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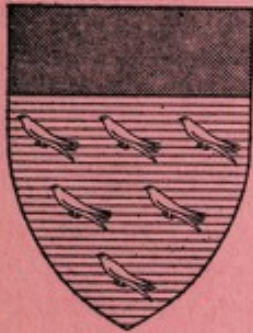
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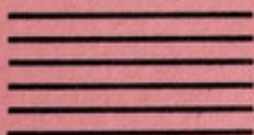
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THE
ANNUAL
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OF THE
COUNTY
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OF
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THE
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OF
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1971

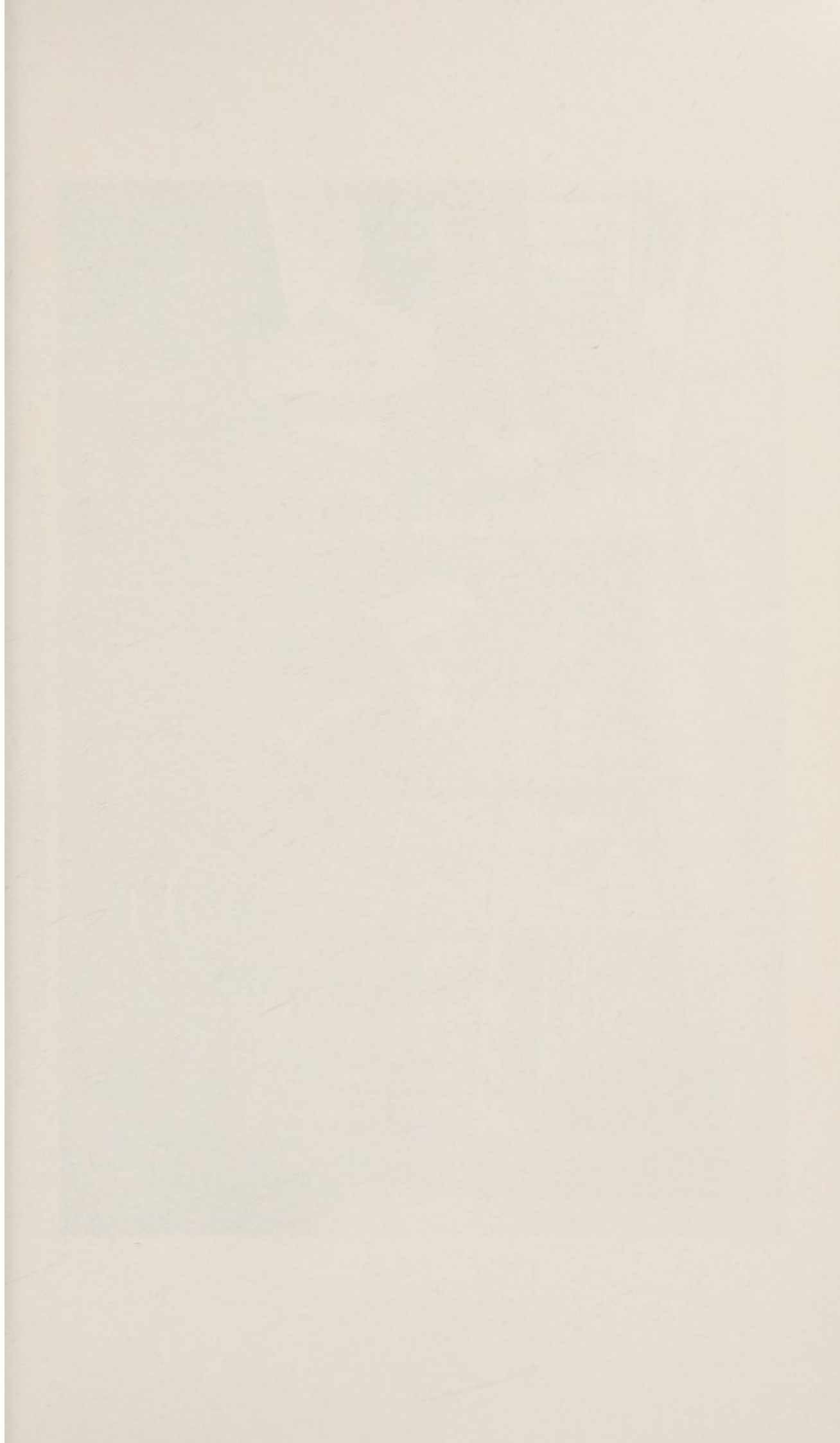


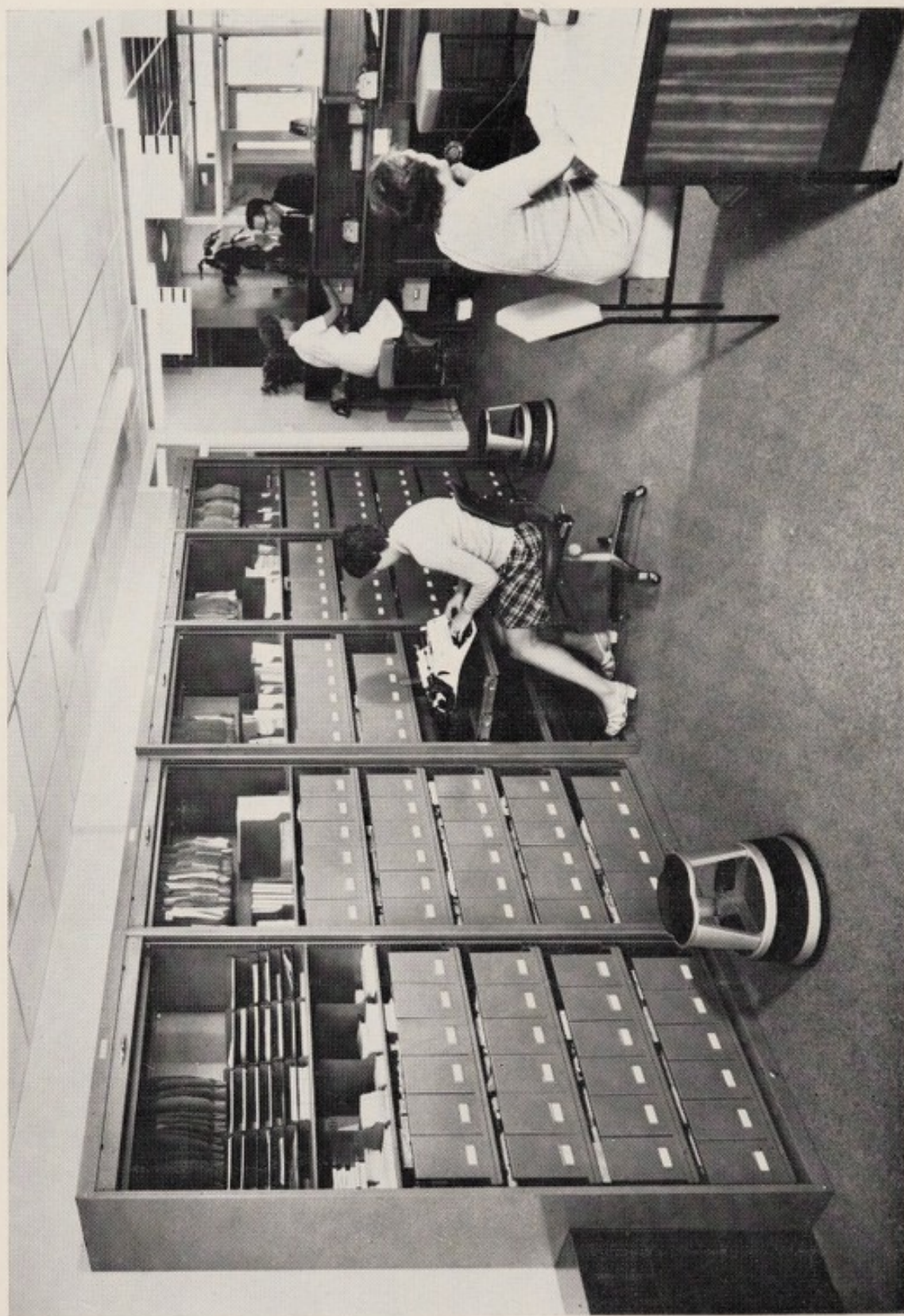


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Littlehampton Health Centre—Open Plan Reception and Office Area

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Punishing the Fruit

We now subsidise people to have children. You could argue that it might be possible to tax people for having children. That is not to say that it will stop them, but it makes it more expensive. There is a certain amount to be said for this, because a couple with eight children, it is estimated, costs society £30,000 in ten years, and this is only for education and family allowances. It does not take into account social security.

H.R.H. The Duke of Edinburgh
at Edinburgh University
Reported in *Pulse*: 15th January, 1972

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 1971 and is the twelfth for which I have been responsible.

The pattern of this issue is much the same as its predecessors except that there is no reference to the functions which became the responsibility of the Social Services Committee from 1st April, 1971. These include the mental health and home help services, the supervision of nurseries and child minders, and the care of the unsupported mother and her child.

Like its immediate predecessor, the year was turbulent. Unemployment rose faster and to a higher level than in any year since the war. In the first quarter of 1971, the number of working days lost through strikes was higher than in any corresponding period since 1926. The seven-week shutdown of the postal service played havoc with the commercial life of the country, including some of the routine services of the Department (such as the immunisation and cervical cytology schemes) which rely for their success on the delivery to the public of postal invitations to keep timed appointments at health centres, clinics and general practitioners' surgeries.

In pursuit of their policy of encouraging individual responsibility, the Government withdrew free milk from schoolchildren in the seven to eleven year age group. But to cushion the effects of continuing inflation (retail prices rose by more than 9 per cent), old age pensions were raised in September and three new benefits were introduced – the invalidity allowance for people ill for longer than six months, the attendance allowance for the disabled who need attention night and day, and the family income supplement which, linked to a means test, was paid to fewer than half the estimated number of eligible families.

The Gathering Storm

Evidence from many countries of the world, including our own, continued to indicate the need for firm action aimed at reducing population growth. Whilst the birth-rate of the United Kingdom cannot be compared with countries like India where the population is increasing by more than a million a month, there will nevertheless be over ten million more people living in these islands by the year 2,000 and a further four-and-a-half million in the first decade of the next century.* The world population is said to be growing at the rate of one million every five days† and according to Ehrlich 'hundreds of millions of people are going to starve to death before this decade is out, and attempts to increase world food production will provide at best only a temporary stay of execution. The birth rate must be brought into balance with the death rate or mankind will breed itself into oblivion.'‡

**Population Projections: 1970–2010*. H.M.S.O. 1971.

†Miles, R. E. *Population Bull.* 1971. 27 No. 2.

‡Ehrlich, P. R. *The Population Bomb*. London. 1971.

Death from starvation may be rare in economically-developed countries such as ours. But our disproportionate consumption of the world's natural resources and our continuing contribution to environmental pollution are just as much a threat as the overpopulation of underprivileged nations brought about by excessive reproduction. The success or failure which attends our attempts to control the growth of population in the next decade may well determine the quality of life in this country and elsewhere at the end of this century. We have the means to control our population expansion; whether we have the will to do so is another matter.

Steps towards a population policy were announced by the Government on 23rd February, 1971. In a statement made in the House of Commons, the Secretary of State for Social Services said

'The Government believe that family planning may often improve the quality of domestic life; it can prevent the unhappiness that unwanted pregnancies can cause and reduce the need for abortions. The Government propose to encourage the growth of family planning, including domiciliary services, particularly in areas of special need. Provision has therefore been made, mainly in the rate support grant, for expenditure in England and Wales to treble by 1972/73.'

The County Council's existing record in this field of activity is not unimpressive. According to the Society of County Treasurers, expenditure on family planning per 1,000 population in West Sussex is greater than that of most other local health authorities. Advice is readily accessible in all parts of the County; it is offered with dignity and is free of charge both to the needy and to those who require it on medical grounds. For many years the Council have used the Family Planning Association as their agents but decided at their meeting on 26th February, 1971 – and the decision was welcomed by the Association – to administer the service directly from 1st April, 1972. Steps were taken to extend the domiciliary scheme to the whole of the County and the Report contains an account of what has been achieved in taking family planning advice to the homes of the people. The likelihood is that more than 30 unwanted pregnancies have already been averted by the domiciliary part of the service at an estimated unit cost of £34.

Although fewer unwanted babies are being born and some contribution to human happiness – or at least the reduction of its misery – is thereby being made, it would be naive to imagine that the wholesale provision of conception control services will eliminate unwanted pregnancies. But it is an important beginning.

Thousands of women who ought to know better, because they are neither illiterate nor stupid, get pregnant unnecessarily every year. Some of these disasters are due to the woeful lack of 'Education for Life' in our schools but many result from personal recklessness which is on a par with suicide by smoking or by failure to wear a car safety belt. Even the Church of Rome is not against birth control – it is against certain *methods* – the more effective ones.

The Approach to Change

There were two important developments in 1971 which will materially modify the Council's activities in two years' time. The Local Government Bill presented to Parliament on 4th November, 1971 by the Secretaries of State for the Environment and for Wales will bring about a major reform of local government and is likely to come fully into operation on 1st April, 1974.

In a Consultative Document on National Health Service Reorganisation* published on 17th May, 1971 the Government proposed that the national health service shall be reorganised on the same date as the new system of local government is introduced. It is intended to establish an integrated structure to cover all the present functions of the national health service, including the personal health services at present exercised by local health authorities – but not those transferred to local authority social services departments as a result of the *Local Authority Social Services Act 1970*.

The proposals contained in the Consultative Document 'involve the disappearance of all the health service bodies as we now know them – regional hospital boards, hospital management committees, boards of governors of teaching hospitals, executive councils and local health authorities.' They differ from the previous Government's second Green Paper† in four main ways – regional health authorities will be responsible for planning services, for allocating resources to area health authorities and for co-ordinating their activities and monitoring their performance; the emphasis they place upon skilled administration; the abandonment of a representational basis for membership of the regional and area health authorities; and the establishment by the area health authority of community health councils.

Local government and the national health service will shortly be completely recast and it would be misleading to suggest that this unsettling prospect does not worry many people whose lives and livelihood may be affected. While it is likely that most of our staff will translate to a new employing authority and carry on doing similar work from 1st April, 1974, this does not necessarily extend to those in the Department (and others) who hold senior office – people who continually work for change and improvement in our public services. The prevailing mood nevertheless seems to me to be one of cautious optimism.

Another milestone in the history of local government in West Sussex is within sight. The Council seem destined to lose responsibility for the local health services in 1974. Much has been accomplished since that responsibility was assumed. The resources which the Council have made available have enabled some developments to take place which have set new standards of national performance. Whether the new administration will achieve as much only time will tell.

Combined Operations

Co-operative arrangements with other statutory, voluntary and professional agencies were further developed during the year. It is a pleasure to pay tribute to close and cordial working relationships with our colleagues in domiciliary and hospital practice – our schemes of attachment work well, our existing health centres continue to prosper and the health centre building programme is progressing well, largely through Mr. Saunders's sustained initiative.

*Department of Health and Social Security. National Health Service Reorganisation. Consultative Document. London. 1971.

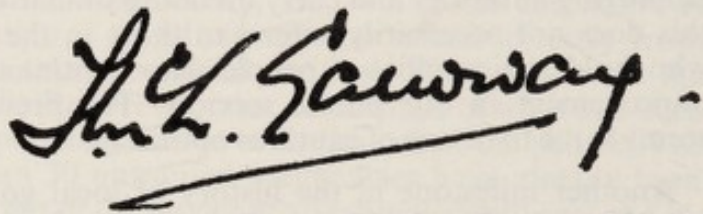
†Department of Health and Social Security. The Future Structure of the National Health Service. London. H.M.S.O. 1970.

Committees and Staff

The services described in the Report remained the responsibility of the Health Committee, apart from those referred to in Part IX which were under the control of the Education Committee. Consequent upon the transfer of some functions to the Social Services Committee, the structure of the Health Committee and its sub-committees was reconsidered and it was decided to disband the two standing sub-committees (General and Nursing), leaving the whole of the Committee's functions to be exercised in future by the Committee itself; the number of co-opted members serving on the Committee was reduced from 17 to two. The Executive Sub-Committee was retained to advise on policy and to deal with matters requiring immediate consideration. The names of the members serving on the Health and Education Committees are recorded at Appendix A; those of the principal members of your staff appear at Appendix B.

Acknowledgements

In an atmosphere of growing uncertainty, I am more than normally grateful to every member of the staff who has performed efficiently and with kindness during 1971. Preparations for change have thrown additional testing burdens particularly on the more senior members of the Department's staff. Throughout the year, the support and encouragement of the members of the authority have contributed greatly to the many elements of the services described in the Report.

A handwritten signature in black ink, reading "J. C. Sawney". The signature is written in a cursive style with a long horizontal stroke underneath the name.

*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 1970 are also shown for comparative purposes.

<i>Live Births</i>	1970	1971
Number	6,204	6,247
Rate a 1,000 population	15.6	15.4
<i>Illegitimate Live Births</i> (per cent of total live births)	7	7
<i>Stillbirths</i>		
Number	67	67
Rate a 1,000 total live and still births	11	11
<i>Total Live and Still Births</i>	6,271	6,314
<i>Infant Deaths</i> (deaths under one year)	122	95
<i>Infant Mortality Rates</i>		
Total infant deaths a 1,000 total live births	20	15
Legitimate infant deaths a 1,000 legitimate live births	19	14
Illegitimate infant deaths a 1,000 illegitimate live births	25	25
<i>Neonatal Mortality Rate</i>		
(Deaths under four weeks a 1,000 total live births)	14	11
<i>Early Neonatal Mortality Rate</i>		
(Deaths under one week a 1,000 total live births)	12	10
<i>Perinatal Mortality Rate</i>		
(Stillbirths and deaths under one week combined a 1,000 total live and still births)	23	20
<i>Maternal Mortality</i> (including abortion)		
Number of deaths	—	2
Rate a 1,000 total live and still births	—	0.3

The table on page 13 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		Eng- land & Wales	West Sussex		Eng- land & Wales	West Sussex		Eng- land & Wales	West Sussex		Eng- land & Wales	West Sussex		Eng- land & Wales	West Sussex		Eng- land & Wales	
		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		No.	
		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	85.0	130	†	†	†	†	†	†	†	†	6	1.8	3.7
1921	195,795	3,214	17.4	22.4	2,185	11.4	12.1	49.2	83	†	†	†	†	†	†	†	†	11	3.3	3.9
1931	216,760	3,134	14.5	15.8	2,808	13.0	12.3	44.4	66	†	†	†	†	†	†	†	†	13	4.1	4.1
1955	347,700	4,681	15.3	15.0	4,696	9.5	11.7	21.0	24.9	77	16.4	17.3	102	21.3	23.2	1	0.2	0.6	0.6	
1956	358,700	5,021	15.4	15.6	5,138	10.7	11.7	24.0	23.8	85	16.9	16.8	105	20.5	22.9	3	0.6	0.6	0.6	
1957	370,200	5,287	15.4	16.1	4,757	10.2	11.5	19.5	23.1	77	14.6	16.5	130	24.0	22.5	1	0.2	0.5	0.5	
1958	382,500	5,541	15.4	16.4	5,267	11.0	11.7	18.0	22.5	74	13.4	16.2	106	18.8	21.5	1	0.2	0.4	0.4	
1959	390,000	5,656	15.1	16.4	5,537	11.8	11.6	16.8	22.2	64	11.3	15.9	121	20.9	20.8	2	0.4	0.4	0.4	
1960	397,240	5,802	14.9	17.1	5,679	12.2	11.5	20.3	21.8	88	15.2	15.5	84	13.7	19.8	1	0.2	0.4	0.4	
1961	410,930	5,947	14.6	17.5	5,975	12.6	11.9	18.0	21.4	79	13.3	15.3	97	16.1	19.0	1	0.2	0.3	0.3	
1962	418,470	6,183	14.8	18.9	6,122	12.9	11.9	20.1	21.7	92	14.9	15.1	106	17.1	18.1	2	0.3	0.4	0.4	
1963	425,710	6,395	17.3	18.2	6,634	11.2	12.2	17.8	21.1	86	13.4	14.3	92	14.2	17.2	—	—	0.3	0.3	
1964	436,770	6,567	17.1	18.5	5,976	10.0	11.3	16.4	19.9	83	12.6	13.8	91	13.7	16.3	3	0.5	0.3	0.3	
1965	444,690	6,506	17.1	18.1	6,539	9.7	11.5	12.4	19.0	57	8.8	13.0	96	14.5	15.8	1	0.2	0.3	0.3	
1966	450,170	6,375	16.6	17.7	6,618	9.7	11.7	14.4	19.0	72	11.3	12.9	75	11.6	15.3	—	—	0.3	0.3	
1967	455,930	6,420	16.6	17.2	6,665	9.5	11.2	12.8	18.3	56	8.7	12.5	90	13.8	14.8	—	—	0.2	0.2	
1968	465,660	6,394	16.6	16.9	7,403	10.2	11.9	14.2	18.3	64	10.0	12.4	92	14.3	14.3	1	0.2	0.2	0.2	
1969	469,900	6,242	16.2	16.3	7,231	9.7	11.9	15.2	18.0	63	10.1	12.0	85	13.4	13.2	1	0.2	0.2	0.2	
1970	481,330	6,204	15.6	16.0	7,539	9.9	11.7	19.6	18.2	89	14.3	12.3	67	10.7	13.0	—	—	0.2	0.2	
1971	492,710	6,247	12.7	16.0	7,310	9.3	11.6	15.2	17.6	71	11.4	12.0	67	10.6	12.2	2	0.3	0.3	†	

Note: The rates given for the Administrative County have been adjusted for age and sex and are therefore comparable with those for England and Wales.
†Not available.

Chief Vital Statistics for each County District in West Sussex

DISTRICT	Estimated population middle of 1971	No. of live 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.	2,390	34	14.2	17.5	5	40	16.7	11.7	1	29	—	—	5.0
Bognor Regis	33,890	393	11.6	18.2	50	635	18.7	8.8	9	23	—	—	4.2
Chichester M.B.	20,830	231	11.1	11.5	14	342	16.4	10.0	5	22	1	0.05	2.9
Crawley	67,340	1,062	15.8	12.5	65	394	5.9	11.2	12	11	—	—	1.3
Horsham	26,710	425	15.9	16.7	15	306	11.5	9.9	4	9	—	—	2.9
Littlehampton	18,730	261	13.9	15.7	35	289	15.4	10.9	2	8	1	0.05	3.2
Shoreham-by-Sea	18,800	241	12.8	13.3	23	250	13.3	11.2	9	37	—	—	2.6
Southwick	11,920	120	10.1	11.5	9	195	16.4	13.3	2	17	—	—	3.0
Worthing M.B.	87,780	862	9.8	15.9	61	2,063	23.5	9.9	15	17	4	0.05	4.2
All Urban Districts	288,390	3,629	12.6	14.5	277	4,514	15.7	9.9	59	16	6	0.02	3.1
Rural Districts													
Chancetisbury	28,300	401	14.2	18.2	27	350	12.4	8.7	6	15	1	0.04	2.6
Chichester	63,550	802	12.6	16.6	56	810	12.7	9.1	11	14	3	0.05	2.7
Horsham	31,480	458	14.5	15.1	17	334	10.6	9.2	4	9	1	0.03	2.1
Midhurst	19,430	187	9.6	10.8	11	287	14.8	9.2	2	11	—	—	2.1
Petworth	11,360	139	12.2	14.9	9	152	13.4	9.5	3	22	—	—	2.2
Worthing	50,200	631	12.6	21.8	45	863	17.2	8.1	10	16	—	—	3.6
All Rural Districts	204,320	2,618	12.8	16.9	165	2,796	13.7	8.6	36	14	5	0.02	2.7
Administrative County	492,710	6,247	12.7	15.4	442	7,310	14.8	9.3	95	15	11	0.02	3.0

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																				
		M	F	M	F	M	F	M	F	1-5		5-15		15-25		25-35		35-45		45-55		55-65		65-75		75 & over		
										M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M
B.1	Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.2	Typhoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.3	Bacillary dysentery and amoebiasis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.4	Enteritis and other diarrhoeal diseases	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.5	Tuberculosis of respiratory system	3	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.6(1)	Late effects of respiratory tuberculosis	4	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.6(2)	Other tuberculosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.7	Plague	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.8	Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.9	Whooping cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.10	Streptococcal sore throat and scarlet fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.11	Meningococcal infection	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	4	4	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.19(1)	Malignant neoplasm, buccal cavity and pharynx	7	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.19(2)	Malignant neoplasm, oesophagus	21	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.19(3)	Malignant neoplasm, stomach	72	45	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.19(4)	Malignant neoplasm, intestine	94	123	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.19(5)	Malignant neoplasm, larynx	7	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.19(6)	Malignant neoplasm, lung, bronchus	300	73	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.19(7)	Malignant neoplasm, breast	2	145	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.19(8)	Malignant neoplasm, uterus	-	41	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.19(9)	Malignant neoplasm, prostate	57	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.19(10)	Leukaemia	17	17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.19(11)	Other malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissue	180	233	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.20	Benign neoplasms and neoplasms of unspecified nature	5	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.21	Diabetes mellitus	15	26	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

B.22	Avitaminoses and other nutritional deficiency	1																	1			
B.46(1)	Other endocrine, nutritional and metabolic diseases	4	1																	1		4
B.23	Anaemias	8	5																			8
B.46(2)	Other diseases of blood and blood-forming organs	5																				
B.46(3)	Mental disorders	5	8																			3
B.24	Meningitis	1	2																			
B.46(4)	Multiple sclerosis	4	4																			
B.46(5)	Other diseases of nervous system and sense organs	29	32																			15
B.25	Active rheumatic fever	1	1																			10
B.26	Chronic rheumatic heart disease	20	44																			6
B.27	Hypertensive disease	42	63																			15
B.28	Ischaemic heart disease	1037	965																			17
B.29	Other forms of heart disease	174	315			1																13
B.30	Cerebrovascular disease	430	766			1																41
B.46(6)	Other diseases of the circulatory system	144	192																			20
B.31	Influenza	2	10																			5
B.32	Pneumonia	213	305			1																15
B.33(1)	Bronchitis, emphysema	181	63			3																17
B.33(2)	Asthma	6	7																			13
B.46(7)	Other diseases of the respiratory system	27	26			3																41
B.34	Peptic ulcer	37	28																			20
B.35	Appendicitis	1	3																			21
B.36	Intestinal obstruction and hernia	10	13																			1
B.37	Cirrhosis of liver	7	10																			8
B.46(8)	Other diseases of the digestive system	27	35																			7
B.38	Nephritis and nephrosis	18	11																			2
B.39	Hyperplasia of prostate	14																				25
B.46(9)	Other diseases of the genito-urinary system	11	28																			4
B.40	Abortion		1																			3
B.41	Other complications of pregnancy, childbirth and puerperium		1																			10
B.46(10)	Diseases of the skin and subcutaneous tissue		1																			8
B.46(11)	Diseases of the musculoskeletal system and connective tissue	10	16																			5
B.42	Congenital anomalies	18	12			4																3
B.43	Birth injury, difficult labour, and other anoxic and hypoxic conditions	14	7			7																1
B.44	Other causes of perinatal mortality	11	21			21																9
B.45	Symptoms and ill-defined conditions	11	29			4																1
BE.47	Motor vehicle accidents	52	26			1		3	12	2	4	1	5	2								29
BE.48	All other accidents	32	38			2		1	4	1	1	1	1	1								10
BE.49	Suicide and self-inflicted injuries	28	21					1	1	1	3	3										17
BE.50	All other external causes	8	10					1	1	1	1	1										5
	All Causes	3426	3884	38	33	12	12	8	4	11	9	26	10	19	11	54	33	165	123	484	335	1043
																						770
																						1566
																						2544

Deaths from Cancer: 1971

Sites	MALES									FEMALES									Total Males and Females		
	Age Groups									Total Males	Age Groups									Total Females	
	0-	1-	5-	15-	25-	45-	65-	75-	0-		1-	5-	15-	25-	45-	65-	75-				
Stomach . . .	— (—)	— (—)	— (—)	1 (2)	12 (14)	33 (29)	26 (29)	72 (75)	— (—)	— (—)	— (—)	— (—)	— (—)	3 (10)	12 (11)	30 (30)	45 (51)	117 (126)			
Lung, bronchus . . .	— (—)	— (—)	— (—)	2 (3)	85 (81)	138 (140)	75 (66)	300 (290)	— (—)	— (—)	— (—)	3 (—)	27 (26)	19 (32)	24 (25)	73 (83)	373 (373)				
Breast . . .	— (—)	— (—)	— (—)	1 (—)	— (—)	— (—)	— (1)	2 (1)	— (—)	— (—)	— (—)	5 (12)	— (—)	55 (33)	43 (34)	42 (37)	147 (117)				
Uterus . . .	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	2 (3)	16 (11)	9 (18)	14 (15)	41 (47)	41 (47)				
Other organs . . .	— (—)	1 (—)	1 (2)	9 (15)	79 (102)	129 (135)	145 (148)	366 (402)	— (1)	— (—)	3 (—)	11 (10)	96 (73)	114 (120)	153 (162)	378 (366)	744 (768)				
Leukaemia . . .	— (—)	— (—)	— (3)	1 (1)	4 (6)	7 (5)	4 (6)	17 (22)	— (—)	— (—)	— (1)	1 (2)	4 (1)	5 (3)	7 (8)	17 (17)	34 (39)				
TOTALS . . .	— (—)	1 (—)	1 (5)	3 (2)	14 (21)	307 (309)	250 (250)	757 (790)	— (1)	— (1)	3 (1)	22 (27)	201 (154)	202 (218)	270 (277)	699 (680)	1,456 (1,470)				

Note: The figures in brackets relate to 1970.

Census – Preliminary Report

The preliminary report of the 1971 Census was published on 19th August 1971. It contained provisional figures of population prepared from summaries sent in by census officers, and the main details relevant to West Sussex are shown below. The full County Report for West Sussex is likely to be published in 1972.

Area	1961	1971	1961-1971 Change	
			No.	%
England and Wales	46,104,548	48,593,658	2,489,110	5.4
South East Region Total	16,271,368	17,133,277	861,909	5.3
Greater London	7,992,443	7,379,014	-613,429	-7.7
Outer Metropolitan Area*	4,456,555	5,290,309	833,754	18.7
Outer South East*	3,822,370	4,463,954	641,584	16.8
West Sussex – Total	411,613	491,020	79,407	19.3
Arundel M.B.	2,617	2,382	-235	-9.0
Bognor Regis U.D.	28,064	34,389	6,325	22.5
Chichester M.B.	20,124	20,547	423	2.1
Crawley U.D.	53,768	67,571	13,803	25.7
Horsham U.D.	21,198	26,378	5,180	24.4
Littlehampton U.D.	15,699	18,621	2,922	18.6
Shoreham-by-Sea U.D.	17,410	18,804	1,394	8.0
Southwick U.D.	11,929	11,850	-79	-0.7
Worthing M.B.	80,329	88,210	7,881	9.8
Chanctonbury R.D.	23,202	28,271	5,069	21.8
Chichester R.D.	49,392	62,851	13,459	27.2
Horsham R.D.	22,631	30,709	8,078	35.7
Midhurst R.D.	17,314	18,983	1,669	9.6
Petworth R.D.	9,510	11,070	1,560	16.4
Worthing R.D.	38,426	50,384	11,958	31.1

Note: *West Sussex Districts in Outer Metropolitan Area – Crawley U.D., Horsham U.D., Horsham R.D. Other districts are in the Outer South East.

The inter-censal increase of 79,407 represents an average increase of 1.78 per cent a year since 1961 and is the eighth highest rate of increase in counties in England and Wales. Neighbouring counties, Hampshire, East Sussex and Surrey, had increases of 1.57 per cent, 1.20 per cent and 0.98 per cent respectively, but are more densely populated than West Sussex, as shown in the next table.

County	Persons per hectare 1971
West Sussex	3.0
Hampshire	4.0
East Sussex	3.5
Surrey	5.9

The Weather at Worthing: 1971

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 .	51	25	46.1	38.2	42.1	+1.2	3.15	107	63.4	89	
February .	52	29	47.1	37.0	42.0	+1.1	0.63	31	94.3	115	
March .	55	24	47.7	36.9	42.3	-1.5	2.17	126	139.3	99	
April .	68	32	52.7	41.1	46.9	-1.1	1.69	95	169.6	91	
May .	75	37	60.9	46.7	53.8	+0.3	2.55	155	259.0	113	
June .	78	42	63.0	50.0	56.5	-2.6	4.58	299	183.6	76	
July .	82	46	70.4	56.1	63.3	+0.8	0.87	41	289.0	129	
August .	79	48	67.3	57.2	62.3	+0.3	2.93	128	152.8	70	
September .	74	41	66.4	51.2	58.8	-0.6	0.33	15	223.6	134	
October .	69	36	61.3	48.3	54.8	+1.9	2.43	83	170.7	138	
November .	60	30	50.8	38.1	44.5	-1.7	1.88	55	112.1	153	
December .	55	31	49.0	40.6	44.8	+3.0	0.99	34	32.7	54	
Means or extremes .	82	24	56.8	45.1	51.0	0.0	24.20	88	1890.1	103	

PART II—EPIDEMIOLOGY

Notifiable Diseases

The number of cases of measles notified was 909 compared with 822 in 1970 and 586 in 1969; of these, 450 (49·5 per cent) were notified during the first quarter of the year, and 225 (24·7 per cent) occurred in one town. During March, parents living in the town whose children had not previously been vaccinated against the disease received a personal invitation for their children to be vaccinated.

In addition to the diseases shown in the table on page 21, there were three cases of malaria, all of which had been contracted abroad.

Sexually-transmitted Disease

The classification of new patients attending special clinics was changed during 1971 and statistical comparison with the previous year is therefore incomplete. However, it will be noted from the next table that there was a decrease of four in the number of cases of syphilis and an increase of 11 cases of gonorrhoea.

<i>Hospital</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Genital Infections</i>	<i>Other Conditions</i>
Royal West Sussex Hospital (St. Richard's), Chichester .	3 (3)	83 (76)	308	86
Worthing Hospital .	2 (5)	66 (48)	152	132
Royal Surrey County Hospital, Guildford .	— (—)	— (4)	4	4
St. Mary's Hospital, Portsmouth .	— (—)	— (7)	23	8
Royal Sussex County Hospital, Brighton .	3 (5)	51 (55)	120	123
Croydon General Hospital .	1 (—)	1 (—)	1	2
TOTALS .	9 (13)	201 (190)	608	355
			(734)	

Note: The figures in brackets relate to 1970.

I am grateful to Dr. D. Warren Browne, Consultant Venereologist, Royal West Sussex Hospital (St. Richard's), Chichester for the following information.

'In 1971 there was a further increase both in the number of new cases and in the total number of attendances as compared with the previous year. One interesting feature is the change in the sex ratio over the past few years as illustrated in the next table.

<i>Year</i>	<i>New Cases</i>		
	<i>Males</i>	<i>Females</i>	<i>TOTALS</i>
1962	60	13	73
1963	78	29	107
1964	105	35	140
1965	114	17	131
1966	111	23	134
1967	101	28	129
1968	99	42	141
1969	176	119	295
1970	212	126	338
1971	277	209	486

The figures for males and females are now approaching parity, whereas in 1965 there were seven times more male cases than there were female. Of the total of 486 new cases in 1971, 277 were male and 209 female. Associated with this trend is the number of girls aged 19 years and under, which was nearly half of the total number of female cases.

There were 83 cases of gonorrhoea amongst West Sussex patients and, of these, 33 were female cases, of whom 12 were aged 19 years and under, including one aged 15 years.

<i>Ages</i>	<i>Male</i>	<i>Female</i>	<i>TOTALS</i>
Under 16 years	—	1	1
16-17 years	—	4	4
18-19 years	8	7	15
20-24 years	13	17	30
25 years and over	29	4	33
TOTALS	50	33	83

An encouraging aspect of this otherwise melancholy situation is the increasing willingness of young people, especially girls, to attend for examination and advice. A discouraging feature is their lack of knowledge regarding both sexually-transmitted infections and of contraceptive techniques.'

Vaccination and Immunisation

The number of primary courses of immunisation against diphtheria, tetanus, whooping cough and poliomyelitis decreased by between 12 and 15 per cent due to the postal strike in the early part of the year. As appointments could not be sent during the strike, clinics were suspended for a period of six to eight weeks; the start and completion of many courses of protection were correspondingly delayed. The number of reinforcing doses increased, particularly of tetanus and poliomyelitis, which rose by 230 per cent and 37 per cent respectively. These increases follow the first complete year of offering booster doses of tetanus and poliomyelitis vaccine to children at the age of fourteen years and eight months.

Notification of Infectious Diseases: 1971

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.	—	—	—	—	—	—	—	13	—	—	—	1	—	—	—	—	—	14	—
Bognor Regis	—	—	—	—	—	8	—	10	7	—	—	—	—	—	—	—	—	22	2
Chichester M.B.	—	—	1	—	—	1	4	2	4	—	—	1	—	—	—	—	—	18	2
Crawley	—	—	—	—	—	1	6	10	199	—	—	2	—	—	—	—	—	226	4
Horsham	—	—	—	—	—	1	6	5	80	—	—	2	—	—	—	—	—	99	4
Littlehampton	—	—	—	—	—	—	—	6	7	—	—	2	—	—	—	—	—	29	6
Shoreham-by-Sea	—	—	—	—	—	2	3	3	53	—	—	1	—	—	—	—	—	66	4
Southwick	—	—	—	—	—	1	—	4	27	—	—	1	—	—	—	—	—	35	1
Worthing M.B.	—	—	1	—	—	1	1	2	289	—	—	5	—	—	—	—	—	319	17
Total Urban Districts	—	—	2	—	—	15	14	55	666	—	—	21	—	—	11	4	—	828	40
Rural Districts																			
Chancetonbury	—	—	1	—	—	4	9	5	88	—	—	1	—	—	—	—	—	110	1
Chichester	—	—	—	—	—	3	—	7	38	—	—	7	—	—	—	—	—	58	2
Horsham	—	—	—	—	—	1	7	3	36	—	—	12	—	—	—	—	—	70	9
Midhurst	—	—	—	—	—	—	—	1	3	—	—	—	—	—	—	—	—	5	1
Petworth	—	—	—	—	—	—	4	—	26	—	—	6	—	—	—	—	—	37	1
Worthing	—	—	—	—	—	—	—	5	52	—	—	10	—	—	—	—	—	77	8
Total Rural Districts	—	—	1	—	—	8	20	21	243	—	—	36	—	—	6	1	—	357	21
Total Administrative County	—	—	3	—	—	23	34	76	909	—	—	57	—	—	17	5	—	1,185	61
Total Administrative County 1970	1	—	14	—	—	50	43	130	822	3	1	71	—	—	41	7	—	1,236	53

Note: Notifications of rubella (29) in Worthing R.D. are not shown in this table.

Vaccinations against measles fell by almost a half in 1971, because the number given in 1970 had largely cleared the backlog of older children who had been waiting for the vaccine. The scheme of vaccination against rubella for thirteen-year-old girls, described in the Report for 1970, was continued, the vaccinations being carried out either at school or at general practitioners' surgeries.

The details of primary and reinforcing immunisations against communicable diseases are given in the next table.

Type of Injection	Primary Immunisations		TOTALS	Reinforcing Injections		TOTALS
	By County Medical Staff	By General Practitioners		By County Medical Staff	By General Practitioners	
Diphtheria and tetanus	99 (51)	99 (107)	198 (158)	1,679 (1,543)	4,831 (4,652)	6,510 (6,195)
Measles	1,568 (2,798)	4,777 (9,259)	6,345 (12,057)	— (—)	— (—)	— (—)
Poliomyelitis	1,353 (1,496)	4,366 (4,785)	5,719 (6,281)	2,434 (1,849)	7,558 (5,449)	9,992 (7,298)
Rubella	2,256 (—)	1,202 (149)	3,458 (149)	— (—)	— (—)	— (—)
Tetanus	— (2)	5 (167)	5 (169)	639 (145)	2,369 (766)	3,008 (911)
Triple antigen	1,296 (1,408)	4,194 (4,640)	5,490 (6,048)	— (—)	— (—)	— (—)

Note: The figures in brackets relate to 1970.

Smallpox

The Joint Committee on Vaccination and Immunisation reviewed the indications for offering vaccination against smallpox in Great Britain. The Committee concluded that

- (i) the chances of introduction of smallpox into Britain have substantially diminished and are likely to continue to lessen with the further progress of the World Health Organisation eradication campaign;
- (ii) the British public are, therefore, far less likely to be exposed to infection with smallpox than at any previous time since the disease was first recorded in this country; and
- (iii) vaccination is a safe and reliable method of protection against smallpox for the vast majority of people but the number of serious complications in childhood, though few, is now out of proportion to the risk to them from smallpox in Britain.

The Joint Committee accordingly reached the following conclusions, which were accepted by the Secretary of State.

- (a) Vaccination against smallpox need not now be recommended as a routine procedure in early childhood;
- (b) all travellers to and from various parts of the world where smallpox is endemic or countries where eradication programmes are in progress should be protected by recent vaccination; and
- (c) health service staff who come into contact with patients should be offered vaccination and regular revaccination.

This advice was communicated by letter dated 28th July, 1971 from the Chief Medical Officer of the Department of Health and Social Security. As a result, routine smallpox vaccination was deleted immediately from the Department's programme and no smallpox vaccinations were offered after 6th August, 1971. The following table gives details of the vaccinations and revaccinations given before that date.

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	2 (11)	46 (74)	48 (85)	— (—)	2 (—)	2 (—)
1 year	485 (947)	1,903 (3,318)	2,388 (4,265)	— (—)	3 (—)	3 (—)
2-4 years	110 (127)	360 (386)	470 (513)	448 (843)	1,625 (2,706)	2,073 (3,549)
5-15 years	5 (16)	81 (126)	86 (142)	590 (2,830)	2,197 (8,039)	2,787 (10,869)
TOTALS	602 (1,101)	2,390 (3,904)	2,992 (5,005)	1,038 (3,673)	3,827 (10,745)	4,865 (14,418)

Note: The figures in brackets relate to 1970.

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 1962.

Year	Number skin-tested	Number positive	Percentage positive	Number negative	Number vaccinated
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
1970	5,905	192	3.3	5,430	5,410
1971	5,608	186	3.3	5,170	5,144

PART III—CARE OF MOTHERS AND YOUNG CHILDREN

Ante-natal and Post-natal Care

Details of attendances during the last two years are given below.

	1970	1971
Number of ante-natal clinics provided at end of year	4	1
Number of sessions held a month	14	4
Number of women in attendance:		
(i) for ante-natal examination	770	378
(ii) for post-natal examination	101	84

The clinics at Arundel, Selsey and Chapel Street, Chichester were closed when the hospital authorities made arrangements for the clinics to be held on hospital premises.

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 increased by 242 compared with 1970. The numbers of children of various ages who attended the clinics during 1970 and 1971 are given below.

		1970			1971
Born in			Born in		
1970		3,681	1971		3,737
1969		3,184	1970		3,476
1965-1968		2,945	1966-69		2,839
	TOTAL	9,810		TOTAL	10,052

Weighing Centres

The numbers of children who attended weighing centres during 1970 and 1971 are given below.

		1970			1971
Born in			Born in		
1970		594	1971		561
1969		595	1970		554
1965-1968		646	1966-1969		575
	TOTAL	1,835		TOTAL	1,690

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.

Battered Babies

In May, 1971 a scheme (described at Appendix C) was established for the early ascertainment of children at risk. Health visitors undertake both case-finding and the surveillance of the physical condition of children in 'at risk' families. Clinical information from other medical and social agencies is collated centrally and close liaison is maintained between both the Health and Social Services Departments centrally and health visitors and area social work teams.

At 31st December, 1971, 53 'at risk' situations had been identified in the County (excluding Worthing M.B.).

Family Planning

Clinic Services

The clinics continued on the same basis as in 1970. Service was given entirely free to medical cases whilst non-medical cases received free consultation and advice but had to pay for supplies. The number of women attending the clinics increased by 1,550 (16.2 per cent). Of the 3,684 new patients seen, 2,166 were women for whom pregnancy would be detrimental to health; 1,994 of these women were attending clinics run by the Family Planning Association and the remaining 172 attended the County Council's clinic at Shoreham-by-Sea.

<i>Clinic</i>	<i>New cases</i>		<i>Total numbers of women in attendance</i>		<i>Total attendances</i>	
	1970	1971	1970	1971	1970	1971
Bognor Regis	390	416	998	1,096	2,863	3,018
Chichester and Selsey	385	490	1,048	1,420	2,790	3,377
Crawley and Tilgate	704	788	2,544	2,734	6,692	7,078
Horsham, Roffey and Billingshurst	470	466	1,676	1,790	3,991	4,374
Lancing	24	121	28	200	42	594
Littlehampton	150	232	329	467	702	1,095
Midhurst	44	23	154	157	384	352
Shoreham-by-Sea	241	265	491	611	911	1,194
Worthing	767	883	2,273	2,616	5,816	6,655
TOTALS	3,175	3,684	9,541	11,091	24,191	27,737

The County Council accepted the recommendation of the Health Committee to adopt from 1st April, 1971 the Family Planning Association's National Agency Scheme until such time as a directly-administered service was introduced. The main effect of this scheme is that a standard nationally-negotiated *per capita* charge is made to replace the sometimes protracted locally-negotiated arrangements.

In February, 1971 the County Council agreed that, subject to appropriate budget provision, a directly-administered family planning service should be introduced from 1st April, 1972.

Domiciliary Service

The domiciliary service in the Chichester and Bognor Regis area continued; in December, 1971 it was extended to the south-eastern area of the County including, by arrangement with the Medical Officer of Health of Worthing, the Borough of Worthing itself. By the end of the year, plans were well advanced for a service to be introduced into the remaining, north-eastern area of the County. A total of 53 patients were referred for domiciliary consultation during the year.

By the end of 1971, 72 patients had been referred to the domiciliary service in Chichester and Bognor Regis since its inception in December, 1969 and the following figures give a breakdown of the results achieved during this period.

Referred by:	Health visitors	60	
	Social workers	3	
	Gynaecologists	5	
	F.P. clinics	4	72
Reason for referral:	Medical	7	
	Psychiatric	10	
	Social	43	
	Clinic inaccessible	12	
Method used:	Oral	30	(4)
	I.U.D.	34	(3)
	Cap	6	(2)
	Condom	5	(2)
	Sterilisation		
	Male	5	
	Female	2	7
	None	1	
Discharged:	Sterilised	7	
	To clinic	4	
	Moved	7	
	Pregnant	2	20
Still under care:			52

Note: The figures in brackets refer to the number of women whose method was changed during the period under review.

A review of the statistics over the first 27 months of operation of the domiciliary arrangements (from December, 1969 to February, 1972) shows how effectively the scheme has operated. During this period, 84 women were referred and 83 accepted advice. The number of their previous pregnancies ranged from none to 13 and averaged four each; seven women had had nine or more pregnancies each. The total number of pregnancies in these women was 302 and the total number of months which had elapsed since they first conceived was 6,636. They therefore had one pregnancy every 22 months.

The total number of months during which these 83 women were advised by the domiciliary service was 718. Before the scheme was introduced with a pregnancy rate of one every 22 months, there would have been 33 pregnancies during this period of time. In fact there were only two, an average of one pregnancy every 359 months. It may therefore be concluded that, during the first 27 months of operation, the domiciliary service probably averted 31 pregnancies.

Mothercraft and Relaxation Classes

Mothercraft and relaxation classes for expectant mothers and classes in post-natal exercises were held at the nine centres shown in the following table which also gives particulars of the numbers of attendances made in 1970 and 1971. Physiotherapists took charge of some of the classes; others were run by midwives or health visitors.

<i>Area</i>	<i>Sessions held</i>	<i>Total number of attendances</i>	
		1970	1971
Arundel	Weekly	68	62
Bognor Regis	Weekly	465	387
*Chichester	Weekly	2,014	944
Crawley	Weekly	928	1,120
Horsham	Weekly	1,694	1,931
Lancing	Weekly	358	348
Roffey	Weekly	251	225
Shoreham-by-Sea	Weekly	414	513
Worthing	Weekly	361	418
TOTALS		6,553	5,948

*Classes discontinued from 30.6.71.

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 79 distribution centres were in operation at the end of the year; 12 of these were main centres and 67 were sub-centres at clinics, private houses, local stores and doctors' surgeries. The Women's Royal Voluntary Service were responsible for the distribution of foods at main centres (eight of which are on their premises) and at 21 sub-centres.

Changes were made in the supply of welfare foods; cod liver oil ceased to be available after 30th April and orange juice after 31st December. Cod liver oil and orange juice were replaced by vitamins A, D and C drops for children and a reconstituted vitamin A, D and C tablet for mothers will be available shortly. From 4th April, the provision of cheap welfare milk was withdrawn but the entitlement to free welfare milk was extended.

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

<i>Year</i>	<i>National dried milk (packets)</i>	<i>Cod liver oil (bottles)</i>	<i>Vitamin drops (bottles)</i>	<i>Vitamin A and D tablets (packets)</i>	<i>Orange juice (bottles)</i>
1971	7,138 (137)	2,420 (142)	4,997 (96)	4,123 (79)	106,870 (2,052)

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

Proprietary Foods

Infant proprietary foods were sold at child health clinics throughout the County at cost price plus a ten-per-cent handling charge. During the year, the purchase price of proprietary foods increased by an average of 34 per cent and this resulted in an increase in the cost of purchases from £5,832 in 1970 to £6,409 in 1971.

Congenital Malformations

There were 133 births in which a congenital malformation was observed and entered on the birth notification cards. The total number of congenital malformations described was 157.

Dental Care

A total of 440 expectant and nursing mothers and pre-school children were examined; 223 needed treatment and 252 courses of treatment were completed.

The rate of decayed, missing and filled teeth per child between four and five years of age was 3.4, an increase of 0.1 over the figure for 1970.

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

PART IV—NURSING SERVICES

General

A significant change in the work of the nurses during 1971 followed the opening of three further health centres, at Henfield, Littlehampton and the Broadfield area of Crawley, to which reference is made elsewhere in the Report. The first of the County's health centres was opened at Shoreham-by-Sea in 1970. At Shoreham-by-Sea and at Henfield the family doctors already employed surgery nurses and these nurses continued to work in a

similar capacity in the health centres, assisted at Shoreham-by-Sea by the appointment of an additional nurse. At Littlehampton, however, no nurses were employed by the family doctors and the opportunity arose to experiment with the method of providing nursing within the centre. In theory at least it seemed illogical to use centre nurses since the patient would then be seen by a different nurse if he was ill at home than if he attended the centre and continuity would therefore be lost. Accordingly, when the centre opened, the treatment room was staffed by a rota of the district nurses working in the area, arrangements having been made to relieve them of some of their normal work. However, after several weeks' experience, it became apparent that this arrangement gave insufficient continuity within the centre and that this could only be provided by a centre nurse with an overall responsibility for the running of the treatment room, who would also conduct the majority of the sessions in person. It was, however, possible to retain some involvement of the district nurses by arranging for them to attend the centre on a rota basis; this pattern of provision appears to be working satisfactorily and has been extended to the Shoreham-by-Sea health centre.

A further feature of nurses working in health centres is that facilities are available for more elaborate treatments and diagnostic investigations to be carried out than had previously been possible. It became clear that training courses in these procedures were necessary and, with the cooperation of the nursing department of the Redhill and Netherne Hospital Group, two such training courses were successfully held at Crawley Hospital.

Reference has been made in previous Reports to the need for increasing the numbers of enrolled nurses and nursing auxiliaries employed. The number of state enrolled nurses rose in 1971 from two to 14.

Further consideration was given to cooperation with the hospital service and, in particular, to the means of communication between nurses working in hospital and those working in the community. Discussions were initiated with the nursing officers of all three general hospital groups in the County, as a result of which improvements were introduced.

On 4th March, 1971 members of the Committee on Nursing (Chairman, Professor Asa Briggs) visited the Department and met members of the staff. By letter dated 18th March, 1971 the Assistant Secretary expressed the thanks of the Committee for the arrangements which had been made and said that the frank opinions of the staff would undoubtedly play their part in the Committee's subsequent deliberations.

Nurse Education

One innovation during the year, following upon the increasing number of state enrolled nurses employed, was a two-day study course for these nurses, which was considered to be most successful.

Other arrangements for nurse education continued as in previous years. These included the experimental course in domiciliary care for student nurses at Crawley Hospital, and the usual arrangements for the training of health visitors. Six health visitor students completed training and five colleges sent students for one week's practical experience in rural areas. An integrated course of midwifery training based at Crawley Hospital commenced in August, 1971.

The Department's programme of in-service training continued as before; a refresher course is offered to each nurse once every five years and about one-third of the nurses are invited to attend a four-day internal course which is held annually at the Council's residential conference centre at Lodge Hill, Pulborough.

Discussions took place with the training schools in the County about the new syllabus of the General Nursing Council, which requires considerably more community experience than previously.

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 87.

	1970	1971
Total number of persons nursed during year	14,107	14,303
Number of persons under 5 years	386	395
Number of persons over 65 years	10,056	9,054
Total number of visits	391,501	406,638

The number of patients treated and the total number of visits paid during the year increased by 196 (1·3 per cent) and 15,137 (3·9 per cent) respectively. There was a decrease in the number of patients who were over the age of 65 years from 71 per cent in 1970 to 63 per cent in 1971.

General nurses continued to treat some of their patients at the surgeries of the general practices to which they were attached; 419 sessions were attended by 11 nurses who gave 2,733 treatments.

Night Nursing

Nursing care at night was provided for 30 patients on a total of 56 nights. It remained difficult to recruit staff who were willing to undertake occasional night nursing.

Equipment

Apart from the actual nursing of patients, the provision of appropriate equipment is the most important aspect of caring for sick or handicapped people at home and it is one which is very much appreciated by patients and relatives alike.

The figures show the familiar pattern of an increase over the previous year. No fewer than 5,623 items were issued in 1971 compared with 4,551 in 1970. Collections were 3,992 compared with 3,412 in 1970. The increase in the number of issues in 1970 compared with 1969 was 12.9 per cent; in 1971 compared with 1970 it was 23.5 per cent. In 1971 the number of issues was more than four times greater than in 1964.

Article	Stock		Number of issues		Article	Stock		Number of issues	
	1970	1971	1970	1971		1970	1971	1970	1971
Back rests .	241	284	230	248	Hoists :				
Bath boards .	152	176	58	97	Hydraulic .	34	39	54	41
Bath mats .	842	1,142	293	393	King .	21	21	3	8
Bath safety rails .	617	833	244	317	Inflatable mattresses .	23	23	11	14
Bath seats .	635	879	250	468	Mattresses .	129	136	113	103
Beds .	112	112	105	102	Poles and chains	78	85	54	79
Bed blocks .	194	274	68	108	Ripple mattresses .	18	26	36	59
Bed cradles .	339	394	266	306	Sanicushions .	16	16	1	2
Bed ladders .	93	93	16	15	Sanitary pushchairs .	10	14	7	15
Bed pans .	253	283	141	139	Seat aids .	91	115	64	87
Commodes .	706	779	718	801	Toilet seats (raised) .	123	164	55	77
Crutches .	171	184	95	144	Urinals .	382	406	140	176
Dunlopillo rings	580	652	247	323	Walking aids :				
Ejector seats .	36	50	21	30	Sticks .	531	609	226	263
Exercycles .	7	9	1	2	Frames .	661	797	455	581
Fracture boards	106	142	60	65	Wheelchairs .	334	347	464	492
Helping hands .	203	263	55	68					

The stock columns show the Department's total stock of equipment. Only minimal working stocks are held in the central store, the majority of the equipment is usually on loan.

The increase in items issued and collected was made possible by the part-time equipment assistant going out on van deliveries once a week and also by leaving some small and often urgently-needed items at health centres and clinics for distribution by members of the nursing staff.

The national arrangement for the provision of wheelchairs was unchanged and efforts within the Department to ensure the best use of these chairs enabled more issues to be made on a short-term basis.

Midwifery

The increase in the number of hospital deliveries continued; of the total number of 6,912 births, 6,553 (94.8 per cent) were delivered in hospital and 359 (5.2 per cent) were home deliveries. Of the latter number, a doctor was

not booked in seven cases. In 1971, 130 women who were booked for home confinement had to be transferred to hospital for delivery. Medical aid was summoned by domiciliary midwives on 57 occasions, six fewer than in 1970.

The Crawley scheme in which the Council's midwives deliver their own cases in the general practitioner unit at Crawley Hospital continued and 278 (nine more than in 1970) were delivered under these arrangements. Under a similar scheme at Worthing Hospital, 108 women were delivered, 18 more than in the previous year.

Maternal Deaths

There were two deaths in the County attributable to pregnancy and child-birth and they were both investigated in cooperation with the hospitals concerned. One death was due to hepatic and renal failure secondary to intrauterine death of the foetus, the other to bilateral adrenal haemorrhage secondary to septic abortion and H.M. Coroner commented that there was no evidence to suggest any form of induced abortion.

Health Visiting

Particulars of the staff employed are given in the table on page 87.

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

<i>Type of Case</i>	<i>Number of cases visited</i>	
Children born in 1971	6,650	
Children born in 1970	5,211	
Children born in 1966-1969	11,223	
	1970	1971
Children under the age of 5 years	24,927	23,084
Person aged 65 or over	5,845 (2,745)	6,252 (2,967)
Mentally disordered persons	231 (127)	136 (87)
Persons discharged from hospital other than maternity or mental cases	448 (292)	526 (406)
Tuberculous households visited	58	60
Households visited on account of other infectious diseases	48	29

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

In addition to the visits shown above, 5,199 visits (1,159 fewer than in 1970) were paid in connection with the cervical cytology scheme.

PART V—PREVENTION OF ILLNESS, CARE AND AFTER CARE

Health Education

The uncertainty caused by impending reorganisation had repercussions on the health education service. It was not possible to fill the vacancy caused when an assistant organiser left early in the year to take up a more senior post elsewhere. Plans to expand were accordingly postponed and current activities were reviewed.

It is now just over eleven years since a full-time organiser was appointed. During this period, the service has become well-established and appreciated by professional and voluntary organisations of many kinds. Compared with the early 1960s, there is not quite the same need to press the benefits of health education as part of general education; more teachers are themselves including health in their teaching. More requests are received for help and advice rather than for visiting teachers or lecturers. Whilst it is clear that not all needs are being fully met, it is equally obvious that they never will be by health workers alone.

The function of the health education service was accordingly re-examined and the following conclusions on future activities were reached.

- (i) To concentrate limited resources on priority groups, such as schoolchildren, the middle-aged, and handicapped persons;
- (ii) to phase out spasmodic health education with organisations whose primary concern is not health education;
- (iii) to develop the advisory role of the organisers; and
- (iv) to increase the lending of health teaching materials to other organisations.

Parentcraft Classes

The content of these classes for parents in the ante-natal period is continually changing. Some were established before the inception of the National Health Service and originally were intended for mothers-to-be; today the attendance of both parents is more common. A few years ago, the introduction of family planning into the classes would have been unacceptable, but now many groups are anxious to have information. More classes are organised in conjunction with hospital maternity departments and the sessions are divided between the local authority and hospital staff; this cooperation works smoothly, mainly because of the eagerness of individuals to make it work. Assistance was given with syllabus planning and the loan of visual aids.

Smoking

At the beginning of the year, it was hoped to revisit all primary schools to continue the anti-smoking campaign with children in the eight to 11 year age group. Due to staffing difficulties, it was only possible to visit 71 schools.

The films held by the Department on smoking were available to all schools and some visits were made by the organisers to secondary schools to discuss the topic with young people. Through the Executive Council, posters and leaflets were distributed to family doctors, and all nursing staff were supplied with education material. The problem of smoking was also frequently introduced during talks on general health topics.

The Health Committee considered Department of Health and Social Security Circular 33/71 which emphasised that the example set by health authorities on smoking could be particularly important. A recommendation of the Committee that notices asking people not to smoke be exhibited in the main entrance to County Hall was implemented. Similar notices are exhibited in all the new health centres.

Venereal Diseases

Whenever staff of the Department talked to young people about sex education or discussed the subject with teachers reference was made to the problems of sexually-transmitted diseases.

Royal Society of Health Congress, Eastbourne

The Sussex local health authorities were again asked to provide a stand at the Congress Exhibition at Eastbourne. It was decided to demonstrate cooperation between local authorities and industry in the production of equipment to aid environmental health. The assistance given by industrial companies was a valuable help in the production of an exhibit in a limited time.

Health Education in Schools and Colleges

Health visitors continued to participate in health education with school-children. The types of courses varied with individual schools. It is debatable whether health education should be a separate subject on a timetable but, where this was done, it was recognised as having real importance.

Frequent meetings were held with school teachers, both individually and in groups, and advice was given on problems of particular concern. Some teaching was undertaken by the organisers themselves where it was thought that an outsider could make a special contribution. It was not however possible to accept all the invitations received.

A growing number of students from colleges of education visited the Department in connection with special projects and some degree students undertaking research in health education sought opportunities to study the health education activities of the Department.

The health education organisers gave 467 talks to a total audience of approximately 20,000 people; 915 items of audio-visual aids were loaned and 352 films were shown during the year.

Medical Arrangements for Long Stay Immigrants

The Department received 210 advice notes during the year, compared with 293 in 1970, about immigrants who had given destination addresses within the County; all but 24 came from European or Commonwealth countries. If an immigrant could not be traced at the address given or had moved to another address, the Port Medical Officer was informed and, where a forwarding address was known, the appropriate medical officer of health was also 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; the first heading in the table has been changed from Chichester to Bognor Regis as the chest clinic was transferred there when Aldingbourne Chest Hospital closed in August, 1971. At the end of the year, the total numbers of patients on the registers of the clinics in the four areas showed an increase of 11 (333 compared with 322 in 1970); of the new patients first examined, 21 (18 fewer than in 1970) were found to be suffering from tuberculosis.

	<i>Chest Clinics</i>			
	<i>Bognor Regis</i>	<i>Crawley</i>	<i>Horsham</i>	<i>Worthing</i>
1. Population of area served . . .	164,050	67,800	57,000	207,000
2. Patients on register on 1.1.71 . . .	74	119	76	53
3. Additions to register:				
(a) New notifications	12	7	1	6
(b) Moved into area	—	3	—	6
(c) Restored to register	—	—	—	—
4. Removed from register:				
(a) Recovered	4	1	—	5
(b) Left area or lost sight of	—	—	—	—
(c) Died	8	1	2	3*
5. Patients on register on 31.12.71 . . .	74	127	75	57
6. Number of new patients found to be tuberculous	12	2	1	6
7. (a) Contacts examined, including those of 6 above	39	28	3	34
(b) Of these, number found to be tuberculous	—	—	—	—

*One only from tuberculosis.

Discharge from Hospital

The arrangements made for the after care of patients discharged from hospital were described in detail in the Report for 1964. Requests, usually

for home nursing, were received at three main clinics, where a clinic receptionist made appropriate arrangements. In addition 352 requests in 1971 (mostly from local hospitals) were received at the headquarters of the Department in Chichester, where they were dealt with by one of the nursing officers.

Chiropody

Particulars of the staff employed are given in the table on page 87. The staff difficulties which have been a feature of previous Reports were not so pronounced in 1971, except at Shoreham-by-Sea where the recruitment of a second chiropodist for the twin surgery at the health centre had not been possible by the end of the year; with only one chiropodist operating, there was no progress in reducing the waiting list. The more settled staff situation elsewhere in the County was reflected in an increase of 7,978 treatments in the year, compared with only 494 in 1970.

Year	Treatments			Percentage free
	Clinic	Domiciliary	Total	
1967	17,394	2,017	19,411	35
1968	18,610	3,418	22,028	32
1969	23,746	5,318	29,064	39
1970	25,370	4,188	29,558	37
1971	33,146	4,390	37,536	35

In addition, chiropody was provided by 13 voluntary organisations each of which received financial support from the Council. These organisations gave 2,210 treatments at 306 sessions. The corresponding figures for 1970 were 2,184 and 317 provided by 14 organisations; one club was obliged to suspend its chiropody service to members because of difficulty in obtaining a qualified chiropodist.

Intermittent Renal Dialysis

By Circular 2/68 dated 4th January, 1968 approval was given to local health authorities to make arrangements for the adaptation of bedrooms in patients' homes in order that dialysis could be given outside hospitals.

During 1971, one adaptation was undertaken, and approval was given to three others. Two of these were not completed by the end of the year and, because of accommodation difficulties and medical problems with the patient, the other was not commenced.

At the end of the year there were three patients on dialysis at home; one in Crawley (this patient is being transferred to more suitable accommodation and the work is one of the two installations not completed by the end of 1971), one in East Wittering and the other in Upper Beeding.

The Care of the Elderly

The following comments on this subject were made by Dr. J. N. Mickerson, Consultant Physician at Chichester.

'There was no easing of the problems of the geriatric services in the County over the past year. Despite certain setbacks, there was, however, some prospect of eventual improvement.

The failure to appoint a suitable candidate to the vacant Consultant Geriatrician post at St. Richard's Hospital stimulated the Chichester Group of Hospitals to review their geriatric service. Dr. Millard, the adviser in geriatrics to the Regional Hospital Board, visited St. Richard's and the Royal West Sussex Hospitals and made recommendations which were approved by the Management Committee. These recommendations, which involve considerable expenditure, are now being considered by the Board. If these recommendations are implemented, there will be a considerable improvement in the hospital geriatric service during the long period before the new geriatric wing of St. Richard's District Hospital is built. Furthermore, such new arrangements will help to attract good candidates for the vacant Consultant Geriatrician appointment.

During the year extra geriatric accommodation was made available in the Chichester Group of Hospitals but the continued shortage of nursing staff prevented the full use of these extra beds. A Social Services Liaison Committee under the Chairmanship of Dr. Donald Wilson was formed to encourage closer links between the Social Services Department of the County Council and the Chichester Hospitals. It is hoped that this Committee will promote a more efficient use of the available services and also influence future planning.

The reduction in rural bus services continued to cause transport problems for the elderly. Recent legislation has however enabled local communities to arrange their own 'minibus' services. Several towns and villages, with County Council encouragement, have already planned their own transport service.

The introduction of the rural 'minibus' service is an indication that more could be done for the elderly in West Sussex by self-help and by voluntary organisations. There is clearly a limit to the financial provision which can be made for the social services in this area and the gulf between established needs and available funds will undoubtedly increase. The appointment of a full-time Director to coordinate the voluntary and self-help organisations in the County could promote the expansion of the domiciliary services at a more financially-acceptable and economic rate.'

Retirement Clinics

The arrangements for the non-therapeutic clinics held at Bognor Regis and Littlehampton were given in the Report for 1966. Because of a decline in the numbers of elderly people wishing to be seen at Bognor Regis, the clinic there was suspended. As will be seen from the next table, attendances at the Littlehampton clinic fell by 50 per cent and, of the 13 people who attended, seven had been seen previously.

<i>Age</i>	<i>Males</i>	<i>Females</i>	<i>TOTALS</i>
50-59 .	— (—)	— (—)	— (—)
60-69 .	2 (5)	— (11)	2 (16)
70-79 .	6 (4)	5 (7)	11 (11)
TOTALS .	8 (9)	5 (18)	13 (27)

Note: The figures in brackets relate to 1970.

Population Screening Surveys

Phenylketonuria

All babies born in the County are tested for phenylketonuria by the Guthrie blood test method. No case of phenylketonuria was found during the year.

Cancer of the Breast and Cervix

The computer-assisted scheme, initiated in 1967, aims to offer to every woman in West Sussex who is over the age of 35 years an examination once in five years either at a County clinic or by her general practitioner if he is willing to do the examinations.

The number of invitations sent was higher in 1971 than in the previous year and the number of examinations would have been larger but for the seven-week curtailment of activities during the postal dispute. Clinics were in operation in Arundel, Billingshurst, Bognor Regis, Chichester, Horsham, Selsey, Shoreham-by-Sea, Worthing Hospital and the Worthing Central Clinic. An average of 10 clinic sessions were being held every week at the end of the year.

A total of 2,672 refusals were recorded – relating to the initial invitations sent out in the year. Not all of these were visited by health visitors in an attempt to gain a consent as names are taken from the electoral registers which include every woman over the age of 18 years and women from that age up to the age of 34 who initially refuse are not visited. Visits were made to 1,845 women between the ages of 34 and 69 years in an endeavour to gain a consent. After eliminating those who had died, left the area, or had in the meantime been examined, 133 women were willing to have the examination. The final total of refusals was 1,532 which gave a consent conversion rate of 7.9 per cent.

In the Reports for 1968 (page 49) and 1969 (page 38), reference was made to a research study into the acceptability of the self-irrigation pipette technique. This survey commenced in February, 1970 and was completed in December, 1971. The whole programme was undertaken with the financial support of the Department of Health and Social Security and in association with the London School of Hygiene and Tropical Medicine, and St. Stephen's Hospital, London. At the time the Report was prepared the results of the study were being analysed.

Tables A, B and C give summaries of the work done in 1971, the figures for 1970 appear in brackets for comparison. The results given following the tables relate to conditions found on examination which required further investigation and follow-up through the doctors with whom the patients were registered; the cooperation received from general practitioners in providing information on the final diagnosis was greatly appreciated.

Table A – Response to Invitations

1.	Invitations sent		43,074	(35,178)
2.	<i>Less:</i> Replies not received by 31.12.71		8,827	(9,245)
3.	Replies received by 31.12.71		34,247	(25,933)
4.	<i>Less:</i> Already examined	5,705	(4,191)	
5.	Dead or left area	2,949	(2,346)	
6.	Over 70 years	6,893	(5,038)	
7.	Awaiting follow-up	3,074	(1,464)	
8.			18,621	(13,039)
9.	Consents and Refusals		15,626	(12,894)
10.	<i>Less:</i> Refusals after follow-up of women aged 35 to 69 years		2,672	(2,584)
11.	Consents		12,954	(10,310)
12.	Percentage of consents (i.e. line 11 as percentage of line 9)		82.9	(79.9)

Table B – Consents, Age Groups and Service Choice

	<i>Clinic</i>	<i>Family Doctor</i>	TOTALS
Under 35 years	1,780 (1,294)	1,320 (1,015)	3,100 (2,309)
Over 35 years	7,039 (5,636)	2,815 (2,365)	9,854 (8,001)
TOTALS	8,819 (6,930)	4,135 (3,380)	12,954 (10,310)

Note: The figures in brackets relate to 1970.

Table C – Examinations Carried Out

Breast only	507 (675)	217 (171)	724 (846)
Cervix and breast	8,041 (8,814)	2,086 (1,599)	10,127 (10,413)
TOTALS	8,548 (9,489)	2,303 (1,770)	10,851 (11,259)

Note: The figures in brackets relate to 1970.

Results

On clinical examination 462 women were found to have gynaecological conditions and were referred to their family doctors for further investigation and treatment if necessary.

Clinical examinations of breasts showed unsatisfactory results in 253 cases, 60 more than in 1970. At the time the Report was prepared, follow-up of these women through their doctors showed that in 47 cases no abnormality was found on further examination, 128 merely had a simple condition, 14 were suffering from carcinoma of the breast and 64 were still under investigation or observation.

Laboratory examination of the cervical smears revealed that 291 women had minor vaginal infections and they were all referred to their doctors for advice and treatment. In 51 cases the laboratory findings were suspicious and 17 were positive. The table below gives an analysis of the further investigations that had been completed when the Report was prepared.

<i>Results of further investigation</i>	<i>Cytological Diagnosis</i>	
	<i>Positive</i>	<i>Suspicious</i>
Invasive carcinoma of cervix	2	—
Carcinoma-in-situ	2	13
Cervical polyp	1	1
Inflammation	1	7
Repeat smear or histology normal	—	5
Still under investigation or observation	11	25
TOTALS	17	51

In 26 cases treatment was by cone biopsy. Twelve cases underwent hysterectomies, in two cases dilatation and curettage and biopsy was carried out and two had polyps removed.

PART VI—AMBULANCE SERVICE

Development

Towards the end of the year approval was given by the Department of Health and Social Security for the new station at Crawley to be included in the 1971/72 programme.

Plans were prepared for the extension of the station at Chichester. These include accommodation for a new control; building work should commence in February, 1972.

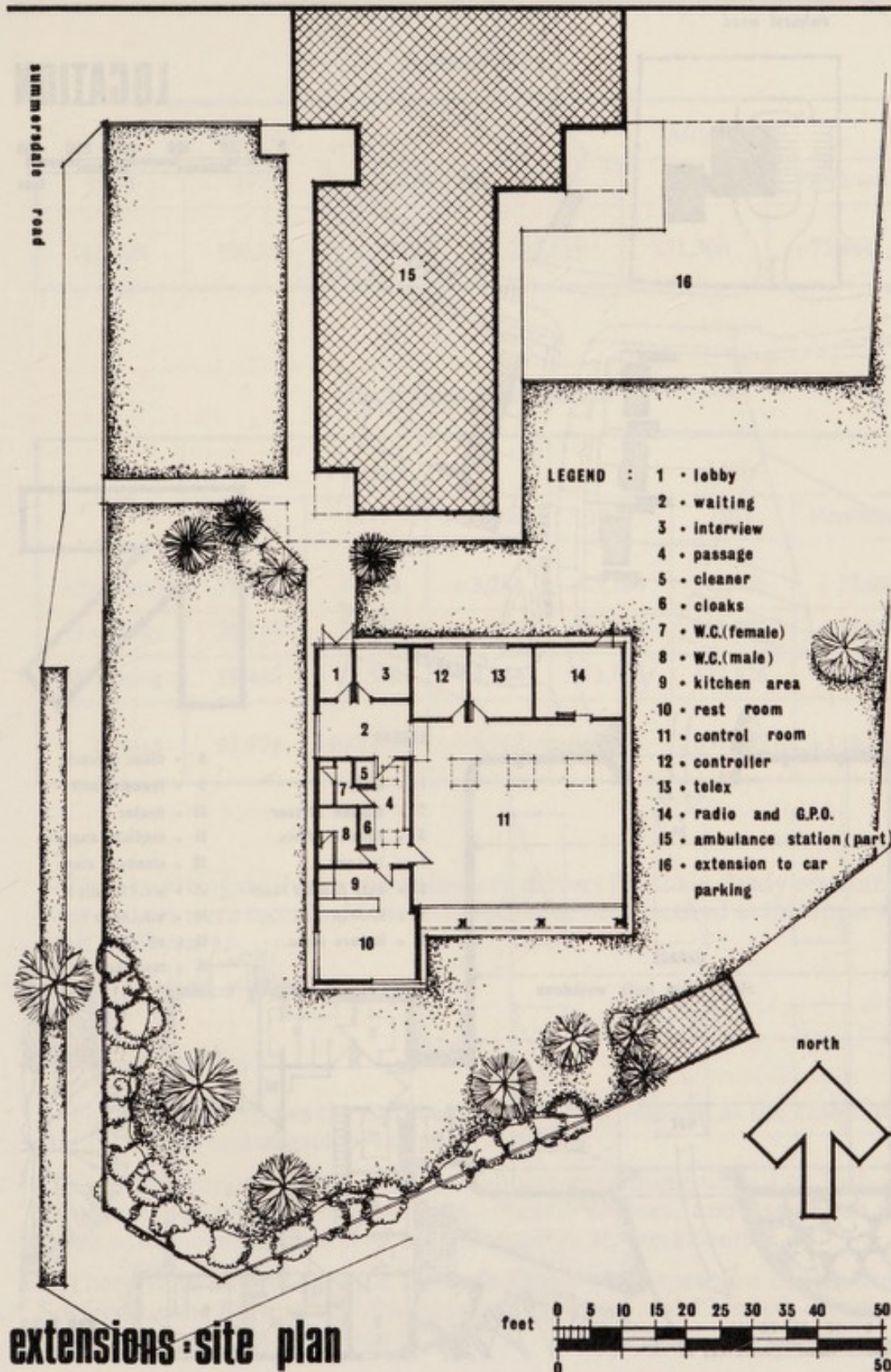
Statistics

The work of both the ambulance and ambulance car services increased but, as the figures for the ambulance service for 1970 were deflated by the industrial dispute referred to in the previous report, comparison is difficult.

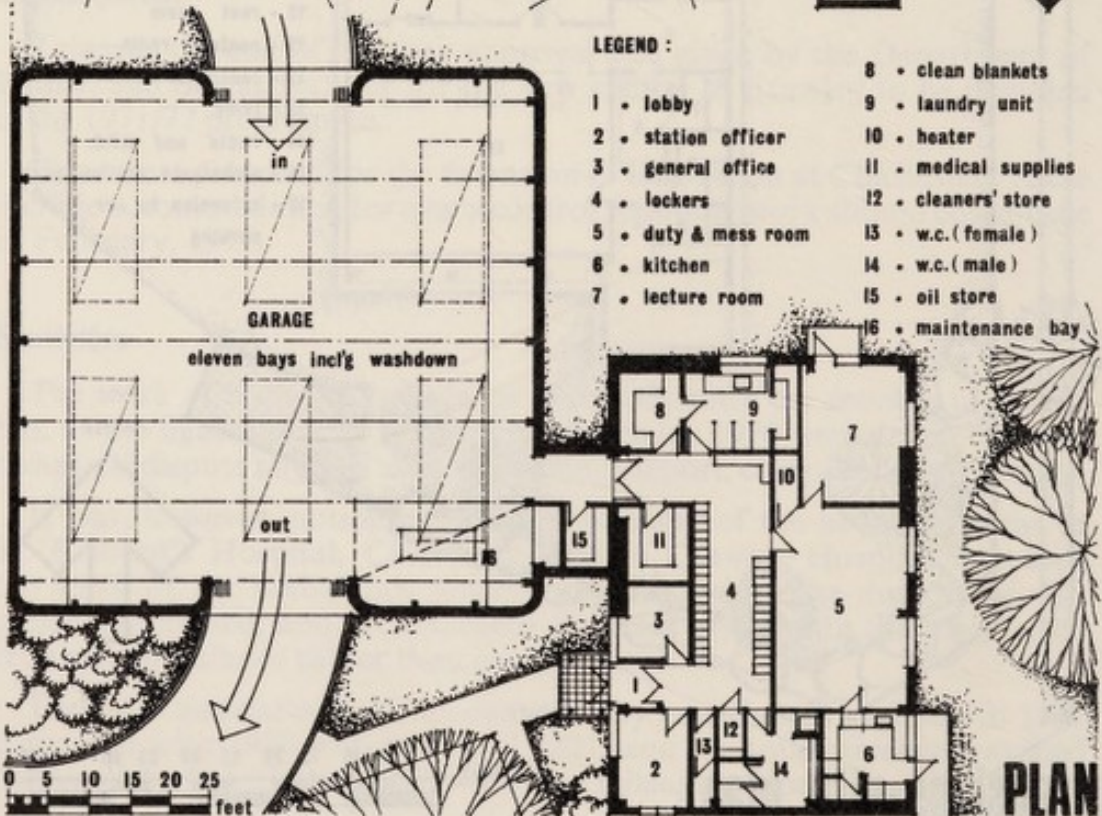
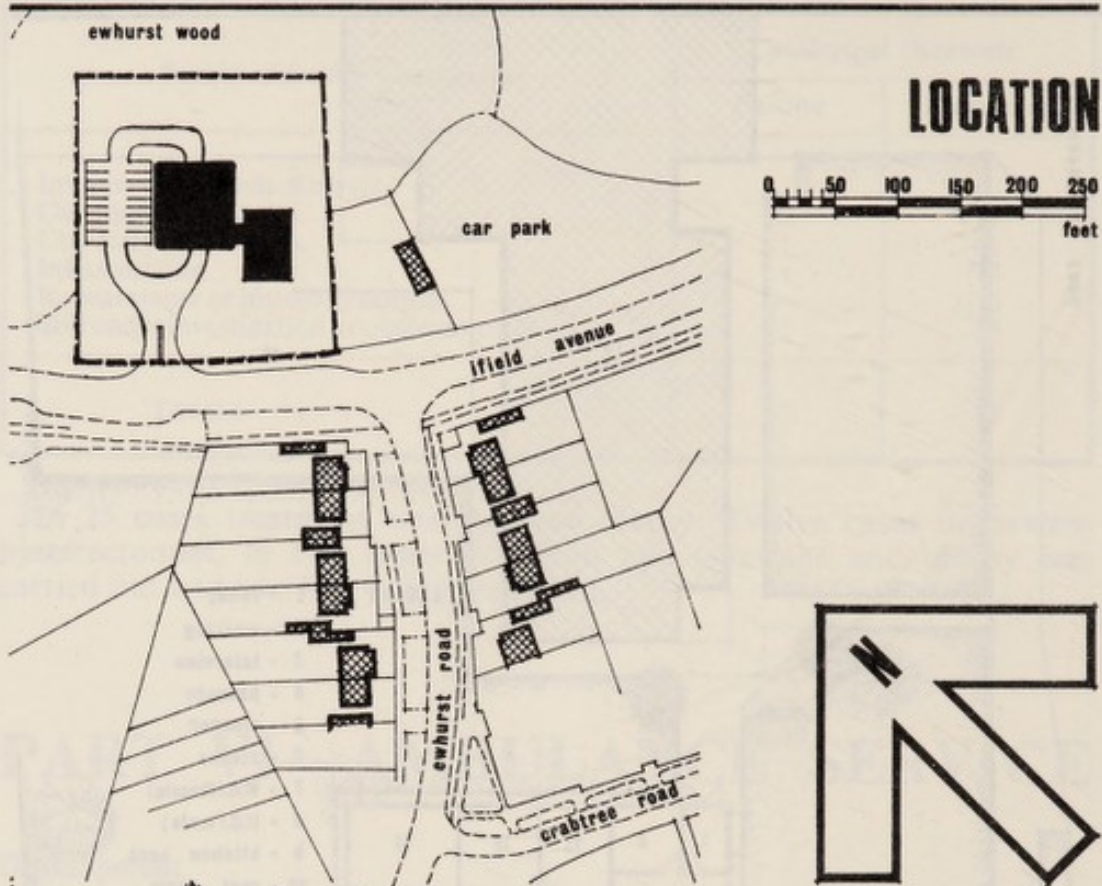
It was, however, noticeable that the opening of the new extensions to St. Richard's Hospital, Chichester, and to Crawley Hospital increased the work of the ambulance service in those areas. The number of day patients increased, and these created a special problem in that they often required ambulance rather than car transport.

The total number of patients conveyed by ambulances and cars in 1971 compared with 1970 increased by 21,321, and the total distance travelled increased by 213,936 miles. The average mileage per patient conveyed by

AMBULANCE CONTROL Chichester



AMBULANCE STATION - CRAWLEY



ambulance was 6.9 compared with 7.1 in 1970. Accident and emergency cases rose from 6,065 in 1970 to 7,651 in 1971 (an increase of 26.2 per cent), and accounted for 6.1 per cent of all patients conveyed. Patients conveyed by rail for part of their journeys numbered 786; this was 99 fewer than in 1970.

Ambulances

<i>Patients</i>			<i>Miles</i>		
1970	1971	<i>Variation</i>	1970	1971	<i>Variation</i>
111,924	126,283	+14,359	795,638	871,306	+75,668

Ambulance Car Service

<i>Area</i>	<i>Patients</i>			<i>Miles</i>		
	1970	1971	<i>Variation</i>	1970	1971	<i>Variation</i>
Chichester	33,859	37,143	+3,284	305,164	342,856	+37,692
Horsham	26,574	26,118	-456	342,612	387,707	+45,095
Worthing	33,446	37,580	+4,134	271,645	327,126	+55,481
TOTALS	93,879	100,841	+6,962	919,421	1,057,689	+138,268

Thanks are again due to the voluntary drivers for their ready assistance. New drivers were recruited to take the place of those retired at the upper age limit of 70 years.

Staff and Vehicles

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

Twenty-three staff attended the ambulance training school at Bishop's Waltham on interim, refresher and officers' courses, and assistance was given with the organisation of, and instruction at, these courses.

There were 87 entrants for the Safe Driving Competition of the Royal Society for the Prevention of Accidents; 75 passed and 12 failed, compared with 68 passes and 6 failures in 1970.

<i>Station</i>	<i>Staff</i>		<i>Vehicles</i>	
	1970	1971	1970	1971
Bognor Regis	9.5	9.5	6	6
Chichester	25*	30.5*	9†	9†
Crawley	15	19	8	10
Horsham	9	9	4	4
Littlehampton	5	5	2	2
Midhurst	4	4	2	2
Pulborough	3	3	2	2
Shoreham-by-Sea	5	5	2	2
Worthing	25	29	10	12
TOTALS	100.5*	114*	45†	49†

*Includes 11 control staff in 1970 and 13 in 1971.

†Includes 1 major accident vehicle.

PART VII—OTHER SERVICES

Health Centres

Particulars of the health centres which had been opened by the end of the year are given in the next table.

<i>Health Centre</i>	<i>Date opened</i>	<i>G.Ps. working in the area</i>	<i>G.P. consulting suites provided</i>
Shoreham-by-Sea	February, 1970	12	10 (12)
Henfield	February, 1971	2	2 (2)
Littlehampton	May, 1971	13	5 (8)
Crawley (Broadfield) - temporary	December, 1971	3	2 (3)

Note: The figures in brackets indicate the numbers of general medical practitioners accommodated in the health centres.

Good progress was made on the Rudgwick building (the plans of which appeared in the 1970 Report) and, at the end of the year, it seemed likely that it would be brought into use from April, 1972. Steps were taken aimed at securing all necessary consents in time to enable starts to be made at

Lancing, Selsey, Steyning and The Witterings before 1st April, 1972. The Worthing Borough Council, acting under their delegated health powers, also intended to commence the Durrington scheme by the same date. The plans of Lancing and The Witterings centres were included in the 1970 Report; those of Bognor Regis (where building is likely to start early in 1972/73), Selsey and Steyning appear on pages 46 and 51 to 55 of this edition.

The forward capital programme for 1972/73 and subsequently was prepared towards the end of the year in the following revised form:

- (a) *Starts List 1972/73* – the planning and design procedures for these projects were sufficiently far advanced to permit a start to be made in 1972/73 and (apart from the exceptional case of Midhurst Health Centre) sites had already been acquired.
- (b) *Design List 1972/73* – planning and design work on these projects would proceed during 1972/73 with a view to their inclusion in due course in the Starts List for 1973/74 provided sites were available by 1st April, 1972.
- (c) *Preparation Pool* – projects which would be considered for inclusion in Design Lists in future years which were sufficiently firm for site acquisition to proceed.

The next table gives particulars of the health centre part of this programme. On all these schemes consultations took place, where appropriate, with the Department of Health and Social Security, the Executive Council for West Sussex, general medical practitioners and with the South West Metropolitan Regional Hospital Board.

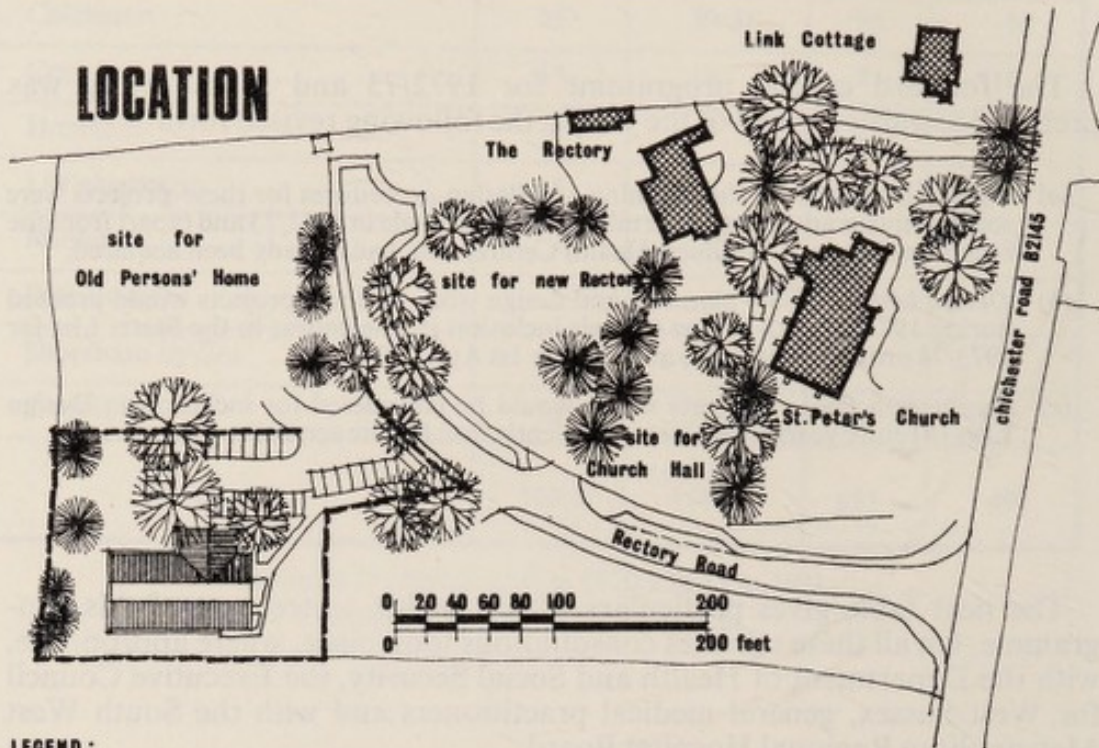
<i>Health Centre</i>	<i>Building programme</i>	<i>G.Ps. working in the area</i>	<i>G.P. consulting suites to be provided</i>
Bognor Regis	} Starts List 1972/73	14	6 (5)
Crawley (Broadfield) – extension		3	3 (3)
Midhurst		5	4 (5)
Cowfold	} Design List 1972/73	2	2 (2)
Horsham		17	7 (5)
Partridge Green		3	1 (3)
Slinfold		3	1 (3)
Wisborough Green		6	1 (6)
Yapton		5	2 (4)
Crawley (Town Centre)	} Preparation Pool	*	*
Crawley (Broadfield)– permanent		*	*
Worthing		*	*
Four unspecified		*	*

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

*Details not yet settled.

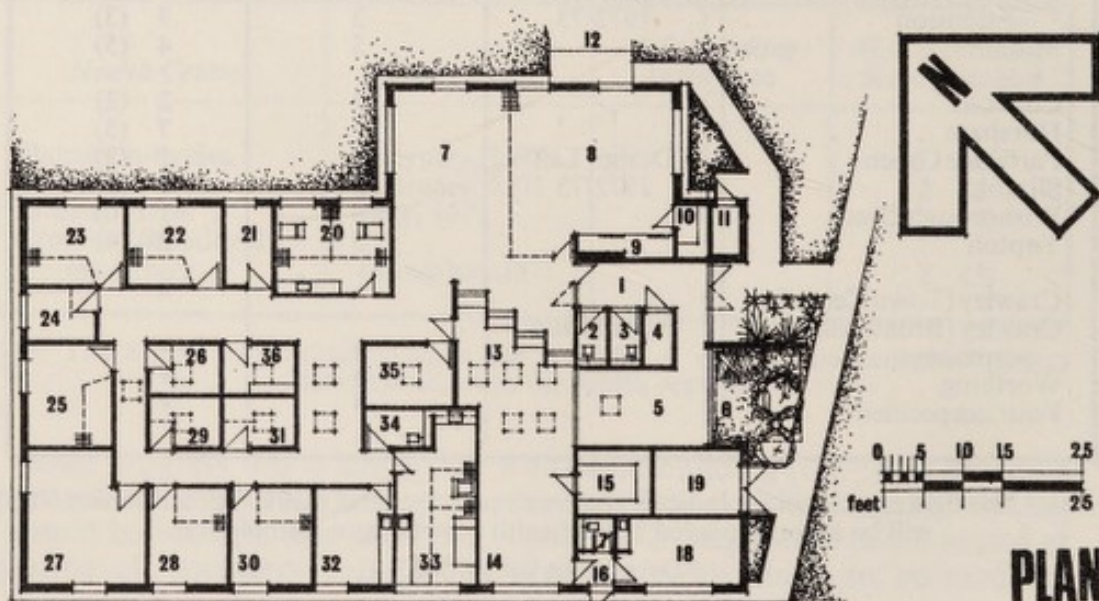
HEALTH CENTRE : SELSEY

LOCATION



LEGEND :

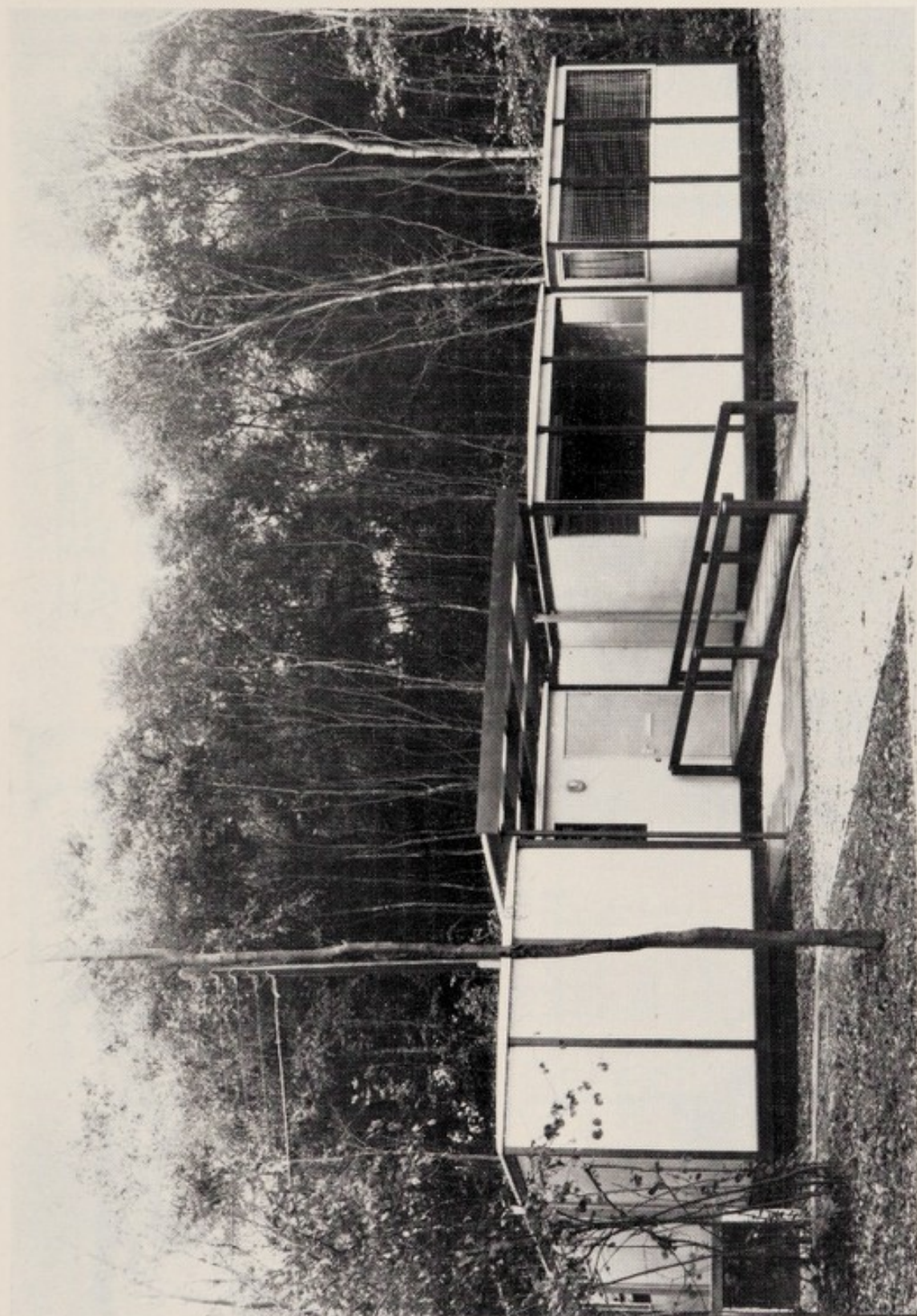
1 . lobby	10 . store	19 . boiler room	28 . consult.4.
2 . W.C.(male)	11 . garden store	20 . chiropody	29 . exam.4.
3 . W.C.(female)	12 . mobile dental unit	21 . exam.1.	30 . consult.5.
4 . bulk store	13 . reception	22 . consult.1.	31 . exam.5.
5 . pram park	14 . office	23 . consult.2.	32 . nurses' service
6 . garden	15 . general store	24 . exam.2.	33 . treatment
7 . waiting area	16 . lobby	25 . consult.3.	34 . wheel chair w.c.
8 . health education	17 . W.C.(staff)	26 . exam.3.	35 . interview
9 . store	18 . common room	27 . nurses' office	36 . cleaner



PLAN



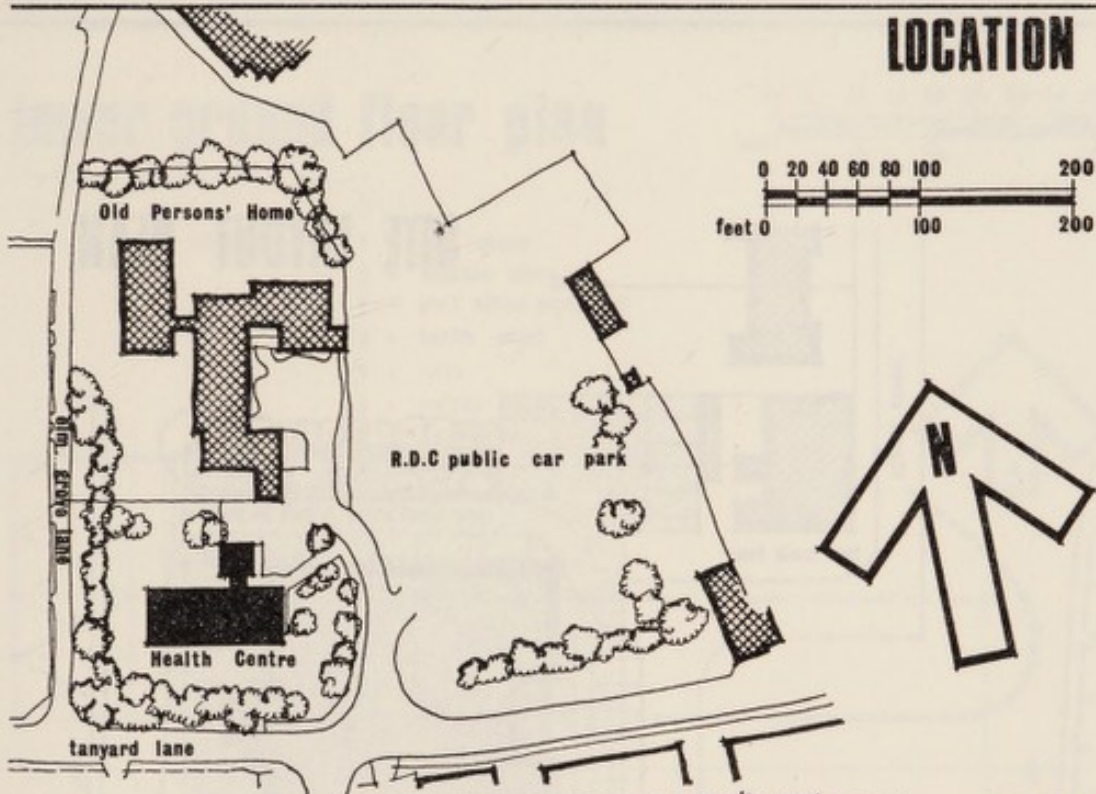
Littlehampton Health Centre—A Family Doctor's Consulting Room



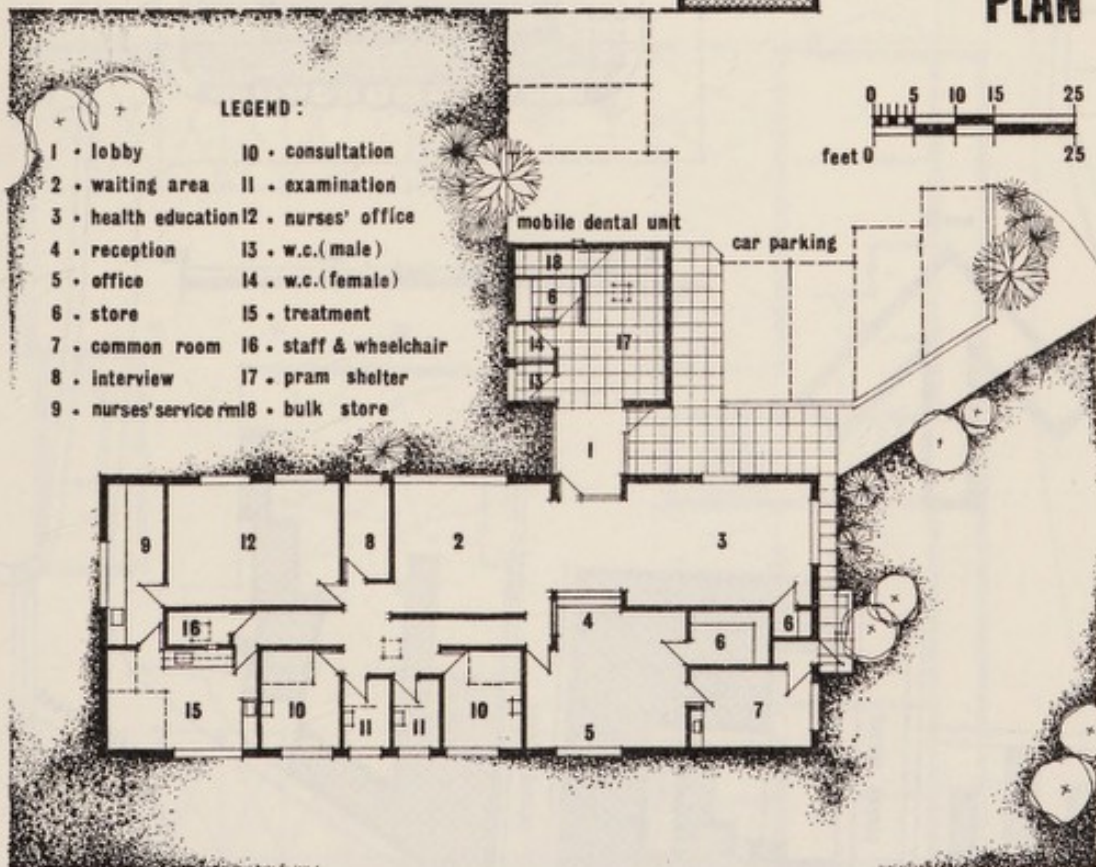
Broadfield (Crawley) Temporary Health Centre

HEALTH CENTRE : STEYNING

LOCATION

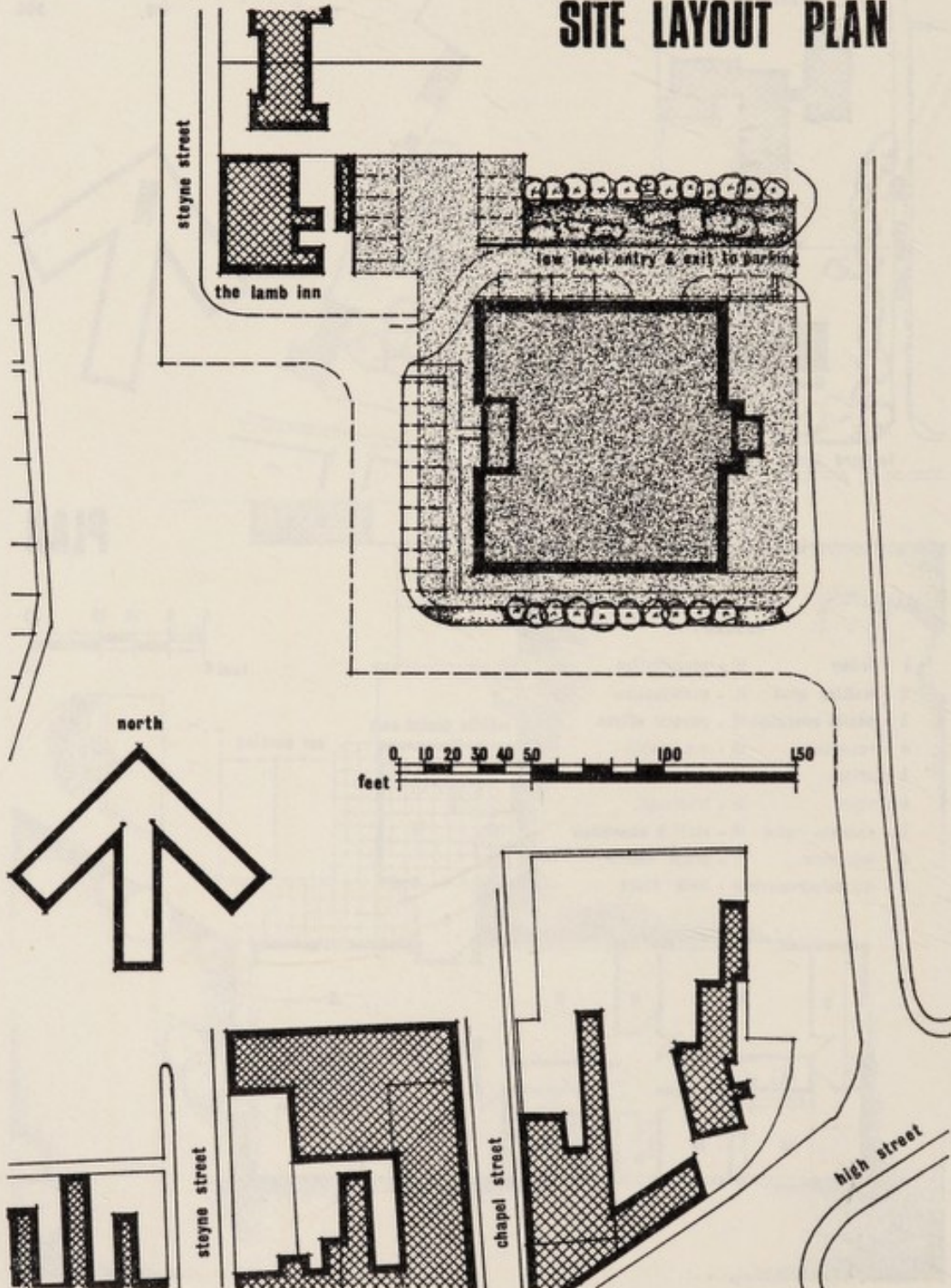


PLAN



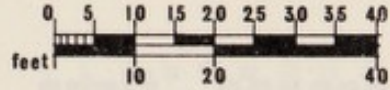
HEALTH CENTRE - BOGNOR REGIS

SITE LAYOUT PLAN

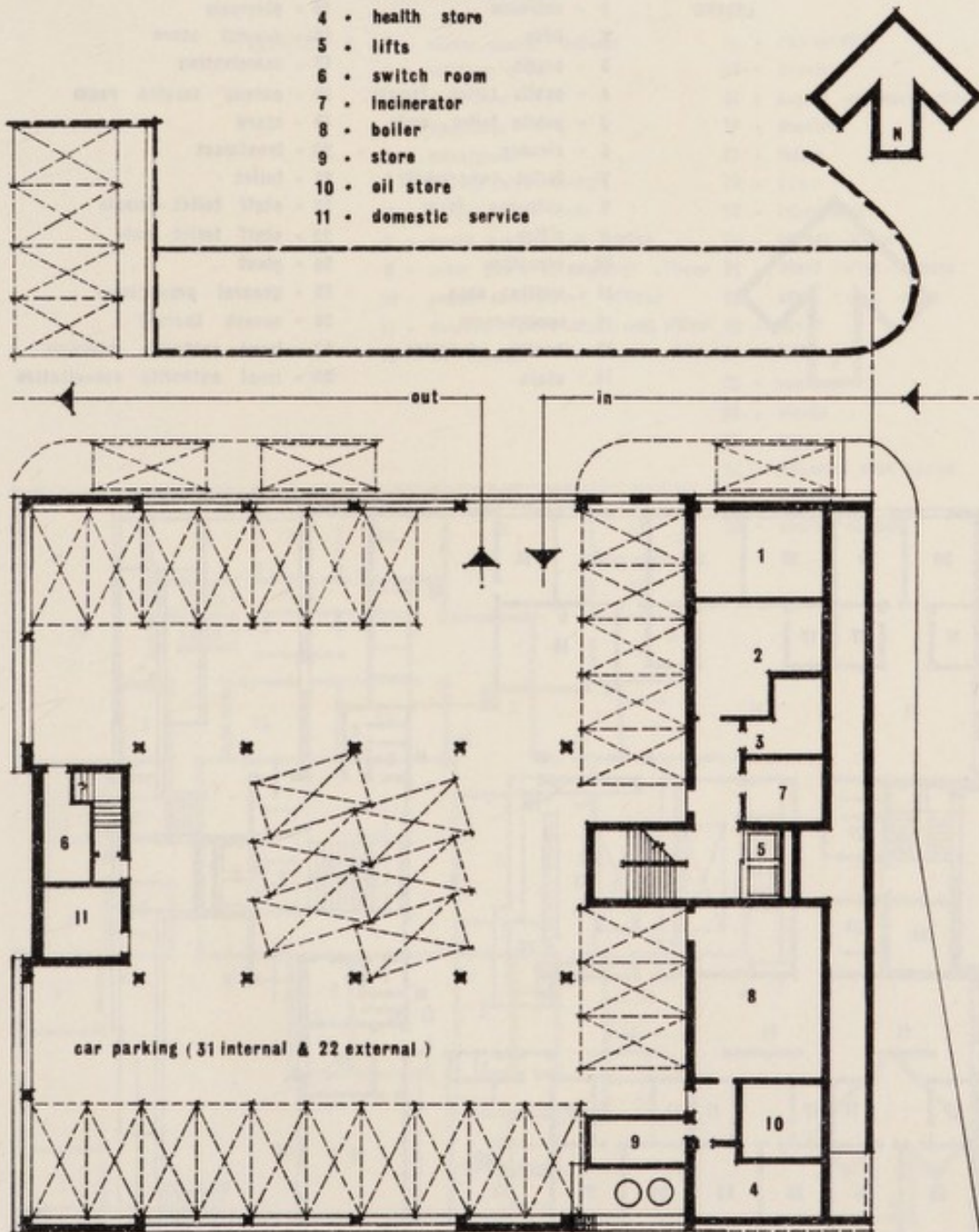


HEALTH CENTRE - BOGNOR REGIS

lower ground floor plan

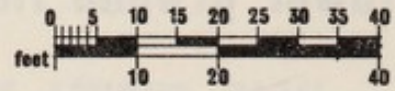


- LEGEND :
- 1 • bulk store
 - 2 • welfare store
 - 3 • post office equipment
 - 4 • health store
 - 5 • lifts
 - 6 • switch room
 - 7 • incinerator
 - 8 • boiler
 - 9 • store
 - 10 • oil store
 - 11 • domestic service

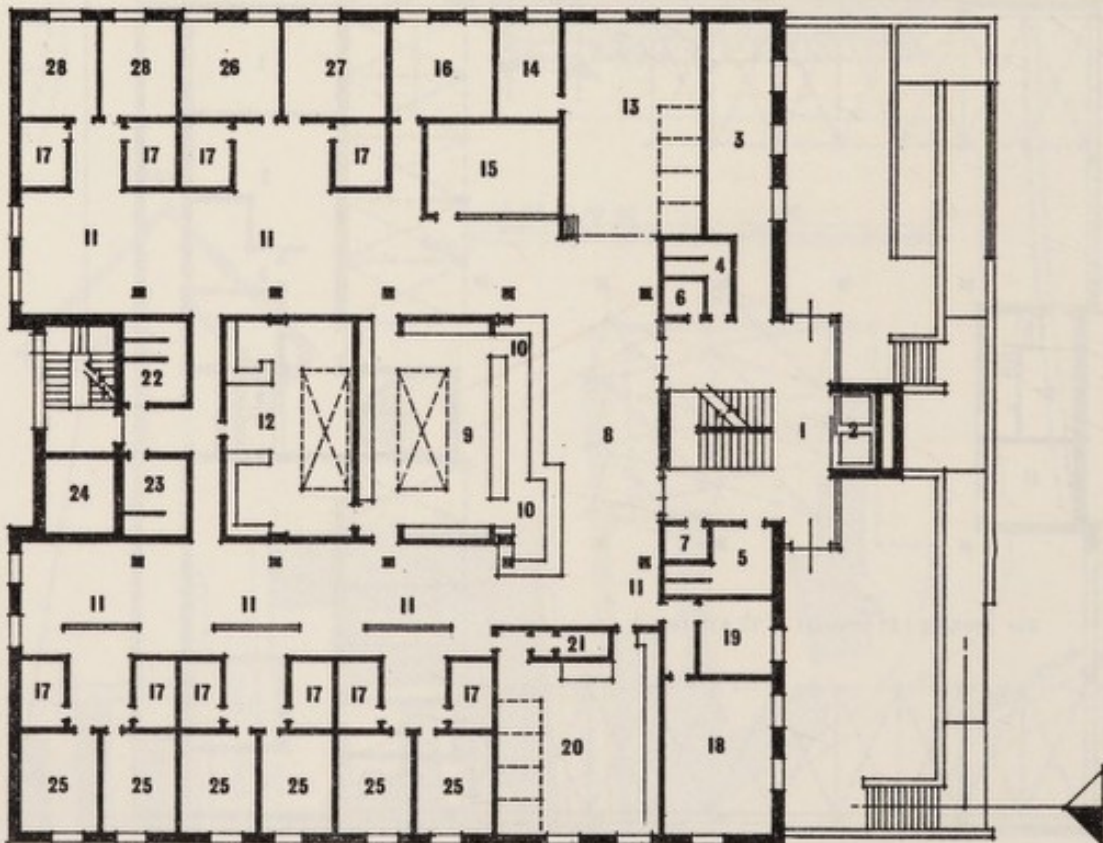
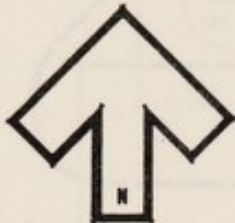


HEALTH CENTRE - BOGNOR REGIS

ground floor plan

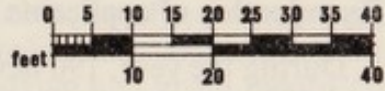


- LEGEND :
- | | |
|--------------------------|-----------------------------------|
| 1 - entrance | 15 - playroom |
| 2 - lifts | 16 - general store |
| 3 - prams | 17 - examination |
| 4 - public toilet female | 18 - nurses' service room |
| 5 - public toilet - male | 19 - store |
| 6 - cleaner | 20 - treatment |
| 7 - toilet (wheelchair) | 21 - toilet |
| 8 - entrance foyer | 22 - staff toilet - female |
| 9 - office | 23 - staff toilet - male |
| 10 - reception | 24 - plant |
| 11 - waiting area | 25 - general practitioner |
| 12 - common room | 26 - speech therapy |
| 13 - health education | 27 - local authority interview |
| 14 - store | 28 - local authority consultation |

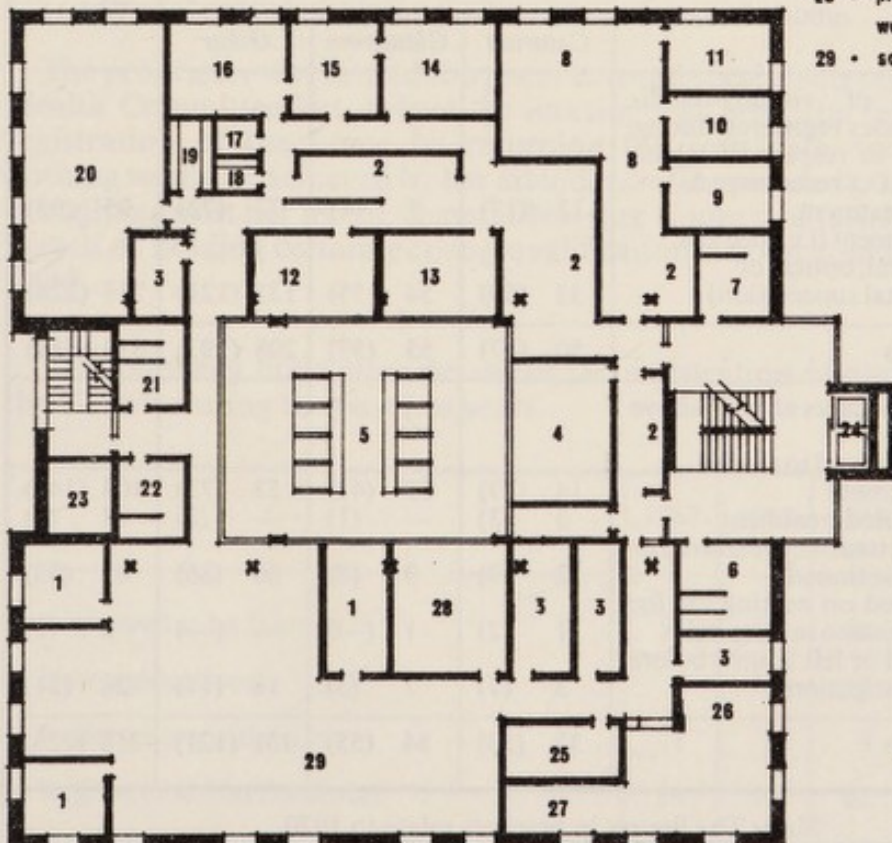


HEALTH CENTRE - BOGNOR REGIS

first floor plan



- LEGEND :**
- | | |
|---|-------------------------------------|
| 1 • senior social worker | 13 • chiropodist |
| 2 • waiting area | 14 • dentist |
| 3 • interview | 15 • dental recovery room |
| 4 • registrar | 16 • dentist |
| 5 • courtyard | 17 • toilet |
| 6 • public toilet - female | 18 • store |
| 7 • public toilet - male | 19 • laboratory |
| 8 • youth employment office | 20 • nurses' office |
| 9 • area youth employment officer | 21 • staff toilet - female |
| 10 • youth employment officer | 22 • staff toilet - male |
| 11 • assistant youth employment officer | 23 • plant |
| 12 • chiropodist | 24 • lifts |
| | 25 • conference |
| | 26 • clerks |
| | 27 • filing |
| | 28 • principal area - social worker |
| | 29 • social workers |



Visually-Handicapped Persons

Registration

On 31st December, 1971 there were 1,279 blind and 569 partially-sighted persons on the register, compared with 1,278 blind and 552 partially-sighted at the end of 1970.

Examination of applicants for registration

During the year, 190 new cases of blindness (excluding those transferred) and 123 new cases of partial sight were added to the register following examination by consultant ophthalmic surgeons. Two registered blind persons were removed from the blind register, both from natural improvement; one of these was reclassified as partially-sighted. Seven registered partially-sighted persons were removed from the register; two could not be traced, three had successful cataract operations and two had natural improvement.

Forty-one partially-sighted persons were transferred to the blind register because of deterioration in vision.

Follow-up action

Where treatment was recommended by ophthalmic surgeons, the following related statistics were ascertained.

	<i>Primary Ocular Disease</i>			TOTALS
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Other</i>	
A. Number of visually-handicapped cases registered during the year in respect of which Forms B.D.8 recommended:				
(i) No treatment	17 (17)	1 (4)	77 (72)	95 (93)
(ii) Treatment (i.e. medical, surgical, optical or hospital supervision)	33 (50)	54 (55)	131 (121)	218 (226)
TOTALS	50 (67)	55 (59)	208 (193)	313 (319)
B. Number of cases at A(ii) above which:				
(i) Continued to receive treatment	14 (29)	37 (43)	53 (72)	104 (144)
(ii) Refused treatment	3 (3)	— (1)	— (2)	3 (6)
(iii) Had treatment deferred or discontinued	12 (9)	9 (8)	60 (36)	81 (53)
(iv) Placed on waiting list for admission to hospital	1 (2)	1 (—)	— (—)	2 (2)
(v) Died or left county before investigation	3 (7)	7 (3)	18 (11)	28 (21)
TOTALS	33 (50)	54 (55)	131 (121)	218 (226)

Note: The figures in brackets relate to 1970.

Ophthalmia Neonatorum

No case of ophthalmia neonatorum was notified during the year; there were three cases in 1970.

Nursing Homes and Nurses Agencies

Seven homes were registered during the year, including three which were re-registered under new ownership. Several preliminary enquiries were received and, following visits to the premises, advice was given regarding suitability or otherwise for registration. Occupancy of beds was again at a high level. Staff shortages, both nursing and domestic, occurred from time to time but most homes overcame these difficulties and continued to provide reasonable, and in some cases excellent, care for their patients. The homes were regularly inspected and all complaints were promptly investigated.

Following a routine visit to one home, the Medical Inspector expressed concern at the deterioration of conditions. The outcome of a further detailed inspection was the serving of a notice upon the proprietor of the Council's intention to make an order cancelling the registration of the home on the following grounds:

- (i) that she was not a fit person to carry on the nursing home;
- (ii) that for reasons connected with the accommodation, staffing and equipment, the home was not fit to be used as a nursing home;
- (iii) that the home was not under the charge of a person who was a registered medical practitioner or a qualified nurse and who was resident in the home, nor was there a proper proportion of qualified nurses among the persons having the superintendence of or employed in the nursing of the patients in the home.

The proprietor was invited to appear before a special sub-committee of the Health Committee but, before the meeting was held, she relinquished the registration of the home by returning the certificate and stating that nothing would be achieved by her attendance. She pleaded guilty to a charge brought against her by the General Nursing Council of falsely representing herself as holding certain nursing qualifications; upon conviction, she was fined.

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

	1967	1968	1969	1970	1971
Registered at 1st January	57	56	59	62	62
New registrations	6	11	11	3	7
Registrations withdrawn	7	8	8	3	4
Registered at 31st December	56	59	62	62	65

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

Sizes of homes (beds)	Number of homes	Number of beds provided			
		General	Maternity	Psychiatric	TOTALS
25 and over . . .	15 (3)	470	—	144	614
20 to 24 . . .	9 (1)	181	—	15	196
15 to 19 . . .	19	312	—	—	312
10 to 14 . . .	15	168	—	—	168
5 to 9 . . .	6 (1)	35	—	8	43
Under 5 . . .	1	3	—	—	3
TOTALS . . .	65 (5)	1,169	—	167	1,336

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

West Sussex Nursing Homes Association

The Report for 1964 recorded the establishment of the West Sussex Nursing Homes Association. At the end of 1971, the Honorary Secretary reported that the Association had ceased to exist because its objectives had been achieved; the bed bureau would be continued in order to help family doctors and others seeking nursing home accommodation.

Nurses Agencies

Agencies licensed by the Council for the supply of nurses numbered seven, the same as in 1970.

PART VIII—ENVIRONMENTAL HEALTH SERVICE

Following the disbandment of the General Sub-Committee, responsibility for the environmental health services passed to the Health Committee. 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 extension of water mains and the provision of sewers in rural areas.

Excellent cooperation between the 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. Five district authorities made use of a sound-level meter, built to British Standards Institute specifications, which is capable of providing full octave-band

analysis. Several departments of the County Council sought advice on noise problems associated with their work and this is referred to in more detail on page 61.

The efforts of the county environmental 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 IX.

Water Supplies and Sewage Disposal

The recently-published White Paper which outlines the Government's proposals for the reorganisation of water abstraction and supply, and sewage treatment and disposal under ten unitary all-purpose authorities covering the whole of England and Wales has much to commend it from the point of view of water conservancy. But it makes the proposed authorities both judge and jury on such matters as standards of operation, water abstraction rates and the quality of effluents. In the interests of the community, appropriate legislative safeguards should be provided either centrally through, say, the Water Resources Board or locally through the new County and/or area health authority structures.

Water Supplies

The chemical and bacteriological quality of all mains water supplied throughout the County was satisfactory. There were no reports of plumbosolvency. 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 Mid Wessex Water Company (formerly the Wey Valley Water Company)

There was no change in the level of natural fluoride in the various water supplies; all supplies are deficient for dental health.

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

Hornbrook Cottages, Nr. Horsham	(Horsham R.D.)
Manor Farm, Lodsworth	(Petworth R.D.)
Church Farm, South Harting	(Midhurst R.D.)

Chichester Rural District

Water Supply to Chilgrove Village

Sewerage

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

Petworth Rural District

Bury Village Sewerage Scheme
Tripp Hill Sewerage Extension Scheme

Chichester Rural District

Westhampnett Sewerage Scheme
Birdham and area Sewerage Scheme
Singleton, East and West Dean Sewerage Scheme

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 sites 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 Environmental Health Inspector to ensure that conditions of approval are adhered to.

The working party formed in 1969 to resolve the future of refuse disposal from Chichester City, Chichester Rural District and Bognor Regis Urban District concluded its business in 1970; as a result, a central pulverisation plant and disposal area is to be provided at Westhampnett, near Chichester. Similar arrangements for refuse disposal are likely to be made in other parts of the County when local government has been reorganised. Under the Local Government Bill which is likely to become law in the current session of Parliament, responsibility for refuse disposal will pass to the new County Council and area schemes, which disregard the boundaries of the present district councils, will become more practicable.

Lay-By Sanitation and Picnic Areas: Fairmile Bottom

The Countryside Act 1968 empowers county councils to develop amenity areas in the countryside with financial aid from the central government. This useful enactment allows an authority to develop proper service facilities, such as car parks and toilets, where people congregate in their leisure hours; the toilet facilities can also serve the needs of travellers.

A second picnic area was opened during the year at Fairmile Bottom, near Madehurst, on land already owned by the County Council. This open and wooded space is adjacent to the A29, running north from Fontwell. The route is heavily used during the summer by holidaymakers driving to the coast and by racegoers attending the meetings at Fontwell. The land has been a popular picnic area for many years and, with the development of a nature trail, is likely to attract even more people. Car parking facilities have been provided, a café and toilet facilities.

At the request of the Coast and Countryside Committee, the environmental health inspectorate designed a reinforced-concrete toilet structure which, since it is prefabricated, can be adapted to meet the demands of practically any site and which, as at Fairmile Bottom, can be erected where there are neither mains water nor sewer services. Because of the fissured chalk substratum from which both the water undertaking and private farms extract water for domestic purposes, it was necessary to install an Elsan chemical conservancy system, the overflow of which is removed to a local sewage disposal works for treatment. A recirculatory hand-wash system was also provided.

The whole structure and site works cost considerably less than the timber-clad structure at Whiteways Lodge, near Arundel, and maintenance costs are expected to be much lower in view of the ruggedness of the structure and the longevity of the materials used.

Caravans and Gypsies

In accordance with the requirements of Part II of the *Caravan Sites Act 1968*, the Council advised the central government that, having evaluated the problem in West Sussex, the caravan sites located at Slinfold and Tangmere

were adequate for those gypsy families residing in the area at the time of the initial survey.

In common with other pleasantly-situated counties, West Sussex has many holiday caravan sites. Demands for better facilities can only be met by more financial investment by caravan-site owners. If the development of first-class sites such as are found in some parts of Europe is to be encouraged, it is essential, subject to the protection of local amenities, that no unduly restrictive planning consents are imposed either on periods of approval or on permitted types of structure.

Atmospheric Pollution

West Sussex is fortunate in being an area without air pollution problems other than those which are occasionally caused locally by specific industries, uses of land, or processes.

The air pollution survey station at Rogate maintained by the Department for the past seven years on behalf of the Warren Spring Laboratory continued to monitor daily deposits of carbon and sulphur dioxide.

In association with the Warren Spring Laboratory, a pilot monitoring device was set up in the Department's offices to record the levels of nitrous oxide at pavement level produced by motor traffic circumnavigating a busy street crossing adjacent to the office.

Noise

Requests for assistance in evaluating noise and solving noise nuisances continued to increase. Investigations were made into aircraft, racing car, and general road and rail traffic noise, all part of the affluent society. Noise nuisance is also entering working environments traditionally considered to be peaceful, such as hospital laboratories and physicians' consulting rooms. The County Environmental Health Inspector was invited to assess noise levels in consulting rooms in two of our own health centres where central heating and ventilation equipment had created problems. At the Southlands Hospital, Shoreham-by-Sea, an expensive autoanalyser and its associated equipment which had recently been installed in the pathological laboratory created noise levels of 75 to 80 dbA – the noise intensity experienced by a pedestrian at the kerbside of a busy street. In this instance the County Environmental Health Inspector was able to offer advice on resiting some of the ancillary equipment and this reduced the noise to a level at which the pathologist could continue his work without stress.

At the request of the County Planning Officer and the County Surveyor, a detailed survey was carried out of the noise climate in the Southwick and Shoreham-by-Sea areas and advice was given on the possible changes in this climate if the new Shoreham-by-Sea Bridge project were to be proceeded with. The results of this time-consuming investigation were useful to the County Council's representatives at the public enquiry into this matter which was held in July.

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 Council to concentrate their efforts on the sampling of milk from farms for quality control and for the purpose of isolating *brucella* and *salmonellae*.

The joint sampling arrangements carried out by the county environmental health inspectorate and Consumer Protection Department continued to work satisfactorily; they were fully described in the Report for 1969. An additional sampling officer joined the staff in May.

A total of 3,288 samples (480 more than in 1970) were procured for public health purposes (2,273 of untreated milk and 1,015 of heat-treated milk) and were submitted to the public health laboratory for examination. Of these, 724 samples were from individual cows on farms where previous bulk milk samples had indicated the presence of *brucella* in the herd. A further 1,038 informal samples of ex-farm milk were collected and deposited with the Consumer Protection Officer so that their quality could be assessed.

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 so. At the end of the year, 192 (36.5 per cent) of the 526 dairy herds in West Sussex were accredited and a further 105 were awaiting accreditation.

The efforts of the Department were concentrated on the isolation of *brucella* in herds at present outside the Ministry's scheme. Details of all laboratory examinations continued to be lodged with the Animal Health Division of the Ministry in order that their divisional veterinary officers could be made aware of any animal infection revealed by the sampling procedures. This assisted the divisional veterinary officers in their evaluation of herds likely to enter the accredited herds scheme and acted as a further check on work carried out by the Ministry's sampling officers. Fewer individual cow samples were procured than in the previous year (724 compared with 1,758) as there was increasing resistance amongst farmers to sending animals found to be infected with *brucella* for slaughter; they are hoping for an early compensation policy to be introduced by the central government. Of 1,645 samples submitted for the milk ring test, 168 bulk milk and 218 individual cow samples gave positive ring test recordings. Further examinations showed 95 animals to be infected; of these, many may well have been sold on the open market so possibly passing the infection on to herds free of the disease.

Salmonellosis

In the last Report attention was drawn to the increase in the prevalence of *salmonella* organisms in the environment. *Salmonellae* are the most prevalent organisms causing food poisoning in this and other countries. Large reservoirs of infection are building up in animal communities and this is due in part to the use of imported animal foodstuffs which carry the infection.

In fact it may now prove to be impossible to clear infection from some farms unless there is a considerable reduction in the virulence of the strains of organism involved. This situation throws a special responsibility on the environmental health services to break the chain of infection in food supplies by ensuring adequate inspection and processing of food, together with high standards of food hygiene in catering and other food establishments.

In support of the Council of Europe resolution which was reproduced in the last Report, 400 ex-farm milk samples taken at random were submitted to the Director of the Public Health Laboratory at Brighton for examination. None contained *salmonella* organisms. This result, although surprising, was reassuring. The survey is to continue during 1972.

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 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.

A total of 1,645 samples of farm milk (211 more than in 1970) were examined for the presence of inhibitory substances; 20 samples were found to be contaminated. Investigations at the farms concerned showed that in most instances failure to withhold milk from the supply following treatment with intramammary preparations was the cause of contamination. Warning letters were issued and repeat sampling showed all the supplies to be clear.

Heat-treated Milk

The Council license pasteurising plants in accordance with the *Food and Drugs Act 1955*. New licences were issued in respect of four plants for the five-year period from 1971 to 1975.

Samples of heat-treated milk procured from pasteurising plants numbered 558; all conformed with the phosphatase test, indicating adequate heat treatment, and all but three (which were declared void) conformed to the methylene blue test, which assesses the keeping quality of milk. Samples

*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.

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

of heat-treated milk collected at dairy depôts and retail outlets totalled 457. All conformed with the phosphatase test and one failed the methylene blue test; seven samples were declared void as the ambient air temperatures were in excess of 70°F at the time of examination.

Of 62 samples of bottled, untreated milk collected from dairies and depôts, none failed the methylene blue test. All 151 samples of untreated milk collected from producer/retailers satisfied the statutory tests.

The results recorded above indicate that milk supplies during the period under review were of a high standard of keeping quality; they also indicate a satisfactory standard of dairy hygiene from the time the milk leaves the cow until it is delivered to the customer.

Bottle-washing at Dairies

Of 190 empty, cleansed milk bottles submitted to the laboratory for bacteriological examination, 153 proved satisfactory. Where unsatisfactory results were obtained, dairy equipment was checked and further samples collected. All water samples collected from dairy mains and private supplies were bacteriologically pure.

Housing Improvements

The symposium on this subject arranged in Central Hall, Westminster, by the Royal Society of Health at the end of the year emphasised the enlightened attitude which the government is applying to the modernisation of older houses. Many late nineteenth and early twentieth century houses, often built in long terraces, are worthy of improvement to modern standards; they should be dry, have adequate light and draught-free ventilation, an up-to-date kitchen, bathroom, constant hot water and an efficient heating system.

The point was well made at the symposium that houseowners and tenants must be brought into discussions on the feasibility of improving houses on an area basis. Community development – for this is what housing improvement areas are – is the concern of many people, not least those who live in the area. Town planners, housing managers, engineers, architects, public health officers, lawyers and social workers must work as a team, each profession contributing its special knowledge. It is important too that improvement schemes should be capable of subsequent development; future improvement may be entirely practicable and give the houses an even longer span of life. The terraced house or town house to give it a contemporary title, is currently coming back into favour. Many are situated close to town centres and are attractive because they reduce journeys to and from work and shops; moreover, less time is spent on gardening and maintenance since the areas around the houses are usually small. Nationally, we cannot afford to allow improvable houses to deteriorate. It is much more expensive to replace them. At a time when building land is scarce, it is to be hoped that local authorities will be energetic in their encouragement of house and area modernisation schemes.

The table on page 65, compiled from information made available by the central government, gives details of the numbers of houses built and of those demolished and closed in the various districts of the County.

Housing Progress and Unfit Houses 1971

Area	Estimated population mid-1971 (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	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	Local authorities	Other public sector	Private sector	In Clearance areas	Elsewhere	
West Sussex	492.7	444	3,991	720	201	3,070	3,991	1,240	189	3,212	4,641	1,094	167	2,918	4,179	10	51
<i>Boroughs</i>																	
Arundel	2.4	—	5	—	2	3	3	—	2	1	3	14	—	7	21	2	1
Chichester	20.8	32	202	4	156	42	202	24	152	101	277	104	4	60	168	5	5
Worthing	87.8	28	419	—	6	413	419	69	—	399	468	31	42	524	597	—	4
<i>Urban Districts</i>																	
Bognor Regis	33.9	—	373	—	—	373	373	—	—	402	402	46	—	211	257	3	3
Crawley	67.3	23	566	301	—	265	566	438	16	205	659	144	72	238	454	—	2
Horsham	26.7	—	96	—	—	96	96	75	—	100	175	30	—	27	57	—	2
Littlehampton	18.7	37	445	56	6	383	445	54	6	338	398	27	—	298	325	—	6
Shoreham-by-Sea	18.8	33	45	13	—	32	45	36	—	225	261	—	—	177	177	—	—
Southwick	11.9	13	52	52	—	—	52	52	—	2	54	18	—	4	22	—	—
<i>Rural Districts</i>																	
Chancetisbury	28.3	32	69	—	—	69	69	—	—	156	156	12	—	73	85	—	—
Chichester	63.6	27	603	56	12	535	603	78	13	535	626	92	—	557	649	—	12
Horsham	31.5	48	273	—	—	273	273	—	—	183	183	6	30	345	381	—	7
Midhurst	19.4	22	158	55	19	84	158	77	—	73	150	48	19	132	199	—	4
Petworth	11.4	—	36	—	—	36	36	13	—	155	168	32	—	22	54	—	3
Worthing	50.2	111	497	31	—	466	497	95	—	337	432	120	—	243	363	—	2
<i>New Town</i>																	
Crawley	—	38	152	152	—	—	152	229	—	*(1)	230	370	—	*(63)	433	—	—

* These figures are also included in those of Crawley Urban District.

PART IX—SCHOOL HEALTH SERVICE

Statistics

Child Population

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

	1970	1971	Variation
Children under 1 year	5,950	6,230	+ 280
1 to 4 years	27,750	27,370	— 380
<hr/>			
Total under 5 years	33,700	33,600	— 100
5 to 14 years	72,200	74,300	+ 2,100
<hr/>			
Total under 15 years	105,900	107,900	+ 2,000

School Population

In January, 1972, there were 76,571 children on the rolls of maintained schools in the County, an increase of 2,410 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.

<i>Type of School</i>	<i>Number of schools</i>		<i>Number on roll</i>	
	1970	1971	1970	1971
Nursery	4	4	294	298
Primary	151	148	39,161	39,252
First	27	30	3,299	4,404
Middle	5	8	1,662	1,861
Secondary: Grammar	7	6	4,533	3,888
Comprehensive	12	14	15,720	17,831
Modern	15	13	8,956	8,316
Special	5	9	536	774
 TOTALS	 226	 232	 74,161	 76,624

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 1971. In the five secondary schools where examination of leavers is based on selection, 252 of the 1,879 children interviewed during the course of the year were found to require examination. A sample of urine was tested in all cases and, of the 1,879 urine specimens examined, 57 were found to show some abnormality; these cases were referred to their family doctors.

The scheme begun in February, 1970 by a partnership of general practitioners for the pre-school examination of children in their practice continued throughout 1971; 101 children were examined and 29 were re-examined during the year. There was a very harmonious relationship between the family doctors and the workers in the school health service, and the scheme is defining the advantages and problems of family doctors and their relationships with the school health service.

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

<i>Type of examination</i>	1970	1971
Entrants	6,913	6,699
Other periodic examinations (Children aged 10-11 years or those who had not been previously examined in this age group)	7,191	7,529
Leavers	4,259	4,168
TOTALS	18,363	18,396
Special examinations	126	200
Re-examinations	7,773	7,318
TOTALS	26,262	25,914

General Physical Condition

The general physical condition of children was good. Of the 18,396 examined at periodic medical inspections 30 (0.18 per cent) were considered by departmental medical officers to be of unsatisfactory physical condition. This compares with 18 children (0.10 per cent) placed in this category in 1970. Seventeen of the 30 children were classified as unsatisfactory because of obesity.

Dr. F. Cockcroft has supplied the following comments:

'The general standard of children examined is very high. It is extremely rare to observe any real nutritional deficiency and also rare to see any dirty children. The one physical disability which causes a lot of distress to teenage girls is acne vulgaris.

A really effective way of dealing with acne in teenagers would be of great help psychologically, particularly to girls, during this difficult period of adolescence, when they have enough problems without being marked by facial acne.'

Personal Hygiene

During the year, 35,575 individual hygiene examinations were carried out in schools and 109 children were found to have vermin in their hair. Of this number, 15 were in the Borough of Worthing and 94 in the rest of the County. The corresponding figures for 1970 were 141 in Worthing and 139 in the rest of the County.

The following table shows the number of children found to have vermin in their heads in each of the last ten years.

<i>Year</i>	<i>Total number of individual examinations</i>	<i>Total number of individual children found to be infested</i>
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
1970	53,777	280
1971	35,575	109

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 77 and 78.

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 1970.

<i>Age group</i>	<i>Number of children examined</i>		<i>Number found to require treatment</i>		<i>Percentage found to require treatment</i>			
					<i>West Sussex</i>		<i>England and Wales</i>	
	1970	1971	1970	1971	1970	1971	1970	1971
Entrants .	6,913	6,699	479	603	6.9	9.0	} 15.3	* .
Other periodic inspections .	7,191	7,529	535	677	7.4	8.7		
Leavers .	4,259	4,168	286	471	6.7	11.3		
TOTALS .	18,363	18,396	1,300	1,751	7.0	9.5		

* Not available.

Eye Clinics

Eye clinics for children continued to be held in eight centres in the County. The number of children examined during the year was 2,296 a decrease of 431 on the figure for 1970. The number of examinations was 3,491 compared with 4,033 in the previous year.

Of the 821 pairs of spectacles known to have been prescribed for children during the year, 789 pairs were prescribed at school eye clinics. This was 191 pairs fewer than in 1970.

Thirty-one school children and 31 children under school age were known to have received operative treatment for squint.

Orthoptists treated 282 children, 304 fewer than in 1970.

Enuresis

The treatment of nocturnal enuresis by means of pad and bell alarms was continued during the year and reports were received on 59 boys and 26 girls. The reports showed that complete or partial improvement was achieved by 33 boys and 13 girls.

Convalescence

During the year, short-term convalescence was provided for 8 children in accordance with the provision of Section 48(3) of the *Education Act 1944*.

Speech Therapy

During the year, speech therapists treated 331 children and 593 were seen 'for observation'. The corresponding figures for 1970 were 567 and 879 respectively. Detailed information is shown in the table on page 70.

Miss M. G. A. McCombie, senior speech therapist, has supplied the following comments.

'The depleted figures show clearly that it has not been an easy year. Shortage of staff has meant that there have been few sessions or none at all in many parts of the County.

There is a limit to which the service can be stretched; those beyond this naturally feel deprived of help and the inevitable demands which they make upon the remaining staff are always difficult and often impossible to meet.

The strict priority imposed by these demands emphasizes how much speech therapy should be a specialised and intensive service given only where intervention may be of significant value, and directed especially to the speech and language disorders of the pre-school and young school child.

If, as is hoped, the new staff structure planned for next year leads to a stable and continuous service in all parts of the County, it may be possible to establish groups for these children where they, their parents, and others concerned in their development can receive the help which they need. Centre-based sessions are now largely replacing those in schools, except where the latter are a better alternative, and this is proving a satisfactory balance.'

SPEECH THERAPY

Area	Defect or disorder of speech										New cases	Number discharged during the year	Waiting list at 31.12.71
	Articulation	Language	Fluency	Voice	Associated with cerebral palsy	Associated with cleft palate	Total number of children	Total attendances					
Chichester	175 (124)	40 (34)	29 (17)	—	4 (2)	4 (3)	252 (180)	1,519 (338)	59	75	40		
Crawley	87 (26)	39 (14)	24 (14)	1 (—)	—	5 (2)	156 (56)	1,190 (179)	30	65	81		
Horsham	106 (55)	23 (16)	20 (7)	2 (—)	—	1 (1)	152 (79)	1,049 (200)	52	50	11		
Lancing	30 (24)	12 (7)	6 (6)	1 (—)	—	—	49 (37)	100 (50)	26	7	19		
Littlehampton	1 (1)	10 (10)	2 (2)	—	—	—	13 (13)	59 (59)	8	7	*		
Petworth	106 (86)	7 (5)	8 (5)	1 (1)	—	4 (2)	126 (99)	234 (109)	27	54	6		
Shoreham-by-Sea	25 (16)	5 (3)	4 (2)	1 (1)	—	—	35 (22)	258 (29)	26	8	15		
Worthing	92 (69)	40 (30)	6 (6)	—	3 (2)	—	141 (107)	484 (150)	32	24	2		
TOTALS	622 (401)	176 (119)	99 (59)	6 (2)	7 (4)	14 (8)	924 (593)	4,893 (1,114)	260	290	174		

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

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

Handicapped Pupils

Ascertainment

During the year, departmental medical officers carried out 309 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 1971, the numbers admitted and awaiting admission and those on the registers of special schools and boarding homes is given on page 72.

In the course of 1970 information was sent to the Department of Education and Science about handicapped pupils in ordinary schools. From the summary of their findings it is interesting to note that the overwhelming majority of handicapped pupils are dealt with in normal schools.

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.

1. REFERRAL	1970	1971
Number of children referred by:		
(a) Departmental Medical Officers	41	33
(b) Courts and Probation Officers	23	10
(c) Parents and others	260	280
(d) Boarding schools and hostels	—	1
(e) General Practitioners	218	222
(f) Social Services Department	45	36
(g) Educational Psychologists	73	46
(h) Other Child Guidance Clinics	4	8
(i) Brought forward from previous year (awaiting investigation on 1st January)	106	89
TOTALS	<u>770</u>	<u>725</u>
2. INVESTIGATION		
Number of children investigated during the year and found to be:		
(a) In need of child guidance help	478	440
(b) Educationally sub-normal	9	5
(c) Unsuited for education at school	1	—
(d) Not in need of child guidance help	53	67
(e) Withdrawn before investigation	140	110
(f) Awaiting investigation on 31st December	89	103
TOTALS	<u>770</u>	<u>725</u>
3. TREATMENT		
Number of children:		
(a) Receiving help on 1st January	889	948
(b) Receiving help at 31st December	948	822
4. CLINIC ATTENDANCES AND HOME VISITS		
(a) Number of attendances at clinics during the year	6,166	6,053
(b) Number of homes visited during the year	1,390	1,377

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 (1)-(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
IN THE CALENDAR YEAR:											
Handicapped pupils											
A. Newly assessed as needing special educational treatment at special schools or in boarding homes											
	2	2	2	1	7	11	36	45	—	4	110
B. (i) Included at A above and newly placed in special schools or boarding homes											
	2	1	1	—	7	10	23	32	—	1	77
(ii) Assessed prior to January, 1971 and newly placed in special schools or boarding homes											
	1	1	1	4	5	2	6	3	3	—	26
TOTAL (B (i) and B (ii))											
	3	2	2	4	12	12	29	35	3	1	103
AS AT 20TH JANUARY, 1972											
C. Number requiring places in (a) day (b) boarding special schools											
	—	—	—	—	—	—	—	31	—	—	31
	—	1	—	1	1	1	8	3	—	3	18
D. (i) Number on the registers of:											
(1) Maintained special (a) day pupils (b) boarding pupils											
	—	—	—	—	3	5	—	589	—	—	592
(2) Non-maintained (a) day pupils (b) boarding pupils											
	—	—	—	—	6	—	37	96	—	—	145
	9	9	3	7	10	24	5	1	4	—	72
TOTAL											
	9	9	4	7	19	29	42	686	4	1	810
(ii) Independent schools under arrangements made by the authority											
	—	—	12	12	13	4	21	2	—	—	64
TOTAL (D (i) and D (ii))											
	9	9	16	19	32	33	63	688	4	1	874
(iii) Boarded in homes and not included in (i) or (ii)											
	—	—	—	—	—	1	14	—	—	—	15
TOTAL (D (i), (ii) and (iii))											
	9	9	16	19	32	34	77	688	4	1	889
E. Number being educated under arrangements made in accordance with Section 56 of the Education Act 1944											
(i) in hospitals											
	—	—	—	—	15	—	79	—	—	—	94
(ii) in other groups											
	—	—	—	—	5	5	6	1	—	—	20
(iii) at home											
	—	3	—	—	—	—	—	—	—	—	—

At the end of the year, Crawley clinic started a small experimental group for the investigation and treatment of children with special learning problems, particularly those associated with reading. The clinic team, which includes a very experienced educational psychologist and a part-time speech therapist, is under the general oversight of the consultant psychiatrist. In all, seven children were attending regularly at the end of the year and a report on their progress will be published in due course.

Report of the Principal School Dental Officer

Staff

As a result of previous resignations, the service was without whole-time dental officers at Horsham until September, 1971 and at Crawley until March, 1971. Although there were 10.2 (whole-time equivalent) dental officers in post on 31st December, 1971 (the figure given to the Department of Education and Science), the average for the whole year was 9.2.

Despite repeated advertisements, it was not possible to appoint a dental auxiliary; the service has now been without one for two years.

Inspection and Treatment

Statistics will be found on page 81. A total of 61,769 (83 per cent) children received a first inspection at school and a further 12,217 received a second inspection; the inspection rate was 162 children per session. Of the children inspected, 42.8 per cent required treatment and 82 per cent of these were offered treatment.

Courses of treatment completed numbered 8,587, an increase of 1,254 over the previous year. A further 1,358 courses were commenced. This gave an acceptance rate of 45 per cent.

It is of interest to note that in 1962 an average child required 2.3 fillings to complete a course of treatment; in 1971 the average was 2.6 fillings.

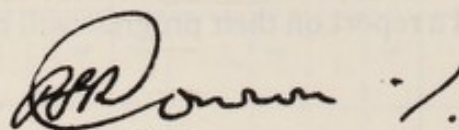
Orthodontic Treatment

I now act as a Clinical Assistant to the Orthodontic Consultant, Mr. G. Wreakes, at St. Richard's Hospital, Chichester, for two sessions a week. This is proving most helpful to the School Dental Service and has meant that skilled advice and treatment is now available to those children referred by the dental officers.

It is hoped that an orthodontic surgery will be available at Southlands Hospital in 1972/1973, thus extending this essential service.

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, 1971 and is compared with similar information for 1970.

In comparing the figures for milk in schools, it should be borne in mind that, in accordance with the *Provision of Milk and Meals (Amendment No. 2) Regulations 1971*, local education authorities had a duty from 1st September, 1971 to provide free school milk only for the following classes of pupils in maintained schools:

- (a) pupils in special schools;
- (b) pupils in other maintained schools up to the end of the summer term next after they attain the age of seven; and
- (c) other pupils in primary schools and junior pupils in all-age and middle schools where a school medical officer certifies that the pupil's health requires that he should be provided with milk at school.

<i>Meals</i>	1970	1971
Number of children present on day selected	63,333	70,286
Number of school dinners served	50,289	45,074
Percentage taking dinners	73.5	64.0

<i>Milk</i>	1970	1971
Number of entitled children present on day selected	40,185	16,550
Number of children who received one-third pint of milk	35,768	15,528
Percentage of milk drinkers	89.0	94.0

By the end of the year, 77 certificates had been issued to children in the seven to 11 age group who needed milk on health grounds.

The close liaison between the county environmental health inspectors and the school 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, of 13 senior cooks who entered for the Royal Society of Health's examination in Hygiene of Food Retailing and catering, 12 qualified for the certificate.

The County Environmental Health Inspector provided a course of instruction in food hygiene for second-year catering students at Chichester College of Further Education. The course included lectures, films, practical work and visits to food processing plant. The course concluded with the students taking the Royal Society of Health Examination for the Certificate in Hygiene of Food Retailing and Catering. Of 23 students taking the examination, 16 qualified for the Certificate.

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

The county environmental 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 environmental 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. 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 Environmental 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 Environmental 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 143 requests for advice were recorded during the swimming season; all were dealt with

effectively and, wherever possible, within 24 hours of information being received. In addition, 198 routine visits of inspection were made when water samples were collected for laboratory examination. A total of 594 assays were made of residual chlorine fractions, pH and residual cyanuric acid levels. Where necessary, establishments were advised on necessary adjustments to maintain ideal swimming conditions.

All school swimming pools have been chlorinated with trichloroisocyanuric acid supplied in powder form and made up into seven-ounce pseudo-osmotic sachets. The system has the important advantages to which reference was made in the Report for 1969 and has been readily accepted by unskilled caretakers and other school staff.

With the delegation of certain responsibilities for education to the Crawley U.D.C., those school pools attached to the schools in that area were transferred to the general supervision of the public health inspectorate at Crawley. However, the county health inspectorate still continued to offer specialist advice when necessary and arranged to supply water treatment chemicals to each of the establishments in question as part of the bulk purchase arrangements for schools in the County as a whole.

A further eight swimming pools were installed during the year. All pools have filtration and an effective system of chlorination and the next table gives an indication of their type and distribution.

Type of School	Open-air Pools		Indoor Pools		TOTALS
	Unheated	Heated	Unheated	Heated	
Primary . . .	60 (56)	8 (5)	1 (1)	1 (1)	70 (63)
Secondary . . .	9 (9)	— (—)	— (—)	— (—)	9 (9)
Special . . .	3 (3)	— (—)	— (—)	— (—)	3 (3)
TOTALS . . .	72 (68)	8 (5)	1 (1)	1 (1)	82 (75)
Crawley U.D.C. area . (All types of school)	13 (12)	— (—)	— (—)	— (—)	13 (12)

Note: The figures in brackets relate to 1970.

The County Environmental Health Inspector, who is an expert in this subject, has been appointed to a Local Government Training Board working party and, with two other local government officers, is drafting reference manuals and assessing schemes of training of school swimming pool operators and technicians employed in the public baths service.

**RETURN OF MEDICAL INSPECTION AND TREATMENT
FOR THE YEAR ENDED 31st DECEMBER, 1971**

**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)
1967 and later	146	146	—	—	4	7	11
1966	2,063	2,061	2	—	66	141	200
1965	2,263	2,261	2	—	72	120	189
1964	2,227	2,222	5	—	92	113	203
1963	639	636	3	—	61	51	109
1962	322	322	—	—	24	19	43
1961	1,397	1,393	4	—	59	74	131
1960	1,663	1,661	2	—	63	70	126
1959	2,625	2,621	4	—	105	89	190
1958	883	882	1	—	42	38	78
1957	796	795	1	—	67	41	106
1956 and earlier	3,372	3,366	6	1,627	253	121	365
TOTALS	18,396	18,366	30	1,627	908	884	1,751

Col. (3) total as a percentage of Col. (2) total 99.82

Col. (4) total as a percentage of Col. (2) total 0.18

Other Inspections

Number of Special Inspections	1970	1971
Number of Re-inspections	126	200
	7,773	7,318
TOTALS	7,899	7,518

**Defects found by Periodic and Special Medical
Inspections during the Year**

Defect Code No. (1)	Defect or disease (2)	Periodic inspection				Special inspec- tions (7)		
		Entrants (3)	Leavers (4)	Others (5)	TOTAL (6)			
4.	Skin	T	29	17	32	78	—	
		O	167	74	136	377	3	
5.	Eyes: (a) Vision	T	251	291	366	908	19	
		O	895	494	733	2,122	7	
		(b) Squint	T	35	11	9	55	—
		O	119	20	61	200	—	
6.	Ears: (a) Hearing	T	4	4	5	13	—	
		O	29	7	22	58	1	
		(b) Otitis Media	T	50	12	36	98	—
		O	394	55	178	627	4	
7.	Nose and Throat	T	15	2	13	30	—	
		O	94	22	38	154	—	
		(c) Other	T	6	9	16	31	—
		O	49	11	26	86	—	
8.	Speech	T	75	27	35	137	3	
		O	506	97	201	804	6	
9.	Lymphatic Glands	T	43	5	18	66	—	
		O	438	15	62	515	4	
10.	Heart	T	5	1	3	9	—	
		O	111	11	35	157	1	
11.	Lungs	T	27	3	6	36	—	
		O	99	27	71	197	—	
12.	Developmental: (a) Hernia	T	16	2	5	23	—	
		O	163	53	95	311	2	
		(b) Other	T	5	—	6	11	—
		O	24	2	11	37	—	
13.	Orthopaedic: (a) Posture	T	50	2	62	114	—	
		O	168	15	110	293	—	
		(b) Feet	T	2	8	24	34	1
		O	38	28	61	127	—	
14.	Nervous System: (a) Epilepsy	T	22	13	30	65	—	
		O	114	31	83	228	1	
		(c) Other	T	15	10	13	38	—
		O	216	78	123	417	1	
15.	Psychological: (a) Develop- ment	T	1	1	4	6	—	
		O	25	19	36	80	3	
		(b) Other	T	3	1	1	5	—
		O	41	20	34	95	2	
16.	Abdomen	T	4	2	7	13	2	
		O	118	14	75	207	5	
		(b) Stability	T	3	—	9	12	2
		O	136	33	103	272	7	
17.	Other	T	1	2	—	3	—	
		O	68	20	34	122	2	
		T	20	24	46	90	136	
		O	115	111	164	390	5	

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

	<i>Number of cases known to have been dealt with</i>	
	1970	1971
External and other, excluding errors of refraction and squint	8	2
Errors of refraction (including squint)	3,401	2,892
TOTALS	3,409	2,894
Number of pupils for whom spectacles were prescribed	1,021	821

Diseases and Defects of Ear, Nose and Throat

	<i>Number of cases known to have been dealt with</i>	
	1970	1971
Received operative treatment:—		
(a) For diseases of the ear	18	4
(b) For adenoids and chronic tonsillitis	186	187
(c) For other nose and throat conditions	—	—
Received other forms of treatment	12	36
TOTALS	216	227
Total number of pupils in schools who are known to have been provided with hearing aids:—		
(a) In year	2	8
(b) In previous years	128	147

Orthopaedic and Postural Defects

	<i>Number of cases known to have been treated</i>	
	1970	1971
(a) Pupils treated at clinics or out-patients' departments	219	115
(b) Pupils treated at school for postural defects	—	—
TOTALS	219	115

Diseases of the Skin

	<i>Number of cases known to have been treated</i>	
	1970	1971
Ringworm: (a) Scalp	2	—
(b) Body	—	—
Scabies	14	6
Impetigo	9	24
Other skin diseases	141	301
TOTALS	166	331

Child Guidance Treatment

	<i>Number of cases known to have been treated</i>	
	1970	1971
Pupils treated at Child Guidance Clinics	948	822

Speech Therapy

	<i>Number of cases known to have been treated</i>	
	1970	1971
Pupils treated by speech therapist	567	331

Other Treatment Given

	<i>Number of cases known to have been dealt with</i>	
	1970	1971
(a) Pupils with minor ailments	267	409
(b) Pupils who received convalescent treatment under School Health Service arrangements	17	8
(c) Pupils who received B.C.G. vaccination	5,410	5,144
(d) Other than (a), (b) and (c) above:		
Orthoptic	586	282
Enuresis (pad and bell alarms)	80	85
TOTAL (a)–(d)	6,360	5,928

**DENTAL INSPECTION AND TREATMENT CARRIED OUT
BY THE AUTHORITY**

ATTENDANCES AND TREATMENT	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	TOTALS
First visit	4,747	3,117	359	8,223
Subsequent visits	6,773	6,173	812	13,758
Total visits	11,520	9,290	1,171	21,981
Additional courses of treatment	736	542	80	1,358
Fillings in permanent teeth	4,025	8,745	1,195	13,965
Fillings in deciduous teeth	7,879	664	—	8,543
Permanent teeth filled	3,276	7,409	1,064	11,749
Deciduous teeth filled	7,241	620	—	7,861
Permanent teeth extracted	161	628	93	882
Deciduous teeth extracted	1,936	535	—	2,471
General anaesthetics	936	391	28	1,355
Emergencies	502	254	55	811
Number of pupils x-rayed				837
Prophylaxis				1,286
Teeth otherwise conserved				4,289
Number of teeth root filled				26
Inlays				7
Crowns				21
Courses of treatment completed				8,587
 ORTHODONTICS				
Cases remaining from previous year				155
New cases commenced during year				180
Cases completed during year				129
Cases discontinued during year				36
No. of removable appliances fitted				242
No. of fixed appliances fitted				—
Pupils referred to hospital consultant				60
 PROSTHETICS				
	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	TOTALS
Pupils supplied with F.U. or F.L. (first time)	—	—	2	2
Pupils supplied with other dentures (first time)	3	13	5	21
Number of dentures supplied	4	32	10	46
 ANAESTHETICS General anaesthetics administered by dental officers				
				810
 INSPECTIONS				
(a) First inspection at school – number of pupils				61,769
(b) First inspection at clinic – number of pupils				2,710
Number of (a) + (b) found to require treatment				26,596
Number of (a) + (b) offered treatment				21,790
(c) Pupils re-inspected at school clinic				12,217
Number of (c) found to require treatment				5,186
 SESSIONS				
Sessions devoted to treatment				3,361
Sessions devoted to inspection				442
Sessions devoted to dental health education				40

Appendix A

HEALTH COMMITTEE

(at 31st December, 1971)

County Council Members

	<i>Sub-Committee ‡</i>
MRS. B. G. ARMSTRONG-CLARKE, J.P.	e
MRS. E. ATKINSON	
COL. W. H. BLAGDEN, C.B.E.	
MR. T. BOOTHMAN	e
MR. H. BRINTON	
MR. V. S. CAMBRIDGE	
MR. J. W. CHAPMAN, J.P.	
MRS. M. COBBY, O.B.E.	e
MR. E. DODD	e
*MR. E. J. F. GREEN, J.P. (<i>Chairman of the Finance Committee</i>)	
MR. P. J. HEALY	
MR. C. D. HERNIMAN, J.P.	
MR. W. D. LEDGER	
MAJOR-GENERAL H. M. LIARDET, C.B., C.B.E., D.S.O., D.L. (<i>Chairman</i>)	Ce
LADY MACKINTOSH, J.P.	
*SIR PETER MURSELL, M.B.E., D.L. (<i>Chairman of the County Council</i>)	
MRS. P. B. P. NAUNTON, J.P.	e
MR. A. E. PEGLER	
MR. W. G. S. POPE (<i>Vice-Chairman</i>)	e
MRS. F. M. L. RICHARDS	
MRS. N. B. M. SHARP, J.P.	
MR. T. H. SIGGS	
MR. M. G. SPOFFORTH	
MR. A. H. STOW	
MISS E. M. WARD	
MR. D. E. L. WHITTAKER	
*MR. J. E. WHITTOME, O.B.E., D.L. (<i>Vice-Chairman of the County Council</i>)	

Other Members

DR. IVAN CLOUT	representing the South West Metropolitan Regional Hospital Board	e
DR. H. ROSENBERG, O.ST.J.	representing the Executive Council for the County of West Sussex	

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

EDUCATION COMMITTEE

(at 31st December, 1971)

County Council Members

	<i>Sub-Committee</i>
MRS. B. G. ARMSTRONG-CLARKE, J.P.	s
MRS. E. ATKINSON	
DR. H. M. AYRES, C.ST.J.	
MR. D. S. W. BLACKER	
MR. H. BRINTON	
LADY BRUNDRETT	
MRS. E. M. CLARKE	
MR. K. G. DUNN	
†MR. L. A. FOSTER (<i>Vice-Chairman</i>)	
MRS. P. FOSTER	s
*MR. E. J. F. GREEN, J.P. (<i>Chairman of the Finance Committee</i>)	
MR. D. F. HILL	s
MRS. M. KEOGH MURPHY	Cs
MR. E. KIRKBY-BOTT	
MR. T. W. LITTLEJOHN	s
†MR. R. MARTIN (<i>Chairman</i>)	
MR. R. MAY, O.B.E.	s
LT. CDR. M. G. MORRIS, D.S.C., R.D., R.N.R.	
*SIR PETER MURSELL, M.B.E., D.L. (<i>Chairman of the County Council</i>)	
MR. A. G. W. PENNEY, J.P.	
MRS. D. M. PENNICOTT	s
MRS. F. M. RICHARDS	
MISS A. B. ROBINSON	s
MRS. N. B. M. SHARP, J.P.	
MR. P. G. SHEPHERD	s
MR. A. A. SHEPPARD	s
BRIG. L. L. THWAYTES, D.L.	
MR. E. L. WALTER	
*MR. J. E. WHITTOME, O.B.E., D.L. (<i>Vice-Chairman of the County Council</i>)	
MR. C. E. C. WOOLLEY	

Other Members

MR. R. P. COOK	representing Worthing Committee for	s
MR. S. C. ELLIOTT	Education	
MRS. B. M. E. ANDERSON	representing Crawley Committee for	
MR. P. A. OWENS	Education	
MR. A. E. PEGLER		
MR. H. E. WESTON		s
THE REV. CANON M. C. LANGTON	representing religious denominations	
THE REV. R. H. SMITH		s
MR. F. NEWBY	representing teachers employed in schools	
MR. D. PAY	maintained by the Local Education	s
MR. F. J. J. PIDGEON	Authority	s
MAJOR-GEN. C. LLOYD, C.B., C.B.E., T.D.		
MR. C. W. TONKIN		
MISS W. A. WAITE		

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

† Ex-officio member of the Special Services Sub-Committee.

C Chairman of Sub-Committee.

e Executive Sub-Committee.

s Special Services Sub-Committee.

Appendix B

STAFF

(at 31st December, 1971)

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

T. McL. GALLOWAY, M.D., F.R.C.P., D.P.H., Dt.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.I.S., F.H.A.

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.

*MURIEL G. WARREN BROWNE, M.B., Ch.B.

*F. COCKCROFT, M.A., M.R.C.S., L.R.C.P., D.P.H.

*V. P. GEORGE, 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.

*T. M. HUMPHRY, M.R.C.S., L.R.C.P.

*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.

MERLE NEWTON, M.R.C.S., L.R.C.P., D.C.H.

JEAN B. SCOTT, M.A., M.B., Ch.B.

*BARBARA M. TOWERS, J.P., M.B., Ch.B., M.R.C.S., L.R.C.P.

Chief Dental Officer and Principal School Dental Officer:

P. S. R. CONRON, L.D.S.

Area Dental Officers:

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

N. A. BOSTOCK, L.D.S.

P. TURNBULL, M.A., B.D.S.

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

J. B. HERINGTON, L.D.S.

Senior Dental Officers:

G. C. KENT, L.D.S.

P. C. ROBERTSON, L.D.S.

*Miss H. M. PHILLIPS, L.D.S.

Dental Officers:

B. W. BEECHING, L.D.S.

Miss S. ILAND, B.D.S.

Consultant Ophthalmologists:

*H. B. JACOBS, F.R.C.S., D.O.M.S.

*A. LYTTON, F.R.C.S., D.O.

*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.

*S. CHATTERJEE, M.B., B.S.

*Part-time

Consultant Psychiatrists:

- *M ALDRIDGE, B.A., M.B., B.Ch., D.P.M.
*KATHLEEN B. COBB, M.A., M.B., Ch.B., D.P.M.
*K. A. O'KEEFE, M.B., B.Ch., B.A.O., D.P.M.
*J. C. MOUGNE, M.D., D.P.M.

County Environmental Health Inspector:

A. P. L. WALLIS, F.I.P.H.E., F.A.P.H.I.

Assistant County Public Health Inspector:

G. R. CROWTHER, M.R.S.H., M.A.P.H.I.

County Ambulance Officer:

V. A. GLOVER, F.I.A.O.

Deputy County Ambulance Officer:

L. P. F. WEEKS

Chief Nursing Officer:

MISS D. M. SMITH, S.R.N., S.C.M., H.V.CERT.

Deputy Chief 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.

Nursing Officer:

MISS X. WEBSTER, S.R.N., S.C.M., H.V.CERT.

Health Education Organiser:

MISS B. M. JACOB, S.R.N., S.C.M., H.V.CERT., D.M.A.

Assistant Health Education Organiser:

MISS V. K. JONES, S.R.N.

Chief Chiropodists:

A. C. CAMPBELL, S.R.N., M.Ch.S., S.R.Ch.
E. JONES, S.R.N., M.C.S.P., M.Ch.S., S.R.Ch. (WORTHING)

Senior Chiropodists:

J. ALEXANDER, M.Ch.S., S.R.Ch.	A. R. MOLESHEAD, M.Ch.S., S.R.Ch.
F. ATHERTON, M.Ch.S., S.R.Ch.	C. G. PEARSON, M.Ch.S., S.R.Ch.
F. A. BAKER, M.Ch.S., S.R.Ch.	T. F. O. POWELL, M.Ch.S., S.R.Ch.
T. J. BYRNE, M.Ch.S., S.R.Ch.	MRS. D. SHENTON, M.Ch.S., S.R.Ch.
D. A. COLLYER, M.Ch.S., S.R.Ch.	*S. F. STEFANSKI, M.Ch.S., S.R.Ch.
*MRS. M. A. DONKIN, M.Ch.S., S.R.Ch.	MISS F. I. STOKES, M.Ch.S., S.R.Ch.
MRS. E. DROMGOOLE, M.Ch.S., S.R.Ch.	*MRS. S. SUMMERFIELD, M.Ch.S., S.R.Ch.
S. KNIGHT, M.C.S.P., S.R.P., M.Ch.S., S.R.Ch.	C. T. WEBB, M.Ch.S., S.R.Ch.

Senior Speech Therapist:

*MISS M. G. A. McCOMBIE, L.C.S.T.

*Part-time

Speech Therapists:

*MRS. J. M. GIBSON, L.C.S.T.	*MRS. A. J. LEWIS, L.C.S.T.
*MRS. M. HILL, L.C.S.T.	*MRS. E. A. SMITH, L.C.S.T.
*MRS. V. A. IRONSIDE, L.C.S.T.	*MRS. M. E. SMITH, L.C.S.T.
*MRS. E. M. WESTON, L.C.S.T.	

Head Psychiatric Social Worker:

MISS J. S. PARSONS, A.A.P.S.W.

Psychiatric Social Worker

MISS J. M. HENDERSON, B.A., A.A.P.S.W.	*V. W. J. ROBINSON, A.A.P.S.W.
C. J. MOODY	*MRS. E. T. ROSSELLI, M.A., A.A.P.S.W.
MISS F. P. TOWNSEND, S.R.N., A.A.P.S.W.	

Other Child Guidance Staff:

*MISS A. BOWLEY, Ph.D., F.B.P.S.S.	*P. L. E. GAISMAN
*MRS D. P. HAIG, Dip. soc. science	*MRS. R. S. D. INFELD, B.SC. (ECON.)
*MRS. P. C. STANIFORTH	

Senior Educational Psychologist:

D. LABON, B.SC., A.B.P.S.S.

Educational Psychologists:

J. T. ACKLAW, B.A., Dip. ed. psych. A.B.P.S.S.	D. LEACH, B.A., M.Ed. psych.
G. CROWTHER, M.SC., A.B.P.S.S.	MISS S. PERRY, B.A., M.Ed., A.B.P.S.S.

Administrative Divisions:

	<i>Senior Administrative Assistants</i>	<i>Administrative Assistants</i>
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. MRS. P. MORGAN, D.M.A.
NURSING SERVICES DIVISION:	J. E. FIELD	A. G. PENNICOTT, D.M.A. A. C. FISHER, 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 (1)	Establishment 30.9.71 (2)	In post on 30th September				
		Whole-time (3)	Part-time (4)	Whole-time equivalent of Col. (4) (5)	Total whole-time equivalent	
					1970 (6)	1971 (7)
Administrative and clerical:						
Central Office	54.0	48	8	5.0	58.8	53.0
Health Centres, Clinics, etc.	24.8	13	21	10.8	22.5	23.8
Ambulance operational staff	117.0	113	4	3.0	103.5	116.0
Chiropodists	17.0	14	3	0.7	13.1	14.7
Dentists	12.0	11	1	0.8	9.8	11.8
Dental hygienists	1.0	—	—	—	—	—
Dental surgery assistants	13.0	13	—	—	12.0	13.0
Doctors	16.6	10	26	6.0	15.7	16.0
Health education organiser and assistants	4.0	3	—	—	4.0	3.0
Manual and domestic, including cleaners at health centres, clinics, etc.	9.0	4	15	5.0	8.0	9.0
Nursing and auxiliary:						
Administrative and super- visory nursing staff	6.0	6	—	—	6.0	6.0
Clinic assistants	19.0	13	4	2.0	16.0	15.0
Combined nursing appoint- ments (all services; includ- ing relief staff)	28.0	26	5	1.5	31.0	27.5
Domiciliary midwives	18.0	16	—	—	20.0	16.0
Health visitors/school nurses	67.0	65	—	—	62.5	65.0
Home nurses { S.R.N.	90.0	84	1	0.5	87.2	84.5
{ S.E.N.	14.0	14	—	—	2.0	14.0
Nurse/midwives	14.0	14	—	—	14.0	14.0
Nursing auxiliaries	31.0	30	1	0.5	28.0	30.5
Physiotherapists	0.5	—	4	0.5	0.5	0.5
Public health inspectors and sampling officers	4.0	4	—	—	3.0	4.0
Speech therapists	5.3	1	6	1.8	3.8	2.8
Social workers and therapists in child guidance clinics	10.5	6	6	2.7	7.2	8.7
TOTALS	575.7	508	105	40.8	528.6	548.8

Appendix C

BABY BATTERING AND ITS PREVENTION*

DAVID WILD, M.B., Ch.B., D.Obst., R.C.O.G., D.P.H., D.M.A.

*Deputy County Medical Officer of Health,
West Sussex County Council.*

Since the classic description of the battered baby by Caffey¹ there has been a great deal of interest in the diagnosis and the management of baby battering. In 1966 the British Paediatric Association presented a memorandum² on the recognition and management of the syndrome, bearing in mind medical, social and legal aspects. Just over a year ago the Department of Health and Social Security circulated an advisory letter³ to local authorities, advising consultation between medical resources, police and child care bodies.

All these efforts were directed towards the very early diagnosis of battering and the management of the situation. Bitter experience has shown people who have been aware of child battering situations that the diagnosis is very often late, indeed frequently post mortem, and where battering is suspected efforts to manage the situation are fraught with difficulty. Proof of actual battering, short of a confession by the batterer, is virtually impossible. Parents who batter will resist attempts to remove the child informally. Moreover, once battering has commenced, parents are fearful of any kind of involvement with authority.

A certain amount of work into the pathogenesis of battering parents has been done, notably that of Professor C. Henry Kempe in Colorado and later in this country for the NSPCC.⁴ Professor Kempe's article in *The Times*⁵ is a very interesting summary of his view of the problem, where he describes *the myth of the Madonna mother*. Kempe's researches show that child abuse occurs in about six out of every thousand live births and half of these children are physically assaulted, while half fail to thrive. Only a very small proportion of parents who batter appear to be cruel, and 95 per cent of batterers need help.

Mortality in child battering is estimated at 10 per cent, with a further 15 per cent left with permanent brain damage. Almost half the total of battered children suffer fractures. At least 60 per cent of battered children have been found to be attacked a second time, and in families where the first child is attacked there is a 13-1 chance of attacks on children born subsequently. Battering by natural parents is most common but it has been observed in foster parents. All social classes are affected, from professional and graduate parents to the unskilled. It is clear that child battering is now one of the most important preventable causes of death and serious morbidity in early life.

Battering occurs at a very early age and to most of us it is an incredible phenomenon. One rejects the notion that the parent of a child, particularly a very young child (and battering can start within the first weeks of life), can throw the child violently to the ground, strike its head against the wall and punch it repeatedly in the face and abdomen, so there is an anti-diagnostic element against which one has to struggle. In discussions with colleagues it is notable that, while they can often quite objectively see neglect, in a strange way they fail to see battering or are reluctant to express an opinion which is tantamount to a serious accusation.

Battering is made up of a series of incidents and between each incident which is short-lived the parent may behave in a perfectly normal manner. Only in short bouts where they lose control does the battering occur, and one is unlikely to chance upon a mother in the process of flinging a child onto a hard surface.

It appeared that an effort should be made first of all to treat battering as a classic medical syndrome, to determine its pathology, and to devise means of recognition of the early stages of this syndrome in order that it could be arrested. It was decided to start on the assumption that the most likely explanation of battering is a failure in the development of an emotional relationship between parents and child, principally mother and child.

*Reprinted (with permission) from *Midwives Chronicle and Nursing Notes* (1971), **85**, 242-244.

Personal experience and investigation of the literature demonstrates that where mothers have felt inadequate, have had deprived emotional experiences themselves and have had little love, they find it difficult to express any affection for their children and are very demanding of affection from their children. One occasionally sees this in ordinary practice where parents will refer to the ungrateful responses of a six months old child. In addition to deficiencies in parental personality, inadequate opportunities to develop mothering, as for instance where a premature baby is kept in hospital while the mother is sent home, or perhaps even where a mother is separated from her baby in hospital, may affect these very vulnerable individuals.

The role of the father is rather more obscure, but it is assumed that even if the father is not directly involved in the battering he must at least collude in it. It is likely that both husband and wife in these situations will be of deprived personality. The very fact that they are deprived, inadequate and isolated people may force them closer together.

Initially it was recognised that there should be no element of criticism of parents in any investigation, but since battering appears to be related to a series of recognisable features an attempt has been made to codify these features, to formulate a diagnosis of a potential battering situation and create a system for the close surveillance of such a situation.

The following criteria are likely to predispose to battering and may assist in its recognition:

1. One or both parents with a history of battering or deprivation in their own childhood;
2. Lack of opportunity to develop mothering, e.g. separation of parents and child owing to prematurity or lengthy hospitalisation in infancy;
3. Habitual aggression in one or both parents;
4. Mental illness in one or both parents;
5. Parents who are socially isolated, friendless people with no "lifeline" to relatives, friends or neighbours in time of crisis;
6. Family medical records indicating home visits or consultations and including casualty attendances for trauma to children.

Any of these factors should arouse suspicion and in general the risk increases as more of the criteria are satisfied.

Each of these criteria involves information covering a very broad field. The history of the parents when they were children can only be obtained in a relatively small number of cases, but if the family has been in the area for many years the family doctor may have very useful reports.

Lack of opportunity to develop mothering is something of which the midwife may be keenly aware. She has supervised the woman during pregnancy and confinement and has ample opportunity to get details of hospital experience.

Habitual aggression in one or both parents may be known to the doctor, the health visitor, school teachers, local tradesmen or the police. It may be information from neighbours, casually given.

Mental illness in parents is something which may be known to the family doctor or mental health social worker, or the health visitor.

Social isolation in itself is something which may mean that the family is not well-known in the community. In this situation the midwife may have a very important role since she may have a much closer relationship with the family than any other trained worker, and will have been looking at the availability of help from other people in making her arrangements for the confinement, and so on.

Family medical records can be sought from the family doctor where it is considered necessary, but very often the parents of battered children change doctors and go from hospital to hospital, so this information may be fragmented and requires a determined administrative effort if it is to be collated.

One of the biggest difficulties is the drawing together of this information with expediency. There is no advantage in collecting a dossier which suggests a risk of battering six months after the battering has taken place and although this scheme is brand new, already one begins to suspect that the midwife may play a large role, since she sees the mother in a very vulnerable period and may be able to form an opinion about her capacity to cope.

Having accepted these criteria and the need for a formal system, forms, as at Fig.1, and a system of reporting and collation were developed. The preliminary form asks for a minimum of information, but it must be positive. The forms are then returned to the County office, and arrangements have been made for any of the three medical officers in the central department to review these documents on the date of receipt and decide on a

course of action. The decision that all the doctors should be involved is to diminish delay. The kind of decisions the doctor will have to make are:

1. to decide if it is necessary to seek further information on the basis of the original form;
2. whether to consult with other colleagues;
3. to consider if any emergency action would be advised; for instance, to consult with a paediatrician with a view to having the child admitted to hospital;
4. to arrange an ongoing system of surveillance.

The ongoing system of surveillance is considered to be a very important element, and to assist the health visitors it is proposed to send out reminders of the need to visit at pre-determined intervals, asking for a report on the circumstances.

One of the biggest difficulties is in assessing the number of cases which will be returned, since if too many are returned the criteria will be shown to be too lax and administration will become virtually impossible, and, if too few, cases will be missed. Constant reappraisal of significant factors must be made.

Obviously confidence must be maintained; no-one wishes to suspect parents unnecessarily, and the utmost discretion must be used in order not to suggest to the general public that Big Brother is watching them. The decision about courses of action must depend upon factual recording, not on fanciful suspicions. It must be made quite clear that the intention of the service is in no way to catch the battering parent but is to help relieve the circumstances which give rise to battering.

Like so many of the activities of preventive medical services, the short-term results from this process are unlikely to be startling. This is a long haul which involves new thinking, a very wide field of cooperation and classic epidemiological method. Not only are we hoping to protect children from battering or deprivation, we are hoping to prevent them from turning into adults who will in their turn batter their own children.

You will note that I have restricted my remarks to a surveillance system; I have only made oblique comment on techniques of management, since diagnosis is the most important factor here. Early diagnosis renders treatment easy, and diagnosis of a potential rather than actual situation may even make it unnecessary. I am pleased that midwives will be seeing these few comments about battered babies, as, as I have already pointed out, their very special relationship with the family may turn out to be a most important one.

References

- 1 *Caffey J., Brit. J. Radiol.*, 1957, 30, 225.
- 2 *BMJ*, 5.3.66, 1, 601-603.
- 3 *Department of Health and Social Security*, E/C107/32.
- 4 *78 Battered Children*, 14.9.69, NSPCC.
- 5 *The Times*, 24.6.70, "The Myth of the Madonna Mother," Kempe.

FIG. 1

STRICTLY CONFIDENTIAL

FORM 981

WEST SUSSEX COUNTY COUNCIL : HEALTH DEPARTMENT

1.

SURNAME	FORENAMES	SEX	DATE OF BIRTH
ADDRESS			

2. ACCOMMODATION & SOCIAL INFORMATION e.g. house, flat, bungalow; rented or owned; living with in-laws; financial position, rent arrears, eviction, etc. Please give details.

3. PEOPLE IN THE HOUSEHOLD e.g. brother, lodger, etc. Give dates of birth of children.

RELATIONSHIP	SURNAME	FORENAMES	AGE	SCHOOL
MOTHER				---
FATHER				---

Please ring "YES" or "NO" against the following. If "YES", indicate the category in section 4 and give details including your sources of information.

4. IS THE REPORT THE RESULT OF YOUR CONCERN ABOUT

CATEGORY		YES	NO
(a)	The immediate safety of the child?		
(b)	A potential situation?		
(c)	One or both parents with a history of battering or deprivation in their own childhood?		
(d)	Lack of opportunity to develop "mothering" (e.g. separation of parents and child due to prematurity or lengthy hospitalisation in infancy)?		
(e)	Habitual aggression in one or both parents?		
(f)	Mental illness in one or both parents?		
(g)	Parents who are socially isolated, friendless people with no "life-line" to relatives, friends or neighbour in times of crisis?		
(h)	General practitioner records for the whole family, with emphasis on home visits or consultations (including casualty attendances) for trauma to children?		

M.371A

Clauses 5 and 6 on the reverse side of the above form are devoted to the Name and Address of the General Practitioner and reasons for report, including categories. There is also space for the Doctor's signature and a section for Official use.

Health Department
 1 Mill Lane, MB F&CP 016 0-PM
 County Medical Officer of Health and Principal School Medical Officer

West Sussex County Council

Metropolitan House Northgate Chichester Sussex

STRICTLY CONFIDENTIAL



Our Ref: C/BB2/

Your Ref:

Telephone: Chichester (0243) 851100 Ext. 592
 Telex: 85752

MEMORANDUM to

Thank you for your report on Form BB 1 about this case. I enclose your health visiting records together with a copy of your report and would like you to take the following action.

Please visit this family	and submit reports on Form BB 3

M. 3708A

County Medical Officer of Health

STRICTLY CONFIDENTIAL

FORM BB3

WEST SUSSEX COUNTY COUNCIL - HEALTH DEPARTMENT

1.

Surname	Forenames	Date of Birth
Address		
2.

Date of Visit

3. SIGNIFICANT CLINICAL FINDINGS ON EXAMINATION (It is of paramount importance that the child is fully undressed at each examination. Reasons must be stated if this was not possible)

--
4. SIGNIFICANT CHANGES IN FAMILY CIRCUMSTANCES SINCE LAST REPORT

--
5. RELEVANT INFORMATION FROM OTHER AGENCIES SINCE LAST REPORT

--

M. 3708B Signed: Date:

FOR OFFICE
 USE ONLY

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