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Contributors

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

THE HEALTH OF WEST SUSSEX

1969

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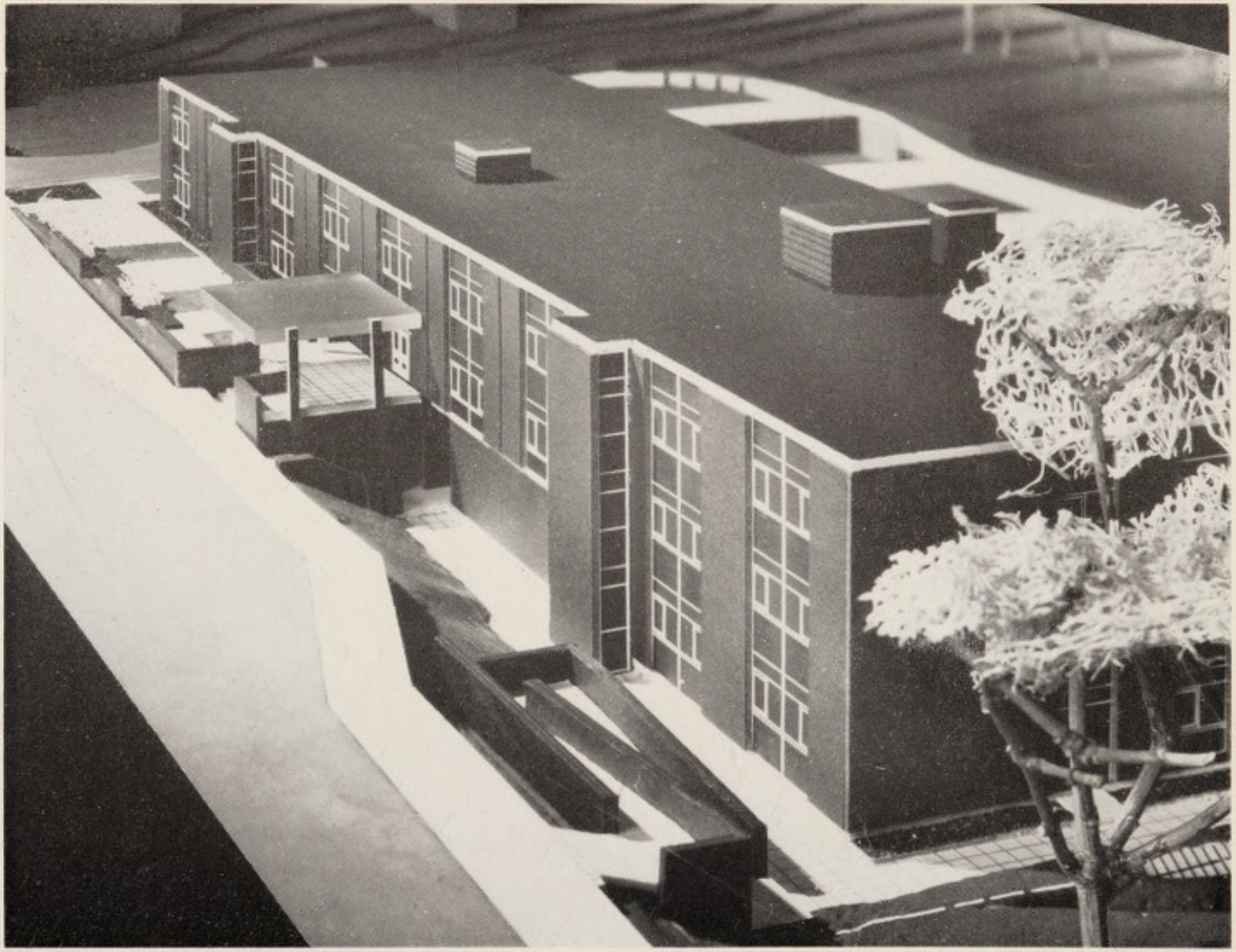


A Model of Horsham Health Centre — the one that got away (see page 52)

CONTENTS

The secret of being a bore is
to tell everything.

Voltaire; 1694–1778

Telephone: Chichester (0243) 85100

METROPOLITAN HOUSE
NORTHGATE, CHICHESTER
15th May, 1970

To the Members of the County Council of West Sussex

In accordance with the requirements of the *Public Health Officers Regulations 1959* I present for your information another edition of *The Health of West Sussex*. It comprises my Annual Reports on the Health of the County and of the School Child for the year 1969 and is the tenth for which I have been responsible.

The material in this issue has been slightly re-arranged. Information about the nursing services (*i.e.* home nursing, midwifery and health visiting) has, for the first time, been brought together in the same Part of the Report. It is hoped that this will be more convenient for those who are particularly interested in the work done by the nurses. The general pattern of the Report is otherwise much the same as its predecessors and, as in previous years, reports of special interest or of original work undertaken by the staff are again reproduced in the appendices.

The health of the County remained satisfactory. The high immunity levels resulting from the computer-assisted immunisation scheme have reduced appreciably the incidence of infectious disease. There were fewer cases of measles than in any year since 1962 — there would have been even fewer if supplies of the new vaccine had been more plentiful. For the fourth successive year, there were no notifications of poliomyelitis. Apart from two mild infections in unimmunised Italian immigrant children in 1961, diphtheria has not been seen in the County for 15 years. Records of this kind are entirely due to the readiness of the public to accept the advance of medical science and to our ability to use in their service some of the new and sophisticated management skills which have become available in the past few years.

Those who care about the health and social conditions of the people and how they prospered in 1969 will find in these pages items of genuine interest and concern. Much went on in the world around us. Man first set foot on the moon. The Concorde made its successful maiden flight. For the first time a human egg was fertilised in a test tube. The government filched another £340m. in taxes, the Duke of Edinburgh described the Royal Family as practically insolvent, and we kissed the halfpenny goodbye. Despite these important events, here in West Sussex we remained unable to relieve the plight of many an old person who needed a place in a home or hospital, or a few more hours of domestic help, or the skill of a chiropodist to bring comfort to aching feet. In the year in which men walked on the moon, for some old folk the problem of walking comfortably on earth remained unsolved.

Green and White

The uncertainties and speculations, to which reference was made in the last Report, brought about by the prospective reorganisation of the National Health Service and of local government, became more confused as the year progressed.

The Secretary of State for Social Services announced at Norwich in February, 1969 that the government were scrapping the Green Paper* and producing another, probably in July (in the event it did not appear until February, 1970), which would be followed in the autumn by a White Paper setting out the government's policy.

Secondly, there came the publication on 11th June, 1969 of the Report of the Royal Commission on Local Government† upon which the government announced their intentions in a subsequent White Paper.‡ Although the Commission recommended that

> "consideration should be given to the possibility of unifying responsibility for the National Health Service within the new system of local government"

the government announced their decision in the Second Green Paper§ published on 11th February, 1970 that

> "the National Health Service will not be administered by local government . . . for two main reasons. First, the professions believe that only a service administered by special bodies on which the professions are represented can provide a proper assurance of clinical freedom. Secondly, the independent financial resources available to local authorities are not sufficient to enable them to take over responsibility for the whole health service."

Whatever view is taken of whether the reformed National Health Service should be administered by local government, neither of the reasons given by the central government against such a course is at all convincing. Although the beliefs of professional workers (many of whom obtained their professional status largely at the public expense) are clearly important, they should not in a democratic society be allowed to frustrate the establishment of a coherent and unified health service which is ultimately controlled by those who find the money to pay for such a service.

The central government's financial argument is even less convincing. It is no more than artful deceit to say that local government should not administer the National Health Service because it lacks the independent financial resources to do so. Money spent on the public service comes from the pockets of the people, whether in taxes or in rates. It is quite illogical to argue that certain services should be kept out of the hands of local government because central government is the better pickpocket.

---

* Ministry of Health. The Administrative Structure of the Medical and Related Services in England and Wales. 1968. London. H.M.S.O. 3s. 6d.

† Royal Commission on Local Government in England. 1966-9 vol. 1, Report. Cmnd. 4040. London. H.M.S.O. 1969. 40s.

‡ Reform of Local Government in England. February 1970. Cmnd. 4276. London. H.M.S.O. 4s.

§ Department of Health and Social Security. National Health Service. The Future Structure of the National Health Service. 1970. London. H.M.S.O. 5s.

Local resources could easily be made sufficient to run the health service if the central stranglehold on taxation were to be appropriately relaxed or re-arranged; the dilemma could in fact be resolved in as short a time as it takes to get the necessary legislation through Parliament.

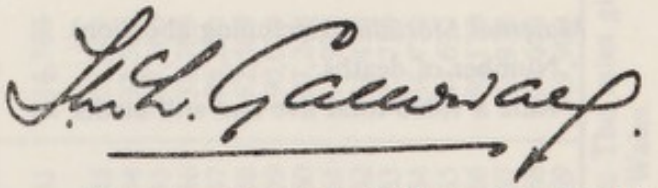
It now seems that the policy of the present government on the future structure of the National Health Service will finally be made known in a White Paper to be published during the summer. So far there has been little unreserved support for what has been said in the Second Green Paper, particularly since the personal health services seem likely in future to be administered separately from the supportive welfare and environmental health functions. We are living in days when opportunities to bring about really imaginative reform are being ignored — assuming that they are in fact being recognised. They may not appear again this century and until they do, and are seized, the public will continue to get services less efficient and more expensive than they deserve.

Committees and Staff

At the request of the County Council, the Health and Education Committees reviewed their sub-committee structures. The Health Committee amalgamated the Ambulance and Public Health and the Mental Health Sub-Committees and vested their functions in a new General Sub-Committee; the constitutions of the Nursing and Executive Sub-Committees were revised. The Education Committee's review left the the responsibility for the school health service with the Special Services Sub-Committee. The names of the Committee members are given at Appendix A; those of the principal members of your staff are again recorded at Appendix B.

Acknowledgements

An organisation as large as the County Health Department cannot function properly without help from many quarters. I welcome this opportunity to pay tribute to all who have assisted us in so many ways. I acknowledge the strong support given to the Department by members of the Council. I am grateful to the press who have provided useful publicity for some of our activities. I am indebted to many family doctors throughout the County whose firm cooperation with us has promoted better standards of medical and social care. I thank colleagues employed in other Departments, authorities and agencies for their willing collaboration and I commend the staff for their work throughout the year.



County Medical Officer of Health
and Principal School Medical Officer

PART I—GENERAL AND STATISTICAL

Vital Statistics

The Department of Health and Social Security have asked that certain vital statistics relating to mothers and infants should be included in the Report in the following form and detail; those for 1968 are also shown for comparative purposes.

	1968	1969
Live Births		
Number	6,394	6,242
Rate a 1,000 population	16.6	16.2
Illegitimate Live Births (per cent of total live births) ...	7.5	7.5
Stillbirths		
Number	92	85
Rate a 1,000 total live and still births	14.2	13.4
Total Live and Still Births	6,486	6,327
Infant Deaths (deaths under one year)	91	95
Infant Mortality Rates		
Total infant deaths a 1,000 total live births	14.2	15.2
Legitimate infant deaths a 1,000 legitimate live births	13.9	14.9
Illegitimate infant deaths a 1,000 illegitimate live births	18.7	19.2
Neonatal Mortality Rate		
(Deaths under four weeks a 1,000 total live births) ...	10.0	10.1
Early Neonatal Mortality Rate		
(Deaths under one week a 1,000 total live births) ...	8.8	8.7
Perinatal Mortality Rate		
(Stillbirths and deaths under one week combined a 1,000 total live and still births)	22.8	22.0
Maternal Mortality (including abortion)		
Number of deaths	1	1
Rate a 1,000 total live and still births	0.2	0.2

The table on page 12 gives details of the population and the main vital statistics for each County district.

VITAL STATISTICS

West Sussex compared with England and Wales

Year	Population (mid-year estimate)	Live Births			Deaths			Infant Mortality			Neonatal Mortality			Stillbirths			Maternal Mortality		
		West Sussex		England & Wales	West Sussex		England & Wales	West Sussex		England & Wales	West Sussex		England & Wales	West Sussex		England & Wales	West Sussex		England & Wales
		No.	Rate a 1,000 population		No.	Rate a 1,000 population		No.	Rate a 1,000 live births		No.	Rate a 1,000 live births		No.	Rate a 1,000 total live and still births		No.	Rate a 1,000 total live and still births	
1911	92,725	3,386	19.1	24.4	2,203	13.1	14.6	288	85.0	130	†	†	†	†	†	†	6	1.8	3.7
1921	195,795	3,214	17.4	22.4	2,185	11.4	12.1	158	49.2	83	†	†	†	†	†	†	11	3.3	3.9
1931	216,760	3,134	14.5	15.8	2,808	13.0	12.3	139	44.4	66	†	†	†	†	†	†	13	4.1	4.1
*1953	327,340	4,271	14.4	15.5	4,519	10.4	11.4	95	22.0	26.8	67	15.7	17.7	99	22.7	22.5	4	0.9	0.8
1954	338,500	4,681	16.0	15.2	4,606	9.5	11.3	112	24.0	25.4	88	18.8	17.7	106	22.1	23.5	1	0.2	0.7
1955	347,700	4,681	15.3	15.0	4,696	9.5	11.7	99	21.0	24.9	77	16.4	17.3	102	21.3	23.2	1	0.2	0.6
1956	358,700	5,021	15.4	15.6	5,138	10.7	11.7	122	24.0	23.8	85	16.9	16.8	105	20.5	22.9	3	0.6	0.6
1957	370,200	5,287	15.4	16.1	4,757	10.2	11.5	103	19.5	23.1	77	14.6	16.5	130	24.0	22.5	1	0.2	0.5
1958	382,500	5,541	15.4	16.4	5,267	11.0	11.7	100	18.0	22.5	74	13.4	16.2	106	18.8	21.5	1	0.2	0.4
1959	390,000	5,656	15.1	16.4	5,537	11.8	11.6	95	16.8	22.2	64	11.3	15.9	121	20.9	20.8	2	0.4	0.4
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	1	0.2	0.4
1961	410,930	5,947	14.6	17.5	5,975	12.6	11.9	107	18.0	21.4	79	13.3	15.3	97	16.1	19.0	1	0.2	0.3
1962	418,470	6,183	14.8	18.9	6,122	12.9	11.9	124	20.1	21.7	92	14.9	15.1	106	17.1	18.1	2	0.3	0.4
1963	425,710	6,395	17.3	18.2	6,634	11.2	12.2	114	17.8	21.1	86	13.4	14.3	92	14.2	17.2	—	—	0.3
1964	436,770	6,567	17.1	18.5	5,976	10.0	11.3	108	16.4	19.9	83	12.6	13.8	91	13.7	16.3	3	0.5	0.3
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	15.8	1	0.2	0.3
1966	450,170	6,375	16.6	17.7	6,618	9.7	11.7	92	14.4	19.0	72	11.3	12.9	75	11.6	15.3	—	—	0.3
1967	455,930	6,420	16.6	17.2	6,665	9.5	11.2	82	12.8	18.3	56	8.7	12.5	90	13.8	14.8	—	—	0.2
1968	465,660	6,394	16.6	16.9	7,403	10.2	11.9	91	14.2	18.3	64	10.0	12.3	92	14.3	14.3	1	0.2	0.2
1969	469,900	6,242	16.2	16.3	7,231	9.7	11.8	95	15.2	18.0	63	10.1	12.0	85	13.4	13.0	1	0.2	†

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

*Boundary change.

†Not available.

Chief Vital Statistics for each County District in West Sussex

District	Estimated population middle of 1969	No. of births	Birth rates		No. of illegitimate births	No. of deaths	Death rates		Deaths under one year	Infant mortality rate a 1,000 live births	Respiratory tuberculosis		Cancer death rate
			Crude	Standardised			Crude	Standardised			No. of deaths	Death rate	
Urban Districts													
Arundel M.B. ...	2,990	32	10.7	13.2	1	47	15.7	9.6	1	31	—	—	2.3
Bognor Regis ...	31,710	426	13.4	21.0	50	641	20.2	9.7	11	26	—	—	4.1
Chichester M.B. ...	20,740	224	10.8	11.2	12	331	16.0	9.4	3	13	—	—	3.3
Crawley	64,520	1,005	15.6	12.3	64	414	6.4	11.7	19	19	—	—	1.6
Horsham	26,360	444	16.8	17.6	25	284	16.8	17.6	3	7	1	0.04	2.3
Littlehampton ...	18,200	247	13.6	15.4	32	280	15.4	10.6	2	8	1	0.05	2.7
Shoreham-by-Sea	18,050	242	13.4	13.9	25	221	13.2	10.2	3	12	—	—	2.7
Southwick ...	11,360	118	10.4	11.9	12	173	15.2	12.5	3	25	—	—	4.0
Worthing M.B.	83,100	865	10.4	16.8	82	2,055	24.7	10.6	14	16	2	0.02	4.6
All Urban Districts	277,030	3,603	13.0	15.1	303	4,446	16.0	10.1	59	16	4	0.01	3.2
Rural Districts													
Chanctonbury ...	26,340	366	13.9	17.8	30	371	14.1	9.9	1	3	—	—	3.0
Chichester ...	60,000	812	13.5	17.8	56	796	13.3	9.4	12	15	—	—	3.0
Horsham	28,810	424	14.7	15.3	27	328	11.4	9.8	7	17	—	—	2.3
Midhurst	19,500	207	10.6	11.9	11	289	14.8	9.0	4	19	—	—	2.7
Petworth	10,910	132	12.1	14.8	6	150	13.7	9.7	1	8	—	—	2.0
Worthing	47,310	698	14.8	25.6	35	851	18.0	8.5	11	16	1	0.02	4.0
All Rural Districts	192,870	2,639	13.7	18.1	165	2,785	14.4	9.1	36	14	1	0.05	3.1
Administrative County	469,900	6,242	13.3	16.2	468	7,231	15.4	9.7	95	15.2	5	0.01	3.2

Deaths from Cancer: 1969

Sites	Males									Females									Total Males and Females
	Age Groups								Total Males	Age Groups								Total Females	
	0–	1–	5–	15–	25–	45–	65–	75–		0–	1–	5–	15–	25–	45–	65–	75–		
Stomach	— (—)	— (—)	— (—)	— (—)	2 (—)	14 (28)	19 (31)	25 (16)	60 (75)	— (—)	— (—)	— (—)	— (—)	— (1)	9 (10)	15 (16)	39 (24)	63 (51)	123 (126)
Lung, bronchus ...	— (—)	— (—)	— (—)	— (—)	4 (6)	93 (89)	133 (138)	53 (55)	283 (288)	— (—)	— (—)	— (—)	— (—)	2 (—)	27 (24)	40 (36)	17 (16)	86 (76)	369 (364)
Breast	— (—)	— (—)	— (—)	— (—)	— (1)	1 (2)	— (—)	1 (1)	2 (4)	— (—)	— (—)	— (—)	— (—)	7 (11)	52 (48)	36 (45)	44 (41)	139 (145)	141 (149)
Uterus	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	1 (2)	20 (17)	11 (15)	13 (15)	45 (49)	45 (49)
Other organs ...	1 (—)	1 (—)	2 (2)	3 (2)	14 (8)	88 (71)	113 (114)	152 (114)	374 (310)	— (—)	2 (—)	— (—)	1 (2)	9 (8)	76 (91)	133 (112)	169 (141)	390 (354)	764) (665)
Leukaemia ...	— (—)	— (1)	2 (2)	— (—)	1 (2)	1 (5)	8 (8)	9 (7)	21 (25)	— (—)	1 (1)	1 (1)	2 (1)	1 (—)	4 (1)	5 (10)	6 (8)	20 (22)	41 (47)
Totals	1 (—)	1 (1)	4 (4)	3 (2)	21 (17)	197 (195)	273 (291)	240 (193)	740 (702)	— (—)	3 (1)	1 (1)	3 (3)	20 (22)	188 (191)	240 (234)	288 (245)	743 (697)	1,483 (1,400)

Note: The figures in brackets relate to 1968.

Causes of Death at Different Periods of Life

Registrar General's Code	Causes of Death	Total all ages		Under 4 weeks		4 weeks and under 1 year		Age in years																	
								1–		5–		15–		25–		35–		45–		55–		65–		75 & over	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
B.1	Cholera	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.2	Typhoid fever	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.3	Bacillary dysentery and amoebiasis	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–
B.4	Enteritis and other diarrhoeal diseases	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.5	Tuberculosis of respiratory system	3	2	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	–	–	2	1
B.6	Other tuberculosis, including late effects	5	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	2	–	2	1	–	1
B.7	Plague	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.8	Diphtheria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.9	Whooping cough	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.10	Streptococcal sore throat and scarlet fever	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.11	Meningococcal infection	–	2	–	–	–	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–
B.12	Acute poliomyelitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.13	Smallpox	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.14	Measles	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.15	Typhus and other rickettsioses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.16	Malaria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.17	Syphilis and its sequelae	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.18	All other infective and parasitic diseases	3	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	2	1	–	–	–
B.19(1)	Malignant neoplasm, buccal cavity, etc.	10	6	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	4	1	2	1	3	3
B.19(2)	Malignant neoplasm, oesophagus	25	23	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	5	–	7	6	11	17
B.19(3)	Malignant neoplasm, stomach	60	63	–	–	–	–	–	–	–	–	–	–	1	–	1	–	3	3	11	6	19	15	25	39
B.19(4)	Malignant neoplasm, intestine	95	127	–	–	–	–	–	–	–	–	–	–	–	–	6	1	4	7	13	14	32	44	40	61
B.19(5)	Malignant neoplasm, larynx	6	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	4	2
B.19(6)	Malignant neoplasm, lung, bronchus	283	86	–	–	–	–	–	–	–	–	–	–	–	–	4	2	8	9	85	18	133	40	53	17
B.19(7)	Malignant neoplasm, breast	2	139	–	–	–	–	–	–	–	–	–	–	–	–	–	7	–	18	1	34	–	36	1	44
B.19(8)	Malignant neoplasm, uterus	–	45	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	8	–	12	–	11	–	13
B.19(9)	Malignant neoplasm, prostate	68	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	5	–	18	–	43	–
B.19(10)	Leukaemia	21	20	–	–	–	–	–	1	2	1	–	2	1	–	–	1	–	3	1	1	8	5	9	6
B.19(11)	Other malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissue	170	232	–	–	1	–	1	2	2	–	3	1	2	1	4	6	18	19	36	35	52	82	51	86
B.20	Benign neoplasms and neoplasms of unspecified nature	7	8	–	–	–	–	–	–	–	–	–	–	1	–	–	–	4	3	–	2	1	3	1	–
B.21	Diabetes mellitus	13	25	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	2	3	10	9	13

B.22	Avitaminoses and other nutritional deficiency ...	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	1
B.46(1)	Other endocrine, nutritional and metabolic diseases	4	8	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	1	4	1	1	2	2
B.23	Anaemias	3	9	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	3	8
B.46(2)	Other diseases of blood and blood-forming organs	3	1	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	2	1
B.46(3)	Mental disorders	9	5	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	2	1	4	3	2	1
B.24	Meningitis	2	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–
B.46(4)	Other diseases of nervous system and sense organs	37	38	–	–	1	–	2	–	–	–	1	1	1	1	–	1	4	5	7	6	11	9	10	15
B.25	Active rheumatic fever	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.26	Chronic rheumatic heart disease	17	33	–	–	–	–	–	–	–	–	–	–	–	1	–	4	3	2	3	6	11	4	16
B.27	Hypertensive disease	41	63	–	–	–	–	–	–	–	–	–	–	–	–	2	–	3	8	5	18	22	15	31
B.28	Ischaemic heart disease	1027	889	–	–	1	–	–	–	–	–	–	–	–	11	1	52	11	163	58	345	190	455	629
B.29	Other forms of heart disease	142	285	–	–	–	–	–	–	–	–	1	–	–	3	–	3	3	13	7	21	33	102	241
B.30	Cerebrovascular disease	420	771	–	–	–	–	–	–	–	–	1	–	1	3	2	11	9	43	35	116	116	247	607
B.46(5)	Other diseases of the circulatory system	181	182	–	–	–	–	–	–	1	–	–	–	–	3	–	3	3	17	7	60	35	98	136
B.31	Influenza...	26	20	–	–	–	–	–	–	–	–	–	2	1	–	–	1	–	7	5	10	4	6	10
B.32	Pneumonia	218	237	3	1	7	4	3	2	–	–	1	–	1	–	1	3	6	4	16	10	55	47	125	166
B.33(1)	Bronchitis, emphysema	218	83	–	–	–	–	–	–	–	–	–	–	1	1	–	–	8	1	34	12	82	24	93	45
B.33(2)	Asthma	8	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	–	1	5	2	1	1	1
B.46(6)	Other diseases of the respiratory system	36	26	–	–	5	1	–	–	–	1	–	1	1	–	1	2	2	–	6	2	8	3	13	16
B.34	Peptic ulcer	31	19	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	12	5	17	14
B.35	Appendicitis	2	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	1	–	2
B.36	Intestinal obstruction and hernia	19	28	1	–	1	–	–	1	–	–	–	–	–	–	–	–	–	–	3	1	4	5	10	21
B.37	Cirrhosis of liver	8	13	–	–	–	–	–	–	–	–	–	–	1	1	1	1	4	2	2	3	4	1	1	1
B.46(7)	Other diseases of the digestive system	23	36	–	–	–	–	–	–	1	1	–	–	–	1	–	–	1	3	5	6	8	12	21	
B.38	Nephritis and nephrosis	11	10	–	–	–	–	–	1	1	1	–	–	–	–	–	–	–	2	1	3	4	4	4	
B.39	Hyperplasia of prostate	31	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	6	–	24	–	
B.46(8)	Other diseases of the genito-urinary system ...	14	28	–	–	–	–	–	–	–	–	–	–	–	–	1	2	1	1	2	4	4	7	20	
B.40	Abortion...	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	
B.41	Other complications of pregnancy, childbirth and puerperium	–	1	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	
B.46(9)	Diseases of the skin and subcutaneous tissue ...	2	3	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	1	1	2	
B.46(10)	Diseases of the musculoskeletal system and connective tissue	6	24	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	3	4	5	1	15	
B.42	Congenital anomalies	16	19	6	9	2	3	2	–	2	–	–	1	2	–	–	2	–	1	–	–	1	2	1	1
B.43	Birth injury, difficult labour, and other anoxic and hypoxic conditions	3	11	3	11	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.44	Other causes of perinatal mortality	18	11	17	11	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
B.45	Symptoms and ill-defined conditions	13	30	–	–	–	–	1	–	–	–	–	–	–	–	–	1	–	–	1	1	–	10	29	
BE.47	Motor vehicle accidents	30	17	–	–	–	–	–	1	1	–	9	–	2	1	2	2	3	2	1	2	5	3	7	6
BE.48	All other accidents	36	48	1	–	2	–	2	1	1	–	2	2	5	–	1	1	2	2	5	–	5	4	10	38
BE.49	Suicide and self-inflicted injuries	22	21	–	–	–	–	–	–	–	–	–	2	5	1	3	3	6	3	3	5	4	4	1	3
BE.50	All other external causes	6	9	–	–	1	–	1	1	1	1	1	–	–	1	–	–	1	–	–	2	1	3	–	1
	All Causes	3456	3775	31	32	22	10	13	10	10	6	21	14	26	10	48	40	158	127	512	312	1079	807	1536	2407

The Weather at Worthing: 1969

Month	Air temperature (deg. F.)						Rainfall		Sunshine	
	Highest max.	Lowest min.	Mean max.	Mean min.	Mean	Difference from average	Total (ins.)	Percentage of average	Total (hrs.)	Percentage of average
January ...	52	30	47.6	39.8	43.7	+2.8	3.10	105	46.1	65
February ...	51	22	41.8	32.3	37.0	—3.9	1.78	89	93.9	114
March ...	52	28	45.7	36.2	41.0	—2.8	2.66	153	80.9	57
April ...	64	33	53.6	40.9	47.0	—1.5	1.34	76	213.4	114
May ...	68	40	59.9	48.3	54.1	+0.6	2.80	169	197.0	85
June ...	76	43	65.9	52.5	59.2	+0.1	0.77	50	296.4	122
July ...	80	48	70.6	54.5	62.5	0.0	1.95	92	257.7	115
August ...	78	51	69.6	57.6	63.6	+1.0	2.47	108	201.0	92
September ...	70	45	66.5	55.2	60.9	+1.5	0.10	5	146.4	88
October ...	69	39	63.0	52.1	57.6	+4.7	0.06	2	148.2	120
November ...	63	26	50.3	40.2	45.3	—0.9	6.39	187	93.1	128
December ...	53	26	43.8	35.7	39.7	—2.1	3.09	107	29.7	48
Means or extremes	80	22	56.5	45.5	51.0	0.0	26.51	96	1,803.8	99

PART II—EPIDEMIOLOGY

Notifiable Diseases

The main feature of the year was a further fall in the number of notified cases of measles which, at 586, was the lowest figure since 1962. There can be little doubt that this fall was the result of immunisation and, had the measles programme not been suspended in June, 1969 because of a national shortage of vaccine, the number of cases of measles would probably have been even smaller. When vaccine is plentiful, it should be possible to reduce this disease to a sporadic incidence only, if not to achieve complete eradication.

The end of the year saw the start of an influenza epidemic. This illness had three particular features — a high attack rate, a heavy incidence of chest complications and a more prostrating and protracted course than usual.

Sexually-transmitted Disease

In the County as a whole, there was an increase compared with 1968 of 259 patients (45 per cent) diagnosed as suffering from sexually-transmitted diseases. This was a rate of 1.8 a 1,000 population compared with 1.2 a 1,000 population in 1968.

Hospital	*Syphilis*	*Gonorrhoea*	*Other*
Royal West Sussex Hospital (St. Richard's), Chichester	1 (5)	56 (25)	222 (109)
Worthing Hospital	3 (3)	60 (18)	227 (185)
Royal Surrey County Hospital, Guildford	— (—)	2 (2)	8 (5)
St. Helier Hospital, Carshalton ...	— (—)	— (—)	1 (—)
St. Mary's Hospital, Portsmouth ...	1 (—)	3 (6)	37 (32)
Redhill General Hospital	— (—)	4 (1)	20 (9)
Royal Sussex County Hospital, Brighton	4 (—)	39 (49)	145 (131)
Croydon General Hospital	— (—)	— (—)	5 (—)
Woking Victoria Hospital	— (—)	— (—)	1 (—)
TOTALS	9 (8)	164 (101)	666 (471)

Note: The figures in brackets relate to 1968.

Dr. D. Warren Browne, Consultant Venereologist, makes the following comments on his work in the Chichester area.

"The number of new cases and the total number of attendances at the Special Treatment Clinic at St. Richard's Hospital, Chichester, showed a marked increase over the figures for the previous year. This increase reflects the pattern for the rest of the country as a whole and there is no reason to suppose that the peak has yet been reached.

Part of the overall increase was due to the introduction of more intensive contact-tracing and also to the improved follow-up of patients who defaulted before completion of treatment. The tracing of girls who were either 'at risk' or who were actively infected with gonorrhoea was particularly successful following the appointment to the clinic of a staff nurse (Mrs. M. Baker, S.R.N.). Almost without exception, the infected girls so traced were either symptomless or had only very

Notification of Infectious Diseases: 1969

County District	Acute encephalitis		Acute meningitis	Acute poliomyelitis		Dysentery	Food poisoning	Infective jaundice	Measles	Ophthalmia neonatorum	Paratyphoid fever	Scarlet fever	Tetanus	Tuberculosis		Typhoid fever	Whooping cough	Total
	Infective	Post Infectious		Paralytic	Non Paralytic									Respiratory	Other			
Urban Districts																		
Arundel M.B. ...	—	—	—	—	—	—	—	1	5	—	—	7	—	—	1	—	—	14
Bognor Regis ...	—	—	1	—	—	5	6	3	42	—	—	—	—	3	1	—	—	61
Chichester M.B. ...	—	—	—	—	—	2	1	6	44	—	—	—	1	1	—	—	—	55
Crawley	4	—	2	—	—	6	5	6	19	—	—	25	—	6	3	2	—	78
Horsham	4	—	1	—	—	74	—	7	8	—	—	6	—	4	—	—	7	111
Littlehampton ...	—	—	—	—	—	—	—	17	138	—	—	6	—	—	—	—	1	162
Shoreham-by-Sea ...	—	—	—	—	—	—	3	50	12	—	—	6	—	1	—	—	—	72
Southwick	—	—	—	—	—	1	—	9	26	—	—	13	—	1	—	—	3	53
Worthing M.B. ...	—	—	2	—	—	—	11	13	18	—	1	5	—	8	—	—	7	65
Total Urban Districts ...	**8**	—	**6**	—	—	**88**	**26**	**112**	**312**	—	**1**	**68**	**1**	**24**	**5**	**2**	**18**	**671**
Rural Districts																		
Chanctonbury ...	—	—	—	—	—	2	4	26	37	—	—	—	—	1	—	—	—	70
Chichester	—	—	1	—	—	3	12	16	123	—	—	10	—	8	1	—	4	178
Horsham	—	—	1	—	—	13	7	1	37	—	—	7	—	—	1	—	—	67
Midhurst	—	—	—	—	—	3	—	13	12	—	—	—	—	1	—	—	—	29
Petworth	—	—	—	—	—	—	4	2	6	—	—	1	—	1	—	—	—	14
Worthing	—	—	—	—	—	—	1	10	59	1	—	12	—	3	—	—	5	91
Total Rural Districts ...	—	—	**2**	—	—	**21**	**28**	**68**	**274**	**1**	—	**30**	—	**14**	**2**	—	**9**	**449**
Total Administrative County	**8**	—	**8**	—	—	**109**	**54**	**180**	**586**	**1**	**1**	**98**	**1**	**38**	**7**	**2**	**27**	**1,120**
Total Administrative County 1968	—	—	**7***	—	—	**44**	**20**	**46**	**624**	**2**	**3**	**93**	—	**25**	**3**	—	**93**	**960**

* Includes four notifications of meningococcal infection received up to 30th September, 1968.

Note: Notifications of rubella (180) in Worthing R.D. are not shown in this table.

minor symptoms which were insufficient to make them seek medical advice, even though in the long-term the effects could well result in their becoming sterile. Contact-tracing is a time-consuming and delicate procedure, and is especially difficult in a holiday area such as this.

The speed of modern travel has added to the difficulties of control of sexually-transmitted disease. Infections are not infrequently contracted abroad but the infected persons can now arrive home in Britain whilst still in the early stages of incubation, during which time they may of course be infective to others even though they themselves are symptomless.

Increasing resistance of the gonococcus to penicillin is another growing problem in all clinics throughout the world and is adding further to the difficulties of epidemiological control of this disease.

Education of young people regarding the venereal and other sexually-transmitted diseases is a pressing social need. However, although specific education in itself is unlikely to deter many young people from exposing themselves to the risk of infection, it could well teach 'at risk' girls to recognise some of the symptoms and thus avoid permanent sterility by seeking treatment in the early stages of incubation.

As I mentioned last year, a surprisingly large proportion of these 'at risk' girls are still failing to take contraceptive precautions."

Vaccination and Immunisation

In 1969 the transfer of the immunisation record system to the IBM 360 computer enabled improvements to be introduced. The appointment list was completely redesigned and, in order to assist identification, provision was made for additional personal information to be given about each child, including Christian names, the date of birth and the sex; arrangements were also made for the names of children due for immunisation to be printed on the list in alphabetical order under each procedure heading. The number of appointments offered each quarter hour can now be varied to suit the clinician's requirements. At the end of the year, there were about 76,000 records on the computer file.

The second major change in 1969 was the introduction of a new schedule of immunisation. This was based on the advice of the Joint Committee on Vaccination and Immunisation; the old and the new schedules are shown below. The new schedule should produce a better antibody response and reduce unwanted reactions to the various vaccines.

The introduction of the new immunisation schedule caused a drastic reduction in the numbers of children protected against the various diseases. The reason for this is that it is no longer possible, under the new schedule, for a child to complete a primary immunisation course during its first year of life. The total number of reinforcing injections and vaccinations rose because of the lowering of the age at which the pre-school diphtheria, tetanus and poliomyelitis booster procedures are offered, but the increase was offset by a reduction in the numbers of diphtheria/tetanus reinforcing injections; this was caused by the removal from the schedule of the eight-year booster injection.

The number of children who received primary vaccination against smallpox fell by half. Again, the reason for this was the introduction of the new schedule — children do not now receive their primary vaccination until sixteen months of age instead of one year. This meant that one-third of the children who would otherwise have been vaccinated in 1969 will not now be vaccinated until 1970. The number of children re-vaccinated against smallpox rose dramatically because this procedure is now performed at four years and seven months instead of at nine years.

The Revised Schedule of Immunisation

Old Schedule			*New Schedule*		
Age	*Procedure*	*Stage*	*Age*	*Procedure*	*Stage*
2 months	Triple and oral poliomyelitis vaccine	1	6 months	Triple and oral poliomyelitis vaccine	1
3 months	Triple and oral poliomyelitis vaccine	2	8 months	Triple and oral poliomyelitis vaccine	2
4 months	Triple and oral poliomyelitis vaccine	3	14 months	Triple and oral poliomyelitis vaccine	3
1 year	Smallpox vaccination	1	15 months	Measles vaccination	1
14 months	Triple and oral poliomyelitis vaccine	4	16 months	Smallpox vaccination	1
4 years 8 months	Diphtheria/ tetanus and oral poliomyelitis	5	4 years 6 months	Diphtheria/ tetanus and oral poliomyelitis	4
8 years	Diphtheria/ tetanus and oral poliomyelitis	6	4 years 7 months	Smallpox revaccination	2
9 years	Smallpox revaccination	2	14 years 8 months	Poliomyelitis (oral or inactivated) and tetanus toxoid	5
			14 years 9 months	Smallpox revaccination	3

Because of the large number of children aged between four years and seven months and nine years who became eligible for revaccination, the computer program was amended each month to reduce by six months the minimum age at which revaccination should be offered.

The numbers of children in various age groups who were vaccinated against measles during 1969 are given in the table on page 22. In March, 1969 the Department of Health and Social Security advised the immediate suspension of a manufacturer's attenuated measles vaccine and all stocks were returned to that manufacturer. A small allocation of some 1,500 doses of measles vaccine from another manufacturer was received in April, 1969 but no measles vaccine was thereafter allocated by the Department of Health and Social Security. This is reflected in the small numbers of children vaccinated in 1969.

The changes introduced by the new schedule of immunisation were such that it became impracticable to calculate immunity indices for 1969 which would be comparable with those for previous years; they are therefore omitted from this issue of the Report. The views of the Department of Health and Social Security were sought on the formula to be used in future which would enable local immunity indices to be compared with national averages and with those of other local health authorities.

Diphtheria, Poliomyelitis, Tetanus and Whooping Cough

Type of Injection	Primary Immunisations			Reinforcing Injections		
	By County Medical Staff	By General Practitioners	Totals	By County Medical Staff	By General Practitioners	Totals
Triple antigen	413 (1,537)	1,298 (4,494)	1,711 (6,031)	1,809 (1,568)	5,490 (4,342)	7,299 (5,910)
Diphtheria ...	— (—)	— (—)	— (—)	— (39)	6 (2)	6 (41)
Diphtheria and whooping cough	1 (—)	— (—)	1 (—)	— (1)	— (—)	— (1)
Diphtheria and tetanus ...	48 (73)	96 (92)	144 (165)	2,908 (3,386)	7,449 (8,263)	10,357 (11,649)
Tetanus ...	32 (33)	47 (87)	79 (120)	9 (12)	164 (60)	173 (72)
Poliomyelitis ...	496 (1,675)	1,454 (4,842)	1,950 (6,517)	4,035 (3,817)	11,296 (9,290)	15,331 (13,107)
Totals ...	990 (3,318)	2,895 (9,515)	3,885 (12,833)	8,761 (8,823)	24,405 (21,957)	33,166 (30,780)
Percentage variation ... dring 1969	—70.2	—69.7	—69.7	—0.7	+11.1	+7.8

Note: The figures in brackets relate to 1968.

Smallpox

Age Group	Number Vaccinated			Number Revaccinated		
	By County Medical Staff	By General Practitioners	Totals	By County Medical Staff	By General Practitioners	Totals
Under 1 year	81 (8)	303 (60)	384 (68)	— (—)	— (—)	— (—)
1 year ...	809 (1,372)	2,605 (3,990)	3,414 (5,362)	— (—)	— (4)	— (4)
2–4 years	108 (163)	372 (455)	480 (618)	15 (5)	77 (55)	92 (60)
5–15 years	26 (13)	131 (109)	157 (122)	2,994 (818)	10,085 (2,308)	13,079 (3,126)
Totals ...	1,024 (1,556)	3,411 (4,618)	4,435 (6,170)	3,009 (823)	10,162 (2,367)	13,171 (3,190)
Percentage variation during 1969	—52.0	—26.1	—28.1	+265.6	+329.3	+312.9

Note: The figures in brackets relate to 1968.

Measles

Age Group	*By County Medical Staff*	*By General Practitioners*	TOTALS
Children born 1969	—	1	1
Children born 1968	3	14	17
Children born 1967	141	454	595
Children born 1966	176	508	684
Children born 1962–65	318	695	1,013
Others under 16	309	1,059	1,368
TOTALS	947 (3,574)	2,731 (9,720)	3,678 (13,294)

Note: The figures in brackets relate to 1968.

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 1960.

Year	*Number skin-tested*	*Number positive*	*Percentage positive*	*Number negative*	*Number vaccinated*
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
1967	5,735	502	8.7	5,083	5,033
1968	5,147	299	5.8	4,631	4,591
1969	5,471	269	4.9	5,202	5,107

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 a continuing reduction in the volume of work.

	1968	1969
Number of ante-natal clinics provided at end of year	8	5
Number of sessions held a month	29	22
Number of women in attendance:		
(i) for ante-natal examination	1,008	759
(ii) for post-natal examination	218	135

Child Health Clinics

The number of child health clinics operating at the end of the year was 44. The total number of children who attended decreased by 836 compared with 1968. The numbers of children of various ages who attended the clinics during 1968 and 1969 are given below.

	1968		1969
Born in		Born in	
1968	3,948	1969	3,773
1967	3,420	1968	3,353
1963–1966	3,700	1964–1967	3,106
TOTAL ...	11,068	TOTAL ...	10,232

I am grateful to Dr. R. E. Garwood, Departmental Medical Officer, for the following comments.

"A survey was made of 400 medical consultations at child health clinics at Shoreham-by-Sea, Lancing and Ferring. The purpose of each consultation was noted either as a routine developmental examination, or as a consultation on some particular problem. The results showed that 60 per cent were for routine examination along the lines recommended in the Sheldon Report; the remaining 40 per cent came outside this category and were mainly sought because of acute infections.

The attitude of the mothers was noteworthy. Most of those whose babies received routine examination, having been persuaded or at least encouraged to attend by the health visitor, were more or less indifferent; only a few mothers were actually keen for their babies to have a routine examination. On the other hand, with acute infections and other specific queries the position was reversed; almost without exception, the mothers were eager for examination, advice and treatment. One may conclude that mothers attach more importance to easy access to a doctor when they want it, than to examination of an apparently healthy baby at a set age."

Weighing Centres

The numbers of children who attended weighing centres during 1968 and 1969 are given below.

	1968		1969
Born in		Born in	
1968	712	1969	659
1967	676	1968	656
1963–1966	734	1964–1967	687
TOTAL ...	2,122	TOTAL ...	2,002

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 next table shows that there were further increases in the numbers of new cases and in the total attendances at the family planning clinics. Of the 2,560 new cases seen in 1969, 1,889 were women for whom pregnancy would have been detrimental to health (501 more than in 1968),

and a grant was paid to the Family Planning Association in respect of 1,533 of these women; the remaining 356 attended the Council's clinic at Shoreham-by-Sea.

Clinic	*New cases*		*Total numbers of women in attendance*		*Total attendances*	
	1968	1969	1968	1969	1968	1969
Bognor Regis	217	312	880	848	1,666	2,388
Chichester and Selsey ...	258	292	692	988	1,805	2,373
Crawley and Tilgate ...	590	644	1,955	2,257	5,556	5,937
Horsham and Roffey ...	443	360	1,342	1,477	3,623	4,017
Littlehampton	63	90	137	212	295	499
Midhurst	27	34	136	146	295	345
Shoreham-by-Sea ...	154	167	237	356	499	720
Worthing	635	661	1,456	1,492	3,753	5,350
TOTALS	2,387	2,560	6,835	7,776	17,492	21,629

The Report for 1967 gave details of the clinics which were opened at Crawley and Bognor Regis where advice would be available to unmarried women whether they had children or not. By the end of the year, 72 women had sought advice at Bognor Regis and 167 at Crawley; the comparable figures in 1968 were 29 and 140 respectively.

A domiciliary service with a doctor and a nurse with Family Planning Association training was started, on a trial basis, in December, 1969 in Chichester. The service is intended for "problem" and "near problem" families, that is, for women of high fertility who, for various reasons, cannot be persuaded to attend either their own doctor or a clinic for family planning advice, but agree to a domiciliary consultation. After an initial period, it is hoped to extend the service to the surrounding rural area of Chichester and to include the urban district of Bognor Regis.

Following discussions between representatives of the local authority associations and the Family Planning Association, a memorandum was received from the County Councils Association which contained the views of the Family Planning Association that "local authorities should move as quickly as possible towards providing under their own auspices a full and unrestricted family planning service entirely free in all cases." The County Councils Association and the Association of Municipal Corporations accept this position but recognise that, "in the present stringent financial conditions, some authorities will only be able to make limited additional allocations to the family planning service and they may prefer to extend the service rather than finance its replacement."

Towards the end of the year, the Health Committee recommended that, from the commencement of the financial year 1970/71, the Council, continuing for the time being to use the Family Planning Association as their agents, should accept full financial responsibility for medical cases (i.e. free consultation, prescription and supplies) and that, in non-medical cases, charges should be made for prescription and supplies but not for

consultation and advice. This recommendation was made as a first stage towards moving to a full, free and directly-provided service when financial conditions permit.

Mothercraft and Relaxation Classes

Mothercraft and relaxation classes for expectant mothers and classes in post-natal exercises were held at the eight centres shown in the following table which also gives particulars of the numbers of attendances made in 1968 and 1969. Physiotherapists took charge of some of the classes; others were run by midwives or health visitors.

Area	*Sessions held*	*Total number of attendances*	
		1968	1969
Bognor Regis	Weekly	334	381
Chichester	Weekly	1,696	1,720
Crawley	Weekly	755	1,072
Horsham	Weekly	1,860	1,692
Lancing	Weekly	—	295
Roffey	Weekly	305	219
Selsey	As required	108	—
Shoreham-by-Sea	Weekly	176	283
Worthing	Weekly	307	321
TOTALS		5,541	5,983

Welfare Foods

At the request of the Department of Health and Social Security, 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 92 distribution centres were in operation at the end of the year; 12 of these were main centres situated in the towns and 80 were sub-centres at clinics, private houses and local stores. The Women's Royal Voluntary Service were responsible for the distribution of the foods at main centres (eight of which are on their premises) and at 21 sub-centres.

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)*
1969	15,347 (295)	4,492 (86)	4,919 (94)	113,700 (2,186)

Note: The figures in brackets indicate average weekly distribution.

The total value of foods sold was £10,617, which was £106 less than in 1968.

Proprietary Foods

Infant proprietary foods were sold at child health clinics throughout the County at cost price plus a ten-per-cent handling charge. The cost of purchases differed only slightly from the previous year, being £5,356 in 1968 and £5,344 in 1969.

Care of the Unmarried Mother and Her Child

Financial aid was given by the Council to the funds of the Chichester Diocesan Association for Family Social Work and the Southwark Catholic Children's Society, who undertake the care of unmarried mothers in West Sussex through their own officers working in cooperation 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 Association for Family Social Work dealt with 223 new applications for assistance and the Southwark Catholic Children's Society with 19, compared with 301 and 21 respectively in 1968. Cases referred to the Department for financial assistance towards the maintenance of unmarried mothers at mother and baby homes numbered 39, 26 fewer than in 1968.

Congenital Malformations

There were 135 births (including 20 stillbirths) in which a congenital malformation was observed and entered on the birth notification card, 14 more than in 1968. The total number of congenital malformations described was 159.

Dental Care

A total of 540 expectant and nursing mothers and pre-school children were examined; 274 needed treatment and 232 courses of treatment were completed.

The rate of decayed, missing and filled teeth per child between four and five years of age was 4.4, an increase of 0.1 over the figure for 1968.

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

PART IV—NURSING SERVICES

General

The nursing services continued to evolve in response to changing conditions and two aspects were prominent in 1969. The first was the attachment of nurses to the practices of family doctors; this has developed considerably since it was originally introduced in 1961. The present situation in urban areas of the County is that all health visitors and general nurses work in schemes of attachment, but there are too few midwives (because of the decline in domiciliary births) for their attachment to be possible except in Crawley. In the rural areas, few nurses are formally attached because of the dispersion of the population and the large and

frequently-overlapping practice areas. Attachment in the country has been possible only where a single practice serves a particular area, or where the population is sufficiently concentrated to allow a dual system, when some of the staff are attached and the others work on a geographical basis. The rural nursing staff who are not attached work, nevertheless, as closely as possible with the doctors in their areas. Now that the attachment of nurses has nearly reached the limit that can be achieved, more attention is being paid to ways of improving the effectiveness of attachment. One example of this is the increasing extent to which general nurses are working in their doctors' surgeries; further reference to this is made on page 28.

The second prominent feature of the nursing services in 1969 was the emphasis placed on the employment of staff less highly qualified than state registered nurses. Although West Sussex is fortunate in having few recruitment problems, it would nevertheless be irresponsible in view of the national shortage of nurses not to exercise all possible economy in the use of registered nurses by relieving them of work which can be done by enrolled nurses and nursing auxiliaries. The staff establishment is reviewed whenever a resignation or retirement takes place and, subject to the overriding consideration that a registered nurse must be available to every patient who needs her care, enrolled nurses and nursing auxiliaries are recruited wherever possible. Unfortunately, it is often more difficult in West Sussex to obtain enrolled nurses than registered nurses.

Nursing Education

The commitment of the Department to the education of nurses continued to increase. An integrated scheme of practical district nursing for pupil nurses at Worthing Hospital, similar to that already operating at Crawley, commenced during the year. Visits of observation were arranged for 146 student and pupil nurses from the Chichester School of Nursing, Southlands Hospital and Graylingwell Hospital. In addition, members of the County medical and nursing staff gave lectures to student nurses during their periods of theoretical training.

Four student health visitors from the University of Surrey and from Brighton Technical College were seconded to work under the supervision of health visitors in the County and 12 students spent one week with health visitors in urban and rural areas.

With financial assistance from the Council, two student health visitors successfully completed their training and three state registered nurses underwent district nurse training at Brighton.

Six midwives from rural areas spent a week on practical revision at the maternity unit in Southlands Hospital. Because of the small number of domiciliary confinements in rural areas, this was a necessary and welcome development.

In addition to the annual residential refresher course, a successful study day was held for general nurses in the south-east of the County in order to prepare them to receive pupils for training; another study day was held for auxiliary nurses.

Nurses' Houses: Heating

A survey was undertaken of the heating systems of nurses' houses. Twenty-one properties were already equipped with central heating and in 18 others the installation of central heating was not considered to be worthwhile. Of the remaining 33 houses, 18 were owned by the Council, nine by the Commission for the New Towns or by rural district councils, and six by district nursing associations. Central heating was installed in the houses owned by the Council, and the other organisations were asked to consider providing central heating in their properties.

Home Nursing

Work Undertaken

The number of patients treated and the visits paid during the past two years are given below. Particulars of the staff employed are given in the table on page 90.

	1968	1969
Total number of persons nursed during year	13,598	13,802
Number of persons under 5 years ...	319	463
Number of persons over 65 years ...	9,290	8,846
Total number of visits	343,281	386,327

It will be seen that there were increases in the number of patients treated and in the total number of visits paid. The percentage of patients visited who were over the age of 65 years decreased from 68 per cent in 1968 to 64 per cent in 1969.

A new development was the practice of general nurses treating some of their cases at the premises of general practitioners; 244 such sessions were held during the year by six nurses and 757 treatments were given. This method of working, whereby patients are seen by appointment, has advantages not only for them but also for the nurse and the doctor.

Stroke Rehabilitation

The clinics at Shoreham-by-Sea continued to be run by a full-time nurse who spends time treating housebound patients when she is not working at the clinic. An extract from her report is given below.

"There was a wide spectrum of disability amongst these patients, and I noticed that those who needed the most help were in fact getting the least, because they tended to sit for long periods looking enviously at the more active ones. In June, therefore, I asked if I might split them up, and my request to hold clinics on two days every week was granted. I now have a small group of patients on Tuesdays and I find I can manage up to nine, but no more. One patient has learned to walk without his caliper, and even went to Jersey on holiday. Three others are making an effort, and it does take some courage.

On Thursday we now have a strokes club, which is a friendly gathering of 15 to 20 patients. There is great competition, rivalry and interesting conversation over the tea cups. These patients are all able to walk unaided or with the help of a plain walking-stick. Amongst their activities are exercises, walking in the grounds in fine weather, billiards, cricket and football, and of course rowing on the skiff machine."

The nurse concluded by saying that this is by far the most satisfying and rewarding work that she has ever done in any field of nursing.

Night Nursing

Seventeen patients received night nursing care for a total of 93 nights. It remained difficult to recruit staff willing to undertake occasional night nursing.

Equipment

The stock of equipment was again increased, both in range and quantity. The realisation that improvements can be made in equipment designed twenty years ago has attracted new manufacturers, and better walking aids, ejector seats and toilet aids are now available.

Article	*Stock*		*Number of issues*		*Article*	*Stock*		*Number of issues*	
	1968	1969	1968	1969		1968	1969	1968	1969
Back rests ...	187	205	165	172	Hoists:				
Bath boards ...	104	128	49	54	Hydraulic ...	28	30	44	49
Bath mats ...	482	650	235	243	King	21	21	2	10
Bath safety rails ...	331	461	234	227	Inflatable mattresses ...	23	23	11	8
Bath seats ...	347	515	276	273	Mattresses ...	96	122	99	110
Beds	86	99	93	102	Poles and chains	42	54	53	41
Bed blocks ...	86	134	79	56	Ripple mattresses ...	9	14	22	24
Bed cradles ...	211	264	191	209	Sanicushions ...	16	16	2	3
Bed ladders ...	68	68	11	28	Sanitary pushchairs ...	9	10	11	8
Bed pans ...	176	229	98	109	Seat aids ...	41	69	25	71
Commodes ...	525	657	592	666	Toilet seats (raised) ...	69	123	40	64
Crutches ...	133	159	117	118	Urinals	195	249	72	101
Dunlopillo rings	364	436	179	190	Walking aids:				
Ejector seats ...	16	22	10	14	Sticks ...	348	448	160	177
Exercycles ...	3	5	—	3	Frames ...	463	605	389	356
Fracture boards	64	88	38	37	Wheelchairs ...	331	331	465	440
Helping hands ...	131	203	48	48					

Ripple mattresses (which are greatly in demand for the prevention of pressure sores) are included in the table for the first time. Some of these mattresses were previously hired but this had proved to be an uneconomic practice for the long-term cases for which they are mainly required.

The procedure for the permanent provision of wheelchairs through the Department of Health and Social Security remained complicated, but there was some improvement in the turn-round of the Council's stock of chairs. This was brought about by trying to ensure that, wherever possible, wheelchairs were only lent for a short period of time and by reminding general practitioners, the Department's nursing staff, and the patients that wheelchairs required permanently must be obtained from the

Department of Health. The Council's stock of chairs (331) is, however, ageing and many of them are now between four and six years old. Although it was unnecessary to purchase any new chairs during 1969, some replacements are likely to be required in future years.

In an expanding service brought about largely by the continuing emphasis on the care of people in their own homes, the issue of equipment in 1969 again exceeded collections. No fewer than 4,031 items were issued in 1969 compared with 3,788 in 1968. Collections were 2,840 in 1969 and 2,551 in 1968. The increase in the number of issues in 1968 compared with 1967 was 7.3 per cent; in 1969 compared with 1968 it was 6.4 per cent. Almost three-and-a-half times as many issues were made in 1969 as in 1964.

Midwifery

The increase in the number of hospital deliveries continued; of the total number of 6,285 births, 5,644 (90 per cent) were delivered in hospitals and 641 (10 per cent) were home confinements. Of the latter number, a doctor was not booked in only four cases compared with six in 1968. In 1969, 128 women who were booked for home confinement had to be delivered in hospital. Medical aid was summoned by domiciliary midwives on 79 occasions, 15 fewer than in 1968.

The Crawley scheme in which the Council's midwives deliver their own cases in the general practitioner unit at Crawley Hospital continued and 214 (36 more than in 1968) were delivered under these arrangements. Under a similar scheme at Worthing Hospital, 118 women were delivered in 1969, 30 fewer than in the previous year.

In November, 1969, an agreement was concluded with Surrey County Council for the Horley area of Surrey (which is largely served by Crawley doctors) to be covered for midwifery purposes by the midwives attached to the practices of these doctors. This is an example of the more sensible arrangements which are now possible since the *Health Services and Public Health Act, 1968* came into effect.

By letter dated 17th October, 1969 the Central Midwives Board drew attention to the *Midwives (Disciplinary Committee) Rules Approval Instrument 1969* which replaced Section D of the Board's Rules from 1st November, 1969. The new Rules contain a more elaborate code of procedure and, in particular,

(i) institute a disciplinary committee (in place of the Board) to hear and decide cases;

(ii) give to the penal cases committee (in place of the Board) the final decision to proceed against a midwife on complaint;

(iii) require the disciplinary committee, with certain exceptions, to hear cases in public; and

(iv) empower the disciplinary committee to postpone its findings on a case for successive periods not exceeding six months.

The local supervision of certified midwives practising in the County remained the responsibility of the Council and they are required to report to the Board any cases falling to be dealt with under the Rules.

Maternal Deaths

There were three deaths in the County attributable to childbirth and they were all investigated by the Department and by the Department of Health and Social Security in cooperation with the hospitals concerned. In two cases, death was due to congenital defects which failed to withstand the stress of labour. One of these was the absence of a branch of a coronary artery and the other a congenital cerebral aneurysm. The third death occurred following an anaesthetic and was still being investigated at the time the Report was prepared.

The report on confidential enquiries into maternal deaths in England and Wales in 1964 to 1966* was published during the year. Of the 579 deaths directly due to pregnancy and childbirth, 44.6 per cent took place in circumstances where something avoidable was allowed to persist. Most of the "avoidable factors" were largely the responsibility of the patient herself; the commonest was illegal termination of pregnancy. The next most frequent causes of death were pulmonary embolism, haemorrhage and toxaemia of pregnancy. In his introduction to the report, the Chief Medical Officer of the Department of Health and Social Security commented that "the incidence of death amongst those booked for delivery at home remains much the same as for those booked for delivery in hospital where the deliberate selection of women with adverse medical, obstetric and social histories would be expected to produce a higher rate," and concluded by observing that the enquiry was "unique in British medicine in its systematic appraisal of the results of medical work."

Health Visiting

Particulars of the staff employed are given in the table on page 90.

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

Type of case	*Number of cases visited*	
Children born in 1969	6,718	
Children born in 1968	6,703	
Children born in 1964–1967	12,966	
	1968	1969
Children under the age of 5 years	29,221	26,387
Persons aged 65 or over	7,050 (3,607)	6,241 (3,225)
Mentally disordered persons	252 (167)	206 (150)
Persons discharged from hospital other than maternity or mental cases	807 (552)	520 (361)
Tuberculous households visited	74	66
Households visited on account of other infectious diseases	74	157

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

* Department of Health and Social Security. *Reports on Public Health and Medical Subjects No. 119.* Report on confidential enquiries into maternal deaths in England and Wales 1964–1966. London. H.M.S.O. Price 10s. 6d. net.

It will be seen that the numbers of visits have fallen and this is partly due to the greater amount of work being carried out in general practitioners' surgeries. In addition, the commitment to cervical cytology continued to increase; 9,287 visits were paid in connection with the scheme compared with 6,625 in 1968.

PART V—PREVENTION OF ILLNESS, CARE AND AFTER CARE

Health Education

The health education staff gave 549 talks to a total estimated audience of 23,000 people. Films shown numbered 286 and there were 828 loans of visual aids for illustrating talks. The nursing staff conducted 840 health education sessions, 195 fewer than in 1968.

The annual refresher course for nurses was again held at the Council's residential conference centre at Lodge Hill, Pulborough.

There was a demand for instruction in public health technical subjects, and 52 lectures and demonstrations were given by the county public health inspectors. Most of these formed part of in-service training to local government employees including public health inspectors, ambulance and school meals staff, home helps, teachers and school caretakers. Lectures were also given to student nurses.

The specialist health education staff gave advice on health education techniques and arranged for visual aids to be supplied to the staff of the Department and of schools and other agencies undertaking health teaching. The number of such aids kept in various places in the County was increased in order to avoid ordering and delivering materials which are in frequent use. Where suitable visual aids could not be bought commercially, the technical assistant produced materials of a high standard to meet individual requirements. Meetings with the nursing staff were held periodically when their needs were discussed and new aids were demonstrated. The various in-service training schemes for health and social workers provided useful opportunities to spread information about the techniques of health education to other workers who meet the public in the course of their work.

Health education displays were made available to branch libraries on such topics as safe driving, garden and home safety, health and household pets, obesity, and the care of old people.

Medical Arrangements for Long Stay Immigrants

During the year the Department received 284 advice notes, compared with 298 in 1968, about immigrants who had given destination addresses within the County; all but two came from European or Commonwealth countries. The health visitors were unable to trace 34 of these immigrants, who had returned to the country of origin, moved to an unknown address or to a known address outside the County. In each case the port medical officers were informed and, where a forwarding address was ascertained, the appropriate medical officer of health was notified.

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 47 (345 compared with 392 in 1968); of the new patients first examined, 39 (24 in 1968) were found to be suffering from tuberculosis.

	Chest Clinics			
	Chichester	*Crawley*	*Horsham*	*Worthing*
1. Population of area served ...	164,050	70,000	55,170	194,360
2. Patients on register on 1.1.69 ...	181	96	69	46
3. Additions to register:				
(*a*) New notifications ...	13	9	4	13
(*b*) Moved into area	7	4	—	5
(*c*) Restored to register ...	—	—	—	1
4. Removed from register:				
(*a*) Recovered	57	—	1	8
(*b*) Left area or lost sight of	18	—	2	2
(*c*) Died	11	1	—	3*
5. Patients on register on 31.12.69	115	108	70	52
6. Number of new patients found to be tuberculous	13	9	4	13
7. (*a*) Contacts examined, including those of 6 above	79	49	23	28
(*b*) Of these, number found to be tuberculous	—	—	—	—

* Two only from tuberculosis.

Discharge from Hospital

The arrangements whereby hospitals notify the Department of patients who are to be discharged and who need the domiciliary services of the Department continued during the year. The requests, which totalled 387 (two more than last year), were mainly for the services of a home nurse and in nine cases requests were for more than one service.

County Almoners

During the year, 1,163 patients were referred to the Department. Of these, 1,007 were seen for the first time and, taking into account those who continued to need help from the previous year, there was a total case load of 1,548. The highest proportion came from Worthing and the surrounding areas.

The reasons for referral included social and personal problems arising from illness, requests for residential care, both temporary and permanent, and recommendations for recuperative holidays and convalescence.

Holidays were arranged for 132 patients under the Council's recuperative holidays scheme, 15 more than in 1968. In some cases the aim of the holiday was to prevent a breakdown where the family had been under stress. In one such instance a mother and her two children were sent to a holiday camp so that they could have a complete change of environment; voluntary funds were also used to provide additional pocket money so that they were able to enjoy the holiday to the full.

The extent to which help from voluntary sources is still needed to supplement statutory provisions was emphasised by a survey completed during the year of the number of cases where it had been necessary to raise funds from voluntary sources to assist with nursing home fees because no hospital beds were available. The number helped over a period of 18 months was 94 and the sums raised from many different voluntary sources amounted to several thousands of pounds. Many of those requiring such help were in the terminal stages of malignant illness; the National Society for Cancer Relief contributed £5,382 and the Marie Curie Fund £1,340 towards nursing home fees and for the care and comfort of patients in their own homes.

Two categories of patients for whom it was exceptionally difficult to find suitable residential care were the psycho-geriatric group and younger patients with progressive disabling diseases who often have to remain at home under difficult circumstances which place a heavy burden on their relatives and on the domiciliary services.

Home Help

Particulars of the staff employed are given in the table on page 90. The organising staff remained unchanged and, as in previous years, was based at Chichester, Horsham, Shoreham-by-Sea and Worthing. The County Organiser was appointed to the Executive Committee of the National Council of Home Help Services.

Two three-day training courses for new home helps were held during the year, and two two-day follow-up courses were held for home helps who had attended the first course. Eight evening meetings were held for home helps in various parts of the County, at which people from various other services in the County were invited to speak.

The two fully-equipped mobile vans were manned by whole-time home helps and continued to give invaluable service to households in rural areas; they were also available for cleaning dirty and neglected homes.

Recruitment of the right type of person for the job of home help remained difficult and in some instances this prevented the full amount of necessary help from being given.

Nevertheless, hours worked by home helps increased from 403,711 to 440,839; the number of households served rose from 4,259 to 4,449, an increase of 4.4 per cent. Persons helped who were over the age of 65 years rose by 5.6 per cent. There was a small decrease in the use of the neighbourly help scheme; 64 persons received help compared with 69 in 1968.

Category		Number of Persons Helped				
		1965	1966	1967	1968	1969
Aged 65 years and over ...		2,970	3,135	3,277	3,607	3,810
Chronic sick and tuberculous ...	Aged under 65	143	156	160	193	215
Mentally disordered		14	11	15	13	24
Maternity ...		201	161	145	134	124
Others		276	308	325	312	276
TOTALS		3,604	3,771	3,922	4,259	4,449

Chiropody

Particulars of the staff employed are given in the table on page 90. The vacancy at Bognor Regis which had curtailed the service in that area was filled in April, 1969 after the post had remained vacant for a year. A further chiropodist was appointed in May, 1969 which enabled better facilities to be offered in Selsey and Chichester and allowed full use to be made of the mobile unit. Sessions were also started at Birthday House, Easebourne, Midhurst, a club for elderly persons. In order to meet the growing demands for treatment, some of the chiropodists undertook additional evening and Saturday morning work.

The number of treatments given in the last five years is shown in the next table.

Year	*Treatments*			
	Clinic	*Domiciliary*	*Total*	*Percentage free*
1965	11,099	1,928	13,027	39
1966	14,925	1,996	16,921	35
1967	17,394	2,017	19,411	35
1968	18,610	3,418	22,028	32
1969	23,746	5,318	29,064	39

In addition, chiropody was provided by 13 voluntary organisations, each of which received financial support from the Council. These organisations gave 2,007 treatments at 282 sessions; the corresponding figures in 1968 were 1,963 and 276.

Intermittent Renal Dialysis

By Circular 2/68 dated 4th January, 1968, the former Ministry of Health gave approval to local health authorities making arrangements for the adaptation of the homes of patients requiring intermittent renal dialysis, in order that this treatment could be given at home. The Ministry also indicated that charges could be made for such adaptations, if desired, having regard to the means of the patients.

Since the Circular was received, adaptations have been completed at the homes of two patients and, at the close of the year, work was in progress at the home of a third. It is of interest to note, in view of some criticism of local authorities in this field, that the time from the Department first receiving a request to the first dialysis being made was 45 and 74 days respectively for the two cases which have so far been completed.

The Care of the Elderly

The Council continued to share with the South West Metropolitan Regional Hospital Board the services of two consultant physicians in geriatric medicine; one was located at Worthing and the other at Chichester. In his annual review of the services for which he is responsible Dr. R. B. Franks of Worthing concluded

> " . . . it becomes clear how far the statutory provision of hospital beds and welfare home places has lagged behind the demand for them: this has been very largely due to under-capitalisation over the years, a central government responsibility.
>
> It is also clear how well the voluntary and commercial services have expanded to fill the gaps, and how well the health and housing authorities of Worthing Borough in particular have expanded their services to meet the steadily increasing need."

The following comments from Dr. J. N. Mickerson of Chichester also drew attention to the continuing shortage of accommodation.

> "During the past year there has been a further deterioration in the geriatric problem. The need for hospital beds for elderly chronic sick patients has increased. This was magnified during the influenza epidemic when the shortage of acute medical beds was aggravated by the number of chronic elderly patients occupying beds in the acute wards.
>
> The shortage of welfare places adds to the difficulties since elderly patients often have to wait for some months in acute or chronic wards before they obtain a welfare placing."

Retirement Clinics

Reference was made in previous issues of the Report to the non-therapeutic clinics started at Bognor Regis and Littlehampton for the medical examination and advice of elderly persons; both these clinics continued during 1969. Dr. D. Warren Browne of Bognor Regis reports

> "The clinic has now been available in Bognor Regis as a pilot scheme for three years, and there is no doubt that it is much appreciated by the persons who have attended. In its present form, however, its value is limited for a number of reasons, chief amongst which are
>
> (*a*) the medical examinations are so time-consuming that only a small number of persons can be seen at each session;
>
> (*b*) the majority of persons so far attending are not 'socially vulnerable'; and
>
> (*c*) few of the conditions diagnosed in this age group are reversible, or are amenable to treatment.
>
> Since so many of the avoidable ills and infirmities of retired people are laid down in earlier years, the optimum time to carry out screening procedures would be during their active working years, possibly between 35 and 45. Overweight, underactivity, cigarette smoking, chronic urinary infection, foot disabilities, poor dental and oral hygiene (especially periodontal disease), all can predispose to chronic ill-health in later life. The National Health Service is not designed for preventive screening of this younger age group and is unlikely ever to have the available medical manpower for this purpose. The obvious conclusion, therefore, is that the maintenance of physical fitness must largely be the responsibility of the

individual. The provision of facilities for keeping fit at or near places of work, either indoors or outdoors, such as table tennis, squash, badminton or tennis courts, gymnasia and swimming pools, could well be planning considerations for any new industrial or office complex, depending on the number of employees. Few organisations should be unable to provide at least table tennis facilities. Bearing in mind that of any three young men today aged 35, at least one will not survive to the end of his fifties, primarily on account of avoidable conditions such as lung cancer or coronary thrombosis, the achievement and maintenance of physical fitness in early and middle age is now a matter of high priority, both for the individual and for the nation."

The following table shows the numbers of persons who attended the Bognor Regis clinic during 1969.

Age	*Males*	*Females*	TOTALS
50–59 ...	2 (2)	— (4)	2 (6)
60–69 ...	5 (10)	17 (19)	22 (29)
70–80 ...	1 (2)	2 (3)	3 (5)
TOTALS ...	8 (14)	19 (26)	27 (40)

Note: The figures in brackets relate to 1968.

The next table shows the numbers who attended the clinic at Littlehampton where Dr. F. Cockcroft has continued to receive excellent cooperation from the general medical practitioners.

Age	*Males*	*Females*	TOTALS
50–59 ...	— (1)	— (2)	— (3)
60–69 ...	6 (6)	14 (27)	20 (33)
70–79 ...	9 (6)	12 (10)	21 (16)
80–90 ...	— (1)	— (—)	— (1)
TOTALS ...	15 (14)	26 (39)	41 (53)

Note: The figures in brackets relate to 1968.

Population Screening Surveys

Phenylketonuria

In 1968 the Medical Research Council recommended that phenistix testing for phenylketonuria should be replaced by the Guthrie blood test method, which had been shown to be more reliable. The South West Metropolitan Regional Hospital Board made the necessary laboratory facilities available and the test was introduced in West Sussex from 1st August, 1969. There is a checking procedure against birth notifications to ensure that every baby is tested.

By the end of the year, 2,533 tests had been carried out; 115 (4.5 per cent) of these showed doubtful results and were repeated but in only one case was phenylketonuria confirmed.

Cancer of the Breast and Cervix

The computer-assisted arrangements, whereby invitations are sent to women whose names appear on the electoral registers, began in July, 1967 and were described in Appendix C of the Report for that year. In 1969, clinics operated at Bognor Regis, Chichester, Crawley, Lancing and Littlehampton; the clinic at Worthing Hospital, managed by the Worthing and District Cytology Service, received financial support from the County Council. At all these centres women had the choice of examination by their own general medical practitioner (where he was willing to undertake the examinations) or by a female doctor at a clinic.

A system of follow-up is facilitated by the computer-managed scheme which provides that health visitors visit all women who either ignore three postal invitations or who return the form to say that they do not wish to be examined; many of these women can be persuaded to consent by a clear presentation of the facts by health visitors. In 1969, visits were made to 5,265 women who declined the examination initially and, after eliminating those who had already been examined, had died or left the area, 239 consented and 3,400 refused; a percentage of 7.0 compared with 9.3 in 1968. The high gross consent rate obtained in 1967 (83.2 per cent) and 1968 (84.0 per cent) was maintained in 1969 (83.5 per cent). As is shown in the paper reproduced at Appendix D, the corrected consent rate (i.e. the rate obtained when all follow-up visits have been carried out) is about 70 per cent. These consistently high results reflect considerable interest amongst the women concerned who, if approached systematically and without prior publicity on the part of the Department, are willing to avail themselves of this screening service. Despite the national decline in demand for this service, more women are willing for examination in West Sussex than can be examined with present resources. The number of examinations carried out has only been possible by the cooperation and enthusiasm of the medical, nursing and administrative staff in association with the regional and local laboratory staff and with those employed in the County Treasurer's computer centre.

In the last Report, reference was made to the research study to be undertaken in association with the London School of Hygiene and Tropical Medicine with financial support from the Department of Health and Social Security into the acceptability of the self-irrigation pipette technique. A small pilot study began before the end of 1969, and the main survey should commence early in 1970.

The following tables give a summary of the work done during 1969. Table A gives the response of women approached during the year. Table B shows the age groups and choice of service source (on the advice of the Department of Health and Social Security those under the age of 35 years are not at present being offered appointments), and Table C gives a summary of the examinations carried out.

Table A — Response to Invitations

(*Note*: The figures in brackets relate to 1968)

1.		Invitations sent		28,194	(29,256)
2.	*Less*:	Replies not received by 31.12.69		4,681	(7,674)
3.		Replies received by 31.12.69 ...		23,513	(21,582)
4.	*Less*:	Already examined	3,465 (2,541)		
5.		Dead or left area	2,184 (1,555)		
6.		Over 70 years	3,683 (1,595)		
7.		Awaiting follow-up	1,570 (3,702)		
8.				10,902	(9,393)
9.		Consents and Refusals ...		12,611	(12,189)
10.	*Less*:	Refusals after follow-up ...		2,071	(1,944)
11.		Consents		10,540	(10,245)
12.		Percentage of consents (i.e. line 11 as percentage of line 9) ...		83.5	(84.0)

Table B — Consents, Age Groups and Service Choice

	Clinic	*Family Doctor*	TOTALS
Under 35 years ...	1,339 (1,439)	1,210 (1,205)	2,549 (2,644)
Over 35 years ...	5,345 (5,653)	2,646 (1,948)	7,991 (7,601)
TOTALS	6,684 (7,092)	3,856 (3,153)	10,540 (10,245)

Note: The figures in brackets relate to 1968.

Table C — Examinations Carried Out

Breast only ...	622 (486)	262 (69)	884 (555)
Cervix and breast	5,393 (4,484)	1,789 (690)	7,182 (5,174)
TOTALS	6,015 (4,970)	2,051 (759)	8,066 (5,729)

Note: The figures in brackets relate to 1968.

Results

On clinical examination 356 women (compared with a corrected number of 234 in 1968) were found to have gynaecological conditions and were referred to their family doctors for further investigations and treatment if necessary. Clinical examination of breasts showed unsatisfactory results in 173 cases, 84 more than in 1968. At the time the Report was prepared, follow-up of these women through their doctors showed that in 70 cases no abnormality was found on further examination, 41 merely had a simple condition, 12 were suffering from carcinoma of the breast and 50 were still under investigation or observation.

Laboratory examination of the cervical smears revealed that 240 women had minor vaginal infections and they were all referred to their doctors for advice and treatment. In 36 cases the laboratory findings

were suspicious and 20 were positive. The table below gives an analysis of the further investigations that had been completed when the Report was prepared.

Results of further investigation	*Cytological Diagnosis*	
	Positive	*Suspicious*
Invasive carcinoma of cervix	6	1
Carcinoma-in-situ	10	4
Cervical epitheleal dysplasia	—	5
Inflammation	—	8
Repeat smear, or histology normal	1	4
Still under investigation or observation ...	3	14
TOTALS	20	36

In four cases treatment was by cone biopsy, three by cone biopsy and radiotherapy and one received radiotherapy alone. Six cases underwent hysterectomies and one was on the waiting list for this operation. In one case a cervix amputation followed by radiotherapy was carried out, and in another case treatment was by cervix amputation alone.

PART VI—AMBULANCE SERVICE

Development

A suitable site was acquired in Ifield Avenue for the new station at Crawley, which will provide accommodation for the staff and for 12 vehicles.

In the annual review of the capital development programme, the extensions to the station at Chichester, which will incorporate a new control, were deferred from 1970/71 to 1971/72.

Statistics

The tables in this Part of the Report show that there were increases both in the number of patients carried and also in the mileage travelled by ambulances and by ambulance cars. The increases were accounted for by additional day hospital patients and by patients being discharged earlier from hospital who had to attend subsequently for extended out-patient treatment.

The total number of patients conveyed in 1969 compared with 1968 increased by 9,208 and the total distance travelled increased by 77,266 miles. The average mileage per patient conveyed by ambulance was 6.4 compared with 6.5 in 1968. Accident and emergency cases rose from 5,302 in 1968 to 5,637 in 1969 (an increase of 6.3 per cent), and accounted for 4.3 per cent of all patients conveyed, the same as 1968. Patients

conveyed by rail for part of their journeys numbered 664; this was 110 fewer than in 1968. The decrease was expected and was attributable to changes in rail rolling stock and to the fact that it is now frequently cheaper to convey patients by road.

Staff and Vehicles

The table on page 42 shows the numbers of staff and vehicles at the ambulance stations at the end of each of the past two years.

Four places were taken at each of the two officers' courses of one week's duration held at the Hampshire ambulance training school at Bishop's Waltham and three members of the staff attended the same school on Department of Health and Social Security interim training courses. Staff from the Department assisted with the organisation of, and instructed at, both these courses. A man from Chichester attended a course at the Cheshire ambulance training school and qualified as an ambulance instructor.

Eleven of the staff took the graduate examination of the Institute of Ambulance Officers and, as in the previous year, 10 were successful. Mr. T. Roman of the Chichester station passed with distinction and was awarded a prize.

Seven teams entered the County Ambulance Efficiency Competition held in Chichester on 3rd May, 1969. A team from Chichester was successful and came sixth out of 13 entrants in the Regional Competition at Stanmore on 14th June, 1969.

There were 63 entrants for the Safe Driving Competition of the Royal Society for the Prevention of Accidents; 54 passed, seven failed and there were two exemptions, compared with 58 passes, five failures and three exemptions in 1968.

Ambulance Car Service

There were increases in the number of patients carried and in the mileage travelled. Thanks are again due to the drivers who continued to undertake a considerable amount of routine work; after careful consideration, it was decided that only those under 70 years of age would be used in future.

Area	*Patients*			*Miles*		
	1968	1969	*Variation*	1968	1969	*Variation*
Chichester	27,221	29,400	+2,179	244,161	263,809	+19,648
Horsham	25,763	28,282	+2,519	331,489	368,334	+36,845
Worthing	32,635	31,882	—753	273,579	266,709	—6,870
TOTALS ...	85,619	89,564	+3,945	849,229	898,852	+49,623

AMBULANCE SERVICE

Staff, Vehicles, Mileage and Patients

Station	*Staff*		*Vehicles*		*Mileage*			*Patients*		
	1968	1969	1968	1969	1968	1969	*Variation*	1968	1969	*Variation*
Bognor Regis	9	9	6	6	96,941	98,767	+ 1,826	24,049	25,047	+ 998
Chichester	23*	23*	6	7	127,366	133,167	+ 5,801	17,208	16,958	— 250
Crawley	12	13	6	7	111,249	111,857	+ 608	17,335	18,717	+ 1,382
Horsham	9	9	4	4	82,843	87,725	+ 4,882	11,317	12,542	+ 1,225
Littlehampton	5	5	2	2	59,917	57,080	— 2,837	6,152	6,218	+ 66
Midhurst	4	4	2	2	46,965	48,884	+ 1,919	2,294	2,359	+ 65
Pulborough	3	3	2	2	41,691	44,086	+ 2,395	1,392	1,431	+ 39
Shoreham-by-Sea ...	5	5	3	3	55,299	51,873	— 3,426	7,236	6,737	— 499
Worthing	20	21	9	9	184,483	200,958	+16,475	37,750	39,987	+ 2,237
TOTALS	90	92	40	42	806,754	834,397	+27,643	124,733	129,996	+ 5,263

* Includes 11 control staff.

PART VII—MENTAL HEALTH SERVICE

Mental Welfare Officers

By the end of the year, the establishment of mental welfare officers had increased to 21 with 3 additional trainee posts, and the first steps had been taken in the organisation of mental health social work on an area basis at five centres, each team being headed by a senior mental welfare officer. There is a sixth senior officer working alone in Arundel and a specialist officer in Horsham, working only in the field of subnormality.

The development of the service has meant that at any one time a number of officers are off on training courses; this year one applied for a further education grant and an academic year's leave without pay and trained as a psychiatric social worker, and a trainee obtained a certificate in social work and returned to fieldwork. Three officers (one trainee and two experienced officers without qualifications) were seconded on certificate courses and another senior officer was seconded for a psychiatric social work course.

The senior psychiatric social worker held in-service training meetings regularly throughout the year where problems of casework and management were dealt with and this was of great assistance even to some of the experienced staff.

An increased social work effort in mental subnormality is still needed and this is gradually being developed; insufficient emphasis appears to be placed upon this aspect of work in training courses.

Links with voluntary bodies were fostered by the mental welfare officers and, in the south-east area of the County, a successful nursery for the occasional day-care of mentally handicapped children, set up by the mental health social workers, was welcomed by parents.

Statistics

Mental Illness

On 1st April, 1970 the South West Metropolitan Regional Hospital Board revised the catchment areas for hospitals for mental illness and, since that date, patients living in the Crawley Urban, Horsham Urban and Horsham Rural Districts have been served by the following hospitals.

Netherne Hospital, Coulsdon, Surrey.	Psycho-geriatric/acutely disturbed patients.
Roffey Park Hospital, Nr. Horsham.	Other patients.

Admissions to Hospitals

Mental Health Act 1959	*Graylingwell*		*Netherne*		*Roffey Park*		TOTALS
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	
Section 5—(Informal)	373 (437)	554 (676)	17	24	120	167	1,255 (1,113)
Section 25—(Observation — 28 days)	22 (29)	44 (66)	1	1	18	23	109 (95)
Section 26—(Treatment)	7 (13)	10 (18)	1	—	3	3	24 (31)
Section 29—(Observation in emergency—3 days)	52 (50)	100 (67)	6	4	6	7	175 (117)
Section 60 (Court Orders)	4 (—)	— (1)	—	—	1	—	5 (1)
Section 65 (Court Orders)	1 (—)	— (1)	—	—	—	—	1 (1)
Section 68 (Court Orders)	— (1)	— (—)	—	—	—	—	— (1)
Section 71 (Court Orders)	1 (—)	— (—)	—	—	—	—	1 (—)
TOTALS	460 (530)	708 (829)	25	29	148	200	1,570 (1,359)

Hospital	*Average age on admission*	*Number aged 65 years or over on admission*
Graylingwell ...	49 years (48.6)	325 (357)
Netherne	60 years	29
Roffey Park ...	42 years	39

Note: The figures in brackets relate to 1968.

Graylingwell Hospital, Chichester, continued to serve patients in the remainder of the County.

Information provided by the three hospitals giving the numbers of patients admitted, the average age on admission and the numbers aged 65 years and over on admission during 1969, is shown on page 44. The mental welfare officers assisted in the arrangements for statutory admissions of patients under sections 25, 26 and 29 of the *Mental Health Act 1959*.

Informal admissions rose by 142 and the number of persons admitted by statutory procedure rose by 69 compared with 1968. There was an increase of 58 cases dealt with under the "emergency" section.

During the year 1,437 patients (557 males and 880 females) left the hospitals and 138 (57 males and 81 females) died. Of the 138 deaths, 121 were of people over 65 years of age.

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

Mental Subnormality

The total number of subnormal persons under care at the end of the year is shown in the next table.

Form of Care	*Male*		*Female*		Totals
	Under 16	*Over 16*	*Under 16*	*Over 16*	
Hospitals and homes under regional hospital board ...	51	218	28	150	447 (446)
Mental nursing homes ...	4	—	2	—	6 (4)
Residential homes	4	16	3	32	55 (48)
Boarded out in private homes	2	9	1	22	34 (34)
Durrington hostel	15	—	9	—	24 (21)
Rustington hostel	—	35	—	—	35 (30)
Informal community care ... (2 of the cases in residential or private homes are subject to guardianship orders)	110	311	66	313	800 (850)
Totals	186	589	109	517	1,401(1,433)

Note: The figures in brackets relate to 1968.

At the end of the year, the names of 24 subnormal persons were on the waiting list for admission to hospital. This was seven fewer than at the end of 1968.

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
	Under 16	*Over 16*	*Under 16*	*Over 16*	
General practitioners	1	1	1	—	3 (2)
Hospitals	6	—	4	1	11 (7)
Courts and police	—	—	—	—	— (1)
Local education authority ...	7	3	3	2	15 (13)
Other sources	16	21	8	14	59 (64)
TOTALS	30	25	16	17	88 (87)

Note: The figures in brackets relate to 1968.

The cases were dealt with as follows.

Disposal	*Male*		*Female*		TOTALS
	Under 16	*Over 16*	*Under 16*	*Over 16*	
Admitted to psychiatric hospitals	—	3	—	3	6 (7)
Placed in residential homes ...	2	3	1	2	8 (6)
Placed in mental nursing homes	2	—	—	—	2 (1)
Placed under informal community care	26	19	15	12	72 (73)
TOTALS	30	25	16	17	88 (87)

Note: The figures in brackets relate to 1968.

Training Centres

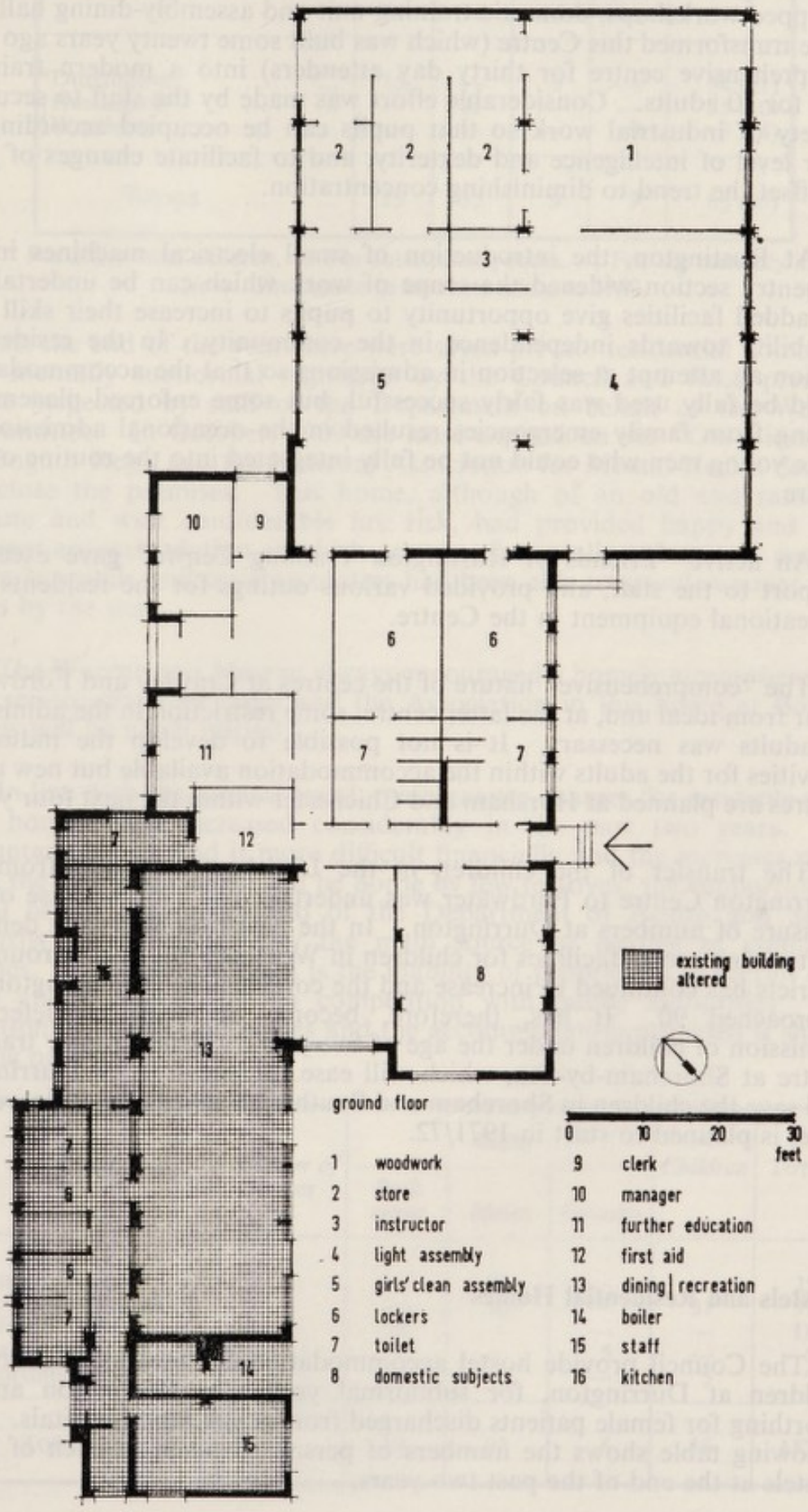
The next table shows the numbers of pupils and staff at junior and adult training centres. In addition, 21 other pupils attended centres maintained by other authorities or by voluntary bodies.

Centre	*Staff*		*Pupils*					
	Head Teacher/ Manager	*Teachers Instructors and Trainees*	*On register*					*Daily average attendance*
			Males		*Females*		TOTALS	
			Under 16	*Over 16*	*Under 16*	*Over 16*		
*†Fordwater ...	1	10 (9)	27	10	13	19	69 (74)	54 (56)
*†Crawley ...	1	10 (7)	29	3	10	18	60 (54)	45 (47)
*Durrington ...	1	11 (11)	50	—	38	—	88 (82)	75 (70)
†Rustington ...	1	4 (4)	—	44	—	—	44 (40)	35 (33)
†Worthing ...	1	7 (5)	—	21	—	38	59 (53)	51 (45)

*Junior Training Centre. †Adult Training Centre.

Note: The figures in brackets relate to 1968.

WORTHING ADULT TRAINING CENTRE



The extensions at Worthing Adult Day Training Centre were completed in mid-summer and an Open Day for parents was held at the beginning of the autumn term. The addition of the spacious and well-equipped workshops, domestic training unit and assembly-dining hall has quite transformed this Centre (which was built some twenty years ago as a comprehensive centre for thirty day attenders) into a modern training unit for 80 adults. Considerable effort was made by the staff to secure a variety of industrial work so that pupils can be occupied according to their level of intelligence and dexterity, and to facilitate changes of jobs to offset the trend to diminishing concentration.

At Rustington, the introduction of small electrical machines in the carpentry section widened the scope of work which can be undertaken; the added facilities give opportunity to pupils to increase their skill and reliability towards independence in the community. In the residential section an attempt at selection in admissions so that the accommodation could be fully used was fairly successful, but some enforced placements arising from family emergencies resulted in the occasional admission of some young men who could not be fully integrated into the routine of the centre.

An active "Friends of Rustington Training Centre" gave excellent support to the staff, and provided various outings for the residents and recreational equipment in the Centre.

The "comprehensive" nature of the centres at Crawley and Fordwater is far from ideal and, at the latter centre, some restriction in the admission of adults was necessary. It is not possible to develop the industrial activities for the adults within the accommodation available but new adult centres are planned at Horsham and Chichester within the next four years.

The transfer of the children in the Littlehampton area from the Durrington Centre to Fordwater was undertaken in 1966 because of the pressure of numbers at Durrington. In the past four years the demand for training centre facilities for children in Worthing and the surrounding districts has continued to increase and the complement at Durrington has approached 90. It has, therefore, become necessary to defer the admission of children under the age of five years. A new junior training centre at Shoreham-by-Sea, which will ease the pressure on Durrington and save the children in Shoreham and Southwick an amount of travelling time, is planned to start in 1971/72.

Hostels and Residential Homes

The Council provide hostel accommodation for mentally subnormal children at Durrington, for subnormal youths at Rustington and at Worthing for female patients discharged from psychiatric hospitals. The following table shows the numbers of persons resident in each of these hostels at the end of the past two years.

Hostel	Males		Females		Totals
	Under 16	Over 16	Under 16	Over 16	
*Durrington	15	—	9	—	24 (21)
†Rustington	—	35	—	—	35 (30)
‡Worthing	—	—	—	9	9 (4)
Totals	15	35	9	9	68 (55)

* For subnormal children. † For subnormal youths. ‡ For the mentally ill.
Note: The figures in brackets relate to 1968.

At the end of the year there were seven private residential homes for the mentally subnormal registered by the Council and these premises were inspected by staff of the Department on behalf of the Welfare Committee. In October, 1969 the lease expired on the "Old Vicarage" at Bognor Regis and the National Association for Mental Health decided to close the premises. This home, although of an old and rambling nature and with considerable fire risk, had provided happy and convenient accommodation at which groups of mentally subnormal persons from hospitals and training centres had been able to spend summer holidays by the sea.

The Warden and Matron always encouraged a homely atmosphere and the service given by them and the Association in this home at Bognor Regis will be much missed.

In line with the general trend, maintenance charges for residents at all the homes have increased considerably in the past two years. The voluntary bodies find it more difficult financially and the increases mean that the financial burden can be borne by few relatives; the support of the local health authorities and of the Department of Health and Social Security forms increasingly the main source of income of voluntary homes. A further problem is the inability of proprietors to recruit suitable and qualified staff in competition with public authorities. The location of the private homes and the accommodation provided is shown in the next table.

Place	Number of homes	Adults			Children	Totals
		Both sexes	Males	Females		
Burton Rough ...	1	—	25	—	—	25
Roffey & Faygate ...	3	—	68	—	31	99
Selsey	1	18	—	—	—	18
Walberton	1	—	—	5	—	5
Worthing	1	—	—	—	5	5
Totals	7	18	93	5	36	152

Short-term Care and Holidays

During the year, 10 patients were admitted to the Forest Hospital, Horsham, for short-term care. Nine adolescent males were admitted to Rustington Hostel and 26 children were accommodated at Durrington Hostel for short periods. In addition, 21 patients were placed in residential homes for short-term care or holidays.

Forty-one pupils from Rustington and Fordwater training centres spent a week's holiday at Sandown, Isle of Wight, during April, 1969.

Thanks are due to the members of Durrington Training Centre Parent/Teacher Association; the Worthing, Littlehampton and District and the Bognor Regis, Chichester and District Societies for Mentally Handicapped Children who, with financial assistance from the Council, organised a week's holiday for 18 children at Selsey during April, 1969 and for 36 children at Fittleworth during September, 1969.

PART VIII—OTHER SERVICES

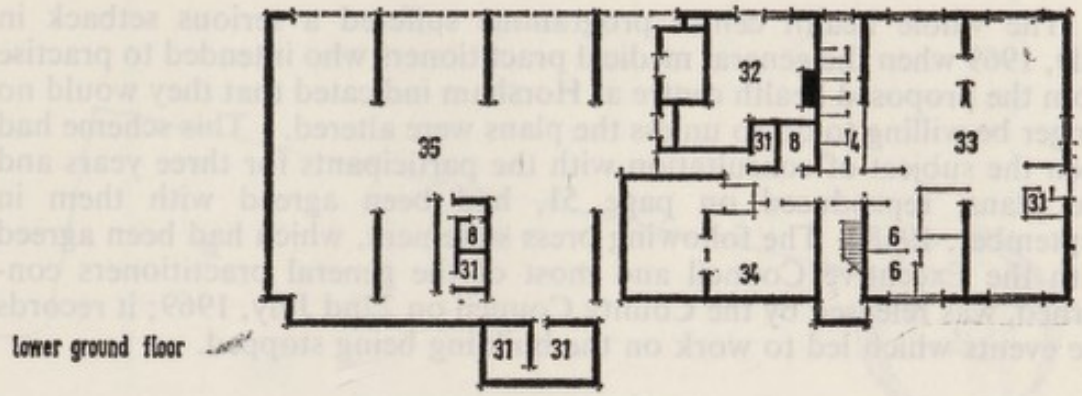
Health Centres

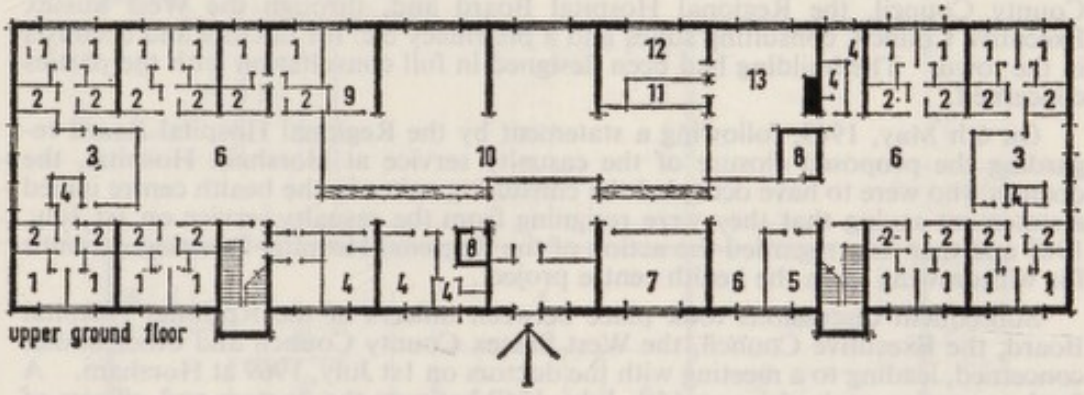
The capital development programme was revised towards the end of the year for the period up to 1972/73. The next table gives particulars of the health centre part of this programme.

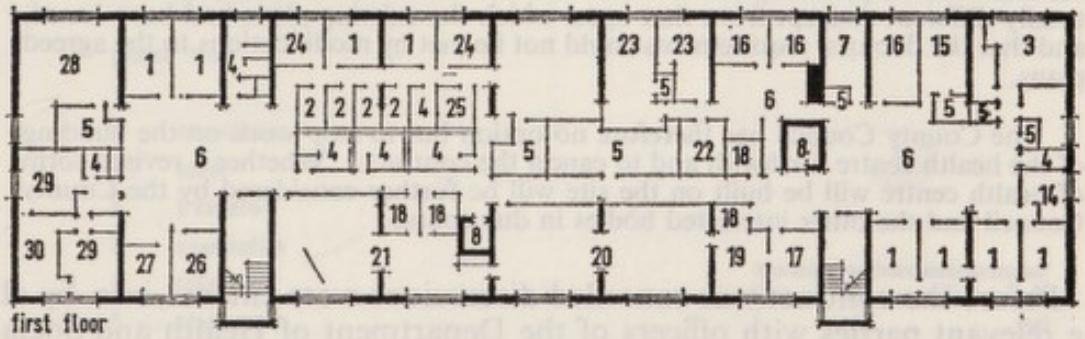
Health Centres	*Building programme (year)*	*Approximate population to be served*	*Number of*	
			G.Ps. working in the area	*G.P. consulting suites to be provided*
Shoreham-by-Sea ...	1967/68	32,000	11	10 (11)
Henfield	1969/70	5,000	2	2 (2)
Littlehampton	1969/70	22,000	13	5 (8)
Rudgwick	1969/70	5,500	2	2 (2)
Bognor Regis	1970/71	40,000	19	6 (5)
Crawley (Broadfield) ...	1970/71	5,000	2	2 (2)
The Witterings	1970/71	9,000	3	3 (3)
Lancing	1971/72	20,000	9	4 (5)
Steyning	1971/72	9,000	4	1 (1)
Two small centres (locations undecided)	1971/72	—	—	—
Three small centres ... ... (locations undecided)	1972/73	—	—	—
TOTALS		147,500	65	35 (39)

Note: The figures in brackets indicate the numbers of general medical practitioners who will be accommodated in the health centres upon completion.

HORSHAM HEALTH CENTRE







1 consultation
2 examination
3 treatment
4 toilet
5 store
6 waiting
7 play
8 lift
9 records
10 reception
11 kitchen
12 reading room
13 staff
14 sisters office
15 psychotherapy
16 psychiatric consultation
17 area welfare officer
18 interview
19 office
20 social welfare officers
21 social workers
22 remedial advisory
23 education therapy
24 general office
25 laboratory
26 speech therapy
27 children
28 nurses
29 dental surgery
30 recovery
31 plant
32 boiler
33 hospital physiotherapy
34 pharmacy
35 car park

0 10 20 30 feet

Mainly for the benefit of those members of the County Council who were not members of the Health Committee, *A Review of the Development and Purpose of Health Centres* was prepared and submitted to the Council at the meeting held on 25th July, 1969, this is reproduced at Appendix C.

The whole health centre programme suffered a serious setback in July, 1969 when the general medical practitioners who intended to practise from the proposed health centre at Horsham indicated that they would no longer be willing to do so unless the plans were altered. This scheme had been the subject of consultation with the participants for three years and the plans, reproduced on page 51, had been agreed with them in September, 1968. The following press statement, which had been agreed with the Executive Council and most of the general practitioners concerned, was released by the County Council on 22nd July, 1969; it records the events which led to work on the building being stopped.

Horsham Health Centre

On 30th April, 1969 the County Council gave instructions to the contractor to commence work on the building of the health centre adjacent to Horsham Hospital in Hurst Road, Horsham. The building was to provide certain facilities for the County Council, the Regional Hospital Board and, through the West Sussex Executive Council, consulting suites and a pharmacy etc. for doctors and chemists in the town. The building had been designed in full consultation with the parties concerned.

On 6th May, 1969, following a statement by the Regional Hospital Board regarding the proposed closure of the casualty service at Horsham Hospital, the doctors who were to have occupied the consulting suites in the health centre issued a statement saying that they were resigning from the casualty service on 1st July, 1969 and that they regarded the action of the Regional Hospital Board as grounds for withdrawing from the health centre project.

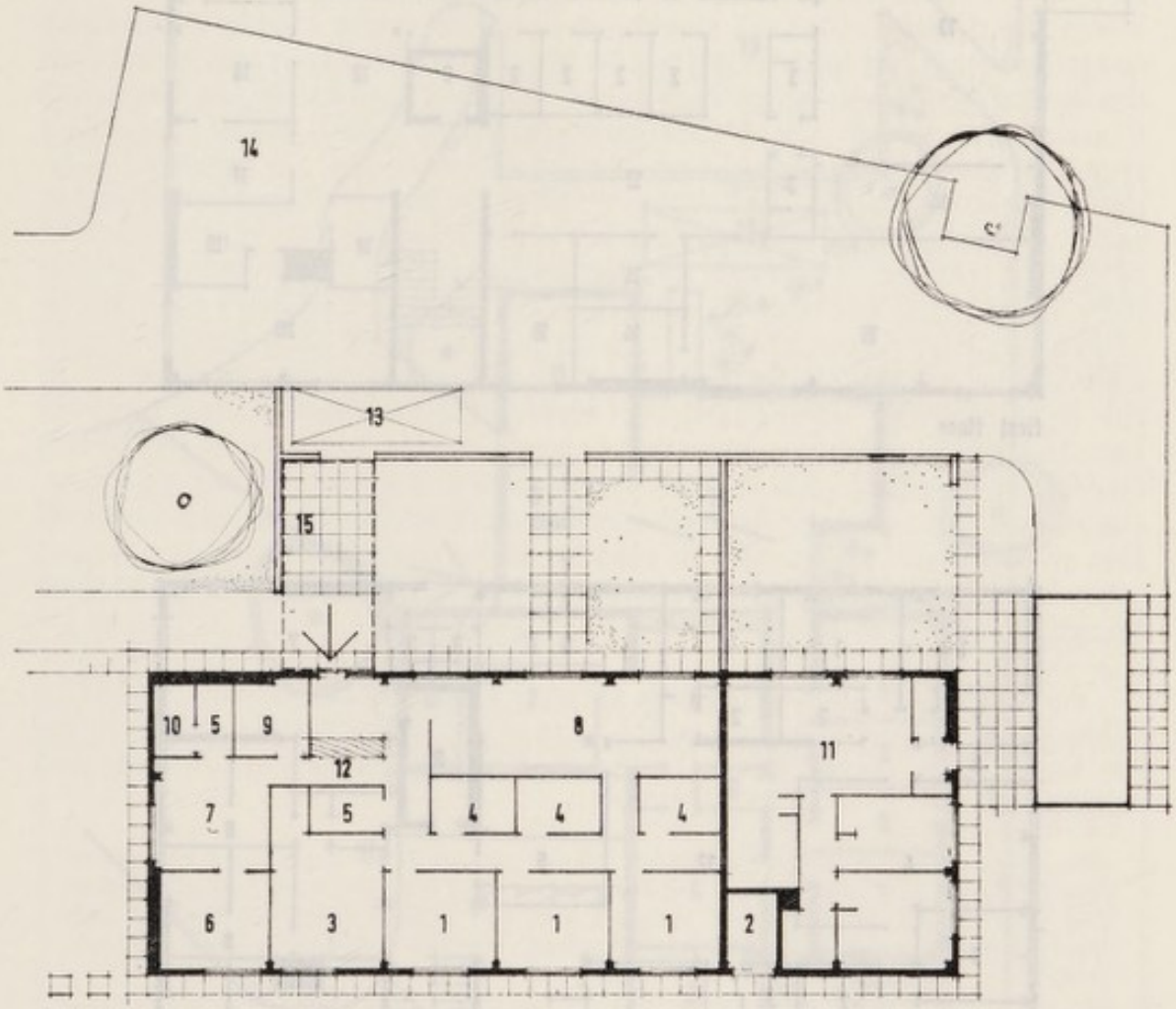
Subsequent discussions took place between officers of the Regional Hospital Board, the Executive Council, the West Sussex County Council and other bodies concerned, leading to a meeting with the doctors on 1st July, 1969 at Horsham. A further meeting took place on 15th July, 1969 between the doctors and officers of the Executive Council and the West Sussex County Council. The doctors stated they would now be unwilling to occupy the health centre unless certain alterations were made in the plans which had been agreed with them at a meeting held on 12th September, 1968. After a very full and frank discussion it was concluded that the modifications required by the doctors were of such a kind that they gave rise to a totally different concept from that upon which the existing plans had been based, and that the doctors' requirements could not be met by modifications to the agreed plans.

The County Council has therefore no option but to stop work on the building of the health centre forthwith and to cancel the contract. Whether a revised form of health centre will be built on the site will be further considered by the County Council and the other interested bodies in due course.

Before the contract was cancelled discussions were entered into by all the relevant parties with officers of the Department of Health and Social Security, who visited Chichester and Horsham for the purpose. These officers met the general medical practitioners and they confirmed the County officers' views that the doctors' objections to the agreed plans were so fundamental that no amendment of these plans could possibly meet their requirements.

At the meeting of the County Council held on 25th July, 1969 the Chairman of the Health Committee made a full statement regarding the circumstances leading to the cancellation of the building contract and

HENFIELD HEALTH CENTRE

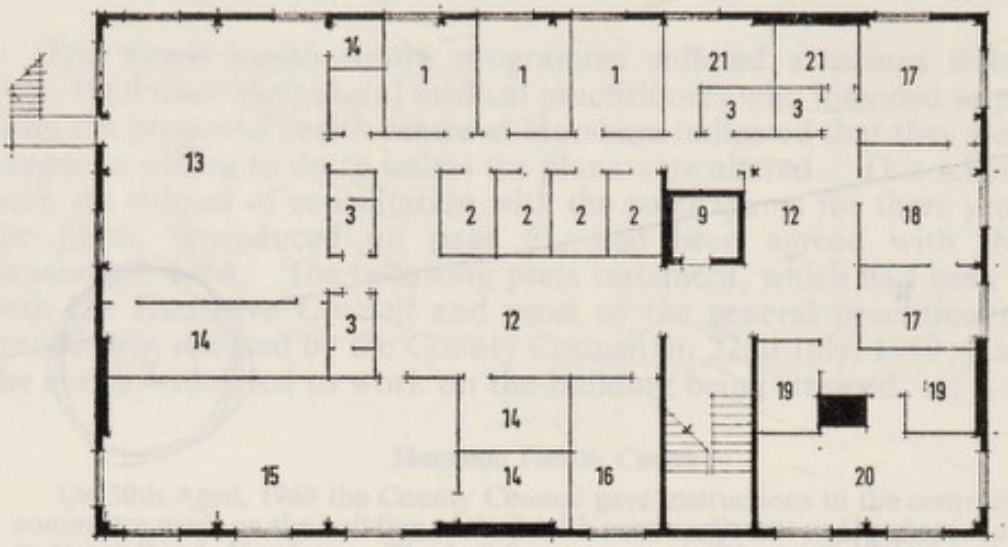


ground floor

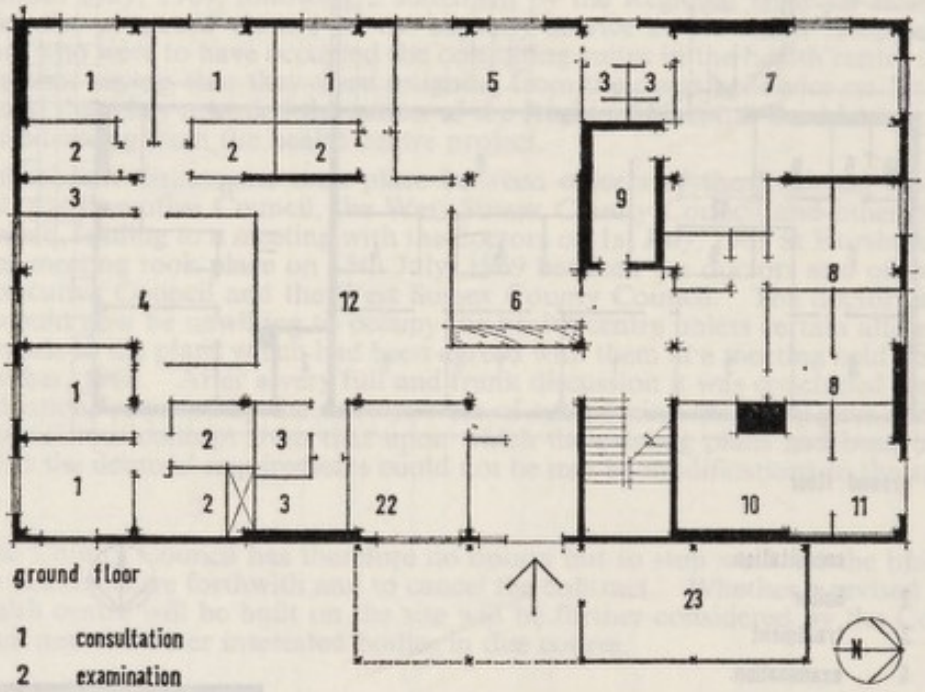
1	consultation
2	boiler
3	treatment
4	examination
5	toilet
6	staff
7	records
8	waiting
9	dispensary
10	store
11	nurse's flat
12	reception
13	mobile dental unit
14	car park
15	prams

0 10 20 30 feet

LITTLEHAMPTON HEALTH CENTRE



first floor

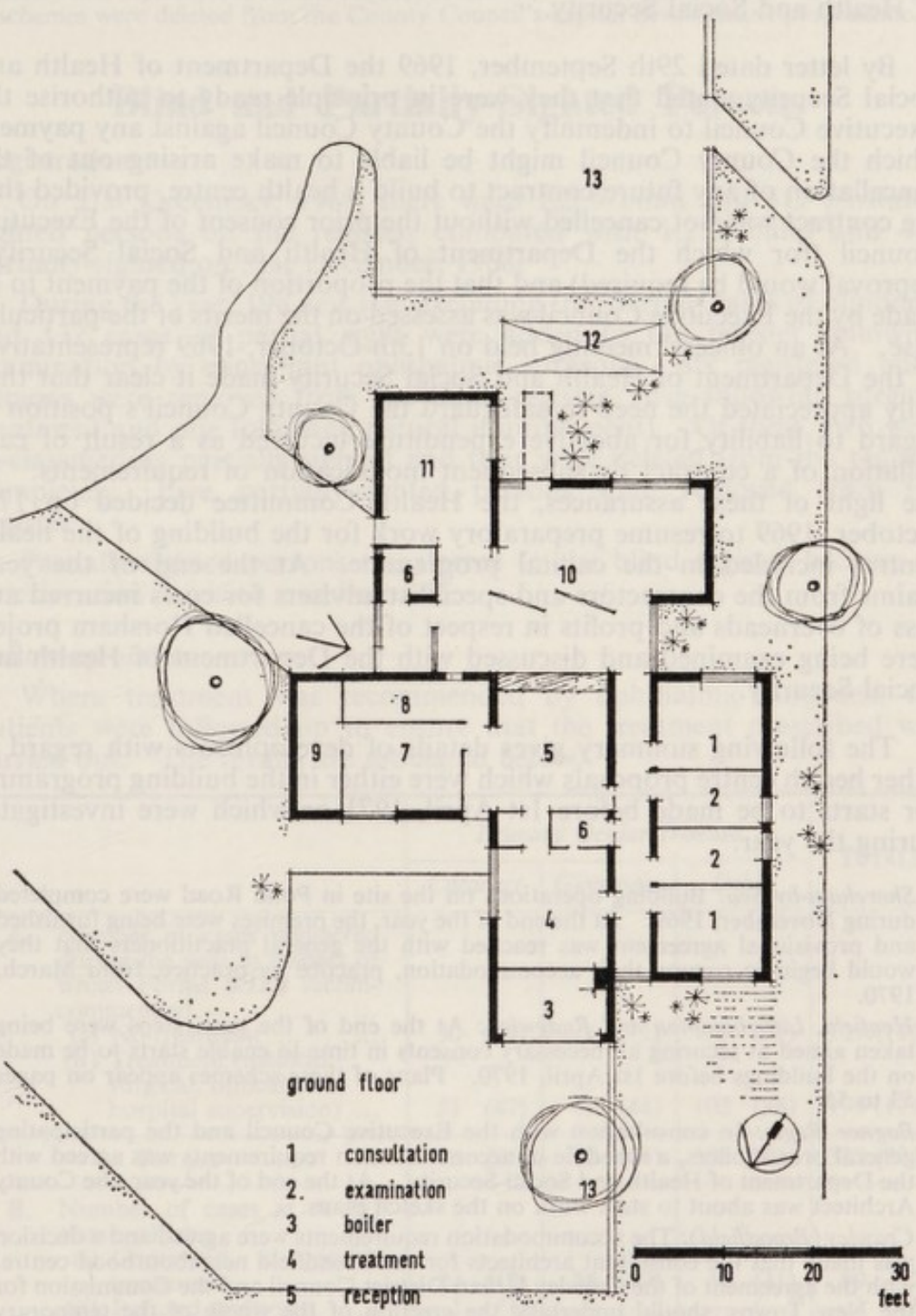


ground floor

1 consultation
2 examination
3 toilet
4 treatment
5 office
6 reception
7 staff and kitchen
8 chiropody
9 lift
10 boiler
11 domestic service
12 waiting
13 health education
14 store
15 nurses' office
16 speech therapy
17 dental surgery
18 recovery
19 interview room
20 social workers
21 laboratory
22 play room
23 pram shelter

0 10 20 30 feet

RUDGWICK HEALTH CENTRE



ground floor

1 consultation
2. examination
3 boiler
4 treatment
5 reception
6 toilet
7 staff
8 dispensary
9 store
10 waiting
11 prams
12 mobile dental unit
13 car park

indicated that work on other schemes (except Shoreham-by-Sea) had been stopped until assurances which would safeguard the financial and other interests of the County Council had been received from the Department of Health and Social Security.

By letter dated 29th September, 1969 the Department of Health and Social Security stated that they were in principle ready to authorise the Executive Council to indemnify the County Council against any payment which the County Council might be liable to make arising out of the cancellation of any future contract to build a health centre, provided that the contract was not cancelled without the prior consent of the Executive Council (for which the Department of Health and Social Security's approval would be required) and that the proportion of the payment to be made by the Executive Council was assessed on the merits of the particular case. At an officers' meeting held on 13th October, 1969 representatives of the Department of Health and Social Security made it clear that they fully appreciated the need to safeguard the County Council's position in regard to liability for abortive expenditure incurred as a result of cancellation of a contract or subsequent modification of requirements. In the light of these assurances, the Health Committee decided on 17th October, 1969 to resume preparatory work for the building of the health centres included in the capital programme. At the end of the year, claims from the contractors and specialist advisers for costs incurred and loss of overheads and profits in respect of the cancelled Horsham project were being examined and discussed with the Department of Health and Social Security.

The following summary gives details of developments with regard to other health centre proposals which were either in the building programme for starts to be made before 1st April, 1971 or which were investigated during the year.

Shoreham-by-Sea: Building operations on the site in Pond Road were completed during November, 1969. At the end of the year, the premises were being furnished and provisional agreement was reached with the general practitioners that they would begin to occupy their accommodation, practice by practice, from March, 1970.

Henfield, Littlehampton and Rudgwick: At the end of the year, steps were being taken aimed at securing all necessary consents in time to enable starts to be made on the buildings before 1st April, 1970. Plans of these schemes appear on pages 53 to 55.

Bognor Regis: In consultation with the Executive Council and the participating general practitioners, a schedule of accommodation requirements was agreed with the Department of Health and Social Security. At the end of the year, the County Architect was about to start work on the sketch plans.

Crawley (Broadfield): The accommodation requirements were agreed and a decision was made that the consultant architects for the Broadfield neighbourhood centre, with the agreement of the Crawley Urban District Council and the Commission for the New Towns, should undertake the erection of the whole of the temporary neighbourhood centre, including the temporary health centre, as one contract. It was agreed with the Executive Council that the temporary health centre should be finished before the people arrive in Broadfield and that it should therefore be ready for occupation by November, 1970.

The Witterings: By the end of the year, consultations on the accommodation requirements were nearing completion and negotiations were taking place on the acquisition of a suitable site.

Ferring: Following a meeting held on 23rd June, 1969 with doctors practising in the area, which was attended by representatives of the County Council and of the Executive Council, the Executive Council decided that they had no accommodation

requirement for general medical services in any health centre which might be built in that area. The County Council accordingly decided that no further action be taken regarding the provision of a health centre at Ferring.

Selsey and Storrington: At the request of the West Sussex Executive Council, these schemes were deleted from the County Council's capital development programme.

Blind and Partially-Sighted Persons

Registration

On 31st December, 1969, there were 1,266 blind and 517 partially-sighted persons on the register, compared with 1,211 blind and 484 partially-sighted on 31st December, 1968.

During the year, 196 new (i.e. excluding transferred) cases of blindness and 132 cases of partial sight were added to the register following examination by consultant ophthalmic surgeons. Six registered blind persons were removed from the blind register, (five following surgical treatment and one following natural improvement). Of these, two were re-classified as partially-sighted and four were deleted from the register completely. Five partially-sighted persons were removed from the register.

Partially-sighted persons transferred to the blind register because of deterioration in vision numbered 45.

Follow-up action

Where treatment was recommended by ophthalmic surgeons, the patients were followed up to ensure that the treatment prescribed was carried out. The results are tabulated below.

	Primary Ocular Disease			Totals
	Cataract	*Glaucoma*	*Other*	
A. Number of cases registered during the year in respect of which Forms B.D.8 recommended:—				
(*i*) No treatment	30 (19)	4 (1)	95 (95)	129 (115)
(*ii*) Treatment (medical, surgical, optical or hospital supervision) ...	51 (47)	46 (44)	102 (88)	199 (179)
Totals	81 (66)	50 (45)	197 (183)	328 (294)
B. Number of cases at A (*ii*) above which:				
(*i*) Continued to receive treatment	24 (17)	26 (29)	49 (41)	99 (87)
(*ii*) Refused treatment ...	1 (1)	— (—)	— (—)	1 (1)
(*iii*) Had treatment deferred or discontinued ...	17 (22)	12 (11)	38 (39)	67 (72)
(*iv*) Placed on waiting list for admission to hospital	5 (3)	2 (—)	2 (1)	9 (4)
(*v*) Died or left County before investigation ...	4 (4)	6 (4)	13 (7)	23 (15)
Totals	51 (47)	46 (44)	102 (88)	199 (179)

Note: The figures in brackets relate to 1968.

Ophthalmia Neonatorum

One case of ophthalmia neonatorum was notified but there was no subsequent loss or impairment of vision.

Nurseries and Child Minders

The *Nurseries and Child Minders Regulation Act 1948*, which was amended by section 60 of the *Health Services and Public Health Act 1968*, placed a duty upon local health authorities to keep registers of, and empowered them to supervise, premises (other than those used wholly or mainly as private dwellings) in which children are received for a total of two hours or more during the day, and persons who, in their own homes and for reward, look after, for similar periods, one or more children under the age of five years to whom they are not related. Before the amendment of the 1948 Act came into operation, a child minder was required to register if three or more children were cared for; as a result of the amendment, 130 additional registrations were necessary.

As will be seen from the following table, the growth in the numbers of registrations continued; registrations of both persons and premises have increased nearly fourfold in the past five years.

	Numbers registered at 31st December		*Numbers of children provided for*	
	1968	1969	1968	1969
(*a*) Premises	115	128	2,825	3,296
(*b*) Daily minders	48	148	549	874

Day Care Facilities for Children Under Five

The circumstances in which fees are paid by the Council in respect of children placed in private registered nurseries or in the care of child minders were described in the last Report. During the year, 56 children received such care and their fees were paid by the Council.

Nursing Homes and Nurses Agencies

At the end of the year, there were 62 nursing homes registered with the Council, three more than at the end of 1968. The number of beds available rose by 51 to a total of 1,209. All the homes were inspected regularly by a medical inspector of nursing homes who reported that, whilst the standards required by the Council were generally well maintained, some proprietors experienced difficulty in recruiting suitable staff. Two nursing homes were approved by the Department of Health and Social Security under Section 1 of the *Abortion Act 1967*. The approval was valid for a period of one year from 27th April, 1969.

Previous Reports have recorded the representations which have been made to the South West Metropolitan Regional Hospital Board that the Board should enter into contractual arrangements for the reservation of accommodation in selected nursing homes. Towards the end of the year, the Board completed such arrangements with certain nursing homes in Worthing which made 20 additional beds available for suitable patients. The contracts will run until the first phase of the Worthing Hospital development is completed in 1973. Patients will not be admitted to these beds direct from home but will be transferred to them after full assessment in a geriatric hospital has shown that nothing more than long-term nursing care is required. Patients in the contractual beds will be in the care of a general medical practitioner and the consultant and assistant in geriatric medicine will also maintain some supervision of the patients' care.

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

	1965	1966	1967	1968	1969
Registered at 1st January	61	62	57	56	59
New registrations	2	1	6	11	11
Registrations withdrawn	1	6	7	8	8
Registered at 31st December...	62	57	56	59	62

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

Size of homes (beds)	*Number of homes*	*Number of beds provided*			
		General	*Maternity*	*Psychiatric*	TOTALS
25 and over	14 (4)	364	—	172	536
20 to 24	8 (1)	157	—	15	172
15 to 19	18	296	—	—	296
10 to 14	12	137	—	—	137
5 to 9	9 (1)	58	—	8	66
Under 5	1	—	2	—	2
TOTALS ...	62 (6)	1,012	2	195	1,209

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

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

Nurses Agencies

Agencies licensed by the Council for the supply of nurses numbered six, two more than in 1968.

PART IX—ENVIRONMENTAL HEALTH SERVICE

The Ambulance and Public Health Sub-Committee continued to exercise responsibility for the environmental health services until its duties were absorbed by the General Sub-Committee under the committee reorganisation recorded elsewhere in the Report. Appropriate action was taken on such matters as the control of milk supplies (particularly with regard to brucellosis and the processing and distribution of heat-treated milk) and grants for the extensions of water mains and the provision of sewers.

Excellent cooperation between staff of the Department and those employed by district councils and representatives of other public services such as water boards and river authorities continued and enabled matters of joint concern to be dealt with speedily and effectively. Cooperation was further improved by the Department making available to district officers a considerable number of scientific instruments for monitoring environmental pollution, including noise. These relatively expensive items of equipment are rarely purchased by district authorities as they are not often required. If such items are purchased by the county authority and made available to all district authorities in the area, the cost can however be justified. Four district authorities made use of a sound-level meter, built to British Standards Institute specifications, which is capable of providing full octave-band analysis. Atmospheric pollution surveys were carried out in two areas by the Department's own technical staff on behalf of the County Planning Officer and a considerable amount of advice on noise problems in old persons' dwellings and health centres was given to the County Architect.

The efforts of the county public health inspectorate to meet demands for instruction in technical subjects connected with health education are recorded in Part V. Their work on the installation and maintenance of school swimming pools is referred to in Part X.

Water Supplies

The chemical and bacteriological quality of all mains water supplied throughout the County was satisfactory. There were no reports of plumbo-solvency. The following water undertakers serve the area and, apart from isolated dwellings and hamlets, services extend to all parts.

The North West Sussex Water Board
The Portsmouth Water Company
The Borough of Worthing Water Department
The County Borough of Brighton Water Department
The Wey Valley Water Company

The arrangement whereby officers of the Department carried out routine water sampling on behalf of the North West Sussex Water Board ceased from 1st April, 1968.

There was no change in the level of natural fluoride in the various water supplies and, for reasons which have previously been recorded, no progress was made in implementing the County Council's resolution of November, 1965 which urged all water undertakers operating in the County to raise the fluoride content of water supplied to one part per million. Details of a scheme to fluoridate school milk supplies were received and, at the end of the year, a report was being prepared for the Health Committee's consideration.

Grants in aid under the *Rural Water Supplies and Sewerage Acts 1944 to 1965* were made in respect of extensions to existing water services in the following areas.

North West Sussex Water Board	
Western area of Midhurst and Petworth Rural Districts	(Midhurst R.D.C.) (Petworth R.D.C.)
Flats and maisonettes at Cowdray House and adjacent estate cottages	(Midhurst R.D.C.)
The Borough of Worthing Water Department	
Supply to South Stoke and Offham	(Worthing R.D.C.)

The revised estimate of contributions made by the County Council in 1969/70 towards water supply was £13,000.

Sewerage

Grants in aid of sewerage were made in respect of the following schemes.

Chichester R.D.C.	
Aldingbourne and District sewerage scheme — Stage III —	
Woodgate area — First Section	(Revised contribution)
Sewer extension at Hill Lane, Barnham	(Revised contribution)
Midhurst R.D.C.	
North Bepton and Cocking Causeway sewerage scheme	(Revised contribution)

The revised estimate of contributions made by the County Council in 1969/70 towards sewerage was £115,000.

The Prevention of Environmental Pollution

" . . . The test of our national attitudes is whether, having willed the end, we are also prepared to find the means."

The Rt. Hon. Anthony Crosland, M.P., Secretary of State for Local Government and Regional Planning

The almost dramatic realisation that world-wide pollution is destroying man's natural environment and has reached a level when only by immediate and costly efforts can he avert complete desecration of great tracts of the world, if not the entire globe, has suddenly brought special significance to such words as "environment" and "pollution". For decades local authorities and industry have disposed of waste as cheaply as possible without regard to its effect on the natural environment and with

scant concern for its effect on near neighbours, often under the flag of riparian rights. Even those political representatives whose foresight and knowledge gave them an appreciation of the disaster looming ahead of the technological society realised that there were "no votes in sewage" and their concern has accordingly often been suppressed in favour of political ends. Now that man has flown to the moon and walked its barren surface perhaps he will redirect vast sums of money, human ingenuity and enterprise to solving the problem of containing an overpopulated technological society within the natural environment.

Government Working Party on Sewage Disposal

In February, 1969 the Government set up a working party on sewage disposal at a time when local authority practices in this field were being challenged in the national and local press. As time went on it became apparent that the working party, under the chairmanship of Mrs. Lena Jeger, M.P., was to evaluate not only points and methods of final disposal but also the entire field of sewage treatment.

The appointment to the working party of Mr. Henry Brinton, a member of the Council, gave the Department an opportunity of providing him with a preliminary brief on the subject. During the early months of the year, Mr. Brinton visited many sewage disposal plants with the County Public Health Inspector and discussed the bacteriological and health aspects with Dr. D. Payne (also a member of the working party), Director of the Public Health Laboratory at Portsmouth, and with me.

Local Public Enquiry

In August, 1969, Mr. J. H. Abbott, M.I.C.E., Engineering Inspector of the Ministry of Housing and Local Government, held a local public enquiry into the proposed scheme for sewering the village of Burpham which lies on a chalk scarp on the banks of the river Arun close to the township of Arundel. The area is one of outstanding natural beauty and the view through the valley was described by Ruskin as the second finest view in England. The water bearing strata in the fissured chalk below the village provides a vast reserve of water from which the Worthing water undertaking pump up to four million gallons a day. Protection of this water source has concerned local authorities for some time as it is known that some existing cesspools and septic tanks leak and that others, when full, discharge their foul contents into the substrata.

The scheme submitted by the Worthing Rural District Council provided for the sewering of most properties in the area and a treatment works on the banks of a loop of the Arun with final discharge into this stream. A number of objectors and critics offered evidence on a scheme which had much merit as a public health improvement. However, in submitting evidence on behalf of the County Council, the County Public Health Inspector criticised the design of the sewage treatment plant because it was proposed that no tertiary treatment should be given to the effluent; he also commented adversely upon the high biological load which a local farm could impose upon that plant for which no special provision had been designed. Later in the year, in referring the scheme for further consideration, the Minister drew the local authority's attention to both these points.

Improving the quality of sewage effluent

Although the basic design criteria for sewage disposal plants have long been known and understood, various modifications have been evolved over the years to suit particular applications such as the treatment of industrial or farm waste or to simplify a method or stage of treatment with a view to effecting economies or improving standards. Research in this field is of the utmost importance if the many problems created by the disposal of liquid wastes are to be overcome.

Ever since standards were set by the famous Royal Commission on Sewage Disposal (1898), many of our sewage disposal works have maintained the recommended standards with increasing difficulty as greater loads have been imposed. Yet river authorities seek to improve upon these standards considerably where it can be shown that a water course is already receiving a fair quota of effluent from other discharges or that water extraction downstream demands the imposition of more stringent conditions.

Tertiary sand filtration is one means whereby the solids and biochemical oxygen demand in an effluent can be reduced and, by arrangement with the Engineer and Surveyor to the district authority and a Consulting Engineer who wished to evaluate a particular type and arrangement of filters, trials were conducted by the County Public Health Inspector at a sewage disposal works at Selsey. The results of this work were presented as a paper to the Institution of Public Health Engineers; they showed that the system of filtration was sound and that the standards were not dissimilar from those obtained from microstrainer equipment which is already used at some works elsewhere in the country.

Refuse Disposal

The bulk of domestic and trade refuse in the area is disposed of by tipping. At most sites controlled tipping is practised and at two tips pulverisation plant is installed. Those tips which are subject to approval and control under the *Town and Country Planning Acts* are visited by the County Public Health Inspector to ensure that the conditions of approval are adhered to.

For some years the problem of disposing of refuse in the Bognor Regis area has proved difficult and it is encouraging to report that the three district councils concerned (Chichester M.B., Chichester R.D.C. and Bognor Regis U.D.C.) formed a working party with the County Planning Department to consider the problem and, possibly, to evolve a joint arrangement for disposal.

The problem is two-fold. First, the character of refuse has changed. The use of solid fuel, with its ash waste, has given way to gas, oil-fired and electrical systems of heat production, and packaging of all manner of goods has increased tremendously. The volume of refuse to be collected increases annually at a national rate of about six per cent. The City of Chichester is no exception to this rule but the Engineer and Surveyor of the Chichester R.D.C. has estimated that there will be an annual growth in volume as great as 12 per cent in all parts of the district.

The second problem concerns sites for disposal. With the vast local land scars resulting from the extraction of gravel, it might be concluded that more than ample tipping space was available. Many of these pits are, however, required for other uses — for fishing and sailing

enthusiasts and, possibly, as reserves for water supply. Many of the pits are already full of water and it would be difficult, and probably uneconomic, to pump them dry in order to dump refuse even if a means of disposal could be found for the water discharged. The pits chosen for refuse disposal must therefore be relatively dry. Unfortunately these are not always ideally situated, with the result that there are objections from local residents. However well operated, a tip can be objectionable. But with the aid of pulverising and similar equipment and adequate daily coverage with inert material, nuisance can be avoided and land can ultimately be made available for agricultural or amenity purposes.

Lay-by Sanitation and Picnic Areas

Apart from the national increase in road usage, more holiday makers either visit West Sussex or use the County's roads to reach the ports of Southampton and Newhaven, or the west country. As more traffic is diverted from towns where public conveniences are usually located, lay-by toilet facilities become necessary at intervals on main roads.

The *Coast and Countryside Act 1968*, which empowers County Councils to open up the countryside and to develop picnic areas, contains provision for local authorities to obtain 75 per cent grant aid from the Ministry of Housing and Local Government, subject to schemes being approved. Under these powers, picnic areas and lay-by facilities are now being created but the provision of satisfactory toilet accommodation is sometimes difficult where mains water or sewerage are not available.

The first lay-by toilet block to be erected in the County was without such services and a unit based on the Elsan chemical system was installed. It is open to the criticism that it does not provide any means of washing hands; this is essential because such an area is frequently used for eating meals. There are however difficulties to be overcome and two possible solutions are being investigated.

Caravans and Gypsies

The Council continued to have regard to the problems of itinerant and gypsy families. Complaints were received from a district ratepayers' association about the sanitary and other conditions existing at one encampment. A joint investigation was carried out by the County Public Health Inspector and an officer from the County Welfare Department. Both reported that conditions were not as offensive as had been suggested and no further action was taken.

Atmospheric Pollution

The long-term survey designed to measure air pollution throughout the country was continued and 70 visits were made by the staff to the two premises where recording instruments are installed. Daily deposits of carbon and sulphur dioxide were measured at both stations and the results were sent to the Warren Spring Laboratory of the Ministry of Technology.

Recording at one of the premises (at Petworth) was discontinued at midsummer after five continuous years of operation. The Director of the Warren Spring Laboratory decided that he had ample background reference from this station. The apparatus is now being used to help the County Planning Department and district councils to assess problems of local air pollution, such as nuisance from a coal yard, tarmacadam plant, and flue emissions from furnaces serving a grass-drying plant.

Supervision of Milk Supplies

Whilst the *Food and Drugs Act 1955* places the responsibility for the control of designated milk with the food and drugs authority (in this case the West Sussex County Council), supervision of retail services continued as a joint arrangement between field officers of the County and district health departments. The system avoids duplication of activities and has allowed the officers of the County Council to concentrate their efforts on the sampling of milk from farms for the purpose of isolating *brucella*.

As from 1st January, 1969 the milk sampling routines carried out by the county public health inspectorate and by the Consumer Protection Department were reorganised in order to provide better coverage, to remove duplication of effort and to help the laboratory. The new arrangements provide that county public health inspectors take samples at farms for both biological and quality testing whilst consumer protection officers collect pre-packed heat-treated and untreated milk from processing dairies for public health protection purposes and in order to ensure compliance with the provisions of the *Trade Description* and *Weights and Measures Acts*. The scheme was economically successful and it improved cooperation between the officers of the two departments. There was an increase in the numbers of samples taken and examined without increasing manpower or travelling costs. The man/days and travelling saved by the respective departments was 48 man/days and 3,700 miles by the County Health Department and 150 man/days and 17,600 miles by the County Consumer Protection Department.

A total of 4,649 samples were procured for public health purposes which was 1,542 more than in 1968; 3,587 were untreated milk and 1,062 heat-treated milk. Of the total, 2,434 samples were from individual cows on farms where previous bulk-milk samples had indicated the presence of *brucella* in the herd.

Untreated Milk

Producer licences are granted by the Minister of Agriculture, Fisheries and Food but a specific duty is laid upon the County Council by Section 31 of the *Food and Drugs Act 1955* to administer the provisions designed to prevent the sale of tuberculous milk and milk from cows suffering from any infection of the udder likely to convey disease.

Brucellosis

Now that tuberculosis has almost been eradicated from all cattle in this country, efforts are centred on the eradication of brucellosis, an infection which affects both human and animal health. The *brucella* organism, which causes abortion in cattle, produces an undulant fever in man. The infection, which is often masked by other disorders with similar clinical symptoms, exists in rural communities where there is close contact with cattle and where the consumption of untreated milk is common. Undulant fever is not a notifiable disease and it would help considerably if it were made so.

In July, 1966 the Ministry of Agriculture, Fisheries and Food announced a two-stage scheme to eradicate brucellosis. Stage 1 was the compilation of a register of *brucella*-free herds on a voluntary basis which would provide a reservoir of disease-free stock, and Stage 2 was an area-by-area eradication with compensation for the slaughter of all infected animals.

On 4th November, 1969 the Minister of Agriculture, Fisheries and Food stated in the House of Commons that by 31st October, 1969 some 14,600 applications had been received in England and Wales to join the Brucellosis Accredited Herds Scheme. There were at that time 10,300 herds in the scheme, of which 5,000, including 400 beef herds, were accredited. Accredited herds represented 2.8 per cent of all herds in England and Wales and 6.4 per cent of the total number of animals. At the end of the year, there were 5,505 dairy herds on the accredited list for England and Wales; 75 of these were in West Sussex.

The efforts of the Department were concentrated on the isolation of *brucella* in herds at present outside the Ministry's scheme. Farmers were encouraged to slaughter those animals shown to be infected and to apply for admission to the accredited-herds scheme. To this end, 3,414 samples were submitted for the milk ring test, which was 1,092 more than in 1968. This test quickly reveals the presence of antibodies connected with *brucella* infection but does not necessarily indicate that the infection is active. Positive samples are further examined by culture or by guinea-pig inoculation. Sixteen bulk-milk samples and 188 individual cow samples gave positive ring test recordings. Further examinations showed 175 animals to be infected; of these, 133 were slaughtered and 42 remained with dairy herds, the milk from which is pasteurised. In addition, 13 animals were slaughtered on the evidence of the milk ring test.

No samples taken at farms retailing untreated milk direct to the public showed evidence of *brucella* infection. Of 28 such herds in the County, eight were accredited at the end of 1969.

Tuberculosis

At the request of one farm manager, milk from three cows was examined for the presence of *tubercle bacilli*. In each instance a negative result was obtained.

Inhibitory Substances in Milk

The report of the Milk Hygiene Sub-Committee of the Milk and Milk Products Technical Advisory Committee (1963)* drew attention to the possible health hazard where milk containing traces of antibiotics was consumed by persons hypersensitive or likely to become hypersensitive to such substances. In addition, there is no doubt that the widespread and indiscriminate use of antibiotics has induced the resistance of pathogenic organisms to these substances. This was acknowledged by the Joint Committee on the use of Antibiotics in Animal Husbandry and Veterinary Medicine (1969)† who recommended a reduction in or stricter use of certain antibiotics in the animal husbandry and veterinary field. The Committee also considered that more attention should be paid to other possible ways of modifying the environmental microflora of animals and suggested that research should be undertaken into the consequences (including economic consequences) of influencing the bacterial environment by higher standards of hygiene and other means.

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* Ministry of Agriculture, Fisheries and Food. Antibiotics in Milk in Great Britain. Report of the Milk Hygiene Sub-Committee of the Milk and Milk Products Technical Advisory Committee. London. H.M.S.O. Price 1s. 3d. net.

† Joint Committee on the use of Antibiotics in Animal Husbandry and Veterinary Medicine. Cmnd. 4190. London. H.M.S.O. 8s. 6d. net.

Samples of farm milk examined for the presence of inhibitory substances numbered 1,153 (396 more than in 1968) and five were found to be contaminated. Investigations at the farms concerned showed that in four instances failure to withhold milk from the supply following treatment with intramammary preparations was the cause of contamination and at the other farm the use of an udder salve containing germicide and intrauterine antibiotic pessaries was suspected. Warning letters were issued and repeat sampling showed the supplies to be clear.

Heat-treated Milk

The Council license pasteurising plants under the *Food and Drugs Act 1955*. At the beginning of the year four such plants were licensed, three serving the general public and one at a farm serving an independent school community. In June, 1969 a licence was issued to a local farmer who decided to install pasteurising equipment in support of his retail business. The equipment was of the batch type which, whilst complying with all requirements of the regulations, leaves much to the operator to ensure effective operation. This accounted for almost all twelve phosphatase test failures recorded in the following paragraph. Programmed modification and improvement of equipment and premises at other pasteurising dairies continued satisfactorily and included the installation of a considerable amount of new equipment.

Samples of heat-treated milk procured from pasteurising plants numbered 618, which was 213 more than in 1968. All but seven conformed with the phosphatase test, indicating adequate heat treatment, and eight failed the methylene blue test, suggesting poor keeping quality. Eight samples were declared void for the methylene blue test as ambient air temperatures were in excess of 70°*F* at the time of the examination. Samples of heat-treated milk collected at dairy depôts and shops totalled 322. All except five conformed to the phosphatase test and 10 failed the methylene blue test, indicating poor keeping quality. Investigations showed that delay in selling milk was the most likely cause of methylene blue test failures. Shopkeepers were warned that it was bad practice to offer milk for sale on the second day and that overstocking should be avoided. Samples of milk supplied to schools numbered 122. All of them passed the phosphatase test, and five failed the methylene blue test. Investigations of the keeping quality showed that these failures were due to the milk being held over from a previous day's supply. The phosphatase test failures were the result of processing faults.

Bottle-washing at Dairies

The bacteriological examination of empty cleansed milk bottles was carried out on a selective basis; of the 201 bottles submitted to the laboratory, 179 were satisfactory. Whenever unsatisfactory results were obtained, remedial action was taken by the dairy concerned.

Five samples were collected from dairy water supplies; their bacteriological examination was satisfactory.

Housing

The table on page 68, compiled from information made available by the Ministry of Housing and Local Government, gives details of the numbers of houses built and of those demolished and closed in the various districts of the County.

HOUSING STATISTICS

Area	Estimated population mid-1969 ('000s)	Dwellings in tenders approved but not started	Dwellings started				Dwellings under construction at end of period				Dwellings completed				Houses demolished in clearance areas and unfit houses demolished or closed elsewhere	
		Local authorities	Local authorities	Other public sector	Private sector	Public and private sectors	Local authorities	Other public sector	Private sector	Public and private sectors	Local authorities	Other public sector	Private sector	Public and private sectors	Clearance areas	Elsewhere
West Sussex	**469.9**	**696**	**909**	**113**	**2,084**	**3,106**	**968**	**80**	**2,769**	**3,817**	**879**	**95**	**2,688**	**3,662**	**43**	**71**
Boroughs																
Arundel ...	3.0	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—
Chichester ...	20.7	134	72	—	122	194	99	—	140	239	55	—	73	128	9	4
Worthing ...	83.1	74	83	4	286	373	83	—	340	423	—	62	568	630	—	1
Urban Districts																
Bognor Regis	31.7	—	37	—	138	175	61	—	170	231	46	—	240	286	24	—1
Crawley ...	64.5	39	261	105	203	569	261	79	217	557	—	26	170	196	—	2
Horsham ...	26.4	—	30	—	24	54	22	—	45	67	37	—	63	100	10	1
Littlehampton	18.2	22	34	—	89	123	34	—	161	195	38	—	56	94	—	—
Shoreham-by-Sea ...	18.1	—	—	—	103	103	—	—	266	266	36	—	91	127	—	3
Southwick ...	11.4	13	—	—	1	1	—	—	3	3	28	—	6	34	—	—
Rural Districts																
Chanctonbury	26.3	—	46	1	108	155	44	—	184	228	46	2	167	215	—	10
Chichester ...	60.0	82	6	—	550	556	33	1	681	715	45	—	528	573	—	17
Horsham ...	28.8	—	35	1	166	202	35	—	134	169	17	2	257	276	—	13
Midhurst ...	19.5	33	20	—	74	94	6	—	91	97	14	—	113	127	—	11
Petworth ...	10.9	26	—	1	51	52	—	—	171	171	86	2	40	128	—	9
Worthing ...	47.3	80	62	1	169	232	55	—	166	221	7	1	315	323	—	1
New Town																
Crawley ...	—	193	223	—	—	223	235	—	—	235	424	—	—	424	—	—

PART X—SCHOOL HEALTH SERVICE

Statistics

Child Population

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

	1968	1969	*Variation*
Children under 1 year	6,310	6,280	— 30
1 to 4 years	28,090	28,020	— 70
Total under 5 years	34,400	34,300	— 100
5 to 14 years	67,900	70,100	2,200
Total under 15 years	102,300	104,400	2,100

School Population

In January, 1970 there were 71,866 children on the rolls of maintained schools in the County, an increase of 2,332 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.

Type of school	*Number of schools*		*Number on roll*	
	1968	1969	1968	1969
Nursery	4	4	293	300
Primary	176	176	40,448	41,765
Intermediate	—	1	—	244
Secondary: Grammar	7	7	4,485	4,526
Comprehensive ...	12	13	13,367	14,739
Modern	19	17	10,407	9,741
Special	5	5	534	551
TOTALS	223	223	69,534	71,866

Medical Inspection

Periodic Inspections

The arrangements made for the full medical examination of children as soon as possible after they start school, in their last year at primary school and in their last year of compulsory school life were continued during

1969. The scheme for the selective examination of school leavers in four secondary schools, which was described in the 1968 Report, was continued and 941 of the children who were interviewed by departmental medical officers did not require medical examinations.

At these four schools, 1,245 children produced samples of urine, and tests which proved unsatisfactory were repeated. As a result of repeat tests, 24 children were referred to their family doctors.

Dr. M. B. Morton made the following comments on her work in schools.

> "It is clear that the schools appreciate continuity in the service offered to them and, increasingly in the smaller schools, teachers are seeking help for children with special problems and availing themselves of the opportunity to meet with parent and doctor over matters of mutual concern. In the larger secondary schools, however, the advantages of periodic medical inspections remain less clear and some staff members do not, I think, feel the advantage offered to the school community outweighs the disturbance and time consumed by routine procedures."

Towards the end of the year, arrangements were made with a partnership of general practitioners for them to examine children in their practice three months before the children were due to start school. The new scheme was explained in a letter to the parents of all young children registered with the practice and they were given a choice of having their children examined either at the surgery or by a departmental medical officer after the children had started school. Of 122 replies received, 106 parents indicated that they would like their children to be examined at the surgery. The examinations will start early in 1970 and the results of this experiment will be evaluated and reported in due course.

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

Type of examination	1968	1969
Entrants	6,430	7,028
Other periodic examinations ... ... (Children aged 10–11 years or those who had not been previously examined in this age group)	5,205	6,559
Leavers	5,544	4,667
TOTALS	17,179	18,254
Special examinations	67	92
Re-examinations	8,748	8,557
TOTALS	25,993	26,903

General Physical Condition

The general physical condition of children was good. Of the 18,254 examined at periodic medical inspections, 22 (0.1 per cent) were considered by departmental medical officers to be of unsatisfactory physical condition. This compares with eight children (0.05 per cent) placed in this category in 1968.

Over the past few years, obesity has been the main reason for unsatisfactory classification and 1969 was no exception. Eighteen of the 22 children concerned were fat.

Personal Hygiene

During the year, 42,558 individual hygiene examinations were carried out in schools and 120 children were found to have 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*
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
1967	37,962	53
1968	50,482	92
1969	42,558	120

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 80 and 81.

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 1968.

Age group	*Number of children examined*		*Number found to require treatment*		*Percentage found to require treatment*			
					West Sussex		*England and Wales*	
	1968	1969	1968	1969	1968	1969	1968	1969
Entrants ...	6,430	7,028	525	528	8.2	7.5	15.7	*
Other periodic inspections ...	5,205	6,559	416	523	7.9	7.9		
Leavers ...	5,544	4,667	416	468	7.5	10.0		
TOTALS ...	17,179	18,254	1,357	1,519	7.9	8.3		

*Not available.

Eye Clinics

School eye clinics continued to be held in nine centres in the County.

The number of children examined at these clinics during the year was 2,581, an increase of 232 on the figure for 1968. The number of examinations was 3,849, compared with 3,025 in the previous year.

Of the 1,066 pairs of spectacles known to have been prescribed for children during the year, 1,014 pairs were prescribed at school eye clinics. This was 85 pairs more than in 1968.

Twenty-nine school children and 53 children under school age were known to have received operative treatment for squint during the year.

Orthoptists treated 1,275 children, 657 more than in 1968.

Orthopaedic Clinics

The arrangements made with the South West Metropolitan Regional Hospital Board for an orthopaedic clinic for school children to be held in County Council premises in Chichester continued during the year.

The number of children attending that clinic decreased from 603 (including 204 under school age) in 1968, to 388 (including 166 under school age) in 1969. Eight children (including one under school age) received in-patient hospital treatment and 64 children (including 12 under school age) were supplied with 71 orthopaedic appliances.

Physiotherapists treated 445 children (including 181 under school age) 139 fewer than in 1968.

Enuresis

The treatment of nocturnal enuresis by means of pad and bell alarms was continued during the year and reports were received on 43 boys and 18 girls. The reports showed that complete or partial improvement was achieved by 35 boys and 11 girls.

Convalescence

During the year, short-term convalescence was provided for 20 children in accordance with the provision of section 48 (3) of the *Education Act 1944*. This was five more than in 1968.

Speech Therapy

Speech therapy continued to be provided in schools and in clinics as described in previous editions of the Report. The Senior Speech Therapist was employed for three sessions a week in the hospital service and for seven sessions a week in the school health service. In addition, three full-time and five part-time therapists were in post at the end of the year, and the authorised establishment of the equivalent of five full-time therapists was being maintained. Whilst we were fortunate to obtain the services of part-time speech therapists there are disadvantages in that they do not always live in the areas in which the need for speech therapy is greatest and geographical considerations give rise to difficulties of deployment of service.

During the year, 572 children were treated and 733 were seen "for observation". The corresponding figures for 1968 were 522 and 762 respectively. The table on page 73 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.

SPEECH THERAPY

Area	Defect or disorder of speech								New cases	Number discharged during the year	Waiting list at 31.12.69
	Articulation	Language	Fluency	Voice	Associated with cerebral palsy	Associated with cleft palate	Total number of children	Total attendances			
Bognor Regis	77 (22)	9 (3)	15 (12)	1 (1)	3 (2)	1 (1)	106 (41)	1,017 (305)	48	26	14
Chichester	247 (136)	20 (6)	35 (24)	4 (4)	2 (2)	9 (4)	317 (176)	2,887 (430)	87	74	12
Crawley	103 (39)	29 (8)	13 (6)	4 (4)	— (—)	4 (3)	153 (60)	807 (158)	76	14	13
Horsham	96 (73)	41 (29)	19 (16)	5 (4)	— (—)	— (—)	161 (122)	977 (312)	99	49	19
Lancing	32 (21)	15 (9)	7 (6)	1 (—)	— (—)	— (—)	55 (36)	335 (112)	34	14	6
Littlehampton	65 (30)	3 (2)	6 (5)	— (—)	— (—)	— (—)	74 (37)	471 (166)	21	29	6
Midhurst	47 (28)	2 (1)	7 (6)	— (—)	— (—)	1 (—)	57 (35)	139 (45)	16	13	3
Petworth	110 (67)	7 (2)	12 (7)	2 (2)	1 (1)	3 (2)	135 (81)	354 (114)	37	34	6
Shoreham-by-Sea	50 (27)	17 (9)	9 (9)	2 (2)	— (—)	— (—)	78 (47)	537 (189)	50	37	15
Worthing	135 (79)	16 (5)	16 (14)	— (—)	— (—)	2 (—)	169 (98)	939 (326)	38	62	7
TOTALS	962 (522)	159 (74)	139 (105)	19 (17)	6 (5)	20 (10)	1,305 (733)	8,463(2,157)	506	352	101

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

Handicapped Pupils

Ascertainment

During the year, school medical officers carried out 316 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 1969, the numbers admitted and awaiting admission and those on the registers of special schools and boarding homes is given on page 75.

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 below.

		1968	1969
1.	REFERRAL		
	Number of children referred by:		
(*a*)	School Medical Officers	57	62
(*b*)	Courts and Probation Officers	22	18
(*c*)	Parents and others	286	242
(*d*)	Boarding schools and hostels	1	1
(*e*)	General practitioners	200	222
(*f*)	Children's Department	40	37
(*g*)	Educational psychologists	89	83
(*h*)	Other Child Guidance Clinics	9	10
	Brought forward from previous year (awaiting investigation on 1st January)	84	131
	TOTALS	788	806
2.	INVESTIGATION		
	Number of children investigated during the year and found to be:		
(*a*)	In need of child guidance help	485	469
(*b*)	Educationally sub-normal	11	8
(*c*)	Unsuitable for education at school	2	—
(*d*)	Not in need of child guidance help	65	78
(*e*)	Withdrawn before investigation	94	145
(*f*)	Awaiting investigation on 31st December ...	131	106
	TOTALS	788	806
3.	TREATMENT		
	Number of children:		
(*a*)	Receiving help on 1st January	510	668
(*b*)	Receiving help at 31st December	668	889
4.	RECOMMENDATIONS		
	Number of children recommended during the year for:		
(*a*)	Special schools	20	29
(*b*)	Hostels	8	9
	TOTALS	28	38
5.	CLINIC ATTENDANCES AND HOME VISITS		
(*a*)	Number of attendances at clinics during the year	8,062	6,984
(*b*)	Number of homes visited during the year ...	345	1,291

HANDICAPPED PUPILS

	(1) *Blind* (2) *Partially Sighted*		(3) *Deaf* (4) *Partially Hearing*		(5) *Physically Handicapped* (6) *Delicate*		(7) *Maladjusted* (8) *Educationally Sub-normal*		(9) *Epileptic* (10) *Speech Defects*		TOTALS
IN THE CALENDAR YEAR:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(1)–(10)
Handicapped pupils											
A. Newly assessed as needing special educational treatment at special schools or in boarding homes	—	1	2	4	3	6	28	77	—	—	121
B. (i) Included at A above and newly placed in special schools or boarding homes	—	1	2	3	2	4	19	67	—	—	98
(ii) Assessed prior to January, 1968 and newly placed in special schools or boarding homes	1	3	—	1	8	3	5	31	—	—	52
TOTAL (B (i) and B (ii))	1	4	2	4	10	7	24	98	—	—	150
AS AT 22ND JANUARY, 1970:											
C. Number requiring places in special schools ... ... (*a*) day ...	—	—	—	1	1	—	—	30	—	—	32
(*b*) boarding ...	—	1	2	2	4	5	8	2	—	1	25
D. (i) Number on the registers of:											
(1) Maintained special schools as ... ... (*a*) day pupils ...	—	—	—	—	3	—	—	422	—	—	425
(*b*) boarding pupils	—	—	2	—	9	4	40	85	—	—	140
(2) Non-maintained special schools as ... (*a*) day pupils ...	—	—	—	—	—	—	—	—	—	—	—
(*b*) boarding pupils	4	8	3	8	14	16	11	4	—	2	70
TOTAL	4	8	5	8	26	20	51	511	—	2	635
(ii) Independent schools under arrangements made by the authority	—	—	11	11	5	4	17	2	—	—	50
TOTAL (D (i) and D (ii))	4	8	16	19	31	24	68	513	—	2	685
(iii) Boarded in homes and not included in (i) or (ii)	—	—	—	—	—	3	17	—	—	—	20
TOTAL (D (i), (ii) and (iii))	4	8	16	19	31	27	85	513	—	2	705
E. Number being educated under arrangements made in accordance with Section 56 of the *Education Act 1944* (i) in hospitals	—	—	—	—	—	1	1	—	—	—	2
(ii) in other groups	—	—	—	—	6	—	—	—	—	—	6
(iii) at home	—	2	—	—	13	5	7	2	—	—	29

Children found to be Unsuitable for Education at School

Nine children were reported to the local health authority under Section 57 (4) of the *Education Act 1944* as being unsuitable for education at school. Two children previously reported as being unsuitable for education at school were reviewed under the provisions of Section 57A and the original decisions were cancelled.

Report of the Principal School Dental Officer

Staff

Particulars of the staff employed are given in the table on page 90 from which it will be seen that the whole-time equivalent of dental surgeons rose by 0.39 to 8.96.

During the year two dental surgeons resigned, one full-time and one part-time. This loss was more than offset by the appointment of two full-time officers. The average age of the dental officers on the staff is now 42.2 years.

The hygienist resigned early in the year to enter more remunerative general practice and has not, so far, been replaced.

Sickness

This has been a bad year for sickness; a total of 123 sessions were lost due to dental officers being away, and 508 sessions were affected by sickness of dental surgery assistants. The service is indeed fortunate that the Committee agreed to the employment of one dental surgery assistant over the establishment of dental officers for without this extra dental surgery assistant many more productive sessions would have been lost.

Inspection and Treatment

Statistics will be found on page 84. Despite sickness of staff and one dental officer being away for part of the year on a post-graduate course leading to the Diploma in Dental Public Health, the total number of sessions worked was increased slightly to 2,936.

A total of 50,521 children received a routine inspection at school. This occupied 377 sessions at an inspection rate of 134, and a further 8,089 children received a second inspection at school. Of the 50,521 children routinely inspected 19,280 (37.5 per cent) were found to require treatment and 16,478 (85 per cent) were offered treatment. Courses of treatment completed numbered 6,907 and a further 1,414 courses commenced during the year, giving an acceptance rate of 43 per cent.

There was a welcome increase of over 1,000 fillings in deciduous teeth. Coupled with this there was also an increase in root-fillings, crowns and inlays indicating a trend towards greater conservation of the teeth rather than extraction.

Acknowledgments

Again my thanks are due to members of the Council and to my colleagues in the 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, 1969 and is compared with similar information for 1968.

	1968	1969
Meals		
Number of children present on day selected ...	63,393	66,048
Number of school dinners served	47,689	49,124
Percentage taking dinners	75.2	74.3
Milk		
Number of children present on day selected ...	37,296	38,443
Number of children who received one-third pint of milk	33,236	34,267
Percentage of milk drinkers	88.9	89.1

The close liaison between the county public health inspectors and the schools meals service helped to maintain high standards of hygiene in school canteens. Considerable emphasis was placed on the educational aspects of this supervisory service and one senior cook who entered for the Royal Society of Health's examination in Hygiene of Food Retailing and Catering qualified for the certificate offered to successful candidates.

The various in-service training courses run by the school meals service included sessions devoted to food hygiene.

The county public health inspectors continued to undertake regular inspections of meat consigned to school kitchens. Few complaints were received but where these arose the matters were dealt with on an informal basis to the satisfaction of all concerned.

School Hygiene and Sanitation

Following their visits to schools, the county public health inspectors commented on deficiencies in lavatory accommodation, washing facilities, lighting and other matters affecting the well-being of pupils and staff. The deficiencies were referred to the Director of Education with a view to remedial work being carried out as part of minor improvement programmes. A survey of the older schools is being undertaken and a report will be available in due course. There was greater use of scientific instruments in recording environmental data; these included light meters, electronic thermometers and a sound-level meter.

School Swimming Pools

The County Public Health Inspector advised on the installation of swimming pools at County schools.

The current policy is to install the least sophisticated equipment, having due regard to efficiency, thereby reducing maintenance costs and simplifying pool operation, a factor which is essential where unskilled staff are employed or staff changes occur frequently.

By arrangement with the Education and County Architect's Departments, the County Public Health Inspector was also responsible for supervising the operation of pools and for dealing with the many routine enquiries and maintenance problems that arose. A total of 165 enquiries and breakdowns were recorded during the swimming season; all were dealt with effectively and, wherever possible, within 24 hours of information being received.

Following the trials undertaken in 1968 in which tableted trichloroisocyanuric acid was used in swimming-pool water as a chlorine donor, water-treatment chemicals were made available for all school pools. The tableted reagent was imported from the U.S.A. since it has not yet been successfully copied by chemical manufacturers in this country. A satisfactory alternative has, however, been devised in the form of a porous sachet of trichloroisocyanuric acid which has the same general characteristics as the tableted material and which will undoubtedly reduce costs in the future. This system has the following important advantages.

(*i*) As the material is highly concentrated and very stable, a single delivery of chemicals can be made to each school at the beginning of the season; this reduces overhead costs and administrative detail to a minimum;

(*ii*) No carboys or other returnable containers are required; this eliminates holding charges (estimated at more than £600 a year, some of which is never recovered) and thereby releases capital for more effective purposes;

(*iii*) More effective chlorination of water is obtained from the inbuilt stabilising factor of residual monoisocyanurate, and less staff time is required to maintain equipment;

(*iv*) Stable pH is achieved without the use of other chemical treatment; and

(*v*) Since intricate chlorination equipment is not required, there is a reduction in annual maintenance costs.

Five more pools were installed during the year, all at primary schools, bringing the total number of pools in County schools to 83. The distribution amongst the various types of establishment is shown in the next table. All pools have filtration and chlorination plant.

Type of School	*Open-air Pools*		*Indoor Pools*		TOTALS
	Unheated	*Heated*	*Unheated*	*Heated*	
Primary	62 (59)	3 (2)	2 (1)	1 (1)	68 (63)
Secondary	11 (11)	— (—)	— (—)	— (—)	11 (11)
Special	4 (4)	— (—)	— (—)	— (—)	4 (4)
TOTALS ...	77 (74)	3 (2)	2 (1)	1 (1)	83 (78)

Note: The figures in brackets relate to 1968.

The County Public Health Inspector, who has a special interest in this subject, made advisory visits in Southern Ireland and Holland during the year at the request of swimming-pool operators in those countries.

Health Education in Schools

Interest in the teaching of health in education continued to grow. This was demonstrated by an increase in the number of requests for help received from schools. Since this teaching is best imparted by those who know the children well, the general policy of the Department was to offer advice on the construction of syllabuses and on the techniques of teaching personal subjects; information was also given about the sources of various teaching aids. A set specimen syllabus was not offered, as the needs of each school vary; much time was spent consulting with schools on their requirements and the suggestions made were frequently welcomed. The local health visitors were sometimes involved with the actual teaching but, as far as possible, the programme was always a combined teaching effort with the staff of the school.

There were more requests for help in dealing with sex education at the primary level. In conjunction with the parents at the schools concerned, several methods of helping with this problem were tried. As with any sex education, it is not possible to say that any one method is necessarily right or wrong but it is clear that, with this age group, the parents themselves must be closely involved. Discussions were accordingly held with parents to discover their views and wishes before any teaching began. In the latter part of the year, interest in this topic was further aroused by the announcement that the B.B.C. were producing appropriate programmes for primary schools.

The growth in the number of school swimming pools brought more requests for demonstrations of simple first aid, including mouth-to-mouth resuscitation for teachers, parents and children. After one of these occasions a parent telephoned the headmaster to express her gratitude — on her return to the farm where she lived she was able to resuscitate a piglet who had suddenly ceased to breathe.

Dr. F. Cockcroft reported as follows.

> "I have found the head teachers of the secondary schools in Lancing and Littlehampton very keen for me to talk to groups of their children on health topics. I have found that even children in what have been described as 'difficult' classes have listened attentively and asked many questions illustrating their desire to know about health matters."

National Child Development Study

In 1958 a survey was carried out of virtually every baby in the country who was born in the week 3rd to 9th March, 1958 which provided information on factors affecting new-born infants. With the collaboration of local education authorities, the study of these children has continued and further information on their educational and health development was supplied in 1965.

During 1969, the second follow-up of the children took place and departmental medical officers examined and completed medical questionnaires for 130 children living in the County. Prior to these medical examinations, health visitors had obtained social and medical histories from the parents.

RETURN OF MEDICAL INSPECTION AND TREATMENT FOR THE YEAR ENDED 31st DECEMBER, 1969

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (Including Nursery and Special Schools)

Periodic Medical Inspections

Age groups inspected (by year of birth)	*No. of pupils who have received a full medical examination*	*Physical condition of pupils inspected*		*No. of pupils found not to warrant a medical examination*	*Pupils found to require treatment (excluding dental diseases and infestation with vermin)*		
		Satisfactory	*Unsatisfactory*		*For defective vision (excluding squint)*	*For any other condition*	*Total individual pupils*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1965 and later	256	256	—	—	7	12	19
1964	2,664	2,662	2	—	64	139	196
1963	3,438	3,435	3	—	109	166	260
1962	670	669	1	—	22	33	53
1961	293	292	1	—	25	11	35
1960	220	219	1	—	16	8	24
1959	1,090	1,086	4	—	37	42	79
1958	3,445	3,443	2	—	134	137	261
1957	1,511	1,508	3	—	69	57	124
1956	331	331	—	—	14	9	23
1955	1,173	1,173	—	—	66	28	93
1954 and earlier	3,163	3,158	5	941	232	116	352
Totals	18,254	18,232	22	941	795	758	1,519

Col. (3) total as a percentage of Col. (2) total	99.88	Col. (4) total as a percentage of Col. (2) total	0.12

Other Inspections

	1968	1969
Number of Special Inspections	67	92
Number of Re-inspections	8,681	8,557
Totals	8,748	8,649

Defects found by Periodic and Special Medical Inspections during the Year

Defect Code No. (1)	Defect or disease (2)		Periodic inspections				Special inspections (7)
			Entrants (3)	Leavers (4)	Others (5)	TOTAL (6)	
4.	Skin	T	39	34	61	134	3
		O	222	63	158	443	2
5.	Eyes: (*a*) Vision	T	231	302	262	795	12
		O	948	355	587	1,890	2
	(*b*) Squint	T	45	3	12	60	—
		O	106	11	46	163	1
	(*c*) Other	T	3	2	3	8	1
		O	22	5	25	52	—
6.	Ears: (*a*) Hearing	T	40	5	9	54	3
		O	428	25	184	637	—
	(*b*) Otitis Media ...	T	12	2	7	21	—
		O	98	6	29	133	1
	(*c*) Other	T	6	2	5	13	1
		O	52	10	15	77	—
7.	Nose and Throat	T	36	10	24	70	—
		O	379	46	142	567	—
8.	Speech	T	41	3	9	53	—
		O	293	7	29	329	1
9.	Lymphatic Glands	T	2	1	2	5	—
		O	147	5	54	206	—
10.	Heart	T	8	1	3	12	—
		O	101	34	58	193	—
11.	Lungs	T	12	3	8	23	—
		O	164	39	106	309	1
12.	Developmental: (*a*) Hernia ...	T	12	1	4	17	—
		O	44	2	17	63	—
	(*b*) Other ...	T	8	2	28	38	—
		O	202	16	151	369	—
13.	Orthopaedic: (*a*) Posture ...	T	9	7	26	42	—
		O	25	22	46	93	—
	(*b*) Feet ...	T	17	9	25	51	1
		O	148	49	69	266	1
	(*c*) Other ...	T	23	18	7	48	—
		O	130	43	91	264	—
14.	Nervous System: (*a*) Epilepsy ...	T	—	—	—	—	—
		O	30	4	18	52	—
	(*b*) Other... ...	T	1	2	1	4	1
		O	41	7	28	76	—
15.	Psychological: (*a*) Development ...	T	4	—	6	10	—
		O	179	13	70	262	2
	(*b*) Stability	T	6	—	5	11	1
		O	225	20	103	348	3
16.	Abdomen	T	3	2	1	6	1
		O	65	18	45	128	1
17.	Other	T	29	32	36	97	51
		O	90	47	149	286	3

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)

Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with	
	1968	1969
External and other, excluding errors of refraction and squint	26	30
Errors of refraction (including squint)	2,720	2,776
Totals	2,746	2,806
Number of pupils for whom spectacles were prescribed	1,083	1,066

Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with	
	1968	1969
Received operative treatment:—		
(*a*) For diseases of the ear	—	—
(*b*) For adenoids and chronic tonsillitis	62	126
(*c*) For other nose and throat conditions ...	9	9
Received other forms of treatment	45	47
Totals	116	182
Total number of pupils in schools who are known to have been provided with hearing aids:—		
(*a*) In year	7	2
(*b*) In previous years...	122	111

Orthopaedic and Postural Defects

	Number of cases known to have been treated	
	1968	1969
(*a*) Pupils treated at clinics or out-patients' departments	378	279
(*b*) Pupils treated at school for postural defects ...	71	29
Totals	449	308

Diseases of the Skin

	Number of cases known to have been treated	
	1968	1969
Ringworm: (*a*) Scalp	—	4
(*b*) Body	2	2
Scabies	6	12
Impetigo	7	21
Other skin diseases	130	305
TOTALS	145	344

Child Guidance Treatment

	Number of cases known to have been treated	
	1968	1969
Pupils treated at Child Guidance Clinics	688	889

Speech Therapy

	Number of cases known to have been treated	
	1968	1969
Pupils treated by speech therapist	522	572

Other Treatment Given

	Number of cases known to have been dealt with	
	1968	1969
(*a*) Pupils with minor ailments	352	346
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	15	20
(*c*) Pupils who received B.C.G. vaccination ...	4,591	5,170
(*d*) Other than (*a*), (*b*) and (*c*) above:		
Orthoptic	576	1,275
Enuresis (pad and bell alarms)	85	61
TOTAL (*a*)–(*d*)	5,619	6,872

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

ATTENDANCES AND TREATMENT	*Ages 5 to 9*	*Ages 10 to 14*	*Ages 15 and over*	TOTALS
First visit	5,376	2,887	304	8,567
Subsequent visits	7,135	5,584	773	13,492
Total visits	12,511	8,471	1,077	22,059
Additional courses of treatment commenced	734	580	100	1,414
Fillings in permanent teeth	3,461	6,767	926	11,154
Fillings in deciduous teeth	5,888	462	—	6,350
Permanent teeth filled	2,803	5,616	800	9,219
Deciduous teeth filled	5,140	397	—	5,537
Permanent teeth extracted	178	556	82	816
Deciduous teeth extracted	2,095	408	—	2,503
General anaesthetics	1,015	349	27	1,391
Emergencies	739	397	73	1,209
Number of pupils x-rayed				541
Prophylaxis				990
Teeth otherwise conserved				3,675
Number of teeth root filled				22
Inlays				10
Crowns				21
Courses of treatment completed				6,907

ORTHODONTICS	
Cases remaining from previous year	121
New cases commenced during year	108
Cases completed during year	74
Cases discontinued during year	13
No. of removable appliances fitted	156
No. of fixed appliances fitted	—
Pupils referred to hospital consultant	15

PROSTHETICS	*Ages 5 to 9*	*Ages 10 to 14*	*Ages 15 and over*	TOTALS
Pupils supplied with F.U. or F.L. (first time)	2	—	—	2
Pupils supplied with other dentures (first time)	1	8	5	14
Number of dentures supplied	3	14	8	25

ANAESTHETICS	
General anaesthetics administered by dental officers	957

INSPECTIONS	
(*a*) First inspection at school — number of pupils	50,521
(*b*) First inspection at clinic — number of pupils	2,623
Number of (*a*) + (*b*) found to require treatment	19,280
Number of (*a*) + (*b*) offered treatment	16,487
(*c*) Pupils re-inspected at school clinic	8,089
Number of (*c*) found to require treatment	2,411

SESSIONS	
Sessions devoted to treatment	2,737
Sessions devoted to inspection	377
Sessions devoted to dental health education	40

Appendix A

HEALTH COMMITTEE

(at 31st December, 1969)

County Council Members

	Sub-Committees‡		*Sub-Committees‡*
Mrs. B. G. Armstrong	n, e	Mrs. E. Atkinson	g
Col. W. H. Blagden, C.B.E.	g	Mr. T. Boothman	g, e
Mr. H. Brinton	g	Mrs. H. C. Carman, J.P.	g
Dr. Ivan Clout	n	Mrs. M. Cobby, O.B.E.	e, n
Mr. E. Dodd	g, e	Mr. R. W. Godden	g
Mr. M. M. Genoni			n
*Mr. E. J. F. Green, J.P. (*Chairman of the Finance Committee*)			
Mr. C. D. Herniman			n
Mr. C. C. Lansdall			g
§Major-General H. M. Liardet, C.B., C.B.E., D.S.O., D.L. (*Chairman*)			Cn, Ce
Mr. T. W. Littlejohn			g
*Sir Peter Mursell, M.B.E., D.L. (*Chairman of the County Council*)			
Mrs. P. B. P. Naunton, J.P.			g
§Mr. W. G. S. Pope (*Vice-Chairman*)			Cg, e
Mrs. F. M. L. Richards			n
Mrs. N. B. M. Sharp			g
Mr. T. H. Siggs			n
Mr. J. M. Smith			g
*Brig. L. L. Thwaytes, D.L. (*Past Chairman of the County Council*)			
Mr. G. E. Waller			g
Miss E. M. Ward			n
*Mr. J. E. Whittome, O.B.E. (*Vice-Chairman of the County Council*)			

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
Mr. A. E. Dunning	representing Worthing Borough Council	n
Dr. T. H. Harrison	representing the Local Medical Committee for West Sussex	n
Mrs. R. I. Kinsella	representing the British Red Cross Society	n
Mrs. W. M. Frampton	representing Worthing Borough Council	g
Mrs. M. Gale Moore		n
Dr. H. Rosenberg, O.St.J.	representing the Executive Council for the County of West Sussex	n
H.R.H. Prince Tomislav of Yugoslavia	representing the Sussex Branch of the St. John Ambulance Brigade	g
Mrs. C. Turquet	representing the South West Metropolitan Regional Hospital Board	g
Mrs. J. C. Patey	representing the Women's Royal Voluntary Service	n

Co-opted Members of Sub-Committees

Mrs. C. Morley-Fletcher		g
Dr. D. E. W. Anderson	Physician Superintendent, Royal Earlswood Hospital	g
Dr. J. D. Morrissey	Consultant Psychiatrist, Graylingwell Hospital	g
The Hon. Mrs. Wyatt	representing the West Sussex County Nursing Benevolent Fund	n

‡ The symbols are explained at the foot of the next page.

EDUCATION COMMITTEE

(at 31st December, 1969)

County Council Members

	Sub-Committee
Mrs. E. Atkinson	s
Dr. H. M. Ayres, C.St.J.	s
Mr. D. S. W. Blacker	
†Major S. R. Brooks (*Vice-Chairman*)	
Lady Brundrett	
Mr. K. G. Dunn	
Mr. L. A. Foster	
Mrs. P. Foster	
*Mr. E. J. F. Green, J.P. (*Chairman of the Finance Committee*)	
Vice-AdmL. J. Hughes-Hallett, C.B., D.S.O.	
Mrs. M. Keogh Murphy	Cs
Mr. E. Kirkby-Bott	
Mr. T. W. Littlejohn	s
†Mr. R. Martin (*Chairman*)	
Mr. R. May	
Lt. Cdr. M. G. Morris, D.S.C., R.D., R.N.R.	
*Sir Peter Mursell, M.B.E., D.L. (*Chairman of the County Council*)	
Sir Clinton Pelham, K.B.E., C.M.G.	
Mr. A. G. W. Penney, J.P.	s
Mrs. D. M. Pennicott	s
Mr. W. G. S. Pope	
Mrs. N. B. M. Sharp	s
Mr. A. A. Sheppard	s
Mr. G. H. Still	
*Brig. L. L. Thwaytes, D.L. (*Past Chairman of the County Council*)	
Mr. E. L. Walter	
Mr. J. A. White	s
*Mr. J. E. Whittome, O.B.E. (*Vice-Chairman of the County Council*)	
Mr. C. E. C. Woolley	
(*Two Vacancies*)	

Other Members

Mr. S. C. Elliott Mr. R. Edwards	representing Worthing Committee for Education	
Mr. F. Kenton		s
The Rev. Canon M. C. Langton	representing religious denominations	
The Rev. R. H. Smith		s
The Rev. Desmond McCarthy		
Mr. T. A. Evans Mr. F. Newby Mr. S. Norris	representing teachers employed in schools maintained by the Local Education Authority	s
Major-Gen. C. Lloyd, C.B., C.B.E., T.D.		
Miss W. A. Waite		
(*One Vacancy*)		

* Ex-officio member of the Committee and of the Sub-Committees.
§ Ex-officio member of the Health Sub-Committees.
† Ex-officio member of the Special Services Sub-Committee.
C Chairman of Sub-Committee.
e Executive Sub-Committee.
g General Sub-Committee.
n Nursing Sub-Committee.
s Special Services Sub-Committee.

Appendix B

STAFF

(at 31st December, 1969)

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:
D. G. H. Patey, T.D., M.A., B.M., B.Ch., D.P.H.

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

Senior Medical Officer:
A. L. Bussey, M.B., B.S., L.R.C.P., M.R.C.S., D.Obst., R.C.O.G., M.R.C.G.P.

Medical Officers of the Department and School Medical Officers:
*J. C. Aitken, M.B., Ch.B., D.P.H.
*Mai Barford, M.B., Ch.B.
*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.
R. E. Garwood, M.B., B.S.
*V. 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.P., D.T.M., D.Obst., R.C.O.G.
Merle Newton, M.R.C.S., L.R.C.P., D.C.H.
*Barbara M. Towers, J.P., M.B., Ch.B., M.R.C.S., L.R.C.P.
*Sheila Wightman, M.B., Ch.B., D.Obst., R.C.O.G.
*Muriel G. Warren Browne, M.B., Ch.B.

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

Dental Surgeons:
J. M. Bain, L.D.S.
*A. P. Brooke, L.D.S.
R. J. Ginns, B.D.S.
G. C. Kent, L.D.S.
J. A. W. Purnell, L.D.S.
N. A. Bostock, L.D.S.
D. E. Gibbons, B.D.S.
W. P. Holdsworth, L.D.S.
*Miss H. M. Phillips, L.D.S.
Mrs. S. F. Tribe, B.D.S.

Consultant Geriatric Physicians:
*R. B. Franks, M.R.C.S., M.R.C.P.
*J. N. Mickerson, M.D., M.R.C.P.

Consultant Ophthalmologists:
*N. Cridland, D.M., D.O. (Oxon)
*H. B. Jacobs, F.R.C.S., D.O.M.S.
*A. Lytton, F.R.C.S., D.O.

Ophthalmologists:
*P. W. Arundell, M.R.C.S., L.R.C.P., D.O.M.S.
*S. Banerji, M.B.
*Vivien Bell, M.B., B.S., D.O.
*W. B. Heywood-Waddington, M.B., B.S.
*J. D. Rerrie, M.B., B.S.

* Part-time

Consultant Orthopaedic Surgeon:
*J. D. WILSON, F.R.C.S.

Consultant Psychiatrists:
*M. ALDRIDGE, B.A., M.B., B.CH., D.P.M.
*G. H. DAW, M.R.C.S., L.R.C.P., D.P.M.
*K. A. O'KEEFFE, M.B., B.CH., B.A.O., D.P.M.

County Public Health Inspector:
A. P. L. WALLIS, F.A.P.H.I., M.I.P.H.E.

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 P. J. LAMBERT, S.R.N., S.C.M., M.T.D., 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., D.M.A.

Assistant Health Education Organiser:
MISS V. K. JONES, S.R.N.

Senior County Almoner:
*MISS J. GATEHOUSE, B.A., A.I.M.S.W.

County Almoners:
MISS M. B. FLEMONS, A.I.M.S.W. MISS E. Y. JONES, B.A., 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.
G. E. DIX, M.CH.S., S.R.CH.
M. W. DONKIN M.CH.S., S.R.CH.
MISS J. M. GREGORY, M.CH.S., S.R.CH.
MRS. D. M. PRICE, M.CH.S., S.R.CH.
D. A. COLLYER, M.CH.S., S.R.CH.
*MRS. M. A. DONKIN, M.CH.S., S.R.CH.
MRS. E. DROMGOOLE, M.CHS., S.R.CH.
MISS D. MALBON, M.CH.S., S.R.CH.
*S. F. STEFANSKI, M.CH.S., S.R.CH.

County Home Help Organiser:
MRS. R. E. GALLUP

Area Home Help Organisers:
MRS. J. M. BURLING MRS. M. BROWN-CONSTABLE MRS. J. M. PLATER

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

Speech Therapists:
MRS. C. A. CHALMERS, L.C.S.T.
*MRS. J. M. GIBSON, L.C.S.T.
MRS. E. A. KENT, L.C.S.T.
MRS. P. THOMAS, L.C.S.T.
*MRS. A. J. DURBIN, L.C.S.T.
*MRS. V. A. IRONSIDE, L.C.S.T.
*MRS. A. MCAULIFFE, L.C.S.T.
MRS. J. B. ZOUTENDYK, L.C.S.T.

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

Psychiatric Social Workers:
MISS E. R. W. CROWE, A.A.P.S.W.
*MRS. E. T. ROSSELLI, M.A.
*V. W. J. ROBINSON, A.A.P.S.W.
*MRS. E. M. STEAD, B.A., A.A.P.S.W.
J. M. WALLERSTEIN, M.A., A.A.P.S.W.

* Part-time

Other Child Guidance Staff:

*Miss A. Bowley, Ph.D., F.B.Ps.S. — *P. L. E. Gaisman
*Mrs. D. P. Haig, Dip. Soc. Science — *Mrs. R. D. S. Infield, B.Sc.
Miss F. P. Townsend, S.R.N., Dip. Soc. Science, D.S.A.

Senior Educational Psychologist:

D. Labon, B.Sc., A.B.Ps.S.

Educational Psychologists:

J. T. Acklaw, B.A., Dip. Ed. Psych. — R. L. Burden, B.A., Dip. Ed. Psych., A.B.Ps.S.
Mrs. M. Palmer, B.A. — Miss S. Perry, B.A., M.Ed.

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:

A. D. Brandon, B.A., A.A.P.S.W. — L. O'Riordan, S.R.N., R.M.N., M.S.M.W.O.
D. B. Pearce, D.M.A., C.S.W. — G. S. Pople, A.I.S.W.
J. H. Preece, M.S.M.W.O. — P. W. Smallridge, C.S.W.

Mental Welfare Officers:

D. J. Collins, B.Sc.Econ. — Miss P. Dunning, M.S.M.W.O.
W. J. Ellis — Mrs. R. Ghom, Dip. N.A.M.H., M.S.M.W.O. — N. P. Grealy, C.S.W.
D. H. Harnott, R.M.N. — D. T. Keltie, B.A. — T. A. McHugh, R.M.N.
D. Mitchell, R.M.N. — Miss J. P. Newman, M.A.O.T. — K. T. Whitehouse, C.S.W.

Durrington Hostel:

Warden: W. H. Shales, R.M.N. — *Matron:* Mrs. M. L. Shales, S.E.N.

Rustington 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:

Fordwater: Mrs. M. I. Green, Dip. N.A.M.H.
Crawley: Mrs. J. Roper, Dip. N.A.M.H.
Durrington: Mrs. M. A. Clarke, Dip. N.A.M.H.
Worthing: W. E. Stevens

Administrative Divisions:

	Senior Administrative Assistants	*Administrative Assistants*
General Services Division:	P. R. Thatcher, M.I.S.W. R. G. Barry, D.M.A.	L. Shaw, D.M.A. J. W. Smith, D.M.A.
Nursing Services Division:	J. E. Field	A. G. Pennicott, D.M.A.
School Health Services Division:	A. W. Gaskell	Mrs. J. C. Macey

* Part-time

Medical Officers of Health of District Councils:

Rosetta C. Barker, M.B., B.Ch., B.A.O., D.P.H.	Chanctonbury Rural District Shoreham-by-Sea Urban District Southwick Urban District
D. Warren Browne, M.R.C.S., L.R.C.P., D.T.M. and H., D.P.H.	Bognor Regis Urban District City of Chichester
F. Cockcroft, M.A., M.R.C.S., L.R.C.P., D.P.H.	Littlehampton Urban District Worthing Rural District
V. P. Geoghegan, M.D., D.P.H.	Arundel Municipal Borough Chichester Rural District Midhurst Rural District
J. A. G. Graham, M.B., Ch.B., D.P.H.	Worthing Municipal Borough
K. N. Mawson, M.B., Ch.B., D.P.H.	Crawley Urban District (*temporary arrangement*) Horsham Urban District Horsham Rural District Petworth Rural District

STAFF: Categories and Numbers Employed

Category of staff	*Establishment* 30.9.69	*In post on 30th September*				
		Whole-time	*Part-time*	*Whole-time equivalent of Col. (4)*	*Total whole-time equivalent*	
					1968	1969
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Administrative and clerical:						
Central Office	59.8	50	11	7.8	58.5	57.8
Clinics, etc.	13.5	8	12	5.5	10.7	13.5
Ambulance operational staff ...	94.0	92	—	—	92.0	92.0
Chiropodists	14.1	12	3	0.3	8.1	12.3
Dentists	11.0	9	2	1.0	7.5	10.0
Dental hygienists	1.0	—	1	0.1	1.0	0.1
Dental surgery assistants ...	12.0	12	—	—	12.0	12.0
Doctors	16.6	10	27	5.6	15.4	15.6
Health education organiser and assistants	4.0	3	—	—	4.0	3.0
Home help organisers	11.5	8	7	3.5	10.0	11.5
Home helps	225.0	5	604	214.0	201.0	219.0
Manual and domestic, including cleaners at clinics	5.5	2	13	3.5	3.5	5.5
Mental health:						
Hostels, including domestic staff	22.5	9	26	10.8	23.0	19.8
Social workers, including trainees	22.3	21	1	0.3	14.3	21.3
Training centres, including staff on courses of training:						
Teachers and instructors ...	43.5	41	3	1.3	37.8	42.3
Other staff	18.4	3	30	14.3	18.4	17.3
Nursing and auxiliary:						
Administrative and supervisory nursing staff ...	5.0	5	—	—	5.0	5.0
Clinic assistants	16.0	11	3	1.5	13.0	12.5
Combined nursing appointments (all services; including relief staff)	34.0	30	—	—	34.0	30.0
Domiciliary midwives ...	19.0	19	—	—	18.0	19.0
Health visitors/school nurses	65.0	62	1	0.5	62.0	62.5
Home nurses { S.R.N. ...	84.0	83	—	—	77.0	83.0
Home nurses { S.E.N. ...	3.0	3	—	—		3.0
Nurse/midwives	17.0	17	—	—	15.0	17.0
Nursing auxiliaries	26.0	24	—	—	24.0	24.0
Occupational therapists ...	—	—	—	—	1.0	—
Other social workers:						
With relevant university or equivalent professional training	4.0	4	—	—	4.0	4.0
Physiotherapists	0.5	—	4	0.5	0.5	0.5
Public health inspectors and sampling officer	3.0	3	—	—	3.0	3.0
Speech therapists	5.3	3	6	2.3	3.4	5.3
Social workers and therapists in child guidance clinics ...	10.5	4	9	3.8	7.8	7.8
TOTALS	867.0	553	763	276.6	784.9	829.6

Appendix C

A REVIEW OF THE DEVELOPMENT AND PURPOSE OF HEALTH CENTRES

(Received by the County Council on 25th July, 1969)

1. The idea of the health centre is not new. In this century it was perhaps first drawn to the attention of the public by the Consultative Council on Medical and Allied Services, a Council established under the *Ministry of Health Act 1919*.

> "to consider and make recommendations as to the scheme or schemes requisite for the systematised provision of such forms of medical and allied services as should, in the opinion of the Council, be available for the inhabitants of a given area."

2. In 1920 this Council, under the Chairmanship of Lord Dawson of Penn, published an interim Report on the Future Provision of Medical and Allied Services* in which a health centre was defined as

> "an institution wherein are brought together various medical services, preventive and curative, so as to form one organisation."

3. The Report outlined a scheme for the provision of primary centres for general practitioners who were to be assisted by an efficient nursing service and with consultants available as required, and secondary centres, more particularly for the consultant services. It concluded that the organisation of medicine had become insufficient and that, with increasing complexity of knowledge, the needed services had become "less within the power of the individual to provide, but rather required combined efforts."

4. These and other suggestions from many organisations and workers in the health field were widely discussed during the succeeding twenty-five years but little of a tangible nature emerged. In 1942 Sir William (later Lord) Beveridge's classical report on Social Insurance and Allied Services† was presented to Parliament and his, and other, proposals for the improvement of the health services undoubtedly influenced the drafting of the White Papers‡ on a National Health Service issued by the Government in 1944 and 1946 and the Bill which became the *National Health Service Act 1946*.

5. This Act, which created the health services more or less in their present form, laid upon the local health authorities (i.e. the county and county borough councils) certain important duties. The first of these was concerned with the provision, equipment, maintenance and staffing of premises (to be specifically called "health centres") at which facilities were to be available for all or any of the following purposes:

(*i*) general medical services;
(*ii*) general dental services;
(*iii*) pharmaceutical services;
(*iv*) local health authority services;
(*v*) hospital out-patient services;
(*vi*) health education; and
(*vii*) services provided by certain other bodies, e.g. school health services.

6. By Circular 3/48 dated 14th January, 1948 the Minister of Health stated that he regarded the provision of health centres as likely, when properly designed and conducted, to prove a key feature in the general reconstruction of the country's health services. He emphasised however that the building situation made it impossible at that

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* Cmd. 693. † Cmd. 6404. ‡ Cmd. 6502; Cmd. 6761.

time to undertake any general programme for their provision and that the alternative, of conversion of existing buildings, involved a real risk that second-rate production might prejudice the attractiveness of the whole health centre conception. The Minister considered that health centre development was essentially something which, "if it is to be done at all, must be done well. It is imperative that it should not be badly started." He also considered that there was a need for intensive research and thought about design before the new development was launched.

7. This research was initiated by the Central Health Services Council, established by the 1946 Act, who in a report to the Minister in 1951 suggested, inter alia, that simple centres for group practice should be provided in areas where there were already satisfactory clinics or in under-doctored areas; that a few comprehensive health centres should be built and that new communities should be provided with health centres from the start.

8. Few health centres were however built. There was little incentive for the individual doctor to improve his practice accommodation (those who did were seriously burdened by the cost of building and staffing), and the benefits to the public of close working relations between the general medical and local health services were as yet hardly recognised.

9. The 1950s and early 1960s were however years of change and it gradually became commonplace, in West Sussex and elsewhere, for the work of the family doctors to be supported by the more progressive local health authorities. Some examples of this developing partnership are the attachment of local authority health visitors, home nurses and midwives to general medical practices, which enables a better all-round standard of work to be achieved, the supply of home nursing equipment by local authorities to assist family doctors to care for sick persons at home and (more recent changes pioneered in West Sussex) the free use of computer facilities to assist with the vaccination and immunisation of their patients and with screening examinations.

10. These developments were well advanced when the terms of the new Charter for general practice* were published in May, 1966. This did much to encourage effective co-operation between health departments and family doctors. Provision was made for reasonable expenditure on rents and rates for surgery premises and for part of the cost of ancillary staff to be reimbursed from central government funds, and many family doctors were thereby encouraged to improve the conditions in which they had hitherto been compelled to work. There was a considerable upsurge of interest in the provision of health centres and the Ministry of Health† calculated from information contained in the development plans of local health authorities that 300 health centres would be built within the next ten years, two-thirds of them within the first three years of that period. This was in marked contrast with the total of only 32 new health centres which had been provided in the nineteen years which had elapsed since the National Health Service was established.

11. The efforts which have been made in recent years to bring about a synthesis of community care facilities have been matched by a similar pattern in the hospital field where there has been an increasing realisation of the need to bring together in one hospital a wide range of the specialist facilities required for diagnosis and treatment. Hence the concept of the district general hospital, which provides comprehensively both for in-patients and out-patients, contains some 600 to 800 beds and serves a population of about 150,000 people.

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* Review Body on Doctors' and Dentists' Remuneration. Seventh Report. May, 1966. Cmnd. 2992 London H.M.S.O.

† Circular 7/67 dated 21st April, 1967.

12. The current health centre programme in West Sussex is as follows.

Health Centres	*Building programme (year)*	*Approximate population to be served*	*Number of*	
			G.Ps. working in the area	*G.P. consulting suites to be provided*
Shoreham-by-Sea	1967/68	32,000	10	10 (10)
Horsham	1968/69	44,000	16	18 (14)
Littlehampton		22,000	13	5 (6)
Henfield		5,000	2	2 (2)
Bognor Regis	1969/70	40,000	19	6 (5)
Crawley (Broadfield) ...		5,000	2	2 (2)
Storrington		9,000	3	3 (3)
Rudgwick		5,500	2	2 (2)
Selsey		7,000	4	4 (4)
Lancing	1970/71	20,000	9	4 (5)
Steyning		9,000	4	3 (2)
Two small centres (locations undecided) ...		—	—	—
Chichester	1971/72	50,000	16	2 (2)
Three small centres (locations undecided) ...		—	—	—
TOTALS		248,500	100	61 (57)

Note: The figures in brackets indicate the numbers of general medical practitioners who will be accommodated in the health centres upon completion.

13. Health centres are only provided when there is a sufficient demand from the local general medical practitioners coupled with a need to improve the County Council's own services. In the development of these schemes consultations take place with the Department of Health and Social Security (who approve the accommodation requirements, sketch plans and estimated costs), with the Executive Council for West Sussex, with the South West Metropolitan Regional Hospital Board and with those who will work in the buildings. The requirements of the other social service departments are also included (as, for example, at Horsham) in accordance with the County Council's long-term policy that the Children's and Welfare Departments' area staff should be housed with other social workers in suitably-sited health centres.

14. Paragraph 5 refers to the facilities which the County Council are empowered by the *National Health Service Act 1946* to make available in health centres. There follows a summary of the extent to which these facilities are in fact being provided in these buildings in West Sussex.

(i) The *general medical services* (i.e. those provided by family doctors) are the responsibility of the Executive Council, who have asked the County Council to provide accommodation for family doctors in all health centres to be built in the County. Such accommodation comprises for each doctor a consulting room and a separate examination room but these rooms will sometimes be shared by doctors working from the same premises. A treatment room is included in each health centre for the use of all the doctors and a dispensary is to be provided in some rural schemes (e.g. Henfield and Rudgwick) where the doctors themselves dispense prescriptions for their own patients.

(ii) The Executive Council, who are also responsible for the *general dental services*, have not so far asked the County Council to provide any accommodation in health centres for general dental practitioners.

These services should be distinguished from those which are the responsibility of the County Council, i.e. for expectant and nursing mothers and children; these are always accommodated. In the larger health centres (e.g. Shoreham-by-Sea, Horsham and Littlehampton) permanent dental surgeries will be provided for these purposes, and in the smaller schemes (e.g. Henfield, Storrington and Rudgwick) provision is being made for a mobile dental surgery to be accommodated on the site and to have access to services (such as water, electricity, waiting and toilet facilities) from the main building.

(iii) The provision of *pharmaceutical services* is also the responsibility of the Executive Council. Owing to the distance of existing chemists' shops from the site of the health centre, a pharmacy is to be provided in the Horsham scheme but, apart from what is said about dispensaries in paragraph 14(i), no other health centre in the County will offer patients the facility for having prescriptions made up on the premises.

(iv) The *local health authority services* are those which the County Council are themselves empowered to provide, such as child health, ante and post-natal care, the sale of welfare foods, family planning, screening examinations (such as those for the prevention of some forms of cancer in women), chiropody, and vaccination and immunisation. Provision is being made for services of this kind to be available in all the health centres and the premises will also be the base from which the nursing staff (health visitors, home nurses and midwives) will operate. The larger centres will accommodate some social workers (such as mental welfare officers and area home help organisers) and in the smaller schemes facilities will be provided for visiting social workers to interview members of the public in private.

(v) The planning of services for *hospital out-patients* is the responsibility of the South West Metropolitan Regional Hospital Board and in some of the health centres (e.g. Horsham and Littlehampton) the Board have specifically asked for accommodation for consultant out-patient sessions and for physiotherapy.

(vi) The promotion of *health education* is a matter for the County Council and all the health centres will contain accommodation which will facilitate the publication of information relating to health or disease.

(vii) *Other services* to be made available in the health centres include those aimed at safeguarding the health of school children and caring for those who are handicapped. The County Council are also empowered to make accommodation available to bodies whose activities promote the health of the general community; it is customary, for example, to accommodate the Women's Royal Voluntary Service (who give valuable help in the sale of welfare foods) and the Family Planning Association.

15. The advice of the County Planning Department is sought on the selection of possible sites. In settling the location of premises, an attempt is always made not only to provide for the needs of an area as it is now but also as it will probably be developed in future and regard is paid to such matters as population growth, housing densities, road patterns, bus routes, car parking facilities, and the desirability, where possible, of bringing together the three branches of the National Health Service on one central site, thus making a compact and comprehensive community care facility for the entire area to be served.

16. Once the necessary site approvals have been obtained, the County Architect's Department translates the accommodation requirements prepared in the County Health Department into sketch plans and estimated costs and these are thereupon submitted to the appropriate Committees for approval. The architectural elaboration of these schemes has been the subject of favourable comment by the Department of Health and Social Security and the plans of one scheme (Shoreham-by-Sea) have been included in a draft Design Guide on Health Centres published by that Department for the guidance of local health authorities.

17. The financial arrangements governing the use of any accommodation by the hospital authorities are on the basis of a rent charge made by the County Council for accommodation and services used. Charges for general medical practitioner accommodation are determined in accordance with the directions of the Department of Health and Social Security and comprise the following three separate components:

(i) accommodation and general rates;

(ii) ancillary staff; and

(iii) services, such as heating, lighting, water, cleaning, internal repairs and decorations, furniture and movable equipment.

These charges are recoverable by the County Council from the Executive Council who pass on to the doctors part of (ii) — the other part being borne by central government funds — and the whole of (iii). As regards (i), the Executive Council asks the District Valuer to confirm that the amount which the County Council propose to charge does not exceed the current market rent. If he considers that the proposed charge does exceed the current market rent, he informs the Executive Council of the latter and it is then this sum (i.e. the current market rent as assessed by the District Valuer) which the Executive Council pays to the County Council. If the County Council do not accept the District Valuer's figure, they may invite the Secretary of State to give a decision on the figure in dispute.

18. The concentration of medical, nursing and social services (all scarce resources) in health centres is a logical step towards the integration of a wide range of community care facilities. An important part of the County Councils Association's submission on the Ministry of Health's Green Paper on The Administrative Structure of the Medical and Related Services in England and Wales was that as much of the National Health Services as possible, and preferably all of them, should come within the ambit of democratically elected local government. The Association's case would be seriously weakened by any reluctance on the part of local health authorities to carry out their existing responsibilities. It is not merely a question of providing better buildings, necessary though that is having regard to the inadequacies of some existing clinics and of the premises in which some doctors work. There is now an opportunity to create focal points of community service where and when they are needed which will enable professional staff of many kinds to work together as a team with the objectives of preventing illness in the community, of detecting as early as possible those whose physical or mental health has broken down, and of helping to restore the sick to as sound a state of health as is possible. It is almost a hundred years since Benjamin Disraeli remarked that the health of the people is really the foundation upon which all their happiness depends. It still is. And whatever else the County Council can do to make that foundation even more secure will pay handsome dividends in the better health and well-being of the people they represent.

County Health Department,

Metropolitan House,

Northgate,

Chichester.

28th March, 1969

Appendix D

CERVICAL CYTOLOGY CONSENT RATE

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Summary In a large-scale computer-assisted population screening programme undertaken in West Sussex, 72.5% of women, mainly under the age of 70 years, consented to have routine cervical cytology and breast examinations.

INTRODUCTION

WE[1] have previously described the methods to be adopted. A computer file is created from the register of electors, and women whose names and addresses appear on the current roll are invited by letter to say whether they wish to be examined. Each woman receives up to three letters, initiated by the computer in consecutive months, with each of which a business-reply envelope is enclosed. The women who ignore or decline invitations are systematically followed up by health visitors. The programme started in July, 1967.

RESULTS

The following figures have been compiled from the first eighteen months' operation of the arrangements:

1.	*Invitations sent*		35,461
2.	*Less, those to whom three letters not yet issued*		3,780
3.	*Net total*		31,681
Less:			
4.	*Dead or left the area*	2,560	
5.	*Over 70 years*	2,534	
6.	*Awaiting follow-up*	5,431	
7.	*Total of 4-6*		10,525
8.	*Consents and refusals*		21,156
9.	*Less, refusals after follow-up*		3,727
Consents:			
10.	*Already examined*	3,241	
11.	*Requiring examination*	14,188	
12.	*Total of 10 and 11*		17,429
13.	*Gross percentage of consents (i.e., line 12 as % of line 8)*		81.0

By 31st December, 1968, letters had been sent to 35,461 women (line 1) and replies had been received from 31,681 (line 3). The remaining 3,780 women (line 2) were in the course of receiving their first, second, or third letter of invitation. Refusals of consent (line 9) are not recorded until the women who have ignored three letters (and who are transferred from line 2 to line 6 about 4 weeks after the third letter has been sent) have been followed up by a health visitor. The women who have replied to say that they do not wish to be examined are similarly followed up (also included in line 6), unless they are over the age of 70 years (line 5). Women who have been examined during the previous 5 years are not immediately eligible for a further examination under the present arrangements (line 10).

Reprinted (with permission) from THE LANCET, *26th July, 1969, p. 207.*

Experience in this study shows that health visitors obtain consents from 12.5% of women (possibly at greater risk) who either ignore three letters of invitation or who reply to say that they do not wish to be examined. This is shown by the results of the following series of 3,411 visits carried out during the last 11 months of the period under review:

1.	*Preliminary refusals*		3,411
Less:			
2.	*Dead or left the area*	93	
3.	*Over 70 years*	1,128	
4.	*Total of 2 and 3*		1,221
5.	*Corrected preliminary refusals*		2,190
6.	*Definite refusals after visit*		1,917
Consents:			
7.	*Already examined*	77	
8.	*Requiring examination*	196	
9.	*Total of 7 and 8*		273
10.	*Percentage of consents* (*i.e., line 9 as % of line 5*)		12.5

If the experience gained in this series of 3,411 follow-up visits is applied to the 5,431 women awaiting follow-up shown at line 6 of the first series of figures, some 1,944 will be found to be dead or to have left the area or to be over the age of 70 years (lines 4 and 5 of first figures), leaving 3,487, of whom 436 (i.e., 12.5%) will consent and 3,051 will definitely refuse. These calculations used in arriving at the gross consent-rate given at line 13 of the first figures will reduce it to a net percentage of 72.5.

The examinations in West Sussex are carried out either by the family doctor or by a woman doctor at a local-health-authority clinic. More women (67.3% of 14,188) preferred the latter. Under the age of 35 years, the clinic choice was only marginally greater than the family-doctor alternative (52.6% of 3,788). Over the age of 35 years, nearly 3 women out of 4 (72.6% of 10,400) favoured the anonymity of a clinic examination by a woman doctor.

In accordance with the present policy of the Department of Health and Social Security, examinations actually carried out have been restricted to women over the age of 35 years. Younger women have nevertheless been encouraged to register for examinations and have been assured that appointments will be offered either when they become 35 or when the lower age-limit of the present priority group is reduced. The number of examinations carried out (6,558) has so far been limited by the smear-reading capacity of the regional laboratory and this in turn has governed the number of invitations which could be issued. Failure to attend for examination by those who originally consented to do so was 1.6% in a series of 5,518.

It is concluded that about 7 women out of 10 under the age of 70 years can be persuaded to be examined if they are told individually and in simple language just what is being offered and are accorded an appointment at a service source of their own choice. With the passage of time, the scheme may well exert an educative effect (particularly on younger women if they are given the test) which will result in an increase in response rates.

This continuing study is being undertaken in the West Sussex County Health Department, and we are grateful to Dr. T. McL. Galloway, County Medical Officer of Health, for permission to publish these preliminary findings.

Requests for reprints should be sent to J. S., County Health Department, Metropolitan House, Northgate, Chichester, Sussex.

REFERENCE

[1] Saunders, J., Snaith, A. H. *Med. Offr.* 1967, 117, 299.

Appendix E

MENTAL SUBNORMALITY IN WEST SUSSEX

BY ALAN BUSSEY, M.B., B.S., L.R.C.P., M.R.C.S., M.R.C.G.P., D.OBST.R.C.O.G.
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Deputy County Medical Officer of Health, Deputy Principal School Medical Officer, West Sussex County Council

Much has been said and written of late on the subject of mental subnormality. Changes in philosophy and policy are in process of debate. Some findings from a recent review of provision for the mentally subnormal in West Sussex may, in a small way, contribute factually to this debate.

The relevant findings are:—

(*i*) The trend in ascertained prevalence;

(*ii*) The effect of hostel and training centre provision on the need for hospital beds;

(*iii*) The increase in life expectancy in the mentally subnormal.

METHODS

(*i*) *Prevalence*

Overall ascertained prevalence rates in the County together with rates for those in or requiring hospital care and those in community care are shown in Table I. The period 1961-68 was selected because although mental subnormality was redefined in the Mental Health Act, 1959, the appointed day for the Act was 1st November, 1960, and the first full year of operation was 1961.

(*ii*) *Hostels and Training Centres*

Provision in West Sussex is shown in Table II, together with figures for new ascertainments for the same period.

(*iii*) *Life expectancy*

The total subnormal population of West Sussex comprises two groups — those in community care and those in hospital. These groups are examined separately.

(*a*) *Community care*: A ten-year interval was chosen for comparison and populations for 1959 and 1969 were reconstructed.

The subnormal population for 1969 was reconstructed from current files by a 1:5 sample. This population excludes Worthing Municipal Borough where current records are held separately. The reconstructed population is 790, which is in close accord with the figure of 799 known subnormal persons (after deduction of Worthing and hospital cases) obtained from the County Health Department Report for 1968.

Reconstruction of the 1959 population entailed a 1:5 sample of current files together with a 1:5 sample of "dead" files to obtain the number of subnormal persons alive and in West Sussex C.C. community care in that year. In 1959 information on Worthing cases was on record in the County Health Department and consequently the reconstructed population for 1959 includes Worthing. This method gives a reconstructed population of 685 which accords well with the figure of 723 known subnormal persons (after deduction of hospital cases) obtained from the County Health Department Report for 1959.

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TABLE I

Year	Population (mid-year estimates)	All forms of care (A)		Community care (B)		Hospital in-patients (C)		Hospital in-patients and hospital waiting list (D)		Total D as % of Total A	Mean %
		Total	Rate per 1,000 pop.	Total	Rate per 1,000 pop.	Total	Rate per 1,000 pop.	Total	Rate per 1,000 pop.		
1961	410,930	1,117	2.71	741	1.80	376	0.91	387	0.94	34.6	
1962	418,470	1,152	2.75	766	1.83	386	0.92	396	0.94	34.3	
1963	425,710	1,169	2.74	744	1.81	395	0.92	407	0.95	34.8	34.9
1964	436,770	1,161	2.65	759	1.74	402	0.92	419	0.95	36.0	
1965	444,690	1,232	2.76	825	1.85	407	0.90	429	0.96	34.8	
1966	450,170	1,243	2.76	812	1.80	431	0.95	456	1.01	36.6	
1967	455,930	1,317	2.89	891	1.95	426	0.93	465	1.02	35.3	34.9
1968	465,660	1,433	3.07	987	2.10	446	0.95	477	1.02	33.2	

(*b*) *Hospital care*: In 1959 there were 361 West Sussex cases in subnormal hospitals and in 1969 the figure was 446. In both years almost all were in-patients of the Royal Earlswood Group of hospitals. These numbers were considered too small for valid analysis and it was decided instead to analyze the total population of the Royal Earlswood Group of hospitals. This has the advantage of providing a much larger population, while including the West Sussex hospital cases.

It was not possible to select a ten-year interval because information from hospital or Regional Hospital Board sources dating back to 1959 was not readily available. Surveys of in-patients in subnormal hospitals were carried out in 1963 and 1968 by the Regional Hospital Board and the Royal Earlswood Group source documents for these surveys have been sampled on a 1:10 basis, giving populations of 1,150 in 1963 and 1,170 in 1968.

RESULTS

(*i*) *Prevalence*

The eight-year period under study will be seen to fall naturally into two halves (Table I). In the four years 1961-64 overall ascertained prevalence (Column A) fluctuated between 2.65 and 2.75 per thousand population. In the period 1965-68 prevalence rises from 2.65 at the end of 1964 to 3.07 per thousand population at the end of 1968.

Similarly, prevalence rates in community care (Column B) fluctuated between 1.74 and 1.83 between 1961 and 1964 and then rose from 1.74 in 1964 to 2.1 per thousand population in 1968. Hospital in-patients (Column C) do not show the same marked rise since 1964, but if year to year fluctuations in available beds are eliminated by adding the waiting list (Column D) a similar rise is discernible.

New ascertainments (Table II) show a similar pattern; a mean rate of 0.15 in 1961-64 rising to 0.19 per thousand population in 1965-68.

(*ii*) *Hostels and Training Centres*

Table II shows that hostel provision for the mentally subnormal was unavailable in 1961 but by 1968 was available for 5.1 per cent of those in community care (or 3.5 per cent of all subnormals). Training centre provision was available for 15.3 per cent of those in community care (or 10.2 per cent of all subnormals) in 1961 and had doubled to contain 30.7 per cent of those in community care (or 21.1 per cent of all subnormals) by 1968.

TABLE II

Year	*Population mid-year estimates*	*New Ascertainments*			*Subnormal Persons*	
		Total	*Rate per 1,000 pop.*	*Mean*	*In WSCC hostels*	*Pupils in WSCC training centres*
1961	410,930	66	0.16		—	114
1962	418,470	47	0.11		25	115
1963	425,710	74	0.17	0.15	22	122
1964	436,770	62	0.16		20	142
1965	444,690	83	0.19		30	203
1966	450,170	79	0.18		39	247
1967	455,930	91	0.20	0.19	46	293
1968	465,660	87	0.19		51	303

If hospital in-patients and waiting lists are related to the total known subnormal population (Table I, Total D as percentage of Total A) the same percentage (34.9) required hospital beds in 1961-64 as in 1965-68 in spite of the increase in community provision.

(*iii*) *Life expectancy*

(*a*) *Community care*: The age structures of the subnormal populations in 1959 and 1969 are shown in histogram form in Figure 1.

	1959	1969
Average age	24.5	28.8
Standard deviation	12.25	15.6
Age range of $\frac{2}{3}$ population	12.25-36.75	13.2-44.4

Over the decade there has been a rise of 4.3 years in the average age. In quantitative terms in 1959 two-thirds of the population was aged between 12.25 and 36.75 years. By 1969 two-thirds of the population was aged between 13.2 and 44.4 years.

(*b*) *Hospital care*: The age structures of the subnormal populations in the Royal Earlswood Group of hospitals in 1963 and 1968 are shown in histogram form in Figure 2.

	1963	1968
Average age	32.8	34.0
Standard deviation	18.5	16.25
Age range of $\frac{2}{3}$ population	14.3-51.3	17.75-50.25

Over the five year span there has been a rise of 1.2 years in the average age. In quantitative terms in 1963 two-thirds of the population was aged 14.3 to 51.3 years and in 1968 from 17.75 to 50.25 years.

DISCUSSION

After a static period from 1961-64 the ascertained prevalence of mental subnormality in West Sussex has risen from 2.65 to 3.07 per thousand population in the past four years. This figure is low when compared with 3.35 per thousand population demonstrated by Kushlick and Cox in Wessex in 1963.* The discrepancy may be due in part to the firm exclusion of educationally subnormal children from West Sussex figures.

It is of interest that the proportion of the mentally subnormal occupying or awaiting hospital beds averaged 34.9 per cent during 1961-64 (when the overall prevalence showed no rise) and did not change during 1965-68 (when a rise occurred). The rise in prevalence is therefore not solely in the type of case suitable for informal training centre, or hostel care but extends to those requiring inpatient care. In addition, the proportion requiring hospital care has not been reduced by almost trebling the total number of training centre places in West Sussex to the point where over 30 per cent of those in community care are accommodated.

If evidence from other areas confirms these findings they will influence local authority and hospital planning by erasing any impression that the direction of resources to training centre building programmes will reduce the resources required in subnormal hospitals. The effect of residential hostels on the situation is less clear. The number of hostel places is small and it can only be said that a rise in provision from 0 to 3.5 per cent of the total subnormal population has not obviously affected the hospital requirement.

The main reasons for increased prevalence seem to be increased ascertainment (Table II) and, more importantly, increased life expectancy.

The results from both the community and hospital surveys confirm an increased life expectancy in the mentally subnormal. Also, as would be expected, the hospital population is older than the population in community care, but there is a wide overlap and neither population can be regarded as elderly.

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* The Ascertained Prevalence of Mental Subnormality in the Wessex Region on 1st July, 1963. A. Kushlick and G. Cox, Wessex Regional Hospital Board and Institute of Education, University of London.

The small shift in average age from 32.8 to 34 years in the hospital population is in part due to the short period reviewed. However, in the community population there is a marked rise in average age from 24.5 to 28.8 over the ten-year period. Also, the age range of two-thirds of the population in community care has extended by almost eight years to 44.4 at the upper end by 1969.

Furthermore, the histograms (Figure 1) give the clear impression of a cohort of subnormals in the 10-30 age group in 1959 surviving to appear in the 20-40 age group in 1969. If one projects this back to 1949 this cohort was aged 0-20 at that time. Child and adolescent subnormals have classically been regarded as susceptible to tuberculosis and respiratory disease and it is probably no coincidence that the late 1940s saw the widespread introduction of antibiotics for these conditions. Partly as a result of this the young subnormal is no longer at such special risk from these diseases and is surviving into adult life.

Turning to the future, it is accepted that ascertainment is virtually complete at the age of 20.* Prior to that a series of "filters" (birth, surveillance in infancy, school entry, secondary school entry, school leaving and the challenge of independent existence and work) contribute to the ascertainment, and the figures in the 0-20 age groups may fluctuate. Virtual completion of ascertainment at 20 combined with the increased survival to and beyond that age demonstrated in West Sussex implies that the age structure in future will look very different. The level of the 20-24 age group will be maintained and it can be inferred that the marked drop seen at age 30 in 1959 and age 40 in 1969 will be further delayed until, say, in 20 years' time it will not occur until age 60. New factors will then enter into the care of the subnormal. Many will have been supported in the community up to the age of 40 with the aid of their parents. In the ensuing two decades most of the parents will die or become too infirm to cope, and either hostel or hospital provision will be required until the elderly subnormal dies of degenerative disease.

CONCLUSIONS

With the qualification that our findings require confirmation from other areas, we would suggest that our results raise three questions pertinent to a reappraisal of the services for the mentally subnormal.

First, ascertained prevalence is rising and will continue to do so because of improved techniques of ascertainment and because true prevalence will be continually influenced by increased life expectancy.

Secondly, while a case can be made for more training centre provision to improve the quality of care of the subnormal in the community, we have found no evidence that such provision affords relief to subnormal hospitals. So far as hostel provision is concerned our numbers are not large enough for conclusions to be drawn.

Finally, at a time when the future of hospitals for the mentally subnormal is in the balance, our evidence suggests that increased life expectancy will profoundly alter the age distribution and, therefore, the type of provision required in the next 20 years. While it is possible to envisage hostels for physically fit young and middle-aged subnormals, the addition of geriatric disabilities to mental subnormality in numbers considerably larger than we see at present will require an increasing amount of long stay hospital accommodation.

ACKNOWLEDGEMENTS

We would like to thank Mr. H. Parry, Medical Records Officer, Royal Earlswood Hospital, and Mr. J. B. Swinbanks, Principal Assistant Secretary, South West Metropolitan Regional Hospital Board, for their co-operation with hospital records, and Dr. T. McL. Galloway, County Medical Officer of Health, West Sussex, for his encouragement and advice.

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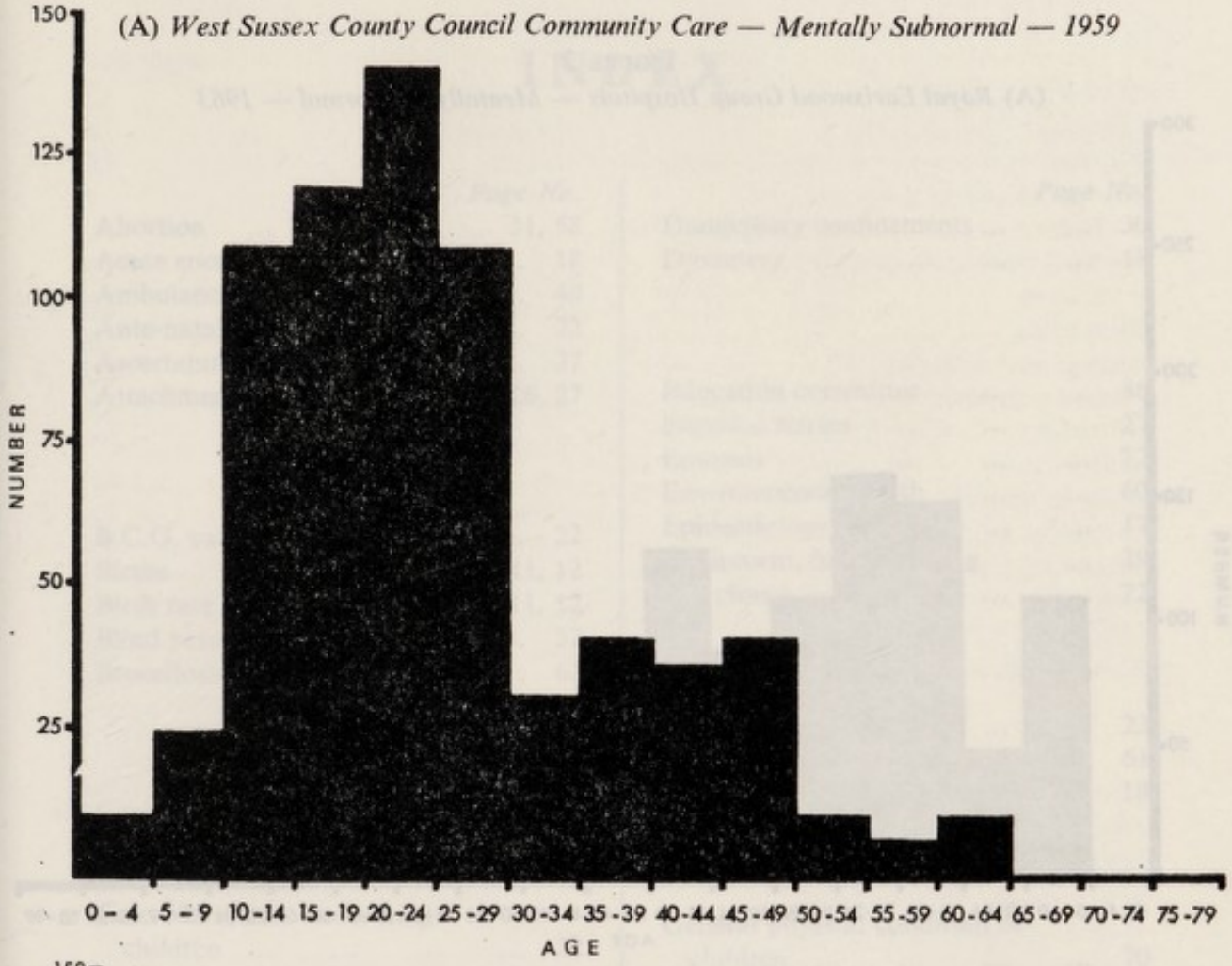
* Kushlick and Cox, *op. cit.*, 1963.

FIGURE 1

(A) *West Sussex County Council Community Care — Mentally Subnormal — 1959*



(B) *West Sussex County Council Community Care — Mentally Subnormal — 1969*

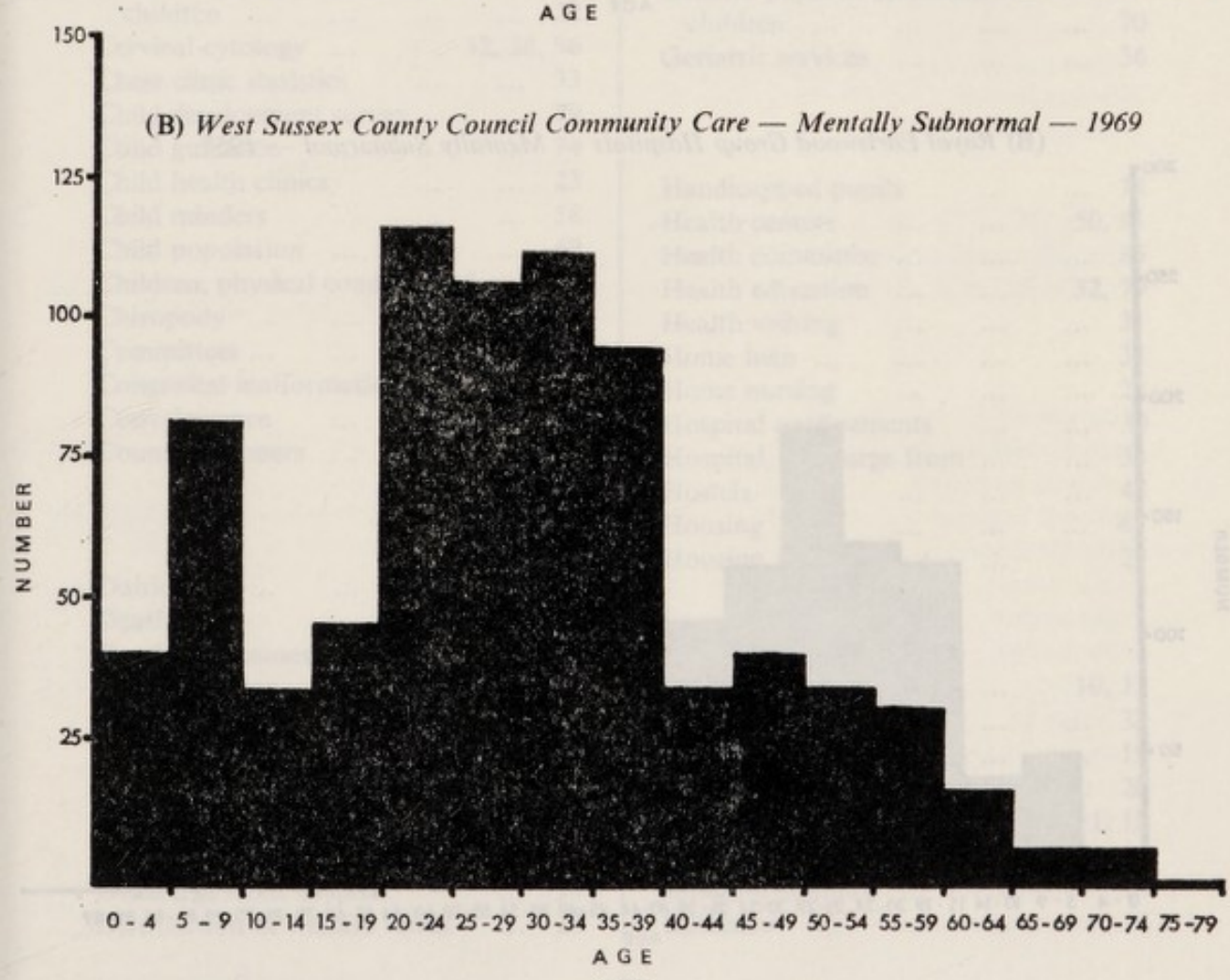
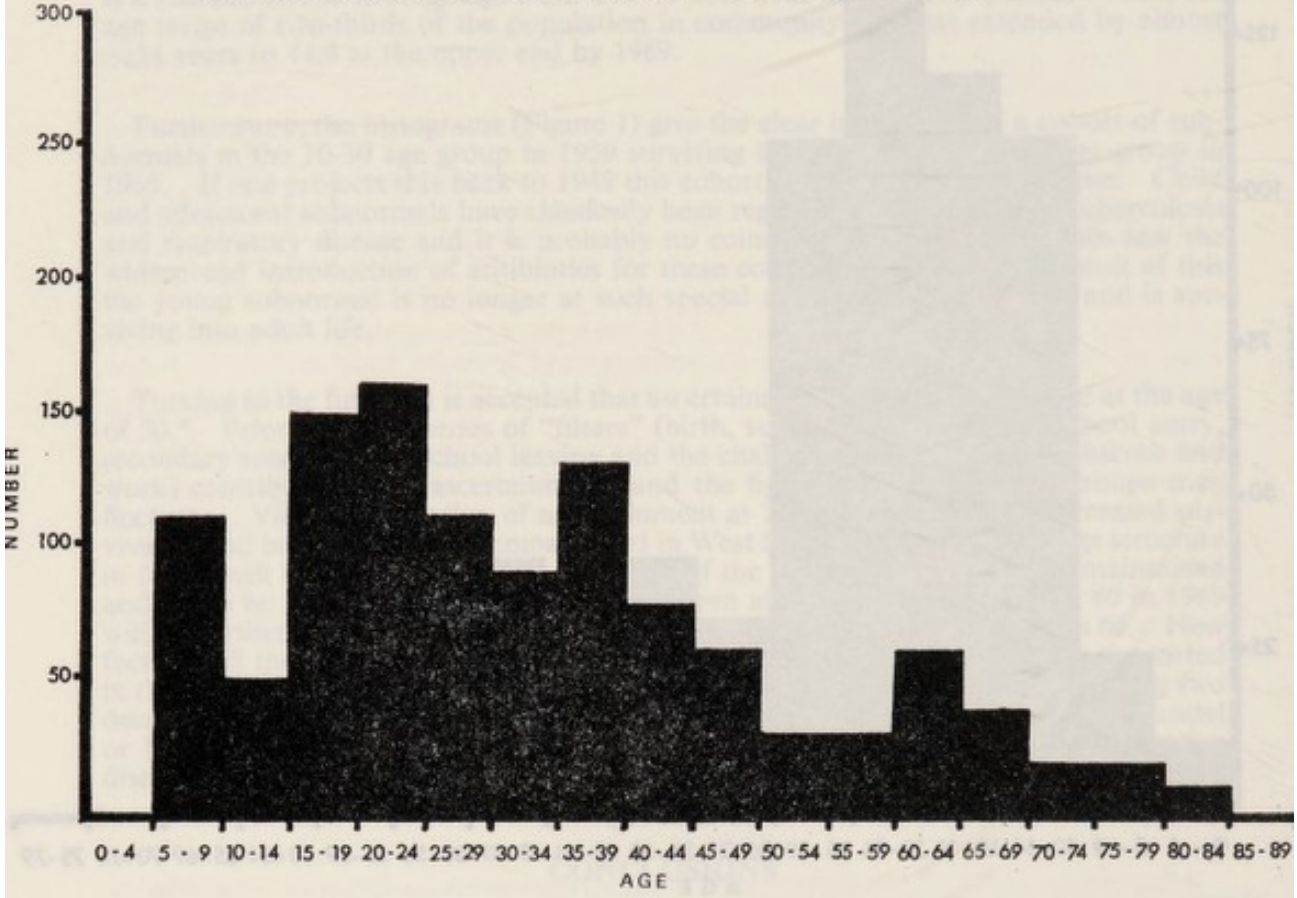
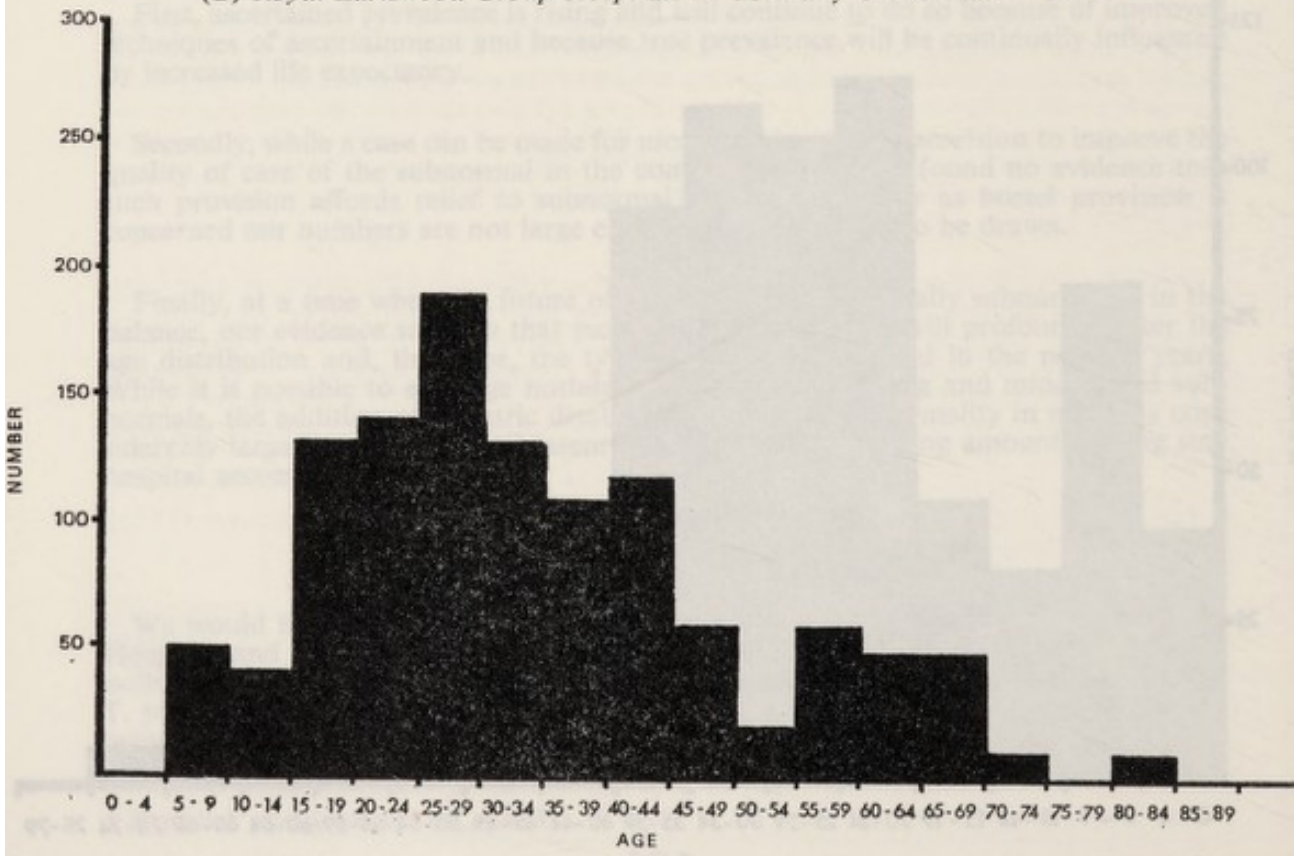


FIGURE 2

(A) *Royal Earlswood Group Hospitals — Mentally Subnormal — 1963*



(B) *Royal Earlswood Group Hospitals — Mentally Subnormal — 1968*



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