[Report 1964] / Medical Officer of Health, West Sussex County Council.

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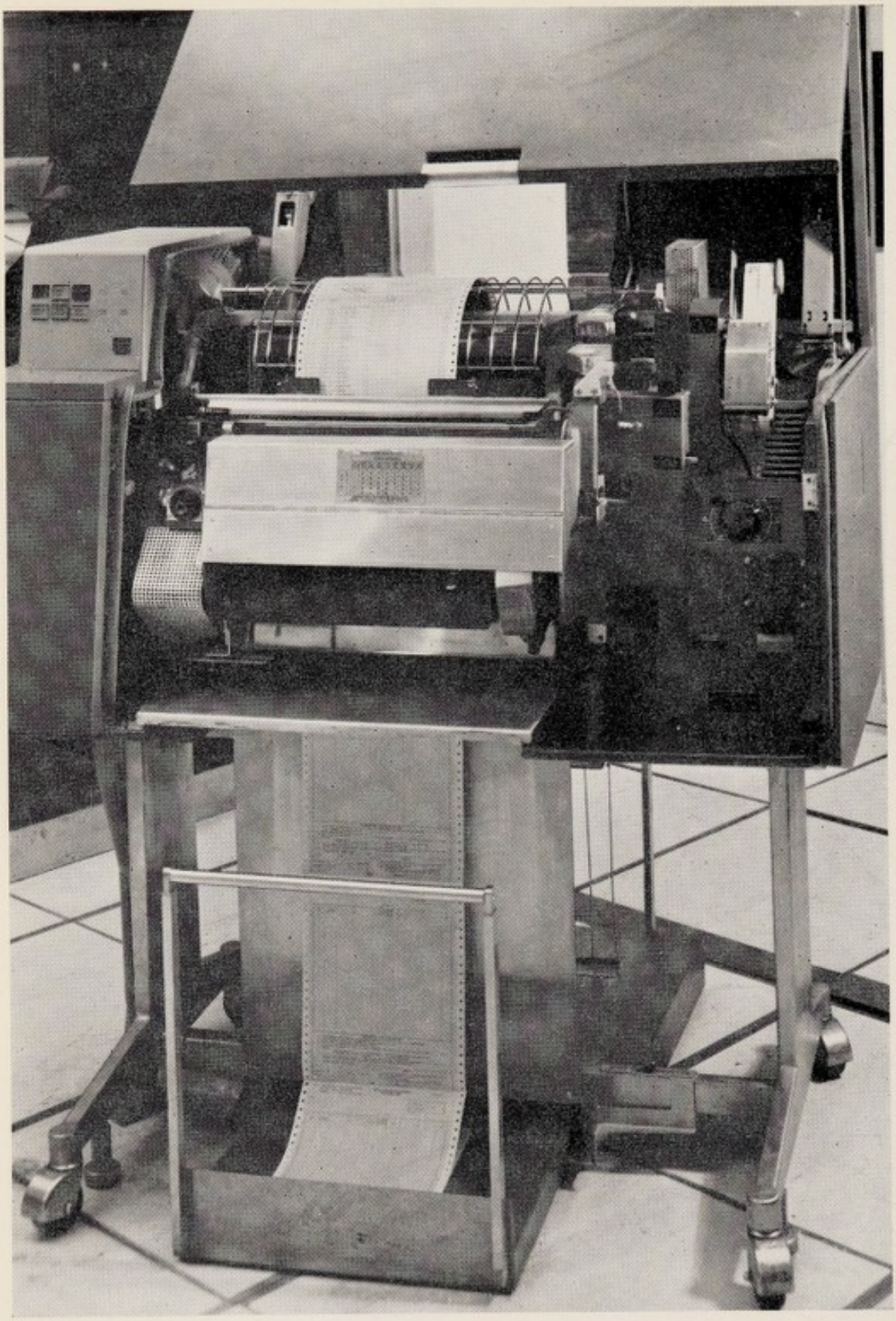
THE ANNUAL REPORTS OF THE COUNTY MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

THE HEALTH OF WEST SUSSEX

1964



THE AGE OF AUTOMATION

The I.B.M. High-Speed Printer producing appointment lists for vaccination clinics.

CONTENTS

"My Government will have particular regard for those on whom age, sickness and personal misfortune impose special disabilities.... Action will be proposed to modernise the health and welfare services."

Extract from The Queen's Speech, Opening of Parliament; 3rd November, 1964.

Telephone: Chichester 3001

COUNTY HALL
CHICHESTER

15th May, 1965

To the Members of the County Council of West Sussex

I present for your information another edition of *The Health of West Sussex* which has been compiled in accordance with the requirements of the *Public Health Officers Regulations, 1959* and at the request of the Department of Education and Science; it comprises my Annual Reports on the Health of the County and of the School Child for the year 1964, the fifth edition of such reports for which I have been responsible.

Repetitive Reports

Most of what is contained in this document and its immediate predecessors can be summed up in four words, "The mixture as before." The statistics alter, some of the services are improved and others are cut back, but the space of a year is far too short a period to record changes of material significance or value in more than a few of the activities of a medium-sized local health authority. Much of the material in this Report has in any case been received by the appropriate committees and sub-committees of the Council and to that extent is already contained in documents which are available to the public.

The preparation of an annual report by a medical officer of health is, however, a statutory obligation and, if he happens to be employed by a county council, the law* requires that

> "he shall as soon as practicable after the 31st day of December in each year make an annual report to the county council for the year ending on that date on the sanitary circumstances, the sanitary administration and the vital statistics of the county, containing in addition to any other matters upon which he may consider it desirable to report, such information as may from time to time be required by the Minister, and furnish the Minister with as many copies of such report as the Minister may from time to time require."

The standards adopted by the medical officer of health in complying with that statutory obligation appear to be entirely his own concern but, if he subscribes to the view that the efficiency of his Department tends to be judged by the quality of the published report, he can do no other than to commit much of his own time and that of his senior staff to its preparation over a period of several months; in doing so he knows full well that that time could be far more usefully spent on other work.

In the belief that the current statutory requirement imposes burdens of effort and cost which are quite disproportionate to the value of a report produced annually, I enquired of the Ministry of Health† whether they would lend support to a suggestion that medical officers of health should compile a comprehensive survey on the health of their areas at less frequent intervals than once a year and prepare in

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*Article 5 (3), *Public Health Officers Regulations, 1959.*

†By letter dated 21st June, 1963.

the intervening years a brief statistical statement to which could be added a preface devoted to matters of special importance, including any which the Ministry wished to be dealt with in detail. Although they conceded* that there was scope for experiment in the treatment of the annual report, the Ministry were clearly unimpressed with these suggestions and subsequent Circulars† sent by them to local authorities have continued to draw attention to the requirements of the *Public Health Officers Regulations, 1959* and have asked that reports be prepared in much the same form as before.

In certain quarters it is nowadays fashionable to make reports on all kinds of subjects to all kinds of people and organisations, and it seems that the public are becoming increasingly bewildered by the voluminous verbiage which is being put before them. The production of reports has in fact assumed the proportions of a national industry and there is little evidence that many of them serve much useful purpose. It is, moreover, all too easy to defer taking action on a problem which is likely to be the subject of a report and it does not appear to be particularly difficult to find reasons for shelving a problem once it has been investigated and enshrined upon the printed page. Few people would be any the worse off if most of the reports published at great effort and cost in recent years had never seen the light of day. I certainly know of no person in West Sussex whose life has been saved or whose health has even been materially improved merely because the medical officer of health has a statutory duty to publish an annual report.

For these reasons, I intend in future to adopt the rule that if there is nothing new to say it is better to keep quiet. Whilst the law remains in its present form, it will be necessary for me to prepare a report annually but, unless the Council wish me to do otherwise, it is likely that future editions of *The Health of West Sussex* will be very much shorter than has been customary in recent years. The time, effort and money thus saved will be put to better use.

Improvements and Imperfections

Judged by the usual statistics, the health of the County in 1964 was good; in some respects it was better than it had ever been. The death rate was lower than at any time in the last decade and the infant mortality and stillbirth rates were the lowest on record. Mortality from diseases of the circulatory and respiratory systems was less than in 1963 but cancer continued to increase its melancholy toll; more men died of cancer of the lung and bronchus in West Sussex in 1964 than in any previous year. The County was remarkably free from infectious disease and first certificates of incapacity received by the Ministry of Pensions and National Insurance were fewer than at any time since 1961.

Part VIII of the Report draws attention to the continuing pollution of the County's beaches by crude sewage being discharged untreated into the sea. Most of the coastal towns in the County, some of them

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*By letter dated 1st November, 1963.

†Notably 1/64 dated 13th January, 1964, and 1/65 dated 11th January, 1965.

holiday resorts, adopt this form of sewage disposal and there seems to be no present intention to abandon this objectionable practice despite the loss of amenity and the possible risks to health.

Reference is again made to the needs of the elderly in Part IV of the Report where the view is expressed that mere pressure of demand will shortly bring about a breakdown of some of the existing services for old people unless determined and resolute measures are taken soon to provide the buildings and staff which will be needed. The last Report contained an account of how the hospital authorities are preparing for a planned deficiency of geriatric hospital accommodation. It also recorded the unfruitful representations made on behalf of the Council aimed at bringing about a more realistic appraisal of future hospital requirements. So far as I am aware, no different views were adopted by the hospital authorities in 1964 which might make the outlook for some of our old people and their relatives less cheerless.

Further headway was made with the implementation of the ten-year plan for the development of the health services. The plan was again revised at the request of the Ministry of Health following the publication of the first national revision on 21st July, 1964.* The second local revision of the plan is reproduced at Appendix D.

Much has been accomplished since the original plan was called for by the Ministry of Health in 1962 and many of the Council's services, particularly those concerned with the support of the sick in their own homes, are now being built up as rapidly as available resources will allow. There are now more nurses (health visitors, home nurses and midwives) working for the Council than ever before. Throughout the urban areas of the County (excluding Worthing) health visitors are unconditionally attached to the practices of family doctors and a start has been made with similar schemes of attachment for other categories of nursing staff. In order to give further support to the work of the doctors and nurses, considerable quantities of domiciliary nursing aids are now being made available to patients free of charge. Appendix C contains an account of how some of this equipment is being used.

In other directions, progress with the ten-year plan has been disappointing. The acquisition of some building sites has been lamentably slow, particularly those being acquired from the hospital authorities, and new schemes have also been delayed because of planning restrictions. Despite the geographical attractions of the County, the recruitment of certain categories of staff has remained difficult and has held back the further development of some of the services.

The period under review was the first complete year during which ambulance transport was provided on a directly-administered basis. The arrangements are operating well and the accomplishments and efficiency of the service amply justify the Council's decision to introduce the new methods of working. Steps were taken to improve staff

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*Ministry of Health; Health and Welfare: The Development of Community Care; (Revision to 1973–74 of Plans for the Health and Welfare Services of Local Authorities in England and Wales); H.M. Stationery Office, London; 1964.

training by the introduction (from April, 1965) of a cadet training scheme and by the appointment of a staff officer and plans were made to accord priority to the provision of new ambulance stations. If all goes well, the building of seven of the nine new stations envisaged in the ten-year plan will have commenced by 1967.

In the field of mental health, a start was made at last on the building of the training centre at Crawley and on the training centre and children's hostel at Worthing; these new buildings will be brought into use during 1965. Two additional mental welfare officers were appointed during the year, one at Chichester and the other at Shoreham-by-Sea. The recommendations contained in the report of the Scott Committee,* were applied to the staffing of training centres and further progress was made with the scheme for the secondment of training centre staff to approved courses of training. The Report gives an account of experience gained at Rustington hostel where the Council have been providing accommodation for mentally subnormal young men for the past three years. It also draws attention to a number of problems connected with the provision of residential accommodation for the mentally disordered and suggests a need for further experience in this field before the ratepayers are committed to considerable capital expenditure on the provision of purpose-built accommodation. One way of acquiring such experience may be to rent houses on urban housing estates and consultations with district councils which have already taken place suggest that some experiments along these lines may be possible within the next few years.

In the financial year 1963/64, the cost of the local health services described in the Report was £1,586.4s. a 1,000 population or 31s.9d. a head. The average cost for the 61 administrative counties in England and Wales was £1,812.10s. a 1,000 population or 36s.3d. a head. Only 11 counties provided local health services more cheaply than West Sussex. How many were more effective is not known.

The Age of Automation

The Council will be aware of the pioneering work which is being done in the Department with the introduction of electronic data processing. Many of the statistics contained in the Report were compiled with the aid of the computer which is now also being used in the ambulance, home help, nursing, school health and vaccination and immunisation services.

The last Report drew attention to the ways in which modern invention is being harnessed to ensure that children are adequately protected against infectious disease and a full account is given in these pages of the progress which has already been achieved. By the time the Report is published, the use of the computer in the management of the Council's vaccination and immunisation scheme will have been extended to

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*Ministry of Health; Central Health Services Council; Standing Mental Health Advisory Committee; The Training of Staff of Training Centres for the Mentally Subnormal; Report of the Sub-Committee; H.M. Stationery Office, London; 1962.

all parts of the County with the exception of Worthing where the Borough Council, to whom powers of delegation have been entrusted under the *Local Government Act, 1958,* have so far declined for no apparent reason to make the new arrangements available to children living in the Borough.

It is becoming increasingly evident that the approach of automation is about to herald the beginning of a new era in human affairs.

> "We have now reached a point where we could be moving into a golden age for the mass of human beings, with adequate food, shelter, clothing and amenities, and with the opportunity of developing their minds to a degree that has never before been possible."*

One important feature of that new era will undoubtedly be an improvement in the health and social conditions of the people which the use of computers will make possible. At present, their use in this country is still in its infancy. Only about a thousand have so far been installed and the present stage of their development has been compared with that of the aeroplane or motor car in 1914. Clearly, big changes are on the way.

Already computers are assisting in the prevention, diagnosis and treatment of illness. Already they are being used to collect, record, store, retrieve and amend complicated health records. Already there is talk of the Department undertaking further original research, this time to determine the feasibility of comprehensive medical record linkage in the National Health Service.

These are mere examples of how things are beginning to change. What has previously been dismissed as fanciful is now being shown to be entirely practicable. Objectives hitherto unattainable are now within our reach. With the new tools with which medicine is being equipped and enriched, further progress is not only possible; it is inevitable.

The Health of the School Child

An account of the comprehensive facilities made available by the Council for the benefit of pupils attending maintained schools is contained in Part IX of the Report.

The fact that only one child in every 1,000 examined at periodic medical inspections was considered to be of unsatisfactory physical condition suggests that the health of the children was generally of a high standard. Other statistics given in the Report show, however, that this is not by any means the whole story. Out of every ten children examined during the year, one had some defect or disease which required treatment and five were suffering from conditions which required observation. Almost all the school children in maintained schools were examined by a dental surgeon and only about half of them were found to be dentally fit. Although the Report envisages that it may be necessary to modify the present routine of examining school leavers, it is

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*Sir Leon Bagrit; Reith Lectures — V; Automation: Some industrial and economic consequences; B.B.C. Home Service; 6th December, 1964.

nevertheless abundantly clear that the periodic examination of younger children makes a most important contribution to their future health and well-being. Many of the abnormalities found at those examinations, though of a minor nature, might otherwise remain unrecognised or untreated for years and might eventually result in serious disability.

In order to enable children to understand something of the workings of their bodies and minds and of the contribution they can make towards their better functioning, emphasis continued to be placed on health education and every opportunity was taken to supplement the work of school teachers by making available visual aids and by accepting invitations for specially-qualified staff to give talks on particular subjects. The report of the Cohen Committee,* to which reference is made on page 64, was published in May, 1964 and, *inter alia*, drew attention to a number of special health problems which at present call for attention in schools. Amongst these were included smoking, alcoholism and sex education. Although there was some interruption of the practice of including sex education in "human relationships" courses arranged for school leavers, it is evident that, if the welfare of the family and the home is to remain of basic importance in society and standards of sexual morality are to be preserved, this is a subject to which far more attention will have to be given in the future than has ever been thought desirable in the past. In a courageous and comprehensive report† published in March, 1964 a Committee appointed by the British Medical Association representing the churches, the medical, nursing and educational professions and the social services also expressed the view that programmes of sex education should be established.

The Home Help Service

An important event of the year was the setting up by the Council on 1st October, 1964 of the directly-administered arrangements for the management of the home help service. The Report contains details of some of the preparations which preceded the introduction of the new arrangements and gives particulars of the ways in which it is hoped in years to come to bring this service more into line with standards which are already available to the public in other parts of the country.

The Council's thanks are due to the Women's Voluntary Service for all they have done to provide home help facilities in the County as agents of the Council since 1948. At all times they have acted in the very best traditions of voluntary service. In withdrawing from the management of the service, they have confirmed their willingness to continue to undertake some home visiting on an entirely voluntary basis.

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*Ministry of Health; Health Education; Report of the Joint Committee of the Central and Scottish Health Services Councils; H.M. Stationery Office, London; 1964.

†Venereal Disease in Young People; British Medical Association, 1964.

Committees and Staff

The services described in the Report were the responsibility of the County Health and County Education Committees and a number of Sub-Committees continued to exercise delegated powers of varying degrees in relation to the matters within their control. The names of the members of these Committees and Sub-Committees are given at Appendix A.

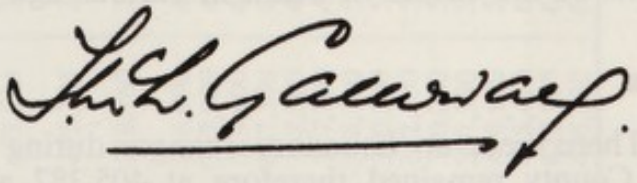
Mr. R. M. Tilling relinquished the Vice-Chairmanship of the County Health Committee and of the Public Health Sub-Committee in May, 1964. In the former office he was succeeded by Mr. W. G. S. Pope and in the latter by Mr. E. G. R. Fisk. Mr. Fisk retired from the Council in November, 1964 and Mr. Pope was thereupon elected Chairman of the Public Health Sub-Committee. In May, 1964 Brigadier L. L. Thwaytes, D.L., Vice-Chairman of the County Council, retired from the Chairmanship of the County Education Committee and was succeeded by Mr. R. Martin.

The year saw the retirement of Miss K. D. Holland from the appointment of Superintendent Nursing Officer. She had given loyal and devoted service to the people of the County for 40 years and had always endeared herself to all who worked with her. In July, 1964 Dr. H. R. Ferguson retired from the appointment of Medical Superintendent of the Royal Earlswood Hospital, Redhill, after 46 years in the service of the mentally disordered. Although he was always hard-pressed by demands for accommodation, there never was a time when the Department turned in vain to Dr. Ferguson for help. Both these colleagues will be missed; both deserve the best wishes which their many friends have extended to them for long and happy retirement.

Acknowledgments

The Department now employs more than a thousand people; on your behalf and mine I thank them all for the contribution they have made in the past year to the progress recorded in these pages. I am also indebted to colleagues in other County departments, to voluntary workers and organisations of many kinds, to the staffs of the schools, to the Press and to all who in different ways have promoted the health and well-being of the people.

I again acknowledge in no merely formal way the strong support and encouragement given by the Council, particularly those members who serve on the County Health and County Education Committees, to the ever-expanding work of the Department.



County Medical Officer of Health
and Principal School Medical Officer

PART I—GENERAL AND STATISTICAL

Vital Statistics

The Ministry of Health have again asked that certain vital statistics relating to mothers and infants should be included in the Report in the following form and detail; those for 1963 are also shown for comparative purposes. Comments on most of these statistics are made elsewhere in the Report.

	1963	1964
Live Births		
Number	6,395	6,567
Rate a 1,000 population	17.3	17.1
Illegitimate Live Births (per cent of total live births) ...	5.8	6.3
Stillbirths		
Number	92	91
Rate a 1,000 total live and still births	14.2	13.7
Total Live and Still Births	6,487	6,658
Infant Deaths (deaths under one year)	114	108
Infant Mortality Rates		
Total infant deaths a 1,000 total live births ...	17.8	16.4
Legitimate infant deaths a 1,000 legitimate live births	17.4	15.8
Illegitimate infant deaths a 1,000 illegitimate live births	29.4	26.5
Neonatal Mortality Rate (Deaths under four weeks a 1,000 total live births)	13.4	12.6
Early Neonatal Mortality Rate (Deaths under one week a 1,000 total live births) ...	11.1	10.4
Perinatal Mortality Rate (Stillbirths and deaths under one week combined a 1,000 total live and still births)	25.1	23.9
Maternal Mortality (including abortion)		
Number of deaths	—	3
Rate a 1,000 total live and still births	—	0.5

The table on page 16 gives details of the population and the main vital statistics for each County district. The table on page 22 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).

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		England & Wales	West Sussex		England & Wales	West Sussex		England & Wales	West Sussex		England & Wales	West Sussex		England & Wales	West Sussex		England & Wales
		No.	Rate a 1,000 population		No.	Rate a 1,000 population		No.	Rate a 1,000 live births		No.	Rate a 1,000 live births		No.	Rate a 1,000 total live and still births		No.	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	130	†	†	†	†	†	†	6	1.8	3.7
1921	195,795	3,214	17.4	22.4	2,185	11.4	12.1	158	49.2	83	†	†	†	†	†	†	11	3.3	3.9
1931	216,760	3,134	14.5	15.8	2,808	13.0	12.3	139	44.4	66	†	†	†	†	†	†	13	4.1	4.0
1950	316,090	4,203	14.7	15.8	4,454	10.4	11.6	109	26.0	29.6	66	15.7	18.5	83	19.4	22.6	5	1.2	0.9
1951	317,900	4,068	14.2	15.5	4,654	10.8	12.5	100	25.0	29.7	69	17.0	18.8	98	23.3	23.0	2	0.5	0.8
1952	319,600	4,177	14.5	15.3	4,304	10.0	11.3	74	18.0	27.6	52	12.4	18.3	87	20.8	22.7	4	0.9	0.7
*1953	327,340	4,271	14.4	15.5	4,519	10.4	11.4	95	22.0	26.8	67	15.7	17.7	99	22.7	22.5	4	0.9	0.8
1954	338,500	4,681	16.0	15.2	4,606	9.5	11.3	112	24.0	25.4	88	18.8	17.7	106	22.1	23.5	1	0.2	0.7
1955	347,700	4,681	15.3	15.0	4,696	9.5	11.7	99	21.0	24.9	77	16.4	17.3	102	21.3	23.2	1	0.2	0.6
1956	358,700	5,021	15.4	15.6	5,138	10.7	11.7	122	24.0	23.7	85	16.9	16.8	105	20.5	22.9	3	0.6	0.6
1957	370,200	5,287	15.4	16.1	4,757	10.2	11.5	103	19.5	23.1	77	14.6	16.5	130	24.0	22.5	1	0.2	0.5
1958	382,500	5,541	15.4	16.4	5,267	11.0	11.7	100	18.0	22.6	74	13.4	16.2	106	18.8	21.6	1	0.2	0.4
1959	390,000	5,656	15.1	16.5	5,537	11.8	11.6	95	16.8	22.2	64	11.3	15.8	121	20.9	21.0	2	0.4	0.4
1960	397,240	5,802	14.9	17.1	5,679	12.2	11.5	118	20.3	21.9	88	15.2	15.6	84	13.7	19.8	1	0.2	0.4
1961	410,930	5,947	14.6	17.4	5,975	12.6	12.0	107	18.0	21.6	79	13.3	15.5	97	16.1	19.1	1	0.2	0.3
1962	418,470	6,183	14.8	18.0	6,122	12.9	11.9	124	20.1	21.6	92	14.9	15.1	106	17.1	18.1	2	0.3	0.4
1963	425,710	6,395	17.3	18.2	6,634	11.2	12.2	114	17.8	20.9	86	13.4	14.2	92	14.2	17.3	—	—	0.3
1964	436,770	6,567	17.1	18.4	5,976	10.0	11.3	108	16.4	20.0	83	12.6	13.8	91	13.7	17.2	3	0.5	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.

Chief Vital Statistics for each County District in West Sussex

District	Estimated population middle of 1964	No. of births	Birth rates		No. of illegitimate births	No. of deaths	Death rates		Deaths under one year	Infant mortality rate a 1,000 live births	Respiratory tuberculosis		Cancer death rate
			Crude	Standardised			Crude	Standardised			No. of deaths	Death rate	
Urban Districts													
Arundel (M.B.) ...	2,670	41	15.4	19.6	3	36	13.5	9.3	—	—	—	—	3.0
Bognor Regis ...	29,620	388	13.1	17.3	47	489	16.5	10.2	2	5.2	2	0.07	3.1
Chichester (M.B.)	20,280	285	14.1	14.7	17	278	13.7	8.1	11	38.6	—	—	2.1
Crawley	59,000	1,232	20.9	16.5	50	301	5.1	10.4	19	15.4	—	—	1.0
Horsham ...	23,250	420	18.1	19.2	21	238	10.2	9.3	5	11.9	—	—	2.4
Littlehampton ...	17,060	285	16.9	19.1	16	225	13.2	10.3	3	10.5	2	0.12	2.3
Shoreham-by-Sea	18,050	225	12.5	13.0	16	178	9.9	8.8	3	13.3	2	0.11	2.0
Southwick ...	11,970	163	13.6	15.5	18	137	11.4	9.3	1	6.1	—	—	3.0
Worthing (M.B.)	80,580	921	11.4	17.3	67	1,772	22.0	10.3	13	14.1	4	0.05	4.2
All Urban Districts	**262,480**	**3,960**	**15.1**	**16.8**	**255**	**3,654**	**13.9**	**10.0**	**57**	**14.4**	**10**	**0.04**	**2.7**
Rural Districts													
Chanctonbury ...	24,380	374	15.3	18.4	19	312	12.8	10.0	8	21.4	3	0.12	2.6
Chichester ...	54,890	831	15.1	17.4	63	592	10.8	9.8	17	20.5	4	0.07	2.3
Horsham ...	25,860	436	16.9	17.6	21	234	9.0	8.5	11	25.2	—	—	1.7
Midhurst ...	18,070	250	13.8	15.5	12	306	16.9	11.0	6	24.0	1	0.06	2.8
Petworth	10,100	155	15.3	18.7	9	144	14.3	11.0	1	6.5	1	0.10	2.5
Worthing	40,990	561	13.7	18.9	36	734	17.9	9.7	8	14.3	1	0.02	3.1
All Rural Districts	**174,290**	**2,607**	**15.0**	**17.9**	**160**	**2,322**	**13.3**	**9.8**	**51**	**19.6**	**10**	**0.06**	**2.5**
Administrative County	**436,770**	**6,567**	**15.0**	**17.1**	**415**	**5,976**	**13.7**	**10.0**	**108**	**16.4**	**20**	**0.05**	**2.6**

Population

The Registrar General's estimate of the mid-year population of the County was 436,770, an increase of 11,060 or 2.6 per cent compared with the previous mid-year estimate. Most of the 1964 increase was due to migration, for the natural increase in the population (the excess of births over deaths) was only 591. The following table shows how the population of the County is continuing to increase.

Year	*Mid-year population**	*Population increase*		*Year*	*Mid-year population**	*Population increase*	
		*Persons**	*Per cent*			*Persons**	*Per cent*
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
1955	348	9	2.65	1964	437	11	2.60

*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 (159,000). It was, however, less than the average of English counties (585,000) but approximated more closely to the average of all counties in England and Wales (494,000). Density of population in the County was 1.05 persons an acre which was 16.7 per cent greater than the average of all English counties.

The table on page 18 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 12.0 per cent in the population of the County as a whole during that period and this increase was greater in the rural than in the urban districts. Persons living in rural compared with urban areas were in the ratio of four to six; almost twice as many people lived in rural communities in West Sussex as in England and Wales as a whole.

Amongst the urban districts, the largest increases took place in Horsham U.D. (19.4 per cent), Crawley U.D. (16.3 per cent) and Shoreham-by-Sea U.D. (13.0 per cent). The Borough of Arundel (1.9 per cent) and the Urban District of Southwick (2.8 per cent) showed the smallest increases.

POPULATION: 1959 to 1964

District	Home Population						Increase 1959 to 1964		Increase 1963 to 1964	
	30th June, 1959	30th June, 1960	30th June, 1961	30th June, 1962	30th June, 1963	30th June, 1964	No. of persons	Percentage increase	No. of persons	Percentage increase
Urban Districts										
Arundel (M.B.) ...	2,620	2,680	2,630	2,650	2,640	2,670	50	1.9	30	1.1
Bognor Regis	26,310	26,920	27,200	28,070	28,620	29,620	3,310	12.6	1,000	3.5
Chichester (M.B.) ...	19,060	19,030	19,480	19,540	19,560	20,280	1,220	6.4	720	3.7
Crawley	50,710	52,150	53,860	55,360	56,790	59,000	8,290	16.3	2,210	3.9
Horsham	19,470	19,950	21,320	21,950	22,430	23,250	3,780	19.4	820	3.7
Littlehampton	15,150	15,630	15,640	15,920	16,220	17,060	1,910	12.6	840	5.2
Shoreham-by-Sea ...	15,980	16,190	17,240	17,520	17,690	18,050	2,070	13.0	360	2.0
Southwick	11,640	11,740	11,870	11,870	11,990	11,970	330	2.8	—20	—0.2
Worthing (M.B.) ...	75,260	77,140	79,550	79,750	79,710	80,580	5,320	7.1	870	1.1
All Urban Districts ...	**236,200**	**241,430**	**248,790**	**252,630**	**255,650**	**262,480**	**26,280**	**11.1**	**6,830**	**2.7**
Rural Districts										
Chanctonbury	22,050	22,270	22,810	23,070	23,320	24,380	2,330	10.6	1,060	4.5
Chichester	48,040	48,680	50,110	51,520	53,650	54,890	6,850	14.3	1,240	2.3
Horsham	22,190	22,610	24,040	24,590	25,280	25,860	3,670	16.5	580	2.3
Midhurst	17,010	17,150	17,520	17,890	17,890	18,070	1,060	6.2	180	1.0
Petworth	9,740	9,770	9,690	9,770	9,920	10,100	360	3.7	180	1.8
Worthing	34,770	35,330	37,970	39,000	40,000	40,990	6,220	17.9	990	2.5
All Rural Districts ...	**153,800**	**155,810**	**162,140**	**165,840**	**170,060**	**174,290**	**20,490**	**13.3**	**4,230**	**2.5**
Administrative County ...	**390,000**	**397,240**	**410,930**	**418,470**	**425,710**	**436,770**	**46,770**	**12.0**	**11,060**	**2.6**

In the rural areas, the population growth was greatest in Worthing R.D. (17.9 per cent), Horsham R.D. (16.5 per cent) and Chichester R.D. (14.3 per cent). By far the smallest increase was in Petworth R.D. (3.7 per cent).

With the single exception of Southwick U.D., there were increases in 1964 in the estimated populations in all the county districts.

Births

There were more live births registered in the County during 1964 than ever before. The total of 6,567 was 172 more than the previous year and gave a crude rate of 15.0 a 1,000 population, which was the same as that of 1963. The adjusted rate for the County was 17.1 a 1,000 population. This was marginally lower than the national rate of 18.4 and was 0.2 less than the 1963 rate of 17.3, which was the highest recorded in the County at any time since the years immediately after the First World War. The national rate of 18.4 was the highest since 1947. The table on page 15 gives the number of births in the County in previous years and compares the local and national rates.

An increase in the birth rate was recorded in eight of the 15 county districts and in five districts the rate was higher than that for England and Wales. The lowest rate (13.0) was recorded in Shoreham-by-Sea U.D.

There was a further increase (from 374 in 1963 to 415 in 1964) in the number of illegitimate live births. In the County as a whole, one in 16 of all live births was to an unmarried mother. Illegitimacy was again highest in Bognor Regis U.D. (1 in 8) and lowest in Crawley U.D. (1 in 25), Horsham R.D. and Midhurst R.D. (both 1 in 21).

Stillbirths registered during the year numbered 91, which was one less than in the previous year. This number gave a stillbirth rate of 13.7 a 1,000 total (live and still) births. In 1963 the rate was 14.2. The provisional rate for England and Wales in 1964 was 16.3.

The number of premature (live and still) births was slightly higher in 1964 than in the previous year, and the percentage of premature births to total (live and still) births rose by 0.2.

1957	1958	1959	1960	1961	1962	1963	1964
7.5	6.6	6.7	6.6	6.2	6.4	6.2	6.4

The following table gives particulars of all premature births in each county district during 1964.

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
Urban Districts							
Arundel (M.B.)	1 (—)	— (—)	— (—)	3 (—)	4 (—)	39	10.3
Bognor Regis ...	5 (3)	3 (—)	6 (—)	14 (—)	28 (3)	422	6.6
Chichester(M.B.)	5 (1)	5 (1)	3 (—)	7 (—)	20 (2)	270	7.4
Crawley ...	10 (2)	15 (2)	13 (—)	34 (1)	72 (5)	1,214	5.9
Horsham ...	5 (1)	4 (1)	4 (—)	9 (3)	22 (5)	458	4.8
Littlehampton ...	5 (3)	3 (1)	2 (—)	2 (—)	12 (4)	281	4.3
Shoreham-by-Sea	6 (4)	1 (—)	— (—)	9 (1)	16 (5)	234	6.8
Southwick ...	1 (—)	1 (—)	1 (—)	1 (—)	4 (—)	157	2.5
Worthing (M.B.)	9 (4)	9 (2)	13 (—)	22 (2)	53 (8)	936	5.7
Total Urban Districts ...	**47 (18)**	**41 (7)**	**42 (—)**	**101 (7)**	**231 (32)**	**4,011**	**5.8**
Rural Districts							
Chanctonbury ...	6 (1)	3 (—)	6 (1)	14 (1)	29 (3)	366	7.9
Chichester ...	12 (2)	16 (3)	14 (2)	31 (1)	73 (8)	829	8.8
Horsham ...	5 (3)	6 (—)	5 (1)	18 (—)	34 (4)	390	8.7
Midhurst ...	2 (—)	2 (—)	4 (1)	11 (—)	19 (1)	241	7.9
Petworth ...	1 (1)	3 (1)	2 (—)	1 (—)	7 (2)	163	4.3
Worthing ...	6 (2)	5 (1)	5 (2)	10 (1)	26 (6)	561	4.6
Total Rural Districts ...	**32 (9)**	**35 (5)**	**36 (7)**	**85 (3)**	**188 (24)**	**2,550**	**7.4**
Administrative County ...	**79 (27)**	**76 (12)**	**78 (7)**	**186 (10)**	**419 (56)**	**6,561**	**6.4**

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

Infant Mortality

There were 108 deaths of infants under one year of age, giving an infant mortality rate of 16.4 a 1,000 live births; the rate for England and Wales was 20.0. The national and local rates were the lowest ever recorded. Infant deaths in urban districts numbered 57 and the remaining 51 were attributable to the rural areas.

Of all the infant deaths, 83 took place during the first four weeks of life and this resulted in a neonatal mortality rate of 12.6 a 1,000 live births, compared with 13.4 in 1963 and 14.9 in 1962.

As in previous years, most of the infant deaths (85.2 per cent) were due to congenital malformations or to other defined and ill-defined diseases. Deaths from pneumonia increased from six in 1963 to nine in 1964. Particulars of the various causes of infant deaths are given in the table on page 22.

Perinatal mortality (stillbirths and deaths under one week a 1,000 total live and still births) was also lower in 1964. The rate was 23.9

compared with 25.1 in the previous year. The rate for England and Wales in 1963 was 29.3; the national figure for 1964 was not available at the time the Report was prepared.

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

	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
West Sussex	21.1	24.3	19.5	18.0	16.8	20.3	18.0	20.1	17.8	16.4
England & Wales	24.9	23.7	23.1	22.6	22.2	21.9	21.6	21.6	20.9	20.0

Deaths from All Causes

There was a ten-per-cent decrease in the number of deaths from all causes. After adjustment for inward and outward transfers, the total number attributable to the County was 5,976, a decrease of 658 over the previous year.

The crude death rate was 13.7 a 1,000 population (15.6 in 1963 and 14.6 in 1962) 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 10.0 a 1,000 population. The provisional national rate was 11.3 a 1,000 population which was 0.9 lower than that for 1963.

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	*Death rate a* 1,000 *of the estimated population*						
	1958	1959	1960	1961	1962	1963	1964
Urban Districts							
Crude	14.2	14.5	14.6	14.9	14.9	16.0	13.9
Adjusted	11.1	12.2	12.1	12.8	13.0	11.3	10.0
Rural Districts							
Crude	13.1	13.7	13.8	14.0	14.2	15.0	13.3
Adjusted	10.7	11.4	11.7	12.3	12.6	11.1	9.8
Administrative County							
Crude	13.8	14.2	14.3	14.5	14.6	15.6	13.7
Adjusted	11.0	11.8	12.2	12.6	12.9	11.2	10.0
England and Wales ...	11.7	11.6	11.5	12.0	11.9	12.2	11.3

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	18	2	—	—	—	—	10	10
2. Tuberculosis, other	—	2	—	—	—	1	—	1
3. Syphilitic diseases ...	4	8	—	—	—	2	1	9
4. Diphtheria	—	—	—	—	—	—	—	—
5. Whooping cough ...	—	—	—	—	—	—	—	—
6. Meningococcal infections	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases ...	4	6	—	—	—	—	5	5
10. Malignant neoplasm, stomach	62	52	—	—	—	1	33	80
11. Malignant neoplasm, lung, bronchus ...	220	44	—	—	—	5	85	174
12. Malignant neoplasm, breast	—	137	—	—	—	11	47	79
13. Malignant neoplasm, uterus	—	38	—	—	—	5	13	20
14. Other malignant and lymphatic neoplasms	289	306	1	2	—	18	150	424
15. Leukaemia, aleukaemia ...	19	11	—	—	1	3	10	16
16. Diabetes	13	22	—	—	—	2	5	28
17. Vascular lesions of nervous system ...	331	552	—	—	—	12	90	781
18. Coronary disease, angina	675	489	—	—	—	14	229	921
19. Hypertension with heart disease ...	32	57	—	—	—	1	7	81
20. Other heart disease ...	281	526	—	—	—	5	51	751
21. Other circulatory disease	113	139	—	—	—	7	29	216
22. Influenza	—	3	—	—	—	—	—	3
23. Pneumonia	189	242	9	2	1	7	34	378
24. Bronchitis	161	69	2	—	1	3	33	191
25. Other diseases of respiratory system	30	26	1	—	—	—	9	46
26. Ulcer of stomach and duodenum ...	30	20	1	—	—	—	7	42
27. Gastritis, enteritis and diarrhoea ...	4	27	—	—	—	—	7	24
28. Nephritis and nephrosis	12	13	—	—	—	4	4	17
29. Hyperplasia of prostate	20	—	—	—	—	—	—	20
30. Pregnancy, child birth, abortion ...	—	3	—	—	—	3	—	—
31. Congenital malformations ...	20	20	25	4	1	2	5	3
32. Other defined and ill-defined diseases...	153	271	67	3	5	24	61	264
33. Motor vehicle accidents	41	19	—	1	2	25	10	22
34. All other accidents	38	54	2	1	5	10	21	53
35. Suicide	30	29	—	—	—	10	29	20
36. Homicide and operations of war ...	—	—	—	—	—	—	—	—
All Causes	**2,789**	**3,187**	**108**	**13**	**16**	**175**	**985**	**4,679**

Amongst the county districts, the adjusted death rate was highest in Midhurst and Petworth Rural Districts (followed closely by Crawley U.D., Worthing M.B. and Bognor Regis U.D.) and was lowest in Chichester M.B.

Mortality of females was again higher than that of males. The 3,187 female deaths amounted to 53.3 per cent of the total number, a decrease of 0.5 per cent over 1963.

The table on page 16 gives details of the numbers of deaths and the crude and standardised death rates for each county district. The table on page 22 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 percentages of total deaths in the various age groups during each of the past two years are shown below.

	Under 1 year	*1 and under 5*	*5 and under 15*	*15 and under 25*	*25 and under 45*	*45 and under 65*	*65 and under 75*	*75 and over*	*All ages*
Males ...	56 (77)	7 (11)	9 (12)	21 (30)	74 (76)	571 (598)	853 (904)	1,198 (1,355)	2,789 (3,063)
Females ...	52 (37)	6 (6)	7 (14)	7 (9)	73 (65)	414 (446)	699 (749)	1,929 (2,245)	3,187 (3,571)
TOTALS ...	108 (114)	13 (17)	16 (26)	28 (39)	147 (141)	985 (1,044)	1,552 (1,653)	3,127 (3,600)	5,976 (6,634)
Percentages of totals ...	1.8 (1.7)	0.2 (0.3)	0.3 (0.4)	0.5 (0.6)	2.4 (2.1)	16.5 (15.7)	26.0 (24.9)	52.3 (54.3)	100.0 (100.0)

Note: The figures in brackets relate to 1963.

Of all deaths in 1964, 94.8 per cent occurred at ages of 45 years or over. 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

Although there was an increase in the number of deaths attributable to respiratory tuberculosis from 14 in 1963 to 20 in 1964, the latter figure was nevertheless four fewer than the annual average over the past ten years. The deaths were divided equally between the urban and rural districts and all were of persons over the age of 45 years.

The two deaths from non-respiratory disease were both of females; one was in the 35 to 44 age group, a resident of Crawley U.D., and the other, over 75 years, was in the Rural District of Chanctonbury.

Details of the numbers of deaths from respiratory and non-respiratory tuberculosis during the past ten years are given in the following table.

Year	Respiratory						Non-Respiratory					
	0–	25–	45–	65–	75–	*Total*	0–	25–	45–	65–	75–	*Total*
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
1964	–	–	10	8	2	20	–	1	–	–	1	2

Cancer Deaths

There were more deaths from cancer in 1964 than in any previous year. The total of 1,178 from all forms amounted to 19.7 per cent of all deaths attributable to the County in 1964 and was 9.1 per cent greater than the annual average over the past seven years. The table on page 25 gives details of the age and sex distribution of deaths in 1964 from the various forms of cancer. Apart from those due to leukaemia and cancer of the uterus, there were increases in the number of deaths from all forms of the disease.

Site	1958	1959	1960	1961	1962	1963	1964	*Seven-year average*
Stomach	97	103	121	109	120	107	114	110
Lung and bronchus	216	216	189	233	267	243	264	233
Breast	106	115	109	116	132	124	137	120
Uterus	41	37	44	39	34	40	38	39
Other	528	551	500	571	555	589	595	556
Leukaemia and aleukaemia ...	36	29	35	31	41	30	30	33
TOTALS ...	1,024	1,051	998	1,099	1,149	1,133	1,178	1,090

As between the urban and rural districts, deaths from cancer were in the ratio of seven to four. Seven of every ten deaths attributable to the whole County occurred at ages over 65 years and the fact that the cancer death rate was highest in Worthing M.B. (4.2 a 1,000 population) and lowest in Crawley U.D. (1.0 a 1,000 population) emphasised the appreciable disparity in the age constitutions of the populations in those towns. As between the sexes, the numbers of deaths from cancer was almost the same (590 males; 588 females).

Cancer of the lung and bronchus accounted for 264 deaths and male to female deaths in this group were in the ratio of five to one. More men died of cancer of the lung and bronchus in West Sussex in

Deaths from Cancer: 1964

Sites	MALES									FEMALES									*Total Males and Females*
	Age Groups								*Total Males*	*Age Groups*								*Total Females*	
	0–	1–	5–	15–	25–	45–	65–	75–		0–	1–	5–	15–	25–	45–	65–	75–		
Stomach	— (—)	— (—)	— (—)	— (—)	1 (2)	23 (18)	18 (11)	20 (20)	62 (51)	— (—)	— (—)	— (—)	— (—)	— (—)	10 (4)	14 (18)	28 (34)	52 (56)	114 (107)
Lung, bronchus ...	— (—)	— (—)	— (—)	— (—)	4 (4)	64 (75)	98 (76)	54 (36)	220 (191)	— (—)	— (—)	— (—)	— (—)	1 (2)	21 (18)	12 (26)	10 (6)	44 (52)	264 (243)
Breast	— (—)	— (—)	— (—)	— (—)	— (—)	— (1)	— (—)	— (—)	— (1)	— (—)	— (—)	— (—)	— (—)	11 (8)	47 (47)	38 (26)	41 (42)	137 (123)	137 (124)
Uterus	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	5 (4)	13 (18)	12 (9)	8 (9)	38 (40)	38 (40)
Other organs ...	— (1)	— (—)	— (1)	— (1)	8 (7)	71 (68)	99 (87)	111 (99)	289 (264)	1 (—)	2 (—)	— (2)	1 (2)	9 (7)	79 (95)	88 (97)	126 (122)	306 (325)	595 (589)
Leukaemia, aleukaemia ...	— (—)	— (—)	— (4)	— (1)	2 (1)	6 (6)	7 (1)	4 (5)	19 (18)	— (—)	— (—)	1 (2)	— (—)	1 (1)	4 (3)	5 (3)	— (3)	11 (12)	30 (30)
TOTALS	— (1)	— (—)	— (5)	— (2)	15 (14)	164 (168)	222 (175)	189 (160)	590 (525)	1 (—)	2 (—)	1 (4)	1 (2)	27 (22)	174 (185)	169 (179)	213 (216)	588 (608)	1,178 (1,133)

Note: The figures in brackets relate to 1963.

1964 than in any previous year. Although the 44 female deaths from this cause were fewer than in 1963, they were nevertheless almost one-quarter greater than the annual average during the past fifteen years. The upward trend in the numbers of deaths from cancer of the lung and bronchus is shown in the following table which gives particulars of male and female deaths since 1950 in various age groups.

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
1964	4	1	64	21	152	22	220	44
TOTALS	57	18	931	212	1,204	294	2,192	524
ANNUAL AVERAGES	4	1	62	14	80	20	146	35

Deaths from Diseases of the Circulatory System

Mortality from this group of diseases was less than in 1963. Although the 3,195 deaths were 433 fewer than in the previous year, they nevertheless accounted for more than half the total number of deaths and 86.1 per cent (1.1 per cent more than in 1963) were of persons over the age of 65 years.

Deaths from vascular lesions of the nervous system fell from 1,002 in 1963 to 883 in 1964 (a decrease of 11.0 per cent), and there was an even greater decrease (from 1,134 in 1963 to 896 in 1964 or 20.1 per cent) in the number of deaths from other heart disease.

Deaths from coronary disease decreased by 33 from 1,197 in 1963 to 1,164 in 1964; almost one-fifth (229) were in the age group 45 to 64 years. Deaths of males to females at this period of life were in the ratio of three to one.

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

Disease	1958	1959	1960	1961	1962	1963	1964
Vascular lesions of the nervous system	794	902	910	934	872	1,002	883
Coronary disease, angina ...	796	877	1,006	1,003	1,056	1,197	1,164
Other heart disease*	1,025	1,027	1,051	1,018	1,031	1,134	896
Other circulatory disease ...	224	273	226	289	268	295	252
TOTALS	2,839	3,079	3,193	3,244	3,227	3,628	3,195
Percentages of total annual deaths	53.9	55.6	56.2	54.3	52.7	54.8	53.5

*Includes hypertension with heart disease.

Deaths from Diseases of the Respiratory System

Compared with 1963, there was a decrease of one-quarter in the numbers of deaths ascribed to these causes, but the total of 720 was nevertheless about the same as the average for the past seven years. Most of the deaths (85.8 per cent) were of persons over the age of 65 years.

Disease	1958	1959	1960	1961	1962	1963	1964	*Seven-year average*
Influenza	15	66	9	32	36	83	3	35
Pneumonia ...	324	297	350	423	429	530	431	398
Bronchitis	178	169	181	263	260	291	230	225
Other respiratory diseases	49	46	62	57	70	61	56	57
TOTALS ...	566	578	602	775	795	965	720	714

Although the 431 deaths from pneumonia were 99 fewer than in 1963, they were nevertheless 33 more than the annual average during the past seven years. Nine out of ten of the deaths from this cause were of persons over the age of 65 years and seven of these had reached the age of 75 or over. Deaths from pneumonia in the first year of life increased from six in 1963 to nine in 1964 and one of these occurred in the neonatal period.

The number of deaths from bronchitis decreased from 291 in 1963 to 230 in 1964. All but six of these were of persons over the age of 45 years and 191 (83.1 per cent) were over 65 years; two were in the first year of life. As between males and females, deaths from this cause were in the ratio of seven to three.

Deaths from influenza were the fewest recorded for many years. All three deaths were of females over the age of 75 years. The records for the past decade (summarised in the next table) show that, on average, there have been 35 deaths a year from this disease and that three-quarters of these have been of persons over the age of 65 years. Now that vaccines are available which confer some protection against

influenza, attempts may have to be made to reduce the morbidity and mortality from this disease by offering vaccination, perhaps to the elderly in the first place, in much the same way that protection is made available against other infectious diseases.

DEATHS FROM INFLUENZA: 1955 TO 1964

Year	*Under 1 year*	1—4	5—14	15—44	45—64	65+	TOTALS
1955	1	1	—	1	2	23	28
1956	—	1	—	—	3	26	30
1957	1	—	4	1	17	24	47
1958	—	—	—	1	1	13	15
1959	1	1	1	1	14	48	66
1960	—	—	—	—	2	7	9
1961	—	—	—	—	5	27	32
1962	—	—	—	1	4	31	36
1963	3	1	3	1	12	63	83
1964	—	—	—	—	—	3	3
TOTALS	6	4	8	6	60	265	349

Maternal Deaths

There were three deaths in the County attributable to childbirth and they were all investigated by the Department and by the Ministry of Health in co-operation with the family doctors and the hospitals concerned.

In two cases death was due to internal haemorrhage occurring so early in pregnancy that the patients had not sought ante-natal advice. Each was in a state of collapse when seen by a medical practitioner; in one case the gravity of the patient's condition was not recognised before she died, in the other case the patient was sent to hospital immediately but she died in the ambulance. In the third case, a fatal haemorrhage occurred shortly after delivery in hospital and this may have been the result of a cone biopsy of the cervix which had been carried out a year previously because of suspected carcinoma of the cervix. According to some authorities, cervical cone biopsies can have this consequence.

The table on page 15 gives particulars of the loss of life in the County from maternal causes in previous years and compares the local records with those of England and Wales.

Accidental Deaths and Suicides

Deaths from motor vehicle accidents numbered 60. This was one fewer than in 1963 but was seven more than the annual average during the past seven years. There were more male than female deaths in all age groups over five years, and between the ages of 15 and 24 ten men were killed compared with three women. Under the age of five years, only one girl died as a result of a motor vehicle accident and there were two deaths (one fewer than in 1963) of children of school age. Deaths of persons over 65 years increased from 14 in 1963 to 22 in 1964.

Between the ages of 15 and 44 years more people were killed by motor vehicles than died from any other single cause.

Other accidents accounted for 92 deaths (38 males and 54 females), a smaller number than has been recorded in recent years and 12 below the seven-year average. Except in the age group one to four years, male deaths were either the same as or exceeded those of females in all age groups under 75 years. Over that age only six of the 45 deaths were of males.

Suicides decreased by 16 from 75 in 1963 (33 males and 42 females) to 59 in 1964 (30 males and 29 females). This was two more than the annual average during the past seven years. All but ten of the 59 deaths were of persons over the age of 45 years and the greatest number (18) occurred in the age group 55 to 64 years.

As between the urban and rural districts, suicides were in the ratio of seven to two, and amongst the county districts the greatest number (21) again occurred in Worthing M.B. There were no suicides in Arundel M.B. or in Horsham U.D.

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

	1958	1959	1960	1961	1962	1963	1964	*Seven-year average*
Motor vehicle accidents ...	48	46	51	37	70	61	60	53
Other accidents ...	115	96	95	108	106	113	92	104
Suicide	39	48	68	50	62	75	59	57
TOTALS ...	202	190	214	195	238	249	211	214

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 four years are shown below. No detailed analysis was available regarding the 9.4 per cent decrease in the number of first certificates received in 1964.

Area	1961†	1962†	1963†	1964†
Bognor Regis	3,174	3,472	3,695	3,456
Chichester	6,716	7,685	8,094	7,300
Crawley	8,026	8,480	9,847	8,957
Littlehampton	3,548	3,545	3,999	3,574
Shoreham-by-Sea ...	3,874	4,135	4,359	3,830
Worthing	11,121	11,205	11,504	10,473
TOTALS	36,459	38,522	41,498	37,590

†52 weeks.

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 1964 is given on the next page.

The main feature of the weather during 1964 was the unusually dry and sunny summer. Only 2.67 inches of rain (less than half the annual average) were recorded in the three months from July to September and sunshine during that period (679 hours) was one-third above the annual average of 508 hours. July was the warmest month since 1959 and the driest since 1955, with temperatures in the seventies on 14 days. August was also the warmest and sunniest month since 1959 and it was also the sixth driest in the past fifty years; the bank holiday weekend was the hottest since 1938 with an average maximum temperature of 75 degrees. September was the sunniest and driest month of the whole year; it was in fact the third sunniest and driest September for 35 years.

Although rainfall was below normal for the fourth successive year, the first half of the year was as wet as the second half was dry. Although January and February had below average rainfall (it was the driest winter for over 35 years), the months of January to June together had 16.19 inches of rain, more than one-third above the annual average for that period. The snowfall on 13th January was the heaviest for 30 years but it caused little inconvenience for it only remained on the ground for two days.

Spring was late and, when it arrived, it was also disappointing for it was the wettest and dullest for 45 years. May had double the normal rainfall and was the wettest month since records were first kept in 1877. A whole month's rain fell on 31st May when 1.67 inches were recorded in 24 hours. Early June was also disappointing with 4.05 inches of rain falling between the 1st and 21st days of the month. It was the largest June rainfall total on record.

The autumn was comparatively dry and sunny and, at the beginning of the season, temperatures were frequently in the upper sixties. The autumn sunshine totalled 462.3 hours as against the average of 363 hours. October had 159.2 hours of sunshine and was the third sunniest October for 35 years.

Apart from a disappointing Easter, the weather during the other bank holiday weekends will be long remembered. Easter Monday (30th March) was the coldest for 30 years and was four degrees colder than the previous Boxing Day. Only six minutes of sunshine were recorded over the whole of Easter, the smallest Easter sunshine total for 30 years. Christmas was one of the sunniest on record with 4.6 hours of sunshine on Christmas Day and 6.0 hours on Boxing Day. In the last 30 years there was only one sunnier Boxing Day, in 1947. Although the Christmas holiday was cold, it was not as cold as 1961 and 1962.

The year was the warmest since 1961, with July the warmest month and 27th August the hottest day with 78 degrees. January was the coldest month and December 29th the coldest night with an air temperature of 23 degrees and a grass temperature of 17 degrees.

1964	*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 ...	51	25	42.8	35.1	38.9	— 0.9	1.49	51	40.3	57
February ...	54	27	45.2	37.1	41.1	+ 0.7	.88	44	73.6	86
March ...	52	28	44.4	36.9	40.7	— 3.1	3.52	205	77.9	55
April ...	58	32	51.5	42.3	46.9	— 1.1	2.27	128	149.8	80
May ...	72	45	61.6	50.6	56.1	+ 2.6	3.98	241	226.7	98
June ...	75	42	64.3	53.0	58.7	— 0.4	4.05	265	207.8	85
July ...	77	50	68.9	57.3	63.1	+ 0.6	.95	44	232.6	104
August ...	78	48	69.1	56.8	62.9	+ 0.3	1.02	45	208.2	96
September ...	74	45	67.8	54.7	61.3	+ 1.9	.70	33	238.6	144
October ...	68	34	57.3	43.9	50.6	— 2.3	2.12	73	159.2	129
November ...	58	30	52.4	42.8	47.6	+ 1.4	3.02	88	64.5	88
December ...	55	23	45.4	36.0	40.7	— 1.1	2.55	88	63.8	105
Means or extremes	78	23	55.9	45.5	50.7	— 0.3	26.55	96	1,743.0	95

PART II—EPIDEMIOLOGY

Notifiable Diseases

The total number of notifications of infectious diseases was 1,619 compared with 8,787 in the previous year (when there was a measles epidemic) and 1,173 in 1962. Details of notifications in 1964 of infectious diseases in county districts are given in the table on page 33 and figures for the County as a whole in the past seven years are given in the table on page 34.

Comparison of the figures for diseases other than *measles* and *rubella* shows that there has been a general decline in numbers, bearing in mind the increase in the population of the County, but the figures for *whooping cough* and for *puerperal pyrexia* remained substantial; excluding *measles*, they together accounted for 43 per cent of notifications received in 1964. There were 196 notifications of *whooping cough* compared with 89 in 1963 and 43 in 1962. It is probable that a number of these cases of *whooping cough* occurred in children who had been immunised and who had mild clinical attacks which may nevertheless be very distressing to both child and parents. The mortality for *whooping cough* is greatest in the first six months of life and for this reason it is recommended that immunisation with triple antigen should commence at the eighth week of life.

Only six cases of *puerperal pyrexia* occurred in domiciliary confinements compared with 105 in women who were delivered in hospital; compared with 1963, there was little change either in the number or source of these notifications.

No cases of *smallpox* or *diphtheria* occurred in 1964 and, for the third consecutive year, no cases of paralytic or non-paralytic *poliomyelitis* were notified in the County.

Rubella remained a notifiable disease in the Rural District of Worthing; there were 15 notifications during the year compared with 57 in 1963 and 382 in 1962.

Notifications of *dysentery* numbered 252, of which 187 were notified during the ten weeks between 15th February and 24th April, 1964. The outbreak was confined mainly to Crawley where 161 cases occurred. The remaining 26 cases were notified in Horsham. The outbreak may have been caused by two children who had been suffering from enteritis for several days in October, 1963 and who were found to be excreting *shigella sonnei*. Enquiries were made at a nursery school attended by one of these children when it was found that many similar cases had been occurring there for at least four to five weeks. All but one of the staff had been infected, including the cook.

NOTIFICATION OF INFECTIOUS DISEASES

County District	Acute encephalitis		Acute pneumonia	Acute poliomyelitis		Diphtheria	Dysentery	Erysipelas	Food poisoning	Measles	Meningococcal infection	Ophthalmia neonatorum	Paratyphoid fevers	Puerperal pyrexia	Rubella*	Scarlet fever	Whooping cough	Total
	Infective	Post Infectious		Paralytic	Non Paralytic													
Urban Districts																		
Arundel M.B.	—	—	1	—	—	—	—	—	—	57	—	—	—	—	—	1	—	59
Bognor Regis	—	—	—	—	—	—	5	—	1	13	—	—	—	—	—	1	4	24
Chichester M.B.	—	—	—	—	—	—	1	—	—	20	—	—	—	18	—	—	—	39
Crawley	—	—	—	—	—	—	170	—	—	208	—	—	1	26	—	1	6	412
Horsham	—	—	10	—	—	—	40	1	—	11	—	1	—	6	—	11	5	85
Littlehampton	—	—	—	—	—	—	1	3	—	37	—	—	—	—	—	7	32	80
Shoreham-by-Sea	—	—	1	—	—	—	—	—	1	8	2	—	1	34	—	9	—	56
Southwick	—	—	—	—	—	—	—	2	3	1	1	—	—	1	—	4	—	12
Worthing M.B.	—	—	—	—	—	—	—	—	—	35	—	—	2	2	—	9	22	70
Total Urban Districts ...	—	—	**12**	—	—	—	**217**	**6**	**5**	**390**	**3**	**1**	**4**	**87**	—	**43**	**69**	**837**
Rural Districts																		
Chanctonbury	—	—	3	—	—	—	5	—	—	54	—	—	1	—	—	6	32	101
Chichester	—	—	4	—	—	—	8	2	—	213	—	—	—	2	—	6	23	258
Horsham	—	—	4	—	—	—	10	2	—	132	—	—	3	—	—	12	17	180
Midhurst	—	—	1	—	—	—	—	—	—	62	—	—	—	—	—	—	5	68
Petworth	—	—	—	—	—	—	—	—	—	13	—	—	—	—	—	1	4	18
Worthing	—	—	3	—	—	—	12	—	2	45	1	—	3	22	15	7	46	156
Total Rural Districts ...	—	—	**15**	—	—	—	**35**	**4**	**2**	**519**	**1**	—	**7**	**24**	**15**	**32**	**127**	**781**
Total Administrative County	—	—	**27**	—	—	—	**252**	**10**	**7**	**909**	**4**	**1**	**11**	**111**	**15**	**75**	**196**	**1,618**
Total Administrative County 1963	—	**2**	**58**	—	—	—	**194**	**11**	**12**	**8,164**	**2**	**1**	**3**	**120**	**57**	**74**	**89**	**8,787**

*Notifiable only in Worthing R.D.

NOTIFICATION OF INFECTIOUS DISEASES

1958 to 1964

Disease	1958	1959	1960	1961	1962	1963	1964	*Seven-year average*
Acute encephalitis								
(*a*) infective ...	—	1	1	—	2	—	—	0.6
(*b*) post-infectious ...	—	—	2	—	—	2	—	0.6
Acute pneumonia ...	61	77	41	72	46	58	27	54.6
Acute poliomyelitis								
(*a*) paralytic ...	8	3	2	—	—	—	—	1.9
(*b*) non-paralytic ...	7	7	—	1	—	—	—	2.1
Diphtheria	—	—	—	2	—	—	—	0.3
Dysentery	75	197	207	52	126	194	252	157.6
Erysipelas	24	17	19	14	7	11	10	14.6
Food poisoning ...	39	43	35	29	28	12	7	27.6
Measles	3,401	5,345	574	7,137	409	8,164	909	3,705.6
Meningococcal infection	—	2	1	2	3	2	4	2.0
Ophthalmia neonatorum ...	8	2	—	—	2	1	1	2.0
Paratyphoid fevers ...	2	13	2	2	—	3	11	4.7
Puerperal pyrexia ...	132	112	90	78	72	120	111	102.1
*Rubella	—	—	—	22	382	57	15	68.0†
Scarlet fever	138	275	240	93	53	74	75	135.4
Whooping cough ...	119	198	645	297	43	89	196	226.7
Total	**4,014**	**6,292**	**1,859**	**7,801**	**1,173**	**8,787**	**1,618**	**4,506.3**
Attack rate a 1,000 living	**10.5**	**16.1**	**4.7**	**19.0**	**2.8**	**20.6**	**3.7**	**11.0**

*A notifiable disease in Worthing R.D. since 1st May, 1961.

†Four-year average.

Venereal Disease

There was an increase in the number of persons from West Sussex attending venereal disease clinics during 1964. The figures show that there was an appreciable increase in the number attending for conditions other than syphilis and gonorrhoea but it must be borne in mind that approximately one third of the patients in this category are found not to have a condition which requires treatment at a clinic.

Year	*Syphilis*	*Gonorrhoea*	*Other*
1960	10	63	248
1961	7	52	285
1962	10	60	296
1963	1	62	291
1964	6	100	435

Last year's Report drew attention to the increasingly serious national problem of venereal disease; these figures emphasise that the problem is not being contained. It is mainly one of health education which must persist in trying to persuade people not to expose themselves to the dangers of contracting infection. The numbers of patients diagnosed during 1964 as suffering from venereal disease are shown in the following table.

Hospital	*Syphilis*	*Gonorrhoea*	*Other*
St. Richard's Hospital, Chichester ...	—	20	103
Worthing Hospital	5	52	163
Royal Surrey County Hospital, Guildford	—	—	5
St. Helier Hospital, Carshalton ...	—	—	1
St. Mary's Hospital, Portsmouth ...	—	11	22
Redhill General Hospital	—	—	12
Royal Sussex County Hospital, Brighton	1	17	129
TOTAL	6	100	435

Vaccination and Immunisation

The Electronic Computer

Rapid progress was made during 1964 with the transfer to the computer of manually-kept vaccination and immunisation records and at the end of the year the records of 125 family doctors and of 11 County clinics were being managed wholly by computer methods. This meant that nearly 60 per cent of the vaccination and immunisation records in the County were being processed by the computer.

Although progress was cautious at first, once the problems involved in the introduction of automation were understood and methods had been evolved to overcome them, it proved possible to press ahead with relatively little difficulty.

Particular care was taken to ensure that full details of the new scheme were given to family doctors and, at the time they were invited to participate in the arrangements and to forward to the Department appropriate immunisation records, the following explanatory memorandum was sent to them with a covering letter.

MECHANISATION OF VACCINATION & IMMUNISATION RECORDS

Family doctors taking part in the County Council's immunisation and vaccination scheme will be aware of efforts made in recent years in West Sussex to simplify the administration involved, both for doctors and for the health department, by means of the electronic computer.

The computer will automatically arrange appointments for patients to attend their doctor's surgery for immunisation, will eliminate the need for the general practitioner to keep records and also the need to send to County Hall for payment.

The health department, for its part, does not have to deal with individual notifications and payments and all manual record-keeping is rendered unnecessary. By giving every child an appointment for the immunisations recommended by the Ministry of Health, the immunisation of the general population is maintained at the highest possible level.

How the Appointments System Works

The computer produces for the doctor a list of patients due for immunisation. It also produces appointment cards, one for each patient.

As the patients attend and are immunised, the doctor merely puts a tick against the name on the list and at the end of the week returns the list to County Hall. The computer will keep a record for every patient and the doctor will automatically receive the appropriate payment for each procedure. The record for any child is immediately available to the family doctor on request.

If a doctor chooses to allocate a set session for immunisations, e.g. the third Tuesday in the month, appointment cards can be sent to patients direct from County Hall giving a time of appointment. If he prefers to combine an immunisation session with a baby clinic the appointment card will invite the mother to attend the baby clinic for the immunisation of the child. The majority of practitioners, however, prefer to do immunisations at some or all of their general surgeries throughout one week in the month and to decide themselves the number of patients who should be invited to attend at any particular surgery. In this case the addressed appointment cards, together with the appropriate number of postage stamps, are sent to the doctor for him to fill in the date and time he wishes his patients to attend.

The usual pattern is a four-week cycle; appointment cards are sent to the patients, or to the doctor if this is preferred, in the first week, the immunisaions are carried out in the second week, the doctor returns the list to County Hall in the third week and the computer compiles the next list in the fourth week.

Difficulties

The essential preliminary step is to ask doctors to send their immunisation records to County Hall so that the record for each child can be fed on to the computer and appointments can subsequently be made automatically according to Schedule 'P'. Experience has shown that the only difficulties that arise in the application of computer methods to the County Council's arrangements for immunisation and vaccination do so during the period when the records are first put on the computer. If the records are incomplete, appointments are sent for children to receive immunisations which they have already had. It appears to be the case that doctors frequently carry out immunisation procedures but omit to notify this department and consequently do not receive the usual fee. For this reason, when the records are first put on to the computer, some appointments are sent to patients unnecessarily, but as doctors send in further details about the patients on their appointment lists and these details are put on the computer, unnecessary appointments are eliminated.

Unscheduled appointments and changes of address

If a child is brought to the surgery without an appointment a month or two before the computer would make the appointment, there is no reason why the doctor should not give the immunisation. A blank form for unscheduled appointments is sent each month and if the doctor enters on this details of the unscheduled immunisation given and returns it, together with the normal appointment list, the computer will automatically cancel the appointment which would otherwise have been issued at a later date.

When a child joins the practice from another area, if the doctor indicates on the unscheduled appointment list what immunisations he thinks the child has had, then a suitable programme of immunisation will be put on to the computer to ensure that immunisation of this particular child will continue on the basis of the information received.

The interval of time between the letter and memorandum being sent and the doctors' records being received in the Department was between two and three weeks. A telephone call was made to the surgery of those few doctors who did not reply to the initial invitation and the offer of clerical assistance (included in the letter) was repeated. This also gave an opportunity for the doctor to ask questions about the system and for the Department to arrange a convenient date for a visit to be made to the surgery so that help could be given with the records of the practice.

The following time-table gives details of the work involved in transferring the records of a typical three-doctor practice to the computer system. Whilst the records of this practice were being handled, those of about eight other group practices (with two or three doctors in each) were also being transferred to the computer along with the records of a number of County clinics in the area.

4th August, 1964	Letter with explanatory memorandum sent to the three doctors.
7th September, 1964	Written reply received from principal partner, saying that he was short of staff and that help would be needed when the practice was not so busy.
5th November, 1964	The Department telephoned the doctors' secretary offering clerical assistance.
6th November, 1964	Letter received giving date when help with the records would be welcome.
13th November, 1964	Two clerks visited a surgery of the practice and extracted the appropriate immunisation and vaccination cards from the record cabinets.
16th and 17th November, 1964	These days were devoted to collating the practice's records with those held in the Department. When this process had been completed, each child was given a computer link number and the appropriate codes for the County area, the general medical practitioner and the programme to which the parents had agreed, were allocated.
20th November, 1964	Records from another surgery of the practice were collected and a start was made on the transfer of the collated records from the first surgery to punch cards for storage on magnetic tape.
23rd November, 1964	Records from the second surgery were sorted, coded and transferred to magnetic tape.
25th November, 1964	The records from the first and second surgeries having been transferred to the computer, checking of the computer print-out was started.
27th November, 1964	The checking process was completed.

The following summary shows the number of hours spent on transferring approximately 775 records from this three-doctor practice to the computer system.

	Hours
Clerks collecting, sorting and coding records	68
Machine operator punching from coded records	20¼
Clerk checking the print-out from the computer against the original documents	8¾
TOTAL	97

These details show that the initial work on computer input was time-consuming and expensive. Nevertheless, once the records were transferred to the computer, the lists of children due for immunisation, together with a postcard addressed to the parent of the child giving the date, time and place of the appointment, were produced automatically for each child immediately the next procedure became due; this required little clerical effort. A photograph of the high-speed printer producing the appointment lists appears as a frontispiece to the Report and part of such a list showing procedures due and the times of appointments is shown on the opposite page. The inset on that photograph is a reproduction of a postcard sent to a parent.

The procedures outlined above were also used for the transfer of records held at County clinics. As these had not to be selected from other records, less clerical time was needed.

Thanks are due to many family doctors whose goodwill and co-operation facilitated the introduction of these new methods. Some were undoubtedly conscious of the fact that they were taking part in a development which introduces a new dimension into the management of preventive health procedures and which, even now, has not been attempted anywhere else in the world. I am particularly grateful to Dr. J. W. Squire of Henfield for permission to publish the following appreciation.

> "Over the years we had developed what we considered was a pretty effective check on the immunisation of all the children in the practice, the result being that we had a very large percentage of children protected, but it did involve a considerable amount of secretarial work. Consequently, we were a little sceptical as to whether a machine could obtain such good results.
>
> In June, 1964 the first computer list arrived and so the whole of our immunisation programme was changed. For the most part the first computer session went surprisingly easily and the smooth-running of the sessions has improved each time. It is so easy to put a tick in the excuse received column and then forget all about Jane Fish's polio knowing that a reminder will come up next month without any further effort on our part.
>
> As regards our own organisation, this has meant a few changes in our working arrangements. We now devote one special day for each of us once a month instead of once a week for immunisations. We usually receive the computer list from County Hall on a Wednesday. We keep a record of all immunisations in each patient's medical record envelope, using the College of General Practitioners summary card. (Form E.C.7A and E.C.8A could be used just as easily.)
>
> At the immunisation sessions the secretary checks the computer record with the patient and completes the computer form. The doctor again checks the summary card which is then completed with the new date added. After the session any remarks such as 'left the district' or 'did not attend' are added to the computer form which is then signed and sent off. From the patient's point of view the only change is a different day of the week and a slightly earlier time.

From: THE COUNTY HEALTH DEPARTMENT
COUNTY HALL, CHICHESTER
SUSSEX Telephone: CHichester 3001

IMMUNISATION PROGRAMME
GP/CLINIC LIST

PAGE No. 1

To: FELPHAM INFANT WELFARE
WESTLOATS LANE
BOGNOR REGIS
SUSSEX

CLINIC No.	A20
DATE OF CLINIC	7/ 8/64

1 LINE No.	2 TYPE OF APPOINTMENT	3 NAME	4 STAGE	5 PATIENT DUE	6 SATISFACTORY	6 DID NOT ATTEND			
		TRIPLE ANTIGEN							
1	2.00	S ASHDOWN	4						
2	2.00	P W BENNETT	4						
3	2.00	A GRIZZELLE	4						
4	2.00	R P HAMMOND	4						
5	2.00	M A DIPROSE	4						
6	2.00	C L MCGREGOR	4						
7	2.00	E MCCARTHY	1						
8	2.00	G C KNIGHT	1						
		DIPHTHERIA-TETANUS							
9	2.00	J G WOOD	1						9
10	2.00	J COOPER	5						10
11	2.00	J SUMMERS	1						11
12	2.00	W L STANDERWICK	1						12
13	2.00	I J WILLIAMS	1						13
14	2.00	A P GUMBLEY	1						14
15	2.00	F L GUTHRIE	1						15
16	2.00	J D HUNTINGDON	1						16
17	2.00	A J COLVIN	1						17
18	2.00	T M MARTIN	1						18
		SMALLPOX							
19	2.00	N D UPHILL	1		XX			A B C D	19
20	2.00	J FREEMAN	1		XX			A B C D	20

VACCINATION AND IMMUNISATION

1. A tick should be made under the appropriate heading in col. 6 to help in arranging future appointments.
2. If site of injection is other than Left Upper Arm please indicate site in col. 8.
3. Batch number of vaccine used must be entered in col. 7.
4. Please ring the appropriate letter for result of Smallpox Vaccination in col. 8 and note any complication or unusual reaction.
   A = Typical Primary Vaccinia (max. 7th-10th day) B = Accelerated Reaction (max. 5th-7th day).
   C = Local Reaction without vesiculation. D = No Local Reaction.
5. Please complete this form and return it together with any completed "Unscheduled Appointments Given" forms to the COUNTY HEALTH DEPARTMENT immediately treatment is completed or at the latest by:—

FOR OFFICE USE ONLY

CREDITOR CODE

AMOUNT DUE £ : : d for PROCEDURES

APPROVED

G.P.'s only. CLINIC REFERENCE

I certify that the procedures marked satisfactory above have been carried out and I hereby claim 5/- fees where due.
I intend to hold the next clinic on commencing at
(This date should be between the 15th and 22nd of the month)

FORM 2045 Signature

POST CARD

22/12/62

Arrangements have been made for
S ASHDOWN
to attend
FELPHAM INFANT WELFARE

at 2.00 on 7/ 8/64
for protection against:
DIPHTHERIA, TETANUS DOSE 4
WHOOPING-COUGH

PARENT OR GUARDIAN OF
S ASHDOWN
CORNERWAYS, CROFT WAY
FELPHAM
BOGNOR REGIS
SUSSEX

Vaccination and Immunisation

Part of a clinic list produced by the computer showing the procedures due and the times of appointments. The inset is a reproduction of the appointment card (also produced by the computer) sent to the parent.

> On the whole our secretarial staff, my partner and I are now all very pleased with the computer scheme. Our early misgivings have been proved to have been unfounded. The sessions proceed easily and record-keeping is reduced to a minimum. The paper work is much reduced and we have been able to get away from all the duplication of records which were necessary for the County Council records as well as for ourselves. The computer saves a great deal of the routine secretarial drudgery involved in keeping the immunisations up to date. We now move into a new immunisation era which we consider will be just as successful as the old and will save us all a very great deal of that precious commodity, time."

Towards the end of the year it became evident that there would be no difficulty in completing the introduction of the new arrangements in all parts of the County during 1965. It was therefore disappointing to learn the reaction of the Borough of Worthing to whom the vaccination and immunisation functions of the County Council have been delegated under the provisions of Part III of the Local Government Act, 1958. At a meeting of the Borough Health and Welfare Committee held on 8th December, 1964

> The Medical Officer of Health *(i.e. of Worthing)* reported that the County Council had installed a computer, and that the County Health Department had for the past two years been using it for the compilation of records, preparation of lists of names of children due for their inoculations, etc., at either clinics or family doctors' surgeries. This service now covered much of the County and could be extended to cover Worthing Borough.
>
> After discussion, it was RESOLVED, that the offer of the County Council be declined at the present time.

Discussions were subsequently entered into with representatives of the Borough Council with a view to this decision being reconsidered.

Computer Conference

A considerable number of enquiries were received in the Department from many parts of the country regarding the use being made of the computer in health applications.

In order to save the time of senior members of the staff which was increasingly being taken up in dealing with these enquiries, and in order to give to interested persons an opportunity of examining more closely what was being done on the computer, arrangements were made for a conference to be held at County Hall on 23rd October, 1964. This was attended by 62 representatives of other local health authorities and of the Ministry of Health. A number of letters of thanks were subsequently received.

Representatives, including the Chief Medical Officer, of the Scottish Home and Health Department also visited the Department to study this new development.

The County Treasurer and his staff have been most helpful at all times and have contributed greatly to the success of this scheme and the demonstrations which have been given. I am most grateful to them.

Diphtheria, Whooping Cough and Tetanus

The next table shows the percentage of children born during 1963 who were immunised by the end of 1964 and the comparable figures for the previous year, that is, children who were born in 1962 and who were

immunised by the end of 1963. There was a substantial increase in the immunity index in this age group for poliomyelitis; the indices for diphtheria and whooping cough remained the same.

	Children born in 1963 *who were vaccinated at any time up to* 31.12.64		
	Diphtheria (per cent)	*Whooping cough (per cent)*	*Poliomyelitis (per cent)*
West Sussex	71	71	67
	Children born in 1962 *who were vaccinated at any time up to* 31.12.63		
West Sussex	71	71	59
England and Wales	65	64	53

The following table gives, *inter alia*, the figures for triple antigen (that is, diphtheria, whooping cough and tetanus) and shows that the total number of primary courses and reinforcing injections rose from 7,665 in 1963 to 9,998 in 1964, an increase of 30.5 per cent. The table also shows that the total number of procedures which conferred protection aaginst diphtheria rose even more impressively from 10,212 in 1963 to 15,090 in 1964, an increase of 47.8 per cent. Since triple antigen is given early in the first year of life it is likely that the increase in the number of immunisations carried out will be reflected in the immunity index next year.

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 ...	1,714 (1,358)	1,120 (789)	4,032 (3,550)	3,132 (1,968)	5,746 (4,908)	4,252 (2,757)
Diphtheria	2 (3)	30 (2)	1 (3)	14 (35)	3 (6)	44 (37)
Diphtheria and whooping cough	— (—)	— (—)	— (1)	1 (8)	— (1)	1 (8)
Diphtheria and tetanus	372 (196)	1,352 (838)	246 (155)	3,001 (1,294)	618 (351)	4,353 (2,132)
Quadruple vaccine ...	— (—)	— (—)	59 (12)	14 (—)	59 (12)	14 (—)
TOTALS ...	2,088 (1,557)	2,502 (1,629)	4,338 (3,721)	6,162 (3,305)	6,426 (5,278)	8,664 (4,934)

Note: The figures in brackets relate to 1963.

Poliomyelitis

The next table gives the numbers of persons in different age groups who received primary or reinforcing vaccinations against poliomyelitis and shows that the largest number related to children born in 1963. This high figure was reflected in the immunity index for the year under review. Compared with the corresponding figures for 1963 there were small increases in the total numbers of primary vaccinations carried out in all age groups up to the age of 21 years but the number of re-inforcing vaccinations declined. The number of immunisations carried out with quadruple vaccine increased but, as will be seen from the last table, the figures were small.

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 1964	232	908	—	—
Children born 1963	990	2,531		
Children born 1962	383	601	1,479	3,056
Children and young persons born 1944–61	514	743		
Young persons born 1934–43	19	153	—	9
Others	35	143	3	21
TOTALS ...	2,173 (1,721)	5,079 (4,978)	1,482 (2,034)	3,086 (4,125)

Note: The figures in brackets relate to 1963.

Smallpox

The Standing Medical Advisory Committee of the Central Health Services Council recommended in 1962 that routine vaccination should preferably be carried out during the second year of life, instead of at four to five months and this recommendation was brought into operation in the County from December, 1962. This change of policy accounted for much of the considerable increase (92 per cent) in the number of vaccinations performed in 1964. As was expected, the largest increase

(more than four times the 1963 figure) was among children aged one year. The total number of re-vaccinations declined from 2,539 in 1963 to 1,878 in 1964. The corresponding figure for 1962, when there were outbreaks of smallpox in the British Isles and abroad, was 24,084.

Age Group	*Number Vaccinated*			*Number Re-vaccinated*		
	By County Medical Staff	*By General Practitioners*	TOTALS	*By County Medical Staff*	*By General Practitioners*	TOTALS
Under 1 year	112 (282)	298 (687)	410 (969)	— (—)	— (—)	— (—)
1 year ...	780 (149)	2,432 (588)	3,212 (737)	— (—)	7 (15)	7 (15)
2–4 years ...	77 (21)	331 (114)	408 (135)	2 (1)	130 (86)	132 (87)
5–14 years	11 (20)	152 (158)	163 (178)	26 (13)	424 (360)	450 (373)
15 years and over	— (1)	140 (237)	140 (238)	1 (2)	1,288 (2,062)	1,289 (2,064)
TOTALS ...	980 (473)	3,353 (1,784)	4,333 (2,257)	29 (16)	1,849 (2,523)	1,878 (2,539)

Note: The figures in brackets relate to 1963.

By Circular 11/64 dated 9th July, 1964 the Ministry of Health informed local health authorities that the Joint Committee on Vaccination and Immunisation had confirmed the advice of the Standing Medical Advisory Committee that routine vaccination of children against smallpox should continue and that the offer of primary vaccination should preferably be made during the second year of life. The Ministry emphasised the importance of having well understood arrangements with general practitioners both for carrying out primary vaccinations and re-vaccinations and for sending in records.

The Ministry's view was that records should be kept by local authorities of the primary vaccination and of one re-vaccination of every child who had not yet reached his or her sixteenth birthday. General medical practitioners were accordingly informed that the usual fee of five shillings would be paid for each such notification received, whether the person vaccinated or re-vaccinated was on the doctor's National Health Service list or was a private patient. Notifications of any subsequent vaccinations of a patient were not required and would not be paid for. General practitioners were also reminded of the timing of the various procedures arranged by the computer in accordance with the programme recommended by the Ministry of Health and approved by the County Council and the Local Medical Committee.

Records

By Circular 20/64 dated 17th November, 1964 the Ministry of Health advised local health authorities about the records of vaccination and immunisation, other than smallpox vaccination, which had been dealt with by Circular 11/64. After consultation with associations representing local health authorities and the medical profession, the Ministry considered that authorities would have at their disposal sufficient information to assist them in carrying out their programmes if records were maintained only for children who had not reached their sixteenth birthday; national statistics were similarly being restricted to children. They stated that where local health authorities made use of special recording apparatus (for example computers as in this County) they might wish to modify the form of record to be used in their area. Authorities were asked to review their records in the light of these suggestions and then, in consultation with the Local Medical Committee, to inform all general practitioners participating in the authority's arrangements for vaccination and immunisation about the records they should send in. The Circular also contained advice on the payment of record fees.

The following circular letter was subsequently sent to all family doctors practising in the area.

VACCINATION AND IMMUNISATION RECORDS

Further to my letter of 1st September, 1964, which dealt with the payment for records of smallpox vaccinations for persons under the age of sixteen years, the Ministry of Health informed me (by Circular 20/64 dated 17th November, 1964) that this age limit will now apply to all vaccination and immunisation records.

No payment will therefore be made and no records required of vaccinations and immunisations arranged after 1st January, 1965 for persons of sixteen years of age or more.

You will be aware that payment is made for the supply of an approved record and not in any way for doing the actual work, which is regarded as coming within the terms of service. For children under the age of sixteen a fee of 5/- will be payable for the supply of an approved record in the following circumstances:—

1. *Smallpox Vaccine:*

   When a record is received showing either that the vaccination was successful at the first attempt or that a second attempt — successful or not — was made. This applies equally to primary vaccination and to *one re-vaccination* before the sixteenth birthday.

2. *Diphtheria, Tetanus and Pertussis Immunisation:*

   One fee will be payable for a record of the primary course with triple antigen and one fee for each subsequent booster in accordance with Schedule P.

3. *Poliomyelitis Vaccination:*

   One fee will be payable for a record of a primary course of three doses of oral vaccine and a further fee for one reinforcement dose before the sixteenth birthday.

If inactivated vaccine is given a fee will be paid for a primary course of two doses and a further fee for a record that one further dose of inactivated vaccine or two doses of oral vaccine has been given. A third fee will be payable for a reinforcement dose of either oral or inactivated vaccine before the sixteenth birthday.

The fee is payable, whether the patient is on the doctor's National Health Service list or is a private patient, on receipt of a record in the standard form.

The growing majority of general practitioners whose immunisation appointments are arranged by the computer will be aware that the monthly computer appointment list is now the standard form of record for notification of immunisations given to children under the age of nine years. If a tick is placed in the appropriate column, fees will automatically be paid and no other notification is required.

Doctors whose immunisation appointments are not yet arranged by the computer should inform the Department as soon as each record of immunisation is complete, and in any event not more than three months later, making use of the current record/claim card.

Investigation of Measles Vaccines

By letter dated 31st July, 1964, the Deputy Chairman of the Medical Research Council's Measles Vaccines Committee invited the Department to take part in a field trial of measles vaccines. It had been decided that the trial should be undertaken simultaneously in different parts of the country (in all, 11 local health authorities were invited to participate) and that vaccinations should be carried out in the autumn, that is, before the start of the expected measles epidemic early in 1965.

The trial was limited to those children between the ages of ten months and two years who had not had measles and who were not due to be, or had not recently been, immunised against other infectious diseases; in West Sussex, it was also limited to those whose names were on the computer and who were therefore readily identifiable.

A letter explaining the scheme was sent to the parents of eligible children and a written consent was obtained for every child who was to take part. Each general practitioner who had patients in the trial was sent a copy of a letter of explanation prepared by the Medical Research Council and they were requested (as also were health visitors) to send follow-up reports to the Medical Research Council so that the efficacy of the vaccine could be assessed.

Children whose parents requested that they should receive the vaccine and whose doctors reported no contra-indication were invited to attend clinics conducted by the Department's medical staff in October and November, 1964. All children participating in the trial, whether vaccinated or not, were visited three weeks later; subsequent follow-up visits will be made in February, May and August, 1965.

Cancer and Leukaemia Survey

In the Report for 1962, reference was made to the Study of Childhood Malignancies being conducted by Dr. Alice Stewart of the Department of Social Medicine, Oxford University. This Study was continued during the year.

PART III—CARE OF MOTHERS AND YOUNG CHILDREN

Ante-natal and Post-natal Care

The midwives' ante-natal clinic at Lancing was discontinued in 1964 because patients in that area were seen by their general medical practitioners who had the use of the health clinic at Lancing. At the end of the year the Council were providing ante-natal clinics in the following places

Arundel	Billingshurst	Bognor Regis	Chichester
Littlehampton	Selsey	Worthing	

On 1st November, 1964 the midwives, together with the district nurses and the health visitors, were attached to group medical practices in the Littlehampton area; this made for a more effective working relationship between nursing staff and doctors. Experience has shown that the nurses appreciate acting under the direction of a particular group of doctors whilst for their part the doctors find it an advantage to work with the same staff. It is likely that the attachment of midwives to group practices will be extended throughout the County during 1965.

Many of the Council's midwives attended ante-natal clinics held by general practitioners in their own surgeries whilst in some areas, as at Lancing, there were arrangements for family doctors to see their patients in the Council's premises with the midwives present.

The influx of population into West Sussex is increasing the number of births in the County and this, together with the recognition that hospital confinement is to be preferred wherever there is an element of risk to the mother or baby, has increased the pressure on hospital maternity beds. As a consequence, forty-eight hour discharge arrangements were increasingly operated by hospitals during the year in order to meet the growing demands. The success of such arrangements, which require the closest co-operation of hospital and domiciliary staff, is a tribute to the excellent working relations which exist.

When a patient makes a booking at a hospital ante-natal clinic the sister sends details to the Council's area nursing officer. The district midwife then visits the home and decides whether the social conditions and domestic arrangements are suitable for the mother's early discharge after confinement in hospital; a register of all proposed early discharges is kept by the area nursing officer. If the delivery is normal, the mother is discharged from hospital, usually during the afternoon of the second day, accompanied in the ambulance by a pupil midwife. The hospital sister informs the area nursing officer of the discharge by telephone on the morning of the day of discharge and the mother is visited by the district midwife shortly after she returns home. The subsequent care of the mother and baby throughout the puerperium is the responsibility of the domiciliary midwifery service.

Arrangements of this kind have the technical advantage of enabling more mothers to be delivered in hospital, where expert facilities are readily available if complications occur. With patients booked for delivery at home, the disadvantage is that patients may miss the personal relationship with the domiciliary midwife that develops during the ante-natal period. Care is always taken to ensure that the patient meets the domiciliary midwife before her early discharge from hospital has taken place.

Compared with the previous year, there was an increase of one per cent in the number of women in attendance at the Council's ante-natal clinics. Details of attendances during the last two years are shown below.

	1963	1964
Number of ante-natal clinics provided at end of year ...	10	9
Number of sessions held a month	39	34
Number of women in attendance:		
(i) for ante-natal examination	1,389	1,406
(ii) for post-natal examination	385	326

Child Welfare Centres

The number of child welfare centres in the County was increased by two during the year and, in all, 48 centres were provided in the 41 districts listed below.

Aldingbourne	Aldwick	Angmering	Arundel
Beeding	Billingshurst	Bognor Regis	Bosham
Camelsdale	Chichester	Crawley	East Preston
Felpham	Ferring	Gossops Green	Henfield
Horsham	Ifield	Lancing	Langley Green
Littlehampton	Loxwood	Midhurst	Petworth
Pulborough	Roffey	Rustington	Selsey
Shoreham-by-Sea (2)	Southbourne	Southgate	Southwater
Southwick (2)	Steyning	Storrington	Thorney Island
Three Bridges	Tilgate	Westbourne	West Chiltington
Worthing (6)			

There was an impressive increase of 18 per cent in the number of children who attended the Council's clinics. There was an increased attendance of 9 per cent in the number of children under one year, of 13 per cent in the number of children between one and two years of age and of no less than 35 per cent in the number of children between the ages of two and five years.

The numbers of children of various ages who attended the clinics during 1963 and 1964 are given below.

1963		1964	
Born in		*Born in*	
1963	4,266	1964	4,678
1962	3,751	1963	4,271
1961–1958 ...	3,074	1962–1959 ...	4,153
TOTAL ...	11,091	TOTAL ...	13,102

The number of children born in 1964 who attended the Council's clinics for the first time during the year represented 72 per cent of the total (live) births, compared with 67 per cent in the previous year.

It is evident that infant welfare clinics continue to provide an important service to the public. The increases in attendance were the more remarkable because many general practitioners now hold their own infant welfare clinics. It seems probable that the greater demand by young mothers for skilled advice about their children is one of the consequences of the rising standard of living; to some extent it may also reflect the growing emphasis on health education. The increased attendances particularly of the older pre-school child support this point of view; mothers no longer feel that they can cease attending the clinic when the early feeding stage is past.

The special clinics held in Crawley, at which the medical staff examined difficult cases, continued to prove successful. The co-operation of general practitioners in referring children to these clinics was greatly appreciated.

Weighing Centres

The numbers of children who attended weighing centres during 1963 and 1964 are given below.

1963		1964	
Born in		*Born in*	
1963	578	1964	547
1962	538	1963	519
1961–1958 ...	580	1962–1959 ...	628
TOTAL ...	1,696	TOTAL ...	1,694

Health visitors give advice at these centres about infant care to groups which are too small to justify medical supervision. If the population served by a centre increases, as is often the case, arrangements are made for a doctor to attend some or all of the clinics according to need.

At the end of the year, weighing centres were in operation in 33 districts. These were substantially the same as set out on page 38 of the 1962 Report.

Family Planning Clinics

Clinics were available in various parts of the County for mothers who required advice on medical or social grounds; cases of sub-fertility were also given medical advice at the clinics. The Council provided their own clinic at Shoreham-by-Sea; in Bognor Regis, Chichester, Crawley, Horsham and Midhurst, the Family Planning Association provided the service by arrangement with the Council. In 1964 new cases rose by 4 per cent compared with the previous year but total attendances fell by 14 per cent, largely because of decreased attendance at Crawley.

The following table shows the number of new cases seen at the clinics and the total attendances made during the past two years.

Clinic	New Cases		Total Attendances	
	1963	1964	1963	1964
Bognor Regis	128	86	586	764
Chichester	161	90	653	714
Crawley	373	488	2,867	1,253
Horsham	173	212	1,011	1,496
Midhurst	40	34	117	228
Shoreham-by-Sea ...	27	28	78	98
TOTALS	902	938	5,312	4,553

Mothercraft and Relaxation Classes

Mothercraft and relaxation classes for expectant mothers and classes in post-natal exercises were held at the nine centres shown in the following table which also gives particulars of the number of attendances made in 1963 and 1964. Physiotherapists took charge of some of the classes; others were run by midwives or health visitors.

Area	Year of establishment	Sessions held	Total number of attendances	
			1963	1964
Bognor Regis	1949	Weekly	280	413
Chichester	1948	Weekly	614	1,007
Crawley	1953	Weekly	647	1,043
Horsham	1949	Weekly	1,415	1,725
Midhurst	1959	Fortnightly	181	113
Roffey	1964	Weekly	—	184
*Selsey	1959	*	—	24
Shoreham-by-Sea ...	1954	Weekly	256	228
Worthing	1949	Weekly	206	342
TOTALS			3,599	5,079

*Classes were recommenced in April, 1964, and were held as required.

Distribution of Welfare Foods

At the request of the Ministry of Health, the 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.

Year	*National dried milk (tins)*	*Cod liver oil (bottles)*	*Vitamins A & D tablets (packets)*	*Orange juice (bottles)*
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)
1964	59,512 (1,144)	6,425 (123)	7,925 (152)	103,486 (1,990)

*Withdrawal of subsidy from 1st June, 1961.

Note: The figures in brackets indicate average weekly distribution.

The table shows that the decline in sales of cod liver oil and vitamin tablets, to which attention was drawn in the last Report, continued during 1964. Sales of these commodities fell to 30.3 per cent and 41.6 per cent respectively of the numbers sold in 1960, the last complete year before the withdrawal of the government subsidy. The demand for national dried milk was much the same as in 1963 and there was a 12-per-cent increase in the sale of orange juice.

During the year, one sub-centre for the distribution of welfare foods was opened and one was closed. A total of 93 distribution centres were in operation at the end of the year; 12 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 (eight of which are on their premises) and at 26 sub-centres.

The issue of these foods involved cash sales to the value of £15,261 and the fact that the total losses of cash and stock amounted to only £5.18s.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 1964 was £15,561 compared with £12,637 in the previous year.

THE UNMARRIED MOTHER

Particulars of 269 new applications dealt with in 1964 by The Chichester Diocesan Moral Welfare Association

Source of Referral		*Marital Status*		*Association's Branch Office*	
Clergy	9 (5)	Single	236 (227)	Bognor Regis	68 (63)
Doctors	78 (92)	Married	21 (19)	Chichester	61 (53)
Health visitors, nurses and clinics	54 (29)	Widowed	2 (—)	Crawley	36 (22)
Hospital almoners	47 (58)	Divorced	7 (12)	Horsham	25 (35)
National Council for the Unmarried Mother	15 (26)	Separated	3 (—)	Worthing	60 (69)
Social agencies	82 (36)			Hove	19 (16)
Other sources	38 (12)				

Home Conditions		*Education*		*Age*	
Stable home	205 (133)	Secondary modern	196 (187)	15 years and under	10 (6)
Broken home	33 (74)	Grammar	44 (47)	16 years	27 (27)
Step parents	11 (13)	Technical	9 (10)	17 years	44 (28)
Only one parent	7 (27)	University	3 (3)	18 years	37 (34)
Adopted	9 (5)	Special school	1 (—)	19 years	34 (27)
Away from home	— (—)	Private or not recorded	16 (11)	20 years	30 (22)
Not known	4 (6)			21 years and over	87 (114)

Note: The figures in brackets relate to 1963.

Care of the Unmarried Mother and her Child

Financial aid was given by the Council towards the funds of the Chichester Diocesan Moral Welfare Association and the Southwark Catholic Children's Society who undertake the care of unmarried mothers in West Sussex through their own officers working in co-operation with the County nursing staff. A small financial contribution was also made in support of the work of the National Council for the Unmarried Mother and her Child.

In 1964, 52 cases (59 in 1963) were referred to the Department for financial assistance towards the maintenance of unmarried mothers at mother and baby homes.

Details 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 52.

Care of Premature Infants

Prematurity is the most important factor in perinatal mortality; over half the stillbirths and deaths of infants in the first week of life occur among premature infants. In West Sussex 7.3 per cent of the notified births were premature; the average for England and Wales was 7.7 per cent. Although 87 per cent of premature babies were delivered in hospital, arrangements were readily available in the County for those born at home to be transferred to hospital if necessary. Of 35 premature babies born and nursed at home, there was only one neo-natal death and, of the 363 premature babies born in the County during the year, 55 (15.7 per cent) died before the twenty-eighth day of life; the comparable figure for England and Wales was 12.8 per cent.

Babies who are born prematurely are likely to have a high incidence of mental or physical handicap. The names of all premature babies were accordingly added to the risk register so that their progress could be followed with particular care.

Statistics relating to premature births in the County during the past two years are given below.

	1963	1964
(1) Total number of premature live births during year ...	347	363
(2) Number of premature infants born at home or nursing home during year	39	47
Number of these:		
(*a*) transferred to hospital	9	12
(*b*) died at home during first 24 hours	—	1
(*c*) died at home between 2nd and 28th day ...	—	—
(*d*) survived at end of one month	37	39
Of the 12 infants transferred to hospital in 1964, 7 died on or before 28th day ; the comparable figure for 1963 was 2.		
(3) Number born in hospital or maternity home (regional hospital board)	308	316
Died on or before 28th day	39	47

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

Congenital Malformations

Reference was made in the last Report to a new scheme introduced by the Ministry of Health from 1st January, 1964 for notifying congenital malformations observed at birth to the General Register Office.

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 accordingly taken to modify the birth notification form in use in the County so that the information could be given on the same document. The form is sent to the Department in a sealed envelope.

The Ministry of Health sent a booklet on *Congenital Malformations* and an explanation of the new arrangements to doctors in the hospital and general medical services. In seeking their support, the Ministry expressed the hope that the scheme, which is voluntary, would be the means of providing early information of causal factors of congenital malformation. No central record of individual cases would be kept; the object was to compile statistical information from which it should be possible to detect any national or regional changes in the pattern. It was hoped that suitable material would be published regularly in the Registrar General's returns.

A total of 108 congenital malformations were observed in the County during the year in 87 births, of which 74 were live births and 13 were stillbirths; six of the babies born alive died shortly afterwards. Talipes was the commonest congenital malformation and malformations of the central nervous system came second in frequency.

Report of Chief Dental Officer

The figures given on page 55 include, for comparison, those relating to 1963.

Although fewer mothers, and children under five, were inspected, more of both commenced treatment and were made dentally fit than in 1963. Fewer extractions and more fillings were carried out for children under five but, with a greater number being treated, the amount of work required for each child was slightly less than in 1963.

Year	*Fillings per child*	*Extractions per child*
1962	2.3	0.9
1963	3.3	0.9
1964	3.2	0.7

The D.M.F. rate (decayed, missing and filled teeth per child) for 1964 showed, as expected, a gradual increase in each age group, although it was interesting to note that at the age of four years it was approximately one less than the national average for that age.

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	46 (64)	52 (54)	45 (40)	43 (24)
Children under five	474 (623)	297 (359)	260 (240)	252 (219)

(b) Forms of dental treatment provided

	Extractions	*Anaesthetics*		*Fillings*	*Scaling and/or gum treatment*	*Silver nitrate treatment*	*Inlays*	*Crowns*	*X-rays*	*Dentures provided*		*Dentures repaired*
		Local	*General*							*Complete*	*Partial*	
Expectant and nursing mothers	109 (85)	35 (55)	11 (3)	104 (123)	41 (35)	1 (—)	6 (1)	— (—)	16 (1)	11 (2)	9 (7)	1 (7)
Children under five	160 (213)	32 (47)	56 (49)	798 (782)	9 (4)	37 (45)	— (—)	— (—)	1 (3)	— (—)	— (1)	— (—)

Note: The figures in brackets relate to 1963.

Midwifery

The 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 but in rural areas the nursing staff had dual appointments as home nurse/midwife or combined appointments as health visitor/home nurse/midwife.

The numbers of midwives practising in the County at the end of 1963 and 1964 are given below.

	1963	1964
(*a*) Employed by the County Council:		
(i) Whole-time	25	24
(ii) Part-time	56	54
(iii) Total whole-time equivalent	45	43
(*b*) In private practice	10	10
(*c*) Employed by Hospital Management Committees	94	101

The number of births notified under section 203 of the *Public Health Act, 1936* totalled 6,696, an increase of 232 over the preceding year; of these, 5,065 or 75 per cent occurred in hospital. The percentage of hospital births in each county district is shown below.

Urban Districts	*Per cent*		*Rural Districts*	*Per cent*	
	1963	1964		1963	1964
Arundel M.B.	64	82	Chanctonbury	69	74
Bognor Regis	55	64	Chichester	77	74
Chichester M.B. ...	68	66	Horsham	75	82
Crawley	74	77	Midhurst	75	80
Horsham	72	76	Petworth	80	77
Littlehampton	67	72	Worthing	69	74
Shoreham-by-Sea ...	71	76			
Southwick	77	81			
Worthing M.B.	78	78			

The next table shows the numbers of domiciliary and hospital confinements in the County during the last six years.

Year	*Domiciliary*	*Hospital*	*Totals*
1959	2,286 (40.1)	3,412 (59.9)	5,698
1960	2,307 (39.3)	3,565 (60.7)	5,872
1961	2,254 (37.6)	3,744 (62.4)	5,998
1962	2,055 (32.8)	4,207 (67.2)	6,262
1963	1,710 (26.3)	4,781 (73.7)	6,491
1964	1,630 (24.8)	4,932 (75.2)	6,562

Note: The figures in brackets denote the percentage of the total number of births in that year.

It will be seen that the percentage of hospital deliveries has increased steadily from 59.9 per cent in 1959 to 75.2 per cent in 1964. During this period, the birth rate varied between 14.6 and 17.3 a 1,000 population, the population of the County increased from 390,000 to 436,770, and the infant mortality rate fluctuated between 16.8 and 20.1 a 1,000 live births. Expressed in terms of the number of infant deaths a 1,000 live births in hospitals and general practitioner units, the infant mortality rates (excluding the Borough of Worthing) for the years 1959 to 1964 were 21.4, 25.9, 24.1, 24.1, 18.8 and 18.2; the corresponding rates for domiciliary live births during these years were 12.0, 12.1, 8.4, 10.5, 11.9 and 12.0 a 1,000 domiciliary live births. In other words, a transfer of 15 per cent of confinements from home to hospital over the past six years has been accompanied by a decline (but only in the past two years) in hospital infant mortality rates. These figures will be watched with interest during the next few years.

The development of forty-eight hour discharge schemes is discussed on page 47 and it is suggested there that close co-operation and more complete integration of hospital and domiciliary staff is essential if such schemes are to be satisfactory to the mothers and advantageous technically. In 1964 the number of cases delivered in hospitals and discharged home to be attended by domiciliary midwives before the tenth day following confinement totalled 902, an increase of 169 over the previous year and a figure which amounted to 17.8 per cent of the total number of hospital deliveries. For almost a sixth of all births in the County, responsibility for a mother during her confinement and the puerperium falls jointly on the hospital and the local authority midwifery services. Under these circumstances a virtually unified service is required for patients in this group and it is a particular pleasure to be able to record the increasingly close relations between the two branches of the health service in West Sussex.

Following an approach made to the Department by Mr. N. E. Gourlay, Consultant Obstetrician and Gynaecologist at Crawley Hospital, consultations took place with the Ministry of Health and the South West Metropolitan Regional Hospital Board regarding the possibility of introducing experimental arrangements at that hospital whereby domiciliary midwives, who had had patients in their care during the ante-natal period, could accompany them into hospital, undertake their delivery, and then complete the maternity nursing when the patients return home. Subject to satisfactory arrangements being made, it was decided to proceed with this suggestion early in 1965 and it was also decided to recommend the County Councils Association to seek amendments to existing legislation with a view to

(*a*) statutory powers being conferred on local health authorities to provide services in connection with childbirth outside the home; and

(*b*) ensuring that mothers who are booked for hospital confinement but stay less than 48 hours do not lose their eligibility for a Ministry of Pensions and National Insurance home confinement grant.

Towards the end of the year, midwives were attached to group medical practices in Littlehampton, together with home nurses and health visitors; this should facilitate closer co-operation within the

domiciliary team, comprising the family doctor, the midwife, the health visitor and the home nurse. When a mother is delivered in hospital and discharged on the second day there is always a danger that her care will become impersonal; it is important that both the health visitor and the midwife should get to know the patient well before the baby is born so that when she comes home from hospital she is in the hands of nurses whom she knows and trusts.

Details of the number of domiciliary confinements attended by County Council midwives during 1964 are given below.

Doctor not booked	*Doctor booked*	TOTAL
22 (31)	1,575 (1,673)	1,597 (1,704)

Note: The figures in brackets relate to 1963.

The number of mothers who did not book a doctor for their confinement was only 22, 9 less than in 1963. In the ten months March to December, 1964, 246 pregnant women who were booked for a domiciliary confinement had to be delivered in hospital. It is in this group that perinatal mortality is high and the number should be reduced as much as possible by proper case selection when a booking is first made.

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 245 occasions, 51 fewer than in 1963. In all but two cases the medical practitioner had already arranged to provide the patient with maternity medical services under the National Health Service.

Equipment

With the co-operation of Crawley Hospital, maternity packs and complete outfits for deliveries and nursing were supplied to domiciliary nursing staff by the hospital central sterile supply unit. This service has two great advantages: it gives a more complete guarantee that the materials which the midwives and home nurses use are sterile and it is a great saving of nursing time, as it is unnecessary for a nurse to sterilise equipment, often employing unsatisfactory domestic utensils for the purpose, before she attends to a patient. The cost of the materials supplied has not increased and indeed there is some prospect that a saving in cost may be achieved.

Thanks are due to the Matron of Crawley Hospital (Miss E. C. Ensing) and to the Midwifery Supervisor (Miss B. Thomas) for initiating this scheme, which began in December, 1964 and which it is hoped will be extended to the whole of the north-eastern part of the County during 1965. Elsewhere maternity outfits containing the necessary dressings and equipment were made available by the Department free of charge for expectant mothers booked for home confinements. Changes are made from time to time in the contents of these outfits as improved dressings become available.

Puerperal Pyrexia

Notifications of puerperal pyrexia numbered 111, which was nine less than in the previous year. Six of these cases occurred in women confined at home and all the others in cases confined in hospital.

Recruitment of Midwives

With Circular 5/64 dated 17th April, 1964 the Ministry of Health enclosed copies of letters on recruitment publicity that had been sent to Regional Hospital Boards and Boards of Governors of teaching hospitals with maternity service responsibilities. These discussed a proposal that, in consultation with local health authorities, hospitals should send to midwives who were no longer practising a letter from the Minister appealing to them to return to practice.

The Secretary of the Regional Hospital Board was informed that the Council had no vacancies for domiciliary midwives but he was invited to notify the Department of the nearest hospitals with vacancies for midwives so that, if approached, the Department could furnish relevant information. A few midwives were subsequently interviewed but none of them was able, because of home commitments, to take a resident refresher course required to satisfy the regulations of the Central Midwives Board; this prevented all of them from returning to professional practice.

Refresher Courses

Twenty-one midwives (five more than in 1963) were sent on refresher courses (in Exeter and Hastings) in order to keep them up-to-date in modern techniques. All the County midwives are kept fully in touch with changes in the obstetric service and are given details of any new procedures or methods.

Training of Pupil Midwives

The arrangements for training pupil midwives sent from Horsham Hospital Maternity Unit were discontinued during the year.

The arrangements with Crawley Hospital for pupils to be attached to Crawley and Horsham midwives continued and 10 midwives in the area were approved as teachers.

The total number of pupils completing training in 1964 was 26 and a further five were in training at the end of the year.

Maternity Liaison Committees

During the year, local maternity liaison committees met at Chichester and Redhill. The Chichester Committee met in the early part of 1964 and gave consideration to ways in which the full use of the combined resources of the hospital, general practitioner and local health authority maternity services should be ensured. The Committee also discussed what should be done to meet any abnormal demands made on the maternity services. It was agreed that the local maternity services would be adequate if fully exploited and that no insurmountable difficulties were to be expected during the forthcoming months. The Committee were also informed of the modified birth notification form which had been introduced following the request from the Ministry of Health for notification of any congenital malformation observed at the time of birth.

The Redhill Committee had under discussion the use of maternity co-operation record cards. Although it was agreed that a co-operation card should be provided and used, there was a divergence of opinion as to the type of card to be introduced. The hospital staff confirmed that their present arrangement would be continued whereby the hospital maternity units would use their own type of card for patients attending the hospital ante-natal clinics but, in order to avoid duplication, whichever type of card was first issued to a patient, that card would continue to be used by any other branch of the service subsequently concerned.

Informal meetings convened by the consultant obstetricians at Southlands Hospital continued and the Department's medical staff and midwives together with general medical practitioners working in the area were invited to attend and discuss cases of interest.

Health Visiting

Staff

The equivalent whole-time health visiting staff employed by the Council at the end of the year numbered 48.7, 0.7 less than at the end of the previous year. In the rural districts, nurses with combined duties (health visiting, home nursing, midwifery) were employed and the total number of staff with either whole or part-time health visiting responsibilities was 89, three less than at the end of 1963. The ratio of health visitors to population was one to every 8,970 compared with one to 8,620 in 1963, so that there has been little change in that respect.

Training of Student Health Visitors

Six students were in training during the year; of these, two successfully completed the course and the other four had not completed their training by the end of the year.

By letter dated 11th August, 1964 the Secretary of the Council for the Training of Health Visitors forwarded a revised syllabus for the examination of health visitors. Courses based on the new syllabus and approved by that Council will start in the autumn of 1965 and students will first be examined under the new arrangements in the summer of 1966.

The new syllabus places considerable emphasis on the need to achieve greater depth in fieldwork experience and the Training Council accordingly proposes that a nucleus of fieldwork instructors be created. They hope that local authorities will co-operate in the new training scheme, encourage members of staff to apply for positions as fieldwork instructors and send them on special refresher courses so that they may learn the skills required. Health visitors acting as fieldwork instructors would carry a reduced case load (less than 300 families) and no instructor would be expected to have more than three students.

Although the new syllabus does not come into force until September 1965, the 1964/65 Health Visitors' Course at Brighton Technical College was planned along the lines envisaged in that syllabus, in order that experience could be acquired in advance of the new arrangements. The organising tutor approached the Department for help with fieldwork instruction and authority was obtained for three health visitors in Crawley to assist in that way during the experimental year.

Qualifications of Health Visitors

By Circular 9/64 dated 23rd July, 1964 the Ministry of Health forwarded a copy of the *National Health Service (Qualifications of Health Visitors) Regulations, 1964* made by the Minister on 15th July, 1964. These Regulations replaced the *National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations, 1948* and made the following changes.

(*a*) The health visitor's certificate awarded by the Council for the Training of Health Visitors becomes a qualification for employment as a health visitor. That Council, in accordance with interim rules approved by the Minister, are to award the health visitor's certificate to those successful in the examinations held by the Royal Society of Health (and, in Scotland, by the Royal Sanitary Association of Scotland) from July, 1964 to December, 1965 inclusive, in addition to the certificates issued by these bodies. Thereafter the examinations will be held under the auspices of the Council and theirs will be the only certificate awarded.

(*b*) The power which the Minister had under the 1948 Regulations to dispense with any of the requirements of the Regulations has been revoked and, after the new Regulations come into force, authorities will be unable to make any further application to the Minister for sanction to employ unqualified persons as health visitors.

(*c*) Any dispensation in force at the date when the new Regulations came into effect under which a local authority is enabled to employ as a health visitor a woman not qualified under Regulation 3 of the 1948 Regulations, will continue to remain valid as long as the woman concerned remains in the employment of the authority by which she was employed when the new Regulations came into force or by any authority taking over functions from that authority. The Minister hopes that authorities will do all they can in suitable cases to encourage staff employed under a dispensation to take the training leading to the health visitor's certificate awarded by the Council for the Training of Health Visitors.

(*d*) Special provision is made for women who hold qualifications obtained outside the United Kingdom.

(*e*) Qualifications are no longer specified for tuberculosis visitors. The Minister assumes that authorities will not seek to recruit new staff specially to undertake this work and that, as is already the practice of many authorities, it will gradually be merged in the general duties of health visiting.

At the end of the year there were only three health visitors in the County who were not qualified. These were all senior staff approaching retirement who were undertaking combined work. There were no health visitors in the County employed specifically as tuberculosis visitors.

Refresher Courses

Eight health visitors were sent on refresher courses held in London, Oxford and Keele.

The annual refresher course for nursing staff arranged by the Department was again held in April at the Council's residential conference centre at Lodge Hill, Pulborough.

Attachment of Health Visitors to Group Practices

During the year health visitors were attached to group medical practices in Chichester, Lancing, Littlehampton and Shoreham-by-Sea. This completed the attachment of health visitors to group practices in urban areas throughout the County. In rural areas where the nursing staff have combined duties and the solitary village nurse works side by side with a single practice, attachment has, in effect, always been the rule. In semi-rural areas where housing estates are springing up and the local population is increasing rapidly, attachment is introduced as soon as the numbers of doctors and nurses make it practicable.

As might be expected when health visitors are first attached to practices, some doctors are reluctant to give them work lest they overburden them. Others are not always aware that health visitors are trained in nursing, midwifery and social work and are doubtful about how best to use their services. With time, however, family doctors tend to use the health visitors more and more; if a new venture such as a clinic is undertaken in a practice, the health visitor is usually invited to participate from the outset and invariably proves to have a most useful contribution to make. With the attachment of all domiciliary nursing staff to general practices, such as was initiated at Littlehampton in October, 1964, closer working relationships amongst the Department's own nursing staff develop and better integration with other local authority and hospital staff generally follows.

Experience has shown that nurses attached to group practices should be able to drive a car. Although there were only two such nurses unable to do so, authority was obtained for financial assistance (not exceeding £10 in any one case) to be made available for nurses who are required to learn to drive as a result of the policy of group attachment.

Work undertaken

Details of the main types of cases visited by health visitors during the year are given on the next page.

Type of case	*Number of cases visited*	
Children born in 1964	6,629	
Children born in 1963	6,915	
Children born in 1959–62	13,614	
	1963	1964
Children under the age of 5 years	27,283	27,158
Persons aged 65 or over	2,692 (983)	3,261 (1,382)
Mentally disordered persons	110 (64)	127 (81)
Persons discharged from hospital other than maternity or mental cases	469 (311)	466 (295)
Tuberculous households	611	336
Households visited on account of other infectious diseases	196	819

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

The statistics show that the number of children visited who were under the age of five years was approximately the same in 1964 as in 1963. There was however an appreciable increase (21.1 per cent) in the number of old people visited; most of this increase was the result of requests received from general medical practitioners and hospitals. Although the health visitors' work amongst the elderly was greatly enhanced by their association with family doctors, visits to persons over 65 years of age remained nevertheless disproportionately small; only 10.6 per cent of the total number of visits was to persons in this age group. The support of old people at home is, however, an aspect of the work of health visitors which is bound to assume increasing importance in the next few years.

Visits to tuberculous households decreased from 611 in 1963 to 336 in 1964 but those made to households on account of other infectious disease rose from 196 to 819; to a large extent this was also due to the fact that more health visitors were attached to the practices of family doctors.

From time to time health visitors are invited to attend camps arranged by the Girl Guides and similar organisations. Recognising that a useful service can be performed in instructing young people at these camps, the appropriate members gave authority for up to three days' paid special leave to be approved. It is unlikely that many health visitors will be concerned with activities of this kind but one such application was approved during the year.

Phenylketonuria

Health visitors continued, as a routine, to test the urine of newly-born children at the age of six weeks; this has been standard practice in the County since May, 1960. Although a number have been referred for further investigation, no child 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

Lady Bracknell: "Health is the primary duty of life."
Oscar Wilde (1856–1900):
The Importance of Being Earnest.

Although the wisdom of Lady Bracknell's maxim is by no means generally acknowledged, health is increasingly becoming an interest of the individual. This is illustrated by the growing demand for health knowledge and by the greater use of mass media in health education. *Health* is becoming news.

It was possible to meet more of this growing demand in the County by the appointment of two assistant health education organisers; one of these spent most of her time in the Borough of Worthing. It was also possible to maintain better support and facilities for the field nursing staff and to visit the various health clinics more frequently.

The Cohen Report

In December, 1959 the Central and Scottish Health Services Councils appointed a Joint Committee under the Chairmanship of Lord Cohen of Birkenhead with the following terms of reference:

> To consider whether, having regard to recent developments in medicine, there are any fresh fields where health education might be expected to be of benefit to the public; how far it is possible to assess the results of health education in the past; and in the light of these considerations what methods are likely to be most effective in future.

Rather more than four years after the Committee were set up, their findings and recommendations became available on 8th May, 1964 in a report of less than a hundred pages. The Report recommended the setting up of two Boards, one for England and Wales and the other for Scotland, whose special functions would be to promote health education generally. The Boards would train health educators to be employed by local authorities and to conduct health campaigns and the Committee estimated that within the next five years the implementation of their proposals would add about £500,000 a year to present expenditure on health education by central government and local authorities.

The Committee were of the opinion that more education is needed on human relationships, including sex; mental and dental health; the early diagnosis of certain types of cancer; the risks of smoking and overweight; the need for physical exercise; recreation and the proper use of leisure; foot health; clean air; and fluoridation of domestic water supplies. They noted that the health habits of middle-aged men were probably worse now than forty years ago: despite advances in treatment their improvement in expectation of life had been slow, and much less marked than among women. They drew particular attention to special health problems in schools. Among these they included sex education, by which they did not mean simply talking to girls about menstruation but to boys and girls about the relationship of the sexes in all its human

and social implications, including their future responsibilities as parents. They pointed out that an understanding of the functions of the human body is a necessary step towards an informed appreciation of mental and physical health and might help to reduce unwanted pregnancies and venereal disease in teenagers. As the cigarette-smoking habit was so frequently formed in very early life, the Committee felt strongly that the connection between cigarette-smoking and cancer of the lung and other diseases was a subject to be repeatedly stressed in health instruction in schools.

Following the publication of the report, the Ministry of Health started consultations with the local authority associations and professional bodies regarding the recommendations put forward. It will be interesting to see the extent to which these recommendations are adopted and implemented during the next few years.

In-Service Training

Domiciliary Nursing Staff

A programme of in-service training in health education methods and techniques for nursing staff was carried out during the year. Although participation in the course was voluntary, the response was sufficiently encouraging to suggest that it may be worth while to offer similar facilities to other sections of the staff.

The course consisted of seven sessions, each repeated once so that all could have the opportunity to attend, held in various parts of the County in order to keep travelling time to a minimum. The sessions were well attended and plenty of time was allowed for questions and discussion. The programme was as follows:

(i) The Cohen Report on Health Education; the philosophy of health education; aims and objects in West Sussex.

(ii) The lecture; its composition and length; use of illustrations; public speaking.

(iii) Discussion group techniques; the management of a group; leadership skills.

(iv) Use and care of equipment; film strip projectors; slides; tape recorders.

(v) Use of visual aids; films, filmstrips, slides; posters and charts, flannelgraphs.

(vi) Poster evaluation; use of posters and displays; lettering and display techniques.

(vii) Health education in schools; preparation of a syllabus.

Judged by the number of requests received for further courses, the nurses found this type of course valuable and some health visitors who previously had not undertaken any formal teaching have now been encouraged to do so. The home nurses and midwives are frequently asked to give talks to small groups and a simple course of this kind aimed at improving their ability to impart knowledge will obviously help them in that part of their work.

Annual Refresher Course

The refresher course for nursing staff was again held in April at the Council's residential conference centre, Lodge Hill, Pulborough. Perspectives in public health often become distorted, there are new problems, new developments and new thoughts; this annual course helps to keep the staff up-to-date.

One third of the staff again attended as residents and the remainder came for as many lectures as their duties would allow. Lectures were given on several aspects of public health work and, as was apparent from the group reports, the discussion sessions helped to complete the learning process. Other members of the Department attended lectures which were of particular interest to them.

Other Departments

Help was again accorded to other departments with their in-service training arrangements. Talks were given to voluntary helpers working in old people's clubs and to staff employed in the school meals service.

Lectures and Talks

Lectures were given in teacher training colleges, colleges of further education, to student nurses and to the Women's Royal Air Force. In addition, there were numerous talks by many members of the Department to voluntary groups throughout the County. A series of talks on teaching techniques was arranged for officers of the British Red Cross Society.

The national publicity on food hygiene in the summer created additional demands for information on this subject which was willingly given to audiences in schools and to voluntary and industrial organisations.

No special publicity was accorded to the dangers of venereal disease but reference to the subject was made in many talks given in schools and youth clubs.

A one-day conference on home safety was held in the Sarah Robinson School, Crawley, at which outside speakers were invited to take part and help was again given to the Crawley Home Safety Committee with their summer exhibition.

Attachment of Health Visitors to General Practices

An encouraging result of these arrangements was that requests were made for display materials for use in practice premises. After discussion with the doctors concerned, health visitors asked for health education materials most suited to meet apparent needs. Portable display boards were provided and appropriate literature (a useful variation to the magazines usually found in doctors' waiting rooms) was made available.

Mothers' Clubs

Three new clubs were started during the year, at Cowfold, Hunston and Petworth; some of the afternoon clubs also had an occasional evening meeting. When a meeting of special interest was arranged, invitations were extended to members of adjacent clubs. The approach to health education in many of these clubs was refreshing; the members were quick to criticise any adverse health publicity or bad health teaching they met outside the club; they were equally quick to praise what they considered to be good.

At the end of the year there were 15 mothers' clubs in the County and each was run on individual lines according to the wishes of the members.

Foot Health

Education in foot health continued to be a matter of concern. There were the parents who complained that, however much they demanded 'sensible' shoes, they were unable to buy them; there were the manufacturers who said there was no demand for such footwear. There certainly seemed to be a lack of communication between the manufacturers and the public, for pointed shoes were on sale even in toddler sizes.

It is clear that more evidence is needed on which part of the shoe it is that causes most damage — the height of the heel, the length or the width. Investigation is also needed into why the tendency to hallux valgus is greater in females than in males and the extent to which heredity may play a part in causing this crippling condition. Until further information is available, efforts to create a demand for an attractive but safe shoe will continue to be made and all aspects of foot health will continue to feature prominently in health education programmes.

Smoking and Lung Cancer

> One of the striking characteristics of British mortality in the last half-century has been the lack of improvement in the death rate of men in middle life. In cigarette smoking may lie one prominent cause.*

Dr. R. Doll and Sir Austin Bradford Hill have demonstrated in their study of smoking habits of doctors that the death rate from lung cancer among doctors has declined and that the fall can be directly attributed to the change in their smoking habits.

Health education about smoking continued throughout the year. Facilities for the assessment of the film *The Smoking Machine* were made available to the Ministry of Health and a copy of the film was subsequently bought; another film *Smoking and You* was also acquired. The publication of the report of the Advisory Committee of the Surgeon-General of the Public Health Service of the United States in January certainly gave a temporary stimulus to the campaign but the profits of the cigarette manufacturers continued to rise and tobacco shares were still recommended as a good investment. Although there was no evidence of a decline in tobacco consumption, there were nevertheless small but significant changes to be observed in individual attitudes towards smoking. More people say that they have stopped smoking and more children are boasting that they will never start. Whilst local health authorities have to compete with the vast sums spent on advertising the sale of cigarettes, it will nevertheless be many years before they see measurable results from their anti-smoking campaigns. But the day will come when smoking will be as out-dated as tight-lacing and as old-fashioned as the spittoon. The sooner it comes, the better.

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*DOLL, R. and HILL, Sir A. Bradford: Mortality in Relation to Smoking: Ten Years' Observations of British Doctors: 1964 Brit.Med.J. **I**, 1467.

Civil Defence (Training in Nursing) Regulations, 1963

These Regulations conferred on the councils of counties and county boroughs in England and Wales the function of providing training in home nursing and first aid.

Following consultation with the civil defence administration, a series of lectures was arranged by the Department towards the end of 1963 for volunteers from the staff and representatives of the first aid and nursing organisations; the lectures were given in the hope that the programme would be repeated elsewhere throughout the County.

During 1964, the St. John Association undertook 71 classes in first aid and nursing and examined 980 candidates; of these, 943 obtained awards. The British Red Cross Society issued during the year a total of 524 first aid certificates and 331 nursing certificates to members of the public.

Reception of Visitors

The following list records the names of some of the visitors received in the Department during 1964 at the request of the Ministry of Health and other bodies. The arrangements for some of these visits involved considerable organisation but they are an essential part of health education and often prove of benefit to the staff of the Department as well as to the visitors themselves.

Name	*Organisation represented*	*Purpose of visit*
Miss E. E. Wilkie ...	Chief Professional Adviser, Council for the Training of Health Visitors.	Practical training of health visitors.
Dr. P. J. White ...	Senior District Health Officer, Department of Health, Victoria.	Study of health administration at local government level.
Dr. C. A. S. Emmett	Royal Air Force.	Study of work of the Department.
Eight students ...	London School of Hygiene and Tropical Medicine.	Observation of practical demonstration in health education, Crawley.
Miss E. Dingle and Miss C. Jones ...	University College of Swansea.	Field work of mental welfare officers and county almoners.
Mr. L. T. Sweetman	Research Assistant, London School of Economics and Political Science.	Investigation into aspects of town government in South East England.
Miss M. Moscrop ...	Consultant, Council for the Training of Social Workers.	Study of work of the Department.
Major Waller ...	Medical practitioner.	Study of local health authority work.
Mr. J. K. B. Simpson	Administrative Assistant, Kumasi City Council, Ghana.	Study of work of the Department and visits to clinics, etc.
Mr. E. K. Fordwuo	Clerk of Abuasi Urban Council, Ghana.	Do.

Name	*Organisation represented*	*Purpose of visit*
Mrs. A. M. Robins ...	Health Education (Liaison) Officer, Ministry of Health.	Health education service.
Mr. Y. Reureni ...	British Council Bursar from Israel.	Study of work of the Department.
Dr. Shanawahy ...	Director of Medical Commission in the Ministry of Public Health, Cairo.	Study of work of the Department.
Mr. G. J. Ellerton, Mr. M. V. Saville and Mr. E. B. Mayne, C.B.E. ...	Committee on the Management and staffing of Local Government.	Study of local government at work.

Discharge from Hospital

Reference was made in the last Report to Ministry of Health Circular 3/63 dated 14th March, 1963 with which was enclosed a memorandum of advice on the discharge of patients from hospital and the arrangements which should be made for the provision of any necessary after care.

With the agreement of the hospital authorities, the Executive Council and the Local Medical Committee, the Department supplied printed forms to all hospitals in and around the County upon which the hospitals could make known the after care requirements of patients about to be discharged.

During the year, 464 forms were received from 16 local hospitals and a further 10 requests for after care were made by London hospitals on forms which have been in use in the London area for a number of years. Most of the local requests (323) were from hospitals in the Chichester area. Some of the patients referred needed more than one form of help as the following summary shows.

Form of help requested	*Number*
District nurse	323 (53)
Health visitor	106 (48)
Home help	103 (66)
Meals-on-wheels	28 (27)
Home nursing equipment	27 (23)
Handicapped services officer	1 (—)
County almoner	4 (3)
Home teacher of the blind	1 (1)
TOTALS	593 (221)

Note: The figures in brackets (included in the total) denote the number of cases in which another form of help was also requested.

Despite repeated attempts to persuade them to do otherwise, some of the small hospitals in the County refused to enter the diagnosis of the patient's condition on the form as they felt that to do so would be a breach of confidence. This attitude was not shared by the large London hospitals who gave complete details of the diagnosis and the treatment required. Such detailed information is essential if the requirements of patients are to be adequately and promptly met.

Tuberculosis

The consultant chest physicians employed by the South West Metropolitan Regional Hospital Board continued to act as part-time officers of the Council in connection with the arrangements for the prevention, care and after care of tuberculosis. Their work for the Council has diminished over the years with the continuing reduction in the number of cases and negotiations were therefore started with the hospital authority which culminated in the contracts of some of the physicians being revised. Close liaison with the chest clinics was maintained throughout the year in the work of tuberculosis control and the health visitors played an active part in tracing and following up, wherever possible, all known contacts of the disease.

Notifications

The following table shows that the total number of primary notifications received during the year was ten less than in 1963. The number of notifications of respiratory and non-respiratory disease in 1964 was in fact less than half the number received five years ago.

Age	Respiratory			Non-Respiratory		
	Male	*Female*	Totals	*Male*	*Female*	Totals
0–1 ...	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
1–2 ...	— (—)	— (—)	— (—)	— (—)	1 (—)	1 (—)
2–4 ...	— (1)	— (—)	— (1)	— (—)	— (—)	— (—)
5–9 ...	— (—)	— (1)	— (1)	— (—)	— (—)	— (—)
10–14 ...	— (1)	— (—)	— (1)	— (—)	— (—)	— (—)
15–19 ...	— (1)	4 (1)	4 (2)	— (—)	— (—)	— (—)
20–24 ...	3 (1)	— (3)	3 (4)	— (—)	1 (—)	1 (—)
25–34 ...	4 (6)	6 (4)	10 (10)	2 (—)	2 (1)	4 (1)
35–44 ...	1 (6)	4 (5)	5 (11)	— (1)	1 (1)	1 (2)
45–54 ...	7 (2)	2 (1)	9 (3)	— (—)	— (3)	— (3)
55–64 ...	5 (8)	2 (2)	7 (10)	— (—)	1 (—)	1 (—)
65–74 ...	3 (6)	4 (4)	7 (10)	— (—)	— (—)	— (—)
75+ ...	2 (6)	1 (2)	3 (8)	1 (—)	— (—)	1 (—)
Totals ...	25 (38)	23 (23)	48 (61)	3 (1)	6 (5)	9 (6)

Note: The figures in brackets relate to 1963.

Chest Clinic Statistics

The details in the next table were supplied by the chest physicians and give an account of some of the work of the chest clinics during the year. At the end of the year the total number of patients on the register of the clinics in the four areas showed a reduction of 20.7 per cent over the corresponding figure at the commencement of the year. The greatest reductions were in the Worthing and Southlands, and Chichester and Bognor Regis areas; there were small increases in the numbers of patients on the registers at Horsham and Crawley. New patients first examined totalled 2,405 (an increase of 14.8 per cent compared with 1963) and, of these, 52 (the same number as in 1963) were found to be suffering from tuberculosis.

	Chest Clinics			
	Worthing and Southlands	*Horsham*	*Crawley*	*Chichester and Bognor Regis*
1. Approximate population of area served	183,000	49,110	56,790	148,500
2. Patients on register at 1.1.64	195	130	199	330
3. Transfers from other areas ...	12	3	6	14
4. New notifications	15*	12*	12*	21
5. Removed from register:				
(*a*) Recovered	98	—	2	74
(*b*) Left area or lost sight of	19	3	10	14
(*c*) Died	14†	2	—	14
6. Patients on register at 31.12.64	91	140	205	263
7. (*a*) New patients first examined	848‡	358	392	807
(*b*) Of these, numbers found to be tuberculous ...	13	8	10	21
8. (*a*) Contacts of 7 (*b*) examined	92§	20	23	150§
(*b*) Of these, number found to be tuberculous ...	—	1	—	—

*Including cases restored to register.
†Only three 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 1964.

Year	*No. of contacts examined*	*No. found tuberculous*
1957	538	8
1958	574	2
1959	505	9
1960	471	10
1961	448	3
1962	527	7
1963	376	7
1964	433	1

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 1964 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 1964 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*	*Totals*	*Male*	*Female*	*Male*	*Female*
				†	†	†	†
General practitioners' chest X-ray service:							
Portsmouth Unit	3,070	2,568	5,638	5	3	45	6
Surrey Unit ...	493	454	947	1	—	4	1
General public and factory groups:							
Portsmouth Unit	12,543	13,350	25,893	3	4	13	1
Surrey Unit ...	6,521	5,142	11,663	5	5	2	—
TOTALS ...	22,627	21,514	44,141	14	12	64	8

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

†Does not include all results for last quarter.

Home Nursing

The Council continued to provide a comprehensive home nursing service in all parts of the County in accordance with the requirements of section 25 of the *National Health Service Act, 1946*. Compared with other areas, the cost of the service was high. According to statistics published jointly by the Institute of Municipal Treasurers and Accountants and the Society of County Treasurers, net expenditure on home nursing provided by the Council in the financial year 1963/64 was £274 a 1,000 population; the corresponding figure for all English counties was £197. The fact that the net cost for each visit (9s.4d.) was exactly the same as the national average was, however, some indication that the service was being properly and efficiently administered. The reason for the disparity in the unit of population cost is clear; the County has a much higher-than-average number of elderly residents. At the 1961 census of population the proportion of persons aged 65 or over in West Sussex was 18.8 per cent, considerably more than the 11.9 per cent in England and Wales as a whole. Old people fall sick more frequently and for longer periods than do the young and their need for help from the domiciliary services is accordingly greater.

Staff

The number of home nurses employed at the end of the year is shown in the following table which also gives the corresponding figures for previous years. The number of nurses employed is increasing every year in order to cope with the increasing amount of work and it is likely that this trend will continue. Particulars are given in Appendix D of the number of nurses a 1,000 population in West Sussex and in England and Wales and forecasts are made in that Appendix of the number which will be needed in future years.

Category	*Number of home nurses employed at end of year*			
	1961	1962	1963	1964
Whole-time	50	54	58	62
Part-time	65	57	64	63
TOTAL WHOLE-TIME EQUIVALENT	81.8	86.5	90.6	93.3

During the year eight nurses attended post-certificate courses in various centres in the country. Motor transport was available for all nurses. Experience has shown that the attachment of home nurses to group medical practices makes it essential for them to be car drivers and authority was obtained for financial assistance (not exceeding £10 in any one case) to be made available for nurses who are required to learn to drive as a result of the policy of group attachment.

Nurses' Houses

To assist in framing the development plan for nurses' houses and to discover what improvements might be needed to bring existing houses up to modern standards, a questionnaire was sent in May, 1964 to all nurses occupying property owned or rented by the Council; this gave the nurses an opportunity to make appropriate observations under various headings. The replies (relating to 78 houses) are briefly summarised below.

	Satisfactory	*Improvements suggested*
Location, size and general conditions ...	60	18
Bathroom and sanitary arrangements ...	50	28
Kitchen	58	20
Storage facilities	49	29
Electrical system, including adequacy of power points	57	21
Grounds, gardens, paths and fences ...	23	55

Although many of the suggested improvements related to minor matters, it was nevertheless clear that in future years a greater financial allocation will have to be made available for small improvements than has been customary in the past. The larger building defects were referred to the County Architect for investigation and report.

Seven houses appeared to have a number of unsatisfactory features; of these, Fernhurst and Fittleworth were about to be replaced, Boxgrove was vacated (the nurse having acquired her own accommodation), a considerable amount of work was carried out at Aldingbourne and the remaining three (Findon, Singleton and West Chiltington) were all referred to the County Architect for advice on necessary improvements.

The large number of requests regarding the gardens, grounds, paths and fences reflected the problem, which many nurses find difficult, of maintaining large gardens satisfactorily. Normally the nurse is expected to maintain the garden herself but help is given by the Council in special cases.

Work Undertaken

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

	1963	1964
Total number of persons nursed during year	11,640	12,699
Number of persons under 5 years ...	451	429
Number of persons over 65 years ...	6,936	6,871
Total number of visits	239,414	270,306

The number of persons nursed was greater than ever before; the total rose from 11,640 in 1963 to 12,699 in 1964, an increase of 9.1 per cent. A new record was also achieved by the number of visits paid; they were 12.9 per cent more than in 1963 and for the first time rose to over a quarter of a million. Patients under five years were 22 fewer than in 1963 and there was an unexpected decline (of 65) in the number of patients over 65 years. Patients in the latter category nevertheless accounted for 54.2 per cent of the total number nursed and they received 26,990 visits more than in 1963.

The number of visits required by each patient continued to rise. In 1960 each patient received, on average, 18.5 visits and in each succeeding year this figure has increased. The corresponding figure in 1964 was 21.3 visits. One explanation for this may be that patients are receiving more care when they are ill at home but it is equally possible that the real explanation is that the shortage of hospital beds is throwing a greater burden on the domiciliary nursing services.

Equipment

As will be seen from the following table, the demand for home nursing equipment again increased considerably. No less than 1,192 major items were issued during the year compared with 892 items during 1963, an increase of 33.6 per cent. In addition, bed pans, urinals, plastic draw sheets, incontinence pads, dunlopillo cushions and other miscellaneous items were supplied.

Article	Stock		Number of issues		Article	Stock		Number of issues	
	1963	1964	1963	1964		1963	1964	1963	1964
Back rests ...	19	26	30	33	Foot cradles ...	37	64	46	57
Wheelchairs	87	115	139	119	Bed ladders ...	21	22	29	9
Commodes ...	106	160	145	245	Walking frames	81	128	111	134
Sanitary push-chairs ...	5	5	1	4	Quadruped and tripod walking aids	70	94	74	83
Hospital beds	43	59	56	59	Elbow crutches	21	44	21	43
Lifting poles and chains...	18	28	22	31	Walking sticks	7	24	6	11
Cot sides (pairs) ...	6	8	8	7	Bath seats ...	26	68	26	52
Dunlopillo mattresses ...	58	66	70	62	Bath safety rails	10	24	11	35
P.C.P. inflatable mattresses ...	7	8	9	16	Bath mats ...	7	20	8	19
Bed blocks	8	8	1	5	Raised toilet seats	16	19	20	11
Fracture boards ...	5	8	7	17	Helping hands	10	19	10	14
					Hoists:				
					Chain	19	21	16	14
					Hydraulic	14	16	26	32

The increasing demand for equipment emphasises the growing importance of the service in providing domiciliary care for patients whose condition would otherwise justify a hospital bed. In order to make home care possible, it is essential for trained staff of many kinds to be readily available supported by equipment suited to the patients' requirements. This means that the family doctor, the home nurse, the almoner, the handicapped services officer, possibly a nurse specially trained and experienced in rehabilitation techniques and, when the patient becomes ambulant, the health visitor, may all be required to visit during the course of the illness. In these circumstances, multiple visiting is entirely to the patient's advantage and does not involve duplication of effort provided that the management of the case is properly organised. With the attachment of all domiciliary nursing staff to group medical practices, which is expected to be completed during 1965, this should present little difficulty because there will be fewer barriers preventing the family doctor from assuming his proper function of leader and director of the domiciliary health and welfare team.

To meet the demand for equipment in 1964 the amount of £4,500 originally included in the financial estimates for 1964/65 had to be increased to £4,800 by the approval of a supplementary estimate. The transport and installation of equipment occupied a great deal of time and, for most of the year, this work was undertaken by a clerk. After a review by the Organisation and Methods Unit, approval was however, given for the recruitment of a driver/handyman to be responsible for the delivery, collection and maintenance of all nursing equipment and the appointment became effective from October, 1964. Since then distribution and collection has been greatly facilitated. Besides maintaining equipment in first-class condition, the driver/handyman has also been able to modify existing equipment, where necessary, to meet the special needs of individual patients, and he has also made

some items himself, such as bed blocks and fracture boards. All non-disposable equipment supplied to patients by the Department was free of charge and on loan for the duration of need.

A paper by Mrs. H. Kieran, S.R.N., district nurse at Chichester, which gives an account of some of the facilities available through the Department, was published in the NURSING MIRROR on 30th October, 1964 and is reproduced, with permission, at Appendix C. This paper illustrates the importance of the right nursing aids being available without delay if general practitioners and nurses are to obtain the best results for the patients in their care.

Home Help Service

Review and Development

Since the beginning of the National Health Service in 1948, the Council have (except as regards the Borough of Worthing) carried out their responsibility to provide domestic help for households where such help was required by means of agency arrangements entered into with the Women's Voluntary Service.

Following the approval by the Council on 27th July, 1962 of *The Development of the Health Services: 1962 to 1972**, a report was called for by the Nursing Sub-Committee so that consideration could be given to whether the service should be continued on an agency basis or whether it should be directly administered by the County Council. Estimates were thereupon compiled of future revenue expenditure and staff requirements for both a direct and a continuing agency service and consultations took place with representatives of the Women's Voluntary Service.

At a meeting of the Council held on 23rd November, 1962 the County Health Committee recommended

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

but it was, however, decided that these recommendations should be withdrawn because of the need for strict economy. Instructions were, however, given for the whole matter to be reviewed in twelve months' time.

Revised estimates of revenue expenditure and staff requirements were accordingly submitted to the County Health Committee on 18th October, 1963 together with certain statistical information relating to the number of cases attended and staff employed in previous years. The Committee thereupon reaffirmed 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 Council on 22nd November, 1963 when it was decided that the revised service should

*See Appendix D of the 1962 Report.

STATISTICS RELATING TO THE HOME HELP SERVICE
1949 to 1964

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
			Chronic sick and Tuberculosis	Aged 65 and over	Mentally disordered	Others	TOTAL						
1963	21 (9)	201	158	2,362	9	340	3,070	—	522	328,202	2.1	81,410	14,496	66,914
1964	10 (6)	163	174	2,635	12	358	3,342	1	538	367,395	2.1	94,115	15,970	78,145

Notes: 1. The figures in brackets denote whole-time equivalents.
2. A directly-administered service was introduced from 1st October, 1964.

be introduced from 1st October, 1964 and that an appropriate amendment should be sought to the Council's proposals made under section 29 of the *National Health Service Act, 1946*. By letter dated 22nd May, 1964 the Ministry of Health approved the deletion of the Council's existing proposals and their replacement by the following new proposal:

> With effect from 1st October, 1964, the authority will provide a directly-administered service in accordance with the provisions of section 29 of the Act making arrangements with other local authorities or voluntary organisations where appropriate. To that end they will employ appropriately trained staff and make such arrangements for in-service training, refresher courses and other courses as may be necessary to maintain an efficient service.

Following the appointment of a County Home Help Organiser in April, 1964, the Department undertook a comprehensive review of all aspects of the service in consultation with the Organisation and Methods Unit and the County Treasurer's Department. As a result, simplified procedures were adopted, forms were revised and duties were re-defined in order to achieve the most economic and efficient use of available resources. Each home help was informed of the new arrangements and was provided with a small handbook setting out her conditions of service.

From 1st October, 1964 the County was divided into the following three areas, each under an Area Organiser, with the County Organiser undertaking the smaller part of the largest area for the time being.

Area and Office	*Districts Served*	*Approximate number of Cases*
1. *Western:*		
47 West Street, Chichester.	Chichester M.B. Chichester R.D. Bognor Regis U.D. Littlehampton U.D.	373
	Arundel M.B. Midhurst R.D. Worthing R.D. (western part)	108
2. *South Eastern:*		
St. Mary's House, St. Mary's Road, Shoreham-by-Sea.	Shoreham-by-Sea U.D. Southwick U.D. Worthing R.D. (eastern part)	409
3. *North Eastern:*		
32 North Street, Horsham.	Crawley U.D. Horsham U.D. Horsham R.D. Chanctonbury R.D. Petworth R.D.	424

Details of these arrangements were sent to general medical practitioners, midwives, nurses, health visitors, welfare officers and others concerned with persons requiring the service of home helps.

As the area offices at Horsham and Shoreham-by-Sea were only to be open for part of the day, telephone answering and recording machines were installed in order to enable doctors and nurses to leave non-urgent messages when the offices were closed.

Staff Employed and Persons Helped

A meeting was held on 23rd July, 1964 with the County and Regional Organisers of the Women's Voluntary Service to discuss the part which the Women's Voluntary Service should play in the revised arrangements. The Women's Voluntary Service representatives expressed the wish that their members should not participate in the organisation of the service but should assist by visiting in a voluntary capacity. It was agreed that there should be two phases; an interim period from 1st October, 1964 to 31st March, 1965, during which the Women's Voluntary Service would assist the Area Organisers in the management of the service, certain grants, totalling £14 a week, being continued during that period; and a second phase from 1st April, 1965 when the Women's Voluntary Service would undertake visiting for and at the request of the Area Organisers in an entirely voluntary capacity.

In reaching these conclusions, there was (as at all times in the past) complete understanding and co-operation. Sincere thanks are due to all the Women's Voluntary Service home help organisers and assistants who have done such excellent work for the people of West Sussex during the last 16 years.

Despite repeated advertisements and the continuation of the staff incentives referred to in the last two Reports, the recruitment of suitable home helps remained difficult, particularly during the school holidays and in the coastal areas during the holiday season. There was nevertheless an increase of 16.8 per cent in the equivalent whole-time staff employed which resulted in an increase of 11.9 per cent in the number of hours worked.

	1960	1961	1962	1963	1964
Whole-time helps employed ...	—	—	—	—	1
Part-time helps employed ...	413	448	480	522	538
Whole-time equivalent	124	126.6	139	148	173
Hours worked	273,879	275,982	303,620	328,202	367,395

The practice of awarding an enamelled metal badge to each home help who had been regularly employed for two years or more was extended to provide for a bar to be added for long-term service at five, ten, 15 and 20 years. The custom of offering employment to suitable home helps for a guaranteed number of hours (either 22 or 42 hours a week) was modified to enable prospective staff to be guaranteed payment for other fixed hours each week.

The number of persons helped rose from 3,070 in 1963 to 3,342 in 1964. This was an increase of 8.9 per cent and was a greater number than in any previous year. There was a further decline in the number of maternity cases but those helped who were over the age of 65 years rose by 11.6 per cent. The use of the neighbourly help scheme (to which reference was made in the last Report) was not as great as might have been expected in a rural County but it continued to be a convenient way of according help to selected cases. Altogether 37 persons were assisted, all of whom were receiving allowances from the National Assistance Board.

Category	Number of Persons Helped				
	1960	1961	1962	1963	1964
Aged 65 years and over ...	1,514	2,048	1,952	2,362	2,635
Chronic sick and tuberculous ... (Aged under 65)				158	174
Mentally disordered (Aged under 65)	—	—	—	9	12
Maternity ... (Aged under 65)	281	265	249	201	163
Others ... ... (Aged under 65)	602	728	562	340	358
TOTALS	2,397	3,041	2,763	3,070	3,342

The table on page 77 gives some statistical details about the growth of the service over the years.

Cost of the Service

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 1963/64 a 1,000 population was £157.4s. compared with an average of £225.18s. for all English counties. The total cost a case locally was £26.10s. (an increase of £1.19s. on the previous year) compared with a national average of £35.17s., an increase over 1962/63 of £1.5s.

For the first part of the year the maximum recovery charge was 4s.3d. an hour, a rate which had been fixed in July, 1962. Since then wage awards became effective on 4th April, 1963, 2nd September, 1963 and 7th September, 1964, employees with five years' or more service received an additional three days' holiday and those with 12 years' service became entitled to three weeks' holiday from 1964/65 onwards. In order to take account of these factors, the maximum recovery charge was increased to 4s.9d. an hour from 13th September, 1964 but this charge only became payable when the assessable income exceeded £13 a week. The new scale had no effect on the applicant's contribution until his assessable income exceeded £4.10s. a week. Minor adjustments were made to the scale which had the effect of relieving the burden of those who needed a large number of hours' help in a week.

Chiropody Service

Staff

In May, 1962 a chiropodist joined the staff of the Department and this full-time appointment marked the commencement of the Council's directly-administered chiropody service; before that time, the Council had given financial support to the work of voluntary bodies. In view of the great need for chiropody in the County because of the age structure of the population, the services of more full-time chiropodists were felt to be desirable and a second full-time chiropodist was appointed in June, 1963. As a result, at the end of 1963 some 90 sessions a month were being held at various centres throughout the County, 43 sessions a month more than at the end of 1962. Provision had been made in the development plan for a third chiropodist to be employed and this appointment was taken up in October, 1964.

Because of the growing demands on the service (a review carried out in June, 1964 showed that throughout the County the average waiting time between appointments was 13 weeks) approval was obtained for the appointment of a fourth chiropodist but, because of recruitment difficulties, this appointment had not been made by the end of the year. It is evident that the chiropody service cannot yet meet the demands placed upon it and until such time as it is able to do so grants to voluntary organisations will have to be continued.

Work Undertaken

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*	*Clinic attendances*		*Domiciliary visits*		*Total treatments*		
		First	*Total*	*First*	*Total*	*First*	*Total*	*Percenatge free*
Arundel	1	4	52	—	—	4 (1)	52 (1)	31 (—)
Bognor Regis	8	78	741	10	34	88 (77)	775 (516)	28 (36)
Camelsdale	1	2	109	—	—	2 (7)	109 (75)	43 (35)
Chichester	6	45	333	6	33	51 (64)	336 (303)	45 (43)
Crawley—								
Exchange Road	12	91	1,341	—	2	91 (99)	1,343 (832)	49 (59)
*Gossops Green	1	5	91	—	—	5 (6)	91 (74)	41 (55)
*Langley Green	1	10	102	—	—	10 (13)	102 (81)	42 (44)
*Three Bridges	1	5	99	—	—	5 (24)	99 (90)	60 (64)
*Tilgate	1	1	62	—	—	1 (13)	62 (70)	55 (59)
East Preston	1	9	11	—	—	9 (—)	11 (—)	82 (—)
Fernhurst	1	6	110	—	1	6 (8)	111 (80)	39 (30)
Harting	1	7	59	3	6	10 (11)	65 (12)	11 (25)
Henfield	2	25	162	1	2	26 (10)	164 (15)	23 (33)
Horsham	5	12	166	2	10	14 (24)	176 (153)	30 (35)
Lancing	6	69	494	4	14	73 (52)	508 (338)	29 (32)
Littlehampton	12	61	593	7	15	68 (71)	608 (612)	45 (44)
Midhurst	2	5	130	—	5	5 (11)	135 (141)	36 (33)
Petworth—								
Lombard Street	1	9	54	1	1	10 (5)	55 (5)	67 (80)
Mant Road	1	8	23	—	1	8 (—)	24 (—)	91 (—)
Roffey	6	45	800	5	26	50 (40)	826 (440)	40 (40)
Rogate	1	4	66	1	4	5 (12)	70 (14)	51 (57)
Rustington	1	10	10	—	—	10 (—)	10 (—)	100 (—)
Selsey	5	20	138	10	49	30 (15)	187 (18)	40 (50)
Shoreham-by-Sea—								
Ham Road	4	23	336	—	—	23 (22)	336 (280)	45 (51)
Middle Road	5	32	297	1	8	33 (17)	305 (214)	35 (39)
Southbourne	1	4	60	—	—	4 (3)	60 (4)	58 (50)
†Worthing	28	272	1,954	—	—	272 (199)	1,954 (1,265)	34 (39)
ADMINISTRATIVE COUNTY	115	862	8,393	51	211	913 (804)	8,604 (5,633)	46 (43)

*Services of a sessional chiropodist used for these clinics.

†Arrangements delegated to Borough Council; sessional chiropodist.

Note: The figures in brackets relate to 1963.

At the beginning of the year, the service provided by the Council was augmented by 12 voluntary organisations who employed chiropodists registered under the *Professions Supplementary to Medicine Act, 1960*. In July, 1964 approval was given to a grant application received from the Midhurst Darby and Joan Club.

The grants paid to the voluntary organisations varied between £10 and £100 a year, depending on the frequency of the clinics they held. An account of their work is set out below.

Voluntary organisation	*Payment of grant commenced*	*Number of sessions held during 1964 or since receipt of grant*	*Attendances*		
			First	*Total*	*Percentage free*
Arundel Good Companions Club	1.11.63	48 (6)	10 (—)	308 (48)	23 (23)
Chichester W.V.S. ...	1. 2.62	26 (26)	4 (—)	168 (174)	— (—)
Cowfold Darby & Joan Club	1.11.63	12 (1)	2 (—)	82 (6)	61 (17)
Graffham, Lavington, South Ambersham and Selham District Nursing Association ...	1. 4.62	39 (41)	4 (4)	424 (384)	32 (1)
Henfield Darby & Joan Club	1.11.63	24 (2)	4 (1)	156 (17)	13 (12)
Midhurst Darby & Joan Club	1. 7.64	7 (—)	— (—)	51 (—)	— (—)
Partridge Green Welcome Club	1.11.63	12 (2)	— (—)	85 (16)	47 (50)
Petworth Old People's Welfare Committee ...	1.12.63	24 (2)	5 (1)	167 (14)	31 (21)
Steyning Darby & Joan Club	1.11.63	40 (3)	16 (—)	272 (18)	52 (50)
Storrington Darby & Joan Club	1.11.63	12 (1)	3 (—)	79 (8)	50 (49)
Tillington Darby & Joan Club	1.11.63	12 (1)	2 (—)	65 (7)	5 (—)
West Ashling Darby & Joan Club	1.11.63	7 (1)	8 (7)	54 (7)	45 (29)
West Chiltington Darby & Joan Club ...	1.11.63	11 (2)	2 (1)	86 (17)	30 (29)
ADMINISTRATIVE COUNTY ...		274 (88)	60 (14)	1,997 (716)	30 (7)

Note: The figures in brackets relate to 1963.

Mobile Chiropody Unit

Some of the problems to be faced in making facilities for chiropody readily available in a rural County are the distance many patients live from static clinics, the infrequency of public transport and the difficulty of allocating time for chiropody in clinic buldings which are already heavily committed for other health purposes. In order to overcome

these problems, some consideration was given to the possibility of introducing mobile facilities which could serve patients living in the more remote villages and which could also be used to supplement the service available at static clinics where, owing to limited accommodation, further expansion was not possible.

Although a few authorities have modified existing vehicles to be used for chiropody, there is, as yet, no standard design for a mobile chiropody unit.

It was, however, thought possible to design a purpose-built unit which would be functional, reasonably-priced, easy to drive, to set up and to operate and rough sketch plans of such a unit were accordingly prepared by the Chief Dental Officer (Mr. P. S. R. Conron) who has had considerable experience in designing mobile surgeries, in consultation with the Chief Chiropodist (Mr. A. C. Campbell). Essential features of the design were: —

(i) Separate surgery, waiting room and entrance;

(ii) minimum-height steps, bearing in mind the age and infirmity of most of the patients;

(iii) necessity for the unit to be light and airy for the benefit of both operator and patients;

(iv) facility to couple up to a local electrical supply for heating, lighting and power;

(v) facility to couple up to a water supply and to have an adequate water reserve in the vehicle;

(vi) good storage space for equipment, clothing and records;

(vii) heating of vehicle by both electricity and calor gas;

(viii) heating of water by calor gas;

(ix) vehicle to require minimum maintenance; and

(x) total cost, including equipment, to be below £2,000.

The final design and specification, based on a Commer "Walk-Thru" chassis and scuttle, was sent out for tender to four different manufacturers who specialise in this type of vehicle, and a tender of £987.10s. was accepted. The cost of the chassis and scuttle, a single-pump dental chair (re-upholstered and modified), a wall-bracket dental engine and essential equipment, brought the total cost to £1,850. The construction of the vehicle was well advanced by the end of the year.

County Almoners

Social case work is not a subject which lends itself readily to statistical analysis, nor can results be measured except in terms of the increased well-being and better social functioning of those who have been assisted. The social case worker is concerned with the needs of the individual in his relationship with his family and the wider community. She assesses the social significance of his situation and seeks to help him to overcome social and personal problems which may be a causative factor in his illness or a hindrance to recovery; she does that by giving advice and support and by enlisting all the available resources of the community, both voluntary and statutory.

The following tables give some indication of the sources from which patients were referred to the Department and the reasons for referral.

Sources of Referral	*Age Group*				TOTALS
	Under 20 years	*20–40 years*	*40–60 years*	*Over 60 years*	
General medical practitioners	10	17	44	181	252
Chest and other consultants ...	7	18	52	94	171
Hospital almoners	10	28	113	210	361
County nursing staff	4	23	30	150	207
Other statutory agencies ...	1	9	23	40	73
Voluntary agencies	2	1	9	26	38
Other	—	14	28	64	106
TOTALS	34	110	299	765	1,208*

Reasons for Referral	*Age Group*		TOTALS
	Under 60 years	*Over 60 years*	
Recuperative holidays and convalescence ...	69	164	233
After care on discharge from hospital ...	167	183	350
Advice on residential care—			
(*a*) temporary...	1	66	67
(*b*) permanent	4	100	104
Social and personal problems	178	188	366
Rehabilitation	26	2	28
Other	14	95	109
TOTALS	459	798	1,257*

*In some cases there was more than one reason for referral.

The total of 1,208 referrals showed an increase of 319 over the figure for 1963. On average one new patient a day was referred to each of the four almoners and many of these patients required intensive help over a long period. A large proportion of those referred (63.3 per cent) were over the age of 60 years; many were in the 70 to 90 age group, particularly in Worthing and the surrounding district. The ever-increasing elderly population in this area placed a great strain on the statutory and voluntary social services and the almoners were often called upon to help improvise where there were gaps in the services.

The reasons for which patients were referred and the means of meeting their needs were as varied as the individuals themselves but the object was always to help them overcome social and personal problems and to remain as independent as possible within the limitations of their disability. Often there was more than one reason for referral and other problems which needed to be taken into consideration were frequently discovered at the initial visit. It is, for example, useless to arrange a recuperative holiday for an overwrought mother if she has to return to the same conditions of domestic strife or financial difficulty unless an attempt is made either to solve these problems or to help her to accept them.

Responsibility for convalescence for patients requiring nursing or medical supervision is that of the Regional Hospital Board and this type of convalescence can sometimes be arranged for patients who have been nursed at home. The Department accepts responsibility for recuperative holidays on a financial assessment basis for patients requiring a period of recuperation following illness in hospital or at home where further nursing or medical care is not required. Recuperative holidays can also act as a preventive measure in cases of stress, either physical or mental, or where relatives need temporary relief from the burden of the care of an elderly or chronic invalid. During 1964, 233 patients (including 43 from Worthing) were sent for recuperative holidays; in addition arrangements were made for many patients to go away privately or with the help of voluntary funds.

Hospital almoners referred patients for follow-up on discharge where they needed continued support or advice and were no longer in close contact with the hospital. A patient suffering from a degenerative muscular disease was discharged from a London hospital to a difficult home situation, practical aid was given both by the nursing services and by the handicapped services officer and, with the support of the almoner and various voluntary services, the relatives managed to care for her at home.

Help was often sought where permanent or temporary care was needed for the elderly or chronic sick, particularly where there was difficulty in obtaining either a hospital bed or a place in a welfare home, or where the patient was unwilling to accept either of these solutions to his problems. A great deal of patient and careful work was frequently required in these cases and sometimes it had to be accepted that there was no ready solution; in those circumstances, the relatives often needed a great deal of supportive help.

The problem of terminal care continued to be fraught with difficulties and there remained the problem of insufficient hospital beds or terminal nursing homes to meet the need. In some cases help was available from voluntary sources, particularly from the Marie Curie Memorial Foundation and the National Society for Cancer Relief either to assist with nursing home fees or with the provision of nursing care at home. Patients helped by the National Society for Cancer Relief numbered 136 and £3,000 was dispersed to help pay nursing home fees and to meet special needs at home. The Marie Curie fund provided a night nursing service for terminal cases and also assisted with special requirements.

The 366 referrals of social and personal problems covered a very wide field ranging from financial and housing difficulties to problems of personal relationships and from difficulties arising from sudden emergencies to those of long-term illness. A patient who was severely paralysed was being cared for by his elderly mother and, on her sudden death, there was no one else available to look after him. A temporary vacancy was found in a Cheshire Home and the fees were raised from various voluntary funds while plans for permanent care were made. The patient was ultimately offered a permanent vacancy in the Cheshire Home and the Welfare Department agreed to accept financial responsi-

bility. This and similar cases involved considerable correspondence and interviews with relatives, doctors and other social workers. In another case a young man who was discovered to have pulmonary tuberculosis and had been advised to have hospital treatment was extremely worried as he had just taken over a mortgage on a new house. He was put in touch with various statutory agencies, contact was made with his firm and he was reassured about the future. He accepted treatment and the almoner kept in touch with his wife during his stay in hospital.

Rehabilitation was mainly concerned with the younger age groups and particularly with patients attending the chest clinics. In these cases the almoners worked in close accord with the chest consultants and the disablement resettlement officers of the Ministry of Labour. Where necessary, patients were sent for re-training if their previous employment proved unsuitable, or for a period of industrial rehabilitation to assess their suitability for other work.

The almoners continued to serve on the local Care Committees of the Sussex Rural Community Council in an advisory capacity. These Committees contributed much to the welfare of patients suffering from pulmonary tuberculosis and other diseases of the chest and some account of their work is given on page 96. Persons suffering from chronic bronchitis who have to give up work permanently in the middle years of life are faced with many problems but they tend to excite less sympathy than those with more dramatic complaints. These patients needed even more help from the social workers than those suffering from tuberculosis where a cure can normally be expected.

The almoners worked in close co-operation with general practitioners, hospital almoners, health visitors, district nurses, welfare officers and social workers and, by frequent consultation, endeavoured to avoid overlapping.

Occupational Therapy

The domiciliary occupational therapist made 864 visits to 83 chest and 11 mentally handicapped cases all over the County, including the Borough of Worthing. This was 97 visits more than in the previous year and the sales of materials rose to £273, £30 more than in 1963.

Although the total number of patients visited was the same as in the previous year, 25 new patients were in fact added to the visiting list to replace 11 who had died and 14 who were removed from the list for a variety of reasons. Most of the patients visited were suffering from chronic chest conditions; 29 from pulmonary tuberculosis, 9 from carcinoma of the bronchus and the remainder from chronic bronchitis, emphysema, bronchiectasis and asthma; many of the mentally disordered also suffered from some physical handicap. Since 1958, 254 patients have been referred and visited, most of whom have been men well below retiring age who have been unable to return to work.

Crafts done in 1964 in order of patient preference were canework, lampshades, rugs, embroidery, toys, stool seating, art and leatherwork. When a craft is being taught, no payment for materials need be made

by the patient until the article has been completed and a buyer has been found; help in finding a buyer is always given to those few patients who find difficulty in disposing of what they have made. The work which patients are able to do varies a great deal according to their health (from time to time some have to return to the chest hospital for treatment and recuperation) but the work carried out is generally of a high standard and is nearly all sold by the patients to friends and relatives who make openings for further sales by showing off the articles made. This is encouraged; it helps to establish social contacts and is in fact an integral part of treatment as it assists patients to adjust themselves to their disabilities.

Where necessary, equipment is made available to patients on loan and items for which there was a regular demand during the year included a printing machine, electric tools, a seed frame specially designed by the therapist for chest cases and a featherweight electric sewing machine; this was used by patients to make their own furnishings, to do linen repairs, and to encourage male patients to help their wives in the home. It was lent to patients for about a month at a time.

Social contacts were made with the help of the Women's Voluntary Service and the British Red Cross Society. Patients were introduced to the newly-formed Sunray Club for the disabled in Chichester run by the Welfare Committee and to a similar Club in Worthing started by the British Red Cross Society.

Geriatric Services

The Council continued to share with the South West Metropolitan Regional Hospital Board the services of two consultant physicians in geriatric medicine. Thanks are again due to Dr. J. N. Mickerson of Chichester and to Dr. R. B. Franks of Worthing for all they were able to achieve during the year for the elderly and infirm, often with quite inadequate resources. Some account of their work is given in the following pages.

The view was expressed in the last Report that far more will have to be done for old people in the future than has ever been thought desirable or necessary in the past. Very little happened in 1964 to suggest that there was much determination to come to grips with this problem which will undoubtedly become progressively more serious.

The age constitution of the County's population is quite different from that of England and Wales as a whole. At the time of the 1961 Census, 19 people (seven more than the national average) in every hundred in West Sussex were over the age of 65 and this disproportionate ratio allows for the fact that in Crawley, with a population approaching 60,000, only 5 per cent of the population are over 65. Apart from financial considerations, the fact that the County has a much higher than average number of old people would not of itself matter very much if the health and welfare services were so organised as to be able to provide adequately for the greater prevalence of ill-health which is to be expected in an elderly community. Some of those services are, however, quite unable to do that and nothing is more certain than that mere

pressure of demand will bring about a dismal breakdown of those services in the foreseeable future unless a serious attempt is made soon to secure the resources of buildings and staff which will be required. In some directions the facilities made available by the Council have already been planned imaginatively (the home nursing service, for example, which is already costing 39.1 per cent more a 1,000 population than the corresponding average cost of all English counties, is likely to expand by four-fifths in the next ten years) but the hospital authorities appear to be planning for a future deficiency of geriatric accommodation. *A Hospital Plan for England and Wales* (1962) envisaged a national standard of ten geriatric beds a 1,000 persons over 65 in ten years' time; when the hospital plan has been implemented in the Chichester and Worthing areas, the number of geriatric beds in those areas will only be 6.8 a 1,000 persons over 65. As recorded in the last Report, it was intended that this matter should be considered by a small liaison committee consisting of members of the Council and of the Regional Hospital Board. This committee did not, however, meet in 1964.

Chichester Area

I am most grateful to Dr. J. N. Mickerson for the following report in which he emphasises the need for forward planning if the problems with which he is constantly confronted are to be contained.

"The Report for 1963 contained a comprehensive review of the geriatric problem in West Sussex by Dr. Franks, who emphasised the particular and very pressing difficulties in the Worthing area. Nothing has happened in the past year to indicate that the problems of providing residential, hospital or domiciliary services for the aged in West Sussex have eased. Indeed, there are indications that they are actually increasing.

The root of the difficulties in West Sussex lies in the fact that Part III accommodation and hospital geriatric beds are barely up to the national average, whereas the aged population is almost twice the national average.

There is urgent need for comprehensive planning for West Sussex since, owing to the great shortage of personnel trained to care for the aged, the geriatric problem cannot be solved simply by providing the extra hospital and Part III accommodation. Such planning would require to consider:

1. Those factors which are increasing the geriatric population.
2. A means of reducing the rate of growth of the geriatric population.
3. The provision of special geriatric accommodation.
4. The best use of geriatric aids, including manpower.

From my personal experience, I would like to comment on these vital aspects of planning.

1. *Factors increasing the geriatric population:*

In addition to the natural ageing of the community, the migration of elderly people into West Sussex is actively being encouraged. In the coastal strip, the towns are mainly residential and their lack of industry makes them even more desirable as quiet residential areas. The sparsity of industry not only fails to attract but also fails to retain younger people of working age in the area. Furthermore, the present policy of building housing estates consisting largely of highly-priced bungalows in the coastal towns favours an influx of elderly people.

Many local authorities to the north of the County, e.g. some of the London boroughs, are opening residential and convalescent homes for their elderly people in the West Sussex coastal towns. When these elderly people suffer illness, they create extra demands which usually fall on the hospital service.

2. *Reducing the rate of growth of the geriatric population:*

There is urgent need to encourage industry into the area, since only in this way will a younger population be attracted and retained. For technical reasons, the area is probably unsuitable for heavy industry but light industry and office accommodation would provide this need. A policy of attracting industry into West Sussex would require the sanction of the Central Government since it is their intention to encourage the development of industry in the north-east rather than the south-east.

The building of highly-priced bungalows should be discouraged by the county planning authority, since such housing is particularly suitable for elderly people. Furthermore, the cost of these bungalows precludes their purchase by those of working age with young families. Housing development should be related to light industrial and office development, and every encouragement should be given to local housing association co-operatives who are prepared to sell houses at cost.

Permission for the establishment of residential and convalescent homes by local authorities from outside the County should be given only in exceptional circumstances.

There is need for a campaign, on a national scale, to discourage elderly people from migrating into West Sussex. The help of the national press and broadcasting services might be enlisted to emphasise how lonely are the elderly people who move into this area. By leaving the environment with which they have been familiar all their working lives, and by leaving their old friends and neighbours, these elderly people suddenly find themselves alone in new surroundings and are too old to make new friends. Frequently their new neighbours are as elderly as themselves and too old to extend even moderate neighbourly help.

3. *Provision of Geriatric Accommodation and Nursing Care:*

In the Report for 1963, attention was drawn to the delays which have taken place in the development of the National Health Service and to the consequences of the stringent financial restrictions imposed on hospital programmes. The shortage both of hospital geriatric beds and of Part III accommodation greatly magnifies the individual deficiencies in the hospital and welfare services.

In planning extra accommodation the hospital authorities and the county welfare services will have to take account of the difficulties in recruiting nurses, matrons and domestic staff for their respective services.

Wherever possible, Part III accommodation should be built in the vicinity of hospital geriatric units and arrangements should be made for a sharing of the nursing staff. Furthermore, hospital kitchens could be used to supply meals to the welfare homes as well as for the meals-on-wheels service; the day hospital services and hospital physiotherapy departments should also be conveniently close. Siting of sheltered housing accommodation near hospital geriatric units would have similar advantages from shared services and would bring about a saving in manpower.

The problem of integration between hospital, county, city and rural authorities which such a scheme would entail would be considerable, but in my view such integration is essential.

At present, the idea of an integrated geriatric community is opposed by the Ministry, but it should be recognised that disorganised planning has already resulted in disintegrated geriatric communities of huge proportions in the recent growth of our coastal towns.

Conclusion:

The geriatric services in West Sussex are failing to cope with demand. In order to overcome some of the major difficulties and to provide a service which at least keeps pace with the problem, there is urgent need for a comprehensive plan for the area. This plan would require some modification by the Central Government of their national plan for re-siting industry and some re-orientation of their policy regarding geriatric communities. Closer co-ordination between hospital authorities and the housing, health and wel-

fare authorities of the County as well as city and rural authorities is essential in order to husband our resources and use them to their greatest economic advantage.

In the hospitals the overall shortage of geriatric accommodation is masked by admitting patients to acute wards when they would otherwise be admitted to a geriatric ward or to a welfare home. The number of geriatric patients occupying acute beds is steadily increasing and the time will come when it will be impossible to admit urgent acute emergencies.

It is important that the people of West Sussex realise this state of affairs since they will ultimately have to bear some of the cost of providing extra services. A prudent community would plan for these services now, but in the final analysis it will only get the services it is prepared to pay for."

Dr. V. P. Geoghegan, Medical Officer of Health of the Rural District of Chichester, is also greatly concerned about the discrepancy between the need and the provision of all kinds of accommodation, particularly special housing, welfare homes and geriatric beds in hospitals. He has drawn attention to this problem in successive editions of his Annual Reports from which he has given me permission to publish the following extracts.

1958.

The care of old people must be regarded as a problem second only in importance to the general housing problem. As a problem, it can never diminish in size while the population continues to live longer and, although the broad lines of the measures needed are generally accepted, and powers to provide the necessary buildings and services already exist, the provision itself is often inadequate.

Furthermore, public provision for old people must be supplementary to private family responsibility. A tendency towards evasion of this responsibility has to some extent been encouraged by the publicity given to schemes for old people's welfare. Old folk are often difficult, sometimes a social embarrassment, at the best a responsibility to their children, and generally, with the best intentions in the world, they interfere with the upbringing of the third generation when three generations live in one household. Nevertheless the active generation *is* responsible for the welfare of the older generation, either directly by looking after them at home, or indirectly through public welfare homes and hospitals.

Although a welfare home may be an attractive idea to the younger generation, saddled, as they think, with a cantankerous grandmother, it is very much cheaper to keep grandmother at home and she will generally be much happier there too. It doesn't *seem* cheaper, but the earning generation has to pay much more per head for each old person in a home than at home.

Having said that, the fact remains that more accommodation is required for the aged chronic sick who need nursing, for the aged active who need no nursing, and for the most difficult category of all, namely, the aged who fall between these two classes. They need some nursing or assistance which makes them unsuitable for an old people's welfare home but does not justify the occupation of a hospital bed.

The aged fit naturally cling to their independence. They also tend to cling, quite understandably, to the house in which they have always lived even when that house is too big for their needs and beyond their ability to maintain. Their need will call increasingly for the special provision of small houses, bungalows, flats and flatlets. Their accommodation is the responsibility of housing authorities, and it is a responsibility which can only go on increasing as the proportion of old people in the population increases.

1960.

The proportion of old people in the population is rising. In England and Wales the percentage of people over 65 years of age in the population has risen steadily from 4.6 per cent in 1901 to 11.8 per cent in 1959. At the 1951 census the percentage in this district was 12.6, and when the figures for

the 1961 census are published they will show a further increase, probably to more than 12 per cent in the country as a whole, and 16 per cent in this district. Furthermore, there is every indication that this increase will continue. The geriatric problem, the necessity for special and expanding provision of care and accommodation for old people is causing some concern both nationally and locally.

1961.

New houses continue to be built in the district (621 private houses and 36 council houses were completed in 1961). In common with other districts on or near the Sussex coast, many of the houses being built are for people who are retiring from their business or profession and whose families have grown up. The Registrar-General in his preliminary report on the 1961 Census comments on the growing migration of elderly and retired people to the South Coast. Clearly this is a situation which must be acknowledged and for which adequate forward provision must be made. Many of these old people will, as they get older, become unable to live independently and will progressively need more community care. Some will need only partial help in their own homes, some will need special housing in which they are partly relieved of the burden of household cleaning, heating and cooking, others will need institutional care as fit but feeble, and yet others will fall ill and become chronic hospital patients needing nursing.

There are at present too few old people's bungalows and flats where some care and supervision is arranged, not enough places in welfare homes for present needs, and a shortage of geriatric hospital beds that is a constant worry to everyone in close touch with the problem. These are the simple facts and the future can hold nothing but a progressively increasing gap between the need and the provision.

The fact that three different authorities — the Hospital Boards, the Welfare authority (the County Council), and the Housing Authority (the District Council) — are each responsible for the provision of accommodation appropriate to their function not only complicates the administration but tempts each authority to blame the others for any resultant defects. Thus a shortage of welfare accommodation to which recovered hospital patients could be transferred results in a shortage of hospital beds due to "misuse" by patients who cannot be discharged. Similarly, a deficiency of special old people's houses or flats fills the welfare accommodation with people who could live independently if there were places for them. Each authority can with some truth allege that its own provision would be adequate if only the other two would provide more, and consequently each is liable to feel that any great expansion of its own accommodation is unfairly relieving the others of their responsibilities. Co-ordination of effort in such circumstances is inevitably difficult, and when coupled with the separate authorities' anxiety not to spend more than is necessary, almost impossible.

Making the best use of the accommodation that there is in the area is the best that the various authorities can hope to achieve at present, and the Geriatric Assessment Committee which meets monthly is a co-operative effort which does achieve a little in this direction.

1962.

The Registrar-General's detailed report on the 1961 Census has not yet been published for Sussex, so that the age structure of the population at the present time must still be calculated from the 1951 Census and from the trends revealed then. The Council has, however, taken the first steps towards the building of a block of flatlets which will provide "independent housing under supervision" for a small number of old people by 1964. This type of accommodation has proved popular wherever it has been provided, and is a logical supplement to the old people's bungalows with resident warden already in existence in five different villages in the district. Flatlet accommodation with central heating, constant hot water and other facilities, is relatively expensive to build and to run, but this expenditure must be seen in relation to the cost of hospital beds and welfare homes. Both of the latter will be spared by encouraging and enabling old people to maintain their independence, so that fewer fit old people will need admission for institutional care.

Welfare homes will gradually become more concerned with the care of partially disabled old people, while the fit and nearly fit should remain a housing rather than a welfare problem.

Note: The reference to old people's flatlets was written in the summer of 1963. In fact in January, 1965 actual building is just about to begin.

1963.

To put it bluntly, there are not enough houses and flatlets for old people at the moment; if there were, more would be needed for the future. There are not enough welfare homes for present needs and the planned increase thereof will hardly keep pace with the present demands. There is a very serious deficiency in beds for old people in hospital, such that if the present number were to be increased by half, the additional beds could be filled immediately from the waiting list.

Worthing Area

I am also very much obliged to Dr. R. B. Franks for the following detailed report on the loneliness of old people and on the work he is continuing to undertake for their treatment and welfare.

Loneliness Amongst the Elderly:

A breakdown of the 1961 Census figures relating to people of pensionable age living alone in the Worthing Hospital Group area is given below.

District	*Males aged 65 and over*	*Females aged 60 and over*
Arundel M.B.	17	111
Chanctonbury R.D.	130	691
Littlehampton U.D.	69	472
Shoreham-by-Sea U.D.	41	356
Southwick U.D.	51	259
Worthing M.B.	413	4,741
Worthing R.D.	207	1,480
TOTALS	928	8,110

These figures mean that approximately one pensioner in every eight is living alone. Many of the more active ones, of course, are able to get out and about and cultivate friendships and interests outside the home. Nevertheless, there must be a very large number who experience loneliness to a greater or lesser degree especially where physical incapacity has rendered the old person housebound.

Information given by the individual for Census purposes is confidential and it is not possible to obtain names and addresses from this source in order to try and establish contact with the elderly pensioner living alone. It is to be hoped that the recently-started schemes for attaching health visitors to the practices of general practitioners will make it easier to discover the lonely pensioner who is in need.

Dr. A. N. Exton-Smith has given a striking description of the progressive physical and mental deterioration which living alone in old age may bring about. He writes:—

"The lonely person, who is without outside contacts, knows that he will not be going out of the house nor will anyone come to see him, and makes no attempt to maintain a reasonable standard of cleanliness. This neglect in personal care is usually associated with neglect in the home. Gradually a state of apathy is reached and this results in lack of nutrition. Weakness and malnutrition increase with the establishment of a vicious circle. The patient finally subsides into a state of extreme squalor and personal neglect."

Dr. Norman Capstick, Consultant Psychiatrist, and I are serving on the Steering Committee of a proposed Worthing and District Association for Mental Health, to be affiliated to the National Association. One of the objects of this Association, which will be the first in West Sussex, will be to prevent the tragic sequence of events described by Dr. Exton-Smith from ever starting, firstly by encouraging public interest and secondly by helping in the establishment and running of a social centre for the elderly. Such a centre will not only serve those living alone but will also give relief by day to younger relatives looking after an old person who is becoming physically or mentally frail.

The work of the Worthing and District Association for Mental Health will have many other facets, for example, in the field of education and support of relatives of the mentally ill and in the education of the public at large in the causes, prevention and management of mental ill-health. This entirely voluntary body is deserving of the strongest public support.

Work of the Service:

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

	1962	1963	1964
APPLICATIONS: Male	289	349	325
Female	518	725	623
TOTAL	807	1,074	948
Domiciliary assessment visits by consultant or registrar	748	931	719
Average number of hospital beds available for the year	208	255	260
Admissions from waiting list	531	663	593
Discharges home or to private or welfare accommodation	186	315	275
(Short-stay discharges included in this figure) ...	(101)	(109)	(70)
Transfers to geriatric beds in other groups	3	3	9
Transfers to mental hospital	1	1	6
Transfers to acute hospital beds	3	12	19
Deaths in hospital	243	316	291
Total of discharges, transfers out and deaths... ...	436	647	600
Discharges, transfers out and deaths per available bed per year	2.1	2.5	2.3
Average length of stay in hospital in months... ...	5.7	4.8	5.2
Geriatric outpatients seen in clinics	106	218	220

The 948 applications were 126 fewer than in the previous year. The March quarter showed a fall of 82 compared with 1963 when there was a most exceptional and prolonged cold spell. The December quarter also showed a fall of 82 compared with the previous year, probably due to the mild weather experienced up to mid-December. An unusually high proportion of males was referred, the ratio of males to females being 1 : 1.92 compared with 1 : 2.08 in 1963.

There was a considerable drop in the number of domiciliary assessment visits. This is explained partly by the fall in the number of applications and partly by the fact that an increasing number of applicants are already known to the service and re-admission is therefore quite often arranged without a further domiciliary visit.

The number of available geriatric hospital beds rose in the first part of the year to 265, but in May ten beds at Swandean Hospital had to be released for other purposes.

Compared with 1963, admissions from the waiting list showed a fall of 70. This is accounted for partly by a fall of 25 in the number of deaths (again attributable to a milder winter) and partly by a drop of 42 in the number of discharges home or to private or welfare accommodation.

Discharges to welfare accommodation fell slightly from 31 in 1963 to 25 in 1964; I always have in my wards a number of rehabilitated but homeless elderly people awaiting transfer, but, of course, things have been made difficult by the running down of North View, East Preston and by building and staffing difficulties in the new welfare homes which are replacing it.

Discharges to private residential accommodation rose from 56 in 1963 to 66 in 1964. Discharges home fell from 228 in 1963 to 184 in 1964, a drop of 44; this was almost entirely accounted for by a drop of 39 in the number of discharges following relief short stays in hospital arranged to give relatives a rest. There was in 1964 a considerable drop in the numbers applying for this type of admission; the reason for this is not clear and it may well be a temporary phenomenon. If the relief short-stay cases are taken out, the discharge figure for 1963 becomes 206 and the 1964 figure 205. It seems, therefore, that the rehabilitation rate has not gone down and I think this is a great tribute to the excellent work of the nurses, physiotherapists and occupational therapists, in all of whose departments there has been a very serious shortage of staff.

Transfers to mental hospital increased. Dr. Norman Capstick and I have formed a close liaison and it has proved possible to arrange transfers to Graylingwell Hospital on an exchange basis. I am very grateful for his co-operation.

Once again I should like gratefully to acknowledge the tremendous help given to our geriatric team by all local authority staff. Our closeness of liaison continues to increase year by year.

The Geriatric Waiting List and the Need for More Geriatric Beds:

The next table shows the numbers of patients on the list at the end of 1963 and 1964. A postal review of the waiting list is carried out every four months so that the figures do present a reasonably accurate picture.

Type of List	*Males*	*Females*	TOTALS
A* ...	32 (15)	46 (55)	78 (70)
B† ...	3 (6)	14 (34)	17 (40)
Short Stay ...	8 (8)	15 (6)	23 (14)
Other Hospital Groups ...	1 (2)	— (2)	1 (4)
TOTALS ...	44 (31)	75 (97)	119 (128)

*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 1963.

The male A-list grew considerably; this reflected the unusually high number of male applications in 1964. The overall position has changed very little and it is not likely to improve significantly until more geriatric hospital beds are provided.*

In June, 1964 I made another survey of geriatric hospital bed requirements for 1975 based on the expected population aged 65 and over. At present the Ministry of Health consider 1.4 geriatric beds a 1,000 of the total population an adequate figure. The Porritt Report† recommended a figure of 2 geriatric beds a 1,000 total population but both these estimates apply to normally balanced populations. The percentage of the group area population aged 65 and over is more than double the national average.

There is no doubt in my mind that another 75 geriatric beds are required now, with an additional 35 beds by 1975. Until more are provided, all the services for the elderly, both statutory and voluntary, will remain over-stretched and much suffering, physical, mental and financial, will continue.

Ascertainment Surveys

Diabetes

Reference was made in the last Report to an investigation started by Dr. F. Cockcroft, Medical Officer of Health of the Rural District of Worthing, in collaboration with a group of general medical practitioners into the detection of diabetes among adult patients on the doctors' lists. The results of the investigation are given at Appendix E.

Fewer unknown diabetics were found than were expected. As the ages of the persons investigated were very much higher than in the areas where previous surveys had been carried out, it was thought that more diabetics would be found than in those areas; fewer cases were in fact found. The unknown diabetics discovered numbered approximately four a 1,000 of the persons tested over the age of 21 years.

A great deal of information was however collected, particularly about persons in the "at risk" group, and these will be followed up in the future. The work undertaken was well worth while, especially to those who were found to be suffering from the disease and are now receiving treatment.

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.

There are just over 2,500 deaths a year in England and Wales ascribed to cancer of the uterine cervix and it is generally accepted that a *proportion* of these deaths may be prevented by early diagnosis. Since many cervical cancers grow superficially, and evidence of their presence may be discovered by taking a specimen in a cervical smear and examining it microscopically (and perhaps biochemically), a service whereby apparently well women could be tested periodically (perhaps five-yearly) is of growing interest.

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*Before the Report was published, Dr. Franks (by letter dated 12th March, 1965) reported a considerable increase in the number of patients awaiting admission. On 28th February, 1965 the names of 172 patients (67 males and 105 females) were on the waiting lists.

†A Review of the Medical Services in Great Britain; Social Assay, London; 1962.

Women with symptoms may already secure this service through reference by their family doctors to gynaecologists; the concern now is for a preventive service for apparently healthy women. The "taking" end of the service could be provided either by family doctors or public health medical officers or both and Ministry of Health guidance on this is awaited.

The real difficulty at present is a shortage at the diagnostic end of the routine due to the exacting (and very tiring) nature of the microscopy work, and shortage of laboratory technicians and space. Until this difficulty is resolved, the local health authority can make no effective move; there is no point in taking specimens if they are not to be examined.

The problem was raised with the South West Metropolitan Regional Hospital Board who stated that their plans envisage the provision of four major cytology centres, one of which will be at St. Richard's Hospital, Chichester, and a number of secondary centres including one at Worthing and another at Redhill.

The establishment of a full service at St. Richard's Hospital will depend on the completion of certain building work at the present laboratories and the provision of additional equipment which the Board is hoping to arrange within the next year. The Board also intends to make appropriate arrangements for the training of medical and technical staff.

It must be accepted that a high proportion of cervical cancer deaths are inevitable and too much should not be expected of any scheme which may be started. The mortality from this form of cancer is higher as one descends the social grades from I to V, and is now thought to be linked quite closely to sexual hygiene; the disease is rare in unmarried women and Jewesses and almost unknown in nuns. The response to the offer of a preventive service from women of social grades IV to V is likely to be disappointing.

Sussex Rural Community Council

The Community Council continued to play an important part in providing care and after care services and were frequently instrumental in bringing help to sick persons on occasions when a statutory body may have been unable to do so. As in previous years, the County Council made a grant in support of their general activities.

Much of the work of the Community Council is carried out through area committees and I am grateful to Mr. P. E. W. Williams, the Council's Director, for the following comments on the composition of the committees and how they conduct their business.

"The area committees are comprised of persons who are interested in the care of tuberculous patients and others suffering from chest diseases. In addition each committee has the advice of the chest physician, the almoner, the health visitor and National Assistance Board representative. All the cases which come before these committees must come through the chest physicians. Every case is dealt with in the greatest detail and in confidence and the needs of the patient and the family assessed and this involves much visiting. The form in which help is given varies according to the family. The most

common form of help is in the giving of milk, fuel, clothing, help with fares for relatives to visit patients in hospital, hire purchase payments and special nourishment. The Care Secretary of the Sussex Rural Community Council is secretary to every area committee."

Out of a total of 109 cases helped during the year (particulars of which are given in the next table), 56 were suffering from tuberculosis (24 fewer than in 1963) and the remaining 53 were non-tuberculous. New cases numbered 57, ten more than in 1963. Of these, 35 were completely new referrals; the other 22 had been helped in previous years and had sought the further assistance of the Council in 1964. More help was given with the provision of fuel, mainly to persons suffering from chronic bronchitis whose greater need was for warmth rather than for extra nourishment.

Area	*Form of Help Provided**							TOTALS
	Milk	*Fares*	*Fuel*	*Tele-vision*	*Debts*	*Holi-day*	*Other*	
Chichester/Midhurst	2 (3)	1 (—)	22 (24)	2 (1)	1 (—)	1 (1)	3 (3)	32 (32)
Crawley	1 (3)	— (3)	6 (2)	— (—)	3 (—)	1 (1)	1 (2)	12 (11)
Horsham	1 (1)	4 (—)	11 (3)	1 (2)	— (—)	1 (—)	2 (9)	20 (15)
Littlehampton/ Bognor Regis ...	8 (10)	1 (—)	20 (20)	— (—)	— (—)	— (1)	— (1)	29 (32)
Shoreham-by-Sea/ Southwick ...	10 (10)	— (—)	12 (7)	— (—)	2 (—)	— (2)	— (—)	24 (19)
Worthing	5 (9)	— (1)	9 (10)	— (—)	1 (—)	— (—)	5 (—)	20 (20)
ADMINISTRATIVE COUNTY	27 (36)	6 (4)	80 (66)	3 (3)	7 (—)	3 (5)	11 (15)	137 (129)

*Some persons received more than one form of help.

Note: The figures in brackets relate to 1963.

PART V—AMBULANCE SERVICE

General

The period under review was the first complete year during which the ambulance and hospital car services were operated on a directly-administered basis; the results achieved have fully justified the Council's decision to run the services themselves rather than through an agency.

Co-operation and understanding between the staffs of the hospitals and the ambulance service remained good. This frequently had the effect of providing a better service to patients and of reducing waiting times to the minimum. It is nevertheless hard to understand at times why it is necessary for two patients living in a particular town or area to be sent to two different hospitals for identical treatment; sometimes nothing can be done to persuade the specialists that, in the interests of economy and patient convenience, treatment should be provided at one hospital.

AMBULANCE SERVICE

Staff, Vehicles, Mileage and Patients

Station	*Staff*		*Vehicles*		*Mileage*			*Patients*		
	1963	1964	1963	1964	1963	1964	*Variation*	1963	1964	*Variation*
Bognor Regis	7 (7)	9 (9)	4	5	76,138	87,866	+ 11,728	19,987	22,256	+ 2,269
Chichester	13 (13)	14 (14)	5	5	98,542	98,592	+ 50	16,004	16,769	+ 765
Crawley	9 (9)	10 (10)	6	6	90,485	103,913	+ 13,428	10,891	16,750	+ 5,859
Henfield	—	—	—	—	3,505	—	— 3,505	197	—	— 197
Horsham	9 (9)	10 (10)	4	4	76,546	80,738	+ 4,192	8,202	10,280	+ 2,078
Littlehampton	5 (5)	5 (5)	2	2	52,670	57,163	+ 4,493	4,007	4,363	+ 356
Midhurst	4 (4)	4 (4)	2	2	32,406	44,244	+ 11,838	2,704	3,438	+ 734
Pulborough	3 (2.5)	3 (2.25)	2	2	38,646	38,917	+ 271	1,106	1,153	+ 47
Shoreham-by-Sea ...	5 (4)	5 (4.5)	2	2	43,257	43,587	+ 330	5,935	5,666	— 269
Worthing	15 (13.5)	18 (16.25)	7	8	131,827	137,670	+ 5,843	17,365	22,370	+ 5,005
TOTALS	70 (67)	78 (75)	34	36	644,022	692,690	+ 48,668	86,398	103,045	+ 16,647

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

Volunteer members of the St. John Ambulance Brigade and the British Red Cross Society continued to assist the service, both in the manning of ambulances and as escorts on rail journeys; their assistance is gratefully acknowledged. There were good relations between the whole-time staff and volunteers and this augurs well for the future.

Statistics

The accompanying statistical tables show that the trend continued whereby ambulances rather than hospital cars were used for the conveyance of walking cases. Compared with the previous year, mileage travelled and patients carried by ambulances increased, whilst the corresponding figures for the hospital car service showed further reductions. The combined figures for both services show that the total number of patients conveyed in 1964 compared with 1963 increased by 9,964 (5.5 per cent) but the total mileage travelled decreased by 12,309 (0.8 per cent). The average mileage per patient conveyed by ambulance was 6.7 compared with 7.5 in 1963 and 8.3 in 1962, and this shows that efforts to co-ordinate journeys and to avoid wasted mileage are meeting with success. Accident and emergency cases rose from 3,746 in 1963 to 4,152 in 1964 (an increase of 10.8 per cent) and accounted for 4.0 per cent of all patients conveyed.

In view of the short period in which the County Council have operated a direct service, the statistics for 1964 were satisfactory; they confirm that the service is proceeding on the right lines. Most of the increase in patients carried was due to the need to convey sick persons for treatment. It is clear that future policy must take into account that requirements of this kind will continue to grow.

Hospital Car Service

As will be seen from the following statistics, further substantial reductions were made in both patients conveyed and mileage travelled. The service is now operating efficiently and economically in conveying patients whose needs can best be met by this form of transport. In no small measure this is due to the fact that the service is administered by the Council's staff responsible for the operating of the three ambulance controls; this ensures the proper co-ordination both of ambulance and hospital car journeys.

Area	*Patients*			*Mileage*		
	1963	1964	*Variation*	1963	1964	*Variation*
Chichester	17,781	21,968	+ 4,187	196,837	192,651	— 4,186
Horsham	27,149	23,765	— 3,384	363,641	329,034	— 34,607
Worthing	52,335	44,849	— 7,486	363,418	341,234	— 22,184
TOTALS	97,265	90,582	— 6,683	923,896	862,919	— 60,977

Thanks are again due to all the volunteer car drivers who assisted the service, for their loyalty and for the care, attention and sympathy they showed to patients.

Staff

The table on page 98 shows the number of staff employed at each ambulance station in the County at the end of each of the past two years.

Although the County was provided with adequate cover at all times, there were occasions when this was difficult owing to sickness among the staff and to an extra holiday entitlement which followed a national award.

Many of the staff who transferred from the St. John Ambulance Brigade when the service became directly administered were approaching retirement and experience has shown that the growing activities of the service make heavy demands upon their health and energy; this in turn has imposed a strain on the younger men. Where possible, all new appointments are now made from the younger age groups and, in this connection, it is pleasing to report the high quality of those appointed, and indeed of the majority of applicants. This is important in order that men of potential officer calibre can be trained for the future.

With the object of improving efficiency and preparing for a proper training programme in the future, all new staff were for the first time given a short course of training upon appointment. Six one-day courses were also held for existing staff at which most aspects of the service were studied.

In order to lay the foundation for better training facilities in the future, approval was obtained for the appointment of a staff officer at Chichester from 1st April, 1965; the main duties of this new appointment will be in connection with training. A two weeks' training programme for all new entrants has been prepared, which will be followed by a continuing programme for all staff. This will include work in hospital casualty departments, a practice which is already followed in the Chichester area, and which, with the co-operation and assistance of the hospital medical and nursing staff, is proving a success.

It was also decided to inaugurate on 1st April, 1965 a cadet training scheme. Initially, three cadets aged between 17 and 17½ years, will be recruited and will be given training in all aspects of ambulance work over a period of two years. If they complete their training satisfactorily and pass an examination at the end of that period, the cadets will then be offered permanent appointments.

Radio Control

Authority was given by the General Post Office for the radio frequency allocated to the service to be changed owing to abnormal interference from another ambulance authority. At the same time, the old Reporter mobile transmitter/receiver sets which had been in use for some years were replaced. This combined change solved most of the radio problems previously experienced.

The three controls (at Chichester, Horsham and Worthing) continued to operate on weekdays but during the evening, at night, and at the weekend, the Chichester control was responsible for the movement of vehicles throughout the whole County. This arrangement works reasonably well but investigations were started into the possibility of operating a full central control at Chichester in 1966 when more adequate accommodation will become available.

The out-posting of radio-controlled vehicles, particularly in the summer months, was continued. As a result of experience gained in 1963, which showed that accidents occurred more frequently on certain roads, parking sites were arranged to which ambulances on the road could be instructed to proceed by radio.

Rail Facilities

During the year, 760 patients were conveyed by rail for part of their journey, compared with 779 in 1963 and 845 in 1962. It is likely that, with higher rail charges, the number of patients conveyed by this means will decrease, as some journeys for walking patients with escorts can now be undertaken more cheaply by road.

Ambulance Vehicles

Five new ambulances were purchased during the year, one of which was a sitting-case vehicle. As will be seen from the table on page 98, the fleet was thereby increased by two vehicles. One of these was an Austin "Gypsy" which was the first of this type produced by Messrs. Wadhams with an ambulance body. It was stationed at Midhurst with the intention that it should be available to cover the difficult country north of the Downs. It has already proved its worth in reaching isolated places from which patients unable to walk had previously to be carried long distances by stretcher.

The Council's intention, as shown in the development plan, to expand and modernise the vehicle fleet economically, is therefore proceeding satisfactorily and, in acquiring vehicles, regard is constantly being paid to the requirements of both urban and rural areas. The cream vehicle with a blue flash and the Council's coat of arms is now recognised as a West Sussex ambulance in all parts of the County.

By Circular 14/64 dated 14th October, 1964 the Ministry of Health stated that they had arranged with the Ministry of Defence that Service helicopters might, in exceptional circumstances and subject to Service requirements and weather conditions, be used in certain areas to carry seriously ill patients for whom no other form of transport was practicable. The Ministry stressed that because of the other obligations of the Royal Navy and the Royal Air Force it was essential that requests for assistance should be made only in circumstances of critical emergency. As ambulance authority, the local health authority had the responsibility for making the arrangements and for meeting the cost.

Ambulance Efficiency Competition

Nine teams entered for the County competition which was held in Chichester on 30th May, 1964 and which was won by a team (Mr. P. Weeks and Mr. L. Gocher) from Horsham. The standard in all sections of the competition was high.

The winning team competed in the Regional Competition held at Battersea Park, London, on 6th June, 1964 and, out of fourteen entries, were beaten only by the Middlesex County Council team who went on to win the National Finals of the Competition in October.

Civil Defence

At the end of the year, there were 430 volunteers in the Ambulance and First Aid Section of the Civil Defence Corps, 50 fewer than at the

end of 1963. Volunteers who had passed their standard test numbered 87; only one in ten of those who sat for the examination failed.

At the Annual Field Day at Westerton, near Chichester, on 30th May, 1964 ten teams competed for the Ambulance and First Aid Section cup which was won by a team from Chichester.

At the regional weekend exercise *Far Crusade* which started on Saturday evening, 26th September, 1964 at Chichester and was then followed by a night convoy to Brighton and a Sunday exercise at Eastbourne, the Ambulance and First Aid Section supplied two ambulance detachments (12 ambulances) and one first aid platoon consisting of three first aid parties.

Three members of the full-time service attended officer courses at the civil defence schools and one member became a Home Office trained civil defence instructor.

Development of the Service

Further information on how the Council intend to improve the standard of the service during the next few years will be found in Appendix D. Seven of the nine new ambulance stations envisaged in the ten-year plan will be started before April, 1967 if suitably-situated sites can be acquired.

Considerable delays have already occurred in buying land, particularly from the hospital authorities. Three years elapsed before the completion (in December, 1964) of negotiations for the purchase of a site for the new Chichester station on the Graylingwell Hospital estates and arguments about the conveyance (still incomplete at the end of the year) of a quarter of an acre of land for an ambulance station at Bognor Regis have been continuing for a similar period. Appendix D records the remarkable behaviour of the Regional Hospital Board who in March, 1964 recommended the Ministry of Health to sell to the Council for ambulance purposes an area of hospital land at Horsham and then, without a word to the Council, withdrew the recommendation a month later. The Council thereupon decided to look for a site elsewhere.

The continuing expansion of the population and the reasonable public demand for even better standards of service suggest that the number of staff and vehicles will increase by 50 per cent and 38 per cent respectively by 1974. Further details are given in Appendix D.

PART VI—MENTAL HEALTH SERVICE

Towards the Truth

The *Mental Health Act, 1959* came into operation in November, 1960 and it is therefore early to make dogmatic statements about the wisdom of its provisions and the manner of their operation. Some facts upon which opinions can be based are however provided by the following tables which give details of admissions to and departures from Graylingwell Hospital, Chichester, during the past five years.

Admissions to Graylingwell Hospital: 1960 to 1964

Year	*Informal*			*Statutory*			Totals
	Male	*Female*	*Total*	*Male*	*Female*	*Total*	
1960	264	459	723	45	85	130	853
1961	292	496	788	69	126	195	983
1962	305	565	870	88	126	214	1,084
1963	388	671	1,059	100	149	249	1,308
1964	355	679	1,034	123	142	265	1,299
Totals ...	1,604	2,870	4,474	425	628	1,053	5,527
Annual Averages ...	321	574	895	85	126	211	1,105

Departures from Graylingwell Hospital: 1960 to 1964

Year	*Male*		*Female*		Totals		
	Under 65 yrs.	*Over 65 yrs.*	*Under 65 yrs.*	*Over 65 yrs.*	*Under 65 yrs.*	*Over 65 yrs.*	*All ages*
1960	211 (8)	103 (54)	343 (9)	213 (95)	554 (17)	316(149)	870(166)
1961	233(12)	104 (49)	376(11)	232(104)	609 (23)	336(153)	945(176)
1962	253(14)	114 (54)	444(12)	252 (92)	697 (26)	366(146)	1,063(172)
1963	330(15)	133 (59)	608(16)	241(106)	938 (31)	374(165)	1,312(196)
1964	353(13)	146 (65)	572(18)	248 (78)	925 (31)	394(143)	1,319(174)
Totals	1,380(62)	600(281)	2,343(66)	1,186(475)	3,723(128)	1,786(756)	5,509(884)
Annual Averages	272(12)	120 (56)	469(13)	237 (95)	745 (26)	357(151)	1,102(177)

Note: The figures in brackets denote deaths and are included in the totals.

Throughout the five-year period, the total number of departures from the hospital corresponded closely with the total number of admissions, the annual averages being 1,102 and 1,105 respectively. Admissions and departures have, however, increased considerably during the past two years. Compared with 1961 and 1962, admissions in 1963 and 1964 rose by 26.1 per cent and there was a similar increase in relation to departures; between 1961 and 1964 the population of the County increased by 6.3 per cent.

The number of admissions arranged under the compulsory procedures rose to over 20 per cent of all admissions for the first time in 1964. Amongst the male and female admissions the percentages made by compulsory procedure were 25.7 and 13.7 respectively; the corresponding percentages in 1961 were 19.1 and 20.3.

There has been little change in the ratio of male to female admissions. Over the past five years two out of every three admissions (63.3 per cent) were women. About half of all admissions nowadays are of persons who have received treatment previously in psychiatric hospitals.

The percentage of persons admitted over the age of 65 years has decreased over the years but this has probably been due to the restrictive selection of this age group rather than to any decrease in the numbers of old people suffering from senile dementia in the community.

Although there is no problem in West Sussex comparable with that in London where many psychiatrically-disturbed persons who have been discharged from hospitals live on the Embankment or on bombed sites because they cannot find (or will not accept) hostel or reception centre accommodation, it is increasingly evident that a serious social problem is being created in the County by the procedural changes introduced by the 1959 Act. Whereas many persons suffering from chronic mental disorder were formerly detained in hospitals on a long-term basis, they now alternate between care in the hospitals and freedom in the community. Having regard to the resultant community anxiety and personal distress, it is questionable whether the recent changes in legislation can yet be said to have brought about the improvements in the care of the mentally disordered which were originally expected of them.

It had been envisaged that the hostels to be provided by local health authorities would provide short-term accommodation for persons needing to be ferried from hospital to independent life in society but, from the information available from such hostels in other parts of the country and from a scrutiny of the type of person for whom the Council are being asked to provide places, it is clear that such accommodation is needed mainly for those who are never likely to resume a normal life, particularly for the elderly and those who are chronically infirm. If hostels provide nothing more than long-term accommodation for people of that kind, they will become "little asylums" away from the psychiatric hospitals and, by reason of their limited facilities and staffing, however modern their planning and design may be, they may well become poor substitutes for the medically staffed psychiatric hospitals.

In the field of mental subnormality, it has always been recognised that long-term residential accommodation will be required for many patients, but the community outlook and closely-knit activities of the old "colonies" may have had more merit than public opinion has been willing to acknowledge in recent years, despite the fact that they were often too large, remote, inadequately staffed and housed in outdated buildings. Experience in West Sussex and elsewhere has certainly revealed the absence of any serious effort or intention to integrate the subnormal into the busy life of affluent communities.

There are, moreover, financial and administrative considerations. If the local health authorities do in fact implement their proposals to establish 690 hostels for the mentally disordered by 1974,* much of the accommodation in psychiatric hospitals now provided and paid for by the taxpayer, will become surplus to requirements; the financial burden will pass to the ratepayers. What is more, the scope for administrative argument between two branches of the National Health Service will be increased. As the County Councils Association said in evidence to the Royal Commission on Mental Illness and Mental Deficiency (1954 to 1957):

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*Ministry of Health; Health and Welfare; The Development of Community Care; Revision to 1973–74 of Plans for the Health and Welfare Services of the Local Authorities in England and Wales; London; H.M. Stationery Office; 1964; p.324.

"In the opinion of the Association, experience since the passing of the *National Health Service Act, 1946* has forcibly demonstrated the difficulties which would be liable to arise if responsibility for providing hostels and homes were to be divorced from that of providing institutional care. The scope for arguments and disagreement between regional hospital boards and local health authorities as to their respective legal and financial responsibilities must, if the health service is to run smoothly and efficiently, be kept to the absolute minimum."*

It is also doubtful whether the provision at day training centres of special care units for grossly retarded children achieves the objective of offering a satisfactory alternative to hospital care. Apart from the difficulty of staffing such depressing units and transporting children over long distances, the interference they cause in the general routine of the training centre is great, and considerable strain remains to be borne by other members of the family when the care unit is not open. The provision of such accommodation seems merely to delay rather than to remove the need for hospital care.

The repeal by the *Mental Health Act, 1959* of Section 57 (5) of the *Education Act, 1944*, under which some children in schools for the educationally subnormal were referred to mental welfare officers for supervision on leaving school, was perhaps untimely. The case conferences of head teachers and mental welfare officers, which were followed by home visits, had often proved useful to a group of school-leavers in need of guidance and support at a vital period of their lives.

All things considered, the time may be opportune to question whether some of the high ideals prompted by the Royal Commission and written into the *Mental Health Act, 1959* were realistic and well-founded and whether they are in fact capable of sound economic, medical and social application.

Development of Community Care

Training centres and hostels

Despite the foregoing comments about the *Mental Health Act, 1959* the stimulus given to the development of day training centres by that Act was certainly sound. After much delay and frustration, the building was commenced during the year of the comprehensive day training centre at Martyrs Avenue, Crawley, and of the junior day training centre and residential hostel for children at Durrington Lane, Worthing. When the latter unit becomes available, the present comprehensive day training centre in Brougham Road, Worthing will be used as an adult day training centre to serve the coastal area east of Littlehampton. The two new centres have been planned to facilitate training on the most modern lines.

Another important event was the completion in December, 1964 of the conveyance to the Council of a site in Summersdale Road, Chichester (on the estate of Graylingwell Hospital) for a new comprehensive day training centre and hostel for the Chichester and Bognor Regis areas and an ambulance station. Negotiations for the acquisition of this land had been going on with the hospital authorities for three years. It formerly belonged to the Council but was vested in the Minister of

*County Councils Association. Supplement to the official Gazette; Dec. 1954; p.325, para.48(d) (iii).

Health without compensation when the National Health Service was introduced in 1948. The ratepayers had to buy it back at a cost of £7,500.

Numerous attempts were made to find a site in Worthing for a hostel for the mentally ill. All these failed, in one case because the Borough Council rejected a planning application, and at the end of the year consideration was being given to siting the hostel elsewhere on land already in the ownership of the County Council.

The views of the district councils were sought on the possibility of their making available some houses on urban housing estates where patients discharged from hospital could live whilst becoming readjusted to community life. The provision of such accommodation need not interfere with the long-term intention to provide purpose-built hostels but, if some small units on housing estates could be acquired, this would certainly enable accommodation to be provided more quickly. It would also give useful experience upon which further developments could be planned and it might have some effect on the quantity of hostel accommodation which ultimately might be required. Information available at the end of the year suggested that it might be possible to start experiments of this kind in Littlehampton and Worthing.

Further particulars of the development plan are given in Appendix D.

Rustington Residential Training Centre

Staffing of the hostel continued to be an anxiety throughout the year and at no time were the approved numbers of staff actually in post. As it was not possible to fill the post of Deputy Superintendent, arrangements were made for a member of the ambulance staff at Littlehampton and his wife to take over part-time duty during some weekends and evenings in order to give relief. The resignations of the Superintendent and Matron were nevertheless received at the end of the year. These resignations meant that the hostel will have had its third change of officers-in-charge in a period of under three years.

Proposals to extend and to carry out certain adaptations at the hostel at an estimated cost of £39,000 were approved; building operations are likely to commence in 1965.

This residential training centre opened for the admission of adolescent boys on 15th January, 1962. Since then a great deal of experience in their care, training and management has been gained.

Initially, the intention was that the centre should admit boys suffering from mental handicap and train them in simple industrial procedures; experience has, however, made it necessary to modify that initial intention considerably. It was learned that training to a specific task could not be the primary purpose of the centre; the boys had first to be taught the disciplines of work, punctuality, perseverence and the principles of getting on together. Difficulties in getting enough suitable contract work regularly were, moreover, greater than had been expected but, in time, knowledge of available sources of work increased and a great debt is owed to the many employers and industries who have provided work for the boys at the centre to do.

Gradually, it became apparent that many of the boys were having great difficulty in adjusting to society, of which very few of them had much experience. The discipline has always been extremely free and they have been encouraged to join the local youth club, to do their own shopping and to be responsible as far as possible for looking after their own money.

The programme of training has turned out to be much more prolonged than was initially envisaged and the placement of boys in open industry has not been easy; very few have in fact managed to secure and keep a job where they could look after themselves.

The original intention was to take subnormal boys who only needed training in industrial processes to get them to work, but gradually this intention has had to be modified in order to provide a home for the delinquent, the maladjusted and a few who were psychotic. Considerable success has been achieved with delinquent boys and many of the maladjusted have become more stable over the years.

The members and officers of the Council have devoted a considerable amount of time to the care and supervision of this experimental establishment and perhaps the time has now been reached when some assessment of its value can be made.

It can no longer be expected that many of the boys receiving training in such a centre will "graduate" to work in the community. The principal reasons for this appear to be:

(i) A lack of motivation on the part of the trainees. They have neither the ambition nor the drive of more fortunate members of the community and they find it difficult to appreciate the need to maintain themselves;

(ii) a number of the boys suffer from problems other than subnormality, notably personality disorders (two of the boys suffer from schizophrenia), epilepsy, physical disability or difficulties in speech and communication;

(iii) a large number of boys have disturbed family backgrounds and the finding of stable homes with sympathetic landladies is difficult; and

(iv) many of the boys have had long periods in institutions and they find difficulty in living in a different society.

Some interesting findings have been made with a number of the boys. With some, it has been extremely difficult to discern the reasons for their failure to gain or retain employment, but long-term observation in the free and sympathetic atmosphere of the centre has revealed personality disorders not previously apparent. This illustrates the enormous difficulty of selecting suitable boys for such a centre; assessment may take a very long time. Another great problem has been the lack of comparable experience elsewhere. It has been necessary to formulate completely new ideas about the care of the handicapped and these have had to be applied and tested for the first time.

The emotional demands the centre has made upon the staff have been considerable and these demands have resulted in far more staff change than was at first expected. The number of staff employed has had to be increased considerably since the centre was opened.

The experience gained at Rustington will nevertheless be invaluable in planning further residential accommodation. Much more is now known about selection and prognosis, experience has been acquired of the kind of staff required and available and some awareness of suitable

training programmes has been gained. It is always the first step that counts and a start has been made with the training of the subnormal in a residential setting. It is now possible to approach the next phase, perhaps with some hesitation, but also with the growing confidence which only practical experience can confer.

Short-term residential care

During the year, 4 patients (2 males and 2 females) were admitted to the Royal Earlswood Hospital, Redhill, and 7 patients (4 females and 3 males) to Forest Hospital, Horsham, for short-term care owing to the illness of their parents or other special circumstances. In addition, 6 adolescent males were admitted to the Rustington Residential Training Centre for short-term care and 10 patients (5 males and 5 females) were boarded out in private homes or with foster parents under the Council's arrangements.

The National Society for Mentally Handicapped Children again accepted parties from the training centres at the Pirates' Spring Holiday Home at Dymchurch, Kent, during July, 1964. The staff of the holiday home voted the party from Rustington Residential Training Centre the "personality group" of the year and, bearing in mind that Pirates' Spring received over 30 groups from hospitals and training centres, this reflected considerable credit on the staff of the centre for the way in which the boys have been trained.

Short-term residential care at Southsea was arranged during May, 1964 for a party of 24 senior girls from the Chichester and Worthing centres.

Authority was given for the National Society for Mentally Handicapped Children to use the Worthing centre during the summer holidays for a Quaker Holiday Work Camp; no charge was made for the use of the premises.

Day Training Centre

As the next table shows, the number of pupils attending all the three day training centres increased during 1964. In addition, 19 other pupils (2 males under 16 and 3 males and 14 females over 16 years of age) attended centres maintained by other authorities or voluntary bodies.

Centre	*Staff*		*Pupils*					
			On register					
			Males		*Females*			
	Head Teacher	*Assistant Teachers and Trainees*	*Under 16*	*Over 16*	*Under 16*	*Over 16*	TOTALS	*Daily Average Attendance*
Chichester ...	1 (1)	2 (2)	9 (9)	1 (2)	11 (12)	13 (5)	34 (28)	25 (20)
Crawley ...	1 (1)	3 (3)	14 (9)	— (—)	14 (15)	8 (4)	36 (28)	25 (22)
Worthing ...	1 (1)	6 (5)	25 (21)	8 (7)	17 (16)	22 (22)	72 (66)	72 (57)

Note: The figures in brackets relate to 1963.

At Crawley the temporary accommodation at *Catherington*, Ifield Green, though not ideal, was a great improvement on what was available previously in this area and, although a change of head teacher and an assistant teacher took place during the year, the centre activities were developed to a good standard and the introduction of a nursery group was a success.

Although the hired premises at Stockbridge Hall, near Chichester, are of modern design, they are ill-suited for use as a day training centre owing to the restriction on storage and display facilities and the work entailed in stacking furniture so that the premises can be used for community functions in the evenings. These conditions proved frustrating to the staff and made difficult the maintenance of good standards of hygiene and teaching practice.

At Worthing the provision of a modern hutted annexe on the Brougham Road site enabled the senior girls to be transferred from the hired premises at the Methodist Hall in Lyndhurst Road.

In February, 1964 an advisory mental welfare officer of the Ministry of Health visited the centres and her report was subsequently forwarded by the Ministry who hoped that the Council would find it possible to implement her recommendations. One of these was that the staffing of the day centres should be improved to the level advocated by a Sub-Committee (the Scott Committee) of the Central Health Services Council who published a report on the *Training of Staff in Training Centre for the Mentally Subnormal* in July, 1962. Since the Ministry of Health had never indicated whether they considered these staffing ratios to be reasonable, they were asked whether the advice of their advisory officer could be taken to mean that the Ministry had officially adopted the Scott Committee's recommendations. By letter dated 4th September, 1964 the Ministry replied that they had not officially adopted a staffing ratio of teaching staff to pupils of one to ten but that it was for individual authorities to settle such matters in the light of local circumstances. The Council thereupon decided that the staffing standards in the training centres should accord with the recommendations of the Scott Committee.

The Ministry's advisory officer also expressed the opinion that the number of children in the existing centres was surprisingly low and she suggested that some review of the subnormal children who may be retained in schools for the educationally subnormal should be undertaken as the new centres come into use.

In September, 1964 the trainees at the Worthing and Chichester centres started on the two-year Diploma Course for Teachers of the Mentally Handicapped, organised by the National Association for Mental Health, at Bristol, and the trainee from Crawley was seconded to a similar course at Leeds.

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.

Improving the effectiveness of hospitals

By letter dated 25th June, 1964 the Ministry of Health forwarded a copy of a memorandum on improving the effectiveness of hospitals for the mentally ill. This memorandum (HM(64)45) was directed to

hospital authorities and outlined the essential elements of a comprehensive service by mental hospitals. Hospital management committees were asked to study the memorandum and consider whether any improvements were necessary.

The memorandum pointed out that the mental hospital of today is no longer just a centre for the treatment of in-patients but part of a comprehensive service which must operate in close conjunction with the family doctors and with local authority and voluntary services. The function of out-patient departments was discussed, particularly in relation to the domiciliary nurses and social workers.

The family doctor was seen as having a special opportunity for mobilising the local authority mental health workers with the co-operation and advice of the psychiatrist. Domiciliary consultation and case conferences were suggested as good methods of achieving close liaison and the visiting of in-patients by community workers and unrestricted visiting by friends and relatives was welcomed.

Co-ordination between the psychiatrist and hospital staff and the medical officer of health could be facilitated by making arrangements for the medical officer of health to become a member of the Hospital Management Committee or Medical Advisory Committee and a psychiatric consultant could be co-opted on to the local authority Mental Health Sub-Committee; both these suggestions had already been implemented in West Sussex.

A meeting between the staff of Graylingwell Hospital and the staff of the Department concerned with the community care of the mentally ill was held towards the end of the year at which various aspects of the Ministry's memorandum were considered.

Mental Welfare Officers

The establishment of mental welfare officers was increased by the appointment of a senior officer at Chichester and a district officer to serve a new area based on Shoreham-by-Sea; the names of those in post at the end of the year are given in Appendix B. Some increase in the future in the numbers of mental welfare officers employed seems inevitable, whatever policy is adopted in relation to case work and co-operation from social workers in other fields; a forecast of future requirements is contained in Appendix D.

The offices of the mental welfare officers were satisfactory, except at Chichester, where the only accommodation available, though centrally situated, was an upstairs room approached by a steep flight of stairs.

A second welfare assistant was appointed and it is hoped that he will be seconded for full-time training in social work during 1965.

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 135, 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 1964. 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

Mental Health Act, 1959	*Male*	*Female*	TOTALS
Section 5—(Informal)	355 (388)	679 (671)	1,034 (1,059)
Section 25—(Observation — 28 days)	11 (6)	16 (27)	27 (33)
Section 26—(Treatment) ...	5 (4)	9 (3)	14 (7)
Section 29—(Observation in emergency—3 days)	103 (88)	117 (117)	220 (205)
Section 60—(Court Order) ...	2 (1)	— (2)	2 (3)
Section 65—(Court Order with restrictive clause)	1 (1)	— (—)	1 (1)
TOTALS	478 (488)	821 (820)	1,299 (1,308)

Note: The figures in brackets relate to 1963.

The average age on admission was 53 years and 377 of the patients admitted were aged 65 or over.

During the year, 1,145 patients (421 males and 724 females) left the hospital and 174 (78 males and 96 females) died. It will be noted from the following table that, of the 174 deaths, 143 were of people over 65 years of age.

1964	*Male*		*Female*		TOTALS	
	Under 65 years	*Over 65 years*	*Under 65 years*	*Over 65 years*	*Under 65 years*	*Over 65 years*
Departures	340 (315)	81 (74)	554 (592)	170 (135)	894 (907)	251 (209)
Deaths ...	13 (15)	65 (59)	18 (16)	78 (106)	31 (31)	143 (165)

Note: The figures in brackets relate to 1963.

At the end of the year, 2 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 on the next page.

Form of Care	*Male*	*Female*	*Children*	TOTALS
Hospitals and homes under regional hospital board	171 (190)	91 (113)	74 (92)	336 (395)
Mental nursing homes ...	— (—)	— (—)	6 (3)	6 (3)
Residential homes	8 (7)	26 (22)	7 (8)	41 (37)
Boarded out in private homes	8 (9)	25 (22)	— (1)	33 (33)
Rustington Training Centre ...	20 (22)	— (—)	— (—)	20 (22)
Informal community care ... (7 of the cases in residential or private homes are subject to guardianship orders)	219 (289)	198 (265)	123 (125)	540 (679)
TOTALS	426 (517)	340 (422)	210 (230)	976(1,169)

Note: The figures in brackets relate to 1963.

The numbers of subnormal persons admitted to hospital during 1964, and the total numbers accommodated at the end of the year, are shown in the following table.

Hospital	*Admitted during 1964*			*Total number accommodated at 31.12.64*		
	Male	*Female*	TOTALS	*Male*	*Female*	TOTALS
Royal Earlswood Hospital, Redhill	6 (6)	11 (9)	17 (15)	163 (159)	111 (104)	274 (263)
The Manor, Epsom	— (1)	— (—)	— (1)	10 (14)	11 (12)	21 (26)
St. Lawrence's Hospital, Caterham	— (—)	— (—)	— (—)	— (1)	3 (4)	3 (5)
Botley's Park, Chertsey	1 (—)	— (—)	1 (—)	5 (4)	— (—)	5 (4)
Farmfield, Horley	2 (7)	— (—)	2 (7)	40 (39)	— (—)	40 (39)
Laughton Lodge, near Lewes ...	— (—)	— (—)	— (—)	15 (17)	11 (10)	26 (27)
Stoke Park, Bristol	— (—)	— (—)	— (—)	2 (2)	2 (1)	4 (3)
Other hospitals and homes ... (regional hospital board) ...	1 (—)	— (1)	1 (1)	22 (20)	7 (8)	29 (28)
TOTALS	10 (14)	11 (10)	21 (24)	257 (256)	145 (139)	402 (395)

Note: The figures in brackets relate to 1963.

At the end of the year the names of 17 subnormal persons were on the waiting list for admission to hospital. This was five more than at the end of 1963 and some of them were urgent. As Dr. D. E. W. Anderson, Physician Superintendent of the Royal Earlswood Hospital, Redhill, Surrey, says in the following extract from a recent letter, the provision of adequately staffed accommodation in hospitals for the subnormal is becoming much more of a problem than it has been in the past.

> "The honeymoon period seems to be over when, by a process of expansion, we were able to take in all the cases requested. The hospital is now full, and to set against this we are having increasing difficulty in finding staff. On the female side of the Royal Earlswood Hospital alone, at the moment we are ten under establishment. The result is that the demand for admissions is greater than our ability to respond, and at the time of writing we have five urgent cases on the West Sussex list and fifteen non-urgent."

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

Source of Referral	*Male*	*Female*	TOTALS
General practitioners	2	1	3
Hospitals	6	10	16
Courts and police	—	—	—
Local education authority ...	11	10	21
Other sources	10	12	22
TOTALS	29	33	62

These 62 cases were dealt with as follows:

Disposal	*Male*	*Female*	TOTALS
Admitted to psychiatric hospitals ...	1	1	2
Placed in residential homes	1	2	3
Placed in mental nursing homes ...	—	1	1
Placed under informal community care	27	28	55
Action not yet taken	—	1	1
TOTALS	29	33	62

PART VII—OTHER SERVICES

Blind and Partially-Sighted Persons

Registration

On 31st December, 1964 there were 1,063 blind and 338 partially-sighted persons on the register, compared with 1,020 blind and 294 partially-sighted on 31st December, 1963.

Examination of Applicants for Registration

During the year 158 new (i.e. excluding transferred) cases of blindness and 98 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 256 cases newly registered as blind or partially-sighted, the principal causes were cataract (78), retinal and macular degeneration (74), glaucoma (38), retinopathy (21) and myopia (16). There were no cases of retrolental fibroplasia.

Follow-up Action

Where treatment was recommended by ophthalmic surgeons, the cases were followed up to ensure that the treatment prescribed was being carried out. The results of this follow-up action are tabulated below.

	Primary ocular disease			Totals
	Cataract	*Glaucoma*	*Other*	
1. Number of cases registered during the year in respect of which Forms B.D.8 recommended:				
(*a*) No treatment	28 (21)	6 (5)	64 (63)	98 (89)
(*b*) Treatment (medical, surgical, optical or hospital supervision)	50 (33)	32 (16)	76 (70)	158 (119)
Totals	78 (54)	38 (21)	140 (133)	256 (208)
2. Number of cases at 1 (*b*) above which:				
(*a*) Continued to receive treatment	31 (15)	27 (15)	47 (39)	105 (69)
(*b*) Refused treatment... ...	5 (—)	— (—)	— (1)	5 (1)
(*c*) Had treatment deferred or discontinued	4 (5)	— (—)	— (8)	4 (13)
(*d*) Were placed on waiting list for admission to hospital ...	1 (—)	1 (—)	1 (1)	3 (1)
(*e*) Died or left County before investigation	1 (—)	— (—)	— (—)	1 (—)
(*f*) Were under investigation at end of year	8 (13)	4 (1)	28 (21)	40 (35)
Totals	50 (33)	32 (16)	76 (70)	158 (119)

Note: The figures in brackets relate to 1963.

Ophthalmia Neonatorum

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

Note: The figures in brackets relate to 1963.

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 for reward three or more children, of whom he is not a relative, from more than one household.

More children attended day nurseries during the year; the number of places available has in fact increased by over 45 per cent in the last two years. At the end of the year, there were 51 premises registered as day nurseries, the numbers of children at which varied from 10 to 48. Three were run by factories; one of these was open from 9 a.m. to 3 p.m. and the other two were open all day. One nursery and two child minders received 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, namely that planning permission must be obtained, that the advice of the fire prevention officer must be sought and his recommendations carried out and that the accommodation and staff of the proposed nursery must come up to the

recommended standards. In all cases the advice given was accepted and acted upon and no difficulties were experienced with the applications received during the year.

	Numbers registered at 31st December		*Number of children provided for*	
	1963	1964	1963	1964
(*a*) Premises	42	51	992	1,178
(*b*) Daily minders	14	17	95	171

By letter dated 6th April, 1964 the Secretary of the Crawley Branch of the Communist Party of Great Britain gave details of an enquiry carried out by the Party in the Tilgate area of Crawley. It was concluded that there was an urgent need for day nurseries to be set up in the Tilgate area and the Council were urged to undertake a more comprehensive enquiry throughout the town.

At the meeting of the Nursing Sub-Committee held on 5th June, 1964 it was reported that there were 17 registered nurseries in Crawley providing accommodation for 413 children. One of these nurseries (with 28 places) was situated in Tilgate; another (with 20 places) and a child minder (with three places) were registered in the adjoining Southgate area. It was concluded that these arrangements appeared to be meeting present demands and it was accordingly decided that no further action should be taken. In reaching that decision, the members had in mind the ambitious capital development programme already approved in principle for the next ten years and were of the opinion that, if provision were to be made for the erection of purpose-built day nurseries, it would be inevitable that other projects would have to be delayed.

By letter dated 18th December, 1964 the Clerk of the Crawley Urban District Council forwarded a resolution of that Council

> That the County Council, as health authority, be urged to consider the provision of day nurseries under the powers contained in section 22 of the National Health Service Act, 1946.

He also stated that a petition had been received, containing over 1,000 signatures, urging the provision of appropriate nursery facilities in Crawley. The matter was under consideration at the end of the year.

Nursing Homes

The *Conduct of Nursing Homes Regulations, 1963* made by the Minister of Health under powers conferred by the *Nursing Homes Act, 1963* came into operation on 27th August, 1963. Shortly afterwards, standards governing the provision of facilities and services in nursing homes in West Sussex were approved by the Council and a copy of these standards was sent to the managers of every registered nursing home in the County. New nursing homes are required to comply with the standards and existing nursing homes are expected to conform

within a reasonable time. In some cases, there are structural difficulties which will not easily be overcome but the general policy of the Department is to persuade and encourage owners to improve their premises wherever possible by undertaking desirable alterations and additions; advice is also made available on sketch plans when these become available. The principal defects found during the year were non-provision of wash basins in bedrooms, inconveniently-sited bathrooms, inadequate kitchen premises, absence of a bedpan sluice and unsuitable floor coverings.

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

Size of homes (beds)	*Number of homes*	*Number of beds provided*			
		General	*Maternity*	*Psychiatric*	TOTALS
25 and over	10 (4)	240	—	143	383
20 to 24	7 (1)	136	—	15	151
15 to 19	15	248	—	—	248
10 to 14	16	199	—	—	199
5 to 9	7 (1)	38	—	8	46
Under 5	6	13	4	—	17
TOTALS ...	61 (6)	874	4	166	1,044

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

It will be noted that only four maternity beds were provided, which suggests that there is little demand for this type of private accommodation in the County. Homes undertaking surgical operations were three in number, all in Worthing.

To a limited extent some beds were occupied by medical and convalescent cases but the great majority of the patients could be described as geriatric, psycho-geriatric or senile. It is obvious that the nursing homes are relieving the hospital service of much responsibility for providing beds for the chronic sick. It is noteworthy in this connection that the Regional Hospital Board has no contractual arrangements for beds in any of the registered nursing homes in the County despite the fact that many requests are made by hospital geriatric departments for the admission of patients to nursing homes, sometimes at a modified fee.

From time to time it is reported that unregistered homes are admitting cases requiring skilled nursing care. Those homes are visited and a report made on the kind of cases in residence. It is important that skilled nursing be given only in registered homes, since they alone are subject to the Council's regulations as to adequate nursing staff and accommodation.

Most nursing homes which are newly-established have difficulty either in obtaining sufficient nurses or in retaining them for any length of time. In some localities many nurses seem to change posts fairly frequently, few are resident and many are married women who work on a part-time basis. Difficulties in staffing the homes may thus arise at week-ends and during holiday periods.

Each nursing home was inspected three or four times in the year and special visits were made when necessary.

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

	1960	1961	1962	1963	1964
Registered at 1st January	62	61	58	62	63
New homes registered	5	3	5	10	12
Registrations cancelled	6	6	1	9	14
Registered at 31st December...	61	58	62	63	61

West Sussex Nursing Homes Association

The Honorary Secretary of the West Sussex Nursing Homes Association, the association of registered nursing home proprietors in the County, has reported that since the inaugural meeting held at County Hall, Chichester, on 31st October, 1963 a number of meetings have been held and the objects of the association have been defined. These are:

(i) To observe, maintain and, where possible, improve on the standards for nursing homes which are prescribed by the Government from time to time.

(ii) To work in close co-operation with the local health authority, the medical profession and hospital authorities in West Sussex.

(iii) To encourage co-operation and joint professional endeavour between proprietors of registered nursing homes in the County.

(iv) By the formation of the association to achieve a higher standard of nursing care and techniques in nursing homes with an improvement in the general welfare and rehabilitation of the patients, thereby increasing the confidence of the public.

The association have also considered the formation of a bed bureau and a staff bureau. It is hoped that the bed bureau will come into operation early in 1965 and its object will be to assist general practitioners, social workers and hospital almoners to find accommodation for a patient when no beds are available in those nursing homes with which they are familiar.

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 1964, four agencies were licensed in the Council's area.

From information received from the nursing agencies in the County, it would appear that the majority of requests for nursing staff are received from hospitals and from private patients who are being nursed in their own homes. Enquiries from relatives who had the responsibility of looking after old or senile patients at home were numerous but many found the expense of private nurses beyond their means. A large number of such patients needed constant supervision, because of incontinence, rather than professional care. Many requests were also received for midwives for private confinements but these could not often be met because requests for such staff from hospital maternity units were given priority. This illustrates the present shortage of midwives and the seriousness of the fact that only one-fifth of qualified midwives practise their profession.

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 1964.

(a) Medical Examinations

Department	*Male*	*Female*	TOTALS
Fire: (*a*) Full-time	48 (24)	19 (2)	67 (26)
(*b*) Part-time	10 (19)	2 (1)	12 (20)
Health: (*a*) Ambulance staff ...	20 (42)	— (—)	20 (42)
(*b*) Home Helps	— (—)	12 (—)	12 (—)
Other Authorities	30 (2)	17 (2)	47 (4)
TOTALS	108 (87)	50 (5)	158 (92)

Note: The figures in brackets relate to 1963.

(b) Medical Statements Completed

Department	*Male*	*Female*	TOTALS
Architect's	17 (9)	— (1)	17 (10)
Archivist's	2 (—)	1 (1)	3 (1)
Children's	18 (5)	29 (33)	47 (38)
Civil Defence	5 (9)	— (—)	5 (9)
Clerk's	12 (16)	21 (9)	33 (25)
Education (*a*) Full-time staff	64 (53)	41 (61)	105 (114)
(*b*) Part-time teachers and canteen staff	25 (—)	460 (—)	485 (—)
Fire	1 (2)	2 (—)	3 (2)
Health	40 (18)	434 (34)	474 (52)
Library	2 (1)	10 (15)	12 (16)
Planning	10 (6)	6 (1)	16 (7)
Police	3 (16)	8 (11)	11 (27)
River Board	10 (15)	1 (1)	11 (16)
Surveyor's	47 (49)	5 (1)	52 (50)
Treasurer's	13 (5)	5 (14)	18 (19)
Valuer and Land Agent's	4 (5)	1 (3)	5 (8)
Welfare	4 (4)	22 (12)	26 (16)
West Sussex Valuation Panel	— (—)	2 (3)	2 (3)
Weights and Measures	— (—)	1 (—)	1 (—)
TOTALS	278 (213)	1,049 (200)	1,327 (413)

Note: The figures in brackets relate to 1963.

For the first time medical statements were completed by part-time teachers and by canteen staff at schools. This precautionary step was taken to ensure that all such staff, being in close contact with children, had a satisfactory chest x-ray upon appointment; thereafter they will be encouraged to have a similar examination annually.

The large increase in the number of medical statements completed by female health department staff was mainly accounted for by the direct administration by the Council of the home help service on 1st October, 1964.

Professions Supplementary to Medicine

By Circular 10/64 dated 2nd July, 1964 the Ministry of Health drew attention to three statutory instruments which replaced the *National Health Service (Medical Auxiliaries) Regulations, 1954* and *1962*. These were the *National Health Service (Professions Supplementary to Medicine) Regulations, 1964*, the *National Assistance (Professions Supplementary to Medicine) Regulations, 1964* and the *National Health Service (Speech Therapists) Regulations, 1964*.

The first two sets of Regulations dealt with the employment of members of professions supplementary to medicine, i.e. chiropodists, dieticians, medical laboratory technicians, occupational therapists, physiotherapists, radiographers and remedial gymnasts. In relation to the local authority services the effect of the new Regulations was that, with certain minor exceptions, on and after 1st October, 1964 members of these professions could be employed by a local authority in the health or welfare services (or by a voluntary organisation in the provision of agency services) only if they were state registered.

The Speech Therapists Regulations provided that the qualifications for employment as speech therapists in the hospital service or by a local health authority remained as prescribed in the *National Health Service (Medical Auxiliaries) Regulations, 1954.*

The Council employs chiropodists, an occupational therapist, and (on a sessional basis) physiotherapists, all of whom are registered in accordance with the *Professions Supplementary to Medicine Act, 1960.* Chiropodists employed by voluntary organisations to whom the Council make grants for chiropody services, are similarly registered before a grant is approved.

The speech therapists employed by the Council (mainly for school health service work) are all qualified in accordance with the *National Health Service (Medical Auxiliaries) Regulations, 1954* and are automatically qualified under the new Regulations.

Integration of the Health Services

Evidence continued to accumulate showing that all is not well with some parts of the administrative structure of the National Health Service. This was particularly noticeable in the Council's relations with the South West Metropolitan Regional Hospital Board and paragraphs 10 and 11 of Appendix D contain examples of the inconvenience and frustration experienced by the Council in some of their dealings with that Board. In an attempt to improve working relations and to compensate for the lack of any County Council representation on the Board, a suggestion was made that a small Liaison Committee should be formed consisting of a few members of the Council and of the Board. By the end of the year such a Committee had not, however, been convened.

The Council have always regretted the absence of a close relationship with the Board at member level but none of the recommendations they have submitted to the Ministry of Health in past years for membership of the Board has ever been accepted. At a time when expansion is taking place rapidly in both the local health authority and hospital services, it is essential that each body should be fully aware of the plans and achievements of the other and that the efforts of both to improve standards of service made available to the public should be jointly co-ordinated.

The Report contains a number of examples of attempts made by the Department to improve co-ordination of effort within the National Health Service but it is nevertheless becoming increasingly apparent that the tripartite administrative structure of the Service is itself encouraging inefficiencies which are resulting in the public being less well served than they deserve having regard to the levels of taxation which are now being demanded. Exhortations to co-operation and better co-ordination are not enough. In certain situations, the present organisational requirements of the Service will inevitably bring about such delays as would not be tolerated in any respectable commercial undertaking. It is quite misleading to think that better personal relationships amongst those working in the three branches of the National Health Service will, of themselves, overcome the inadequacies of the present

administrative machinery. The only recent example of a personal relationship having resulted in speedy and effective action was at Bognor Regis where the Council sought to acquire a quarter-of-an-acre of surplus land on a hospital site. After more than two years of negotiations, it was only the personal intervention of a former Parliamentary Secretary to the Ministry of Health which brought the matter to a head.

The National Health Service in this country should now be given a chance to develop rapidly and imaginatively to the greater benefit of the people. It will be quite shameful if that objective is prevented or even retarded by administrative considerations. The facts of the present situation should already be well known to those upon whom is conferred the power to bring about changes. If those facts are in any doubt, no time should be lost in setting up a properly-conducted Committee of Enquiry into the Administrative Structure of the National Health Service. Such an Enquiry should be empowered not only to make recommendations on how the structure could be improved, it should also be invited to suggest ways in which the administrative costs of the Service could be contained or even reduced.

There was little to complain about in the co-operation between the Department and individual hospitals as regards those personal health services where the efficiency of one branch of the Service was dependent upon the active support of the other. This was particularly noticeable with the ambulance, maternity and geriatric services. Mr. J. T. S. Cheeseman, Secretary of Worthing Group Hospital Management Committee reports:

> "The closest association between the County Council and the Hospital Service is in connection with:
>
> (a) *The Ambulance Service:* administrative changes which brought this service under the full control of the local authority gave rise to some initial difficulties which, in the main, have been resolved and a happy association exists between all concerned. It is realised that financial restrictions make it necessary to ensure the maximum economy in the use of vehicles and crews. Accordingly there are, however, occasions when the availability of additional vehicles and crews would give an improved service very much to the benefit of the patients concerned.
>
> (b) *Maternity Services:* the greatest possible co-operation exists, particularly with the health visitors and domiciliary midwives."

I am grateful to Mr. R. B. Hurrell, Secretary of Redhill and Netherne Group Hospital Management Committee for the following comments.

> "During the past year a close co-operation has been maintained between the County Health Department and this Group, particularly in the maternity and geriatric fields where liaison committees are active in dealing with matters of a common interest.
>
> This co-operation has been equally effective at hospital level. At Crawley, the district nurses and midwives are now using sterile packs made up in the Central Sterile Supply Department of the new hospital, and arrangements are also in being for the introduction of a scheme of short-term bookings in the general practitioner maternity unit. This will enable the domiciliary midwife, in selected cases, to deliver a patient in hospital and continue to look after her when she returns home.
>
> A close liaison also exists between Horsham Hospital and the County Health Department, particularly in the departments concerned with social work."

The services made available by the Council were used increasingly by general medical practitioners, with whom relationships continued to be uniformly cordial and effective. Further progress was made with the attachment of health visitors, home nurses and midwives to medical practices, the vaccination and immunisation arrangements of more general practitioners were managed on the computer and over £4,000 worth of additional home nursing equipment was made available to assist in the medical care of sick persons at home. Discussions were held with doctors in three areas of the County on the possibility of the Council being able to assist with the provision of practice premises. Some of these matters are referred to by Mr. J. R. Knighton, Clerk of the Executive Council for West Sussex.

"The Executive Council has followed with interest the continued development of the plans for the attachment of County Council staff to family doctors. The original secondment of health visitors to individual doctors or partnerships in Crawley has been followed by the extension of these arrangements to other areas in the County and by the attachment not only of health visitors but also of district nurses and midwives.

Consideration by the County Council of the provision of new health clinics at Chichester, Horsham and Lancing has invited renewed attention to the possibility of health centres within the County and has provided those family doctors who are directly involved with an opportunity to consider whether practice in health centres might not help to eliminate some of the difficulties and frustrations of general practice today.

The Executive Council would of course be directly concerned should the possibility of health centres be revived and would similarly co-operate with the County Council in consideration of the questions of principle and detail involved should there be any development of tentative plans whereby family doctors might hold surgeries in new premises being developed as County Council clinics.

The effects of the Town and Country Planning Acts and the actions of the planning authorities, especially in development areas, could seriously affect the provision of the general practitioner services for which the Executive Council is responsible. The Executive Council is happy to know that it can expect the utmost co-operation from the County Health Department in relation to any action which may prove necessary to ensure that the general practitioner services in such areas continue with a minimum of inconvenience to both the public and the practitioners concerned."

The second edition of the County Health Services Handbook (first published in 1962) appeared in June, 1964. This was printed at no cost to the Council by Messrs. Ed. J. Burrow & Co. Ltd., publishers of Cheltenham, and was distributed free of charge to many who might have cause to call upon the various services either for themselves or on behalf of others.

I was elected President of the Southern Branch of the Society of Medical Officers of Health, Chairman of the West Sussex Division of the British Medical Association and I was pleased to accept an invitation to join the Association's Public Health Committee. I continued to serve on the Chichester and Graylingwell Group Hospital Management Committee and its Group Medical Advisory and Geriatric Liaison Committees, I was a member of the Local Medical Committee for West Sussex, Chairman of the Local Obstetric Committee for West Sussex and I was represented on Crawley 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.

PART VIII—ENVIRONMENTAL HEALTH SERVICES

The Public Health Sub-Committee of the County Health Committee whose terms of reference remained unchanged from those given in the Report for 1961, dealt particularly with questions relating to environmental health. The Sub-Committee met on five occasions during 1964 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 and the control of milk supplies.

Good relations continued to exist between the staff of the Department and those employed by the district councils and other public bodies. This co-operation enabled matters of joint concern to be dealt with 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 Council's officers.

Food and Drugs Act, 1955

Pasteurising Plants

The pasteurising establishments referred to in the last Report continued to operate satisfactorily. One dairy replaced the holder-type pasteurising plant with a high-temperature short-time plant and was thereafter able to cope with a larger volume of milk each day. At the end of the year, there were three high-temperature short-time plants and three of the holder type. The holder type plants are in two small dairies and a boarding-school dairy.

The number of licence holders showed an increase of 18 over the previous year.

	1963	1964
Pasteurisers	6	6
Untreated (formerly "tuberculin-tested") dealers...	12	12
"Pre-packed" licence holders	297	315
	315	333

Sampling of Milk

Samples of milk procured for bacteriological and biological tests were examined by the public health laboratories in Brighton and Portsmouth and the thanks of the Department are again extended to Dr.

J. E. Jameson, and to Dr. K. E. A. Hughes and his successor, Dr. J. H. Payne, and their staffs for the co-operation and assistance they so willingly gave at all times.

The results of the examination of samples of milk procured during 1964 showed that the high standards reached in previous years were continued.

Samples of milk taken for bacteriological and biological examination totalled 3,073 and, in addition, 704 samples were procured from individual cows for biological examination only. These samples consisted of 1,574 of pasteurised milk, 19 of sterilised milk, 308 of untreated (farm bottled) milk, 603 of raw milk in course of delivery to depôts, and 569 of untreated milk for biological examination for the presence of *tubercle bacilli* and *brucella* organisms. The 704 samples from individual cows were examined either by culture or by guinea pig inoculation for *brucella abortus*.

Thirteen samples were procured from hospitals, homes for the aged and for the blind and two of these proved unsatisfactory when examined by the methylene blue reductase (keeping-quality) test. Samples of school milk numbered 251, of which 242 were of pasteurised and 9 of untreated (farm bottled) milk. Five of the pasteurised samples failed the keeping-quality test and the remainder were satisfactory. All but two maintained schools in the County were supplied with pasteurised milk. Both the exceptions were situated in a remote area and the milk was supplied from a local farm; samples were examined biologically every six weeks.

Four samples of milk pasteurised in the County failed the phosphatase test, which determines the efficiency of heat treatment. Three of these samples were taken during the same week from the same dairy and the failures were found to be due to dairy staff not being conversant with the new type of pasteurising plant which had just been installed. The other unsatisfactory sample was found to be due to a fault in a recording thermometer which had not been properly adjusted. Thirty-seven samples of pasteurised milk failed to satisfy the methylene blue (half-hour) test. Twenty-four of these samples were procured from shops retailing milk as a side-line. Investigations showed that in some cases the shop-keeper was not rotating his stock of milk and consequently it was being kept longer than it should have been. Five other samples failing the test were supplied to schools and investigations again showed that there had been some faults in the delivery. The remaining eight samples were from dairies and, having regard to some unsatisfactory milk coming in from the farms at the time, it was assumed that the failures were mainly due to this. Reports of unsatisfactory raw milk were passed for investigation to the Ministry of Agriculture, Fisheries and Food.

There was some improvement in the standard of untreated (farm bottled) milk for, out of 204 samples, only eight failed to satisfy the methylene blue test. In 1963, there were 15 failures out of 223.

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 ...	345	614	Phosphatase ...	344	611	1	3
			Methylene Blue	338	593	7	21
Channel Island (Pasteurised)	142	18	Phosphatase ...	142	18	—	—
			Methylene Blue	141	17	1	1
Homogenised ...	106	107	Phosphatase ...	106	107	—	—
			Methylene Blue	106	106	—	2
Sterilised ...	—	19	Turbidity ...	—	19	—	—
School Supplies (Pasteurised)	168	74	Phosphatase ...	168	74	—	—
			Methylene Blue	163	74	5	—
TOTALS ...	761	832		747	805	14	27

Raw Milk

1	2	3	4	5	6	7	8
Untreated (Farm bottled)	183	94	Methylene Blue	175	92	8	2
Untreated (Bottled at Dairy)	22	—	Methylene Blue	22	—	—	—
Untreated (Farm Deliveries)	291	312	Methylene Blue	253	284	38	28
School Supplies	—	9	Methylene Blue	—	9	—	—
TOTALS ...	496	415		450	385	46	30

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

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

Biological Sampling of Milk

During the year, 569 samples were procured for biological examination but eight of these were void on account of the premature deaths of the guinea pigs. Of the remainder, one sample was found to contain *tubercle bacilli* and 35 *brucella abortus*. The positive *tubercle bacilli* result emphasises the necessity for continuing the sampling of milk for this purpose, particularly when the milk may be consumed without

heat treatment. The milk from the farm concerned was pasteurised until the herd was declared free from *tubercle bacilli* by the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food. No animal was found on clinical examination to be infected but three cows from the herd had been sold after the sample had been collected and before the result had been obtained from the laboratory.

The 35 samples found to contain *brucella abortus* resulted in 704 other samples being taken from individual cows in 20 herds and in 55 animals secreting the organism being identified. In all these cases, the medical officer of health of the district concerned was notified so that the milk could be diverted for heat treatment. Notice was also given to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food.

Four notifications of *brucella abortus* and one of *tubercle bacilli* in milk were received from County districts; all these came from herds within the County. The individual cow samples obtained from the subsequent investigations are included in the figures given above. The veterinary examination of the herd reported to contain *tubercle bacilli* had not been completed by the end of the year.

Brucellosis in Cream

In the Report for 1963 mention was made of brucellosis being found in some samples of cream and it was stated that the investigations at the farm had not been completed. The investigations were still incomplete at the end of 1964 and the milk was still being diverted for heat treatment.

Five samples of "raw" cream from other sources were procured during the year and all proved negative when examined biologically for *tubercle bacilli* and *brucella* organisms.

Antibiotics in Milk

By Circular FSH 15/64 dated 19th August, 1964 the Ministry of Agriculture, Fisheries and Food referred to a report prepared by the Milk and Milk Products Technical Advisory Committee and published in May, 1963.* The Circular described the steps already taken in England and Wales towards implementing the recommendations in the report and invited authorities to consult the central government departments on any points of difficulty.

Following consideration of the Circular, the Council decided to send the following suggestions to the Ministry of Health and to the Ministry of Agriculture, Fisheries and Food.

(a) That a register be kept by every farmer, giving details of the amounts of potentially dangerous drugs (including antibiotics) held, when and on which animal used, and for what purpose. This register should be available for inspection by a veterinary surgeon or an authorised officer of the government or of the food and drugs authority.

(b) That there should be attached to each tube of antibiotics, some means of marking the animal to which the treatment had been given, either by means of adhesive plaster in the form of a label which could be dated

*Ministry of Agriculture, Fisheries and Food; Antibiotics in Milk in Great Britain; Report of the Milk Hygiene Sub-Committee of the Milk and Milk Products Technical Advisory Committee; H.M. Stationery Office, London; 1963.

and attached to the affected quarter of the animal at the time of injection, or a tube of a dye so designed as to be removable only after the expiration of the withholding period, or that the antibiotics should include a component which would be excreted in the milk, and colour it during the period of action of the antibiotic.

During the year, 930 samples of untreated milk were examined for the presence of antibiotics and 46 were found to contain penicillin or other inhibitory substances. It is the practice, where milk is found to be contaminated, for a visit to be paid to the farm by an officer of the Department to ascertain whether penicillin or similar drugs have been used. In appropriate cases this is followed up by a warning letter calling attention to the fact that it is considered to be an offence under the *Food and Drugs Act* to sell milk containing antibiotics and asking for care to be exercised in the future. A copy of the letter is also sent to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food. This informal approach appears to have borne fruit, since the percentage of milk samples found to contain antibiotics in the first quarter of the year was 8.2; in the second, 4.3; in the third, 2.2 and, in the last quarter, 2.8. All except one of the samples were of raw or untreated milk. It is possible to find antibiotics in pasteurised milk but there is little point in sampling such milk because of the difficulty in identifying the farm from which it came. The one sample mentioned was of pasteurised milk and was found to contain penicillin.

Attention was drawn in the last Report to the danger of consuming penicillin unnecessarily. There is a possibility that a consumer of even 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 risk of allergic reaction where the persons concerned are already highly reactive to penicillin and, thirdly, as a result of drinking milk containing penicillin, penicillin-resistant strains of organisms may be multiplied.

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. Again, a high standard was maintained and, out of 1,172 bottles examined, only 18 proved unsatisfactory. The 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 unsatisfactory results were found, on investigation, to be due to carelessness on the part of some of the staff at the dairies who were not using water of a sufficiently high temperature or were failing to maintain the correct concentration of cleansing agent in the water in the bottle washing machine.

	1963	1964
Number of bottles examined	1,076	1,172
Number of bottles satisfactory	970	1,108
Number of bottles fairly satisfactory	82	46
Number of bottles unsatisfactory	24	18

Inspection of Dairies and Sampling of Dairy Water Supplies

Inspections of dairies numbered 325. In addition, 877 visits were paid to retail vendors' premises and there were 264 visits to farms. The farm visits were concerned with brucellosis and antibiotics. Ten samples of water for bacteriological examination were procured during the year from one pasteurising depôt which is not on a mains water supply. All samples proved satisfactory.

Housing

New Houses

New houses provided in the County during 1964 numbered 5,070. Of these, 4,107 were erected by private owners, 940 (including 87 in Crawley New Town) by local authorities and 23 by housing associations. From April, 1945 to December, 1964, 65,641 houses have been built in West Sussex; 38,756 by private owners, 26,738 by local authorities (11,413 in Crawley) and 147 by housing associations.

Out of the total of 4,107 houses built by private enterprise during 1964, 2,967 (72 per cent) were constructed in the coastal districts (excluding the Boroughs of Arundel and Chichester) and, of this number, 1,372 were built in the rural districts of Chichester and Worthing. Houses demolished during the period 30th September, 1963 to 1st October, 1964 numbered 312, 162 in clearance areas and 150 elsewhere. The number of houses included in clearance areas during the year was 84. These figures show a net increase in the number of houses during the year of 4,858.

The County housing record since the war has been good. More houses have been completed during that period in West Sussex than in any of the 16 administrative counties with populations between 305,000 and 543,000.

The table on page 130, compiled from information made available by the Ministry of Housing and Local Government, gives details of the number of houses built and those demolished or closed in the various districts of the County.

Caravans

By letter dated 11th February, 1964 the Clerk of the Horsham Rural District Council drew attention to a nuisance found at a caravan site in the area of a roundabout being built as part of the Horsham by-pass at Broadbridge Heath. The caravans were occupied by people working on the construction of the new road and were therefore exempt from the need to obtain site approval under the *Caravan Sites and Control of Development Act, 1960*. The conditions found at the caravans were entirely unsatisfactory; if they had existed on a licensed site, there would certainly have been a prosecution for a gross breach of public health requirements.

The circumstances were considered by the appropriate members of the County Council who decided that conditions should be incorporated into future major works contracts which would ensure that sites of this kind are acceptable on public health grounds.

HOUSING STATISTICS

Construction of new houses up to 31st December, 1964									*Houses in clearance areas and unfit houses elsewhere*		
Local authorities			*Private owners*		*Houses provided by Housing Associations*		LOCAL AUTHORITY	*Registrar General's estimated population mid–1963 (000's)*	*Included in orders confirmed 1.1.55 to 31.12.64*	*Demolished or closed 1.1.55 to 30.9.64*	
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)	(8)	(9)	(10)	*In clearance areas* (11)	*Elsewhere* (12)
							BOROUGHS				
—	—	172	8	166	—	6	Arundel	2.6	—	—	58
—	60	1,304	132	783	—	—	Chichester ...	19.6	179	183	107
108	46	1,882	447	8,905	—	13	Worthing	79.7	67	62	46
							URBAN DISTRICTS				
—	107	807	346	2,622	—	29	Bognor Regis ...	28.6	3	—	18
—	25	1,076	63	2,446	18	24	Crawley	56.8	29	25	36
38	32	935	257	2,584	—	19	Horsham ...	22.4	71	39	67
—	78	638	180	1,192	—	36	Littlehampton ...	16.2	42	42	22
—	41	594	199	2,143	—	—	Shoreham-by-Sea	17.7	151	69	10
—	94	797	23	652	—	—	Southwick ...	12.0	142	153	30
							RURAL DISTRICTS				
108	68	1,264	236	1,791	—	—	Chanctonbury ...	23.3	—	—	86
15	120	1,907	791	5,880	—	—	Chichester ...	53.7	29	44	279
—	73	1,192	159	1,795	—	6	Horsham ...	25.3	18	5	320
38	12	890	57	719	—	14	Midhurst ...	17.9	—	—	234
—	23	450	129	414	—	—	Petworth	9.9	—	—	104
—	110	1,417	530	6,664	54	—	Worthing	40.0	—	—	203
—	218	11,413	—	1,856*	—	—	Crawley New Town	—*	—	—	—
307	**1,107**	**26,738**	**3,557**	**38,756**	**72**	**147**	**West Sussex ...**	**425.7**	**731**	**622**	**1,620**

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

Water

Sampling

The following samples of water were obtained on behalf of the North West Sussex Water Board.

	1963	1964
Total number of samples (bacteriological) ...	**1,109**	**1,163**
Number procured from:		
Pumping and Booster Stations	**929**	**854**
Satisfactory	872	769
Fairly satisfactory	1	—
Suspicious	14	50
Unsatisfactory	42	35
Distribution Points	**180**	**309**
Satisfactory	179	306
Fairly satisfactory	—	—
Unsatisfactory	1	3

The three unsatisfactory samples from distribution points were due to a defect in the covering of a reservoir and to insufficient chlorination. The unsatisfactory samples from pumping and booster stations were all of untreated water.

Four samples of water were obtained from a home for old people and all proved satisfactory. The use of the well supply at this home was discontinued during the early part of the year and the premises were connected to the mains.

Extension of Water Mains

District and Parish or Village	*Works and Cost*	*County Council Grant*
Chanctonbury R.D.C. area		
Highdown, Amberley	Extension of 3″ water main by 90 yards; cost £225.	£14
Ashurst and Steyning	Extension of 4″ water main by 3,400 yards; cost £5,500.	£1,365
Pythingdean, Pulborough	Extension of 4″ water main by 1,400 yards; cost £2,605.	£765
Chichester R.D.C. area		
Thorney Lane, Thorney	Extension of 3″ main by 693 yards; cost £1,150.	Estimated guarantee payment of £31 a year for 12 years
Horsham R.D.C. area		
Lambs Green, Rusper	Extension of 4″ water main by 482 yards; cost £795.	£105

Sewerage and Sewage Treatment

Sewage Contamination of the Beaches

> *It is high time that everyone (including some of our municipal corporations) realised that to pour untreated sewage into the sea is as out-of-date as the traditional Edinburgh custom of emptying the chamber pot out of the window — and far more dangerous.*
>
> *The Lancet, 1953, ii, 1086*

Responsibility for sewerage schemes rests with the local sanitary authorities — the district councils. Inland sanitary authorities must solve their sewage problems by the provision of sewage treatment plants and the production of effluents of sufficient purity so that they satisfy the river boards. Coastal authorities have always been free of the necessity to make elaborate arrangements for sewage disposal and the traditional method has been to discharge domestic and industrial waste, with or without treatment, into the sea.

The West Sussex coast has a number of sewage outfalls, most of which were provided many years ago and their adequacy has been overtaken by the increase in population and industrial development, so that, although they may have been adequate when they were installed, most of them nowadays discharge untreated sewage at all states of the wind and tide. There is increasingly obvious naked-eye evidence that these effluents are drifting back on to the shore, creating aesthetically objectionable conditions and, in my view, a growing hazard to health.

A memorandum of the Medical Research Council published in 1959* stated that

> "with the possible exception of a few aesthetically revolting beaches round the coasts of England and Wales, the risk to health of bathing in sewage-contaminated sea-water can, for all practical purposes, be ignored."

It would appear that far too much emphasis has been placed upon this memorandum, particularly by those who wish to perpetuate easier and cheaper methods of sewage disposal. It should be borne in mind however that the memorandum was largely concerned with research into only two infectious diseases, enteric fever and poliomyelitis, and that it did moreover make it clear "that there are beaches which are grossly polluted and where, even though the risk to health is remote, active steps should be taken to remedy the pollution."

The views contained in the memorandum on the possible risk to health of bathing in sewage-polluted waters have not gone unchallenged. Information from Western Australia† connects an increase in typhoid fever with bathing in the Indian Ocean at City Beach, near Perth and implicates swimming in polluted sea water with the transmission of different diseases such as conjunctivitis, otitis, sinusitis, rhinitis, tonsillitis, sore throat, furunculosis, fungus and virus infections and enteric infections.

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*Medical Research Council; Sewage Contamination of Bathing Beaches in England and Wales; Memorandum No. 37; H.M. Stationery Office, London; 1959.

†Privately communicated.

The memorandum of the Medical Research Council was also severely criticised at the annual representative meeting of the British Medical Association in 1960. That meeting was "flabbergasted with the complacency" of the memorandum and urged that representations be made to the Ministry of Health.

Details* of a local survey carried out between 1957 and 1963 show that 1,005 samples of sea water were collected at one point on the foreshore of West Sussex; only 68 per cent of those samples were satisfactory.

It cannot be said that all the mysteries of communicable disease have been solved and further study of the results of bathing in sewage-contaminated coastal waters may yet be found to unearth a few unexpected discoveries.

The last Report contained an account of a meeting of representatives of the coastal district councils concerned 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 draft scheme which was subsequently prepared and submitted to the district councils was not however acceptable. In general, the district councils held the view that the treatment and disposal of sewage was a function vested in them under the *Public Health Act, 1936* and that, as a general principle, each local authority should itself discharge the functions and duties placed upon it. In consequence, the proposed scheme of grant-in-aid had to be abandoned.

The Council engaged a consultant engineer to report on the possibility of a regional sewage treatment works which could deal with the sewage from two urban districts and a small borough, (all of which at present discharge crude sewage into the sea) and parts of two rural districts in the immediate vicinity. Due to the need for long pumping mains, this scheme would have cost more than an alternative scheme (to discharge crude sewage into the sea) but, if adopted, could have been enlarged at comparatively little cost in order to provide for future increases in the population in these areas.

Considerable opposition was raised by local residents against the district council's proposal to construct a sea outfall for sewage at Bognor Regis. It seems wrong that the surrounding rural district (which provides full sewage treatment) should have to accept the risk of their beaches being contaminated by another authority. The County Council's views on this subject have been quite clearly expressed. They are that as regards coastal areas generally

(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.

There was not much activity during the year on the provision of sewage disposal works and sewerage but consideration was given to the schemes referred to in the next table.

*Privately communicated.

District and Parish or Village	*Works and Cost*	*County Council Grant*
Chanctonbury R.D.C.		
Henfield	Provision of relief sewer.	Not approved for grant.
Chichester R.D.C.		
Birdham	Extension of sewer by 1,242 yards and pumping main of 410 yards; to serve 47 additional properties; estimated cost £11,250.	Estimated grant £363 a year for 30 years.
Pagham	Extension of sewer by 387 yards; to serve 31 additional properties; estimated cost £2,530.	Estimated grant £867.
Singleton	Enlargement of sewage treatment works and extension of sewers by 670 yards; to serve 56 additional properties; estimated cost £10,780.	Estimated grant £2,600.
Horsham R.D.C.		
Barns Green	Sewage treatment works for village and extension of sewers by 4,995 yards; estimated cost £69,000.	Approved in principle; suggested extension of sewers; grant to be based on Ministry's grant.
Five Oaks	Extension of sewer by about 420 yards with 270 yards of pumping main and ejector station; estimated cost £4,445.	Grant of £2,086.
Nuthurst (Magpie Lane)	Small sewage treatment works and provision of 277 yards of sewer; estimated cost £3,010.	Grant of £552.
Mannings Heath	Extension of sewage treatment works; provision of 3,500 yards of additional sewers; estimated cost £30,750.	Grant of £666 a year for 30 years.
Petworth R.D.C.		
Kirdford	Sewage treatment works and sewerage to serve 168 properties; estimated cost £72,250.	Estimated grant of £1,854 a year for 30 years.
Worthing R.D.C.		
Sompting	Extension of sewer in Brighton Road by 175 yards; to serve 11 properties; cost £1,112.	Grant of £315.

There are still some areas in the County where attention should be given to the provision of main drainage and adequate sewage treatment. Sewage disposal arrangements in the Borough of Arundel are crude; the original works were designed for chemical precipitation and sludge pressing but now the only treatment is by settlement before discharge into the river Arun. For some years now, the Medical Officer of Health of the Borough has called attention to the inadequacy of this treatment in his annual reports.

Swimming Baths

Swimming . . . it is that saves a man's life and the Romans thought it so necessary that they ranked it with letters and it was the common phrase to mark one ill-educated and good for nothing that he had neither learned to write nor to swim.

Some Thoughts Concerning Education; John Locke: 1632 to 1704

The enthusiasm of parent-teacher associations and the encouragement given by the County Council resulted in a further increase in the number of school swimming pools. During 1964, 12 new pools were opened, all at junior schools, bringing the total number of swimming pools at schools belonging to the Council (excluding Worthing) to 37. There is no doubt that these pools are a useful aid to physical education.

The Council continued to give financial assistance towards the construction of pools and some maintenance was also available after the pools had been completed. The responsibility for the purity of the water is that of the County Health Department and advice is given before the pools are built and subsequently in order to ensure that the standards required for the purification of the water are maintained.

All but one of the 37 pools were provided with continuous filtration and chlorination. The ancillary equipment and general amenities of several of the pools were improved during the year and all these were carried out by the efforts of the parents and teachers. At one school in Crawley, a semi-transparent cover was provided and changing rooms and toilets were added.

Due to efficient chlorination of the water it was not necessary to take many samples of swimming pool water for bacteriological examination; only when there was no residual chlorine found in the water were samples procured. At each visit the residual chlorine and the acidity or alkalinity values were taken. In all, 98 visits of inspection were made.

In general, the pools were maintained satisfactorily but changes in the teaching and maintenance staffs of schools sometimes upset regular routines. All pools were used to capacity during the season and many remained open throughout the summer holidays.

Inspection of Schools

During the year, 70 visits (excluding those made to swimming baths) were made by the Department's public health inspectors to schools in the County. Most of the visits were in connection with the *Food Hygiene Regulations,* sanitary accommodation and sewage treatment

and they resulted in four contraventions of the *Food Hygiene Regulations*, 16 matters affecting general hygiene and sanitation, and one concerning sewage treatment being referred to the Director of Education. In the senior schools the general standards of hygiene and sanitation were good but there was some shortage of toilet accommodation in a few schools which were being used by more pupils than they were originally designed to receive.

Clean Air

Reference was made in previous Reports to the co-operation being given by the Council to a long-term survey designed to measure air pollution throughout the country which is being carried out by the Department of Scientific and Industrial Research. Two instruments have been installed, one at the water pumping station at Rogate and the other at the fire station at Petworth. These instruments record the daily measurement of carbon and sulphur dioxide in the atmosphere and for the purposes of the national survey provide useful information on the contamination in isolated rural areas and villages.

There were 112 visits to the premises where atmospheric pollution measurement instruments were sited. It was found necessary during the year to reduce the sizes of the filter clamps and also to change the pumps and have the motors serviced.

Progress continued to be made in the Urban District of Crawley in the creation of smokeless areas. More than half the total acreage of the town (with nearly 7,000 dwellings) has been included in Orders made under the *Clean Air Act, 1956* and plans are in hand for other Orders to come into operation in the near future.

Advisory Council on Public Sanitation

An independent Advisory Council on Public Sanitation, to which the County Public Health Officer was appointed a member, was inaugurated in July, 1964. The aims of this Council include effecting a continuing improvement in the standards of public sanitary facilities available in the United Kingdom, the provision of public conveniences on highways, the avoidance of nuisance arising from indiscriminate parking and camping, and the possible design of aesthetic and indestructable lavatories.

Refuse Tips

Several inspections were made of refuse tips, the owners of which had been given planning permission by the Council, and, where necessary, advice was given on methods of tipping. One tip, formerly a gravel pit which contained water, was used for the tipping of crude refuse; apart from a nuisance caused by the production of sulphuretted hydrogen during some very hot weather, very little trouble was caused. This tip has now been completed and, as far as can be seen, the use of the disused gravel pit for this purpose was quite satisfactory.

PART IX—SCHOOL HEALTH SERVICE

Statistics

Child Population

Since last year the child population has increased by 2,000. The following table shows the changes in the various age groups.

		1963	1964	*Variation*
Children	under 1 year	6,170	6,260	+ 90
	1 to 5 years	25,630	26,540	+ 910
TOTAL	under 5 years	31,800	32,800	+ 1,000
	5 to 14 years	60,300	61,300	+ 1,000
TOTAL	under 15 years	92,100	94,100	+ 2,000

School Population

In January, 1965 there were 61,105 children on the rolls of maintained schools in the County, an increase of 1,337 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*	
	1963	1964	1963	1964
Nursery	4	4	249	273
Primary	175	177	34,243	35,429
Secondary: Grammar	10	10	5,660	5,593
Bilateral	3	3	3,618	3,849
Modern	26	26	15,020	14,965
Technical High ...	1	1	501	484
Special	5	5	477	512
TOTALS	224	226	59,768	61,105

Medical Inspection

Periodic and Special Inspections

There was no change in the arrangements for children to be medically examined at least three times during their school lives. 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 the statutory school-leaving age.

At periodic medical inspections, 17,597 children were examined, compared with 16,342 in the previous year.

The number of special inspections made at the request of parents, teachers or school medical officers was 177, compared with 160 in 1963.

Children re-examined for conditions found at previous inspections to require observation numbered 11,624; the corresponding figure for 1963 was 13,280.

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

Type of examination	1963	1964
Entrants	5,297	6,468
Other periodic examinations ... ... (Children aged 10–11 years or those who had not been previously examined in this age group)	5,641	6,185
Leavers	5,404	4,944
TOTALS	16,342	17,597
Special examinations	160	177
Re-examinations	13,280	11,624
TOTALS	29,782	29,398

Selective Medical Examinations

In recent years it has become evident that there is a growing reluctance on the part of older children to submit to medical examinations and the product of these examinations in terms of the number found to have defects has steadily decreased. Fifteen per cent of the leavers examined in 1960 were found to have defects; the corresponding figure for 1964 was nine per cent. Of the number of children in this age group found to require treatment, more than half had defective vision.

Consideration of these and other factors suggests that the periodic medical inspection of school leavers should be replaced by a system of selective medical examination. Details of the scheme are still to be worked out and, when this has been done, approval will be sought to a pilot scheme being carried out in selected schools. The selection of children for examination would be made on the basis of information on previous medical history known to the school health service, on information supplied by parents on a specially-prepared questionnaire and on requests from teachers and health visitors. The present arrangement for the vision testing of all children in this age group would be continued and any whose vision appeared to be defective would be included for examination by the school medical officers.

Co-ordination with other Services

Reference has been made in previous Reports to the importance of maintaining a close liaison with all services concerned with the health, education and welfare of children. This is essential if they are to benefit from the growing resources which are available for their needs either collectively or as individuals.

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 services are also closely integrated administratively and in January, 1965 this integration will be carried a stage further by the establishment of a case-work section within the school health service division of the County Health Department. This section will deal with the administrative aspects of case-work for all handicapped children and mentally disordered adults and will, it is hoped, result in a more efficient organisation to deal with the problems of continuing care for individual children, particularly those who are found to be mentally handicapped and who may need help in various ways throughout their lives.

Successful co-ordination depends on good communications and the exchange of appropriate information between all concerned. This is being constantly improved and I am particularly grateful for the help and co-operation received from the family doctors with whom the Department has many contacts.

Reports on past medical history, especially 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

Of the 17,597 children they examined at periodic medical inspections, the school medical officers considered that 18 were of unsatisfactory physical condition. The reasons for classification in this category are shown below.

Underweight	3	Overweight	7
Asthma	1	Skin disease	1
Heart abnormality ...	1	Posture defect	3
Disease of nose and throat	2		

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

Year	*Physical condition of school children*		
	Percentage found to be satisfactory	*Percentage found to be unsatisfactory*	
		West Sussex	*England and Wales*
1960	99.47	0.53	0.85
1961	99.86	0.14	0.68
1962	99.99	0.01	0.62
1963	99.98	0.02	0.54
1964	99.90	0.10	*

*Not available.

Obesity

It is perhaps significant that, of the 18 children found to be of unsatisfactory physical condition, three were underweight and seven were overweight. In connection with the growing problem of obesity

in children, Dr. M. Newton writes on school tuck shops which sell potato crisps, buns and biscuits. These, she feels, are wholly wrong in that they provide unnecessary additional carbohydrate in early years, the effects of which are undesirable on dental and more general considerations.

Foot Health

School medical officers repeated the remarks made in previous years about the unsuitable shoes worn by many young people and stressed the need for manufacturers to produce orthopaedically adequate shoes. Commenting on his impressions of the feet of teenagers he had examined during the year, Dr. F. Cockcroft reported:

> "Girls naturally prefer fashionable shoes to those which are more generally accepted as being the best for their feet but, in spite of this, I do not believe I saw as many feet deformed by shoes as in previous years."

The Department is always glad to receive requests from schools, parent–teacher associations and similar organisations for talks on footwear for school children. Many of these talks are given by health visitors who are advised to bear in mind the following points:

(i) Where shoes are extremely low-cut, they are kept on by fitting tightly from toe to heel. This is a cause of great damage to growing feet. The number of girls whose shoes slip off at the heel illustrates that, if they are to be comfortable for a growing girl, low-cut shoes must be too long. The difficulty can be overcome by having either a bar or a lace over the instep.

(ii) Height of heels is only of great significance when they are much over 2½ inches and the base of the heel is very small. Here the child's knees suffer as well as the feet, since there is a considerable tendency to wobble.

(iii) The shape of the shoe is only of importance if the toes are crowded together. Most manufacturers now make shoes giving adequate space for toes. It must be remembered that a talk which advises fashion-conscious girls to wear lace-up Oxfords with rubber heels is foredoomed to failure. It is necessary to know just what the girls want, as well as what is considered orthopaedically satisfactory.

The prevention of foot infections (as distinct from foot deformities) continued to present many problems. The increase in the number of schools with swimming pools has resulted in many more children being exposed to the risk of contracting contagious infections such as "athlete's foot" or plantar warts. Whilst no-one would wish to deny children the benefit and pleasure of swimming, a continuing watch must be kept on the hygiene arrangements in swimming pools, showers and changing rooms where children congregate in bare feet. It is unlikely that the risks of infection can be totally eliminated but they can be limited.

The benefits which are often attributed to the performance of exercises and dancing in bare feet, particularly when these take place on hard floors, are not so obvious. There can be little doubt that this practice contributes to the spread of foot infections and in my opinion it should cease.

Physical education specialists in secondary schools in the County have a good understanding of these problems and are aware of the importance of foot inspections. Thanks to the willing co-operation of a skin specialist in the County, teachers of physical education may visit one of his clinics where they can see all types of foot infections and also methods of treatment.

Cleanliness

Routine hygiene inspections were carried out at all primary schools, with the exception of those in Crawley. At secondary schools, visits were made only at the request of head teachers.

The table on page 167 shows that 56,028 individual examinations were carried out in schools and that 75 children were found to have nits or vermin in their hair.

These children came from 33 primary schools and four secondary schools. The corresponding figures for 1963 were 92 children from 29 primary schools and one secondary school. Eleven of these primary schools had cases reported in each of the two years.

The figures for primary schools in Crawley, where routine hygiene inspections are not carried out, show that cases were found in six schools in 1963 and in seven schools in 1964. One of these was the same school in each of the two years.

There is no set pattern as infestation occurs at any time in any school but most of the regular offenders, and the schools they attend, are well known to the health visitors. But for their constant vigilance and the advice and practical help they give to the parents of children found to have dirty heads, the infestation figures would be much higher than they are.

The following table shows the numbers of children found to have vermin in their heads in each of the last ten years.

Year	*Total number of individual examinations*	*Total number of individual children found to be infested*
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
1964	56,028	75

Medical Treatment

Statistics

Of the 17,597 children examined in the three main age groups, 1,746 (9.9 per cent) were found to require treatment for 1,894 defects. This showed a decrease of 0.5 per cent in the corresponding figure for 1963.

As in previous years, defective vision was the commonest defect noted at periodic medical inspections and, of the children requiring treatment, 820 (46.8 per cent) were referred for this condition.

Numbers and types of defects found by periodic and special medical inspections to require treatment or observation are shown in the table on page 168.

In the following table the numbers of children examined in the various age groups and the numbers found to require treatment during the year are compared with the figures for 1963.

Age group	*Number of children examined*		*Number found to require treatment*		*Percentage found to require treatment*			
					West Sussex		*England and Wales*	
	1963	1964	1963	1964	1963	1964	1963	1964
Entrants ...	5,297	6,468	564	610	10.6	9.4	15.55	*
Other periodic inspections ...	5,641	6,185	659	651	11.7	10.5		
Leavers ...	5,404	4,944	483	485	9.0	9.8		
TOTALS ...	16,342	17,597	1,706	1,746	10.4	9.9		

*Not available.

Eye Clinics

School eye clinics continued to be held at various centres in the County. The clinic at Horsham was covered by an ophthalmologist already holding sessions at five other school clinics and it was thanks to his efforts that the waiting list was reduced and this clinic was able to function normally. So far as Crawley school eye clinic was concerned, however, the pattern of 1963 was repeated and this clinic was closed for a period of six months from May, when the ophthalmologist resigned.

Representations were made immediately to the South West Metropolitan Regional Hospital Board stressing the need for effective action to provide adequate ophthalmic cover for the clinic. It was not until October, however, that the services of locum ophthalmologists were obtained and the clinic was re-opened.

During that period, those children with urgent problems were referred to their family doctors for such action as they were able to take. Children who had previously been seen at the Crawley school eye clinic and who became due for re-examination were referred to the eye clinic at Crawley Hospital if their eye conditions were such that further delays might be harmful.

It was known that the whole question of ophthalmic cover both for hospitals and school eye clinics in West Sussex and adjoining areas was under review by the Medical Advisory Committee of the Board and the file of correspondence with the Board grew weekly, keeping pace with the number of children added to the waiting list. By the end of

the year the back-log of cases at the clinic was being rapidly overtaken but in January, 1965 the locum ophthalmologists resigned on obtaining other appointments and once again the clinic was closed.

The number of children examined by the ophthalmologists during the year was 2,947; a decrease of 212 on the figure for 1963. The number of examinations was 3,684 compared with 4,093 in the previous year.

Pairs of spectacles known to have been prescribed for children during the year numbered 1,791. Of these 1,594 were prescribed at school eye clinics, 112 pairs less than in 1963.

Thirty-one school children and 37 children under school age were known to have received operative treatment for squint during the year.

Orthoptists treated 449 children at clinics at Chichester, Crawley, Horsham and Worthing, 34 less 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*	TOTALS	
Arundel	4 (—)	32 (—)	36 (—)	38 (—)
Bognor Regis	68 (12)	187 (22)	255 (34)	301 (57)
Chichester	189 (19)	474 (34)	663 (53)	812 (87)
Crawley	121 (1)	481 (2)	602 (3)	708 (3)
Horsham	84 (12)	261 (7)	345 (19)	390 (22)
Lancing	31 (7)	109 (24)	140 (31)	204 (64)
Littlehampton	16 (—)	105 (—)	121 (—)	123 (—)
Shoreham-by-Sea ...	109 (13)	289 (25)	398 (38)	486 (59)
Worthing	156 (28)	231 (41)	387 (69)	622 (127)
TOTALS	778 (92)	2,169 (155)	2,947 (247)	3,684 (419)

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

Orthopaedic Clinics

Orthopaedic clinics continued to be held in six centres in the County. Mr. J. D. Wilson, F.R.C.S., attended the clinic at Chichester and the other five clinics were attended by Mr. John A. Cholmeley, F.R.C.S.

Family doctors are always consulted before a child is referred to an orthopaedic clinic. Following the first visit of the child, a report is sent to the family doctor concerned and subsequent reports are made as necessary.

This close liaison with general practitioners works to the advantage of the patients and all concerned and an increasing number of requests

for children to be referred to the school orthopaedic clinics are received from general practitioners each year.

The number of children attending the orthopaedic clinics decreased from 722 (including 237 under school age) in 1963, to 701 (including 222 under school age) in 1964.

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*	TOTALS	
Chichester	12	61 (36)	134 (32)	195 (68)	341 (141)
Crawley	16	89 (34)	100 (25)	189 (59)	265 (82)
Horsham	16	63 (27)	70 (13)	133 (40)	212 (60)
Lancing	8	23 (10)	38 (7)	61 (17)	97 (24)
Littlehampton ...	8	16 (5)	40 (8)	56 (13)	77 (18)
Worthing Borough ...	7	30 (15)	37 (10)	67 (25)	97 (30)
TOTALS ...	67	282 (127)	419 (95)	701 (222)	1,089 (355)

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*		TOTALS
	Boys	*Girls*	
Club foot	12 (7)	3 (1)	15 (8)
Dislocation of hip	2 (2)	3 (1)	5 (3)
Spastic paralysis	19 (6)	19 (2)	38 (8)
Spina bifida	5 (1)	5 (—)	10 (1)
Torticollis	7 (6)	7 (2)	14 (8)
Bow legs	18 (12)	9 (8)	27 (20)
Knock knees	58 (34)	36 (16)	94 (50)
Abnormalities of spine	9 (1)	23 (2)	32 (3)
Flat feet, etc.	137 (48)	109 (27)	246 (75)
Poliomyelitis (paralyses or pareses) ...	16 (1)	12 (—)	28 (1)
Tuberculous joints	— (—)	2 (—)	2 (—)
Perthe's disease	3 (—)	— (—)	3 (—)
Apophysitis of the os calcis, etc. ...	1 (—)	1 (—)	2 (—)
Osgood-Schlatter's disease	— (—)	1 (—)	1 (—)
Pseudo-hypertrophic muscular dystrophy	2 (—)	3 (—)	5 (—)
Other conditions	86 (22)	93 (23)	179 (45)
TOTALS	375 (140)	326 (82)	701 (222)

Forty children (including ten under school age) received in-patient treatment.

During the year, 117 children (including 14 under school age) were supplied with 124 orthopaedic appliances.

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 171) and, when necessary, children were visited in their homes and schools. Compared with 1963, 26 more children were treated. Total attendances rose by 1,259, a percentage increase of 26.8.

Number of cases treated			*Total attendances*
Old	*New*	TOTAL	
409 (93)	409 (141)	818 (234)	5,952 (1,393)

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

Speech Therapy

In the last Report reference was made to the increase in the establishment of speech therapists from three to four, which had enabled better facilities to be provided in the areas of the County where they were most needed and had also resulted in a more equitable distribution among the staff of the numbers of children needing therapy.

The new arrangements worked well for six months until January, 1964 when Miss V. J. Osborne, speech therapist in the south-eastern part of the County, resigned. It was not until November, when Mrs. J. M. Gibson was appointed, that speech therapy in that area could be resumed.

The following comments have been supplied by Miss M. G. A. McCombie, who was appointed in 1950 as the only speech therapist in the County and who was promoted to senior speech therapist in April, 1964.

"The flexibility of the service is limited when each therapist has at least a maximum case-load, and Miss Osborne's resignation meant that for most of the year no speech therapy, other than a few sessions for urgent cases, could be provided in the south-eastern part of the County. All those concerned were discouraged by this inevitably long vacancy. A number of children did, of course, make considerable natural improvement, especially the very young dyslalic children, but many remained static or regressed. This was particularly so in cases of cleft palate, stammering, severe language retardation and sigmatism.

When Mrs. Gibson was appointed in November, the areas other than Crawley were again re-organised to make an extra session available in Chichester and the surrounding district. The case-load there remains heavy and many children who would benefit from more frequent care cannot receive it.

The increased number of sessions in Crawley has resulted in many more children completing treatment before entry to junior schools. While this position is satisfactory, there are still many who cannot receive adequate help so long as the case-load, which shows no sign of diminishing, remains

SPEECH THERAPY

Centre	Defect or disorder of speech								New cases	Number discharged during the year	Waiting list at 31.12.64
	Articulation	*Language*	*Fluency*	*Voice*	*Associated with cerebral palsy*	*Associated with cleft palate*	*Total number of children*	*Total attendances*			
Crawley	220 (104)	36 (12)	43 (34)	7 (3)	4 (1)	12 (4)	322 (158)	3,447 (283)	122	80	24
Horsham and Southwater ...	71 (53)	3 (—)	30 (19)	— (—)	— (—)	1 (—)	105 (72)	755 (192)	25	29	6
Billingshurst & Wisborough Green	23 (14)	1 (1)	4 (3)	— (—)	1 (—)	— (—)	29 (18)	277 (63)	5	8	1
Bognor Regis	74 (55)	2 (1)	12 (10)	— (—)	3 (2)	2 (1)	93 (69)	430 (150)	23	11	—
Chichester	197 (160)	7 (3)	32 (24)	1 (—)	4 (1)	7 (3)	248 (191)	880 (270)	55	62	20
Midhurst	51 (37)	2 (2)	10 (6)	— (—)	— (—)	3 (1)	66 (46)	235 (56)	22	21	6
Lancing	40 (21)	4 (3)	6 (5)	— (—)	— (—)	2 (1)	52 (30)	71 (30)	13	9	1
Littlehampton	40 (24)	— (—)	9 (6)	— (—)	1 (—)	1 (—)	51 (30)	78 (55)	34	12	4
Shoreham-by-Sea	56 (36)	7 (5)	7 (5)	— (—)	— (—)	2 (—)	72 (46)	160 (67)	23	15	4
Petworth, Ashington, Storrington & Thakeham	88 (77)	1 (1)	10 (8)	2 (2)	1 (1)	2 (2)	104 (91)	241 (100)	27	26	6
Steyning	10 (2)	1 (—)	3 (1)	1 (—)	1 (—)	1 (—)	17 (3)	282 (9)	8	5	—
Worthing & Findon	57 (24)	6 (2)	16 (11)	— (—)	3 (—)	7 (3)	89 (40)	232 (113)	20	16	2
TOTALS	927 (607)	70 (30)	182 (132)	11 (5)	18 (5)	40 (15)	1,248 (794)	7,088(1,388)	377	294	74

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

at its present level. If the therapists are to provide good speech therapy of evident worth, and derive real satisfaction from their work, they must reserve their treatment sessions mainly for those children who not only have a severe speech handicap but also are likely to respond to treatment and fulfil a useful rôle in life. This reservation does not exclude the needs of the children in special schools in the County, where regular sessions for treatment and observation are held."

The table on page 146 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.

Consultative and Advice Clinics

During the year, 647 children made 1,357 attendances at these clinics which once dealt almost entirely with minor ailments.

The old concept of the minor ailment clinic with its preponderence of children attending for treatment of impetigo, blepharitis and conjunctivitis, rhinitis, otitis media and similar conditions reflecting malnutrition and poor living standards is now largely a memory of unhappier times. These conditions are, of course, still seen but increasingly the clinics are used for the preliminary investigation of those children thought to have some impairment of hearing, those who show evidence of emotional disturbance and as centres where parents may seek and obtain advice and help on any matters connected with their children which may be causing them concern. At these clinics, school medical officers can discuss with parents in privacy, and if necessary at length, such conditions as obesity, nocturnal enuresis and other problems which cannot be dealt with adequately during medical examinations at schools.

Enuresis

During the year, reports were received on 70 boys and 22 girls who had been supplied with pad and bell alarms for the treatment of this condition which is the cause of so much distress to some children and their parents.

The pad and bell apparatus consists of the alarm itself which is housed in a small wooden box containing a simple relay powered by two $4\frac{1}{2}$-volt batteries which operate the bell mounted on top of the box. From the box, wire leads are connected to two metal foil pads which are placed in the bed on top of each other. Between each of these a cotton sheet is inserted as insulation. This "sandwich" of foil pad and sheet is then covered by an ordinary bed sheet. The uppermost foil pad is perforated with a series of holes and as soon as urine comes in contact with the lower pad via these holes the electric circuit is complete and causes the alarm bell to ring and the child wakes or is wakened by the parents.

The alarms are issued by school medical officers after consultation with the family doctors concerned; many requests for the loan of alarms were received direct from family doctors.

Not all treatment with this method is successful and the period during which the apparatus is in use for any child varies from a week to four months.

It is evident that success or failure depends to some extent on the willingness of the patients and parents to co-operate in giving the apparatus a complete trial. From the reports received there can be no doubt that this service provided by the Department is very much appreciated by parents even in those cases where treatment has not resulted in a complete cure.

The following table shows the results of this treatment during the past four years; it is interesting to note the increasing use of the alarms in each succeeding year.

Year	*Complete success*		*Marked improvement*		*Some improvement*		*Not improved*		TOTALS	
	Boys	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*
1961	7	—	2	1	2	—	2	—	13	1
1962	14	1	2	2	2	1	2	3	20	7
1963	29	8	5	4	4	1	6	2	44	15
1964	48	15	4	—	8	5	10	2	70	22
TOTALS	98	24	13	7	16	7	20	7	147	45

Convalescence

During the year, short-term convalescence was provided for 16 children in accordance with the provisions of section 48(3) of the *Education Act, 1944*. This was 9 less than in 1963.

Handicapped Pupils

Ascertainment

Throughout the year, school medical officers continued to examine physically and mentally handicapped children to ascertain the extent of their disabilities and, where necessary, made appropriate recommendations to meet particular needs. Following these examinations the reports and recommendations were passed to the Director of Education who is responsible for advising on, and for the provision of, the special education which may be required.

As mentioned in previous Reports 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. It is only by close collaboration with all who have been, or will be, concerned with handicapped children that their needs will best be met.

A summary of the information sent to the Department of Education and Science showing the number of handicapped children ascertained as needing education in special schools or boarding homes during 1964 is given on page 150. It also shows the number of handicapped children newly placed during the year and, as on 28th January, 1965, the number awaiting admission to, and those on the registers of, special schools or boarding homes.

Children with Impaired Hearing

Routine testing by health visitors to detect deafness in infants and children under school age was continued during the year. Some health visitors have been trained in the techniques of audiometric testing and a start has been made on the routine testing of school entrants. This will be developed until all areas in the County are covered. In the meantime, special arrangements are made to test any children suspected of having any impairment of hearing. Audiometric tests are now being carried out on all handicapped children including those referred for speech therapy.

If audiometric testing shows a child has a hearing loss he is referred to a school medical officer who checks up on such things as wax in the ears, catarrh and adenoidal enlargement and makes recommendations for any further investigation or treatment which may be appropriate. Close liaison is maintained with family doctors, who have co-operated willingly in this service.

In February, with the welcome co-operation of Mr. M. G. Cox, F.R.C.S., D.L.O., consultant oto-laryngologist, an audiology clinic for the investigation of children thought to be deaf or partially hearing was opened in Chichester. This clinic was held once each month and in addition to the otologist was attended by a school medical officer who had previously examined the children and by the senior teacher of the deaf whose experience and advice on the educational aspects of the management of problems of deaf and partially hearing children was invaluable. The following table shows the recommendations which were made in respect of the 71 children seen at this clinic during the year.

Number of children	*Recommendation*
32	Hearing loss insufficient to require any action.
8	Treatment for ear conditions.
6	Removal of tonsils and adenoids.
4	Hearing aids and auditory training.
11	Observation for ear, nose and throat conditions.
10	Re-examination.

Special Educational Treatment

The *Education Act, 1944* requires that children who are handicapped by physical or mental impairment or a combination of both and cannot take full advantage of the education which is provided in ordinary schools shall be provided with education specially adapted to their needs. This special educational treatment may be provided in special schools, either day or residential, in special classes or units within ordinary schools, or special arrangements may be made in order that handicapped children may remain in ordinary schools.

It is, of course, impracticable to provide for every handicapped child in his own school but this is done wherever possible. For example, a physically handicapped child may be provided with a desk which has been suitably modified or a child with poor visual acuity may be supplied with special aids to enable him to continue at an ordinary school.

In some cases it is not possible to make a decision immediately on the type of special education a child may require and in this field

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*		TOTALS
IN THE CALENDAR YEAR: Handicapped pupils	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(1)–(10)
A. Newly assessed as needing special educational treatment at special schools or in boarding homes	2	3	—	—	4	16	21	78	1	—	125
B. (i) Included at A above and newly placed in special schools or boarding homes	1	2	—	—	1	8	4	62	1	—	79
(ii) Assessed prior to January, 1964 and newly placed in special schools or boarding homes	—	—	3	2	4	3	6	34	—	—	52
TOTAL (B (i) and B (ii))	1	2	3	2	5	11	10	96	1	—	131
AS AT 28TH JANUARY, 1965:											
C. Number requiring places in special schools ... ... (*a*) day ...	—	—	—	—	—	—	—	37	—	—	37
(*b*) boarding ...	1	—	—	—	3	4	6	16	—	—	30
D. (i) Number on the registers of:											
(1) Maintained special schools as ... ... (*a*) day pupils ...	—	—	—	—	—	—	—	326	—	—	326
(*b*) boarding pupils	—	—	2	—	1	4	41	81	—	—	129
(2) Non-maintained special schools as ... (*a*) day pupils ...	—	—	—	—	—	—	—	—	—	—	—
(*b*) boarding pupils	9	9	2	6	17	18	6	2	1	1	71
TOTAL	9	9	4	6	18	22	47	409	1	1	526
(ii) Independent schools under arrangements made by the authority	—	—	16	2	4	1	13	5	—	—	41
TOTAL (D (i) and D (ii))	9	9	20	8	22	23	60	414	1	1	567
(iii) Boarded in homes and not included in (i) or (ii)	—	—	—	—	—	3	18	—	—	—	21
TOTAL (D (i), (ii) and (iii))	9	9	20	8	22	26	78	414	1	1	588
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	1	—	1	10	4			1		18

the diagnostic class in West Green School in Crawley has continued its valuable work of assessing the disabilities of children with obscure educational difficulties.

It has already become apparent that certain children who have been selected for admission to this class are suffering from autism and it is a great credit to Mrs. M. H. McMullen, the class teacher, that she has been able to deal so sympathetically and comprehensively with a group of children who are frequently the despair of all the services.

The existence of such a class in a normal school makes it possible to investigate the whole process of personal and educational deviation, while at the same time keeping the child in the community, with opportunities of continuing contact with his more fortunate fellows.

There is no doubt that the special classes and units for certain categories of handicapped pupils which have been established in ordinary schools in the County are proving most successful and, towards the end of the year, plans had been made to open a class for children with learning or behaviour difficulties in Horsham. This will be a useful addition to the provision which has already been made for handicapped children in the north-eastern part of the County and will be similar to the classes which already exist in Chichester, Crawley, Littlehampton and Worthing.

Children found to be Unsuitable for Education at School

During the year, 14 children were reported to the local health authority under section 57(4) of the *Education Act, 1944* as being unsuitable for education at school. Two children previously reported as being unsuitable for education at school were reviewed under the provisions of section 57A and in one of these cases the original decision was cancelled.

Child Guidance

Since May, 1964, when Dr. H. M. N. Rees took up his appointment as medical director of the clinics in Horsham and Crawley, the establishment of psychiatrists at the four child guidance clinics has been complete. The following table shows the provision made by the South West Metropolitan Regional Hospital Board for psychiatric supervision in the child guidance service and also in the special school for maladjusted boys and the remand home in the County. The psychiatric supervision of the children at Greenacres Hostel for maladjusted children is undertaken by the psychiatrist at the Horsham Child Guidance Clinic.

Location	*Establishment (half days a week)*	*Psychiatrist*
Child Guidance Clinics		
Chichester	5	Dr. M. Duncan
Crawley	5	Dr. H. M. N. Rees
Horsham	4	
Worthing	6	
Littlegreen School	2	Dr. M. Aldridge
Remand Home	1	

Although there was a full complement of psychiatrists working in the child guidance clinics, the shortage of psychiatric social workers, child therapists and educational psychologists continued to present

many problems. Discussions were held with the psychiatrists in order to prepare a plan for the future development of the child guidance services in the County and also to deal with immediate problems caused by inability to recruit suitable workers to complete the child guidance teams.

It is a comparatively simple matter to postulate the staff establishment which is considered ideal for a child guidance service. The "ideal" is invariably in excess of the current establishment and it appears quite unrealistic to think in terms of increasing establishments in particular disciplines when it is virtually impossible to fill the vacancies which already exist. Until such time as ancillary workers are more readily available, the existing workers must be deployed to the best advantage and the child guidance service must be reorientated to this end.

With this in mind, the Special Services Sub-Committee agreed to a recommendation that, within the existing budget provision, there should not be a rigid adherence to the establishment figures for psychiatric social workers and child therapists. This would allow greater flexibility in the appointment of auxiliary staff according to the type of worker available.

The educational psychologists in the school psychological service, which is administered by the Director of Education, are also employed in the child guidance clinics where it was intended that they should spend approximately one third to one half of their time. The present authorised establishment is three full-time psychologists but, arising from the national shortage, only two have been recruited and the third post has been vacant for a considerable time. A part-time worker was engaged for $1\frac{1}{2}$ sessions a week and it is proposed that this should be increased to half-time in addition to the third full-time appointment when this can be made. The present depleted staff give the maximum possible time to work in the clinics; more time will be made available when it becomes possible to recruit the full establishment.

The next table shows the staffing position at the four clinics at the end of the year and, having regard to the difficulties set out in the preceding paragraphs, the staff which it is hoped to recruit. For convenience, the time worked has been expressed as whole-time equivalents.

	Staff	*Chichester*	*Crawley*	*Horsham*	*Worthing*
Psychiatrist	Present	0.45	0.45	0.36	0.54
	Proposed	0.45	0.45	0.36	0.54
Psychiatric Social Workers	Present	0.5	1.27	0.82	1.27
	Proposed	1.09	1.27	1.18	2.0
Child Psychotherapist	Present	0.0	0.81	0.18	0.0
	Proposed	0.0	0.81	0.81	0.0
Educational Psychologist	Present	0.12	0.14	0.18	0.34
	Proposed	0.2	0.5	0.3	0.8

I am indebted to Dr. M. Duncan for the following comments on the work at Chichester child guidance clinic:

"Looking back on the past rather disappointing clinic year in Chichester, I am tempted to think of our child guidance clinic as it ought to be, and may yet be. This is a more rewarding exercise than repining. In 1964, our referral figures were down, due in part to an unfounded rumour which made many family doctors think our waiting list was too long for referrals to be worth considering. By December, this situation was improving following a letter from the Principal School Medical Officer to all general practitioners.

During 1964, we were hampered in all our work through having no therapist and far too little psychological help. Towards the end of the year, Mrs. Carpenter, our psychiatric social worker retired but we are extremely fortunate to obtain the services of Mrs. Knowles who is working half-time. This, alas, is likely to be a temporary arrangement. Miss Whaley, the clinic secretary, moved to another district and for two weeks the clinic was without secretarial help.

However, I must assume that we shall get a new psychiatric social worker full-time by the autumn of 1965 and that, sooner or later, we shall achieve our establishment strength in educational psychologist's time. In that case, we shall officially open an early evening clinic for youth counselling, a scheme which has evolved through the needs of the adolescents in the area, and is the outcome of talks I have had with officers of the County Health Department, the Children's Department and the Probation Service. Such a clinic should, at least in some cases, avoid the necessity of sending a disturbed adolescent away from home, which can be an expensive and often a wasteful procedure. At the moment, Chandler's Ford, in Hampshire, supervised by Dr. Allchin, is proving wonderfully helpful in treating those adolescents, both boys and girls, who need intensive in-patient therapy; but of course the catchment area is wide and they cannot find places for all those we should like to send there. Since, therefore, many adolescents resent 'child guidance', we planned as soon as possible to start 'youth counselling'. In fact, since the autumn of 1964, this session has been carried on in embryo, so to speak, so that teenagers can come here after school without drawing attention to themselves. It cannot be fully operative however until we have a full-time psychiatric social worker and a permanent secretary.

Our contacts with the other services in the County, excellent in the past, have this year largely been limited to telephone calls and letters, but the lines have been kept open and in many areas our community work has created improved situations, easier relations and understanding.

Throughout the year we have continued to see cases for the magistrates' courts, frequently boys in the remand home at Horsham. Close contact was maintained with Mr. Powell, Superintendent of Margaret House, the Doctor Barnardo's Home at Aldwick, where many very disturbed children are sent. And we did what we could to help the Children's Department with similar cases. We welcome the emerging type of children's home, with the house-father going out to work, like any ordinary family man: this, we feel, gives him an authority less easily achieved if he is a house-father only.

We have missed very much the regular case conferences of workers in the service which were held at Horsham child guidance clinic. Changes of staff in all the clinics made it impossible to hold these conferences during most of 1964 but it is hoped that they may start again soon. They are of immense value and help to keep us up to date and on our toes."

Dr. H. M. N. Rees has supplied the following report on the work at Crawley and Horsham child guidance clinics:

"The work of both these clinics will be reported upon together, in spite of the fact that they serve completely disparate areas, mainly because they now share the same medical director, educational psychologist, and part-time behaviour therapist.

At the outset, the debt these two clinics and the communities in general owe to two persons is acknowledged. At Crawley, the former medical

director, Dr. J. H. Kahn, established the foundations of the work in the new community, and also the good working relationships with everyone interested in the mental health of the child. At Horsham, one of this country's most distinguished active psychiatric social workers, Miss K. Hunnybun, for a long time without a psychiatrist's help, held the clinic with its exacting responsibilities towards emotionally disturbed families.

Until May, 1964 the Crawley clinic was fortunate in having Dr. M. Aldridge in medical charge until his translation to the Worthing clinic.

Staff :

(i) The Senior Educational Psychologist for the County, Mr. P. Jeffery, carried out single-handed the onerous duties of the psychological work at Crawley and Horsham as well as his administrative and educational rôles.

(ii) Dr. H. M. N. Rees started as Medical Director in May, 1964 at both clinics.

(iii) Mr. J. Humphery, a part-time lecturer in the Institute of Psychology, became a part-time member of the staff of both clinics in September, 1964, as Conventional and Behaviour Therapist.

Mr. Clen-Murphy remained as part-time Child Therapist at Crawley Clinic as before.

(iv) Miss M. Gradwell was appointed as full-time Psychiatric Social Worker at Crawley Clinic in November, 1964 to share the duties hitherto the responsibility of Mrs. E. M. Stead who remains part-time.

(v) Mrs. Eve was appointed part-time Secretary at Horsham Clinic when Mrs. Turnbull elected also to be part-time.

At Crawley Clinic, the Secretary of the clinic, Mrs. Ridley, continued in the exacting rôle of full-time secretary.

Clinic Links :

School medical officers, health visitors, head teachers, and probation officers remained as previously in active co-operation; and links are already being forged with psychiatrists serving adults in the area, as we have many families in common. Seminars and lectures were given to various groups by the medical director.

Referrals :

The expected trend of an increased referral rate, which as elsewhere is directly proportional to the amount of psychiatric service available, is already under way, still of course hampered by the relative staff shortage. There has been a trend in the referrals towards psychiatric cases with general medical and neurological disabilities in addition to the purely psychiatric cases.

Research :

(i) An epidemiological survey of 1,592 primary school children in Crawley using a 1 in 4 random sample was undertaken with the enthusiastic co-operation of the teachers. The number of children at 'emotional risk' was found to be higher than previous regional surveys using other methods and comparison with a more extensive child population, now being conducted elsewhere, is awaited.

(ii) A comparison between the efficacy of treatment, in terms of symptom resolution and economy of time, is currently being undertaken by Mr. Humphery using two methods of treatment in neurotic disorders of childhood. This is under the supervision of the medical director and with another outside assessor, the Senior Lecturer in Child Psychology at the Institute of Psychiatry, London.

(iii) Work on reading disability in school children is being continued and preliminary results were presented to a combined psychiatric educational meeting at Horsham, together with methods of therapy.

(iv) An attempt is being made to schematize the nosology and diagnosis of childhood psychiatric disorders with a view to obtaining inter-clinic comparability and laying down the basis for results of treatment and long-term outlook.

(v) A new school report form has been prepared in conjunction with the senior educational psychologist, using a behaviour data assessment form which has been found to have a high reliability and validity with psychiatric evaluation.

Greenacres Hostel:

An appreciation of the work of Mr. and Mrs. Johnson, who have continued as Warden and Matron in quite exceptionally difficult circumstances, is highly relevant in this report.

Special Problems:

(i) The placement of psychotic children of whom there are eight in the area is under review.

(ii) The need for the establishment of a day remedial class for emotionally disturbed, educationally retarded children in the Horsham area is also under discussion.

(iii) The work of the clinics, and also the referral rate is impeded by the general staff shortage."

With regard to the work at Worthing child guidance clinic, Dr. M. Aldridge reported:

"Mr. Barron, psycho-therapist, resigned from his part-time appointment in January. In February, I took up my permanent appointment of six sessions a week and, since May, these have been at Worthing Clinic. The clinic continued to enjoy help from Miss Turner and Mrs. Parker, educational psychologists. Mr. Shaw and Mrs. Field from Worthing Remedial Education Centre and Mrs. Martin from Littlehampton Remedial Education Centre continued to be most helpful in dealing with problems presented to them by children from the clinic.

The resurgence of 'school phobia' continued and 17 cases were seen compared with 16 in the year before. The condition is a recognisable clinical entity; the refusal to go to school is often but a first step in a cumulative withdrawal from all outside activities. It is a quite severe psychological disorder. Characteristic of school phobia is the anxiety and even anger often aroused by it in those concerned — parents, teachers, relations, etc. These cases are genuine emergencies, and need to be seen at once. The sooner the case is seen, the less far has the retreat from life gone, and the better the prospects. One child returned happily to school after the parents had seen the psychiatric social worker six times. The child was never seen at the clinic. Another boy was afraid to go to school because 'things seemed to move away from him' there. In fact the parents were drifting apart, 'moving away' from each other. Father's business was in some chaos and failing. Here the work was concentrated on father's business and a good accountant was recommended. Shortly after this remedy was taken the child returned, unanxious, to school. In the majority of severe cases, the responsibility for the child's schooling, if the refusal is total, is executed by the remedial education centre. When the child's attendance is wavering the remedial centre can often stop the rot with part-time attendance.

Referrals during the year reached a new high level of 212 compared with 163 in 1963. Attendances decreased by 489; from 1,542 in 1963 to 1,053 in 1964. Thus the average time spent per case was halved, but there was no sacrifice of quality for quantity. It was not found necessary for the psychiatrist to see *every* case, and excellent work was done by remedial teachers, educational psychologists and of course by the psychiatric social worker. The approach to case problems was kept as elastic and non-stereotyped as possible; the cases were under continuous review at case conferences.

During the year, over twenty cases of quite severely disturbed behaviour were dealt with jointly by the psychiatrist and psychiatric social worker in an average time of between four and five sessions each. It was gratifying to see some very unhappy parent/child deadlocks resolving themselves.

A number of psycho-somatic problems referred by local hospitals also yielded to short-term treatment. Towards the end of the year, two evening sessions were provided for adolescents and were shown to meet a real need.

A trainee psychiatric social worker from the London School of Economics spent the summer with us, and profited from the wide and rich clinical material. Visitors at case conferences, etc., continued to be welcome and frequent, amongst them Dr. Thomson, Registrar at Graylingwell Hospital, who began regular attendance here. This affiliation between the adult and child psychiatric services is felt to be something towards which one should work."

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

		1963	1964
1.	REFERRAL		
	Number of children referred by:		
(*a*)	School Medical Officers	70	89
(*b*)	Courts and Probation Officers	42	55
(*c*)	Parents and others	79	106
(*d*)	Boarding schools and hostels	73	86
(*e*)	General practitioners	153	133
(*f*)	Children's Department	24	25
(*g*)	Educational psychologists	36	60
(*h*)	Other Child Guidance Clinics	7	8
	Brought forward from previous year (awaiting investigation on 1st January)	58	78
	TOTALS	542	640
2.	INVESTIGATION		
	Number of children investigated during the year and found to be:		
(*a*)	In need of child guidance help	302	407
(*b*)	Educationally sub-normal	4	4
(*c*)	Unsuitable for education at school	—	1
(*d*)	Not in need of child guidance help	53	78
(*e*)	Withdrawn before investigation	105	102
(*f*)	Awaiting investigation on 31st December... ...	78	48
	TOTALS	542	640
3.	TREATMENT		
	Number of children:		
(*a*)	Receiving help on 1st January	326	253
(*b*)	Helped during the year	445	569
(*c*)	Receiving help at 31st December	253	323
4.	RECOMMENDATIONS		
	Number of children recommended during the year for:		
(*a*)	Special schools	21	19
(*b*)	Hostels	14	5
	TOTALS	35	24
5.	CLINIC ATTENDANCES AND HOME VISITS		
(*a*)	Number of attendances at clinics during the year	4,471	4,506
(*b*)	Number of homes visited during the year ...	538	530

Infectious Diseases

Poliomyelitis

There were no cases of poliomyelitis notified in 1964; it is three years since a case occurred in the County. Vaccination against this disease continued throughout the year and 6,902 children received initial protection. Full details of the poliomyelitis vaccination programme are given in Part II of the Report.

Diphtheria

For the third year in succession no case of diphtheria was notified. Except for two cases notified in 1961 the County has been free from this disease for the past ten years. During the year, 6,426 children were immunised against diphtheria for the first time; further information about diphtheria immunisation will be found in Part II of the Report.

Tuberculosis

No school child was notified as suffering from tuberculosis.

In January, 347 children at a primary school in the south-eastern part of the County were tuberculin-tested following a notification that a child from the school showed evidence of a tuberculous infection and had been admitted to hospital in December, 1963. Six of the children tested showed positive reactions and four of these were known to have been vaccinated with B.C.G. in infancy. The two remaining children were referred to the chest clinic for further investigation and no evidence of tuberculosis was found. The school staff had chest x-rays but no source of infection was found.

A similar survey was carried out in June at a primary school in the south-western part of the County. On this occasion, a member of the school staff was reported to be receiving treatment for a tuberculous infection and, of the 142 children tuberculin-tested, 11 showed positive reactions. Seven of these positive reactors were known to have been vaccinated with B.C.G. in infancy and their family doctors were informed in order that the children might be referred to the chest physician if they had any symptoms of ill-health. The other four children were investigated at the chest clinic with satisfactory results. Members of the school staff were x-rayed by the mass radiography service and in each case the report was satisfactory.

As on previous occasions, I would like to express my thanks to the head teachers of the schools concerned and to the members of their staffs for their help and co-operation in these surveys which, by their nature, cannot be planned in advance.

Difficulties have been encountered in ensuring that all candidates for appointment to permanent teaching posts in maintained schools submit evidence of medical fitness, including a satisfactory chest x-ray, before their appointments are confirmed. It is hoped that, following further consultations with the Director of Education, these problems will be overcome and that, as a result, the measures which are already taken to minimise the risk of children contracting tuberculosis from adults will be considerably improved.

B.C.G. Vaccination

The vaccination against tuberculosis of children aged 13 years and over was continued. The following table shows the number of children skin-tested and vaccinated in each of the nine years since 1956 when the scheme was first introduced into the County.

Year	*Number skin-tested*	*Number positive*	*Percentage positive*	*Number negative*	*Number vaccinated*
1956	2,444	489	20.2	1,936	1,871
1957	2,787	675	24.2	2,044	2,040
1958	2,124	289	13.6	1,803	1,785
1959	1,756	250	14.2	1,475	1,471
1960	1,284	120	9.4	1,164	1,158
1961	2,358	192	8.2	2,103	2,097
1962	6,767	656	9.7	5,889	5,863
1963	6,222	483	7.8	5,459	5,430
1964	4,166	250	6.0	3,801	3,765

Gastro-intestinal Infections

Notifications of children absent with gastric upsets were received from a number of schools and, in February, an increasing number of Sonné dysentery cases were occurring in Crawley. Investigations suggested that one of the primary schools might be a centre of infection, and examination of the junior class at this school revealed that 17 of the 19 children tested were infected.

Despite energetic measures to control the spread of the disease, the numbers infected increased, and it was decided to close this class for a week. The closure was extended for another week in the hope of checking further spread. The outbreak continued, however, and it was reluctantly decided to close the school a week before it would have closed normally for the Easter holiday.

The staff of the Public Health Department in Crawley and the staff of the County Health Department in collaboration with the general practitioners in the area devoted tremendous effort to control the disease and all possible precautions were taken in schools to limit the spread of infection. It was not until the end of May that the outbreak subsided. Sonné dysentery is endemic and occasional outbreaks are not only inevitable but also difficult to control with any degree of effectiveness.

General

There was an increase in the number of cases of measles reported from schools, and the usual outbreaks of mumps and chickenpox occurred during the year.

Report of The Principal School Dental Officer

Staff

In October, 1963 Mr. W. H. Garland, Area Dental Officer, resigned to take up his appointment as Principal School Dental Officer of Brighton. He was replaced by Mr. P. D. Bristow who took up his

appointment on 1st January, 1964. Mr. D. G. Petrie resigned on 31st May, 1964 and was replaced by Mr. W. P. Holdsworth on 1st June, 1964. A further dental surgery assistant appointed on 1st April, 1964 has proved invaluable in being able to replace any other dental surgery assistant who is off sick and, as a result, the minimum of clinical time has been lost by dental officers on this account.

Sessions lost due to the ill-health of dental officers numbered 282 and a further 101 sessions were lost whilst the three mobile dental units were being moved. It is not always possible, particularly during the winter, to move these units before the morning sessions begin or after the afternoon sessions have ended.

The authorised establishment of dental officers at the end of the year is compared below with the number (one more than at the end of 1963) who were actually in post on 31st December, 1964.

Appointment	*County Council*		*Borough of Worthing*		TOTALS
	Full-time	*Part-time*	*Full-time*	*Part-time*	
Principal School Dental Officer ...	1 (1)	— (—)	— (—)	— (—)	1 (1)
Area Dental Officer ...	1 (1)	— (—)	1 (1)	— (—)	2 (2)
Dental Officer ...	8 (8)	— (—)	— (—)	0.5 (—)	8.5 (8)
TOTALS ...	10 (10)	— (—)	1 (1)	0.5 (—)	11.5 (11)

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 approximately one to 5,500; the comparable ratio in 1963 was one to almost 7,000.

In the first three months of the year, seven dental surgery assistants attended a course of twelve evening lectures I gave at Lancing Health Clinic. These lectures, each lasting two-and-a-half hours, were designed to cover all clinical and clerical aspects of the work of a dental surgery assistant in preparation for the examination for the Certificate of the Examining Board for Dental Surgery Assistants.

The examination was held in London on 27th June, 1964; four of the five dental surgery assistants who sat were successful and obtained certificates. The possession of this certificate entitles a dental surgery assistant to a qualification allowance of £50 a year.

Inspections

As a result of the increased staff and the additional sessions worked during the year (3,721 in 1963, 3,827 in 1964) 57,309 children were routinely inspected in schools during 468 sessions, giving an inspection rate of 122 a session, eight more than in 1963. A further 978 children were inspected as "casuals." This meant that approximately 95 per cent of the pupils in maintained schools received an inspection.

Treatment

Of the 58,287 children inspected 25,275 (45 per cent) were found to require treatment and 23,518 (93 per cent) were offered treatment. The children treated numbered 9,534, an increase of 1,651 over 1963. The acceptance rate was 41 per cent, the same as in 1963.

Statistics for the year will be found on page 173 where the figures for 1963 are given for comparison.

Dental Health

Apart from her clinical work, the dental hygienist visited 90 schools and showed films, film-strips and flannelgraphs to over 19,800 children in small groups. It was most encouraging to note the welcome she received at the various schools and I wish to record my thanks to all the head teachers concerned. Both the dental hygienist and I also gave lectures to several mothers' clubs and parent-teacher associations.

The need for more dental health education is urgent. Dental caries continues to increase and this seems to run parallel with the increased consumption of sugar. Every man, woman and child in this country is now consuming 120 lbs. of sugar a year, over 5¼ ozs. a day.

Development of the Service

Further improvements to equipment in clinics were carried out and the following items have been or are being installed.

Clinic	*Equipment*
Mobile Dental Unit I ...	X-ray apparatus.
Mobile Dental Unit II ...	X-ray apparatus.
Littlehampton	X-ray apparatus, dental cabinet, high-speed drill.
Langley Green	Two dental cabinets, high-speed drill.
Tilgate	Dental cabinet.
Chichester	Dental cabinet, anaesthetic emergency kit.
Lancing	Dental cabinet.
Horsham	Anaesthetic emergency kit.
Crawley (Central Clinic) ...	Anaesthetic emergency kit.

Consultant Anaesthetists

The services of consultant anaesthetists were available at the clinics held in Chichester, Crawley, Horsham, Littlehampton, Shoreham-by-Sea and Worthing. This provision of general anaesthetic cover through the Regional Hospital Board is proving most welcome and eases considerably the strain on the dental officers. It is hoped that similar cover by an orthodontic consultant will be available in the not-too-distant future.

Mobile Dental Units

With the delivery of the fourth mobile dental unit, the completion of alterations to access and the provision of necessary services, children at most rural schools will be treated in a caravan. In a few instances, due to the nature of the ground on which the school is situated, it has, however, been found necessary to transport children for treatment to the next school.

Acknowledgements

I record again my thanks to members of the Council, my colleagues in the County Health, Education and other Departments for their help and encouragement.

P. S. R. CONRON
Principal School Dental Officer

Other Services

School Meals and Milk

I am indebted to the Director of Education for the following information on the service of meals and milk in schools:

"The thought and work which have gone into the development of the school meals service have resulted in marked improvements. During the year two training centres were opened in Chichester and Horsham. These have been used alternately to provide fortnightly courses for manageresses and cook/supervisors. All aspects of the service have been reviewed, with emphasis on modern hygiene, nutrition and good presentation. Representatives from various departments have given lectures, including excellent talks, with films, by the health education organisers. 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, 1964. Although numbers continued to rise, the percentage of regular milk drinkers again showed a slight decrease at secondary schools.

	1963	*1964*
Meals		
Number of children present on day selected	54,482	56,105
Number of school dinners served	37,227	39,485
Percentage taking dinner	68.3	70.4
Milk		
Number of children present on day selected ..	54,893	56,535
Number of children who received one-third pint of milk	43,123	44,029
Percentage of milk drinkers	78.5	77.8

School Hygiene and Sanitation

Following their visits to schools, 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:

Subject of report	*Number of schools*	*Subject of report*	*Number of schools*
Washing facilities ...	5	Sanitation	8
Lavatory accommodation	6	Lighting	2
Kitchens	6	Heating	5
Playground	1	Decorations ...	1

In addition, schools were also visited by the public health inspectors of the Department and details of these visits will be found in Part VIII of the Report.

Having regard to degrees of priority and financial limitations, minor improvements continued to be made to school premises during the year.

School Swimming Pools

New swimming pools were opened at 12 junior schools in 1964 and, excluding Worthing, there are now pools at 37 maintained schools. The Department advises on the filtration and chlorination of the water

at the planning stage of new swimming pool projects and once the pools are in operation they are visited by public health inspectors to ensure that the required standard of water purification is maintained. Further information about swimming pools in schools appears in Part VIII of the Report.

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

During the year, 252 candidates for admission to training colleges for teachers and 47 new entrants to the teaching profession were examined by school medical officers. The comparable figures for 1963 were 176 and 25 respectively. In addition, 11 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* seven children were medically examined in connection with the issue of licences to take part in entertainments. Medical information on 264 children (an increase of 94 on the previous year) was submitted to juvenile courts as required by section 35 of the Act.

Health Education

Requests from schools for suggestions and help with health education again increased as more schools gave health education a specific place in their syllabus. In some schools the syllabus was planned to include a wide range of subjects covering the change from school to adult life; frequently the health education organiser helped with the preparation and health visitors took part in the presentation of these courses. Co-operation of this kind between the school and the Department was often found to be helpful in assisting children to adjust themselves to changing patterns of life.

Parentcraft Classes continued to be held in many parts of the County and the health visitors paid particular attention to matters of current importance.

A *dental health* week was organised by the health visitor in Ifield Infants' School; a display was arranged and suitable films were shown. The appointment of an oral hygienist in the dental health service enabled more dental health education to be provided in schools.

Lectures dealing with all aspects of food cleanliness and personal hygiene were arranged as part of the in-service training of cook supervisors. Many talks were also given on special topics in primary and secondary schools, in colleges of further education, in youth clubs and to parent-teacher associations.

Safety Conference

A one-day conference on safety was held at Sarah Robinson County Secondary School, Crawley, on 9th July, 1964. An exhibition was erected in the entrance hall, some exhibits were arranged by the Department and a display was also organised by the South Eastern Electricity Board. In the morning, a panel of speakers from the Fire Brigade and from the Electricity and Gas Boards spoke on various aspects of

safety. Films on these subjects were then shown and the children asked questions. In the afternoon, another panel, consisting of a teacher, a doctor and a health visitor spoke about water safety, poisoning, and home safety. This was also followed by questions from the audience.

The children showed a great deal of interest and were obviously attracted by the visual displays.

Smoking and Lung Cancer

On this subject Dr. F. Cockcroft has made the following points:

"As doctors, I think we have three important duties in this connection:

(a) to continue to try and convince the general population, and particularly teenagers, that there is a serious health risk in prolonged heavy smoking;

(b) to discourage from smoking people in the groups 'at risk' i.e. those with bronchitis or chest conditions involving respiration; and

(c) to try to have smoking prohibited in more indoor public places. It is wrong that non-smokers and those suffering from chest conditions should be exposed to smoke-polluted atmospheres which could so easily be avoided."

Publicity material was circulated to all secondary schools as it became available and illustrated talks (with films or slides) were given in schools and youth clubs.

There is always the hard core of young people who refuse to be convinced that smoking can be harmful and who give a variety of weird explanations for the increase in lung cancer. Audiences are, however, always interested and the fact that the attitudes of some are influenced shows that personal communication on the subject continues to be important. A hostile response can, however, easily be roused if the impression is given that this is yet another opportunity for criticising the habits of young people. Care is needed if they are not to be made to feel this.

The younger children responded well to an approach that includes both the financial and anti-social aspects and that also introduces ridicule.

Road Accidents to Children

Information supplied by the County Road Safety Officer shows that 3,178 persons were involved in road accidents in the County during the year. Of these 351 (11.4 per cent) were children under 15 years of age. The corresponding figures for 1963 were 3,193 and 378 (11.2 per cent). The numbers of children involved in accidents during the last two years are shown below.

Category of road user	*Number of children involved in accidents*	
	1964	1963
Pedestrians	177	154
Cyclists	106	96
Passengers in vehicles	95	101
TOTALS	378	351

Although the number of accidents to children who were passengers in vehicles increased by six compared with the previous year, there was a welcome decrease of 33 in the number of accidents involving child pedestrians and cyclists.

The following table shows the ages at which these accidents occurred.

Age	*Pedestrians*	*Cyclists*
Under 1	2 (—)	— (—)
1	1 (1)	— (—)
2	9 (11)	— (—)
3	14 (14)	— (—)
4	11 (18)	1 (—)
Total under 5 years	37 (44)	1 (—)
5	15 (16)	1 (—)
6	15 (16)	1 (3)
7	17 (23)	1 (2)
8	16 (19)	9 (1)
9	16 (11)	10 (5)
Total 5 to 9 years	79 (85)	22 (11)
10	9 (19)	9 (12)
11	12 (9)	12 (11)
12	6 (8)	18 (19)
13	6 (5)	19 (29)
14	5 (7)	15 (24)
Total 10 to 14 years	38 (48)	73 (95)
ALL AGES UNDER 15 ...	154 (177)	96 (106)

Note: The figures in brackets relate to 1963.

The severity of the injuries to the 250 child cyclists and pedestrians is shown below.

Severity of injury	*Pedestrians*	*Cyclists*	*Pedestrians and cyclists*
Killed	2 (5)	1 (—)	3 (5)
Severely injured	48 (50)	22 (18)	70 (68)
Slightly injured ...	104 (122)	73 (88)	177 (210)
TOTALS	154 (177)	96 (106)	250 (283)

Note : The figures in brackets relate to 1963.

The pattern of previous years remained unchanged and more boys than girls were involved in accidents as pedestrians and as cyclists.

Category	*Pedestrians*	*Cyclists*	*Pedestrians and cyclists*
Boys	94 (103)	71 (85)	165 (188)
Girls	60 (74)	25 (21)	85 (95)
TOTALS	154 (177)	96 (106)	250 (283)

Note: The figures in brackets relate to 1963.

Training in all forms of road safety continued in schools during the year and a competition in the form of a "safety quiz" was organised by the Road Safety Officer in Crawley in the junior schools and in the senior schools. The winning school in each competition was awarded a shield. In the junior schools in Crawley a competition was held for the best painted poster on road safety and over 400 children submitted entries.

The efforts of parents, the teaching staff of schools and members of the police who continue to devote their time to the voluntary instruction of children for the National Cycling Proficiency Test deserve the highest praise. It is significant that, since the scheme started, the number of accidents to child cyclists has declined steadily from 156 in 1961 to 96 in 1964. Of the 1,401 school children (excluding Worthing) who were candidates for the National Cycling Proficiency Test, 1,312 (93.6 per cent) were awarded certificates.

The following analysis shows that collisions with moving vehicles continued to be the main cause of accidents to child cyclists.

Cause of accident	1963	1964
1. Collision with moving vehicles		
(*a*) Turning right, often without warning	20	22
(*b*) Emerging from side road, drive, etc.	3	7
(*c*) At road junctions	29	27
(*d*) Moving out to pass stationary object without regard to following fast traffic	10	8
(*e*) Unspecified	9	13
TOTAL	71	77
2. Collision with stationary vehicles	12	9
3. Collision with car door being opened by driver or passenger	8	4
4. Collision with pedestrians	6	2
5. Other causes	9	4
TOTAL ALL CAUSES	106	96

The satisfaction derived from the decrease in the number of road accidents to children in the County in 1964 can only be minimal. Far too many accidents are caused by thoughtlessness or carelessness; lip service to the precepts of road-safety is not enough.

RETURN OF MEDICAL INSPECTION AND TREATMENT FOR THE YEAR ENDED 31st DECEMBER, 1964

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

Periodic Medical Inspections

Age groups inspected (by year of birth)	*No. of pupils who have received a full medical examination*	*Physical condition of pupils inspected*		*No. of pupils found not to warrant a medical examination*	*Pupils found to require treatment (excluding dental diseases and infestation with vermin)*		
		Satisfactory	*Unsatisfactory*		*For defective vision (excluding squint)*	*For any other condition*	*Total individual pupils*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1960 and later ...	220	219	1	—	3	16	19
1959 ...	3,600	3,596	4	—	116	218	327
1958 ...	2,648	2,647	1	—	118	151	264
1957 ...	418	417	1	—	29	33	57
1956 ...	241	240	1	—	20	23	39
1955 ...	177	177	—	—	13	17	29
1954 ...	681	681	—	—	24	29	53
1953 ...	3,760	3,753	7	—	153	219	361
1952 ...	634	633	1	—	47	36	81
1951 ...	274	274	—	—	17	15	31
1950 ...	323	323	—	—	21	18	36
1949 and earlier	4,621	4,619	2	—	259	198	449
TOTALS	17,597	17,579	18	—	820	973	1,746

Col. (3) total as a percentage of Col. (2) total 99.90

Col. (4) total as a percentage of Col. (2) total 0.10

Other Inspections

	1963	1964
Number of Special Inspections	160	177
Number of Re-inspections	13,280	11,624
TOTALS	13,440	11,801

Infestation with Vermin

	1963	1964
(*a*) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	51,795	56,028
(*b*) Total number of individual pupils found to be infested ...	92	75
(*c*) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), *Education Act, 1944*) ...	—	—
(*d*) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), *Education Act, 1944*)	—	—

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 all areas of the 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.

Defects found by Periodic and Special Medical Inspections during the Year

Defect Code No. (1)	Defect or disease (2)		Periodic inspections				Special inspections
			Entrants (3)	Leavers (4)	Others (5)	TOTAL (6)	
4.	Skin	T	33	51	43	127	3
		O	178	78	113	369	—
5.	Eyes: (*a*) Vision	T	265	261	294	820	27
		O	1,259	755	748	2,762	12
	(*b*) Squint	T	42	3	19	64	9
		O	136	28	69	233	3
	(*c*) Other	T	1	3	7	11	1
		O	44	8	22	74	—
6.	Ears: (*a*) Hearing	T	47	6	18	71	17
		O	227	38	75	340	4
	(*b*) Otitis Media ...	T	11	3	6	20	—
		O	62	14	26	102	—
	(*c*) Other	T	5	4	4	13	2
		O	44	12	26	82	—
7.	Nose and Throat	T	85	15	31	131	2
		O	921	65	166	1,152	2
8.	Speech	T	40	6	25	71	3
		O	408	16	38	462	6
9.	Lymphatic Glands	T	23	—	1	24	—
		O	604	26	87	717	4
10.	Heart	T	7	2	10	19	1
		O	132	39	55	226	2
11.	Lungs	T	28	10	23	61	3
		O	222	41	114	377	1
12.	Developmental: (*a*) Hernia ...	T	16	1	11	28	—
		O	34	4	6	44	—
	(*b*) Other ...	T	12	2	24	38	1
		O	165	42	136	343	6
13.	Orthopaedic: (*a*) Posture ...	T	17	32	33	82	—
		O	63	52	76	191	2
	(*b*) Feet ...	T	58	26	38	122	2
		O	257	42	138	437	8
	(*c*) Other ...	T	31	42	37	110	9
		O	349	124	114	587	1
14.	Nervous System: (*a*) Epilepsy ...	T	1	1	10	12	—
		O	18	12	18	48	1
	(*b*) Other... ...	T	—	3	4	7	—
		O	33	15	17	65	3
15.	Psychological: (*a*) Development ...	T	2	1	6	9	3
		O	171	33	81	285	9
	(*b*) Stability	T	6	1	5	12	2
		O	261	40	142	443	5
16.	Abdomen	T	2	3	2	7	1
		O	57	11	51	119	2
17.	Other	T	8	8	19	35	27
		O	93	65	117	275	5

T indicates number of pupils requiring treatment.

O indicates number of pupils requiring observation.

Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with	
	1963	1964
External and other, excluding errors of refraction and squint	54	64
Errors of refraction (including squint)	2,917	3,134
TOTALS	2,971	3,198
Number of pupils for whom spectacles were prescribed	1,706	1,791

Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with	
	1963	1964
Received operative treatment:—		
(*a*) For diseases of the ear	2	2
(*b*) For adenoids and chronic tonsillitis	23	49
(*c*) For other nose and throat conditions ...	—	—
Received other forms of treatment	26	70
TOTALS	51	121
Total number of pupils in schools who are known to have been provided with hearing aids:—		
(*a*) In year	6	12
(*b*) In previous years...	75	71

Orthopaedic and Postural Defects

	Number of cases known to have been treated	
	1963	1964
(*a*) Pupils treated at clinics or out-patients' departments	630	651
(*b*) Pupils treated at school for postural defects ...	83	33
TOTALS	713	684

Diseases of the Skin

	Number of cases known to have been treated	
	1963	1964
Ringworm: (*a*) Scalp	—	—
(*b*) Body	2	2
Scabies	2	4
Impetigo	12	27
Other skin diseases	72	183
TOTALS	88	216

Child Guidance Treatment

	Number of cases known to have been treated	
	1963	1964
Pupils treated at Child Guidance Clinics	445	569

Speech Therapy

	Number of cases known to have been treated	
	1963	1964
Pupils treated by speech therapist	457	454

Other Treatment Given

	Number of cases known to have been dealt with	
	1963	1964
(*a*) Pupils with minor ailments	292	206
(*b*) Pupils who received convalescent treatment under School Health Service arrangements ...	25	16
(*c*) Pupils who received B.C.G. vaccination ...	5,430	3,765
(*d*) Other than (*a*), (*b*) and (*c*) above:		
Orthoptic	483	449
Enuresis (pad and bell alarms)	59	92
TOTAL (*a*)–(*d*)	6,279	4,529

List of School Clinics held in the County: 1964

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.††	Wed.	—
CHICHESTER ...	Chapel Street	Mon.–Fri.	Tues.†*m*	Wed.††	Mon. *f* Wed.	Tues.†† *m*	Mon.†† Tues.†	Wed.††	—
			Wed.†*m*		Thurs.		Fri.†		
	St. Anthony's School	—	—	—	—	—	—	Wed.†	—
	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	Mon. Tues. Wed.	—	—	—	—	—	Thurs.†	—
	Hospital	—	—	Tues.† Thurs.	—	—	—	—	—
	Desmond Anderson Sch.	—	—	—	—	—	—	Thurs.††	—
	Ifield School	—	—	—	—	—	—	Tues.††	—
	Little Deerswood Sch.	—	—	—	—	—	Wed.††	Thurs.†	—
	Northgate School	—	—	—	—	—	—	Thurs.††	—
	Southgate School	—	—	—	—	—	Tues.† Fri.†	Wed.††	—
	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.† *f*	—	*Mon.†	Mon.† Wed.† Thurs.†	Fri.	—
MIDHURST ...	County Sec. School	—	—	—	—	—	—	Mon.†	—
PETWORTH ...	C.S. & C.P. Schools	—	—	—	—	—	—	Mon.†	—
STEYNING ...	C.S. & C.P. Schools	—	—	—	—	—	—	Tues.†	—
STORRINGTON	C.S. & C.P. Schools	—	—	—	—	—	—	Tues.†*m*	—
SOUTHWATER ...	C.P. School	—	—	—	—	—	—	Mon.††	—
SHOREHAM-BY-SEA ...	Middle Road	Mon.–Fri.	—	Fri.†	—	—	Mon.† Wed.† Thurs.†	Fri.	—
WORTHING ...	Stoke Abbott Road	Mon.–Fri.	Mon.–Fri.†	Thurs.††	Mon.† Wed. Thurs.†	Sat.†*m*	Mon.Wed.Thurs. Fri.††	Thurs.	—
	33 Madeira Avenue	—	—	Wed.†† *f*	—	—	—	—	—
	6 Southey Road	—	—	—	—	—	—	—	Mon.–Fri.

Morning and afternoon sessions are held unless otherwise stated. † Morning. †† Afternoon. *m* Monthly. *f* Fortnightly. * Approximately every six weeks.

** In addition four mobile dental units operate in the County.

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, 1965					61,105
(*a*) DENTAL AND ORTHODONTIC WORK:					
(1) Number of pupils inspected by the Authority's Dental Officers:	1963	1964		1963	1964
(i) At periodic inspections ...	44,163	57,309			
(ii) As specials	1,040	978	TOTAL	45,203	58,287
(2) Number found to require treatment				20,436	25,275
(3) Number offered treatment ...				19,179	23,518
(4) Number actually treated				7,883	9,534
(*b*) DENTAL WORK (OTHER THAN ORTHODONTICS):					
(1) Number of attendances made by pupils for treatment, excluding those recorded at (*c*) (i) below				21,730	25,642
	1963	1964			
(2) Half days devoted to:					
(i) Periodic (school) inspections ...	353	468			
(ii) Treatment	3,131	3,359	TOTAL	3,484	3,827
(3) Fillings:					
(i) Permanent teeth...	15,009	14,429			
(ii) Temporary teeth	5,811	9,046	TOTAL	20,820	23,475
(4) Number of teeth filled:					
(i) Permanent teeth	12,898	12,525			
(ii) Temporary teeth	5,410	8,372	TOTAL	18,308	20,897
(5) Extractions:					
(i) Permanent teeth	1,054	1,368			
(ii) Temporary teeth	4,855	5,963	TOTAL	5,909	7,331
(6) (i) Number of general anaesthetics given for extractions				613	1,261
(ii) Number of half days devoted to the administration of general anaesthetics by:					
	1963	1964			
a. Dentists	40	101			
b. Medical practitioners ...	30	55	TOTAL	70	156
(7) Number of pupils supplied with artificial teeth ...				33	51
(8) Other operations:	1963	1964			
(i) Crowns	—	1			
(ii) Inlays	—	—			
(iii) Other treatment...	3,649	5,227	TOTAL	3,649	5,228
(*c*) ORTHODONTICS:					
(i) Number of attendances made by pupils for orthodontic treatment				1,713	1,723
(ii) Half days devoted to orthodontic treatment				145	151
(iii) Cases commenced during the year				150	174
(iv) Cases brought forward from the previous year ...				122	146
(v) Cases completed during the year				102	146
(vi) Cases discontinued during the year				24	26
(vii) Number of pupils treated by means of appliances ...				128	177
(viii) Number of removable appliances fitted				155	190
(ix) Number of fixed appliances fitted				—	—
(x) Cases referred to and treated by hospital orthodontists				—	—

Appendix A

COUNTY HEALTH COMMITTEE

(at 31st December, 1964)

Chairman: DR. IVAN CLOUT

Vice-Chairman: MR. W. G. S. POPE

County Council Members

MRS. E. S. M. BAXENDALE
MRS. H. C. CARMAN, J.P.
MRS. M. COBBY
CAPT. J. A. D. COCHRANE-BARNETT, O.B.E.
MRS. M. J. DAVIS-POYNTER
MR. A. D. FREEMAN
MRS. G. F. GRIFFIN
*MR. E. G. HARVEY
(*Chairman of the Finance and General Purposes Committee*)
MR. C. C. LANSDALL
MR. J. E. MILES
*MR. P. MURSELL, M.B.E., D.L.
(*Chairman of the County Council*)
MRS. P. B. P. NAUNTON, J.P.
MR. W. J. O'REILLY
MR. T. D. RABY
MR. C. W. REECE
MRS. D. STAPLETON SKINNER
MR. J. M. SMITH
MR. R. M. TILLING
*BRIG. L. L. THWAYTES, D.L.
(*Vice-Chairman of the County Council*)
MR. G. E. WALLER
MR. E. L. WALTER

Other Members

DR. T. H. HARRISON	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. GALE MOORE	

**Ex-officio member*

Ambulance Sub-Committee

Chairman: Mr. W. G. S. Pope

Mrs. E. S. M. Baxendale
Mr. H. K. Griffith, F.R.C.S.
Mr. J. E. Miles
Mrs. M. Gale Moore
Mrs. C. Morley-Fletcher
Mr. C. W. Reece
Mr. R. M. Tilling
H.R.H. Prince Tomislav of Yugoslavia
Mr. G. E. Waller
Mr. E. L. Walter

*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. H. C. Carman, J.P.
Mrs. M. J. Davis-Poynter
Mrs. G. M. Dickin
Mr. A. D. Freeman
Mrs. G. F. Griffin
Major-Gen. L. A. Hawes, C.B.E., D.S.O., M.C.
Mr. J. E. Miles
Dr. J. D. Morrissey
Mrs. P. B. P. Naunton, J.P.
Mr. W. J. O'Reilly
Dr. H. Rosenberg, O.St.J.
Mr. G. E. Waller

*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

Miss E. J. Clunes
Mrs. M. Cobby
Dr. W. S. Coltart
Mrs. H. Constanduros
Mrs. M. J. Davis-Poynter
Mrs. M. Gale Moore
Mrs. G. F. Griffin
Miss M. W. Sparkes
Mrs. J. L. Vanrenen
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. W. G. S. Pope

Mrs. H. C. Carman, J.P.
Mr. A. D. Freeman
Dr. T. H. Harrison
Mr. C. C. Lansdall
Mr. T. D. Raby
Mr. C. W. Reece
Mr. J. M. Smith
Mr. R. M. Tilling

*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, 1964)

Chairman: MR. R. MARTIN

Vice-Chairman: MAJOR S. R. BROOKS

County Council Members

MR. D. R. ATKINS
DR. H. M. AYRES, C.ST.J.
LADY BRUNDRETT
DR. IVAN CLOUT
MR. L. A. FOSTER
MR. J. P. GEE, J.P.
MR. E. J. F. GREEN, J.P.
MRS. G. F. GRIFFIN
*MR. E. G. HARVEY
(Chairman of the Finance and General Purposes Committee)
MRS. M. KEOGH MURPHY
MR. C. P. MASON, M.B.E., J.P.
MR. R. MAY
MR. R. MILES
MR. D. W. MORECRAFT, J.P.
*MR. P. MURSELL, M.B.E., D.L.
(Chairman of the County Council)
SIR CLINTON PELHAM, K.B.E., C.M.G.
MR. A. G. W. PENNEY, J.P.
MRS. D. M. PENNICOTT
MR. W. G. S. POPE
MRS. D. E. RUDD
MRS. N. B. M. SHARP
LT.-COL. E. S. SHAXSON, M.C., D.L., J.P.
COL. E. L. STEPHENSON, D.S.O., M.C.
*BRIG. L. L. THWAYTES, D.L.
(Vice-Chairman of the County Council)
MR. J. E. WHITTOME, O.B.E.

Other Members

MR. F. KENTON
MR. S. M. KNIGHT
MRS. H. M. PERYER
— representing Worthing Committee for Education

THE REV. CANON M. C. LANGTON
THE REV. R. H. SMITH
THE VERY REV. CANON E. WAKE, D.D.
— representing Religious Denominations

MR. K. D. ANDERSON, M.A.
MR. S. NORRIS
MR. F. C. WILLMOTT, M.A.
— representing teachers employed in schools maintained by the Local Education Authority

MISS D. M. M. EDWARDS-REES
MAJOR-GEN. C. LLOYD, C.B., C.B.E., T.D.
MISS W. A. WAITE

Special Services Sub-Committee

Chairman: MAJOR S. R. BROOKS
DR. H. M. AYRES, C.ST.J.
DR. IVAN CLOUT
MRS. M. J. DAVIS-POYNTER
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
REV. R. H. SMITH
COL. E. L. STEPHENSON, D.S.O., M.C.
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, 1964)

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.
*V. P. GEOGHEGAN, M.D., D.P.H.
CHRISTINA A. GUNN, M.B., CH.B., D.P.H.
ELIZABETH M. JOHNSON, M.B., CH.B., D.C.H., D.OBST., R.C.O.G.
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.
MARJORIE B. MORTON, M.R.C.S., M.R.C.P., D.T.M., D.OBST., R.C.O.G.
MERLE NEWTON, M.R.C.S., L.R.C.P., D.C.H.
GLADYS A. G. ROBINSON, M.B., CH.B.

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 Officers:
P. D. BRISTOW, L.D.S. C. P. URBANI, L.D.S.

Dental Surgeons:
P. L. CARNALL, L.D.S.
W. P. HOLDSWORTH, L.D.S.
G. C. KENT, L.D.S.
J. O. LEGG, L.D.S.
P. NATHANAIL, B.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.
*FLORENCE R. PILLMAN, M.B., B.S., M.R.C.P.

Consultant Geriatric Physicians:
*R. B. FRANKS, M.R.C.S., M.R.C.P. *J. N. MICKERSON, M.D., M.R.C.P.

* Part-time

Consultant Ophthalmologists:

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

Ophthalmologists:

*P. W. ARUNDELL, M.R.C.S., L.R.C.P., D.O.M.S.
*JANET ECCLES, M.B., B.S.
*W. B. HEYWOOD-WADDINGTON, M.B., B.S.

Consultant Orthopaedic Surgeons:

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

Consultant Psychiatrists:

*M. ALDRIDGE, B.A., M.B., B.CH., D.P.M.
*H. M. N. REES, B.SC., M.B., B.CH., M.R.C.P., D.P.M.

Psychiatrist:

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

County Public Health Officer:

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

Assistant County Public Health Inspector:

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

County Ambulance Officer:

V. A. GLOVER, F.I.A.O.

Superintendent Nursing Officer:

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

Deputy Superintendent Nursing Officer:

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

Area Nursing Officers:

MISS D. A. CHATTERTON, S.R.N., S.C.M., H.V.CERT.
MISS M. NASH, S.R.N., S.C.M., H.V. CERT.
MISS J. W. PARNELL, S.R.N., S.C.M., H.V. CERT.

Health Education Organiser:

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

Assistant Health Education Organisers:

MISS P. A. MORRIS, S.R.N., S.C.M., H.V.CERT. MISS B. A. WRAIGHT, S.R.N., S.C.M.

Senior County Almoner:

MISS J. GATEHOUSE, B.A., A.M.I.A.

County Almoners:

MISS O. M. CATER, A.M.I.A. MISS M. B. FLEMONS, A.M.I.A.
MISS M. F. WESTON

Chief Chiropodist:

A. C. CAMPBELL, S.R.N., M.CH.S., S.R.CH.

Senior Chiropodists:

MRS. E. DROMGOOLE, M.CH.S., S.R.CH. MRS. D. M. PRICE, M.CH.S., S.R.CH.

County Home Help Organiser:

MRS. R. E. HOLMES

Area Home Help Organisers:

MRS. J. M. BURLING MISS D. E. PACKHAM MRS. J. M. PLATER

Occupational Therapist:

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

Physiotherapists:

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

Orthoptists:

*MISS P. E. CORR, D.B.O. *MISS H. WISE, D.B.O.

* Part-time

Senior Speech Therapist:
Miss M. G. A. McCombie, L.C.S.T.

Speech Therapists:
Mrs. S. F. Carrington, L.C.S.T.
Mrs. J. M. Miles, L.C.S.T. Mrs. J. M. Gibson, L.C.S.T.

Senior Psychiatric Social Worker:
*Miss N. K. Hunnybun

Psychiatric Social Workers:
Miss M. S. Gradwell, M.A. *Mrs. M. C. Knowles
*V. W. J. Robinson *Mrs. E. M. Stead, B.A.

Social Worker:
*Mrs. H. M. Billington

Child Psychotherapists (non-medical):
*J. Humphery, B.A., Dip. Ed. *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., M.S.M.W.O. L. O'Riordan, S.R.N., R.M.N., M.S.M.W.O.
G. S. Pople, A.I.S.W. J. H. Preece, M.S.M.W.O.

Mental Welfare Officers:
Miss P. Dunning, M.S.M.W.O. Mrs. R. Ghom, Dip. N.A.M.H., M.S.M.W.O.
J. Stewart, B.A.

Rustington Residential Training Centre and Hostel:
Superintendent: Mr. W. E. Stevens
Matron: Mrs. E. Stevens, S.E.N.

Day Training Centres:
Head Teachers:
Chichester: Mrs. M. I. Green, Dip. N.A.M.H.
Crawley: Miss J. Wakeham, Dip. N.A.M.H.
Worthing: Mrs. M. A. Clarke, 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

PARKINSON'S DISEASE WITH COMPLICATIONS*

Case history of a patient nursed at home, recorded by H. KIERAN, S.R.N., District Nurse at Chichester, showing some of the facilities available through the West Sussex County Council Health Department

On March 12, 1963, the general medical practitioner asked me to give assistance with the general nursing care and the administration of antibiotics to a female patient aged 74 years who was suffering from Parkinson's disease and bronchopneumonia. The patient was being looked after by an unmarried son who was employed during the day, but arrangements had been made for the retired sister of the patient to travel daily the distance of eight miles to be with her while the son was at work.

On visiting the patient I found her in a bedroom facing north and measuring nine feet by seven feet. I was told that two years previously she had weighed twelve stone, but her weight had obviously increased considerably since then owing to her inability to get about. She was confused, lacked co-ordination and was also incontinent.

The County Health Department delivered a commode to the patient the same day and the son was able to sit her on this and return her to bed before he left in the morning and again in the evening. General nursing care was given three times daily and passive exercises to arms and legs were started. Incontinence pads were supplied to prevent bed-soiling and to keep the patient comfortable.

It became increasingly difficult to move the patient and, in order to give some assistance in turning her, I requested the Health Department to supply a P.C.P.† nursing mattress. This was delivered on March 27 and was put on the bed when the patient next used the commode.

This type of mattress, made of sheeting which is inert, washable and not affected by excreta, comprises four vertical sections; the patient lies between the middle two. In order to turn a heavy bedfast patient, e.g., to the right, the inner left section is inflated thus turning the patient towards the right side. The two outer sections when inflated keep the patient central and provide security against falling out of bed. In this case it provided great assistance in moving the patient and all her pressure areas remained free of sores.

During the next three weeks her chest infection gradually subsided and she was able to sit out of bed for short periods. Passive movements were given daily and the son was encouraged to help with this when he could. To get her in and out of bed was proving increasingly difficult and once again I approached the Department, this time for a hospital bed and Dunlopillo mattress, a King hoist and a wheel chair. A great deal of furniture moving was necessary in order to accom-

*Reprinted (with permission) from THE NURSING MIRROR; 30th October, 1964.
†P.C.P. mattress is supplied by Sierex Ltd., of London, the letters P.C.P. being the initials of the man who invented it but who wishes to remain anonymous.

modate this equipment and the staff of the Department came admirably to my assistance. The patient was transferred to the sitting room in the wheel chair, the unwanted furniture was moved to the one remaining room and the bed and hoist were fitted in the bedroom.

Due to the mental confusion of the patient it was not possible to tell her how the hoist worked and it was with great trepidation that we transferred her in it from the chair to the bed. But it worked, and the patient smiled. The family were instructed on how to use the hoist and this was very helpful. The P.C.P. nursing mattress was then returned to the Department.

By April 30th patient's condition had improved so much that she was sitting out of bed for five hours a day and her movements were improving.

On May 1 the patient's temperature rose to 102°. Her doctor recommended antibiotics for a throat infection and she was again confined to bed. By May 7 the infection had subsided and once again she was able to sit out of bed and continue her exercises. She was now less confused and able to feed herself better. She continued to make good progress until a further setback occurred on June 6. Oedema of the legs and sacral area was very pronounced and the amount of urine passed had decreased during the past week. The doctor administered intravenous Neptal and the oedema gradually subsided. By June 20 the patient was once again sitting out of bed for gradually increasing periods of time. Exercises were continued and movements were improving.

The chiropodist made a domiciliary visit to improve the condition of the patient's feet and the county almoner visited at my request to see whether the financial strain on the son could be relieved.

The convalescence of this patient has proceeded without further mishap and she is now sitting out of bed in the sitting room all day. The son is determined to see that his mother will walk again and, due to his efforts, she has already walked two yards with his help. The Department has provided a tripod walking stick and I am sure that she will make just as much use of that as of all the other equipment.

The situation in this case is now very much easier from everybody's point of view, including the general nurse's. Instead of being faced with a bedfast patient, she is able to deal with somebody who can easily be got out of bed, and indeed one who in the future may walk short distances. It is also worth stressing the number of people involved in the case: the relatives, the family doctor, the district nurse, the nursing equipment officer and her assistant and the county almoner. This does not include the administrative staff who have planned for the purchase and delivery of equipment at short notice, and the medical and nursing officers of the County Council who have been ready with advice and encouragement. In hospital the concept of a team is easily accepted, but in a patient's home it is often implied that more than one visitor is to be deprecated. I may say that in this case every visitor was extremely welcome and all had something to contribute to its success.

I would like to express my appreciation for all the help given to me by Mrs. J. Macey, of the County Health Department, and by my nursing colleagues.

Appendix D

THE DEVELOPMENT OF THE HEALTH SERVICES: 1965 to 1975*

They are called wise who put
things in their right order.
A dictum of Aristotle (384 to 322 B.C.)

PART I — INTRODUCTION

1. In July, 1964 the Ministry of Health forwarded to the Council a copy of the publication *Health and Welfare: the Development of Community Care (Revision to 1973/74 of Plans for the Health and Welfare Services of Local Authorities in England and Wales)* issued by Her Majesty's Stationery Office on 17th July, 1964.

2. This publication presents in summary form the revised plans prepared by local authorities in 1963 for the development of their health and welfare services during the ten years ending on 31st March, 1974. It also enables comparisons to be made with national trends and with the plans of other local authorities whose areas are similar in population and character.

3. By Circular 13/64 dated 17th July, 1964 the Ministry of Health stated that, whilst authorities would no doubt wish to review their plans every year, on each occasion carrying them forward one year, the Minister did not propose to ask authorities to send him the results of the reviews they carried out at the end of 1964.

4. The period covered by this second revision of the plan for the development of the County Council's health services runs fom 1st April, 1965 to 31st March, 1975. As on previous occasions, details are set out year by year for the first five years (1965/70) but the second quinquennium (1970/71 to 1974/75) is treated as a single period; information about the current year (1964/65) has been included as a starting point but not as part of the ten-year plan.

5. In framing the suggestions contained in this report, it has been assumed that

(a) the boundaries of the County Council's area will remain unchanged;
(b) the estimated population of the County will increase to 481,500 by 1970 and to 517,200 by 1975.

6. Consultation has again taken place with other organisations. By letter dated 22nd June, 1964 the South West Metropolitan Regional Hospital Board stated that they should like to see priority given to the provision of residential accommodation for adult mentally subnormal patients and for the mentally ill. The first revision of the plan has been considered by the Local Medical Committee and by the Executive Council for West Sussex as a result of which it is understood that there are unlikely to be any developments in the services with which those bodies are concerned which have not already been taken into account.

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*This report was approved on behalf of the County Council on 11th December, 1964.

PART II — PROGRESS WITH THE ORIGINAL PLAN

7. The County Council's original proposals for the development of the health services were submitted to the Minister of Health in July, 1962 and were revised in October, 1963.

8. Reasonably good progress has been made during the past two years with the recruitment of the necessary additional staff to provide for the expanding community health services and the favourable geographical situation of the County has undoubtedly played an important part in attracting suitable staff to the Council's service. No delays have been encountered in filling the approved medical, dental and nursing staff establishments with officers holding appropriate (sometimes above-average) qualifications but, in a few other disciplines, experience has been disappointing and occasionally embarrassing. The adequate staffing of residential accommodation for the mentally disordered has proved to be extremely difficult; repeated attempts to fill the appointment of psychiatric social worker have been unsuccessful; qualified teachers of the mentally handicapped cannot be recruited by public advertisement; vacancies in the chiropody service have remained unfilled and only as a result of protracted in-service training and day-release courses is it possible to build up an appropriately qualified and experienced administrative and clerical staff.

9. The two services for which the Council have assumed direct responsibility since the original plan was approved have both progressed satisfactorily. The standards of staff efficiency in the County Ambulance Service (operated on a directly-administered basis since 1st April, 1963) have remained high and the proposed scheme for cadet training will undoubtedly make a useful contribution towards maintaining those standards in years to come. An imaginative programme for the erection of purpose-built ambulance stations in all parts of the County will shortly be started. Much remains to be done in the Home Help Service (directly-administered by the Council from 1st October, 1964) but the implementation of the recommendations contained in this revision of the plan will ensure that local standards of service to the public are at least brought into line with the national pattern in a few years' time.

10. The starting dates of some schemes included in the capital building programme have been appreciably delayed because of difficulties encountered in obtaining either planning consent or approval for the acquisition of the necessary land. At Chichester, almost three years have elapsed since negotiations were commenced with the hospital authorities for the acquisition of land on the periphery of the Graylingwell Hospital estates required by the County Council for ambulance and mental health purposes. A similar period of time has been needed to negotiate the purchase from the hospital authorities of a quarter of an acre of land for an ambulance station at the Bognor Regis War Memorial Hospital. Both at Chichester and at Bognor Regis the formal conveyance of the sites to the County Council is still incomplete.

11. By letter dated 17th September, 1963 the Regional Hospital Board offered to sell to the County Council an area of hospital land at Horsham needed for an ambulance station and confirmed their intention by letter dated 3rd March, 1964 when they said that they had

asked the Ministry of Health to agree to the transfer of the land to the County Council. Following an enquiry sent to the Ministry of Health on 27th May, 1964 the Permanent Secretary stated (by letter dated 24th June, 1964) that no proposal from the Regional Hospital Board was before the Ministry. He confirmed that the Board had suggested to the Ministry in March, 1964 that they should agree to sell the land but had notified the Ministry in April, 1964 that they wanted to withdraw the suggestion. No intimation of that had been sent by the Board to the County Council.

12. At Worthing, numerous attempts to find a site for a hostel for the mentally ill have failed (in one case because the Borough Council rejected a planning application) and consideration is now being given to siting the hostel elsewhere on land already in the ownership of the County Council.

Part III — THE COST

13. As stated in paragraph 3, the Minister of Health does not propose to ask authorities to send him the results of the reviews they carry out at the end of 1964.

14. Partly for this reason and partly too because the staff of the County Treasurer's Department are heavily committed at this time of year with the preparation of the financial estimates for the year 1965/66, the usual details of estimated net revenue expenditure have been omitted from this second revision of the plan. These details will, however, be included in future editions.

15. The estimated costs of buildings and sites have been prepared by the County Architect and the County Valuer and Land Agent respectively; to both I am grateful for their assistance and advice.

Part IV — THE BUILDINGS

16. Part I (a) of the Appendix gives particulars of the premises at present owned or rented by the County Council for the purpose of providing local health services. A review has recently been undertaken of the population served by existing health clinics and the figures now shown reflect more accurately the numbers of persons living in the areas concerned.

17. A forecast of those premises which should be made available during the next ten years is given in Part I (b) of the Appendix. This forecast takes account of decisions made by the County Health Committee since the last revision of the plan and makes provision for a phased programme of development along the following lines:

(a) *Health Centres/Clinics:* Earlier editions of the plan have envisaged that new or replacement clinics should be built at Chichester, Horsham, Lancing, Pound Hill and Worthing. These buildings will be required to cater for increasing population, to relieve pressure on existing premises or to house expanding community health services such as those dealing with chiropody, geriatrics and health education. All these schemes have been phased to start during the next five years.

An important factor which may, however, profoundly influence this building programme will be the pattern of co-operation which may develop in the next few years between the County Council and general medical practitioners. In order to improve the quality of service available to the public, some progressive measures have already been introduced to enhance the partnership between the local authority and general practitioner services and it is already clear that arrangements made for the attachment of health visitors to general practices, the more liberal provision of home nursing staff and equipment, and the use of electronic data processing for the management of the vaccination and immunisation scheme are beginning to play an increasingly effective part in facilitating the work of the family doctor, thus enabling him to provide better standards of care for his patients.

Some of the family doctors are, however, in need of improved surgery accommodation. Some of their surgeries (as in Horsham) are affected by proposals for urban redevelopment. Some doctors have set aside part of their homes for surgery purposes and would now prefer separate surgery accommodation. But the doctor who himself wishes to improve his facilities is faced with a capital outlay which he is frequently unable to finance himself and for which he can expect no increased income.

In this situation, consideration should be given to the extent to which the County Council can initiate further imaginative developments and improvements in the community health services and the following recommendations will accordingly be laid before the County Health Committee:

(i) That subject, where necessary, to the approval of the Executive Council for West Sussex and of the Ministry of Health, the County Council will, where practicable and at negotiated rentals, provide surgery accommodation in health centres or County clinics for general medical practitioners on the list of the Executive Council for West Sussex.

(ii) That where desired and practicable, the County Council will lease or sell, on terms to be approved, land forming part of the site of a County clinic in order to enable general medical practitioners to erect surgery accommodation thereon.

(b) *Nurses' Houses:* Experience has shown that, in order to accommodate the increasing number of staff required in the home nursing service and to allow for the replacement of houses which are no longer suitable or conveniently situated, the original forecast that four new houses would be needed each year has proved to be insufficient. Provision has accordingly been made for six houses to be acquired annually.

(c) *Health Education Centre, Dental Darkroom/Laboratory and Store for Nursing Equipment:* These facilities can be included in the new clinic or health centre to be built in Chapel Street, Chichester in 1966/67 and sketch plans will be submitted to the Nursing Sub-Committee in due course.

(d) *Ambulance Stations:* Provision has been made for the erection of nine ambulance stations in the ten-year period. Work on two of these stations (at Bognor Regis and Chichester) has been planned to start before the end of the financial year 1964/65 and five others (at Horsham, Littlehampton, Pulborough, Shoreham-by-Sea and Worthing) should be started in 1965/66. The remaining two stations (at Crawley and East or West Wittering) will not be required for some years.

The existing buildings at Crawley were originally planned as a four-bay station. Six vehicles now operate from this station and it is evident that the operational and administrative accommodation will become progressively insufficient for the requirements of the area. The Chief Constable for West Sussex has stated that although there is enough room at present at Crawley Police Station (accommodated on a site adjoining the ambulance station), it is nevertheless fully occupied now and that he

has no doubt that within four or five years additional administrative and garage accommodation will be required. If they were available, the ambulance buildings would meet those needs at that stage.

(e) *Mental Health Training Centres and Hostels:* The numbers of places in training centres for the mentally subnormal which were provided in the 1963 revision of the plan are given below. They are also shown as a rate per 1,000 population and are compared with the indices for England and Wales.

Places for the mentally subnormal		31.3.64	31.3.69	31.3.74
In junior centres:				
Number of places — West Sussex		90	175	175
Per 1,000 population	West Sussex	0.21	0.36	0.32
	England and Wales ...	0.39	0.49	0.49
In adult centres:				
Number of places — West Sussex		25	91	121
Per 1,000 population	West Sussex	0.24	0.34	0.35
	England and Wales ...	0.29	0.50	0.57

Over the next ten years, it is now envisaged that there will be a need to provide three (one more than at the 1963 revision) comprehensive day training centres, i.e. centres capable of providing for the needs of both children and adults. One of these (at Crawley) is now being built, another (at Chichester) should be started before 31st March, 1965 and the third (at Horsham) has been included in the second quinquennium. In addition, a day training centre (at Worthing) exclusively for children should be completed by 31st May, 1965.

Provision has been made for one adult training centre to be built after 1969/70 but it is likely that others will have to be included in future revisions of the plan as the needs and numbers of the mentally subnormal become more clearly defined.

As regards residential accommodation, the following table compares the County's present and proposed provision for the subnormal with the rates per 1,000 population for England and Wales. The figures were made available by the Ministry of Health following the 1963 revision of the plan.

Places for the mentally subnormal		31.3.64	31.3.69	31.3.74
In junior hostels:				
Number of places — West Sussex		—	60	60
Per 1,000 population	West Sussex	—	0.12	0.11
	England and Wales ...	0.01	0.04	0.04
In adult hostels:				
Number of places — West Sussex		25	91	121
Per 1,000 population	West Sussex	0.06	0.19	0.22
	England and Wales ...	0.02	0.11	0.14

The present revision of the plan envisages that nine hostels for the mentally disordered (three for subnormal children, three for subnormal adults and three for mentally ill adults) will be provided in the next ten years and that work on the extension of the hostel at Rustington (for subnormal adults) will be started during 1965/66. These forecasts exceed the proposed national provision and may need to be modified in future years.

PART V — THE STAFF

18. Part II of the Appendix gives forecasts in terms of whole-time equivalents at 31st December of each year of the numbers of staff which will be required for the provision of local health services. Time devoted to the school health service has been specifically excluded and no account has been taken of staff employed on environmental health services (such as rural water supply and sewerage schemes) and on the ambulance and first aid section of the civil defence corps. The number given for each of the three years ending 31st December, 1967 are those which it is assumed can be recruited and be in post by those dates. Other forecasts relate to the numbers of staff which should be employed if they are available.

19. The 1964 national revision of the ten-year plan enables the following comparisons to be made between local and national forecasts of some categories of domiciliary field staff. These forecasts, made in 1963 for the purpose of the first revision of the forward plan, are shown below.

Staff (*whole-time equivalent*)		31.12.63	31.12.68	31.12.73
Health visitors:				
Number — West Sussex		49.4	60.4	64.4
Per 1,000 population	West Sussex	0.12	0.12	0.12
	England and Wales ...	0.11	0.15	0.16
Home helps:				
Number — West Sussex		148	345	470
Per 1,000 population	West Sussex	0.35	0.71	0.86
	England and Wales ...	0.59	0.73	0.79
Home nurses:				
Number — West Sussex		91.6	110	130
Per 1,000 population	West Sussex	0.22	0.23	0.24
	England and Wales ...	0.16	0.18	0.19
Midwives:				
Number — West Sussex		45	48	48
Per 1,000 population	West Sussex	0.11	0.10	0.09
	England and Wales ...	0.11	0.13	0.13

20. The reasons for most of the recommendations contained in Part II are given below. In framing these recommendations regard has been paid both to national trends and also to special problems of local importance such as the growth and age constitution of the population in West Sussex.

(a) *Doctors:* The continuing expansion of community services for the mentally disordered and the likely introduction of further specifically preventive services such as geriatric clinics and the detection of diabetes and cancer will necessitate the recruitment (suggested for the year 1966/67) of an additional medical officer for clinical duties.

(b) *Dental Staff:* The original plan approved in 1962 envisaged some increase (from the year 1964/65 onwards) in the numbers of staff required for the treatment of expectant and nursing mothers and young children. This increase has not proved to be necessary and the current rate of acceptance of treatment facilities made available by the County Council now suggests that there need be no appreciable increase in the numbers of staff employed during the next five years.

(c) *Domiciliary Midwives:* There is no reason to think that the local forecasts made last year will be far from what will in fact be required. It is likely that earlier discharge from hospital will offset the fall in domiciliary confinements and the Ministry of Health have estimated that something like the numbers provided for in the present staff establishment will be needed at the end of the ten-year period. No variation has therefore been suggested in the present number of whole-time equivalent posts.

(d) *Health Visitors:* The table given in paragraph 19 shows that the increased provision (from one to three annually) made in the last revision of the plan will not in fact increase the numbers of health visitors per 1,000 population by the end of the ten-year period. For the County as a whole, I nevertheless consider last year's revision to be adequate and realistic having regard to the increasing numbers of *clinic assistants* for which provision has been made.

The Medical Officer of Health of Worthing has however made representations that the present allocation of health visitors in the Borough (a whole-time equivalent of 4.8) is inadequate and it is therefore suggested that

(i) the numbers of health visitors to be recruited annually should be increased from three to four for the year 1966/67 onwards; and that

(ii) in the early years, two of these health visitors should annually be allocated to Worthing.

(e) *Home Nurses:* No change is suggested in the level of recruitment adopted by the Council in 1963. Provision has accordingly been made for the additional appointment annually of four qualified *home nurses* and four *nursing auxiliaries.*

(f) *Health Education Staff:* With the recruitment of a technical assistant in 1965/66 and a further assistant organiser in 1966/67, the numbers of staff employed on the organisation of health education will be increased to five. It is considered that this will be sufficient for the remainder of the ten-year period.

(g) *Ambulance Staff:* The forecasts are much the same as have been approved on previous occasions. They take account of the introduction of the proposed cadet training scheme (planned to commence in 1965/66) and of the possibility of the introduction (during 1966/67) of a fully-centralised system of control covering the whole County. That possible development is at present being examined. It would probably necessitate a net increase of three in the number of control staff employed but against that must be set the potential improvements in efficiency and the economies in vehicle mileage which would result from better co-ordination of ambulance journeys.

(h) *Mental Health Staff:* The estimates of staff to be employed in training centres for the mentally subnormal have been related to the growing numbers of pupils to be provided for and have been brought into line with the recommendations of the Sub-Committee (known as the Scott Committee) of the Standing Mental Health Advisory Committee on the Training of Staff of Training Centres. A staff to pupil ratio of the order of one to ten has accordingly been aimed at. Head teachers of centres with more than 50 pupils on the register have not however been regarded as having direct responsibility for a group of pupils and student teachers (one at each of the three junior centres) have been reckoned as supernumerary to the approved staff establishment.

Since the plan was last revised, experience gained at Rustington Hostel for mentally subnormal adults has shown that earlier forecasts of the numbers of staff required to service residential accommodation for the mentally disordered were inadequate. Improvements have therefore been suggested which will result in the staffing of mental health hostels being brought more into line with standards adopted in other residential accommodation provided by the County Council.

The gradual increase in the number of *mental welfare officers* which was set out in the last revision of the plan has been continued and provision has been made for one *welfare assistant* to be in post each year.

(i) *Home Helps:* The information given in paragraph 19 shows that the revised estimates made in 1963 (40 home helps a year in the first quinquennium and 25 a year thereafter) will bring the County's average into line with that for England and Wales by about 1968. The present number of field staff employed is however appreciably less than the national average and it would therefore seem sensible to aim at a slightly faster rate of expansion during the next few years. Provision has accordingly been made for the recruitment of a whole-time equivalent of 50 additional home helps in each of the years 1966/67 and 1967/68.

(j) *Chiropodists:* Provision has again been made for a gradual increase in the recruitment of chiropodists in order to meet the growing needs of the elderly, the physically handicapped and expectant and nursing mothers. The numbers shown follow the pattern adopted in 1963 but suggest an additional increase (from one to two) in each of the years 1965/66 and 1966/67.

(k) *Other Staff:* Provision has been made for an annual growth of approximately five per cent in the numbers of *administrative and clerical staff* required. The forecasts of *manual and domestic staff* have been related to the estimated opening dates of new premises.

T. McL. GALLOWAY

County Medical Officer of Health

PART I

Capital Programme

(a) List of Premises in use 1964/65

(i) Premises owned by County Council

Health Clinics	*Location and size*	*Approximate population served*
ALDWICK AND PAGHAM	Welfare House, 75 Rose Green Road.	7,000
ARUNDEL	Granville House, 51 Maltravers Street.	3,500
BOGNOR REGIS	Westloats Lane.	42,000
CHICHESTER	Chapel Street.	54,000
CRAWLEY (Main Clinic)	Exchange Road, Northgate.	57,000
CRAWLEY (Wing Clinics attached to primary schools):		
GOSSOPS GREEN ...	Gossops Green C.P. School, Kidborough Road.	5,000
LANGLEY GREEN ...	Langley Green C.P. School, Langley Drive.	8,500
TILGATE	Bishop Bell C.P. School, Loppets Road, Tilgate.	8,000
THREE BRIDGES ...	Jubilee Hall, 180 Three Bridges Road, Three Bridges, Crawley.	5,500
HORSHAM	Hurst Road.	45,000
LANCING	Irene Avenue.	20,000
LITTLEHAMPTON ...	Elm Grove Road.	34,000
ROFFEY	Leechpool Lane, Roffey, Horsham.	5,000
SELSEY	County Primary School, High Street.	5,000
SHOREHAM-BY-SEA ...	Middle Road.	18,000
WORTHING	Stoke Abbott Road.	80,000
ACCOMMODATION FOR NURSES:	43 units of housing accommodation in various parts of the Administrative County.	

(i) Premises owned by County Council (continued)

Premises	*Location and size*
MENTAL HEALTH TRAINING CENTRE ...	Brougham Road, WORTHING. Purpose-built; both sexes and all ages received; now inadequate for numbers attending Centre; intended to use these premises as a day training centre for adults when new purpose-built junior training centre at Ham Farm, Durrington Lane is available.
AMBULANCE STATION AND CONTROL ...	Tower Street, CHICHESTER. (Temporary hut only — no garage accommodation).
AMBULANCE STATIONS ...	Aldwick House, BOGNOR REGIS. (Temporary duty room only — no garage accommodation). Exchange Road, CRAWLEY. Accommodation for 6 vehicles. Bepton Road, MIDHURST. Accommodation for 2 vehicles.
MENTAL HEALTH TRAINING CENTRES AND HOSTEL	(i) Station Road, RUSTINGTON, nr. Littlehampton. Residential hostel (25 residents) and industrial unit (50 pupils) for mentally subnormal males aged 16 to 40 years. (ii) Temporary Training Centre, 'Catherington', Ifield, CRAWLEY. Centre receives 30 persons.

(ii) Premises rented by County Council

Clinics at Village Halls, etc.	*Location and size*	*Approximate population served*
ALDINGBOURNE ...	Village Hall.	3,200
ANGMERING	Village Hall.	2,700
ANGMERING	Vestry Hall.	
ASHINGTON	Surgery, Holloways Stores, London Road.	1,500
BARNS GREEN	Village Hall.	1,000
BEEDING	Village Hall, High Street.	3,200
BILLINGSHURST	Women's Hall.	3,400
BOSHAM	Village Hall.	3,500
BROADBRIDGE HEATH ...	Village Room, Wickhurst Lane.	1,200
CAMELSDALE	Village Hall.	1,500
CHICHESTER	Coronation Hall. (Mother-craft and hearing tests only).	30,000
CLAPHAM AND PATCHING	Village Hall.	500
COLGATE	Village Hall.	1,600
COMPTON	Parish Room.	600
COWFOLD	Village Hall.	1,500
CRAWLEY (Ifield) ...	Community Hall.	6,000
CRAWLEY (Southgate) ...	Community Hall.	5,000
EAST PRESTON	Conservative Hall.	4,000
FELPHAM	Methodist Hall.	9,000
FERNHURST	Village Hall.	2,600
FERRING	Village Hall.	4,000
FINDON	The Surgery, Holmcroft Gardens.	1,500
FUNTINGTON	Boy Scouts Association H.Q.	1,500
GRAFFHAM	Empire Hall.	800
HARTING	The Malt House.	1,500
HENFIELD	Parish Hall.	3,000
HUNSTON	Village Hall Annexe.	1,000
KIRDFORD	Village Hall.	2,200
LODSWORTH	Village Hall.	600
LOXWOOD	Village Hall.	1,000
MIDHURST	Welfare Hall, Petersfield Road.	5,800
MILLAND	Milland Valley Memorial Hall.	800
NORTHCHAPEL	Working Men's Club.	1,200
NORTH MUNDHAM ...	Village Hall.	1,000
OVING	Village Hall.	1,100
PARTRIDGE GREEN ...	Methodist Chapel, High Street.	2,000
PETWORTH	The Surgery, Lombard Street.	9,000
POLING	Community Hut.	200
PULBOROUGH	Church Room.	3,600
ROGATE	Village Hall.	2,000
RUDGWICK	Rudgwick Hall.	2,000
RUDGWICK	Home Guard Hall.	
RUSPER	Village Hall.	1,500
RUSTINGTON	Village Hall, Woodlands Avenue.	6,000
SHIPLEY	Village Hall.	1,500
SIDLESHAM	Keynor Hut.	1,500
SLINFOLD	Village Hall.	1,500
SOUTHBOURNE	Church Hall, Stein Road.	3,500
SOUTHWATER	Village Hall.	2,000
SOUTHWICK		
(1) Canteen Hall ...	The Twitten.	12,000
(2) All Souls' Church Hall	Downsway.	
STEYNING	St. Andrew's Hall, Jarvis Lane.	3,000
STORRINGTON	Girl Guides' Hall, Brown's Lane.	5,200

(ii) Premises rented by County Council (continued)

Clinics at Village Halls, etc.	*Location and size*	*Approximate population served*
TANGMERE	Sick Bay, R.A.F. Station.	1,300
THORNEY ISLAND ...	R.A.F. Station.	500
WALBERTON	Parish Hall.	2,500
WARNHAM	Village Hall.	1,700
WASHINGTON	Room, rear of Settatree Shop.	1,500
WASHINGTON	Memorial Hall.	
WESTBOURNE	No. 25 Families' Hostel.	3,500
WEST CHILTINGTON ...	Village Hall.	1,500
WISBOROUGH GREEN ...	Village Hall.	1,500
WITTERING	Youth Hut, East Wittering.	6,800
WORTHING:		
Broadwater	St. Stephen's Hall.	10,000
Durrington	Church Hall.	10,000
Findon Valley ...	All Saints' Hall, Cissbury Avenue.	4,000
Goring	St. Mary's Hall.	10,000
	St. Richard's Hall, Collingwood Avenue.	
YAPTON	Yapton and Ford Village Hall.	2,000
Rented for distribution of Government welfare foods only:		
CRAWLEY	Christ Church Hut, Pound Hill.	5,500
HORSHAM	33 London Road.	30,000
STORRINGTON	Girl Guides' Hall, Brown's Lane.	5,000

Premises	*Location and size*
ACCOMMODATION FOR NURSES	37 units of housing accommodation in various parts of the Administrative County.
AMBULANCE STATIONS ...	HORSHAM: Park Street. PULBOROUGH: Lower Street. WORTHING: Farncombe Road. LITTLEHAMPTON: Maltravers Road.
MENTAL HEALTH TRAINING CENTRE ...	Stockbridge Hall, Donnington, nr. CHICHESTER. Parish Hall of modern design and construction. Centre receives 25 persons (all ages and both sexes). Should be replaced by purpose-built Centre.

(iii) Premises owned or rented by voluntary bodies undertaking health services as agents of the County Council

(*a*) CHICHESTER DIOCESAN MORAL WELFARE ASSOCIATION.

BRIGHTON:	Garton House	Homes for unmarried mothers. No places specifically reserved for West Sussex cases. No change contemplated as a result of capital programme.
EASTBOURNE:	Bell Hostel	

(*b*) WOMEN'S VOLUNTARY SERVICE — ALL PART-TIME USE FOR DISTRIBUTION OF WELFARE FOODS.

BOGNOR REGIS:	Sudley Lodge, High Street.
CHICHESTER:	40 North Street.
CRAWLEY:	8 Station Road.
LANCING:	Chesham House, 122 South Street.
SHOREHAM-BY-SEA:	Mayfield Block, St. Wilfrid's.
SOUTHWICK:	Bellassie Lee, Roman Road.
WORTHING:	6 Ashdown Road.

(b) **Premises to be provided 1965/75**

Scheme	*Location and size*	*Statement of need*	*Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)*	£
1964/65				
AMBULANCE STATION ...	BOGNOR REGIS: War Memorial Hospital grounds; station for six vehicles.	NEW PROVISION: At present service operates from temporary accommodation.	Project (including site works) ...	18,375
			Furniture and equipment ...	350
			Fees	825
				19,550
			Site	3,200
				22,750
AMBULANCE STATION ...	CHICHESTER: Summersdale Road; station for eight vehicles.	NEW PROVISION: At present ambulances operate from temporary hutted accommodation at rear of County Hall. There are no garage facilities.	*Loan*	
			Project (including site works) ...	29,300
			Furniture and equipment ...	500
			Fees	1,600
				31,400
			Site	1,150
				32,550
JUNIOR TRAINING CENTRE	WORTHING: Ham Farm, Durrington Lane; 75 places.	REPLACEMENT of existing inadequate training centre (which will be used as a training centre for adults).	*Loan*	
			Project (including site works) ...	113,635
			Furniture and equipment ...	7,250
			Fees	4,625
				125,510
HOSTEL FOR SUBNORMAL CHILDREN AND WARDEN'S HOUSE	WORTHING: Ham Farm, Durrington Lane; 30 places.	NEW PROVISION for children from inadequate or distant homes.	Site	19,575
				145,085

(b) **Premises to be provided 1965/75** (continued)

Scheme	*Location and size*	*Statement of need*	*Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)*	£
1964/65 (*continued*)				
DAY TRAINING CENTRE (comprehensive) AND CARETAKER'S HOUSE ...	CRAWLEY: Martyrs Avenue; 75 places.	NEW PROVISION to serve the population of Crawley and Horsham Urban and Rural Districts.	*Loan* Project (including site works) ... Furniture and equipment ... Fees	71,695 2,750 2,750
				76,195
			Site	5,700
				81,895
DAY TRAINING CENTRE (comprehensive) AND CARETAKER'S HOUSE ...	CHICHESTER: Summersdale Road; 75 places.	NEW PROVISION to serve Chichester, Bognor Regis and coastal belt of Chichester Rural District.	*Loan* Project (including site works) ... Furniture and equipment ... Fees	75,000 2,750 3,000
				80,750
			Site	6,325
				87,075
NURSES' HOUSES (4) ...	FERNHURST. LANCING. RUDGWICK. SELSEY.	REPLACEMENT of old cottage. NEW PROVISION. REPLACEMENT of bungalow at Loxwood. NEW PROVISION.		4,675 4,690 4,640 3,495
				17,500
			Totals 1964/65	**£386,855**

(b) **Premises to be provided 1965/75** (continued)

Scheme	*Location and size*	*Statement of need*	*Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)*	£
1965/66				
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) ...	10,750
			Furniture and equipment ...	250
			Fees	500
				11,500
			Site	3,750
				15,250
HOSTEL FOR ADULT MALE SUBNORMALS	RUSTINGTON: Extensions to existing hostel.	NEW PROVISION of residential and recreational accommodation.	*Loan*	
			Project (including site works) ...	37,000
			Furniture and equipment ...	1,500
			Fees	1,500
				40,000
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.	*Loan*	
			Project (including site works) ...	15,550
			Furniture and equipment ...	300
			Fees	550
				16,400
			Site	2,000
				18,400

(b) **Premises to be provided 1965/75** (continued)

Scheme	*Location and size*	*Statement of need*	*Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)*	£
1965/66 (*continued*)				
HOSTEL FOR MENTALLY ILL ADULTS	RUSTINGTON: 30 residents.	NEW PROVISION: It is envisaged that a number of hostels will be needed for mentally ill patients.	*Loan*	
			Project (including site works) ...	50,000
			Furniture and equipment ...	5,000
			Fees	2,000
				57,000
			Site	5,000
				62,000
AMBULANCE STATION ...	WORTHING: Ham Farm, Durrington Lane; station for eight vehicles.	NEW PROVISION: At present service operates from St. John Ambulance Headquarters. There are no garages and control is in old adapted stables.	*Loan*	
			Project (including site works) ...	21,715
			Furniture and equipment ...	500
			Fees	825
				23,040
			Site	4,500
				27,540
AMBULANCE STATION ...	HORSHAM: Hurst Road; station for eight vehicles.	NEW PROVISION: At present service operates from St. John Ambulance Headquarters. Garage facilities are poor and there is no room for expansion.	*Loan*	
			Project (including site works) ...	19,000
			Furniture and equipment ...	500
			Fees	825
				20,325
			Site	5,750
				26,075

(b) **Premises to be provided 1965/75** (continued)

Scheme	*Location and size*	*Statement of need*	*Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)*	£
1965/66 (*continued*)				
AMBULANCE STATION ...	SHOREHAM-BY-SEA: Station for four vehicles.	NEW PROVISION.	*Loan*	
			Project (including site works) ...	10,375
			Furniture and equipment ...	250
			Fees	520
				11,145
			Site	750
				11,895
NURSES' HOUSES (6) ...	Location not yet decided.	NEW PROVISION and/or REPLACEMENT.	Six houses at £4,750 each ...	28,500
			Totals 1965/66	**£229,660**
1966/67				
HEALTH CENTRE/CLINIC including Child Guidance Clinic, Health Education Centre, Dental Laboratory	CHICHESTER: Chapel Street.	REPLACEMENT of existing inadequate clinics and NEW PROVISION for expanding health education and dental services.	*Loan*	
			Project (including site works) ...	44,000
			Furniture and equipment ...	2,000
			Fees	2,500
				48,500
			Site	7,000
				55,500

(b) **Premises to be provided 1965/75** (continued)

Scheme	*Location and size*	*Statement of need*	*Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)*	£
1966/67 (*continued*)				
HEALTH CENTRE/CLINIC	LANCING.	NEW PROVISION: To serve North and South Lancing. Existing Clinic in North Lancing (inadequate for expanding population) to be closed.	*Loan*	
			Project (including site works) ...	35,000
			Furniture and equipment ...	1,500
			Fees	1,500
				38,000
			Site	5,000
				43,000
HOSTEL FOR ADULT FEMALE SUBNORMALS* ... *To be built under one contract with scheme on next page.	CRAWLEY: Catherington, Ifield Green; 30 residents.	NEW PROVISION: This hostel will receive high-grade mentally subnormal females and a small number of mentally ill persons from any part of the County who are capable of working in the factory area of Crawley New Town.	*Loan*	
			Project (including site works) ...	55,000
			Furniture and equipment ...	5,000
			Fees	3,000
				63,000
			Site (already provided)	5,000
				68,000
HEALTH CENTRE/CLINIC including Child Guidance Clinic	HORSHAM: North Street (on site of present Fire Station); to serve population of 45,000.	REPLACEMENT of existing premises.	*Loan*	
			Project (including site works) ...	44,000
			Furniture and equipment ...	2,000
			Fees	2,500
				48,500
			Site	13,500
				62,000
NURSES' HOUSES (6) ...	Location not yet decided.	NEW PROVISION and/or REPLACEMENT.	Six houses at £4,750 each ...	28,500
			Totals 1966/67	**£257,000**

(b) **Premises to be provided 1965/75** (continued)

Scheme	*Location and size*	*Statement of need*	*Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)*	£
1967/68				
HOSTEL FOR SUBNORMAL CHILDREN*	CRAWLEY: Catherington, Ifield Green; 30 residents.	NEW PROVISION: There is need for residential accommodation for mentally subnormal children from inadequate or distant homes.	*Loan*	
			Project (including site works) ...	55,000
			Furniture and equipment ...	5,000
			Fees	3,000
				63,000
			Site (already provided)	5,000
				68,000
*To be built under one contract with scheme on previous page.				
HEALTH CENTRE/CLINIC	BOGNOR REGIS.	REPLACEMENT of existing clinic and NEW PROVISION (on a central site) for expanding services.	*Loan*	
			Project (including site works) ...	35,000
			Furniture and equipment ...	1,500
			Fees	1,500
				38,000
			Site	5,000
				43,000
HOSTEL FOR MENTALLY ILL ADULTS	CHICHESTER: 30 residents.	NEW PROVISION: It is envisaged that a number of hostels will be needed for mentally ill patients.	*Loan*	
			Project (including site works) ...	55,000
			Furniture and equipment ...	5,000
			Fees	3,000
				63,000
			Site	7,500
				70,500

(b) **Premises to be provided 1965/75** (continued)

Scheme	*Location and size*	*Statement of need*	*Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)*	
1967/68 (*continued*)				£
HEALTH CLINIC	WORTHING: (Details of scheme will depend, *inter alia*, on Worthing Central Development plans).	NEW PROVISION: Extension to existing clinic which is inadequate.	*Loan* Project (including site works) ...	8,750
NURSES' HOUSES (6) ...	Location not yet decided.	NEW PROVISION and/or REPLACEMENT.	Six houses at £4,750 each ...	28,500
			Totals 1967/68	**£218,250**
1968/69			*Loan*	£
HOSTEL AND TRAINING CENTRE FOR ADULT MALE SUBNORMALS ...	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.	Project (including site works) ...	100,000
			Furniture and equipment ...	8,000
			Fees	4,500
				112,500
			Site	12,000
				124,500
HEALTH CLINIC	CRAWLEY Pound Hill. (Details of scheme not yet prepared).	REPLACEMENT of clinic at Three Bridges.	Project (including site works) ... Furniture and equipment ...	7,750
			Site	2,000
				9,750
NURSES' HOUSES (6) ...	Location not yet decided.	NEW PROVISION and/or REPLACEMENT.	Six houses at £4,750 each ...	28,500
			Totals 1968/69	**£162,750**

(b) **Premises to be provided 1965/75** (continued)

Scheme	*Location and size*	*Statement of need*	*Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)*	£
1969/70				
AMBULANCE STATION ...	CRAWLEY: Station for eight vehicles.	REPLACEMENT of present station (which will be made available to the Police).	*Loan*	
			Project (including site works) ...	22,000
			Furniture and equipment ...	500
			Fees	850
				23,350
			Site	6,000
				29,350
NURSES' HOUSES (6) ...	Location not yet decided.	NEW PROVISION and/or REPLACEMENT.	Six houses at £4,750 each ...	28,500
			Totals 1969/70	**£57,850**
1970/75				
DAY TRAINING CENTRE	HORSHAM: 75 places.	NEW PROVISION: To provide further training facilities for the mentally sub-normal.	*Loan*	
			Project (including site works) ...	75,000
			Furniture and equipment ...	2,750
			Fees	3,000
				80,750
			Site	7,000
				87,750

(b) **Premises to be provided 1965/75** (continued)

Scheme	*Location and size*	*Statement of need*	*Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)*	£
1970/75 (*continued*)				
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
				56,000
			Site	5,000
				61,000
HOSTEL FOR SUBNORMAL CHILDREN	CHICHESTER: 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
				63,000
			Site (already provided)	3,000
				66,000
HOSTEL FOR SUBNORMAL ADULTS	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
				63,000
			Site	5,000
				68,000

(b) **Premises to be provided 1965/75** (continued)

Scheme	*Location and size*	*Statement of need*	*Provisional cost (to be financed from Capital Fund or Revenue except where otherwise indicated)*	£
1970/75 (*continued*)				
HOSTEL 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) ... Furniture and equipment ... Fees	55,000 5,000 3,000
				63,000
			Site	5,000
				68,000
AMBULANCE STATION ...	EAST or WEST WITTERING: Small office and garage/ carport 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) ... Furniture and equipment ...	3,500 100
				3,600
			Site	1,000
				4,600
NURSES' HOUSES (30) ...	Location not yet decided.	NEW PROVISION and or REPLACEMENT.	30 houses at £4,750 each ...	142,500
			Totals 1970/75	**£497,850**

PART II

Staff

(Figures relate to whole-time equivalents in each case)

Category of Staff	*Actual at 31st Dec., 1963*	*Estimated requirements at 31st December*						
		1964	1965	1966	1967	1968	1969	1974
Doctors	8.5	9	9	10	10	10	10	11
Dentists	0.58	0.58	0.58	0.58	0.58	0.58	0.58	0.66
Domiciliary midwives ...	45	48	48	48	48	48	48	48
Health visitors ...	49.4	50.4	52.8	56.0	59.2	62.4	65.6	81.6
Home nurses	91.6	94	98	102	106	110	114	134
Other nursing staff:								
Supervisory	4	4	4	4	4	4	4	4
Health education organiser and assistants ...	0.6	1.8	2.4	3	3	3	3	3
Clinic assistants ...	6.7	7.2	7.8	8.4	9	9.6	10.2	13.2
Nursing auxiliaries ...	3	8	12	16	20	24	28	48
Ambulance staff (number of vehicles in brackets)	68 (34)	76 (36)	80 (38)	86 (39)	88 (40)	90 (41)	92 (42)	102(47)
Staff of training centres for the mentally subnormal	15	20	28	32	34	36	38	44
Home help:								
Organisers	9.3	5	7	9	10	10.5	11	12
Field staff	148	185	225	275	325	365	405	530
Staff in mental health residential accommodation	4	5	13	18	26	36	41	51
Domiciliary social or welfare workers:								
(*a*) University or equivalent professional training	4	4	4	4	4	4	4	4
Psychiatric social workers	—	1	1	1	1	1	1	1
(*b*) Other social workers:								
Mental welfare officers	5	7	9	9	10	11	12	13
Occupational therapist	1	1	1	1	1	1	1	1
(*c*) Welfare assistants ...	1	2	1	1	1	1	1	1
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 assistants	0.58	0.62	0.62	0.66	0.66	0.66	0.66	0.78
Chiropodists	2	3	5	7	7	8	9	10
Other staff:								
Administrative and clerical	34	37	39	39	41	43	45	50
Manual and domestic	3.9	5	15	20	26	36	44	60
TOTALS (to nearest unit)	505	575	663	751	835	915	988	1,223

Appendix E

DIABETIC SURVEY OF A SEMI-RURAL GROUP PRACTICE

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Introduction

Diabetic screening projects have been carried out on an increasing scale over the past few years. Hitherto, most have been based on a geographically fixed population (factory, village or town) and have been preceded by a certain amount of publicity.

The present paper differs in that it reports a survey based on a semi-rural group practice on the West Sussex coast.

The survey was carried out between July, 1963 and May, 1964 during which time the total number of patients registered with the three general practitioners in the group was between 4,700 and 4,900. It is relevant that in this area a high proportion of patients are over 50 years of age and it was thought, therefore, that the percentage of diabetics discovered would be above the national average. Apart from the difficulty of collecting specimens, the elderly were, moreover, expected to cause problems by failing to understand and to co-operate with the survey.

Method

All patients were surveyed regardless of age. No general publicity was given to the survey apart from notices posted in the three surgeries of the practice. The Medical Officer of Health was given the names and addresses of all patients registered with the practice.

A letter was sent to each family or individual patient. The letter contained:

1. An explanation of the survey signed by the three doctors and the Medical Officer of Health.
2. Envelopes containing clinistix with instructions how to use the strip after obtaining a specimen of urine one to two hours after a meal. One envelope was provided for each member of the family.
3. Cards to be filled in with certain details which would indicate 'peak risk' factors in addition to age. The factors employed were: diabetic family history; increased thirst; polyuria; obesity; women with large families, history of miscarriages, babies over 10 lb., and pruritus vulvae.
4. A reply-paid envelope addressed to the Medical Officer of Health.

Replies were sorted into negative, peak risk group, known diabetics, positive and doubtful clinistix results. Further urine tests were then carried out at the doctors' surgeries.

All positive clinistix patients were offered fasting blood sugar estimation and patients with fasting venous blood sugar over 110 mgs. per cent were offered a glucose tolerance test.

The following are the criteria adopted by the laboratory on the glucose tolerance test:

	Fasting mgs.%	*Peak mgs.%*	*Return to Fasting*	*Glycosuria*
Normal ...	70–120	140–180	2 hours	Nil
Reduced)*1	70–120	200+	2 hours	+Lag storage curve
tolerance)*2	120+	200+	2 hours	++
Diabetic) 3	70–120	200+	2 hours+	++Occult diabetic
) 4	120+	200+	2 hours+	+++Florid diabetic
Increased tolerance ...	80	100–120	2 hours	Nil

* Curves 1 and 2 are not regarded by the laboratory as diabetic.

Results

4,787 patients offered clinistix test.

2,540 replies (53.06 per cent).

Of the replies, 1,360 (53.5 per cent) over 50

465 (18.3 per cent) under 21

658 (25.9 per cent) with one or more 'at risk' factors.

87 replies were clinistix positive.

The age breakdown of these was:

	Male	*Female*	TOTALS
10–20 years ...	2	1	3
21–30 ,, ...	4	4	8
31–40 ,, ...	1	2	3
41–50 ,, ...	8	5	13
51–60 ,, ...	9	4	13
61–70 ,, ...	13	12	25
71–80 ,, ...	10	8	18
80+ ,, ...	1	3	4
TOTALS ...	48	39	87

Discarding the under-21 age group, there were 2,075 replies, of which 84 were clinistix positive (4.05 per cent).

Of these 84 patients, 57 accepted fasting blood sugar estimation (failures due to death, removal or other reasons).

Venous fasting blood sugar less than 100 mgs. per cent=33

Venous fasting blood sugar less than 100–109 mgs. per cent=8

Venous fasting blood sugar more than 110 mgs. per cent=16

Of the 16 patients with fasting blood sugar more than 110 mgs. per cent, 13 accepted glucose tolerance test.

One of the refusals had a fasting blood sugar of 165 mgs. per cent.

Glucose tolerance test results:

Diabetic	7
Reduced tolerance	5
Normal	1

Discussion

On the credit side it may first be said that this was a successful example of co-operation between the three branches of the National Health Service — public health, hospital and general practice. Secondly, 53.06 per cent replies and 4.05 per cent positive replies, without publicity, compared favourably with other surveys. In spite of this, results were relatively disappointing as 0.33 per cent diabetics discovered was only half that obtained in the College of General Practitioners' survey and less than other surveys studied. It could be that our sample was small and by chance we had less than average undetected diabetics. It is interesting to note that all the seven diabetics found were patients of two of the doctors, out of 1,682 replies, and a further seven of their replies were known diabetics. The third doctor, who had no undetected diabetic except possibly the elderly high fasting blood sugar patient who refused further investigation, had 13 replies from known diabetics out of 858 replies. On the other hand, the lower-than-average incidence detected in our survey may have been due to the method or criteria adopted. Possibly we should have used a lower index than 110 mgs. per cent fasting in deciding which to refer for glucose tolerance tests. Some authorities now suggest that a fixed glucose load followed by a two-hour blood sugar is a more accurate screening procedure than urine testing.

Surveys such as this cannot, in our view, be judged solely on the number of diabetics detected at any one time. The discovery of even a few diabetics is clearly worth while, but we regard the identification of 'at risk' patients as equally important. This group can be regularly followed up at little cost in future, more particularly because a health visitor and home nurse attachment scheme now operates in West Sussex and this practice has both.

The cost of materials, stationery and postage, borne by the West Sussex County Council, amounted to £102.7*s*.5*d*. By spreading over a long period this survey was done without taking on extra staff and with a minimum disturbance of normal routine.

Acknowledgements

We wish to thank Dr. K. Rodan, Group Pathologist, and his staff at Worthing Hospital; Mrs. V. Lewis and Miss W. M. Woodroffe, the secretaries of the group practice and Medical Officer of Health respectively, for carrying out all the clerical work involved; Mr. Lawrie of Patrick Dolan Associates, for providing the survey cards and advice in organising the survey; and Dr. T. McL. Galloway, County Medical Officer of Health, for his encouragement and for arranging the finances necessary for the survey.

REFERENCES:

College of General Practitioners (1962) "A Diabetic Survey." British Medical Journal, Vol. I, 1497.

Roberts, J. E. and Willins, T. D. (1963) "Diabetic Detection and Health Education." The Medical Officer, 110, 89.

Diabetic Survey in Bedford, 1962. Proc. Roy. Soc. Med., 57 No. 1, March, 1964.

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