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Borough of Worthing



II

ANNUAL REPORT

on the

HEALTH OF WORTHING

for the Year

1963



J. A. G. GRAHAM

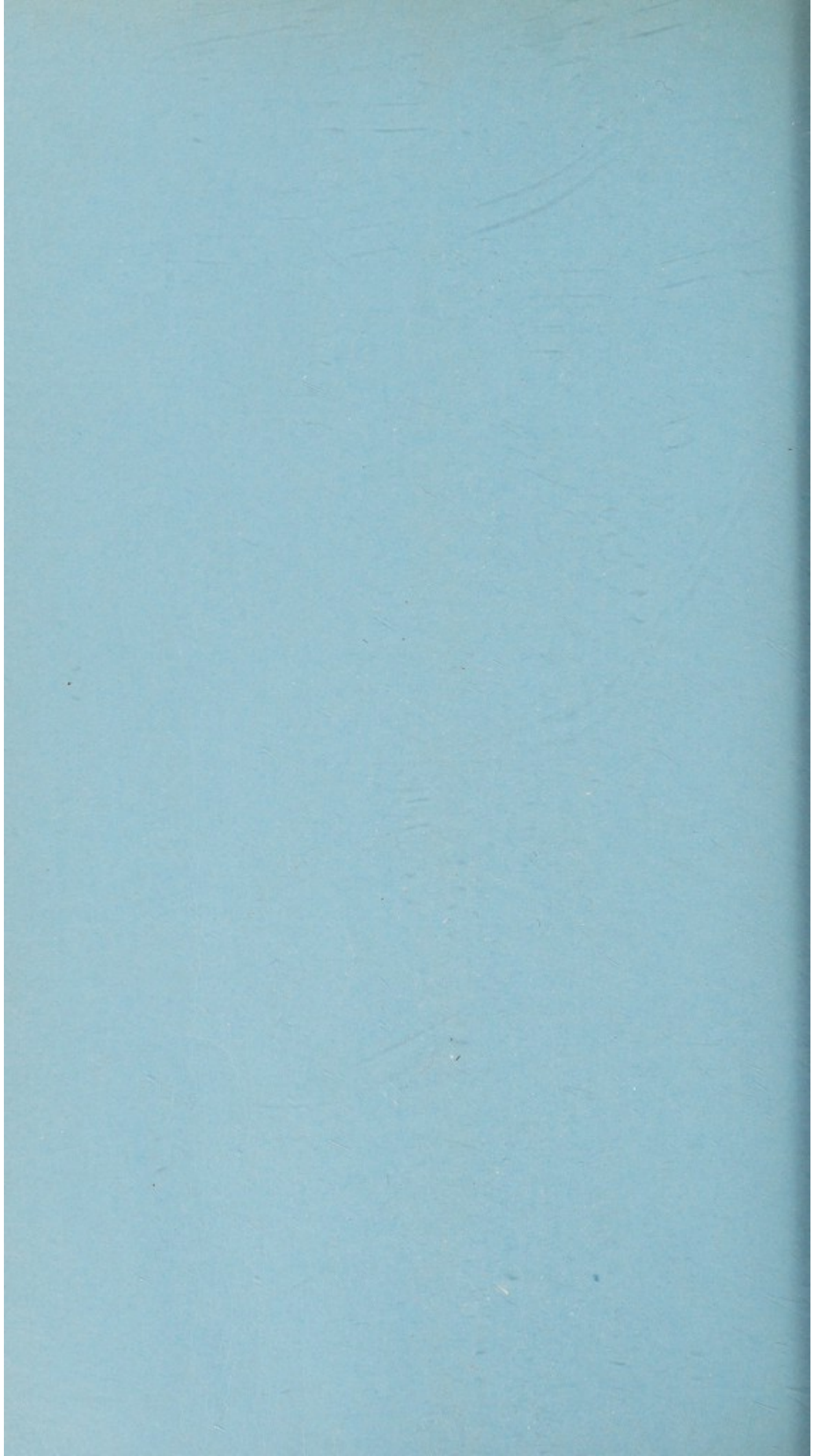
M.B., Ch.B., D.P.H.

Medical Officer of Health

and

Borough School Medical Officer

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



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

August, 1964.

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

I have much pleasure in presenting my Annual Report on the Health of Worthing for 1963. Part I is concerned with vital statistics, the epidemiology of infectious and other diseases, and meteorology. Part II deals mainly with community health and welfare under the National Health Service and National Assistance Acts. Environmental health is the responsibility of Mr. J. R. Davenport, Chief Public Health Inspector, and to him I am greatly indebted for the continued smooth running of his section of the department, and for the text of Part III of this report. The work of the School Health Service is again recorded in Part IV, an innovation which I introduced last year, and which has proved popular with members of the School Health Services Sub-committee and with teachers.

The Weather and Health.

Did the weather during the first three months of 1963 affect the health of the people of Worthing? One would be excused in thinking that there must have been some effect for the winter was the coldest on record with the ground covered by snow for 60 days. The summer which followed was again poor with temperatures below average.

Yet a study of the vital statistics at first gives no hint of any adverse effect, the corrected death rate being 11.4 per 1,000 compared with 14.7 in 1962. Only when the number of deaths and death rates in each quarter of the year are compared will there be seen any significant differences. Normally, deaths during the first quarter form about 29-30% of the whole year: in 1963 they were nearly 36%.

One might have expected the number of deaths from influenza, pneumonia and bronchitis to have been much increased, but this was not so. There was however a rise in the number of deaths from coronary and other forms of heart disease, especially in the first quarter of the year.

The conclusion I come to is that the weather did indeed alter the usual pattern of events, not by causing an outbreak of influenza or increasing the incidence of bronchitis and pneumonia, but by concentrating deaths from the usual causes into the early months. In other words, many died in January, February and March who might otherwise have had a few more months of life.

Community Health and Welfare Services.

Even a brief glance through Part II of the report will show how the personal health and welfare services have continued to develop. Staff has had to be increased, and during the year there were appointed an additional midwife, district nurse, care almoner and mental welfare assistant. The need for additional office accommodation became so great that the Borough Council had to purchase Dorset House further along Stoke Abbott Road. The public health inspectorate and the home help service now operate from these premises. To divide the department in this way seemed a pity but could not be avoided.

Further development of the personal health and welfare services will depend on the implementation of the County Council's 10-year plan. All

Local Health Authorities have now submitted their plans to the Minister of Health, and 1963 saw the publication of the Ministry's blue book "The Development of Community Care". This outlines the plans of all the Local Health Authorities in England and Wales and is complementary to the Ministry's long term hospital plans published the previous year. Worthing can influence the County's proposals, for where health and welfare services have been delegated to a Borough Council, the Minister specifically asks that County Councils should take account of their views. Plans are to be reviewed annually and on each occasion carried forward one year, so that they always cover the decade ahead.

Worthing Hospital.

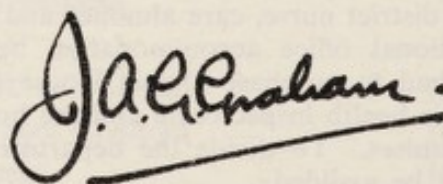
Hospital services are not normally the concern of a local authority, but when it became widely known that development at Worthing Hospital was to be delayed till after 1970, the Borough Council decided to intervene. Thanks to a stirring campaign by the local press the public were kept fully informed. I wrote to all the local general practitioners (who had never previously been consulted) and asked them to give their views. Almost without exception they considered that Worthing Hospital should be developed into a full scale district hospital with the least possible delay, and that this should be given the highest priority.

Armed with a petition of nearly 10,000 signatures, on the 10th July our Member of Parliament and our Mayor led a deputation to the Ministry of Health. There we were very courteously received by the Minister himself, the Rt. Hon. J. Enoch Powell, M.B.E., M.P. For nearly two hours the Minister listened to our case and I was able to give him in detail the views of Worthing's general practitioners regarding their urgent need for more hospital beds. He promised that further detailed examination would be given by the Ministry and the Regional Hospital Board in consultation with the Borough.

Later in the year the Borough Council unanimously decided to make available to the Regional Hospital Board, as and when required, approximately four acres of Homefield Park, to enable further development at Worthing Hospital to take place. It is abundantly clear that the rapid growth of population in Worthing and the surrounding districts make an early start to extensions to Worthing Hospital absolutely essential.

Acknowledgements.

Once again I gratefully acknowledge the help I have received throughout the year, from the professional and clerical staff of this department, and from my colleagues in the other departments of the Borough Council. I should like to mention also how much I appreciate the friendly courtesy I have invariably had in all my dealings with general practitioners, hospital staff, and members of voluntary organisations. The interest and enthusiasm shown by everyone, not least, the members of the Health and Welfare Committee and the Education Committee have been a continuing source of encouragement to us all.

A handwritten signature in dark ink, reading "J.A. C. Graham." with a horizontal line underneath.

*Medical Officer of Health and
Borough School Medical Officer.*

HEALTH AND WELFARE COMMITTEE :

(as on the 31st December, 1963)

Chairman: COUNCILLOR MRS. H. M. PERYER

Vice-Chairman: COUNCILLOR G. W. COLVILLE

ALDERMAN T. A. CLIFFORD

ALDERMAN J. A. FRAMPTON

ALDERMAN R. A. MITCHELL

ALD. MRS. D. STAPLETON-SKINNER,
B.A., C.C.

COUN. A. H. BLENNER-HASSETT

COUNCILLOR A. E. DUNNING

COUNCILLOR R. F. HAWKINS

COUNCILLOR MRS. M. I. KEELE

COUNCILLOR A. J. WELLS

WORTHING COMMITTEE FOR EDUCATION

(as on the 31st December, 1963)

Mayor: COUNCILLOR L. E. TOMLIN, J.P.

Chairman: ALDERMAN D. W. MORECRAFT, J.P.

Vice-Chairman: COUNCILLOR MRS. H. M. PERYER

ALDERMAN H. L. FRAMPTON

ALDERMAN F. KENTON

ALD. MRS. D. STAPLETON-SKINNER,
B.A., C.C.

COUNCILLOR F. J. CHAPMAN

COUNCILLOR R. EDWARDS, C.C.

COUNCILLOR A. E. GOMM

COUNCILLOR G. G. H. GREEN

COUNCILLOR R. F. HAWKINS

COUNCILLOR D. HILL

COUNCILLOR MRS. M. I. KEELE

COUNCILLOR S. M. KNIGHT, J.P.

COUNCILLOR MRS. V. WHITE

West Sussex County Council Members:

COUNTY ALDERMAN BRIGADIER L. L. THWAYTES, D.L.

COUNTY ALDERMAN E. G. HARVEY

COUNTY COUNCILLOR J. E. WHITTOME, O.B.E.

COUNTY COUNCILLOR THE HON. R. T. B. WYNN, C.B.E.

Co-opted: MR. J. H. CHILDS, M.C., M.A.; MR. S. C. ELLIOTT;
MRS. R. L. WILMOT

SCHOOL HEALTH SERVICE SUB-COMMITTEE

(as on the 31st December, 1963)

Chairman: COUNCILLOR MRS. H. M. PERYER

ALDERMAN D. W. MORECRAFT, J.P.

COUNCILLOR MRS. M. I. KEELE

Co-opted: MR. S. C. ELLIOTT; MRS. R. L. WILMOT

STAFF :

(as on the 31st December, 1963)

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.

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.

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

*M. ALDRIDGE, B.A., M.B., CH.B., 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 (4)

Domiciliary Nurses (19)

Home Help Organiser

MISS E. STEVENS, M.I.H.H.O.

Home Helps (76 Part-time)

Care Almoner

MISS O. M. CATER, A.M.I.A.

Mental Welfare Officer

*L. O'RIORDAN, S.R.N., R.M.N.

Handicapped Services Officer

MRS. J. A. BOULD, M.A.O.T.

Welfare Assistant

*P. SMALLRIDGE

Chiropodist

*MISS J. ASBURY, M.C.H.S.

Orthoptist

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

Physiotherapist

*MRS. P. MARKWICK, M.C.S.P.

Speech Therapist

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

Chief Clerk

T. L. CANTON

Clerks (14)

Other Staff

Dental Surgery Assistant (1)

Student Public Health Inspector (1)

Rodent Operators (2)

General Assistant (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 }	80,329
{ Females 47,984 }	
Registrar-General's Estimate of Resident Population (1963)	79,710
Number of inhabited Houses (1921)	7,710
Number of inhabited Houses (1963)	30,880
Rateable Value (1963)	£4,957,399
Sum represented by a penny rate (1963)	£20,200

The Registrar-General's estimate of the mid year population in 1963 (79,710), has been adopted for the purposes of the statistics in this report.

BIRTHS

Live Births:	<i>Males</i>	<i>Females</i>	<i>Total</i>	
Legitimate ..	397	403	800	
Illegitimate ..	35	21	56	
	<hr/>	<hr/>	<hr/>	
	432	424	856	
	<hr/>	<hr/>	<hr/>	
Live birth rate per 1,000 population ..	..	..	..	10.7
.. (Corrected) ..				16.3
Illegitimate Live Births per cent. of total live births ..				6.6

The corrected birth rate is obtained by multiplying the crude birth rate by the factor 1.52. 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 1963 adjusted in this way is raised from 10.7 to 16.3 per 1,000 of population. The live birth rate for England and Wales in 1963 was 18.2 per 1,000.

Table I on page 21 shows the total number of births and birth rates in Worthing over the last 40 years.

STILL-BIRTHS

Still-births		<i>Males</i>	<i>Females</i>	<i>Total</i>	
Legitimate	..	1	7	8	
Illegitimate	..	—	—	—	
		<hr/>	<hr/>	<hr/>	
		1	7	8	
		<hr/>	<hr/>	<hr/>	
Total live and still-births	.. ..	..	..	..	864
Still-birth rate per 1,000 total live and still-births	.. ..	..	..	..	9.3

DEATHS

Deaths (corrected)	1,934
Death rate per 1,000 population	24.3
" " " " " (Corrected)	11.4

Infant deaths—under 1 year:	<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate ..	8	8	16
Illegitimate ..	1	—	1
	<hr/>	<hr/>	<hr/>
	9	8	17
	<hr/>	<hr/>	<hr/>

Total infant mortality rate per 1,000 total live births	19.9
Legitimate " " " " legitimate live births ..	20.0
Illegitimate " " " " illegitimate live births ..	17.9
Neo-natal (first four weeks) mortality rate per 1,000 live births	12.9
Early Neo-natal (first week) mortality rate per 1,000 live births	10.5
Perinatal Mortality Rate (still-births and deaths under 1 week combined per 1,000 total live and still-births)	19.7
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 (1,934) is made up of deaths registered in the Borough (1,879), plus inward transfers (359) less outward transfers (304). Inward transfers refer to Worthing residents who died outside the Borough, and outward transfers to non-residents who died 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 1963 was 24.3, 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 0.47 for 1963 and when the crude death rate is multiplied by this figure, the corrected death rate becomes 11.4. 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 12.2 per 1,000 of the population in 1963.

The principal causes of death during the year were:—

Heart Diseases	773
Cancer	306
Vascular lesions of nervous system	325
Pneumonia	145

When the number of deaths in each quarter of the year are compared, it will be seen that the greatest number occurred during the first quarter. This is the expected pattern of previous years and of the country as a whole.

1963	Deaths	Adjusted death rate per 1,000 population	Rate for England & Wales
First Quarter ..	696	16.4	17.1
Second Quarter ..	443	10.4	11.1
Third Quarter ..	381	9.0	9.6
Fourth Quarter ..	414	9.8	11.2
Total ..	1,934	11.4	12.2

The percentage of the total deaths in the first quarter was 35.9%—much higher than usual and probably a result of the exceptionally severe weather. The following table illustrates this:—

Year	Total number of deaths	Number of deaths in 1st Quarter	% of total
1959 ..	1,593	468	29.4
1960 ..	1,640	473	28.8
1961 ..	1,751	518	29.6
1962 ..	1,807	540	29.9
1963 ..	1,934	696	35.9

Further statistical information is given in tables II, III and IV on pages 22 and 23.

Infant Mortality

The causes of the 17 deaths in infants under the age of one in 1963 were:—

Atelectasis	1
Congenital malformation	4
Enteritis	1
Hyaline membrane disease	1
Meningomyelocele	1
Pneumonia	2
Prematurity	4
Tentorial tear	2
Uraemia	1

The infant mortality rate of 19.9 compares with that for England and Wales of 20.9.

The causes of all deaths of infants under one year of age during the past 5 years is shown in Table V on page 24. Other statistical information on infant mortality during the past 20 years is given in Table VI on page 24.

Deaths from Cancer

The number of deaths of Worthing residents from cancer was 306 (males 133, females 173). The death-rate from the disease per 1,000 of the population was 3.8. The deaths from cancer constitute 15.8 per cent of the total Worthing deaths during the year.

The table below shows the number of cancer deaths and the rates per 1,000 of the population in the past 5 years:—

Year	Number of deaths	Rate per 1,000 of the population
1959 ..	274	3.64
1960 ..	269	3.47
1961 ..	281	3.53
1962 ..	335	4.20
1963 ..	306	3.84

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

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

The localisation of the disease in the case of the 306 deaths recorded is shown below:—

Localisation	No. of deaths		
	Male	Female	Total
Stomach	12	17	29
Lungs	46	17	63
Breast	1	36	37
Uterus	—	9	9
Other and unspecified organs ..	74	94	168
Total ..	133	173	306

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 1963 was 2.17 per 1,000 population.

Deaths from Tuberculosis

Deaths registered from tuberculosis numbered seven (six pulmonary and one non-pulmonary).

The death-rate from tuberculosis was 0.09 per 1,000 population.

The rate for England and Wales in 1963 was 0.06 per 1,000 population.

The table below shows the number of deaths from tuberculosis and the rates per 1,000 population in the past five years:—

Year	Number of deaths	Rate per 1,000 of the population
1959 ..	9	0.12
1960 ..	6	0.08
1961 ..	4	0.05
1962 ..	6	0.07
1963 ..	7	0.09

Table VII on page 25 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, Pneumonia and Bronchitis

There were 223 deaths from these causes in 1963. This is a rate of 2.8 per 1,000 of the population and slightly higher than in previous years as the table below shows. The rate for England and Wales was 1.7.

Year	Influenza	Pneumonia	Bronchitis	Total	Rate per 1,000 of the population
1959	16	69	42	127	1.7
1960	1	99	59	159	2.1
1961	13	131	65	209	2.6
1962	7	124	75	206	2.6
1963	6	145	72	223	2.8

Deaths from Heart Disease

Of the 1,934 deaths, heart disease was the cause in 773 cases (males 343, females 430). It represented 39.9 per cent of the total deaths from all causes and was equivalent to a death-rate of 9.7 per 1,000 of the population. The corresponding death-rate for England and Wales was 4.2.

The table below shows the number of deaths from heart disease and the rates per 1,000 of the population in the past 5 years. It will be seen that 1963 brought a sharp increase.

Year	Coronary disease Angina	Hypertension with heart disease	Other heart disease	Total	Rate per 1,000 of the population
1959	248	19	330	597	7.9
1960	274	16	330	620	8.0
1961	304	23	305	632	8.1
1962	316	22	304	642	8.1
1963	365	29	379	773	9.7

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 1963.

Table VIII on page 26 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 27 analyses in more detail the cases which occurred in 1963.

Scarlet fever:

The number of confirmed cases was 5, of which 1 was treated in Swandean Hospital.

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

Whooping cough:

Notifications for the year numbered 19. Except for 1962 (when no cases were notified) this was the lowest ever recorded. The gradual fall in the last few years in the incidence of this unpleasant childhood illness is undoubtedly due to immunisation in infancy. (See page 53 for further details.)

Diphtheria:

For the sixteenth 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 930 compared with 12 in 1962. This is 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.

Unfortunately one child died as a result of measles encephalitis. The last death from measles occurred in 1955.

Acute Pneumonia:

Three cases were notified during the year, one being due to influenza. Only acute primary and acute influenzal pneumonia are notifiable diseases. Excluded are the much commoner forms of broncho pneumonia secondary to such chest infections as bronchitis. This explains the apparent anomaly that there were far more deaths from pneumonia (145) than there were notifications.

Meningococcal Infection:

Two cases of meningococcal meningitis were notified—both in boys aged 4. There was no family or other connection, however. In one case the diagnosis was confirmed; in the other the child died, and a post-mortem examination showed that the cause of death was meningitis due to the organism *haemophilus influenzae*—a more serious, rarer, but non-notifiable disease.

Poliomyelitis:

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

Dysentery:

Seven cases occurred—all in children. Nowadays dysentery is seldom serious except in young babies and the very old and frail. It has considerable nuisance value however, since there are many mild unrecognised

cases who are not very ill, do not seek medical treatment, but who help to spread the disease in the community. Poor personal hygiene (which means failure to wash one's hands after going to the toilet) can easily lead to an epidemic, since spread is by person to person contact.

The usual form in this country is Sonne dysentery and when this affects a number of children from one school very energetic measures have to be taken. Fortunately this was not necessary in 1963.

Puerperal Pyrexia:

By definition puerperal pyrexia is any febrile condition occurring in a woman in whom a temperature of 100.4°F. or more has occurred within 14 days after childbirth or miscarriage. The purpose of notification is to enable enquiries to be made into possible sources of infection. Not infrequently the pyrexia may be unconnected with the childbirth but infection of the genital tract has to be excluded. In the past "puerperal fever" was a very serious condition with a high mortality rate, but modern drugs have vastly altered the picture.

There are still usually a few notifications received each year, but there were none in 1963.

Typhoid Fever:

1963 will be remembered for the water-borne outbreak of typhoid fever in Zermatt, Switzerland. Several hundred people contracted the disease including many holiday makers from England. One of these was the proprietor of a restaurant and coffee bar in Brighton—premises frequently patronised by Worthing residents. Press co-operation was sought and willingly given in tracing possible contacts. As a result there were many telephone calls and several visits to the homes of contacts by staff of the department. Fortunately no secondary cases developed.

Paratyphoid Fever:

This disease is spread by contaminated food, and is in fact more akin to food poisoning than typhoid fever, though all these diseases are caused by different varieties of the Salmonella organism. There were no notifications in 1963.

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 but none was reported in 1963.

Food poisoning:

No general or family outbreaks of food poisoning occurred in 1963—a tribute to the generally high standard of food handling in Worthing.

Erysipelas:

One case was notified during the year. Erysipelas is an infection of the skin due to the streptococcus—the same organism which may cause scarlet fever or sore throat. Modern drugs have made it a much less serious disease than formerly.

Malaria:

One case of benign tertian malaria was notified. This was a relapse of an illness originally contracted abroad. There is now very little indigenous malaria in this country.

Tuberculosis:

During the year the total number of patients on the register fell from 116 to 102. The position is summarised in the following table:—

	Males		Females		Total
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	
Number of cases on register on 1.1.63..	67	4	44	1	116
New cases ..	8	—	6	—	14
Number of cases restored to register ..	—	—	—	—	—
Number of cases added other than by formal notification	6	—	5	—	11
Number of cases removed from register	24	—	15	—	39
Number of cases on register on 31.12.63	57	4	40	1	102

Formal notifications numbered 14, all pulmonary cases, and three fewer than in 1962. The youngest was aged 18 and no school children contracted the disease (there were 3 in 1962). The table below analyses these further by age and sex:—

Age period	Males	Females	Total
Under 1 year ..	—	—	—
1- 4 years ..	—	—	—
5-14 years ..	—	—	—
15-24 years ..	1	3	4
25-34 years ..	3	—	3
35-44 years ..	—	—	—
45-54 years ..	—	—	—
55-64 years ..	1	2	3
64 years and over ..	3	1	4
All ages ..	8	6	14

Deaths :

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

45-54	..	..	1	65-74	..	..	3
55-64	..	..	2	Over 75	..	..	1

Further information about unsuspected tuberculosis discovered by mass radiography is given on page 56. Details about the progress of B.C.G. vaccination are on page 57.

Venereal Disease:

I am indebted to Dr. D. R. Levinson, Consultant Venereologist for the following statistics which relate to West Sussex patients seen at Worthing Hospital during 1963.

Disease			Number of new cases in year	
Syphilis	..	..	6	(4)
Gonorrhoea	..	..	17	(24)
Other conditions	..	..	133	(86)
Total	..	..	156	(114)

(the figures in brackets refer to 1962)

The above figures include patients who live outside the Borough, and others who are resident here attended treatment centres elsewhere, e.g. in Brighton. The incidence of venereal disease in this country has been rising during the last few years, and the upward trend shown by these figures is in line with the national pattern.

METEOROLOGY

The severe weather which began at the end of 1962 continued until March and memories of it will long remain. For England, December to February were the three coldest months since 1740 and with the ground covered by snow for 60 days, it was the snowiest for 150 years.

At Worthing the year was the coldest since 1917 and the winter the coldest on record. All the elements were below average—rainfall, sunshine and temperatures. The year was the third dullest since the war. Although the Winter was a record for bitter weather, it had the most sunshine since 1949 and the lowest rainfall since 1933. The spring was the wettest since 1947, but it was the sunniest Autumn for 31 years. Worthing's Summer was again

disappointing and for the fourth successive Summer, mean temperature was below the average. It had the highest number of rain days and the smallest sunshine total since 1960. The hottest day occurred in July, when the temperature reached 80°F. The year's lowest temperature was recorded on 23rd January, when there were 19 degrees of frost.

November was the wettest since 1940 and December was the coldest since 1950. It was also the driest December for 30 years. Worthing had its wettest Easter for 30 years, its sunniest Whitsun, but one, since 1948 and its dullest August Bank Holiday weekend since 1954.

The Meteorological Station is in Beach House Park, which is 25 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 28. 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 1963

Total amount of bright sunshine: 1,643.9 hours.

Number of days with sunshine: 286.

Rainfall: 26.93 inches.

Number of rain days (.01 inch or more): 165.

Number of wet days (.04 inch or more): 119.

Highest barometric reading: 30.788 inches on 27th January.

Lowest reading: 29.017 inches on 15th November.

Warmest day: 22nd July (80°).

Coldest nights: 25th and 26th January (18°).

Coldest days: 12th January and 2nd February (28°).

Warmest night: 2nd August (63°).

Warmest month (by day) July (average temperature 66.7°).

Coldest month (by night) January (average temperature 25.7°).

Mean Temperature 48.8°.

Mean relative humidity: at 9 a.m. 82.7%.

Lowest temperature on the grass: 13° on 23rd and 24th January.

Wettest day: 15th November (1.04 inches).

Sunniest day: 6th June (15.2 hours).

Number of days snow or sleet fell: 20.

Number of days hail fell: 2.

Number of days thunder heard: 4.

Number of ground frosts: 93.

Number of days with gales: 2.

Number of days snow lying: 44.

Bright Sunshine

The Campbell-Stokes Sunshine Recorder is fixed on a platform at the top of Christ Church tower, 111 feet above mean sea level and 84 feet above ground level.

The duration of bright sunshine for the year was 1,643.9 hours. This is the tenth position for mainland stations.

This amount is 36.2 per cent of the time during which the sun was above the horizon, giving a daily mean of 4.54 hours. The average yearly sunshine for the previous ten years was 1,808.5 hours. During this period the year with the highest record was 1959, when 2,123.9 hours were re-

corded, whilst the year 1958 was the lowest with 1,601.5 hours. The sunniest day was 27th July when 14.8 hours were recorded.

July, with 243.6 hours, was the sunniest month and November with 67.4 hours, was the least sunny.

A sunless day is one on which less than 6 minutes of bright sunshine are recorded. Tables XI, XII and XIII on pages 29, 30 and 31 give further details.

Rainfall

This is measured by an official 5 inch Copper Rain Gauge (Met. Office pattern).

The rainfall for the year 1963 was 26.93 inches. This amount is 0.56 inch below the Normal and 1.18 inches below the previous ten year's average.

The month of January was the driest with 0.44 inch falling below the Normal amount by 2.50 inches. November was the wettest month with 6.94 inches, this amount being 3.50 inches above the Normal. The heaviest daily rainfall was 1.04 inches on 15th November. There were 165 days on which 0.01 in. or more rain fell, compared with 155 days which is the average number for the previous ten years.

One inch of rainfall is equivalent to 100.925 tons per acre or 14.4686 millions of gallons per square mile.

SUMMER RAINFALL. Total for six months (1st April to 30th September) was 13.06 inches, compared with an average summer rainfall for the previous ten years of 12.56 inches.

WINTER RAINFALL. Total for six months (January to March and October to December) was 13.87 inches, compared with an average winter rainfall for the previous ten years of 15.54 inches.

Tables XIV and XV on pages 32 and 33 give further information.

Barometric pressure

The mean barometric reading for the year was 29.967 inches (when reduced to sea level and to a temperature of 32° Fahr.), the average for the previous ten years being 30.009 inches. The highest reading for the year was 30.788 inches on 27th January, and the lowest reading was 29.017 inches on 15th November. The absolute range for the year was 1.771 inches and the average range for the previous ten years 1.925 inches.

One inch barometric pressure is equivalent to 70.727 lbs. per square foot.

Table XVI on page 34 shows the monthly readings.

Temperature and Humidity

The shade thermometers, in a Stevenson screen, are:—self-recording maximum, self-recording minimum, dry bulb and wet bulb.

All thermometers are Fahrenheit and are verified at the National Physical Laboratory, Kew.

A self-recording minimum thermometer is used for registering the temperature on the grass.

Two earth thermometers are in use at various depths—1ft. and 4ft.

The mean temperature for the year was 48.8° Fahr. which is 2.2° below the Normal. The highest shade temperature for 1963 was 80° recorded on 22nd July, and the lowest 18° on 25th and 26th January. The extreme range of temperature was 62° compared with the average range of 57° for previous ten years. The temperature on the grass fell below 32° on 93 nights. The lowest temperature on the grass was 13° during the nights of 23rd and 24th January.

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

Below

<i>Surface</i>	<i>Highest</i>	<i>Date</i>	<i>Lowest</i>	<i>Date</i>
1ft.	65.0°	24th July	31.9°	23rd January
4ft.	60.6°	18th August	38.2°	6th March

Humidity

The mean relative humidity of the atmosphere (percentage of saturation of the air) at 9 a.m. was 82.7% compared with the previous ten years' average of 81.1%.

Table XVII on page 34 gives the monthly mean maximum and minimum temperature readings and table XVIII on page 35 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.	9.0	6.9	S.	4.0	6.0
N.E.	20.6	18.1	S.W.	26.8	29.3
E.	6.6	4.0	W.	12.0	16.0
S.E.	11.0	10.7	N.W.	10.0	9.0
Calm	—	—			

Further details can be found in Table XIX on page 36.

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 (18½ miles), but not Beachy Head (27 miles) then it is said to be "very good" (L), but not "excellent" (M).

During 1963, thick fog was recorded on four occasions. Excellent visibility was recorded on 32 occasions. The complete record is shown in Table XX on page 37 with a key to the table on page 38.

TABLE I
BIRTHS

The following table shows the number of births, and birth rate of Worthing, for the last 40 years.

		Total Births (live and still)	Males	Females	Birth Rate	Adjusted Birth Rate
1924	...	426	249	177	13.3	—
1925	...	442	223	219	13.4	—
1926	...	423	218	205	12.1	—
1927	...	432	223	209	11.9	—
1928	...	462	223	239	12.2	—
1929	...	494	242	252	11.9	—
1930	...	534	278	256	12.6	—
1931	...	553	299	254	12.5	—
1932	...	513	256	257	11.0	—
1933	...	514	255	259	10.6	—
1934	...	615	292	323	11.9	—
1935	...	621	296	325	11.5	—
1936	...	687	340	347	12.4	—
1937	...	729	378	351	12.4	—
1938	...	712	347	365	10.8	—
1939	...	763	400	363	12.4	—
1940	...	657	362	295	9.6	—
1941	...	590	305	285	10.1	—
1942	...	724	346	378	13.3	—
1943	...	775	417	358	14.3	—
1944	...	924	491	433	17.1	—
1945	...	811	427	384	13.8	—
1946	...	1059	536	523	16.3	—
1947	...	1003	527	476	15.0	—
1948	...	861	453	408	12.8	—
1949	...	818	444	374	12.0	—
1950	...	714	350	364	10.4	12.4
1951	...	699	383	316	10.3	12.2
1952	...	658	328	330	9.7	11.5
1953	...	613	321	292	9.0	10.7
1954	...	659	324	335	9.6	12.8
1955	...	671	354	317	9.6	12.8
1956	...	701	368	333	9.8	12.0
1957	...	697	341	356	9.6	13.1
1958	...	716	378	338	9.5	12.5
1959	...	726	392	334	9.6	11.1
1960	...	791	413	378	10.1	11.6
1961	...	793	398	395	10.0	11.0
1962	...	834	428	406	10.5	11.7
1963	...	864	433	431	10.8	16.4

The birth rate for England and Wales for 1963 was 18.2 per 1,000.

TABLE II
DEATHS (1944-1963)

The total number of deaths assigned to Worthing after allowing for inward and outward transfers was 1,934, 817 males and 1,117 females, giving a crude death rate of 24.3 per 1,000 population.

The corrected death rate after adjustment is 11.4.

Year	No. of Deaths	Crude Death Rate	Adjusted Death Rate
1944	1,037	19.2	(no comparability factor issued)
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
1963	1,934	24.3	11.4

The death rate for England and Wales was 12.2 in 1963.

TABLE III
CAUSES OF DEATH — 1963

All Causes	Males 817	Females 1117
Tuberculosis, Respiratory	4	2
Tuberculosis, other	—	1
Syphilitic Disease	1	—
Diphtheria	—	—
Whooping Cough	—	—
Meningococcal infections	—	—
Acute Poliomyelitis	—	—
Measles	—	1
Other infective and parasitic diseases	—	2
Malignant neoplasm, stomach	12	17
Malignant neoplasm, Lung, Bronchus	46	17
Malignant neoplasm, Breast	1	36
Malignant neoplasm, Uterus	—	9
Other malignant and lymphatic neoplasms	74	94
Leukaemia aleukaemia	7	4
Diabetes	3	3
Vascular lesions of Nervous System	105	220
Coronary disease, Angina	207	158
Hypertension with heart disease	8	21
Other heart disease	128	251
Other circulatory disease	28	43
Influenza	3	3
Pneumonia	51	94
Bronchitis	49	23
Other diseases of respiratory system	8	5
Ulcer of stomach and duodenum	10	13
Gastritis, enteritis and diarrhoea	3	3
Nephritis and nephrosis	6	3
Hyperplasia of prostate	7	—
Pregnancy, childbirth, abortion	—	—
Congenital malformations	3	4
Other defined and ill-defined diseases	24	66
Motor vehicle accidents	9	4
All other accidents	7	12
Suicide	11	8
Homicide and operations of war	2	—

TABLE IV
DEATHS IN AGE GROUPS — 1963

Age	Deaths	Age	Deaths
Under 1 year	17	35 to 44 years	15
1 to 2 years	2	45 to 54 "	54
3 to 4 "	2	55 to 59 "	78
5 to 9 "	2	60 to 64 "	124
10 to 14 "	2	65 to 69 "	193
15 to 19 "	4	70 to 79 "	662
20 to 24 "	1	80 to 89 "	626
25 to 34 "	4	90 years and over	148
Total number of deaths ... 1,934			

This analysis shows that 74.2 per cent of the deaths were of persons aged 70 years of age and upwards.

TABLE V
CAUSES OF DEATH IN INFANTS (1959-1963)

Cause of infant deaths	Deaths of infants under one year of age				
	1959	1960	1961	1962	1963
Achondroplasia	—	—	—	1	—
Asphyxia	—	—	2	—	—
Atelectasis	—	—	2	—	1
Congenital Malformations ..	1	2	1	1	4
Congestive Heart Failure ..	—	—	—	1	—
Encephalitis	—	—	1	—	—
Enteritis	—	—	—	—	1
Hydrocephalus	—	—	—	2	—
Intestinal Obstruction	—	—	—	1	—
Intra-Cranial Haemorrhage ..	2	4	1	3	—
Meningomyelocele	—	—	—	—	1
Peritonitis	—	—	1	—	—
Pneumonia	1	3	1	—	2
Prematurity	2	5	4	7	4
Tuberculous Meningitis	1	—	—	—	—
All other causes	2	1	1	—	4
Unascertained	—	1	—	—	—
Totals	9	16	14	16	17

TABLE VI
INFANT MORTALITY (1944-1963)

The number of deaths under one year of age was 17 (9 males and 8 females), giving an infant mortality rate of 19.9 per 1,000 live births. The corresponding rate for England and Wales for the year under review was 20.9.

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
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
1963	17	19.9	0.9	21

Year.	(live and still) Births.		All causes.		Infants under 1 year.		Maternal Mortality			Tuberculosis		Cancer.		General's Popu-lation
	No.	R.*	No.	R.*	No.	R.**	Sepsis.	Other Causes	Rate†	No.	R.*	No.	R.*	
1924	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	10.4	1807	22.6	16	19	—	—	—	6	0.07	335	4.20	79,750
63	864	10.8	1934	24.3	17	20	—	—	—	7	0.09	306	3.84	79,710

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 (1949-1963)

	YEAR:—	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Scarlet Fever	37	75	33	131	68	38	21	23	16	17	45	50	7	3	5
Whooping Cough	125	152	249	81	69	444	42	30	230	24	76	89	27	—	19
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	290	112	921	17	1,012	2	555	12	203	418	1,087	12	392	12	930
Acute Pneumonia	17	32	20	10	26	11	12	31	19	6	7	4	4	—	3
Meningococcal Infection	—	1	—	1	—	—	1	—	—	—	—	—	—	—	2*
Acute Poliomyelitis (Paralytic)	—	—	—	—	16	—	2	4	5	1	—	—	—	—	—
Acute Poliomyelitis (Non-Paralytic)	7	11	1	—	—	—	—	1	1	—	—	—	—	—	—
Dysentery	1	—	9	—	—	1	10	13	1	2	—	—	1	—	7
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	—	1
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Tuberculosis	41	37	45	51	27	30	24	17	20	15	35	16	10	17	14

* 1 case of meningococcal meningitis was not confirmed.

TABLE IX
NOTIFIED INFECTIOUS DISEASES — 1963 (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	—	—	4	—	—	—	—	—	—	—	—	5
Whooping Cough ...	2	—	2	2	3	8	1	—	1	—	—	—	—	—	19
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	17	72	100	98	117	464	30	7	5	3	3	—	—	14	930
Acute Pneumonia	—	—	—	—	—	—	—	—	—	—	—	1	2	—	3
Meningococcal Infection	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Acute Poliomyelitis (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	1	1	—	—	—	4	1	—	—	—	—	—	—	—	7
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Malaria ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Tuberculosis ...	—	—	—	—	—	—	—	1	3	3	—	3	4	—	14
	20	73	103	100	121	480	32	8	9	6	3	6	6	14	981

TABLE X — CLIMATE OF WORTHING — 1904-1963

Year	Temperatures							Rainfall		Sunshine	Year
	Means					Extremes		Amount at Observ- atory	Number of days rain fell	Number of hours in year	
	9 a.m.	Min.	Max.	Range	Mean	Min.	Max.				
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	164	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
1963	49.0	44.1	53.5	9.4	48.8	18.0	80.0	26.93	165	1643.9	1963

TABLE XI — **BRIGHT SUNSHINE — 1963** (Mainland Stations)

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

<i>Station</i>				<i>Sunshine (Hours)</i>
Eastbourne	..	..	..	1721.9
Dale Fort	..	..	..	1702.2
Bognor Regis	..	..	..	1692.0
Littlehampton	..	..	..	1691.6
Folkestone	..	..	..	1667.5
Botwnnog (N. Wales)	..	..	..	1652.7
St. Mawgan	..	..	..	1649.8
Penzance	..	..	..	1646.3
Hastings	..	..	..	1645.2
WORTHING	..	..	..	1643.9
Southsea	..	..	..	1643.9
Hartland Point	..	..	..	1643.4
Weymouth	..	..	..	1623.4
Llandudno	..	..	..	1614.9
Everton (Hants)	..	..	..	1614.8
Bexhill	..	..	..	1612.8
Walton-on-Naze	..	..	..	1604.2
Newquay	..	..	..	1601.5
Brighton	..	..	..	1596.5
Cromer	..	..	..	1591.9
Blackpool	..	..	..	1591.7
Rustington	..	..	..	1590.6
Swanage	..	..	..	1585.5
Thorney Island	..	..	..	1584.3
Bournemouth	..	..	..	1578.4
Clacton-on-Sea	..	..	..	1576.2
Gulval	..	..	..	1572.0
Camborne	..	..	..	1569.3
Culdrose	..	..	..	1567.6
Dover	..	..	..	1554.8
Chivenor	..	..	..	1550.3
Whitstable	..	..	..	1549.8
Southport	..	..	..	1538.4
Bude	..	..	..	1538.4
Burlingham	..	..	..	1536.2
West Raynham	..	..	..	1535.7
Plymouth	..	..	..	1533.2
Margate	..	..	..	1528.5
Swansea	..	..	..	1523.0
Torquay	..	..	..	1521.5
Ramsgate	..	..	..	1517.6
Rhyl	..	..	..	1514.6
Teignmouth	..	..	..	1511.0
Lowestoft	..	..	..	1510.7
Terrington St. Clement				
(Norfolk)	..	..	..	1505.2
Gorleston	..	..	..	1501.0
Bodiam (Sussex)	..	..	..	1500.7
Exmouth	..	..	..	1499.7

TABLE XII — BRIGHT SUNSHINE

Month	Total Hours Bright Sunshine	Average for 30 years 1931-1960	Hours Daily Mean	Percentage of average %	Days with Sunshine	Most in one day Hours	Monthly Total		
							Highest Hours	Year	Lowest Hours
January ..	80.9	71	2.61	114	18	7.5	109.9	1940	34.5
February ..	89.3	83	3.19	109	18	9.5	140.3	1949	29.8
March ..	119.6	141	3.86	85	28	9.6	220.8	1907	88.0
April ..	145.1	187	4.84	78	24	12.1	267.2	1912	105.3
May ..	218.9	230	7.06	95	28	14.7	353.1	1909	148.9
June ..	204.6	243	6.82	84	27	15.2	327.1	1957	143.5
July ..	243.6	224	7.86	109	28	14.8	369.0	1911	133.8
August ..	177.9	218	5.74	82	28	13.4	298.4	1899	112.6
September ..	146.0	166	4.87	88	27	11.3	262.6	1898	97.1
October ..	82.8	124	2.67	67	21	9.5	181.6	1919	81.9
November ..	67.4	73	2.25	93	21	7.7	131.3	1909	39.6
December ..	67.8	61	2.19	111	18	6.6	113.8	1962	22.3
Year 1963 ..	1643.9	1821	4.54	90	286	15.2	369.0	July 1911	22.3
Highest and Lowest Year Totals							2141.0	1899	1600.2
									Dec. 1956
									1913

TABLE XIII — BRIGHT SUNSHINE

Year	Campbell-Stokes Recorder Bright Sunshine Hours	Bright Sunshine Days	Sunniest Days	
			Day	Hours
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
1963	1643.9	286	June 6th	15.2
Average for 20 years 1943—1962	1839.6	308		

TABLE XIV — RAINFALL

1963		Total Rain- fall	Difference from the Normal	Greatest Fall in 24 hours beginning 9 a.m.	Number of Days with		Total Rain Days
					.01 in. or more	.04 in. or more	
		ins.	ins.	ins.			
January	..	0.44	-2.54	0.15	8	5	8
February	..	0.81	-1.19	0.32	12	5	12
March	..	3.01	+1.29	0.45	15	11	15
April	.. ..	3.42	+1.64	0.85	17	14	17
May	.. ..	1.79	+0.14	0.74	14	8	14
June	.. ..	1.91	+0.38	0.53	14	10	14
July	.. ..	1.08	-1.06	0.75	7	4	7
August	..	2.37	+0.09	0.44	17	14	17
September	..	2.49	+0.33	0.58	13	11	13
October	..	1.94	-1.01	0.40	15	11	15
November	..	6.94	+3.50	1.04	25	23	25
December	..	0.73	-2.17	0.29	8	3	8
Year	.. ..	26.93	-0.56	1.04	165	119	165

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
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
1962	25.86	143	1.12	20th July
Average for 20 years	27.39	154	2.05	10th July 1945
1963	26.93	165	1.04	15th November

TABLE XVI — **BAROMETRIC PRESSURE**

1963	Barometric pressure (Reduced to sea level and 32° Fahr.)		
	Mean (inches)	Extremes	
		Highest	Lowest
January	30·219	30·788	29·349
February	29·854	30·446	30·258
March	29·878	30·515	29·019
April	29·908	30·443	29·094
May	30·046	30·367	29·681
June	29·917	30·125	29·611
July	30·075	30·456	29·775
August	29·820	30·048	29·505
September	30·054	30·336	29·597
October	30·140	30·536	29·352
November	29·598	30·281	29·017
December	30·094	30·746	29·546
Year 1963	29·967	30·788	29·017

TABLE XVII — **TEMPERATURE**

1963	Air temperature in screen (F)					
	Means of		Mean of A & B	Difference from normal	Extremes	
	A Max.	B Min.			Max.	Min.
	(°)	(°)	(°)	(°)	(°)	(°)
January	33·5	25·7	29·6	-11·3	42	18
February	36·1	28·7	32·4	-8·5	43	21
March	45·9	37·6	41·7	-2·1	52	30
April	52·0	41·7	46·9	-1·1	62	31
May	58·1	46·1	52·1	-1·4	76	37
June	64·9	53·9	59·4	+0·3	78	48
July	66·7	55·3	61·0	-1·5	80	50
August	66·4	55·1	60·7	-1·9	74	46
September	64·3	56·1	60·2	+0·8	71	44
October	58·4	49·0	53·7	+0·8	64	41
November	54·5	46·6	51·0	+4·8	60	35
December	41·8	34·0	37·9	-3·9	50	26
Year 1963	53·5	44·1	48·8	-2·2	80	18

TABLE XVIII — CLOUD AND HUMIDITY

Month.	Cloud Amount Scale 1-8		Mean Relative Humidity	Mean Humidity previous 10 years 1953-1962
	9 a.m.	6 p.m.	9 a.m.	9 a.m.
January	6	6	$\frac{85}{85}$	$\frac{88}{88}$
February	6	6	84	87
March	6	5	87	83
April	6	5	84	75
May	5	5	76	73
June	5	5	79	75
July	5	5	79	76
August	6	6	79	78
September	5	5	80	79
October	6	7	86	83
November	7	7	86	85
December	6	6	87	88
Year 1963 ..	6	6	83	Yearly average 81

TABLE XIX — WINDS

Month.	9 a.m. OBSERVATIONS.—DIRECTION.								
	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm
January	3	16	5	1	—	—	—	6	—
February	5	6	4	10	—	—	—	3	—
March	4	1	3	2	5	11	4	1	—
April	1	6	1	4	3	8	3	4	—
May	2	6	—	1	1	11	6	4	—
June	5	5	2	1	—	10	7	—	—
July	2	3	2	4	—	12	6	2	—
August	1	1	2	2	2	12	7	4	—
September ..	3	8	1	2	1	8	4	3	—
October	4	3	2	3	—	10	5	4	—
November ..	—	5	—	5	3	12	3	2	—
December ..	3	15	2	5	—	4	—	2	—
Year 1963 ..	33	75	24	40	15	98	45	35	—

Month.	6 p.m. OBSERVATIONS.—DIRECTION.								
	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm
January	3	18	2	2	—	—	—	6	—
February	1	10	6	5	1	2	—	3	—
March	3	2	3	1	6	9	4	3	—
April	1	5	—	3	2	14	4	1	—
May	1	2	—	2	2	14	8	2	—
June	2	4	1	1	2	15	4	1	—
July	—	1	1	5	1	15	7	1	—
August	1	—	1	1	2	10	11	5	—
September ..	4	4	—	5	—	4	10	3	—
October	2	3	—	4	1	11	7	3	—
November ..	1	2	—	5	5	10	4	3	—
December ..	6	14	1	5	—	4	—	1	—
Year 1963 ..	25	65	15	39	22	108	59	32	—

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.						
January ..	—	—	—	—	—	5	6	7	9	5	6	9	8	5	1	—	—	—	—	—	—	—
February ..	—	—	1	—	2	2	6	5	5	6	8	8	3	6	2	1	1	—	—	—	—	—
March ..	—	—	1	—	—	—	—	1	3	7	4	8	10	8	10	3	3	4	—	—	—	—
April ..	—	—	1	—	—	—	2	1	5	2	3	6	8	7	7	4	3	5	—	4	1	1
May ..	—	—	—	—	—	—	—	—	—	—	2	—	7	9	12	5	9	12	1	3	—	2
June ..	—	—	—	—	—	—	—	—	1	1	2	2	5	5	10	7	11	7	1	4	—	4
July ..	—	—	—	—	—	—	—	—	1	1	1	—	6	5	11	5	10	12	2	2	—	6
August ..	—	—	—	—	—	—	—	—	2	2	—	—	4	2	8	3	15	7	1	2	1	15
September ..	—	—	—	—	—	—	1	—	1	4	3	1	5	9	7	4	10	5	2	7	1	—
October ..	—	—	—	1	—	—	1	—	4	2	2	4	8	12	10	6	5	4	1	2	—	—
November ..	—	—	—	—	—	—	2	1	3	2	2	4	1	5	11	9	8	7	2	2	1	—
December ..	—	—	—	—	1	3	3	2	2	2	9	12	12	8	1	1	3	3	—	—	—	—
Year 1963 ..	—	—	3	1	3	5	20	16	34	38	41	51	78	84	94	49	78	67	10	26	4	28

KEY TO TABLE XX — VISIBILITY

Letter	Standard Distance	Actual Distance	Description of visibility	Object	View Point	Bearings
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	1½ miles	1½ miles	Poor	Tarring Church Tower	" "	N.W.
H	2½ miles	2½ miles	Moderate	Top of High Salvington Hill	" "	N.W.
I	4½ miles	4½ miles	Moderate	Highdown Hill	" "	W.N.W.
J	6½ miles	6½ miles	Good	Portslade Gas Works Chimney	" "	E.
K	12½ miles	12½ miles	Very Good	Hills beyond Brighton	" "	E.
L	18½ miles	18½ 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 14 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 21—Health Centres.
 - 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:

For some time there has been a need for a further clinic to serve the more eastern parts of the town. We were fortunate in being able to obtain the use of St. Stephen's Church Hall in Angola Road, and from September, clinics have been held there twice a month.

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

- (1) The Central Clinic—Monday and Friday afternoons.
- (2) Church Hall, Durrington—Every Thursday afternoon 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.
- (6) St. Stephen's Hall, Broadwater—First and third Monday afternoons in each month.

1,469 infants and children made a total of 9,395 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 747, equivalent to 87.3 per cent. of the notified live births.

The number and per cent. of attendances continue to rise each year. In 1962 the figures were 689 and 83.2%.

Toddler Clinics:

Clinic attendances usually become less frequent as a baby gets older and grows into a toddler. Not uncommonly all clinic contacts cease by the age of one, and the opportunity for a medical review may not occur until the first school medical examination four or more years later.

The introduction of Toddler Clinics in February has helped to bridge this gap. Attendance is by invitation only, with not more than four per hour or eight per session, and invitations go to all mothers with children between the ages of 18 months and two years.

The functions of these Toddler Clinics are:—

- (1) To give the parent an opportunity of discussing with the health visitor and clinic doctor any problems or difficulties of a kind which would normally not justify a visit to a General Practitioner. These are likely to be rather different from the worries met with in the first year of life, and opportunities for health education are common, especially in the field of preventive mental health.
- (2) To review the child's medical history and carry out an up to date physical medical examination. Such an examination is directed particularly towards finding defects (mental or physical) which would not normally be discovered at an earlier age. Such conditions as congenital dislocation of the hip, deafness, or minor degrees of spasticity may often be first noticed or indeed noticeable at about 18 months. Particular attention is paid to those who fall into any of the "risk" groups.
- (3) To check the child's state of immunisation against diphtheria, whooping cough, tetanus and poliomyelitis, and, if necessary, make arrangements to bring these up to date. For example, the booster dose of triple vaccine, due at age 18 months, can be given, or an appointment made for the next immunisation clinic. Vaccination against smallpox is also offered if it has not already been done.

Toddler clinics are held as follows:—

- (1) The Central Clinic—Every Tuesday afternoon.
- (2) Church Hall, Durrington—First Thursday afternoon in each month.
- (3) St. Mary's Hall, Goring—First Wednesday afternoon in each month.
- (4) St. Richard's Hall, Maybridge—Fourth Wednesday afternoon in each month.
- (5) All Saints' Hall, Findon Valley—Second Wednesday afternoon in each month.

During the year 58 sessions were held and attendances totalled 216 (3.7 per session).

Babies at risk:

It is known that about 70% of all infant defects occur in approximately 20% of the infant population. In recent years many authorities have started keeping registers of babies "at risk" in order that medical and welfare services can be concentrated most effectively.

Some handicaps are obvious at birth, e.g. hare lip, cleft palate, hydrocephalus, limb deformities, etc. These and other congenital abnormalities have become notifiable on 1st January 1964 under a scheme introduced by the Minister of Health in November 1963. The information is made available by doctors or midwives on the birth notification card (Section 203 of the Public Health Act, 1936 requires all births to be notified to the Medical Officer of Health within 36 hours). The General Register Office is to collect records from all over the country, and by studying the incidence of the defects and their variations at different times in different regions, it is hoped that any significant deviations will be noticed early. In this way a disaster, such as that caused by thalidomide should be avoided in future.

Other handicaps may only become evident with the passage of time: if these are to be found early, they must be deliberately sought after, e.g. deafness, mental deficiency, congenital dislocation of the hip, etc. All doctors and nurses who come in contact with babies and young children are aware of the importance of early diagnosis. In many of the conditions the earlier treatment begins the better the outlook. Special efforts are being made in the infant welfare and toddler clinics with the "risk" group. These are defined as being specially at risk by reason of unfavourable family history, adverse environmental influences before, during or after birth, or who show suspicious presenting symptoms in the first months of life. There are several methods of classification; in Worthing we use that of Dr. Mary Sheridan, and the number of "risks" recorded amongst babies born in 1963 is shown below:—

BABIES AT RISK BORN IN 1963

*Number at risk
from this cause*

Family History:

1. Deafness, blindness, neurological diseases, cerebral palsy, epilepsy, etc.	.. .. .	6
2. Congenital malformations (including congenital dislocation of the hip)	.. .. .	2
3. Mental disorder	.. .. .	10
4. Mother unusually young or elderly	.. .. .	8
5. Family in a "social problem" group	.. .. .	14

Prenatal:

6. Rubella (certainly) and other virus infections (possibly) in early pregnancy	.. .. .	—
7. Toxoplasmosis	.. .. .	—
8. Hyperemesis	.. .. .	—
9. Threatened abortion	.. .. .	—
10. Severe illness necessitating chemotherapy or major surgery occurring in the early months	.. .. .	2
11. Exposure to radio-active substances during pregnancy	.. .. .	—
12. Blood group incompatibilities	.. .. .	3
13. Maternal diabetes	.. .. .	1
14. Maternal thyrotoxicosis	.. .. .	—
15. Toxaemia	.. .. .	14
16. Uterine haemorrhage	.. .. .	6
17. Hydramnios	.. .. .	—
18. Multiple pregnancy	.. .. .	5

Perinatal:

19. Premature birth (i.e. 36 weeks and earlier)	..	..	5
20. Low birth weight in relation to gestational age	..	..	18
21. Postmature birth (i.e. 42 weeks and later)	..	..	1
22. Abnormal presentation	..	..	19
23. Prolonged, precipitate or instrumental labour	..	..	90
24. Birth asphyxia	..	..	11
25. Neonatal jaundice (hyperbilirubinaemia)	..	..	6
26. Presence of any congenital abnormality	..	..	25

Postnatal:

27. Difficulties in sucking and swallowing	..	..	1
28. Convulsions	..	..	6
29. Cerebral Palsy	..	..	—
30. Meningitis or encephalitis	..	..	—
31. Any serious illness or infection in first few months of life			13

Symptomatic Group:

32. Mother's suspicion that child is blind, deaf, retarded or otherwise abnormal	..	..	—
33. Inattention to sound, or visual stimulus	..	..	—
34. Delayed motor development	..	..	—
35. Delayed development of vocalisation and speech	..	..	—
36. Lack of interest in people or playthings	..	..	—
37. Abnormal social behaviour	..	..	—
Total	..	..	266

The total of 266 "risks" occurred in 199 babies. Quite a number were at risk two, three or even four times over. For example, one baby was born prematurely of a diabetic mother, delivered by Caesarian section, and subsequently developed hyaline membrane disease. She was coded as being at risk on four separate counts.

There were 856 births to Worthing mothers in 1963, so 199 at risk represents 23% of the total. This may seem high but is very similar to the proportion found in other parts of the country. It will be noticed that by far the largest group were those born following prolonged, precipitate or instrumental labour. For the most part the mothers were delivered by forceps or Caesarian section. The other large groups (not necessarily mutually exclusive) included 23 premature babies, 25 with congenital abnormalities (including spina bifida, meningocele, talipes, pyloric stenosis, volvulus, hypospadias and birth marks), 19 abnormal presentations (mostly breech deliveries), 14 pre-eclamptic toxaeias, and 11 birth asphyxias. There were also 4 mongol babies.

No babies at risk were coded to the symptomatic group. This is not surprising since most defects in these categories are not likely to be discovered in the first year of life. However, it is intended to include children up to the age of 5 on the register, and so there may well be other babies born in 1963 whose names will have to be added eventually. At the same time many names are deleted as soon as it is clear that the risk is not going to materialise into a real defect or handicap. Many can be removed from the register after a few months, e.g. most babies born by forceps delivery, or those with minor congenital abnormalities, or blood group

incompatibilities where no harm has resulted. Others, of course, will remain at risk for several years.

Though not yet complete, the risk register is already proving its usefulness by helping to detect all kinds of handicap at an early stage. Considerable help is given by the practice of many obstetric consultants and hospital midwives of reporting adverse obstetric and neo-natal circumstances on discharge home after a hospital confinement. This together with co-operation from general practitioners is of great assistance in keeping the register accurate and up to date and so enabling appropriate care and supervision to be given early and to the best advantage.

Phenylketonuria:

This rare disease, the result of an inborn error of metabolism, causes severe mental retardation. Very early diagnosis followed by a diet from which phenylalanine has been excluded, can prevent the development of impaired intelligence in most cases. A simple urine test is all that is necessary and in Worthing since May 1960 health visitors have tested the urine of all newly born babies. So far only one case has been diagnosed. This was confirmed at Great Ormond Street Children's Hospital and early dietary treatment begun. The child has developed normally.

The Chief Medical Officer of the Ministry of Health, in a letter dated 4th July 1963, referred to the final Report of the Special Conference of the Medical Research Council on the subject of phenylketonuria.

The Report, amongst other matters, recommended the following:—

1. Authorities should continue to maintain and, if possible, expand their present programme.
2. Where practicable, a system of two tests should be employed: the first test should be carried out about the 10th-14th day of life, and the second test between the 4th and 6th week.
3. Babies born into a family in which a possibility of phenylketonuria is already present should be regarded as at "high risk" and tested on three or four occasions between the 4th and 6th weeks of life. They should also have the blood phenylalanine level determined when 1 week old and again at 3 weeks.

Babies born in hospital will normally have their first phenylketonuria test before they are discharged home. Any discharged early, and all babies born at home are now being tested on the health visitor's first visit (about the 10th day), and again when 4 to 6 weeks old.

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 1963 were as follows:—

Midwives' ante-natal clinics:

No. of clinics held	..	..	47	(48)
New patients seen	..	..	74	(84)
Total No. of attendances	..	..	462	(532)

Ante-natal relaxation and exercises clinic:

New patients	..	..	40	(51)
Total No. of attendances	..	..	198	(352)

(The figures in brackets are for 1962)

Dental Clinic:

All the facilities of the School Dental Service (see page 95) are available for expectant and nursing mothers and for pre-school children. The following work was done during 1963:—

- (a) *Expectant and nursing mothers:* 1 examination and 1 course of treatment (4 fillings).
- (b) *Pre-school children:* 308 examinations. Of the children seen 81 needed and received treatment. This consisted of 44 extractions (11 requiring a general anaesthetic) and 384 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	..	..	..	21
Old patients seen	..	..	..	8
Total No. of attendances	..	..	..	46

(b) *Physiotherapy Clinic:*

New patients seen	..	..	..	28
Old patients seen	..	..	..	2
Total No. of attendances	..	..	..	116

(c) *Eye Clinic:*

No. of patients seen	..	..	..	42
Total No. of attendances	..	..	..	113

(d) *Orthoptic Clinic:*

No. of patients seen	..	..	..	58
Total No. of attendances	..	..	..	206

(e) *Speech Therapy Clinic :*

New patients seen	..	..	..	5
Old patients seen	3
Total No. of attendances	59

(f) *Child Guidance Clinic :*

No. of patients seen	2
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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 and medicaments at welfare clinics:

The Welfare foods are National Dried Milk, Orange Juices, Cod-liver oil and vitamin supplements. From February 1963 these have been sold at the Central clinic as well as the outlying clinics. This much appreciated service is given 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.

The sale of proprietary foods is now almost limited to certain powdered milks since it was felt that unrestricted sale of the many varieties of cereal, etc. might tend to encourage clinic visiting merely for shopping purposes.

A few simple medicaments (e.g. iron tablets) are also available on prescription at the clinics. Until 31st December 1962 they were free, but since 1st January 1963 cost price + 10% has been charged, except for those receiving National Assistance. This is in accordance with the Minister of Health's recommendation that he considered it "reasonable" for such charges to be made.

Care of the Unmarried Mother and her Child:

There were 56 illegitimate children born to Worthing mothers in 1963. None of these were still-births. The illegitimate rate in 1963 was 6.6% (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 1963.

In October 1963 the Worthing branch of the Chichester Diocesan Moral Welfare Association moved their office accommodation to the Cottage, Winton Place (by courtesy of the Borough Council). This is very conveniently situated behind the Health Department Offices. I am indebted to Miss J. Prince, the Association's welfare worker in Worthing for the following information:—

44 Worthing mothers of illegitimate children have been helped, hostel accommodation being obtained in 10 cases.

Marital state:—

Single	..	..	..	..	..	..	..	38
Married but living apart from husband	..	..	..	..	..	..	..	3
Divorced	..	..	..	..	..	..	..	3

Age range:— 15½ to 42.

Outcome of pregnancy:—

Mother kept baby	17
Baby placed for adoption	17
Not yet born at end of year	10

Children's Co-ordinating Committee:

In 1950 the Home Office, Ministry of Health, and Ministry of Education jointly issued a circular on the subject of children neglected or ill treated in their own homes, and recommended the setting up of liaison committees in order to co-ordinate the work of the various statutory and voluntary bodies concerned. For some time it has been felt that Worthing might benefit from such a committee and an inaugural meeting was held on 31st January, 1963.

There were present representatives from the Health, Education and Housing departments of the Borough Council, the Welfare and Children's departments of the County Council, the N.S.P.C.C., the Council of Social Service, the Probation Service, the National Assistance Board and the Child Guidance Clinic.

During the year 6 meetings were held, and the problems of 15 families discussed. The meetings were of value, not only because joint discussions helped in working out the best common policy for particular families, but also because they helped to avoid misunderstandings and overvisiting. Social workers with dissimilar backgrounds, disciplines and functions appear to have benefited from the opportunity of meeting each other informally and frequently discussions of other problems and related interests continued long after the formal meetings were closed.

Family Planning:

The inaugural meeting of the Worthing and District Family Planning Association was held on September 19th 1963 and a steering committee was elected. By the end of the year a doctor and nurse had been appointed and arrangements made to hold the first clinic in the new year. The Borough Council have given permission for sessions to be held on the premises of the Central Clinic every Monday evening.

Marriage Guidance:

I am indebted to Mr. J. R. Davenport, secretary to the Worthing and District Marriage Guidance Council for the following report:—

Following increasing enquiries from people with marital difficulties and with growing evidence of this type of problem in the area, the Council of Social Service set up a steering committee which eventually brought about the inauguration in April of the Worthing and District Marriage Guidance Council. This serves Worthing, Littlehampton, Arundel and the rural districts of Worthing and Chanctonbury. By the end of the year, 4 trained voluntary counsellors had carried out 149 counselling interviews concerning problems, in which there were 55 children in the families. Husbands and wives sought help in almost equal numbers and half the cases were from Worthing. Useful educational work was carried out in schools, youth clubs and other organisations. Marriage may be very much a private affair until it breaks down when the repercussions can become a matter of public liability. There is increasing support, particularly from local authorities, to the view that this type of voluntary service can reduce potential burdens on the existing social services.

MIDWIFERY

Worthing Borough employs 4 whole-time midwives 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.

Standard co-operation record cards were introduced early in the year. These were prepared by the Ministry of Health and their purpose is to try to ensure that every member of the obstetric team is aware of the attention given by the other members. The card is given to the patient by the doctor or midwife who first sees her in connection with her pregnancy, and appropriate entries are made by whoever is concerned with her care, whether at home, in hospital or at the local authority ante-natal clinic.

The percentage of Worthing babies born in hospital (77.1%) has risen. In 1962 the figure was 71.6%. 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.

Consultant obstetricians and others whose work is mainly in hospital treating disease and deviations from the normal, tend to regard pregnancy and labour in a different light from general practitioners and domiciliary midwives. To the former every confinement is potentially abnormal till proved otherwise,—i.e. till mother and baby are both doing well. This attitude is largely accepted in the Report of the Maternity Services Emergency Informal Committee published in 1963 by the National Birthday Trust Fund, and based on the First Report of the British Peri-natal Mortality Survey.

Certainly peri-natal mortality (stillbirths and infant deaths in the first week of life) is still far too high, and one accepts the Survey's conclusions that poor environmental and social factors are associated with unnecessary peri-natal deaths, and that hospital confinement is required in these cases. That there should be universal or nearly universal hospital confinement does not follow. Other countries, notably Holland, have a lower peri-natal mortality than this country and their maternity services are based largely on the home.

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.

Many mothers are now conditioned to expect a hospital bed for the birth of their baby almost as of right, and regard anything else as a failure of the National Health Service. The persistent will not be satisfied with a refusal and will often succeed in getting their way by producing weak or doubtful medical or social reasons and persuading their doctor or the health department to back up their case with the hospital. Admittedly, housing shortages, and the absence or unwillingness of relatives may make home confinement impracticable, but many doctors believe that there are many more hospital confinements in some parts of the country (including Worthing) than can be justified on obstetric, medical or social grounds.

To create sufficient maternity beds to enable 100% of confinements to be in hospital would clearly be very expensive even if thought desirable, and from a practical point of view therefore 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 1963 (the figures in brackets refer to 1962).

In all but 2 cases a doctor was booked to look after the patient during her pregnancy. A doctor was present at the actual birth in over half of all births.

Confinements attended:

By midwife only	..	..	..	111	(127)
By midwife and doctor	..	..	..	76	(98)
				<hr/> 187	<hr/> (225)

Inhalation Analgesia administered:

By midwife only	..	..	..	81	(95)
By midwife with doctor present	..	..	..	71	(84)
				<hr/> 152	<hr/> (179)

Pethidine administered:

By midwife only	..	..	..	68	(73)
By midwife with doctor present	..	..	..	63	(74)
				<hr/> 131	<hr/> (147)

Nursing visits made	..	..	..	2,657	(3,175)
Ante-natal visits made	..	..	..	1,608	(1,676)

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. During the winter many extra calls are made to make sure that they are managing to cope and are 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 the 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	..	..	..	252	(294)
First visits to children born in 1963	..	..	..	971	(996)
Re-visits to children born in 1963	..	..	..	2,072	(3,034)
Children born in 1962-1958—total visits	..	..	..	5,925	(4,852)
Infectious Disease visits	..	..	..	76	(30)
Tuberculosis visits	..	..	..	45	(99)

Visits re care of persons aged 65 or over	2,191	(2,291)
Other visits (Mentally disordered persons, infant deaths, stillbirths, post-natal visits, persons discharged from hospital, maternity home help cases and special visits)	837	(266)
Total number of families or households visited ..	4,767	(4,051)

(the figures in brackets refer to 1962)

The General Practitioner and the Health Visitor:

In October there was published a Report on "The Field of Work of the Family Doctor"—the Gillie Report. The emphasis throughout was on active co-operation between general practitioners, hospital staff and local authority staff, and the integration, where possible, of the various care and after-care services in which all have an interest.

To this end the report recommends that full co-operation is best secured by the attachment of field workers (e.g. the nurse, midwife and health visitor) to individual practices. The 42 Worthing doctors who practise in the National Health Service were approached and 27 expressed their interest. By the end of the year preliminary arrangements were being made for the attachment of 2 health visitors to a practice of 4 general practitioners.

With the emphasis on the family as the medico-social unit and the increasing community care, the general practitioner and the health visitor form a natural partnership. For example the health visitor can:—

- (a) help the patient to carry out the doctor's instructions correctly, especially if treatment is complicated or the patient is over anxious, elderly, or unintelligent;
- (b) draw the doctor's attention to any abnormalities (physical or emotional) she may encounter during routine visiting of "healthy" families;
- (c) advise regarding the various social agencies available to help the patient;
- (d) help to co-ordinate the services of the local health authorities with those of the general practitioners, e.g. by running mothercraft classes and helping with ante-natal, post-natal and infant welfare clinics for the doctor's own patients, either on his own premises or those of the local authority.

Since health visitors normally work on a district basis and general practitioners have patients all over the town, allocation of health visitors by practices will not be economical. In the long run, however, it is hoped that this disadvantage will be more than compensated by improved liaison and better relationships, and that the community will thus be better served.

HOME NURSING

The amount of work of the district nurses has remained constant, varying very little winter or summer. Demands are mostly for care of aged chronic sick, terminal cancer cases and severely handicapped patients. Such patients need much time and attention, and although statistics may not show any increase in the number of cases undertaken, there is certainly more time being put in. There are a greater number of aged folk in the town who need simple help with such things as bathing, hair washing, etc. and it is not possible to send the district nurses to many of these. Help is sought for these people from voluntary effort. The Red Cross and St. John Ambulance nurses are doing a very valuable work in this field.

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 the 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.

At the end of the year the nursing staff numbered 19 full-time district nurses and an area nursing officer. The following figures summarise their work on the district:—

Number of patients attended	..	..	2,054	(2,206)
Number of visits paid	..	..	59,855	(61,523)

(the figures in brackets refer to 1962)

VACCINATION AND IMMUNISATION

Immunisation Schedules:

Not so long ago it was a relatively simple matter to plan a programme of inoculations: vaccination against smallpox when a baby was a few months old followed by two injections against diphtheria, with a "booster" on starting school. Progressively have been added immunisation against tuberculosis, whooping cough, tetanus, poliomyelitis, and soon, perhaps, measles. Combining procedures by the use of double, triple and even quadruple vaccines, plus the use of oral vaccine against poliomyelitis has diminished the actual number of injections, but any mother can be excused if she feels a certain amount of confusion regarding the various diseases her child should be immunised against, and the best times to get this done.

In Worthing in the local authority clinics we use a modified form of the Ministry of Health's schedule P as follows:—

Pro- cedure	Vaccine	Age given	Interval between doses	Comments
1	Diphtheria, tetanus and whooping cough (triple vaccine—by injection)	1–6 months	4–6 weeks	Normally begun when baby 2–3 months old
2	" "			
3	" "			
4	Poliomyelitis (orally)	6–11 months	4–8 weeks	May be given on same day triple vaccine if this not yet done
5	" "			
6	" "			
7	Smallpox (vaccination)	During 2nd year	—	Offered at toddler clinic if not already done by G.P.
8	Diphtheria, tetanus and whooping cough (triple vaccine—by injection)	18–21 months	—	
9	Diphtheria and tetanus (double vaccine—by injection)	5 years	—	Offered just before starting school or during first school medical examination
10	Poliomyelitis (orally)	5 years	—	
11	Diphtheria and tetanus (double vaccine by injection)	8–12 years	—	Given if specially requested
12	Smallpox re-vaccination	8–12 years	—	
13	B.C.G. vaccination against tuberculosis	13+ years	—	Given if preceding test shows child to be tuberculin negative

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 1959 to 1963 by the estimated child population in the relevant age groups, and expressing the result as a percentage:

Age on 31.12.63 (i.e. born in year)	Under 1 1963	1–4 1959–1962	5–9 1954–1958	10–14 1949–1953	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1959–1963 ..	222 (209)	2,383 (2,285)	1,397 (1,464)	281 (213)	4,283 (4,171)
B. Number of children whose last course (primary or booster) was completed in the period 1958 or earlier	— (—)	— (—)	788 (706)	1,772 (1,767)	2,560 (2,473)
C. Estimated mid-year child population	850 (810)	2,822 (2,920)	8,227 (9,500)		11,899 (13,230)
Immunity Index $\frac{(100A)}{C}$..	26.1 (25.8)	84.4 (78.3)	20.4 (17.7)		36.6 (31.5)

(the figures in brackets refer to 1962)

The actual number of immunisations completed in 1963 is shown in the next table. It will be noticed that there has been a very satisfactory 75% increase in the number of reinforcing injections given (442 compared with 253 in 1962). This increase applies both to diphtheria and tetanus only (i.e. the 5 year old booster dose), and to the reinforcing dose given at about 18 months and which normally includes whooping cough.

Type of injection	Numbers completing primary course of injections			Numbers having reinforcing injections		
	At clinics	By G.P.	Total	At clinics	By G.P.	Total
Diphtheria and tetanus	8 (22)	0 (2)	8 (24)	104 (30)	124 (72)	228 (102)
Diphtheria, whooping cough and tetanus ..	287 (195)	360 (452)	647 (647)	79 (13)	135 (138)	214 (151)
Totals	295 (217)	360 (454)	655 (671)	183 (43)	259 (210)	442 (253)

(the figures in brackets refer to 1962)

Smallpox:

The following table shows the number of vaccinations carried out during the past three years.

Age group	Number of primary vaccinations			Number of re-vaccinations		
	1961	1962	1963	1961	1962	1963
Under 1 year ..	296	409	82	—	—	—
1 year	35	78	62	—	—	—
2-4 years ..	19	125	17	6	26	6
5-14 years ..	24	330	7	35	387	34
15 years & over	53	501	29	315	2,671	321
Totals	427	1,443	197	356	3,084	361

In 1963 all the re-vaccinations and all but 8 of the primary vaccinations were done by general practitioners. The high figures in 1962 were the result of the public demand at the time of the smallpox outbreaks in England and Wales during that year. The figures for 1963 have fallen to the 1961 level in the case of re-vaccinations and considerably lower than the 1961 level for primary vaccinations. This drop is to be expected however in view of the Ministry of Health's recommendation in November 1962 that the second year of life was the optimum time for a baby's vaccination.

Poliomyelitis:

The Joint Committee on Vaccination and Immunisation have now reviewed the arrangements for vaccination against poliomyelitis in the light of a year's experience of the use of oral vaccine in this country and of

experience in countries abroad. The present position can be summed up thus:

- (i) Children who have already started, but not completed a course of immunisation with Salk vaccine may, at the doctor's discretion, be given oral vaccine as follows:—
 - (a) If the child has had only *one* injection of Salk vaccine, a full course of three doses of oral vaccine should be administered.
 - (b) If a child has had *two* injections of Salk vaccine, the second one of which was given not more than one year previously, two doses of oral vaccine may be given 10-12 months after the second injection, in place of a third injection of Salk vaccine. If the second injection of Salk vaccine was given more than one year previously, a full new course of three doses of oral vaccine should be administered.
 - (c) If a child aged 5-12 years has had three injections of Salk vaccine, the fourth injection may be replaced by one dose of oral vaccine.
- (ii) All immunised children should be offered a re-inforcing dose of vaccine on starting school. The interval between the re-inforcing dose of vaccine and the last previous dose should not be less than four weeks.
- (iii) A re-inforcing dose of vaccine should be offered to immunised persons who are at special risk.

The Joint Committee also advised that the occurrence of a case of paralytic poliomyelitis would justify the emergency administration of a single dose of oral vaccine to all children in the neighbourhood of the case, i.e. living nearby or attending the same school, regardless of their vaccination state.

The table which follows gives details of the vaccinations against poliomyelitis carried out during 1963. Except during the first quarter nearly all primary courses and re-inforcing doses were with oral vaccine.

Age group	Number who completed course of primary immunisation during year			Number who received a reinforcing dose during year		
	At clinics or schools	By G.P.	Total	At clinics or schools	By G.P.	Total
Children born in 1962 and 1963	273 (128)	251 (291)	524 (419)	— (—)	— (—)	— (—)
Children (and others) born in 1961 or earlier	109 (179)	191 (429)	300 (608)	232 (606)	462 (1,876)	694 (2,482)
Total	382 (307)	442 (720)	824 (1,027)	232 (606)	462 (1,876)	694 (2,482)

(the figures in brackets refer to 1962)

There has been a 25% increase in the total number of completed primary immunisation courses in the younger age group—524 compared with 419 in 1962. So far as clinic immunisations are concerned the numbers have more than doubled. Because of the diminishing returns one expects the figures for primary immunisations in older children to continue to drop, and this has been the case: most of those entitled to vaccination in the older age groups have now been done. The same is true for re-inforcing doses. The total numbers have fallen from 6,054 in 1961 to 2,482 in 1962, to 694 in 1963. Most of the re-inforcing doses are now being given to children who have just started or are about to start school, and the numbers vaccinated per year are expected to stabilise at about their present level.

Influenza:

A mild form of influenza affected a large number of people in the early part of the year. The exact incidence could not be known as influenza is not a notifiable disease but during the last week of February new claims for sickness benefit were running at 283% over the normal weekly average. It was decided to offer protection to members of the health department staff who were at special risk and 69 persons (health visitors, midwives, district nurses and home helps) were given one injection on February 18th.

Later in the year the offer was extended to all the town hall staff and during November 513 received the single inoculation which the makers' claim gives 90% protection for 12 months.

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 tuberculosis 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 45 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 fourth 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 between 9.15 and 10.15 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.

I am indebted to Dr. J. D. Lendrum, Medical Director, for the following details:—

During the year 1,929 persons were X-rayed (945 males and 984 females). This compares with 1,625 persons in 1962. The results are set out in the table below:—

Disease	Male	Female	Total	Rate per 1,000
Newly discovered cases of pulmonary tuberculosis requiring treatment or close supervision	3 (2)	3 (2)	6 (4)	3.11 (2.46)
Cases of tuberculosis requiring occasional out-patient supervision only	17 (18)	10 (10)	27 (28)	14.0 (17.23)
Primary cancer of the lung	15 (13)	— (1)	15 (14)	7.78 (8.61)
Other forms of cancer	— (3)	— (—)	— (3)	— (1.85)

(the figures in brackets refer to 1962)

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

The scheme was begun in November, 1961 and this year was extended to include all 13-year-old children attending independent schools in the Borough. The parents of the children receive details about the scheme, which entails a preliminary skin test followed, if negative, by the vaccination itself. If the result is positive a chest X-ray is given at the Mobile Mass Radiography Unit.

Here are the details of the work done in 1963, with those of 1962 in brackets for comparison:—

Number of children given skin tests	1,028	(876)
Number found to be tuberculin negative ..	797	(685)
Number of negative reactors who received B.C.G.	778	(669)
Number found to be tuberculin positive ..	168	(132)
Number of positive reactors who were X-rayed	209	(—)

The 17.4% 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.

The 209 children who were X-rayed included 41 positive reactors from the previous year. The films were reported as negative in every case except 9. These 9 children were referred to their own doctors, but the abnormalities found were minor ones and of no serious significance.

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.

I am indebted to Dr. R. B. Franks, Consultant Geriatrician to the Worthing Group of Hospitals for the following extracts relating to Worthing Borough from his Report to West Sussex County Council:—

"The Ageing Population:

In my report for 1962 I mentioned that in 1961 the population of pensionable age in Worthing Municipal Borough was estimated to be 32% of the total borough population. The 1961 Census figures are now to hand and show that the figure was in reality 36.3%, and that the population aged 65 and over amounted to 30.7%. From the Census emerges the startling fact that the biggest population group of all was the 65-69 age group.

The continual influx of elderly immigrants from further north is, of course, in considerable part responsible for this state of affairs, and as has been frequently pointed out the population of this part of the coastal plain has become quite unbalanced. The other factor bringing this about is, of course, the lack of suitable employment to hold young people in the area, or to attract them to it.

The elderly who migrate south to retire, leaving their younger relatives and friends behind, bring a potential social problem with them. Many find it very difficult to make new friends in the south, and if, as so often happens, one partner of marriage falls ill or dies a critical situation very often arises. On my domiciliary visits I always ask about good friends and neighbours who might help in times of difficulty, but only too often the answer is "We haven't been able to make any friends since we came here" or "Our neighbours are all too old to be of any help". These factors contribute largely to the increasing strain being thrown on the domiciliary and hospital services for the elderly. In my view the time is fast approaching when one ought seriously to consider publicising the facts on a national scale, and warning potential immigrants to think several times before pulling up their roots and coming south. This would certainly be regarded by many as adverse publicity for the "Residential Resort" image. But the fact must be faced that unless some better balance of population is planned for now, slow strangulation of the community, brought about by the increasing shortage of younger people available to give care to the elderly population, may well occur in the next decade or two.

The work of the Service:

The following table summarises the statistics for each of the past four years:—

	1960	1961	1962	1963
Applications: Male	134	142	289	349
Female	261	347	518	725
Total	395	489	807	1,074
Domiciliary assessment visits	0	121*	748	931
Hospital beds available†	156	163	208	255
Admissions from waiting list‡	225	289	531	663
Discharges§ (short stay discharges included in above figure)	84 (55)	148 (58)	186 (101)	317 (109)
Deaths in hospital	141	141	243	316
Total of discharges and deaths§	225	289	429	633
Discharges and deaths per available bed in the year	1.45	1.77	2.06	2.50
Average length of stay in hospital (months)	8.3	6.8	5.8	4.8
Geriatric out-patients seen in clinics	0	0	106	218

* Last quarter only.

† An average for the year.

‡ The 1960 and 1961 figures include transfers in from other Geriatric beds in the Group. These are not included in the 1962 and 1963 figures.

§ The 1962 and 1963 figures include only discharges home or to private or welfare accommodation. The 1960 and 1961 figures include transfers between Geriatric hospitals in the Group.

It will readily be seen that the work is steadily increasing and that the turnover of patients per hospital bed per year shows a continuous upward trend, with a corresponding shortening of the average stay in hospital. At the same time, the number of discharges home or to Residential Accommodation, as compared with deaths in hospital, also shows a satisfactory trend, the figure for discharges being 50% for 1963 compared with 43% for 1962.

This improvement in discharge-rate has come about in various ways. Firstly one must mention the early referral to prevent crippling and social incompetence, as described in the report for 1962. There is no doubt that General Practitioners are referring cases earlier and that the success-rate in rehabilitation has thereby increased considerably. But in this connection I must also mention the excellent co-operation received from our Consultant in Physical Medicine, Dr. Holden, whose direction of the Physiotherapy and Remedial Occupational Therapy of our patients has greatly speeded up their physical rehabilitation.

Another important factor is that placement of the rehabilitated but homeless patient has greatly improved this year, though it remains a considerable problem. Our geriatric almoner, Miss M. F. Hopkins, A.M.I.A., has been tireless in visiting private residential accommodation and fitting

the individual patient into the right sort of surroundings. As a result of her efforts 56 patients were placed in private accommodation in 1963 compared with only 18 in 1962.

With regard to discharge to Welfare Accommodation there has been a very marked improvement here too, 31 patients having been placed in 1963, compared with 13 in 1962. The majority of these discharges have been on an exchange basis.

The Waiting-list:

The following table shows the comparative figures at the end of 1962 and 1963. It will be seen that the position for males has improved. This is largely due to the re-opening of 10 male beds during the year, rather than any significant alteration in the ratio of male applications (the ratio of females to males for the year 1963 was 2.08:1).

Type of list	Females	Males	Total
A*	55 (42)	15 (29)	70 (71)
B†	34 (40)	6 (12)	40 (52)
Short stay	6 (7)	8 (14)	14 (21)
Other groups	2 (2)	2 (0)	4 (2)
Total	97 (91)	31 (55)	128 (146)

* In need of admission.

† Can be nursed at home or in nursing home for the time being.
(the figures in brackets refer to 1962)

It will be noted that the overall waiting-list for 1963 shows little change from that of 1962, in spite of the addition of 47 geriatric beds and of the considerable increase in turnover per bed achieved. This is mainly because of the greater demands made on the hospital service in 1963, applications being 267 more than in 1962. The exceptional weather conditions of the first quarter of the year undoubtedly played a part here; in these three months the Emergency Bed Service was completely swamped with emergency calls for acute hospital beds and there were no less than 367 applications for geriatric beds.

Development at Swandean Hospital is now complete but there are, of course, still not enough geriatric beds in the Group area. Further geriatric hospital building is, unfortunately, a very long way away and it is to be expected that the waiting-list will remain a long one for many years to come.

The continued existence of this long waiting-list inevitably causes physical and mental hardship to patients and their relatives. In addition it throws a great strain on the statutory and voluntary domiciliary services which help care for the patient until admission can be arranged.

A further aspect which causes me great concern is the financial hardship which is often brought about by lack of sufficient hospital beds. In my 1962 report I referred to the elderly person residing in a Nursing Home and out-living her capital. Another equally pressing problem is that of the elderly person who is forced by a medical emergency, or by a social

emergency (such as the sudden illness of a responsible relative) to enter a Nursing Home, which she can ill afford, because there is no Hospital bed available. Ways have yet to be found for granting statutory financial aid to elderly persons who find themselves in such predicaments.

Domiciliary Services and Community Care:

With the growing accent on community care for the elderly I am very glad to be able again to report increasing smoothness of liaison between the Hospital services and the statutory and voluntary services of all kinds.

I should like here to stress the great value of the periodical short-term admission of the elderly person in order to give her responsible relatives a rest and the chance of a holiday. This service is very much appreciated and in 1963, 109 persons were discharged home after a relief admission of this kind, usually of four weeks' duration. Whilst the patient is in hospital we do what we can to improve her condition.

With the accent on the support of the responsible relatives I should like to see a very great increase in relief admissions. The type of establishment to which the elderly person is temporarily admitted will depend on his or her physical and mental state. Those who are physically very frail will need to be admitted to a geriatric hospital bed, or at best a geriatric Convalescent Home bed. Those who are very demented and physically frail may need to go to a Mental Hospital, whilst those who are physically fit but mentally rather frail could go to a special Local Authority Hostel under the Mental Health Act, 1959. Those who are physically and mentally well, and just old, would be admitted to ordinary Welfare Accommodation.

Shortage of accommodation is, of course, the greatest difficulty here at present, but in forward planning I am convinced that due allowance must be made for this most valuable service.

Psychiatric Illness in the Elderly:

In last year's report I mentioned the need for Hostel accommodation for the physically fit but mentally frail old person, whose need is for supervision and not nursing care in a geriatric or mental hospital.

I have in my wards at present some 20 persons in this category and they are, of course, blocking beds which are urgently required for patients who do need nursing care or physical rehabilitation.

In the published County 10-year forward plan provision is made for the building of a Residential Hostel for 30 mentally ill adults in Worthing during the year 1966-67. But I understand that the Hostel will be for adults of all age-groups. In my view there is an urgent and specific need for a hostel of this type, designed for the elderly, where the patient may go for short-term (for example holiday relief) or long-term care.

I am still concerned about the problem of severely demented old people who do require long-term hospital care, but for whom not enough beds are available in a mental hospital. Discussions are going on at various levels on this very difficult problem.

A Home for Terminal Cancer Cases:

I mentioned in the last report that there was a need for such a Home in the Worthing Group area. During the summer I conducted a full survey of this problem, which is a real and growing one.

It emerged that well over half the total cancer deaths for West Sussex in 1962 occurred in Districts covered by the Worthing Group area, the figures running parallel with those for deaths from all causes. Some 660 cancer deaths occurred in the area during the year and of these only about 270 occurred in hospital. It follows that some 400 cancer deaths must have occurred either at home or in Nursing Homes. Probably some 75% of these deaths were in persons aged 65 and over; 8 out of 11 cancer deaths occurred either in Worthing Municipal Borough or Worthing Rural District—that is within about 6 miles of the centre of Worthing.

From the humanitarian point of view there is no doubt that the cancer patient's end is much more peaceful in an atmosphere imbued with the strong vocational feeling found in a Home run specifically for terminal nursing care. Furthermore it is very much simpler to arrange financial help towards a cancer patient's stay in such a Home, because the organisation behind the home would be non-profit-making.

I have discussed the type and size of accommodation required with the local authority and hospital almoners, and we are agreed that 24 beds are needed, 18 for terminal nursing care and 6 for short stay relief admissions. The Home should be sited in the Worthing area and all beds should be in single rooms.

We all sincerely hope that some religious or charitable organisation will come forward to help us with this pressing problem."

The Marie Curie Memorial Foundation during the year looked into the possibility of setting up a home for terminal cancer cases in the Worthing area. Unfortunately it was found that this would not be financially possible at present, but that the situation would be reviewed later.

Health Education:

Whether we realise it at the time or not, all of us who meet the public and speak with authority on health matters are practising health education. This may be in the form of lectures, and many of these were given during the year to local organisations in the Borough by various members of the staff of the department. Less formally, all "field workers"—clinic doctors, public health inspectors, health visitors, mental welfare officers, etc.—contribute to the total sum of health education each time a health problem is discussed with a member of the public.

So far as mothers and children are concerned, the main responsibility continues to rest with the health visitors. Exhibition stands relating to various aspects of the Health Service were set up in the clinics and mothercraft classes to expectant mothers given (see page 50). In two Girls' Secondary Modern Schools health visitors (in their capacity as school nurses) held weekly sessions in parentcraft as part of the school curriculum (see page 105).

The need to appoint a Health Education Organiser was accepted by the Borough Health and Welfare Committee, and preliminary arrangements were made with West Sussex County Council for this new post to be created in 1964.

The work of the Care Almoner:

Until 31st May, 1963 the County Almoner was devoting 50% of her time to Worthing Borough and 50% to the surrounding country area. On 1st June, 1963 a Borough Almoner was appointed to work exclusively

within the Borough because of the increasing demand for an Almoner's services. Statistics for the work of the year show a gradual increase of referrals and the full-time Almoner has found herself fully occupied in dealing with these cases. The number of new cases dealt with over the year totalled 218, and of these 68 were referred up until 31st May and 150 since 1st June, 1963. The new Almoner took over 63 cases from the County Almoner and so her total case load during the year from 1st June was 213. It is on these cases that statistics are given.

The sources of referral for these 213 cases were as follows:—

General Practitioner	..	..	..	..	34
Hospital Consultant	..	..	..	..	15
Hospital or County Almoner	..	..	..	..	97
Health Visitor or District Nurse	..	..	..	..	27
Other sources, e.g. voluntary agency	..	..	..	..	40
					<hr/> 213 <hr/>

Sixty-six of these were cancer cases and 39 tuberculosis.

An Almoner's work does not lend itself easily to statistical analysis. The whole basis of it is to form a case work relationship with the individual patient in order to help him to find the best solution to his own problems, and to provide such supportive help as will be necessary to this end.

Broadly the types of help given to the 213 cases can be analysed as follows although there is a certain amount of overlap in individual cases between the different categories.

Convalescent Holidays	..	..	..	..	24
Follow-up, advice, social investigations	..	..	..	..	100
Extra nourishment grant or other financial help	..	..	..	..	57
Placement in nursing homes, rest homes, Geriatric Unit or other accommodation	..	..	..	..	27
Other reasons	..	..	..	..	5
					<hr/> 213 <hr/>

Of the patients referred for recuperative holidays 12 were sent through the Borough Scheme, but as two married couples are included the actual numbers were 14. The other holidays were arranged privately or were financed from other sources. In this way the relatives were also helped, and in a number of cases patients living on their own were helped to regain health by being sent away.

From June until December 1963 a total amount of £921 14s. 0d. was raised from charitable sources to help 57 patients financially. Of this money £759 19s. 0d. came from the National Society for Cancer Relief and was used to pay extra nourishment grants and assist towards nursing home and convalescent home fees. Other help in the form of coal and extra milk was obtained through Worthing Area Care Committee of the Sussex Rural Community Council, who assisted 12 in this way and made other grants for special purposes.

Discharge from Hospital:

The Ministry of Health has recognised the need to improve arrangements for the care of patients on their discharge from hospital and in March a Ministry Circular described how local authorities could ensure the

most effective use of their domiciliary services. With the circular was issued a memorandum dealing in general terms with the procedures for the return of the hospital patient into the community. This admirably defined the complementary duties of the various persons or bodies concerned—the hospital consultant, the ward sister, the hospital almoner, the ambulance service and other local authority services, the general practitioner, and not least, the patient and his responsible relatives.

The procedures outlined are simple and often obvious and, the Ministry point out, when failures occur they are usually due to a break in communications—avoidable if all concerned realise their responsibility not only for taking action but also for passing on information to others.

Local authorities were asked to designate one or more officers to be responsible for mobilising the community services and to inform the hospital authorities who these officers were and how to get in touch with them. In Worthing the officer who has been so designated is Miss M. Nash, Area Nursing Officer. This has formalised an arrangement which has in fact been operating well for several years.

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, nightdresses and sputum mugs.

Reference was made in last year's report to the increasing use being made of incontinence pads. In July the Ministry of Health issued a circular commending their use and pointing out that quite apart from the benefit to patients and to those looking after them, the pads are convenient and time saving for nurses, reduce the laundering of soiled bed linen and make it possible to nurse at home some patients who would otherwise have to be admitted to hospital.

Chiropody:

The Chiropody Clinic first opened in February, 1962 with two sessions per week at the Central Clinic. This was soon increased to three sessions, and in 1963, owing to the continually increasing demand a fourth session was added in April and a fifth in December. By September only the most urgent of new patients could be accepted and even then the waiting period was two months before treatment could be started.

Treatment is limited to pensioners—men over the age of 65 and women over 60—and occasionally to disabled persons. A charge of 2/6 is made for each treatment, but this is waived for those in receipt of National Assistance.

Miss J. Asbury, part-time Chiropodist reports:—

"Since my report on the 'Chiropody Service for Pensioners' for 1962, 188 new patients have been registered and the three sessions then worked have been increased to five. Also the waiting period for new patients is now two months. A sixth session is due to start in April, but I doubt if it will reduce the waiting list much, though, as there are so many old age Pensioners in the Borough.

The patients are beginning to be disappointed that, though they need to be seen every four weeks there is a time lag of two months or more between treatments. The snowballing effect of people telling their friends and relations about the Service is the cause of the influx of new patients.

This, in time, increases even more the delay between individual appointments.

In September new patients were refused appointments unless there was urgent need. The backlog was cleared in December when the fifth session was started, but it did little in helping the old patients to receive more frequent treatments.

Further sessions will be needed very soon, and before long a whole time chiropody service will have to be instituted."

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

	Jan	Feb	Mar	Apl	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
No. of appointments booked	115	92	92	140	96	112	140	112	56	140	112	146	1,353 (645)
No. of treatments given ..	82	73	81	136	91	101	135	106	52	129	100	134	1,220 (593)
No. of patients receiving National Assistance ..	23	24	33	46	32	39	53	41	16	44	36	36	423 (265)
No. of new patients ..	15	10	14	27	19	19	24	17	2	5	5	31	188 (184)
No. of appointments not kept or cancelled ..	33	19	11	4	5	11	5	6	4	11	12	12	133 (52)

(the figures in brackets refer to 1962)

It will be noticed that though the number of appointments and treatments given have more than doubled in 1963 the total number of new patients (188) is little more than in 1962 (184). This merely emphasises the fact that every new patient requires continuing treatment. It is seldom possible to write "discharged—cured" on their record cards.

How much does the chiropody service cost? From its inception on 27th February, 1962 till 31st March, 1963 707 treatments had been given at a gross cost to the local authority of £411. This works out at 11/7½d. per treatment. The real cost is much less however since £62 was received in contributions over this period. Furthermore the sum of £411 includes an initial capital outlay on equipment which will not recur in future years. By the end of 1963 the net cost to the authority had fallen to less than 7/- per treatment.

Fluoridation of Water Supplies:

The statement of the Minister of Health in December, 1962 that he was ready to approve proposals from Local Health Authorities for the fluoridation of water supplies was followed during 1963 by a general approval for this measure. This allowed the Council to make arrangements with water undertakings without further reference to the Minister.

Copies of the Ministry's official booklet "Fluoridation" were sent to all members of the Borough Council and the whole question was discussed at considerable length both in committee and in full Council. By a majority the recommendation of the Health and Welfare Committee was confirmed, namely that "the Council be recommended not to agree at this juncture to the addition of fluoride to the water supplies."

HOME HELP SERVICE

This service continued to expand during 1963. Towards the end of the year nearly 500 people were being helped each week by our 76 part-time home helps, and 958 in all had received help during the twelve month period. Some needed help for only a short time to tide over some domestic emergency; others had to have regular help of an hour or more every day of the year.

A home help must be prepared to do day-to-day cleaning, washing and ironing, cooking and shopping—in fact to run the household and take the place of the mother in the home. She should not, however, be expected to do heavy household washing, outside window cleaning, spring cleaning and “unnecessary polishing” nor to look after the needs of lodgers or guests.

The service is not only for the elderly, though these form the greater part. Any patients who are ill or infirm, and mothers having a home confinement are entitled to help on a doctor's recommendation. The domestic circumstances are then investigated to assess the amount of help needed, and a charge made according to the means of the applicant. The full rate, payable if the applicant's assessable income is more than £11 per week, is at present 4/3 per hour. Of this the home help receives 3/10½ (soon to be raised) and after six months' work she will be transferred to the permanent service if she has averaged more than 22 hours per week. She is then entitled to sickness benefit and holidays with pay.

Recruitment of home helps has continued to present difficulties but time spent in travelling to the outlying parts of the town from their own homes can now be counted for payment in certain circumstances. This has helped a little, particularly for work in the Goring and Findon Valley areas. But so long as the service is regarded as “just cleaning” recruitment of suitable home helps may always prove difficult because “cleaning women” can command more money on the open market. But the ideal home help provides something else; in a sense she should regard her work as a privilege. The Institute of Home Help Organisers put it this way:—

“Performing domestic tasks in someone else's home is never easy, and in addition home helps must care for sick, aged, convalescent and handicapped patients. Consequently the work is very demanding and sometimes unpleasant, but to women with a sense of community spirit it provides satisfaction and the feeling of a job well done in providing for those in need.”

The following table gives further details of the help given during the past 5 years:—

Category	1959	1960	1961	1962	1963
Aged persons	477	478	573	583	795
Maternity cases	62	55	53	36	44
Chronic Sick and Tuberculous	273	269	277	214	65
Others					
Total	812	802	903	833	732

The actual number of hours of help given during 1963 was 85,800 hours compared with 85,076 hours in 1962.

MENTAL HEALTH

Worthing Training Centre:

By the end of the year the West Sussex County Council's plans for the new junior training centre and residential home for mentally subnormal children deprived of a normal home life had been approved by the Ministry of Health. Meanwhile the centre at Brougham Road is scarcely adequate for the 72 mentally handicapped persons now attending. The pressure is only slightly relieved by the use of the nearby Methodist Church Hall in Lyndhurst Road for the older girls.

Not all those attending the centre are children. Of the 72 on the register 29 are over 16, the oldest being 38.

27 live in Worthing and the rest in nearby parts of West Sussex. All who live more than a short distance away are brought to and from their homes by special coaches.

The Work of the Mental Welfare Officer:

It is with regret that one must again use the singular number as Worthing still has only one Mental Welfare Officer. Indeed, during 1963 it would be fair to say that Worthing had only half a mental welfare officer since 50% of his duties were outside the Borough boundary. The Ministry of Health recommend an establishment of one mental welfare officer per 20,000 population, an 800% increase so far as Worthing is concerned.

In fairness to the County Council one must admit that there are serious problems of recruitment. An attempt to remedy the position is being made by the appointment of Welfare Assistants and secondment for further training. One such assistant for Worthing and district was appointed during the year, and in September he was seconded to the two year course in general social work at the North West Polytechnic in London.

The statutory duties of a Mental Welfare Officer are those of the one-time Duly Authorised Officer, namely organising hospital admissions and transporting patients. His social work is a personal service of advice and support for the mentally disordered patient and his family. He tries to prevent, if possible, further mental breakdown and the need for admission or re-admission to hospital, and to 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.

The work of the Mental Welfare Officer in Worthing is summarised in the tables that follow:—

Mental Illness:

Number of patients admitted to psychiatric hospitals:—

Mental Health Act, 1959	Males	Females	Total
Section 5 (Informal)	14 (11)	12 (10)	26 (21)
Section 25 (Observation—28 days)	1 (6)	14 (12)	15 (18)
Section 26 (Treatment)	— (2)	1 (—)	1 (2)
Section 29 (Observation in Emergency—3 days)	27 (22)	44 (30)	71 (52)
Section 60 (Court Order) ..	1 (—)	— (—)	1 (—)
Total	43 (41)	71 (52)	114 (93)

(the figures in brackets refer to 1962)

In addition, a further 39 patients (17 male and 22 female) were investigated, but not admitted to hospital.

Although the total number of admissions is given as 114, the actual number of patients admitted to hospital is 117, this being due to the fact that 7 patients were admitted twice.

The total number of hospital admissions shows an increase of 21 over the number of admissions for 1962, the figures for that year being 93 (41 male and 52 female).

The figures for admission 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 193, made up as follows:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Boarded out under Guardianship	1 (2)	4 (4)	5 (6)
In Psychiatric Hospitals ..	39 (40)	29 (29)	68 (69)
In Mental Nursing Homes ..	— (—)	— (—)	— (—)
In Residential Homes ..	— (1)	3 (3)	3 (4)
Boarded out in Private Homes..	3 (2)	1 (1)	4 (3)
Under Informal Community Care	45 (38)	68 (67)	113 (105)
TOTALS ..	88 (83)	105 (104)	193 (187)

(the figures in brackets refer to 1962)

The 113 under Informal Community Care include those attending the Training Centres on a daily basis.

During the year 11 new cases were referred to the Local Authority from the following sources:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Referred by relatives ..	2 (—)	— (—)	2 (—)
Referred by other Authorities ..	3 (1)	— (1)	3 (2)
Referred by Worthing Committee for Education ..	2 (1)	1 (—)	3 (1)
Referred by Health Visitors ..	1 (—)	— (—)	1 (—)
Referred by other sources ..	1 (1)	1 (—)	2 (1)
TOTALS ..	9 (3)	2 (1)	11 (4)

(the figures in brackets refer to 1962)

Short-term care was arranged for 4 patients. By this means it was possible to relieve for a time the otherwise continuous burden of responsibility on the relatives. One was admitted to a National Health Service hospital (the Forest Hospital), and 3 to residential homes able to cater for their needs.

There were no cases awaiting permanent hospital vacancies on 31st December, 1963.

Two new patients began attending the Junior Training Centre during 1963 and the number of Worthing residents on the register at the end of the year was 27.

SERVICES FOR HANDICAPPED PERSONS

The work of the Handicapped Services Officer continued to expand throughout 1963, and the number of persons on the register was 368 at the end of the year—an increase of 113 in 12 months.

Statistically the work can be summarised as follows, with that of the preceding year for comparison in brackets:—

Visits made	..	..	..	..	1,286	(1,149)
New patients added to register	..	..	..	..	119	(121)
Aids purchased	..	..	..	..	10	(11)
Aids loaned	..	..	..	..	91	(63)
Adaptations made to homes	..	..	..	..	23	(22)
Holidays arranged	..	..	..	..	14	(9)

Aids and adaptations:

Since July there has been a change in policy. All aids costing less than £3 are now issued free, and those costing more than £3 are returnable but supplied free on loan. Adaptations to homes (and holidays) are still subject to financial assessment of income. These include the provision of handrails, ramps for wheelchairs, sliding doors, etc., and are carried out by Mr. A. M. Cluer, Building Manager and his staff, whose helpful co-operation is much appreciated.

Several gifts have been made to the department during the year for which acknowledgement is gratefully made. These include two hydraulic hoists (value £70 each), one bedside commode (value £6) and several small items of equipment. The West Sussex Association for the Care of the Disabled has provided five walking frames (value £15) and two wheelchairs (value £22 each) for use in the Borough.

Ministry of Health Chairs:

A considerable amount of work has been done during the year in connection with Ministry Chairs. Following the doctor's request, advice is given regarding the most suitable type of chair for the patient and for use in his own home, e.g. door and passage widths, etc. With the co-operation of the Matron, trials are carried out at Gifford House. Mr. Philips, the engineer, assists most ably on these occasions, his knowledge of all types of chairs being extremely helpful.

Holidays:

Handicapped persons are eligible for the holiday scheme in certain cases. Holidays are usually for two weeks only. In 1963, 14 holidays were arranged and enabled relief from responsibility to be given to the relatives, with an opportunity for a holiday themselves. If the burden is heavy, or the home circumstances not too good, such a break can be enormously refreshing for the patient and those who look after him.

Liaison:

The Handicapped Services Officer and the Area Nursing Officer both attend the meetings of the Worthing Sub-Committee of the West Sussex Association for the Care of the Disabled (formerly Care of Cripples), and this link is very helpful, particularly for the needs of individual patients. Close touch is also kept with the Worthing and District branches of the British Poliomyelitis Fellowship (formerly the Infantile Paralysis Fellowship) and the Disabled Drivers' Association (formerly the Invalid Tricycle

Association).

There is a very good liaison too with the local hospitals. Before patients are discharged, this department is informed, so allowing, if necessary, the home to be visited and any necessary alterations made.

Once a month the County and Borough Handicapped Services Officers meet Dr. G. Holden, Consultant in Physical Medicine, at Courtlands Hospital for discussion. It is hoped that in the near future the Handicapped Services Officers and Occupational Therapists will follow this with an exchange of ideas on equipment and adaptations which have proved particularly valuable.

Craft Classes:

These are now held at Field Place on the first and third Thursday afternoon of each month. In the earlier part of the year they were at the Norfolk Hotel, but the accommodation was too cramped. Up to 25 disabled persons attend the classes which are run by the Worthing Sub-Committee of the West Sussex Association for the Care of the Disabled. The voluntary workers also help to organise parties and excursions as well as paying home visits. Transport of the patients (many of whom are very disabled indeed) is provided privately or through the Red Cross and the cost met by the Borough Council.

In attendance at the craft classes is the County's craft teacher. He works three days a fortnight in Worthing being also responsible for craft teaching in the home, and has a full case load.

The demand for attendance at the classes in Field Place far exceeds the number able to be accommodated, and at present no more patients can be accepted. However, it is hoped that it will soon be possible to open a Day Centre for the Handicapped at Field Place for one day each week.

Flatlets for the Disabled:

Two of the newly built Corporation flatlets in Dawes Avenue have been specially adapted for handicapped persons and in 1963 each was let to a severely disabled single person. These flatlets meet a very real need and it is hoped that further Corporation schemes will also set aside a small number for adaptation in this way.

Among the special features included are:—

- Pavement ramp and extra concreting for Ministry wheel chair and garage.
- Shallow sink and surgeon-type taps.
- Sliding doors.
- Control gear for windows.
- Lower bath and provision of bath rail.
- Alterations to light switches and power points.

These and other labour-saving devices go a long way towards helping the disabled to look after themselves and keep their independence.

Sheltered Employment for the Severely Disabled:

Sheltered workshops are provided under the Disabled Persons (Employment) Act, 1958 in close collaboration and with financial assistance from the Ministry of Labour. There are at present no sheltered workshops in Worthing.

Prospective workshop employees must be registered Disabled Persons and such registration is only granted to people considered to be capable of making a substantial contribution to their own support but so severely disabled that they are unlikely to obtain or keep employment under ordinary conditions.

During the year the Handicapped Services Officer made a survey of the disabled persons on her own register likely to benefit from the provision of sheltered employment. There were 17 such persons (12 men and 5 women) with ages ranging from 19 to 58. 7 were in employment but likely to require sheltered workshop facilities at some future period. The other 10 were unemployed and likely to remain so, their various physical disabilities being too severe to allow them to work under ordinary conditions.

In view of these relatively small numbers it does not seem likely that the Ministry of Labour will be prepared to approve the establishment of a sheltered workshop in Worthing at the present time.

PRIVATE DAY NURSERIES

There are 8 private day nurseries in Worthing. These are registered with the Borough Council 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 33 such visits were made.

PRIVATE NURSING HOMES

Under Section 187 of the Public Health Act, 1936 nursing homes have to be registered with the County Council. The powers of registration, inspection, etc. have not been delegated to the Borough Council though 33 of the 62 registered nursing homes in West Sussex are in Worthing.

At the end of the year the 33 homes provided a total of 493 beds and catered for medical, surgical, convalescent and maternity cases.

PRIVATE HOMES FOR THE ELDERLY OR DISABLED

These homes have to be registered with the County Council under Section 37 of the National Assistance Act, 1948. As with nursing homes the powers of registration and inspection, etc. have not been delegated to the Borough Council. At the end of the year there were 36 such homes in Worthing out of a total of 81 in the County as a whole.

Most of the 633 beds available are occupied by the aged and infirm who need looking after but no actual nursing care. 3 homes cater for the blind only and provide a total of 113 beds. One home is registered for aged, infirm *and* disabled (18 beds), and one for mentally disordered children (5 beds).

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.

Not infrequently one is asked to see an elderly person because, in the opinion of neighbours or relatives "she (or he) is no longer looking after herself properly and needs to be in a home." Often the provision of a district nurse and home help avoids the need for removal to hospital or welfare home. Where this is obviously essential it is usually possible with patience and tact to persuade the elderly patient of the need for admission. Only rarely is one met with adamant refusal, and in these cases the medical officer of health may have to consider getting a magistrate's authority to use compulsory powers. Before doing so, he must satisfy himself that the patient is aged, infirm or physically handicapped, or suffering from a grave chronic disease, that proper care and attention is not being given, and that the conditions in the home are "insanitary".

In only one case was it necessary to use these compulsory powers during 1963. Under the Amendment Act (which is used in an emergency) an order was obtained for the removal to Swandean Hospital on 24th January of an ill woman of 86 who urgently needed medical treatment. Unfortunately it was too late and she died a few days after admission.

Section 50. Burial of the Dead.

Under this Section of the Act it was necessary to arrange for the burial of eight persons 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.

The highlight of the year for the Water Safety Committee was the production of their film "After the Ball". This had its première in the Court Room on 17th May and excerpts were shown on the B.B.C. television programme "South at Six".

The film showed vividly the various dangers which can be encountered on the beach or when swimming or sailing, e.g. cut feet from broken glass, a poor swimmer drifting out to sea, and a boat capsizing through mishandling. The swimmer was played by a Windmill girl and there was a scene showing her rescue by helicopter.

The film has proved so successful and popular that there have been many enquiries and requests to buy or borrow copies. For example I.C.I. has bought a copy to show at its factories in inland towns.

Several other firms and local authorities have bought or hired copies of the film, and interest has been shown from as far afield as New Zealand and Tasmania. It has won a three star award in the Amateur Film Contest.

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:—

<i>Department</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Town Clerk's	6	1	7
Borough Engineer's	7	1	8
Borough Architect's	3	1	4
Medical Officer's	—	10	10
Borough Treasurer's	6	5	11
Borough Water Engineer's	2	—	2
Education	1	3	4
Entertainments	—	—	—
Borough Librarian's	2	7	9
Entrants to Training Colleges	15	27	42
TOTAL ..	42 (53)	55 (51)	97 (104)

(The figures in brackets refer to 1962)

Medical examinations carried out at the request of other Local Authorities in 1963 totalled 15.

Since September any prospective employee of the Borough Council has been required to complete a statement of medical particulars, (instead of undergoing a medical examination) which is scrutinised by one of the medical staff. In the event of any unsatisfactory medical history, an examination is carried out or further information is obtained (with the candidate's permission) from his General Medical Practitioner.

The following is a summary of the work done during 1963:—

Health Statements Completed

<i>Department</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Town Clerk's	3	2	5
Borough Engineer's	6	—	6
Borough Architect's	1	1	2
Medical Officer's	—	2	2
Borough Treasurer's	—	1	1
Borough Librarian's	—	1	1
TOTAL ..	10	7	17

PART III.

ENVIRONMENTAL HEALTH SERVICES

INTRODUCTION

This part of the report deals with the environmental as opposed to the personal health services. The work is one of the oldest statutory duties imposed on local authorities and if it proceeds less spectacularly than some it is because its success cannot be measured in the same way. The extent of the legislation now involved in this work touches some part of the environment of every citizen and yearly grows more complex.

As these powers become more widely known to the public more and more claims are made on the services available. In 1963 complaints and enquiries which had to be investigated increased from 1,085 in 1962 to 1,478—to an average of nearly 6 each working day. This is quite apart from an estimated twice that number of general enquiries for specialist advice or information on public health matters generally. An increasing number of complaints referred more to matters of neighbourly inconsideration rather than real public health significance. There would be much public support in Worthing for byelaws to control sporadic rubbish dumping and untended or overgrown gardens.

GENERAL INSPECTIONS

General inspections included the following:—

Houses	..	..	..	..	..	977
Factories	..	..	..	..	..	385
Food Premises, all types (excluding slaughterhouse visits)	..					1,466
Schools	..	..	..	..	..	6
Drainage	..	..	..	..	..	691
Smoke Equipment Readings	..	..	..	..	..	924
Smoke Observations	..	..	..	..	..	17
Shops Act	..	..	..	..	..	153
Pest Destruction	..	..	..	..	..	286
Mechandise Marks Act	..	..	..	..	..	24
Miscellaneous	..	..	..	..	..	1,843

675 notices were served and 464 notices complied with.

HOUSING

A survey of some of the older houses in the town revealed that 66 were so sub-standard that repairs could not be carried out at reasonable cost—an indefinable phrase depending so much on local circumstances. Most of these houses are occupied by tenants protected by the Rent Act, 1957, whose rents are well below their unprotected neighbours, a fact which generally accounted for the neglect of the property. The Council's statutory duty is clear but once an order has been made and the tenant has been rehoused, the value of the house invariably soars, so great is the demand for small central accommodation in Worthing. This has meant that many small houses approaching 100 years in age which would normally have become unfit or no longer acceptable to modern requirements have been perpetuated by radical repair and renovation brought about by economic necessity.

An increasing number of larger houses near the town centre and sea are being sub-let into flatlets or rooms, the rents of one unit of which sometimes exceed that of an entire neighbouring house subject to rent control. The law of supply and demand is amply illustrated here and there is no doubt that a large number of elderly pensioners who occupy

these units would find it impossible to live without National Assistance Board help—which takes into consideration prevailing rents. Most of the sub-let accommodation surveyed has revealed few glaring inadequacies so far as fundamental facilities are concerned. The absence of security of tenure in rented accommodation generally is undoubtedly the cause of the most hardship and there have been several instances of notices to quit being served after complaints had been made by a tenant to the health department about living conditions.

A short intensive campaign to spread information about the Council's improvement grants, in conjunction with a visit by Allied Ironfounders demonstration van, was carried out during the year. Over 800 houses out of an estimated 2,000 without bathrooms were visited, owners were written to and leaflets distributed. Co-operation from the press amply illustrated the benefits available but whilst much interest was awakened, little effective response resulted. The compulsion promised in the new Housing Bill is clearly now necessary.

Housing Inspections

Houses let in lodgings	119
Total number of dwelling-houses inspected (Public Health Act or Housing Act)	812
No. of houses repaired after informal notice ..	61
Statutory Notices served:	
(a) Public Health Act, 1936	18
(b) Housing Act, 1957	—
Defects remedied by:	
(a) Owner	10
(b) Corporation in default	1
Houses closed	—
Undertakings accepted	1
Demolitions to comply with Orders	1
Houses included in clearance areas (compulsory purchase order)	6

THE RENT ACT, 1957

With the progressive decontrol of rented property with a change of tenancy, this Act so far as the council is concerned is a dead letter. No application was received for certificates of disrepair and only 2 applications were made for cancellations, both of which were granted. Only 67 applications for certificates have been made since the Act came into operation.

Applications for Certificates of Disrepair:

No. of applications	—
No. of certificates issued	—
No. of undertakings	—

Cancellations of Certificate of Disrepair:

Granted	2
Refused	—

Certificate of Remedying Defects:

Applications	—
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CARAVAN CONTROL

Apart from the occasional itinerant vehicle this subject presents no problem in Worthing. 1 caravan which has a site licence has been in the same position for over 20 years. 2 short-term licences were granted during the year and another for 1 vehicle remained in force from the preceding year.

CLEAN AIR ACT, 1956

Worthing has been taking part in the national survey of air pollution since August 1961 and 3 recording instruments are maintained daily, Sundays excepted. The regular publication of the national figures clearly shows the wide variation between summer and winter pollution and the influence of atmospheric conditions. The effect on these measurements of increased traffic fumes during the summer has not been as noticeable as might be expected, but it has been confirmed by the Department of Scientific and Industrial Research that much of the visible fumes from commercial vehicles is largely preventable by correct operation and maintenance. In several instances the attention of operators has been drawn to vehicles emitting unnecessary smoke and fumes.

The intention of installation of new furnaces in certain instances must be notified to the Council and 16 applications were examined. An opportunity is given for any recommended modification to be carried out to ensure nuisance free operation. Usually the main concern, however, is the flue terminal and the Ministry's memorandum on chimney heights provides a valuable and simple means of calculating this. Occasional difficulties of building design prevented the increased height being met in a few new installations—when a change of fuel had to be made. Otherwise, the arrangement whereby the Planning Committee is advised regarding the adequacy of a proposed chimney height worked well.

FOOD SUPERVISION CHEMICAL SAMPLING

Food adulteration and the detection of it have undergone many changes since the methods adopted by the "ale conners" of the middle ages.* These methods may have been crude by our standards but they were doubtless effective and the punishment of offenders was severe. With the increasing use of additives, more detailed analytical examinations have to be used to determine irregularities, the harmful effect of some of which may be cumulative and not readily apparent when consumed. The need to produce and distribute more food from dwindling areas of cultivation has brought about the increasing use of chemical substances in production and manufacture. Real concern is growing that enough steps are not taken initially to ensure the safety of these materials and more adequate assurance on this should be forthcoming from the Ministries. Food sampling as a watch dog not only against deception but to protect public health is as justified today as it was when statutory duties were first required of local authorities.

The surprising feature of the year's sampling is that so many foods (16% of those sampled), drugs (20%) and milk samples (24%) received

*City of London Records show that if an ale tester suspected the presence of too much sugar in ale, a common test was to pour the ale onto a clean wooden bench. He would then sit in the ale in his leather breeches until the ale was dry. If on attempting to rise it was found that his breeches adhered to the bench, the adulteration with sugar was confirmed.

adverse comments by the Public Analyst. Most of these were minor irregularities it is true, usually relating to the absence of adequate information on labels, but it is amazing that some manufacturers do not consider more fully the legal requirements before marketing a product. The milk samples taken were from producers with a poor record of quality—the local dairy fully co-operates with producers' sampling reports to save duplication of work—and as analysis showed nothing to indicate deliberate adulteration or fat abstraction, no formal action could be taken. One sample of tomato soup mix purchased in the ordinary way by an inspector, was found to contain insect pupae. Other samples produced by nationally reputable firms which were criticised were hamburger and meat pudding, 15% deficient in meat (by Foods Standard Committee recommendations) and a tube of golden eye ointment found to contain aluminium particles, due to a defect in the metal tube.

In all the instances of unsatisfactory samples, informal discussions with the manufacturers resulted in satisfactory solutions and where necessary agreed alterations in designation or advertisement. No prosecutions were taken.

The following is a summary of samples taken:—

	No.	Genuine	Not Genuine
Dried Milk	2	1	1
Milk	38	27	11
Lollies and Ice Cream	10	10	—
Double Cream	3	2	1
Canned Meats	5	2	3
Canned Vegetables	1	1	—
Jellies	2	2	—
Cereals	7	7	—
Gelatine	1	1	—
Bread and Flour and Cakes	18	17	1
Cream Cakes	2	—	2
Vinegar	1	1	—
Cheese	4	3	1
Vegetable Spices	2	2	—
Medicines	25	20	5
Coffee	1	1	—
Chocolate and Sweets	2	1	1
Sugar Confectionery	5	5	—
Cordials and Health Drinks	12	11	1
Rice Pudding	3	3	—
Beer and Spirits	8	7	1
Miscellaneous Spiced Foods	10	5	5
Preserves	6	6	—
Peas	2	1	1
Pâté	1	1	—
Soups	2	1	1
Margarine and Butter	4	2	2
Fish	4	4	—
Suet	1	1	—
Dried Fruit	1	—	1
Miscellaneous	1	—	1
TOTAL ..	184	145	39

FOOD COMPLAINTS

These refer to formal complaints made to the department by members of the public regarding food purchased in the town. The number more than doubled (50) compared with those investigated in 1962 (23). Whether this is due to the publicity given to prosecutions, general deterioration in food handling or the public becoming less willing to accept this sort of occurrence is hard to say. Certainly many instances must go unknown either being dealt with satisfactorily on return to the shop or perhaps not followed up at all. Frequently a complainant would not have come to the department at all if the complaint had been received courteously on return to the shop—or if a similar instance had not been experienced before. There is no excuse for food deterioration as a result of improper stock rotation by the retailer but even so, a prosecution is seldom taken unless a previous warning had been given. Foreign matter in food ranged from a button found in a tin of imported meat pudding to a fly embedded in baby food. Ten complaints of dirty milk bottles or milk containing foreign matter seemed to have arisen as a result of increased automation at the dairy. Shop-sold milk seemed to result in the greatest misuse of milk bottles which might subsequently find their way back to the dairy. Non-returnable cartons were substituted in that trade in an attempt to reduce the risk. Seven prosecutions (4 milk, 3 other food), taken during the year resulted in 2 dismissed cases, 1 complete discharge and fines of £1, £10(2) and £20.

OTHER FOOD INSPECTION

Part of the inspectors' time is taken up, at a trader's request, in examining food, some of which is so obviously unfit that expert opinion is unnecessary. On the other hand a decision on food spoilage from refrigeration failure can be much more difficult and usually insurance claims are involved. An example of this occurred when 45 cwts. of sausages had to be destroyed. Altogether, 4 tons 6 cwts. of food was disposed of during the year.

MEAT INSPECTION

The Meat Inspection Regulations which came into force in October, imposed on local authorities for the first time a statutory duty to arrange for all meat to be inspected. An opportunity was also given to recover from the trade something of the cost of this service, up to certain maxima (2/6d. for cattle, 9d. for each calf or pig and 6d. for each sheep). The Council agreed to make these charges and many members felt that the whole of the cost incurred by the Council should be recoverable. The number of animals slaughtered at the only slaughterhouse in the borough was 16,924—1,093 fewer than last year—and 573 visits were made for inspection purposes only. More meat was rejected—11½ tons compared with 9½ tons which included 23 more pig carcasses, 15 more calves and 6 more cattle carcasses. Quite a lot of this was due to the very poor condition of some animals sent in for emergency slaughter and in one or two instances, sufficient evidence was available to bring in the R.S.P.C.A. inspector.

For the third year running, no carcasses were condemned for tuberculosis.

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	349	392	1,410	2,851	11,922
Number inspected	349	392	1,410	2,851	11,922
<i>All diseases except Tuberculosis and Cysticerci :</i>					
Whole carcases condemned...	3	10	38	18	53
Carcases of which some part or organ was condemned ..	76	182	8	106	1,991
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	22.7 %	48.9 %	3.3 %	4.3 %	17.1 %
<i>Tuberculosis only :</i>					
Whole carcases condemned...	—	—	—	—	—
Carcases of which some part or organ was condemned ...	—	—	—	—	13
Percentage of the number inspected affected with tuber- culosis	—	—	—	—	0.1 %
<i>Cysticercosis :</i>					
Carcases of which some part or organ was condemned ...	5	—	—	—	—
Carcases submitted to treat- ment by refrigeration ...	5	—	—	—	—
Generalised and totally con- demned	—	—	—	—	—

MILK

Heat treatment as insurance against infection has now become accepted despite initial objections that taste, nutriment and cream line would be affected. Untreated milk is still allowed to be sold and constitutes a remaining hazard from animal as well as adventitious human infections. The much improved health of cattle and safer methods of milking have reduced many of the risks but the brucella abortus organism is still found in raw milk sampled at the dairy before pasteurisation. Brucellosis or undulant fever in man is still discovered in parts of the country though the symptoms are often obscure. The disease is not notifiable and it is encouraging to know that the Ministry of Health is at last to set up an inquiry into the effectiveness of the existing controls. The amount of raw milk sold in Worthing is very small and the supplies of the 7 producers concerned are sampled monthly.

A disturbing feature, following the extension of the use of antibiotics in animal husbandry, has been the increasing presence of these in milk. Traces (0.015 international units per millilitre) have even been found in bulked pasteurised milk samples taken in Worthing. Confusion still exists about the time and extent to which milk from a treated cow should be

rejected from the public supply and whilst positive samples are taken up by the department immediately with the producer, supervising and county authorities, the whole position is most unsatisfactory. A clear policy backed by legislation if necessary is needed.

Details of licences and samples taken for statutory and biological tests are given:—

Licence holders:

Dealers "Tuberculin Tested"	..	7
„ "Pasteurised"	..	8
„ Prepacked Licences	..	64

Milk from approximately 140 producers is processed daily at South Coast Dairies, Worthing.

Sample Results:

	1960	1961	1962	1963
No. of samples examined for organisms	58	63	87	93
M. Tuberculosis—Positive	—	—	—	—
Brucella Ring Test—Positive	13	8	15	11
Brucella Abortus—Positive	1	2	6	6
Brucella Melitensis—Positive	—	1	2	—

Samples submitted for phosphatase and methylene blue tests:—

<i>Designation</i>	<i>No. taken</i>	<i>Unsatisfactory</i>
Tuberculin Tested	37	2
Tuberculin Tested (pasteurised)	47	3
Pasteurised	64	3
Sterilised	16	—

ICE CREAM

Once a summer luxury, ice cream has now become more of a part of our all the year round diet and proper treatment on manufacture has made it one of the safest of all foods. Bad handling can destroy much of the protection initially provided however, when ice cream is sold loose and the effectiveness of techniques employed with the now popular soft ice cream illustrate this. The cleanliness of this type of ice cream depends a good deal on how closely the operative follows the manufacturer's instructions for cleaning and operating the machine. All the unsatisfactory samples (grade 4) given below were of soft ice cream taken from premises or vehicles and all were followed up by education of the employee in the correct procedure. The greatest weakness exists in the absence of effective control of ice cream—and indeed all food—sold from vehicles. The occupier of fixed and rated premises is subjected to registration and regular inspection and yet similar standards cannot legally be applied to a mobile trader selling exactly the same food. By his very mobility, inspection even is made more difficult and powers to license vehicles and apply similar standards to those for fixed premises are long overdue.

Results of samples taken for bacterial quality were:—

<i>Taken</i>	<i>Grade 1</i>	<i>Grade 2</i>	<i>Grade 3</i>	<i>Grade 4</i>
69	59	5	0	5

GENERAL FOOD PREMISES

<i>Kinds of Business</i>	<i>No.</i>
Restaurants, Cafes and other premises selling meals ..	415
Grocers, Dairy Shops ..	146
Butchers, Fishmongers and Fish Fryers ..	97
Fruiterers, Greengrocers ..	72
Bread and Flour, Confectionery ..	52
Confectioners, Tobacconists, etc. ..	113

A town like Worthing ought to be able to require and maintain the highest standard of cleanliness in food shops and food handling generally and it is right that the Council should take the view that the Regulations must be strictly enforced. Public interest in this subject is more noticeable and more complaints are received about examples of bad practices. Effective control over the standard and facilities of premises can be applied but the safe handling of the food depends so much on the personal standards of the employee. Far too much actual touching by employees of food which receives no further washing or cooking before consumption, still takes place and more education is needed in the greater use of less natural equipment. Co-operation exists between the department and the licensing justices in order to achieve the highest desirable standards of premises where applicable and reports were given on 37 applications under the Licensing Act, 1961. Visits made to all food premises totalled 1,466 and 127 requests for compliance with the Regulations were made. One food handler was fined £5 for smoking but otherwise no prosecutions were required during the year.

COMMON LODGING HOUSES

There are no such premises in the Borough.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

1 business is 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

Satisfactory control continues to be exercised by the two operators engaged full time in this work. Apart from piggeries in East Worthing adjoining the Council's tip there are no serious recurring infestations and test baiting in sewers showed that no extensive treatment was necessary. A contract is being negotiated with British Railways to enable the Council to treat all its land and buildings in the borough and this will enable suitable measures to be taken in time to prevent occasional infestations from building up. Still too many rats are encouraged by householders throwing out food onto the ground for birds, particularly during the winter. The provision of a bird table would do much to reduce the attraction. Details of work done:—

No. of complaints—Rats ..	453
Mice ..	108
No. of premises cleared of rodents ..	582

	Central & Local Govt.	Dwelling houses	Business premises etc.	Agricul- tural	Total
Rats (Major) ..	—	—	—	—	—
(Minor) ..	38	406	70	11	525
Mice (Major) ..	—	—	—	—	—
(Minor) ..	8	65	45	7	125
Total number of inspections ..	210	1,511	681	526	2,928
No of premises cleared found to be infested on survey ..					160

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

OTHER PESTS

Various insects are brought to the department from time to time to determine whether they are of any public health significance. Occasionally it has been necessary to seek the help of the British Museum in identification. Recurring infestations of mosquitoes in the vicinity of Brooklands were treated during the year and it was necessary also to treat areas of the beach for the beach fly, "*coelopa frigida*" which became a nuisance on a few occasions during the late summer and autumn.

More complaints are received nowadays about the nuisance caused by pigeons in the town and since April, 1962 the Council have employed a contractor to exterminate as many as the limited expenditure allotted allows. Since this date, over 2,000 birds have been humanely destroyed but as breeding continues for most of the year the problem may have to be tackled more energetically. The birds are encouraged in many areas of the town by residents who are clearly not affected by the nuisance caused and with whom remonstrance is seldom successful.

MAIN DRAINAGE

The provision of drainage to replace cesspools in some areas of the borough has continued slowly and laboriously. At the end of 1963, 318 premises, mainly houses, were not connected to the main sewerage system—20 years ago the number was 600—and 52 houses had been connected to sewers laid during 1963. The work is made more difficult when adverse ground levels make connection to a sewer laid in the main road impossible and agreement has to be reached with owners to contribute towards a private sewer laid in their own property. Every financial consideration is given by the Council but invariably a scheme falls through because one or two owners refuse to co-operate.

FACTORIES AND SHOPS

The Factories Act imposes on local authorities the responsibility for ensuring that satisfactory lavatory accommodation is provided in factories and shops. Few difficulties were experienced in this though no standard exists for the number of conveniences for shop workers. Office and shop working conditions will be made subject to control when the new Act comes into force in 1964.

There are 292 factories in the town, mostly small and details of work carried out under the Factories Act, 1961 are as follows:—

FACTORIES ACT, 1961

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	21	34	4
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	271	326	43
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises).	34	25	2
TOTAL	326	385	49

2. Cases in which DEFECTS were found.

Particulars	Number of cases in which defects were found			
	Found	Remedied	Referred	
			To H.M. Inspector	By H.M. Inspector
Want of cleanliness (S.1.)	—	—	—	—
Overcrowding (S.2)	—	—	—	—
Unreasonable temperature (S.3)	1	—	1	—
Inadequate ventilation (S.4)	—	—	—	—
Ineffective drainage of floors (S.6)	1	1	—	—
Sanitary Conveniences (S.7)				
(a) insufficient	—	—	—	—
(b) unsuitable or defective	59	30	—	—
(c) not separate for sexes	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	10	—	10	—
TOTAL	71	31	11	—

OUTWORKERS

Nine local firms employ 37 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)

Nature of work	Section 110			Section 111		
	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	37	—	—	—	—	—

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 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 in 1965.

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.
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 121,269.

All properties are supplied from the public water mains, connected direct to the houses except for approximately 510 houses with a population of approximately 1,396, which have private water supplies. This information is summarised below:—

99 houses with population of 256—private wells and rainwater tanks.

411 houses with population of 1,140—piped supplies from private sources.

119,873—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. Eight samples of the bath water were submitted for bacteriological examination and found to be satisfactory.

In October, the Council finally gave their approval for the preparation of designs for new swimming baths on the Beachfield site. In addition to a 110 foot pool the scheme is to include a learner's pool, sun deck, drying room and accommodation for 500 spectators.

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.

COMPOSTING OF SEWAGE SLUDGE AND REFUSE

In July the Council gave its authority to a scheme for composting refuse tailings and sewage sludge. Tenders for the necessary plant and machinery were invited and four specialist firms submitted estimates. In December the Council approved the Health and Welfare Committee's recommendation to accept the tender of Head Wrightson, Stockton Ltd.

The effect of composting is to "pasteurise" the waste material by raising its temperature (through fermentation) to a level lethal to pathogenic organisms. The end product becomes bacteriologically harmless. This means that sites near water boreholes not previously available for tipping purposes are now perfectly suitable. Without composting, the tipping of refuse tailings and sewage sludge on ground which is part of a water catchment area carries the risk of polluting underground water supplies.

PART IV.

SCHOOL HEALTH SERVICE

SCHOOL POPULATION

The number of children on the rolls of maintained schools at the end of 1963 has slightly fallen compared with the previous year, as is shown on the following table:—

Type of school	Number of schools		Number on roll	
	1962	1963	1962	1963
Primary	15	15	4234	4105
Secondary:				
Grammar	2	2	1374	1382
Technical High ...	1	1	519	499
Modern	5	5	2670	2596
Special	—	1	—	78
Total	23	24	8797	8660

The children attending the special units (the partially hearing at Downsbrook Primary School and the emotionally disturbed at the Remedial Centre) are included in the above figures. Those attending the Remedial Centre, whether part-time or full-time, remain on the registers of their own schools.

In addition to the 24 maintained schools, there were in Worthing in 1963 12 independent schools providing full-time education (day or boarding) for 1,304 pupils whose ages ranged from 4 to 18+. This excludes the 8 private day nurseries (see page 71) some of which have nursery school facilities.

MEDICAL INSPECTION

The arrangements for the medical examination of school children remained unchanged, every child being seen routinely at least three times during school life, normally at 5-6 years, 11-12 years and at 14 plus.

Towards the end of the year the Headmaster of one of the independent preparatory schools for boys asked if medical inspections (and the other facilities of the School Health Service) could be extended to his school. Under the 1944 Education Act the Local Education Authority can do this, and by the end of the year formal approval was being sought. If this provision of the Education Act were more widely known, it may be that other independent schools would follow suit.

At medical 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 problems 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 parents 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.

At periodic medical inspections, 2,561 pupils were examined compared with 2,821 in 1962. The general physical condition was again recorded as satisfactory in 100%. At these inspections 453 children (17.7% of those examined) were found to require treatment for some condition. As in previous years by far the commonest defect discovered was impaired visual acuity. 350 such children were referred for treatment—77.3% of those with defects and 13.7% of all who were examined.

Table A on page 106 shows the number of children referred for treatment in the various age groups. It will be noticed that among children born in 1956 or earlier (i.e. 5-7 year olds) 32 were found to require treatment for defective vision other than squint. The corresponding number found the previous year was only 12, though the total number of children

examined was only a little less (671 compared with 743). I believe this to be due to the greater efforts made to test the vision of school entrants. This is not always easy because very young children are often too shy to co-operate, or they may not yet know their capital letters. By using an "E" card or picture card, however, reasonably accurate testing can be done, though sometimes great patience is needed. Since January, 1963 a much higher percentage of school entrants have had their vision tested; previously this was not done as a routine until the children reached the age of 7 or 8. Routine vision testing at this age by school nurses has continued.

The importance of seeking out visual defects early in a child's life cannot be over-estimated. Quite apart from the need to correct refractive errors by prescribing suitable glasses, there are a surprising number of children with amblyopia ("lazy eye") with or without some degree of squint who require treatment. The sooner this is begun the more successful the final result.

Cleanliness Inspections:

These are carried out by the school nurses every term in the infant and junior schools. Routine examinations of secondary school children have not been made since 1955, though individual older pupils are seen from time to time and classes of children of any age are examined at the request of a Head Teacher.

In 1963, 5,772 individual examinations were made and 8 pupils were found to be infested with head lice or nits. The table below shows the pattern over the past 10 years. Table C (on page 106) gives further details. Some improvement has taken place, but there is still a need for these inspections to continue.

Year	Total number of individual examinations	Total number of individual children found to be infested
1954	17,526	79
1955	17,707	39
1956	7,948	61
1957	7,393	33
1958	9,308	29
1959	6,585	24
1960	4,452	15
1961	5,871	24
1962	4,267	6
1963	5,772	8

MEDICAL TREATMENT

Statistics:

The percentage of children examined in the three main age groups and found to require treatment was 17.6 compared with 20.6 in 1962. Table D on page 107 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 are shown on pages 45 and 46.

(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 fallen 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 62 children made 168 attendances. A comparison with earlier years is shown below—

Total number of attendances:

1959	..	..	..	..	548
1960	..	..	..	..	387
1961	..	..	..	..	303
1962	..	..	..	..	160
1963	..	..	..	..	168

(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	..	..	21	(31)
Old patients seen	..	..	36	(28)
Total number of attendances	..	..	94	(93)

(The figures in brackets refer to 1962)

The following table, which includes 29 pre-school children, analyses the cases examined at the clinic during 1963:

	No. of				TOTAL
	BOYS		GIRLS		
	School	M.C.W. (Under 5)	School	M.C.W. (Under 5)	
Club foot	1	—	—	—	1
Dislocation of hip	—	—	1	—	1
Spastic paralysis	2	1	2	—	5
Spina Bifida	2	—	1	—	3
Torticollis	—	1	—	—	1
Bow legs	1	1	—	1	3
Knock knees	1	5	1	—	7
Abnormalities of spine ..	1	—	6	—	7
Flat feet, etc.	16	8	10	11	45
Poliomyelitis (paralyses or pareses)	4	—	5	1	10
Fractures	—	—	—	—	—
Tuberculous joints	—	—	—	—	—
Perthe's disease	1	—	—	—	1
Apophysitis of the os calcis, etc.	—	—	—	—	—
Osgood-Schlatter's disease	—	—	—	—	—
Pseudo-hypertrophic muscular dystrophy	—	—	2	—	2
Other conditions	—	—	—	—	—
Total	28	16	29	13	86

During the year six school children received in-patient treatment at the Royal National Orthopaedic Hospital in Stanmore, Middlesex, and seven children were supplied with orthopaedic appliances (through the National Health Service). Seven 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 45). Children are referred for treatment by the orthopaedic surgeon, by the school doctors, and by general practitioners.

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	10 (44)
Old patients treated	9 (12)
Total number of attendances ..	190 (200)

(The figures in brackets refer to 1962)

Owing to illness, the clinic was without the services of a physiotherapist for 6 weeks during the earlier part of the year.

(d) *Eye Clinic:*

This is now held every Thursday 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 11 children with squints needed operative treatment and many were treated by the orthoptist (see below).

Number of children seen	..	..	347	(331)
Total number of attendances	..	..	381	(349)
Number for whom spectacles prescribed	..	..	296	(270)

(The figures in brackets refer to 1962)

(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.

Number of sessions held	..	..	194	(178)
Number of school children treated	..	..	159	(187)

(The figures in brackets refer to 1962)

(f) *Speech Therapy Clinic:*

The need for increased speech therapy provision (mentioned in last year's report) was finally met in November, 1963 when it became possible to increase the number of sessions from two to four. One of the County speech therapists continued to attend all day on Thursday and provide treatment. For the most part this was given in the Central Clinic, but some in the schools. In addition to this she was able in the last two months of the year to visit the newly established George Pringle School for educationally subnormal children every Tuesday. (See the Head Teacher's report on page 99).

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

Number of sessions	..	..	108	(89)
New patients seen	..	..	29	(13)
Old patients seen	..	..	28	(48)
Total number of attendances	..	..	525	(407)

(The figures in brackets refer to 1962)

(g) *Child Guidance Clinic:*

The Child Guidance Clinic in Southey Road is under the direction of a Consultant Psychiatrist, Dr. M. Aldridge, 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 3 cases in which the child concerned lives in the Rural District though attending a Worthing school.

Total number of children referred—65 (2 under 5 years).

Number fully investigated:—

(a) Help recommended	35	(26)
(b) Help declined	2	(5)
(c) Diagnosed only	7	(7)
(d) Recommended for school for maladjusted children	1	(2)
(e) Recommended for adolescent unit	—	(1)
	45	(41)
Number who received psychological examination only ..	1	(2)
Number partially investigated by 31.12.63	4	(3)
Number withdrawn before fully investigated	3	(7)
Number withdrawn before investigation begun	9	(14)
Number awaiting investigation on 31.12.63	3	(14)
TOTAL	65	(81)

(The figures in brackets refer to 1962)

I am indebted to Dr. M. Aldridge for the following comments on the work at Worthing Child Guidance Clinic:

"It has been a year of change and uncertainty; one in which unwished-for resignations not only decapitated the Clinic with the loss of the Director, Dr. Shadforth, but disarmed it also with the resignation and impending departure of Mr. Barron the psychotherapist.

Dr. Ball acted as a locum here for two sessions a week from January to June, when she left to concentrate on her work in London. I succeeded her as locum tenens in July. At the close of the year, no successor to Dr. Shadforth being in command, I continued as locum.

There was a small recrudescence of school refusals towards the end of the year, and the tried remedies worked out during the "epidemic" of school refusals in 1957 were re-applied successfully.

The ability of the Remedial Education Centre to be truly remedial as well as educational was proved repeatedly during the year, and over all kinds of problems; the Centre's ability to "hold" and support a child exposed to acute and severe environmental stress was often a godsend. The Clinic is certainly enriched by its close link with the Centre.

Dr. Shadforth maintained his regular seminars with family doctors and school medical officers, and the Clinic continued to hold the position of respect which it has gained in the community.

No particular type of referral seemed to predominate this year, though it might be that parents were referring some of their more minor problems for advice and referring them earlier in their evolution.

Two social science students, one from Hull University and one from Liverpool University, were seconded to the Clinic during the summer months. This was felt to have been both useful and interesting and might with advantage be arranged in the future."

DENTAL INSPECTION AND TREATMENT

In September the School Dental Clinic finally lost the services of Mr. F. Winbolt Lewis. Asked to "help out" in 1950 Mr. Lewis stayed with us as a part-time dental officer for 13 years. His gentle and kindly ways endeared him to the thousands of boys and girls he treated and he will be remembered with affection by them. We all wish him a long and happy retirement.

The dental clinics continued to be held in the Central Clinic, and the Area Dental Officer is a full-time officer for Worthing. Approximately 1/11th of his time is devoted to work with expectant and nursing mothers and with pre-school children (see below).

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 1963 (those in brackets are for 1962).

Number of pupils seen at routine inspections	... 6,370 (8,508)	6,547 (8,686)
Number of pupils seen at special inspections	... 177 (178)	
Number of pupils needing treatment	... ..	2,027 (2,907)
Number of pupils offered treatment	... ..	2,072 (2,907)
Number of pupils actually treated	... ..	1,306 (1,243)

These figures show that 31% of pupils, or just under 1 in 3 needed dental treatment. 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 1963:—

Number of children treated	...	...	...	1,306 (1,243)
Number of attendances made for treatment	...	...	...	2,924 (3,012)
Number of half day sessions devoted to inspections	42	(58)	}	573 (603)
Number of half day sessions devoted to treatment	531	(545)	}	
Number of fillings (a) permanent teeth	...	1,895 (1,891)	}	3,463 (3,184)
(b) temporary teeth	...	1,568 (1,293)	}	
Number of teeth filled (a) permanent teeth	...	1,690 (1,603)	}	3,258 (2,895)
(b) temporary teeth	...	1,568 (1,292)	}	
Number of extractions (a) permanent teeth	...	103 (125)	}	704 (892)
(b) temporary teeth	...	601 (767)	}	
Number of general anaesthetics administered	...	...	...	111 (179)
Number of pupils supplied with artificial teeth	...	...	...	2 (4)
Number of other dental operations performed:				
(a) permanent teeth	...	249 (450)	}	818 (785)
(b) temporary teeth	...	569 (335)	}	

(The figures in brackets refer to 1962)

42 half-day sessions were devoted to inspections in the schools, and 6,370 children were seen. This gives an average of 151.7 examinations per sessions (146.7 in 1962).

The figures also show that 2,924 children attended the clinic for treatment at 531 sessions, giving an average of 5.5 pupils treated per session (the same as in 1962).

Orthodontic treatment:

This refers to treatment designed to straighten crooked teeth by the use of certain appliances, judicious extractions, and other means. 109 attendances were made during the year for this purpose, and 4 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 schools. 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 108 shows the number of children in each category. At the end of 1963 there were 69 children on the registers of special schools, and a further 29 were receiving education in special classes or units. No children were being educated in hospital but 7 were receiving some teaching in their own homes.

The increase in the number of children on the registers of special schools (69 compared with 45 in 1962) is largely accounted for by the opening in September of the George Pringle School for educationally sub-normal children. At the end of the autumn term 39 of the children attending there were Worthing pupils, and most of these had previously been at the special units, now closed, at Elm Grove and Downsbrook Primary schools.

During the year 29 children were assessed as needing special educational treatment and 22 were suitably placed. 13 were still awaiting placement at the end of the year.

Deaf and Partially Hearing Children:

The testing of hearing (as of vision) is best done soon after a child begins school though it is, of course, more time consuming at this age. The majority of the 1,600 children who were routinely tested in 1963 were school entrants aged 5 though some were older. Several children had to be tested more than once, but only one had to be referred for further audiological investigations. The method used to test children's hearing is called "sweep-testing", and is done by School Nurses using a pure-tone audiometer. 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. Four of the five children attending this class are from Worthing, and they are taught by a full-time qualified Teacher of the Deaf. 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 to these children in the special class there are four Worthing children in boarding schools for the deaf and a number of partially hearing children at ordinary day schools. Two of the latter are visited every week by the teacher of the deaf and a further three from time to time. Practical help is given in reading, comprehension, arithmetic, and the pronunciation of unfamiliar words.

At the end of the year two pre-school children, aged $3\frac{1}{2}$ and 4, one nearly deaf and the other with partial hearing, were being visited regularly in their homes by the teacher of the deaf and given auditory training. Both are likely candidates for the special class when a little older.

Children with hearing aids:

Seventeen Worthing children are known to have hearing aids, distributed as follows:

In boarding schools for the deaf	..	4
In the Downsbrook Special Unit	..	4
In normal schools	.. ..	6
Pre-school children	.. ..	3
TOTAL		17

One of the pre-school children and three of those attending the special class use two hearing aids, one in each ear.

Most of the aids being used are of the National Health Service "Medresco" type, but during the year three children (two in the unit and one pre-school) were supplied with commercial hearing aids paid for by the Local Education Authority. This kind of aid is needed if the hearing loss is very severe, or if there is a sharp perceptive loss in the higher frequencies.

Educationally Subnormal Children:

1963 saw the opening of the George Pringle School (named after my predecessor), and I am grateful to Mr. G. E. Pickett the Head Teacher for the following paragraphs which are extracted from his first reports to the School's Managers:

"The school assembled for the first time on 11th September, 1963 with an assistant teaching staff of five—made up of two lady teachers, Mrs. A. Whiteway and Mrs. E. Dyer, formerly at the remedial classes at Downsbrook and Elm Grove, and three men—Mr. N. Burton (Deputy Head) from Leicester, Mr. J. Roberts from West Tarring, and Mr. J. Toley direct from a mature students' course at Brighton Training College.

The number of children enrolled on the first day was 76. Now there are 80 children on roll—52 boys and 28 girls. Of these, 43 are from the adjoining county area of West Sussex and 37 from inside the Worthing Boundary. In the 43 from West Sussex we have children from Henfield, Lancing, Shoreham, Southwick, Steyning, Storrington, Patching, Clapham, Thakeham, Rustington, East Preston, Ferring and Angmering. For the conveyance of children too and from school there are two buses and three taxis. Two children have bus passes, and a dozen children live sufficiently near to be able to walk to school.

The 80 children on roll have an "age spread" as follows:—

6 years of age	1
7 " " "	6
8 " " "	7
9 " " "	16
10 " " "	13
11 " " "	18
12 " " "	14
13 " " "	4
15 " " "	1

Eventually, when the school has been running for a while so that the back log is as it were taken up, it is hoped that the yearly intake will be roughly the 7 year level. Obviously it is far preferable from all points of view to take children at this early age. By bringing them into the very special environment of the special school where the work is at such a level that they can attempt it with real prospect of success, one obviates much frustration that must arise when a backward child is left to struggle at the bottom of a class for years, and to develop a defeatist attitude most difficult to overcome. Such an attitude can become most pronounced and inhibiting by the time a child reaches Secondary school age. Further, of course, by taking a child at 7, one has all the longer to devote to his educational, social and emotional development.

Among the 80 children, there is quite an incidence of physical defect (32 children have one physical defect or another). There are 4 cases of cerebral palsy with varying measures of spasticity, 1 with a congenital dislocation of the left hip, 1 with shortening of tendons, 1 with hernia, 2 diabetics—1 of whom has had a series of bad "turns", 5 with petit mal or other epileptic tendencies, 2 with congenital hearts, and a number with vision and speech defects. Those with poor sight (25%) are refracted regularly, and those with speech defects (25%) have regular speech sessions with the speech therapist every Tuesday morning.

As may be imagined from the above, our Welfare Assistant, Mrs. Tenney, is a very valued and in fact, indispensable member of staff. As is usual in special schools, she copes with a variety of tasks concerned with the welfare and well being of the children. On arrival at school in the morning, she superintends those children who arrive early—sometimes half an hour before school officially starts; she helps in dressing and undressing the younger children both when they come and when they leave school—and some of them do need a lot of help; she helps with the general grooming of the younger children—washing, cleaning nails, combing hair; she superintends visits to the toilet as necessary; she supervises girls in the changing room or showers following P.E. lessons—the children have to change in a different room from the shower room and obviously the teacher can't be in both places, and with E.S.N. children it is not wise to leave them unsupervised; she deals with children who mess or wet themselves, and gives baths where needed; she deals with accidents of all kinds—our children being more accident prone than children in Primary and Secondary Modern schools owing to physical disabilities and the clumsiness, ungainliness, and general lack of co-ordination of most E.S.N. children, there are many "first aid" calls especially during the longer lunch-time break; she would go to hospital with a child if necessary, or take one to the clinic; she sits with the children at lunch-time (as all the teachers do) and helps the younger children with whom she sits; she attends to the personal hygiene of the senior girls. In addition to all the above she assists the teacher in the reception class with groups of children, and now that we have regular speech sessions each week, she will be supervising individual speech practice during the week. I cannot speak too highly of her services.

I would like to comment too, on the excellent work put in by the secretary, Mrs. Smith, who has done all asked of her and more, and by Mr. Sheward our excellent caretaker who takes a real pride in "our school".

I am very grateful too, for the close co-operation given by the cook, Mrs. Appleton, and her staff of helpers. The meals are excellent and I feel too, that Mrs. Appleton and her staff have a real sympathy for and interest in the children.

The teaching staff, led by Mr. Burton, have done and are doing excellent work, and I feel that we are all moulding into one 'family' which in a school of this kind is most essential.

During this first term quite a number of parents have visited the school, either to look around generally and discuss their children with us, to join in our Harvest Festival Service which was held on Monday, 21st October, or to attend the annual medical inspection conducted by Dr. Aitken.

While staffing is adequate for present numbers, it is expected that by January, 1965 numbers of children will have risen to 120 or thereabouts, and one trusts that provision can be made in the estimates for three more teachers so that our ultimate staff would be eight assistant teachers for 120 children. When the next 'batch' of children is admitted it is hoped that the first of the three extra teachers can be appointed.

The Carol Service took place on Friday, 13th December, Lessons were read by two of the girls and by the welfare assistant, Mrs. Tenney and the caretaker, Mr. Sheward. In addition to the carols sung by all the children and the visitors there were items from individual classes. The service was well attended by parents from a wide area. After the service, the parents visited the classrooms, saw the children at work and talked with the teachers and myself. Invariably they seemed grateful for what is being done for their children, and they seemed to welcome too, the chance to talk with other parents. Some parents have commented on this aspect to me since, saying how good it is to be able to talk to other parents with similar problems."

Maladjusted Children:

Day educational treatment of maladjusted children is provided at the Remedial Centre in Richmond Road. During the year the teacher-in-charge, Mr. G. Dann, resigned and was succeeded by Mr. H. Shaw to whom I am indebted for the following report:—

"The first class was started in September, 1957, by my colleague and predecessor, Mr. G. Dann, the aim being to provide for children of primary age only. However, it soon became necessary to take note of the urgency of cases involving children of Secondary School age, who take more than half the places at the Centre. The Remedial Centre is available to children in the Child Guidance Clinic catchment area who attend from Storrington, Shoreham, Rustington, etc., although fewer from the Littlehampton area are coming to the Worthing Class since the formation of a new Remedial Class in Littlehampton, last September. The teacher of this class also works closely in conjunction with the Worthing Child Guidance Clinic.

Since September, 1959, there have been two Remedial Classes in Worthing which are now well established and, by dint of working closely with the Clinic, these classes provide a means of helping emotionally disturbed children to become better adjusted. All children attending the Remedial Centre do so on the recommendations of the Consultant

Psychiatrist, Dr. M. Aldridge, who is the Director of the Clinic. This recommendation follows after full discussion by the Clinic team, which also includes Remedial Teachers, Educational Psychologist and Psychiatric Social Worker. In certain cases psychotherapy is provided in addition to any educational programme at the Centre. Furthermore the Psychiatric Social Worker has a most important part to fulfil in the overall treatment plan by seeing parents regularly for interviews.

Each Remedial Teacher provides four morning and four afternoon group sessions and from four to six individual remedial teaching or observation sessions.

Children from Primary, Secondary Modern and Grammar Schools, covering an age range of 5 to 16 have been, and are being helped. It was originally thought that only children of average or above average intelligence would be suitable for sessions at the Remedial Centre. In practice, however, it has also been shown that children falling in the category of Low Average Intelligence have also gained from their attendances at the Centre. Over the years the average weekly case load between the two classes has been from 45/50 either in groups or for individual sessions.

During the past year there has been good liaison with the Clinic who find in an increasing number of cases that the Centre plays an important part. For example, where long standing friction between parents threatens the marriage, children have been helped through their period of stress by attending activity groups, which, with their relative freedom, can allow children to give vent to their feelings through the use of various media such as modelling in balsa, clay or wood or in the use of percussion instruments in music.

It has been possible to help children resident in West Sussex area, even where the original request for such help came from Psychiatrists in areas outside West Sussex. In such cases liaison takes place with Clinic, Remedial Centre and Referring Hospital. Cases such as these highlight the complexity of problems that continue to be presented and which emphasise the strong need for a team approach.

For some years now it has been felt that Clinic work has been hampered by the lack of a hostel for adolescent children organised and controlled by the Guild Guidance Service. It has always proved difficult to place children of 13+ in residential schools for Maladjusted Children, which has often made it necessary to accept priority cases for full time attendance at the Centre, thus reducing the number of places available for younger children and those needing part-time sessions. If a hostel were available, the danger of losing contact with these children after school-leaving age, would be overcome. They would then not be risking deterioration to a point where the alternative was hospitalisation, or being put into the care of the Children's Department, or where their deteriorated state caused them to behave in such a way as to lead them to an approved school or to Borstal.

Last year we were very pleased when Mrs. Field joined us as a new colleague and in her first year she has done some very successful work with quite difficult children in her group. For example:—

(i) One boy of 15 years with a long history of bad school attendance came to the Centre a virtual non-reader. It was decided to start him off with a new method of learning to read and the new Pitman's Initial Teaching Alphabet was used. His progress was rapid and the change over to

reading conventional print was accomplished without difficulty. After two terms he could read books at his interest level but written in English suitable to his reading ability. This boy is now in full-time employment but visits the Centre from time to time to change the reading books he borrows thus continuing his progress in reading.

(ii) A girl of 15 years came to the Centre after being discharged from a hospital for nervous diseases. She was unable to meet people and for some weeks sat hunched and silent in a desk taking little interest in anything around her. After a time the girl was able to make friendly relationships within the group and her school work improved. She is now successfully employed as a telephonist and visits the Centre to ask for help with educational work and to keep in touch with the group.

Finally I should like to make reference to a further two cases concerning adolescent girls both now working, who have been helped at the Centre by both Remedial Teachers. One concerns a Grammar School girl who, because of severe emotional upsets, was unable to continue at school and left before completing her studies. She is seen regularly by the Psychiatrist and has been able to continue her studies by correspondence course. The Education Committee kindly offered assistance by paying the fee for the course. The young lady, now nearly 17, has just sat for two G.C.E. subjects at 'O' level in English and Geography and hopes to take a Mathematics paper in the autumn. The second concerns a girl nearly 16 who was originally at the Centre with Mr. Dann some 5 years ago and who returned here last year after some time at a hospital school. She was able to cope full-time at the Centre and was recently found employment.

These examples again show the benefit obtained when there has been a team approach through the medium of Clinic, Centre, School Welfare Officer and Youth Employment Officer."

Home Teaching:

When a child's handicap is such that special educational treatment is needed, and placement in a special day or boarding school with other children impracticable or unwise, home teaching can be of great value. Sometimes this is temporary, possibly for one or two terms, or even just for a few weeks; sometimes there may be need for home teaching for many years.

Worthing employs two home teachers (in addition to the teacher of the deaf who also does home visits), and at the end of the autumn term 1963, there were seven children receiving home tuition. There is quite a large "turnover" however, and during the year there were altogether 17 children who were taught at home for part or all of the three terms. Their ages ranged from just under 5 to 16 years. Eight were suffering from chest conditions (asthma, bronchiectasis, etc.) and three were spastics. Others were handicapped by epilepsy, paralysis of the lower limbs, partial sightedness and congenital heart disease.

Consideration was given during the year to the possibility of teaching some of these children in a special class in Elm Grove Primary School. Further enquiries, however, showed that only two or three children would really be able to benefit from such a class, and the matter was therefore deferred. Should numbers ever make such a proposal worth while, the handicapped children would benefit from being able to mix with normally

healthy children of their own age. They would receive considerable individual teaching, and yet be able in many cases to join in some of the ordinary school activities denied them by isolation at home.

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 67).

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 1963 was 1,168,653. 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	..	..	8,165 (8,144)
Number of children who received one-third pint of milk	..	..	5,724 (5,974)
Percentage of children receiving milk	..	..	70.1 % (73.4 %)
Number of school dinners served	..	..	5,807 (5,744)
Percentage of children taking dinner	..	..	71.1 % (70.5 %)

(The figures in brackets refer to 1962)

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	..	..	..	4
Whooping Cough	..	..	..	9
Measles	..	..	..	501
Dysentery	..	..	..	5

Protection against certain infectious diseases is normally carried out in infancy in doctors' surgeries or the infant welfare clinics. Re-inforcing doses fall due at the age of 5 in the case of diphtheria, tetanus and poliomyelitis, and these are often most conveniently given in the schools shortly after the first medical examination. The number of children protected in this way is increasing and co-operation from teachers and parents is very good. The relevant statistics are set out on pages 53 and 54.

B.C.G. vaccination against tuberculosis is offered to all 13 year old school children at both Local Authority and independent schools. The response is good, and increasing numbers are receiving this protection each year. Further details about the scheme are given on page 57.

HEALTH EDUCATION IN SCHOOLS

Reference has been made in another part of this report (page 62) to the special attention given to health education in the schools. In two of the Secondary Modern Schools for girls, health visitors (in their capacity as school nurses) have throughout the year held weekly sessions in parent-craft as part of the school curriculum. These are well received and it is hoped to be able to extend the scheme to other schools.

In one of the primary schools during one term the children have a weekly class in which they are taught the simple rules of good health including the care of their feet and teeth, the need for a proper diet and adequate sleep, and personal hygiene. They are also told how infection is spread and how their bodies are able to build up resistance, and learn the meaning of the word "immunity". These lessons are given in a way that they can understand, and visual aids are freely used.

DEATHS OF SCHOOL CHILDREN

The causes of death among children of school age (i.e. 5-15 years) in Worthing during 1963 were:—

Leukaemia	..	..	..	2	(girl aged 8 and boy aged 12)
Influenza	..	..	..	1	(girl aged 14)
Ventricular septal defect (congenital heart disease)	..	..	..	1	(boy aged 6)
Total	..	..	..	4	

The girl who died from influenza was in a hospital outside the Borough.

ROAD ACCIDENTS TO SCHOOL CHILDREN

51 school children were involved in road accidents in Worthing during 1963. The details were:—

Killed	..	..	..	..	—	(—)
Seriously injured	..	..	..	..	9	(12)
Slightly injured	..	..	..	..	42	(24)
Total	..	..	..	..	51	(36)

(The figures in brackets refer to 1962)

Medical inspection of pupils attending maintained Primary and Secondary Schools during the year 1963.

TABLE A — PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of birth)	No. of pupils in- spected	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	Total individual pupils
		No.	% of Col. 2	No.	% of Col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1959 and later	1	1	100	—	—	—	1	1
1958	440	440	100	—	—	9	29	34
1957	240	240	100	—	—	11	13	20
1956	62	62	100	—	—	12	8	18
1955	32	32	100	—	—	4	2	6
1954	33	33	100	—	—	6	8	13
1953	223	223	100	—	—	42	13	54
1952	347	347	100	—	—	49	13	58
1951	124	124	100	—	—	18	12	26
1950	60	60	100	—	—	6	5	9
1949	198	198	100	—	—	37	6	42
1948 and earlier	801	801	100	—	—	156	24	172
Total	2,561	2,561	100	—	—	350	134	453

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	..	88
Number of Re-inspections	..	580
Total	..	668

TABLE C — INFESTATION WITH VERMIN

- Total number of individual examinations of pupils in schools by school nurses or other authorised persons, 5,772.
- Total number of individual pupils found to be infested, 8.
- Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944), nil.
- 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.	Defect or Disease	Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
4	Skin T O	3 —	2 —	1 —	6 —	2 —
5	Eyes—a. Vision T O	20 34	193 14	137 12	350 60	17 —
	b. Squint T O	9 —	— —	3 —	12 —	— —
	c. Other T O	1 —	4 —	4 —	9 —	2 —
6	Ears—a. Hearing T O	1 5	2 —	1 2	4 7	6 —
	b. Otitis Media T O	— —	— —	— 1	— 1	— —
	c. Other T O	— —	— —	— —	— —	4 —
7	Nose and Throat T O	— —	— —	— —	— —	1 —
8	Speech T O	7 3	2 —	19 —	28 3	3 —
9	Lymphatic Glands T O	— —	— —	— —	— —	— —
10	Heart T O	1 1	— 4	2 2	3 7	— —
11	Lungs T O	— 1	1 6	1 3	2 10	— —
12	Developmental—a. Hernia .. T O	— —	— 1	4 1	4 2	— —
	b. Other T O	— 1	— 4	— —	— 5	— —
13	Orthopaedic—a. Posture .. T O	— —	1 1	— —	1 1	1 —
	b. Feet T O	1 —	1 —	2 —	4 —	1 —
	c. Other T O	9 2	5 4	8 —	22 6	1 —
14	Nervous System—a. Epilepsy .. T O	1 —	2 —	7 —	10 —	— —
	b. Other T O	— —	— —	— —	— —	— —
15	Psychological—a. Development .. T O	1 —	— —	3 2	4 2	— —
	b. Stability T O	— —	— —	— 1	— 1	— —
16	Abdomen T O	— —	— —	— —	— —	— —
17	Other T O	9 1	8 7	12 5	29 13	23 —

T—Treatment. O—Observation.

TABLE E—HANDICAPPED CHILDREN, 1963

	(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 1963 as needing special educational treatment at special schools or boarding homes ..	—	1	—	2	18	—	5	1	—	2	29
B. Placed in special schools or boarding homes during year (including those assessed before 1st January, 1963)	—	—	—	—	20	—	2	—	—	—	22
C. Awaiting placement on 23rd January, 1964 (a) in day schools .. (b) in boarding schools ..	— —	— 1	— —	— 2	5 —	— —	— 2	— 1	— —	— 2	5 8
D. (1) Number on the registers of (i) Maintained special schools as (a) Day pupils .. (b) Boarding pupils .. (ii) Non-maintained special schools as (a) Day pupils .. (b) Boarding pupils .. (iii) Independent schools .. (2) Numbers boarded out in homes and not included above ..	— — — 2 —	— — — 1 —	— 2 — 1 1 —	— — — — —	39 6 — — 1 —	— — — 1 —	— 6 — — 4 2	— — — — 1	— — — — —	— — 2 — —	39 14 — 7 6 3
TOTAL : D (1) and (2)	2	1	4	—	46	1	12	1	—	2	69
E. Number receiving education (a) in hospitals .. (b) in other groups .. (c) at home ..	— — —	— — 1	— 1 —	— 4 —	— — —	— — —	— 24 —	— — 1	— — —	— — 5	— 29 7