## Contributors

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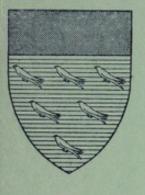
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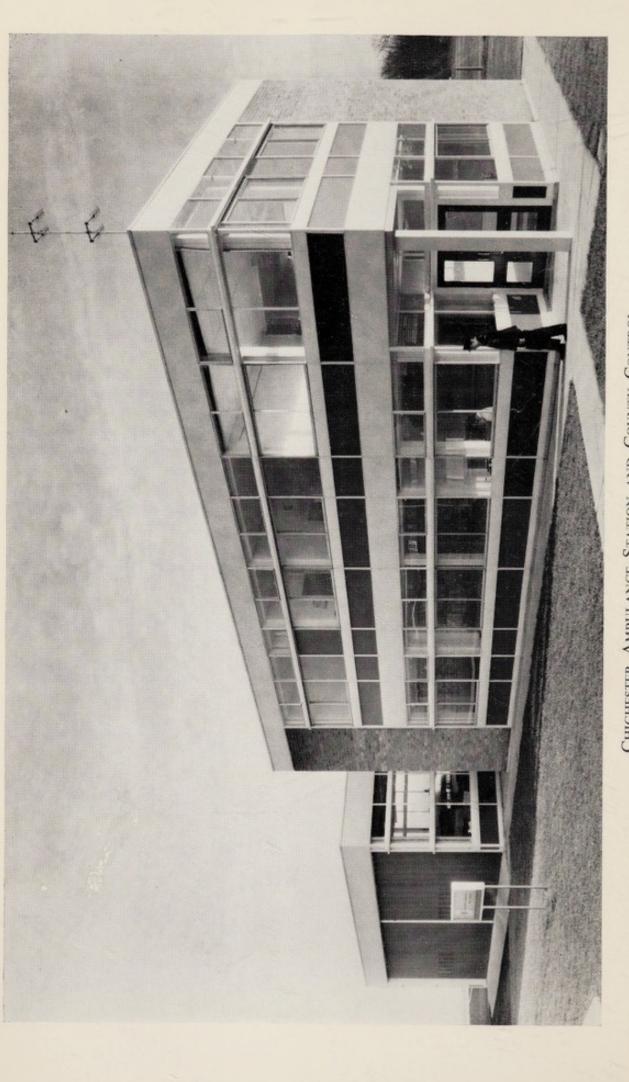
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CHICHESTER AMBULANCE STATION AND COUNTY CONTROL

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... no time should be lost in setting up a properlyconducted Committee of Enquiry into the Administrative Structure of the National Health Service.

The Health of West Sussex: 1964

... the Government should be requested to set up immediately an independent inquiry into the finance, administration and staffing of the National Health Service.

> The Council of the British Medical Association: 21st December, 1966

... The Association have been informed that their views on this subject have been noted and will receive consideration.

The Minister of Health: House of Commons: 30th January, 1967 Telephone: Chichester (OCH3) 85100

COUNTY HALL CHICHESTER 15th May, 1967

#### 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 1966.

The present edition follows the pattern I commended to the Council in 1964. It is relatively short and contains no more than is necessary to record the activities of the Department and the state of the public health, which remained satisfactory during the period under review.

Part I of the Report contains an abbreviated account of the statistics for the year; compared with 1965, there were some fluctuations but none was of material significance. The birth rate fell; the death rate was the same; infant mortality increased; stillbirths were fewer; illegitimacy rose; no women in West Sussex died from maternal causes.

#### Winds of Change

This is the seventh edition of *The Health of West Sussex* for which I have been responsible. How many more I shall present to the Council remains to be seen, for there are several indications that different methods of providing community health services may emerge in the next few years.

Changes in boundaries and functions may come from the Royal Commission on Local Government in England and Wales, charged in its terms of reference to have regard to "the need to sustain a viable system of local democracy." Change in some of the local authority services in Scotland are envisaged in a White Paper\* published by the Government in October, 1966. Change will undoubtedly be recommended by the Seebohm Committee, appointed in December, 1965 by a number of Ministers of State "to review the organisation and responsibilities of local authority personal social services in England and Wales, and to consider what changes are desirable to secure an effective family service." New ways of recruiting and using staff may emerge from the report of the Mallaby Committee on the Staffing of Local Government<sup>†</sup>; new procedures may be introduced after the report of the Maud Committee on the Management of Local Government has been received.

The cumulative effect of the work of these Committees will probably be to modify, perhaps radically, the ways in which the local authority health and social services are at present made available to the public.

<sup>\*</sup>Social Work and the Community. 1966. (Cmnd, 3065). London. H.M.S.O.

<sup>†</sup> Published March, 1967. Ministry of Housing and Local Government. Committee on the Staffing of Local Government. London. H.M.S.O.

The responsibility for some services may pass from one Committee of the Council to another; some Committees may be merged with others; the boundaries and some functions of the County Council may be changed; the County Council may itself cease to exist in its present form.

At a time such as this when the winds of change are beginning to blow through the corridors of county halls, it is regrettable that no complementary consideration is being given to the machinery of the National Health Service as a whole. There are 15 regional hospital boards, 36 boards of governors of teaching hospitals, 336 hospital management committees, 134 executive councils and 173 local health authorities - a perplexing administrative entanglement which, though barely 19 years old, has much in common with the forms of organisation familiar to the mid-Victorians. A comprehensive health service, which disburses annually some twelve hundred million pounds of public money, cannot satisfactorily be administered in this way. It is to be hoped that within the foreseeable future the beams of the searchlights now being turned on local activities may be broadened to embrace the other (non-democratically-elected) branches of the National Health Service. It is almost 90 years since Benjamin Disraeli observed that the health of the people is really the foundation upon which all their happiness depends. It still is. And it is high time that the organisation of the National Health Service was so improved as to make that foundation even more secure.

#### The Partnership with Family Doctors

The Report contains an account of the various ways in which the work of the family doctor is being progressively supported by the County Health Committee in order to provide the public with better standards of medical care. Health visitors, home nurses and midwives are now unconditionally attached to general medical practices in most areas of the County; generous supplies of home nursing equipment are made available to assist in the care of sick persons at home; much of the routine activity of the school health service is closely integrated with the work of the family doctor; advisory clinics for the elderly, at first in Bognor Regis and Littlehampton, will enable family doctors to treat some of the conditions of old age much earlier than might otherwise have been possible; a majority of the family doctors will take part in the County Council's computer-assisted cervical cytology scheme to be started in 1967 and, outside the Borough of Worthing, almost all family doctors are now using the computer to help them with the vaccination and immunisation of their patients.

The terms of the new Charter for general practice, published in May<sup>‡</sup> and partially implemented by the government from October, 1966, will also promote effective co-operation between imaginative health departments and family doctors. Reasonable expenditure on rents and rates for surgery premises, now to be directly reimbursed, will encourage many doctors to improve the conditions in which they have hitherto been compelled to work. The inadequate so-called surgery (frequently no more than a parlour or a room in the corner shop) will inevitably become a relic of the past. Doctors working from purpose-built health

<sup>&</sup>lt;sup>‡</sup> Review Body on Doctors' and Dentists' Remuneration. Seventh Report. May, 1966. (Cmnd. 2992). London. H.M.S.O.

centres, supported by the modern management skills with which some local health authorities are becoming increasingly familiar, may well become the generally-accepted pattern in the future. Such local discussions as have already taken place certainly point in that direction and, as will be seen from the detail published on page 45, more than one-third of the doctors so far approached have indicated that they intend to practise from the health centres which the County Council will be building during the next few years.

When they are ill, people usually seek advice first from their family doctor. In a County with a growing population and a much higher than average number of old people, it is important that doctors should be relieved of trivial work in order to concentrate on the care of sick people who require their clinical skill and judgment. Although the past and present record is not unimpressive, whatever else the County Council can do to promote that end will pay handsome dividends in the better health and well-being of the people they represent.

#### Acknowledgements

I am grateful for the encouragement I have had from members of the Council and I thank the staff for their work throughout the year.

Gauna

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 1965 are also shown for comparative purposes.

		1966
Number	6,506	6,375
Rate a 1,000 population	17.1	16.6
Illegitimate Live Births (per cent of total live births)	6.8	7.1
Stillbirths		
Number	96	75
Rate a 1,000 total live and still births	14.5	11.6
Total Live and Still Births	6,602	6,450
Infant Deaths (deaths under one year)	81	92
Infant Mortality Rates		
Total infant deaths a 1,000 total live births	12.4	14.4
Legitimate infant deaths a 1,000 legitimate live births	12.2	13.7
Illegitimate infant deaths a 1,000 illegitimate live births	15.8	24.2
Neonatal Mortality Rate		
(Deaths under four weeks a 1,000 total live births)	8.8	11.3
Early Neonatal Mortality Rate		
(Deaths under one week a 1,000 total live births)	7.4	9.1
Perinatal Mortality Rate		
(Stillbirths and deaths under one week combined a 1,000 total live and still births)	21.8	20.6
Maternal Mortality (including abortion)		
Number of deaths	1	_
Rate a 1,000 total live and still births	0.2	-

The table on page 12 gives details of the population and the main vital statistics for each County district. The table on page 13 gives details of the causes of death in various age groups.

VITAL STATISTICS West Sussex compared with England and Wales

		Lin	Live Births	S		Deaths		Ingun Moridury		Ann	MOANT	Neonatal Mortality	LIMBLY	-	Stillbirths	15	Mate	rnal M	Maternal Mortality
Year	Population (mid-year	West Sussex	ussex	Eng- land & Wales		West Sussex	Eng- land & Wales	West	West Sussex	Eng- land & Wales	1000	West Sussex	Eng- land & Wales		West Sussex	Eng- land & Wales	West	West Sussex	Eng- land & Wales
	commute)	No.	Rate of popul	Rate a 1,000 population	No.	Rate a popula	1,000 ation	No.	Rate a live t	Rate a 1,000 live births	No.	Rate a live t	Rate a 1,000 live births	No.	Rate a 1,000 total live and still births	1,000 ve and irths	No.	Rate of total l	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	+	+	+	+	+	+-	9	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	99	+	+	+	+	+	+	13	4.1	4.0
1950 1951 1952	316,090 317,900 319,600	4,203 4,068 4,177	14.7 14.2	15.8 15.5	4,454 4,654 4,654	10.4	11.6	100	26.0 25.0	29.6 29.7	395	15.7	18.5	885	19.4	22.6	500	1.2	0.9
53	327,340	4,271	14.4	15.5	4,519	10.4	11.4	62	22.0	26.8	15	15.7	17.7	66	22.7	22.5	44	6.0	0.8
55	347,700	4,681	15.3	15.0	4,696	9.5	11.7	112	24.0	25.4	88 7	18.8	17.7	100	22.1	23.5		0.2	0.7
1956	358,700	5,021	15.4	15.6	5,138	10.7	11.7	122	24.0	23.8	85	16.9	16.8	105	20.5	22.9	· m	0.6	0.6
1958	382,500	5.541	15.4	16.4	5.267	11.0	11.7	100	18.0	23.1	14	14.6	16.5	130	24.0	22.5		0.0	0.5
1959	390,000	5,656	15.1	16.4	5,537	11.8	11.6	95	16.8	22.2	.4	11.3	15.9	121	20.9	20.8	- 61	0.4	4.0
1960	397,240	5,802	14.9	17.1	5,679	12.2	11.5	118	20.3	21.8	88	15.2	15.5	84	13.7	19.8	-	0.2	0.4
1061	418,470	5,183	14.0	0.81	0000	12.0	6.11	101	18.0	4.12	20	13.3	15.3	16.	16.1	19.0	- 0	0.2	0.3
1963	425.710	6.395	17.3	18.1	6.634	11 2	12.2	114	17.8	1.17	24	14.7	1.01	38	1.11	12.1	7	0.3	4.0
1964	436,770	6,567	17.1	18.4	5.976	10.0	11.3	108	16.4	19.9	83	12.6	13.8	16	13.7	163	~	10	200
1965	444,690	6,506	17.1	18.1	6,539	9.7	11.5	81	12.4	19.0	57	8.8	13.0	96	14.5	15.7		0.2	0.2
1966	450,170	6,375	16.6	17.7	6,618	1.6	11.7	92	14.4	19.0	72	11.3	12.9	75	11.6	15.4	1	1	0.3

11

		Chief Vital Statistics	tal Stat	istics for	r each	County District	Distric	t in West	st Sussex	ex		10.00	
	Estimated	No of	Birth	Birth rates	No. of	No of	Death	Death rates	Deaths	Infant mortality	Respi	Respiratory tuberculosis	Concar
DISTRICT	population middle of 1966	births	Crude	Stan- dardised	timate births	deaths	Crude	Stan- dardised	one year	1,000 live births	No. of deaths	Death rate	death rate
Urban Districts Arundel (M.B.)	2,680	38	14.2	18.0	e	35	13.1	9.0	1	1		1	2.2
Bognor Regis Chichester (M.B.)	30,800 20,700	394 303	12.8	19.1	41 14	605 341	19.6	10.2	40	9.9	4 -	0.14 0.05	4.4
Crawley Horsham	61,290 24,190	1,082 412	17.7	13.9	60	355 270	5.8 11.2	11.1	14	12.9		0.02	21
Littlehampton	17,770	266	15.0	13.8	21	229	12.9	9.7	44	15.0	10	110	2.3
Southwick	81,100	918	12.1	13.8	116	1,885	14.2	11.6	19	6.9	101-	0.01	3.4.6
All Urban Districts	268,660	3,799	14.1	16.0	283	4,125	15.4	10.1	54	14.2	12	0.45	3.1
Rural Districts Chanctonbury	25,350	416	16.4	19.7	27	335	13.2	10.2	9	14.4	1	0.04	2.6
Chichester	57,900	777	13.4	16.6	19	616	10.6	8.3	12	15.4		1	2.2
Midhurst	18,430	230	14.9	14.0	10	310	16.9	10.1	-4	17.4			2.8
::	10,130 43,000	152 602	15.0	18.3 21.4	4 45	131 845	12.9	9.2 9.6	15	24.9	11	11	3.0
All Rural Districts	181,510	2,576	14.2	17.71	171	2,493	13.7	1.9	38	14.8	1	0.006	2.7
Administrative County	450,170	6,375	14.2	16.6	454	6,618	14.7	9.7	92	14.4	13	0.03	2.9

Causes of death	Total a	all ages		1-4	5-14	15 14	45-64	65
Causes of death	М	F	1 year	1-4	5-14	15-44	43-04	and over
1. Tuberculosis,		-			200	TE		
respiratory	11	2		_	-	1	8	4
2. Tuberculosis, other	1	2 2 5	_			î	_	2
	6	5	1970	1000			2	29
3. Syphilitic diseases	0	3	-	2	-		4	9
4. Diphtheria		-	-			-	-	-
<ol> <li>Whooping cough</li> <li>Meningococcal</li> </ol>		-	-	-	-	-	-	-
infections		2		-	-	-	1	1
7. Acute poliomyelitis			_		-	_		
8. Measles								_
9. Other infective and								
	4	5		1	3	2	3	3
parasitic diseases	4	2		- 1		4	3	3
10. Malignant neoplasm,								
stomach	63	57	-		-	2	19	99
11. Malignant neoplasm,							-	
lung, bronchus	242	72	-		-	2	112	200
12. Malignant neoplasm,								
	1	146				9	48	90
breast	1	140	-		-	9	40	90
13. Malignant neoplasm,	- 1.3					1.00		
uterus	-	33	-		-	1	20	12
14. Other malignant and								
lymphatic neoplasms	339	324	_		1	24	175	463
15. Leukaemia,					-			100
	22	19		1	1	5	7	27
aleukaemia	22		-	1	1	2		
16. Diabetes	16	22	-			-	7	31
17. Vascular lesions of	100				-	110.1		
nervous system	401	672	1		2	6	104	960
18. Coronary disease,	1000 m	100 100						1000
	766	565				18	271	1,042
angina	100	505				10	2/1	1,042
19. Hypertension with	20				1201		0	-
heart disease	30	57	-		-	-	9	78
20. Other heart disease	321	577	-		-	5	53	840
21. Other circulatory								
disease	131	172				4	37	262
22 Influenze	11	11					5	17
22. Influenza	181	237	14	1	1	3	42	357
23. Pneumonia				1	1	2		
24. Bronchitis	183	59	- 1		-	3	43	195
25. Other diseases of					-		-	P
respiratory system	41	23			-	2	11	51
26. Ulcer of stomach							311	
and duodenum	27	20				2	6	39
	21	20				-	0	57
27. Gastritis, enteritis	10	17				5	2	20
and diarrhoea	10	17	-			2	2	20
<ol><li>Nephritis and</li></ol>								
nephrosis	11	15	1		-	1	9	15
29. Hyperplasia of								
	18						1	17
prostate	10							11
30. Pregnancy, child	175							
birth, abortion	-	-	-		-	-		-
31. Congenital								_
malformations	16	21	19	7	1	5	1	4
32. Other defined and			100					
	163	245	53	4	2	24	79	246
ill-defined diseases	105	245	55	4	4	24	19	240
<ol> <li>Motor vehicle</li> </ol>					1 march	174.00		
accidents	47	22			5	30	18	16
34. All other accidents	27	78	2	2	1	10	8	82
35. Suicide	25	22	_	1		18	16	13
36. Homicide and	25	22		100.11		10	10	15
	1000	2	1			1		
operations of war		2	1	-	-	1	_	
						101		
All Causes	3,114	3,504	92	16	14	184	1,117	5,19

## Causes of Death at Different Periods of Life

Deaths from Cancer: 1966

$\begin{array}{c c c c c c c c c c c c c c c c c c c $	Citer						M	MALES	1		99 3 10 1	2				FE	FEMALES				Total
0-         1-         5-         15-         45-         65-         75-         Mates         0-         1-         5-         15-         75-         Fendual           ch          ( $-)$	Silles					Age	Grou	sdi			Total				Age	Grou	sa				Males
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	10 10 10		9	1			25-	45-	65-	75-	Males	9	1			25-	45-	65-	1	I otal Females	remales
$ \begin{array}{c} \mbonchus & \cdots & (-) & (-) & (-) & (-) & (0) & (05) & (61) & (272) & (-) & (-) & (-) & (2) & (23) & (23) & (21) & (64) \\ \mbonchus & \cdots & (-) & (-) & (-) & (-) & (-) & (-) & (-) & (-) & (-) & (-) & (2) & (33) & (23) & (24) & (44) & (46) & (146) & (15) & (41) & ($	tomach	:	I Ĵ	IÎ	IÎ	I Ĵ	10.00	12 (16)	24 (27)	25 (22)	63 (66)	I)		I Ĵ	I Ĵ	E	7 (9)	18 (24)	32 (32)	57 (66)	120 (132)
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	ung, bronchus	:	1]	I Î I	IÎ	I Ĵ I	10 10 10 10 10 10 10 10 10 10 10 10 10 1	85 (99)	105 (105)	51 (61)	242 (272)	I Ĵ		I Ĵ	I Ĵ	1 (2)	27 (18)	25 (23)	19 (21)	72 (64)	314 (336)
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	ireast	:	I]	IÎ	IÎ	IÎ I		-〔		I Ĵ	-Ĵ	I Ĵ		I Ĵ	I Ĵ	9 (8)	47 (47)	44 (31)	46 (29)	146 (115)	147 (115)
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	terus	:	I]	IÎ I	I Ĵ	IÎ I	C 19. 77 3 2	I Ĵ	I Ĵ	I Ĵ	I Ĵ	I Ĵ		I Ĵ I	I Î I	1 (5)	20 (17)	6 (14)	6 (12)	33 (48)	33 (48)
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	ther organs	:	IÎ I	IÎ.	1	(2)	12 (8)	90 (97)	108 (106)	126 (134)	339 (331)	I Î I		18	-E	e (8)	85 (84)	85 (92)	144 (137)	324 (323)	663 (654)
$ \cdots \qquad $	eukaemia, aleukaemia	:	I Ĵ	-8		18	4()	(5) 5	4	10 (8)	22 (16)	I Î		(5)	-1	E	5 (3)	5 (5)	8 (6)	19 (17)	41 (33)
	TOTALS	:	1]	-E	37		19 (17) (	190 196)	241 (240)	212 (225)	667 (685)	I Ĵ	I Î I	(3)				183 (189)	255 (237)	651 (633)	1,318 (1,318)

Note: The figures in brackets relate to 1965.

The Weather at Worthing: 1966

	Der ite	010	Air tempera.	Air temperature (deg. F.)	-	iden in the second seco	Ra	Rainfall	Su	Sunshine
1966	Highest max.	Lowest min.	Mean max.	Mean min.	Mean	Difference from average	Total (ins.)	Percentage of average	Total (hrs.)	Percentage of average
January	49	22	41.6	35.6	38.6	-2.3	1.96	67	36.5	52
February	52	32	46.9	40.9	43.9	+3.0	4.58	229	35.9	44
March	55	31	50.5	38.6	44.5	+0.7	0.73	42	142.9	102
April	63	32	51.9	42.9	47.4	-0.6	3.83	215	114.8	61
May	71	39	60.5	47.8	54.1	+0.6	1.36	82	250.0	108
June	81	46	67.0	55.3	61.1	+2.0	2.85	186	256.2	105
July	76	48	67.6	55.1	61.3	-1.2	2.16	101	181.7	81
August	76	46	67.5	54.9	61.2	-1.4	2.61	114	222.5	102
September	72	45	66.5	53.4	59.9	+0.5	0.92	43	200.6	121
October	66	40	59.1	49.7	54.4	+1.5	5.67	192	103.3	83
November	59	30	49.2	39.5	44.3	+2.7	1.90	55	66.4	16
December	53	27	48.7	38.2	43.5	+1.7	2.66	92	41.9	69
Means or extremes	81	22	56.4	46.0	51.2	+0.2	31.23	114	1,652.7	91

# PART II-EPIDEMIOLOGY

#### Notifiable Diseases

The total number of notifications of infectious diseases was 3,231 compared with 1,618 in 1964 (in which year, as in 1966, there was no measles epidemic). There were 197 cases of dysentery, which was rather higher than the average for the last few years and 26 notifications of food poisoning, which was about average. Rubella was notifiable in the Worthing Rural District and 166 cases came to light during the year, compared with 381 in 1965.

During the year, four school children were notified to be suffering from respiratory tuberculosis. As a result of these notifications, investigations were carried out among contacts at an independent boarding school, an independent nursery school, a maintained primary and two secondary schools in the County. X-ray examination of the school staffs and all positive reactors to tuberculin testing showed no evidence of further cases.

No cases of anthrax, cholera, diphtheria, plague, poliomyelitis, relapsing fever, smallpox or typhus occurred during the year.

#### Public Health (Leprosy) Regulations, 1966

The Public Health (Leprosy) Regulations, 1966 came into operation on 1st March, 1966. They provide for the notification by medical practitioners to district medical officers of health of all cases of leprosy, and for the transmission of this information by medical officers of health to the Chief Medical Officer of the Ministry of Health. During the year one case of tuberculoid leprosy was notified.

#### Venereal Disease

The report for 1963 drew attention to the increasingly serious national problem of venereal disease; the following figures show that the situation is not improving. The problem is mainly one of health education which must persist in trying to persuade people not to expose themselves to the dangers of contracting infection.

Hospital	Syphilis	Gonorrhoea	Other
Royal West Sussex Hospital (St		14 (20)	100 (100)
Richard's), Chichester	1 105	14 (20) 52 (37)	108 (104)
Worthing Hospital Royal Surrey County Hospital,	4 (9)	52 (37)	182 (168)
Guildford	(-)	- (-)	5 ()
St. Helier Hospital, Carshalton	()	$ \begin{array}{c c} - & (-) \\ 7 & (7) \\ 2 & (2) \end{array} $	- ()
St. Mary's Hospital, Portsmouth	. – (1)	7 (7)	17 (31)
Redhill General Hospital	. 1()	2 (2)	11 (12)
Royal Sussex County Hospital,			
Brighton	. 1 (4)	43 (37)	134 (126)
TOTALS	. 10 (15)	118 (103)	457 (441)

Note: The figures in brackets relate to 1965.

NOTIFICATION OF INFECTIOUS DISEASES: 1966

TOTAT		40 297 372 372 269 269 269 35 269 439	1,790	101 491 181 170 319	1,274	3,064	6,474
8u	y8noə idooy <sub>M</sub>	8 2 10	20	0     10-	6	29	66
19v9l	pioydXL	=   =	2		1	2	2
Tuberculosis	Other	-4-	9		2	80	9
Tuber	Respir- atory	°   5   5   3 0   5	29	10   -0	80	37	57
ләләј	Scarlet )	<sup>4</sup> 13 13 29 29 29	75	11 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 2	34	109	86
ĮĽ	byrexia Puerpera	3   1   26	47	4	16	63	86
pioy	ζένει Ραναίγρ		1	44111	4	4	1
	озриоэи рузуудО	11111111	1	111111	1	1	2
	ogninoM noitoolni	0     -   -       e	5	11111	1	2	-
- The	səlznəM	36 279 134 152 152 152 152 153 386 386	1,414	83 426 168 170 277	1,128	2,542	6,017
8	poinozioq Food	*****	16	01   4	10	26	72
sp	Erysipel	- ~     -	S	-4     6	2	12	15
<i>î</i> a	Dysente	155 155 1 1 1 1	162	$3^{-9}$	35	197	41
polio- myelitis	Para- Para- lytic lytic						
pol	Para- lytic	111111111	1	111111	1	1	1
וומ	louməud Ə1nə¥	4     6	9	132	21	27	20
ute valitis	Post Infec- tious	-	1	11111	1	1	1
Acute encephalitis	Infec- tive	- -	2	111111	1	2	in las
Convery Disension	10,001	Urban Districts Arundel M.B. Bognor Regis Chichester M.B. Crawley Horsham Littlehampton Shoreham-by-Sea Southwick	Total Urban Districts	Rural Districts Chanctonbury Chichester Horsham Midhurst Petworth	<b>Total Rural Districts</b>	Total Administrative County	Total Administative County 1965

Note: Notifications of rubella (166) and tuberculoid leprosy (1) are not shown in this table.

## **Vaccination and Immunisation**

In 1966, immunisation appointments were made by the computer for children on the list of every general medical practice in West Sussex as well as for County clinics; the arrangements did not however apply in the Borough of Worthing. It will be seen from the table that there were further improvements in the immunity indices.

Area		orn in 1965 and 1st December,		Children under two years vaccinated in 1966 as percentage of 1965 births
Area	Diphtheria (per cent)	Whooping cough (per cent)	Poliomyelitis (per cent)	Smallpox (per cent)
West Sussex England & Wales	92 *	91 *	90 *	83 *
		orn in 1964 an Ist December,		Children vaccinated in 1965 as percentage of 1964 births
West Sussex England & Wales	88 71	88 70	87 65	76 33
2 2 4		oorn in 1963 a Ist December,		Children vaccinated in 1964 as percentage of 1963 births
West Sussex England & Wales	71 69	71 68	67 60	57 32

\* Not available.

In the last Report the results were given of an analysis of the immunisation records of six general practices and two County clinics. These showed that over a period of a year the number of appointments made, as a percentage of the records of the practices or clinics in the computer, declined; at the beginning of the period, 33.5 appointments were made on average for every 100 records on the file but, at the end, only 18.7 appointments were made.

An analysis of the records for the whole County was carried out four times during the course of 1966 and the results are given in the following table. It will be seen that there was a steady fall in the percentage of appointments from 22.3 to 13.0. This is a measure of the disappearance of the backlog of work which had to be undertaken when the computer was introduced to process practice and clinic records and it accounts for the decline in the total number of primary courses of triple antigen given in 1966 compared with 1965.

Date of analysis	Records on computer	Appointments made	Number of appointments made to records on computer	Percentage of appointments made to records on computer
December, 1965	35,191	7,834	1 to 4.5	22.3
April, 1966	40,987	8,630	1 to 4.7	21.1
July, 1966	44,538	7,662	1 to 5.8	17.2
December, 1966	46,295	6,012	1 to 7.7	13.0

Although immunity indices have now risen to over 90 per cent, it is expected that they will continue to rise still further. An analysis of 25,984 appointments which were offered in April, May and June, 1966 is given in the following table.

	Number	Percentage
1. Appointments offered	25,984	100
2. Failed three appointments	1,161	4.5
3. Accounted for (e.g. moved, transferred to		
another clinic or doctor)	508	2.0
	Dimento	
4. Net failures	653	2.5
5. Not accounted for	127	0.5
6. Offered second block of three appointments	526	2.0
7. Appointments accepted	416	1.6
	Course_ In	
8. Failed further three appointments-six in all	110	0.4
9. Accounted for-refused further treatment	17	0.07
10. Failed to attend, records suspended and		
parents written to	93	0.4
The foregoing table can be summarised as f	ollows.	
Initial appointments offered (i.e. line 1 - line 3)		25,476
Failed to attend after six appointments (i.e. line 5 +	- line 8)	237
12.12 (12.12)	1001	in the second
Net success	i neg	25,239
Percentage success		99.07

It will be seen that, after three appointments, only 4.5 per cent of the patients had not received their immunisation. Of this group, 508 were accounted for and the net failures were 653. Of these, 416 attended after a further three appointments had been offered. Thus, of 25,476 patients who required to be immunised, only 237 did not attend, a success rate of 99.07 per cent.

There were 5,523 births in the County (i.e. excluding Worthing) and only 21 refusals were recorded after parents had been invited to have their babies protected against infectious disease. At the invitation of the Department, I.B.M. United Kingdom Ltd. made a 16 mm. sound film in colour entitled *The Prevention of Disease*, which described what has been achieved in the management of vaccination and immunisation arrangements in the County using electronic data processing.

The last of the present series of conferences on *The Use of Computers* in *Health Administration* was held at County Hall on 23rd September, 1966. Senior officers from 15 authorities attended what proved to be a worth-while session. Through these occasional conferences, senior officers from nearly every major local health authority have been able to observe at first hand the way in which the computer plays such an important part in the Department's affairs.

The next three tables give details of the various immunisation procedures carried out by family doctors and at County clinics during 1966. Particulars of comparable figures for 1965 are also shown.

Turnet		County al Staff		eneral itioners	TOTALS		
Type of	Primary	Reinforcing	Primary	Reinforcing	Primary	Reinforcing	
Injection	Course	Injections	Course	Injections	Course	Injections	
Triple	1,643	1,871	4,567	4,558	6,210	6,429	
antigen	(1,813)	(1,597)	(5,088)	(4,214)	(6,901)	(5,811)	
Diphtheria	— (—)	142 (113)		(3)	— (—)	142 (116)	
Diphtheria and whooping cough	_ (—)		_ (_)	1 (2)		1 (2)	
Diphtheria	129	3,776	170	8,396	299	12,172	
and tetanus	(234)	(2,126)	(451)	(6,690)	(685)	(8,816)	
Quadruple	—	—	15	42	15	42	
vaccine	(—)	—	(102)	(73)	(102)	(73)	
Tetanus	156	O at-in	11	and berin	167	d storte	
TOTALS	1,928	5,789	4,763	12,997	6,691	18,786	
	(2,047)	(3,836)	(5,641)	(10,982)	(7,688)	(14,818)	
Percentage variation during 1966	—6	+51	—16	+18	-13	+27	

Diphtheria, Whooping Cough and Tetanus

Note: The figures in brackets relate to 1965.

# Poliomyelitis

Ann Crown	Primary V (3 doses S 2 injection 3 injections	abin oral; s Salk; or	Reinforcing Vaccination (4th dose Sabin oral; 3rd or 4th injection Salk; or 4th injection quadruple)			
Age Group	By County Medical Staff	By General Practitioners	By County Medical Staff	By General Practitioners		
Children born 1966	825	2,307		8th_March.		
Children born 1965	1,225	3,047	852	2,142		
Children born 1964	123	288	737	1,691		
Children born 1963	59	141	159	306		
Children born 1959–62	217	401	2,344	4,617		
Others under 16	89	184	273	610		
TOTALS	2,538 (2,141)	6,368 (5,721)	4,365 (1,615)	9,366 (5,080)		
Percentage variation during 1966	+19	+11	+170	+84		

Note: The figures in brackets relate to 1965.

## Smallpox

December	Nu	mber Vaccina	ted	Number Re-vaccinated			
Age Group	By County Medical Staff	By General Practition- ers	TOTALS	By County Medical Staff	By General Practition- ers	TOTALS	
Under 1 year	17 (9)	96 (123)	113 (132)	— —			
1 year	1,526	3,733	5,259	—	3	3	
	(1,304)	(3,582)	(4,886)	—	(1)	(1)	
2-4 years	290	655	945	1	51	52	
	(227)	(646)	(873)	(2)	(31)	(33)	
5-15 years	31	186	217	672	2,166	2,838	
	(16)	(117)	(133)	(121)	(813)	(934)	
TOTALS	1,864	4,670	6,534	673	2,220	2,893	
	(1,556)	(4,468)	(6,024)	(123)	(845)	(968)	
Percentage variation during 1966	+20	+5	+8	+447	+163	+199	

Note: The figures in brackets relate to 1965.

#### The Worthing Dispute

In Worthing the vaccination and immunisation functions of the County Council have been delegated to the Borough Council under the provisions of the *Local Government Act*, 1958. Previous Reports have referred to the Borough's decision not to allow the new developments to be used for the benefit of children living in Worthing and have contained an account of the negotiations between the two authorities.

At a meeting of the Worthing Health and Welfare Committee held on 8th March, 1966

The Town Clerk submitted a letter dated 4th March from the Clerk of the West Sussex County Council conveying the decision of the County Council at its meeting held on the 25th February to refer this matter to the Minister of Health with a view to an Order being made under the provisions of Section 49 of the *Local Government Act*, 1958 declaring the Borough Council to be in default and to direct compliance with the Article 6 regulation. The Clerk of the County Council intimated, however, that it might be advantageous if a final meeting between representatives of the two authorities were held to try to reconcile the opposing points of view before referring the matter to the Ministry of Health.

RESOLVED, that the Town Clerk make arrangements for the Chairman and appropriate Officers to meet representatives of the County Council.

This meeting took place on 22nd March, 1966. No agreement was reached and the matter was accordingly referred to the Ministry of Health by the Clerk of the County Council by letter dated 4th April, 1966. The Borough Council thereupon obtained Counsel's opinion and, acting on his advice, resolved to commence proceedings in the High Court in order to obtain a declaration of their rights under the Scheme of Delegation. In the light of the Borough Council's decision, the Minister of Health suggested that the matter might be more conveniently and expeditiously dealt with if referred to arbitration by a Queen's Counsel and on 21st October, 1966 the County Health Committee agreed with the Minister's suggestion, subject to the arbitrator's decision being final.

At a meeting of the Nursing Sub-Committee held on 30th December, 1966 the Clerk of the County Council reported that

- (i) the Worthing Borough Council had rejected the suggestion of the Minister;
- (ii) the Borough Council wished the matter to be determined by the High Court;
- (iii) an originating summons in the Chancery Division had been served; and that
- (iv) in accordance with the decision of the County Health Committee, Counsel's opinion had been obtained and that this was in the main favourable to the County Council on the merits of the case.

The Clerk of the County Council further reported, however, that since the matter in dispute first arose, some two years ago, there had been several changes in the situation which made it clear that there would be little advantage in forcing the issue to a conclusion. The establishment of the Royal Commission on Local Government was almost certain to lead to some alteration in the pattern of responsibility. In the event of the County Council succeeding in the first instance, the matter would undoubtedly go to appeal and, in view of the length of time which would elapse by the time the case reached finality, some indication of the future changes likely to result from the activities of the Royal Commission might be expected by then. The Seebohm Committee would also be reporting in due course on the future pattern of the social services. Having regard to the above factors and following consultation with the Chairman of the County Health Committee, the Chairman of the County Council and the Clerk had met the Mayor and Town Clerk of Worthing in order to see whether some alternative to expensive litigation might be found. As a result, it was agreed to recommend jointly that the Borough Council should discontinue proceedings on the originating summons and that the County Council should withdraw the regulation which gave rise to it, each party maintaining its position on the merits of its case. This recommendation was subsequently approved by both authorities.

#### **Measles Vaccination**

By Circular 6/66 dated 21st February, 1966, the Ministry of Health informed local health authorities of a recent trial of measles vaccines, reference to which was made in the last Report. The Minister, having had regard to the views of the Joint Committee on Vaccination and Immunisation of the Central and Scottish Health Services Council, did not suggest that authorities generally should seek to make arrangements to offer measles vaccination at the present time.

The circular from the Ministry was considered by the West Sussex Local Medical Committee and it was agreed that vaccination against measles should not at present be included in the current schedule of immunisations; the Committee were of the opinion that, when parents asked for their children to be vaccinated against measles, this should be undertaken by the general medical practitioner and that the vaccine should be obtained on prescription by the doctor concerned. These suggestions were approved on behalf of the County Council.

# PART III-CARE OF MOTHERS AND YOUNG CHILDREN

#### Ante-natal and Post-natal Care

Details of attendances during the last two years, given below, show that there was little change in the volume of work.

		100	1965	1966	
Number of ante-natal clinics provide year	ed at en	nd of	9	9	
Number of sessions held a month			30	31	
Number of women in attendance: (i) for ante-natal examination (ii) for post-natal examination			1,127 284	1,121 241	

#### **Child Welfare Centres**

The number of child welfare centres operating at the end of the year was 50. There was little change in the total numbers of children who attended. At one clinic an appointment system for the mothers was started and, in view of its success, similar arrangements will be introduced at other clinics where possible. Advantages are that the time parents have to wait is reduced and that of the medical officer is fully utilised. The time allowed was ten minutes for a full examination of an infant and five minutes to check minor points.

The numbers of children of various ages who attended the clinics during 1965 and 1966 are given below.

1960-1		4,141	1961–1		4,367
1965 1964	 	4,581 4,139	1966 1965	  	4,252 4,099
Born in		1965	Born in		1966

### Weighing Centres

B

The numbers of children who attended weighing centres during 1965 and 1966 are given below.

		1965		1966				
Born in				Born in				
1965			533	1966			535	
1964			513	1965			584	
1960-1	963		684	1961-1	964		856	
TOTAL		1,730	To	DTAL		1,975		

Health visitors give advice at these centres about infant care to groups which are too small to justify the regular attendance of a medical officer.

#### **Family Planning Clinics**

The table shows that there were substantial increases in the numbers of new cases and in the total attendances at family planning clinics.

Clinic	New	cases	Total at	tendances
Cunic	1965	1966	1965	1966
Bognor Regis	168	251	897	1,472
Chichaster	192	197	734	1,154
Crawley	482	565	1,163	6,165
Horsham	273	660	1,826	2,918
Midhurst	34	32	225	270
Shoreham-by-Sea .	33	13	116	75
Worthing	336	389	1,347	2,554
TOTALS	1,518	2,107	6,308	14,608

In February, 1966 the Minister of Health (by Circular 5/66) urged local health authorities to review their present arrangements for family planning. As a result, the County Council approved a recommendation that financial responsibility should be accepted from 1st January, 1967 for the cost to the Family Planning Association of advice and treatment (including supplies) given to women for whom pregnancy would be detrimental to health.

After discussion with the Family Planning Association, the County Council decided that the criteria defining women for whom pregnancy would be detrimental to health should be

- (a) a woman for 12 months after the birth of a child; a woman after the birth of a fifth child;
- (b) any woman who suffers from a specific medical condition, gynaecological or otherwise, which would render pregnancy dangerous;
- (c) any woman whose general health would be caused to suffer by reason of a mental, physical or social burden placed on her by pregnancy; and
- (d) any unmarried mother.

#### Mothercraft and Relaxation Classes

Mothercraft and relaxation classes for expectant mothers and classes in post-natal exercises were held at the ten centres shown in the following table which also gives particulars of the numbers of attendances made in 1965 and 1966. Physiotherapists took charge of some of the classes; others were run by midwives or health visitors.

	4			0 2	Carriene hald	Total number of attendances		
Area				ound	Sessions held	1965	1966	
Bognor Regis					Weekly	323	319	
Chichester					Weekly (a)	1,562	1,608	
Crawley					Weekly	1,032	679	
Horsham					Weekly	1,322	1,316	
Langley Gr					Weekly (b)	135	258	
Midhurst					Fortnightly(c)	102	71	
Roffey					Weekly	196	186	
Selsey					(d)	83	30	
Shoreham-b	by-Sea				Weekly	277	226	
Worthing					Weekly	Society In	36	
Тотя	LS					5,032	4,729	

(a) One mothercraft and two relaxation classes each week.

(b) None after 15th September, 1966.

(c) None after 10th July, 1966.

(d) As required; none after 23rd February, 1966.

#### 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. 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.

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

Year	National dried milk (tins)	Cod liver oil (bottles)	Vitamins A and D tablets (packets)	Orange juice (bottles)
1966	37,547	5,914	6,355	116,094
	(722)	(113)	(122)	(2,232)

Note: The figures in brackets indicate average weekly distribution.

The Women's Royal Voluntary Service were responsible for the distribution of the foods at all main centres (eight of which are on their premises) and at 21 sub-centres. The value of the sales was £13,751, which was some £2,000 less than in 1965.

#### **Proprietary Foods and Medicaments**

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 fell from  $\pounds 17,714$  in 1965 to  $\pounds 13,394$  in 1966.

A change in policy was introduced in November, 1966. This was designed to limit the large range of foods available and to allow staff time to be used more effectively.

#### 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.

During the year the Chichester Diocesan Moral Welfare Association dealt with 283 new applications for assistance and the Southwark Catholic Children's Society with 23. Cases referred to the Department for financial assistance towards the maintenance of unmarried mothers at mother and baby homes numbered 77, 25 more than in 1965.

#### **Congenital Malformations**

There were 108 births in which a congenital malformation was observed and notified on the birth notification card. In 14 of these, the babies were stillborn. The total number of congenital malformations described was 119.

#### **Dental Care**

A total of 562 expectant and nursing mothers and young children were examined, 407 needed treatment and 247 were made dentally fit. In children between the ages of 4 and 5 years, the D.M.F. rate (decayed, missing and filled teeth per child) was 3.6, the same as in 1965.

Information on the dental care of school children is given in Part IX of the Report.

## Midwifery

The number of midwives practising in the County at the end of the year was 199. Of these, a whole-time equivalent of 34.2 were employed by the County Council (21 whole-time and 52 part-time), 10 were in private practice and 116 were employed by Hospital Management Committees.

The trend towards an increase in the number of hospital deliveries continued. The total number of births was 6,446 and, of these, 5,160 (80 per cent) were hospital deliveries and 1,286 (20 per cent) were delivered at home. Of the latter number, a doctor was not booked in only 11 cases compared with 18 in 1965.

In 1966, 244 women who were booked for a domiciliary confinement had to be delivered in hospital. Medical aid was summoned by domiciliary midwives on 119 occasions, 121 fewer than in 1965. In all but one case, the medical practitioner had already arranged to provide the patient with maternity medical services under the National Health Service.

Details of the number of domiciliary confinements attended by County Council midwives during 1966 are given below.

Doctor not booked	Doctor booked	TOTAL
11	1,261	1,272
(18)	(1,442)	(1,460)

Note: The figures in brackets relate to 1965.

There were 63 notifications of puerperal pyrexia, 23 fewer than the previous year. Two occurred in women confined at home; all the others were in cases confined in hospital.

The Crawley scheme in which the County Council's midwives delivered their own cases, suitably selected, in the general practitioner unit at Crawley Hospital continued to be successful and attracted considerable attention in other parts of the country; 144 women were delivered under these arrangements during 1966. Towards the end of the year, similar arrangements were made with the South West Metropolitan Regional Hospital Board for domiciliary midwives to deliver their cases at the general practitioner units at Worthing and Haslemere hospitals. So far, arrangements have not been made for midwives to deliver cases in consultant units.

The fact that only 20 per cent of deliveries in West Sussex take place at home poses a problem in the provision of domiciliary midwifery. If midwives deliver too few cases and become maternity nurses, they may lose their skill and indeed their interest in the work. As this is particularly relevant in rural areas, the work of the rural staff was examined and, where practicable, re-organised so as to reduce the number of midwives and increase their case loads. To enable pupil midwives at Crawley to attend the requisite number of domiciliary confinements in order to complete their training, midwives in Bognor Regis and Lancing were approved as teaching midwives and arrangements were made for pupils to live in these areas while undertaking their practical work.

## **Health Visiting**

Particulars of the staff employed are given in the table on page 79. Ten students received training; of these, four successfully completed the course and the other six were still in training at the end of the year.

The new syllabus for the health visitors' examination was introduced by the Council for the Training of Health Visitors in September, 1965. Six students from Brighton Technical College and the University of Surrey (formerly Battersea Technical College) were seconded to work under the supervision of health visitors in Crawley and Horsham. Two health visitors took the field work instructors' course and six attended refresher courses during the year.

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

Type of cas	se				Number ovisit	
Children born in 1966					6,91	Contraction of the second s
Children born in 1965					6,52	2
Children born in 1961-64					13,46	3
					1965	1966
Children under the age of 5 year	ars				27,679	26,897
Persons aged 65 or over					4,084	4,709
2202 400 1000					(2,184)	(2,267)
Mentally disordered persons					144	149
and many it with a la					(94)	(84)
Persons discharged from hospit	al oth	er than	mater	nity		
or mental cases					596	509
					(420)	(383)
Tuberculous households visited					329	163
Households visited on account	nt of	other	infecti	ous		
diseases					640	282
Note: The figures in brackets						at the

special request of a general practitioner or hospital.

It will be seen that there was little change in the number of cases visited. This is particularly disappointing as regards persons aged 65 or over and to some extent these figures do not reflect the increased attention which has been paid by some health visitors to geriatric visiting. An analysis of the work of 29 health visitors employed in the urban areas of the south coast showed that the number of visits paid to old people (4,061 in 1964) had increased by 55 per cent during the past two years.

Geriatric visiting tends to fluctuate, partly because of differing degrees of enthusiasm for this work by individual health visitors and partly because of the varying encouragement they receive in the practices to which they are attached. There is no doubt, however, that the importance of the work is understood by the staff and it is expected that there will be a steady and substantial increase in the visiting of old people over the next few years.

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

#### **Health Education**

The appointment of a technical assistant at the end of 1965 enabled more visual aids to be produced specifically for the Department's own requirements; many of these aids were of a high standard. An assistant health education organiser was seconded in October, 1966 to take the Diploma of the University of London Institute of Education in Content and Methods of Health Education.

Talks by the health education staff numbered 476 and 506 films were shown; the corresponding figures in 1965 were 370 and 319 respectively. There were 962 loans of visual aids. Health visitors attended the following health education sessions.

							1905	1900	
Ante-nat	al moth	ercraft	t and r	elaxatio	on class	ses	 319	342	
Mothers'	clubs						 337	265	
Schools							 273	211	
Youth cl	ubs						 67	38	
Others							 259	278	
	Тс	TALS					 1.255	1,134	
		intes					 		

The annual refresher course for nurses was again held at the Council's residential conference centre, Lodge Hill, Pulborough, in April. Lectures were given on various aspects of public health work and the discussion sessions again proved popular.

#### Mass Radiography

The Mass Radiography Unit from Portsmouth continued its visits to many places throughout the County during 1966 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.

	Nut	Number X-rayed		pulm	ificant onary culosis	Primary lung cancer		
	Male	Female	Totals	Male	Female	Male	Female	
General practi- tioners' chest	151			†	†	†	t	
X-ray service: Portsmouth Unit Surrey Unit	3,710 509	2,998 559	6,708 1,068	3 1	7 1	59 2	9 1	
General public and factory groups: Portsmouth Unit Surrey Unit	13,942 1,745	15,048 1,366	28,990 3,111	2	2	10	2	
TOTALS	19,906	19,971	39,877	6	10	71	12	

\* i.e. cases requiring treatment and/or close clinic supervision.
 † Does not include all results for last quarter.

#### Medical Arrangements for Long-Stay Immigrants

The arrangements outlined in the last Report for visiting immigrants in their new homes were continued in 1966. By the end of the year, the Department had received 177 advice notes about immigrants who had arrived in the County, 187 fewer than in 1965.

Immigrants from European countries numbered 102; there were 74 from Commonwealth countries and one from elsewhere. The health visitors were unable to trace seven of the new arrivals; five of them were unknown at the destination addresses given and two were reported to have returned to their own country before they could be visited.

## Tuberculosis

#### **Chest Clinic Statistics**

The details in the next table were supplied by the chest physicians and give an account of the work of the chest clinics. At the end of the year, the total numbers of patients on the registers of the clinics in the four areas showed a reduction of 258 (446 compared with 704 in 1965). New patients first examined totalled 2,068 (a decrease of 6.1 per cent compared with 1965) and, of these, 43 (56 in 1965) were found to be suffering from tuberculosis.

	Init from	Chest	Clinics	
uning 1966 and the Surrey Mas	Chichester	Crawley	Horsham	Worthing
1. Population of area served	157,640	61,290	50,890	180,350
2. Patients on register on 1.1.66	243	230	133	98
3. Additions to register: (a) New notifications (b) Moved into area (c) Restored to register	23 5 3	12 1 1	4 3	8 1 1
4. Removed from register: (a) Recovered (b) Left area or lost sight of (c) Died	23 4 6	149 1 —	47 27 4	47 6 6*
5. Patients on register on 31.12.66	241	94	62	49
<ul><li>6. (a) New patients first examined</li><li>(b) Of these, number found to</li></ul>	728	245	354	741
be tuberculous	23	8	4	8
<ul> <li>7. (a) Contacts examined, including those of 6 (b)</li> <li>(b) Of these, number found to</li> </ul>	262	86	75	60
be tuberculous	1	4		

\* None due to tuberculosis.

#### **B.C.G.** Vaccination

The vaccination against tuberculosis of children aged 13 years and over was continued. The following table shows the numbers of children skin-tested and vaccinated in each of the ten years since 1957.

Year	Number skin-tested	Number positive	Percentage positive	Number negative	Number vaccinated
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
1965	4,231	294	6.9	3,745	3,632
1966	5,214	350	6.7	4,767	4,731

## **Discharge from Hospital**

The arrangements for hospitals to notify the Department of the aftercare needs of patients discharged to addresses in the County were continued and 296 requests were received from local hospitals, 59 fewer than in 1965. The majority of requests (217) were from hospitals in the Chichester area. All but 24 of the requests were for the services of a home nurse.

## Home Nursing

#### Staff

Particulars of the staff employed are given in the table on page 79. Following discussion with the matron of Crawley Hospital and with the Director of Education of the Queen's Institute of District Nursing, it was agreed that the County Council, in co-operation with Crawley Hospital, should participate in an integrated scheme incorporating practical instruction in district nursing within the basic training for state enrolled nurses.

#### Work Undertaken

The numbers of patients treated and the visits paid during the past two years are given below.

N P. Hydraulia	1965	1966
Total number of persons nursed during year	13,000	12,516
Number of persons under 5 years	442	439
Number of persons over 65 years	7,952	8,019
Total number of visits	294,194	295,108

It will be seen that there was a small decline in the number of patients treated and a small increase in the total number of visits paid. The percentage of patients visited who were over the age of 65 years increased to 66 per cent from 61 per cent in 1965.

#### Night Nursing

In the Report for 1965, hope was expressed that a panel of nurses would be established who would be willing to undertake occasional night nursing. By the end of 1966, eight nurses, including two males, had been recruited for this purpose.

During the year, 40 applications for night nursing were received either from the County nursing staff or from the general medical practitioner in attendance. Of these, 27 patients were cared for by nurses recruited to the panel and eight by nurses from nurses agencies. Of the remaining five patients, three died before the nurse arrived, one was removed to hospital, and in the other case private arrangements were made by a relative.

#### Night-Sitter Service

The approval of the Minister of Health was obtained to a modification of the County Council's approved proposals under Section 28 of the *National Health Service Act*, 1946 in the following terms.

"The Council may provide, either directly or otherwise, a night-sitter service for persons suffering from illness, and may recover from persons availing themselves of this such charges (if any) as the Council consider reasonable."

These new powers had not been used by the end of the year.

#### Equipment

The demand for equipment to facilitate the nursing of patients in their own homes increased at a diminished rate during 1966; the increase in the number of issues in 1965 compared with 1964 was 70.5 per cent and in 1966 compared with 1965 27.8 per cent.

More than twice as many issues were made in 1966 than in 1964 — 2,599 items in 1966 compared with 1,192 in 1964.

Article	Ste	ock		nber ssues	Article	Ste	ock		mber ssues
Article	1965	1966	1965	1966	Article	1965	1966	1965	1966
Back rests	53	75	85	124	Helping hands	40	55	15	22
Bath boards	34	34	17	15	Hoists:				
Bath mats	50	132	43	91	Hydraulic	20	25	39	32
Bath safety					King	21	21	13	6
rails	50	97	65	71	Inflatable		10		
Bath seats	91	131	86	98	mattresses	15	19	15	9
Beds	59	60	62	58	Mattresses	76	76	76	69
Bed blocks	8	26	13	12	Poles and chains	31	33	35	43
Bed cradles	86	109	113	137	Sanicushions	12	12	2	1
Bed ladders	44	44	12	18	Sanitary				
Bed pans	84	122	70	94	pushchairs	5	9	3	13
Commodes	222	316	363	437	Seat aids	10	13	16	17
Crutches	70	111	60	80	Toilet seats		[ lolo]	1. 1. 1.	
Dunlopillo rings		190	86	120	(raised)	20	27	14	18
Ejector seats	12	12	11	5	Urinals	42	105	49	68
Exercycles	3	3	3	2	Walking aids:			a la	
Fracture					Sticks	166	194	131	141
boards	28	34	21	24	Frames	198	269	230	274
				-	Wheelchairs	166	261	280	335

## Home Help Service

At the end of the year, the County Home Help Organiser was assisted by three area organisers and seven assistant organisers (one full-time and six half-time) based at Chichester, Horsham and Shoreham-by-Sea. There was also an organiser and an assistant in Worthing, where the scheme was administered by the Borough Council.

At the end of the year, 438 home helps, including one full-time help, were employed and worked a total of 383,177 hours, which gave an average of 2.0 hours a case a week, compared with 1.9 in 1965. The gross expenditure on the home help service amounted to £117,036 with an income of £18,815. Although the number of home helps employed was 60 fewer than in 1965, recruitment improved in most areas following the introduction of the selective employment tax on 5th September, 1966 when fewer part-time jobs became available for women.

Area meetings and the three-day training course for home helps (first introduced in November, 1965) continued during the year in various parts of the County.

A mobile van equipped with essential cleaning materials, including a washing machine and spin drier, was brought into use during May. It was driven by a full-time help who performed valuable work in rural areas and assisted people who might otherwise have been left without help because of the difficulty of staff recruitment.

The number of persons helped rose from 3,604 in 1965 to 3,771 in 1966, an increase of 4.6 per cent; persons helped who were over the age of 65 years rose by 5.6 per cent. There was a small increase in the use of the neighbourly help scheme during 1966; 77 persons received help compared with 70 during 1965.

Crean	iner i	Number	of Persons	Helped	Rul
Category	1962	1963	1964	1965	1966
Aged 65 years and over Chronic sick and	}1,952{	2,362	2,635	2,970	3,135
tuberculous Aged		158	174	143	156
Mentally disordered under	240	201	12	14	11
Maternity 65 Others	249 562	201 340	163 358	201 276	161 308
TOTALS	2,763	3,070	3,342	3,604	3,771

## Chiropody

The recruitment of two additional chiropodists (which brought the whole-time staff equivalent to 7.1) enabled the number of sessions held in 1966 to be increased to 2,238, compared with 1,676 in 1965.

The mobile chiropody unit was brought into trial use in April, 1966 in the Midhurst area of the County and initially four weekly clinics were operated from the unit; the trial showed that minor adaptations were required. Before the area in which the unit operated was extended, old people's clubs in the rural areas of the County were invited, through the West Sussex Committee for the Elderly, to inform the Department where there were numbers of old people in the villages who needed treatment. The information obtained was useful in planning the extension of the service. From September, 1966 patients were treated by the mobile unit in 21 centres in various parts of the County; 15 of these were located in the grounds of primary schools.

A summary of the development of the directly-provided service since its inception in May, 1962 is given in the next table.

		Treatments						
Year	Clinic	Domiciliary	Total	Percentage free				
1962*	2,081	TOT STOREMAYN STO	2,081	43				
1963	5,633	Lance - Les La	5,633	43				
1964	8,393	211	8,604	39				
1965	11.099	1,928	13,027	39				
1966	14,925	1,996	16,921	35				

\*Eight months only.

In addition, chiropody was undertaken by 13 voluntary organisations, each of which received financial support from the County Council. These organisations provided 279 chiropody sessions which were attended by 1,975 patients.

# Geriatrics

By letter dated 11th October, 1966 the Ministry of Health approved a modification of the County Council's approved proposals under Section 28 of the *National Health Service Act*, 1946 by the addition of the following paragraph.

"The County Council may provide, directly or otherwise, in the Council's health clinics or elsewhere, non-therapeutic clinics for the medical examination and advice of elderly persons."

Towards the end of the year steps were being taken to establish weekly clinics in Bognor Regis and Littlehampton. The clinics will be concerned mainly with the early detection of unsuspected conditions in retired people who are generally in good health and with giving advice about social problems such as housing, financial matters, diet, hobbies and social activities. The purpose of the clinics will be to apply the principles of prevention so as to reduce the incidence of those physical defects and social problems which accompany advancing age.

The continuing pressures on the services in the Worthing area for which Dr. R. B. Franks, consultant physician in geriatric medicine, was responsible remained great as will be seen from the following statistical summaries.

		2-111				1964	1965	1966
Applications:	Male Female					325 623	299 546	292 565
	TOTALS					948	845	857
Domiciliary asso registrar	essment visit	s by co	nsultan	t or		719	640	682
Average number	of hospital	beds av	ailable	for the	year	260	254	258
Admissions from	n waiting lis	t				593	506	419
Discharges hom tion (Short-stay discl					oda- 	275 (70)	242 (110)	217 (112
Transfers to ger	iatric beds in	n other	groups			9	6	4
Transfers to me	ntal hospital					6	3	2
Transfers to acu	ite hospital b	oeds				19	20	15
Deaths in hospi	tal					291	242	186
Total of dischar	ges, transfer	s out a	nd deat	ths		600	513	424
Discharges, tran per year	sfers out and	d death	s per a	vailable	e bed	2.3	2.0	1.6
Average length	of stay in ho	spital i	n mont	hs		5.2	5.9	7.3
the second s					-			

The next table shows the numbers of patients on the waiting lists at the end of 1965 and 1966.

Type of List	ne of List Mal		ales	les Females		TOTALS		
A*		28	(28)	91	(60)	119	(88)	
B†		7	(5)	23	(18)	30	(23)	
Short Stay		3	(3)	8	(11)	11	(14)	
Other Hospi Groups	tal	3	(1)	2	(4)	5	(5)	
TOTALS		41	(37)	124	(93)	165	(130)	

\*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 1965.

## **County Almoners**

Of the 1,133 patients referred to the County Almoners during the year, 559 were over the age of 60 years and 241 over 80 years, thus reflecting the continuing problems of the elderly. In many cases, temporary or permanent care was arranged in private rest and nursing homes because of the long waiting list for hospital geriatric beds and old people's homes.

The younger chronic sick in the age group 40 to 60 years and the frail elderly who require something between full hospital care and an old people's home also presented problems difficult of solution. Among these were a number suffering from chronic bronchitis who had no relative to care for them. For those who remained at home, all possible help was given both to the patients and their relatives, sometimes over long periods.

The National Society for Cancer Relief made grants totalling £3,846, mainly in the form of weekly allowances, and the Marie Curie Memorial Foundation gave over £1,200 towards nursing home fees and the care of terminal cases. It seems likely that the need for voluntary help will continue as there will always be cases which require assistance which cannot be provided by statutory means.

Recuperative holidays were arranged for 145 patients under the County Council's scheme; in some cases arrangements were made privately or through voluntary agencies. Underlying some requests for recuperative holidays there were acute social problems; in these cases the holiday could be regarded as a preventive measure to avoid further deterioration or complete breakdown.

# **Occupational Therapy**

A general account of the work of the occupational therapist has been given in earlier editions of the Report; there was little new development during 1966.

		1905	1966
Number of new patients	 	24	24
Number of patients visited	 	90	96
Number of visits made	 	741	760
Value of materials sold	 	£284	£300

1010

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## Ascertainment Surveys

#### Diabetes

Previous editions of the Report have given particulars of a *Diabetic* Survey of a Semi-Rural Group Practice carried out between July, 1963 and May, 1964 by Dr. F. Cockcroft, Medical Officer of Health of the Rural District of Worthing, in collaboration with a group of general medical practitioners.

During 1966, 427 persons in the "at risk" group were followed up. For various reasons, no further action could be taken in 144 cases. Of the remaining 283, 240 were negative on urine testing and 42 were positive. At the end of the year, 37 of these 42 positive cases had been referred to hospital for glucose tolerance tests and two were found to be suffering from diabetes. Dr. Cockcroft commented: "There are two conclusions which so far occur to me. First, that we found fewer diabetics in this group practice than we expected and, secondly, that it has taken a great deal of time and trouble for a very small result."

#### **Cervical Cytology**

By letter dated 10th June, 1966 the Ministry of Health approved a modification of the County Council's approved proposals under Section 28 of the *National Health Service Act*, 1946 by the addition of the following paragraph.

"The Council may provide, either directly or otherwise, a service for the collection of cervical smears for cytological diagnostic investigation by hospital authorities and, subject to the approval of the Minister of Health, may also similarly provide screening services for the early detection of other diseases."

By letter dated 22nd July, 1966 the Ministry of Health empowered the County Council to undertake breast examinations and, at the end of the year, plans were being made to use the computer to make appointments for women over the age of 35 years at a rate which will be governed by the capacity of the laboratories to screen smears.

#### Phenylketonuria

Babies continued to be tested for phenylketonuria at the age of six weeks; no cases were found in 1966.

# Sussex Rural Community Council

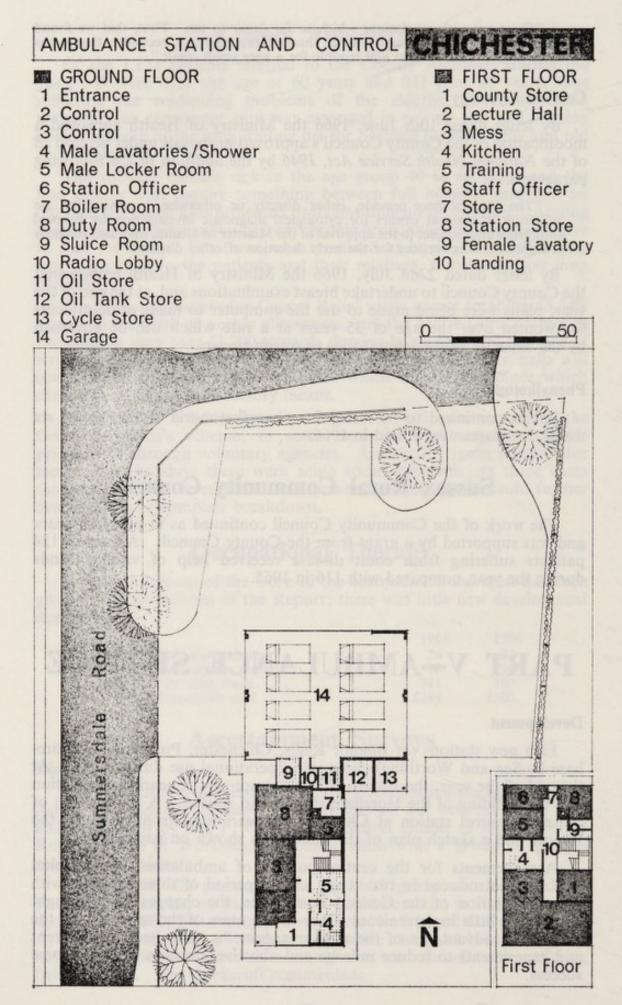
The work of the Community Council continued as in previous years and was supported by a grant from the County Council. A total of 124 patients suffering from chest disease received help of various kinds during the year, compared with 116 in 1965.

# PART V-AMBULANCE SERVICE

#### Development

Five new stations (at Bognor Regis, Chichester, Pulborough, Shoreham-by-Sea and Worthing) came into operational use during 1966. At the end of the year, the station at Littlehampton was nearing completion and the building of the Horsham station had started. A photograph of the new control station at Chichester appears as a frontispiece to the Report and a sketch plan of the building is shown on page 38.

Arrangements for the central control of ambulances and hospital cars were introduced in two stages over a period of three months; with the co-operation of the General Post Office, the changes were brought about with little inconvenience either to the users of the service or to the staff. The advantages of the new arrangements soon became apparent and experiments to reduce mileage and abortive journeys achieved some success.



Despite the outposting of ambulances, rapid attendance of vehicles at accidents and emergencies became more of a problem during the peak holiday period because of traffic congestion.

#### Statistics

The accompanying statistical tables show that ambulances continued to convey more walking patients, with a corresponding decrease in the numbers conveyed by hospital cars. The combined figures for the ambulance and hospital car services show that the total number of patients conveyed in 1966 compared with 1965 decreased by 305 and the total mileage travelled increased by 5,025. The average mileage per patient conveyed by ambulance was 6.4 compared with 6.6 in 1965. Accident and emergency cases rose from 4,301 in 1965 to 4,693 in 1966 (an increase of 9.1 per cent), and accounted for 2.4 per cent of all patients conveyed; the comparable figure in 1965 was 2.2 Patients conveyed by rail for part of their journey numbered 832, 70 more than in 1965.

#### Staff and Vehicles

The table on page 40 shows the numbers of staff and vehicles at the ambulance stations at the end of each of the past two years.

Two initial training courses for new entrants, each of two weeks' duration, were given during the year and 45 of the existing staff attended eight courses (three of which were on civil defence), each of one week's duration. For training purposes staff also visited the casualty departments of the Royal West Sussex Hospital, Chichester, and of the Worthing and Redhill Hospitals.

Seven teams entered the County Ambulance Efficiency Competition in Chichester on 4th June, 1966. This was won by the previous year's winners from Crawley, who improved their position to third out of eleven entrants in the Regional Competition at Battersea Park, London, on 25th June, 1966.

#### Hospital Car Service

The following table shows further reductions in the numbers of patients conveyed and the mileage travelled by hospital cars.

4.000		Patients	-	-	Miles	
Area	1965	1966	Variation	1965	1966	Variation
Chichester Horsham Worthing	20,751 26,061 40,287	22,838 22,459 32,984	+2,087 3,602 7,303	192,906 344,561 294,184	216,941 316,470 264,028	+24,035 -28,091 -30,156
TOTALS	87,099	78,281	-8,818	831,651	797,439	34,212

Thanks are due to the drivers for their co-operation during the change in the control arrangements and for their assistance in attempts to reduce the number of abortive journeys. AMBULANCE SERVICE

Staff, Vehicles, Mileage and Patients

		Ste	Staff		Vehicles	cles		Mileage		in line	Patients	NON
Station	1	1965	1966	9	1965	1966	1965	1966	Variation	1965	1966	Variation
		1.00	20		Para	10		The				
Bognor Regis	6	(6)	6	(6)	9	9	103,060	100,105	-2,955	26,110	26,883	+ 723
Chichester	16	(16) *21		(21)	9	9	101,349	103,775	+2,426	16,132	15,336	- 796
Crawley	10	(10)	10	(10)	9	9	98,574	102,310	+3,736	15,487	16,588	+1,101
Horsham	II	(11)	10	(10)	4	4	81,828	88,727	+6,899	9,445	10,394	+ 949
Littlehampton	5	(5)	s	(5)	2	2	59,978	62,379	+2,401	5,153	5,811	+ 658
Midhurst	4	(4)	4	(4)	2	2	50,784	48,282	-2,502	3,771	3,462	- 309
Pulborough	2	(2)	3	(3)	2	2	38,707	49,741	+11,034	1,224	1,778	+ 554
Shoreham-by-Sea	5	5 (4.5)	5	(5)	2	3	48,485	50,665	+2,180	6,923	7,527	+ 604
Worthing	21(1	21(18.25)	18(17.25)	25)	8	8	145,939	161,957	+16,018	26,270	31,299	+5,029
22		101	ive		10 10	No.			2 10			
TOTALS	83(7	83(79.75)	85(84.25)	(25)	38	39	728,704	767,941	+39,237	110,515	119,028	+8,513
	=		M	The contract of the contract o								

Note: The figures in brackets indicate whole-time equivalents. \* Including 10 Control staff.

#### **Civil Defence**

At the end of the year, there were 466 volunteers in the Ambulance and First Aid Section of the Civil Defence Corps, 14 more than at the end of 1965. Of these 136 had passed the standard test and 54 the advanced test. West Sussex again had the highest percentage of passes (84 per cent) for both standard and advanced tests in the South Eastern Region.

At the Annual Field Day at Westerton near Chichester on 21st May, 1966, ten teams competed for the Ambulance and First Aid Section Shield which resulted in a tie for first place between Crawley and Littlehampton.

# PART VI-MENTAL HEALTH SERVICE

#### Statistics

#### Mental Illness

The following statement, provided by Graylingwell Hospital, shows the numbers of patients admitted to the hospital during 1966. The mental welfare officers assisted in the arrangements for statutory admission of patients under sections 25, 26 and 29 of the *Mental Health Act*, 1959.

Informal admissions fell by 20 and the number of persons admitted under statutory procedure fell by 19 as compared with 1965. There was also a small reduction in the number of cases dealt with under the "emergency" section.

Mental Health Act, 1959	Male	Female	TOTALS
Section 5-(Informal)	419 (429)	681 (691)	1,100 (1,120)
Section 25—(Observation — 28 days)	24 (19)	44 (60)	68 (79)
Section 26—(Treatment)	10 (13)	24 (18)	34 (31)
Section 29—(Observation in em- ergency—3 days)	48 (59)	93 (94)	141 (153)
Section 60—(Court Order)	— (1)	- ()	— (1)
Section 71-(Court Order)	1 ()	1 ()	2 ()
Section 72—(Transfer from prison by Home Office)	1 (1)	- ()	1 (1)
TOTALS	503 (522)	843 (863)	1,346 (1,385)

#### Admissions to Graylingwell Hospital

Note: The figures in brackets relate to 1965.

The average age on admission was 48 years and 371 of the patients admitted were aged 65 or over.

During the year, 1,181 patients (440 males and 741 females) left the hospital and 191 (72 males and 119 females) died. Of the 191 deaths, 162 were of people over 65 years of age.

At the end of the year, one mentally ill person was 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 in the next table.

Form of Care	Male	Female	Children	TOTALS
Hospitals and homes under reg- ional hospital board	219 (209)	128 (113)	84 (85)	431 (407)
Mental nursing homes	- ()	- ()	6 (5)	6 (5)
Residential homes	7 (10)	33 (28)	4 (12)	44 (50)
Boarded out in private homes	8 (8)	24 (24)	2 (4)	34 (36)
Durrington Hostel	- ()	- ()	22 (10)	22 (10)
Rustington Hostel	17 (20)	- (-)	- ()	17 (20)
Informal community care (7 of the cases in residential or private homes are subject to guardianship orders)	273 (265)	277 (297)	139 (142)	689 (704)
Totals	524 (512)	462 (462)	257 (258)	1,243(1,232

Note: The figures in brackets relate to 1965.

At the end of the year the names of 25 subnormal persons were on the waiting list for admission to hospital. This was three more than at the end of 1965 and some of them were 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 (2)	2 ()	4 (2)
Hospitals	 5 (3) 1 (2)	2(-) 4 (3)	9 (6)
Courts and police	 1 (2)	-(-)	1 (2)
Local education authority	 13 (19)	7 (16)	20 (35)
Other sources	 24 (20)	21 (18)	45 (38)
TOTALS	 45 (46)	34 (37)	79 (83)

Note: The figures in brackets relate to 1965.

Disposal	Male	Female	TOTALS
Admitted to psychiatric hospitals Placed in residential homes Placed in mental nursing homes Placed under informal community care	$\begin{array}{c} - & (1) \\ 7 & (2) \\ 1 & (-) \\ 37 & (43) \end{array}$	$ \begin{array}{c} 2 & (2) \\ 2 & (4) \\$	2 (3) 9 (6) 1 () 67 (74)
TOTALS	45 (46)	34 (37)	79 (83)

The cases were dealt with as follows.

Note: The figures in brackets relate to 1965.

#### **Training Centres**

The next table shows the numbers of pupils and staff at training centres. In addition, 13 other pupils attended centres maintained by other authorities or by voluntary bodies.

Children in		Ste	aff			Pu	pils		
Centre		SL, Mig	Assist-	resing	0	n registe	er	g ban d	Dailu
Centre		Head	ant Teachers	Ma	les	Fem	ales		Daily average
periodes Da de-tecm cares	200	Teacher/ Manager	and Trainees	Under 16	Over 16	Under 16	Over 16	TOTALS	attend- ance
*†Fordwater *†Crawley *Durrington †Rustington †Worthing	····	1 1 1 1 1	5 6 9 3 3	22 23 39 —	6 1 27 18	20 12 33 —		60 48 72 27 48	46 43 66 25 41

\*Junior Training Centre. †Adult Training Centre.

#### Chichester

Fordwater Training Centre, which was opened in September, 1966, provides facilities for juniors and adults, and industrial work was started at once. The atmosphere in this new centre is very gratifying and parents have expressed their pleasure at this new provision.

#### Rustington

The extensions to the hostel were commenced towards the end of the year and it is expected that they will be completed before the end of 1967. This hostel will then be a first-class unit for the care and training of subnormal young men and it is hoped that the provision of more accommodation will enhance its training potential.

A group of interested individuals in the Rustington area set up an association to give social support to the residents. The group has already been active in getting to know the young men and arranging social events for them. The enthusiasm of the members is considerable and demonstrates the valuable support which voluntary groups can give in the care of the handicapped.

#### Worthing

As a result of the interest and efforts of the Manager of the centre and of the Department's public health inspectors, a swimming pool filtration plant and chlorinator was designed which was robust in construction, simple in operation, and which could be made at the centre. This equipment requires considerably less maintenance than other filters on the market and has already been supplied to some of the schools in the County. Enquiries about it were received from other parts of the country and from Canada and Australia.

It is hoped that, where possible, not only will the trainees manufacture this filtration plant, but that they will also have an opportunity to install it at swimming pools which are within easy distance of the centre.

Interest was expressed in this development by the Ministry of Health and one of the Ministry's officers visited the training centre to see the process of assembly.

#### Short-Term Care and Holidays

During the year, four patients were admitted to Forest Hospital, Horsham and two to the Royal Earlswood Hospital, Redhill, for shortterm care owing to the illness of their parents or other special circumstances. Seven males were admitted to Rustington Hostel and seven children were admitted to Durrington Hostel for short periods. In addition, ten patients were placed in residential homes for short-term care.

Ninety pupils from training centres spent a week's holiday at Pirates' Spring Holiday Home, Dymchurch, Kent in August and September, 1966 and 68 senior pupils from Rustington, Worthing, Chichester and Crawley centres spent a week at Southsea during May; it was not, however, possible to obtain holiday accommodation for the male pupils of Worthing Training Centre.

#### Social Clubs

Towards the end of the year, the social club held in local authority premises at Lancing was transferred to the Acre Day Hospital in Worthing and was integrated with a social club which had already been there for some years; the new arrangements are working satisfactorily. The social club in Crawley continued to operate successfully throughout the year.

# **PART VII-OTHER SERVICES**

### **Health Centres**

Consultations took place with appropriate statutory organisations and with groups of medical and dental practitioners regarding the provision of health centres at Bognor Regis, Chichester, Horsham, Lancing, Littlehampton and Shoreham-by-Sea; acting under delegated powers, separate consultations were initiated by Worthing Borough Council regarding the inclusion of a health centre in a civic centre development scheme. In order to enable family doctors throughout the County to learn more about the proposed health centres, a conference was held on Sunday, 19th June, 1966 at the County Council's conference centre at Lodge Hill, Pulborough. This was followed by more detailed consultation with the doctors and dentists working in the areas concerned after which they were invited to indicate, in confidence, whether, subject to the premises being designed to satisfy their reasonable professional requirements and to the approval of the Executive Council, they intended to provide general medical or dental services from the proposed centres. The results of these invitations are given in the next table.

Health Centre	Building	Serving	the area	Wishing from Hea	to practise 1th Centre
Healin Centre	Programme (year)	Doctors	Dentists	Doctors	Dentists†
Bognor Regis	1968/69	19	19	7	4
Chichester	1967/68	16	14	3	2
Horsham	1968/69	16	13	14	3
Lancing	1967/68	9	6	4	3
Littlehampton	0.0111.01	13	11	6	2
Shoreham-by-Sea	1967/68	9	11	9	
Worthing	1967/68	42	34	5	1
TOTALS		124	108	48	15

\* Not yet decided. 

† The details in this column are provisional.

At the end of the year, the Executive Council had not reached conclusions regarding general dental services nor had they considered in any detail the Littlehampton and Worthing schemes. By resolutions dated 22nd December, 1966 they informed the County Council

- (a) that in the view of this Council provision should be made for general medical services to be provided from health centres at Bognor Regis, Horsham, Lancing and Shoreham-by-Sea;
- (b) that the decision as to the extent to which general dental services should be provided in the health centres detailed at (a) above should be deferred pending the result of further consultation with general dental practitioners;
- (c) that this Council suggest that the provision of general medical and/or general dental services from a proposed health centre in Chichester should be deferred with the object of attracting more enthusiastic support from local doctors and dentists;
- (d) that the Council do not consider it appropriate that provision should be made for pharmaceutical services to be provided from any of the health centres in West Sussex now under consideration.

An officer meeting with representatives of the South West Metropolitan Regional Hospital Board was held at Chichester on 22nd March, 1966. The County Council's intentions as regards the development of health centres were explained in detail and the probable locations of the proposed buildings in relation to existing hospitals were displayed on maps. It subsequently transpired that, apart from possible occasional use for psychiatry, the hospital authorities were unlikely to need accommodation in any of the health centres for specialists or other services provided for out-patients under Part II of the National Health Service Act, 1946.

At the end of the year discussions were taking place with the County Architect regarding the design of the buildings.

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

#### Registration

On 31st December, 1966, there were 1,148 blind and 395 partiallysighted persons on the register, compared with 1,145 blind and 360 partially-sighted on 31st December, 1965.

#### Examination of applicants for registration

During the year 182 new (i.e. excluding transferred) cases of blindness and 109 cases of partial sight were added to the register, following examination by consultant ophthalmic surgeons.

Eleven registered blind persons were removed from the blind register following improvement in vision. Four were re-classified as partiallysighted following cataract extractions. The other seven were deleted from the register completely; four following cataract operations, two following natural improvements and one person was decertified at his own request.

Three registered partially-sighted persons were removed from the register following improvements in vision, in two cases as a result of successful cataract operations.

#### Follow-up action

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

	Prime	ary Ocular D	isease	Tomica
	Cataract	Glaucoma	Other	TOTALS
<ol> <li>Number of cases registered during the year in respect of which Forms B.D.8 recommen- ded:         <ul> <li>(a) No treatment</li> <li>(b) Treatment (medical, surgi- cal, optical or hospital supervision)</li> <li></li> </ul> </li> </ol>	25 (30) 66 (59)	4 (13) 29 (30)	86 (69) 81 (74)	115 (112) 176 (163)
TOTALS	91 (89)	33 (43)	167 (143)	291 (275)
<ol> <li>Number of cases at 1 (b) above which:         <ul> <li>(a) Continued to receive treatment</li> <li>(b) Refused treatment</li> <li>(c) Had treatment deferred or discontinued</li> <li>(d) Were placed on waiting list for admission to hospital</li> <li>(e) Died or left County before investigation</li> <li>(f) Were under investigation at end of year</li> </ul> </li> </ol>	$ \begin{array}{c} 60 (34) \\ 2 (5) \\ 1 (3) \\ 3 (2) \\ - (-) \\ 5 (15) \end{array} $	25 (26) - (-) - (1) - (-) -	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	149 (117) 2 (5) 1 (5) 3 (2) 1 (1) 20 (33)
TOTALS	71 (59)	31 (30)	74 (74)	176 (163)

Note: The figures in brackets relate to 1965.

#### **Ophthalmia** Neonatorum

No case of ophthalmia neonatorum was notified during the year; there were two cases in 1965.

# Nurseries and Child Minders

The Nurseries and Child Minders Regulation Act, 1948 places a duty upon local health authorities to keep registers of, and empowers them to supervise

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

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

	Numbers at 31st L		Numbers provid	of children led for
	1965	1966	1965	1966
(a) Premises	60	80	1,401	1,912
(b) Daily minders	19	26	215	263

## Nursing Homes and Nurses Agencies

At the end of 1966, there were 57 nursing homes registered with the County Council. Most of the homes provided accommodation for the elderly and chronic sick. One of the chief problems encountered by proprietors of nursing homes was the shortage of nursing staff, most of whom were married women engaged on a part-time basis.

The standard of comfort and amenities varied in accordance with the fees charged. All homes were inspected regularly by the medical inspector of nursing homes to ensure that the standards required by the County Council were maintained. A few complaints were received. Each was investigated and, where substantiated, was taken up with the proprietor of the home concerned.

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

Billio and Far		1962	1963	1964	1965	1966
Registered at 1st January	 	58	62	63	61	62
New homes registered	 	5	10	12	2	1
Registrations withdrawn	 	1	9	14	1	6
Registered at 31st December	 	62	63	61	62	57

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

Size of homes			Mumber	Number of beds provided					
Size of (bea			Number of homes	General	Maternity	Psychiatric	TOTALS		
25 and ove	с <b>г</b>		10 (4)	211		171	382		
20 to 24			9(1)	180		15	195		
15 to 19			16	260			260		
10 to 14			12	147	10.1.0		147		
5 to 9			6(1)	33	000_22000	8	41		
Under 5			4	6	4	arier if th	10		
Тот	ALS		57 (6)	837	4	194	1,035		

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

#### West Sussex Nursing Homes Association

The emergency bed service which was started by the Association in 1965 continued to operate during the year and proved useful to persons in search of nursing home accommodation. The majority of the proprietors of nursing homes in the County are members of the Association.

#### Nurses Agencies

Agencies licensed by the Council for the supply of nurses numbered four, the same as at the end of 1965.

# PART VIII-ENVIRONMENTAL HEALTH SERVICE

The Ambulance and Public Health Sub-Committee of the County Health Committee met on six occasions and, in relation to environmental health, took appropriate action on such matters as grants for the extension of water mains and the provision of sewers, sewage outfalls to the sea, the control of milk supplies (particularly with regard to brucellosis and the presence of inhibitory substances), and radiological hazards in medical and dental practice.

#### Fluoridation of water supplies

No progress was made on implementing the County Council's resolution of November, 1965 which urged all water undertakers operating in the County to raise the fluoride content of the water supplied to one part per million. All the water undertakers concerned supply water to other local health authorities outside the County who have not so far approved the fluoridation of public water supplies. The water undertakers contend that they are unable to fluoridate parts of their water supply.

By letter dated 8th July, 1966 the Ministry of Health stated that, in view of the differing decisions on fluoridation by local health authorities who share the same water supplies, the technical obstacles appeared insurmountable and they regretted that no immediate solution could be offered to the problem. Nevertheless they stated that the County Council could be assured that the Minister would not lose sight of the need to seek a solution to a situation in which the democratic decisions of local health authorities may be frustrated for technical or other reasons.

#### Sewage Disposal

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.

#### Lancet (1953) ii, 1086

Representatives of the County Council were appointed to attend a Public Inquiry at Bognor Regis and to make known the County Council's views on the Urban District Council's proposals to continue to discharge untreated sewage into the sea. The Inquiry, which was conducted by an Inspector appointed by the Minister of Housing and Local Government, started on 25th January, 1966 and lasted for seven days. The written evidence submitted to the Inquiry on behalf of the County Council is reproduced at Appendix C.

The Inspector's report, published in August, 1966, indicated that the Urban District Council's proposals needed further consideration. He pointed out that with a sea outfall scheme the whole cost of the complete scheme would have to be borne by the rates from the start, whereas with an inland treatment works, the rate need only be sufficient to finance the first stage and operation. He also drew attention to the point that there was limited evidence to suggest that an outfall discharging 21 miles off shore would, so far as Bognor Regis alone was concerned, be satisfactory, but there was no evidence to support a view that Pagham and Selsey would not be affected by discharge at that distance or at any other distance out to sea. He emphasised that the firm who had carried out float tests for the scheme had originally recommended that the outfall should be extended to  $2\frac{1}{2}$  miles below low water mark, whereas the consulting engineers (taking into account their suggestion to macerate solids) had recommended a discharge 11 miles off shore, later increasing this to 13 miles.

Whilst the Inspector expressed no opinion on the merits of the conflicting medical views on the health aspects of the discharge of sewage at sea, he found himself in sympathy with the objectors insofar as their objections related to matters of amenity, and added

"In my view, no Council of a seaside resort can lightly accept even a calculated risk that sewage, however dilute and free from objectionable solids, will contaminate the beaches and the waters used for bathing and other recreational purposes."

He did not, of course, suggest that the Bognor Council had not given their problems full and thorough consideration, but he thought they should be invited to reconsider the matter of the sea outfall, not only because there was at present insufficient evidence to prove its overall suitability but also because it was clear that the area in which the sewage would be concentrated prior to disposal was entirely unsuited to the location of any form of treatment works should they, for any reason, become necessary or desirable in the future. Removal of the settleable solids from the sewage prior to discharge would, he thought, satisfy a number of the objectors.

If the Council were invited to review the length and possibly the alignment of the sea outfall, then it might not be inappropriate to suggest to them that they might, at the same time, wish to reconsider the whole question of sewage disposal, especially as the decision dictates the manner in which improvements to and extensions of the existing sewerage system should be carried out.

Regarding the possibility of an inland works, the Inspector stated,

"I appreciate that I could be accused of entering into the realms of emotionalism, but I am doubtful whether public concern about the disposal of sewage at sea will ever be allayed by the pronouncements of government departments that it is a safe and satisfactory method of disposal under certain conditions, and it is for that reason that I am suggesting that the Council might wish to look at the matter again in the light of the strong feelings expressed against their scheme during the Inquiry.

If, as the result of a review, the Council were to decide on an inland sewage disposal works, I assume that favourable consideration would be given to a loan application in respect of a scheme acceptable to the Department, even though the cost was likely to be in excess of that of a sea outfall . . ."

In his conclusions the Inspector stated,

- "(9) That even if a suitable site for a sea outfall can be determined there will remain, or there is likely to remain, considerable local feeling against it.
- (10) That it would perhaps be desirable to suggest to the Council that they might wish to reconsider the method of sewage disposal
  - (a) in the light of the objections raised against the sea outfall during the Inquiry, and
  - (b) with special regard to the considerable bearing which the form of sewage disposal has on the manner in which extensions to and improvements of the foul sewerage system will be carried out.
- (11) That to finance an alternative scheme incorporating an inland sewage disposal works, a rate of at least 6d. in the £ more than that needed for the proposed scheme would appear to be necessary.
- (12) That until a final decision on the method of sewage disposal has been reached by the Council, consideration of the applications for planning consent in respect of the sea outfall and main pumping stations should be deferred, although the latter is likely to be common to both a sea outfall and an inland works scheme."

By letter dated 4th August, 1966 the Minister of Housing and Local Government invited the Urban District Council to reconsider their proposals and this action was welcomed by the County Council.

#### Supervision of Milk Supplies

The supervision of milk retailed in the County continued to operate along the lines described in earlier Reports. In all, 2,154 samples of milk were procured, 1,033 of raw milk and 1,121 of treated milk.

#### Raw Milk

All the raw milk samples were examined for the presence of *brucella* infection by the milk ring test, and for the presence of inhibitory substances such as antibiotics. The milk ring test is a useful screening procedure; it quickly reveals the presence of antibodies connected with *brucella* infection but does not necessarily indicate that infection is active. Samples giving positive results are further examined by culture or by guinea pig inoculation. Of the 1,033 samples of raw milk, 126 samples (from 35 different farms) which gave positive ring test readings were cultured or inoculated into guinea pigs. Forty-three samples, which included two from each of six farms and three from one farm, gave positive indication of infection. Only one farm selling "untreated (farm bottled)" milk was included among the positive results, and the district medical officer of health served an Order on the farmer prohibiting the sale of milk without heat treatment.

Of the 711 farms in the County, raw milk was sampled from 270. The 126 samples positive to the ring test came from 35 different farms. Therefore, the milk sampled from one farm in eight (13 per cent) gave evidence of *brucella* infection.

The general procedure adopted by the Department for dealing with milk supplies infected with *brucella* organisms is to contact the farmer where a positive ring test is obtained from the bulk supply and, if he is willing to co-operate by removing the infected animals from the herd, offer to assist him to isolate these animals. Under this procedure, samples from 870 cows on 20 farms were procured for examination by the milk ring test. Some farmers have "flying" herds and, as the milk from the farms goes for heat treatment, they are unwilling to assist in taking steps for the eradication of the organism from the herd. Warning of the risk to farm staff using the milk without heat treatment is given to the farmer.

The 1,033 samples of raw milk were also examined for keeping quality by the methylene blue test; 122 of these failed to satisfy the test.

#### Heat-Treated Milk

Samples of heat-treated milk (comprising pasteurised, Channel Island [pasteurised], homogenised, and sterilised) procured during the year numbered 1,121. Two samples of pasteurised milk failed the phosphatase test, indicating that the milk was not sufficiently heat treated, and 16 samples failed the methylene blue test, indicating poor keeping quality. The phosphatase failures were found to be due to an error occurring in the thermometers used in the pasteurising plant. All samples of sterilised milk satisfied the turbidity test.

#### Inhibitory Substances

Samples of raw milk (1,033), of pasteurised milk (34) and of cream (72) were examined for the presence of inhibitory substances. Eighteen (1.7 per cent) of the raw milk samples were found to contain inhibitory substances; the corresponding percentage in 1965 was 3.6. A detailed investigation in the case of one farm was made where it was claimed that no antibiotics had been used and it was in fact found that the inhibitory substance was a derivative of hypochlorite used in the penultimate rinse of the milking plant which had not been completely cleared by the final rinse. Subsequent samples were satisfactory. Three of the pasteurised milk samples supplied in churns to hospitals were found to contain penicillin but, as the samples from the churns were not procured immediately upon arrival from the dairy, it may have been possible for some contamination to have occurred within the hospital. Further samples taken at the hospital immediately on delivery from the dairy were satisfactory.

#### Salmonella in Milk

No further infection of *salmonella* in milk was found, although 16 samples were taken from two farms under suspicion during the year. The farmer referred to in the last Report whose milk supply was found to contain *salmonella* has not resumed selling farm-bottled milk.

#### Cream

Samples of cream numbered 72, comprising 40 of cream made from untreated milk, 31 either made from pasteurised milk or subsequently pasteurised, and one of clotted cream. Two samples of raw cream made at a farm outside the County gave a positive result on the *brucella* ring test, but proved negative on guinea pig inoculation. *E. coli type 2* were found in 12 raw creams and four pasteurised creams. *B. coli* were found in 23 raw and 12 pasteurised creams.

Only 17 of the 72 samples satisfied the four-hour methylene blue reductase test. None of the samples was found to contain inhibitory substances. From the results of the different tests it appears desirable that a statutory standard should be adopted for cream.

#### Bottle Washing at Dairies

Regular examination of washed bottles continued and the results are set out below.

		1965	1966
Number of bottles examined	 	1,236	1,170
Number of bottles satisfactory	 	1,134	1,052
Number of bottles fairly satisfactory	 	90	68
Number of bottles unsatisfactory	 	12	50

The results (mainly at two dairies) were not as good as usual. At one dairy, the poor results were due to changes in staff and the use of insufficient cleansing material; at the other, they were due to inadequate water pressure in the bottle-washing machine.

#### Inspection of Dairies

Number of dairy inspections Number of visits to retail vendors' premises	1965 219 951	1966 200 696
Number of visits to farms concerning antibiotics in		
milk	36	28
Number of visits concerning brucellosis	36	36
Number of visits concerning salmonella	7	8
TOTALS	1,249	968

#### Water Sampling

Samples of water procured at dairies numbered 49. Two proved to be unsatisfactory and were found to be due to defects in the access chamber at the top of the bore resulting from building alterations. After repairs, subsequent samples were satisfactory.

#### Water Supplies

Grants were made to the North West Sussex Water Board for extensions of water mains at Adversane, West Burton and Bury, Sullington, Storrington and Itchingfield, and to Chanctonbury Rural District, Chichester Rural District and Horsham Rural District for sewer connections at Steyning, Pagham, Walberton, Barns Green and Dial Post. Revised estimates of the contributions made by the County Council in 1966–67 towards sewerage and water supply were £117,000 and £14,750 respectively.

Source	200	Number Procured	Number Satisfactory	Number Suspicious	Number Unsatisfactory
Pumping Stations		759	660	29	70*
Sampling Points		357	357	_	-
TOTALS		1,116	1,017	29	70

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

\*From untreated water.

#### Caravans

During the year a survey in conjunction with the County Welfare Department was made at the request of the Central Government on the conditions of gipsy caravan sites. The matter was still under consideration at the end of the year. HOUSING STATISTICS

	1-	1.01	-			102	Contraction of the	
arance unfit there	Demolished or closed 1.1.66 to 30.9.66	Else- where	82	110	0-10	11	442 842 124 12	
Houses in clearance areas and unfit houses elsewhere		Oae	95	3	307	23	1   1   10	1
House area hous	In- cluded in	orders con- firmed	28	— 11 15	7	11		1
		Public and private sectors	5,085	9 70 799	345 326 289 133	86 29	353 847 847 1447 144 1,045	113
Dwellings	compicieu	<b>Private</b> sector	3,869	9 66 575	271 248 191 119	86 9	233 709 356 109 843 843	1
Dwel	comb	Other public sector	218	99	33.20		s       5	1
		Public and Local private author-sectors ities	866	4 158	54 65 14	20	120 133 91 35 186	113
ol 13			4,810	16 47 470	252 567 277 175	408 92	368 843 339 339 338 339 388	119
Dwellings under	end of period	Private sector	2,987	 43 289	177 261 114 112	315 35	249 710 119 135 142 286	T
Dwellin under	end of	Other public sector	492	44	210 131	3	82 82 19 4 19 82	1
aglob.		Public and Local private author- sectors ities	1,331	16 159	75 32 63	93 54	114 131 118 118 122 83	119
Post, relidin			5,415	25 50 659	294 594 336 128	322 84	306 854 854 349 123 681	164
Concerning of	Dwellings started	<b>Private</b> sector	3,573	9 50 460	218 308 142 65	229 30	214 720 316 130 61 61 621	1
Constant of	welling	Other public sector	501	30	190 162	11	82 82 19	
Contract		Local author- ities	1,341	16 	76 32 63 23 63	93 54	90 128 137 61 41	164
Dwellings	approved but not started	Local author- ities	724	39	423 	11	36 116 52 44	I
Luni	Estimated population mid-1966	(2000)	450.2	2.7 20.7 81.1	30.8 61.3 17.8	18.2 11.9	25.4 57.9 26.7 18.4 10.1 43.0	1
delfure on the pation	Area		West Sussex	Boroughs Arundel Chichester Worthing	Urban Districts Bognor Regis Crawley Horsham Littlehampton	by-Sea Southwick	Rural Districts Chanctonbury Chichester Horsham Midhurst Petworth	New Town Crawley

#### Housing

The table on page 54, compiled from information made available by the Ministry of Housing and Local Government, gives full details of the numbers of houses built and those demolished and closed in the various districts of the County.

New dwellings completed during 1966 numbered 5,085. Of these 3,869 were erected by private owners, 998 (including 113 in Crawley New Town) by local authorities and 218 by housing associations or for government departments.

Out of the total of 3,869 houses built by private enterprise, 2,432 (62.3 per cent) were constructed in coastal districts and, of this number, 1,552 were built in the rural districts of Chichester and Worthing.

From April, 1945 to December, 1966 75,737 houses have been built in West Sussex: 46,587 by private owners, 28,719 by local authorities (including 11,715 in Crawley New Town) and 431 by housing associations or for government departments.

#### **Atmospheric Pollution**

The long-term survey designed to measure air pollution throughout the country was continued and 120 visits were made by the staff to the two premises containing the instruments provided by the County Council for measuring the daily deposit of carbon and sulphur dioxide in the atmosphere. Reports were made monthly to the Warren Springs Laboratory of the Ministry of Technology.

# PART IX-SCHOOL HEALTH SERVICE

### Statistics

#### **Child Population**

The following table shows the variation in the child population since last year.

		1965	1966	Variation
Children under 1 year	 	 6,430	6,250	- 180
1 to 4 years	 	 27,170	27,750	+ 580
TOTAL under 5 years	 	 33,600	34,000	+ 400
5 to 14 years	 	 62,400	64,100	+1,700
TOTAL under 15 years	 	 96,000	98,100	+2,100

#### **School Population**

In January, 1967 there were 64,107 children on the rolls of maintained schools in the County, an increase of 1,646 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 in the table which follows.

Transforder	Number	of schools	Number on roll		
Type of school	1965	1966	1965	1966	
Nursery	4	4	289	266	
Primary	176	174	36,220	37,436	
Comprehensive .	10 4 26	9 5 24	5,674 4,683 15,084	5,217 7,164 13,505	
Special	5	5	511	519	
Totals	225	221	62,461	64,107	

# **Medical Inspection**

#### **Periodic and Special Inspections**

The following comment on medical inspection in schools was made by Dr. K. S. Cliff, who recently entered the local authority health service.

"The general health of school children in the area covered by me appears to be good. Co-operation from schools and health visitors has been a feature which has impressed me, despite the handicap of poor facilities for the adequate examination of children which exist in many schools. The majority of parents who are present at inspections take advantage of the opportunity to discuss the development of their children as well as purely clinical matters. It was gratifying to find that many teachers are very health conscious and refer pupils to the visiting medical officer if they feel a child's progress is slowing down."

The numbers of children examined and re-examined during the past two years are shown below.

Type of	Type of examination							
Entrants						5,025	6,112	
Other periodic examinatio (Children aged 10–11 y been previously exam		5,904	6,930					
Leavers						4,289	4,951	
TOTALS						15,218	17,993	
						102	100	
Special examinations								
Special examinations Re-examinations						9,319	10,405	

#### Co-ordination with other Services

I am grateful for the help and co-operation received from family doctors with whom the Department is constantly in communication about individual children. During March, two family doctors accompanied a school medical officer during a periodic medical inspection at a County school. The results of this joint venture were extremely satisfactory to both family doctors and school medical officer and it is hoped that this type of liaison will be extended in the future.

#### **General Physical Condition**

Of the 17,993 children examined at periodic medical inspections, seven (0.04 per cent) were considered by school medical officers to be of unsatisfactory physical condition. In 1965, seventeen children (0.11 per cent) were placed in this category.

#### **Facilities for Medical Inspection**

There are still many schools, particularly in the rural areas, where the facilities for medical inspections are inadequate. In reporting adversely on this, medical officers have also commented on the co-operation which they received from a number of head teachers who, often at great inconvenience, make the best arrangements possible to provide makeshift accommodation.

#### Foot Health

The prevalence of verrucae in primary schools is low and, during the year, the County Education Committee resolved that the question of wearing plimsolls for indoor activities should be decided by head teachers according to the activity involved. In view of the prevalence of this condition in secondary schools, the restrictions on physical education in bare feet were continued.

#### Cleanliness

During the year, 55,072 individual hygiene examinations were carried out in schools and 87 children were found to have nits or vermin in their hair.

The following table shows the number 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
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
1965	58,908	146
1966	55,072	87

#### Obesity

During the course of medical inspections in Lancing and Littlehampton schools in the past year, Dr. F. Cockcroft used skin calipers to measure the degree of obesity in school children. The technique used was similar to that carried out by the Department of Growth and Development at the London University Institute of Child Health. The following table compares the results Dr. Cockcroft obtained from the West Sussex children with those recorded by Dr. J. M. Tanner and Mr. Whitehouse of the Institute of Child Health.

Girls	1001	Halak	W		Thickness meous Fat
	Age	Height (ins.)	Weight (lbs.)	Triceps (mm.)	Sub-Scapular (mm.)
(1)	(2)	(3)	(4)	(5)	(6)
West Sussex	5	43.5	43	10.7	6.0
University	5	42.5–45	39–43	9.2–9.0	5.5
West Sussex	6	45	45	10.9	5.7
University	6	45–47	43–47	9.0	5.5–5.7
West Sussex	10	54.8	74	10.9	7.6
University	10	53–55.5	65–72	10.2–10.5	6.7–7.5
West Sussex	11	56	76	11.8	6.9
University	11	55.5–58	72–81	10.5–10.8	7.5–8.0
West Sussex	14	62	111	15.4	9.4
University	14	62–63	102–112	12.1	9.5–10.3
West Sussex	15	64	124	16.6	10.2
University	15	63–64	112–118	13–14	10.3–11.0

Boys	1	Heisle	Weight	Skinfold Thickness Subcutaneous Fat			
	Age	Height (ins.)	Weight (lbs.)	Triceps (mm.)	Sub-Scapular (mm.)		
(1)	(2)	(3)	(4)	(5)	(6)		
West Sussex	5	44	44	9.2	5.3		
University	5	42.5–45	41-45	8.2–7.9	5.0		
West Sussex	6	46	46	9.5	5.1		
University	6	45–47.5	45–49	7.9–7.7	5.0-4.9		
West Sussex	10	55	74	9.2	5.7		
University	10	53-55	65–71	8.0–8.5	5.4–5.7		
West Sussex	11	57	82	10.3	6.6		
University	11	55–57	71–78	8.5–8.8	5.7–6.0		
West Sussex	14	63.5	115	9.9	7.5		
University	14	61.5–64	97–112	8-7.6			

Dr. Cockcroft makes the following comments on this survey.

"The measurements I have recorded are the average of the children between the age stated and the next year above, i.e. between 5 and 6 years etc. Dr. Tanner's figures are an average of the height and weight of children at age 5 and age 6 etc., so that two figures are given for each age unless the figure is the same at both ages. The weights of Dr. Tanner's children were in the nude, whereas the West Sussex children had on shorts and singlets, or their equivalent.

The results show no significant difference in the heights and weights nor in the subscapular skinfold measurements, but the triceps skinfold measurements were a little higher for the West Sussex children at all ages.

My conclusion is that most children in Littlehampton and Lancing do not suffer from obesity. There are a small number of obese children and most of them are naturally overweight; by that I mean that they are not on an excessive diet and have no apparent disease to account for their weight. One also cannot comment about a child's weight without knowing the height and bodily structure."

# **Medical Treatment**

#### Statistics

Details of the numbers of children examined and of the numbers and types of defects found are shown in the tables on pages 67 and 68.

In the following table the numbers of children examined in the various age groups and the numbers found to require treatment during the year have been compared with the figures for 1965.

100 0000	Numl				H		nge found to treatment		
Age group	p childr examin		req	uire tment		est sex	Englan Wa		
an up a Sher fai	1965	1966	1965	1966	1965	1966	1965	1966	
Entrants	5,025	6,112	510	483	10.1	7.9	1	d th	
Other periodic inspections	5,904	6,930	630	495	10.7	7.1	161		
Leavers	4,289	4,951	399	358	9.3	7.2	} 16.1		
Totals	15,218	17,993	1.539	1,336	10.1	7.4		Chie	

\*Not available.

#### Eye Clinics

The number of children examined at school eye clinics during the year was 3,081; an increase of 83 on the figure for 1965. The number of examinations was 3,771 compared with 3,207 in the previous year.

Of the 1,428 pairs of spectacles known to have been prescribed for children during the year, 1,254 pairs were prescribed at school eye clinics. This was 174 pairs fewer than in 1965.

Twenty-five school children and 48 children under school age were known to have received operative treatment for squint during the year.

Orthoptists treated 559 children; 186 more than in 1965.

SPEECH THERAPY

				-		Defect of	Defect or disorder of speech	of speech	0			Number	and i
Area			Articula- tion	Language	Fluency	Voice	Associa- ted with cerebral palsy	Associa- ted with cleft palate	Total number of children	Total attend- ances	New cases	during the year	Waiting list at 31.12.66
Crawley	:		05 (85)	205 (85) 36 (12)	40 (31)	4 (1)	2 ()	14 (5)	301 (134)	301 (134) 1,737 (161)	16	66	26
Billingshurst	:	:	16 (11)	2 (2)	3 ()	1	1	1(-)	22 (13)	131 (20)	8	1	*
Bognor Regis	:	:	6 (6)	1 (1)	5 (5)	1	3 (3)	1	15 (15)	20 (20)	9		*
Chichester		5	223 (186)	15 (10)	35 (25)	1 (1)	5 (4)	6 (7)	288 (233)	930 (429)	70	54	36
Midhurst	:	:	62 (42)	(9) 2	12 (6)	1	1	1(-)	82 (54)	423 (193)	18	21	3
Littlehampton		:	3 (3)	1	1	1		1	3 (3)	8 (8)	2	1	*
Shoreham-by-Sea	:	:	3 (3)	2 (2)	1	1	1	1	5 (5)	7 (7)	17	1	*
Petworth	:	:	93 (78)	1.	7 (6)	2 (2)	2 (1)	3 (3)	107 (90)	271 (136)	44	32	5
Worthing	:	:	25 (25)	1	1 (1)	1	1 (1)	1	27 (27)	30 (30)	3	2	*
TOTALS	:	6	36 (439)	636 (439) 63 (33)	103 (74)	7 (4)	13 (9)	28 (15)	850 (574)	850 (574) 3,557(1,004)	259	200	70
		1											

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

\* None kept; limited service available owing to shortage of staff.

#### Orthopaedic Clinics

Orthopaedic clinics continued to be held in six centres in the County. The number of children attending these clinics decreased from 742 (including 230 under school age) to 732 (including 251 under school age) in 1966.

Forty-six children (including 11 under school age) received in-patient treatment and 142 children (including 30 under school age) were supplied with 153 orthopaedic appliances.

Physiotherapists treated 748 children (including 217 under school age); 116 fewer than in 1965.

#### Enuresis

The treatment of nocturnal enuresis by means of pad and bell alarms was continued during the year and reports were received on 67 boys and 32 girls. The reports showed that complete or partial improvement was achieved by 55 boys and 26 girls.

#### Convalescence

During the year, short-term convalescence was provided for 22 children in accordance with the provisions of section 48(3) of the *Education Act*, 1944. This was three more than in 1965.

#### Speech Therapy

The authorised establishment of speech therapists in the County is one senior and three speech therapists, all full-time, but since the middle of 1965 the service has been two full-time therapists below this establishment. During 1966 the position was eased by the appointment of three part-time therapists for one session a week each, but at the end of the year there were still vacancies for the equivalent of 1.7 full-time therapists.

Miss M. G. A. McCombie, senior speech therapist, has supplied the following comments on the shortage of speech therapists.

"The needs of a rising population cannot be met by speech therapists anywhere, and I do not know that West Sussex is less favoured in this respect than other parts of the country. So far as attracting staff to the County is concerned, therapists here have a car, any other equipment necessary for their work, and freedom to plan and do that work as they think fit. Balanced against these factors are the actual working conditions which are not always good. Particularly in the older, smaller schools a separate quiet room can be difficult to arrange, and using the clinics as an alternative is no solution as they are becoming increasingly overcrowded. Accommodation is seldom a problem in new schools, and any future clinic planning should include appropriate accommodation for the speech therapists. Although the greater part of their work should be done in the schools, they still need some clinic space.

In the case of married women some provision for their children would be an added incentive to return to work. Often by the time they have paid taxes and a baby-minder it is not worthwhile financially to do so.

To encourage girls to consider speech therapy as a career we are always willing to talk on the subject, and it is known at the secondary schools that any girls really interested, and likely to reach the required academic standard, are more than welcome to come and discuss the matter fully and to spend time seeing as much of the work as possible.

Again with future planning in mind, the presence on the staff of every primary school of a member with qualifications in speech training would be a great help to us. Such a member, working under the supervision of a speech therapist, could help those children with lesser speech difficulties, and so free the therapist HANDICAPPED PUPILS

tine and the and the and the billing and the and the	(1) Bli (2) Pa Sig	<ol> <li>Blind</li> <li>Partially</li> <li>Sighted</li> </ol>	(3) De (4) Pa He	<ul><li>(3) Deaf</li><li>(4) Partially</li><li>Hearing</li></ul>	<ul><li>(5) Physically Handicapped</li><li>(6) Delicate</li></ul>	<ul><li>(5) Physically Handicapped</li><li>(6) Delicate</li></ul>	(7) Male (8) Educ Sub-	Maladjusted Educationally Sub-normal	(9) E (10) S 1	<ul><li>(9) Epileptic</li><li>(0) Speech Defects</li></ul>	TOTALS
IN THE CALENDAR YEAR: Handicenned munits	(1)	(2)	(3)	(4)	(5)	(9)	(1)	(8)	(6)	(10)	(1)-(10)
A. Newly assessed as needing special educational treatment at special schools or in boarding homes	1	1	2	5	Π	16	24	68	1	I	146
100000000000	1	1		-	3	6	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	42		1	09
(II) Assessed prior to January, 1900 and newly placed in special schools or boarding homes	-	1	1	3	9	9	3	52	1	1	73
TOTAL (B (i) and B (ii)	1	1	1	4	6	12	II	94	1	1	133
As AT 19TH JANUARY, 1967: C. Number requiring places in (a) day special schools (b) boarding	11	10	-	11	-4	10	12	21 14	11	11	22 35
<ul> <li>D. (i) Number on the registers of:</li> <li>(1) Maintained special (a) day pupils</li> <li>schools as (b) boarding pupils</li> <li>(2) Non-maintained (a) day pupils</li> <li>special schools as (b) boarding pupils</li> </ul>	1	1   1	°   -	6	15   5	3  0	38	352 96 	1111		352 146 
Тотад	7	~	4	6	20	26	43	449	1		566
(ii) Independent schools under arrangements made by the authority	1	1	15	1	5	1	00	5	1	1	34
TOTAL (D (i) and D (ii) )	7	80	19	6	25	27	51	454	1		600
(iii) Boarded in homes and not included in (i) or (ii)	1	1	1	1	1	2	21	1	1	1	24
TOTAL (D (i), (ii) and (iii) )	7	8	19	10	25	29	72	454	1	1	624
<ul> <li>E. Number being educated under arrangements made in accordance with Section 56 of the <i>Education Act</i>, 1944 (i) in hospitals</li> <li>(ii) in other groups</li> <li>(iii) at home</li> </ul>	11-		111	- 1	~~~ <u>~</u>	9	-		1   treat	11	<i>ww</i> 2

to give her more specialised care to those with severe speech problems, but I should, however, be very doubtful about the value of having speech training teachers as such on the staff of the speech therapy department. The provision of more nursery schools would also help us. The majority of young children with communication problems benefit more than anything by association with other young normallyspeaking children, and this natural stimulus together with the trained nursery care can make a very real contribution to speech therapy."

There would appear to be little likelihood of improvement in the number of speech therapists available in the short-term and preliminary consideration has been given to the introduction of a scheme to sponsor the training of speech therapists who, on completion of training, would undertake to work in the school health service in the County. Such schemes have already been approved by the County Council to promote the recruitment of other categories of staff who are in short supply.

During the year, 276 children were treated and 574 were seen for observation. The corresponding figures for 1965 were 371 and 690 respectively. The table on page 60 gives particulars of the numbers of pupils treated and under observation, according to category of defect or disorder of speech, in the various treatment areas. The numbers in brackets refer to the children under observation and are included in the total figures.

# Handicapped Pupils

#### Ascertainment

The work of the clerical casework section developed further and the benefits of the risk register introduced some years ago became apparent. Handicaps are being diagnosed at an earlier stage and it is possible to help parents to accept the problems their handicapped children must face and to plan services for them well in advance.

During the year, school medical officers carried out 261 examinations of children known or thought to have some physical or mental impairment. A summary of the information sent to the Department of Education and Science showing the number of handicapped children ascertained as needing admission to special schools or boarding homes during 1966, the numbers admitted and awaiting admission and those on the registers of special schools and boarding homes is given on page 62.

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

Twenty-five children were reported to the local health authority under Section 57 (4) of the *Education Act*, 1944 as being unsuitable for education at school. One child previously reported as being unsuitable for education at school was reviewed under the provisions of section 57A and the original decision was cancelled.

#### Child Guidance

The work of the four clinics continued along the lines described in previous editions of the Report. A statistical summary of their activities is given overleaf.

1. Referral				1965	1966
Number of children referred by	:				
(a) School Medical Officers				58	79
(b) Courts and Probation Officers				102	124
(c) Parents and others				140	150
(d) Boarding schools and hostels				33	77
(e) General practitioners				185	193
(f) Children's Department				17	27
				130	49
				3	3
				48	39
Brought forward from previous	year		***	40	39
(awaiting investigation on 1st	Januar	ry)			
TOTALS				716	741
				DS-700-975	
2. Investigation					
Number of children investigate	ed duri	ng the	vear		
and found to be:			,		
(a) In need of child guidance help				422	399
				6	14
	aal			2	14
(c) Unsuitable for education at sch					171
(d) Not in need of child guidance h				111	171
(e) Withdrawn before investigation				136	76
(f) Awaiting investigation on 31st	Decemt	ber		39	81
TOTALS				716	741
3. TREATMENT					
Number of children:					
(a) Receiving help on 1st January				323	371
(b) Helped during the year				598	656
(c) Receiving help at 31st December				371	304
				5/1	504
4. RECOMMENDATIONS					
Number of children recommende	ded dur	ing the	year fo		
(a) Special schools				31	22
(b) Hostels				1	2
TOTALS				32	24
· · · · · · · · · · · · · · · · · · ·					
5. CLINIC ATTENDANCES AND HOME	VISITS				
<ul><li>(a) Number of attendances at clin</li><li>(b) Number of homes visited durin</li></ul>			year	6,268 99	6,258 151

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

#### Staff

Once again it was not possible to fill the authorised establishment of 11 dental officers and, at the end of the year, there were eight dental officers in post; two fewer than at the end of 1965.

As a result of the findings of the dental rates study group and the subsequent award to general dental practitioners in the National Health Service, the target net income of a general dental practitioner is now over  $\pounds1,000$  a year above the maximum gross salary of a school dental officer.

Whilst it is generally agreed that security, shorter hours and longer holidays must be worth x pounds a year to a school dental officer, I am quite certain that x should not be in excess of £1,000 a year. If the school dental service is to survive and flourish, it is imperative that this gap in earnings should be narrowed at the earliest opportunity.

#### **Inspection and Treatment**

Statistics for the year will be found on page 73. Because of the under-establishment and the time lost through sickness, 470 fewer sessions were worked than in 1965. Pupils routinely inspected numbered 36,755 and a further 4,073 received a second inspection later in the year. There were 291 inspection sessions, giving an inspection rate of 126 pupils a session.

Of the 36,755 pupils inspected, 15,587 (42 per cent) were found to require treatment and 14,367 (92 per cent) were offered treatment. The children treated numbered 7,548.

#### Dental Health

The dental hygienist, who resigned on 31st August, 1966, visited 86 schools and gave talks to over 26,000 pupils. It was encouraging to find how welcome the head teachers made her at the schools. Both the hygienist and I gave a number of talks to various parent/teacher associations and mothers' clubs during the year.

#### **Computer Processing of Dental Statistics**

Since the end of 1964, dental statistics have been produced on the County Council's computer. The amount of time saved may be gauged by the fact that the annual statistics for 1966 were available on 3rd January, 1967.

#### Acknowledgements

I wish to record again my thanks to members of the Council and to my colleagues in the County Health, Education and other Departments for their help and encouragement.

Principal School Dental Officer

# **Other Services**

#### School Meals and Milk

The following information, obtained from the Director of Education, shows the numbers of children in maintained schools in the County who had school dinners and milk on a day in October, 1966 and is compared with similar information for 1965.

Meals	1965	1966
Number of children present on day selected	. 57,567	59,090
Number of school dinners served	. 42,563	44,721
Percentage taking dinners	. 73.9	75.7
Milk		
Number of children present on day selected	. 57,850	59,497
Number of children who received one-third pint of		
milk	. 43,511	43,561
Percentage of milk drinkers	. 75.2	73.2

#### School Hygiene and Sanitation

Following their visits to schools, medical officers and public health inspectors commented on deficiencies in lavatory accommodation, washing facilities, lighting and on any other matters affecting the well-being of pupils. These deficiencies were referred to the Director of Education with a view to inclusion in the continuing programme of minor improvements to school premises.

#### School Swimming Pools

During the year, 8 new pools were brought into use in junior schools, bringing the total in maintained schools to 64.

The inspection of these pools and the examination of the water was continued throughout the swimming season; standards were generally most satisfactory. Visits made by the public health inspectors in connection with this work numbered 186.

#### Road Accidents to Children

Examination of the analyses produced on the Council's computer shows that 3,191 persons were involved in road accidents in the County during the year. Of these, 354 (11.1 per cent) were children under 15 years of age. The corresponding figures for 1965 were 3,274 and 336 (10.3 per cent).

#### School Child Chest Health Survey

West Sussex was one of a number of local education authorities in various parts of the country invited to collaborate with the Department of Medical Statistics and Epidemiology of the London School of Hygiene and Tropical Medicine in a study on the possible effects of air pollution and other environmental factors on respiratory tract disorders in school children. The parents of 978 children aged 6 to 10 years attending 15 schools in a rural area of the County were asked to co-operate by completing a questionnaire on their child's past medical history. Completed forms received numbered 826 and 803 children were subsequently examined by school medical officers.

The information collected is now being evaluated at the London School of Hygiene and the report on the survey will be published in due course.

#### **Health Education**

The content and volume of this work continued to increase. The anti-smoking campaign which began in the autumn of 1965, continued throughout 1966 and the film *The Smoking Machine* has now been shown in the majority of junior schools. The exceptions were schools where either facilities were not available or where the head teachers considered that it would be unwise to introduce this topic.

For some years, with the co-operation of head teachers, health visitors have been holding regular classes in health education in a number of secondary modern schools. One result of the arrangements for comprehensive education now being introduced in the County has been that the children previously in grammar schools are now able to participate in these classes.

# RETURN OF MEDICAL INSPECTION AND TREATMENT FOR THE YEAR ENDED 31st DECEMBER, 1966

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

Age groups	No. of pupils who have		condition inspected	found not	ment (excl	und to requind and to requination denti- station with	al diseases
inspected (by year of birth) (1)	received a full medical examina- tion (2)	Satis- factory (3)	Unsatis- factory (4)	to warrant a medical examina- tion (5)	For defective vision (excluding squint) (6)	For any other condition (7)	Total individual pupils (8)
1962 and	175	175	0		2	12	15
later	175 2,553	175 2,553	I		2 57	13 117	15 173
1961 1960	3,384	3,381	3	_	134	179	295
1050	594	594	3		12	179	295
1050	255	255			12		19
1958	204	202	2		6	8 9	14
1956	1,198	1,198			41	35	72
1955	3,174	3,173	1		136	120	245
1954	1,197	1,197			53	41	93
1953	308	308	-		18	6	23
1952	1,110	1,110	-		50	26	76
1951 and	2 9 4 1	2.940	1		167	118	282
earlier	3,841	3,840		orture		110	202
TOTALS	17,993	17,986	7		688	689	1,336

Periodic Medical Inspections

 Col. (3) total as a
 Col. (4) total as a

 percentage of Col. (2)
 percentage of Col. (2)

 total ...
 ...
 99.96

 total ...
 ...
 0.04

#### Other Inspections

Number of Special Inspections Number of Re-inspections	 	 1965 102 9,319	1966 100 10,405
TOTALS	 	 9,421	10,505

# Defects found by Periodic and Special Medical

## Inspections during the Year

Defect Code	Defect or disease	Pe	eriodic in	spection	ns	Specia inspec
No. (1)	(2)	Entrants (3)	Leavers (4)	Others (5)	Total (6)	
4.		T 27	50	23	100	1
5.		O 184 T 199	112 205	102 284	398 688	18
	(b) Squint	O 1,132 T 35	597 2	705	2,434	2
argunali		O 135	8	52	195	-
		T 3 0 26	5	3 28	11 60	2
6.	Ears: (a) Hearing	T 38 O 327	1 19	20 82	59 428	10
	(b) Otitis Media	T 3	_	1	4	î
		O 62 T 5	777	14 5	83 17	1
7.		O 58 T 51	53	16 20	79 74	-
	EL C	O 699	55	159	913	1
8.	The Course Provide Starting	T 33 O 283	3 10	14 35	50 328	1
9.		T 2 0 437	1 17	60	3 514	-
10.		T 4	1	1	6	-
11.	Lungs	O 135 T 9	51	55 5	241 14	1 2
12.	Developmental: (a) Hernia	O 187 T 4	49	84	320 5	2
1	The second s	0 22	22	7	31	-
		T 2 0 115	55	16 134	20 304	Ξ
13.	Orthopaedic: (a) Posture	T 15 O 49	31 18	41 61	87 128	1
	(b) Feet	T 40	6	25	71	7
	(c) Other	O 159 T 37	41 13	105 34	305 84	_
14.	a property and the report on	O 366 T 4	53	166 2	585 7	-
14.	System:	0 16	7	21	44	-
		$\begin{bmatrix} T \\ 0 \end{bmatrix} = \begin{bmatrix} - \\ 45 \end{bmatrix}$	5	3 34	4 84	=
15.	Psychological: (a) Develop- ment	T 2 0 172	2	2 92	6 282	1
	(b) Stability	T 6	18 2	1	9	52
16.	Abdomen	O 188 T 2	34	89	311	2
17.	Other	T 2 0 49 T 2	11 12	53 17	113 31	43
17.	oulet	0 84	61	133	278	43

T indicates number of pupils requiring treatment.

O indicates number of pupils requiring observation.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

	Number of to have bee	cases known en dealt with
the second se	1965	1966
External and other, excluding errors of refraction and squint	41	47
Errors of refraction (including squint)	2,860	3,369
TOTALS	2,901	3,416
Number of pupils for whom spectacles were prescribed	1,654	1,428

## Eye Diseases, Defective Vision and Squint

### Diseases and Defects of Ear, Nose and Throat

anes mainten and		cases known en dealt with
idanax Cinter	1965	1966
Received operative treatment:		
(a) For diseases of the ear	-	-
(b) For adenoids and chronic tonsillitis	30	44
(c) For other nose and throat conditions	-	-
Received other forms of treatment	19	56
TOTALS	49	100
Total number of pupils in schools who are known to have been provided with hearing aids:		
(a) In year	28	20
(b) In previous years	90	110

## **Orthopaedic and Postural Defects**

entrement treatment under and and and and	Number of to have be	cases known een treated
in a Second in the Man State	1965	1966
(a) Pupils treated at clinics or out-patients' depart- ments	632	642
(b) Pupils treated at school for postural defects	bers () aire	- 101
TOTALS	632	642

### Diseases of the Skin

			Number of to have be	cases known een treated
			1965	1966
Ringworm: (a) Scalp (b) Body	 	 	1 3	4
Scabies	 	 	2	5
Impetigo	 	 	11	14
Other skin diseases	 	 	225	106
TOTALS	 	 	242	129

## **Child Guidance Treatment**

		cases known een treated
	1965	1966
Pupils treated at Child Guidance Clinics	 598	656

# Speech Therapy

12_ Development out Hereis emethods moder	Number of cases known to have been treated		
at el 19 de la 19 de la 19	1965	1966	
Pupils treated by speech therapist	371	276	

## Other Treatment Given

oll the man dense in the second	Number of cases known to have been dealt with		
quadic and Postural Delects	1965	1966	
(a) Pupils with minor ailments	270	422	
(b) Pupils who received convalescent treatment under School Health Service arrangements	19	22	
(c) Pupils who received B.C.G. vaccination	3,632	4,731	
(d) Other than (a), (b) and (c) above: Orthoptic Enuresis (pad and bell alarms)	373 83	559 99	
TOTAL (a)-(d)	4,377	5,833	

#### List of School Clinics held in the County: 1966

		Type of Clinic Held								
Place	Address	Dental**	Minor Ailment	Refraction	Orthoptic	Orthopaedic	Physiotherapy	Speech§	Child Guidance	
ARUNDEL	Maltravers Street	-		Mon.†*	-	-	-		-	
BILLINGSHURST	The Weald School	-	-	_	-	-	_	Mon.†	-	
BOGNOR REGIS	Westloats Lane	MonFri.	Tues.†	Tues.†† f		-	Tues. <sup>††</sup> Fri. <sup>††</sup>	Wed.		
CHICHESTER	Chapel Street St. Anthony's School St. John's Street	MonFri.	Wed.† <i>f</i>	Wed.†† 	Mon. f Wed. Thurs.	Tues.†† <i>m</i>	Mon.†† Tues.† Fri.† —	Wed.†† Wed.†	— — Mon.–Fri.	
CRAWLEY	Exchange Road Gossops Green Langley Green Tilgate Hospital Desmond Anderson Sch. Ifield School Little Deerswood Sch. Northgate School Southgate School Three Bridges School West Green School	MonFri. Thurs. & Fri. Mon. Tues. Wed. — — — — — — — — — — — — —	Wed.†			Mon.* 	Mon. Wed. Fri.†† — — — Wed.†† Tues.† Fri.† —	Fri.† Tues.† Fri.†† Thurs.† Thurs.† Thurs.† Thurs.† Wed.†† Won.†† Wed.†	MonFri.         	
FINDON	Parochial School	-	-	-	—	-	-	Tues.† f	-	
HORSHAM	Hurst Road Brighton Road	MonFri.	=	Fri.††	=	Mon.*	Wed.† Fri.†	Tues.†† Wed.	Mon.–Fri.	
LANCING	Irene Avenue	MonFri.	-	Tues.† f	—	Mon.††*	Tues.† Fri.†	Mon.	_	
LITTLEHAMPTON	Elm Grove Road	MonFri.	Fri.†	Wed.† f	-	Mon.†*	Mon.† Wed.† Thurs.†	Fri.	-	
MIDHURST	County Sec. School	-	-	-	-	—	_	Mon.†	-	
PETWORTH	C.S. & C.P. Schools	-	-	-	-	i. —	-	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	MonFri.	-	Fri.† f	-	-	Mon.† Wed.† Thurs.†	Fri.	-	
WORTHING	Stoke Abbott Road 6 Southey Road	Mon.–Fri. —	MonFri.† —	Fri.†† —	Mon.† Wed. Thurs.†	Sat.†m —	Mon.Wed.Thurs. Fri.†† —	Thurs.	— MonFri.	

Morning and afternoon sessions are held unless otherwise stated. † Morning. †† Afternoon.

f Fortnightly. § Some clinics not held in 1966 owing to staffing difficulties.

\* Approximately every six weeks.

m Monthly.

\*\* In addition four mobile dental units operate in the County.

71

1 P.

### 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, 1967 ... 64,107

ATTENDANCES AND TREATMENT			Ages 5 to 9		ges 10	Ages 15 and over	TOTALS
First visit			4,672	27	17	356	7,745
Subsequent visits			6,584		15	846	12,645
Total visits			11,256		32	1,202	20,390
Additional courses of treatment co	mmen	ced	627		115	77	1,119
Fillings in permanent teeth			3,632	6,9	016	1,255	11,803
Fillings in deciduous teeth			5,560		413	-	5,973
Permanent teeth filled			2,972		500	1,029	9,601
Deciduous teeth filled			4,989		188		5,377
Permanent teeth extracted			151		98	128	877
Deciduous teeth extracted			2,265		505		2,770
General anaesthetics			887		78	19	1,084
Emergencies			601	3	302	72	975
Number of pupils x-rayed							294
Prophylaxis							736
Teeth otherwise conserved							2,146
l umber of teeth root filled							55
1 ilays							13
Crowns Courses of treatment completed							6,084
Courses of treatment completed							0,004
ORTHODONTICS							
Cases remaining from previous year	ır						122
New cases commenced during year							99
Cases completed during year							77
Cases discontinued during year							18
No. of removable appliances fitted	1.1.1.1.1						139
The of termore apprinted the							
No. of fixed appliances fitted			0				-
							=
No. of fixed appliances fitted Pupils referred to hospital consulta							Mass.V.
No. of fixed appliances fitted			 Ages	  Aį	  zes	  Ages	Mass V
No. of fixed appliances fitted Pupils referred to hospital consulta				  Aį		 Ages 15 and	TOTALS
No. of fixed appliances fitted Pupils referred to hospital consulta PROSTHETICS	ant		 Ages	  Aį	 ges o 14	  Ages	 Totals
No. of fixed appliances fitted Pupils referred to hospital consulta PROSTHETICS Pupils supplied with F.U. or F.L.	ant (first ti	  me)	 Ages 5 to 9	  Aį	 ges o 14 2	Ages 15 and over	Totals
No. of fixed appliances fitted Pupils referred to hospital consulta PROSTHETICS Pupils supplied with F.U. or F.L. Pupils supplied with other dentures	ant (first ti	  me)	 Ages 5 to 9	  Aį	 ges o 14 2 15	Ages 15 and over 8	
No. of fixed appliances fitted Pupils referred to hospital consulta PROSTHETICS Pupils supplied with F.U. or F.L.	ant (first ti	  me)	 Ages 5 to 9	  Aį	 ges o 14 2	Ages 15 and over	Totals
No. of fixed appliances fitted Pupils referred to hospital consulta PROSTHETICS Pupils supplied with F.U. or F.L. Pupils supplied with other dentures	 (first ti (first t	 me) ime)	 Ages 5 to 9	  10 t	 ges o 14 2 15 18	Ages 15 and over 8	Totals
No. of fixed appliances fitted Pupils referred to hospital consulta PROSTHETICS Pupils supplied with F.U. or F.L. Pupils supplied with other dentures Number of dentures supplied	 (first ti (first t	 me) ime)	 Ages 5 to 9 4 5	  10 t	 ges o 14 2 15 18	Ages 15 and over 8	
No. of fixed appliances fitted Pupils referred to hospital consulta PROSTHETICS Pupils supplied with F.U. or F.L. Pupils supplied with other dentures Number of dentures supplied ANAESTHETICS General anaesthetics INSPECTIONS	ant (first ti (first t  admin	 me) ime) 	 Ages 5 to 9 	  10 t	 ges o 14 2 15 18	Ages 15 and over 8	
No. of fixed appliances fitted Pupils referred to hospital consulta PROSTHETICS Pupils supplied with F.U. or F.L. Pupils supplied with other dentures Number of dentures supplied ANAESTHETICS General anaesthetics INSPECTIONS (a) First inspection at school — no	(first ti (first ti (first t  admin	 me) ime)  istered	 Ages 5 to 9 4 5 I by dent	 Aı 10 t	 ges o 14 2 15 18	Ages 15 and over 8	
No. of fixed appliances fitted Pupils referred to hospital consulta PROSTHETICS Pupils supplied with F.U. or F.L. Pupils supplied with other dentures Number of dentures supplied ANAESTHETICS General anaesthetics INSPECTIONS (a) First inspection at school — nu (b) First inspection at clinic — nu	(first ti (first ti  admin umber mber o	 me) ime)  istered	 Ages 5 to 9  4 5 1 by dent wils ls	 Ag 10 t	 ges o 14 2 15 18	Ages 15 and over 8	
No. of fixed appliances fitted Pupils referred to hospital consulta PROSTHETICS Pupils supplied with F.U. or F.L. Pupils supplied with other dentures Number of dentures supplied ANAESTHETICS General anaesthetics INSPECTIONS (a) First inspection at school — no	(first ti (first ti  admin umber mber o to requ	 me) ime)  istered of pup if pupi	 Ages 5 to 9  4 5 1 by dent wils ls	 Aı 10 t	 ges o 14 2 15 18	Ages 15 and over 8	
No. of fixed appliances fitted Pupils referred to hospital consulta PROSTHETICS Pupils supplied with F.U. or F.L. Pupils supplied with other dentures Number of dentures supplied ANAESTHETICS General anaesthetics INSPECTIONS (a) First inspection at school — nu (b) First inspection at clinic — nu Number of (a) + (b) found Number of (a) + (b) offered (c) Pupils re-inspected at school c	(first ti (first ti (first t admin admin umber of to requ to requ to requ to requ l treatm	 me) ime)  istered of pup f pupi uire tre nent 	 Ages 5 to 9 4 5 I by dent oils ls eatment 	 Ag 10 t	 ges o 14 2 15 18	Ages 15 and over 8	Totals 2 27 32 661 36,755 8,720 15,587 14,367 4,073
No. of fixed appliances fitted Pupils referred to hospital consulta PROSTHETICS Pupils supplied with F.U. or F.L. Pupils supplied with other dentures Number of dentures supplied ANAESTHETICS General anaesthetics INSPECTIONS (a) First inspection at school — nu (b) First inspection at clinic — nu Number of (a) + (b) found Number of (a) + (b) offered	(first ti (first ti (first t admin admin umber of to requ to requ to requ to requ l treatm	 me) ime)  istered of pup f pupi uire tre nent 	 Ages 5 to 9 4 5 I by dent oils ls eatment 	 Ag 10 t	 ges o 14 2 15 18	Ages 15 and over 8	TOTALS 2 27 32 661 36,755 8,720 15,587 14,367
No. of fixed appliances fitted Pupils referred to hospital consulta PROSTHETICS Pupils supplied with F.U. or F.L. Pupils supplied with other dentures Number of dentures supplied ANAESTHETICS General anaesthetics INSPECTIONS (a) First inspection at school — nu (b) First inspection at clinic — nu Number of (a) + (b) found Number of (a) + (b) offered (c) Pupils re-inspected at school c	(first ti (first ti (first t admin admin umber of to requ to requ to requ to requ l treatm	 me) ime)  istered of pup f pupi uire tre nent 	 Ages 5 to 9 4 5 I by dent oils ls eatment 	 Ag 10 t	 ges o 14 2 15 18	Ages 15 and over 8	TOTALS 2 27 32 661 36,755 8,720 15,587 14,367 4,073
No. of fixed appliances fitted Pupils referred to hospital consulta PROSTHETICS Pupils supplied with F.U. or F.L. Pupils supplied with other dentures Number of dentures supplied ANAESTHETICS General anaesthetics INSPECTIONS (a) First inspection at school — nu (b) First inspection at school — nu Number of (a) + (b) found Number of (a) + (b) offered (c) Pupils re-inspected at school c Number of (c) found to require SESSIONS	(first ti (first ti (first t admin admin umber of to requ to requ to requ to requ l treatm	 me) ime)  istered of pup f pupi uire tre nent 	 Ages 5 to 9 4 5 I by dent oils ls eatment 	 Ag 10 t	 ges o 14 2 15 18	Ages 15 and over 8	Totals 2 27 32 661 36,755 8,720 15,587 14,367 4,073 1,920
No. of fixed appliances fitted Pupils referred to hospital consulta PROSTHETICS Pupils supplied with F.U. or F.L. Pupils supplied with other dentures Number of dentures supplied ANAESTHETICS General anaesthetics INSPECTIONS (a) First inspection at school — nu (b) First inspection at clinic — nu Number of (a) + (b) found Number of (a) + (b) offered (c) Pupils re-inspected at school c Number of (c) found to require SESSIONS Sessions devoted to treatment	(first ti (first ti (first t admin admin umber of to requ to requ to requ to requ l treatm	 me) ime)  istered of pup f pupi uire tre nent 	 Ages 5 to 9 4 5 I by dent oils ls eatment 	 Ag 10 t	 ges o 14 2 15 18	Ages 15 and over 8	Totals 2 27 32 661 36,755 8,720 15,587 14,367 4,073 1,920 2,661
No. of fixed appliances fitted Pupils referred to hospital consulta PROSTHETICS Pupils supplied with F.U. or F.L. Pupils supplied with other dentures Number of dentures supplied ANAESTHETICS General anaesthetics INSPECTIONS (a) First inspection at school — nu (b) First inspection at school — nu Number of (a) + (b) found Number of (a) + (b) offered (c) Pupils re-inspected at school c Number of (c) found to require SESSIONS	(first ti (first ti (first ti admin umber mber o to requ l treatm linic uire tre	me) ime) istered of pupi uire tre nent  atmen	 Ages 5 to 9 4 5 I by dent oils ls eatment 	 Ag 10 t	 ges o 14 2 15 18	Ages 15 and over 8	Totals 2 27 32 661 36,755 8,720 15,587 14,367 4,073 1,920

# Appendix A COUNTY HEALTH COMMITTEE

(at 31st December, 1966)

### County Council Members

		Sub-Committees
MRS. E. S. M. BAXENDALE		a, e, Cn
MR. H. BRINTON		
MRS. H. C. CARMAN, J.P.		a, m
†DR. IVAN CLOUT	Chairman	Ce, Cm
Mrs. M. Cobby		m, n
CAPT. J. A. D. COCHRANE-BARNE	TT, O.B.E.	
MRS. M. J. DAVIS-POYNTER		m, n
Mrs. G. F. Griffin		n
MRS. E. M. KING-JONES		a
MR. C. C. LANSDALL		a
MAJOR-GENERAL H. M. LIARDET,	C.B., C.B.E., D.S.O., D.L.	a
MR. J. E. MILES		a, m
*MR. PETER MURSELL, M.B.E., D.L.	. (Chairman of the County Council)	
MRS. P. B. P. NAUNTON, J.P.		e, m
†Mr. W. G. S. Pope	Vice-Chairman	Ca
MR. W. J. O'REILLY		m
MR. C. W. REECE		a, e
Mr. T. H. Siggs		n
Mr. J. M. Smith		a
*BRIG. L. L. THWAYTES, D.L. (Vice-	-Chairman of the County Council)	
MR. G. E. WALLER		a, e, m
MR. E. L. WALTER		a, n
*MR. J. E. WHITTOME, O.B.E. (Chai Committee)	irman of the Finance and General Pu	rposes

#### **Other Members**

MISS V. R. M. CHAPMAN	representing the West Sussex Branch of the Royal College of Nursing	n
MISS E. J. CLUNES	representing the West Sussex Branch of the Royal College of Midwives	n
DR. W. S. COLTART	representing the West Sussex Branch of the British Medical Association	n
DR. T. H. HARRISON	representing the Local Medical Committee for West Sussex	a
MRS. N. M. LEPHARD	representing Worthing Borough Council	m
MR. R. A. MITCHELL	representing Worthing Borough Council	m
MRS. M. GALE MOORE	representing mertining bereuge estation	n
DR. H. ROSENBERG, O.ST.J.	representing the Executive Council for the County of West Sussex	m
H.R.H. PRINCE TOMISLAV OF YUGOSLAVIA	representing the Sussex Branch of the St. John Ambulance Brigade	a
SIR GEOFFREY TODD,	representing the South West Metropolitan	
K.C.V.O., O.B.E.	Regional Hospital Board	n
MRS. J. L. VANRENEN	representing the Women's Royal Voluntary	
	Service	n
* Ex-officio member of the † Ex-officio member of the	Committee and of the Sub-Committees. Sub-Committees.	

- C Chairman of Sub-Committee. a Ambulance and Public Health Sub-Committee. e Executive Sub-Committee. m Mental Health Sub-Committee.

n Nursing Sub-Committee.

## COUNTY EDUCATION COMMITTEE

(at 31st December, 1966)

#### **County Council Members**

Sub-Committee

S

MR. D. R. ATKINS DR. H. M. AYRES, C.ST.J. †MAJOR S. R. BROOKS LADY BRUNDRETT	Vice-Chairman	s
Mr. L. A. Foster Mr. J. P. Gee, J.P.		
MR. E. J. F. GREEN, J.P.		s
Mrs. G. F. GRIFFIN		s
†MR. R. MARTIN	Chairman	
MRS. M. KEOGH MURPHY		Cs
MR. C. P. MASON, M.B.E., J.P.		
MR. R. MAY		
MR. R. MILES		s
*MR. PETER MURSELL, M.B.E., D.L. (Chai	rman of the County Council)	
SIR CLINTON PELHAM, K.B.E., C.M.G.		
MR. A. G. W. PENNEY, J.P.		
MRS. D. M. PENNICOTT		S
MR. W. G. S. POPE		
MRS. D. E. RUDD		-
MRS. N. B. M. SHARP		s
LTCOL. 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-Chain		S
*MR. J. E. WHITTOME, O.B.E. (Chairman Committee)		
Mr. C. E. C. WOOLLEY		

#### **Other Members**

MR. R. EDWARDS representing Worthing Committee for MRS. H. M. PERYER Education S MR. P. H. THOMAS THE REV. CANON M. C. LANGTON representing Religious Denominations THE REV. R. H. SMITH S THE VERY REV. CANON E. WAKE MR. K. D. ANDERSON representing teachers employed in MR. P. H. KEYTE schools maintained by the Local S MR. S. NORRIS **Education Authority** 

MISS D. M. M. EDWARDS-REES MAJOR-GEN. C. LLOYD, C.B., C.B.E., T.D. MISS W. A. WAITE

#### MRS. M. J. DAVIS-POINTER

representing the Children's Committee s

\* Ex-officio member of the Committee and of the Sub-Committee. † Ex-officio member of the Sub-Committee.

C Chairman of Sub-Committee.

s Special Services Sub-Committee.

### Appendix B

### STAFF

(at 31st December, 1966)

County Medical Officer of Health and Principal School Medical Officer:

T. McL. GALLOWAY, M.D., 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.

Principal Medical Officer: A. H. SNAITH, M.D., M.C.PATH., D.P.H.

Principal Administrative Officer: J. SAUNDERS, F.C.C.S.

Medical Officers of the Department and School Medical Officers:
\*J. C. AITKEN, M.B., CH.B., D.P.H.
\*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. K. S. CLIFF, M.B., B.S.
\*F. COCKCROFT, M.A., M.R.C.S., L.R.C.P., D.P.H.
\*U. P. GEOGHEGAN, M.D., D.P.H.
\*J. A. G. GRAHAM, M.B., CH.B., D.P.H.
CHRISTINA A. GUNN, M.B., CH.B., D.P.H.
ESTHER S. KERR, M.A., M.B., B.CH., D.OBST., R.C.O.G.
A. LOWRY, M.R.C.S., L.R.C.P., D.C.H.
\*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.

Chief Dental Officer and Principal School Dental Officer P. S. R. CONRON, L.D.S.

Area Dental Officers:

D. E. GIBBONS, B.D.S.

J. M. BAIN, L.D.S.

Dental Surgeons:

A. P. BROOKE, L.D.S. W. P. HOLDSWORTH, L.D.S. G. C. KENT, L.D.S. J. A. W. PURNELL, L.D.S.

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

Consultant Chest Physicians:

\*J. E. WALLACE, M.D., CH.B. \*E. W. THOMPSON EVANS, M.D., CH.B., D.P.H. \*FLORENCE R. PILLMAN, M.B., B.S., M.R.C.P.

Consultant Geriatric Physicians:

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

Consultant Ophthalmologists:

\*V. BELL, M.B., B.S., D.O. \*N. CRIDLAND, D.M., D.O. (OXON) \*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. \*J. M. Bird, m.B., b.S., d.o. \*W. B. Heywood-Waddington, m.b., b.s.

\* Part-time

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.

> 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 B. M. GOLDING, S.R.N., S.C.M., H.V.CERT. MISS M. NASH, S.R.N., S.C.M., H.V.CERT. MISS A. M. RYDER, S.R.N., S.C.M., M.T.D., H.V.CERT.

Health Education Organiser: MISS B. M. JACOB, S.R.N., S.C.M., H.V.CERT.

Assistant Health Education Organisers: MRS. E. LOWETH, S.R.N., H.V.CERT. MISS B. A. WRAIGHT, S.R.N., S.C.M.

> Senior County Almoner: Miss J. GATEHOUSE, B.A., A.I.M.S.W.

County Almoners: MISS O. M. CATER, A.I.M.S.W. MISS M. B. FLEMONS, A.I.M.S.W. MISS M. F. WESTON, A.I.M.S.W.

> Chief Chiropodist: A. C. CAMPBELL, S.R.N., M.CH.S., S.R.CH.

Senior Chiropodists: F. A. BAKER, M.CH.S., S.R.CH. MRS. E. DROMGOOLE, M.CH.S., S.R.CH. D. A. COLLYER, M.CH.S., S.R.CH. MRS. D. M. PRICE, M.CH.S., S.R.CH. A. R. RUDD, M.CH.S., S.R.CH.

> County Home Help Organiser: MRS. R. E. HOLMES

Area Home Help Organisers: Mrs. M. Brown-Constable

MRS. J. M. PLATER

Occupational Therapist: Mrs. D. B. PAYNE, M.A.O.T.

Physiotherapists:

\*MRS. B. ANDREWS, M.C.S.P. \*MISS L. C. BARKHAM, M.C.S.P. \*MRS. M. E. KING, M.C.S.P. \*MRS. M. WANE, M.C.S.P.

MRS. J. M. BURLING

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

\*MRS. C. M. WILLIAMS, M.C.S.P.

\*MISS D. BALLANCE, D.B.O. \*MRS M. SMITH, D.B.O. \*MISS H. WISE, D.B.O.

Senior Speech Therapist: MISS M. G. A. MCCOMBIE, L.C.S.T.

Speech Therapists: MRS. J. M. MILES, L.C.S.T. \*MRS. S. F. CARRINGTON, L.C.S.T. \*MRS. D. E. CROUCH, L.C.S.T.

\* Part-time

Head Psychiatric Social Worker: MISS J. S. PARSONS, A.A.P.S.W.

Senior Psychiatric Social Worker: \*MISS N. K. HUNNYBUN, A.A.P.S.W.

Psychiatric Social Workers:

\*MISS M. E. CULLEN, A.A.P.S.W. \*V. W. J. ROBINSON, A.A.P.S.W.

\*P. L. E. GAISEMAN

\*MRS. E. T. ROSSELLI, M.A. \*MRS. E. M. STEAD, B.A., A.A.P.S.W.

Social Workers:

\*Mrs. D. P. Haig, dip. soc. science \*Mrs. P. E. Vaughan, s.r.n., dip. soc. science \*MRS. R. RYLE, DIP. SOC. SCIENCE

> Child Psychotherapist (non-medical): \*J. HUMPHERY, PH.D., B.A., DIP. ED.

Senior Educational Psychologist: D. LABON, B.Sc., A.B.Ps.S.

Educational Psychologists: R. L. BURDEN, B.A., DIP. ED. PSYCH. \*MISS. A. BOWLEY, PH.D., F.B.PS.S. \*MRS. M. PARKER, M.A.

> Superintendent Mental Welfare Officer: L. J. ELLIS, A.C.C.S., M.R.I.P.H.H., M.S.M.W.O.

> > Senior Mental Welfare Officers:

L. O'RIORDAN, S.R.N., R.M.N., M.S.M.W.O. M.S.M.W.O. P. W. SMALLRIDGE, C.S.W. A. D. BRANDON, B.A. G. S. POPLE, A.I.S.W. J. H. PREECE, M.S.M.W.O.

Mental Welfare Officers:

MRS. R. GHOM, DIP. N.A.M.H., M.S.M.W.O. MISS P. DUNNING, M.S.M.W.O. D. H. HARNOTT, R.M.N. D. MITCHELL, R.M.N.

Durrington Hostel:

Warden: W. H. SHALES, R.M.N. Matron: MRS. M. L. SHALES, S.E.N.

Rustington Residential Training Centre and Hostel:

Superintendent: V. K. WILLIAMS, R.N.M.S.

Matron: MRS. T. M. WILLIAMS, S.R.N., R.N.M.S.

Day Training Centres: Head Teachers: CHICHESTER : MRS. M. I. GREEN, DIP. N.A.M.H. MISS J. WAKEHAM, DIP. N.A.M.H. CRAWLEY: DURRINGTON: MRS. M. A. CLARKE, DIP. N.A.M.H. WORTHING: W. E. STEVENS

Senior Administrative Assistants:

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

#### \* Part-time

Medical Officers of Health of District Councils:

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.

J. A. G. GRAHAM, M.B., CH.B., D.P.H. K N. MAWSON, M.B., CH.B., D.P.H.

Chanctonbury Rural District Shoreham-by-Sea Urban District Southwick Urban District Bognor Regis Urban District City of Chichester Littlehampton Urban District Worthing Rural District Arundel Municipal Borough Chichester Rural District Midhurst Rural District Worthing Municipal Borough Crawley Urban District (temporary arrangement) Horsham Urban District Horsham Rural District Petworth Rural District

		In	In post on 30th September,					
Category of staff	Estab- lishment 30.9.66	Whole- time	Part- time	Whole-time equivalent of Col. (4)	Total whole-time equivalent			
(1)	(2)	(3)	(4)	(5)	1965 (6)	1966 (7)		
Administrative and clerical:								
Central Office	56.5	51	1	0.5	53.5	51.5		
Clinics	8.7	6	5	2.7	8.7	8.7		
Ambulance operational staff	86	86		_	82	86		
Chiropodists	7.1	7	1	0.1	4.4	7.1		
Dentists	11	9	-	-	10	9		
Dental hygienists	1	1	-	-	1	1		
Dental surgery assistants	12	12	31	4.4	12	12		
Doctors	14.4	10	31	4.4	14.7	14.4		
assistants	4	4			4	4		
Home help organisers	9.5	7	5	2.5	8.0	9.5		
Home helps	190	4	518	176	165	180		
Manual and domestic, excluding			510	1.0	100			
cleaners at clinics employed				transferration in the				
on an hourly basis	1	1	-	-	1	1		
Mental health:	worman man	Second Sec.	orly mi	verificerents 1	Prins Print	CINERO"		
Hostels, including domestic								
staff	21	12	13	7.8	13	19.8		
Social workers, including								
Training centres, including	11.3	11	-	-	11	11		
staff on courses of training:								
Teachers and instructors	34	30	2	1	30	31		
Other staff	16	3	18	9.8	9.3	12.8		
Nursing and auxiliary:						12.0		
Administrative and super-				10,000 00,000				
visory nursing staff	5	5	-		5	5		
Clinic assistants	16	14	4	1.5	13	15.5		
Combined nursing appoint-								
ments (all services; includ-			-		~			
ing relief staff)	37	29	1	5.4	31	34.4		
Domiciliary midwives	26 62	22 56	2	1	21 55	23 56		
Health visitors/school nurses Home nurses	67	65		Anna Then a	55 62	65		
Name a logidarian	22	22	-	OT Printers and	21	22		
Nursing auxiliaries	16	16		_	13	16		
Occupational therapists	1	1	1 m_		1	1		
Other social workers:		in the second		Patrice points	pan 6	100		
With relevant university or		. Diottino		SHE STORES		C # 2 12 12		
equivalent professional								
training	4	4	-	_	4	4		
Physiotherapists	0.5	-	4	0.5	0.5	0.5		
Public health inspectors	2	22	-	-	2	2		
Speech therapists	4	2	1	0.1	2.1	2.1		
Social workers and therapists in child guidance clinics	7.7		10	5.3	5.0	5.3		
child guidance clinics	1.1		10	5.5	5.0	5.5		
TOTALS	753.7	492	622	218.6	659.2	710.6		

### STAFF: Categories and Numbers Employed

Note: Column (6) relates to 31st December, 1965.

### Appendix C

#### WEST SUSSEX COUNTY COUNCIL

EVIDENCE OF THE COUNTY MEDICAL OFFICER OF HEALTH

submitted to a

### **PUBLIC INQUIRY**

INTO THE PROPOSALS OF THE BOGNOR REGIS URBAN DISTRICT COUNCIL

regarding

### SEWAGE DISPOSAL

1. My name is Thomas McLaren Galloway. I hold the degrees of Doctor of Medicine of the University of Edinburgh and Doctor of Public Health of the Johns Hopkins University, Baltimore. I am a Fellow of the Royal College of Physicians of Edinburgh and I hold the Diploma in Public Health of the University of London. I have held the appointments of County Medical Officer of Health and Principal School Medical Officer of the Administrative County of West Sussex since 1st April, 1960.

2. The County Council have since March, 1960 been concerned about the discharge of untreated sewage into the sea and the contamination caused thereby to bathing beaches. On 22nd November, 1963, the County Council adopted the report of the County Health Committee in the following terms:—

- "as regards coastal areas generally:
- (a) on health and amenity grounds, only a high-quality effluent should be discharged into the sea; and
- (b) no sewage sludge or any other solid or semi-solid matter should be discharged into the sea; and that

as regards Bognor Regis:

- (c) the present proposals are unlikely to reduce the existing risk to health and loss of amenity. The effects of this 'economical' but crude method of disposal are certain to be more serious as the time goes on and the population increases. If however a sewage outfall to the sea is adopted, it should go into deeper water and carry a good effluent to a safe distance from the shore;
- (d) further consideration should be given to the construction of a sewage disposal works. Against the high cost of installation should be set the eventual loss which may result from a perpetuation and aggravation of the present risks and nuisance; and
- (e) having regard to the existing and future problems of Arundel and Littlehampton, consideration should be given to providing a comprehensive sewage treatment works (possibly in the Ford area) to which the sewage of the three areas could be pumped for proper processing. A satisfactory effluent could then be admitted to the tidal waters of the River Arun."

3. The County Council subsequently proposed a scheme of grant-in-aid which would be applicable to the whole County in connection with sewage disposal but the scheme was not acceptable to the county district councils.

4. In general, the county district councils were opposed to the introduction of such a scheme on the grounds that

- (a) the treatment and disposal of sewage was a function vested in district councils under the Public Health Act, 1936;
- (b) as a general principle, each local authority should itself discharge the functions and duties placed upon it; and that
- (c) the redistribution of funds within the County, in accordance with the County Council's proposals, was therefore undesirable.

The County Council's main reasons for opposing the proposed sea outfall may be summarised as follows:

- (i) there is evidence that there is risk to the health of bathers in sewagepolluted sea water;
- (ii) sewage works which are designed to discharge sewage only at certain states of tides eventually become overloaded and inadequate and are thereupon used constantly for the discharge of sewage, without regard to the state of the tide; and
- (iii) the growing population of Bognor Regis is appreciably increased during the holiday season and at week-ends;
- (iv) aesthetically revolting beaches (which frequently follow the discharge of sewage into tidal waters and which were excluded from the assurances given by the Medical Research Council Report) mean a loss of amenity. This should be avoided, particularly in a holiday resort.

6. Representations against the proposed sea outfall have been made by many ratepayers and also by the West Sussex Division of the British Medical Association, the West Sussex Local Medical Committee, the National Health Service Executive Council for West Sussex and by Chichester Rural District Council, whose beaches at Middleton, Climping, Pagham and Selsey might be polluted by sewage from the proposed Bognor Regis outfall.

7. The Medical Research Council Committee's memorandum No. 37 — "Sewage Contamination of Bathing Beaches" (under the heading (p. 20) The Health Risks of Bathing in Sewage-Polluted Sea Water) dealt with two specific organisms, namely those responsible for poliomyeltis and typhoid fever, and had no regard to the possibility of other organisms (known or unknown) which could convey disease. This report has been criticised by the British Medical Association and by the Institute of Sewage Purification. In a memorandum of 1964, giving a statement of policy, the Institute stated:—

"The Institute considers that while coastal resorts may experience much difficulty in providing adequate treatment of sewage owing to the position of existing outfalls and because of their fluctuating population, the problems would not be insurmountable. It should be remembered that inland towns are required to treat sewage and trade effluents to a high degree of purity in order to protect inland waters. It should be the pride of a seaside resort attracting holiday-makers that its sewage is adequately treated before discharge to tidal waters."

8. A summary of figures taken from the Bulletins, July and August, 1965 of the Public Health Laboratory Service, which gave findings regarding identification of the different strains of *salmonellae* found in the United Kingdom from 1951 to 1963, indicated, for the last 10 years of the period, 41 different strains of *salmonellae* which were found in sea water in 374 positive samples. The highest number of any one strain was 110 samples with *S. Paratyphi B* content (in sea water) and a further 10 in bathing beach sand and one in foreshore mud. *Salmonellae* organisms found over the period in sewage totalled 1,085.

9. In the South African Journal Public Health, February, 1950, in an article "Diseases from Sewage", Harold Wilson, PH.D. (LONDON) refers to a report in *The Surveyor* of 1st December, 1944 concerning tests carried out by Allen, Tomlinson and Norton of the British Water Pollution Research Staff, showing the reduction in bacteria per cubic centimetre as follows:—

#### Average results of bacteria content

n
and a

10. A report prepared by H. B. Cochrane, M.A. (CANTAB.), GRAD.I.C.E., and published in *Surveyor and Municipal and County Engineer* on 21st April, 1956 (page 173), entitled "The use of radioactive isotopes and characteristic bacteria in tracing sewage pollution in the sea", referred to float tests which had been carried out at a south coast resort using radioactive isotopes and characteristic bacteria. These tests showed that, even with an off-shore wind, pollution of beaches took place, despite the fact that the ordinary floats and the oily patch appeared to indicate that the sewage was taken out to the sea. Float test results are therefore suspect and must be interpreted with caution.

11. As a result of float tests carried out at Bognor Regis by Messrs. Lewis and Duvivier (in their report August, 1960 to Messrs. D. Balfour & Sons, p. 7) an opinion was expressed that a sea outfall would be satisfactory if sewage were discharged  $2\frac{1}{2}$  miles beyond low water at a point half a mile west of the pier or  $3\frac{1}{2}$  miles or more in the position of the existing outfall.

12. The consulting engineer's (D. Balfour & Sons) reports of October, 1960 and June, 1963 recommended an outfall of 2 miles in one part (para. 28, p. 5 of 1963 report) and reduced it to  $1\frac{1}{2}$  miles later in the 1963 report (para. 35, p. 5) without obvious support. (It is understood that this has now been extended to  $1\frac{3}{4}$  miles). At this distance sewage would be discharged into a depth of water of only 23 to 25 feet.

13. Little regard appears to have been given to the unusual effects of the tides in the English Channel. *The Channel Pilot*, Part I, 13th edition 1947 (p. 240–241) shows that some water remains for long periods close inshore.

14. Solidified oil fuel is often found on the beaches of Bognor Regis, presumably from ships discharging from their tanks at distances considerably more than the  $1\frac{1}{2}$  to 2 miles recommended by consultants for the proposed sewage outfall.

15. Reference has been made by Dr. Brendan Moore in his report dated 24th May, 1963 to the Consultant Engineers Messrs. D. Balfour that 1,005 samples of sea water had been taken from Bognor Regis foreshore and that 68 per cent of these samples had fewer than 1,000 coliform organisms per 100 millilitres. No mention was, however, made of the unsatisfactory samples, presumably 32 per cent, nor is information given about the dates, the states of the tide or weather conditions when samples were taken. Ministry of Health and Ministry of Housing and Local Government Report No. 71 "The Bacteriological Examination of Water Supplies" stated:—

"Swimming-bath water is exposed not only to faecal contamination but also to contamination with organisms from the skin and nasopharynx of the bathers. It is therefore recommended that no sample from a bath should contain any coliform organisms in 100 ml. of water; and that in 75 per cent of the samples examined from that bath the 24-hour plate count at 37°C. from 1 ml. of water should not exceed 10 colonies and the remainder should not exceed 100 colonies."

16. Improved methods of scientific inquiry may be expected to reveal hazards to health which are as yet unrecognised — even unsuspected. Only a few years ago road accidents were believed to be *accidents* — now we recognise the causes and the consequences of road accidents. Similarly, atmospheric pollution was a nuisance, a loss of amenity, but it is only in recent years that its significance as a health hazard has been recognised and treated accordingly. A great deal remains to be discovered and while some risks to health must be accepted, others should be anticipated.

17. Health authorities should not in my opinion remain complacent in dealing with the pollution of the sea. The provision of sewage treatment works rather than sea outfalls for the disposal of sewage may be more expensive, but such evidence as there is suggests that, if the facts are properly explained to them, the ratepayers (particularly in a holiday resort) would meet the additional costs involved. In my opinion such an imaginative approach is certainly to be preferred on grounds of health and amenity.

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21st January, 1966.

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