the well-being of the ambulance service at heart."

## Statistics

As will be seen from the accompanying statistical tables, the re-organisation of the service produced some interesting results. The trend to which attention was drawn in the last Report was continued in 1963. Compared with the previous year, mileage travelled and patients conveyed by the ambulance service rose considerably whilst the corresponding figures for the hospital car service showed appreciable reductions. Combining the figures for both services, the total number of patients conveyed during 1963 compared with 1962 decreased by 17,527 and there was also a decrease (31,338 miles) in the mileage travelled. Since 1961, the total mileage has decreased by over 100,000 miles. The average ambulance mileage per patient was 7.5 compared with 8.3 in 1962 and 12.0 in 1961. Accident and emergency cases rose from 3,023 in 1962 to 3,746 in 1963, an increase of 23.9 per cent.

The following table gives particulars, for each quarter of 1963 and for the whole year, of the variation in patients conveyed and mileage travelled over the corresponding period of the previous year. The percentage increase in the mileage travelled by ambulances was roughly the same as the percentage decrease in the hospital car service mileage. The number of patients conveyed by ambulance was, however, about 5 per cent greater than the percentage decrease in the number conveyed by hospital cars. These results show how efforts to co-ordinate patient-journeys and to extend, wherever possible, the use of sitting-case vehicles are beginning to succeed.

	<i>Patients conveyed</i>		<i>Mileage travelled</i>	
	<i>Ambulance Service</i>	<i>Hospital Car Service</i>	<i>Ambulance Service</i>	<i>Hospital Car Service</i>
March Quarter				
Number ... ..	+ 3,494	— 10,050	+ 6,572	— 35,370
Percentage ... ..	+ 25.7	— 27.5	+ 4.6	— 13.42
June Quarter				
Number ... ..	+ 6,529	— 10,988	+ 19,259	— 34,813
Percentage ... ..	+ 42.9	— 33.4	+ 13.4	— 13.8
September Quarter				
Number ... ..	+ 4,658	— 4,967	+ 8,369	— 9,462
Percentage ... ..	+ 25.1	— 16.8	+ 5.4	— 3.9
December Quarter				
Number ... ..	+ 5,356	— 6,559	+ 16,391	— 2,284
Percentage ... ..	+ 28.3	— 21.3	+ 10.8	— 0.9
Whole Year				
Number ... ..	+ 20,037	— 32,564	+ 50,591	— 81,929
Percentage ... ..	+ 30.2	— 25.1	+ 8.5	— 8.1



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

Station	Staff		Vehicles		Mileage			Patients		
	1962	1963	1962	1963	1962	1963	Variation	1962	1963	Variation
	Bognor Regis ...	7 (7)	7 (7)	4	4	77,230	76,138	- 1,092	16,395	19,987
Chichester ...	8 (8)	13 (13)	5	5	97,662	98,542	+ 880	13,760	16,004	+ 2,244
Crawley ...	8 (8)	9 (9)	5	6	75,681	90,485	+ 14,804	5,754	10,891	+ 5,137
Henfield ...	2 (1)	—	1	—	13,966	3,505	- 10,461	670	197	- 473
Horsham ...	7 (7)	9 (9)	4	4	66,043	76,546	+ 10,503	3,745	8,202	+ 4,457
Littlehampton ...	4 (4)	5 (5)	2	2	45,230	52,670	+ 7,440	3,380	4,007	+ 627
Midhurst ...	5 (3.5)	4 (4)	1	2	23,326	32,406	+ 9,080	1,044	2,704	+ 1,660
Petworth/Pulborough	3 (2.5)	3 (2.5)	2	2	35,795	38,646	+ 2,851	1,251	1,106	- 145
Southwick ...	4 (3)	5 (4)	2	2	48,884	43,257	- 5,627	4,812	5,935	+ 1,123
Worthing ...	12 (11)	15 (13.5)	6	7	109,614	131,827	+ 22,213	15,550	17,365	+ 1,815
<b>TOTALS ...</b>	<b>60 (55)</b>	<b>70 (67)</b>	<b>32</b>	<b>34</b>	<b>593,431</b>	<b>644,022</b>	<b>+ 50,591</b>	<b>66,361</b>	<b>86,398</b>	<b>+ 20,037</b>

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



## Hospital Car Service

Although the following statistics show a further decline in the work of the service, the time may not be far distant when further economies are not possible.

Area	Patients			Miles		
	1962	1963	Variation	1962	1963	Variation
Chichester	19,199	17,781	— 1,418	167,900	196,837	+ 28,937
Horsham	37,761	27,149	— 10,612	388,279	363,641	— 24,638
Worthing	72,869	52,335	— 20,534	449,646	363,418	— 86,228
TOTALS	129,829	97,265	— 32,564	1,005,825	923,896	— 81,929

I am grateful for all the good work done by the drivers and for their willingness to help, very often at inconvenience to themselves, particularly during the atrocious weather at the beginning of the year.

## Staff

The table on page 82 shows the numbers of staff employed at each ambulance station in the County at the end of each of the past two years.

All staff previously employed either whole-time or part-time by the voluntary organisations transferred to the service of the Council on 1st April. Throughout the year, the number of operational staff was barely sufficient to meet all requirements and it was difficult at times to provide satisfactory cover, especially when men were sick or on holiday.

Although much attention was given to the matter, it was possible to carry out only a minimum of training because of routine operational demands. Agreement was however reached with the Chichester Group Hospital Management Committee whereby staff could attend at casualty departments to familiarise themselves with the work, and arrangements were made for men to discuss with the nursing staff at Graylingwell Hospital problems concerning the conveyance, care and management of mentally disordered patients. Provided the work does not show too large an increase, it is hoped that the additional staff proposed for 1964 will enable more time to be spent on staff training.

## Radio Control

Intermittent interference was experienced throughout the year with radio communication. This was mainly due to the service having been allocated a frequency used by another ambulance authority operating too near West Sussex. It is understood that the General Post Office will allocate a new frequency during 1964 and this should do much to overcome the problems.



The condition of the mobile transmitter/receivers carried on the vehicles was reviewed and, since many of them were coming to the end of their useful life and did not in any case comply with the 25 kcs. specification required by the General Post Office, it was decided that 28 new sets should be purchased early in the next financial year.

Experiments were carried out for the first time in out-posting radio-controlled ambulances during the summer months in the vicinity of busy traffic routes at peak load periods. It was reported by ambulance crews that the sight of an ambulance had a noticeably sobering effect on vehicle speeds and in at least two cases it was possible to be at the scene of an accident even before an ambulance had been called. With the growing availability of vehicles and staff, it is intended to continue experiments of this kind.

### **Rail Facilities**

During the year, 779 patients were conveyed by rail for part of their journey, compared with 845 in 1962 and 557 in 1961. There is no obvious reason for the decrease compared with the previous year, although it has proved more convenient and economical in some cases to convey patients by road when more than one patient needed transport to the same destination at the same time. Experience has shown that on long journeys patients can often be made more comfortable if conveyed by rail rather than by road.

### **Ambulance Stations**

The ambulance station at Midhurst came into operational use on 10th July and was officially opened by Her Grace the Duchess of Norfolk on 10th November when a service of dedication was conducted by the Vicar and Rural Dean of Midhurst. The new premises give proper and up-to-date facilities for the staff (who previously worked from their homes) to provide an efficient service in a large rural area with some difficult territory. The new station was visited on 16th September by Lord Newton, Joint Parliamentary Secretary to the Minister of Health.

The temporary hatted accommodation in the grounds of County Hall came into operation on 1st April both as a control and for the use of the staff of the Chichester ambulance station until such time as the new control and ambulance station can be built.

### **Ambulance Vehicles**

During the year, five new ambulances were acquired, two of which were sitting-case vehicles and, as will be seen from the table on page 82, the fleet was increased by two vehicles. Their number and condition are not as satisfactory as they might be but the fleet is being modernised and expanded economically in accordance with the development plan. In nearly all areas, the staff are working under difficult conditions but, once new ambulance stations are built, they will be able to take more pride in their vehicles.



## **Ambulance Efficiency Competition**

Soon after the inception of the re-organised service, authorities were asked to nominate teams for the Regional Inter-Authority Ambulance Efficiency Competition organised by the National Association of Ambulance Officers, and it was decided to enter a team (Mr. P. Weeks of Horsham, and Mr. A. Weston of Crawley). In the competition held at Battersea Park, London on 29th June they beat thirteen other teams to gain the premier award with 1,003 marks, their nearest rivals being the London County Council team with 983 marks.

The National Finals of the Competition were held at Moreton-in-Marsh, Gloucestershire, on 6th October, when six other regional finalists competed from an initial entry of 61 teams from all over England and Wales. Again, the West Sussex team, representing the South-East Region, were the winners, scoring 83 per cent of the maximum number of marks; a team from the West Riding of Yorkshire was second with 78 per cent. The trophies won were the Pye Rose Bowl (Overall Winners), Pearson Cup (Team Test), Naldrett Cup (Highest Score Attendant) and Association Cup (Highest Score Driver); this was the first time that all these trophies had been won outright by one team. To do this at the first attempt was a great accomplishment. It was also a welcome encouragement to all who had been trying to make a success of the new service and it augers well for the future. It would be optimistic to expect this performance to be repeated, but it showed the high standards reached by some of the staff.

A report on the success of the County's representatives was received at the meeting of the County Health Committee held on 18th October when it was

RESOLVED: That the West Sussex team be congratulated on their splendid achievement and that the Chairman be requested to discuss with the Chairman of the County Council the possibility of some suitable form of recognition being made of the team's success and of a presentation taking place at the next meeting of the County Council.

At the meeting of the County Council held on 22nd November, 1963 the two members of the team were received by the Chairman and were presented with gift vouchers of the approximate value of £25 each. A photograph of the team with the trophies they won appears as a frontispiece to the Report.

## **Civil Defence Ambulance and First Aid Section**

The number of volunteers in the Section on 31st December was 480. Some 200 volunteers were in training during January and February in appalling weather conditions, but it was still possible to run 18 classes throughout the County. The Ambulance and First Aid Section League Competition was again popular; apart from the competitive element, it has proved most helpful in training volunteers for the standard tests.

During the latter part of the year, a pilot course of training was started for selected members of the peace-time service; it is hoped to extend this training in 1964.



## **Development of the Service**

The Council's ten-year plan for the development of the health services envisages the erection of eight ambulance stations. High priority has been accorded to the provision of proper buildings to house both staff and vehicles and seven of these new stations are planned to start before the end of 1967.

Further information on the ten-year plan will be found in Appendix D. The rapid acquisition of suitable building sites is by far the greatest obstacle to be overcome in implementing the Council's intentions.

# **PART VI—MENTAL HEALTH SERVICE**

## **The Turn of the Tide**

Much of the superficial enthusiasm displayed, often by inexperienced and ill-informed persons, following the publication of the Report of the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency (1954/57)\* had, by 1963, largely disappeared. The mental health services had, to a fair degree, been allowed to resume a more balanced outlook and to devote more resources and energy on trying to overcome some of the frustrations and tragedies so frequently encountered in this field of human study.

Whilst hospitals energetically pressed the implementation of the principle of the care of the mentally ill patient in the community, the steps taken by the Council to improve community facilities by acquiring suitable sites and buildings for hostels and training centres met with difficulties and delays at every stage.

Nevertheless, co-operation between the officers of Graylingwell Hospital, the mental welfare officers and other social workers on the staff of the County Health Department gained considerable impetus during the year and the visiting of patients in hospital by the Council's staff, as well as their attendances at case conferences and study groups, did much to improve working relationships and to assist patients in the transition from hospital to community care.

The growing emphasis upon the importance of care in the community resulted in fewer admissions of patients to psychiatric hospitals for the mentally subnormal. Attention was drawn to this by Dr. H. R. Ferguson, Physician Superintendent of the Royal Earlswood Hospital, Redhill, Surrey:

"During 1963 a smaller number of subnormal patients were admitted to hospital from West Sussex than in any year previously since the inception of the National Health Service.

There was no waiting list of urgent cases; these were admitted expeditiously, reducing to a minimum distress in the community."

Some increase in the staff establishment of mental welfare officers enabled urgent admissions to psychiatric hospital to be dealt with more

\*H.M.S.O.; Cmnd. 169.



rapidly, especially in the Crawley area, and the recruitment of a welfare assistant, who was seconded for training in social work (the first of a number to be appointed under the ten-year plan), reflected the intention of the Council to improve staff efficiency over the years. There was, however, no response to an advertisement for a psychiatric social worker.

The prospect of better facilities for the training and care of the mentally subnormal improved and much was done to ensure that the new day training centres at Chichester, Crawley and Worthing would materialise within the next few years. Plans were also agreed with the Ministry of Health to provide at Worthing residential accommodation for children on the same site as the new training centre.

Some anxiety was felt by the staff of the training centres about the grades of children placed in their care. Whereas the Mental Health Act postulates the training of a majority of mentally subnormal children in training centres, there is some evidence (as the following passage shows\*) that those responsible for the assessment of a child's suitability for education at school are being encouraged to advise that even low-grade children should be retained within the orthodox system of education.

"... school doctors would be well advised to think in terms of I.Q. ranges rather than actual scores. They should avoid the dogmatic assumption that if a child cannot record a border-line I.Q. of 50 (some say 55) he should be ascertained as unsuitable for education in school. Instead, a range of 45-55 should be thought of as a border-zone, and an I.Q. towards the lower end of the zone should prompt the attitude that educability in school is unlikely unless there are good reasons for supposing that potential may have been artificially depressed."

Since no two children are alike in their capabilities and potential, this is clearly a matter upon which it is unwise to be dogmatic. It is nevertheless true that the retention of an unsuitable child in school sometimes leads not only to unnecessary frustrations in the child but to undesirable complications for the other children. Such a child would often be much happier and would receive help more suited to his aptitudes and ability in a training centre; to deprive him of the opportunity of attending such a centre may be doing him a great disservice.

As has recently been stated by a representative of the Ministry of Health, there seem to be far fewer children attending training centres in the County than would normally be expected in a population of over 400,000.

There is no evidence to support a contention that children in West Sussex are any more intelligent than they are elsewhere. The inference is that more children are being retained in ordinary or special schools. It is certainly the case that the training centres in the County contain

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\*Report of the Chief Medical Officer of the Ministry of Education for the years 1960 and 1961; p.163; H.M.S.O. 1962.



a high proportion of severely subnormal children and it is to be hoped that these centres will not become either special care units for the grossly handicapped child or inadequate alternatives to residential units for children who would receive care more suited to their requirements in psychiatric hospitals for the mentally subnormal.

### **Mental Health Social Work Study**

During the year, Political and Economic Planning, an independent research organisation, undertook a study of *Mental Health social work in hospitals and local authorities: a comparison of two work situations* and chose West Sussex as one of the areas for survey, probably in view of the important part that Graylingwell Hospital had played (particularly in the "Worthing Experiment") in promoting community care services.

In their report, the team reiterated many of the generally-accepted shortcomings to which attention was drawn by the Royal Commission; these included the shortage of trained social workers, and the desirability of the transfer of social work in the community from the psychiatric social workers of hospitals to the staff of local health authorities.

### **Development of Community Care**

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

Negotiations proceeded with the New Towns Commission for the acquisition of land for a comprehensive day training centre at Martyrs Avenue, Crawley. As this project was a departure from the Town Plan, a Public Inquiry was held on 8th May but in the event no objection was sustained and the Minister of Housing and Local Government found in favour of the proposal submitted by the Council. By the end of the year, plans for the centre at Crawley and the new junior training centre and residential hostel for children at Worthing had been approved by the Ministry of Health and tenders had been invited with a view to building being started before the end of the financial year.

Some progress was made in the negotiations with the South West Metropolitan Hospital Board for the acquisition of land in Summersdale Road, Chichester (on the estate of Graylingwell Hospital) for a new comprehensive day training centre and residential hostel for the Chichester and Bognor Regis areas but no final acquisition had been possible by the end of the year.

Various properties and land were inspected as possible sites for the erection of residential hostels for mentally disordered persons in anticipation of development in accordance with the ten-year plan. Further reference to that plan is made at Appendix D.



### *Rustington Residential Training Centre*

A new toilet block with showerbath accommodation and a brick store for use in connection with the industrial activities were provided.

The recreational facilities of the centre were enhanced by the erection of a timber structure of the standard educational classroom type and further work was done on improving the gardens and access ways. The cost of a greenhouse was donated by the Horsham Branch of the National Society for Mentally Handicapped Children.

At the end of the year, the Centre was providing a home for 22 young men, five of whom were in full-time employment. Twenty-five were receiving industrial training in the workshop.

In September, the centre was honoured by a visit from Lord Newton, Parliamentary Secretary to the Minister of Health.

### *Day Training Centres*

The Horsham Training Centre, which had been housed in the Masonic Hall at Horsham, was transferred in February to *Catherington*, Ifield Road, Crawley, the property which had been acquired in 1962 as a site for the eventual erection of two residential hostels. A new toilet block was provided on the ground floor and additional heating equipment and lighting facilities were installed.

It was necessary to continue the use of hired premises at Stockbridge Hall, Donnington, to serve the Chichester and Bognor Regis districts, and the Methodist Hall, Lyndhurst Road, Worthing, acted as ancillary premises to the Worthing Training Centre. In many respects these premises do not offer reasonable facilities. The staff are often unable to maintain proper standards of hygiene, and equipment is frequently damaged, especially at Worthing where the growth in the number of pupils has greatly outstripped the available accommodation.

In anticipation of new training centres becoming available in the near future, a trainee post was created at each of the three day training centres. The trainees gained practical experience of the work of the centres and it is intended to second them to the Diploma Course for Teachers of the Mentally Handicapped as soon as vacancies can be obtained. The head teacher and her assistant at the Chichester Training Centre were awarded the Diploma during 1963.

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 number of staff and pupils attending the centres at the end of the year are given on page 90. In addition, 15 other pupils (1 male and 1 female under 16 and 2 males and 11 females over 16 years of age) attended centres maintained by other authorities or voluntary bodies.



Centre	Staff		Pupils					Daily Average Attendance
	Head Teacher	Assistant Teachers	On register					
			Males		Females		TOTAL	
			Under 16	Over 16	Under 16	Over 16		
Chichester ...	1 (1)	2 (1)	9 (10)	2 (2)	12 (7)	5 (5)	28 (24)	20 (18)
Crawley ...	1 (1)	3 (1½)	9 (9)	— (—)	15 (15)	4 (5)	28 (29)	22 (23)
Worthing ...	1 (1)	5 (4)	21 (18)	7 (8)	16 (15)	22 (21)	66 (62)	57 (52)

Note: The figures in brackets relate to 1962.

### *Mental Welfare Officers*

By the appointment of an additional district mental welfare officer to serve the Crawley area and a welfare assistant at Worthing, the work of visiting mentally subnormal persons in their homes and the statutory admission of mentally ill patients to psychiatric hospitals was greatly facilitated, but the staff of mental welfare officers remained inadequate to provide proper after-care facilities for mentally disordered persons in the community.

In September, the welfare assistant at Worthing was seconded to the two-year course in general social work promoted by the North Western Polytechnic in London.

The district mental welfare officer at Crawley was provided with an office in the County Buildings but no separate office in which to interview patients was available for the mental welfare officer at Chichester.

Arrangements were made with the Council's insurers to extend the personal accident insurance policy to cover mental welfare officers against injuries sustained in carrying out the statutory removal of mentally disordered persons.

### *Short-term Residential Care*

During the year, 6 patients (3 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, 5 adolescent males were admitted to the Rustington Training Centre for short-term care and 15 (7 males and 8 females) were boarded out in private homes or with foster-parents under the County Council's arrangements.

Arrangements were made with the National Society for Mentally Handicapped Children for three parties of pupils from the training centres to be given a holiday at Pirates' Spring Holiday Home, Dymchurch, Kent, during July. This holiday was greatly appreciated by the



children and their parents and many letters of appreciation were received; in addition to providing a holiday for the children, the arrangements enabled some parents to have the first break they had ever had away from their handicapped children.

By the kindness of Mr. Basil Shippam, M.B.E., J.P., a camping site at Bracklesham Bay was made available for the staff and residents of the Rustington Training Centre for two weeks during the summer.

### *Mental Nursing Homes*

At the end of the year, there were six homes registered in the County as mental nursing homes. 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 165, received aged and infirm patients, some of whom were confused.

### **Statistics**

#### *Mental Illness*

The following statement, provided by the Group Secretary of Graylingwell Hospital, shows the numbers of patients admitted to Graylingwell Hospital during 1963. 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*.

#### **Admissions to Graylingwell Hospital**

<i>Mental Health Act, 1959</i>	<i>Male</i>	<i>Female</i>	<i>TOTAL</i>
Section 5—(Informal) ... ..	388 (305)	671 (565)	1,059 (870)
Section 25—(Observation — 28 days) ... ..	6 (12)	27 (26)	33 (38)
Section 26—(Treatment) ...	4 (4)	3 (1)	7 (5)
Section 29—(Observation in emergency—3 days)	88 (71)	117 (97)	205 (168)
Section 60—(Court Order) ...	1 (—)	2 (1)	3 (1)
Section 65—(Court Order with restrictive clause)	1 (1)	— (1)	1 (2)
<b>TOTAL ... ..</b>	<b>488 (393)</b>	<b>820 (691)</b>	<b>1,308 (1,084)</b>

*Note:* The figures in brackets relate to 1962.

The average age on admission was 51 years and 365 of the patients admitted were aged 65 or over.



During the year, 1,116 patients (389 males and 727 females) left the hospital and 196 (74 males and 122 females) died. It will be noted from the following table that, of the 196 deaths, 165 were of people over 65 years of age.

1963	Male		Female		TOTAL	
	Under 65 years	Over 65 years	Under 65 years	Over 65 years	Under 65 years	Over 65 years
Departures	315 (239)	74 (60)	592 (432)	135 (160)	907 (671)	209 (220)
Deaths ...	15 (14)	59 (54)	16 (12)	106 (92)	31 (26)	165 (146)

Note: The figures in brackets relate to 1962.

At the end of the year, 4 mentally ill persons were being maintained by the local health authority in residential accommodation.

### *Mental Subnormality*

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

Form of Care	Male	Female	Children	TOTAL
Hospitals and homes under regional hospital board ...	190 (189)	113 (110)	92 (87)	395 (386)
Mental nursing homes ...	— (—)	— (—)	3 (3)	3 (3)
Residential homes ...	7 (7)	22 (24)	8 (10)	37 (41)
Boarded out in private homes	9 (6)	22 (19)	2 (1)	33 (26)
Rustington Training Centre ...	22 (25)	— (—)	— (—)	22 (25)
Informal community care ... (10 of the cases in residential or private homes are subject to guardianship orders)	289 (266)	265 (275)	125 (117)	679 (658)
TOTALS ...	517 (498)	422 (436)	230 (218)	1,169(1,152)

Note: The figures in brackets relate to 1962.

The numbers of subnormal persons admitted to hospital during 1963, still accommodated at the end of the year, are shown in the following table.



<i>Hospital</i>	<i>Admitted during 1963</i>			<i>Total number accommodated at 31.12.63</i>		
	<i>Male</i>	<i>Female</i>	<i>TOTAL</i>	<i>Male</i>	<i>Female</i>	<i>TOTAL</i>
Royal Earlswood Hospital, Redhill	6 (17)	9 (6)	15 (23)	159 (157)	104 (99)	263 (256)
The Manor, Epsom ... ..	1 (1)	— (—)	1 (1)	14 (13)	12 (13)	26 (26)
St. Lawrence's Hospital Caterham ...	— (—)	— (—)	— (—)	1 (1)	4 (4)	5 (5)
Botley's Park, Chertsey ... ..	— (—)	— (—)	— (—)	4 (4)	— (—)	4 (4)
Farmfield, Horley ... ..	7 (8)	— (—)	7 (8)	39 (33)	— (—)	39 (33)
Laughton Lodge, near Lewes ...	— (—)	— (—)	— (—)	17 (18)	10 (10)	27 (28)
Stoke Park, Bristol ... ..	— (—)	— (—)	— (—)	2 (2)	1 (2)	3 (4)
Other hospitals and homes ... .. (Regional Hospital Board)	— (2)	1 (—)	1 (2)	20 (21)	8 (9)	28 (30)
<b>TOTALS ... ..</b>	<b>14 (28)</b>	<b>10 (6)</b>	<b>24 (34)</b>	<b>256 (249)</b>	<b>139 (137)</b>	<b>395 (386)</b>

*Note:* The figures in brackets relate to 1962.

At the end of the year the names of 12 subnormal persons were on the waiting list for admission to hospital.

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

<i>Source of Referral</i>	<i>Male</i>	<i>Female</i>	<i>TOTAL</i>
General practitioners ... ..	1	—	1
Hospitals ... ..	3	7	10
Courts and police ... ..	1	—	1
Local education authority ... ..	15	10	25
Other sources ... ..	19	18	37
<b>TOTAL ... ..</b>	<b>39</b>	<b>35</b>	<b>74</b>



These 74 cases were dealt with as follows:

<i>Disposal</i>	<i>Male</i>	<i>Female</i>	<i>TOTAL</i>
Sent to psychiatric hospitals ...	6	—	6
Placed in residential homes ... ..	4	5	9
Placed in mental nursing homes ...	—	1	1
Placed under informal community care	28	26	54
Action not yet taken ... ..	1	1	2
Died ... ..	—	2	2
<b>TOTAL ... ..</b>	<b>39</b>	<b>35</b>	<b>74</b>

## PART VII—OTHER SERVICES

### Blind and Partially-Sighted Persons

#### Registration

On 31st December, 1963 there were 1,020 blind and 294 partially-sighted persons on the register, compared with 1,016 blind and 310 partially-sighted on 31st December, 1962.

#### Examination of Applicants for Registration

During the year, 154 new (i.e. excluding transferred) cases of blindness and 54 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 208 cases newly registered as blind or partially-sighted, the principal causes were retinal and macular degeneration (63), cataract (54), glaucoma (21), retinopathy (32) 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 on the next page.



	Primary ocular disease			TOTAL
	Cataract	Glaucoma	Other	
1. Number of cases registered during the year in respect of which Forms B.D.8 recommended:				
(a) No treatment ... ..	21 (15)	5 (7)	63 (59)	89 (81)
(b) Treatment (medical, surgical, optical or hospital supervision) ... ..	33 (52)	16 (28)	70 (57)	119 (137)
TOTALS ... ..	54 (67)	21 (35)	133 (116)	208 (218)
2. Number of cases at 1 (b) above which:				
(a) Continued to receive treatment ... ..	15 (24)	15 (19)	39 (35)	69 (78)
(b) Refused treatment... ..	— (3)	— (—)	1 (1)	1 (4)
(c) Had treatment deferred or discontinued ... ..	5 (12)	— (3)	8 (10)	13 (25)
(d) Were placed on waiting list for admission to hospital ... ..	— (6)	— (—)	1 (1)	1 (7)
(e) Died or left County before investigation ... ..	— (—)	— (—)	— (1)	— (1)
(f) Were under investigation at end of year ... ..	13 (7)	1 (6)	21 (9)	35 (22)
TOTALS ... ..	33 (52)	16 (28)	70 (57)	119 (137)

Note: The figures in brackets relate to 1962.

### Ophthalmia Neonatorum

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

Note: The figures in brackets relate to 1962.



## 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.

More children attended day nurseries during the year; attendances have in fact increased by over 50 per cent in the last two years. At the end of the year there were 42 premises registered as day nurseries, the numbers of children at which varied from 10 to 48. Two were run by factories; one of these was open from 9 a.m. to 3 p.m. and the other was open all day. Two private nurseries were also open all day and one child minder cared for six children from 8.30 a.m. to 6 p.m. In all the others, the children attended in the morning only.

Every effort was made to maintain satisfactory standards of accommodation and staff and particular attention was given to the provision of proper facilities for the preparation of meals and of adequate play material for the children.

Whenever an application was received from a person who wished to be registered as a child minder or to have premises registered as a day nursery, the area nursing officer called to give advice and to inform the applicant of the requirements of the Council; the fire prevention officer was also asked to advise on any fire precautions which should be taken. In all cases, the advice given was accepted and acted upon and no difficulties were experienced with the applications received during the year.

	<i>Number registered at 31st December</i>		<i>Number of children provided for</i>	
	1962	1963	1962	1963
(a) Premises ... ..	36	42	808	992
(b) Daily minders ... ..	9	14	83	95



# Nursing Homes

## Changes in the Law

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

The *Nursing Homes Act, 1963* became law on 15th May, 1963 and empowered the Minister of Health to make regulations as to the conduct of nursing homes (including maternity homes) registered under Part VI of the *Public Health Act, 1936*. The regulations came into operation on 27th August, 1963 and require, *inter alia*, the provision of efficient day and night nursing care by suitably qualified and competent staff of adequate numbers, reasonable day and night accommodation and space, adequate and suitable furniture, bedding and medical and nursing equipment, sufficient washing, bathing and sanitary facilities and adequate light, heating and ventilation.

If the registration authority (the County Council) consider that a home does not meet the required standards, they will now be able to give notice specifying what needs to be done, and if, after a prescribed period, the requirements have not been complied with, a prosecution can be brought. In the past, local authorities have been handicapped because their only legal power of enforcement was the drastic one of refusing to register a home, or to cancel the registration — which might involve hardship for patients; this handicap has now been removed.

By these improvements in the law, nursing homes (whether run for profit or not) are thus brought into line with the rules governing the conduct of residential homes for disabled and old people, and nursing homes for the mentally disordered, which were contained in regulations made by the Minister in 1962.

## Provision of Facilities and Services

With the introduction of the *Conduct of Nursing Homes Regulations, 1963* the County Council approved the following standards to be applied to nursing homes in the County.

### NURSING HOMES ACT, 1963

#### THE CONDUCT OF NURSING HOMES REGULATIONS, 1963

##### *Bed Space*

Subject to adequate ventilation and a minimum ceiling height of eight feet, there should be 80 square feet per bed of available floor space in multi-bedded rooms and 90 square feet in single-bedded rooms.

##### *Lighting and Ventilation*

These should be adequate, but it is not suggested that any fixed standards should be introduced.

##### *Heating*

The heating system should be such as to maintain a minimum room temperatures of 18°C (65°F) at all times or, where infants are present, 21°C (70°F).



### *Sanitary Accommodation*

One water-closet, exclusive to patients, should be provided for every five beds per floor where patients are largely ambulant; one to eight if otherwise.

### *Sluice Room*

There should be a minimum of one sluice room for the management of foul linen and it should contain a sluice for the emptying of bedpans and commodes.

### *Bathrooms*

There should be one bathroom for every 10 patients.

### *Wash-hand Basins*

There should be one in each room, with piped hot and cold water.

### *Kitchens*

The facilities should be adequate for the number of patients and comply with the requirements of the *Food Hygiene Regulations*. Kitchens must have an impervious floor covering. In the case of nursing homes for maternity cases, there should be a separate milk kitchen. Adequate refrigerator accommodation must be available.

*Note:* Handwashing and staff water-closet facilities should be easily accessible to kitchen staff.

### *Fire Precautions*

As recommended by the County Fire Officer and implemented before registration.

### *Day Rooms*

The accommodation should be sufficient to allow 25 square feet per ambulant patient.

### *Special Standards for Homes admitting Maternity Cases*

In addition to the standards suggested above for nursing homes generally, a nursing home for maternity cases should provide accommodation on the basis of 90 square feet bed space per patient or 110 square feet where the child is with the mother.

Where the number of beds per room exceeds one, there should be a separate delivery room, the floors, walls and furniture contained therein being capable of being washed down and thoroughly cleansed. The floor should be impervious. Adequate piped hot and cold water and elbow taps should be provided. Where deliveries are carried out in single-bedded rooms, the standards for delivery rooms should be applied.

There should be a single room for isolation purposes, with separate sluice, sanitary accommodation, and bath or shower.

### *Staffing*

A medical practitioner or state registered nurse (or midwife in the case of a maternity home) must be in charge, and a qualified nurse (S.R.N.) or a midwife, as the case may be, must be on call in the home at any time of the day or night. Staffing should be adequate to meet the needs of the types of cases being nursed, and the following minimum standards will be observed:

#### **Nursing staff:**

Acute cases	...	...	Two (including matron) to every 3 beds.
Non-acute and geriatric long-stay	...	...	One to every 3 beds
Maternity	...	...	Two to every 3 beds, one half of the staff to be qualified midwives
Domestic staff	...	...	Adequate to ensure a high standard of cleanliness at all times



### *Staff Accommodation*

There should be facilities for meal-taking, hand-washing, toilet and cloak-room accommodation. Where both maternity and other types of cases are accommodated in the same home, the accommodation facilities and staff should not be interchangeable.

### **A Conference of Proprietors**

In order to explain the implications of the new legislation, it was decided to hold a Conference of proprietors of all registered nursing homes in the County to discuss these important developments and to consider certain problems of management and administration in nursing homes. The meeting was held at County Hall, Chichester on 31st October, 1963 and 40 persons attended. They were welcomed by the County Medical Officer of Health who then introduced the Deputy County Medical Officer of Health who addressed the meeting. A Fire Prevention Officer spoke on the importance of fire precautions and emphasised that, when fire prevention officers inspected nursing homes, they were mindful of the additional cost their recommendations might entail and they therefore confined their recommendations to those considered to be essential.

When the notice to attend the Conference was sent out to nursing home proprietors, they were invited to submit questions to a panel. The panel consisted of representatives of the Department, a general medical practitioner, the senior county almoner and a proprietor of a nursing home. A number of interesting questions were put forward.

### **West Sussex Association of Nursing Home Proprietors**

The Conference also considered the possibility of establishing an association of nursing home proprietors and, following a subsequent exploratory questionnaire sent to all proprietors, it was apparent that there was a clear majority in favour of an association being set up in West Sussex. The inaugural meeting of the association was planned to take place early in 1964.

### **Inspection of Nursing Homes**

The arrangements for the inspection of nursing homes were reviewed with a view to the appointment of a sessional medical officer to undertake this work.

For some years, the inspection of all new nursing homes and about two-thirds of the existing homes in the County had been carried out by the Senior Medical Officer; the remainder had been visited by district medical officers of health.

Following a careful review of these arrangements, it was felt that one officer should be mainly responsible for the inspection of all nursing homes in order that a uniformly high standard might be achieved throughout the County and to ensure that all homes were visited not less frequently than once a quarter. A medical inspector of nursing



homes was accordingly appointed (to devote two sessions a week to the work) towards the end of June and, during the six months ending 31st December, 1963, he carried out 87 visits of inspection.

Ten applications for the registration of premises as nursing homes were received during the year and were approved; in nine cases registration was cancelled.

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

	1959	1960	1961	1962	1963
Registered at 1st January ... ..	60	62	61	58	62
New homes registered ... ..	7	5	3	5	10
Registrations cancelled ... ..	5	6	6	1	9
Registered at 31st December...	62	61	58	62	63

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 ... ..	11 (4)	—	387	387
20 to 24 ... ..	4	—	89	89
15 to 19 ... ..	15	—	244	244
10 to 14 ... ..	21 (1)	—	257	257
5 to 9 ... ..	7 (1)	—	46	46
Under 5 ... ..	5	4	9	13
<b>TOTAL ... ..</b>	<b>63 (6)</b>	<b>4</b>	<b>1,032</b>	<b>1,036</b>

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

## 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 licensing 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 1963, three 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 1963:

### (a) Medical Statements Completed

<i>Department</i>	<i>Male</i>	<i>Female</i>	<i>TOTAL</i>
Architect's ... ..	9 (18)	1 (1)	10 (19)
Archivist's ... ..	— (—)	1 (1)	1 (1)
Children's ... ..	5 (3)	33 (26)	38 (29)
Civil Defence ... ..	9 (5)	— (1)	9 (6)
Clerk's ... ..	16 (19)	9 (20)	25 (39)
Education ... ..	53 (58)	61 (51)	114 (109)
Fire ... ..	2 (1)	— (2)	2 (3)
Health ... ..	18 (6)	34 (20)	52 (26)
Library ... ..	1 (—)	15 (9)	16 (9)
Planning ... ..	6 (11)	1 (6)	7 (17)
Police ... ..	16 (—)	11 (5)	27 (5)
River Board ... ..	15 (9)	1 (1)	16 (10)
Surveyor's ... ..	49 (43)	1 (4)	50 (47)
Treasurer's ... ..	5 (12)	14 (12)	19 (24)
Valuer and Land Agent's ... ..	5 (5)	3 (1)	8 (6)
Welfare ... ..	4 (1)	12 (16)	16 (17)
West Sussex Valuation Panel ... ..	— (—)	3 (—)	3 (—)
<b>TOTAL ... ..</b>	<b>213 (191)</b>	<b>200 (176)</b>	<b>413 (367)</b>

*Note:* The figures in brackets relate to 1962.



### (b) Medical Examinations

<i>Department</i>	<i>Male</i>	<i>Female</i>	<i>TOTAL</i>
Children's ... ..	— (—)	— (1)	— (1)
Education ... ..	— (—)	— (1)	— (1)
Fire (a) full-time ... ..	24 } (35)	2 } (1)	26 } (36)
(b) part-time ... ..	19 } (35)	1 } (1)	20 } (36)
Health (ambulance staff) ... ..	42 (18)	— (—)	42 (18)
Other Authorities ... ..	2 (2)	2 (1)	4 (3)
<b>TOTAL ... ..</b>	<b>87 (55)</b>	<b>5 (4)</b>	<b>92 (59)</b>

*Note:* The figures in brackets relate to 1962.

## Integration of the Health Services

Despite the drawbacks created by the tripartite system under which the National Health Service is administered, 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 bodies required correlation with the services made available by the County Council.

As will be seen from Appendix B of the Report, consultants of various kinds continued to advise both the local health and hospital authorities.

The publication early in October, 1963 of the expected report\* on the future of general practice (the Gillie Report) will, with the Hospital Plan† and the plan for expanding the local authority health services,§ undoubtedly do much to influence the development of the National Health Service over the next decade. The terms of reference of the Gillie Committee were

“To advise on the field of work which it would be reasonable to expect the family doctor to undertake in the foreseeable future, having regard to the probable developments during the next ten to fifteen years both in general practice itself, including its organisation, and in the supporting facilities provided by the hospital and specialist and the local authority services”

and one of the main conclusions of the Committee was that “the function of the family doctor in co-ordinating the resources of the hospital and community care on behalf of his patient is potentially greater today than ever before. He alone can consider prevention, diagnosis and treatment of disease in the individual in relation to his family and working background.”

\**The Field of Work of the Family Doctor*; Report of the Sub-Committee of the Standing Medical Advisory Committee, Central Health Services Council: October, 1963; H.M.S.O., London; price 4s.6d.

†*A Hospital Plan for England and Wales*: Cmnd. 1604; H.M.S.O., London; price 18s.6d.

§*Health and Welfare: The Development of Community Care*; Cmnd. 1973; H.M.S.O., London; price 24s.



The continuing good co-operation between the County Council and the Executive Council for West Sussex is brought out in the following comments made by Mr. J. R. Knighton, Clerk of the Executive Council.

"Experience during the past year has served to emphasise the need for continued close liaison between the County Health authority, the Hospitals administration and the Executive Council. The introduction of standard co-operation cards for maternity services, arrangements for patients discharged from hospital to receive all necessary after-care services and the development of care in the community have each involved the closest co-operation between the three branches of the National Health Service.

The Executive Council has a direct interest in and has been pleased to take part in discussions between the County Medical Officer's Department and family doctors in one part of the County about the possible use at suitable times of clinic premises and equipment as surgery accommodation. Developments in this connection will be watched with considerable interest in view of the possible extension of any arrangements for the most advantageous and economical use of suitable accommodation.

As was mentioned in this Report last year, the Executive Council hoped that it would prove possible to extend the scheme under which health visitors had been attached to the practices of individual doctors or partnerships of doctors in Crawley. The Council is pleased to know that within the last twelve months this scheme has in fact been considerably extended and that in at least six of the urban areas in the County, similar arrangements are now operating.

The brief details given above make clear the fundamental necessity for close contact and co-operation between the County Medical Officer's Department and the Executive Council. The Executive Council is pleased to know that it can confidently expect to continue to receive every consideration and enthusiastic co-operation from the County Health Department."

I continued to serve on the 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. As will be seen from Appendix A of the Report, a number of members of the County Health Committee served on that Committee as representatives of statutory and voluntary organisations operating in the County.

Supplies of the first edition of the County Health Services Handbook (which was first published in 1962) were exhausted during 1963 and, at the end of the year, negotiations were taking place with the publishers for the printing of the second edition.

A full account of the various other ways in which the Department tries, in the interests of the public, to bring about a better understanding between the various branches of the National Health Service was given in the last Report.



## PART VIII—ENVIRONMENTAL HEALTH SERVICES

The Public Health Sub-Committee of the County Health Committee, whose terms of reference were given in the Report for 1961, dealt particularly with questions relating to environmental health. The Sub-Committee met on four occasions during 1963 and authorised the taking of appropriate action on such important matters as applications for grant aid in support of water supplies and sewerage schemes in rural districts, sewage contamination of bathing beaches, the control of milk supplies to the consumer and the presence of antibiotics in milk.

The statistics show that progress continued to be made with most of the work associated with the supervision and improvement of the environmental health services and, in particular, with regard to the control of milk, the inspection of schools and of school swimming pools. The statistics do not, however, adequately reflect the considerable activity occasioned by the efforts of the Council to maintain the amenities of bathing beaches, nor the work of the staff in bringing before the Council suggestions for the fluoridation of public water supplies and other day-to-day matters.

Since early in 1960 the Council have been endeavouring to get full information regarding outfalls which discharge sewage into the sea but the district councils have been reluctant to answer any questions on the subject. There was, however, some change in this attitude during 1963 when one urban district on the coast produced plans for the construction of a new sea outfall.

The matter came before the Public Health Sub-Committee who, as regards coastal areas generally, were of the opinion that

- (a) on health and amenity grounds only high-quality effluents should be discharged into the sea; and that
- (b) no sewage, sludge or any other solid or semi-solid matter should be discharged into the sea.

The County Council called a meeting of representatives from each of the coastal county districts all of whom, with one exception, were represented, to discuss problems of sewage contamination of the beaches. The meeting was unanimous in deciding that, in respect of sewage disposal schemes, a County Council scheme of grant-in-aid to district councils would be welcomed.

The County Councils Association, to whom the question of sewage contamination of bathing beaches had been referred by the County Council at the end of 1962, continued their enquiries but deferred final consideration of this matter until a Committee set up by the Water Pollution Research Board of the Department of Scientific and Industrial Research had published their report. At the end of the year, the County Council still had under consideration suggestions which, if adopted,



would give financial assistance to county districts both in inland and coastal areas who wished to promote sewage treatment schemes.

In February, the County Council decided to invite the water undertakers in the County to arrange for the fluoridation of domestic water supplies from 1st April, 1964 but this decision was rescinded at the meeting of the Council held on 22nd November, 1963.

Reference was made in the Report for 1962 to the agreement reached with the Warren Springs Laboratory of the Department of Scientific and Industrial Research for the Council to assist in a long-term survey designed to measure air pollution in rural areas. Owing to delay in obtaining equipment, it was not possible to make recordings during the year but arrangements were made for the work to commence on 31st December. Readings are to be taken at a water pumping station at Rogate and at the fire station at Petworth.

Good relations continued to exist between the staff of the department and those employed by the county district councils and other public bodies and this has enabled matters of joint concern to be dealt with speedily and effectively.

With the exception of those relating to housing (which refer to county districts and which have been obtained from the Ministry of Housing and Local Government), the figures given in this Part of the Report relate only to the work of the County Council's officers.

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

### **Milk (Special Designation) Regulations, 1963**

These regulations were made in September, as a result of the Government's decision to amend the then current method of licensing farms for *tuberculin tested* milk and, from 1st October, 1964, to change the special designation for milk sold without heat treatment from *tuberculin tested* to *untreated*. From June, 1964 the prescribed test for the keeping quality of untreated milk will be changed and this should enable a better comparison to be made in dealing with samples which have failed the existing authorised tests. Provision is made in the regulations for a general licence to be granted by the Ministry of Agriculture, Fisheries and Food to certain producers who sell milk from their own herds at, or from, the premises where the herds are kept but such licences are to be restricted to the sale of not more than fifty gallons of milk in one year. Provision is also made for producers to be granted a temporary licence which would enable them to sell milk on such occasions as agricultural shows and dairy exhibitions.

The regulations require new licences to be granted to cover the period from 1st October, 1964 to 31st December, 1965 to those dealers who are at present authorised to sell *tuberculin tested* milk or who hold "pre-packed" licences which include that designation. After 31st January, 1965 licences will run for a period of five years.



## Antibiotics in Milk

A report was published during the year by the Milk Hygiene Subcommittee of the Milk and Milk Products Technical Advisory Committee of the Government which drew attention to the presence of antibiotics in milk. It recommended that food and drug authorities should be encouraged to sample and test ex-farm milk for the presence of antibiotics and take appropriate action where such substances as penicillin were found in the milk. The Public Health Laboratories undertook to examine milk for this purpose and, of 103 samples submitted by the end of the year, 10 were found to contain antibiotics in quantities varying from 0.05 to 0.5 international units per millilitre. Visits to farms revealed that penicillin or similar drugs had been used as a remedy for mastitis and that some farmers were unaware of the necessity to discard the whole of the milk from the animal which had been treated and not just that from the quarter subjected to the penicillin injection.

In the Government report, instances of penicillin found in milk were highest in south-east England. The taking of penicillin by the public, even in small quantities, may be important to health for three reasons. First, there is a possibility that the consumer of small quantities of antibiotics in milk may become sensitised, so rendering him subject to a severe reaction if therapeutic doses are given later. Secondly, there is the danger of allergic reaction, particularly skin rashes, where the persons concerned are already highly reactive to penicillin and, thirdly, as a result of consuming milk containing penicillin, penicillin-resistant strains of organisms may be multiplied.

## Brucellosis

Towards the end of the year it was found that some samples of cream, which had been made from milk not subjected to heat treatment, contained *brucella* organisms. Enquiries revealed that the infected milk came from a different farm from that where the cream was made; out of 44 animals in milk *brucella abortus type 1* was isolated from 28. With the co-operation of the owner of the infected animals, arrangements were made with the Milk Marketing Board for the milk from this herd to be diverted for heat treatment. Investigations had not been completed by the end of the year but the evidence obtained emphasised the need for early legislation to ensure that cream should either be heat-treated or made from milk which has been heat-treated before being sold to the public.

## Sampling of Milk

The results of the examination of samples of milk procured during the year are given in the following tables; they show that the high standards reached in previous years were continued. During the early part of the year, farmers and dairymen had great difficulty in maintaining milk supplies to the public owing to the heavy snowfall and continuing cold weather.

The five pasteurising establishments referred to in earlier Reports continued to operate satisfactorily. Another pasteurising plant was in-



stalled during the year at a large boarding school which had its own farm. The number of licence holders for milk showed an increase of 22 over the previous year.

	1962	1963
Pasteurisers ... ..	5	6
"Tuberculin Tested" dealers ... ..	12	12
"Pre-packed" licence holders ... ..	275	297
<b>TOTAL</b> ... ..	<u>292</u>	<u>315</u>

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

During the year 2,672 samples of milk were procured for bacteriological and biological examination. This number included 104 procured by inspectors of weights and measures on behalf of the Department for the purpose of checking on the "specified areas" orders. Samples of milk procured by the Department totalled 2,568 and consisted of 1,876 samples of heat-treated milk, 333 samples (for bacteriological examination) of *tuberculin tested* (untreated) milk, and 309 samples of untreated milk for biological examination for the presence of *tubercle bacilli* and *brucella* organisms. Among the total number of samples, were 193 samples of milk supplied to schools and 30 supplied to hospitals, homes and institutions.

Six samples of milk pasteurised in the County failed the phosphatase test (which determines the efficiency of heat treatment) and investigation showed that the failures were due to a leaking valve in the milk line of a pasteurising plant, to an unsatisfactory recording thermometer, and to errors by dairy staffs.

Twenty-seven samples of heat-treated milk failed to satisfy the methylene blue (half-hour) test. Twenty-three were procured from shops and investigations showed that in some cases failure was due to the shopkeeper not rotating his stock and milk being kept for too long. A check made on milk supplied from the farms to one dairy which had had trouble in providing satisfactory samples when subjected to the methylene blue test resulted in milk from some of the farms being found to be of bad keeping quality. These results were passed to the Ministry of Agriculture, Fisheries and Food, who carried out the necessary investigations.

Of 223 samples of *tuberculin tested* (farm bottled) milk examined, 15 failed to satisfy the methylene blue test and the attention of the Ministry of Agriculture, Fisheries and Food was drawn to these results. In most cases, as a result of the Ministry's investigations, subsequent samples proved satisfactory.

Of the 203 samples of milk supplied to schools, only one proved unsatisfactory. With the exception of one school in a remote rural area which was supplied with *tuberculin tested* milk from a local farm, all schools in the County were provided with pasteurised milk.



**Samples Procured for Bacteriological Examination  
Heat-Treated Milk**

Class of milk	No. of samples		Tests	Result of tests			
				Passed		Failed	
	A	B		A	B	A	B
1	2	3	4	5	6	7	8
Pasteurised ...	170	252	Phosphatase ... Methylene Blue	170 170	251 249	— —	1 3
Tuberculin Tested (Pasteurised)	253	697	Phosphatase ... Methylene Blue	252 251	695 677	1 2	2 20
Channel Island (Pasteurised)	106	48	Phosphatase ... Methylene Blue	104 106	48 48	2 —	— —
Homogenised ...	67	16	Phosphatase ... Methylene Blue	67 66	16 16	— 1	— —
Sterilised ...	2	46	Turbidity ...	2	46	—	—
<b>TOTAL ...</b>	<b>598</b>	<b>1,059</b>		<b>592</b>	<b>1,033</b>	<b>6</b>	<b>26</b>

**Raw Milk**

1	2	3	4	5	6	7	8
Tuberculin Tested (Farm bottled)	168	57	Methylene Blue	160	50	8	9
Tuberculin Tested (Bottled at Dairy)	53	—	Methylene Blue	50	—	3	—
Tuberculin Tested (Delivery)	101	—	Methylene Blue	92	—	9	—
<b>TOTAL ...</b>	<b>322</b>	<b>57</b>		<b>302</b>	<b>50</b>	<b>20</b>	<b>9</b>

A from processing plants.      B from other dairies and shops.

*Note:* Figures given in columns 5 to 8 refer to the number of samples tested and not the total of the different tests.

During the last quarter of the year the designations *Tuberculin Tested (Pasteurised)* and *Pasteurised* were merged due to the coming into operation of the *Milk (Special Designation) Regulations, 1963*.



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

In addition to the routine samples mentioned above, a further 104 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] and tuberculin tested milk) by the inspectors of weights and measures on behalf of the Department. The results of the examination of the samples were satisfactory.

### **Biological Sampling of Milk**

During the year, 309 samples were procured for biological examination. Two samples were void on account of the premature death of the guinea pigs; of the remainder, one sample was found to contain *tubercle bacilli*. The result of this examination was not received until after the end of the year and the veterinary investigation of the herd was not complete at the time this Report was written. This single result emphasises the necessity for continued sampling of milk for *tubercle bacilli*, particularly when milk is consumed without heat treatment. The milk produced at the affected farm is now being pasteurised. The remaining 306 samples all proved negative when examined for the presence of *tubercle bacilli* but seven samples were found to contain *brucella* organisms.

The investigation mentioned earlier into the presence of *brucella* organisms in cream resulted in a further 176 quarter samples being procured from the 44 cows in milk.

During the year, four notifications were received from county districts that *brucella* organisms had been found in milk produced from herds within the County. These positive *brucella* results were communicated to the Medical Officer of Health of the district in which the farm was situated and to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food, so that the milk could be diverted for heat treatment and the animals secreting the organism identified.

### **Other Sampling**

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.

### **Bottle Washing at Dairies**

The regular examination at the dairies of washed bottles continued and the results are set out below. A high standard was maintained and, out of 1,076 bottles examined, only 24 were unsatisfactory. A provisional classification of the Public Health Laboratory Service, referred to on page 71 of the Report for 1961, continued to be adopted as a standard.

The greater number of unsatisfactory bottles came from one dairy, where there had been a change of bottle washing machines. The replacement machine had previously been in use in another dairy in the



County where results of bottle washing had been good. After an extended period of investigation, it was found that the unsatisfactory results were due to a defect in the mechanism which caused the jets to be slightly out of alignment with the inverted bottles. The machine was adjusted and results have been satisfactory since then.

<i>Bottle rinses</i>	1961	1962	1963
Number of bottles examined ... ..	604	835	1,076
Number of bottles satisfactory ...	540	753	970
Number of bottles fairly satisfactory	52	56	82
Number of bottles unsatisfactory ...	12	26	24

### **Inspection of Dairies and Sampling of Dairy Water Supplies**

Inspections of dairies numbered 439 and, in addition, 1,020 visits were made to premises where milk was retailed. With one exception (where the water was obtained from a deep bore), public mains water was used at all the pasteurising depôts. Thirteen samples of the water were procured during the year and, when examined bacteriologically, all proved satisfactory.

## **Housing**

New houses provided in the County during 1963 numbered 4,242. Of these, 3,473 were erected by private owners, 762 (including 111 in Crawley) by local authorities and 7 by housing associations. From April, 1945 to December, 1963 no less than 60,571 houses have been built in West Sussex; 34,649 by private owners, 25,798 by local authorities (11,326 in Crawley), and 124 by housing associations. More houses have been completed in West Sussex since the war than in any of the fifteen administrative counties with populations between 301,000 and 527,000.

Out of the total of 3,473 houses privately built in West Sussex during 1963, 2,676 (77 per cent) were constructed in the coastal districts (excluding the Boroughs of Arundel and Chichester) and more than half of this number (1,394) were in the rural districts of Chichester and Worthing.

The table on page 111, compiled from the 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**

Re-grouping of water undertakings during the year resulted in the amalgamation of the Bognor Regis Urban District, Chichester Borough and Chichester Rural District undertakings with the Portsmouth and Gosport Water Company.

Work was commenced on the new bore holes at the Hardham pumping station of the North West Sussex Water Board and also on providing lime treatment at the Rogate pumping station of the same Board.



## HOUSING STATISTICS

Construction of new houses up to 31st December, 1963						Estimated population mid-1962 (000's) (9)	Houses in clearance areas and unfit houses elsewhere			
Local authorities		Private owners		Houses provided by Housing Associations			LOCAL AUTHORITY (8)	Included in orders 1.1.55 to 31.12.63 (10)	Demolished or closed 1.1.55 to 30.9.63	
In tenders approved but not started (1)	Under construction (2)	Completed since 1.4.45 (3)	Under construction (4)	Completed since 1.4.45 (5)	Under construction (6)				Completed since 1.4.45 (7)	In clearance areas (11)
377	1,032	25,798	3,367	34,649	17	124	647	460	1,470	
—	—	172	4	156	—	—	—	—	58	
64	55	1,245	96	660	—	—	173	35	106	
—	48	1,834	611	8,032	—	13	67	62	35	
—	20	787	329	2,248	—	29	—	—	18	
—	150	926	102	2,260	17	7	29	25	36	
22	41	894	152	2,275	—	19	39	29	57	
—	41	597	202	1,003	—	36	39	42	19	
—	37	589	272	2,033	—	—	116	65	10	
—	14	783	16	616	—	—	142	153	30	
70	76	1,182	189	1,560	—	—	—	—	65	
20	128	1,792	709	5,050	—	—	29	44	241	
—	68	1,124	116	1,628	—	6	13	5	304	
12	80	818	35	648	—	14	—	—	197	
—	34	416	121	358	—	—	—	—	104	
20	104	1,313	413	6,122	—	—	—	—	190	
169	136	11,326	9*	1,856*	—	—	—	—	—	

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



The following samples of water were obtained on behalf of the North West Sussex Water Board. Four of the suspicious and unsatisfactory samples obtained from pumping and booster stations were due to a defect in the covering of a reservoir and to insufficient chlorination; the remainder were from untreated sources.

	1961	1962	1963
<b>Total number of samples (bacteriological)</b>	<b>721</b>	<b>1,101</b>	<b>1,109</b>
Number procured from:			
<b>Pumping and booster stations ... ..</b>	<b>536</b>	<b>952</b>	<b>929</b>
Satisfactory ... ..	528	909	872
Fairly satisfactory ... ..	3	18	1
Suspicious ... ..	2	—	14
Unsatisfactory ... ..	3	25	42
<b>Distribution points ... ..</b>	<b>178</b>	<b>149</b>	<b>180</b>
Satisfactory ... ..	172	148	179
Fairly satisfactory ... ..	1	1	—
Unsatisfactory ... ..	5	—	1
<b>New mains before public use ... ..</b>	<b>7</b>	<b>—</b>	<b>—</b>
Satisfactory ... ..	6	—	—
Unsatisfactory ... ..	1	—	—

## Other Water Sampling

Of the 43 samples procured from homes and institutions in the County, 33 proved satisfactory, 5 were suspicious and 5 unsatisfactory.

The unsatisfactory results were found to be due to contamination introduced by birds gaining access to a roof space in which a large storage tank was housed. As the pump above the well needed attention, the supply was changed to public mains water and some work was carried out to ensure that there should be no further contamination in the roof space. Subsequent samples were satisfactory.

### Extension of Water Mains and Sewerage

Water supplies from public mains were again extended during the year and eight applications for grant were considered. Consideration was also given to five schemes for sewerage and sewage treatment under the *Rural Water Supplies and Sewerage Acts, 1944 to 1961*. Details of all these schemes will be found in the following tables.

Progress continued to be made in providing main drainage in the rural districts.

Grants were paid by the County Council to rural district councils and to the several water undertakings 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 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.

The County Public Health Officer with the Pollution Officer of the West Sussex River Board made 37 visits to small sewage treatment plants owned by the Council at schools and other institutions. These visits were in connection with applications for consent to discharge effluent as required by the *Rivers (Prevention of Pollution) Acts, 1951 to 1961*.

## Sewerage and Sewage Treatment

<i>District and Parish or Village</i>	<i>Works and cost</i>	<i>County Council grant</i>
<b>Chanctonbury R.D.C.</b> West Chiltington, Nutbourne and Thakeham (2nd stage)	Extension of scheme given provisional approval in 1960. Estimated cost £393,700 (including £72,051 for works) to deal with an additional 841 properties.	Grant approved under old scheme. Estimated annual grant of £24,157 for 30 years.
<b>Horsham R.D.C.</b> Lower Beeding	Scheme to double capacity of existing works and extend sewers to deal with further 33 properties. Estimated cost £6,750 (including £2,117 for works).	Provisional grant of £1,842 subject to Ministry also giving grant.
<b>Midhurst R.D.C.</b> Stedham and Iping	Scheme to extend sewers and include village of Iping. Estimated net cost £31,757.	Grant of £1,132 for 30 years.
<b>Petworth R.D.C.</b> Loxwood and Ifold	Sewage works and sewers to serve 572 properties. Estimated total cost £239,130 (including £40,448 for works); net cost for grant purposes £169,562.	Estimated annual grant of £5,966 for 30 years.
<b>Worthing R.D.C.</b> Lancing	New machinery for pumping stations.	Application for grant withdrawn.



## Water Supplies

<i>District and Parish or Village</i>	<i>Works and cost</i>	<i>County Council grant</i>
		£
<b>North West Sussex Water Board</b>		
<b>Chancetonbury R.D.C. area</b>		
Fulking (Clappers Lane)	Extension of 4" water main by 1,100 yards; cost £1,587.	210
Edburton	Extension of 4" water main by 1,850 yards; cost £3,400.	896
Pulborough (Gay Street)	Extension of 4" water main by 350 yards; cost £850.	61
<b>Horsham R.D.C. area</b>		
Lower Beeding	Extension of 4" water main by 2,480 yards; cost £4,850.	525
Rowhook	Extension of 4" water main by 215 yards; cost £455.	93
<b>Midhurst R.D.C. area</b>		
Harting (Nursted)	Extension of 4" water main by 2,720 yards; cost £9,260.	Not yet decided
<b>Petworth R.D.C. area</b>		
Barlavington	Extension of 4" water main by 1,050 yards; cost £1,650.	338
Bedham	Extension of 3" water main by 1,630 yards and provision of booster station; cost £6,290.	1,050

## Swimming Baths

At the end of the year, there were 25 swimming and teaching pools at schools belonging to the County Council (excluding Worthing), an increase of four over 1962.

The increase was made up of five new baths which came into operation and the discontinuance of one unsatisfactory teaching bath. Of the five unsatisfactory pools referred to in the Report for 1962, one, as



mentioned above, was abandoned (this being mainly due to frost damage), two were equipped with filters; arrangements were in hand for another to be fitted with a filter plant and one still used the unsatisfactory "fill and empty" system.

Many minor improvements were made to pools and to the facilities for changing of clothes. Close supervision was maintained during the swimming season and advice was given regarding purification of the water, and the precautions to be taken against contamination and the spread of infection. The water was examined periodically for general condition, clarity, chlorine content and acidity or alkalinity. Where necessary, samples of water were sent to the Public Health Laboratory for bacteriological examination.

Some 80 visits of inspection were made to swimming baths and 74 samples of water were obtained. Of these, 69 were satisfactory, 2 fairly satisfactory and 3 unsatisfactory.

On the whole, pools were maintained in good condition but changes in teaching staff sometimes made control difficult. Despite the shortage of sunshine during the summer, pools were well used and a number remained in use during the summer holidays.

## Inspection of Schools

During the year, 80 visits (excluding those made to swimming baths) were made to schools in the County. Some of these visits involved complete inspection of the schools whilst others dealt with minor improvements such as small items of repair required to secure compliance with the *Food Hygiene Regulations*, the provision of dustbin compounds, the maintenance of sewage treatment plants and sanitation. As a result of these visits, six cases of deficiency in sanitary and washing accommodation and seven contraventions of the *Food Hygiene Regulations* were referred to the Director of Education.

Other matters dealt with included a heavy infestation by pigeons at one school and an infestation by fleas which came from birds' nests found in wall cavities of a hut during removal from one school to another. In the newer schools the general standard of hygiene and sanitation was very high.

## Clean Air

Good progress has been made in the Urban District of Crawley with the creation of smokeless areas and about half the acreage of the town (with 6,943 dwellings) has now been included in Orders made under the *Clean Air Act, 1956*. Plans are in hand for other Orders to come into operation in the near future.



# PART IX—SCHOOL HEALTH SERVICE

## Statistics

### Child Population

As the following table shows, the child population has decreased by 300 since last year:

	1962	1963	Variation
Children under 1 year ... ..	5,980	6,170	+ 190
1 to 5 years ... ..	23,620	25,630	+2,010
<b>TOTAL under 5 years ... ..</b>	<b>29,600</b>	<b>31,800</b>	<b>+2,200</b>
5 to 14 years ... ..	62,800	60,300	-2,500
<b>TOTAL under 15 years ... ..</b>	<b>92,400</b>	<b>92,100</b>	<b>- 300</b>

### School Population

In January, 1963 there were 59,768 children on the rolls of maintained schools in the County, an increase of 1,911 on the figure for last year. The numbers of children in the various types of maintained schools in the County during the past two years are shown below:

Type of school	Number of schools		Number on roll	
	1962	1963	1962	1963
Nursery ... ..	4	4	234	249
Primary ... ..	172	175	33,028	34,243
Grammar ... ..	10	10	5,537	5,660
Bilateral (Grammar/Secondary)	3	3	3,246	3,618
Technical High ... ..	1	1	519	501
Secondary Modern ... ..	25	26	14,900	15,020
Special ... ..	4	5	393	477
<b>TOTALS ... ..</b>	<b>219</b>	<b>224</b>	<b>57,857</b>	<b>59,768</b>

## 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.



During the year schools were visited for medical inspections not less frequently than alternate terms and in some schools it was possible to arrange inspections each term.

At periodic medical inspections, 16,342 children were examined compared with 16,282 in the previous year.

The number of special inspections made at the request of parents, headteachers, or school medical officers was 160, compared with 543 in 1962.

Children re-examined for conditions found at previous inspections to require observation numbered 13,280; the corresponding figure for 1962 was 14,973.

The table which follows shows the number of children examined and re-examined in the various age groups during the past two years.

	1962	1963
Entrants ... ..	5,718	5,297
Other periodic examinations ... .. (Children aged 10-11 years or those who had not been previously examined in this age group)	5,612	5,641
Leavers ... ..	4,952	5,404
	<hr/>	<hr/>
Special examinations ... ..	16,282	16,342
	543	160
Re-examinations ... ..	14,973	13,280
	<hr/>	<hr/>
TOTAL ... ..	31,798	29,782

### Co-ordination with other Services

The school health service cannot and does not try to work in isolation. It is essentially a team effort involving, initially, the co-operation of parents, teachers, family doctors, school medical officers and health visitors who between them ensure that the resources of the education, health and welfare services are used in the interests of all children. Co-ordination is helped by the fact that the same medical officers are engaged in the health services provided by the County Council both as local health authority and as local education authority. These health services are also closely integrated administratively and co-ordination of effort becomes most apparent in the provision of continuing care for individual children who are found to be handicapped and may need help in various ways throughout their lives.

Co-operation with family doctors continued to be very good and the arrangements for the exchange of information about the health of children worked well.

Reports on past medical history, particularly following treatment in hospital had, however, often to be requested from family doctors. A considerable amount of correspondence and time would be saved if more hospitals would send copies of discharge reports to the Department as a routine procedure.



## General Physical Condition

In addition to recording any defect which they may find requiring treatment or observation, school medical officers assess the general physical condition of all children examined at periodic medical inspections. During the year, 16,342 children were examined and only four of these were considered to be unsatisfactory. These were a girl aged ten years who was suffering from coeliac disease, a girl aged eleven years who had a deformity of one foot, a girl aged eleven years who was asthmatic, and a boy aged ten years who was overweight.

It is interesting to note that rarely these days is undernourishment the reason for the recording of children as being of unsatisfactory physical standard. It is now more common to see references to children being overweight.

Much has been written on the subject of obesity in school children and various protagonists have argued the case for and against milk in schools and school dinners.

Dr. F. Cockcroft enters the lists with the following comments:

"It is suggested, sometimes by medical colleagues, that the third of a pint of milk given to school children is a cause of obesity. I think this is nonsense. I agree that in secondary schools it is no longer necessary, but I would be very sorry to see it dropped from junior schools. I am a great advocate of milk and cream and I am quite unconvinced of theories about harmful effects when consumed in normal amounts.

School meals may need modification in order to improve palatability, but here again I fail to see that they are responsible for obesity. In the secondary schools where I carry out medical examinations I do not consider the children suffer from obesity as a whole—there are a few obese children as one would expect. At one school I know there are approximately 100 boarders who live on school meals supplemented very little by outside sources. I have not detected any obesity amongst them and I would almost think the diet was designed to keep them fit and hungry all the time! They are certainly physically fit."

Dr. C. A. Gunn remarked as follows on the impressions she gained during the year:

"I would say that the health of the school child continues to be excellent. The chief defect seems to be the perennial one of dental caries in the infant schools, but I discern a glimmer of hope in that more and more parents are coming to realize that sweets are bad and that these must be rationed sensibly. They also realize the importance of fruit in place of sweets.

The vexed question of shoes for teenagers remains but I believe and hope that a change in the fashion is coming in the near future and, from predictions, it seems they will be more sensible than the present pointed-toe variety."

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

Year	<i>Physical condition of school children</i>		
	<i>Percentage found to be satisfactory</i>	<i>Percentage found to be unsatisfactory</i>	
		<i>West Sussex</i>	<i>England and Wales</i>
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	0.6
1963	99.98	0.02	*

\*Not available.



## School Children and Smoking

On this serious problem, Dr. F. Cockcroft reported:

"My impression of school children today is that they are a financially well-off group and attacking the smoking problem with emphasis on how much it costs does not worry them. They are much more likely, in my opinion of course, to consider stopping smoking if they are convinced of its harmful effects, and for this reason I feel it is necessary to use fear tactics when trying to discourage youngsters smoking."

The results of a survey into the smoking habits of children at a large county secondary school are given in detail on page 143 of the Report.

## Cleanliness Inspections

Hygiene inspections by school nurses were continued. With the exception of primary schools in Crawley and secondary and grammar schools where visits were made at the request of head teachers, routine inspections were carried out at all other schools. There is always a hard core of dirty families who are known to the health visitors and constant vigilance is necessary to prevent the children from these families infesting others.

Table C on page 153 shows that 51,795 individual examinations were carried out in schools and that 92 children were found to have nits or vermin in their hair.

The following table shows the numbers of children found to have vermin in their heads in each of 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>
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
1963	51,795	92

## Medical Treatment

### Statistics

Of the 16,342 children examined in the three main age groups, 1,706 (10.4 per cent) were found to require treatment for 1,887 defects. This showed a decrease of 2.5 per cent on the corresponding figure for 1962.



Of those requiring treatment, 861 (50 per cent) had defective vision; this continued to be the most common defect noted at periodic medical inspections.

Table A on page 154 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 155.

In the following table the number of children examined in the various age groups and the numbers found to require treatment during the year are compared with the figures for 1962.

Age group	Number of children examined		Number found to require treatment		Percentage found to require treatment			
					West Sussex		England and Wales	
	1962	1963	1962	1963	1962	1963	1962	1963
Entrants ...	5,718	5,297	598	564	10.5	10.6	} 15.45	*
Other periodic inspections ...	5,612	5,641	845	659	15.0	11.7		
Leavers ...	4,952	5,404	668	483	13.5	9.0		
TOTALS ...	16,282	16,342	2,111	1,706	12.9	10.4		

\*Not available.

### Eye Clinics

During the year, school eye clinics continued to be held at various centres in the County. Arrangements at the clinics in Horsham and Crawley were again disrupted due to the resignation of the ophthalmologist and the difficulties encountered by the South West Metropolitan Regional Hospital Board in recruiting a successor. Inevitably, this resulted in a large number of children awaiting examination.

Between February and October, Horsham clinic was without the services of an ophthalmologist and only occasional sessions were held there. In October, by arrangement with the Board an ophthalmologist already holding sessions at five other school eye clinics in the County was able to extend his services to include Horsham. By the end of the year, the waiting list at Horsham had been considerably reduced but the position at Crawley was still unsatisfactory.

The number of children examined by the ophthalmologists during the year was 3,165; an increase of 798 on the figure for 1962. The number of examinations was 4,093 compared with 3,483 in the previous year.



Spectacles prescribed at the school eye clinics numbered 1,706; 160 pairs more than in 1962.

Forty-two school children and 36 children under school age were known to have received operative treatment for squint during the year.

Orthoptists treated 483 children at clinics in Chichester, Crawley, Horsham and Worthing, 22 more than in the previous year.

The following table shows the number of new and old cases seen at the school eye clinics during the year and the total attendances made.

Clinic	Number of cases seen			Total attendances
	New	Old	TOTAL	
Arundel ... ..	9 (—)	35 (1)	44 (1)	46 (1)
Bognor Regis ... ..	104 (19)	169 (22)	273 (41)	330 (70)
Chichester ... ..	191 (33)	410 (37)	601 (70)	744 (122)
Crawley ... ..	196 (3)	453 (10)	649 (13)	955 (19)
Horsham ... ..	98 (3)	315 (23)	413 (26)	605 (43)
Lancing ... ..	39 (16)	104 (21)	143 (37)	214 (75)
Littlehampton ... ..	52 (—)	97 (—)	149 (—)	158 (—)
Shoreham-by-Sea ... ..	147 (18)	266 (23)	413 (41)	485 (77)
Worthing ... ..	145 (11)	335 (42)	480 (53)	556 (79)
<b>TOTAL ... ..</b>	<b>981 (103)</b>	<b>2,184 (179)</b>	<b>3,165 (282)</b>	<b>4,093 (486)</b>

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

### 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.

The number of children attending the orthopaedic clinics increased from 701 (including 257 under school age) in 1962, to 722 (including 237 under school age) in 1963.

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 ... ..	12	66 (29)	141 (47)	207 (76)	349 (127)
Crawley ... ..	18	68 (25)	81 (28)	149 (53)	236 (84)
Horsham ... ..	16	69 (30)	84 (21)	153 (51)	232 (70)
Lancing ... ..	9	24 (4)	38 (9)	62 (13)	112 (21)
Littlehampton ... ..	9	20 (6)	45 (9)	65 (15)	110 (27)
Worthing Borough ... ..	11	42 (21)	44 (8)	86 (29)	94 (46)
<b>TOTAL</b> ... ..	<b>75</b>	<b>289 (115)</b>	<b>433 (122)</b>	<b>722 (237)</b>	<b>1,133 (375)</b>

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.

Diagnosis	Number of		TOTAL
	Boys	Girls	
Club foot ... ..	10 (—)	2 (2)	12 (2)
Dislocation of hip ... ..	— (—)	2 (—)	2 (—)
Spastic paralysis ... ..	20 (5)	18 (3)	38 (8)
Spina bifida ... ..	6 (1)	10 (1)	16 (2)
Torticollis ... ..	7 (5)	5 (2)	12 (7)
Bow legs ... ..	8 (6)	5 (4)	13 (10)
Knock knees ... ..	60 (38)	39 (17)	99 (55)
Abnormalities of spine ... ..	8 (—)	25 (—)	33 (—)
Flat feet, etc. ... ..	140 (52)	114 (48)	254 (100)
Poliomyelitis (paralyses or pareses) ... ..	18 (—)	18 (1)	36 (1)
Fractures ... ..	— (—)	1 (—)	1 (—)
Tuberculous joints ... ..	— (—)	2 (—)	2 (—)
Perthe's disease ... ..	4 (—)	— (—)	4 (—)
Apophysitis of the os calcis, etc. ... ..	2 (—)	2 (—)	4 (—)
Osgood-Schlatter's disease ... ..	1 (—)	— (—)	1 (—)
Pseudo-hypertrophic muscular dystrophy ... ..	5 (—)	2 (—)	7 (—)
Other conditions ... ..	86 (30)	102 (22)	188 (52)
<b>TOTAL</b> ... ..	<b>375 (137)</b>	<b>347 (100)</b>	<b>722 (237)</b>

During the year, 51 children (including five under school age) received in-patient treatment.

Surgical appliances were supplied to 141 children, including 18 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 159) 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>	
357 (73)	435 (146)	792 (219)	4,691 (1,159)

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

## Speech Therapy

The appointment of a fourth speech therapist in August, 1963, an increase of one on the previous establishment, enabled the areas to be re-drawn, and provided for increased sessions where these were most needed. This increased establishment gave a ratio of one speech therapist for approximately 14,000 children in West Sussex. In August, 1962, the Ministry of Education, in the light of replies to a questionnaire made to local authorities on speech therapy requirements, assessed the apparent needs as one speech therapist for 11,000 to 12,000 children.

The need for speech therapy in any area fluctuates from time to time and although each therapist is responsible for her own area she works in co-operation with her colleagues in order to maintain a flexible service. Each speech therapist has been provided with a car and this greatly increases mobility and enables much more work to be undertaken, particularly with those children who live in the rural areas of the County.

Miss M. G. A. McCombie who works in the western part of the County has made the following general comments on speech therapy:

"The incidence of speech defects among children remains a constant factor. The largest number assessed are those with poor or slow development of speech; next come those who stammer; then cleft palate and cerebral palsied cases. The proportions of these groups remain fairly constant, more boys than girls having speech problems.

The children in the first group may have any variety of articulatory or language defect from a lisp to complete unintelligibility or lack of speech. They may speak with only some wrong sounds; they may speak, but be understood by few other than their mothers; they may understand speech but be unable to respond with speech.

The reasons for these defects can be as varied as the defects themselves. Deafness is the first cause to be investigated, a factor that can be determined at a very early age now that routine hearing tests for babies are available. Other possible congenital, physical, and emotional factors must all be investigated to determine what is wrong and how it can be put right. Many children in this group tend to be below average in intelligence, but by no means all, and particular care is needed in assessing this part of their problem.



**SPEECH THERAPY**

Centre	Defect or disorder of speech										New cases	Number discharged during the year	Waiting list at 31.12.63
	Articulation	Language	Fluency	Voice	Associated with cerebral palsy	Associated with cleft palate	Total number of children	Total attendances					
Crawley ... ..	170 (67)	20 (9)	45 (28)	1 (-)	4 (2)	21 (15)	261 (121)	2,034 (147)	120	58	5		
Horsham and Southwater ...	51 (34)	3 (3)	26 (18)	- (-)	- (-)	- (-)	80 (55)	530 (75)	28	30	6		
Billingshurst & Wisborough Green	19 (12)	- (-)	1 (1)	- (-)	1 (-)	1 (1)	22 (14)	148 (47)	19	5	3		
Bognor Regis ... ..	76 (54)	2 (2)	14 (10)	- (-)	3 (1)	4 (2)	99 (69)	459 (145)	21	28	15		
Chichester ... ..	187 (131)	8 (6)	36 (28)	- (-)	6 (3)	7 (3)	244 (171)	978 (237)	68	54	25		
Midhurst ... ..	39 (30)	4 (3)	9 (6)	- (-)	- (-)	1 (-)	53 (39)	182 (47)	25	8	6		
Petworth ... ..	95 (89)	1 (-)	11 (8)	1 (1)	- (-)	2 (2)	110 (100)	246 (112)	39	24	9		
Lancing ... ..	44 (20)	5 (4)	9 (9)	1 (-)	- (-)	1 (-)	60 (33)	403 (42)	21	9	9		
Littlehampton ... ..	41 (22)	3 (2)	12 (8)	- (-)	1 (-)	- (-)	57 (32)	327 (37)	18	11	7		
Shoreham-by-Sea ... ..	26 (10)	11 (9)	9 (7)	2 (1)	1 (1)	5 (-)	54 (28)	341 (28)	16	7	3		
Ashington, Findon, Storrington & Thakeham ... ..	13 (1)	- (-)	4 (1)	- (-)	1 (-)	- (-)	18 (2)	172 (7)	1	1	-		
Steyning ... ..	5 (-)	- (-)	2 (-)	- (-)	1 (-)	- (-)	8 (-)	96 (-)	-	1	-		
Worthing ... ..	46 (19)	15 (7)	20 (9)	1 (1)	4 (-)	6 (1)	92 (37)	587 (60)	29	6	19		
<b>TOTAL</b> ... ..	<b>812 (489)</b>	<b>72 (45)</b>	<b>198 (133)</b>	<b>6 (3)</b>	<b>22 (7)</b>	<b>48 (24)</b>	<b>1,158 (701)</b>	<b>6,503 (984)</b>	<b>405</b>	<b>242</b>	<b>107</b>		

*Note:* The unbracketed figures indicate the numbers of children treated; bracketed figures show the numbers under observation and are included in the totals.



Stammering is a distressing condition, an easy target for the thoughtless or unkind, but a source of torment to the stammerer. It is the physical expression of an emotional disturbance and, in its infantile form, can pass like any other childish habit. It may be prolonged and made worse if attention is drawn to it, and become a secondary stammer. Often it is associated with physical tensions of grimacing, blinking, and stamping as speech is urged out. Stammering of more complicated origin needs long observation and help if the child is to be freed from this handicap. Like other nervous disorders, stammering can recur under stress, as at puberty, and can appear at any stage in childhood. On the whole, stammerers are among the more intelligent children and feel their defect more keenly.

Advances in cleft palate surgery, providing adequate closure and good nerve supply at an early age, mean that fewer children are likely to need speech therapy; but there are always some under treatment and observation, where operations have not been entirely satisfactory from the speech point of view. Good results can usually be expected from speech therapy in these cases; but not so among the brain-damaged cerebral palsied children. Poor speech is only one of their handicaps and results are, of necessity, slow and unspectacular.

Priority in speech therapy must be given to those children likely to take a normal, useful rôle in life; but time given to those less fortunate is never wasted. Both mothers and children benefit from interest, encouragement, and advice.

Any child from three years not showing a normal speech pattern should be assessed. Early awareness of a speech problem saves much time and trouble. The mother can be helped and advised, the child given care, and other services called upon, if and when necessary.

Ideally, one should expect to find as few children as possible entering, and none leaving, infant school with defective speech; the only exceptions being the more serious types of defect requiring long treatment, and emotional defects such as stammering. When school-children do need therapy it is essential that it should be an integral part of their schooling. Problems of reading, writing, behaviour and general progress are invariably associated with speech defects, and the therapist and teacher can help each other and the children much more if there can be regular discussion between them.

A present-day feature is that many mothers work outside the home, so that less time is given to their children. For the same reason, many younger children could not receive treatment unless they were seen in school. In these cases more than ever depends on what the therapist and teacher can do. Nothing, however, can replace the mother's care, and no serious speech problem can ever really be overcome without it. It is when child, mother and therapist work together with purpose and harmony that the best and most satisfying results are achieved. The therapist needs to draw on the help of many others in her work; not only teachers, but doctors, health visitors, the child guidance team, to name only a few, and it is in working with their help that she can give the most effective care to the children in her charge."

With regard to her own area, Miss McCombie reports:

"Although an additional session was allocated to the Chichester area, making six sessions in all, there is still a need for more sessions in that part of the County and in the whole area generally.

The number of children under treatment and observation is nearly equal to that of the other three areas combined; and, while many of those under observation have minor defects requiring little supervision, many could well do with more frequent attention. This applies particularly to children in outlying districts."



Mrs. J. M. Miles who works wholly in Crawley and Mrs. S. F. Carrington who works in Crawley and Horsham including the surrounding rural areas comment as follows:

"The increase of speech therapy time in Crawley from seven to twelve sessions a week is providing a more flexible service within the area.

Contact with schools is greater as many treatments now take place there. This helps to provide a better understanding of problems from both the teachers' and the therapists' points of view. Young children of working mothers can be seen regularly, which would not otherwise be possible; and loss of school time is reduced to a minimum.

Initial difficulties are inevitable. Schools are not the quietest of places in which to work and few have space to spare for the occasional visitor. When a medical room is available it is invariably used for many other purposes from library to spare furniture depository. Most difficulties can, however, be overcome.

The Crawley case-load is still heavy. There has been an accumulation over the last two or three years of children who have had inadequate treatment due to shortage of available time and, due to the direct contact with schools, there is a large recent addition of children with speech problems ranging from minor difficulties to more complex defects.

It is to be hoped that in future the number of sessions available in Crawley will permit the adequate treatment of speech defects, especially in the infant and early junior years."

Mrs. Carrington also refers to the advantages the children derive from being seen at school in familiar surroundings:

"The opportunity of working in normal schools (as opposed to E.S.N. which I had experienced before) is very satisfactory from most points of view. The teachers are usually very helpful with the children, and the atmosphere of school often seems to be more conducive to the child fully participating in his speech 'lesson'. I have always been of the opinion that the ideal situation is to have a room set apart for 'speech tuition' in a school. The break from school activities is then lessened, and parents can be interviewed there when necessary."

Miss Osborne who undertakes speech therapy in the south-eastern part of the County reports on the increased therapy time in Worthing, made possible by the increase in staff:

"Two extra sessions were allocated to the Worthing area during the year.

Many children attending the George Pringle School need treatment or observation, and these extra sessions provide time for this as well as for the needs of children from normal schools."

The table on page 124 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. The numbers in brackets refer to the children under observation and are included in the total figures.

### **Minor Ailments**

During the year, 292 children made 760 attendances at minor ailment clinics. As mentioned in previous Reports, the pattern of these clinics has changed over the past few years and they have now become 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 continue 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 use of pad and bell alarms in the treatment of this distressing condition continued in 1963 and reports were received on 44 boys and 15 girls to whom these alarms had been supplied. In eleven cases alarms were supplied to family doctors who supervised the trials with their own patients and the remainder were issued by school medical officers after consultation with the family doctors concerned.

The following table shows the results of this treatment:

Age	Complete success		Marked improvement		Some improvement		Not improved	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
4	1	—	—	—	—	—	—	—
5	1	2	—	—	—	—	—	—
6	1	—	—	—	1	—	1	—
7	3	1	1	—	—	—	—	—
8	2	—	1	1	—	—	1	1
9	4	1	1	—	1	—	1	—
10	3	—	—	—	—	—	1	—
11	4	1	—	1	1	—	2	—
12	2	1	—	—	—	—	—	—
14	2	—	—	—	—	—	—	1
15	3	2	1	2	1	1	—	—
16	3	—	1	—	—	—	—	—
TOTALS	29	8	5	4	4	1	6	2

### Convalescence

During the year, short-term convalescence was provided for 25 children in accordance with the provisions of section 48(3) of the *Education Act, 1944*. This was 17 more than in 1962.

## Handicapped Pupils

### Ascertainment

The ascertainment of children who, because of physical or mental impairment, required some form of special education continued throughout the year. This is undoubtedly one of the most important functions of the school health service and medical officers are engaged increasingly in the work.



The dictionary definition of "ascertainment" is "to find out" and, when applied to handicapped pupils this process can be divided into four parts.

*To find out the child who is handicapped.* This may come about in many ways and a child with a severe mental or physical disability usually becomes known at a very early age. The maintenance of a register of children who are known to be at risk during the course of their development because of injury at birth, pre-natal influences or other hereditary factors, acts as a useful pointer to children who may need special help. Many handicaps such as impaired hearing or visual acuity or educational subnormality may not become apparent until a child starts school. The aim always must be to discover the child who is handicapped as early as possible and to take appropriate measures to help him.

*To find out the particular handicap or handicaps from which he suffers.* This is often a complex process in which the opinion of specialists in various fields of medicine and education must be obtained before a decision can be made.

*To find out the best possible method by which he can be helped.* The provision of special education from which he will derive the greatest benefit is of vital importance. There are many factors, medical, emotional and educational, which must be considered carefully before a child is placed in a particular school or class.

*To find out by regular observation how he is progressing.* It is only by keeping a close watch on his development that the validity of the recommendation made for the child can be tested and modified if or when necessary.

It follows that the ascertainment of a handicapped child by a school medical officer involves the interest, help and advice of many people, such as parents, teachers, family doctors and medical and educational specialists. Whilst the responsibility for ascertainment rests mainly with the Principal School Medical Officer, it is the Director of Education who is responsible for advising on the form of special education required. It is in this field particularly that the closest co-operation has been and must always be maintained with the staff of the Education Department.

A summary of the information sent to the Ministry of Education showing the number of handicapped children ascertained as needing education in special schools or boarding homes during 1963 is given on page 129. It also shows the number of handicapped children newly placed during the year and (as on 23rd January, 1964) the number awaiting admission to, and those on the registers of, special schools or boarding homes.

### **Arrangements for Special Educational Treatment**

The provision of facilities for special educational treatment within the County for certain categories of handicapped children was advanced a stage further with the opening in September of the George Pringle School in Worthing and a remedial class for children with hearing and/or behaviour difficulties in Littlehampton.



## 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)-(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
<b>IN THE CALENDAR YEAR:</b>											
Handicapped pupils											
A. Newly assessed as needing special educational treatment at special schools or in boarding homes											
B. (i)	—	1	—	2	—	2	28	87	—	—	131
	—	—	—	—	—	8	16	53	—	—	77
(ii)	—	—	—	—	—	1	4	62	—	—	67
	—	—	—	—	—	9	20	115	—	—	144
TOTAL (B (i) and B (ii) ) ... ..											
<b>AS AT 23RD JANUARY, 1964:</b>											
C. Number requiring places in											
	—	2	—	2	—	2	—	38	—	—	38
special schools	—	—	—	—	—	4	13	6	—	—	31
	—	—	—	—	—	—	—	—	—	—	—
D. (i) Number on the registers of:	—	—	—	—	—	—	—	—	—	—	—
(1) Maintained special	—	1	—	—	—	1	43	356	—	—	356
schools as	—	—	3	—	—	2	—	77	—	—	127
(2) Non-maintained	—	—	—	—	—	—	—	—	—	—	—
special schools as	8	8	2	5	8	17	5	2	4	—	59
	8	9	5	5	9	19	48	435	4	—	542
TOTAL	—	—	—	—	—	—	—	—	—	—	—
(ii) Independent schools under arrangements made by the authority	—	—	15	—	3	—	19	6	—	—	43
	8	9	20	5	12	19	67	441	4	—	585
TOTAL (D (i) and D (ii) )	—	—	—	—	—	2	16	—	—	—	18
(iii) Boarded in homes and not included in (i) or (ii)	8	9	20	5	12	21	83	441	4	—	603
TOTAL (D (i), (ii) and (iii) )	—	—	—	—	—	—	—	—	—	—	—
E. Number being educated under arrangements made in accordance with Section 56 of the Education Act, 1944	—	—	—	—	—	—	—	—	—	—	—
(i) in hospitals	—	—	—	—	—	—	—	—	—	—	—
(ii) in other groups	—	—	—	—	—	—	—	—	—	—	—
(iii) at home	—	1	—	—	9	10	1	—	1	—	22



The George Pringle School is a day school which will cater eventually for the needs of 120 educationally subnormal children drawn from the Borough of Worthing and from the adjacent country districts.

In January, 1963 the number of educationally subnormal children requiring places in day or boarding special schools was 124 and 28, respectively. By January, 1964 the waiting list had been reduced to 38 children requiring places in day special schools and six in boarding schools. This marked reduction from 152 to 44 was due largely to the accommodation which became available in the new school.

The remedial class in Littlehampton was the fifth to be established in the County and is similar to the two in Worthing and one each in Chichester and Crawley which have proved so successful. Close contact with the classes was maintained by the educational psychology and child guidance services and, depending on the degree of their problems, the children attended full-time or divided their attendance between the classes and the ordinary schools.

The units for partially hearing children in Chichester, Crawley and Worthing continued to be of great benefit and I am indebted to Dr. J. A. G. Graham, Borough School Medical Officer, for the following comments on the class in Worthing:

"Four Worthing children attend this class, which is held in a sound-proof building fitted with specialised equipment, within the precincts of Downsbrook County Primary School. They are taught full-time by a qualified Teacher of the Deaf.

They take part in the recreational and social activities of the school, joining with the other children at school meals and generally being integrated into the ordinary pattern of school life as much as is possible. The extent to which this can happen depends of course, in some part, on the individual pupil.

Two of the present pupils are recommended as suitable to continue their secondary education in special schools for partially hearing pupils."

A feature of the class for seriously physically handicapped children which is attached to a primary school in Crawley was a panel concerned with the educational and medical aspects of the class. Represented on this panel were the head teacher of the primary school, the teacher of the class, a school medical officer, an educational psychologist, a physio-therapist and the health visitor for the school. Informal meetings were held once each term and recommendations about individual children or the class as a whole which required administrative action were made to the Director of Education or the Principal School Medical Officer. The meetings afforded an opportunity for co-ordinating the efforts of all concerned in the physical, social and educational welfare of these children.

Whenever possible, arrangements were made for handicapped children to be integrated into normal schools. A notable success was achieved in this field last year with a small partially-sighted girl with



a moderate degree of spasticity who, with the help of the school medical and teaching staff, managed so to surmount her physical limitations that she was able to attend a junior school in Crawley.

Whilst it is impracticable in a rural county to provide special education for every type of handicap, considerable progress has been made in West Sussex in the last few years for the larger categories of handicapped pupils. Of the 441 educationally subnormal children now being educated in special schools, 435 are on the registers of special schools maintained by the local education authority. Accommodation is also provided for 59 maladjusted children in the special school and the hostel established by the authority; 24 maladjusted children are however receiving education outside the County.

The following table shows the provision which has been made for handicapped children in West Sussex.

<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	3	—	—	435
Maladjustment ...	1	—	1	—	59
Learning or behaviour difficulties ...	—	—	—	5	76
Partial hearing ...	—	—	—	3	19
Physical ...	—	—	—	1	11
Not fully diagnosed ...	—	—	—	1	7

### **Child Guidance**

It has become a commonplace in this section of the Report to refer to the national shortage of psychiatric social workers, child therapists and educational psychologists. This shortage continued to be reflected in the staffing of the child guidance service in 1963 and difficulties were also experienced with the medical direction of the service, which had remained unchanged for a number of years; it was with regret that resignations were received from three of the four psychiatrists.

Dr. F. T. Shadforth who was medical director of the Worthing clinic for nearly twelve years resigned following an invitation to become psychiatric consultant at the University of Sussex. The high standing in which the clinic is regarded in the Worthing area owes much to his leadership.

Dr. G. Levinson, who resigned to take up an appointment nearer to his home in Australia, was consultant psychiatrist at the Horsham clinic from 1954 and was also psychiatric adviser to the County Council's hostel for maladjusted children in Horsham. He took a keen interest in the problem of children in his area and enjoyed the confidence of all with whom he came into contact.



Dr. J. H. Kahn, who became the first consultant psychiatrist at the new child guidance clinic established in Crawley in 1960, left to devote more time to his work of helping to build a comprehensive community mental health service with another authority. Despite the fact that it has never yet been possible to recruit a complete child guidance team in Crawley, the clinic there, under Dr. Kahn's direction, had become a valuable asset to the medical services in this thriving and forward-looking town.

Before it became known that changes in the staff were inevitable, representations had been made to the South West Metropolitan Regional Hospital Board to provide two additional consultant psychiatric sessions to meet the expanding needs of the service and, in May, it was learned that these additional sessions had been approved. In the light of the resignations, the Board were asked to review the medical staffing position with a view to amalgamating the various consultant posts to provide a smaller number of maximum or part-time appointments and to provide psychiatric cover for the remand home situated in the County.

In October, the Board agreed to the recommendations of its Medical Advisory Committee and the future pattern of psychiatric cover is shown below. At the time of writing, Dr. M. Aldridge was in post and Dr. H. M. N. Rees was expected to take up his appointment in May, 1964.

<i>Location</i>	<i>OLD</i>		<i>NEW</i>	
	<i>Establishment (half days a week)</i>	<i>Psychiatrist</i>	<i>Establishment (half days a week)</i>	<i>Psychiatrist</i>
Chichester ...	5	Dr. M. Duncan	5	} Dr. M. Duncan Dr. H. M. N. Rees
Crawley ...	4	Dr. J. H. Kahn	5	
Horsham ...	4	Dr. G. Levinson	4	
Worthing ...	4	Dr. F. T. Shadforth	6	
Littlegreen School for maladjusted boys ...	2	Dr. M. Aldridge	2	} Dr. M. Aldridge
Remand Home	—	—	1	
<b>TOTAL ...</b>	<b>19</b>	<b>5</b>	<b>23</b>	<b>3</b>

The staffing of the four clinics at the end of the year is set out on page 133. 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 number of sessions at the clinics concerned being increased because it has been impracticable to use the available sessions at the clinics which are understaffed.



		<i>Chichester</i>	<i>Crawley</i>	<i>Horsham</i>	<i>Worthing</i>
Psychiatrist ...	Recruited ... Establishment	0.45 0.45	0.23 0.36	0.0 0.36	0.36 0.54
Psychiatric Social Worker	Recruited ... Establishment	1.0 1.0	0.27 1.0	0.82 1.0	0.69 1.0
Child Psychotherapist	Recruited ... Establishment	0.0 0.54	0.63 0.54	0.09 0.54	0.72 0.72
Educational Psychologist ...	Recruited ... Establishment	0.09 0.25	0.09 0.25	0.18 0.25	0.36 0.25

I am indebted to Dr. M. Aldridge for the following comments on the work at Worthing and Crawley child guidance clinics:

"It has been a year of change and uncertainty; one in which, at Worthing alone, unwished-for resignations not only decapitated the Clinic with the loss of the Director, Dr. Shadforth, but disarmed it also with the resignation and impending departure of Mr. Barron the psychotherapist.

Dr. Ball acted as a locum here for two sessions a week from January to June, when she left to concentrate on her work in London. I succeeded her as locum tenens in July. At the close of the year, no successor to Dr. Shadforth being in command, I continued as locum.

There was a small recrudescence of school refusals towards the end of the year, and the tried remedies worked out during the 'epidemic' of school refusals in 1957 were re-applied successfully.

The ability of the Remedial Education Centre to be truly remedial as well as educational was proved repeatedly during the year, and over all kinds of problems: the Centre's ability to 'hold' and support a child exposed to acute and severe environmental stress was often a godsend. The Clinic is certainly enriched by its close link with the Centre.

Dr. Shadforth maintained his regular seminars with family doctors and school medical officers, and the Clinic continued to hold the position of respect which it has gained in the community.

No particular type of referral seemed to predominate this year, though it might be that parents were referring some of their more minor problems for advice and referring them earlier in their evolution.

Two social science students, one from Hull University and one from Liverpool University, were seconded to the Clinic during the summer months. This was felt to have been both useful and interesting and might with advantage be arranged in the future.

Crawley child guidance clinic suffered a severe loss in August when Dr. Kahn gave up his appointment as clinic director and Mrs. Kahn as social worker. The Clinic was only able to function in a partial way thereafter.

During 1963 the mode of deployment of educational psychologists' time left little over for school visits in the Crawley area, more especially after Mr. Evans, senior educational psychologist, left to take up another appointment. Miss Turner gave valuable help in the time available.



Inevitably the links which the clinic had with referring sources were weakened by these resignations and its public image has probably suffered a certain amount of blurring, in comparison with the sharper image which Dr. Kahn's interest in the social aspects of the clinic's work brought with it.

The clinic's help seems to be sought more readily and earlier than in the past and this trend must reflect the trust which is reposed in it.

The help which Mr. Ashwell has been able to give in his Remedial Class to a number of children who presented clinical as well as educational problems has been much appreciated and demonstrates the value of a close understanding between the two disciplines.

The clinic staff that have remained, that is, the psychotherapist, the psychiatric social worker and the secretary, have managed to keep the entity of the clinic solid though they must have found it unsettling running without a permanent head.

As would be expected, there has been a fall in referrals since Dr. Kahn left."

With regard to Chichester clinic, Dr. M. Duncan reports as follows:

"The type of case referred is changing so far as I can see and there are far more school refusals than there used to be. The adolescent disturbances are more severe and much more worrying to us. We have on our books a number of long-term cases requiring supportive treatment especially from homes that are 'broken', or where there is marital disharmony or either parent has had a mental breakdown. The changes in the staffing of all the clinics have been unsettling and the loss of educational psychologists is in a way more so."

Dr. R. Higgins was locum consultant psychiatrist at Horsham child guidance clinic for nine months during the year and I am indebted to him for the following report:

"My main impression obviously was of the major change that was imminent and that was bound to affect not only Horsham but the whole child psychiatric service in the County. The service was at a turning-point which is probably not peculiar to West Sussex, but which faces any local authority seeking to apply the changes occurring in modern psychiatric thinking.

In such a turning-point, a number of the more traditional boundaries that have grown up over the years in psychiatry and between psychiatry and other disciplines may have to be re-defined and undergo shifts and re-alignments. Within the child guidance clinic, the traditional rôles of psychiatric social worker, educational psychologist, psychotherapist and child psychiatrist and the interplay of these rôles in the management of any case or in the coping with the flow of referrals may all have to be re-examined. Beyond the clinic, the relation of child to adult psychiatry and of the child guidance clinic to others concerned with the physical and mental health of the young people or more generally with social service in the neighbourhood requires repeated assessment.

In Horsham we were aware:

- i) of a region which, with all its variety, 'made sense' as a neighbourhood and a community and made a coherent unit in which to bring together the different strands in a family mental health service.
- ii) of the work which had to be done in knitting these strands together.
- iii) that in this work of knitting together, some of the main headings were: re-organisation of referral channels, arrangements for increased joint work of a supervisory or consultative kind, formation of remedial groups in or out of schools and the mobilisation of family resources. As far as we can see, most of these headings would have to be faced and tackled within the compass of the Horsham unit. Their complexity would seem to argue against an attempt to tackle them on a larger scale.



- iv) that one further aspect of an integrated mental health service, namely the provision of adequate residential accommodation (whether hostels, schools, or in-patient units), would have to be built in at County level, and experience with Greenacres suggests that such provision can only justify itself if there are clearly demarcated spheres of responsibility and close co-ordination between a limited number of those who are responsible. I would still think the area of West Sussex is not so large that it would preclude psychiatric teams in the present divisions of Horsham, Chichester, Worthing and Crawley from following their cases quite closely when these are admitted to the residential units. Indeed, I believe this to be essential if such units are to play their full rôle in a child's long-term treatment."

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

1. REFERRAL						1962	1963
Number of children referred by:							
(a)	School Medical Officers	...	...	...	...	146	70
(b)	Courts and Probation Officers	...	...	...	...	63	42
(c)	Parents and others	...	...	...	...	95	79
(d)	Boarding schools and hostels	...	...	...	...	14	73
(e)	General practitioners	...	...	...	...	147	153
(f)	Children's Department	...	...	...	...	20	24
(g)	Educational psychologists	...	...	...	...	49	36
(h)	Other Child Guidance Clinics	...	...	...	...	12	7
	Brought forward from previous year	...	...	...	...	83	58
	(awaiting investigation on 1st January)						
TOTAL						629	542
2. INVESTIGATION							
Number of children investigated during the year and found to be:							
(a)	In need of child guidance help	...	...	...	...	351	302
(b)	Educationally sub-normal	...	...	...	...	11	4
(c)	Unsuitable for education at school	...	...	...	...	—	—
(d)	Not in need of child guidance help	...	...	...	...	50	53
(e)	Withdrawn before investigation	...	...	...	...	126	105
(f)	Awaiting investigation on 31st December...	...	...	...	...	91	78
TOTAL						629	542
3. TREATMENT							
Number of children:							
(a)	Receiving help on 1st January	...	...	...	...	249	326
(b)	Helped during the year	...	...	...	...	489	445
(c)	Receiving help at 31st December	...	...	...	...	326	253
4. RECOMMENDATIONS							
Number of children recommended during the year for:							
(a)	Special schools	...	...	...	...	20	21
(b)	Hostels	...	...	...	...	14	14
TOTAL						34	35
5. CLINIC ATTENDANCES AND HOME VISITS							
(a)	Number of attendances at clinics during the year					5,614	4,471
(b)	Number of homes visited during the year					567	538



### **Children found to be Unsuited for Education at School**

During the year, 17 children were reported to the local health authority under section 57(4) of the *Education Act, 1944* as being unsuitable for education at school. One child previously reported as being unsuitable for education at school was reviewed under Section 57A but the original recommendation was unchanged.

## **Infectious Diseases**

### **Poliomyelitis**

No cases of poliomyelitis were notified. During the year 5,840 children received initial vaccination against poliomyelitis and full details of the vaccination programme are given in Part II of the Report.

### **Diphtheria**

No cases of diphtheria were notified. The number of children who, during the year, were immunised against diphtheria for the first time was 5,278. Further information about diphtheria immunisation will be found in Part II of the Report.

### **Tuberculosis**

During the year, two boys and one girl under 15 years of age were notified as cases of pulmonary tuberculosis.

Investigation of contacts was carried out at a primary school in the south-eastern part of the County early in the year following a notification that a boy aged ten years showed evidence of a tuberculous infection. Of the 209 children at the school who were tuberculin-tested, five showed positive reactions and these and one other child who was not tested because of a skin condition were referred to the chest clinic for X-ray. The results of these X-rays were satisfactory as were those of the members of the school staff.

In December a similar survey was carried out at a boarding school in the north-west of the County when the children were thought to be at risk following contact with a member of the school staff. Consents to tuberculin testing, and X-ray if indicated, were obtained from the parents of 97 out of the 98 children at the school. Only one parent refused consent and it was known that her child had been vaccinated with B.C.G. in infancy. Of the 95 children who were tested, 25 showed positive reactions and 17 of these had been vaccinated previously with B.C.G.

The Director of the Portsmouth Mass Radiography Unit arranged for a mobile unit to visit the school and all the positive reactors, two children who were absent for the tuberculin tests, and the entire school staff of 35 were X-rayed. The results in all cases were satisfactory.



The need for these surveys seems always to arise when school holidays are imminent or the schools are in the middle of examinations or the long-planned Christmas play. This year was no exception and I would like to express my appreciation to the head teachers of the two schools concerned and to the members of their staffs for their help and co-operation in this important aspect of preventive medicine.

In the last Report, detailed reference was made to a comprehensive report submitted to the County Education Committee on the practice relating to the medical examination of staff employed in schools, canteens and other departments of the County Council whose employment brought them into contact with children. It was suggested in this report that the system could be improved and the risk of children contracting tuberculosis from adults minimised by requiring that new appointments to the teaching and other staff of maintained schools should not be made without a satisfactory chest X-ray.

The County Council agreed to this suggestion and, by the end of the year, the administrative and practical difficulties inherent in implementing the scheme, particularly in the rural areas, had been overcome by the staff of the County Health and Education Departments; a procedure which would work as simply and smoothly as possible had been devised. The new arrangements will ensure that appointments of teachers or staff in the school meals service will not be made until the candidates have submitted evidence of medical fitness including a satisfactory chest X-ray.

The voluntary system of encouraging all members of school staffs to have an annual X-ray examination of the chest was continued and details of the location of mass radiography units were circulated to schools regularly.

### **B.C.G. Vaccination**

The vaccination of children aged 13 years and over was continued and the following table shows the number of children skin-tested and vaccinated during the past two years. The figures include 344 children at a primary school who were tested following notification that a teacher at the school was suffering from pulmonary tuberculosis. Two of the children gave positive reactions, and 320 who were negative were vaccinated.

<i>Year</i>	<i>Number skin-tested</i>	<i>Number positive</i>	<i>Number negative</i>	<i>Number vaccinated</i>
1962	6,767	656 (9.7 per cent)	5,889	5,863
1963	6,222	483 (7.8 per cent)	5,459	5,430



In collaboration with the County Treasurer's Department, future arrangements for B.C.G. vaccinations will be made with the aid of the electronic computer. The new programme is a mixture of mechanical and manual procedures and will reduce the manual sorting of records and listing of names which the existing system entails. In future, the member of the clerical staff in the County Health Department directly concerned with this vaccination programme will punch the basic information for each child who is due for vaccination on a machine card and, thereafter, the computer will be used to sort these cards and to produce the various lists of names required for schools, medical officers and family doctors—lists which in the past, were of necessity produced on a typewriter and involved typing the name of each child on four different occasions. There can be no doubt that the application of mechanical methods which remove much of the drudgery from even the simple clerical procedures has a marked effect on the morale of the staff and stimulates their interest in the more complex computer applications which are being planned.

### **Gastro-intestinal Infections**

Notifications of children absent with gastric upsets were received from a number of schools and it was known that Sonné dysentery was prevalent in the north-eastern part of the County. This infection is notoriously difficult to control and in spite of special hygiene precautions taken in schools where there were known cases the outbreak continued.

### **General**

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

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

### **Staff**

The staffing position showed a marked improvement during 1963. One area dental officer resigned and a successor was appointed to commence duty on 1st January, 1964. Two dental officers resigned and four were appointed and, for a short period, the authorised complement of dental officers was complete.

The response to advertisements for dental officers was most encouraging and, for the first time in many years, applications from suitably qualified candidates exceeded the number of posts available. From the remarks made by the candidates who visited the dental clinics it was evident that they were most impressed by the modern equipment and the plans for improved clinic accommodation.

In 1963, 377 dental officer sessions were lost through ill-health. The figure for 1962 was 595. As a result of new appointments the average age of dental officers employed in West Sussex dropped to 48 years compared with 54 years in 1962.



The authorised establishment of staff at the end of the year is compared below with the number of staff (bracketed) who were actually in post on 31st December, 1963.

<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)	— (—)	2 (1)
Dental Officer ...	8 (8)	— (—)	— (—)	0.5 (—)	8.5 (8)
TOTAL ...	10 (9)	— (—)	1 (1)	0.5 (—)	11.5 (10)

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

The ratio of dental officers to pupils on the registers of maintained schools was slightly under one to 7,000.

### Inspections

During 353 sessions, 44,163 children were routinely inspected in schools; an inspection rate of 114 a session. A further 1,040 children were inspected at clinics as "casuals" most of whom were suffering from toothache.

### Treatment

Of the 45,203 children inspected, 20,436 (45 per cent) were found to require treatment and 19,179 (93 per cent) were offered treatment. The children treated numbered 7,883 which gave an approximate acceptance rate of 41 per cent.

Statistics for the year will be found on page 158 where the figures for 1962 are given for comparison.

It is interesting to note that the ratio of permanent teeth filled to permanent teeth extracted (13.7 to one) was particularly high compared with the figure of 3.75 to one which was the national average for England in 1961.

### Dental Health

Opportunities were taken during the year to give talks on dental hygiene to groups of children in schools and to meetings of young wives and parent/teacher associations.

I am delighted to report that several more schools have closed their tuck shops or have decided to sell less harmful foods such as apples or nuts. It is hoped that this positive approach to the problem of dental decay will be followed by other schools in the County.



It was with regret that I heard that the County Council had reversed its original decision agreeing to the fluoridation of the water supply of West Sussex. There is no doubt in my professional opinion that the fluoridation of water would be a major advance in the fight to reduce dental decay.

### Development of the Service

The planned programme to increase the scope and efficiency of the service was advanced a stage further during the year by the installation of new equipment at the clinics shown below:

<i>Clinic</i>	<i>New equipment</i>
Chichester } Horsham } Shoreham-by-Sea	General anaesthetic and X-ray apparatus General anaesthetic, X-ray apparatus and ultra high-speed drill
Crawley (Health Clinic)	X-ray apparatus
Crawley (Bishop Bell Clinic)	Ultra high-speed drill
Mobile Dental Unit No. 2	Ultra high-speed drill

The re-equipment of the older surgeries should be completed in the financial year 1964-65.

Alterations to an existing clinic to provide for separate dental surgery facilities were started during the year and plans have been made for similar improvements at five other clinics.

### Mobile Dental Units

The mobile dental units supplied in 1960 and 1961 have proved most successful in the treatment of children in the rural areas and the purchase of a third unit was approved in 1963. Whilst the existing units had proved their worth and were giving excellent service, there had been some difficulties with them due to freezing up in extremely cold weather and also (due to their size) in reaching some schools where access was not easy.

In the light of experience gained with these units and of my own experience in working in mobile units in other counties, I designed a caravan in which I incorporated the best and obviated the worst characteristics of existing models.

The main features of this new design were less weight, shorter length and (in order to improve manoeuvrability) a narrower wheel-base. Special regard was paid to the equipment and fittings which included a water tank mounted inside the caravan, the use of plastic pipes for all plumbing, heating by calor gas and/or electricity, and two sinks, each with its own water heater which enables the dental surgeon and the dental surgery assistant to use the sinks at the same time. The operating light is remotely controlled from the back of the dental chair and the dental surgeon's cabinet is hinged and allows him to have easy access to all instruments and drills when the patient is in the chair.

Detailed drawings and specifications were submitted to four leading manufacturers of mobile dental units from whom quotations (excluding equipment) were obtained. Two of these manufacturers had no desire to alter their existing designs and offered tenders well in excess of the cost of their own units. The other two submitted tenders of £1,200 and £930 respectively and the lower tender was accepted.



Close co-operation was maintained with the manufacturers during the building of the caravan and the installation of the equipment; the unit came into operation in September. It has been used by three dental officers, all of whom have expressed complete satisfaction with the design.

The new design resulted in a saving of £1,291 on the cost of the last unit supplied as the following comparisons show:

	<i>Last Unit</i>	<i>"Conron" Unit</i>
	£	£
Caravan ... ..	2,062	930
Dental Unit ... ..	306	—
Chair ... ..	197	224
Light ... ..	80	10
High-speed drill and compressor ...	150	137
Conventional drill ... ..	—	45
Spittoon ... ..	—	81
X-ray machine and developing tank ...	280	280
Calor gas heater ... ..	10	—
Rubber mat ... ..	13	13
Hand instruments... ..	100	100
Sterilizer ... ..	39	31
Three-in-one air and water syringe ...	—	95
<b>TOTAL ... ..</b>	<b>3,237</b>	<b>1,946</b>

I should like to take this opportunity to express my thanks to the members of the Special Services Sub-Committee for the interest they have taken in the newly-designed unit and for the confidence they have shown in enabling it to be built.

There are still some children in the rural areas who have to be treated in makeshift premises in schools or village halls and the provision of a fourth mobile unit in 1964 will help to meet the needs of most of these children.

### **Acknowledgments**

It is once again my pleasure to record my thanks to members of the County Council and to my colleagues in the County Health, Education and other Departments for their support, encouragement and help.

P. S. R. CONRON  
*Principal School Dental Officer*

## **Other Services**

### **Physical Education**

I am indebted to the Director of Education for the following report on physical education. Further information about the advice given with regard to the purification, filtration, and sampling of water from school swimming pools is given in Part VIII of the Report.

"The Education Committee has continued its programme of giving grants to schools towards the cost of swimming pools on the basis of half the cost being raised locally. About £11,000 was spent in this way in 1963/64 and to date 14 primary, eight secondary and three special schools have their own swimming pools.



Discussions have taken place between the County Health and Education Departments on suitable filtration and chlorination devices, and the pools are visited regularly by county and district public health inspectors.

Otherwise the schools have continued to develop their programmes for physical education and there has been a marked increase in the number of children sailing and taking part in lightweight camping."

### School Meals and Milk

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

"The schools meals service, now very much an integral part of school life in West Sussex, has generally provided nutritious, well-balanced and appetising meals. It is not surprising, therefore, that the number of children taking advantage of the service during the year continued to increase. Milk drinkers, however, were slightly less than in the previous year. The following information relates to the numbers of children in maintained schools in the area who received dinners and milk on a day in October, 1963:

<i>Meals</i>	1962	1963
Number of children present on day selected	52,885	54,482
Number of school dinners served ... ..	35,081	37,227
Percentage taking dinner ... ..	66	68
<i>Milk</i>		
Number of children present on day selected	53,507	54,893
Number of children who received one-third pint of milk ... ..	43,239	43,123
Percentage of milk drinkers ... ..	81	78

### 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 ...	3	Sanitation ... ..	2
Lavatory accommodation ...	9	Lighting ... ..	1
		Heating ... ..	3

Dealing with the improvements to lavatory accommodation in schools, the Director of Education has made the following comments:

"Conditions, particularly in rural primary schools, were extremely worrying during the severe winter of 1962/63. Many schools had their lavatories out of action for several weeks, not only the cisterns but the drains being completely frozen. As a result of this, the Education Committee initiated in 1963 a programme of improvements to rural schools with the aim of providing a number of indoor lavatories and washbasins protected from the frost at each school. Within the financial limitations, about eight or nine schools a year can be dealt with as part of this programme which implies that unsatisfactory conditions will have to continue for some years to come.

In a number of cases, the County Public Health Officer reported on schools where washing and lavatory facilities were not to the scale contained in *The Standards for School Premises Regulations, 1959*. These, however, were generally either at old schools which are due for replacement and where heavy capital expenditure would not be justified, or at new schools where there was a temporary increase in numbers. In these latter cases, temporary hutted lavatories were provided when the overcrowding was thought likely to last long enough to justify the cost."



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

During the year, 176 candidates for admission to training colleges for teachers and 25 new entrants to the teaching profession were examined by school medical officers. The comparable figures for 1962 were 183 and 28 respectively. In addition, seven new entrants to the teaching profession were examined on behalf of other authorities.

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

In accordance with the requirements of section 22 of the *Children and Young Persons Act, 1933* five children were medically examined in connection with the issue of licences to take part in entertainments. Medical information on 170 children (a decrease of 38 on the previous year) was submitted to juvenile courts as required by section 35 of the Act.

## **Health Education**

Previous Reports have described in some detail the facilities for health education made available in schools; these continued throughout 1963.

In addition to the many talks on special topics, members of the nursing staff held weekly sessions at seven schools in connection with the Duke of Edinburgh's Award Scheme and the examination for the Certificate of Child Care awarded by the National Association for Maternal and Child Welfare. Health visitors also act as examiners for the practical part of the Certificate of Child Care.

The co-operation of the teaching staff of schools was very much appreciated.

## ***Smoking and Health***

During the year an attempt was made to approach the problem of smoking among school children in a new way by presenting it as an expensive and anti-social activity. It was decided to do this because it was felt that

- (a) if the dangers of smoking were overstressed, real anxiety might be created in some children because of their parents' smoking habits; and
- (b) teaching by fear is unsatisfactory; all the present evidence suggests that it serves no useful purpose.

Only one school was visited and the primary aim of this small survey was to investigate the extent to which it might be worth while to introduce the new approach in other schools. As the health visitors in the Lancing area had become interested in holding an anti-smoking campaign, it was decided to link their efforts with the new experiment and, despite the fact that they were already busy with other outside activities, the staff of the Boundstone County Secondary School, North Lancing, very kindly gave the Department the utmost co-operation.



During the summer holidays, a display was arranged (for erection in the school entrance hall) and a sound film strip was prepared for use as an audio-visual aid; this was designed to present smoking as unglamorous, unhygienic and expensive, and it included some comment on the adverse effect of smoking on physical activity. The older children were shown the film strip and were then encouraged to discuss it amongst themselves and to make their views known to the Department's visiting team.

One week before the teaching sessions began and the display was exhibited in the entrance hall, a questionnaire was completed by all children aged thirteen and over. Three weeks later, a second questionnaire was completed by the same children. The two questionnaires are reproduced below.

### THE FIRST QUESTIONNAIRE

*(Completed by children over 13 one week before the teaching sessions began)*

AGE.....	BOY/GIRL
1. How old were you when you had your first cigarette ?	
a. 7 or under	e. 11
b. 8	f. 12
c. 9	g. 13
d. 10	h. Never smoked a cigarette
2. Was this cigarette given to you by	
a. a friend ?	d. brother ?
b. mother ?	e. sister ?
c. father ?	f. other relation ?
or, if you bought it, did you buy from	
g. slot machine ?	h. shop ?
or,	
i. did you help yourself ?	
3. How many cigarettes do you smoke per day ? ..... per week ? .....	
4. How much do you spend on cigarettes each week ?	
a. 1s. 0d.	g. 7s. 0d.
b. 2s. 0d.	h. 8s. 0d.
c. 3s. 0d.	i. 9s. 0d.
d. 4s. 0d.	j. 10s. 0d.
e. 5s. 0d.	k. 15s. 0d.
f. 6s. 0d.	l. 20s. or more
5. Is this money from: a. pocket money ?	
b. earnings from a job ?	
6. Do you know whether smoking is bad for your health ?	
a. Yes	b. No
7. If yes, what harm can smoking do ?	
8. Do you know of any other disadvantages for smokers ?	
9. What are the advantages of smoking ?	



## THE SECOND QUESTIONNAIRE

(Completed a fortnight after the teaching session)

AGE.....	BOY/GIRL
1. How many cigarettes do you smoke per day ? ..... per week ? .....	
2. What are the disadvantages for smokers ? a. is it bad for your health ? b. any other disadvantages ?	
3. How does smoking help you ?	
4. If you wanted to help other people not to smoke how would you do it ? a. by talks on lung cancer ? b. by talks on smoking ? c. by making cigarettes very expensive, e.g.: 10s. for 20 ? d. by asking adults not to smoke so that young people would not want to copy ? e. by telling people about the cost of smoking ? f. by showing that smoking can be unpleasant ? e.g. ash on food, smell of smoke, looks nasty. g. by other suggestions ?	

## THE RESULTS

### *The First Questionnaire*

Completed copies of the first questionnaire numbered 324, 191 from boys and 133 from girls. The percentage of children who had smoked at least once amounted to 76 for boys and 73 for girls; the percentage of those who were regular smokers was 42 and 36 respectively (Figs. 1 and 4).

The largest source of the first cigarette (72 per cent for boys and 68 per cent for girls) was "a friend." Slot machines were not a major source (Fig. 2).

Of the regular smokers, 38 per cent of the boys and 50 per cent of the girls smoked fewer than 5 cigarettes a week (Fig. 3). It was difficult to assess the source of money for these cigarettes as some obviously relied on cigarettes being given to them.

Smoking was considered to be harmful to health by 97 per cent of the children; 77 per cent of the boys and 79 per cent of the girls mentioned cancer (Fig. 5). Other disadvantages were referred to by 62 per cent of the boys and 80 per cent of the girls, the main one being the cost.

Boys (48 per cent) and girls (45 per cent) listed advantages, whereas 29 per cent and 30 per cent stated that there were no advantages (Figs. 6 and 7).



The percentage of regular smokers who started under the age of 16 corresponds with the findings of the much larger survey undertaken in Middlesex schools<sup>(1)</sup> but the figures for the age of starting do not correspond. The influence of the peer group (as shown by a friend being the source of the first cigarette in the majority of cases) supports the peer group hypothesis suggested by B. J. Bergen and E. Olesen;<sup>(2)</sup> some of the children commented on this on their questionnaire, saying that they only smoked because their friends did and they did not want to look "cissy."

FIG. 1. AGE OF FIRST CIGARETTE

Age	Boys	Girls
7	20	0
8	14	5
9	14	4
10	32	17
11	20	24
12	31	19
13+	15	29

FIG. 2. SOURCE OF FIRST CIGARETTE

Source	Boys	Girls
Friend ... ..	106	67
Mother ... ..	5	4
Father ... ..	3	2
Brother ... ..	6	10
Sister ... ..	5	6
Other relation ... ..	4	5
Shop ... ..	18	4
Slot machine ... ..	4	4
'Helped self' ... ..	7	3
No. listing more than one source ... ..	10	6

FIG. 3. NUMBER SMOKED A WEEK

Number	Boys	Girls
0-4	31	19
5-9	16	5
10-19	10	3
20-29	7	1
30-39	9	3
40-49	3	4
50-59	3	2
60-69	1	1
70-79	2	—

FIG. 4. NUMBER OF REGULAR SMOKERS

Age	Boys	Girls
13	32	12
14	28	27
15	20	6
16	2	4

FIG. 5. WHAT HARM CAN SMOKING DO ?

	Boys	Girls
Cancer ... ..	162	116
Bad breathing	10	8
Cough ... ..	13	4
Bronchitis and other chest diseases ... ..	12	12
Other ... ..	9	6

FIG. 6. OTHER DISADVANTAGES

	Boys	Girls
Cost ... ..	67	58
Habit ... ..	17	21
Stains fingers and teeth ... ..	14	24
Fire ... ..	1	—
Stops growth ... ..	11	1
Smell ... ..	4	2
Affects sport ... ..	4	—
Other ... ..	1	1



FIG. 7. ADVANTAGES

<i>Advantages</i>	<i>Boys</i>	<i>Girls</i>
Calms nerves and relaxes ...	65	34
Feel grown up ... ..	4	5
Pleasure ... ..	14	13
Free gifts ... ..	—	4
Helps concentration ... ..	5	—
Sociable ... ..	1	2
Other ... ..	3	2
None ... ..	57	40

*The Second Questionnaire*

Completed copies of the second questionnaire numbered 291, 175 from boys and 116 from girls. These showed that the percentage of regular smokers had dropped to 29 per cent of the boys and 30 per cent of the girls — a larger decrease amongst boys (Fig. 8). Fewer children (92 per cent) said that smoking was harmful to health and fewer girls listed other disadvantages (63 per cent boys and 68 per cent girls; Fig. 10).

About half of the children (50 per cent of the boys and 53 per cent of the girls) stated specifically that smoking did not help them, though 6 per cent and 15 per cent respectively showed some scepticism about this. A quarter of the children (23 per cent boys and 27 per cent girls) listed definite advantages, though 5 of the advantages were that smoking helped to spend money or helped death and lung cancer!

The majority felt that the best way to discourage people from smoking was by talks on lung cancer (65 per cent boys and 62 per cent girls).

FIG. 8. NUMBER OF REGULAR SMOKERS

<i>Age</i>	<i>Boys</i>	<i>Girls</i>
13	18	7
14	18	20
15	13	6
16	2	2

FIG. 9. NUMBER OF CIGARETTES SMOKED A WEEK

<i>Number</i>	<i>Boys</i>	<i>Girls</i>
0-4	17	20
5-9	14	6
10-19	7	4
20-29	2	3
30-39	5	—
40-49	3	3
50-59	2	—
60-69	—	—
70+	1	1

FIG. 10. DISADVANTAGES AND HEALTH

	<i>Boys</i>	<i>Girls</i>
Lung cancer ...	35	45
Other chest diseases ...	29	9
Heart diseases	2	2
Other ... ..	10	8

FIG. 11. OTHER DISADVANTAGES

	<i>Boys</i>	<i>Girls</i>
Cost ... ..	69	48
Habit ... ..	12	4
Smell ... ..	9	5
Staining of fingers and teeth ...	16	14
Unhygienic ...	4	4
Appearance ...	2	4



FIG. 12. HOW DOES SMOKING HELP ?

	<i>Boys</i>	<i>Girls</i>
Does not ... ..	88	62
Calms nerves ... ..	24	24
Some say it calms nerves ... ..	12	18
Concentration ... ..	3	2
Look big ... ..	2	—
Enjoy ... ..	4	2
Stop hunger ... ..	1	—
Spend money ... ..	2	—
Help to death bed or lung cancer ...	3	—
Social ... ..	1	—
Status symbol ... ..	1	—
Occupation ... ..	—	2
Warmth ... ..	—	2
Stimulation ... ..	1	—

FIG. 13 (a). HOW WOULD YOU HELP PEOPLE TO STOP SMOKING ?

<i>Method</i>	<i>Boys</i>	<i>Girls</i>
Talks on lung cancer ... ..	115	73
Talks on smoking ... ..	61	21
Cigarettes to be expensive ... ..	74	44
Asking adults not to smoke in front of children ... ..	81	34
Cost of smoking ... ..	47	19
That smoking can be unpleasant ... ..	86	50

FIG. 13 (b). OTHER SUGGESTIONS ?

<i>Method</i>	<i>Boys</i>	<i>Girls</i>
Films on lung cancer ... ..	19	17
Show lung with cancer ... ..	1	4
Stop manufacture ... ..	5	3
Law not to smoke in public places ...	5	3
Smoking clinics ... ..	1	1
Enforce law on sales to children under 16	5	3
Ban advertisements ... ..	2	2
Advertise lung cancer ... ..	3	—
Stop slot machines ... ..	2	—
Other ... ..	5	3



## *Comment*

The survey was too small to be more than a broad guide for the future approach. Younger age groups were not included because school teachers felt that their opinions would not add much of value. There would appear to have been some change of attitude after the teaching sessions, for the numbers of children who indicated (Figs. 7 and 12) that smoking did not help them, rose by about 20 per cent.

Most surprising was the number of children who insisted that smoking calmed their nerves, particularly those who said they needed a cigarette in times of stress—after a football match, when going on stage and “when you’ve seen something happen.” The interpretation of these findings is complex but it certainly seems likely that, whilst smoking may be adult-induced, the reasons for smoking are, in fact, copied from adults. In that so many children are worried by their “nerves”, there is probably scope for action here.

Evaluation of this type of survey must of necessity be guarded. Some immediate gain might, however, be made (particularly in children between the ages of 11 and 14 years) by altering present methods of approach. The creation of anxiety in children should be avoided, for many display an obvious distaste for horror methods which usually culminate in the promise of an early death.

The staff engaged on this project were most grateful for all the help they received from many people who gave freely of their time and worked hard to achieve success.

## REFERENCES

- (1) A. C. T. Perkins; *Smoking and Lung Cancer: The Middlesex Approach*; County Councils Gazette; March, 1960.
- (2) B. J. Bergen and E. Olesen—Some evidence for a Peer Group Hypothesis about Adolescent Smoking; *Health Education Journal*; September, 1963.

## **Road Accidents to Children**

I am indebted to the County Road Safety Officer for supplying the following information which draws attention to the hazards faced by all children on the roads, and emphasises again the need for care by all road-users.

The number of child pedestrians and cyclists under 15 years of age involved in accidents in 1963 was 283; an increase of 19 on the previous year.

The following table shows the ages at which these accidents occurred and that, whilst there was a reduction in the number relating to cyclists, the figure for pedestrians rose sharply.



<i>Age</i>	<i>Pedestrians</i>	<i>Cyclists</i>
1	1 (1)	— (—)
2	11 (5)	— (1)
3	14 (6)	— (1)
4	18 (15)	— (—)
Total under 5 years	44 (27)	— (2)
5	16 (10)	— (1)
6	16 (24)	3 (3)
7	23 (24)	2 (7)
8	19 (10)	1 (8)
9	11 (7)	5 (13)
Total 5 to 9 years	85 (75)	11 (32)
10	19 (14)	12 (9)
11	9 (10)	11 (8)
12	8 (9)	19 (19)
13	5 (5)	29 (19)
14	7 (2)	24 (33)
Total 10 to 14 years	48 (40)	95 (88)
ALL AGES UNDER 15 ...	177 (142)	106 (122)

*Note* : The figures in brackets relate to 1962.

The alarming rise in the number of accidents to pedestrian children cannot be due solely to the increasing number of vehicles on the roads. More and more mothers are at work and this has a detrimental effect on the care and supervision of their children who are often left to play in the roads and in other dangerous places.

The causes of accidents to pedestrian children fall into two main groups:

- (a) Running straight off the pavements into the paths of vehicles on the roads; and
- (b) Darting in front of, behind or between parked vehicles into the paths of passing vehicles.

Much road safety training is carried out in the primary schools and a start has been made at two nursery schools with the training of children under five years of age. This has shown good results and plans have been made to extend the training to three more centres.

Parents and the teaching staffs of schools continued to give considerable assistance to the rapidly increasing number of some 250 voluntary cycling instructors in the County who teach young cyclists to be better road users. The extension of schemes of training for the National Cycling Proficiency Test since 1961 has undoubtedly contributed to the reduction in the number of accidents involving young cyclists to 106 in 1963, compared with 122 in 1962, and 156 in 1961.

The causes of accidents to cyclists vary little from year to year and are mainly due to collisions with moving or stationary vehicles as the following table shows:



<i>Cause of accident</i>	1962	1963
1. Collision with moving vehicles		
(a) Turning right, often without warning ... ..	25	20
(b) Emerging from side road ,drive, etc. ... ..	11	3
(c) At road junctions ... ..	32	29
(d) Moving out to pass stationary object without regard to following fast traffic ... ..	12	10
(e) Unspecified ... ..	4	9
TOTAL ... ..	84	71
2. Collision with stationary vehicles ... ..	25	12
3. Collision with car door being opened by driver or passenger ... ..	8	8
4. Collision with pedestrians ... ..	1	6
5. Other causes ... ..	4	9
TOTAL ALL CAUSES ... ..	122	106

The severity of the injuries to the 283 child cyclists and pedestrians is shown below.

<i>Severity of injury</i>	<i>Pedestrians</i>	<i>Cyclists</i>	<i>Pedestrians and cyclists</i>
Killed ... ..	5 (2)	— (—)	5 (2)
Severely injured	50 (48)	18 (31)	68 (79)
Slightly injured ...	122 (92)	88 (91)	210 (183)
TOTAL ... ..	177 (142)	106 (122)	283 (264)

*Note:* The figures in brackets relate to 1962.

A comparison between boys and girls suggests that greater risks continue to be taken by boys as pedestrians and as cyclists.

<i>Category</i>	<i>Pedestrians</i>	<i>Cyclists</i>	<i>Pedestrians and cyclists</i>
Boys ... ..	103 (83)	85 (87)	188 (170)
Girls ... ..	74 (59)	21 (35)	95 (94)
TOTAL ... ..	177 (142)	106 (122)	283 (264)

*Note:* The figures in brackets relate to 1962.

To be of real value, training in road safety must be continuous and adults as well as children need to be reminded constantly to apply the rules they have been taught. It is difficult to see how the number of accidents can be reduced until all road-users exercise care, self-discipline and thought for others at all times.



**RETURN OF MEDICAL INSPECTION AND TREATMENT  
FOR THE YEAR ENDED 31st DECEMBER, 1963**

**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) (7)	For any other condition recorded at Part II (8)	Total individual pupils (9)
		No.	% of Col. 2	No.	% of Col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1959 and later ...	141	141	100	—	—	—	11	11
1958 ...	2,995	2,994	99.97	1	0.03	101	217	303
1957 ...	1,866	1,866	100	—	—	85	137	210
1956 ...	295	295	100	—	—	18	25	40
1955 ...	182	182	100	—	—	18	15	32
1954 ...	166	166	100	—	—	16	19	32
1953 ...	625	625	100	—	—	54	34	87
1952 ...	3,839	3,836	99.92	3	0.08	177	245	414
1951 ...	591	591	100	—	—	40	36	71
1950 ...	238	238	100	—	—	17	10	23
1949 ...	482	482	100	—	—	42	15	56
1948 and earlier	4,922	4,922	100	—	—	293	148	427
<b>TOTAL</b>	<b>16,342</b>	<b>16,338</b>	<b>99.98</b>	<b>4</b>	<b>0.02</b>	<b>861</b>	<b>912</b>	<b>1,706</b>

**Table B — Other Inspections**

Number of Special Inspections ... ..	1962	1963
Number of Re-inspections ... ..	543	160
	14,973	13,280
<b>TOTAL ... ..</b>	<b>15,516</b>	<b>13,440</b>



**Table C — Infestation with Vermin**

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ... ..	51,795
(b) Total number of individual pupils found to be infested ... ..	92
(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.



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	16	18	22	56	
		O	153	99	127	379
5.	Eyes: (a) Vision ... .. T	195	332	334	861	
		O	764	769	658	2,191
	(b) Squint ... .. T	61	2	24	87	
	O	92	23	64	179	
	(c) Other ... .. T	4	5	8	17	
6.	Ears: (a) Hearing ... .. T	24	14	23	61	
		O	33	6	17	56
	(b) Otitis Media ... T	132	15	27	174	
	O	8	4	—	12	
	(c) Other ... .. T	67	8	18	93	
7.	Nose and Throat ... .. T	1	—	—	1	
		O	30	10	11	51
8.	Speech ... .. T	67	12	36	115	
		O	737	59	148	944
9.	Lymphatic Glands ... .. T	54	3	37	94	
		O	337	17	35	389
10.	Heart ... .. T	31	3	10	44	
		O	499	23	67	589
11.	Lungs ... .. T	12	1	9	22	
		O	135	29	43	207
12.	Developmental: (a) Hernia ... T	33	4	15	52	
		O	192	48	81	321
		(b) Other ... .. T	11	2	8	21
13.	Orthopaedic: (a) Posture ... T	O	15	3	8	26
		(b) Feet ... .. T	8	7	47	62
		O	142	34	128	304
		(c) Other ... .. T	9	29	44	82
		O	42	63	68	173
14.	Nervous System: (a) Epilepsy ... T	O	44	22	35	101
		(b) Other... .. T	201	53	113	367
		O	34	28	36	98
		(a) Epilepsy ... T	253	126	136	515
		(b) Other... .. T	4	3	8	15
15.	Psychological: (a) Develop-ment ... T	O	16	9	19	44
		(b) Stability ... T	—	2	1	3
		O	16	6	15	37
		(a) Develop-ment ... T	2	2	11	15
16.	Abdomen ... .. T	O	108	30	74	212
		(b) Stability ... T	1	3	6	10
		O	122	19	75	216
17.	Other ... .. T	2	—	3	5	
		O	34	26	39	99
17.	Other ... .. T	16	15	27	58	
		O	82	66	110	258

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)	(3)	(4)
4.	Skin ... ..	3	—
5.	Eyes:		
	(a) Vision ... ..	26	10
	(b) Squint ... ..	—	3
	(c) Other ... ..	2	—
6.	Ears:		
	(a) Hearing ... ..	7	—
	(b) Otitis Media ... ..	—	—
	(c) Other ... ..	4	2
7.	Nose and Throat ... ..	2	6
8.	Speech ... ..	7	4
9.	Lymphatic Glands ... ..	—	5
10.	Heart ... ..	—	4
11.	Lungs ... ..	—	2
12.	Developmental:		
	(a) Hernia ... ..	—	1
	(b) Other ... ..	—	2
13.	Orthopaedic:		
	(a) Posture ... ..	2	1
	(b) Feet ... ..	3	4
	(c) Other ... ..	3	4
14.	Nervous System:		
	(a) Epilepsy ... ..	—	—
	(b) Other ... ..	—	2
15.	Psychological:		
	(a) Development ... ..	3	3
	(b) Stability ... ..	1	3
16.	Abdomen ... ..	—	1
17.	Other ... ..	25	4



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>	
	1962	1963
External and other, excluding errors of refraction and squint ... ..	49	54
Errors of refraction (including squint) ... ..	2,367	2,917
TOTAL ... ..	2,416	2,971
Number of pupils for whom spectacles were prescribed	1,546	1,706

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

	<i>Number of cases known to have been dealt with</i>	
	1962	1963
Received operative treatment:—		
(a) For diseases of the ear ... ..	—	2
(b) For adenoids and chronic tonsillitis ... ..	211	23
(c) For other nose and throat conditions ... ..	1	—
Received other forms of treatment ... ..	20	26
TOTAL ... ..	232	51
Total number of pupils in schools who are known to have been provided with hearing aids:—		
(a) In 1963 ... ..	8	6
(b) In previous years... ..	73	75

**Table C — Orthopaedic and Postural Defects**

	<i>Number of cases known to have been treated</i>	
	1962	1963
(a) Pupils treated at clinics or out-patients' departments ... ..	834	630
(b) Pupils treated at school for postural defects ... ..	79	83
TOTAL ... ..	913	713



**Table D — Diseases of the Skin**

	<i>Number of cases known to have been treated</i>	
	1962	1963
Ringworm: (a) Scalp ... ..	—	—
(b) Body ... ..	—	2
Scabies ... ..	1	2
Impetigo ... ..	6	12
Other skin diseases ... ..	84	72
<b>TOTAL</b> ... ..	<b>91</b>	<b>88</b>

**Table E — Child Guidance Treatment**

	<i>Number of cases known to have been treated</i>	
	1962	1963
Pupils treated at Child Guidance Clinics ... ..	489	445

**Table F — Speech Therapy**

	<i>Number of cases known to have been treated</i>	
	1962	1963
Pupils treated by speech therapist ... ..	403	457

**Table G — Other Treatment Given**

	<i>Number of cases known to have been dealt with</i>	
	1962	1963
(a) Pupils with minor ailments ... ..	226	292
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	8	25
(c) Pupils who received B.C.G. vaccination ...	5,863	5,430
(d) Other than (a), (b) and (c) above:		
Orthoptic ... ..	461	483
Enuresis (pad and bell alarms) ... ..	27	59
<b>TOTAL (a)-(d)</b> ... ..	<b>6,585</b>	<b>6,279</b>



**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, 1964 ... .. 59,768

**(a) DENTAL AND ORTHODONTIC WORK:**

(1) Number of pupils inspected by the Authority's Dental Officers:		1962	1963	1962	1963
(i) At periodic inspections	...	43,165	44,163		
(ii) As specials	... ..	1,027	1,040	TOTAL	44,192 45,203
(2) Number found to require treatment					20,254 20,436
(3) Number offered treatment	...				18,234 19,179
(4) Number actually treated	... ..				8,176 7,883

**(b) DENTAL WORK (OTHER THAN ORTHODONTICS):**

(1) Number of attendances made by pupils for treatment, excluding those recorded at (e) (i) below		...	...	19,549	21,730
		1962	1963		
(2) Half days devoted to:					
(i) Periodic (school) inspections	...	370	353		
(ii) Treatment	... ..	3,351	3,131	TOTAL	3,721 3,484
(3) Fillings:					
(i) Permanent teeth...	...	13,538	15,009		
(ii) Temporary teeth	... ..	5,293	5,811	TOTAL	18,831 20,820
(4) Number of teeth filled:					
(i) Permanent teeth	...	11,552	12,898		
(ii) Temporary teeth	... ..	4,952	5,410	TOTAL	16,504 18,308
(5) Extractions:					
(i) Permanent teeth	...	665	1,054		
(ii) Temporary teeth	... ..	5,273	4,855	TOTAL	5,938 5,909
(6) (i) Number of general anaesthetics given for extractions				464	613
(ii) Number of half days devoted to the administration of general anaesthetics by:					
		1962	1963		
a. Dentists	... ..	—	40		
b. Medical practitioners	... ..	46	30	TOTAL	46 70
(7) Number of pupils supplied with artificial teeth				28	33
(8) Other operations:		1962	1963		
(i) Crowns	... ..	—	—		
(ii) Inlays	... ..	—	—		
(iii) Other treatment...	... ..	4,009	3,649	TOTAL	4,009 3,649

**(e) ORTHODONTICS:**

(i) Number of attendances made by pupils for orthodontic treatment	...	...	1,883	1,713
(ii) Half days devoted to orthodontic treatment	...	...	145	145
(iii) Cases commenced during the year	...	...	147	150
(iv) Cases brought forward from the previous year	...	...	156	122
(v) Cases completed during the year	...	...	97	102
(vi) Cases discontinued during the year	...	...	15	24
(vii) Number of pupils treated by means of appliances	...	...	124	128
(viii) Number of removable appliances fitted	...	...	172	155
(ix) Number of fixed appliances fitted	...	...	—	—
(x) Cases referred to and treated by hospital orthodontists	...	...	—	—



List of School Clinics held in the County: 1963

Place	Address	Type of Clinic Held							
		Dental**	Minor Ailment	Refraction	Orthoptic	Orthopaedic	Physiotherapy	Speech	Child Guidance
ARUNDEL ...	Maltravers Street	—	—	Mon.†	—	—	—	—	—
BILLINGSHURST	The Weald School	—	—	—	—	—	—	Mon.†	—
BOGNOR REGIS	Westloats Lane	Mon.-Fri.	Tues.†	Tues.††	—	—	Tues.†† Fri.††	Thurs.	—
CHICHESTER ...	Chapel Street	Mon.-Fri.	—	Wed.	Mon.† f Wed. Thurs.	Tues.†† m	Mon.†† Tues.† Fri.†	Tues.†† Wed.	—
	St. Anthony's School	—	—	—	—	—	—	Fri.††	—
	St. John's Street	—	—	—	—	—	—	—	Mon.-Fri.
CRAWLEY ...	Exchange Road	Mon.-Fri.	Wed.†	—	—	*Mon.	Mon.†Wed.Fri.††	Fri.†	Mon.-Fri.
	Gossops Green	—	—	—	—	—	—	Tues.†	—
	Langley Green	Thurs. & Fri.	—	—	—	—	—	Fri.††	—
	Tilgate Hospital	Mon. Tues. Wed.	—	Tues.† Thurs.	—	—	—	Thurs.†	—
	Desmond Anderson Sch.	—	—	—	—	—	—	Wed.††	—
	Ifield School	—	—	—	—	—	—	Tues.††	—
	Little Deerswood Sch.	—	—	—	—	—	—	Thurs.††	—
	Northgate School	—	—	—	—	—	—	Wed.††	—
	Southgate School	—	—	—	—	—	Tues.† Fri.†	Thurs.††	—
Three Bridges School	—	—	—	—	—	—	Mon.	—	
West Green School	—	—	—	—	—	—	Wed.†	—	
FINDON ...	Parochial School	—	—	—	—	—	—	Tues.† f	—
HORSHAM ...	Hurst Road	Mon.-Fri.	—	Fri.††	—	*Mon.	Wed.† Fri.†	Tues.†† Wed.	—
	Brighton Road	—	—	—	—	—	—	—	Mon.-Fri.
LANCING ...	Irene Avenue	Mon.-Fri.	—	Tues.† f	—	*Mon.††	Tues.† Fri.†	Mon.	—
LITTLEHAMPTON	Elm Grove Road	Mon.-Fri.	Fri.†	Wed.	—	*Mon.†	Mon.† Wed.† Thurs.†	Fri.	—
MIDHURST ...	County Sec. School	—	—	—	—	—	—	Mon.††	—
PETWORTH ...	C.S. & C.P. Schools	—	—	—	—	—	—	Mon.†	—
STEYNING ...	C.S. & C.P. Schools	—	—	—	—	—	—	Fri.†	—
STORRINGTON	C.S. & C.P. Schools	—	—	—	—	—	—	Tues.†† f	—
SOUTHWATER ...	C.P. School	—	—	—	—	—	—	Mon.††	—
SHOREHAM-BY-SEA ...	Middle Road	Mon.-Fri.	—	Fri.†	—	—	Mon.† Wed.† Thurs.†	Mon.††	—
WORTHING ...	Stoke Abbott Road	Mon.-Fri.	Mon.-Fri.†	Fri.††	Mon.† Wed. Thurs.†	Sat.†m	Mon.-Fri.††	Thurs.	—
	33 Madeira Avenue	—	—	Wed.†† f	—	—	—	—	—
	6 Southey Road	—	—	—	—	—	—	—	—
	George Pringle School	—	—	—	—	—	—	Tues.†	Mon.-Fri.

Morning and afternoon sessions are held unless otherwise stated. † Morning. †† Afternoon. m Monthly. f Fortnightly. \* Approximately every six weeks.

\*\* In addition three mobile dental units operate in the County.







## Appendix A

# COUNTY HEALTH COMMITTEE

(at 31st December, 1963)

Chairman: DR. IVAN CLOUT

Vice-Chairman: MR. R. M. TILLING

### County Council Members

MRS. E. S. M. BAXENDALE	MR. R. F. HAWKINS
LT.-COL. A. K. BROWN, M.B.E.	MR. J. E. MILES
MRS. M. F. CALE	MRS. M. GALE MOORE
MRS. H. C. CARMAN, J.P.	*MR. P. MURSELL, M.B.E., D.L. (Chairman of the County Council)
MRS. M. COBBY	MRS. P. B. P. NAUNTON, J.P.
CAPT. J. A. D. COCHRANE-BARNETT, O.B.E.	MRS. D. M. PENNICOTT
MR. J. C. EAST	MR. W. G. S. POPE
MR. E. G. R. FISK	MR. C. W. REECE
MR. W. J. GROVER	MRS. D. STAPLETON SKINNER
MR. A. A. HANKEY, J.P.	*BRIG. L. L. THWAYTES, D.L. (Vice-Chairman of the County Council)
*MR. E. G. HARVEY (Chairman of the Finance and General Purposes Committee)	MR. E. L. WALTER

### 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
H.R.H. PRINCE TOMISLAV OF YUGOSLAVIA	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  
MRS. M. F. CALE  
MR. H. K. GRIFFITH, F.R.C.S.  
DR. A. G. K. LEDGER  
MR. J. E. MILES

MRS. M. GALE MOORE  
MRS. D. M. PENNICOTT  
MR. C. W. REECE  
H.R.H. PRINCE TOMISLAV OF  
YUGOSLAVIA

\*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  
MRS. H. C. CARMAN, J.P.  
MRS. M. J. DAVIS-POYNTER  
MRS. G. M. DICKIN  
MR. A. A. HANKEY, J.P.  
MAJOR-GEN. L. A. HAWES, C.B.E., D.S.O.,  
M.C.

DR. A. G. K. LEDGER  
MR. J. E. MILES  
DR. J. D. MORRISSEY  
MRS. P. B. P. NAUNTON, J.P.  
MR. W. G. S. POPE  
DR. H. ROSENBERG, O.ST.J.

\*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:* MRS. E. S. M. BAXENDALE

MRS. H. C. CARMAN, J.P.  
MISS E. J. CLUNES  
MRS. M. COBBY  
DR. W. S. COLTART  
MRS. H. CONSTANDUROS  
MRS. M. J. DAVIS-POYNTER

MRS. M. GALE MOORE  
MISS M. W. SPARKES  
MRS. J. L. VANRENNEN  
MR. E. L. WALTER  
THE HON. MRS. R.J.P. 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. F. CALE  
MRS. M. COBBY  
MR. E. G. R. FISK  
MR. W. J. GROVER

MR. J. E. MILES  
MR. W. G. S. POPE  
MR. C. W. REECE

\*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, 1963)

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. R. MAY
MR. H. H. BARRETT	MR. R. MILES
MAJOR S. R. BROOKS	MRS. M. GALE MOORE
LADY BRUNDRETT	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.	SIR CLINTON PELHAM, K.B.E., C.M.G.
MR. E. J. F. GREEN, J.P.	MR. A. G. W. PENNEY, J.P.
MR. R. J. HARRIS	MR. W. G. S. POPE
*MR. E. G. HARVEY	MRS. N. B. M. SHARP
(Chairman of the Finance and General Purposes Committee)	LT.-COL. E. S. SHAXSON, M.C., D.L., J.P.
MRS. M. KEOGH MURPHY	COL. E. L. STEPHENSON, D.S.O., M.C.
MR. C. P. MASON, M.B.E., J.P.	MR. J. E. WHITTOME, O.B.E.
	THE HON. R. T. B. WYNN, C.B.E.

## Other Members

MR. S. C. ELLIOTT	representing Worthing Committee for Education
MR. D. W. MORECRAFT	
MRS. H. M. PERYER	
THE REV. CANON M. C. LANGTON	representing Religious Denominations
THE REV. A. R. SPOONER	
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. NORRIS	
MR. F. C. WILLMOTT, M.A.	
MISS D. M. M. EDWARDS-REES	
MAJOR-GEN. C. LLOYD, C.B., C.B.E., T.D.	
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.  
MRS. M. KEOGH MURPHY  
MR. R. MILES  
MRS. H. M. PERYER  
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, 1963)

*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:*

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

*Senior Medical Officer:*

A. H. SNAITH, M.D., M.C.PATH., D.P.H.

*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.

*Area Dental Officer:*

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

*Dental Surgeons:*

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

G. C. KENT, L.D.S.

J. O. LEGG, L.D.S.

P. NATHANAIL, B.D.S.

D. G. PETRIE, L.D.S.

J. A. W. PURNELL, L.D.S.

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

F. C. TOMLYN, 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.

*Chest Physician:*

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

\* Part-time







*Speech Therapists:*

MISS M. G. A. MCCOMBIE, L.C.S.T.      MRS. S. F. CARRINGTON, 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 Worker:*

\*MRS. H. M. BILLINGTON

*Child Psychotherapists (non-medical):*

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

*Senior Educational Psychologist:*

P. D. JEFFERY, B.A.

*Assistant Educational Psychologists:*

\*MRS. M. PARKER, M.A.  
MISS J. TURNER, B.Sc.

*Administrative Officer, Mental Health:*

L. J. ELLIS, A.C.C.S.

*Senior Mental Welfare Officers:*

R. F. CLARKE, R.M.P.A.      L. O'RIORDAN, S.R.N., R.M.N.  
G. S. POPLE, A.I.S.W.

*Mental Welfare Officers:*

MISS P. DUNNING      MRS. R. GHOM, DIP. N.A.M.H.

*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*

# MATERNITY SERVICES IN GENERAL PRACTICE \*

By PETER J. BELL, M.B., B.S., D.OBST., R.C.O.G.  
PETWORTH, SUSSEX

We believe that the performance of an obstetric operation anywhere but in hospital is a misfortune that is largely avoidable in prevailing circumstances and should become virtually unknown in the future.

### THE PRACTICE

Ours is a rural practice, a partnership of four doctors serving some six thousand patients. We cover an area that is a rough circle of six miles radius centred on Petworth. Nearly all patients destined for institutional confinement are booked at one of three hospitals. Two of these are part of the Chichester Group and are situated 14 and 19 miles respectively from the town. The third is a general practitioner unit that is 9 miles away. It is not staffed by the practice. Two of the partners have undertaken responsibility for the maternity work.

### ANTENATAL SUPERVISION

Careful antenatal supervision is the main requirement of modern obstetrics and yet this is the province of three separate services. This division of responsibility carries an inherent risk that the earliest signs of abnormality will be ignored. By taking part in the activities of the two other services we feel we have to some extent eliminated this.

One of the partners has been appointed to the Petworth antenatal clinic, but both attend as do many of the district nurses not directly concerned with the patients who are seen there. This gives us an opportunity to discuss any social or medical problems that may arise both within the area served by the clinic and outside it. These friendly discussions enable both doctors and nurses to give a more efficient service than is normally achieved by formal contacts.

We have been fortunate in that one of the local consultants agreed to hold a monthly gynaecological and obstetric clinic in our cottage hospital which we attend. We value this highly as we receive informed tuition and demonstration on our own cases. The patient benefits in many ways. She is saved the tedious journey to the Chichester clinic. She sees the consultant in the presence of her own doctor who she feels is taking a special interest in her, and with whom she will be able to discuss the advice she receives. She is never the recipient of conflicting opinion. Those patients who are booked for hospital confinement but have an uncomplicated antenatal period are usually seen but twice by the consultant: once for booking and again at the thirty-sixth week.

\*Reprinted (with permission) from *THE PRACTITIONER*; June, 1963; Vol. 190; pp. 768-772.



The rest of the antenatal supervision is left in our hands. Recently we have come to the conclusion that one visit to the maternity unit is well worth the long journey. Here in addition to the usual examination the patient can meet the hospital midwives and look round the wards. The knowledge that her confinement will not take place in completely unfamiliar surroundings is a great reassurance.

#### RECORDS

In order that we shall not lose sight of those patients who seem congenitally incapable of remembering appointments we have evolved a simple but effective filing system. Individual records are kept on cards supplied free by CIBA Laboratories Ltd. They are stored in a box file which is divided into six compartments by movable partitions. Each compartment represents one of the succeeding weeks. When a patient has been examined and the number of weeks to her next appointment decided, her card is filed in the appropriate compartment. At the end of each week, the foremost partition is removed to the back of the box. This exposes the card of any patient who has failed to keep her appointment.

<i>Confinement</i>	<i>Domiciliary deliveries</i>		<i>Hospital deliveries</i>		<i>Total deliveries</i>	
	<i>Number</i>	<i>Percentage</i>	<i>Number</i>	<i>Percentage</i>	<i>Number</i>	<i>Percentage of all deliveries</i>
1st	13	10	119	90	132	35
2nd	49	43	65	57	114	30
3rd	25	42	34	58	59	15
4th	12	34	23	66	35	9
4th+	5	13	34	87	39	13
ALL GROUPS	104	27.5	275	72.5	379	

TABLE I.—Analysis of 379 confinements.

As a permanent record a log book is kept. This lists against the patient's name the salient features of her case. The book has immediate uses in that one can tell at a glance which confinements are outstanding and when they may be expected. On a more mercenary level, it shows which E.C.24s and E.C.58s are as yet unsigned.

#### RESULTS

An analysis of the last 500 maternity cases supervised by this practice was attempted. Full details were available on 379 of these, the remaining 121 had left the district and their record cards had been returned to the Executive Council. Table I shows where the confinements took place. We were interested to find that our institutional



delivery rate approached the 70 per cent suggested by the Cranbrook Report. Table II shows the major abnormalities that occurred in those cases delivered in hospital. Stillbirths are excluded.

Two patients were sent into hospital while in the second stage of labour, both with deep transverse arrest. One delivered herself normally; the other had application of forceps after a manual rotation. In spite of the distance to be travelled in the ambulance, it takes little more time for a patient to be admitted into an already alerted labour ward than it does to prepare for a domiciliary forceps delivery.

	<i>Confinement</i>					TOTAL
	1st	2nd	3rd	4th	4th+	
Normal pregnancy ...	80	50	25	6	28	189
Caesarean section ...	5	3	2	4	2	16
Forceps ...	8	2	1	0	0	11
Breech delivery ...	6	2	0	0	0	8
Toxaemia and hyper- tension ...	10	6	3	5	1	25
Maternal disease ...	1	0	3	5	0	9
Premature labour ...	1	1	0	0	0	2
Ante-partum haemorrhage	0	1	0	1	1	3
Surgical induction ...	4	1	0	1	2	8

TABLE II.—Major abnormalities encountered in 379 confinements.

There were three stillbirths. Two followed external cephalic version under anaesthesia; the third was the result of compression of a prolapsed cord in a premature breech. Even although it is calculated from a small series, we believe that this stillbirth rate of 8:1,000 is far enough removed from the local and national figures to be significant.

Some information concerning the remaining 108 patients can be gleaned from the log book and its more primitive ancestors. Out of the 500 cases, approximately 30 per cent were delivered on the district. None of these needed any sort of interference and all resulted in a normal child. Since normal labour can be diagnosed with certainty only in retrospect, this total absence of abnormality is nothing more than fortunate chance. We do believe, however, that rigorous ante-natal supervision combined with a somewhat pessimistic approach to the evaluation of findings can reduce the incidence of domiciliary interference in labour as well as the over-all stillbirth rate. The technical procedures of obstetrics are best performed by those who do them frequently in an institution that is prepared and equipped for the unforeseen. It is in the management of the problems of the ante- and post-natal periods that the special skill and privileged knowledge of the general practitioner will produce the most satisfying results.



## THE MOTHER'S POINT OF VIEW

We are aware that the logical extension of our beliefs is the advocacy of 100 per cent institutional confinement, and have made some investigation into the causes and management of the opposition to this view. There are two main reasons for opposition from the mother.

- (1) She may fear the effect of her absence on her family. She knows that she will be unable to supervise her household while in labour and in the immediate postnatal period. If she is promised an early discharge from hospital, she will usually consent to be booked. There is the added advantage that she is saved the burden of preparing a room for delivery.
- (2) She may have a fear of hospitals and associate them with illness rather than a "natural" thing like childbirth. We find that if a patient has respect for and confidence in her general practitioner she will come to accept his views however uncommon they may be. (We have personal knowledge of a practitioner who regularly performs domiciliary tonsillectomies with the enthusiastic support of his patients.) If the patient can be brought to realise that labour is one event in a continuous process all of which is under the general supervision of her own doctor, she will come to see it in its true perspective with a vision unclouded by needless fear or excessive sentimentality. She will be quite content to accept the fact that institutional delivery is an insurance against the unlikely but unforeseeable.

## REMUNERATION

Since the payment for maternity medical services makes up a substantial part of our income and is an inducement to domiciliary confinement, we felt it proper to make some investigation into the West Sussex statistics. We present our findings as approximate percentages as some of the figures involved are confidential.

- (1) 50 per cent of the principals in West Sussex are on the obstetric list.
- (2) Of the single-handed and group practices, 75 per cent are represented on the obstetric list.
- (3) 94 per cent of the practices serving 98 per cent of the population of the County make regular claims for maternity services rendered.
- (4) Comparisons between payment for maternity services and population were made. The whole area as well as a selection of practices was considered. If over the whole area 100 monetary units are paid annually per head of population, then it is found that most practices lie in the payment range of 70 to 130 units per head. The greatest variations found are 40 and 200 units.

## CONCLUSIONS

If the findings set out in this article, based upon a study of 500 maternity cases in a rural general practice, have any general rather than local validity they might suggest some of the following conclusions.



1. The qualifications for admission to the obstetric list should be designated as average rather than special.

2. There is very little opportunity for general practitioner obstetricians to give maternity services outside their own practices.

3. The main practical function of the obstetric list is to indicate the fee to which a practitioner is entitled.

4. The fee for maternity medical services is an inducement to domiciliary delivery, but a high institutional delivery rate is in the public interest.

5. Obstetrics in general practice call for a good deal of time and skill. This is also true of geriatrics, psychiatry, and all the other specialties that a practitioner may make his special interest. The payment of a fee for one particular service to a profession otherwise remunerated on a capitation basis is an anomaly that needs a great deal of justification.

7. Fees for maternity services come from the central pool. If they were not paid, the residue for distribution would be that much larger and the incomes of most practitioners would be very little different from their present levels.

Our grateful thanks are due to the Clerk of the West Sussex Executive Council for his help with the relevant statistics.

## *Appendix D*

### **THE DEVELOPMENT OF THE HEALTH SERVICES**

*"I should see the garden far better," said Alice to herself, "if I could get to the top of that hill: and here's a path that leads straight to it . . . but how curiously it twists!"*

*Lewis Carroll (1832-98),  
Through the Looking  
Glass*

On 17th April, 1963 the Minister of Health laid before Parliament a Command Paper (Cmnd. 1973) entitled *Health and Welfare: the Development of Community Care* which included a summary of the plans prepared by local authorities during 1962 for the long-term development of their health and welfare services.



The plans were accompanied by an analysis of the content and aims of the principal services. This included suggestions, necessarily tentative, for their future development and for the scale on which provision is likely to be required over the next ten years.

By Circular 6/63 dated 17th April, 1963 the Minister requested local authorities to look at their own plans afresh in the light of an analysis contained in the Command Paper. He indicated that some capital programmes might need expansion to provide, *inter alia*, additional training centres for mentally subnormal adults and that it might also be necessary to revise, upwards or downwards, complements of certain staff to be employed. By letter dated 5th July, 1963 he asked for a brief note of any special local circumstances where provision was proposed in the revised plan which was substantially at variance with the standards suggested in the Command Paper.

In the late summer, a critical review was undertaken of the Council's original plan for the development of the health services which had been submitted to the Minister of Health in July, 1962. Experience gained since then has shown one of the main difficulties in implementing the proposals to be delays encountered in obtaining necessary approvals to the siting and planning of new buildings. Protracted negotiations have taken place regarding the acquisition from the hospital authorities of a site at Chichester on which an ambulance and control station could be commenced during 1963/64 and a mental health training centre in 1964/65. This site formerly belonged to the County Council and was by law transferred to the Ministry of Health without compensation upon the inception of the National Health Service in 1948. The agreement of the Ministry to the transfer of the site to the County Council was still awaited at the end of the year. Similar delays were also experienced at Bognor Regis where negotiations had been taking place with the hospital authorities for the acquisition of a site for an ambulance station. These negotiations, which started in December, 1961, were still incomplete at the end of 1963.

Good progress was made with the recruitment of the additional staff envisaged in the original plan but the deletion of the recommendation regarding additional health education staff in 1963/64 and the postponement of the introduction of the directly-administered home help arrangements inevitably led to some lower standards of service being made available to the public than would otherwise have been possible.

The following tables give particulars of estimated net revenue expenditure, premises to be provided and staff likely to be needed over the next ten years.



DEVELOPMENT OF LOCAL AUTHORITY HEALTH SERVICES

PART I

Net Revenue Expenditure  
(including loan charges and capital expenditure from revenue)

Service	Estimate for 1963-64	Estimate for 1964-65	Estimate for 1965-66	Estimate for 1966-67	Estimate for 1967-68	Estimate for 1968-69	Approximate estimate 1973-74
	£	£	£	£	£	£	£
Care of Mothers and Young Children ... ..	26,315	28,085	38,365	47,158	46,407	43,420	45,242
Midwifery... ..	69,666	70,281	70,281	70,281	70,281	70,281	70,281
Health Visiting ... ..	66,210	68,945	71,680	74,415	77,150	79,885	84,445
Home Nursing ... ..	106,765	124,645	131,795	138,945	145,095	153,245	188,995
Vaccination and Immunisation...	21,975	23,000	24,000	24,200	24,400	24,600	25,000
Ambulance Service ... ..	131,203	143,675	147,276	145,171	136,768	142,919	149,289
Prevention of Illness, Care and After Care (excluding Mental Health) ... ..	18,270	20,690	22,810	24,930	26,750	28,570	29,220
Domestic Help ... ..	56,350	75,270	89,755	103,985	119,340	133,520	178,285
Mental Health ... ..	62,221	67,862	97,273	116,933	134,421	158,293	247,560
Other Enactments and Admini- stration ... ..	78,100	81,750	84,200	86,650	88,650	90,650	103,150
Expenditure not reckonable for General Grant ... ..	13,470	13,800	14,150	14,500	14,850	15,200	17,000
TOTAL ESTIMATED NET EXPENDITURE ... ..	650,545	718,003	791,585	847,168	884,112	940,583	1,138,467



Premises to be provided 1964/74

Scheme	Location and size	Statement of need	Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)	Effect on Revenue Expenditure
1963/64 PROVISION OF ONE HOUSE FOR NURSE (Acquisi- tion) ... ..	Location not yet decided.	NEW PROVISION OF REPLACEMENT.	Project (including site works) ... 3,500	+ 50
AMBULANCE STATION ...	Bognor Regis, War Memorial Hospital grounds; station for six vehicles.	NEW PROVISION: At present service operates from St. John Ambulance Headquarters, which is due for demoli- tion under the town development plan.	Project (including site works) ... 14,000 Furniture and equipment ... 350 Fees ... 650 <hr/> 15,000 2,000 <hr/> 17,000	+ 600
AMBULANCE STATION	Chichester, Summersdale Road; station for eight ve- hicles.	NEW PROVISION: At present ambulances operate from temporary hatted accom- modation at rear of County Hall. There are no garage facilities.	<i>Loan</i> Project (including site works) ... 30,000 Furniture and equipment ... 500 Fees ... 1,400 <hr/> 31,900 4,500 <hr/> 36,400	+ 4,350



Premises to be provided 1964/74 (continued)

Scheme	Location and size	Statement of need	Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)	Effect on Revenue Expenditure
			£	£
1963/64 (continued)				
JUNIOR TRAINING CENTRE*	Worthing, Ham Farm, Junior Training Centre; 75 places	REPLACEMENT of existing inadequate training centre (which will be used as a training centre for adults).	<i>Loan</i> Project (including site works) ... 70,000 Furniture and equipment ... 5,000 Fees ... 2,750 <hr/> 77,750 9,000 <hr/> 86,750	+ 12,400
DAY TRAINING CENTRE (comprehensive) ...	Crawley, Martyrs Avenue; 75 places.	NEW PROVISION to serve the population of Crawley and Horsham Urban and Rural Districts.	<i>Loan</i> Project (including site works) ... 70,000 Furniture and equipment ... 5,000 Fees ... 2,750 <hr/> 77,750 9,000 <hr/> 86,750	+ 11,900
* See following page			Totals 1963/64 ... £230,400	+ £29,300



Premises to be provided 1964/74 (continued)

Scheme	Location and size	Statement of need	Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)	Effect on Revenue Expenditure
<p>1964/65</p> <p>RESIDENTIAL HOSTEL FOR CHILDREN* ...</p> <p>* to be built under one contract, — see previous page</p>	<p>Worthing, Ham Farm, Durrington Lane; 30 places.</p>	<p>NEW PROVISION for children from inadequate or distant homes.</p>	<p>£</p> <p>Loan</p> <p>Project (including site works) ... 39,000</p> <p>Furniture and equipment ... 5,000</p> <p>Fees ... 2,250</p> <hr/> <p>46,250</p> <p>6,000</p> <hr/> <p>52,250</p>	<p>£</p> <p>+ 19,460</p>
<p>DAY TRAINING CENTRE (comprehensive) ...</p>	<p>Chichester, Summersdale Road (subject to site on R.H.B. land); 75 places.</p>	<p>NEW PROVISION to serve Chichester, Bognor Regis and coastal belt of Chichester Rural District.</p>	<p>£</p> <p>Loan</p> <p>Project (including site works) ... 70,000</p> <p>Furniture and equipment ... 5,000</p> <p>Fees ... 2,750</p> <hr/> <p>77,750</p> <p>14,000</p> <hr/> <p>91,750</p>	<p>£</p> <p>+ 12,850</p>
<p>HOUSES FOR NURSING STAFF: Acquisition of four houses ...</p>	<p>Location not yet decided; accommodation for four nurses.</p>	<p>NEW PROVISION and/or REPLACEMENT.</p>	<p>£</p> <p>Project (including site works) at £3,500 each ... 14,000</p>	<p>£</p> <p>+ 200</p>



Premises to be provided 1964/74 (continued)

Scheme	Location and size	Statement of need	Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)	Effect on Revenue Expenditure
			£	£
1964/65 (continued) AMBULANCE STATION	Pulborough; station for two vehicles.	NEW PROVISION: At present service operates from a hut belonging to the St. John Ambulance Brigade.	Project (including site works) ... 8,000 Furniture and equipment ... 250 Fees ... 450 <hr/> Site ... 8,700 4,500 <hr/> 13,200	+ 200
RESIDENTIAL TRAINING CENTRE ... ..	Rustington; extensions to existing centre.	NEW PROVISION of residential and recreational accommodation (details of scheme to be considered later).	Project (including site works) ... 15,000	+ 4,400
AMBULANCE STATION (To be built under one contract with other County buildings) ...	Littlehampton, East Street; station for four vehicles.	NEW PROVISION: At present ambulances operate from site of public mortuary. There is only one garage and no room for expansion. The population of the area is growing.	Project (including site works) ... 15,000 Furniture ... 300 Fees ... 650 <hr/> Site ... 15,950 2,000 <hr/> 17,950	+ 400
<b>Totals 1964/65 ... £204,150</b>				<b>+ £37,510</b>



Premises to be provided 1964/74 (continued)

Scheme	Location and size	Statement of need	Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)	Effect on Revenue Expenditure
<p>1965/66 RESIDENTIAL HOSTEL FOR MENTALLY ILL ADULTS</p>	<p>Worthing; 30 residents.</p>	<p>NEW PROVISION: It is envisaged that a number of hostels will be needed for mentally ill patients.</p>	<p>£</p> <p>Loan</p> <p>Project (including site works) ... 50,000</p> <p>Furniture and equipment ... 5,000</p> <p>Fees ... 3,000</p> <hr/> <p>58,000</p> <p>8,000</p> <hr/> <p>66,000</p>	<p>£</p> <p>+ 14,600</p>
<p>AMBULANCE STATION</p>	<p>Worthing, Ham Farm, Durrington Lane; station for eight vehicles.</p>	<p>NEW PROVISION: At present service operates from St. John Ambulance Headquarters. There is no garage provision and control is in old adapted stables.</p>	<p>£</p> <p>Loan</p> <p>Project (including site works) ... 22,500</p> <p>Furniture and equipment ... 500</p> <p>Fees ... 1,000</p> <hr/> <p>24,000</p> <p>5,000</p> <hr/> <p>29,000</p>	<p>£</p> <p>+ 3,300</p>



Premises to be provided 1964/74 (continued)

Scheme	Location and size	Statement of need	Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)	Effect on Revenue Expenditure
			£	£
<p>1965/66 (continued)</p> <p>HEALTH CLINIC including Child Guidance Clinic, Health Education Centre, Dental Laboratory ...</p>	<p>Chichester, Chapel Street.</p>	<p>REPLACEMENT of existing inadequate clinics and NEW PROVISION for expanding health education and dental services.</p>	<p>Loan</p> <p>Project (including site works) ... 44,000</p> <p>Furniture and equipment ... 2,000</p> <p>Fees ... 2,500</p> <hr/> <p>Site ... 48,500</p> <hr/> <p>55,500</p>	<p>+ 5,200</p>
<p>AMBULANCE STATION ...</p>	<p>Horsham, Hurst Road; station for six vehicles.</p>	<p>NEW PROVISION: At present service operates from St. John Ambulance Headquarters. Garage facilities are poor and there is no room for expansion.</p>	<p>Project (including site works) ... 14,000</p> <p>Furniture and equipment ... 350</p> <p>Fees ... 650</p> <hr/> <p>Site ... 15,000</p> <hr/> <p>3,500</p>	<p>+ 600</p>
<p>HOUSES FOR NURSING STAFF: Acquisition of four houses ...</p>	<p>Location not yet decided; accommodation for four nurses.</p>	<p>NEW PROVISION and/OR REPLACEMENT.</p>	<p>Project (including site works) ... 14,000</p>	<p>+ 200</p>



Premises to be provided 1964/74 (continued)

Scheme	Location and size	Statement of need	Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)	Effect on Revenue Expenditure
<p>1965/66 (continued)</p> <p>HEALTH CLINIC (? to be built under one contract with library) ...</p>	<p>South Lancing.</p>	<p>NEW PROVISION: Existing clinic in North Lancing inadequate for expanding population.</p>	<p>£</p> <p>Project (including site works) ... 14,000</p> <p>Furniture ... 500</p> <p>Fees ... 750</p> <hr/> <p>15,250</p> <p>3,000</p> <hr/> <p>18,250</p> <p>Site ... ..</p> <p>Totals 1965/66 ... £201,250</p>	<p>£</p> <p>+ 300</p> <p>+ £24,200</p>
<p>1966/67</p> <p>RESIDENTIAL HOSTEL FOR CHILDREN* ...</p> <p>* See page 182</p>	<p>Crawley; 30 residents.</p>	<p>NEW PROVISION: There is need of residential accommodation for mentally subnormal children from inadequate or distant homes.</p>	<p>Loan</p> <p>Project (including site works) ... 55,000</p> <p>Furniture and equipment ... 5,000</p> <p>Fees ... 3,000</p> <hr/> <p>63,000</p> <p>Site (already provided) ... 5,000</p> <hr/> <p>68,000</p>	<p>+ 20,800</p>



Premises to be provided 1964/74 (continued)

Scheme	Location and size	Statement of need	Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)	Effect on Revenue Expenditure
1966/67 (continued)			£	£
HEALTH CLINIC ...	Worthing (Details of scheme will depend, <i>inter alia</i> , on Worthing Central Development plans).	NEW PROVISION: Extension to existing clinic, which is inadequate.	Project (including site works) ... 8,750	+ 300
HOUSES FOR NURSING STAFF: Acquisition of four houses ...	Location not yet decided; accommodation for four nurses.	NEW PROVISION and/or REPLACEMENT.	Project (including site works) ... 14,000	+ 200
HEALTH CLINIC including Child Guidance Clinic ...	Horsham, Horsham Park; to serve population of 30,000.	REPLACEMENT of existing premises.	<i>Loan</i> Project (including site works) ... 44,000 Furniture and equipment ... 2,000 Fees ... 2,500 Site ... 48,500 ... 7,500 ... 56,000	+ 5,100
			Totals 1966/67 ... £146,750	+ £26,400



Premises to be provided 1964/74 (continued)

Scheme	Location and size	Statement of need	Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)	Effect on Revenue Expenditure
			£	£
1967/68 AMBULANCE STATION ...	Shoreham-by-Sea; station for three vehicles.	NEW PROVISION.	Project (including site works) ... 9,500 Furniture and equipment ... 250 Fees ... 450 <hr/> 10,200 Site ... 1,500 <hr/> 11,700	+ 300
HOUSES FOR NURSING STAFF: Acquisition of four houses ...	Location not yet decided; accommodation for four nurses	NEW PROVISION and/or REPLACEMENT.	Project (including site works) ... 14,000 4 at £3,500 ...	+ 200
RESIDENTIAL HOSTEL FOR ADULT FEMALE SUB- NORMALS* ...	Crawley; 30 residents.	NEW PROVISION: This hostel will receive high-grade mentally subnormal fe- males 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.	Loan Project (including site works) ... 55,000 Furniture and equipment ... 5,000 Fees ... 3,000 <hr/> 63,000 Site (already provided) 5,000 <hr/> 68,000	+ 14,800

\* to be built under one contract; see page 180.



Premises to be provided 1964/74 (continued)

Scheme	Location and size	Statement of need	Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)	Effect on Revenue Expenditure
<p>1967/68 (continued)</p> <p>RESIDENTIAL HOSTEL FOR MENTALLY ILL ADULTS</p>	<p>Chichester; 30 residents.</p>	<p>NEW PROVISION: It is envisaged that a number of hostels will be needed for mentally ill patients.</p>	<p>£</p> <p>Loan</p> <p>Project (including site works) ... 55,000</p> <p>Furniture and equipment ... 5,000</p> <p>Fees ... 3,000</p> <hr/> <p>Site ... 63,000</p> <p>... 5,000</p> <hr/> <p>68,000</p>	<p>£</p> <p>+ 14,800</p>
<p>HEALTH CLINIC ...</p>	<p>Pound Hill, Crawley (Details of scheme yet to be prepared)</p>	<p>REPLACEMENT of clinic at Three Bridges.</p>	<p>Project, including site works, furniture and equipment 7,750</p> <hr/> <p>Totals 1967/68 ... £169,450</p>	<p>+ 300</p> <p>+ 300</p> <p>+ £30,400</p>
<p>1968/69</p> <p>HOUSES FOR NURSING STAFF: Acquisition of four houses ...</p>	<p>Location not yet decided; accommodation for four nurses.</p>	<p>NEW PROVISION and/or REPLACEMENT.</p>	<p>Project (including site works) 4 at £3,500 ... 14,000</p> <hr/>	<p>+ 200</p>



Premises to be provided 1964/74 (continued)

Scheme	Location and size	Statement of need	Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)	Effect on Revenue Expenditure
1968/69 (continued)			£	£
AMBULANCE STATION	East or West Wittering; small office and garage/carpport for one ambulance.	NEW PROVISION: There is a growing population in the area and in the peak summer months about 40,000 people can be on the beaches.	Project (including site works) ... 3,500 Furniture and equipment ... 100 Site ... 500 <hr/> 4,100	+ 200
RESIDENTIAL HOSTEL AND TRAINING CENTRE FOR ADULT MALE SUB-NORMALS ... ..	Location not yet decided; 30 residents and 45 places in training centre.	NEW PROVISION: It is envisaged that further residential and training centre accommodation will be required.	<i>Loan</i> Project (including site works) ... 100,000 Furniture and equipment ... 8,000 Fees ... 4,500 <hr/> 112,500 Site ... 12,000 <hr/> 124,500	+ 19,100
NURSING EQUIPMENT STORE ... ..	Chichester; approximately 1,400 square feet	NEW PROVISION: To accommodate growing requirements of the domiciliary nursing services.	Project, including site, furniture and equipment ... 10,000	+ 1,000
			Totals 1968/69 ...£152,600	+ £20,500



Premises to be provided 1964/74 (continued)

<i>Scheme</i>	<i>Location and size</i>	<i>Statement of need</i>	<i>Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)</i>	<i>Effect on Revenue Expenditure</i>
1969/74			£	£
HOUSES FOR NURSING STAFF: Acquisition of twenty houses ...	Location not yet decided; accommodation for twenty nurses	NEW PROVISION and/or REPLACEMENT.	Project (including site works) ... 70,000	+ 1,000
ADULT TRAINING CENTRE ...	Chichester; 30 places.	NEW PROVISION: There will be a growing need for additional training centre places for adult subnormals.	Loan Project (including site works) ... 50,000 Furniture and equipment ... 3,500 Fees ... 2,500 Site ... 56,000 5,000 61,000	+ 8,200
RESIDENTIAL ACCOMMO- DATION FOR ADULT SUBNORMALS ...	Location not yet decided; 30 places.	NEW PROVISION: There will be a growing need for residential accommodation for the subnormal.	Loan Project (including site works) ... 55,000 Furniture and equipment ... 5,000 Fees ... 3,000 Site ... 63,000 5,000 68,000	+ 14,800



Premises to be provided 1964/74 (continued)

Scheme	Location and size	Statement of need	Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)	Effect on Revenue Expenditure
1969/74 (continued)			£	£
RESIDENTIAL ACCOMMODATION FOR THE MENTALLY ILL ... ..	Location not yet decided; 30 places.	NEW PROVISION: To provide further residential accommodation for the mentally ill.	Loan Project (including site works) ... 55,000 Furniture and equipment ... 5,000 Fees ... 3,000 <hr/> 63,000 Site ... .. 5,000 <hr/> 68,000	+ 14,800
			<b>Totals 1969/74 ... £267,000</b>	<b>+ £38,800</b>



## STAFF

(Figures relate to whole-time equivalent in each case)

<i>Category of Staff</i>	<i>In post 31st Mar., 1963</i>	<i>31st Dec., 1963</i>	<i>31st Dec., 1964</i>	<i>31st Dec., 1965</i>	<i>31st Dec., 1966</i>	<i>31st Dec., 1967</i>	<i>31st Dec., 1968</i>	<i>1969/ 74</i>
Doctors ... ..	8.5	8.7	9.0	9.0	9.0	9.0	9.0	10.0
Dentists ... ..	0.58	0.58	0.58	0.58	0.62	0.62	0.62	0.66
Domiciliary midwives...	48	48	48	48	48	48	48	48
Health visitors ...	47.6	48.4	50.8	53.2	55.6	58.0	60.4	64.4
Home nurses ... ..	84	90	94	98	102	106	110	130
Other nursing staff:								
Supervisory ... ..	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0
Health education org- aniser and assistants	0.6	0.6	1.8	2.4	3.0	3.0	3.0	3.0
Clinic assistants ...	3.0	6.6	7.2	7.8	8.4	9.0	9.6	12.6
Nursing auxiliaries ...	—	4.0	8.0	12.0	16.0	20.0	24.0	44.0
Ambulance staff (num- ber of vehicles in brackets)	59 (32)	68 (34)	76 (36)	79 (38)	81 (39)	84 (40)	87 (41)	102 (46)
Staff (other than domes- tic) in training centres for mentally subnormal	11.5	15	16	21	25	27	29	33
Home helps:								
Supervisory ... ..	10.9	11.0	5	5	5	6	6	7
Field staff ... ..	139	145	185	225	265	305	345	470
Staff (other than domes- tic) in residential accommodation under section 28 ... ..	4	4	4	9	13	18	20	26
Domiciliary social or welfare workers:								
(a) University or equiv- alent professional training ... ..	3	4	4	4	4	4	4	4
Psychiatric social workers ... ..	—	—	1	1	1	1	1	1
(b) Other social workers:								
Mental welfare offi- cers ... ..	4	5	7	9	10	10	10	12
Occupational therap- ist ... ..	1	1	1	1	1	1	1	1
(c) Welfare assistants ...	—	1	2	—	—	—	1	1
Other staff:								
Dental auxiliaries ...	—	—	—	0.04	0.04	0.04	0.04	0.08
Oral hygienists ...	—	0.04	0.04	0.04	0.04	0.04	0.04	0.08
Dental surgery assist- ants ... ..	0.58	0.58	0.62	0.66	0.70	0.70	0.70	0.78
Chiropodists ... ..	1	2	3	4	5	6	7	8



## *Appendix E*

# MANAGEMENT OF VACCINATION AND IMMUNISATION PROCEDURES BY ELECTRONIC COMPUTER \*

By T. McL. GALLOWAY, F.R.C.P., D.P.H., DR. P.H.  
COUNTY MEDICAL OFFICER OF HEALTH, WEST SUSSEX

In a previous article (Galloway, 1960) I described a system for the simplification of vaccination and immunisation records which has worked very well and has contributed to a series of better protection indices. Although these indices in West Sussex now compare favourably with those for England and Wales as a whole, investigations have been continuing to determine what further improvements can be made by the mechanisation of the various administrative procedures involved in large-scale immunisation campaigns.

Most parents are not indifferent to the suggestion that their children should be properly protected against infectious diseases but many are bewildered by the multiplicity of procedures which are nowadays required to confer adequate protection against all the diseases for which a satisfactory antigen has been found. Often the result is that a child's ability to resist certain infections is dependent either upon the persuasive powers of its mother's medical advisers or upon the abilities of the mother to remember to what place she should take her child at what time on what day. This is not good enough. The time of doctors and nurses can be better spent on other professional work and the health of a child should not entirely depend upon persuasive advice conveyed by word of mouth.

A most promising approach to the problem of how to improve levels of immunity still further seemed to be in the removal, wherever possible, of the human element in the arranging of routine appointments at doctors' surgeries and county clinics and, when West Sussex County Council decided in October, 1960 to acquire an IBM 1401 electronic computer, it seemed sensible to investigate the extent to which much of the laborious and complicated but essentially repetitive work associated with a vaccination and immunisation scheme could be transferred to this remarkable equipment. The County Treasurer (Mr. C. W. Malinson, F.I.M.T.A.) readily agreed that a joint study should be put in hand and plans were well advanced by the time the computer was installed in October, 1962. The first successes of the new arrangements have already been demonstrated.

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The computer eliminates the hand-sorting of cards, the manual preparation of appointment lists (both for family doctors and county clinics) and the writing of appointment cards and, at the same time, provides accurate statistics. I believe that materially better protection indices will result.

If the computer is given the following basic information:

- (i) the name, address and date of birth of the patient (from the birth notification or immunisation consent form);
- (ii) details of the family doctor or clinic, depending on the patient's choice of service source;
- (iii) the doctor's chosen day or days for doing his vaccinations and immunisations (or the corresponding detail for "clinic" patients);
- (iv) the currently-accepted scheme of vaccination and immunisation procedures (e.g. Schedule P or Q attached to Ministry of Health Circular 26/61); and
- (v) the names and addresses of patients moving in or out of the County or between doctors

the computer will, at each monthly run, produce for every county clinic, or participating doctor:

- (a) a list of patients due to attend, indicating for each patient the exact procedure due and the time of appointment given; and
- (b) a stamped addressed invitation to each patient due for a procedure giving details of the day, time and place of the appointment.

The "list of patients" form, with "attenders" and "non-attenders" marked, is returned after each surgery or clinic and this information is fed into the computer so that the next month's run will be up-to-date. On this information, the computer not only calculates fees due to doctors for "payment" procedures but also draws the cheques for those payments.

The preparation of statistics is a simultaneous by-product and the entire system is remarkably flexible. It will cope with such problems as failed appointments (on which health visitor follow-up visits are based), unscheduled appointments and procedures given by family doctors, and — it is hoped not too frequently — with changes in the approved scheme of vaccination and immunisation. Records, being available immediately from magnetic tape, need no longer be kept in the health department, and consequent economies in staff and space are demonstrable.



The Local Executive Council and the Local Medical Committee have readily agreed to information being made available about patient immigration and migration between doctors (it would be a mistake to allow the computer to continue to make a patient's appointments with Dr. A. after the patient had transferred to Dr. B.) and both the Council and the Committee have supported whole-heartedly the introduction of the new arrangements.

The system works, and to anyone, be he general practitioner, medical officer of health or lay administrator, who has wrestled with this complicated business over the years it seems almost too good to be true. Its application to other areas of health department work is being explored.

It is a pleasure to record my appreciation of the work of the County Treasurer, Mr. M. F. Stonefrost, and Miss K. A. Perkins (programmer), of his department, and Mr. J. Saunders, the lay administrative officer of the County Health Department, who have achieved this quite spectacular success.

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#### REFERENCE

Galloway, T. McL. (1960): A record and "claim" card for vaccination and immunisation procedures; *THE MEDICAL OFFICER*; **104**, 263.

## *Appendix F*

### **CENSUS 1961**

#### **Population**

The population of the County at the 1961 Census of Population was 411,613. The municipal boroughs and urban districts accounted for 61.0 per cent of this total, the largest being Worthing M.B. (80,329), Crawley U.D. (53,768) and Bognor Regis U.D. (28,064). Among the rural districts the largest were Chichester R.D. (49,392), Worthing R.D. (38,426) and Chanctonbury R.D. (23,202).

Between 1951 and 1961 the population of the County increased by 88,821, representing an average rate of 2.45 per cent a year compared with a rate of 1.76 per cent between 1931 and 1951. Nearly all this relatively high rate of increase was due to inward movement of population to the County. Nearly half the total increase was due to the growth of Crawley U.D., whose population increased by 43,287. Apart from a small decrease in Arundel M.B. all the other urban areas increased their populations. All the rural districts increased their populations between 1951 and 1961, the largest increases being in Worthing R.D. (8,512), Chichester R.D. (5,733) and Chanctonbury R.D. (2,352).



## **Age and Sex Distribution**

The age and sex distribution by urban districts and rural districts is shown in Table A. The age distribution of West Sussex was older than that of England and Wales as a whole. The proportion aged under five (7.2 per cent) was lower than that of England and Wales (7.8 per cent). The proportion of the population aged under 15 (21.6 per cent) compared with a figure of 23.0 per cent for England and Wales. The proportion aged 65 or over in West Sussex (18.8 per cent) was considerably more than that in England and Wales (11.9 per cent) and has risen compared with the proportion in West Sussex in 1951 (17.1 per cent).

Of the total population of 411,613 persons, 187,163 were males and 224,450 were females, giving a sex ratio of 1,199 females a 1,000 males compared with a ratio of 1,067 in England and Wales. This higher than average sex ratio is related to the older than average age distribution in West Sussex, the older age groups everywhere tending to have the greater number of females.

Since 1951 there has been a rise (from 70.0 per cent to 73.8 per cent) in the proportion of men aged 15 and over who were married; among women of the same age group, 58.9 per cent were married, compared with 55.1 per cent in 1951. The particularly high marriage rates between 1951 and 1961 are reflected in the relatively large increase in the proportions married in both sexes in the 20-29 age group.

## **Housing**

In West Sussex 394,587 persons were enumerated in 140,484 private households which occupied 671,671 rooms. There were 142,402 structurally separate dwellings, of which 5,114 were wholly vacant. Among these dwellings 140,802 contained one household space and 1,600 more than one household space. The number of dwellings (occupied and vacant) had risen by 42.6 per cent since 1951; of these 12 per cent had less than four rooms and 8 per cent had seven or more rooms. The average size of dwellings had fallen slightly since 1951 from 5 rooms to 4.9 rooms.

The average number of persons per household has fallen from 3.1 to 2.9. Five per cent of all households occupied one or two rooms, 35 per cent occupied three or four rooms, 37 per cent occupied five rooms, 15 per cent occupied six rooms and the remaining 8 per cent seven or more rooms; 3.4 per cent of all households shared a dwelling with at least one other household compared with 7.5 per cent in 1951.

## **Households containing Persons of Pensionable Age**

There were 41,798 one or two-person households in the County containing 58,702 persons of pensionable age, 63 per cent of all such persons in the County. Among these persons 24 per cent were living alone.



CENSUS 1961

AGE AND SEX DISTRIBUTION OF POPULATION

TABLE A

DISTRICT	Sex	All ages	A G E G R O U P S																			
			0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95+
URBAN DISTRICTS	M	1,199	64	79	95	81	62	66	58	62	61	77	109	105	84	66	54	43	18	13	2	—
	F	1,418	73	75	88	67	54	54	75	69	71	105	119	102	116	108	93	57	40	19	4	1
Arundel M.B.	T	2,617	137	154	183	129	120	133	133	131	132	182	228	207	200	174	147	100	58	32	6	1
	M	12,103	825	833	957	819	584	639	624	665	662	789	858	821	768	788	671	474	220	94	12	—
Bognor Regis U.D.	F	15,961	769	785	961	867	660	614	667	790	828	1,028	1,138	1,131	1,304	1,387	1,222	917	596	206	78	13
	T	28,084	1,594	1,618	1,918	1,686	1,244	1,253	1,291	1,455	1,490	1,817	1,996	1,952	2,072	1,893	1,391	816	300	90	13	—
Chichester M.B.	M	9,151	670	705	836	626	518	495	539	568	619	675	648	631	464	416	317	229	129	58	6	2
	F	10,973	627	613	765	758	669	522	625	637	657	765	755	717	662	653	601	445	304	146	47	5
Crawley U.D.	T	20,124	1,297	1,318	1,601	1,384	1,187	1,017	1,164	1,205	1,276	1,440	1,403	1,348	1,126	1,069	915	674	433	204	53	7
	M	26,572	3,396	3,110	2,656	1,479	1,017	1,861	2,885	2,959	2,139	1,642	1,131	799	553	364	267	203	81	24	3	3
Horsham U.D.	F	27,196	3,311	2,980	2,439	1,449	1,350	2,459	3,005	2,700	1,879	1,461	990	826	597	614	502	343	189	76	25	1
	T	53,768	6,707	6,090	5,095	2,928	2,367	4,320	5,890	5,659	4,018	3,103	2,121	1,625	1,150	978	769	546	270	100	28	4
Littlehampton U.D.	M	9,982	827	772	878	644	461	541	676	803	663	708	700	683	544	381	309	212	122	43	14	1
	F	11,216	783	773	852	615	500	656	753	776	657	779	795	761	667	590	488	384	229	122	29	7
Shoreham-by-Sea U.D.	T	21,198	1,610	1,545	1,730	1,259	961	1,197	1,429	1,579	1,320	1,487	1,495	1,444	1,211	971	797	596	351	165	43	8
	M	7,118	625	589	617	477	382	425	387	439	403	468	440	409	385	415	296	210	99	36	15	1
Southwick U.D.	F	8,581	611	562	617	527	443	398	450	499	477	531	543	519	591	606	481	382	204	100	33	7
	T	15,699	1,236	1,151	1,234	1,004	825	823	837	938	880	999	983	928	976	1,021	777	592	303	136	48	8
Worthing M.B.	M	8,159	694	624	686	604	375	438	562	597	538	518	616	503	416	383	261	189	97	48	8	2
	F	9,251	665	583	625	602	476	523	574	598	615	641	641	612	546	449	446	325	185	110	30	5
AGGREGATE OF U.D.s and M.B.s	T	17,410	1,359	1,207	1,311	1,206	851	961	1,136	1,195	1,153	1,159	1,257	1,115	962	832	707	514	282	158	38	7
	M	5,550	415	420	484	329	252	304	334	378	390	371	444	389	319	255	198	148	78	34	7	1
AGGREGATE OF U.D.s and M.B.s	F	6,379	400	407	439	361	273	337	369	422	417	397	484	479	407	379	312	256	144	61	26	9
	T	11,929	815	827	923	690	525	641	703	800	807	768	928	863	726	634	510	404	222	95	33	10
AGGREGATE OF U.D.s and M.B.s	M	32,345	1,866	1,813	2,282	1,930	1,476	1,417	1,444	1,630	1,695	2,006	2,255	2,222	2,407	2,614	2,371	1,586	871	370	84	6
	F	47,984	1,806	1,767	2,365	1,996	1,609	1,511	1,729	2,018	2,189	2,765	3,252	3,701	4,481	4,966	4,575	3,568	2,240	1,044	338	64
AGGREGATE OF U.D.s and M.B.s	T	80,329	3,672	3,580	4,647	3,926	3,085	2,928	3,173	3,648	3,884	4,771	5,507	5,923	6,888	7,580	6,946	5,154	3,111	1,414	422	70
	M	112,179	9,382	8,945	9,491	6,989	5,127	6,186	7,509	8,101	7,170	7,254	7,201	6,562	5,940	5,682	4,744	3,294	1,715	720	151	16
AGGREGATE OF U.D.s and M.B.s	F	138,959	9,045	8,545	9,151	7,257	6,047	7,074	8,247	8,509	7,790	8,472	8,717	8,848	9,371	9,752	8,720	6,677	4,131	1,884	610	112
	T	251,138	18,427	17,490	18,642	14,246	11,174	13,260	15,756	16,610	14,960	15,726	15,918	15,410	15,311	15,434	13,464	9,971	5,846	2,604	761	128



TABLE A (Continued)

District	Sex	All ages	A G E G R O U P S																			
			0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95+
RURAL DISTRICTS Chantonbury R.D.	M	10,819	852	809	1,018	744	549	551	553	588	623	710	794	780	648	592	446	296	171	82	13	—
	F	12,383	784	731	839	781	595	588	597	649	727	811	914	953	888	840	692	515	315	116	40	8
	T	23,202	1,636	1,540	1,857	1,525	1,144	1,139	1,150	1,237	1,350	1,521	1,708	1,733	1,536	1,432	1,138	811	486	198	53	8
	M	23,659	1,921	1,867	2,167	1,815	1,392	1,290	1,395	1,477	1,435	1,539	1,586	1,487	1,225	1,101	913	696	307	99	34	3
	F	25,733	1,828	1,786	2,036	1,594	1,219	1,326	1,432	1,601	1,608	1,747	1,813	1,712	1,619	1,500	1,281	853	502	203	63	10
	T	49,392	3,749	3,653	4,203	3,409	2,611	2,616	2,827	3,078	3,043	3,286	3,399	3,199	2,844	2,601	2,194	1,459	809	302	97	13
Horsham R.D.	M	10,907	850	816	1,053	857	546	598	663	704	676	763	837	740	544	428	356	256	153	55	11	1
	F	11,724	818	784	981	770	664	654	709	797	696	826	901	760	632	571	480	329	209	116	21	6
	T	22,631	1,668	1,600	2,034	1,627	1,210	1,252	1,372	1,501	1,372	1,589	1,738	1,500	1,176	999	836	585	362	171	32	7
	M	8,148	585	603	697	567	453	455	491	473	435	541	581	638	487	373	333	231	144	52	6	3
	F	9,166	614	571	670	531	477	468	529	510	524	644	721	666	594	491	422	355	223	116	36	4
	T	17,314	1,199	1,174	1,367	1,098	930	923	1,020	983	959	1,185	1,302	1,304	1,081	864	755	586	367	168	42	7
Petworth R.D.	M	4,599	341	342	568	306	218	213	258	284	230	275	330	308	262	226	194	131	78	31	4	—
	F	4,911	318	302	371	279	230	232	269	287	266	337	346	387	324	299	251	200	134	59	18	2
	T	9,510	659	644	939	585	448	445	527	571	496	612	676	695	586	525	445	331	212	90	22	2
	M	16,852	1,085	1,076	1,204	983	715	717	823	847	844	1,054	1,126	1,141	1,230	1,521	1,235	741	349	127	29	5
	F	21,574	1,034	989	1,165	965	850	835	904	1,048	1,107	1,306	1,478	1,711	2,035	2,089	1,743	1,153	718	324	103	17
	T	38,426	2,119	2,065	2,369	1,948	1,565	1,552	1,727	1,895	1,951	2,360	2,604	2,851	3,265	3,610	2,978	1,894	1,067	451	132	22
AGGREGATE OF R.D.s	M	74,984	5,634	5,513	6,707	5,272	3,873	3,824	4,183	4,373	4,243	4,882	5,254	5,094	4,396	4,241	3,477	2,261	1,202	446	97	12
	F	85,491	5,396	5,163	6,062	4,920	4,035	4,103	4,440	4,892	4,928	5,671	6,173	6,189	6,092	5,790	4,869	3,405	2,101	934	281	47
	T	160,475	11,030	10,676	12,769	10,192	7,908	7,927	8,623	9,265	9,171	10,553	11,427	11,283	10,488	10,031	8,346	5,666	3,303	1,380	378	59
TOTAL ADMINISTRATIVE COUNTY	M	187,163	15,016	14,458	16,198	12,261	9,000	10,010	11,692	12,474	11,413	12,136	12,455	11,656	10,336	9,923	8,221	5,555	2,917	1,166	248	28
	F	224,450	14,441	13,708	15,213	12,177	10,082	11,177	12,687	13,401	12,718	14,143	14,890	15,037	15,463	15,542	13,589	10,082	6,232	2,818	891	159
	T	411,613	29,457	28,166	31,411	24,438	19,082	21,187	24,379	25,875	24,131	26,279	27,345	26,693	25,799	25,465	21,810	15,637	9,149	3,984	1,139	187
Crawley New Town	M	26,716	3,403	3,122	2,670	1,496	1,022	1,868	2,890	2,967	2,155	1,655	1,142	807	558	372	269	205	83	25	4	3
	F	27,331	3,319	2,985	2,449	1,547	1,361	2,465	3,009	2,712	1,891	1,472	1,000	837	601	623	509	348	190	77	25	1
	T	54,047	6,722	6,107	5,119	2,953	2,383	4,333	5,899	5,679	4,046	3,127	2,142	1,644	1,159	995	778	553	273	102	29	4



## Household Arrangements

In West Sussex 84.3 per cent of households had exclusive use of all four household arrangements viz.: cold water tap, hot water tap, fixed bath and watercloset. The proportion was 86.7 per cent for households not sharing a dwelling but fell to 18.9 per cent for households sharing a dwelling with exclusive use of stove and sink and 3.0 per cent for sharing households without exclusive use of stove and sink. A summary of arrangements by urban districts and rural districts is shown in Table B. The following points are of significance in considering the health of the County:

- (a) *Cold water tap.* In 1961, 98.4 per cent of all households in the County had exclusive use of a cold water tap within the building, 0.9 per cent shared and 0.7 per cent were entirely without the use of a cold water tap. Since 1951, the proportion of households without a cold water tap has fallen from 9.3 per cent to 0.9 per cent.
- (b) *Hot water tap.* Among households in West Sussex, 88 per cent had exclusive use of a hot water tap within the building, 1 per cent had shared use and 11 per cent were without.
- (c) *Fixed bath.* The proportion of households with exclusive use of a fixed bath within the building was 88.1 per cent (rather lower than for a cold water tap); 3.4 per cent shared and 8.5 per cent were entirely without the use of a fixed bath. The period from 1951 to 1961 has seen a general improvement; the proportion entirely without access to a fixed bath has fallen from 22.7 per cent to 8.5 per cent and the proportion with only shared use has fallen from 5.6 per cent to 3.4 per cent.
- (d) *Watercloset.* The proportion of households in the County with exclusive use of a watercloset in the building or attached to it was 93.2 per cent; 3.0 per cent had shared use and 3.8 per cent were without the use of a watercloset in the building. Here, also, there was considerable improvement compared with 1951, when 15 per cent of households were without exclusive use of a watercloset.

## Institutions

In 1961, 344 establishments in the County were recorded as "institutions" compared with 203 in 1951. Of these, 56 were "miscellaneous communal establishments", a definition not contained in the 1951 census. Other significant variations were a marked increase in homes for old persons and disabled persons from 39 (830 inmates) in 1951 to 83 (1,672 inmates) in 1961; an increase of 10 "other hospitals", which includes nursing homes (inmates increasing from 915 in 1951 to 1,251 in 1961); a considerable decrease in the number of inmates in N.H.S. hospitals, other than psychiatric, from 1,950 in 1951 to 1,371 in 1961; and a marked reduction in the number of inmates per home in children's homes (20 homes, 670 children in 1951; 41 homes, 487 children in 1961). Details are shown in Table C.



Households with household arrangements as follows:—  
(E = having exclusive use S = Sharing with another household N = Entirely without)

DISTRICT	Total number of households	COLD WATER TAP		HOT WATER TAP		FIXED BATH		WATER CLOSET		ALL FOUR ARRANGEMENTS							
		S		N		S		N		E							
		Households	Per cent	Households	Per cent	Households	Per cent	Households	Per cent	Households	Per cent						
a	b	c	d	e	f	g	h	i	m	n	o	p	q	r	s	t	u
Arundel M.B.	939	2	0.2	3	0.3	4	0.4	234	24.9	20	2.1	194	20.7	32	3.4	661	70.4
Bognor Regis U.D.	9,433	111	1.2	24	0.3	122	1.3	750	8.0	439	4.7	577	6.1	99	1.0	8,176	86.7
Chichester M.B.	5,969	114	1.9	11	0.2	109	1.8	1,438	24.1	253	4.2	986	16.5	99	1.7	4,179	70.0
Crawley U.D.	15,540	62	0.4	9	0.1	49	0.3	445	2.9	93	0.6	382	2.5	98	0.6	14,917	96.0
Horsham U.D.	6,821	70	1.0	22	0.3	59	0.9	935	13.7	139	2.0	906	13.3	116	1.7	5,606	82.2
Littlehampton U.D.	5,090	36	0.7	7	0.1	40	0.8	646	12.7	170	3.3	520	10.2	121	2.4	4,185	82.2
Shoreham-by-Sea U.D.	5,492	66	1.2	18	0.3	47	0.9	633	11.5	133	2.4	366	6.7	114	2.1	4,711	85.8
Southwick U.D.	3,993	42	1.1	1	0.0	44	1.1	399	10.0	133	3.3	252	6.3	78	2.0	3,456	86.6
Worthing M.B.	30,285	512	1.7	12	0.0	653	2.2	1,981	6.5	2,764	9.1	1,589	5.2	136	0.4	25,422	83.9
AGGREGATE OF U.D.s AND M.B.s	83,562	1,015	1.2	107	0.1	1,127	1.3	7,461	8.9	4,144	5.0	5,772	6.9	778	0.9	71,313	85.3
Chantombury R.D.	7,698	27	0.4	148	1.9	29	0.4	1,259	16.4	81	1.1	944	12.3	75	1.0	6,149	79.9
Chichester R.D.	15,605	68	0.4	320	2.1	59	0.4	2,624	16.8	124	0.8	1,883	12.1	111	0.7	12,495	80.1
Horsham R.D.	6,886	34	0.5	160	2.3	38	0.6	1,161	16.9	60	0.9	983	14.3	58	0.8	5,471	79.5
Midhurst R.D.	5,385	27	0.5	73	1.4	26	0.5	969	18.0	47	0.9	900	16.7	54	1.0	4,321	78.6
Petworth R.D.	2,998	7	0.2	69	2.3	7	0.2	629	21.0	22	0.7	586	19.5	17	0.6	2,214	73.8
Worthing R.D.	14,029	64	0.5	73	0.5	77	0.5	868	6.2	156	1.1	451	3.2	136	1.0	12,911	92.0
AGGREGATE OF R.D.s	52,601	227	0.4	843	1.6	236	0.4	7,510	14.3	490	0.9	5,747	10.9	451	0.9	43,471	82.6
TOTAL: WEST SUSSEX	136,163	1,242	0.9	950	0.7	1,363	1.0	14,971	11.0	4,634	3.4	11,519	8.5	4,030	3.0	114,784	84.3



CENSUS 1961:

TABLE C

**INSTITUTIONS**  
(The 1951 figures are shown in brackets)

Type of Institution	Number of Institutions	Total population				Inmates only	
		Persons	Males	Females	Males	Females	
1. N.H.S. hospitals, other than psychiatric ...	21 (23)	1,817 (2,659)	552 (953)	1,265 (1,706)	519 (862)	852 (1,088)	
2. Other hospitals, other than psychiatric ...	77 (67)	1,664 (1,299)	395 (411)	1,269 (888)	315 (348)	936 (567)	
3. Psychiatric hospitals (N.H.S. and other) ...	9 (7)	1,551 (1,337)	688 (529)	863 (808)	651 (482)	791 (717)	
4. Homes only for old persons	64 (34)	1,431 (946)	311 (335)	1,120 (611)	266 (299)	985 (505)	
5. Homes only for disabled persons ...	10 (5)	326 (46)	131 (6)	195 (40)	114 (3)	153 (23)	
6. Homes for old and disabled persons ...	9 (*)	207	16	191	13	141	
7. Children's homes ...	41 (20)	695 (889)	321 (502)	374 (387)	260 (470)	227 (200)	
8. Places of detention ...	7 (6)	336 (156)	290 (123)	46 (33)	283 (111)	33 (20)	
9. Civilian ships, boats and barges ...	50 (41)	183 (138)	150 (99)	33 (39)			
10. Miscellaneous communal establishments ...	56 (*)	850	461	389			

\* Not enumerated in 1951.



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