[Report 1962] / Medical Officer of Health, Worthing Borough.

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Borough of Worthing

ANNUAL REPORT

on the

HEALTH OF WORTHING

for the Year

1962

J. A. G. GRAHAM
M.B., Ch.B., D.P.H.
Medical Officer of Health
and
Borough School Medical Officer

HEALTH DEPARTMENT,
WORTHING LODGE,
STOKE ABBOTT ROAD,
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(TELEPHONE: WORTHING 7802)

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CONTENTS

HEALTH DEPARTMENT,
WORTHING LODGE,
STOKE ABBOTT ROAD,
WORTHING.

August, 1963.

To the Mayor, Aldermen and Councillors of the Borough of Worthing.

In presenting my report on the Health of Worthing in 1962 I have followed the general pattern of previous years, commenting on the work of the different branches of the department as well as giving the statistics and tables required by the Ministry of Health. Section I, in addition to the usual figures relating to population, birth and death rates, infectious diseases, etc., now includes meteorology. Section II is devoted to the personal health services. Since these were delegated to the Borough in April, 1961, the responsibility for their administration has been the direct concern of the Health and Welfare Committee, though the County Council still retain ultimate control on matters of policy and finance. In view of the increasing importance of the personal health services, as seen by the additional responsibilities placed on Local Health Authorities by the central government in recent years, I have greatly enlarged this section of the report and described the department's activities in some detail.

Section III describes the environmental health services. For the smooth running of these services and for the text of this part of the report, I am indebted to Mr. J. R. Davenport, Chief Public Health Inspector.

Section IV on the School Health Service is an innovation. Though not required in the statutory annual report of a medical officer of health, I felt that mention should be made of the work done by the doctors and health visitors, who, in their capacity as school medical officers and school nurses devote about 40% of their time to dealing with children of school age.

Annual reports, containing as they must, a large number of figures and tables, do not make for easy reading, and medical officers of health, knowing that only a few enthusiasts will read their efforts from cover to cover, like to highlight in their introduction those matters considered to be of special interest or importance. I should therefore like to draw your attention to what I consider to be a most serious matter. I refer to Worthing's ageing population. In my view Tables 1a and 1b on pages 17 and 18 deserve detailed study. These tables and the graph which follows compare the Worthing population age structure at the 1961 census with that of 10 years before. The total population has risen from 69,431 to 80,329, i.e. by 10,898, but it will be seen only too clearly that this is almost entirely amongst the older age groups. The number of persons of pensionable age (i.e. over 65 for men and over 60 for women) was 29.6% of the total population in 1951; it was 36.3% ten years later. This must surely be the highest in Britain.

The rise in the numbers of the elderly has not been counter balanced in the younger age groups. Indeed there has actually been a *decline* of 2,060, in vital age range between 25 and 44, and an accompanying drop of 706 in the number of children under the age of 10. This can only mean one thing: whatever the reason, be it lack of jobs, lack of housing or lack of amenities, many young adults do not remain in Worthing for very long after leaving school.

Can this unbalanced trend be reversed? I believe it can. A study of the graph shows a "hump" reaching its peak in the 10-14 age group. This is the remains of the post war "bulge". If these children, some of whom have already left school, can be persuaded to stay, and work and live in Worthing, then a very different pattern will be shown on the graph for the 1971 census.

Should the present trend continue, the health and welfare services for the elderly, already stretched to their limit, will prove inadequate to meet the demands which will be made on them in the years to come.

The health of the Borough in other respects presents a happier picture. The physical condition of every one of the 2,821 school children who were examined during the year was recorded as satisfactory. 73.4% received one-third of a pint of free milk in school every day and no less than 70.5% took school dinners. The provision made for handicapped school children is excellent. When one contrasts the health of the school child now with the position as it was 50 years ago, the improvement is very great indeed. While this to some extent reflects the general improvement in living standards and medical developments made available to all through the National Health Service, much of the credit belongs to the School Health Service, supported and encouraged by progressive Local Education Authorities.

1962 has been a year of record low figures for infectious disease. There were only 3 cases of scarlet fever notified to the department and for the first time ever no case of whooping cough was reported. The continued absence of the dreaded poliomyelitis is a source of great satisfaction. The last case in Worthing was in 1958 and the decline which is general throughout the country is almost certainly the result of the intensive immunisation campaigns of the past few years. Only for tuberculosis are the results rather disappointing. 17 new patients were notified in 1962 and 3 of these were school children. Tuberculosis is an infectious and preventable disease, and there are no medical reasons why it should not be wiped out in this country. This day will be speeded if every case which occurs is thoroughly investigated from a social and environmental as well as medical point of view. In this way the original source of the infection can be traced and treated. Much is already being done but there is still room for improvement.

Particular mention should be made about a new service which commenced in February, 1962. I refer to the chiropody service. Starting with 2 sessions per week, this soon had to be increased to 3 sessions, and it is already clear from the demand that much more will be needed. So far the chiropody has had to be limited to pensioners (though an occasional exception is made in the case of a severely disabled person), and it has proved immensely popular. Keeping the elderly on their feet in comfort is a very great contribution to their well-being.

I should like to take this opportunity of recording my grateful thanks to Dr. G. H. Pringle, your Medical Officer of Health for over 15 years, who handed over the reins of office on the 1st November. To him I am especially indebted for bequeathing a department whose smooth running is a tribute to his administrative skill. Only by following in his footsteps can one fully appreciate the esteem in which he is everywhere held. I know the people of Worthing will join with me in wishing him a long and happy retirement.

In conclusion I wish to thank the members of the staff of the Health Department for their unfailing loyalty and support, and the members of the Health and Welfare and Education Committees for their interest and encouragement.

J. A. G. Graham.

Medical Officer of Health and
Borough School Medical Officer.

HEALTH AND WELFARE COMMITTEE :

(as at 31st December, 1962)

Chairman: Councillor Mrs. H. M. Peryer

Vice-Chairman: Councillor S. C. Elliott

Alderman T. A. Clifford
Ald. Mrs. D. Stapleton Skinner, B.A.
Councillor A. H. Blenner-Hassett
Councillor G. W. Colville
Councillor G. G. H. Green
Councillor D. Hill
Councillor G. Hyder
Councillor Mrs. N. M. Lephard
Councillor G. Noble

HEALTH AND WELFARE SERVICES SUB-COMMITTEE :

(as at 31st December, 1962)

Chairman: Councillor Mrs. H. M. Peryer

Councillor G. W. Colville
Councillor S. C. Elliott
Councillor D. Hill
Councillor G. Hyder
Councillor Mrs. N. M. Lephard

Dr. H. Rosenberg (Representing local Medical Practitioners)

WORTHING COMMITTEE FOR EDUCATION

(as at 31st December, 1962)

Mayor: Councillor Mrs. M. I. Keele, J.P.

Chairman: Alderman D. W. Morecraft, J.P.

Vice-Chairman: Alderman Mrs. D. Stapleton Skinner, B.A., C.C.

Alderman H. L. Frampton
Councillor H. H. Barrett, C.C.
Councillor A. H. W. Bowles
Councillor F. J. Chapman
Councillor C. L. Cox
Councillor R. Edwards, C.C.
Councillor S. C. Elliott
Councillor G. G. H. Green
Councillor F. Kenton
Councillor S. M. Knight, J.P.
Councillor Mrs. N. M. Lephard
Councillor Mrs. H. M. Peryer

West Sussex County Council Members:

County Alderman Brigadier L. L. Thwaytes
County Councillor E. G. Harvey
County Councillor The Hon. R. T. B. Wynn, C.B.E.

Co-opted: Mr. D. A. Best, M.C., B.A., B.SC.; Mr. J. H. Childs, M.C., M.A.; Mrs. R. L. Wilmot

SCHOOL HEALTH SERVICE SUB-COMMITTEE

(as at 31st December, 1962)

Chairman: Alderman Mrs. D. Stapleton Skinner, B.A., C.C.

Alderman H. L. Frampton
Alderman D. W. Morecraft, J.P.
Councillor Mrs. H. M. Peryer

Co-opted: Mr. J. H. Childs, M.C., M.A.; Mrs. R. L. Wilmot

STAFF :

(as at 31st December, 1962)

Medical Officer of Health and Borough School Medical Officer
J. A. G. GRAHAM, M.B., CH.B., D.P.H.

Deputy Medical Officer of Health and Deputy Borough School Medical Officer
J. C. AITKEN, M.B., CH.B., D.P.H.

Assistant Medical Officer and School Medical Officer
G. GRASSET MOLLOY, M.B., B.S., D.P.H., D.C.H.

Chief Public Health Inspector
J. R. DAVENPORT, M.A.P.H.I.

Deputy Chief Public Health Inspector
M. BLAKE, M.A.P.H.I.

Senior District Public Health Inspectors
L. A. BIGGS, M.A.P.H.I.
P. E. CHATTELLE, M.A.P.H.I.
G. T. PARSONS, M.A.P.H.I.

Area Dental Officer
C. P. URBANI, L.D.S., R.C.S.

Dental Officer
*F. WINBOLT LEWIS, L.D.S., R.C.S.

Consultant Geriatrician
*R. B. FRANKS, M.B., M.R.C.P.

Consultant Ophthalmologist
*S. D. WALLIS, M.R.C.S., L.R.C.P., D.O.M.S.

Consultant Orthopaedic Surgeon
*J. A. CHOLMELEY, F.R.C.S.

Consultant Psychiatrist
*F. T. SHADFORTH, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.M.

Area Nursing Officer and Superintendent Health Visitor
MISS M. NASH, S.R.N., S.C.M., H.V.CERT., DIP.SOC.SC.

Senior Health Visitor
MISS G. CARTER, S.R.N., S.C.M., H.V.CERT.

Health Visitors (8)
Domiciliary Midwives (3½) **Domiciliary Nurses** (18½)

Home Help Organiser
MISS E. STEVENS

Home Helps (75 Part-time)

Care Almoner
*MISS M. B. FLEMONS, A.M.I.A.

Mental Welfare Officer
*L. O'RIORDAN, S.R.N., R.M.N.

Handicapped Services Officer
MRS. J. A. BOULD

Orthoptist
*MISS H. WISE, D.B.O.

Physiotherapist
* MISS P. LYNCH, M.C.S.P.

Speech Therapist
*MISS V. C. OSBORNE, L.C.S.T.

Chief Clerk
T. L. CANTON

Clerks (10)

Other Staff

Dental Attendant (1)

Rodent Operators (2) Miscellaneous (1)

*Part-time

PART I.

GENERAL and STATISTICAL

AREA AND POPULATION

Area of Municipal Borough, including foreshore	8512.742 acres
Population (Census 1921)	31,520
Population (Census 1931)	46,230
Population (Census 1951)	69,431
Population (Census 1961) { Males 32,345 / Females 47,984 }	80,329
Registrar-General's Estimate of Resident Population (1962)	79,750
Number of inhabited Houses (1921)	7,710
Number of inhabited Houses (1962)	30,443
Rateable Value (1962)	£2,042,917
Sum represented by a penny rate (1962)	£8,350

The Registrar-General's estimate of the mid year population in 1962 (79,750), and not the 1961 census (80,329), has been adopted for the purposes of the statistics in this report.

Tables 1a and 1b on pages 17 and 18 and the graph which follows show the changes in population structure which have taken place between the 1951 and 1961 Censuses. Further reference to this has been made in the introduction to this report.

BIRTHS

Live Births:	*Males*	*Females*	*Total*
Legitimate ..	388	380	768
Illegitimate ..	34	24	58
	422	404	826

Live birth rate per 1,000 population	10.3
„ „ „ „ „ „ (Corrected) ..	11.5
Illegitimate Live Births per cent. of total live births ..	7.0

The corrected birth rate is obtained by multiplying the crude birth rate by the factor 1.11. This factor is provided by the Registrar-General and enables the comparison of birth rates of all districts regardless of age and sex distribution. The live birth rate for Worthing in 1962 adjusted in this way is raised from 10.3 to 11.5 per 1,000 of population. The live birth rate for England and Wales in 1962 was 18.0 per 1,000.

STILL-BIRTHS

Still-births	*Males*	*Females*	*Total*
Legitimate ..	6	2	8
Illegitimate ..	—	—	—
	6	2	8

Total live and still-births	834
Still-birth rate per 1,000 total live and still-births	9.7

DEATHS

Deaths (corrected)	1807
Death rate per 1,000 population	22.6
„ „ „ „ „ (Corrected)	14.7

Infant deaths—under 1 year:	*Males*	*Females*	*Total*
Legitimate	6	7	13
Illegitimate	3	—	3
	9	7	16

Total infant mortality rate per 1,000 total live births	19.4
Legitimate „ „ „ „ legitimate live births	16.9
Illegitimate „ „ „ „ illegitimate live births	51.7
Neo-natal (first four weeks) mortality rate per 1,000 live births	14.5
Early Neo-natal (first week) mortality rate per 1,000 live births	13.3
Perinatal Mortality Rate (still-births and deaths under 1 week combined per 1,000 total live and still-births)	22.8
Maternal mortality (including abortion):	
Number of deaths	0.0
Rate per 1,000 total live and still-births	0.0

The corrected number of deaths (1,807) is made up of deaths registered in the Borough (1,722), plus inward transfers (356) less outward transfers (271). Inward transfers refer to Worthing residents who died outside the Borough, and outward transfers to non-residents who died while in the Borough.

A crude death rate is not a good measure of the health of a town. If this were so, places like Worthing, whose crude death rate in 1962 was 22.6, would seem most unhealthy. The high death rate is of course due to the age structure of the population. As with the birth rate, the Registrar-General supplies an "area comparability factor." This was 0.65 for 1962 and when the crude death rate is multiplied by this figure, the corrected death rate becomes 14.7. This can be compared with corrected death rates for other towns and districts, and also with the death rate for England and Wales, which was 11.9 per 1,000 of the population in 1962.

The principal causes of death during the year were:—

Heart Diseases	642
Cancer	335
Vascular lesions of nervous system	292
Pneumonia	124

Further statistical information is given in tables II, III and IV on pages 20 and 21.

Infant Mortality

The causes of the 16 deaths in infants under the age of one in 1962 were:—

Achondroplasia	1
Congenital Malformation	1
Congestive Heart Failure	1
Hydrocephalus	2
Intestinal Obstruction	1
Intracranial Haemorrhage	3
Prematurity	7

The infant mortality rate of 19.4 compares with that for England and Wales of 21.4.

The causes of all deaths of infants under one year of age during the past 5 years is shown in Table V on page 22. Other statistical information on infant mortality during the past 20 years is given in Table VI on page 22.

Deaths from Cancer

The number of deaths of Worthing residents from cancer was 335 (males 146, females 189) as compared with 281 in 1961, 269 in 1960, 274 in 1959, 269 in 1958 and 262 in 1957. The death-rate from the disease per 1,000 of the population was 4.2. The deaths from cancer constitute 13.0 per cent. of the total Worthing deaths during the year.

The following gives the comparative average death-rates from cancer in Worthing for quinquennial periods since 1910:

1910-1914	1.32	1945-1949	3.06
1915-1919	2.01	1950-1954	3.34
1920-1924	1.94	1955-1959	3.51
1925-1929	2.29	1960	3.47
1930-1934	2.33	1961	3.53
1935-1939	2.53	1962	4.20
1940-1944	3.11		

The localisation of the disease in the case of the 335 deaths recorded is shown below:—

Localisation	No. of deaths		
	Male	Female	Total
Stomach	14	19	33
Lungs	47	17	64
Breast	—	35	35
Uterus	—	12	12
Other and unspecified organs ..	85	106	191
Total ..	146	189	335

During the past 20 years the death rates from cancer per 1,000 of the population have varied from 2.71 to 4.20. These rates are considerably higher than that for the country as a whole, and to some extent this is accounted for by the high proportion of aged persons resident in the Borough. The rate for England and Wales in 1962 was 2.17 per 1,000 population.

Deaths from Tuberculosis

Deaths registered from tuberculosis numbered six, and were all due to pulmonary tuberculosis.

The death-rate from tuberculosis was 0.07 per 1,000 population, compared with 0.05 in 1961, 0.08 in 1960, 0.12 in 1959, 0.08 in 1958 and 0.04 in 1957.

The rate for England and Wales in 1962 was 0.07 per 1,000 population.

Table VII on page 23 clearly shows how the number of deaths from tuberculosis have declined over the past 40 years though the population has more than doubled in that time.

Deaths from Influenza and Pneumonia

There were 131 deaths from these diseases as against 144 in 1961, 100 in 1960, 85 in 1959, 83 in 1958 and 74 in 1957. The mortality rate per 1,000 of the population was 1.64 as compared with 1.81 in 1961, 1.30 in 1960, 1.12 in 1959, 1.11 in 1958 and 1.01 in 1957. The rate for England and Wales in 1962 was 0.78 per 1,000 population.

Deaths from Heart Disease

Of the 1,807 deaths, heart disease was the cause of approximately 1 in every 3 (males 265, females 377). It represented 35.5 per cent. of the total deaths from all causes and was equivalent to a death-rate of 8.1 per 1,000 of the population.

INFECTIOUS DISEASE

Under various Acts and Regulations dating from 1900 there are 23 diseases which are compulsorily notifiable to the Medical Officer of Health. For practical purposes the notification of such illnesses as plague, cholera and typhus is of academic interest only in this country, though they are still common in many parts of the world. England has not seen cholera since the 19th century.

Serious infectious illnesses such as smallpox, diphtheria, typhoid and polio still occur with sufficient frequency to keep public health departments watchful. Whenever a case occurs in a community immediate action is required to prevent spread. Fortunately Worthing remained free of these infections during 1962.

Table VIII on page 24 shows the incidence of notifiable infectious illness in Worthing during the past 14 years. It illustrates well the decline in the number of cases of scarlet fever and whooping cough, the abrupt cessation of poliomyelitis after 1958, and the undulant but continuing scourge of measles. Table IX on page 25 analyses in more detail the cases which occurred in 1962.

It may come as a surprise to find that tuberculosis now heads the list: the infectious nature of this illness is sometimes forgotten, yet a great deal can be done to prevent its spread by careful tracing of contacts and the use of B.C.G. Despite the dramatic fall in the number of cases in recent years a lot remains to be done. The fact that no less than 17 new cases were notified in Worthing in 1962 bears this out.

Scarlet fever:

The number of confirmed cases was 3, of which 2 were treated in Swandean Hospital.

Scarlet fever nowadays is usually a very mild disease and complications are rare.

Whooping cough:

For the first time on record there were no notified cases of whooping cough in the Borough during the year. There has been a gradual fall in the incidence of this unpleasant childhood illness of recent years and this is undoubtedly due to immunisation in infancy (see page 44 for further details).

Diphtheria:

For the fifteenth year in succession there were no cases of diphtheria in the Borough. The last case was in 1947 and the last death in 1946.

Measles:

Notifications numbered only 12, but this was because measles tends to occur in epidemic form in alternate years. No vaccine is yet available to general practitioners or clinic medical officers, but a great deal of research is going on and protective immunisation may eventually be as routine as it is for diphtheria, whooping cough and poliomyelitis.

For babies over the age of 6 months and for delicate or older children suffering from some other illness it is possible to give a temporary passive protection against measles by inoculating them with gamma globulin. Given within a few days of exposure the disease is usually averted; given later but within a week of exposure the attack is likely to be much milder than would otherwise have been the case. If the illness is completely averted the child develops no immunity and will probably get measles when next exposed to the infection.

Poliomyelitis:

No cases were notified during the year, for the fourth year in succession.

Ophthalmia neonatorum:

This disease is an acute purulent inflammation of the eye affecting new born babies during the first 3 weeks of life. At one time many cases of ophthalmia were due to gonorrhoea in the mother, but most cases are now due to other organisms. One case of (non-gonococcal) ophthalmia occurred in 1962; the baby was treated in Foredown Hospital.

Food poisoning:

No general or family outbreaks of food poisoning occurred in 1962, but one isolated sporadic case was notified. Investigation failed to reveal the source of the infection.

Tuberculosis:

Over the years the register of tuberculosis patients had become inflated by the retention of cases who had recovered, died or moved from the district. Comparison with the Hospital Chest Clinic register showed large differences. With the help and co-operation of Dr. Thompson-Evans, consultant physician in charge, the two registers have been put in line and now tally in every respect. As a result 379 cases were removed and 2 old cases restored. The revised register on 31.12.62 contained 116 names, made up as follows:—

	Males	*Females*	*Total*
pulmonary tuberculosis ..	67	44	111
non „ „ ..	4	1	5
Totals ..	71	45	116

17 new cases of tuberculosis were notified during the year; 14 of these were pulmonary and 3 non pulmonary. The table below analyses these by age groups and sex:—

	Pulmonary		*Non-Pulmonary*		*Total*	
Age Periods	*Males*	*Females*	*Males*	*Females*	*Males*	*Females*
Under 1 year	—	—	—	—	—	—
1- 4 years	—	—	—	—	—	—
5-14 years	—	1	1	1	1	2
15-24 years	1	2	—	—	1	2
25-34 years	—	1	—	—	—	1
35-44 years	1	—	—	—	1	—
45-54 years	—	—	—	—	—	—
55-64 years	4	1	—	—	4	1
65 years and over	2	1	1	—	3	1
	8	6	2	1	10	7

Deaths:

The Registrar-General's return of causes of death indicate that six persons died from pulmonary tuberculosis in the following age groups:—

65-75 3
Over 75 3

Further information about unsuspected tuberculosis discovered by mass radography is given on page 46. Details about the progress of B.C.G. vaccination are on page 47.

METEOROLOGY

The Meteorological Station is in Beach House Park, which is 25.000 feet above Ordnance Datum. Here all the instruments, except the Fortin Standard Barometer and the Sunshine Recorder are kept. Observations are taken every day throughout the year at 9 a.m. and 6 p.m.

All instruments at the local Meteorological Observatory are examined and tested periodically by Officers of the Meteorological Office, Air Ministry, Bracknell, Berkshire.

A code report is sent by telephone each evening to the Meteorological Office, London, and the leading newspapers are supplied with reports from that Office.

Weekly reports are sent to the local newspapers, and a full report monthly to the Meteorological Office, Bracknell, for publication in their journals. Rainfall statistics are supplied to the British Rainfall Organisation.

The daily weather report of the Air Ministry, the previous day's sunshine card and a collection of charts and records are also exhibited in the windows of the Information Bureau at the Pier.

A statistical summary of Worthing's climate over the past 60 years can be found in table X on page 26. From these figures emerge the following records:

Lowest Temperature ..... 13°F. in 1929
Highest temperature ..... 90°F. in 1947
Lowest rainfall ..... 13.26 inches in 1921
Highest rainfall ..... 41.43 inches in 1960
Least sunshine ..... 1,600.2 hrs. in 1913
Most sunshine ..... 2,128.9 hrs. in 1949

Summary of observations made in 1952

Total amount of bright sunshine: 1,794.4 hours.
Number of days with sunshine: 306.
Rainfall: 25.86 inches.
Number of rain days (.01 inch or more): 143.
Number of wet days (.04 inch or more): 104.
Highest barometric reading: 30.828 inches on 23rd D
Lowest reading: 28.889 inches on 11th January.
Warmest day: 25th July (73°).
Coldest night: 1st January (18°).
Coldest days: 1st January, 23rd December (31°).
Warmest nights: 20th and 23rd August, 3rd Septembe
Warmest month (by day) August (average temperatu
Coldest month (by night) December (average tempe
Mean Temperature 49.2°.
Mean relative humidity: at 9 a.m. 80.5%.
Lowest temperature on the grass: 18° on 1st January
Wettest day: 20th July (1.12 inches).
Sunniest day: 7th June (15.3 hours).
Number of days snow or sleet fell: 17.
Number of days hail fell: 7.
Number of days thunder heard: 7.
Number of ground frosts: 100.
Number of days with fog: 1.
Number of days with gales: 6.

Bright sunshine

The Campbell-Stokes Sunshine Recorder is fixed of Christ Church Tower, 111 feet above mean sea ground level.

The duration of bright sunshine for the year wa the seventh position for mainland stations.

une was the driest with 0.31 inch falling below the
22 inches. November was the wettest month with 3.77
eing 0.33 inch above the Normal. The heaviest daily
es on 20th July. There were 143 days on which 0.01 in.
pared with 158 days which is the average number for the

ıfall is equivalent to 100.925 tons per acre or 14.4686
r square mile.

NFALL. Total for six months (1st April to 30th
inches, compared with an average summer rainfall for
of 12.45 inches.

FALL. Total for six months (January to March and
) was 13.33 inches, compared with an average winter
ıs ten years of 16.29 inches.

XV on pages 30 and 31 give further information.

e

ıetric reading for the year was 30.040 inches (when
nd to a temperature of 32° Fahr.), the average for the
ng 30.004 inches. The highest reading for the year was
December, and the lowest reading was 28.889 inches on
bsolute range for the year was 1.939 inches and the
previous ten years 1.897 inches.

tric pressure is equivalent to 70.727 lbs. per square foot.

ge 32 shows the monthly readings.

Humidity

ometers, in a Stevenson screen, are:—self-recording
ng minimum, dry bulb and wet bulb.

are Fahrenheit and are verified at the National Physical

minimum thermometer is used for registering the tem-

ıometers are in use at various depths—1ft., 4ft. and 6ft.

ature for the year was 49.2° Fahr. which is 1.8° below
hest shade temperature for 1962 was 73° recorded on

EARTH TEMPERATURES. The highest and lowest temperatures at various depths in the earth were as follows:—

Below Surface	*Highest*	*Date*	*Lowest*	*Date*
1ft.	64.0°	28th July	35.0°	28th December
4ft.	60.2°	25th August	42.7°	9th March
6ft.	58.5°	16th September	44.9°	29th March

Humidity

The mean relative humidity of the atmosphere (percentage of saturation of the air) at 9 a.m. was 80.5% compared with the previous ten years' average of 79.8%.

Table XVII on page 32 gives the monthly mean maximum and minimum temperature readings and table XVIII on page 33 further details on cloud and relative humidity.

Wind

Percentages of direction of wind from 730 observations taken at 9 a.m. and 6 p.m. throughout the year:—

	9 a.m. %	6 p.m. %		9 a.m. %	6 p.m. %
N.	9.6	9.0	S.	4.7	6.0
N.E.	21.0	16.7	S.W.	23.8	27.1
E.	4.4	4.1	W.	14.0	16.4
S.E.	8.5	8.6	N.W.	14.0	12.1
Calm	—	—			

Further details can be found in Table XIX on page 34.

Visibility

This is measured on an arbitrary scale which depends on ability to see a particular object from a fixed view point. For example, if maximum visibility from the office gate is the north west corner of the town hall (a distance of 110 yards), then "thick fog" is present, designated by the letter "C." If on the other hand visibility from Christ Church Tower extends to Selsey Bill (18¼ miles), but not Beachy Head (27 miles) then it is said to be "very good" (L), but not "excellent" (M).

During 1962, thick fog was recorded only once (in January). Excellent visibility was recorded on 41 occasions. The complete record is shown in Table XX on page 35 with a key to the table on page 36.

TABLE 1a—CENSUS 1951

Age last birthday	Persons	MALES					FEMALES				
		Total	Single	Married	Widowed	Divorced	Total	Single	Married	Widowed	Divorced
All Ages	69,431	27,700	10,085	16,160	1,326	129	41,731	17,746	16,953	6,605	427
0–4	4,158	2,133	2,133				2,025	2,025			
5–9	3,800	1,932	1,932				1,868	1,868			
10–14	3,554	1,818	1,818				1,736	1,736			
15–19	2,955	1,257	1,251	6	—	—	1,698	1,645	53	—	—
20–24	3,005	1,317	993	323	—	1	1,688	960	725	3	—
25–29	3,203	1,433	505	920	1	7	1,770	536	1,205	14	15
30–34	3,444	1,487	267	1,199	7	14	1,957	390	1,508	25	34
35–39	4,325	1,889	196	1,660	12	21	2,436	528	1,780	71	57
40–44	4,721	2,005	173	1,799	15	18	2,716	652	1,870	115	79
45–49	4,740	1,953	165	1,741	22	25	2,787	729	1,826	184	48
50–54	4,638	1,773	127	1,591	38	17	2,865	735	1,776	308	46
55–59	4,616	1,599	105	1,419	63	12	3,017	922	1,571	473	51
60–64	5,218	1,685	91	1,489	100	5	3,533	1,155	1,547	786	45
65–69	5,547	1,791	111	1,498	177	5	3,756	1,229	1,373	1,126	28
70–74	4,839	1,604	94	1,263	245	2	3,235	1,064	953	1,205	13
75–79	3,673	1,213	84	814	313	2	2,460	847	536	1,070	7
80–84	1,984	580	31	331	218	—	1,404	474	184	742	4
85–89	775	201	9	95	97	—	574	185	38	351	—
90–94	197	29	—	11	18	—	168	57	5	106	—
95 and over	39	1	—	1	—	—	38	9	3	26	—

TABLE 1b—CENSUS 1961

Age last birthday	Persons	MALES					FEMALES				
		Total	Single	Married	Widowed	Divorced	Total	Single	Married	Widowed	Divorced
All Ages	80,329	32,345	11,115	19,598	1,456	176	47,984	18,403	20,262	8,672	647
0–4	3,672	1,866	1,866				1,806	1,806			
5–9	3,580	1,813	1,813				1,767	1,767			
10–14	4,647	2,282	2,282				2,365	2,365			
15–19	3,926	1,930	1,923	7	—	—	1,996	1,894	102	—	—
20–24	3,085	1,476	1,043	433	—	—	1,609	823	784	—	2
25–29	2,928	1,417	496	913	3	5	1,511	345	1,145	8	13
30–34	3,173	1,444	255	1,174	3	12	1,729	347	1,342	13	27
35–39	3,648	1,630	231	1,379	4	16	2,018	355	1,569	39	55
40–44	3,884	1,695	153	1,506	17	19	2,189	366	1,666	75	82
45–49	4,771	2,006	164	1,788	23	31	2,765	521	1,986	163	95
50–54	5,507	2,255	145	2,049	35	26	3,252	666	2,168	324	94
55–59	5,923	2,222	168	1,971	60	23	3,701	889	2,220	518	74
60–64	6,888	2,407	137	2,171	83	16	4,481	1,177	2,368	862	74
65–69	7,580	2,614	134	2,299	171	10	4,966	1,431	2,149	1,328	58
70–74	6,946	2,371	127	1,989	246	9	4,575	1,361	1,532	1,639	43
75–79	5,154	1,586	84	1,170	323	9	3,568	1,112	813	1,619	24
80–84	3,111	871	59	536	276	—	2,240	686	328	1,222	4
85–89	1,414	370	31	176	163	—	1,044	357	79	606	2
90–94	422	84	4	36	44	—	338	120	9	209	—
95 and over	70	6	—	1	5	—	64	15	2	47	—

CENSUS 1951 AND 1961

SHOWING POPULATION IN 5-YEAR AGE GROUPS

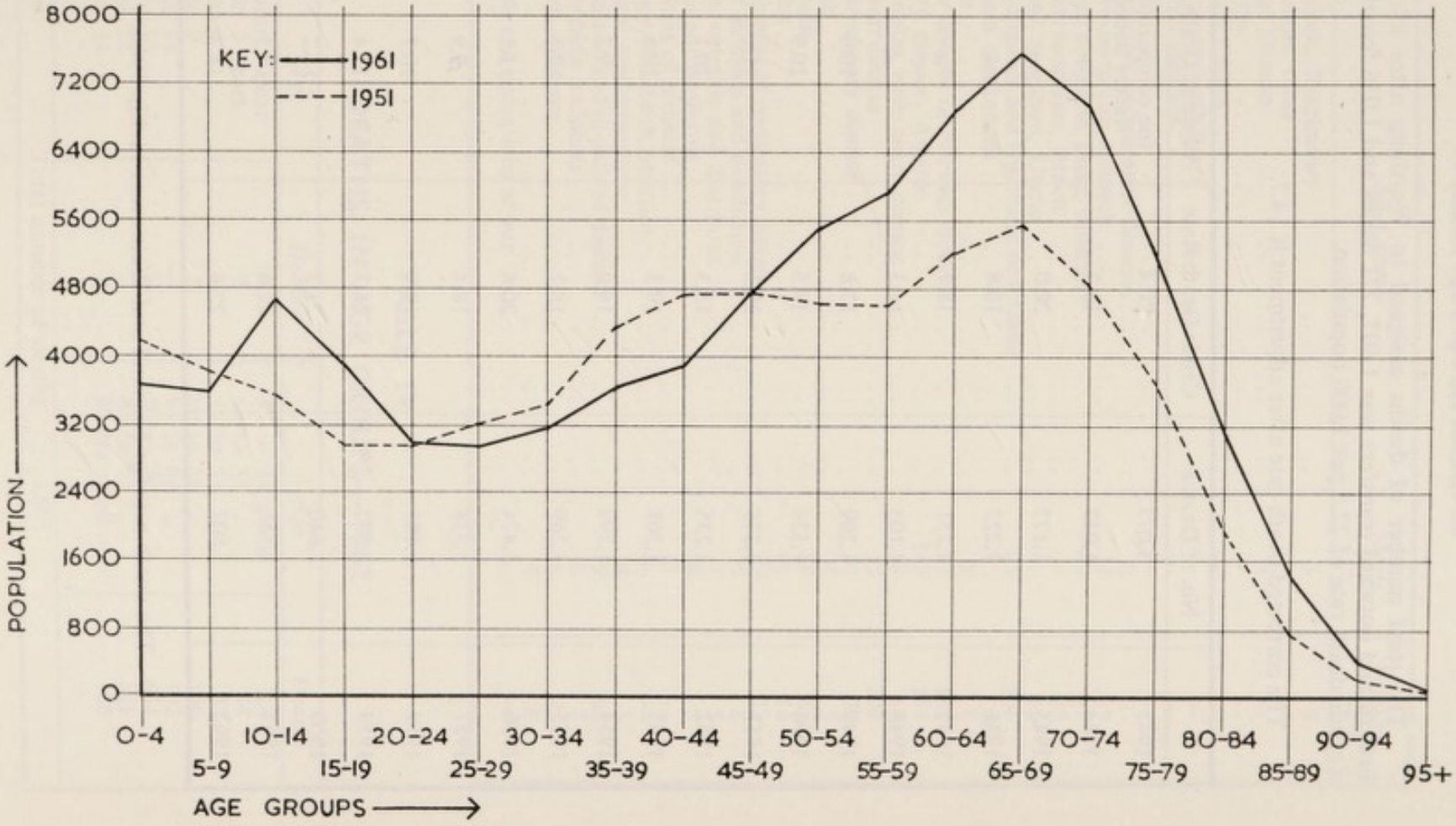

TABLE II

DEATHS (1943-1962)

The total number of deaths assigned to Worthing after allowing for inward and outward transfers was 1,807, 771 males and 1,036 females, giving a crude death rate of 22.6 per 1,000 population.

The corrected death rate after adjustment is 14.7.

	No. of Deaths	Crude Death Rate	Adjusted Death Rate
1943	1.073	20.4	(no comparability factor issued)
1944	1,037	19.2	"
1945	1,173	20.0	"
1946	1,223	18.8	"
1947	1,251	18.7	"
1948	1,103	16.3	"
1949	1.209	17.8	10.0
1950	1,336	19.5	10.9
1951	1,375	20.2	11.1
1952	1,235	18.3	10.1
1953	1,308	19.3	10.6
1954	1,299	19.0	9.7
1955	1,269	18.2	9.3
1956	1.474	20.6	11.1
1957	1,338	18.4	9.9
1958	1.481	19.9	10.7
1959	1.593	21.3	13.4
1960	1,640	21.3	13.2
1961	1,751	22.0	14.3
1962	1,807	22.6	14.7

The death rate for England and Wales was 11.9 in 1962.

TABLE III

CAUSES OF DEATH—1962

All Causes	Males 771	Females 1036
Tuberculosis, Respiratory	3	3
Tuberculosis, other	—	—
Syphilitic Disease	4	—
Diphtheria	—	—
Whooping Cough	—	—
Meningococcal infections	—	—
Acute Poliomyelitis	—	—
Measles	—	—
Other infective and parasitic diseases	2	—
Malignant neoplasm, stomach	14	19
Malignant neoplasm, Lung, Bronchus	47	17
Malignant neoplasm, Breast	—	35
Malignant neoplasm, Uterus	—	12
Other malignant and lymphatic neoplasms	85	106
Leukaemia aleukaemia	5	3
Diabetes	2	6
Vascular lesions of Nervous System	97	195
Coronary disease, Angina	162	154
Hypertension with heart disease	8	14
Other heart disease	95	209
Other circulatory disease	26	39
Influenza	4	3
Pneumonia	59	65
Bronchitis	61	14
Other diseases of respiratory system	10	12
Ulcer of stomach and duodenum	6	8
Gastritis, enteritis and diarrhoea	1	5
Nephritis and nephrosis	6	8
Hyperplasia of prostate	11	—
Pregnancy, childbirth, abortion	—	—
Congenital malformations	4	3
Other defined and ill-defined diseases	39	66
Motor vehicle accidents	6	7
All other accidents	6	25
Suicide	8	8
Homicide and operations of war	—	—

TABLE IV

DEATHS IN AGE GROUPS—1962

Age	*Deaths*	*Age*	*Deaths*
Under 1 year	16	35 to 44 years	14
1 to 2 years	2	45 to 54 „	46
3 to 4 „	2	55 to 59 „	52
5 to 9 „	2	60 to 64 „	106
10 to 14 „	—	65 to 69 „	192
15 to 19 „	3	70 to 79 „	644
20 to 24 „	3	80 to 89 „	561
25 to 34 „	4	90 years and over	160
Total number of deaths	1,807		

This analysis shows that 75.5 per cent. of the deaths were of persons aged 70 years of age and upwards.

TABLE V
CAUSES OF DEATH IN INFANTS (1958-1962)

Cause of infant deaths	Deaths of infants under one year of age				
	1958	1959	1960	1961	1962
Achondroplasia	—	—	—	—	1
Asphyxia	—	—	—	2	—
Atelectasis	2	—	—	2	—
Congenital Malformations ..	—	1	2	1	1
Congestive Heart Failure ..	—	—	—	—	1
Encephalitis	—	—	—	1	—
Gastro Enteritis	—	—	—	—	—
Hydrocephalus	—	—	—	—	2
Intestinal Obstruction	—	—	—	—	1
Intra-Cranial Haemorrhage ..	1	2	4	1	3
Meningitis	1	—	—	—	—
Peritonitis	—	—	—	1	—
Pneumonia	2	1	3	1	—
Prematurity	4	2	5	4	7
Tuberculous Meningitis	—	1	—	—	—
All other causes	5	2	1	1	—
Unascertained	—	—	1	—	—
Totals	15	9	16	14	16

TABLE VI
INFANT MORTALITY (1943-1962)

The number of deaths under one year of age was 16 (9 males and 7 females), giving an infant mortality rate of 19.4 per 1,000 live births. The corresponding rate for England and Wales for the year under review was 21.4.

Year	No. of Infant Deaths	Proportion per 1,000 live births (i.e. Infant Mortality Rate)	Percentage of Total Deaths at all ages	Infant Mortality Rate in England and Wales
1943	24	32	2.2	49
1944	40	44	3.8	46
1945	31	39	2.5	46
1946	50	48	4.2	43
1947	31	31.9	2.4	41
1948	20	23.8	1.8	34
1949	16	19.5	1.3	32
1950	22	30.8	1.6	30
1951	17	24.6	1.3	30
1952	11	16.7	0.9	28
1953	16	26.6	1.2	27
1954	19	29.6	1.5	26
1955	13	19.8	1.0	25
1956	22	32.3	1.5	24
1957	13	19.2	1.0	23
1958	15	21.2	1.0	23
1959	9	12.7	0.6	22
1960	16	20.6	0.9	22
1961	14	17.9	0.8	21
1962	16	19.4	0.9	21

Year.	Births.		All causes.		Infants under 1 year.		Maternal Mortality			Tuberculosis		Cancer.		Registrar General's Population
	No.	R.*	No.	R.*	No.	R.**	Sepsis.	Other Causes	Rate†	No.	R.*	No.	R.*	
1923	401	12.8	428	13.6	18	45	1	1	3.89	26	0.83	55	1.75	31,440
24	426	13.3	537	16.6	21	49	—	1	2.35	32	0.99	81	2.51	32,260
25	442	13.4	452	13.7	21	48	—	1	2.26	28	0.85	60	1.82	32,950
26	423	12.1	536	15.3	17	40	—	1	2.36	30	0.85	90	2.56	35,060
27	432	11.9	571	15.7	20	46	1	2	6.94	28	0.76	84	2.31	36,350
28	462	12.2	548	14.4	17	37	1	1	4.33	26	0.68	87	2.29	38,030
29	494	11.9	684	16.5	12	24	—	1	2.02	34	0.82	103	2.49	41,410
30	534	12.6	640	15.1	18	36	—	2	3.75	37	0.87	104	2.46	42,340
31	553	12.5	690	15.5	20	37	2	2	7.23	46	1.04	101	2.28	44,320
32	513	11.0	781	16.8	20	39	4	3	13.64	39	0.84	101	2.17	46,470
33	514	10.6	715	14.7	18	38	2	—	3.89	33	0.68	104	2.14	48,530
34	615	11.9	756	14.6	12	20	—	1	1.63	34	0.66	133	2.58	51,580
35	621	11.5	744	14.0	25	40	1	—	1.61	36	0.67	125	2.32	53,930
36	687	12.4	870	15.6	23	35	—	3	4.36	25	0.45	153	2.75	55,540
37	729	12.4	916	15.6	33	45	—	—	—	42	0.72	138	2.35	58,600
38	712	10.8	917	15.5	20	29	—	1	1.40	31	0.52	151	2.56	59,080
39	763	12.4	1035	16.9	18	23	1	1	2.60	26	0.34	163	2.66	61,210
40	657	9.6	1165	17.6	32	49	—	2	3.00	48	0.70	186	2.73	66,350
41	590	10.1	1044	18.7	22	36	—	1	1.80	39	0.70	161	2.88	55,710
42	724	13.3	1116	20.5	25	35	1	1	2.80	23	0.42	189	3.47	54,500
43	775	14.3	1073	20.4	24	32	—	3	3.90	33	0.63	169	3.22	52,500
44	924	17.1	1037	19.2	40	44	—	2	2.10	23	0.42	177	3.27	54,080
45	811	13.8	1173	20.0	31	39	—	1	1.20	32	0.54	204	3.48	58,620
46	1059	16.3	1223	18.8	50	48	—	—	—	22	0.34	196	3.02	64,860
47	1003	15.0	1251	18.7	31	32	—	—	—	26	0.38	200	3.00	66,750
48	861	12.8	1103	16.3	20	24	—	—	—	23	0.34	183	2.71	67,520
49	818	12.0	1209	17.8	16	20	—	1	1.20	18	0.26	213	3.10	67,940
50	714	10.4	1336	19.5	22	31	—	1	1.40	25	0.37	237	3.47	68,350
51	699	10.3	1375	20.2	17	25	—	—	—	18	0.26	248	3.64	68,060
52	658	9.7	1235	18.3	11	17	—	2	2.04	21	0.31	203	3.01	67,530
53	613	9.0	1308	19.3	16	27	—	1	1.63	3	0.04	224	3.16	67,770
54	659	9.6	1299	19.0	19	30	—	—	—	13	0.19	235	3.43	68,510
55	671	9.6	1269	18.2	13	20	—	—	—	9	0.13	228	3.27	69,840
56	701	9.8	1474	20.6	22	32	—	1	1.43	6	0.08	245	3.42	71,580
57	697	9.6	1338	18.4	13	19	—	—	—	3	0.04	262	3.59	72,860
58	716	9.5	1481	19.9	15	21	—	—	—	6	0.08	269	3.61	74,550
59	726	9.6	1593	21.3	9	13	—	—	—	9	0.12	274	3.64	75,260
60	791	10.3	1640	21.3	16	21	—	1	1.26	6	0.08	269	3.47	77,140
61	793	10.0	1751	22.0	14	18	—	—	—	4	0.05	281	3.53	79,550
62	**834**	**11.7**	**1807**	**22.6**	**16**	**19**	—	—	—	**6**	**0.07**	**335**	**4.20**	**79,750**

r 1,000 Population (unadjusted) ** Per 1,000 Live Births. † Per 1,000 Total (Live & Still) Births.

It will be noted from this table that the number of deaths has always exceeded the number of births during the last 40 years. There has been no "natural increase of the population" (i.e. excess of births over deaths) since the year 1921.

TABLE VIII
NOTIFIED INFECTIOUS DISEASES (1949-1962)

YEAR:—	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Scarlet Fever	37	75	33	131	68	38	21	23	16	17	45	50	7	3
Whooping Cough	125	152	249	81	69	444	42	30	230	24	76	89	27	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	290	112	921	17	1,012	2	555	12	203	418	1,087	12	392	12
Acute Pneumonia	17	32	20	10	26	11	12	31	19	6	7	4	4	—
Meningococcal Infection	—	1	—	1	—	—	1	—	—	—	—	—	—	—
Acute Poliomyelitis (Paralytic)	7	11	1	—	16	—	2	4	5	1	—	—	—	—
Acute Poliomyelitis (Non-Paralytic)				—	—	—	—	1	1	—	—	—	—	—
Dysentery	1	—	9	—	—	1	10	13	1	2	—	—	1	—
Puerperal Pyrexia	7	7	17	7	8	5	2	2	2	1	—	1	2	3
Typhoid Fever	—	1	3	—	2	—	—	—	—	—	—	1	—	—
Paratyphoid Fever	—	—	—	2	1	—	4	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	1	—	—	—	—	—	—	—	—	—	—	1
Food Poisoning	1	17	—	6	3	1	6	2	6	3	2	1	—	1
Erysipelas	8	8	8	14	12	9	7	5	8	9	4	3	2	—
Tuberculosis	41	37	45	51	27	30	24	17	20	15	35	16	10	17

TABLE IX

NOTIFIED INFECTIOUS DISEASES — 1962 (Corrected in Cases of Revised Diagnosis)

	Under 1 year	1	2	3	4	5–9	10–14	15–19	20–24	25–34	35–44	45-64	65 and over	Age un-known	Total
Scarlet Fever ...	—	—	—	1	—	1	—	1	—	—	—	—	—	—	3
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	3	5	2	1	1	—	—	—	—	—	—	12
Acute Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	—	—	—	1	1	1	—	—	—	—	3
Typhoid Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Food Poisoning ...	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Erysipelas ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis ...	—	—	—	—	—	1	2	—	3	1	1	5	4	—	17
	1	—	—	4	5	4	3	4	4	2	1	5	4	—	37

TABLE X — CLIMATE OF WORTHING — 1903-1962

Year	Temperatures							Rainfall		Sunshine	Year
	Means					Extremes					
	9 a.m.	Min.	Max.	Range	Mean	Min.	Max.	Amount at Observatory	Number of days rain fell	Number of hours in year	
	Degrees							Inches			
1903 ..	50.9	45.2	55.4	10.2	50.3	23·7	78.2	32.19	189	1749.2	..1903
1904 ..	50.4	45.3	55.5	11.2	49.9	23.8	77.4	26.85	163	1748.4	..1904
1905 ..	50.1	42.2	55.6	13.4	49.1	23.9	77.1	24.63	162	1715.3	..1905
1906 ..	50.6	44.3	56.1	11.8	50.2	24.9	78.6	30.44	173	2010.6	..1906
1907 ..	50.2	45.1	54.8	9.7	50.0	20.4	76.1	21.78	158	1776.8	..1907
1908 ..	50.9	44.1	56.1	12.0	50.1	16.0	80.2	22.15	146	1991.3	..1908
1909 ..	49.7	43.0	54.6	11.6	48.8	19.9	81.2	32.11	178	1958.6	..1909
1910 ..	50.8	44.5	55.9	11.4	50.1	21.9	73.8	32.57	191	1731.0	..1910
1911 ..	52.8	45.1	58.0	12.9	51.5	25.4	87.9	31.68	149	2115.0	..1911
1912 ..	51.6	45.0	56.6	11.6	50.8	19.0	84.2	35.95	192	1609.9	..1912
1913 ..	52.1	45.9	57.4	11.5	51.6	26.2	79.0	34.98	170	1600.2	..1913
1914 ..	52.7	45.2	57.9	12.7	51.5	23.2	78.2	31.31	16 4	2000.5	..1914
1915 ..	51.1	43.8	56.3	12.5	50.5	24.7	77.1	36.64	152	1801.3	..1915
1916 ..	51.2	44.7	56.3	11.6	50.5	25.0	77.0	32.89	182	1658.0	..1916
1917 ..	49.2	43.0	54.6	11.6	48.8	20.7	79.0	25.49	147	1804.7	..1917
1918 ..	51.0	44.7	56.5	11.8	50.6	20.0	78.0	24.41	165	1856.5	..1918
1919 ..	49.4	42.9	54.9	12.0	48.9	22.0	78.5	28.54	158	1788.5	..1919
1920 ..	51.7	45.6	56.6	11.0	51.1	23.0	76.0	26.40	139	1692.1	..1920
1921 ..	53.4	46.4	58.8	12.4	52.6	27.6	86.7	13.26	108	2101.5	..1921
1922 ..	50.1	43.9	54.8	10.9	49.3	25.2	78.2	25.71	159	1781.2	..1922
1923 ..	50.8	44.5	55.6	11.1	50.1	24.0	86.0	30.62	170	1805.9	..1923
1924 ..	50.8	45.4	55.3	9.9	50.3	25.0	74.6	32.65	159	1759.6	..1924
1925 ..	49.8	44.7	55.9	11.2	50.3	24.0	80.2	34.70	158	1955.8	..1925
1926 ..	51.6	45.7	56.7	11.0	51.2	21.8	83.3	28.57	160	1677.7	..1926
1927 ..	50.8	45.0	55.8	10.8	50.4	22.4	78.1	34.88	165	1731.4	..1927
1928 ..	51.9	45.1	57.0	11.9	51.0	21.6	82.0	32.84	161	1999.1	..1928
1929 ..	50.9	44.1	56.0	11.9	50.0	13.0	80.0	29.71	134	2062.5	..1929
1930 ..	52.0	46.9	56.4	9.5	51.3	26.0	82.6	28.31	169	1821.4	..1930
1931 ..	51.0	45.0	55.0	10.0	50.0	21.0	77.0	25.80	147	1610.5	..1931
1932 ..	50.5	45.1	55.8	10.7	50.5	23.0	80.0	23.91	148	1616.7	..1932
1933 ..	52.0	45.5	56.4	10.9	51.2	23.6	81.2	20.40	125	2102.6	..1933
1934 ..	52.1	45.6	57.5	11.9	51.8	24.0	82.0	27.49	139	1811.0	..1934
1935 ..	51.8	46.1	56.6	10.5	51.3	25.6	83.8	37.74	173	1805.2	..1935
1936 ..	51.3	45.4	55.9	10.5	50.7	27.1	81.3	27.42	169	1675.0	..1936
1937 ..	51.5	46.3	57.2	10.9	51.8	26.0	76.8	31.59	162	1668.3	..1937
1938 ..	52.7	46.1	57.1	11.0	51.6	19.5	82.5	22.95	156	1796.4	..1938
1939 ..	51.8	45.8	56.5	10.7	51.2	20.0	81.5	34.42	171	1809.7	..1939
1940 ..	50.0	45.0	56.0	11.0	50.5	16.0	80.0	30.13	148	1976.8	..1940
1941 ..	50.3	44.0	56.0	12.0	50.0	22.0	83.0	25.83	139	1791.7	..1941
1942 ..	50.0	44.8	55.3	10.5	50.5	19.0	83.0	24.62	129	1711.6	..1942
1943 ..	52.0	46.0	58.0	12.0	52.0	28.0	80.0	23.68	145	1864.8	..1943
1944 ..	51.3	45.4	56.2	10.8	50.8	26.0	81.0	22.14	136	1765.5	..1944
1945 ..	52.5	46.5	57.2	10.7	51.2	19.0	80.0	22.98	138	1783.9	..1945
1946 ..	51.6	45.5	55.7	10.2	50.6	23.0	76.0	30.96	170	1790.7	..1946
1947 ..	51.3	45.7	56.1	10.4	50.9	15.0	90.0	24.31	139	1896.8	..1947
1948 ..	52.6	46.6	57.6	11.0	52.1	17.0	88.0	25.23	154	1916.9	..1948
1949 ..	53.3	47.2	58.4	11.2	52.8	29.0	81.0	23.90	120	2128.9	..1949
1950 ..	52.1	46.1	56.7	10.6	51.4	24.0	81.0	26.95	157	1805.4	..1950
1951 ..	51.9	46.0	56.3	10.3	51.2	22.0	76.0	37.98	184	1838.4	..1951
1952 ..	50.7	45.0	56.0	11.0	50.2	23.0	82.0	28.54	175	1917.0	..1952
1953 ..	51.9	46.2	57.1	10.9	51.7	25.0	80.0	24.33	125	1885.1	..1953
1954 ..	51.0	45.3	56.0	10.7	50.7	18.0	75.0	30.28	188	1687.3	..1954
1955 ..	51.0	44.8	56.4	11.6	50.6	25.0	84.0	24.75	140	1936.4	..1955
1956 ..	49.9	44.2	55.0	10.8	49.6	16.0	77.0	24.08	148	1726.7	..1956
1957 ..	52.2	46.8	57.1	10.3	51.9	30.0	82.0	25.30	162	1836.4	..1957
1958 ..	50.8	45.9	55.5	9.6	50.7	23.0	77.0	34.36	169	1601.5	..1958
1959 ..	53.1	47.1	58.7	11.6	52.9	26.0	82.0	23.47	128	2123.9	..1959
1960 ..	51.4	46.5	56.4	9.9	51.5	21.0	80.0	41.43	196	1617.9	..1960
1961 ..	52.6	46.7	57.5	10.8	52.1	25.0	79.0	27.29	152	1875.8	..1961
1962 ...	49.7	43.8	54.7	10.9	49.2	18.0	73.0	25.86	143	1794.4	..1962

TABLE XI — **BRIGHT SUNSHINE — 1962**

The following is an Extract from the Table of Official Returns of the Meteorological Office.

Station	*Sunshine (Hours)*
Eastbourne	1853.4
Weymouth	1835.1
Dale Fort	1825.3
Torquay	1805.6
Littlehampton	1802.8
Bognor Regis	1798.5
WORTHING	1794.4
Folkestone	1789.8
Sidmouth	1786.8
Southsea	1781.6
Chivenor	1755.9
Swanage	1750.8
Bournemouth	1739.7
Everton (Efford)	1737.8
Hartland Point	1733.4
Thorney Island	1732.8
Starcross	1731.7
St. Mawgan	1728.2
Hastings	1721.8
Plymouth	1715.0
Ilfracombe	1710.9
Paignton	1709.0
Bexhill	1705.7
Brighton	1704.8
Seaford	1699.3
Dover	1692.5
Ramsgate	1690.5
Swansea	1688.6
Margate	1685.1
Newton Abbott	1677.4
Bodiam	1668.8
Poole	1668.6
Milford Haven	1659.7
Lyneham	1649.9
Botwnnog	1648.0
Exmouth	1642.7
Exeter	1640.7
Teignmouth	1639.2
Rustington	1632.8
Sittingbourne	1630.7
Cannington	1628.6
Weston-super-Mare	1623.3
Martyr Worthy	1622.3
Tunbridge Wells	1619.3
Rhoose	1618.4
Boscombe Down	1611.8
Cardiff	1606.3
Wye	1604.0
Faversham	1602.4

TABLE XII — **BRIGHT SUNSHINE**

Month	Total Hours Bright Sunshine	Average for 30 years 1921-1950	Hours Daily Mean	Percentage of average %	Days with Sunshine	Most in one day Hours	Monthly Total			
							Highest		Lowest	
							Hours	Year	Hours	Year
January ..	64.6	67	2.08	96	20	7.6	109.9	1940	34.5	1912
February ..	112.5	83	4.02	137	20	9.4	140.3	1949	29.8	1947
March ..	139.9	147	4.51	95	28	10.5	220.8	1907	88.0	1960
April ..	147.7	182	4.92	81	27	12.6	267.2	1912	105.3	1905
May ..	176.7	232	5.70	76	30	14.7	353.1	1909	148.9	1932
June ..	282.8	243	9.43	118	28	15.3	327.1	1957	143.5	1909
July ..	181.1	232	5.84	78	31	15.0	369.0	1911	133.8	1944
August ..	194.7	219	6.44	81	31	12.6	298.4	1899	112.6	1912
September ..	174.2	169	5.80	103	29	11.8	262.6	1898	97.1	1945
October ..	166.8	125	5.38	134	27	9.7	181.6	1919	81.9	1915
November ..	39.6	76	1.32	52	13	8.1	131.3	1909	39.6	1962
December ..	113.8	63	3.64	181	22	7.1	113.8	1962	22.3	1956
Year 1962 ..	1794.4	1838	4.92	92	306	15.3	369.0	July 1911	22.3	Dec. 1956
		Highest and Lowest Year Totals					2141.0	1899	1600.2	1913

TABLE XIII — **BRIGHT SUNSHINE**

Year	Campbell-Stokes Recorder Bright Sunshine Hours	Bright Sunshine Days	Sunniest Days	
			Day	Hours
1942	1711.6	312	June 5th	14.8
1943	1864.8	313	June 24th	14.9
1944	1765.5	315	June 24th	14.9
1945	1783.9	309	June 17th	14.8
1946	1790.7	307	July 10th	15.1
1947	1896.8	294	June 10th	14.9
1948	1916.9	319	May 18th	14.9
1949	2128.9	317	July 10th	14.8
1950	1805.4	312	June 16th	15.1
1951	1838.4	297	June 19th	15.1
1952	1917.0	317	June 30th	15.1
1953	1885.1	302	July 24th	14.3
1954	1687.3	301	June 20th	14.4
1955	1936.4	305	May 30, June 1	14.9
1956	1726.7	311	July 25th	14.9
1957	1836.4	307	June 13th	15.5
1958	1601.5	306	May 28, June 14	14.9
1959	2123.9	320	June 17th	15.3
1960	1617.9	298	June 20th	15.1
1961	1875.8	311	June 29th	15.0
1962	1794.4	306	June 7th	15.3
Average for 20 years 1942—1961	1835.5	293		

TABLE XIV — **RAINFALL**

1962	Total Rain-fall	Difference from the Normal	Greatest Fall in 24 hours beginning 9 a.m.	Number of Days with .01 in. or more	Number of Days with .04 in. or more	Total Rain Days
	ins.	ins.	ins.			
January ..	3.24	+0.30	0.67	20	15	20
February ..	0.46	−1.54	0.19	8	3	8
March ..	1.53	—0.19	0.52	10	7	10
April	2.22	+0.44	0.42	17	14	17
May	1.03	—0.62	0.29	13	8	13
June	0.31	−1.22	0.16	7	2	7
July	2.39	+0.25	0.12	9	7	9
August ..	3.21	+0.93	0.99	12	7	12
September ..	3.37	+1.21	0.68	14	12	14
October ..	1.44	—1.51	0.01	7	5	7
November ..	3.77	+0.33	0.59	14	13	14
December ..	2.89	−0.01	0.77	12	11	12
Year	25.86	—1.63	1.12	143	104	143

TABLE XV — **RAINFALL**

Year	Rainfall in inches	No. of Days Rain fell (0.01 inch or more)	Greatest Fall in a Day	
			Amount in inches	Day and Month
1942	24.62	129	1.06	25th October
1943	23.68	145	1.74	13th January
1944	22.14	136	1.22	20th October
1945	22.98	138	2.05	10th July
1946	30.96	170	2.02	16th August
1947	24.31	139	0.94	10th March
1948	25.23	154	1.41	6th August
1949	23.90	120	1.34	20th October
1950	26.95	157	0.89	20th November
1951	37.98	184	1.40	11th June
1952	28.54	175	1.29	30th September
1953	24.33	125	1.22	12th October
1954	30.28	188	1.81	25th July
1955	24.75	140	1.40	22nd September
1956	24.08	148	0.97	4th September
1957	25.30	162	1.27	3rd November
1958	34.36	169	1.62	28th January
1959	23.47	128	0.83	6th December
1960	41.43	196	1.74	10th August
1961	27.29	152	1.77	29th January
Average for 20 years	27.33	153	2.05	10th July 1945
1962	25.86	143	1.12	20th July

TABLE XVI — **BAROMETRIC PRESSURE**

1962	Barometric pressure (Reduced to sea level and 32° Fahr.)		
	Mean (inches)	Extremes	
		Highest	Lowest
January	29·979	30·645	28·889
February	30·259	30·739	29·651
March	29·910	30·454	29·117
April	30·015	30·478	29·263
May	30·004	30·283	29·435
June	30·160	30·634	29·869
July	30·028	30·329	29·716
August	30·008	30·315	29·618
September	29·979	30·475	29·467
October	30·174	30·414	29·720
November	29·931	30·609	29·329
December	30·032	30·828	29·242
Year 1962	30·040	30·828	28·889

TABLE XVII — **TEMPERATURE**

1962	Air temperature in screen					
	Means of		Mean of A & B	Difference from normal	Extremes	
	A Max.	B Min.			Max.	Min.
	(°)	(°)	(°)	(°)	(°)	(°)
January	45·7	36·5	41·1	+0·2	51	18
February	45·6	35·7	40·7	−0·2	55	27
March	44·0	33·5	38·7	−5·1	54	27
April	52·5	41·1	46·8	−1·2	63	33
May	56·0	45·2	50·6	−2·9	62	36
June	63·8	49·9	56·9	−2·2	71	38
July	66·0	55·2	60·6	−1·9	73	49
August	66·8	54·7	60·7	−1·9	71	47
September	63·4	51·3	57·3	−5·3	69	42
October	59·9	48·4	54·1	+1·2	68	36
November	48·9	40·6	44·7	−1·5	58	27
December	43·6	33·2	38·4	−3·4	56	24
Year 1962	54·7	43·8	49·2	−1·8	73	18

TABLE XVIII — **CLOUD AND HUMIDITY**

Month.	Cloud Amount Scale 1–8		Mean Relative Humidity	Mean Humidity previous 10 years 1952–1961
	9 a.m.	6 p.m.	9 a.m.	9 a.m.
			%	%
January	6	6	89	87
February	5	6	81	87
March	5	6	77	82
April	6	6	79	75
May	6	6	78	72
June	5	4	73	75
July	6	5	76	76
August	5	6	78	78
September	5	5	81	80
October	4	5	84	83
November	7	7	84	84
December	4	5	87	87
Year 1962 ..	5	6	81	Yearly average 80.5

TABLE XIX — **WINDS**

Month.	9 a.m. Observations.—Direction.								
	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm
January	2	4	1	—	—	13	6	5	—
February ..	2	8	2	—	1	3	4	8	—
March	6	9	2	5	1	3	1	4	—
April	1	11	1	2	2	5	5	3	—
May	4	4	—	1	3	11	5	3	—
June	5	4	2	5	—	10	3	1	—
July	3	6	—	7	3	6	5	1	—
August	—	3	1	2	1	12	8	4	—
September ..	1	3	—	4	3	9	5	5	—
October	5	8	4	—	1	6	4	3	—
November ..	4	7	1	2	2	3	3	8	—
December ..	2	10	2	3	—	6	2	6	—
Year 1962 ..	35	77	16	31	17	87	51	51	—

Month.	6 p.m. Observations.—Direction.								
	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm
January	1	6	—	—	2	12	8	2	—
February ..	2	8	1	—	—	7	4	6	—
March	6	7	3	5	2	2	3	3	—
April	—	7	—	2	1	9	7	4	—
May	4	3	1	—	4	10	5	4	—
June	2	1	1	4	1	11	8	2	—
July	4	2	2	4	3	11	5	—	—
August	—	1	—	4	1	14	10	1	—
September ..	2	1	1	5	1	10	5	5	—
October	5	9	2	3	1	6	—	5	—
November ..	5	7	—	3	5	4	1	5	—
December ..	2	9	4	1	1	3	4	7	—
Year 1962 ..	33	61	15	31	22	99	60	44	—

TABLE XX — **VISIBILITY**

Summary of observations taken at 9 a.m. and 6 p.m.

MONTH	FOG						MIST OR HAZE						GOOD VISIBILITY									
	A		B & C		D & E		F		G		H		I		J		K		L		M	
	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.
January	—	—	—	1	—	—	2	—	3	5	5	5	11	7	8	10	2	3	—	—	—	—
February	—	—	—	—	—	—	2	1	3	4	2	4	8	13	9	6	3	—	—	—	1	—
March	—	—	—	—	1	—	2	1	3	4	4	2	7	13	13	8	1	1	—	2	—	—
April	—	—	—	—	—	—	—	2	1	2	6	3	5	5	12	8	4	5	2	3	—	2
May	—	—	—	—	—	—	1	1	2	1	—	1	6	6	15	7	4	6	2	7	1	2
June	—	—	—	—	—	—	—	—	—	—	—	—	5	4	9	5	13	8	3	2	—	11
July	—	—	—	—	—	—	1	—	—	—	1	3	8	6	10	9	6	4	4	6	1	3
August	—	—	—	—	—	—	—	—	—	—	—	—	4	2	5	3	14	9	6	8	2	9
September	—	—	—	—	—	—	—	—	—	—	1	—	5	3	12	7	11	9	—	5	1	6
October	—	—	—	—	—	—	2	2	3	1	4	5	16	13	3	5	2	2	1	2	—	1
November ..	—	—	—	—	—	—	2	2	4	3	1	5	12	10	7	5	3	4	—	1	1	—
December	—	—	—	—	—	—	4	5	—	1	5	10	8	7	11	8	2	—	1	—	—	—
Year 1962 ..	—	—	—	1	1	—	16	14	19	21	29	38	95	89	114	81	65	51	19	36	7	34

KEY TO TABLE XX — **VISIBILITY**

Letter	Standard Distance	Actual Distance	Description of visibility	Object	View Point	Bearing
A	22 yards	21 yards	Dense Fog	Chestnut tree on opposite side of road	Office Door	S.E.
B	44 yards	45 yards	Thick Fog	Chestnut tree outside entrance to "Ryecroft"	Office Gate	E.
C	110 yards	110 yards	Thick Fog	N.W. corner of Town Hall	Office Gate	E.
D	220 yards	220 yards	Fog	Christ Church Tower	Office Window	S.
E	440 yards	430 yards	Moderate Fog	Holy Trinity Church Spire	Christ Church Tower	S.W.
F	1100 yards	1100 yards	Very Poor	Heene Church Tower	" " "	W.
G	1¼ miles	1¼ miles	Poor	Tarring Church Tower	" " "	N.W.
H	2½ miles	2¾ miles	Moderate	Top of High Salvington Hill	" " "	N.W.
I	4⅓ miles	4¼ miles	Moderate	Highdown Hill	" " "	W.N.W.
J	6¼ miles	6⅝ miles	Good	Portslade Gas Works Chimney	" " "	E.
K	12½ miles	12½ miles	Very Good	Hills beyond Brighton	" " "	E.
L	18⅝ miles	18¼ miles	Very Good	Selsey Bill	" " "	W.S.W.
M	25 miles	27 miles	Excellent	Beachy Head	" " "	E.S.E.

PART II.

PERSONAL HEALTH SERVICES

DELEGATED HEALTH AND WELFARE SERVICES

For a period of nearly 13 years from the commencement of the National Health Service Act, the day-to-day work concerning the personal health services under Part III of the Act was undertaken by the Worthing Health Sub-Committee—a sub-committee of the County Health Committee. From 1st April 1961, these duties, together with added functions, were delegated to the Worthing Borough Council under the Local Government Act, 1958.

The delegated health and welfare functions are:—

(a) National Health Service Act, 1946.
Section 22—Care of Mothers and Young Children.
23—Midwifery.
24—Health Visiting.
25—Home Nursing.
26—Vaccination and Immunisation.
28—Prevention of Illness, Care and After-Care.
29—Domestic Help.

(b) Mental Health Act, 1959—
Care and After-care of persons suffering from mental disorder, except for those in residential accommodation.

(c) National Assistance Act, 1948—
Section 29—Welfare arrangements for blind, deaf, dumb and crippled persons, etc.
30—Voluntary Organisations for disabled persons' welfare.

(d) Disabled Persons (Employment) Act, 1958—
Section 3—Provision of sheltered employment by local authorities.

(e) Nurseries and Child-Minders Regulation Act, 1948.
Registration and supervision.

CARE OF MOTHERS AND YOUNG CHILDREN

Child Welfare Clinics:

There are five Child Welfare Centres in the Borough situated as follows:—

(1) The Central Clinic—Monday and Friday afternoons.

(2) Church Hall, Durrington—Second and fourth Thursday afternoons in each month.

(3) St. Mary's Hall, Goring—Second and fourth Thursday afternoons in each month.

(4) St. Richard's Hall, Maybridge—First, third and fifth Thursday afternoons in each month.

(5) All Saints' Hall, Cissbury Avenue, Findon Valley—Second and fourth Wednesday afternoons in each month.

1,365 infants and children made a total of 9,642 attendances at all centres during the year. The number of infants who first attended at the centres during the year whilst they were under one year of age was 689, equivalent to 83.2 per cent. of the notified live births.

The number and per cent. of attendances continue to rise each year. In 1961 the figures were 642 and 82.3%.

Ante-natal Clinics:

Regular sessions for expectant mothers are held by the Midwives at the following clinics:—

(1) The Central Clinic—First and third Tuesday afternoons each month.
(2) St. Mary's Hall, Goring—Second Thursday afternoon each month.
(3) St. Richard's Hall, Maybridge—Fourth Wednesday each month.

Attendance is by appointment. The expectant mother is helped in making arrangements for her confinement, which may be at home under the care of her own doctor, at home attended by the midwife only, or in hospital. Those who are booked for a hospital confinement normally attend the hospital ante-natal clinic.

Where necessary, expectant mothers are prescribed iron tablets, and occasionally vitamin and calcium tablets.

Every Wednesday afternoon at the Central Clinic there is held a special clinic to help expectant mothers in the art of relaxation and ante-natal exercises. This useful clinic is run by a physiotherapist and is followed by mothercraft classes under the direction of a health visitor. Though intended primarily for mothers expecting their first babies, all expectant mothers are welcome and many come back during second or subsequent pregnancies.

Attendances at the above clinics during 1962 were as follows:—

Midwives' ante-natal clinics:		
No. of clinics held	48	(44)
New patients seen	84	(97)
Total No. of attendances	532	(431)
Ante-natal relaxation and exercises clinic:		
New patients	51	(52)
Total No. of attendances	352	(277)

(The figures in brackets are for 1961)

Dental Clinic:

All the facilities of the School Dental Service (see page 79) are available for expectant and nursing mothers and for pre-school children. The following work was done during 1962:—

(a) *Expectant and nursing mothers*: 2 examinations and 1 course of treatment (6 fillings).

(b) *Pre-school children*: 349 examinations. Of the children seen 74 needed and received treatment. This consisted of 33 extractions (13 requiring a general anaethetic) and 299 fillings.

Other Clinic Facilities:

The special clinics for school children are also available for children not yet old enough for school. They are discussed more fully in the School Health Service section of this report. The figures which follow relate only to pre-school children:—

(a) *Orthopaedic Clinic*:	
New patients seen	18
Old patients seen	6
Total No. of attendances	35
(b) *Physiotherapy Clinic*:	
New patients seen	32
Old patients seen	5
Total No. of attendances	153

(c) *Eye Clinic*:

No. of patients seen	42
Total No. of attendances	121

(d) *Orthoptic Clinic*:

No. of patients seen	47
Total No. of attendances	194

(e) *Speech Therapy Clinic*:

New patients seen	4
Old patients seen	2
Total No. of attendances	22

(f) *Child Guidance Clinic*:

No. of patients seen	6

The Child Guidance Clinic is in Southey Road. All the others are held in the main Central Clinic premises in Stoke Abbott Road.

Sale of Foods at Child Welfare Clinics:

Both Welfare Foods and proprietary foods are on sale at the clinics.

The Welfare foods are National Dried Milk, Orange Juice, Cod-liver Oil and Vitamin supplements. These are sold at the Clinics by the ladies of the W.V.S. who are also responsible for keeping the accounts and making returns to the West Sussex County Council. It will be appreciated what a valuable service this is and how much work the clinic staff is saved.

A variety of baby foods are sold in the Clinics at prices a little lower than in the shops, but which include a 10% handling charge. Total sales during 1962 amounted to £2,431 representing a gross profit of £221 for the Borough Council.

Care of Premature Babies:

All babies weighing 5½ lbs. or less at birth are included under this heading and in Worthing a special note is made on the notification of birth cards.

Special arrangements for the care of premature infants in their own homes are made within the Midwifery and Health Visiting Services, and infants who cannot be cared for at home are admitted to hospital.

Premature babies born in hospital are notified to the Department on discharge and are kept under supervision by the Health Visitors and invited to attend the Welfare Centres.

Fifty-three premature live births were notified, of which eight occurred at home. Four premature still-births were also notified.

Care of the Unmarried Mother and her Child:

There were 58 illegitimate children born to Worthing mothers in 1962. None of these were still-births. The illegitimate rate in 1962 was 7.0% (Illegitimate live births per cent. of total live births).

The West Sussex County Council makes grants towards the funds of two Societies responsible for the case work, namely the Chichester Diocesan Moral Welfare Association and the Southwark Catholic Rescue Society. When necessary these two Societies obtain vacancies in hostels (mother and baby homes) for expectant mothers, and then apply to the Health Department for financial assistance. This is always granted, but any money obtained from N.A.B. grants or other sources is deducted from the maintenance account. Financial responsibility was accepted in 8 cases during 1962.

I am indebted to Miss J. Prince, welfare worker for the Worthing branch of the Chichester Diocesan Moral Welfare Association for the following information:

42 Worthing mothers were helped in various ways; hostel accommodation being obtained for 6.

Marital state:

Single	34
Married but living apart from husband	4
Divorced	3
Widowed	1

Age range: 15 to 40.

Outcome of pregnancy:

Mother kept baby	17
Baby placed for adoption	7
Baby taken into care of Children's Department	2
Baby died	1
Not yet born at end of year	15

MIDWIFERY

Worthing Borough employs 3 whole-time midwives and 1 part-time midwife for district work. All are qualified to administer inhalation analgesics (gas and air, and trilene). At regular intervals they are sent on refresher courses. Three of the midwives act as tutors for the training of pupils sent from the Horsham Hospital Maternity Unit. In addition to attending home confinements, the midwives are responsible for maternity cases discharged from hospital before the tenth day. This is tending to form an increasing proportion of their work, though the actual number of home confinements (225) is a little higher than in 1961 (218).

The percentage of Worthing babies born in hospital (71.6%) remains fairly constant. In 1961 the figure was 71.1%. In 1959, the Committee on Maternity Services (the Cranbrook Committee) recommended that a national average of 70% of confinements should be in hospital.

Much has been written and said in recent years on home versus hospital confinement. Not a few consultant obstetricians go so far as to advise that all births should be in hospital, as is already the case in most of North America. This argument is based on the advantages of having on the spot all the facilities needed in an emergency. However, many mothers who have had experience of both methods much prefer having their babies at home, and it should not be forgotten that hospital confinement carries its own risks.

Figures purporting to show that it is safer to have a baby in hospital can be misleading, because some mothers who are bad medical or obstetric risks will always refuse a hospital bed, and the higher the percentage of hospital confinements in a community, the greater the relative proportion of these "bad risk" mothers in the remaining home confinement group.

Unless the number of maternity beds is greatly increased, it is clear that there will be a need for a domiciliary midwifery service for many years to come. The immediate problem facing the staff of the maternity services is how to make the best possible selection for domiciliary confinements. It has been suggested that the following criteria need to be satisfied:

The expectant mother must:—

1. Be in good physical health.
2. Be expecting her second, third or fourth baby (the previous pregnancies having been normal) and be under 35, or, be expecting her first baby and be under 30.
3. Have a normal Rhesus blood picture.
4. Have satisfactory home conditions.

The following is a summary of the work of the domiciliary midwives in 1962 (The figures in brackets refer to 1961).

In all but 3 cases a doctor was booked to look after the patient during her pregnancy. A doctor was present at the actual birth in nearly half of all births.

Confinements attended:		
By midwife only	127	(161)
By midwife and doctor	98	(57)
	225	(218)
Inhalation Analgesia administered:		
By midwife only	95	(139)
By midwife with doctor present ..	84	(47)
	179	(186)
Pethidine administered:		
By midwife only	73	(111)
By midwife with doctor present ..	74	(38)
	147	(149)
Nursing visits made	3,175	(3,185)
Ante-natal visits made	1,676	(1,715)

HEALTH VISITING

Worthing has eight district health visitors and approximately 60% of their time is allocated to the delegated health and welfare services, the remaining 40% being devoted to the School Health Service in their capacity as School nurses.

Health education has become one of the main duties of health visitors. They advise mothers on the management, feeding and clothing of young children, the danger of accidents in the home, and the importance of immunisation and vaccination. This is mainly carried out in a very personal way, the mothers being seen in their own homes or in the welfare clinics.

Group teaching is also undertaken, especially with expectant mothers. Mention has already been made of the mothercraft classes held every Wednesday afternoon in the Central Clinic. A series of talks and demonstrations combined with discussion take place. There are nine lessons in the series and they are given in a continuous rota enabling a mother to start at any point in the programme and continue until the course is complete. This service is greatly appreciated by those who come, though unfortunately, these are small gatherings at the moment, perhaps because many of our expectant mothers may not know about it.

In addition to this the Health Visitors pay many calls on the aged. Old people in need are brought to the notice of the Health Department by the local doctors, by the almoners, by neighbours and sometimes by trades people who become concerned. Help is offered sometimes in the form of a home help, occasionally by the district nurse, or the person is referred to some other social worker who is better able to help. In this way many of the lonely aged of the town become known to the Health Department, and periodic calls are made just to be sure their needs are being met as far as possible. In the cold spell beginning after Christmas many extra calls were made to make sure that they were managing to cope and were reasonably warm and comfortable.

Both district nurses and health visitors participate in a small way with the training of health visitors from Brighton Technical College. Students of social studies from Universities nearby, and student nurses from Worthing Hospital are also shown the work of the Health Department as part of their training.

The following are details of visits made by the health Visitors during the year:—

Expectant mothers—total visits	294	(174)
First visits to infants under 1 year of age	996	(840)
Re-visits to infants under 1 year of age	3,034	(2,362)
Children 1-5 years—total visits	4,852	(3,362)
Infectious disease visits	30	(44)
Tuberculosis visits	99	(47)
Visits re. care of old people	2,291	(2,217)
Other visits (infant deaths, still-births, etc.) ..	266	(286)
Total no. of families or households visited ..	4,051	(2,950)

(the figures in brackets refer to 1961)

HOME NURSING

The district nurses have given valuable service during the past year, the amount of work remaining fairly constant throughout this time, though in Worthing the summer season usually brings an influx of aged holiday makers, who often need their services.

The largest part of the nurses' time is spent caring for the aged chronic sick patient, many of whom need two calls a day. In the course of their ministrations they try to teach the relatives or whoever has care of the patient, how best to care for and cope with the invalid. Their main object is always to get the patient up and out of bed, and to keep him ambulant as long as possible, knowing from experience that if aged folk take to their beds for any length of time they soon become unable (or unwilling) to make the effort to do anything for themselves.

The general practitioners of the town make full use of this service, and generally make contact with the nurse themselves by telephone. This is useful, especially if nurse can be given information regarding diagnosis as well as the treatment required. The hospital almoners also co-operate and a great number of patients discharged from hospital need the services of the district nurse.

The town is divided into 5 areas, each area being divided again into three districts. Each of the three districts is staffed by a trained nurse, these three working together and relieving each other for off duty. In addition there are three relief nurses to cover holidays and sickness, and one male nurse, who cares for male patients who need special care or who are too heavy for the female nurses to cope with.

The district nursing service of the town, although attempting to undertake all nursing procedures requested, cannot possibly cope with all the demands it gets for help with bathing and general toilet care of all frail and handicapped persons. When one considers the vast number who fall into this category, it is plain that this would need far more pairs of hands than we have at the moment.

At the end of the year the nursing staff comprised an Area Nursing Officer, and 18 full-time and 1 part-time district nurses. The following summarises their work on the district:—

Number of patients attended	2,206	(2,261)
Number of visits paid	61,523	(66,972)

(the figures in brackets refer to 1961)

38,413 or 62.5% of all visits were to patients aged 65 years and over.

VACCINATION AND IMMUNISATION

Diphtheria, Whooping Cough and Tetanus:

The following table shows the number of children who at the end of the year had completed a course of immunisation at any time before that date. It also gives particulars of the "immunity index" in various age groups. This is calculated by dividing the numbers of children whose last immunisation was done in the period 1958 to 1962 by the estimated child population in the relevant age groups, and expressing the result as a percentage:

Age on 31.12.62 (i.e. born in year)	Under 1 1962	1–4 1958–1961	5–9 1953–1957	10–14 1948–1952	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1958–1962 ..	209 (232)	2,285 (2,068)	1,464 (1,489)	213 (174)	4,171 (3,963)
B. Number of children whose last course (primary or booster) was completed in the period 1957 or earlier	— (—)	— (—)	706 (570)	1,767 (1,807)	2,473 (2,377)
C. Estimated mid-year child population	810 (759)	2,920 (2,709)	9,500 (9,444)		13,230 (12,912)
Immunity Index	25·8 (30·6)	78·3 (76·3)	17·7 (17·6)		31·5 (30·7)

(the figures in brackets refer to 1961)

The following immunisations were carried out during the year. The figures are included in those given in the previous table since all the procedures carried out conferred protection against diphtheria:—

Type of injections	By Clinic Medical Officers		By General Practitioners		Totals	
	Primary course of injections	Reinforcing injections	Primary course of injections	Reinforcing injections	Primary course of injections	Reinforcing injections
Diphtheria and tetanus	22	30	2	72	24	102
Diphtheria, whooping cough and tetanus	195	13	452	138	647	151
Totals	217	43	454	210	671	253

Smallpox:

The following vaccinations were carried out during the year by general practitioners:—

Age Group	Number vaccinated	Number re-vaccinated
Under 1 year	409 (296)	— (—)
1 year	78 (35)	— (—)
2–4 years	125 (19)	26 (6)
5–14 years	330 (24)	387 (35)
15 years and over ..	501 (53)	2,671 (315)
Totals	1,443 (427)	3,084 (356)

(the figures in brackets refer to 1961)

The percentage of children under 2 who were vaccinated during the year, based on the number of live births in 1961, was 62.2%. This compares with 42.7% for the previous year.

This substantial increase, and the even greater increases in the older age groups, particularly among those aged 15 and over, were due to the public demand for vaccination which occurred early in 1962, following outbreaks of smallpox in parts of Britain.

Poliomyelitis:

During the year live oral vaccine became available and was used at the clinics and by general practitioners for routine vaccination against poliomyelitis. It was available for persons under arrangements already approved for routine vaccination, i.e. those over 6 months and under 40 years of age, and certain others at special risk. By the end of the year the oral vaccine had all but replaced the Salk vaccine given by injection.

The following table summarises the vaccinations done during the year:—

Age Group	Initial vaccination (2 injections of Salk) or 3 doses of oral)		Third (reinforcing) procedure (Salk or oral)		Fourth (reinforcing) procedure (Salk or oral)	
	By Clinic M.O.'s	By G.P.'s	By Clinic M.O.'s	By G.P.'s	By Clinic M.O.'s	By G.P.'s
Children born in 1962 ..	22	32	—	—	—	—
Children born in 1961 ..	106	259	—	14	—	—
Children born 1943–1960	82	193	436	1,417	170	444
Young persons born 1933–1942	35	101			—	—
Others	60	136			—	—
Total	305	721	436	1,431	170	444
Total	1,026	(2,169)	1,867	(2,382)	614	(3,672)

(the figures in brackets refer to 1961)

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis:

(a) *Liaison with hospital and voluntary services*:

One of the health visitors has a special responsibility for the prevention of tuberculosis in the community and attends the monthly clinic for tuberculous patients held in Worthing hospital. She makes a report on the environmental circumstances of every new case and prepares a list of contacts for the consultant. He then makes arrangements where necessary for the appropriate tests, vaccinations and X-rays. During the year 99 visits were made to patients in their own homes.

The Medical Officer of Health, Area Nursing Officer and Almoner are members of the Worthing Area Committee of the Sussex Rural Community Council. This meets quarterly and has been instrumental in helping a number of patients and their families.

(b) *Mass Radiography*:

For the third year running a mobile unit of the Portsmouth Mass Radiography Unit has visited Worthing weekly. It is stationed in the car park opposite the Health Department every Wednesday btween 9.15 and 10 a.m. Intended primarily for persons referred by general practitioners, the Unit has been particularly useful in carrying out X-ray examinations of candidates for certain official appointments and applicants for entry to Teacher Training Colleges.

In addition to the regular weekly visits, a special unit from Portsmouth visited Worthing from 20th September to 30th October, 1962. 9,125 persons were examined (7,112 in central Worthing, 1,123 in Broadwater and 890 in Goring).

The last time such a survey was made was in 1958 when 9,043 people were examined.

I am indebted to Dr. J. D. Lendrum, Medical Director of the Portsmouth Mass Radiography Unit for the following details:—

Attendances:

Unit	G.P. referrals	T.B. contacts	Industry	General public	Total
Autumn survey ..	24	—	2,056	7,045	9,125
Weekly visiting ..	1,489	17	91	28	1,625
Total	1,513	17	2,147	7,073	10,750

Results:

Disease	Autumn Survey Unit	Weekly Visiting Unit	Total
Newly discovered cases of pulmonary tuberculosis requiring treatment or close supervision	2	4	6
Cases of tuberculosis requiring occasional out-patient supervision only	15	28	43
Primary cancer of the lung	8	14	22
Other forms of cancer	1	3	4

(c) *B.C.G. Vaccination*:

This was begun in November, 1961 and was continued throughout 1962. The parents of 13-year old school children receive details about the scheme, which entails a preliminary skin test followed, if negative, by the vaccination itself. Here are the details of the work done in 1962:—

Number of children given skin tests	876
Number found to be tuberculin positive	132 (i.e. 15%)
Number found to be tuberculin negative	685
Number of negative reactors who received B.C.G. ..	669

The 15% of children who were tuberculin positive must at some time in their lives have been exposed to live tuberculosis organisms and have as a result developed antibodies and some immunity to the disease. It does not mean they have actually had tuberculosis, though this is possible. Giving B.C.G. converts tuberculin negative persons to tuberculin positive and thus gives at least partial immunity to the disease itself.

Geriatric Services:

The care and after care of sick or aged persons requires the closest liaison and co-operation between local authority and hospital staff, particularly between hospital and local authority almoners and between ward sisters and health visitors.

In 1962 the hospital waiting list position has much improved, largely due to re-organisation following the appointment of Dr. R. B. Franks as Consultant Geriatrician to the Worthing Group of Hospitals. His is a joint appointment with the Local Health Authority and Regional Hospital Board, and I am indebted to him for the following extracts relating to Worthing Borough from his report to West Sussex County Council:—

"Introduction

The population of pensionable age in Worthing Borough was, in 1961, 32% of the total, over double the national average.

The great age of the population is reflected in the results of a survey I made in October 1961 of the last 100 applications for Geriatric Hospital admission. 53% were in the age decade 80 to 99 instead of the more usual 37%; 13% were in the decade 90 to 99. The survey also showed that the reason for application in the great majority of cases was "social", rather than "medical", or at best, "socio-medical". It has been shown by others, however, that the only important difference between "social" and "medical" referrals is the greater length of illness in the "social" group; early investigation and treatment of these patients would, in a great many cases, prevent the physical or mental crippling which brought about their application for long stay admission.

The social problems met with in this area are those usually encountered in geriatrics but there are three special features peculiar to a population of this sort. The first is that many elderly people have migrated south to retire leaving their younger relatives and their friends behind. The second is the very large number living in Private Residential Homes and, in the absence of individual attention, gradually becoming too frail to remain there. The third has to do with the elderly person residing in a Nursing Home and out-living his or her capital. It should be noted that there are 417 Registered Nursing Home Beds in Worthing Municipal Borough. The corresponding figure for Registered Homes for Disabled and Old Persons is 532.

Management of the Geriatric Waiting-list

Before my appointment as Consultant Geriatrician in October, 1961, priority for admission was assessed by a Geriatric Sub-Committee acting mainly on information obtained from the General Practitioners and Health Visitors. "Socio-medical" emergencies were dealt with by the Medical Officer of Health but the remaining cases were admitted in date order. The high priority A list was so long that it took an applicant more than a year to reach the top of the list. Soon after my arrival I took over the management of the waiting-list and now every applicant is seen at home on a Domiciliary Assessment Visit by myself or the Geriatric Registrar. I felt that the list was inflated by the names of those who had died or improved to the extent that admission was no longer required and a review showed that this was the case. I have made flexibility the key-note in management of the waiting-list so that a patient's priority for admission can be varied according to any alteration in his or her clinical or social condition.

Policy and Results

With the prevention of crippling and social incompetence in mind, I have encouraged General Practitioners to refer patients earlier than previously so that they may be rehabilitated and returned to their homes or go on to residential accommodation. I run Out-Patients' Clinics at Worthing and Southlands Hospitals to which patients whose problem is clinical rather than social may be referred; these clinics are, of course, also very useful as a follow-up of patients who have returned home.

Applications for admission have more than doubled, as have discharges home or to residential and Welfare accommodation. The disparity between admissions and discharges and deaths together is mostly accounted for by the increase in available beds from 170 in December, 1961 to 240 in December, 1962. These new beds are on the ground floor of Homefield Annexe of Worthing Hospital, which has proved a very useful little assessment and rehabilitation unit and at Swandean Hospital where an increasing amount of rehabilitation is taking place. The improving turnover in geriatric beds is reflected in the figures for discharges and deaths together per available bed in each year.

The Waiting-list Position at the end of 1962

There has been a steady improvement in the figures for females in spite of the doubling of applications over the years. Domiciliary assessment has made it possible to place more women on the B list than was previously the case and there is no doubt that the rehabilitation rate in the female beds has been relatively higher than that in the male beds. This is always the case in geriatric practice.

The male waiting-list, however, gives considerable cause for concern. There are two main reasons for the increase in 1962. Firstly, the unusually high proportion of male applications in that year, the approximate female to male ratio for the three years being as follows:—1960 2:1, 1961 2.4:1, 1962 1.8:1. Secondly, that for the whole of the last quarter of 1962 ten male beds were out of action at Swandean Hospital due to failure of the flooring in one ward. Work has now started on this ward and when it comes into use there is no doubt that the male waiting-list position will improve.

Housing

There is still a great deal of thoroughly bad housing occupied by the elderly in Worthing Borough. There is a great need for purpose-building with the elderly in mind. Conversions of hotels and large private houses have their

limitations. Probably the best all round solution is blocks of ground floor homelets with a house warden to supervise and a communal dining room which the residents can use if they wish. A determined building programme of this type would, undoubtedly, cut down the need for Welfare hostel accommodation."

Health Education

The Health Visitors continued to play an important part in health education during the year; in addition, exhibition stands relating to various aspects of the Health Services were erected in the clinics, courses in health education subjects were given in schools and clinics, and the Medical Officer of Health either arranged or gave a number of talks to local organisations in the Borough.

Social Casework—Recuperative Holidays:

The Local Authority Almoner, who in 1962 devoted 50% of her time to work within the Borough, has submitted the following report:—

"We have continued to work in close co-operation with the General Practitioners and the large number of cases referred from this source indicates the use made by them of the Almoner's services. This also applies to Almoners within the hospitals, who mainly refer patients on their discharge if they need more after-care and attention than can be given through distant contact.

There is an increase in the number of patients referred by Health Visitors and District Nurses, showing how our work dovetails rather than overlaps.

The number of Chest Patients has remained steady, whereas those suffering from Cancer have increased. The latter are almost entirely patients being cared for at home by relatives, either on completion of hospital treatment or where diagnosis has unforunately been made too late for treatment to be of avail.

In Worthing, there is a preponderance of referrals relating to elderly patients, with the attendant difficulties in dealing with these problems. Amongst younger people rehabilitation and employment problems are not easy to solve owing to the acute shortage of suitable employment in this mainly residential area.

Recuperative holidays in convalescent homes are arranged for invalids who are recommended by the family doctor for this form of care, and who are unable otherwise to obtain such treatment. During the year 13 patients underwent recuperative convalescence.

The Scheme has been used to advantage, but our main difficulty still remains that of finding homes where mothers with young children are accepted, and also homes willing to take elderly patients above the customary age limits."

The following tables summarise the work of the Almoner during 1962:—

Patients referred (172):	
General	89
Tuberculosis and chest	44
Cancer	39
Source of referral:	
Hospital Almoners	47
General Practitioners	36
Health Visitors and District Nurses ..	30
Chest and other Consultants	20
Other	39

Home Nursing Equipment:

Stocks are kept in the department of various aids to home nursing, and are issued as required. These include mattresses, foot cradles, back-rests, bed-pans, urinal bottles, hot water bottles, rubber sheeting, rubber rings, night-dresses, sputum mugs, and, not least, incontinent pads. These pads are in increasing demand and are proving a great boon to those who nurse incontinent patients.

Chiropody:

In February a Chiropody Clinic was opened at the Central Clinic to provide treatment for the elderly. A part-time Chiropodist was appointed for two sessions weekly. This was increased to three sessions weekly later in the year. Treatment was available to men over the age of 65, to women over 60 and occasionally to disabled persons. A charge of 2/6 was made for each treatment, but this was waived for those in receipt of National Assistance.

The Chiropodist has submitted the following report on her work during the year:—

"Since the chiropody service for pensioners started in February, 1962, over 200 patients have registered and nearly a third of these are on National Assistance. Within three months of its inception the two sessions worked were fully booked and a third session was started in October. We now have a waiting period for new patients of at least five weeks. Patients are seen at regular intervals of five to twelve weeks depending on their needs.

There is still a steady flow of new patients, about three to four per week and further sessions will be needed. Seven patients are booked per session but almost invariably someone cancels at the last minute or does not keep the appointment. This is often due to adverse weather conditions.

The service has been greatly apreciated, especially by those patients on the Supplementary Pension, who would have had to go without some essential commodity in order to visit a private chiropodist.

The majority of the patients are women. Many have been unable to afford decent footwear and, through ignorance, rather neglected their feet. Chiropody helps to keep them mobile and therefore less dependent on friends and relatives.."

The following table summarises the work done during the year:—

	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
No. of appointments booked	9	26	40	67	65	80	70	16	109	92	71	645
No. of treatments given	7	23	36	61	60	77	67	14	104	79	65	593
No. of patients receiving National Assistance ..	3	16	17	31	24	37	30	9	46	27	25	265
No. of new patients	7	21	21	27	21	12	16	—	25	28	6	184
No. of appointments not kept or cancelled	2	3	4	6	5	3	3	2	5	13	6	52

Fluoridation of Water Supplies:

The results of a five year study of artificial fluoridation of water supplies was published during the year and the conclusions drawn from this study were overwhelmingly in favour of fluoridation as a safe, simple and cheap way of improving the state of children's teeth. This was accepted by the Government and on the 10th December, the Minister of Health, Mr. Enoch Powell, announced in the House of Commons that he was ready to approve proposals from Local Health Authorities to make arrangements with water undertakings for the addition of fluoride to water supplies which are deficient in it naturally. He further stated that in the event of Court prceedings he would indemnify both the Local Authority concerned and the water undertaking.

The conclusions were:—

1. Five years of fluoridation at a level of one part per million in the three study areas has brought about in each a substantial improvement in the teeth of young children. The improvement, as measured by the number of decayed, missing and filled teeth, amounted to 66% in three year old children, 57% at four years and 50% at five years. During the same period, improvement in the control areas was only 2% to 7%.

2. No harmful effects were found despite continuous vigilance. None of the doctors practising in the three study areas reported any adverse effects and a comparison of mortality and morbidity statistics in the study and control areas showed no significant difference.

3. The addition of fluoride to water supplies at a specified level has presented no technical difficulties.

HOME HELP SERVICE

This service provides help in the home on the recommendation of a doctor for patients who are ill, aged or infirm, and also for approved maternity cases. The domestic circumstances are always carefully investigated to assess the amount of help needed, and a charge is made according to the means of the applicant.

Ever since the service began in 1947, the demands have steadily increased. At the beginning of 1962 there were 405 persons receiving help, and at the end of the year 419. The corresponding figures for 1961 were 363 and 405.

Recruitment of suitable staff continues to present difficulties, particularly for work in the Goring and Findon Valley areas. These outlying parts of Worthing tend not to be popular with home helps since any travelling they may have to incur must be in their own time.

At the end of the year the staff of the service comprised the Organiser, one clerical assistant and 75 part-time home helps. Though fewer households were helped than in 1961, there was an appreciable increase in the number of hours worked. In other words, rather fewer persons were given on the

average rather more hours of help. The following table gives futher details of the help given during the past 5 years:—

Category	1958	1959	1960	1961	1962
Aged persons	426	477	478	573	583
Maternity cases	62	62	55	53	36
Tuberculosis	6	5	3	4	2
Other	238	268	266	273	212
Total	732	812	802	903	833

Thee actual number of hours of help given during 1962 was 85,076 hours compared with 80,351 hours in 1961.

MENTAL HEALTH

Historical Background:

Until very recently the treatment of mental disorders was dominated by legislation which was over 40 years old, namely, The Lunacy Acts of 1890 and the Mental Deficiency Act of 1913. These Acts were based on the belief that virtually the only "treatment" possible was custodial, and were obsessed with the need to protect the public. There was some improvement in 1930 with the passing of the Mental Treatment Act. This enabled patients to go into a mental hospital voluntarily, and so did away with the previous necessity of having a patient "certified" (with its inevitable stigma). It also allowed the setting up of Out-Patient Departments in ordinary hospitals for the investigation and treatment of mentally ill patients.

Changes had begun, and the pace increased with the National Health Service Act of 1946, but still mental hospitals were thought of as "asylums" and patients regarded as "lunatics". Though medical care was still largely custodial, by now there were several forms of treatment possible in many cases, e.g. Insulin-Coma, Electrical Convulsion Treatment, Leucotomy, Continuous Narcosis, sedatives, and later, tranquillisers.

At the same time there was a steadily increasing use of occupational therapy and psychotherapy for individuals and groups of patients. Perhaps the most successful of the "physical" treatments was the use of Electrical Convulsion Treatment for depression. The mechanism is still unknown but results are remarkably good in most cases.

But all this treatment was for the most part based on the hospitals and most of these were large institutional type buildings, many with 2,000 patients or more, and these were mostly situated deep in the country and consequently difficult of access for visiting by relatives. Even so, some 80% of all hospital patients were long term "chronics" who remained patients for years, and sometimes for life.

Recent Developments

The picture has greatly changed. There has been a gradual realisation that even the kindliest care in hospital or institution is very damaging to patients because it takes away all responsibility and initiative from them. It

cuts them off from everyday life and makes re-entering the ordinary world more difficult with every passing month.

So, rehabilitation for community life became the goal. Doors were unlocked for more and more of the wards and nothing very terrible happened. Nurses and doctors who originally feared the worst became enthusiastic. "Raving lunatics" became increasingly rare. Straight jackets and padded cells completely disappeared. The results were discussed in the medical press and this was taken up by lay newspapers. The public gradually accepted more and more that mental illness was not something strange and terrible which was shameful and to be kept hidden from friends and neighbours. The tempo of change in the psychiatric world gained more and more momentum and eventually resulted in the appointment of a Royal Commission to look into the law relating to mental illness and mental deficiency. The Commission reported in 1957 and recommended (amongst other things) a shift in emphasis from hospital to community care, i.e. treatment, training and social services were to be made available wherever possible without bringing patients to hospital as inpatients, or, if this were unavoidable, to discharge them from hospital as soon as possible. The Commission's report was accepted by the Government and very speedily the same Government passed the 1959 Mental Health Act. Both hospital and local authorities are still very much in the throes of implementing this Act.

Mental Health Act, 1959

The Act cleared away much previous legislation — 15 Acts in their entirety and 37 Acts in part. It gave statutory recognition to the revolutionary changes in psychiatric thought and treatment of the past 10 years by allowing *any* hospital to accept mentally disordered patients and making informal admission the normal practice. Previously even *voluntary* patients had to sign themselves in. The formalities now required before a patient can be admitted compulsorily (and such admissions are becoming much less common) have been greatly simplified.

Instead of having two codes of practice, one for the mentally ill and one for the mentally defective, we now have only one code, both being included under the term mental disorder.

The terminology has changed too. What were once lunatic asylums and then mental hospitals are now psychiatric hospitals. The State institutions of Broadmoor, Rampton and Moss Side, are now "special hospitals". Duly Authorised Officers are Mental Welfare Officers, and so on. The terms "idiot", "imbecile" and "feeble minded person" which were used technically with well defined meanings have nevertheless always sounded offensive to the layman's ear. These terms have been abandoned and all forms of mentally disordered persons are now included in one of the four broad groups:—

(1) The mentally ill.

(2) Those with severe subnormality (arrested development of mind; unable to lead an independent life or guard against serious exploitation).

(3) Subnormality (subnormal intelligence and needing special care or training).

(4) Psychopathic disorder (a disorder of mind resulting in abnormal aggressiveness or seriously irresponsible conduct, with or without subnormal intelligence, and needing or susceptible to treatment, care or training).

Extension of Duties of Local Health Authorities

The swing away from hospital orientation has been carried very much further by this new Mental Health Act, which has greatly extended the duties of the Local Health Authorities. These now have to provide for themselves residential accommodation, and are responsible for giving care to certain classes of mentally disordered patients (who previously would have had to stay in hospital). Training Centres for both children and adults are now mandatory. Previously only the more progressive authorities provided these, though they were legally supposed to do so under the 1913 Act. Instead of Duly Authorised Officers (who had statutory duties with regard to the compulsory admission to hospital of the mentally ill), all Local Health Authorities must now appoint Mental Welfare Officers. Their duties are becoming more those of Social Workers dealing directly with the welfare of patients in their own homes, though they do retain their earlier functions of organising hospital admissions.

These mental health social workers endeavour to provide a personal service of advice and support for the patient *and his family* and so prevent, if possible, further mental breakdown, the need for admission or re-admission to hospital, and thus rehabilitate the patient to a normal life at home, at work and in the community. With suitable support and training it is possible for even severe mental disabilities to be overcome sufficiently to allow the patient to become independent, though many will continue to need help throughout their lives.

Training Centres

The Worthing Training Centre for the mentally handicapped is in Brougham Road. There are at present 65 on the register, boys and girls, and nearly all are between the ages of 5 and 16, though a few adults also attend. This is a day centre only and all who live more than a short distance away are brought to and from their homes by special coaches. The centre functions during the ordinary school terms and free milk and subsidised school dinners are provided.

About half of the present number attending live in Worthing and the rest in nearby parts of West Sussex. At present there is a staff of 5.

This Centre was built at the time of the severe building restrictions in 1951 and is at present inadequate for the needs of the children. Older girls have to use the nearby Methodist Church Hall but come to the main centre to learn cooking. However, the Local Health Authority plan to build a new centre at Ham Farm, Durrington Lane, and building operations should begin in 1963.

The object of this Training Centre is to help children to develop in mind and body as much as their condition allows. There is no formal teaching, but training in good habits, table manners, speech and so on is given, and creative activities with paints and crayons, physical education, singing, and organised games go to make the pattern of the day. Anyone who has had to bring up a mentally subnormal child will know that not the least of the blessings of a Training Centre is the rest it gives to the parents from otherwise unremitting care.

In 1962 at Rustington, the West Sussex County Council opened a new Training Centre for high grade mentally subnormal men between the ages of 16 and 30. 25 are resident and a further 10 are brought in to the Centre by special transport. Four have homes in Worthing.

The purpose of the Rustington Centre is to provide training in simple engineering and light assembly processes for those able to benefit. The sort of thing able to be done by these men (after patient training) is assembling and packaging plastic kits (e.g. models, toy guns, etc.), folding paper hats for Christmas crackers, bending metal components for display stands, making bird cage perches, putting inserts into jar and bottle tops, and packing the component parts of children's toys. It is amazing what work can be accomplished by breaking it down into its components and by the extensive use of jigs, even by men of quite low intelligence.

Residential Accommodation

Whenever possible mentally disordered persons not requiring hospital treatment, whether adult or child, should live at home, but occasionally this is not possible, e.g. when parents have died, and then the alternative should be as like a real home as possible. Sometimes a foster home or lodgings can be very suitable, but it may be necessary for local authorities to provide special residential accommodation for certain groups. In Worthing no such accommodation exists as yet, but it will be needed and the West Sussex County Council's 10-year plan includes proposals for building a hostel for mentally subnormal children deprived of a normal home life at a site near the new Training Centre at Ham Farm, Durrington Lane, during the year 1964/65.

The plan also proposes that a hostel for 30 mentally ill adults should be provided in 1966/67. No site has been chosen for this but the kind of patient likely to require accommodation of this kind is elderly, has no adequate home of his or her own to go to, but who no longer requires all the facilities of a psychiatric hospital, though remaining mentally disturbed and unsuitable for an ordinary Welfare Home.

Statistics

The work of Worthing's Mental Welfare Officer is summarised in the tables that follow. As he has to devote 50% of his time to similar duties in other parts of West Sussex, it will be clear that the greater part of his working day must often be spent dealing with matters once the function of the Duly Authorised Officer, namely, organising hospital admissions and transporting patients, leaving but little time for routine home visiting and social casework. An increase in Mental Welfare Officer staff is urgently needed.

Mental illness:

Number of patients admitted to psychiatric hospitals:—

Mental Health Act, 1959	*Males*	*Females*	*Total*
Section 5 (Informal)	11	10	21
Section 25 (Observation—28 days) ..	6	12	18
Section 26 (Treatment)	2	—	2
Section 29 (Observation in emergency—3 days)	22	30	52
TOTAL ..	41	52	93

In addition, a further 40 patients (15 male and 25 female) were investigated, but not admitted to hospital.

Although the total number of admissions is given as 93, the actual number of patients admitted to hospital is 91, this being due to the fact that 2 patients were admitted twice.

The figures for admissions under Section 29 (which requires only one medical recommendation) may appear to be high, but most of these patients were in fact examined prior to admission by two medical practitioners, any necessary extension of the detention powers being undertaken at the hospital.

Mental Subnormality:

The total number of subnormal persons on the register is 187, made up as follows:—

	Males	*Females*	*Total*
Boarded out under Guardianship	2	4	6
In Psychiatric Hospitals	40	29	69
In Mental Nursing Homes	—	—	—
In Residential Homes	1	3	4
Boarded out in Private Homes	2	1	3
Under Informal Community Care	38	67	105
TOTALS	83	104	187

The 105 under Informal Community Care include those attending the Training Centres on a daily basis.

During the year 4 new cases were referred to the Local Authority from the following sources:—

	Males	*Females*	*Total*
Referred by relatives	—	—	—
Referred by other Authorities	1	1	2
Referred by Worthing Committee of Education	1	—	1
Referred by other sources	1	—	1
TOTALS	3	1	4

Further information concerning patients dealt with during the year is shown in the following table:

	Males	*Females*	*Total*
Admitted to Psychiatric Hospitals	1	—	1
Admitted to Residential Homes	—	2	2
Provided with short-term care	7	3	10
Transferred from one hospital to another	1	—	1

There were no cases awaiting permanent hospital vacancies on 31st December, 1962.

Five new patients began attending the Junior Training Centre during 1962, and 4 patients left. Of these 4, 2 transferred to the Adult Training Centre in Rustington. The number of Worthing residents on the register of the Junior Training Centre was 26 at the beginning, and 27 at the end of the year.

SERVICES FOR HANDICAPPED PERSONS

The Borough Council appointed a trained occupational therapist in May, 1961. She is the Handicapped Services Officer of the Health Department and her clientele now number over 300 handicapped persons.

Help is provided by means of special aids or adaptations to the home to enable the handicapped to lead a more independent life and avoid hospitalisation.

There is very good liaison with the local hospitals. Before patients are discharged the Health Department is informed, and this allows the home to be visited and any necessary alterations made. Bath lifts, walking aids, hydraulic hoists and other special equipment are available on loan, and, if necessary, financial aid is granted.

Handicapped persons are eligible for the holiday scheme in certain cases. Holidays are usually of 2 weeks duration. They are particularly helpful if the home circumstances are not too satisfactory, or if the burden on responsible relatives is a very heavy one.

The folowing table summarises the work done by the Handicapped Services Officer in 1962:—

Visits made	1,149
New patients added to register	121
Aids purchased	11
Aids loaned	63
Adaptations made to homes	22
Holidays arranged	9

PRIVATE DAY NURSERIES

There are 8 private day nurseries in Worthing. These are registered under the Nurseries and Child-Minders Regulation Act, 1948. There are no registered child-minders.

The nurseries provide accommodation for 190 children and are visited periodically by the Senior Health Visitor. During the year 39 such visits were made.

THE NATIONAL ASSISTANCE ACT, 1948, AND NATIONAL ASSISTANCE (Amendment) ACT, 1951

Section 47. Removal to suitable premises of persons in need of care and attention.

In cases of this type where difficulties occur, informal action is generally sufficient to cope with the situation.

Legal proceedings, however, were necessary in one case:—

An application was submitted to the Magistrates for action under the amending clauses of Section 47 of the National Assistance Act, 1948. This enabled the Local Authority to remove to Swandean Hospital on 30th March an elderly lady of 76 years who was living in insanitary conditions and was in need of nursing care and medical attention. The patient died in hospital shortly after admission.

Section 50. Burial of the Dead.

Under this Section of the Act it was necessary to arrange for the burial of one person where no suitable arrangements were being made.

HOME AND WATER SAFETY

The Medical Officer of Health and Senior Health Visitor are members of the Worthing Home Safety Committee and Worthing Water Safety Committee—voluntary committees doing excellent work in the field of home and water accident prevention.

STAFF MEDICAL EXAMINATIONS

Medical examinations are undertaken by the Department in connection with Borough Council appointments and admissions of student teachers to training colleges. The following table summarises the work done during the year:—

Department	*Males*	*Females*	*Total*
Town Clerk's	6	6	12
Borough Engineer's	13	3	16
Borough Architect's	3	1	4
Medical Officer's	2	7	9
Borough Treasurer's	8	1	9
Borough Water Engineer's ..	2	2	4
Education	2	3	5
Entertainments and Publicity ..	1	1	2
Borough Librarian's	1	2	3
Entrants to Training Colleges ..	15	25	40
TOTAL ..	53 (74)	51 (54)	104 (128)

(The figures in brackets refer to 1961).

Occasionally similar examinations are carried out at the request of other Local Authorities and during 1962 eight such examinations were undertaken.

PART III.

ENVIRONMENTAL HEALTH SERVICES

I have pleasure in presenting the Report of the Chief Public Health Inspector, MR. J. R. DAVENPORT.

Much has happened to the standard of living since local boards of health as precursors of the existing local government structure were provided with the first major Public Health Act of 1875. Legislation covering every aspect of environmental public health has been evolved since then with increasing rapidity so that a wide protection to personal well-being is now provided. Further public health provisions which became operative during the year included further controls over such a variety of matters as sub-let houses, basement rooms, the composition of certain additional foods to those already subject to orders, and hygienic conditions in hairdressers' premises, as well as other general requirements.

Complaints and enquiries from the public requiring visits and investigations numbered 1,085, some of which consumed much of the Inspectors' time but which are a necessary part of the department's duties and services.

GENERAL INSPECTIONS

General inspections included the following:—

Houses	974
Factories	342
Workplaces	12
Food Premises, all types	1,112
Schools	10
Drainage	430
Smoke equipment readings	760
Smoke Observations	45
Shops Act	163
Pest Destruction	117
Merchandise Marks Act	20
Miscellaneous	1,623

542 notices were served and 329 notices complied with.

HOUSING

The shortage of suitable rented accommodation which has prompted so many young couples to buy their own homes, has been as evident in Worthing as in other parts of the country. As property has not been the investment it was 30 years ago, many house owners have eagerly seized the opportunity to sell with vacant possession as soon as a tenant leaves. In this way many of the older houses which may have so deteriorated as to have become unfit or which certainly lack modern amenities have been bought for owner-occupation and have been so transformed inside and out to have acquired a new lease of life. The attention of owners of rented houses which lack amenities such as bathroom, hot water and inside lavatories is now drawn as a routine by Inspectors to the Council's improvement grant facilities where benefit would be derived from these. Unfortunately little success has been evident from these informal approaches and there is no doubt compulsory

powers are needed to raise the standard of many houses to that compatible with modern requirements.

Following the issue of Regulations providing more stringent control over houses in multiple occupation, the Health and Welfare Committee decided on a general standard of amenity which would be required in sub-let houses in Worthing and that a survey of certain areas in the town was needed. This is proceeding so far as available time allows.

New regulations governing underground rooms were adopted by the Council during the year and a start has been made enforcing them in the central areas. Where owners have chosen to bring these rooms up to the standard required rather than submit to closing orders, the improvement has been most noticeable and beneficial to the occupants.

Housing repairs generally are enforced under the Public Health Act, 1936. In 2 instances it was necessary to apply to the court for Nuisance Orders—with subsequent fines for non-compliance—and 2 further applications were withdrawn following completion of the work. A survey of some of the older houses in the borough revealed sufficient numbers of sub-standard property in certain areas to justify a clearance—or—improvement programme where houses possess extensive defects or are lacking in such amenities that they cannot be made fit at reasonable cost. One compulsory purchase order involving 6 unfit houses and land adjoining, which was needed for housing, was made but not confirmed by the end of the year.

Housing Inspections

Total number of dwelling-houses inspected (Public Health Act or Housing Act)	469
No. of houses repaired after informal notice ..	43
Statutory Notices served:	
(a) Public Health Act, 1936	33
(b) Housing Act, 1957	—
Defects remedied by:	
(a) Owner	15
(b) Corporation in default	9
Houses closed	1
Undertakings accepted	1
Demolitions to comply with Orders	—
Houses included in clearance areas (compulsory purchase order)	6

THE RENT ACT, 1957

There are still many houses subject to rent control in Worthing, a large proportion of which are tenanted by elderly people, some of whom are needlessly afraid to use the powers under the Act to secure housing repairs and exterior decoration. Only 1 application for a certificate of disrepair was

received, granted and later cancelled during the year, making a total of only 67 applications since the Act came into force.

Applications for Certificates of Disrepair:	
No. of applications	1
No. of certificates issued	1
No. of undertakings	—
Cancellations of Certificate of Disrepair:	
Granted	1
Refused	—
Certificate of Remedying Defects:	
Applications	—

CARAVAN CONTROL

There are no large or permanent sites in the borough. One site licence for 1 caravan which has been in the same position for over 20 years continues in force and another was granted for 1 caravan for which planning approval for 2 years had been given.

CLEAN AIR ACT, 1956

The contribution from domestic coal burning grate to pollution of the air is now recognised as exceeding that of industry over the country as a whole. As industrial smoke is almost negligible in Worthing, any pollution must be from residential sources with some contribution from railways (now very small) and from road vehicles. Scientific research is continuing in an attempt to find an efficient filter for motor vehicle engines which certainly influence the purity of the air in the vicinity of main roads. Pollution from domestic grates is apparent occasionally in some areas of the town during atmospheric temperature inversion conditions and occasional complaints are received from new residents who come from areas subject to smoke control orders where only authorised smokeless fuel may be burned. Figures published by the Department of Scientific and Industrial Research of Worthing's 3 monitoring instruments with those of other local authorities participating in the national survey, show that some pollution occurs in any large urban area where bituminous coal is burned. The poor quality of some of the household coals these days ought to be sufficient inducement to warrant a serious consideration of the cleaner and more efficient solid smokeless fuels which are now available—for the sake of better value for money if nothing else.

New industrial and domestic furnaces of 55,000 B.T.U.'s per hour capacity or more must be capable of smokeless operation and the intention to instal them must be notified to the Council. The submission of details of equipment and plant is encouraged in order that approval may be given before installation. Twelve applications were considered and approved subject to comment.

The height of new chimneys of certain buildings is controlled by co-operation with the Building Surveyor who also enforces the byelaw relating to new grates in houses. After considering the potential sulphur dioxide emission from one proposed chimney, and the possible nuisance or injury to health which might have ensued, the height was required to be raised to such a point that the building design was no longer acceptable to the Planning Committee. The difficulty was overcome by the owner changing the proposed fuel to gas which would be discharged at the original height safely.

FOOD SUPERVISION

CHEMICAL SAMPLING

As a food and drugs authority, the Council has a legal responsibility to enforce all the provisions of the Food and Drugs Act, 1955 and the ever growing number of Orders controlling the composition of certain foods which are made thereunder.

In these days of extensive scientific aids to food production and preparation and the extensive use of substitutes, preservatives, emulsifiers and colouring materials, and the increasing advertising claims, particularly on television regarding the properties of certain foods, the importance of this responsibility has not lessened since the days when many foods were deliberately adulterated. It is somewhat alarming to note that 19% of all food samples taken, other than milk, contravened the law in some respect. True, most of the offences might be described as "technical" (a word frequently used by a defending solicitor to excuse an offence) concerning information required on labels but it is surprising that some food manufacturers pay so little attention to the needs of the statute. Among the matters adversely commented upon by the Public Analyst were Instant Coffee described as "all pure" which was in fact a dried decaffeinated water extract of coffee, creamed rice pudding which had too much water in it, blackcurrant health drink deficient in the vitamins as stated, clotted cream toffees which contained a misleading advertising leaflet implying that only butter fat was used in the manufacture and a biochemical salt described as "the salt of life", the contents of which disagreed with the information on the label. In all these instances the objections were satisfactorily remedied after suggested alterations had been adopted by the manufacturers but copious correspondence in the case of the salt sample was exchanged before a satisfactory solution was found.

Certain meat products were found to contain too little meat and as these amounts vary from product to product, legislation controlling their composition seems essential. This has been recommended to the Minister by the Foods Standards Committee. A local manufacturer of minced scotch steak was prosecuted for selling an article alleged not to be scotch steak at all and which in any case contained only 67% of meat. The recommendation of the Foods Standards Committee for this article is 90% and considerable latitude and assistance had been given to the manufacturer. The magistrates dismissed both summonses however, making no order as to costs.

Unsatisfactory milk samples numbered 30% of those taken but all of these were from producers' milk on arrival at the Dairy and were from producers with a poor record of the correct quality milk. Most of the samples were genuine—as produced by the cow—and so no offence was committed. It seems anomalous that no penalties can be incurred by poor animal husbandry when so many facilities for assistance are available to the modern farmer. The standard of quality laid down by the Sale of Milk Regulations, 1939 is humble enough and easily attained by most producers. Milk from one farmer outside the borough was found to contain added water and a successful prosecution was eventually brought by the County Weights and Measures Inspector, who readily agreed to pursue the matter.

The following is a summary of samples taken:—

	No.	*Genuine*	*Not Genuine*
Potatoes and Crisps	3	3	—
Milk	54	37	17
Ice Cream	4	4	—
Double Cream	8	8	—
Canned Meats	12	8	4
Lard	2	1	1
Salmon Fishcake	2	2	—
Biochemical Salt	1	—	1
Yoghourt	2	2	—
Bread and Flour and Cakes	10	9	1
Cream Cakes	1	1	—
Sausages	4	2	2
Minced Meats	2	2	—
Cheese	3	3	—
Vegetable Spices	2	1	1
Medicines	3	3	—
Ham	1	1	—
Coffee	3	1	2
Chocolate and Sweets	7	6	1
Sugar Confectionery	13	10	3
Health Drinks	9	7	2
Luncheon Meat	2	2	—
Rice Pudding	2	1	1
Spirits	6	6	—
Ready Mix Ice Cream	4	3	1
Miscellaneous Spiced Foods	10	7	3
Preserves	11	11	—
Tea	2	2	—
Pate	3	2	1
Soups	1	—	1
Butter	1	—	1
Fish	1	1	—
Suet	1	1	—
TOTAL	190	147	43

MEAT INSPECTION

The only licensed slaughterhouse in the borough has continued in operation throughout the year. Slaughtering is carried on during most days of the week but is avoided at weekends except in emergency, but the proximity of the residential property has meant that periodic complaints, mainly regarding the slaughtering process, are received. It is of course impossible to carry on a business involving the reception, slaughtering and evisceration of animals with all the attendant by-products without causing some occasional annoyance or nuisance in such a built up residential district. The premises comply with the appropriate Regulations and an Inspector is on duty there on many occasions during the working day. All meat is fully inspected before leaving the premises. 18,017 animals were slaughtered compared with 18,416 during 1961, but more meat was condemned than in that year. 12 fewer pigs were condemned for tuberculosis in 1962, typifying the decline in the incidence of this disease. 585 visits were made for the purpose of meat inspection.

The following details are given:—

Carcases and offal inspected and condemned in whole or in part

	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	384	661	1,770	3,378	11,823
Number inspected	384	661	1,770	3,378	11,823
All diseases except Tuberculosis and Cysticerci: Whole carcases condemned...	—	5	23	19	30
Carcases of which some part or organ was condemned ..	85	331	10	143	1,935
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	22.1%	50.8%	1.9%	4.8%	16.6%
Tuberculosis only: Whole carcases condemned...	—	—	—	—	—
Carcases of which some part or organ was condemned ...	—	—	—	—	7
Percentage of the number inspected affected with tuberculosis	—	—	—	—	0.1%
Cysticercosis: Carcases of which some part or organ was condemned ...	9	—	—	—	—
Carcases submitted to treatment by refrigeration ...	9	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

As well as these, 1 goat which was slaughtered for human consumption was inspected and passed as fit.

The total weight of meat condemned was 9¾ tons but this was allowed to be sent to approved manufacturers of fertilisers and animal feeding material.

OTHER FOOD INSPECTION

A total weight of 2 tons 4 cwts. of miscellaneous foods were inspected and found to be unfit, 2 cwts. of which was a direct result of refrigeration plant failure. Most of this condemnation was as a result of requests from traders for an Inspector to examine food which may have deteriorated through age, damage or contamination and often merely a certificate of unfitness was required to replace the stock. The statutory powers of seizure had to be used on one occasion only when a quantity of pork which was intended for manufacture for sale was condemned by a magistrate.

FOOD COMPLAINTS

Twenty-three complaints, 4 fewer than last year, were received regarding the condition or substance of food sold to the public. 16 of these were of dirty, contaminated or unsound articles for which there was no excuse and if proper stock rotation and care had been exercised by the retailer they would not have arisen. In these instances prosecution seems the only answer. Foreign matter in food was the cause of 7 complaints, a price the public has to pay apparently for increased automation and less supervision in manufacture. No prosecution was brought during the year and all complaints were taken up with the manufacturers or retailers.

MILK

Heat treatment has made milk, once the vehicle of tuberculosis and other diseases, one of the safest of all foods. Better animal husbandry and the Ministry's eradication scheme have also played their part and it is very rare now to find a cow carcase at the slaughterhouse infected with tubercle.

Even though almost every herd in the country is now subject to periodic tuberculin test at least two other animal-borne organisms—Brucella Abortus and Brucella Melitensis are capable of causing brucellosis or undulant fever in man if contaminated raw untreated milk is consumed. Tuberculin tested (farm bottled) milk is still a permitted designation and need not be pasteurised. Fortunately the retail sale of this grade of milk is limited but because of its potentialities the supply coming into Worthing is regularly sampled. Details of samples taken for the presence of tubercle and brucella are given below but these include many which were taken from the producers' milk before pasteurisation at the dairy. It can be seen that 9% of all samples contained the live brucella organism but only one supply was not pasteurised before sale. The Worthing distributor of this milk, rather than submit to an order by the Medical Officer of Health, agreed to discontinue this farmer's supply. The only safe milk is still heat treated.

Regular samples were also taken to ensure that milk conformed otherwise to the statutory bacterial tests and these results are also given.

The following details of licences and samples taken are given:—

Licence holders:

Dealers "Tuberculin Tested"	..	7
,, "Pasteurised"	..	8
,, Prepacked Licences	..	77

Sample Results:

	1958	1960	1961	1962
No. of samples examined for organisms	59	58	63	87
M. Tuberculosis—Positive ..	—	—	—	—
Brucella Ring Test—Positive ..	18	13	8	15
Brucella Abortus—Positive ..	6	1	2	6
Brucella Melitensis—Positive ..	—	—	1	2

Samples submitted for phosphatase and methylene blue tests:—

Designation	*No. taken*	*Unsatisfactory*
Tuberculin Tested	34	3
Tuberculin Tested (pasteurised)	58	6
Pasteurised	49	3
Sterilised	7	—

ICE CREAM

The introduction of the heat treatment regulations has meant that ice cream, like milk, is as safe bacteriologically as possible provided the processes are properly carried out. Most ice cream sold is prepacked but the increase in popularity of soft ice cream has been very apparent. Provided the cleaning of the machinery in which this is produced follows the ice cream mix manufacturers instructions a safe article is produced. There are 4 ice cream manufacturers in the town and 275 premises are also registered for storage or sale only. More difficult to control are the mobile salesmen for whom registration is not required.

Results of samples taken for bacterial quality were as follows:—

Taken	*Grade* 1	*Grade* 2	*Grade* 3
51	46	3	2

GENERAL FOOD PREMISES

Kinds of Business	*No.*
Restaurants, Cafes and other premises selling meals ..	464
Grocers, Dairy Shops	120
Butchers, Fishmongers and Fish Fryers	100
Fruiterers, Greengrocers	67
Bread and Flour, Confectionery ..	54
Confectioners, Tobacconists, etc. ..	108

Whilst many of the food traders in the town maintain a high standard of hygiene in their premises there are still a few who consider the statutory requirements unduly fastidious. One hotel proprietor only carried out much needed and considerably over-due improvements to his kitchens after 7 summonses for contraventions of the Food Hygiene (General) Regulations, 1960 had been served. The sale of fish from the beach is a prescriptive right of fishermen dating from mediaeval times but conditions under which it is sold are subject to modern requirements. One stall-holder was fined £6 for not complying with the Regulations. A food handler was also fined £2 for

smoking while in a food shop. Prosecutions must follow where previous warnings are ignored though every assistance is always first given by Inspectors.

Visits made to all food premises during the year numbered 1,112 and 219 requests for compliance with the Regulations were made.

COMMON LODGING HOUSES

There are no such premises registered in the Borough.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

Three premises are registered and 1 licensed in accordance with the requirements of the Act. They are properly conducted and samples taken to ensure the purity of the filling used in manufacture proved satisfactory.

RODENT CONTROL

Continuous war is waged against these pests which apart from the damage which they can cause, are capable of spreading disease organisms. Food left by beach picnickers, thrown from railway carriages or road vehicles means that regular surveys and baiting of these areas have to be made. The following table gives details of work done:—

No. of complaints—Rats	536
Mice	129
No. of premises cleared of rodents	614

	Central & Local Govt.	Dwelling houses	Business premises etc.	Agricultural	Total
Rats (Major ..	—	—	—	—	—
(Minor ..	45	508	130	14	697
Mice (Major ..	—	—	—	—	—
(Minor ..	7	105	45	1	158
Total number of inspections ..	293	2,086	740	292	3,411
No. of premises cleared found to be infested on survey ..					241

No charge is made to householders who are encouraged to report any sign of infestation.

OTHER PESTS

The department is able to help in dealing with pests which though perhaps of no public health significance cause nuisance or annoyance. 148 complaints concerning a variety of pests among which were moles, rabbits, wasps, and various unidentified insects were dealt with and on several occasions the help of the British Museum was sought in identification. Considerable research over the years has been spent in seeking effective control over the seaweed fly—"coelopa frigida" which is occasionally manifest as part of the marine life inhabiting the beach. This fly is found in varying numbers on most of the beaches in Europe but is not a disease carrier like its cousin the common house fly. Suitable control measures are carried out, by arrangement with the Borough Engineer, whenever necessary.

An infestation of pigeons has been building up in the town encouraged by food thrown down for them by persons whose actions are not acclaimed

by many hoteliers, shop keepers and householders whose premises are fouled by the birds or damaged by nests obstructing gutters and rainwater pipes. The nuisance caused and the number of complaints received prompted the Council to engage a contractor for the destruction of these wild pigeons, in accordance with new powers under the Public Health Act, 1961, at a cost of £350 for a year's contract. By the end of the year over 1,000 birds had been humanely destroyed.

CESSPOOLS

There are still some areas of the borough partly rural in character which are not provided with main drainage. Due to the levels of the ground it is not always possible to lay main sewers in the road and many attempts and much of one Inspector's time have been devoted to seeking agreements among house owners to lay private sewers which can connect to the public system. All too often a scheme is rendered impracticable because a few refuse to participate, despite the Council's offer of financial assistance, thereby denying a modern amenity accepted by most of us as fundamental, to the majority. At present there are 360 occupied premises not on main drainage in the borough.

NOISE NUISANCE

Sixteen complaints were investigated regarding noise or vibration which was said to be a nuisance. All of these were dealt with informally though in one instance—that of a particularly noisy extract fan at the rear of a cafe—the Council had to engage an accoustics consultant to show that the best practicable means had not been adopted to the mechanism to reduce the noise to within acceptable limits. Suitable measures were ultimately adopted by the proprietor. It is seldom easy to pronounce on the existence of a statutory nuisance where so much subjective tolerance—or intolerance—is concerned.

HAIRDRESSERS

Byelaws governing cleanliness and equipment in hairdressers' establishments, made under the Public Health Act, 1961, came into force during the year. Not an unnecessary measure in certainly one instance of a men's hairdresser where there was no water supply at all, let alone hot water, on the business premises. There are 100 hairdressers in the town.

FACTORIES

It is perhaps surprising to learn that there are over 280 factories in Worthing. Most of these are small units employing a few persons, many of long standing, distributed widely over the borough. The Council is responsible for enforcing the sanitary accommodation provisions of the Factories Act, 1937 for all factories and other requirements such as space, temperature, ventilation, etc. in non-power factories only. Inspections are made as a routine or on complaint and any requirement has been dealt with informally.

FACTORIES ACTS, 1937 and 1948

PART I OF THE ACT

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	Number on Register	Number of Inspections	Written Notices
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	19	18	1
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	277	285	19
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises).	40	39	4
TOTAL	336	342	24

2. Cases in which DEFECTS were found.

Particulars	Number of cases in which defects were found			
			Referred	
	Found	Remedied	To H.M. Inspector	By H.M. Inspector
Want of cleanliness (S.1.)	3	2	—	—
Overcrowding (S.2)	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—
Sanitary Conveniences (S.7)				
(a) insufficient	—	—	—	—
(b) unsuitable or defective	17	12	—	—
(c) not separate for sexes	1	1	—	—
Other offences against the Act (not including offences relating to Outwork)	3	3	1	—
TOTAL	24	18	1	—

OUTWORKERS

Ten local firms employ 42 persons working in their own homes whose names and addresses are required to be notified to the Council. In the event of work being carried on in unsatisfactory premises, the Council have power to require its discontinuance.

PART VIII OF THE ACT

Outwork

(Sections 110 and 111)

	Section 110			Section 111		
Nature of work	No. of out-workers in August list required by Section 110(1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel	42	—	—	—	—	—

SEWERAGE

In 1960 it was reported that, owing to the growth of the Borough, the Ministry of Health had approved schemes for the enlargement and improvement of sewage disposal at East and West Worthing. These provide for the partial treatment of the sewage by screening, maceration, removal of detritus and sedimentation, and separate disposal of the digested sludge.

I am indebted to the Borough Engineer, Mr. J. Wilkinson, for the following progress report:—

"The schemes for extending both the East and West Worthing Sewage Works are now well advanced, and it is anticipated that these schemes will be fully operational late in 1964.

The extension works are capable of coping with further expansion of the Borough, and in this respect no new schemes are required in the foreseeable future."

WATER SUPPLIES

The water supply undertaking is owned and managed by the Borough Council. I am indebted to the Water Engineer, Mr. H. A. Leader, for the following report:—

"1. The water supply of the statutory area has been very satisfactory in both quality and quantity throughout the past year.

2. Bacteriological examinations of raw and chlorinated water are normally made once a fortnight, and more frequently when considered necessary, whilst chemical examinations of the raw water are made once a month, and copies of all these reports are in your possession.

3. The water has no plumbo-solvent action.

4. No contamination of supplies has been reported.

5. The population of the statutory area of supply comprising the Worthing Borough, the Littlehampton Urban District and the Worthing Rural District, excluding the Parish of Lancing which is in the statutory area of supply of the Brighton Corporation Water Undertaking, and also excluding the Parish of Houghton at present supplied by arrangement with the North West Sussex Water Board, is 120,012.

It is estimated that in the whole of the Corporation's statutory area of supply, there are approximately 513 houses with a population of approximately 1,404 without a supply from the public water mains, but of these approximately 411 houses with a population of 1,140 have a piped water supply from private mains. This information is summarised below:—

102 houses with population of 264—private wells and rainwater tanks.

411 houses with population of 1,140—piped supplies from private sources. 118,608—mains supplies."

PUBLIC SWIMMING BATHS

Indoor Swimming Baths

The baths situated in Heene Road are believed to be over 100 years old. Their antiquated state is well known. One of my predecessors, the late Dr. H. J. Phillips referred to their defects as long ago as 1938. However, the water purification system consisting of high pressure filtration and breakpoint chlorination with an 8 hour turnover is modern, and a satisfactory standard of purity is maintained. The water used is the public supply. Four samples of the bath water were submitted for bacteriological examination and found to be satisfactory.

The Lido

This open air swimming pool, which was opened in May, 1959, occupies the site of the former Bandstand. Sea water is used and is purified by high pressure filtration and breakpoint chlorination with a 6 hour turnover. A satisfactory standard of purity is maintained. Three samples of the water were submitted for bacteriological examination and found to be satisfactory.

PART IV.

SCHOOL HEALTH SERVICE

STATISTICS

Number of Pupils:

At the end of the year there were 8,811 children on the rolls of maintained schools in the Borough. These were distributed as follows—

Type of school	Number of schools	Number on roll
Primary	15	4,234
Secondary:		
Grammar	2	1,374
Technical High	1	519
Modern	5	2,670
Special Remedial Classes	—	14
Totals	23	8,811

MEDICAL INSPECTION

Periodic and Special Inspections:

Every school child is routinely examined three times—at 5-6 years, 11-12 years and at 14 plus. At these inspections the school doctors look for abnormalities and defects, and if necessary arrange for further observation or treatment. Sometimes reference to a hospital specialist is necessary. In every case the family doctor is kept fully informed.

Gross abnormalities or disease are seldom found nowadays at school inspections, but the detection of relatively minor defects is common—particularly is this the case with slight orthopaedic defects and impaired vision and hearing. The detection of poor sight or slight to moderate deafness is especially important, as these are often unsuspected by parent, teacher or child, and will be missed if not deliberately sought after. Without recognition and correction a child may become educationally retarded and thought to be stupid. Sometimes bad behaviour and emotional "mal-adjustment" develop because of the resulting academic frustrations.

The routine school medical examination provides an important opportunity for health education, and parents are encouraged to attend, especially when the child is of primary school age. The worries and fears of a parent about a child's health can be very real, and more often than not a frank discussion with the school doctor will result in the dispelling of much unnecessary anxiety.

The child's immunisation records are checked and brought up to date. If immunisation against diphtheria or poliomyelitis has never been done, or if a "booster" dose is due, parental consent is sought and the necessary arrangements made. This usually means either an appointment at the clinic, or a visit to the family doctor's surgery, though sometimes the immunisations are given in school when the inspections have been completed.

Teachers often raise matters concerning their pupils' health at these examinations. When the medical findings have some bearing on the child's school activities the teacher (with the parent's consent) is kept fully informed. Very often a child's problem may become the subject of a tripartite discussion

between doctor, teacher and parent, and this kind of co-operation is sometimes essential if maximum benefit is to be got from the School Health Service.

In addition to the three routine medical inspections, children may be given a special examination at the request of the teacher or parent when there is some particular matter for concern. These special examinations may be done in the school or at the clinic.

Defects found at an examination which do not require treatment are usually noted for observation in a year's time. Pupils receiving treatment or with defects requiring observation are re-examined yearly.

Of the 2,821 pupils seen during the year at routine examinations the general physical condition was recorded as satisfactory in 100 per cent. At these inspections 581 or 20.6 per cent of pupils were found to require treatment for some disease or defect; in 405 (i.e. 14.4 per cent) the defect concerned was poor eyesight.

The number of children who received a special inspection was 183 and children re-examined for conditions found at previous inspections numbered 669. Further details are shown on tables A and B on page 85.

Uncleanliness:

Cleanliness inspections are carried out by the school nurses each term in the infant and junior schools so that the majority of pupils are brought under review. Six pupils were found to be infested with vermin. This indicates the need for these inspections to continue.

During the year the school nurses carried out 4,267 individual examinations of children in schools for this purpose. (See table C on page 85.)

MEDICAL TREATMENT

Statistics:

The percentage of children examined in the three main age groups and found to require treatment was 20.6 compared with 18.8 in 1961. Table D on page 86 shows the numbers and types of defects referred for treatment or observation. The number of children found at special inspections to require treatment or observation is also shown.

School Clinics:

Except for the Child Guidance Clinic, all are held in the main clinic premises in Stoke Abbott Road behind the Town Hall. The services are also available to pre-school children under section 22 of the National Health Service Act, 1946; further details of this is shown on pages 39 and 40.

(a) *Minor Ailments Clinic*:

A clinic is held each morning to deal with common minor infections of the skin, eye or ear. The children are normally referred from school medical inspections, or are sent in by teachers or health visitors. Sometimes they are brought along by parents. In common with the rest of England, attendances at minor ailment clinics have continued to fall during the past few years—in fact since the start of the National Health Service. However, these

clinics also form a useful clearing house for the preliminary investigation of all types of defect. During the year 65 children made 160 attendances. A comparison with earlier years is shown below—

Total number of attendances:

1958	641
1959	548
1960	387
1961	303
1962	160

(b) *Orthopaedic Clinic*:

This is held monthly on Saturday mornings by Mr. J. A. Cholmeley, Consultant Orthopaedic Surgeon. Children are referred by school doctors and general practitioners.

New patients seen	31
Old patients seen	28
Total number of attendances	93

The following table, which includes 24 pre-school children, analyses the cases examined at the clinic during 1962:

	No. of				
	BOYS		GIRLS		TOTAL
	School	M.C.W. (Under 5)	School	M.C.W. (Under 5)	
Club foot	2	—	—	1	3
Dislocation of hip	—	—	1	—	1
Spastic paralysis	1	2	2	—	5
Spina Bifida	1	—	1	—	2
Torticollis	—	1	—	1	2
Bow legs	—	—	—	—	—
Knock knees	2	2	2	1	7
Abnormalities of spine ..	2	—	11	—	13
Flat feet, etc.	6	2	13	10	31
Poliomyelitis (paralyses or pareses)	3	—	5	—	8
Fractures	—	—	—	—	—
Tuberculous joints	—	—	—	—	—
Perthe's disease	—	—	—	—	—
Apophysitis of the os calcis, etc.	—	—	—	—	—
Osgood-Schlatter's disease	—	—	—	—	—
Pseudo-hypertrophic muscular dystrophy	—	—	1	—	1
Other conditions	6	4	—	—	10
Total	23	11	36	13	83

During the year two school children received in-patient treatment at the Royal National Orthopaedic Hospital in Stanmore, Middlesex, and two children were supplied with orthopaedic appliances (through the National Health Service). Twenty X-Ray examinations were carried out by Worthing Hospital staff.

(c) *Physiotherapy Clinic*:

The physiotherapist holds sessions in the clinic every afternoon, except Tuesday. Wednesday afternoon is given to relaxation and ante-natal exercises for expectant mothers (see page 39). Children are referred for treatment by the orthopaedic surgeon and by the school doctors.

Excluding the work done with expectant mothers and pre-school children, the following figures summarise the work of the physiotherapist during the year:—

New patients treated	44
Old patients treated	12
Total number of attendances	200

(d) *Eye Clinic*:

This is held every Friday afternoon by Mr. S. D. Wallis, Consultant Ophthalmic Surgeon. Refraction is carried out and spectacles prescribed when necessary. Most of the children seen have impaired vision due to refractive errors. Some have squints. During the year no child with squint needed operative treatment though many were treated by the orthoptist (see below).

Number of children seen	331
Total number of attendances ..	349
Number for whom spectacles prescribed	270

(e) *Orthoptic Clinic*:

Treatment by the orthoptist is given in the clinic on Monday and Thursday mornings, and all day on Wednesday. The children concerned have all been referred by the Consultant Ophthalmic Surgeon.

Orthoptic treatment consists essentially of stereoscopic exercises for the muscles controlling eye movements in an attempt to give binocular vision. The instruments used for this are called synoptophores. A squinting eye, untreated, may cause double vision, but more usually vision is suppressed and the eye becomes useless and blind for all practical purposes. Treatment is most effective between the ages of 4 and 6.

During the year the orthoptist held 178 sessions and gave treatment to 187 school children and 47 pre-school children.

(f) *Speech Therapy Clinic*:

One of the county spech therapists attends all day on Thursday. She visits the schools but most of the treatment is given in the clinic. The County are planning to increase speech therapy provision, and more sessions should be available for Worthing children towards the end of 1963. The Ministry of Education recommend a ratio of one speech therapist to every 11,000 to 12,000 school children, and the College of Speech Therapists consider even

this too little. Ultimately there is no doubt a full-time speech therapist for the Borough will be required.

The following figures refer to school children treated during the year:—

Number of sessions	89
New patients seen	13
Old patients seen	48
Total number of attendances	407

(g) *Child Guidance Clinic*:

The Child Guidance Clinic in Southey Road is under the direction of a Consultant Psychiatrist, Dr. F. Tindale Shadforth, and open each week day. The professional staff all have other appointments and their services are therefore part-time. In addition to the psychiatrist they include a child psychotherapist, and a psychiatric social worker. Two educational psychologists on the staff of the County Council also attend and provide the essential liaison with the school psychological service.

Children are usually referred to the Child Guidance Clinic by school doctors or general practitioners, but the Ministry of Education have stated that it is important that access should be directly and freely available to parents.

The following figures summarise the work done during the year. They refer only to children living in the Borough, except for 4 cases in which the child concerned lives in the Rural District though attending a Worthing school.

Total number of children referred—81 (6 under 5 years).

Number fully investigated:—

(a) Help recommended	26
(b) Help declined	5
(c) Diagnosed only	7
(d) Recommended for school for maladjusted children ..	2
(e) Recommended for adolescent unit	1
	41

Number who received psychological examination only ..	2
Number partially investigated by 31.12.62	3
Number withdrawn before fully investigated	7
Number withdrawn before investigation begun	14
Number awaiting investigation on 31.12.62	14
TOTAL ..	81

DENTAL INSPECTION AND TREATMENT

Two dental clinics are held at the Central Clinic. The Area Dental Officer is full-time and the Assistant Dental Officer is part-time and holds clinics only on Wednesdays, Thursdays and Fridays. Approximately one eleventh of their time is devoted to work with expectant and nursing mothers and pre-school children (see page 39).

Children of school age are examined regularly in the schools and the defects found are brought to the notice of parents. Dental X-Rays are carried out at Worthing Hospital.

The following figures refer to school children examined during 1962:—

Number of pupils seen at routine inspections	...	8,508	8,686
Number of pupils seen at special inspections	...	178	
Number of pupils needing treatment	... ...		2,907
Number of pupils offered treatment	... ...		2,907
Number of pupils actually treated ...	... ...		1,243

These figures show that 33.5% of pupils, or just over 1 in 3 needed dental treatment. This was offered to all but accepted by less than half. Many children in Worthing are in fact treated by dentists under the National Health Service, but the large number of dental defects found suggests that many children are not receiving regular dental care at all.

The figures below summarise the details of the dental treatment (excluding orthodontic treatment) actually carried out on school children during 1962:—

Number of children treated	... ...		1,243
Number of attendances made for treatment ...	...		3,012
Number of half day sessions devoted to inspections	...	58	603
Number of half day sessions devoted to treatment	...	545	
Number of fillings (a) permanent teeth	... ...	1,891	3,184
(b) temporary teeth	... ...	1,293	
Number of teeth filled (a) permanent teeth	... ...	1,603	2,895
(b) temporary teeth	... ...	1,292	
Number of extractions (a) permanent teeth	...	125	892
(b) temporary teeth ...	...	767	
Number of general anaesthetics administered	...		179
Number of pupils supplied with artificial teeth	...		4
Number of other dental operations performed:			
(a) permanent teeth ...	...	450	785
(b) temporary teeth ...	...	335	

58 half day sessions were devoted to inspections in the schools, and 8,508 children were seen. This gives an average of 146.7 examinations per session.

The figures also show that 3,012 children attended the clinic for treatment at 545 sessions, giving an average of 5.5 pupils treated per session.

Orthodontic treatment:

This refers to treatment designed to straighten crooked teeth. 205 attendances were made during the year for this pupose, and 13 pupils were treated by means of appliances.

HANDICAPPED PUPILS

The Education Act of 1944 made it the duty of every Local Education Authority to find out what children in their area needed special educational treatment. This "ascertainment" remains one of the most important functions of the School Medical Officer. All handicapped children over the age of two are his concern, and he maintains his supervision throughout their school life.

Not all handicapped children need to be educated in special school. Of recent years there has been a growing tendency to keep even quite severely handicapped pupils in ordinary schools, or in special classes or units attached to ordinary schools. Besides being cheaper for the authority, this has the very great advantage to the child of keeping him in close contact with the ordinary world, and thus making easier the transition from school to work in later years. This is not always possible of course. Some kinds of handicap require special apparatus or teachers with special experience, and in these cases the only practical solution is a special boarding school. Nevertheless, a child brought up in the restricted surroundings of such a school, meeting few children other than those similarly handicapped, is missing a good deal, and may well feel lost when finally exposed to the unfamiliar outside world.

The Ministry of Education recognise 10 different categories of handicapped pupils requiring special educational treatment. These are defined as follows:—

(a) blind pupils, that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight;

(b) partially sighted pupils, that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight;

(c) deaf pupils, that is to say, pupils with impaired hearing who require education by methods suitable for pupils with little or no naturally acquired speech or language;

(d) partially hearing pupils, that is to say, pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern, and who require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils;

(e) educationally sub-normal pupils, that is to say, pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools;

(f) epileptic pupils, that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils;

(g) maladjusted pupils, that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational re-adjustment;

(h) physically handicapped pupils, that is to say, pupils not suffering solely from a defect of sight or hearing who by reasons of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools;

(i) pupils suffering from speech defect, that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment; and

(j) delicate pupils, that is to say, pupils not falling under any other category in this regulation, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.

Table E on page 87 shows the number of children in each category. At the end of 1962 there were 45 children on the registers of special schools, and a further 35 were receiving education in special classes or units. One child was being educated in hospital and 11 were receiving some teaching in their own homes.

During the year 14 children were assessed as needing special educational treatment and 9 were suitably placed. 27 were still awaiting placement at the end of the year, but many of these were educationally subnormal children already receiving education in the special classes attached to Elm Grove and Downsbrook schools, and awaiting transfer to the new special school due to open in September, 1963.

Deaf and Partially Hearing Children:

Health Visitors tested the hearing of 507 7-year old children in 1962 using the "sweep testing" pure-tone audiometer. Only 3 children failed to pass the test and further investigation showed that in no case was the hearing loss serious. Full-scale audiometric testing for every child would be very time consuming and the "sweep-testing" method enables larger numbers of children to be seen at one session. Each child is tested individually and each ear separately. Four frequency levels within the range of normal speech are used at a fixed intensity of 20 decibels.

The special class for partially hearing children is within the precincts of Downsbrook Primary School. Three of the four children attending this class are from Worthing, and they are taught by a full-time qualified Teacher of the Deaf. All are of primary school age. The building has been sound proofed and fitted with specialised equipment. As far as possible, the children take part in the recreational and social activities of the rest of the school, joining with the others at school meals, and generally being integrated into the ordinary pattern of school life.

In addition 7 children, who in the past have been provided with hearing aids, but who attend ordinary schools, are visited by the Teacher of the Deaf.

Four are in secondary schools and these prove difficult to teach as they can only be seen for short periods and all have different problems. Practical help is given in reading, comprehension, arithmetic and the pronunciation of unfamiliar words. The two girls are seen weekly in school, and the two boys (who attend different schools) come to the special class together once a fortnight.

Maladjusted Children:

A day centre to provide special educational treatment for maladjusted children was first started in Worthing in September, 1957. A second class was formed two years later. This centre, the two classes of which now form a unit, is known as the Remedial Education Centre and is situated in Richmond Road.

At first only children of primary school age were accepted, but so many emotionally or socially disturbed older children needed help that it became necessary to accept secondary school children. Two-thirds of those now attending are of secondary school age. The Remedial Centre is available to children in the Child Guidance Clinic catchment area and children attend from Littlehampton, Arundel, Storrington, Shoreham, etc., as well as from Worthing.

Treatment is under the general direction of Dr. F. T. Shadforth, Consultant Psychiatrist and Director of the Child Guidance Clinic, and only after full investigation and diagnosis at the Clinic are children accepted for the Centre. In some cases psychotherapeutic treatment is provided in addition to educational treatment. In nearly all cases parents are seen regularly by the clinic psychiatric social worker for case work interviews.

Where the degree of disturbance is great, full-time attendance is usually needed. In less severe cases, attendance is divided between the Centre and the child's normal school. The majority of children are ultimately able to return to an ordinary school.

There are now two remedial teachers and each takes four morning and four afternoon group sessions and four to six individual remedial teaching, counselling or observation sessions. Usually only children of average or above average intelligence are suitable for this method of treatment. Children from primary, secondary modern and secondary grammar schools, in the age range 5 to 16+ have and are being successfully helped. The average case load is 50 seen at the Centre each week for either group or individual sessions. Provision is made for the follow-up of children on termination of treatment, either through the schools or by after work interviews.

I am grateful to Mr. G. Dann, teacher-in-charge of the Centre, for the following report:—

"During the past year this Centre has continued to provide educational treatment for on average 15 children who because of their emotional difficulties were unable to attend normal school. The majority of these have been aged between 12 and 16 years and all of these have attended my class for full-time daily attendance. The younger children have been absorbed within Mr. Shaw's groups.

Two of these children are 15+ years old and both have recently been discharged from hospital after psychotherapeutic treatment—the intention being to give them a period of rehabilitation and also to fill in the gaps to their education. One child of superior intelligence has just obtained a place at the Worthing Technical College to follow a course leading to G.C.E.

Three others have been enabled to return to their normal schools. Another child aged 10+ came to us from another Local Education Authority area where he had only attended school for a few days because of his fears. This child has been enabled to attend here full-time and for the first time in his life is able to travel by 'bus and train. He is also making good educational progress.

Because of this need to accept priority cases for full-time attendance, the number of places for part-time attendance has been considerably reduced and this has resulted in a waiting list for places. The situation will be partly relieved when a new Remedial Class opens at Littlehampton this September.

The increased pressure of referrals to the Child Guidance Clinic has resulted in a long waiting list for Psychotherapy treatment for severely disturbed children. Increasingly we have been asked to provide supportive sessions for some of these children until this treatment becomes available.

Finding places for 13+ children at residential schools for maladjusted children or for the more severely disturbed in hospital units is a national problem. Some local children have been held supportively by this Centre but one or two have had to wait at home until such a time as a place may be found.

Co-operation with local and West Sussex schools remains good, and has been maintained through school visits and other personal contacts. Discussion is not limited to the children attending here but to general emotional and educational problems of children. We feel that this is a valuable contribution to the preventive aspect of our work.

The Institute of Education in London have sent a series of their students taking the advanced Diploma in Teaching of Maladjusted Children to visit the Centre. One student has spent one day a week with us for teaching practice. During the year I have also lectured to the students at the Institute on the work here.

Brighton Teachers' Training College sent 16 of their students to visit the Centre and some elementary insight was given on preventive aspects."

Children found Unsuitable for Education in School:

The term "unsuitable for education in school" has replaced the term "ineducable". This reflects the more positive and hopeful attitude now prevailing with regard to mentally handicapped children. Though ineducable within the present educational system, training and "education" is available through the Mental Health Service, particularly in the Junior Training Centre (see page 54).

During the year only one child was reported to the Local Health Authority under section 57 (4) of the Education Act, 1944 as being unsuitable for education in school.

PROVISION OF SCHOOL MILK AND MEALS

All school children are entitled to one-third of a pint of milk free every day. This gives a child of 7-10 years about 10% of his daily requirement of protein, 23% of calcium and 6% of calories.

School dinners are becoming increasingly popular, and the number of meals served in 1962 was 1,079,858. Each meal is intended to provide the child with about one-third of his daily total requirement of calories and protein.

The following figures refer to a selected day in October:—

Number of children in attendance at school	8,144
Number of children who received one-third pint of milk	5,974
Percentage of children receiving milk	73.4%
Number of school dinners served	5,744
Number of Children taking dinner	70.5%

INFECTIOUS DISEASE IN SCHOOL CHILDREN

The number of confirmed cases of notifiable infectious disease in school children during the year was as follows:—

Scarlet fever	1
Measles	3
Tuberculosis	3

The three cases of tuberculosis are of some interest. The first was in a boy of 11 who developed the disease in one of his leg bones. He was first treated in St. Bartholomew's Hospital and later transferred to the Lord Mayor Treloar Orthopaedic Hospital. The second was in a girl of 9 in which the disease took the form of tuberculous meningitis. She was treated in Worthing Hospital. The third case was pulmonary, and discovered as a direct result of the tuberculin testing which forms part of the B.C.G. immunisation scheme (see page 47). This was in a girl of 14 and she required several months of treatment in Aldingbourne Chest Hospital.

DEATHS OF SCHOOL CHILDREN

The causes of death among children of school age (i.e. 5-15 years) in Worthing during 1962 were:—

Nephritis	1
Congenital Heart disease	1
Total	2

ROAD ACCIDENTS TO SCHOOL CHILDREN

36 Worthing school children were involved in road accidents in 1962. The details were:—

Killed	—
Seriously injured	12
Slightly injured	24
Total	36

Medical inspection of pupils attending maintained Primary and Secondary Schools during the year 1962.

TABLE A — PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of birth)	No. of pupils inspected	PHYSICAL CONDITION OF PUPILS INSPECTED				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory		Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
		No.	% of Col. 2	No.	% of Col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1958 and later	12	12	100	—	—	—	3	2
1957	383	383	100	—	—	5	41	41
1956	229	229	100	—	—	3	26	21
1955	48	48	100	—	—	4	6	8
1954	28	28	100	—	—	—	7	3
1953	20	20	100	—	—	5	3	7
1952	233	233	100	—	—	28	22	48
1951	321	321	100	—	—	51	21	60
1950	178	178	100	—	—	25	23	45
1949	62	62	100	—	—	11	10	16
1948	270	270	100	—	—	57	24	69
1947 and earlier	1,037	1,037	100	—	—	216	73	261
Total	2,821	2,821	100	—	—	405	259	581

TABLE B — OTHER INSPECTIONS

NOTES—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections ..	183
Number of Re-inspections	669
Total ..	852

TABLE C — INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons, 4,267.

(b) Total number of individual pupils found to be infested, 6.

(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944), nil.

(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944), nil.

The numbers recorded at (b), (c) and (d) relate to individual pupils, and not to instances of infestation.

TABLE D — DEFECTS FOUND BY MEDICAL INSPECTION

Defect Code No. (1)	Defect or Disease (2)		Periodic Inspections				Special Inspections
			Entrants	Leavers	Others	Total	
4	Skin	T	4	10	3	17	2
		O	2	1	—	3	—
5	Eyes—a. Vision	T	8	273	124	405	15
		O	8	13	21	42	—
	b. Squint	T	14	6	9	29	—
		O	2	—	1	3	—
	c. Other	T	3	8	5	10	—
		O	—	—	1	1	—
6	Ears—a. Hearing	T	1	2	1	4	13
		O	3	—	—	3	—
	b. Otitis Media	T	2	—	1	3	—
		O	—	—	—	—	—
	c. Other	T	2	1	—	3	4
		O	—	—	—	—	—
7	Nose and Throat	T	7	3	1	11	—
		O	9	—	—	9	—
8	Speech	T	10	—	3	13	5
		O	5	1	1	7	—
9	Lymphatic Glands	T	—	—	—	—	—
		O	3	—	1	4	—
10	Heart	T	6	1	1	8	—
		O	4	1	3	8	—
11	Lungs	T	—	1	1	2	—
		O	1	1	1	3	—
12	Developmental—a. Hernia ..	T	—	—	2	2	—
		O	1	2	—	3	—
	b. Other	T	—	—	—	—	—
		O	2	—	2	4	—
13	Orthopaedic—a. Posture	T	1	7	5	13	—
		O	—	2	2	4	—
	b. Feet	T	4	2	8	14	3
		O	4	—	—	4	—
	c. Other	T	6	25	17	48	—
		O	10	1	5	16	—
14	Nervous System—a. Epilepsy ..	T	—	2	2	4	—
		O	—	—	—	—	—
	b. Other	T	—	—	—	—	—
		O	—	—	—	—	—
15	Psychological—a. Development ..	T	—	1	6	7	—
		O	2	—	3	5	—
	b. Stability	T	—	4	7	11	—
		O	1	—	2	3	—
16	Abdomen	T	—	—	—	—	—
		O	—	—	—	—	—
17	Other	T	10	24	20	54	24
		O	11	10	7	28	—

T—Treatment. O—Observation.

	(a) Blind	(b) Partially sighted	(c) Deaf	(d) Partially hearing	(e) Educationally sub-normal	(f) Epileptic	(g) Maladjusted	(h) Physically handicapped	(i) Speech defect	(j) Delicate	Total
A. Assessed during 1962 as needing special educational treatment at special schools or boarding homes ..	—	—	—	—	9	—	4	—	—	1	14
B. Placed in special schools or boarding homes during year (including those assessed before 1st January, 1962)	—	—	—	—	4	—	3	—	—	2	9
C. Awaiting placement on 20th January, 1963:											
(a) in day schools ..	—	—	—	—	26	—	—	—	—	—	26
(b) in boarding schools ..	—	—	—	—	—	—	—	1	—	—	1
D. (1) Number on the registers of											
(i) Maintained special schools as											
(a) Day pupils ..	—	—	—	—	2	—	—	—	—	—	2
(b) Boarding pupils	—	—	2	2	9	—	3	—	—	—	16
(ii) Non-maintained special schools as											
(a) Day pupils ..	—	—	—	—	—	—	—	—	—	—	—
(b) Boarding pupils	2	2	2	—	—	1	1	1	1	3	13
(iii) Independent schools ..	—	—	1	—	1	—	7	—	—	—	9
(2) Numbers boarded out in homes and not included above	—	—	—	—	—	—	4	1	—	—	5
TOTAL : D (1) and (2)	2	2	5	2	12	1	15	2	1	3	45
E. Number receiving education											
(a) in hospitals	—	—	—	—	—	—	1	—	—	—	1
(b) in other groups ..	—	—	—	3	14	—	18	—	—	—	35
(c) at home	—	—	—	—	2	—	—	2	—	7	11