[Report 1964] / Medical Officer of Health, Worthing Borough.

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Borough of Worthing

ANNUAL REPORT

on the

HEALTH OF WORTHING

for the Year

1964

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)

SOME PROVISIONAL STATISTICS FOR 1965.

Registrar-General's estimate of mid-year resident population	81,100
Notified live births	959
Notified stillbirths	11

Notified infectious diseases:

scarlet fever	7
whooping cough	15
measles	759
acute pneumonia	2
acute poliomyelitis (paralytic)	1
dysentery	9
puerperal pyrexia	1
erysipelas	1
tuberculosis	14

Child Welfare:

Number of clinics held	250
Number of children who attended centres	1,632
Total number of attendances made	12,105

Midwifery:

Confinements attended by domiciliary midwives	159

Home Nursing:

Number of patients attended	3,600
Number of visits paid	62,860

Vaccination and Immunisation:

Diphtheria, Whooping Cough and Tetanus.

Immunity Index:	Under 1 year	33.4
	1 - 4 years	89.5
	5 -14 years	27.2
	0 -15 years	42.6

Immunisations completed during year:

Primary courses	822
Reinforcing doses	1,225

Smallpox.

Number of primary vaccinations (under 16 years)	463
Number of revaccinations (under 16 years)	9

Poliomyelitis.

Immunisations completed during year:

Primary courses	882
Reinforcing doses	413

B.C.G. (tuberculosis)

Number of school children who received B.C.G.	740

Medical Social Work:

Number of patients helped	378

Chiropody:

Number of new patients	369
Number of patients receiving National Assistance	834
Total number of treatments	2,418

Home Help Service:

Number of persons who received help:-

Aged or infirm	1,043
Mentally disordered	3
Maternity cases	43
Chronic illness	60
Others	87
Total	1,236

Mental Health:

Patients admitted to psychiatric hospitals	123
Number of subnormal persons under informal community care	125
Total number of subnormal persons on register on 31.12.65	210

Services for the Handicapped:-

Visits made	2,402
New patients added to register	182
Aids purchased	1
Aids loaned	279
Adaptations made to homes	9
Holidays arranged	24
Number of persons on register on 31.12.65	601

School Health Service:

Cleanliness Inspections:-

Number of individual examinations	8,446
Number of children found to be infested	7

Medical Inspections:-

Number of children who had a full medical examination	2,443
Number found to require treatment:	
(a) for defective vision	194
(b) for any other condition	94
Number of special inspections	67
Number of re-inspections	405

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

October, 1965.

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

I have pleasure in presenting my third annual report on the health of the Borough.

The population of Worthing was estimated by the Registrar General as 80,580 in mid-1964, an increase of 870 over the past year. In the past ten years the average annual increase has been about 1,200, despite more than twice as many deaths as births during this period. If this trend is maintained Worthing's population will have reached the 100,000 mark by 1980.

The birth rate is also rising and registered live births in 1964 were 921, a figure only exceeded in the immediate post-war years of 1946 and 1947. Illegitimate births numbered 67 or 7.3% of the total, the highest for many years.

There were 1,772 registered deaths in 1964, 163 fewer than in 1963 when the exceptionally severe winter took its toll. The most frequent cause of death was heart disease—no less than 37% of the total—following by cancer (19.2%) and vascular lesions of the nervous system (16.7%). Cancer claimed 339 victims, the highest ever recorded, and by far the commonest site was in the lungs. There were 13 deaths under one year giving an infant mortality rate of 14.1 per 1,000 of the population. This rate and also the neonatal and perinatal mortality rates have all shown a most encouraging decline in the past few years and compare very favourably with the national figures.

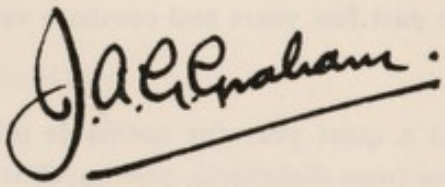
1964 was a quiet year for notifiable infectious disease. The borough was again free from diphtheria, poliomyelitis and outbreaks of food poisoning, and only ten new cases of pulmonary tuberculosis were notified, six fewer than in 1963. There were, however, two cases of typhoid fever, both introduced from abroad, but fortunately these were diagnosed and isolated promptly, thus preventing possible spread to other persons.

Because of the steadily rising population, staff have to be increased if standards are not to fall. With an average *net* rise in population of a hundred every month, the personal health and welfare services must continue to expand. In such a situation a medical officer of health is for ever asking for more from his health committee, but the truth is that like Alice

and the Red Queen the department has to run to stand still. Every year the central government places more duties on local health and welfare departments, and this in addition to larger case loads makes the employment of more staff essential. In 1964 the following extra staff were appointed: two public health inspectors, one health education organiser, one district nurse and some ten part-time home helps (equivalent to four full-timers). In addition the mental welfare officer and his welfare assistant became full-time for the Borough—an 100% increase—and chiropody sessions were increased from five to seven per week.

Worthing has been fortunate in that, except for home helps, it has so far been possible to recruit staff without much difficulty. There are signs, however, that this may not always be so, and competition between local authorities is undoubtedly going to become keener. The health visiting service is likely to be the first victim for there is an increasing national shortage of trained health visitors. This is a great pity for the future role of the health visitor now seems more assured than for many years. In association with general practitioners her value as a general purpose social worker in the community has become much enhanced and is helping to break down some of the artificial barriers in the National Health Service.

My thanks are due to all the staff of the department, and especially to my deputy Dr. J. C. Aitken and Chief Public Health Inspector, Mr. J. R. Davenport, for their continued hard work and loyal support; to my colleagues in other departments and to the town's general practitioners and hospital staff for their unfailing courtesy and help when needed; and finally to the Chairmen, Vice-Chairmen and members of the Health and Welfare and Education Committees for their keen interest and encouragement throughout the year.



Medical Officer of Health and
Borough School Medical Officer.

HEALTH AND WELFARE COMMITTEE :

(as on the 31st December, 1964)

Chairman: COUNCILLOR G. W. COLVILLE, J.P.

Vice-Chairman: COUNCILLOR S. C. ELLIOTT

ALDERMAN T. A. CLIFFORD
ALDERMAN R. A. MITCHELL
ALD. MRS. D. STAPLETON-SKINNER, B.A., C.C.
COUNCILLOR MRS. W. M. DREDGE
COUNCILLOR A. E. DUNNING
COUNCILLOR R. F. HAWKINS
COUNCILLOR MRS. H. M. PERYER
COUNCILLOR A. J. WELLS
COUNCILLOR MRS. V. M. WHITE

WORTHING COMMITTEE FOR EDUCATION

(as on the 31st December, 1964)

Mayor: COUNCILLOR R. EDWARDS, C.C., J.P.

Chairman: ALDERMAN D. W. MORECRAFT, C.C., 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 S. C. ELLIOTT
COUNCILLOR A. E. GOMM
COUNCILLOR R. F. HAWKINS
COUNCILLOR D. HILL
COUNCILLOR S. M. KNIGHT, J.P.
COUNCILLOR P. H. THOMAS
COUNCILLOR MISS J. WAKEHAM
COUNCILLOR MRS. V. M. WHITE

West Sussex County Council Members:

COUNTY ALDERMAN MAJOR S. R. BROOKS
COUNTY ALDERMAN E. G. HARVEY
COUNTY ALDERMAN C. P. MASON, M.B.E.
COUNTY ALDERMAN R. MARTIN

Co-opted: MR. T. A. EVANS, M.A.; MRS. M. JONES; MRS. R. L. WILMOT

SCHOOL HEALTH SERVICE SUB-COMMITTEE

(as on the 31st December, 1964)

Chairman: COUNCILLOR MRS. H. M. PERYER

ALDERMAN D. W. MORECRAFT, C.C., J.P.
COUNCILLOR F. J. CHAPMAN
COUNCILLOR S. C. ELLIOTT

Co-opted: MRS. R. L. WILMOT

STAFF :

(as on the 31st December, 1964)

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.

District Public Health Inspectors
L. A. BIGGS, M.A.P.H.I.
P. E. CHATTELLE, M.A.P.H.I.
J. E. FANNON, M.A.P.H.I.
D. L. OAKES, M.A.P.H.I.
G. T. PARSONS, M.A.P.H.I.
One vacancy

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 Education Organiser
MISS P. A. MORRIS, S.R.N., S.C.M., H.V.CERT.

Health Visitors (8)
Domiciliary Midwives (4) **Domiciliary Nurses** (20)

Home Help Organiser
MISS E. STEVENS, M.I.H.H.O.

Home Helps (80 Part-time)

Medical Social Worker
MISS O. M. CATER, A.M.I.A.

Senior 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
N. GREALY

Chiropodists
*MISS J. ASBURY, M.CH.S
*MR. W. A. CHAPMAN, M.CH.S.

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

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

Speech Therapist
*MRS. GIBSON, L.C.S.T.

Chief Clerk
T. L. CANTON
Clerks (14)

Other Staff
Dental Surgery Assistant (1) Rodent Operators (2)
Student Public Health Inspector (1) General Assistant (1)

*Part-time

PART I.

STATISTICS
INFECTIOUS DISEASE
AND
METEOROLOGY

GENERAL STATISTICS

Area of Municipal Borough, including foreshore	8512.742 acres
Population (Census 1921)	31,520
Population (Census 1931)	46,230
Population (Census 1951)	69,431
Population (Census 1961) { Males 32,345 / Females 47,984 }	80,329
Registrar-General's Estimate of Resident Population (1964)	80,580
Number of inhabited Houses (1921)	7,710
Number of inhabited Houses (1964)	31,900
Rateable Value (1964)	£5,080,091
Estimated sum represented by a penny rate (1964-65) ..	£19,900

Population

The Registrar General's estimate of the mid year population in 1964 (80,580) has been used throughout this report to calculate rates. The corresponding figure for 1963 was 79,710, so the population has increased by 870 or 1.1% over the 12 month period.

In 1954 the population of the town was 68,510, so the increase over ten years has been no less than 12,070 or 17.6%. This represents an average increase of 100 people every month.

There has been no "natural increase" in the population (i.e. excess of births over deaths) since the year 1921. Indeed in the past ten years registered deaths have been more than double registered births (16,059 compared with 7,724). The true figure for immigration into the town is therefore considerably more than would appear at first sight. To balance the excess deaths and still give a net average monthly increase of 100 there must have been an average *gross* immigration rate of almost 170 per month during the past ten years.

VITAL STATISTICS

Vital statistics relating to mothers and infants are set out below in the form and detail requested by the Ministry of Health.

	1963	*1964*
Live Births:		
Number	856	921
Rate per 1,000 population (adjusted)	16.3	17.3
Illegitimate Live Births (per cent. of total live births) ..	6.6	7.3
Stillbirths:		
Number	8	10
Rate per 1,000 total live and still births	9.3	10.7
Infant deaths (deaths under one year)	17	13
Infant mortality rates:		
Total infant deaths per 1,000 total live births	19.9	14.1
Legitimate infant deaths per 1,000 legitimate live births	20.0	14.2
Illegitimate infant deaths per 1,000 illegitimate live births	17.9	15.0
Neo-natal mortality rate:		
(Deaths under four weeks per total live births)	12.9	10.9
Early Neo-natal mortality rate:		
(Deaths under one week per total live births)	10.5	7.6

Peri-natal mortality rate:		
(Stillbirths and deaths under one week combined per 1,000 total live and still births)	19.7	18.3
Maternal mortality (including abortions)		
Number of deaths	—	1
Rate per 1,000 total live and still births	—	1.07

BIRTHS

The adjusted birth rate is obtained by multiplying the crude birth rate (11.4) by the factor of 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 1964 adjusted in this way is raised from 11.4 to 17.3 per 1,000 of population. The live birth rate for England and Wales in 1964 was 18.4 per 1,000.

Table 1 on page 22 shows the total number of births and birth rates in Worthing over the last 40 years. Only in the immediately post-war years of 1946 and 1947 has the 1964 figure for births been exceeded. Both crude and adjusted birth rates are showing a definite tendency to rise in the last few years.

As expected male births exceed female births:

Live births:	*Males*	*Females*	*Total*
Legitimate	447	407	854
Illegitimate	38	29	67
	485	436	921

The percentage of illegitimate births is the highest for many years. Only during the war and immediately after has it been above the 1964 figure of 7.3%. This rising incidence of illegitimacy is evident elsewhere in West Sussex and nationally, as the following table shows:—

	Worthing Borough	West Sussex	England & Wales
Live births per 1,000 population in 1964	17.3	17.1	18.4
% of illegitimate births in 1964	7.3	6.3	7.2
Average % of illegitimate births, 1959-1963	6.1	5.0	6.0

DEATHS

	1963	*1964*
Registered in the Borough	1879	1760
Inward transfers (residents dying outside Borough) ..	359	321
Outward transfers (non-residents dying in Borough)	304	309
Total deaths (adjusted)	1934	1772
Crude death rate per 1,000 population	24.3	22.0
Standardised death rate per 1,000 population ..	11.4	10.3

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 1964 was 22.0, 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 1964 and when the crude death rate is multiplied by this figure, the standardised death rate

becomes 10.3. This can be compared with standardised death rates for other towns and districts, and also with the death rate for England and Wales which was 11.3 per 1,000 of the population in 1964.

Deaths were 162 fewer than in 1963, and though as usual the highest proportion was in the first quarter of the year, this was not excessive and followed the normal pattern—i.e. between 28% and 30% of the total for any particular year:—

Year	Total number of deaths	Number of deaths in 1st quarter	% of total	Crude death rate
1959	1593	468	29.4	21.3
1960	1640	473	28.8	21.3
1961	1751	518	29.6	22.0
1962	1807	540	29.9	22.6
1963	1934	696	35.9	24.3
1964	1772	502	28.3	22.0

In the absence of any marked change in the age structure of Worthing's steadily rising population, the above figures indicate an unusually large number of deaths in 1963, especially in the first quarter. The likely explanation is of course the exceptionally severe winter experienced during the early part of that year.

Stillbirths and infant mortality

There were 10 stillbirths in 1964 (two more than in 1963) and 13 infant deaths under one year (17 in 1963). The associated mortality rates continue to show an encouraging decline and compare favourably with the County and national figures for 1964:—

	Rate per 1,000 population—1964				
	Stillbirths	Infant mortality	Neo-natal mortality	Early neo-natal mortality	Perinatal mortality
Worthing Borough	10.7	14.1	10.9	7.6	18.3
West Sussex	13.7	16.4	12.6	10.4	23.9
England & Wales	16.4	20.0	13.8	12.1	28.2

The commonest causes of infant deaths were congenital malformations and pneumonia, each of which accounted for 4 deaths in infants under the age of one in 1964. No less than 7 of the 13 deaths occurred in the first week of life and a further three between one and 4 weeks.

Maternal Mortality:

There was one death as a result of childbirth, the first in Worthing since 1960. Full investigations were made by the Ministry of Health into the circumstances. The cause of death was attributed to severe haemorrhage shortly after delivery in hospital. It was thought that a possible cause may have been a cone biopsy of the cervix which had been performed 12 months earlier for suspected cervical cancer, but this is not certain. Expert opinion regarded this death as unavoidable.

Deaths from Heart Disease:

As would be expected in an elderly population, disease of the heart was the commonest of all causes of death.

Of the 1,772 deaths it was the cause in 654 cases (male 285 and female 369). It represented 37.0 per cent. of the total deaths from all causes and was equivalent to a death-rate of 8.1 per 1,000 of the population. The corresponding death-rate for England and Wales was 3.7.

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.

Year	Coronary disease Angina		Hypertension with heart disease		Other heart disease		Total		Rate per 1,000 of the population
	M.	F.	M.	F.	M.	F.	M.	F.	
1960	142	132	2	14	125	205	620		8.0
1961	168	136	6	17	90	215	632		8.1
1962	162	154	8	14	95	209	642		8.1
1963	207	158	8	21	128	251	773		9.7
1964	184	156	11	14	90	199	654		8.1

Both the total number of deaths and the death rate from heart disease have fallen from the abnormally high levels of 1963, and returned to the pattern of previous years.

Deaths from coronary disease or angina have continued to be commoner in males than females, in contrast with other forms of heart disease where deaths in females outnumber those in males by about two to one.

Deaths from Cancer

Next to heart disease cancer was the commonest cause of death in 1964. The total number of deaths was 339 (males 143, females 196), the highest ever recorded. The death rate from the disease (4.21 per 1,000 population) also reached a new peak, as did the proportion of the total number of deaths due to this cause (19.2%).

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

Year	Number of deaths	Rate per 1,000 of the population	% of total deaths
1960 ..	269	3.47	16.4
1961 ..	281	3.53	16.1
1962 ..	335	4.20	13.0
1963 ..	306	3.84	15.8
1964 ..	339	4.21	19.2

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
		1960-1964	3.85

The localisation of the disease in the case of the 339 deaths recorded is shown below:—

Localisation	No. of deaths		
	Male	Female	Total
Stomach	8	12	20
Lungs	62	14	76
Breast	—	45	45
Uterus	—	11	11
Other and unspecified organs ..	73	114	187
Total ..	143	196	339

During the past 40 years the death rates from cancer per 1,000 of the population have varied from 1.82 to 4.21. 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 1964 was 2.20 per 1,000 population.

Deaths from Vascular Lesions of the Nervous System

Under this heading are coded all deaths from strokes (commonly due to a cerebral haemorrhage or cerebral thrombosis), and degenerative disease of the blood vessels supplying the brain. Together such deaths numbered 296 in 1964 and were the third commonest cause. This is a rate of 3.7 per 1,000 of the population (compared with 1.6 for England and Wales) and constituted 16.7 per cent. of the total number of deaths in Worthing during the year.

Deaths from Influenza, Pneumonia and Bronchitis

Together, these illnesses were the fourth commonest cause of death. There were 162 deaths in 1964.

This is a rate of 2.0 per 1,000 of the population and slightly lower than in the previous years as the table below shows. The rate for England and Wales was 1.4.

Year	Influenza	Pneumonia	Bronchitis	Total	Rate per 1,000 of the population
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
1964	1	96	65	162	2.0

Deaths from Tuberculosis

Registered deaths from tuberculosis numbered four (all pulmonary), a rate of 0.05 per 1,000 population. The rate for England and Wales in 1964 was 0.04 per 1,000 population. All four deaths were in men over the age of 45.

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
1960 ..	6	0.08
1961 ..	4	0.05
1962 ..	6	0.07
1963 ..	7	0.09
1964 ..	4	0.05

The number of deaths from tuberculosis has greatly declined over the past 40 years though the population has more than doubled in that time.

Deaths from suicide

There were 21 suicides in 1964, two more than in 1963 and six more than the average over the past decade. Fifty per cent. of all suicides during 1961-1964 were of persons over pensionable age:—

Year		AGE GROUPS							Total
		15-24	25-34	35-44	45-54	55-64	65-74	75 and over	
1961	M	—	—	—	2	—	5	1	8
	F	—	1	—	—	—	1	1	3
1962	M	—	1	—	2	—	3	2	8
	F	—	2	—	3	—	3	—	8
1963	M	—	1	—	4	3	3	—	11
	F	—	—	1	2	2	2	1	8
1964	M	1	—	—	1	2	4	—	8
	F	—	—	—	1	4	2	6	13
Total		1	5	1	15	11	23	11	67

Further statistical information about deaths is given in Tables II to VI on pages 23 to 26.

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.

Table VII on page 27 shows the incidence of notifiable infectious illness in Worthing during the past 15 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 VIII on page 28 analyses in more detail the cases which occurred in 1964.

Scarlet fever:

The number of confirmed cases was 9. Scarlet fever nowadays is usually a very mild disease and complications are rare.

Whooping cough:

Notifications for the year numbered 22, three more than in 1963. 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 55 for further details.)

Diphtheria:

For the seventeenth 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 35 compared with 930 in 1963. 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.

Acute Pneumonia:

No cases were notified during the year. Only acute primary and acute influenzal pneumonia are notifiable diseases. Excluded are the much commoner forms of broncho pneumonia secondary to such infections as bronchitis. This explains the apparent anomaly that there were 96 deaths from pneumonia, but no notifications.

Poliomyelitis:

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

Dysentery:

No cases were notified during the year. 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.

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 were two notifications of puerperal pyrexia in 1964.

Typhoid Fever:

This disease has acquired considerable notoriety in the past two years. In 1963 there were four outbreaks in England and Wales, the biggest being associated with the water-borne outbreak at Zermatt in Switzerland. None of these however could compare in size with the Aberdeen outbreak of May-July, 1964, in which over 400 people were infected as a result of eating corned beef containing the typhoid bacillus, or other cooked meats which had been indirectly contaminated.

The publicity aroused by the Aberdeen outbreak was considerable, as indeed was medical interest, since till then contamination of canned meat in this way was thought to be extremely unlikely. A departmental committee of enquiry was appointed and published its findings in December.

In Worthing as elsewhere doctors were on the look-out for typhoid fever during this time and the months following. Two cases were notified and confirmed but neither had any connection with the Aberdeen outbreak. The first patient was a woman of 54 who contracted the illness during her summer holiday in Spain. Soon after her return home she became very ill indeed and required many weeks of treatment and skilled nursing in hospital before making a full recovery.

The second case, in a woman of 79, was much less severe. She also contracted the illness abroad (Belgium in this instance) but rapidly recovered after hospital treatment.

Isolated cases of typhoid fever are not common, but not excessively rare. Apart from major outbreaks there are about 100-200 cases in England and Wales notified every year. More than half of these are contracted abroad, but secondary spread to other people is always a possibility. Careful contact tracing and the bacteriological examination of faecal specimens produced negative results, and the "all clear" could be given four weeks after the admission to hospital of the second patient. The greatest credit for this happy result must be given to the two general practitioners concerned, both of whom correctly diagnosed the illness in its very early stages.

Food Poisoning:

For the second year in succession there were no general or family outbreaks of food poisoning—a tribute to the generally high standard of food handling in Worthing.

Tuberculosis:

During the year the total number of patients on the register fell from 102 to 53. The position is summarised in the following table:—

	Males		Females		Total
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	
Number of cases on register on 1.1.64 ..	57	4	40	1	102
New cases ..	3	1	4	—	8
Number of cases restored to register ..	—	—	—	—	—
Number of cases added other than by formal notification	11	—	2	—	13
Number of cases removed from register	38	3	28	1	70
Number of cases on register on 31.12.64	33	2	18	—	53

Formal notifications numbered 8, six fewer than in 1963. 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 ..	—	—	—
25-34 years ..	—	—	—
35-44 years ..	—	1	1
45-54 years ..	1	—	1
55-64 years ..	—	1	1
65 years and over ..	2	3	5
All ages ..	3	5	8

It will be noticed that 5 of the 8 notified cases were aged 65 or over. Tuberculosis is becoming more and more a disease of the elderly.

Deaths:

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

45-54	1	Over 75	1
55-64	2		

Further information about suspected tuberculosis discovered by mass radiography is given on page 58. Details about the progress of B.C.G. vaccination are on page 59.

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 the past three years:—

Disease	Number of new cases in year		
	1962	1963	1964
Syphilis	4	6	5
Gonorrhoea	24	17	25
Other conditions	86	133	105
Total	114	156	135

The above figures include patients who live outside the Borough. Not included are others who are resident here but attended treatment centres elsewhere, e.g. in Brighton. The incidence of venereal disease in this country has been rising during the last few years, although it is pleasing to note that there were 21 fewer cases in 1964 than in 1963.

METEOROLOGY

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 IX on page 29. 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

WORTHING'S WEATHER—1964

For the third year in succession Worthing's sunshine was below average. Up to the 31st December 1743.0 hours had been recorded as against the average of 1823 hours. There were 1643.9 hours measured in 1963.

Despite the cloudy year, holidaymakers were well served during the holiday months of July, August and September. These three months only recorded 2.67 inches of rain and as many as 679.4 hours of sunshine (average 508 hours). July was the warmest since 1959 and the driest since 1955 with temperatures in the 70s on 14 days. August was also the warmest and sunniest since 1959 and the sixth driest since 1914. September was the sunniest and driest month of the whole year. In fact it was the third sunniest and driest September for 35 years.

Although the winter was colder than average, with the heaviest snowfall for 30 years on 13th January, snow only lay on the ground for two days. Rainfall amounted to 3.10 inches (average 7.84 inches) of which 1.01 inches fell on one day. It was the driest winter for over 35 years. Winter sunshine, however, was below normal with 181.7 hours as against the average of 215 hours. January was the dullest since 1912.

Spring was somewhat late and when it arrived disappointing. It was the wettest and dullest spring for 45 years. May doubled the normal rainfall and was the wettest May on record (77 years). A whole month's rain fell on 31st May when 1.67 inches was recorded in 24 hours. It was the wettest May day for half a century. Early June was also disappointing with 4.05 inches of rain falling between the 1st and 21st. It was the largest June rainfall total in records going back to 1887.

Autumn was comparatively dry and sunny. At the beginning of the season temperatures were frequently in the late 60s. Autumn sunshine totalled 462.3 hours as against the average of 363 hours . October measured 159.2 hours and was the third sunniest October for 35 years.

Easter was disappointing. Easter Monday was the coldest for 30 years and 4 degrees colder than the previous Boxing Day. Only six minutes of sunshine was recorded over the whole of Easter, the smallest Easter sun total for 30 years.

The other bank holiday weekends were much better. The first two days of Whitsun recorded 25 hours of sunshine with maximum temperatures of 70 degrees on Whit Sunday. August Bank Holiday weekend was the hottest since 1938 with an average maximum temperature of 75 degrees.

Christmas was one of the sunniest on record with 4.6 sun hours on Christmas Day and 6.0 hours on Boxing Day. In the last 30 years there has been only one sunnier Boxing Day—1947. Although the Christmas holiday was cold it was not as cold as 1961 and 1962. Christmas Day had the lowest temperature with 35 degrees—the third coldest Christmas Day since 1938. Boxing Day with 41 degrees was the third coldest since 1950. Early on Boxing Day morning a ground frost of 14 degrees was recorded.

For the fourth successive year rainfall was below normal. Up to December 31st 26.10 inches of rain had been recorded compared with the yearly average of 27.69 inches. The first six months recorded 16.19 inches as against the average of 11.62 inches.

The year was the warmest since 1961, with July the warmest month and 27th August the hottest day with 78 degrees. January was the coldest month and December 29th the coldest night with an air temperature of 23 degrees and a grass temperature of 17 degrees.

Summary of Observations:

Total amount of bright sunshine: 1,743.0 hours.

Number of days with sunshine: 284.

Rainfall: 26.55 inches.

Number of rain days (.01 inch or more): 148.

Number of wet days (.04 inch or more): 97.

Highest barometric reading: 30.921 inches on 7th February.

Lowest reading: 29.161 inches on 10th October.

Warmest day: 27th August (78°).

Coldest night: 29th December (23°).

Coldest day: 12th January (34°).

Warmest night: 2nd August (64°).

Warmest month (by day) August (average temperature 69.0°).

Coldest month (by night) January (average temperature 35.1°).

Mean temperature: 51.0°.

Mean relative humidity, at 9 a.m.: 82.5%.

Lowest temperature on the grass: 17° on 29th December.

Wettest day: 31st May (1.67 inches).

Sunniest day: 13th July (15.0 hours).

Number of days snow or sleet fell: 10.

Number of days hail fell: 5.

Number of days thunder heard: 14.

Number of ground frosts: 68.

Number of days with gales: 4.

Number of days snow lying: 2.

Number of days with fog (9 a.m.): 3.

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 1,743.0 hours. This is the third position for mainland stations.

This amount is 39.6 per cent. of the time during which the sun was above the horizon, giving a daily mean of 4.76 hours. The average yearly sunshine for the previous ten years was 1,784.4 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 13th July when 15.0 hours were recorded.

September, with 238.6 hours, was the sunniest month and January with 40.3 hours, was the least sunny.

A sunless day is one on which less than six minutes of bright sunshine are recorded. Tables X, XI and XII on pages 30, 31 and 32 give further details.

Rainfall

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

The rainfall for the year 1964 was 26.55 inches. This amount is 0.94 inch below the Normal and 1.82 inches below the previous ten year's average.

The month of September was the driest with 0.70 inch falling below the Normal amount by 1.46 inches. June was the wettest month with 4.05 inches, this amount being 2.52 inches above the Normal. The heaviest daily rainfall was 1.67 inches on 31st May. There were 148 days on which 0.01 in. or more rain fell, compared with 159 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 12.97 inches, compared with an average summer rainfall for the previous ten years of 12.67 inches.

WINTER RAINFALL. Total for six months (January to March and October to December) was 13.58 inches, compared with an average winter rainfall for the previous ten years of 15.48 inches.

Tables XIII and XIV on pages 33 and 34 give further information.

Barometric pressure

The mean barometric reading for the year was 30.056 inches (when reduced to sea level and to a temperature of 32° Fahr.), the average for the previous ten years being 29.995 inches. The highest reading for the year was 30.921 inches on 7th February, and the lowest reading was 29.161 inches on 10th October. The absolute range for the year was 1.760 inches and the average range for the previous ten years 1.874 inches.

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

Table XV on page 35 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 50.7° Fahr. which is 0.3° below the Normal. The highest shade temperature for 1964 was 78° recorded on 27th August, and the lowest 23° on 29th December. The extreme range of temperature was 55° compared with the average range of 57° for previous ten years. The temperature on the grass fell below 32° on 68 nights. The lowest temperature on the grass was 17° during the night of 29th December.

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

Below Surface	*Highest*	*Date*	*Lowest*	*Date*
1ft.	67.1°	4th August	36.0°	29th December
4ft.	62.7°	10th August	42.9°	23rd February

Humidity

The mean relative humidity of the atmosphere (percentage of saturation of the air) at 9 a.m. was 82.5% compared with the previous ten years' average of 81.2%.

Table XVI on page 35 gives the monthly mean maximum and minimum temperature readings and Table XVII on page 36 further details on cloud and relative humidity.

Wind

Percentages of direction of wind from 732 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	6.6	S.	5.7	4.9
N.E.	19.7	16.6	S.W.	24.0	27.0
E.	4.4	3.6	W.	10.9	17.8
S.E.	11.3	12.0	N.W.	15.0	11.5
Calm	—	—			

Further details can be found in Table XVIII on page 37.

Visibility

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

During 1964, fog was recorded on three occasions. Excellent visibility was recorded on 32 occasions. The complete record is shown in Table XIX on page 38 with a key to the table on page 39.

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
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
1964 ...	931	488	443	11.5	17.5

The birth rate for England and Wales for 1964 was 18.4 per 1,000.

TABLE II

DEATHS (1945-1964)

The total number of deaths assigned to Worthing after allowing for inward and outward transfers was 1,772, 748 males and 1,024 females, giving a crude death rate of 22.0 per 1,000 population.

The corrected death rate after adjustment is 10.3.

Year	No. of Deaths	Crude Death Rate	Adjusted Death Rate
1945	1,173	20.0	(no comparability factor issued)
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
1964	1,772	22.0	10.3

TABLE III
CAUSES OF DEATH — 1964

All Causes	Males 748	Females 1024	Total 1772
Tuberculosis, Respiratory	4	—	4
Tuberculosis, other	—	—	—
Syphilitic Disease	1	2	3
Diphtheria	—	—	—
Whooping Cough	—	—	—
Meningococcal infections	—	—	—
Acute Poliomyelitis	—	—	—
Measles	—	—	—
Other infective and parasitic diseases ...	—	1	1
Malignant neoplasm, Stomach	8	12	20
Malignant neoplasm, Lung, Bronchus ...	62	14	76
Malignant neoplasm, Breast	—	45	45
Malignant neoplasm, Uterus	—	11	11
Other malignant and lymphatic neoplasms	73	114	187
Leukaemia aleukaemia	5	8	13
Diabetes	3	8	11
Vascular lesions of Nervous System ...	100	196	296
Coronary disease, Angina	184	156	340
Hypertension with heart disease ...	11	14	25
Other heart disease	90	199	289
Other circulatory disease	42	45	87
Influenza	—	1	1
Pneumonia	40	56	96
Bronchitis	48	17	65
Other diseases of respiratory system ...	6	9	15
Ulcer of stomach and duodenum ...	7	4	11
Gastritis, enteritis and diarrhoea ...	1	4	5
Nephritis and nephrosis	4	2	6
Hyperplasia of prostate	5	—	5
Pregnancy, childbirth, abortion ...	—	1	1
Congenital malformations	3	3	6
Other defined and ill-defined diseases ...	35	60	95
Motor vehicle accidents	3	5	8
All other accidents	5	24	29
Suicide	8	13	21
Homicide and operations of war ...	—	—	—

TABLE IV
DEATHS IN AGE GROUPS — 1964

Age	*Deaths*	*Age*	*Deaths*
Under 1 year ...	13	35 to 44 years ...	20
1 to 2 years ...	1	45 to 54 ,, ...	44
3 to 4 ,, ...	—	55 to 59 ,, ...	70
5 to 9 ,, ...	2	60 to 64 ,, ...	104
10 to 14 ,, ...	1	65 to 69 ,, ...	176
15 to 19 ,, ...	—	70 to 79 ,, ...	594
20 to 24 ,, ...	1	80 to 89 ,, ...	603
25 to 34 ,, ...	6	90 years and over ...	137
Total number of deaths ... 1,772			

This analysis shows that 75.3 per cent. of the deaths were of persons aged 70 years of age and upwards.

TABLE V

INFANT MORTALITY (1945-1964)

The number of deaths under one year of age was 13 (7 males and 6 females), giving an infant mortality rate of 14.1 per 1,000 live births. The corresponding rate for England and Wales for the year under review was 20.0.

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
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
1964	13	14.1	0.7	20

40 YEARS VITAL STATISTICS — TABLE VI

Year.	Total (live and still) Births.		Deaths.												Registrar General's Population
			All causes.		Infants under 1 year.		Maternal Mortality			Tuberculosis		Cancer.			
	No.	R.*	No.	R.*	No.	R.**	Sepsis.	Other Causes	Rate†	No.	R.*	No.	R.*		
1925	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
64	**931**	**11.5**	**1772**	**22.0**	**13**	**14**	**—**	**1**	**1.07**	**4**	**0.05**	**339**	**4.21**		**80,580**

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

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" in the population (i.e. excess of births over deaths) since the year 1921.

TABLE VII

NOTIFIED INFECTIOUS DISEASES (1950-1964)

YEAR:—	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Scarlet Fever	75	33	131	68	38	21	23	16	17	45	50	7	3	5	9
Whooping Cough	152	249	81	69	444	42	30	230	24	76	89	27	—	19	22
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	112	921	17	1,012	2	555	12	203	418	1,087	12	392	12	930	35
Acute Pneumonia	32	20	10	26	11	12	31	19	6	7	4	4	—	3	—
Meningococcal Infection	1	—	1	—	—	1	—	—	—	—	—	—	—	1	—
Acute Poliomyelitis (Paralytic)	11	1	—	16	—	2	4	5	1	—	—	—	—	—	—
Acute Poliomyelitis (Non-Paralytic)			—	—	—	—	1	1	—	—	—	—	—	—	—
Dysentery	—	9	—	—	1	10	13	1	2	—	—	1	—	7	—
Puerperal Pyrexia	7	17	7	8	5	2	2	2	1	—	1	2	3	—	2
Typhoid Fever	1	3	—	2	—	—	—	—	—	—	1	—	—	—	2
Paratyphoid Fever	—	—	2	1	—	4	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—
Food Poisoning	17	—	6	3	1	6	2	6	3	2	1	—	1	—	—
Erysipelas	8	8	14	12	9	7	5	8	9	4	3	2	—	1	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Tuberculosis	37	45	51	27	30	24	17	20	15	35	16	10	17	14	8

TABLE VIII

NOTIFIED INFECTIOUS DISEASES — 1964 (Corrected in Cases of Revised Diagnosis)

	Under 1 year	1	2	3	4	5–9	10–14	15–19	20–24	25–34	35–44	45-64	65 and over	Age un-known	Total
Scarlet Fever ...	—	—	1	1	1	5	1	—	—	—	—	—	—	—	9
Whooping Cough	2	3	—	5	3	7	—	—	—	—	1	—	—	1	22
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	1	6	4	6	3	9	3	1	—	—	1	—	—	1	35
Acute Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	—	—	—	1	—	—	1	—	—	—	2
Typhoid Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis ...	—	—	—	—	—	—	—	—	—	—	1	2	5	—	8
Totals ...	3	9	5	12	7	21	4	2	—	—	4	2	7	2	78

TABLE IX — **CLIMATE OF WORTHING — 1905-1964**

Year	Temperatures							Rainfall		Sunshine	Year
	Means					Extremes					
	9 a.m.	Min.	Max.	Range	Mean	Min.	Max.	Amount at Observatory	Number of days rain fell	Number of hours in year	
	Degrees							Inches			
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
1964 ..	50.9	45.5	55.9	10.4	50.7	23.0	78.0	26.55	148	1743.0	..1964

TABLE X — **BRIGHT SUNSHINE — 1964** (Mainland Stations)

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

Station	*Sunshine (Hours)*
Eastbourne	1774.2
Bognor Regis	1754.1
WORTHING	1743.0
Weymouth	1729.5
Folkestone	1721.9
Bournemouth	1720.4
Hastings	1716.7
Walton-on-Naze	1708.8
Lizard	1706.1
Everton (Efford)	1695.6
Hartland Point	1694.1
Margate	1687.8
Swanage	1671.3
Torquay	1664.4
Whitstable	1662.4
Bexhill	1660.2
Brighton	1655.9
Cromer	1643.8
Dover	1640.2
Dale Fort	1637.2
Sittingbourne	1629.1
Paignton	1628.2
Culdrose	1627.2
Penzance	1626.3
West Raynham	1624.0
Clacton	1623.3
Gatwick	1622.0
Southsea	1619.8
Teignmouth	1617.6
Mildenhall	1615.3
Gorleston	1612.0
Thorney Island	1608.8
Faversham	1606.6
Newton Abbot	1605.4
East Hoathly	1603.1
Terrington St. Clements	1602.6
Throwley	1591.6
Herne Bay	1590.4
Starcross	1589.7
Lowestoft	1587.8
St. Mawgan	1585.0
Kew	1582.4
Fernhurst	1579.4
Garston	1578.2
Camborne	1576.2
Newquay	1572.7
Poole	1571.6
Cleethorpes	1566.1

TABLE XI — **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		Lowest	
							Hours	Year	Hours	Year
January ..	40.3	71	1.30	57	12	7.2	109.9	1940	34.5	1912
February ..	73.6	83	2.54	86	18	7.9	140.3	1949	29.8	1947
March ..	77.9	141	2.51	55	19	10.6	220.8	1907	77.9	1964
April ..	149.8	187	4.99	80	23	10.8	267.2	1912	105.3	1905
May ..	226.7	230	7.31	98	29	13.9	353.1	1909	148.9	1932
June ..	207.8	243	6.93	85	29	14.4	327.1	1957	143.5	1909
July ..	232.6	224	7.50	104	30	15.0	369.0	1911	133.8	1944
August ..	208.2	218	6.72	96	30	12.9	298.4	1899	112.6	1912
September ..	238.6	166	7.95	144	30	12.4	262.6	1898	97.1	1945
October ..	159.2	124	5.14	129	26	9.6	181.6	1919	81.9	1915
November ..	64.5	73	2.15	88	18	8.2	131.3	1909	39.6	1962
December ..	63.8	61	2.06	105	20	7.2	113.8	1962	22.3	1956
Year 1964 ..	1743.0	1821	4.76	96	284	15.0	369.0	July 1911	22.3	Dec. 1956
		Highest and Lowest Year Totals					2141.0	1899	1600.2	1913

TABLE XII — **BRIGHT SUNSHINE**

Year	Campbell-Stokes Recorder Bright Sunshine Hours	Bright Sunshine Days	Sunniest Days	
			Day	Hours
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
1964	1743.0	284	July 13th	15. 0
Average for 20 years 1944—1963	1828.6	307		

TABLE XIII — **RAINFALL**

1964	Total Rain-fall	Difference from the Normal	Greatest Fall in 24 hours beginning 9 a.m.	Number of Days with .01 in. or more	Number of Days with .04 in. or more	Total Rain Days
	ins.	ins.	ins.			
January ..	1.49	—1.45	1.01	9	4	9
February ..	0.88	−1.12	0.23	11	6	11
March ..	3.52	+1.80	1.12	15	11	15
April	2.27	+0.49	0.46	16	11	16
May	3.98	+2.33	1.67	15	12	15
June	4.05	+2.52	1.41	14	10	14
July	0.95	—1.19	0.30	11	7	11
August ..	1.02	−1.26	0.42	10	5	10
September ..	0.70	—1.46	0.43	8	4	8
October ..	2.12	—0.83	0.98	11	7	11
November ..	3.02	—0.42	0.98	14	9	14
December ..	2.55	−0.35	0.41	14	11	14
Year	26.55	—0.94	1.67	148	97	148

TABLE XIV — **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
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
1963	26.95	165	1.04	15th November
Average for 20 years	27.55	159	2.05	10th July 1945
1964	26.55	148	1.67	31st May

TABLE XV — **BAROMETRIC PRESSURE**

1964	Barometric pressure (Reduced to sea level and 32° Fahr.)		
	Mean (inches)	Extremes	
		Highest	Lowest
January	30·418	30·783	29·813
February	30·063	30·921	29·392
March	29·932	30·460	29·406
April	29·949	30·410	29·516
May	30·036	30·536	29·658
June	30·013	30·363	29·392
July	30·090	30·353	29·541
August	30·016	30·492	29·248
September	30·076	30·457	29·572
October	30·006	30·518	29·161
November	30·112	30·517	29·458
December	29·960	30·321	29·384
Year 1964	30·056	30·921	29·161

TABLE XVI — **TEMPERATURE**

1964	Air temperature in screen (F)					
	Means of		Mean of A & B	Difference from normal	Extremes	
	A Max.	B Min.			Max.	Min.
	(°)	(°)	(°)	(°)	(°)	(°)
January	42·8	35·1	38·9	−2·0	51	25
February	45·2	37·1	41·1	+0·2	54	27
March	44·4	36·9	40·7	−3·1	52	28
April	51·5	42·3	46·9	−1·1	58	32
May	61·6	50·6	56·1	+2·6	72	45
June	64·3	53·0	58·7	−0·4	75	42
July	68·9	57·3	63·1	+0·6	77	50
August	69·1	56·8	62·9	+0·3	78	48
September	67·8	54·7	61·3	+1·9	74	45
October	57·3	43·9	50·6	−2·3	68	34
November	52·4	42·8	47·6	+1·4	58	30
December	45·4	36·0	40·7	−1·1	55	23
Year 1964	55·9	45·5	50·7	−0·3	78	23

TABLE XVII — **CLOUD AND HUMIDITY**

Month.	Cloud Amount Scale 1–8		Mean Relative Humidity	Mean Humidity previous 10 years 1954–1963
	9 a.m.	6 p.m.	9 a.m.	9 a.m.
			%	%
January	7	7	88	87
February	7	6	87	86
March	7	7	84	81
April	5	6	85	76
May	5	6	79	72
June	5	6	77	75
July	6	5	81	76
August	5	5	77	78
September	4	5	77	80
October	5	6	84	83
November	6	6	88	84
December	6	6	84	87
Year 1964 ..	6	6	83	Yearly average 80

TABLE XVIII — **WINDS**

Month.	9 a.m. Observations.—Direction.								
	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm
January	4	8	2	3	3	3	2	6	—
February ..	2	8	3	4	2	5	2	3	—
March	3	10	3	6	2	4	2	1	—
April	1	5	—	4	5	7	5	3	—
May	—	2	3	4	1	11	6	4	—
June .. .	1	4	—	4	3	8	7	3	—
July	4	2	—	2	3	9	6	5	—
August	4	6	1	4	—	7	1	8	—
September ..	2	6	3	3	1	10	1	4	—
October	4	6	—	5	—	6	2	8	—
November ..	2	8	1	1	—	9	5	4	—
December ..	6	7	—	1	1	9	1	6	—
Year 1964 ..	33	72	16	41	21	88	40	55	—

Month.	6 p.m. Observations.—Direction.								
	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm
January	2	12	3	2	3	2	3	4	—
February ..	6	5	2	5	1	4	2	4	—
March	4	11	3	5	2	3	2	1	—
April	—	5	—	5	2	8	7	3	—
May	—	2	1	5	2	12	8	1	—
June	1	1	—	3	4	12	7	2	—
July	1	—	—	3	—	17	9	1	—
August	2	3	1	3	1	11	5	5	—
September ..	—	1	2	6	—	9	9	3	—
October	—	8	—	5	2	4	4	8	—
November ..	2	6	1	2	—	8	5	6	—
December ..	6	7	—	1	1	9	3	4	—
Year 1964 ..	24	61	13	45	18	99	64	42	—

TABLE XIX — **VISIBILITY**

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

MONTH	FOG						MIST OR HAZE						GOOD VISIBILITY									
	A		B & C		D & E		F		G		H		I		J		K		L		M	
	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.
January	—	—	—	—	2	—	1	5	13	5	8	10	4	8	2	2	1	1	—	—	—	—
February	—	—	—	—	1	—	5	5	5	5	4	7	9	8	5	3	—	1	—	—	—	—
March	—	—	—	—	—	—	—	1	7	8	5	8	14	13	5	1	—	—	—	—	—	—
April	—	—	—	—	—	—	2	3	—	1	1	—	9	7	15	13	3	6	—	—	—	—
May	—	—	—	—	—	—	—	—	4	1	7	4	4	5	11	11	5	8	—	—	—	2
June	—	—	—	—	—	—	—	—	—	—	1	1	13	4	3	8	7	10	5	3	1	4
July	—	—	—	—	—	—	—	—	—	—	1	1	9	7	8	9	6	8	5	4	2	3
August	—	—	—	—	—	—	—	—	—	—	2	1	5	3	12	8	7	8	2	2	3	9
September	—	—	—	—	—	—	—	—	1	—	1	1	3	3	10	7	9	9	2	—	4	10
October	—	—	—	—	—	—	1	—	5	3	2	2	13	18	6	4	1	1	3	—	—	3
November ..	—	—	—	—	—	—	1	2	1	2	5	5	9	10	12	8	1	3	1	—	—	—
December	—	—	—	—	—	—	—	2	4	6	5	3	10	4	6	12	6	2	—	1	—	—
Year 1964 ..	—	—	—	—	3	—	10	18	40	31	42	43	102	90	95	86	46	57	18	10	10	31

KEY TO TABLE XIX — **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	1¼ miles	1¼ miles	Poor	Tarring Church Tower	" " "	N.W.
H	2½ miles	2¾ miles	Moderate	Top of High Salvington Hill	" " "	N.W.
I	4½ miles	4¼ miles	Moderate	Highdown Hill	" " "	W.N.W.
J	6¼ miles	6⅝ miles	Good	Portslade Gas Works Chimney	" " "	E.
K	12½ miles	12½ miles	Very Good	Hills beyond Brighton	" " "	E.
L	18¾ miles	18¼ miles	Very Good	Selsey Bill	" " "	W.S.W.
M	25 miles	27 miles	Excellent	Beachy Head	" " "	E.S.E.

PART II.

PERSONAL HEALTH SERVICES

DELEGATED HEALTH AND WELFARE SERVICES

For a period of nearly 15 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

Notification of Births:

Under section 203 of the Public Health Act, 1936, all births have to be notified within 36 hours to the Medical Officer of Health of the Welfare Authority within which the birth takes place. Almost always it is the attending midwife who does this. Notification of births is in addition to registration, normally the duty of the father, and for which 42 days are allowed. A Welfare Authority is thus able to keep up-to-date records of all new births and provide a home visiting service to the mothers.

In 1964 there were 926 notified live births in Worthing. This figure is 5 more than the registered live births, but in any one year it is unusual for these figures to be the same because of the difference in time allowed for recording.

Child Welfare Centres:

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

(1) The Central Clinic, Stoke Abbott Road—Monday and Friday afternoons.

(2) Church Hall, New Road, Durrington—Every Thursday afternoon in each month.

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

(4) St. Richard's Hall, Collingwood Road, 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, Angola Road, East Worthing—First and third Monday afternoons in each month.

1.678 infants and children made a total of 10,981 attendances at all centres during the year. The number of infants who first attended whilst they were under one year of age was 829, equivalent to 89.5 per cent. of the notified live births.

The table below gives further details of attendances at the 6 child welfare clinics during the year:—

Clinic	No. of clinics held	No. of children who attended centres	Total No. of attendances made	Average attendance per clinic
Central	98	723	4,971	50·7
Durrington ..	52	342	2,504	48·1
Goring	23	151	813	35·3
Maybridge ..	29	213	1,159	40·0
Findon Valley ..	24	78	448	18·7
East Worthing ..	22	171	1,086	49·4
Totals	248	1,678	10,981	44·3

Since the National Health Service was introduced the scope of local authority child welfare clinics has lessened. No longer do the clinic staff attempt to meet the *medical* needs of poorly babies and the once crowded sessions of "minor ailments" are happily things of the past. Nevertheless there is no doubt that "well baby" clinics provide a much appreciated service. It is here that a young mother can get sympathetic and unhurried advice on all minor problems of looking after babies—feeding, sleeping, potting, teething, etc.; regular medical examinations are made to find abnormalities in their earliest stages; and vaccination and immunisation procedures are carried out as and when due. Young mothers are often lonely, and at these clinics many make new friends for the first time in their married lives.

It has often been said that child welfare clinics are no longer needed; that nowadays mothers know all about baby upbringing; that the general practitioner should be the one to give advice if needed. This may be true in theory, but in Worthing as elsewhere clinics remain extremely popular and the number of children attending continues to rise, as the following table shows:—

Year	No. of notified live births	No. of first attendances under 1 year	% attending	No. of children attending centre	Total No. of attendances made
1960	783	633	80·8	1,322	8,487
1961	780	642	82·3	1,336	9,455
1962	828	689	83·2	1,367	9,642
1963	844	747	87·3	1,469	9,395
1964	926	829	89·5	1,678	10,981

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, 1963, 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, Stoke Abbott Road—Every Tuesday afternoon.
(2) Church Hall, New Road, Durrington—First Thursday afternoon in each month.
(3) St. Mary's Hall, Ilex Way, Goring—First Wednesday afternoon in each month.
(4) St. Richard's Hall, Collingwood Road, Maybridge—Fourth Wednesday afternoon in each month.
(5) All Saints' Hall, Cissbury Avenue, Findon Valley—Second Wednesday afternoon in each month.

During the year 82 sessions were held and attendances totalled 301 (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 became notifiable on 1st January, 1964. The information is made available by doctors or midwives on the birth notification card. The General Register Office collects 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.

During the year there were 18 babies notified as having one or more congenital malformations obvious at birth. Four of these were stillborn. Some abnormalities were trivial and the child was not regarded as being "at risk" in any way. Others were very serious and likely to result in considerable permanent handicap.

The defects notified were:—

Anencephalus (all stillborn)	3
Mongolism	3
Talipes	2
Macerated foetus (stillborn)	1
Absent radius, club hand, rudimentary thumb, tracheo-œsophageal fistula, rectal atresia, pulmonary stenosis	1
Volvulus	1
Congenital heart disease	1
Hypospadias	1
Epispadias	1
Short forearm, thumb and finger buds only	1
Auricular tags	1
Exomphalos	1
Encephalocele	1
Total	18

The above list does not include all the congenital abnormalities, only those obvious at birth. Most were regarded as sufficiently serious to warrant placing the child's name on the risk register.

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 1964 is shown below:—

BABIES AT RISK BORN IN 1964

	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)	1
3. Mental disorder	5
4. Mother unusually young or elderly	6
5. Family in a "social problem" group	54
Prenatal:	
6. Rubella (certainly) and other virus infections (possibly) in early pregnancy	—
7. Toxoplasmosis	—
8. Hyperemesis	—
9. Threatened abortion	4
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	4
13. Maternal diabetes	2
14. Maternal thyrotoxicosis	1
15. Toxaemia	17
16. Uterine haemorrhage	4
17. Hydramnios	—
18. Multiple pregnancy	12
Perinatal:	
19. Premature birth (i.e. 36 weeks and earlier)	19
20. Low birth weight in relation to gestational age	7
21. Postmature birth (i.e. 42 weeks and later)	3
22. Abnormal presentation	10
23. Prolonged, precipitate or instrumental labour	113
24. Birth asphyxia	6
25. Neonatal jaundice (hyperbilirubinaemia)	5
26. Presence of any congenital abnormality	21

Postnatal:

27.	Difficulties in sucking and swallowing	2
28.	Convulsions	2
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	1
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	323

The total of 323 "risks" occurred in 262 babies, several being at risk on two or three counts.

Only one baby at risk was 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 though the register includes children up to the age of 5. 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.

Of the 262 babies "at risk" born in 1964 172 were still on the register at the end of the year as were a further 102 babies born in 1963, making a total of 364 over the two year period.

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.

Care of Premature Babies:

All babies weighing less than 5½lb. at birth are by definition premature, though not all need special care. Twenty-six were put on the risk register out of the 45 notified during the year. All but one were born in hospital and 6 died within 24 hours of birth. There were in addiiton 8 premature stillbirths.

5.7 per cent. of all notified births were premature and the association of prematurity with stillbirths, neonatal mortality and mental or physical handicap is well known. Close supervision is therefore kept by the health visitors and clinic medical staff, particularly during the first 6 months of life.

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.

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.

Two cases have now been diagnosed through routine testing by the health visitors. The second case was found during the year in a 13 day old baby—the brother of the only other case in Worthing. Both children are on the special diet and making good progress.

Ante-natal Clinics:

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

(1) The Central Clinic, Stoke Abbott Road—First and third Tuesday afternoons each month.

(2) St. Mary's Hall, Ilex Way, Goring—Second Thursday afternoon each month.

(3) St. Richard's Hall, Collingwood Road, 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 1964 were as follows:—

Midwives' ante-natal clinics:		
No. of clinics held	43	(47)
New patients seen	97	(74)
Total No. of attendances ..	388	(462)
Ante-natal relaxation and exercises clinic:		
New patients	72	(40)
Total No. of attendances ..	340	(198)

(The figures in brackets are for 1963)

Dental Clinic:

All the facilities of the School Dental Service (see page 100) are available for expectant and nursing mothers and for pre-school children. The following work was done during 1964:—

(a) *Expectant and nursing mothers:* 1 examination but no treatment required.

(b) *Pre-school children:* 212 examinations. Of the children seen 69 needed and received treatment. This consisted of 37 extractions (11 requiring a general anaesthetic) and 278 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	15
Old patients seen	10
Total No. of attendances	30

(b) *Physiotherapy Clinic:*

New patients seen	30
Old patients seen	4
Total No. of attendances	141

(c) *Eye Clinic:*

No. of patients seen	61
Total No. of attendances	109

(d) *Orthoptic Clinic:*

No. of patients seen	57
Total No. of attendances	176

(e) *Speech Therapy Clinic:*

New patients seen	2
Old patients seen	11
Total No. of attendances	15

(f) *Child Guidance Clinic:*

No. of patients seen	4

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. Since 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.

Care of the Unmarried Mother and her Child:

There were 67 illegitimate children born to Worthing mothers in 1964. None of these were stillbirths. The illegitimate rate in 1964 was 7.3% (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 4 cases during 1964.

I am indebted to Miss J. Prince, the Association's welfare worker in Worthing for the following information:—

Forty-six Worthing mothers of illegitimate children have been helped, hostel accommodation being obtained in 7 cases.

Marital state:—

Single	39
Married but living apart from husband	4
Divorced	3

Age Range:— 15¾ to 41.

Outcome of pregnancy:—

Mother kept baby	16
Baby placed for adoption	10
Not yet born at end of year	17
Miscarriage	3

Family Planning:

The Worthing and District Family Planning Association held its first session on 6th January at the Central Clinic. Except for bank holidays, sessions were held every Monday evening throughout the year, and altogether 503 patients attended. Many of these attended on two or more occasions.

Most of the patients were married women, attending for contraceptive advice, though those about to marry were also accepted. About 15% were referred directly by their own doctors and approximately half asked for oral contraception (the "pill"). Three patients attended with sub-fertility problems.

Marriage Guidance:

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

During the first year after the Council's inauguration, this service was inundated with requests for help and there was unavoidable delay before interviews could be arranged. Pressure slackened considerably during the second year during which 2 more counsellors were partly trained making 6 in all. 26 new applications to see counsellors were received during 1964 and altogether 120 interviews took place with old or new clients. In these cases the welfare of over 100 children was involved. It is estimated that one-third of

those seeking counsel are successfully helped, one-third were definitely not and the out-come of the remainder was obscure or unknown. Though reconciliation is the principal aim in counselling it is recognised that sometimes a marriage ought to be dissolved in the interests of both parties. All too often help is sought too late when an earlier approach might have had different consequences.

Rather more than half the clients come from Worthing while the rest were fairly evenly distributed over the adjoining districts served.

Educational work in schools and Youth Clubs—where there is more ignorance on personal and sexual relations than many adults believe—increased during the year. 49 sessions of group discussion were held and 6 talks were given on the general movement to groups and organisations. It is hoped that these activities can be extended in future as the trend is towards people marrying earlier.

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. 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.

The table below compares the number of hospital and home confinements in the past two years:

Notified live and stillbirths	1963	1964
No. born at home	187	205
No. born in hospital	665	731
Total ..	852	936

The percentage of hospital confinements (78.1%) was practically the same as in 1963 (78.2%)—in both years well in excess of the Cranbrook Committee's recommendation that the national average of hospital confinements should be 70%.

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 1964 (the figures in brackets refer to 1963).

In every case a doctor was booked to look after the patient during her pregnancy. The doctor was present at the actual birth in half of all home confinements.

Confinements attended:		
By midwife only	103	(111)
By midwife and doctor	102	(76)
	205	(187)
Inhalation Analgesia administered:		
By midwife only	97	(81)
By midwife with doctor present ..	68	(71)
	165	(152)
Pethidine administered:		
By midwife only	83	(68)
By midwife with doctor present ..	59	(63)
	142	(131)
Nursing visits made	3,216	(2,657)
Ante-natal visits made	1,839	(1,608)

The increasing number of nursing visits is a direct result of the policy of the maternity hospitals to discharge their patients home before the 10th day.

By the end of the year good progress was being made with plans for the closer attachment of midwives to those doctors who undertake domiciliary confinements. The services of midwives were made available to two groups of doctors who run ante-natal clinics in their own surgeries.

HEALTH VISITING

At the end of the year Worthing had eight district health visitors, approximately 80% of their time being allocated to the Delegated Health and Welfare Services, the remaining 20% 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.

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.

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

Expectant mothers—total visits	305	(252)
First visits to children born in 1964	935	(971)
Re-visits to children born in 1964	2,033	(2,072)
Children born in 1963-1959—total visits	4,667	(5,925)
Infectious Disease visits	43	(76)
Tuberculosis visits	40	(45)
Visits re care of persons aged 65 or over	2,352	(2,191)
Other visits (Mentally disordered persons, infant deaths, stillbirths, post-natal visits, persons discharged from hospital, maternity home help cases and special visits)	1,528	(837)

(the figures in brackets refer to 1963)

During the past few years more time has been spent on visits to the homes of elderly persons and rather less on visits to do with child care. This is reflected in the above figures, which also show a considerable increase in "other visits"—due particularly to the visiting of patients who have been discharged from hospital.

The General Practitioner and the Health Visitor:

Reference was made in last year's report to the arrangements being made for the attachment of health visitors to the practices of general practitioners. This followed the publication of the Gillie Report which strongly recommended this form of active co-operation.

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.

In May the members of a practice of four general practitioners met two of the health visitors and together worked out plans for a scheme of attachment. This was approved by the Borough Health and Welfare Committee and put into full operation the following month.

The following decisions were reached:—

1. The health visitors should spend 75% of their time working with the patients of the practice, and 25% of their time on local authority duties unconnected with the practice, e.g. at clinics and school medical inspections.
2. Routine home visiting (to expectant mothers, babies, elderly persons, etc.) by health visitors should be re-organised: the two attached health visitors to visit only those registered with the practice, and the remaining six health visitors to have their districts fairly redistributed.
3. Regular meetings should take place daily after morning surgery between a health visitor and one or other of the doctors at each of their two main surgeries. These meetings might later be supplemented by special sessions (e.g. one afternoon per week) held in a surgery for a health visitor to see the patients with problems referred to her by the doctor.
4. Further developments should be in the light of experience and to this end further joint meetings should be arranged as necessary.
5. Health visitors should keep careful records of work done and motor car mileage incurred.
6. The scheme should be regarded as a pilot study of one year's duration; thereafter to be discontinued or become permanent depending on its success.

The attachment has been an unqualified success and none of the doctors or health visitors wishes to return to their "pre-attached" days. There were several difficulties and misunderstandings at first, but these were resolved at further meetings.

With determination and goodwill on both sides schemes of attachment *will* work, but they don't just happen. It is easy to "attach" on paper one or more health visitors to a group of doctors, but a true liaison has to be worked for. Daily meetings are very desirable if a two-way traffic of information is to flow freely, and from the beginning the health visitor must make her own position and status clear. Otherwise there is a risk that she will be used for all kinds of duties not related to her particular skills. She can and should be to the general practitioner what together the almoner and ward sister are to the hospital consultant.

By the end of the year plans for the attachment of more health visitors to other groups of doctors were being drawn up.

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 20 full-time district nurses and an area nursing officer. The following figures summarise their work on the district:—

Number of patients attended	2,187	(2,054)
Number of visits paid	59,688	(59,855)

(the figures in brackets refer to 1963)

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:—

Procedure	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 1960 to 1964 by the estimated child population in the relevant age groups, and expressing the result as a percentage:

Age on 31.12.64 (i.e. born in year)	Under 1 1964	1–4 1960–1963	5–9 1955–1959	10–14 1950–1954	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1960–1964 ..	282 (222)	2,445 (2,383)	1,362 (1,397)	412 (281)	4,771 (4,283)
B. Number of children whose last course (primary or booster) was completed in the period 1959 or earlier	— (—)	— (—)	854 (788)	1,615 (1,772)	2,469 (2,560)
C. Estimated mid-year child population	926 (850)	2,830 (2,822)	8,230 (8,227)		11,986 (11,899)
Immunity Index $\frac{(100A)}{C}$ ..	30·5 (26·1)	86·4 (84·4)	24·8 (20·4)		40·0 (36·6)

(the figures in brackets refer to 1963)

The immunity index is a means of showing for different age groups the percentage of children who are immune, i.e. who have completed their inoculations (primary or reinforcing) within a specified period. The following table shows the steady improvement over the past four years:—

Age group	Immunity index			
	1961	1962	1963	1964
Under 1 year	30·6	25·8	26·1	30·5
1– 4 years	76·3	78·3	84·4	86·4
5–14 years	17·6	17·7	20·4	24·8
0–15 years	30·7	31·5	36·6	40·0

Since immunisation against diphtheria, whooping cough and tetanus is not completed until the 6th month of life and since the first age group includes *all* babies born during the year—even those who on the 31st December are only days or weeks old, the immunity index is unlikely to rise above 50 in this age group.

The actual number of immunisations completed in 1964 in shown in the next table. It will be noticed that there has been a very satisfactory 86% increase in the number of reinforcing injections given (757 compared with 442 in 1963). 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	15 (8)	3 (0)	18 (8)	353 (104)	175 (124)	528 (228)
Diphtheria, whooping cough and tetanus ..	274 (287)	412 (360)	686 (647)	107 (79)	122 (135)	229 (214)
Totals	289 (295)	415 (360)	704 (655)	460 (183)	297 (259)	757 (442)

(the figures in brackets refer to 1963)

There has been a large increase in the number of children immunised in the past two years. The total number of protective inoculations completed was 924 in 1962, 1,097 in 1963 and 1,461 in 1964—a 58% increase in two years. This compares favourably with the rest of the County where the corresponding increase was 51%.

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		
	1962	1963	1694	1962	1963	1964
Under 1 year . .	409	82	37	—	—	—
1 year	78	62	244	—	—	—
2–4 years . .	125	17	40	26	6	10
5–14 years . .	330	7	17	387	34	37
15 years & over	501	29	—	2,671	321	—
Totals	1,443	197	338	3,084	361	47

Following the Ministry of Health's recommendation (in 1962) that primary vaccination was best carried out in the second year of life, the number of vaccinations in infancy fell in 1963. During 1964, as expected, the numbers increased again. They were still disappointingly small however, and smallpox vaccination remains the least popular of all the protective procedures available. Of the 338 primary vaccinations carried out during the year, 73 were performed at the clinics and the rest by general practitioners in their own surgeries or in patients' homes.

General practitioners also revaccinated 47 older children. Records are no longer kept of vaccinations or revaccinations of those aged 16 or over.

Poliomyelitis:

The following table shows the number of vaccinations against poliomyelitis completed during 1964. Salk vaccine by injection is now seldom used; in virtually all cases the Sabin vaccine is given orally.

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 1963 and 1964	239 (273)	218 (251)	457 (524)	— (—)	— (—)	— (—)
Children (and others) born in 1962 or earlier	124 (109)	246 (191)	370 (300)	331 (232)	170 (462)	501 (694)
Total	363 (382)	464 (442)	827 (824)	331 (232)	170 (462)	501 (69 4)

(the figures in brackets refer to 1963)

Primary vaccinations numbered 827 compared with 824 in 1963. Most of these were in babies and toddlers. Reinforcing doses fell from 694 to 501; most of these are now being given to children who have just started or are about to start school.

Influenza:

Members of the Corporation staff were again offered protection against this disease, and in the months of October and November 576 were given the single immunising injection.

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 40 visits were made to patients in their own homes.

The Medical Officer of Health, Area Nursing Officer and Medical Social Worker 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 fifth 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 1,862 persons were X-rayed (884 males and 978 females). This compares with 1,929 persons in 1963. 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)	— (3)	— (6)	— (3.11)
Cases of tuberculosis requiring occasional out-patient supervision only	15 (17)	9 (10)	24 (27)	12.88 (14.0)
Primary cancer of the lung	22 (15)	3 —	25 (15)	13.43 (7.78)
Other forms of cancer	—	—	—	—

(the figures in brackets refer to 1963)

In addition to the regular weekly visits a special unit from Portsmouth visited Worthing from 24th September to 30th October, 1964. 6,741 persons

were examined compared with 9,125 persons when a similar survey was made in 1962.

Details are as follows:—

Disease	Male	Female	Total	Rate per 1,000
Newly discovered cases of pulmonary tuberculosis requiring treatment or close supervision	1	—	1	0·15
Cases of tuberculosis requiring occasional out-patient supervision only	8	5	13	1·93
Primary cancer of the lung	5	—	5	0·74
Other forms of cancer	—	—	—	—

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

This scheme, begun in November, 1961, includes all the 13-year-old children attending both local authority and independent schools in the Borough. Each child whose parent has consented to the scheme, is given a Heaf test, followed by a B.C.G. vaccination if they are negative, or an X-ray at the Mass Radiography Unit if they are positive.

Here are the details of the work done in 1964, with those of 1963 in brackets for comparison:—

Number of children given Heaf tests	1,121	(1,028)
Number found to be tuberculin negative ..	1,026	(797)
Number of negative reactors who received B.C.G.	1,005	(778)
Number found to be tuberculin positive ..	86	(168)
Number of positive reactors who were X-rayed	85	(209)

The decrease in the number of positive reactors is due to the fact that during the latter part of the year, children who were only faintly positive were, for their own benefit, called negative and were therefore given a B.C.G. vaccination.

The 7.7% 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.

Of the 85 children who were X-rayed, 80 were shown to be completely free of any chest disease, whilst the remaining 5 had minor abnormalities of no serious significance and were referred to their family doctors.

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 medical social workers and between ward sisters and health visitors.

I am indebted to Dr. R. B. Franks, Consultant Geriatrician to the Worthing Group Hospitals for the following report on the Worthing Hospital Group Geriatric Service:—

"Loneliness amongst the elderly":

A breakdown of the 1961 Census figures relating to people of pensionable age living alone in the Worthing Hospital Group area is given below.

	Males aged 65 and over	Females aged 60 and over
Arundel M.B.	17	111
Worthing M.B.	**413**	**4,741**
Littlehampton U.D.	69	472
Shoreham-by-Sea U.D.	41	356
Southwick U.D.	51	259
Chanctonbury R.D.	130	691
Worthing R.D.	207	1,480
Totals	928	8,110

These figures mean that approximately one pensioner in every 8 is living alone. Many of the more active ones, of course, are able to get out and about and cultivate friendships and interests outside the home. Nevertheless there must be a very large number who experience loneliness to a greater or lesser degree especially where physical incapacity has rendered the old person housebound.

Information given by the individual for Census purposes is confidential and it is not possible to obtain names and addresses from this source in order to try and establish contact with the elderly pensioner living alone. It is to be hoped that the recently started schemes for attaching individual Health Visitors to groups of General Practitioners will make it easier to discover the lonely pensioner who is in need.

Dr. Exton-Smith has given a striking description of the progressive physical and mental deterioration which living alone in old age may bring about. He writes: "The lonely person, who is without outside contacts, knows that he will not be going out of the house nor will anyone come to see him, and makes no attempt to maintain a reasonable standard of cleanliness. This neglect in personal care is usually associated with neglect in the home. Gradually a state of apathy is reached and this results in lack of nutrition. Weakness and malnutrition increase with the establishment of a vicious circle. The patient finally subsides into a state of extreme squalor and personal neglect.

Dr. Norman Capstick, Consultant Psychiatrist, and I are serving on the Steering Committee of a proposed Worthing and District Association for Mental Health, to be affiliated to the National Association. One of the objects of this Association, which is the first in West Sussex, will be to prevent the tragic sequence of events described by Dr. Exton-Smith from ever starting, firstly by establishing a panel of informed Home Visitors and secondly by helping in the establishment and running of a Social Centre for the elderly. Such a centre will not only serve those living alone but will give relief by day to younger relatives looking after an old person who is becoming physically or mentally frail.

The work of the Worthing and District Association for Mental Health will have many other facets, for example in the field of education and support

of relatives of the mentally ill and in the education of the public at large in the causes, prevention and management of mental ill health. This entirely voluntary body is deserving of the strongest public support.

The work of the Group Geriatric Service:

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

	1962	1963	1964
Applications: Male	289	349	325
Female	518	725	623
Total	807	1,074	948
Domiciliary assessment visits by consultant or registrar	748	931	719
Average number of hospital beds available for the year	208	255	260
Admissions from waiting list	531	663	593
Discharges home or to private or welfare accommodation	186	315	275
(Short stay discharges included in this figure)	(101)	(109)	(70)
Transfers to geriatric beds in other groups	3	3	9
Transfers to mental hospital	1	1	6
Transfers to acute hospital beds	3	12	19
Deaths in hospital	243	316	291
Total of discharges, transfers out and deaths	436	647	600
Discharges, transfers out and deaths per available bed per year	2·1	2·51	2·3
Average length of stay in hospital in months	5·7	4·8	5·2
Geriatric outpatients seen in clinics	106	218	220

It will be noted that applications at 948 were 126 fewer than in the previous year. The March quarter showed a fall of 82 compared with 1963 when there was a most exceptional and prolonged cold spell. The December quarter showed a fall of 82 compared with the previous year, probably due to the mild weather experienced up to mid-December. An unusually high proportion of males was referred, the ratio of males to females being 1 : 1.92 compared with 1 : 2.08 in 1963.

There was a considerable drop in the number of domiciliary assessment visits. This is partly explained by the fall in the number of applications but also by the fact that an increasing number of applicants are already known to the Geriatric Service and re-admission is quite often arranged without a further domiciliary visit.

The number of Geriatric Hospital beds available rose in the first part of the year to 265, but in May 10 beds at Swandean Hospital had to be released for other purposes, making the present total 255.

Admissions from the waiting list showed a fall of 70 as compared with 1963. This is accounted for partly by a fall of 25 in the number of deaths

(again attributable to a milder Winter) and partly by a drop of 42 in the number of discharges home or to private or welfare accommodation.

Discharges to welfare accommodation fell slightly from 31 in 1963 to 25 in 1964; I always have in my wards a number of rehabilitated but homeless elderly people awaiting transfer, but, of course, things have been made difficult by the running down of Northview, East Preston, and by building and staffing difficulties in the new welfare homes which are replacing it.

Discharges to private residential accommodation rose from 56 in 1963 to 66 in 1964. Discharges home fell from 228 in 1963 to 184 in 1964, a drop of 44; this was almost entirely accounted for by a drop of 39 in the number of discharges following a relief short stay in Hospital to give relatives a rest. There was in 1964 a considerable drop in the numbers applying for this type of admission; the reason for this is not clear and it may well be a temporary phenomenon. If the relief short stay cases are taken out the discharge figure for 1963 becomes 206 and the 1964 figure 205. It seems, therefore, that the rehabilitation rate has not gone down and I think this is a great tribute to the excellent work of the nurses, physiotherapists and occupational therapists, in all of whose departments there has been a very serious shortage of staff.

It will be noted that transfers to mental hospital have increased. Dr. Norman Capstick and I have formed a close liaison and it has proved possible to arrange transfers to Graylingwell Hospital on an exchange basis. I am very grateful for his co-operation.

Once again I should like gratefully to acknowledge the tremendous help given to our Geriatric team by all Local Authority staff. Our closeness of liaison continues to increase year by year.

The Geriatric waiting list and need for more Geriatric Hospital beds:

The next table shows the comparative figures at the end of 1963 and 1964. A postal review of the waiting list is carried out every four months so that the figures do present a reasonably accurate picture.

Waiting lists	Females		Males		Totals	
	1963	1964	1963	1964	1963	1964
"A" list .. .. .. (in need of admission)	55	46	15	32	70	78
"B" list .. .. .. (can be nursed at home or nursing-home pro tem.)	34	14	6	3	40	17
Short stay	6	15	8	8	14	23
Other	2	—	2	1	4	1
Totals	97	75	31	44	128	119

It will be seen that the male A-List has grown considerably and this reflects the unusually high proportion of male applications in 1964. The overall position has changed very little and it is not likely to improve significantly until more Geriatric Hospital beds are provided.

In June I made another survey of Geriatric Hospital bed requirements for 1975 based on the anticipated population aged 65 and over. At present

the Ministry of Health consider 1.4 geriatric beds per 1,000 of the total population an adequate figure. The Porritt Report, 1962 ("A Review of the Medical Services in Great Britain") recommends a figure of 2 geriatric beds per 1,000 total population. But it should be noted that both these estimates apply to normally balanced populations. No allowance appears to be being made for the fact that the percentage of the group area population aged 65 and over is more than double the National average.

There is no doubt in my mind that another 75 geriatric beds are required now, with an additional 35 beds by 1975. Until more are provided all the services for the elderly, both statutory and voluntary, will remain overstretched and much suffering, physical, mental and financial will continue."

Health Education:

Reference was made in last year's report for the need in Worthing of a full time organiser for health education. The Committees concerned agreed to the creation of this post, and the newly appointed organiser commenced her duties on 1st May. The time was opportune, for a week later the Joint Committee of the Central and Scottish Health Services Councils published their long awaited Report on Health Education (the Cohen Report).

The Joint Committee recommended the setting up of two Boards to promote health education generally, to train health educators to be employed by local authorities, and to conduct health campaigns. Subjects specially recommended for health education included cancer, dental health, footwear, mental illness, accident prevention, clean air, fluoridation, and food hygiene.

The report made it clear that health education must do more than provide information. It must also seek to influence people to act on the advice and information given, and to counteract pressures which are inimical to health.

The initial task in establishing a full-time health education service was to make the work of the service known to as wide a section of the public as possible. Accordingly, most of the women's organisations in the town were sent a letter offering to supply a speaker and arrange a film on a number of health education topics. A list suggesting suitable titles was enclosed and the response was very good. The suggested titles of talks included:—"Safety in the Home", "Social Services", "Protection for the Community" (talk on prophylaxis against infectious disease), "Recent advances in the fields of Maternal and Child Welfare", "Understanding Mental Illness", "Care of the Elderly", "The School Health Service", and "Smoking and Health".

A total of 20 talks were given to various women's groups since May. "Safety in the Home" was the talk most frequently requested.

Ante-Natal Talks:

The total number of expectant mothers attending these classes increased considerably during the year.

Hospital cases	84	(27)
Domiciliary cases	6	(10)
Total attendances	323	(215)

(the figures in brackets refer to 1963)

The pattern for the talks remained the same, i.e. a series of nine talks and demonstrations given in a continuous rota enabling a mother to start at any point in the programme and continue until the course was complete.

Health Education in Schools:

During the Autumn term six classes per week were given in two schools (three in Davison and three in Worthing County Secondary). The syllabus was parentcraft and hygiene, and also included a detailed talk on "Care of the Feet".

Displays:

Models and poster arrangements in the clinics were changed monthly —taking one theme for each month. Some of the models were loaned from the Accident Prevention Advisory Service of the Crusader Insurance Company, Reigate, and others were "home made".

Display boards and fittings have been supplied to three groups of General Practitioners with health education material to be shown in their own surgeries.

Two "Food Hygiene" displays were shown in conjunction with the Food Hygiene course arranged by the Chief Public Health Inspector.

Equipment:

Stocks of leaflets and booklets have been brought up to date and the demand for literature on all aspects of health education became brisk.

Useful equipment obtained during the year included:—folding pegboard screens, portable display stands, a plastigraph board, a portable flannel-graph board with easel, and a tape-recorder.

The range of subjects covered by flannel graphs is wide and the following list is only a small sample of those now available:—"Smoking and Lung Cancer", "Fitting the Feet", "Nutrition and Food Hygiene", "Growing Up", "Dental Health", and "The Use of Leisure".

The work of the Medical Social Worker:

During 1964 the Institute of Almoners became the Institute of Medical Social Workers. It was decided by the profession that this title gave a more accurate description of the work that was being carried out by their members in undertaking social casework with patients, and shed for ever the pre-National Health Service image when almoners were concerned with assessing fees paid by patients for hospital treatment.

The Borough Medical Social Worker's figures show a substantial increase from 213 patients helped during 1963 to 350 patients helped during 1964 and this work has kept her fully occupied. With some of these patients the work has been short-term, involving only a few visits or the arranging of a recuperative holiday. With others, long-term contact has been maintained and, in a few cases, a weekly visit throughout the year was needed. A considerable amount of help and support is sometimes required to enable a patient to carry on in the community.

The sources of referral of the 350 cases were as follows:—

General medical practitioners	78
Chest and other consultants	34
Hospital medical social workers	107
Borough nursing staff	68
Statutory agencies	20
Voluntary agencies	15
Others	28

An analysis of the ages of the patients shows, as might be expected, that roughly 5/7ths were in the over-60 age group:—

Under 20 years	9
20-40 years	12
40-60 years	71
Over 60 years	258

84 of the patients referred were suffering from cancer, 59 from diseases of chest or heart.

The types of help given can roughly be summarised as follows:—

Recuperative holidays and convalescence	57
After-care on discharge from hospital and social and financial help and investigations	92
Advice re residential care, temporary and permanent	60
Social and personal problems	58
Rehabilitation	4
Others	70

More patients are being sent on recuperative holidays—57 compared with 24 in 1963. Of these 57 there were 47 who were sent away through the Borough scheme, the charge to the rates being in the region of £569 (without deducting contributions made by the patients themselves). In two other cases money was raised from other sources to pay for convalescence. 11 patients paid for their own arrangements and one was sent away through the National Health Service.

During the year National Society for Cancer Relief grants were paid to 33 patients and 15 of these were still receiving help in 1965. The total amount of money paid to these patients over the year was £828 5s. 0d. 11 patients received help in kind through the Marie Curie Fund, which included payments for fuel and the loan of special equipment such as ripple beds. 15 patients received help through the Care Committee, mainly in kind, e.g. fuel, eggs or milk. Other help from charitable sources was given in 51 cases, including grants towards private home fees, extra nourishment, clothing, debts, etc. and this altogether amounted to £602 3s. 0d. Thus in all the sum of £1,431 8s. 0d. was raised from all sources.

It is difficult to analyse the help given under the heading of residential care, especially as in many cases the Medical Social Worker was not responsible for the actual arrangement, but referred the patient on to another source for help. With this proviso arrangements were made as follows:—

Hospital and geriatric care	13
Nursing homes	8
Private rest homes	4
Voluntary homes	16
Referred to Welfare Department	11
Other accommodation	8
Total	60

Other help given included help with housing problems (6), referrals to the Occupational Therapist (7), referrals to clubs (5) and liaison with the Labour Exchange (4). Some patients have been counted under more than one category.

Home Nursing Equipment:

Stocks are kept in the department of various aids to home nursing, and are issued as required. These include mattresses, foot cradles, back-rests, bed-pans, urinal bottles, hot water bottles, rubber sheeting, rubber rings, night-dresses and sputum mugs.

Increasing use is being made of incontinence pads. All who need them are supplied free of charge, and there is no doubt they are a great boon to patients and their relatives as well as being time saving for the district nurses. A check count has been made on the number now being issued: over a 3 month period 150 patients used 4,576 pads, i.e. an average of 30.5 pads each.

Disposal of pads is either by burning in the household grate or, after wrapping in newspaper, through the ordinary dustbin refuse collection. In cases of special difficulty, however, collection can be arranged by this department. There have been no complaints with the present service and general practitioners have expressed themselves well satisfied with the scheme.

Chiropody:

The Chiropody Clinic first opened in February, 1962, with two sessions per week at the Central Clinic.

This has been increased several times, and by mid 1964 7 sessions were provided, equivalent to 7/10ths of a whole-time chiropodist. Even so, demand has continued to outstrip supply.

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.

The following table summarises the work done during the past 3 years:—

	1962	1963	1964
Number of new patients	184	188	272
Number of patients receiving National Assistance	265	423	655
Total number of treatments	593	1,220	1,965

HOME HELP SERVICE

There has been continued expansion during 1964 as the demand steadily increased. At times we have been very understaffed, for it has been increasingly difficult to recruit the right kind of worker to this service, and, once recruited, to get her to stay. Worthing is not alone in this as the problem is being felt in many parts of the country, but our need is particularly urgent in view of the continually increasing number of elderly and ageing people living in the Borough.

80 regular and part-time helpers were on the register during the quarter ended 31.12.64, but there had been a considerable turnover of staff during the year. Some only stayed short periods; others with longer service had to leave for domestic or other personal reasons. Serious thought is being given to this problem because some of the present staff have given many years service and are finding it difficult, as they get older, to maintain

consistent service during bad weather, when, of course help is needed most by the elderly and sick.

There is a "loyal backbone" of 7 home helps who by the end of the year had given over 12 years service; a further 17 completed between 5 and 10 years service, and by the end of March 1965 another 26 will have completed between 2 and 5 years service. This represents more than half the present staff.

A series of "Training Talks" which have been held at intervals in the past were re-commenced during the year, with the object of bringing home helps together and helping them to understand the importance of their service within the health and welfare team. A social committee was appointed to arrange outings and other social events giving home helps and their friends an opportunity to meet informally.

With the systematic assistance of the health visitors and the Borough Organiser, re-assessment of need is constantly being carried out on long-term cases. This often means that only a minimum of help is being granted because of shortage of staff and the needs of new cases—and sometimes even this has had to be curtailed when there has been sickness amongst helpers or specially heavy demands on the service. At one time 10 home helps were away in one week and it was not possible to recruit "stand-in" workers at short notice. This involved much detailed office work in trying to cover the essential cases and cutting out all that did not warrant absolute priority.

Valuable assistance is being given by the "friendly visitors" of various voluntary organisations and Church and welfare groups who regularly visit elderly folk and often collect pensions or do shopping. This saves the time of the home help and enables her to spend most of her time doing the household necessities. The Meals on Wheels Service run by the W.V.S. is also extremely valuable and often enables home help visits to be reduced without hardship to the householder.

The rate of pay for Home Helps was increased in September 1964 to 4/0½d. per hour on the recommendation of the National Joint Council for Local Authorities' Services (manual workers), and a further increase is expected in September 1965.

The actual number of hours of help given during 1964 was 92,191. This was 6,391 hours more than in 1963. The steady increase in help given over the past five years is clearly shown in the following table.

Number of persons who received help

Category	1960	1961	1962	1963	1964
Aged or infirm	478	573	583	795	863
Maternity cases	55	53	36	44	47
Chronic illness	269	277	214	65	82
Others				54	94
Total	802	903	833	958	1086

The average number of households being assisted each week has increased to approximately 600. This has meant that the amount of time available for general cases has often had to be curtailed when there were maternity cases or special emergencies to be covered. This in turn has

sometimes led to dissatisfaction amongst householders who do not appreciate the true function of the home help service and look upon it primarily for cleaning. It has to be constantly borne in mind that the service is first and foremost an emergency service, and therefore work that is essential must be done first, such as the provision and cooking of food, warmth (fires and getting in fuel, etc.), the washing of personal garments which cannot be sent to the laundry, and other matters of hygiene, bedmaking and similar daily tasks.

It has been said that the home help can be regarded as the "king pin" in the house where there is need. Certainly the various other home services can operate best when there is a good home help at the centre to keep the home working smoothly and the housewife free from anxiety and worry.

In view of the national trend to use the home help service more and more to relieve the burden on hospitals and other domiciliary services, we must try to recruit and train more workers in the future. The national aim to raise the status of the home help and improve training and conditions of service should be an incentive.

MENTAL HEALTH

Training Centres and Hostels:

During the year building commenced on the new junior day training centre in Durrington Lane. This also incorporates a residential hostel for mentally sub-normal children who have been deprived of a normal home life. Meanwhile both children and adults continued to attend the Brougham Road Centre.

Conditions at Brougham Road were much improved by the addition of a modern hutted annexe. This allowed the senior girls to be transferred from the nearby Methodist Church Hall which had never been at all satisfactory.

Of the 72 on the register at the end of the year 30 were over 16 and 42 under 16. Rather more than half (44) lived outside the Borough boundary. All living more than a short distance from the Centre continued to be brought to and from their homes by special coaches.

In endeavouring to fulfil the proposals in their 10-year plan the County Council have tried hard to find a suitable site in Worthing for a hostel for the mentally ill. One such site would have proved very satisfactory, but, the Borough Council refused to give planning permission. However, later in the year the Council did agree to make available two houses on a Corporation housing estate for patients who had been discharged from mental hospitals, but who needed a period of rehabilitation in a semi-protected environment before being fully reintegrated into normal community life.

Local Association for Mental Health:

In the autumn of the year several interested persons got together with a view to forming a locally autonomous association for mental health. A

steering committee was formed and three meetings held under the chairmanship of Councillor G. W. Colville. Among the aims of the association would be the education of the public on all mental health matters so as to create a better climate of opinion and help to remove the stigma still attached to mental disorders. A local association could also play a big part in establishing a geriatric day centre and perhaps helping to staff and furnish it. Such a centre would help to combat the loneliness which so often leads to depression in elderly people. Another aim might be to form a therapeutic social club for younger persons. This would be concerned with their rehabilitation into the community after recovery from mental illness.

These were only a few of the ideas discussed by the steering committee, the members of which represented many interested organisations and covered an area extending from Southwick to Littlehampton. By the end of the year arrangements were well in hand for the inaugural public meeting at which Lord Balniel, Chairman of the National Association for Mental Health, would be the principal speaker.

The Work of the Mental Welfare Officer:

During the year an increase in the County staff at last allowed Worthing's mental welfare officer to devote all his time to the Borough (except for occasional relief duties). Previously his work was divided equally between the Borough and the neighbouring County areas. His work (for the Borough only) is summarised in the tables that follow:—

Number of patients admitted to psychiatric hospitals:—

Mental Health Act, 1959	Males	Females	Total
Section 5 (Informal)	11 (14)	12 (12)	23 (26)
Section 25 (Observation—28 days)	7 (1)	4 (14)	11 (15)
Section 26 (Treatment)	2 (—)	6 (1)	8 (1)
Section 29 (Observation in Emergency—3 days)	33 (27)	33 (44)	66 (71)
Section 60 (Court Order) ..	1 (1)	— (—)	1 (1)
Total	54 (43)	55 (71)	109 (114)

(the figures in brackets refer to 1963)

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 my two medical practitioners, any necessary extension of the detention powers being undertaken at the hospital.

In addition a further 44 patients (14 male and 31 female) were investigated but not admitted to hospital. Some commenced to attend a psychiatric day clinic, others being put on tranquillising drugs by their G.P.s The Mental Welfare Officer pays friendly calls on the majority of these patients to assess the situation.

The total number of subnormal persons on the register at the end of the year was 203, made up as follows:—

	Males	*Females*	*Total*
Boarded out under Guardianship	1 (1)	4 (4)	5 (5)
In Psychiatric Hospitals ..	39 (39)	29 (29)	68 (68)
In Mental Nursing Homes ..	— (—)	— (—)	— (—)
In Residential Homes	1 (—)	3 (3)	4 (3)
Boarded out in Private Homes..	3 (3)	1 (1)	4 (4)
Under Informal Community Care	49 (45)	73 (68)	122 (113)
TOTAL ..	93 (88)	110 (105)	203 (193)

(the figures in brackets refer to 1963)

The 122 under Informal Community Care include those attending the Training Centre on a daily basis.

During the year 12 new cases of mental subnormality were referred to the Local Authority from the following sources:—

Source of referral	*Males*	*Females*	*Total*
Relatives	1 (2)	2 (—)	3 (2)
Other Health Authorities	1 (3)	— (—)	1 (3)
Worthing Committee for Education	1 (2)	— (1)	1 (3)
Labour Exchanges	1 (—)	1 (—)	2 (—)
General Practitioners	1 (—)	— (—)	1 (—)
Health Visitors	— (1)	— (—)	— (1)
Other Sources	3 (1)	1 (1)	4 (2)
TOTAL ..	8 (9)	4 (2)	12 (11)

(the figures in brackets refer to 1963)

SERVICES FOR THE BLIND AND PARTIALLY SIGHTED

Welfare services are operated through the Worthing Society of the Blind whose Honorary Secretary is one of the two Home teachers. The services include:—

(a) Visiting, social work, teaching and helping the blind and partially sighted to live as full a life as possible.

(b) Making arrangements for ophthalmic examinations, registration, handicraft instruction and sale of crafts, the issue of talking book machines, radios, special equipment and apparatus.

(c) Arrangement of social and craft centres, outings and holidays.

(d) Arranging and assisting in social rehabilitation, training, home employment under the Home Workers' Scheme and employment in sheltered workshops.

Registration

At the end of the year there were 334 blind and 84 partially-sighted persons on the register. The great majority of these were elderly as is shown in the following tables:

Blind:

	0–9	10–19	20–29	30–39	40–49	50–59	60–69	70–79	80–89	90+	Total
Male	—	1	3	4	3	17	17	34	36	2	117
Female	—	1	2	—	4	5	23	57	88	37	217
Total	—	2	5	4	7	22	40	91	124	39	334

Partially sighted:

	0–19	20–49	50–64	65+	Total
Male	3	1	1	14	19
Female	—	1	3	61	65
Total	3	2	4	75	84

Causes of Blindness and Partial-Sight:

Macular degeneration was the commonest cause followed closely by cataract and glaucoma:—

Cause	Blindness			Partial sight			Grand Total
	Male	Female	Total	Male	Female	Total	
Macular degeneration	9	47	56	4	16	20	76
Cataract	13	35	48	5	20	25	73
Glaucoma	15	31	46	3	11	14	60
Myopia	12	18	30	3	8	11	41
Retinopathy	9	16	25	—	2	2	27
Retinitis pigmentosa	9	6	15	—	—	—	15
Trauma	13	2	15	—	—	—	15
Retinal detachment ..	6	5	11	—	—	—	11
Optic atrophy ..	3	8	11	—	—	—	11
Other conditions ..	28	49	77	3	9	12	89
Total	117	217	334	18	66	84	418

SERVICES FOR THE DEAF

Welfare services are provided through the Sussex Diocesan Association for the Deaf and Dumb. They include:—

(a) Regular visiting and advisory services through welfare officers who can communicate with the deaf.

(b) Provision of interpreter services in courts of law, marriage ceremonies, etc., and help in placing in employment.

(c) Provision of social centres and religious ministration.

For employment purposes the deaf can be divided into those with or without speech. The following tables summarise the position at the end of the year as regards the 37 registered deaf adults. (Deaf and partially-hearing children are the responsibility of the School Health Service—see page 102.)

Deaf with speech:

	16–64			65+			Grand Total
	Male	Female	Total	Male	Female	Total	
Employed	1	6	7	—	2	2	9
Unemployed or retired	1	—	1	1	4	5	6
Total	2	6	8	1	6	7	15

Deaf without speech:

	16–64			65+			Grand Total
	Male	Female	Total	Male	Female	Total	
Employed	6	6	12	1	4	5	17
Unemployed or retired	—	1	1	2	2	4	5
Total	6	7	13	3	6	9	22

SERVICES FOR HANDICAPPED PERSONS

The work of the Handicapped Services Officer continued to expand throughout 1964, and the number of persons on the register was 458 at the end of the year, an increase of 90 in 12 months.

The following table analyses the various disabilities according to their effect on working ability:—

Disability	Working ability					Total
	Capable under ordinary conditions	In sheltered work-shops only	At home only	Incapable or not available	Children under 16	
Amputations ..	3	—	—	14	—	17
Arthritis and rheumatism	1	1	2	174	—	178
Congenital mal-formations and deformities ..	3	1	1	8	—	13
Internal diseases* and diseases of the skin ..	—	—	5	16	—	21
All injuries and diseases of the limbs and spine (except T.B.) ..	4	3	1	44	—	52
Organic diseases of the nervous system† ..	14	7	5	131	1	158
Mental disorders (neuroses/ psychoses, etc.)	—	1	1	1	—	3
Tuberculosis—respiratory ..	—	—	—	1	—	1
Tuberculosis—non-respiratory	—	—	1	—	—	1
All other diseases	1	1	—	11	1	14
Totals	26	14	16	400	2	458

* Includes diseases of the digestive, genito urinary, respiratory and heart or circulatory systems.

† Includes epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.

It will be seen that by far the largest group are those deemed incapable or not available for work (400 out of 458). Most of these have in fact passed the age of retirement. Arthritis and rheumatism are the commonest disabilities.

Statistically the work of the Handicapped Services Officer can be summarised as follows, with that of the preceding year for comparison in brackets.

Visits made	1,286	(1,186)
New patients added to register	120	(119)
Aids purchased	2	(10)
Aids loaned	191	(91)
Adaptations made to homes	7	(23)
Holidays arranged	14	(14)

Aids and adaptations:

Since July, 1963, all aids costing less than £3 have been issued free, and those costing more than £3 returnable but supplied free on loan. This is reflected in the above figures, since loans have increased from 91 in 1963 to 191 in 1964, and purchases have dropped from 19 in 1963 to 2 in 1964. 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 were 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 acknowledgment is gratefully made. We now have 8 hydraulic hoists and one sleyride electric hoist. All are in constant use and are likely to be retained by their present users for some years. It is important to have at least 2 reserve hoists for emergencies, but due to their cost (approximately £80 each), this has not yet been achieved.

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 chair being extremely careful.

Holidays:

Handicapped persons are eligible for the holiday scheme in certain cases. Holidays are usually for two weeks only. In 1964, 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. Following this meeting is a discussion between Handicapped Services Officers and Occupational Therapists for the purpose of exchanging ideas on equipment and adaptations which have proved valuable.

Craft Classes:

These are now held at Field Place on the first and third Thursday afternoon of each month. 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 places at the Field Place craft class could still not be fully met. Unfortunately, owing to difficulties in providing adequate toilet facilities, it was not possible to use the premises as a day centre in 1964 as had been hoped. Because of the poor social facilities available for the handicapped the British Red Cross Society opened their own day social centre at the Shelley Road Congregational Church Hall. This centre opens on one day a month and by the end of the year had a membership of 33. Their programme is varied but in the latter half of the afternoon takes the form of an art class. This has proved extremely popular and successful.

Housing for the Disabled:

No further properties were made available for the handicapped in 1964. One of the major problems of handicapped people in the Borough is that many are housed in unsuitable accommodation. In the majority of cases specially built property is not necessary, but if certain minor adaptations could be incorporated into the building their lives would be very much easier. The three basic requirements are:—

(a) ground floor accommodation, access to be without steps;
(b) sliding doors provided internally;
(c) in the majority of cases, garage space for an invalid tricycle or car.

Outwork:

A small amount of outwork has been obtained from the Metal Box Co., West Road, Fishersgate, Portslade, and also from King and Bagnall, of 20, Northbrook Road, Worthing. This work is clean and quite pleasant to do. It is concerned with children's toys. Six patients are at present participating in this scheme.

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.

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. There are at present no sheltered workshops in Worthing.

PRIVATE DAY NURSERIES

These are registered with the Borough Council under the Nurseries and Child Minders Regulation Act, 1948. During the year a further day nursery was so registered, bringing the total to 9 and the number of children who could be accommodated to 220. One application which was accepted by the Health and Welfare Committee was later refused on planning grounds by the Borough Council. A local enquiry was held but the Minister of Housing and Local Government upheld his Inspector's recommendation that the appeal be dismissed.

All the nurseries are regularly visited by the Senior Health Visitor, and during the year 31 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 61 registered nursing homes in West Sussex are in Worthing.

On 1st January, 1965, the 33 homes provided a total of 502 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. Three more homes were registered during the year and on 1st January, 1965, there were 39 such homes in Worthing out of a total of 90 in the County as a whole.

Most of the 648 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. Two homes are registered for aged, infirm *and* disabled (22 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.

No legal proceedings were necessary during the year.

Section 50. Burial of the Dead.

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

HOME AND WATER SAFETY

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

STAFF MEDICAL EXAMINATIONS

Medical examinations are undertaken by staff of the Department in connection with teaching appointments and admissions of student teachers to training colleges.

Blood samples are taken for Widal tests on all new employees working in the water department. The following table summarises the work done during the year:—

Department	*Males*	*Females*	*Total*
Borough Water Engineer's (Widal tests)	9 (2)	—(—)	9 (2)
Education (Teachers)	3 (1)	4 (3)	7 (4)
Entrants to Training Colleges ..	10 (15)	40 (27)	50 (42)
TOTAL ..	22 (18)	44 (30)	66 (48)

(the figures in brackets refer to 1963)

Medical examinations carried out at the request of other Local Authorities in 1964 totalled 16.

Sixteen chief or senior officers were also examined with a view to ascertaining their medical fitness. It is intended that these examinations should be repeated at intervals.

Prospective employees of the Borough Council no longer receive a medical examination routinely on appointment but instead complete a detailed statement outlining their past and present health, and this 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 1964:—

Health Statements Completed

Department	*Males*	*Females*	*Total*
Town Clerk's	5	2	7
Borough Engineer's	24	2	26
Borough Architect's	18	3	21
Medical Officer's	3	7	10
Borough Treasurer's	10	10	20
Borough Librarian's	—	15	15
Borough Water Engineer's ..	5	2	7
Director of Entertainments and Publicity	2	—	2
Borough Education Officer's ..	2	2	4
Housing Manager's	1	1	2
Weights and Measures'	1	—	1
Justices Clerk's	3	2	5
TOTAL ..	74	46	120

PART III.

ENVIRONMENTAL HEALTH SERVICES

(Report of the Chief Public Health Inspector)

INTRODUCTION

The continuous flow of legislation affecting housing, food, clean air and conditions of work reflects growing public interest and concern about environmental standards. The major contribution during the year was the coming into force of the Offices, Shops and Railway Premises Act, 1963 which brought further responsibilities to the health department. As a result of this and the increase in the town's population and development the Council increased the public health inspectorate by 3 and the pupil establishment by 2. Two appointments had been filled by the end of the year.

The public's demands on the department increased and complaints or enquiries totalled 1,656 compared with 1,478 in 1963 and just over 1,000 in 1962. The office staff must be familiar with an ever widening range of duties to be able to deal effectively with enquiries.

GENERAL INSPECTIONS

General inspections included the following:—

Houses	872
Factories	181
Food Premises, all types (excluding slaughterhouse visits)	1,021
Schools	13
Drainage	774
Smoke Equipment Readings	930
Smoke Observations	52
Offices and Shops Act	514
Pest Destruction	282
Merchandise Marks Act	10
Noise Abatement Act	69
Miscellaneous	2,667

780 notices were served and 371 notices complied with.

HOUSING

Because of its rapid development, Worthing has many houses of modern design and amenities. Due to the change in the needs of the inhabitants it has been uneconomic to convert some of the older substantial family houses to meet modern needs and it has been more profitable to demolish perfectly sound property and build blocks of small flats on the site. Even so there are still areas of solidly built but less pretentious terrace houses which lack bathrooms or inside lavatories. Now that most of the unfit houses suitable only for demolition have been swept away, attention can be turned to improving these houses, most of which still have substantial life.

Housing repairs are usually enforced by using the Public Health Act, 1936 or 1961 and in only one instance was it necessary to apply to the Magistrates for a Nuisance Order. A survey of underground rooms used for habitation was completed during the year and those which were substandard were either improved or closed. A number of the large older houses near the sea front or town centre continue to be used for multiple occupation but few glaring deficiencies in amenities have come to light. The main complaints from the residents' point of view have been the high rents which have been charged. Often the rent charged for one room exceeds that paid for a whole house subject to rent control.

Housing Inspections

Houses let in lodgings	49
Total number of dwelling-houses inspected (Public Health Act or Housing Act)	872
No. of houses repaired after informal notice	83
Statutory Notices served:	
(a) Public Health Act, 1936	25
(b) Housing Act, 1957	2
Defects remedied by:	
(a) Owner	12
(b) Corporation in default	7
Closing Orders made:	
Underground rooms	6
Houses	15
Orders determined:	
Houses	3

THE RENT ACT, 1957

No applications for disrepair certificates were made and so far as ensuring the proper repair of houses, the Act has not been much success in Worthing. There are many instances where tenants could use their powers under the Act to improve conditions which do not come within the scope of Housing or Public Health Acts—exterior redecoration for example. The lack of security for tenants of decontrolled houses is a major weakness also. There are a few landlords who have taken advantage of this to eject a tenant for complaining about his lot and this, with the wide difference in rents of comparable property, cries out for the early overhaul of the whole rent control structure.

CARAVAN CONTROL

The rural outskirts of the town attract the itinerant caravanner from time to time and these are sometimes difficult to dislodge. Removal action is lengthy and cumbersome and occasionally a public health nuisance arises before the law can take effect. The Council have issued 3 site licences for 1 caravan each, 2 of which are temporary. No application for a commercially operated site within the borough has been received.

CLEAN AIR ACT, 1956

Clean air in Worthing is considered part of the local heritage. With the south westerly prevailing winds blowing from the sea any atmospheric pollution is produced locally. The department maintains 3 daily smoke and sulphur dioxide (SO_2) recording instruments whose readings show that any pollution compares favourably with other maritime areas of similar size. Occasional complaints have been received from newcomers to the town from areas subject to smoke control, about smoke in some of the low lying areas of the town during certain atmospheric conditions of temperature inversion.

So far it has not been necessary to take any action about domestic smoke. There appears to be a steady voluntary trend in the town towards the use of smokeless fuels for the sake of convenience and cleanliness. This will be further marked by the increase in popularity of central heating.

Science has not yet evolved an economic way of removing sulphur—which produces the real killer sulphur dioxide—from liquid or solid fuel.

In order to ensure as great a possible diffusion of SO_2 into the atmosphere, with the co-operation with the Planning Committee plans of new chimneys of commercial buildings are carefully examined to ensure that height and design are conducive to fume dispersal. The Ministry Memorandum on Chimney Height determination has been widely circulated to architects and builders. 20 applications for approval of new fuel installations were examined during the year to ensure smokeless operation as required by the Act. In this way it is possible to advise on the chimney height at an early stage in the design of the building or installation.

Average Daily Smoke and SO_2 Readings during each quarter in 1963 and 1964

	1st Quarter		*2nd Quarter*		*3rd Quarter*		*4th Quarter*	
	Smoke	*SO_2*	*Smoke*	*SO_2*	*Smoke*	*SO_2*	*Smoke*	*SO_2*
Health Dept.	120(133)	133(155)	22(26)	45(45)	12(14)	35(28)	104(80)	114(92)
Field Place	133(108)	89 (91)	*(25)	*(44)	11(11)	36(29)	83(76)	95(75)
South Farm Road	83 (92)	116(150)	17(10)	44(34)	12(11)	31(27)	63(61)	100(82)

(The 1963 figures are in brackets)

All figures are in micrograms per cubic metre. * Figures not available.

FOOD SUPERVISION

CHEMICAL SAMPLING

Food, like the weather, is never the same as it was when we were young. Though many adverse comparisons are coloured by nostalgia, there is no doubt that dwindling food producing areas and changed methods of production have taken their toll on taste and appearance. Also, as more people are better fed so more interest is shown in food constituents. High powered television and visual advertising seeks more than ever to inspire with examples of nutritional properties, and yet there is growing concern about the long term effects of chemical additives and pesticides. As obesity becomes increasingly a sequel of affluence and lack of exercise, more attention is being paid to the information on food labels to see whether any ingredient might adversely affect waist line or cholesterol level.

It is right that the government's scrutiny of chemical additives is becoming more critical but for commercial distribution and storage some additives are essential. Regular food sampling has still an important part to play not only as an insurance against illicit claims but to ensure the minimum of artificial additive.

More samples were taken for analysis this year including twice as many drugs. This was justified as double the number of medicine and drug irregularities were reported, though most of these were labelling discrepancies. All the irregularities were dealt with informally by discussion with the manufacturers except for one instance where samples of imported shrimp and crab salad were found to contain benzoic acid, not permitted in this country. The importers did not withdraw stocks until summonses had been served. At the Hearing they pleaded warranty and the case was dismissed. It seems wrong that an importer can evade responsibility because the warrantor cannot be brought before the court.

The following is a summary of samples taken:—

	No.	*Genuine*	*Not Genuine*
Canned or Dried Milk	5	5	—
Milk	28	24	4
Lollies and Ice Cream	9	9	—
Double Cream	1	1	—
Canned Meats	4	2	2
Fresh Vegetables	7	7	—
Minced Meat	1	1	—
Tea	2	2	—
Bread and Flour and Cakes	24	21	3
Cream Cakes	3	2	1
Vinegar	2	2	—
Cheese	2	2	—
Vegetable Spices	6	6	—
Medicines	56	48	8
Coffee	1	1	—
Chocolate and Sweets	2	2	—
Sugar Confectionery	3	3	—
Cordials and Health Drinks	6	6	—
Rice Puddings	3	3	—
Beer and Spirits	10	9	1
Miscellaneous Spiced Foods	5	5	—
Preserves	6	6	—
Crisps	1	—	1
Sausages and Meat Pies	4	3	1
Margarine and Butter	5	5	—
Fish	3	3	—
Suet	2	2	—
Dried Fruit	4	4	—
Miscellaneous	2	2	—
TOTAL	207	186	21

FOOD COMPLAINTS

Consumer complaints continue to increase and 57 were received. Whether this is because of increasing slackness in manufacture or growing public impatience with inferior goods it is difficult to say. For every complaint to the department half a dozen incidents must pass unknown. Even though sympathy can be felt at times for the manufacturer or retailer's problems, prosecutions must be taken in some instances.

Foreign objects found in food ranged from a large bristle found in an ice cream wafer to a particularly dangerous glass fragment embedded in a transparent mint sweet. Two prosecutions were taken during the year—1 concerning a dirty milk bottle and 1 concerning a mouldy pie. Both resulted in £20 fines. Some complainants are unwilling to give evidence voluntarily in court.

OTHER FOOD INSPECTION

As much unnecessary time of inspectors was being taken up by writing out condemnation certificates for food voluntarily surrendered, the Council decided to make a discretionary charge of 10/6 a certificate or visit of an inspector where this was only required to enable credit for the firm. This considerably reduced requests, which are now largely restricted

to international claims or genuine doubts about food fitness—where no charge is made. Large amounts of food can soon be spoiled through refrigeration plant failures or other accidents. In one instance 18 cwts. of meat and poultry had to be destroyed following fire damage. Altogether 6 tons 6 cwts. of food was condemned during the year.

MEAT INSPECTION

The only slaughterhouse in the town was in almost daily use, except for weekends. The number of animals slaughtered was 17,255—331 more than in 1963. 13¼ tons of carcase meat and organs were rejected as unfit—1½ tons more than in 1963. The increase included 11 more cows, 36 more sheep and 10 more pig carcases, though there were 15 less calves condemned. A large amount of condemned organs were infested with parasites. Even though animal husbandry has improved immensely during the last 20 years, it is recognised that food animals are capable of carrying salmonella infections, the symptoms of which are less detectable than other lesions previously encountered. Butchers' may plead for a poor carcase to be passed on the grounds that it was "only for manufacturing". In the light of recent food poisoning outbreaks to accede to such a request is now known to be more dangerous than was originally supposed.

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	516	467	842	4,174	11,255
Number inspected	516	467	842	4,174	11,255
All diseases except Tuberculosis and Cysticerci : Whole carcases condemned...	2	21	23	54	63
Carcases of which some part or organ was condemned ..	156	210	8	424	2,140
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	30.6%	49.5%	3.7%	11.5%	19.7%
Tuberculosis only : Whole carcases condemned...	—	—	—	—	—
Carcases of which some part or organ was condemned ...	—	—	—	—	22
Percentage of the number inspected affected with tuberculosis	—	—	—	—	0.2%
Cysticercosis : Carcases of which some part or organ was condemned ...	3	1	—	—	—
Carcases submitted to treatment by refrigeration ...	3	1	—	—	—
Generalised and totally condemned	—	—	—	—	—

DISEASES OF ANIMALS ACTS, ETC.

The department took over the Council's duties during the year under these, the Pet Animals and Animal Boarding Establishment Act. Since April, 2,575 pigs entered the borough under movement licences. Restrictions in movement were imposed in the County in October and again in December because of the prevalence of swine fever in the rural area. One suspected case of swine fever at the slaughterhouse was not confirmed bacteriologically.

MILK

Milk was originally required to be pasteurised mainly because it was found to carry the bovine form of the tubercle bacillus, which caused considerable human suffering at one time. It was thought by some that this might be a temporary measure and that veterinary control might eventually so improve animal health that pasteurisation could be discontinued. Almost every herd in the country—and certainly every cow in the south east—is now attested, and yet we would not think of stopping pasteurisation. Other possible infections are now known to be capable of causing disease through drinking untreated milk. Contamination can also occur during handling and distribution and it is difficult to understand why some people still prefer to expose themselves and their families to these risks when safe treated milk is so readily available. The amount of raw milk sold in the town is reducing slowly and the number of producers whose raw milk is sold went down from 7 to 3.

Monthly samples are taken from the various dairies and other sources to see that milk is of the standard to comply with the statutory tests. Raw milk is also sampled biologically as well as for the methylene blue test. One raw milk sample was reported positive for tuberculosis—the first for very many years. The producer voluntarily agreed to have his milk pasteurised while full investigations were made. Individual samples proved negative but as some cows had been removed from the herd and slaughtered since the original sample was taken, there was no satisfying sequel—except that the milk was shown to be now satisfactory. The delay in completing biological tests makes follow-up action difficult.

Traces of penicillin or other antibiotic were found in 5 samples. All milk samples are now automatically examined for penicillin whatever the reason for sampling. The excuse given by farmers for penicillin found in milk was invariably that temporary or relief farm staff had not followed the antibiotic manufacturers instructions concerning rejection of the milk of an inoculated cow from the public supply for 24 or 48 hours. As these directions vary according to product—and differences of opinion still exist among the authorities involved—clear guidance would be appreciated.

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

Licence holders:

Dealers	"Untreated"	—
,,	"Pasteurised"	1
,,	Prepacked Licences ..	66

Milk from approximately 165 producers is processed daily at South Coast Dairies, Worthing.

Biological sample Results:

	1961	1962	1963	1964
No. of samples examined for organisms	63	87	93	100
M. Tuberculosis—Positive ..	—	—	—	1
Brucella Ring Test—Positive ..	8	15	11	14
Brucella Abortus—Positive ..	2	6	6	8
Brucella Melitensis—Positive ..	1	2	—	—

Samples submitted for phosphatase, methylene blue and penicillin presence tests:—

Designation	*No. taken*	*Unsatisfactory*
Untreated	45	4
Tuberculin Tested (pasteurised)	101	6
Pasteurised	20	1
Sterilised	18	—
Penicillin presence (most of above) ..	172	5

ICE CREAM

In any coastal resort it is to be expected that large quantities of ice cream will be consumed. Heat treatment of the mixture before freezing, and widespread use of prepacked supplies has now made this among the safest of all foods. However, the introduction during recent years of soft ice cream made in machines on the premises or vehicle has produced a number of problems and unsatisfactory samples. These have been found to be mainly due to lack of training of staff in the correct cleaning and sterilisation routine. The appropriate advice was given in all instances of sample failures, and results noticeably improved.

The mobile ice cream vendor continues to enjoy greater freedom from supervision because of his mobility. It is high time the Ministers exercised their powers by requiring these to be licensed by the authority from whose area they operate. Some mobile operators have a low standard of personal hygiene and can readily destroy the protection proper manufacturing care has given. Some vehicles also are poorly designed and are ill-equipped for satisfactory washing facilities.

Results of samples taken for bacterial quality were:—

Taken	*Grade* 1	*Grade* 2	*Grade* 3	*Grade* 4
62	45	6	3	8

THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

There are no egg pasteurisation plants in the town and no samples have been taken

GENERAL FOOD PREMISES

Kinds of Business	*No.*
Restaurants, Cafes and other premises selling meals ..	371
Grocers, Dairy Shops	140
Butchers, Fishmongers and Fish Fryers	97
Fruiterers, Greengrocers	75
Bread and Flour, Confectionery ..	61
Confectioners, Tobacconists, etc. ..	128

Public interest in food and food handling was stimulated by the typhoid outbreak at Aberdeen which was attributed to infected corned beef. Those with long Worthing memories recalled the years of 1880 and 1893 when typhoid was epidemic throughout the town. A contaminated water supply was then the probable cause of the outbreaks, but insufficient bacteriological knowledge and analysis made control difficult.

The general condition of food premises in Worthing is now as high as any in the country but the standard of food hygiene by employees needs to be improved in some instances. Still too much food which is not subject to further treatment before consumption—e.g. bread and cakes—is handled too often. Insufficient use is made of scoops, tongs or other artificial handling means.

Food hygiene lectures with a film and demonstrations were started during this year and were well attended. Unfortunately it is invariably the converted who trouble to give up their time to attend and those who need the education are not interested. Several short talks were given to employees at their places of work by inspectors, which is a useful means of bringing the facts to a captive audience. Even so, it is uphill work obtaining support and one of the best means of education is still undertaken by the inspector during routine visits to food premises. The public could help by being more militant over adverse experiences, at the time.

Only one prosecution under the Food Hygiene (General) Regulations, 1960 was taken during the year when a local butcher was fined £200 for 12 contraventions concerning his premises.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

One 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

Complaints of rats and mice continue to increase—not because there are any more about, but more people notify the department when evidence of infestation is discovered. Most of the complaints referred to very small

infestations readily controlled, but builders' site workers and picnickers on the beach leave food fragments which attract rats. The traditional concern of householders for the welfare of birds also ensures the survival of rodents. The Council continue to provide a free service for treating any domestic premises but make a charge where industrial property is concerned. "Warfarin", a blood anti-coagulant is the poison extensively used because of its relative safety and efficiency. Evidence is forthcoming from certain parts of the country that an immunity even to this poison is being experienced and the search continues for even more efficient poisons.

No extensive sewer baiting was needed during the year. Sewers are now practically free from infestation.

Details of work done:—

No. of complaints—Rats	602
Mice	145
No. of premises cleared of rodents	747
No. of visits	3,138

Premises found infested:—

	Central & Local Govt.	Dwelling houses	Business premises etc.	Agricultural	Total
Rats (Major) ..	—	—	—	—	—
(Minor) ..	31	480	73	4	588
Mice (Major) ..	—	—	—	—	—
(Minor) ..	12	108	43	5	168
Total number of inspections ..	201	1,930	663	344	3,138
No. of premises cleared found to be infested on survey ..					164

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 midges 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 has employed a contractor to exterminate as many as the limited expenditure allotted allows. Since this date over 2,500 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 some areas of the town by residents who are clearly not affected by the nuisance caused and with whom remonstration is seldom successful.

DRAINAGE AND SEWERAGE

Thirty-two houses which were on cesspool drainage were connected to main sewers, but 286 premises still have cesspools. Many of these are on high ground difficult to sewer by gravitation and schemes often have to be evolved to lay sewers through private property. Agreements are often protracted and much work is put into attempts to overcome objections. The Council now makes discretionary contributions towards sewer costs in an attempt to extend the system.

Work commenced during the year on the Council's extensive sewage disposal and treatment plants at East and West Worthing Works. These should be fully operative by early 1966 and will ensure an entirely liquid and nuisance-free effluent. The schemes for composting refuse tailings and sewage sludge at East Worthing Works were well advanced. It is anticipated that a useful by-product will ensue as well as a means of disposal, for tipping space will become increasingly valuable in the future.

The reconstruction of the sewage and allied works is the largest capital works scheme ever undertaken by this Council. When completed it will have cost in the region of just under one million pounds. The methods used in dealing comprehensively with the sewage and refuse problem in Worthing will then be among the most up-to-date and forward thinking of any other coastal resort in the country.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

This Act came into force on the 1st May, 1964, and has already been the subject of a separate report by the Council to the Minister of Labour. All employers of staff in offices and shops must now register with the Council, but it is estimated that 40% have still neglected to do so. By the end of the year, 1,034 premises coming within the scope of the Act had been registered, all of which, with others found, will be inspected by the end of 1965. Apart from health requirements, the Act covers welfare provision and accident prevention and is an important contribution to the local authority's powers. No prosecution was taken during the year.

FACTORIES ACT, 1961

The Act imposes on local authorities the enforcement of that part dealing with sanitary accommodation, as well as wider powers affecting health requirements in non-power factories.

As the factory inspectorate enforce the remaining powers it seems absurd that two authorities are involved in inspecting one factory. The situation has become more anomalous with certain overlapping duties under the Offices, etc. Act where the sanitary accommodation could be legitimately inspected by the factory and public health inspectors! It is time the law was changed to allow the factory inspectorate full responsibility in factories.

There are 331 factories in Worthing, mostly small premises employing a few people. Beecham's factory, producing pharmaceutical products and antibiotics which was built five years ago continues to expand, however.

Details of work done were:—

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	32	9	1
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	258	148	9
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises).	41	24	4
TOTAL	331	181	14

2. Cases in which DEFECTS were found.

Particulars	Number of cases in which defects were found			
			Referred	
	Found	Remedied	To H.M. Inspector	By H.M. Inspector
Want of cleanliness (S.1.)	4	4	—	1
Overcrowding (S.2)	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—
Sanitary Conveniences (S.7)				
(a) insufficient	—	1	—	—
(b) unsuitable or defective	19	10	—	5
(c) not separate for sexes	1	1	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—
TOTAL	24	16	—	6

OUTWORKERS

Nine local firms employ 34 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 has power to require its discontinuance.

PART VIII OF THE ACT
Outwork
(Sections 110 and 111)

	Section 110			Section 111		
Nature of work	No. of out-workers in August list required by Section 110(1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel	34	—	—	—	—	—

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 the raw and treated water were made regularly at weekly intervals and more frequently when considered necessary. At Burpham Pumping Station bacteriological examinations of the raw and treated water were made daily from October onwards. Chemical examinations of the raw water were made once a month.

3. The water has no plumbo-solvent action.

4. No contamination of supplies was reported.

5. All properties are supplied from the public water mains, except for approximately 481 houses with a population of approximately 1,381, which have private water supplies. This information is summarised below:—

70 houses with population of 178—private wells and rainwater tanks.

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

122,833—mains supplies.

Total population of statutory area of supply—124,151."

The Ministry of Health has asked for the following additional information:—

Fluoride content—0.07 to 0.08 parts per million.

SWIMMING BATHS

To ensure proper standards of purity, samples of bath water are regularly taken and submitted for bateriological examination. The following were taken during the year:—

Heene Road baths ..	..	16 samples—all satisfactory
Beach House paddling pool	..	5 samples—all satisfactory
The Lido	..	5 samples—all satisfactory
Boys' High School baths	..	3 samples—all satisfactory

The preparation of plans and working drawings for the new public swimming baths on the Beachfield site continued during the year, and in November the Council approved the invitation of tenders for their construction.

In some quarters doubt is still felt as to the need for new baths in Worthing. It is generally accepted that the old baths in Heene Road have had their day and need to be replaced. What is not always realised is the very great use being made of the old baths and the pressure under which the staff there have to work.

The enormous and increasing popularity of swimming is shown by the following statistics (for which I am indebted to Mr. J. H. Coates, Director of Entertainments and Publicity):—

	1960	1961	1962	1963	1964
Public attendance ..	38,996	39,487	36,022	43,818	50,627
Committee for Education	46,316	37,258	40,331	43,347	57,777
W.S.C.C. schools ..	—	—	—	7,850	2,640
Private schools ..	7,620	12,290	2,920	4,670	4,240
Club Night attendances	36,470	36,125	30,757	40,386	46,856
Swimming galas ..	3,450	4,550	5,250	5,350	5,200
Total	132,852	129,710	115,280	145,421	169,340

Both adults and children have shared the increase:—

	Adult swimmers	Child swimmers	Spectators	Total
1960	5,349	29,896	3,751	38,996
1961	5,622	30,635	3,230	39,487
1962	5,706	26,873	3,443	36,022
1963	7,350	32,339	4,129	43,818
1964	9,657	36,148	4,822	50,627

These figures can leave no doubt but that new baths are urgently required. The Council's decision to go ahead with this project is one which all far-sighted citizens must approve.

PART IV.

SCHOOL HEALTH SERVICE

SCHOOL POPULATION

The number of children on the rolls of maintained schools at the end of 1964 had risen slightly compared with the previous year, as is shown on the following table:—

Type of school	Number of schools		Number on roll	
	1963	1964	1963	1964
Primary	15	15	4105	4750
Secondary:				
Grammar	2	2	1382	1298
Technical High ...	1	1	499	487
Modern	5	5	2596	2370
Special	1	1	78	115
Total	24	24	8660	9020

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 1964 9 independent schools providing full-time education (day or boarding) for 1,208 pupils whose ages ranged from 4 to 18+. This excludes the 9 private day nurseries (see page 76) 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.

Under the 1944 Education Act a Local Education Authority may make available to independent schools some or all of the facilities of the School Health Service. At the request of their headmaster, medical inspections were carried out at one preparatory school for boys during 1964. If this provision of the Education Act were better known other independent schools might well 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 could mean either an appointment at the clinic, or a visit to the family doctor's surgery, though more often 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, 2,281 pupils were examined compared with 2,561 in 1963. The general physical condition was again recorded as satisfactory in 100%. At these inspections 292 children (12.8% 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. 199 such children were referred for treatment—68.2% of those with defects and 8.3% of all who were examined.

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.

Table A on page 110 shows the number of children referred for treatment in the various age groups. Twice as many children required treatment for visual defects as for all other conditions put together. Every endeavour is made to test the very young children. This may not be easy because they 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.

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 1964, 10,724 individual examinations were made and 5 pupils were found to be infested with head lice or nits. The table below shows the pattern over the past 11 years. Table C (on page 110) 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
1964	10,724	5

MEDICAL TREATMENT

Statistics:

The percentage of children examined in the three main age groups and found to require treatment was 12.8 compared with 17.7 in 1963. Table D on page 111 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 page 48.

(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 77 children made 170 attendances. A comparison with earlier years is shown below—

Total number of attendances:

1959	548
1960	387
1961	303
1962	160
1963	168
1964	170

(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	15	(21)
Old patients seen	27	(36)
Total number of attendances ..	67	(94)

(The figures in brackets refer to 1963)

The following table, which includes 25 pre-school children, analyses the cases examined at the clinic during 1964:

	No. of				
	BOYS		GIRLS		TOTAL
	School	M.C.W. (Under 5)	School	M.C.W. (Under 5)	
Club foot	1	1	—	—	2
Dislocation of hip	—	2	1	—	3
Spastic paralysis	2	3	2	—	7
Bow legs	3	2	1	2	8
Knock knees	1	4	—	2	7
Abnormalities of spine ..	—	—	1	—	1
Flat feet, etc.	8	5	12	3	28
Poliomyelitis (paralyses or pareses)	3	1	3	—	7
Osgood-Schlatter's disease	—	—	1	—	1
Pseudo-hypertrophic muscular dystrophy	—	—	3	—	3
Total	18	18	24	7	67

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

(c) *Physiotherapy Clinic*:

The physiotherapist holds sessions in the clinic on three afternoons and one morning each week. Wednesday afternoon is given to relaxation and ante-natal exercises for expectant mothers (see page 47). 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	26	(10)
Old patients treated	12	(9)
Total number of attendances ..	335	(190)

(The figures in brackets refer to 1963)

(d) *Eye Clinic*:

This is held every Thursday morning 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 5 children with squints needed operative treatment and many were treated by the orthoptist (see below).

Number of children seen	237	(347)
Total number of attendances	399	(381)
Number of whom spectacles prescribed ..	211	(296)

(The figures in brackets refer to 1963)

(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	251	(194)
Number of school children treated ..	183	(159)

(The figures in brackets refer to 1963)

(f) *Speech Therapy Clinic*:

From February till November, Worthing was without the services of a speech therapist owing to the very great difficulty in filling this appointment. However, by the end of the year the new therapist had made substantial inroads into the backlog of work, and the following figures are not as disappointing as might have been expected:—

Number of sessions	27	(108)
New patients seen	15	(29)
Old patients seen	42	(28)
Total number of attendances ..	163	(525)

(The figures in brackets refer to 1963)

(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 have other appointments and their services are therefore part-time. In addition to the psychiatrist they include a psychiatric social worker and two educational psychologists on the staff of the County Council who 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:—

Total number of children referred—55 (4 under 5 years).

Number fully investigated:—		
(a) Help recommended	47	(35)
(b) Help declined	1	(2)
(c) Diagnostic only	2	(7)
(d) Recommended for school for maladjusted children	1	(1)
(e) Recommended for adolescent unit	—	(—)
	51	(45)
Number who received psychological examination only ..	—	(1)
Number partially investigated by 31.12.64	—	(4)
Number withdrawn before fully investigated	4	(3)
Number withdrawn before investigation begun ..	—	(9)
Number awaiting investigation on 31.12.64	—	(3)
TOTAL	55	(65)

(The figures in brackets refer to 1963)

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

"During 1964, a means was found of working with cases on a short term basis. As a result, a number of difficult behaviour problems were satisfactorily resolved in three or four sessions. Some of these were young children, suffering from various fears and dominating the family in a hypochondriacal way. Other classes of case were school refusals, of which there were 17, an increase of two over the previous year; for these the help of the Remedial Education Centre was successfully sought. Cases of this kind represent the beginnings of a complete withdrawal from life and its problems, the children often finishing up unable to leave the house and even retiring permanently to bed.

Another class of case centred round either marital disharmony or a failure in the father's earning ability, or both together. It was striking how, as the result of wise counsel from our Psychiatric Social Worker over, for instance, business matters, disturbed children were able to function satisfactorily once more.

In one or two cases of various kinds, only the parents were seen, the child's problems clearing up when the parents came to have more under-

standing of themselves. The Educational Psychologist was also able to deal with a number of problems (some of the children being under the age of five) and was thus functioning in a therapeutic way and beyond the limits of mere intelligence testing.

A trainee Psychiatric Social Worker was seconded to the Clinic in the summer and was able to make use of the rich and varied clinical material which we deal with.

I would like to stress that the majority of children seen here are quite normal, and are reacting healthily to situational stress. If they did not so react they would thereby show that they were lacking in elements required for healthy survival.

More cases were seen in 1964 than ever before, and this with reduced staff. It had been hoped to lay the foundations for an in-service training scheme in collaboration with Sussex University, but staffing problems may result in the postponement of this. This possibility, however, is being actively pursued and would bring a new and interesting quality to the work done here.

In general, I would say that 1964 showed the continuation of the trend for parents and other agencies to seek the Clinic's help earlier in the evolution of a problem. On account of this it was felt that it would be efficient to have no waiting list, and by and large this was achieved. The earlier a case is seen the less "set" are the attitudes of the various contestants, and the easier the work of unravelling the problem. The most helpful feature in Child Guidance is the resilience and essential health of the children themselves.

The work done by the Clinic was greatly helped by the competence and co-operation of both Worthing and Littlehampton Remedial Education Centres, and by the excellence of the work done by the Psychiatric Social Worker, Mr. Robinson.

Plans for the future include an Art Class for the more disturbed child and, I hope, collaboration with Sussex University in the training of students. We are fortunate in attracting the interest of Dr. Thomson, a Registrar at Graylingwell Hospital, who attended many clinical conferences and contributed his particular point of view.

During a talk on Child Guidance to a local association, it was interesting to discover that many people were unaware of the existence of the service. With the absence of a Psycho-therapist, the shift of orientation from the child to the family was more marked and its worth proved. Two experimental evening sessions were devoted to adolescents, with gratifying results. This field is capable of considerable expansion.

The future holds the likelihood of a rising referral rate, and this may be dealt with in part by running groups. It is hoped also that short term techniques will continue to "pay off". It is possible that the integration of student teaching in the Clinic pattern may also give rise to an increased ability to handle rising referrals."

DENTAL INSPECTION AND TREATMENT

The dental clinics continued to be held in the Central Clinic, and the Area Dental Officer is a full-time officer for Worthing. Approximately 1/10th 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 1964 (those in brackets are for 1963).

Number of pupils seen at routine inspections ...	5,629 (6,370)	5,802	(6,547)
Number of pupils seen at special inspections ...	173 (177)		
Number of pupils needing treatment		1,587	(2,027)
Number of pupils offered treatment		1,587	(2,027)
Number of pupils actually treated		1,408	(1,306)

These figures show that 27% of pupils, or just over 1 in 4 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 1964:—

Number of children treated		1,048	(1,306)
Number of attendances made for treatment ...		1,969	(2,924)
Number of half day sessions devoted to inspections	40 (42)	373	(573)
Number of half day sessions devoted to treatment	333 (531)		
Number of fillings (a) permanent teeth	1,175 (1,895)	2,385	(3,463)
(b) temporary teeth	1,210 (1,568)		
Number of teeth filled (a) permanent teeth ...	1,175 (1,690)	2,385	(3,258)
(b) temporary teeth ...	1,210 (1,568)		
Number of extractions (a) permanent teeth ...	106 (103)	695	(704)
(b) temporary teeth ...	589 (601)		
Number of general anaesthetics administered ...		165	(111)
Number of pupils supplied with artificial teeth ...		3	(2)
Number of other dental operations performed:			
(a) permanent teeth ...	285 (249)	544	(818)
(b) temporary teeth ...	259 (569)		

(The figures in brackets refer to 1963)

40 half-day sessions were devoted to inspections in the schools, and 5,629 children were seen. This gives an average of 140.7 examinations per session (151.7 in 1963).

The figures also show that 1,969 children attended the clinic for treatment at 333 sessions, giving an average of 5.9 pupils treated per session (5.5 in 1963).

Orthodontic treatment:

This refers to treatment designed to straighten crooked teeth by the use of certain appliances, judicious extractions, and other means. 53 attendances were made during the year for this purpose, and 6 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 112 shows the number of children in each category. At the end of 1964 there were 92 children on the registers of special schools, and a further 24 were receiving education in special classes or units. No children were being educated in hospital but 8 were receiving some teaching in their own homes.

The increase in the number of children on the registers of special schools (92 compared with 69 in 1963) is largely accounted for by the opening in September, 1963, of the George Pringle School for educationally sub-normal children. At the end of the autumn term 56 of the children attending there were Worthing pupils.

During the year 25 children were assessed as needing special educational treatment and 26 were suitably placed. 10 were still awaiting placement at the end of the year, compared with 13 at the beginning 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 1,478 children who were routinely tested in 1964 were school entrants aged 5 though some were older. Several children had to be tested more than once, but only seven 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.

Unit for Partially Hearing Children:

During the greater part of 1964 four Worthing children attended this unit, which is situated in a soundproof building filled with specialised equipment, within the precincts of Downsbrook County Primary School. They were taught full-time by a qualified Teacher for the Deaf.

The children took part in the recreational and social activities of the school, joining with the other children at school meals and generally being integrated into the ordinary pattern of school life to the greatest possible extent, depending on their individual reactions.

Of the four, three reached the secondary stage of their education in the summer term. Two were admitted to special schools for the partially hearing whilst the third returned to an ordinary school where arrangements were made for the provision of a radio microphone and receiver, to help

in his education. The fourth returned to his primary school to prepare more intensively for the secondary selection examination.

Of three young children under five with partial hearing, two were admitted to nursery schools in addition to receiving auditory training from a Peripatetic Teacher, whilst the third, a boy of two, received all of his auditory training at home. It is likely that all three will, in the course of time, attend the unit.

In addition seven children, who at one time or another have been provided with hearing aids and attend ordinary schools, are visited by the Peripatetic Teacher and given such help as becomes necessary. So far all have managed to continue in ordinary schools.

Children with hearing aids:

Eighteen Worthing children are known to have hearing aids. The distribution at the end of the year was:

In boarding schools for the deaf ..	6
In the Downsbrook Special Unit ..	1
In normal schools	8
Pre-school children	3
TOTAL	18

Four of the children 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 two children (one 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:

I am grateful to Mr. G. E. Pickett the Head Teacher of the George Pringle School for the following report:

"During 1964 the numbers increased to 112—72 boys and 40 girls, with an age spread as follows:—

5 years of age	2
6 „ „ „	2
7 „ „ „	5
8 „ „ „	12
9 „ „ „	12
10 „ „ „	19
11 „ „ „	19
12 „ „ „	18
13 „ „ „	16
14 „ „ „	6
16 „ „ „	1

Two extra classes were started and the assistant teaching staff increased to 7. I would again like to pay tribute to all the teaching staff for their patient understanding and untiring efforts on behalf of the children and to the ancillary members of the staff for all they have done to ensure the smooth running of the school.

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

As indicated in my first year reports, I do really feel that we are all moulding into one 'family', for, in a school like this, such integration is essential if the right atmosphere for social and educational progress is to be created.

The official opening on 19th June, 1964, in which all the children took part proved to be a great success. Mr. Richard Hearne (Mr. Pastry) made the opening a real red letter day by his warm understanding and sympathetic handling of the proceedings. It was most gratifying too that the opening was well supported by well wishers and friends of the school and parents, and to know that more and more people are acquainted with the school and have some first hand knowledge of our children and what we are trying to do for them. The press gave good coverage, so that readers who did not have the opportunity to attend the opening should nevertheless have gained some knowledge of the school and its aims.

During the year we have had a number of generous gifts to the school in money or kind, and Dr. George Pringle has given an annual award to be made to the leaver who 'within the limits of his or her intellectual capacity has made the greatest progress towards the achievement of a full and useful life'.

Our first annual sports day took place on Monday, 13th July. An endeavour was made to introduce events which catered for the abilities and disabilities of all the children in the school. During the summer competitions between the 'houses' were organised in cricket and rounders. While the emphasis in the school is on co-operation it is felt that to work and play together for a team in such events as mentioned above is most necessary and desirable.

During the year quite a number of parents have visited the school either to look around and discuss their children, or to attend the medical inspection or to join in one or other of our activities such as the harvest festival service or carol service. After the harvest festival service selected children took parcels of fruit, vegetables, or groceries to old people. In both services, children, ancillary staff and teachers took an active part, another example of the togetherness which one feels is so important in this school.

This year for the first time, we had our own pantomime, 'Aladdin'. All the girls in the two senior classes took part, and several of the boys. The scenery was made by the children. All worked hard to make a really successful effort. Performances were attended by parents and friends of the school.

Since the children started going to the swimming baths at the commencement of the summer term, five girls and ten boys have gained 'Beginners' certificates, two boys and one girl 'Intermediate' certificates, and one boy has the 'Advanced' certificate.

In order to develop some measure of independence among our older children (and with our E.S.N. children this can be very difficult in view of the many factors governing their educational and social progress), we are proposing to run a short school camp on the Lodge Hill site, and it is hoped to take 16 boys and two teachers. The first camp is intended to be in the nature of a pilot scheme. We hope that eventually girls too may be able to benefit. Being a trial camp, it is for four days only. Subsequent camps will be of longer duration."

Maladjusted Children:

Day educational treatment of maladjusted children is provided at the Remedial Centre in Richmond Road. The teacher in charge is Mr. H. Shaw to whom I am indebted for the following report:—

"In September 1957 my colleague and predecessor, Mr. G. Dann, started the first class for maladjusted children of primary school age. It became necessary, however, to make some provision at the centre for the needs of children at secondary school level who at times have taken more than half of the places available. During the current year primary and secondary have held roughly equal numbers here.

Since September 1959 there have been two remedial classes in Worthing which are now well established. Because of the close tie with the Child Guidance Clinic, these classes provide substantial means of helping emotionally disturbed children to become better adjusted.

All children attending the remedial centre do so on the recommendation of the consultant psychiatrist as the director of the clinic. This recommendation follows full discussion by the clinic team which includes remedial teachers, educational psychologist, psychiatric social worker and art therapist. In some instances psychotherapy is provided in addition to any educational programme at the remedial centre, the therapy, of course, given by the psychiatrist or psychotherapist. Furthermore, the psychiatric social worker has a most important function in the overall treatment plan by seeing parents regularly for interviews.

Each remedial teacher provides four morning and four afternoon group sessions and a number of 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 at one time thought that only children of average or above average intelligence would be suitable for sessions at the Centre. In practice, however, it has also been shown that children of low average intelligence have also gained from their attendance at the Centre. There are at present two children from the E.S.N. school attending here part time.

Over the years the average weekly case load between the two classes has been in the region of 45 to 50 covering group and individual sessions.

During the past year there has been the usual good liaison with the members of the clinic team who find that in a number of cases the remedial centre plays an important part in observing children. For example it has been possible to observe closely the behaviour of a seven year old boy who has not spoken a single word to his teachers and hardly any to his school mates since joining the school at the age of 5. Although he has not yet broken his 'silence' here either, the pattern of his behaviour as noted here and reported back to the Psychiatrist, is not being regarded at clinic level as being that of an autistic or seriously withdrawn child, but rather of a child who needs sympathetic help to overcome his handicap.

The remedial centre may in certain instances act as a bridge between parents and clinic. This occurs in the case of those parents who can accept the idea of intervention by the remedial teachers to help remedy academic weakness rather than character weakness in their child. These parents, having made the preliminary step of allowing their child to attend the centre, find themselves looking for deeper meanings of their child's behaviour and are then readier to attend the child guidance clinic for regular interviews.

Quite frequently the remedial centre is used as a means of helping schools who originally referred their problems with difficult children direct

to the clinic. At the same time it is equally important to stress that some children may be showing severely maladjusted behaviour at home but show little sign of disturbance at school. A good example of this is instanced in the case of a child who becomes 'phobic' and refuses to go to school at all. Prior to the final break from school there is little to indicate in the child's overt behaviour that he is especially difficult or likely to refuse to attend school at all.

It may be noticed that attendance at the centre of 'school refusal' children is not whole time. It is felt that if it were so, the notion of their going to proper school might be lost sight of, and these children might settle down comfortably and isolate themselves from the wider world of their known school, with the unwitting help of the remedial centre.

At the recent Common Entrance Examination two 'school refusal' children sat for their tests at the Centre, permission for this having first been obtained at County level and from the Borough Education Officer. Both of these Worthing girls have been offered a grammar school place.

Here are two further examples of successful work by my colleague, Mrs. Field with difficult children:

1. A girl of 12 after being absent from school for some time found herself unable to leave her house to come to the remedial centre. It was suggested that she might attend if her mother could come also. For some weeks she came accompanied by her mother, who stayed at the centre with her. The child was gradually helped to accept the idea of coming alone which she is now able to do and has not relapsed since.

2. A boy of 6 years came to the centre in October. He was very agressive at his infant school, attacking other children and his teacher, so much so that it became necessary for him to be excluded from school and to attend full time at the centre. At first his behaviour disorders prevented him undertaking school work, but as he worked through his difficulties he became less anti-social and began to develop an interest in his lessons. He has progressed sufficiently to return to a new school and has maintained his progress towards social adjustment.

When children are about to leave the centre for full time employment they are always encouraged to come back for a visit, perhaps to ask for some further advice and we had visits from two such leavers both of whom were mentioned in last year's report. One girl, now 16, is still working as a telephonist at the G.P.O. having held the post for 15 months. She came to the Centre from a hospital for nervous diseases and was very depressed and withdrawn. She finds she is enjoying her work very much and leading a happy social life.

The other one, a young man also now 16 attended the Centre for 18 months after attempts to get him to return to school had failed. He was very uncommunicative and found it difficult to talk to adults. Since last July he has been in full time employment. It is noticeable that there is a marked improvement in his ability to express himself together with an increasing air of confidence."

Delicate Children:

At the end of the year there were eight children ascertained as "delicate." Three of these were having home teaching, three were at special boarding schools, and two were awaiting places in boarding schools.

Nowadays most children regarded as delicate are suffering from chronic chest conditions such as asthma and bronchiectasis or are prone to repeated

infections causing much loss of schooling. Such children often greatly benefit by a year or two's boarding school. In a closed community away from home and under close medical supervision most settle down very happily, catch up with their lessons and are eventually able to return in much better health to an ordinary day school.

During the year a girl of 11 who suffered from very severe asthma was recommended by her own doctor for a place at a boarding school in Davos, Switzerland. The usual recommendation in such a case would be for a special boarding school in England, but the circumstances were exceptional. The child had been subject to asthma since the age of two and had already missed much of her education despite valiant attempts at home teaching, owing to her frequent admissions to hospital. There had been over 20 such admissions in the past few years—all for acute asthmatic attacks.

The family doctor's recommendation was endorsed by the examining school medical officer and the local consultant in chest diseases, and was fully agreed by the Worthing Committee for Education. Half the cost was to be met by the Queen Alexandra's Sanatorium Fund, and the balance needed from the Local Authority was considerably less than would have had to be found if the child were sent to a special boarding school in England.

There was considerable surprise and indignation therefore when the Worthing Committee for Education learned that the County authorities would not agree to send the child to Davos on the grounds that they believed she would obtain equal benefit from a special school in this country.

This impasse came to the knowledge of the local Chest and Heart Care Committee and the Committee Chairman, Mr. W. F. S. Tapner, called a press conference and appealed to the public for money. He was not to be disappointed for the generous public of Worthing soon provided all the money that was needed to send the child to Switzerland for a year and six months more if necessary. The girl's parents, whose limited means could not possibly have allowed them to raise the money themselves, have good reason to feel grateful, for all reports from Davos, medical and educational, have been very satisfactory and amply justified the original recommendation.

Word-blindness:

This condition, known technically as specific developmental dyslexia, is sometimes responsible for reading delay in children of normal or above normal intelligence. Mild cases may outgrow their reading difficulties but be left with considerable backwardness in writing and spelling, the former often being slow and laboured and sometimes with letter reversals. Deafness, subnormality of intelligence and emotional disturbance must be excluded before a diagnosis is made.

In September, 1964, the Invalid Children's Aid Association opened a Word-Blind Centre in London, the first of its kind in this country, to help individual children and to make a scientific study of diagnostic and teaching methods. Working under the direction of an educational psychologist, teaching by the three specially experienced staff was on an individual basis.

In November approval by the County Education Authority was given to send an 11 year old boy to this centre. The child, whose I.Q. had been assessed at 111, was very poor at writing and spelling and had been diagnosed as suffering from dyslexia by a consultant neurologist. He attended the centre twice a week, travelling to London and back by train and unaccompanied. During the rest of the week he went to his ordinary school. His work has steadily improved and progress reports have been most encouraging.

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 is impracticable or unwise, or not essential because the disability varies in its severity from time to time, home teaching can be of great value. Sometimes this is temporary, possibly for one or two terms, or even just a few weeks; sometimes there may be need for home teaching for many years.

Worthing employs two home teachers (in addition to the teacher for the deaf who makes home visits) and at the end of the autumn term 1964 ten children were receiving home teaching, although altogether during the year 16 children were taught at home for part or all of the three terms. Their ages ranged from five to 17 years.

The kind of disability varies, and sometimes more than one occurs in the same child. Eight were suffering from asthma and two were spastics. Others were handicapped by epilepsy, crippling effects, partial-sightedness and congenital heart disease, and two required brain operations.

Of the eight suffering from asthma, two were admitted to residential special schools, whilst one of the two who had successful brain operations returned to the ordinary school. It was thought that one child who, because of the severity of the handicap, had received home teaching for several years, might need supervision on leaving school.

Handicapped children receiving home teaching are seen regularly by the school doctor to determine if home teaching should continue or if some other form of education, including return to the ordinary school, can or should be advised.

In addition, other kinds of activities are arranged, mainly by the Home Teachers, including garden and Christmas parties and other forms of entertainment so that the children may not feel too isolated from others whilst at home.

The home teaching service in Worthing is one for which the town can be justly proud. Begun in 1947 it was among the first of its kind in this country and has played a vital part in the education of numerous physically handicapped children.

In January the B.B.C. television service produced a delightful feature programme showing these children and their teachers at work in their own homes, and warm tributes were paid to the Worthing Education Authority for their pioneering role in providing this service.

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 68).

During the year two children were 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 1964 was 1,243,657. 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	8,295 (8,165)
Number of children who received one-third pint of milk	6,330 (5,724)
Percentage of children receiving milk	72% (70.1%)
Number of school dinners served	6,219 (5,807)
Percentage of children taking dinner	71% (71.1%)

(The figures in brackets refer to 1963)

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	6
Whooping Cough	7
Measles	12

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 55 and 56.

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 59.

HEALTH EDUCATION IN SCHOOLS

Reference has been made in another part of this report (page 64) to the work in schools of the newly appointed Health Education Organiser. In addition to this some of the health visitors (in their capacity as school nurses) give talks on parentcraft and hygiene as part of the curriculum.

DEATHS OF SCHOOL CHILDREN

The causes of death among children of school age (i.e. 5-15 years) for Worthing during 1964 were:—

Asthma	1 (boy aged 13)
Necrosis of the liver	1 (girl aged 8)
Total	2

ROAD ACCIDENTS TO SCHOOL CHILDREN

Forty-four school children were involved in road accidents in Worthing during 1964. The details were:—

Killed	—	(—)
Seriously injured	14	(9)
Slightly injured	30	(42)
Total	44	(51)

(The figures in brackets refer to 1963)

Medical inspection of pupils attending maintained Primary and Secondary Schools during the year 1964.

TABLE A — PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of birth)	No. of pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No.	Unsatisfactory No.	For defective vision (excluding squint)	For any other condition	Total individual pupils
(1)	(2)	(3)	(5)	(7)	(8)	(9)
1960 and later	16	16	—	1	—	1
1959	440	440	—	9	12	21
1958	237	237	—	5	9	14
1957	49	49	—	5	1	6
1956	32	32	—	3	4	7
1955	29	29	—	—	5	5
1954	139	139	—	13	8	21
1953	239	239	—	21	13	34
1952	191	191	—	15	9	24
1951	55	55	—	3	5	8
1950	79	79	—	17	10	25
1949 and earlier	775	775	—	107	22	126
Total	2,281	2,281	—	199	98	292

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 ..	77
Number of Re-inspections	261
Total ..	338

TABLE C — INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons, 10,724.

(b) Total number of individual pupils found to be infested, 5.

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

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

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

TABLE D — DEFECTS FOUND BY MEDICAL INSPECTION

Defect Code No.	Defect or Disease		Periodic Inspections				Special Inspections
			Entrants	Leavers	Others	Total	
4	Skin	T	4	1	3	8	3
		O	—	—	1	1	—
5	Eyes—a. Vision	T	15	107	77	199	12
		O	27	46	34	107	—
	b. Squint	T	2	1	2	5	2
		O	–	1	3	4	—
	c. Other	T	—	—	1	1	1
		O	—	—	1	1	—
6	Ears—a. Hearing	T	3	1	—	4	15
		O	12	—	8	20	—
	b. Otitis Media	T	—	—	—	—	—
		O	—	—	—	—	—
	c. Other	T	—	—	—	—	2
		O	—	1	—	1	—
7	Nose and Throat	T	2	—	2	4	—
		O	2	2	1	5	—
8	Speech	T	2	—	9	11	3
		O	4	—	—	4	—
9	Lymphatic Glands	T	—	—	—	—	—
		O	—	1	—	1	—
10	Heart	T	1	1	2	4	1
		O	3	—	—	3	—
11	Lungs	T	1	3	4	8	2
		O	2	—	4	6	—
12	Developmental—a. Hernia ..	T	—	—	1	1	—
		O	—	—	—	—	—
	b. Other	T	—	—	—	—	—
		O	—	1	—	1	—
13	Orthopaedic—a. Posture	T	—	—	1	1	—
		O	—	1	3	4	—
	b. Feet	T	2	10	3	15	1
		O	—	8	3	11	—
	c. Other	T	1	4	8	13	8
		O	—	2	2	4	—
14	Nervous System—a. Epilepsy ..	T	—	—	6	6	—
		O	1	—	1	2	—
	b. Other ..	T	—	—	1	1	—
		O	—	1	1	2	—
15	Psychological—a. Development ..	T	—	—	—	—	—
		O	—	—	2	2	—
	b. Stability ..	T	—	—	1	1	—
		O	—	—	—	—	—
16	Abdomen	T	—	—	—	—	—
		O	—	—	—	—	—
17	Other	T	3	1	11	15	27
		O	3	1	5	9	—

T—Treatment. O—Observation.

TABLE E — HANDICAPPED CHILDREN, 1964

	(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 1964 as needing special educational treatment at special schools or boarding homes ..	—	—	—	—	20	—	2	—	—	3	25
B. Placed in special schools or boarding homes during year (including those assessed before 1st January, 1964)	—	—	—	2	19	—	2	—	—	3	26
C. Awaiting placement on 21st January, 1965											
(a) in day schools ..	—	—	—	—	6	—	—	—	—	—	6
(b) in boarding schools ..	—	1	—	—	—	—	—	1	—	2	4
D. (1) Number on the registers of											
(i) Maintained special schools as											
(a) Day pupils ..	—	—	—	—	59	—	—	—	—	—	59
(b) Boarding pupils	—	—	1	—	4	—	7	—	—	—	12
(ii) Non-maintained special schools as											
(a) Day pupils ..	—	—	—	—	—	—	—	—	—	—	—
(b) Boarding pupils	2	1	—	2	—	1	—	—	—	2	8
(iii) Independent schools ..	—	—	1	2	1	1	4	—	—	1	10
(2) Numbers boarded out in homes and not included above	—	—	—	—	—	—	2	1	—	—	3
TOTAL : D (1) and (2)	2	1	2	4	64	2	13	1	—	3	92
E. Number receiving education											
(a) in hospitals	—	—	—	—	—	—	—	—	—	—	—
(b) in other groups ..	—	—	—	—	—	—	24	—	—	—	24
(c) at home	1	1	—	1	—	—	—	2	—	3	8