[Report 1965] / Medical Officer of Health, Worthing Borough.

Contributors

Worthing (England). Borough Council.

Publication/Creation

1965

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Borough of Worthing

ANNUAL REPORT

on the

HEALTH OF WORTHING

for the Year

1965

J.

Med.

Borou

HEALTH DEPARTMENT,
WORTHING LODGE,
STOKE ABBOTT ROAD,
WORTHING.
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Borough of Worthing

ANNUAL REPORT

on the

HEALTH OF WORTHING

for the Year

1965

J. A. G. GRAHAM

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

Medical Officer of Health

and

Borough School Medical Officer

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

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HEALTH DEPARTMENT,
WORTHING LODGE,
STOKE ABBOTT ROAD,
WORTHING.
September, 1966.

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

I have pleasure in presenting my fourth report on the health of the Borough. The form of the report is similar to those of previous years and includes sections on the School Health Service and Environmental Health Services. The latter deals mainly with the work of the Public Health Inspectors and has been written by Mr. J. R. Davenport, your Chief Public Health Inspector. A comprehensive index has been added and this should prove useful to anyone seeking information on specific items not mentioned under the general headings in the contents.

Statistics:

The report bristles with statistics. There can be no escape from this but I have tried, where possible, to leaven the stark figures with what I hope is interesting commentary. Your attention is drawn especially to my interpretation of the results of a health visitor work study which was conducted during the first four months of the year, and also to my evaluation of different vaccination and immunisation procedures.

Though there were no serious outbreaks of notifiable infectious illness in 1965, the incidence of venereal disease did increase, and this is part of the national trend. In so far as the increase is a reflection of changing behaviour patterns it is not unreasonable to consider at the same time the incidence of illegitimacy. In Worthing this too has again risen, and 8.7% of all live births were illegitimate compared with 7.3% the previous year.

Can anything be done to reverse this trend? Contraceptive clinics giving practical help and advice to the unmarried would be one way of preventing illegitimate births. To many the very idea is distasteful and evokes the prospect of a brave new world in which sexual licence is unchecked. I do not believe for one moment that such clinics would encourage promiscuity—rather the reverse. Only the ignorant or irresponsible run the risk of bringing illegitimate babies into the world. Unwanted and often unloved, many of these will become social problems of the future. If timely and practical advice on contraception can prevent some of these tragedies then it should be freely available.

Staff:

Increase in population plus increase in duties equals increase in work load plus increase in staff.

This simple equation does not, of course, tell the whole story for it leaves out the efficiency factor. Every effort is being made to make the most economical yet efficient use of both field workers and clerical staff. For example, health visitors are being better deployed; simple nursing duties are being carried out by auxiliaries, leaving the more skilled work to trained nurses; the interchange of clerical staff in all sections of the department is the accepted practice when necessary; and home helps with cars or scooters are now granted allowances, thus greatly reducing the time wasted in travelling.

Nevertheless, the sheer quantity of work more than justified further increases in staff and during the year there were appointed a second mental welfare officer and a second handicapped services officer, three more nurses and a health visitor; in addition the number of chiropody sessions was increased from seven to ten by the appointment of a full-time chiropodist. The extra clerical work which these appointments entailed was absorbed without having to increase the clerical staff.

Acknowledgments:

My sincere thanks go once more to my staff, colleagues and committee members for their support throughout the year.

J. A. G. Graham.

Medical Officer of Health.

HEALTH AND WELFARE COMMITTEE :

(as on the 31st December, 1965)

Chairman: ALDERMAN R. A. MITCHELL

Vice-Chairman: COUNCILLOR MRS. N. M. LEPHARD

ALDERMAN T. A. CLIFFORD
ALD. MRS. D. STAPLETON-SKINNER, B.A., C.C.
COUNCILLOR MRS. W. M. DREDGE
COUNCILLOR A. E. DUNNING
COUNCILLOR N. C. MOODY
COUNCILLOR DR. R. H. NEEVE
COUNCILLOR C. SARGENT
COUNCILLOR A. J. WELLS
COUNCILLOR MRS. V. M. WHITE

WORTHING COMMITTEE FOR EDUCATION

(as on the 31st December, 1965)

Mayor: COUNCILLOR MRS. H. M. PERYER, J.P.

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

Vice-Chairman: ALDERMAN R. EDWARDS, C.C.

ALDERMAN F. KENTON
ALD. MRS. D. STAPLETON-SKINNER, B.A., C.C.
COUNCILLOR F. J. CHAPMAN
COUNCILLOR MRS. W. M. DREDGE
COUNCILLOR A. E. GOMM
COUNCILLOR R. F. HAWKINS
COUNCILLOR D. HILL
COUNCILLOR S. M. KNIGHT, J.P.
COUNCILLOR N. C. MOODY
COUNCILLOR MISS J. WAKEHAM
COUNCILLOR C. P. WALL
COUNCILLOR MRS. V. M. WHITE

West Sussex County Council Members:

COUNTY ALDERMAN MAJOR S. R. BROOKS
COUNTY ALDERMAN C. P. MASON, M.B.E.
COUNTY ALDERMAN R. MARTIN
COUNTY COUNCILLOR A. G. W. PENNEY

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, 1965)

Chairman: ALDERMAN R. EDWARDS, C.C.

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

Co-opted: MRS. R. L. WILMOT

STAFF :

(as on the 31st December, 1965)

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
A. LOWRY, M.R.C.S., L.R.C.P., D.C.H.

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

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

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
D. E. GIBBONS, L.D.S., R.C.S., B.D.S.

Consultant Geriatric Physician
*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
MRS. E. LOWETH, S.R.N., H.V.CERT.

Health Visitors (8)
Domiciliary Midwives (4½) **Domiciliary Nurses** (18—1 vacancy)
Nursing Auxiliaries (4)

Home Help Organiser
MRS. J. A. KENTON

Home Helps (71 Part-time)

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

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

Handicapped Services Officers
MRS. J. A. BOULD, M.A.O.T.
MRS. C. EMERY

Mental Welfare Officer
D. H. HARNOTT, R.M.N.

Senior Chiropodist
E. JONES, S.R.N., M.C.S.P., S.R.CH.

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

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

Speech Therapist
Vacancy

Chief Clerk
T. L. CANTON
Clerks (14)

Other Staff
Dental Surgery Assistant (1) Rodent Operators (2)
Student Public Health Inspector (1) General Assistant (1)
Mortuary Attendant (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 (1965)	81,100
Number of inhabited Houses (1921)	7,710
Number of inhabited Houses (1965)	32,400
Rateable Value (1965)	£5,210,395
Estimated sum represented by a penny rate (1965-66) ..	£20,750

Population

The Registrar-General's estimate of the mid year population in 1965 (81,100) has been used throughout this report to calculate rates. The corresponding figure for 1964 was 80,580, so the population has increased by 520 or 0.64% over the 12 month period.

VITAL STATISTICS

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

	1964	*1965*
Live Births:		
Number	921	933
Rate per 1,000 population (adjusted)	17.3	17.4
Illegitimate Live Births (per cent. of total live births) ..	7.3	8.7
Stillbirths:		
Number	10	13
Rate per 1,000 total live and still births	10.7	13.7
Total Live and Still Births	931	946
Infant deaths (deaths under one year)	13	10
Infant mortality rates:		
Total infant deaths per 1,000 total live births	14.1	10.7
Legitimate infant deaths per 1,000 legitimate live births	14.2	10.7
Illegitimate infant deaths per 1,000 illegitimate live births	15.0	0.0
Neo-natal mortality rate:		
(Deaths under four weeks per 1,000 total live births) ..	10.9	5.4
Early Neo-natal mortality rate:		
(Deaths under one week per 1,000 total live births) ..	7.6	5.4

Peri-natal mortality rate:		
(Stillbirths and deaths under one week combined per 1,000 total live and still births)	18.3	19.0
Maternal mortality (including abortions)		
Number of deaths	1	—
Rate per 1,000 total live and still births	1.07	0.0

BIRTHS

The adjusted birth rate is obtained by multiplying the crude birth rate (11.5) 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 1965 adjusted in this way is raised from 11.5 to 17.4 per 1,000 of population. The live birth rate for England and Wales in 1965 was 18.1 per 1,000.

Table 1 on page 21 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 1965 figure for births been exceeded. Both crude and adjusted birth rates are showing a definite tendency to rise in the last few years:

Live births:	*Males*	*Females*	*Total*
Legitimate	426	426	852
Illegitimate	36	45	81
	462	471	933

The percentage of illegitimate births continues to rise. Only during the war and immediately after has it been above the 1965 figure of 8.7%. This rising incidence of illegitimacy is evident elsewhere in West Sussex and nationally, as the following table shows:—

	Worthing Borough		West Sussex		England & Wales	
	1964	1965	1964	1965	1964	1965
Live births per 1,000 population in 1965	17.3	17.4	17.1	17.1	18.4	18.1
% of illegitimate births in 1965	7.3	8.7	6.3	6.8	7.2	7.7
Average % of illegitimate births, 1960-1964	6.1	6.6	5.0	5.3	6.0	6.4

DEATHS

	1964	*1965*
Registered in the Borough	1760	1837
Inward transfers (residents dying outside Borough) ..	321	320
Outward transfers (non-residents dying in Borough)	309	264
Total deaths (adjusted)	1772	1895
Crude death rate per 1,000 population	22.0	23.4
Standardised death rate per 1,000 population ..	10.3	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 1965 was 23.4, 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 0.44 for 1965 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 11.5 per 1,000 of the population in 1965.

Deaths were 123 more than in 1964, 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 27% and 30% of the total for any particular year:—

Year	Total number of deaths	Number of deaths in 1st quarter	% of total
1961	1751	518	29.6
1962	1807	540	29.9
1963	1934	696	35.9
1964	1772	502	28.3
1965	1895	514	27.2

Stillbirths and infant mortality

There were 13 stillbirths in 1965 (three more than in 1964) and 10 infant deaths under one year (13 in 1964). The associated mortality rates compare favourably with the county and national figures for 1965:—

	Stillbirth *Rate	Infant mortality †Rate	Neo-natal mortality †Rate	Early neo-natal mortality †Rate	Perinatal mortality *Rate
Worthing Borough	13.7	10.7	5.4	5.4	19.0
West Sussex	14.5	12.4	8.8	7.4	21.8
England & Wales	15.8	19.0	13.0	11.3	26.9

* per 1,000 live and stillbirths † per 1,000 live births

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 1965. No less than 5 of the 10 deaths occurred in the first week of life and the remaining five between one and four weeks.

Maternal Mortality:

There were no maternal deaths during the year.

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 1,895 deaths it was the cause in 704 cases (male 308 and female 396). It represented 37.2 per cent. of the total deaths from all causes and was equivalent to a death rate of 8.7 per 1,000 of the population. The corresponding death rate for England and Wales was 3.8.

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. and F.	
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
1965	208	187	4	14	96	195	704	8.7

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 1965. The total number of deaths was 344 (males 161, females 183), the highest ever recorded. The death rate from the disease (4.24 per 1,000 population) also reached a new peak, although the proportion of the total number of deaths due to this cause (18.1%) fell slightly.

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
1961	281	3.53	16.1
1962	335	4.20	13.0
1963	306	3.84	15.8
1964	339	4.21	19.2
1965	344	4.24	18.1

The localisation of the disease in the case of the 344 deaths recorded is shown below:—

Localisation	No. of deaths		
	Male	Female	Total
Stomach	10	18	28
Lungs	68	10	78
Breast	—	40	40
Uterus	—	10	10
Other and unspecified organs ..	83	105	188
Total ..	161	183	344

During the past 40 years the death rates from cancer per 1,000 of the population has varied from 2.14 to 4.24. 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 1965 was 2.22 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 337 in 1965 and were the third commonest cause. This is a rate of 4.3 per 1,000 of the population (compared with 1.7 for England and Wales) and constituted 17.7 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 182 deaths in 1965.

This is a rate of 2.2 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 1.3.

Year	Influenza	Pneumonia	Bronchitis	Total	Rate per 1,000 of the population
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
1965	2	125	55	182	2.2

Deaths from Tuberculosis

Registered deaths from tuberculosis numbered three (all pulmonary), a rate of 0.04 per 1,000 population. The rate for England and Wales in 1965 was 0.05 per 1,000 population. All three deaths were in persons over the age of 55.

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
1961 ..	4	0.05
1962 ..	6	0.07
1963 ..	7	0.09
1964 ..	4	0.05
1965 ..	3	0.04

Deaths from suicide

There were 15 suicides in 1965, six less than in 1964. There have been 151 suicides in the past decade, an average of 15 per annum. Fifty per cent. of all suicides during 1961-1965 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
1965	M	1	1	—	1	3	2	—	8
	F	—	—	—	1	1	4	1	7
Total		2	6	1	17	15	29	12	82

Further statistical information about deaths is given in Tables II to VI on pages 22 to 25.

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 26 shows the incidence of notifiable infectious illness in Worthing during the past 14 years. Table VIII on page 27 analyses in more detail the cases which occurred in 1965.

Scarlet fever:

The number of confirmed cases was 7. Scarlet fever nowadays is usually a very mild disease and complications are rare.

Whooping cough:

Notifications for the year numbered 15, seven less than in 1964. 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 58 for further details.)

Diphtheria:

For the eighteenth 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 759 compared with 35 in 1964. This is because measles tends to occur in epidemic form in alternate years. Controlled trials of measles vaccines by the Medical Research Council have been carried out. Preliminary results confirm that these are acceptable and effective and they are now available to general practitioners though their use has not yet been incorporated in the immunisation schedule (see page 57).

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:

Two 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 125 deaths from pneumonia, but only two notifications.

Poliomyelitis:

A case of paralytic poliomyelitis was notified in August—the first since 1958. The victim was a boy of 16 and the source of the infection could not be determined. He had received three prophylatic doses of vaccine in 1960. Fortunately this was an isolated case and the boy made a complete recovery.

Dysentery:

Nine cases were notified during the year, seven of them children. Nowadays dysentery is seldom serious except in young babies and the very old and frail. It has considerable nuisance value however, since there are many mild unrecognised cases who are not very ill, do not seek medical treatment, but who help to spread the disease in the community. Poor personal hygiene (which means failure to wash one's hands after going to the toilet) can easily lead to an epidemic, since spread is by person to person contact.

The usual form in this country is Sonne dysentery and when this affects a number of children from one school very energetic measures have to be taken.

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 was one notification of puerperal pyrexia in 1965.

Typhoid Fever:

There were no cases notified in 1965.

Food Poisoning:

For the third 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 increased from 53 to 59. The position is summarised in the following table:—

	Males		Females		Total
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	
Number of cases on register on 1.1.65 ..	33	2	18	—	53
New cases ..	7	—	7	—	14
Number of cases restored to register ..	1	—	—	—	1
Number of cases added other than by formal notification	6	—	4	—	10
Number of cases removed from register	11	—	8	—	19
Number of cases on register on 31.12.65	36	2	21	—	59

Formal notifications numbered 14, six more than in 1964. 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 ..	—	3	3
25-34 years ..	2	—	2
35-44 years ..	—	1	1
45-54 years ..	2	—	2
55-64 years ..	1	1	2
65 years and over ..	2	2	4
All ages ..	7	7	14

Deaths :

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

55-64 .. .. 1 65-74 2

Further information about suspected tuberculosis discovered by mass radiography is given on page 62. Details about the progress of B.C.G. vaccination are on page 62.

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 four years:—

Disease	Number of new cases in year			
	1962	1963	1964	1965
Syphilis	4	6	5	9
Gonorrhoea	24	17	25	37
Other conditions	86	133	105	168
Total	114	156	135	214

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, and there were 79 more cases in 1965 than in 1964 at the Worthing Clinic—an increase of 59%.

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 28. From these figures emerge the following records:

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

WORTHING'S DISAPPOINTING WEATHER IN 1965 ANOTHER DULL YEAR

The weather during 1965 had many disappointing features, including frequent and heavy falls of rain and the absence of any really hot days.

For the fourth year in succession sunshine and mean temperature were below average and the year was the wettest since 1960. There were as many as eight months with less than average sunshine and above normal rainfall, and 10 months recorded mean temperatures below the long term average.

Total sunshine amounted to 1705.7 hours, 115 hours below the average, and rainfall reached 30.74ins. as against the average of 27.49ins.

The winter was cold, but not unduly so, and it was the sunniest January and driest February since 1959.

Spring rainfall and sunshine were near the average with March the sunniest and driest since 1962 and April the best for five years.

The summer, however, was disappointing and it was the dullest for over 50 years. July was the wettest since 1957 and the coolest since 1936. Top temperature during the month was 69deg.—this has been exceeded in every July since 1931. August, the main holiday month, recorded no really warm days and it was the wettest for three years.

September was cold and wet. It was the second wettest month of the year and the wettest September since 1927. It was also the coolest since 1912 with a maximum temperature of 67deg. Seldom does a September pass without the temperature reaching the "70s," and occasionally the "80s."

Autumn was comparatively dry and fairly sunny. October was sunnier than June or July and with 182.9 hours—60 hours above average—the sunniest October since records began in 1899. It was also the driest October for 20 years. November was cold but registered abundant sunshine and the total of 100.7 hours was the best November for 40 years.

The year closed with heavy rainfalls and December with 5.11ins. was the wettest month of any name since November, 1963 and the wettest December, but one, since 1934.

Summary of Observations:

Total amount of bright sunshine: 1,705.7 hours.

Number of days with sunshine: 310.

Rainfall: 30.74 inches.

Number of rain days (.01 inch or more): 159.

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

Highest barometric reading: 30.793 inches on 2nd February.

Lowest reading, 28.661 inches on 29th November.

Warmest day: 12th August (73°).

Coldest night: 3rd March (22°).

Coldest day: 4th March (32°).

Warmest night: 14th August (63°).

Warmest month (by day) August (average temperature 67.4°).

Coldest month (by night) February (average temperature 34.2°).

Mean temperature: 49.8°.

Mean relative humidity, at 9 a.m.: 82.3%.

Lowest temperature on the grass: 16° on 3rd March.

Wettest day: 2nd August (1.44 inches).

Sunniest day: 28th June (14.7 hours).

Number of days snow or sleet fell: 14.

Number of days hail fell: 4.

Number of days thunder heard: 6.

Number of ground frosts: 84.

Number of days with gales: 8.

Number of days snow lying: 6.

Number of days with fog (9 a.m.): 1.

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 1,705.7 hours. This is the eleventh position for mainland stations.

This amount is 38.8 per cent. of the time during which the sun was above the horizon, giving a daily mean of 4.67 hours. The average yearly sunshine for the previous ten years was 1,789.9 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 28th June when 14.7 hours were recorded.

May, with 209.9 hours, was the sunniest month and February with 58.9 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 29, 30 and 31 give further details.

Rainfall

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

The rainfall for the year 1965 was 30.74 inches. This amount is 3.25 inches above the Normal and 2.70 inches above the previous ten year's average.

The month of February was the driest with 0.30 inch falling below the Normal amount by 1.70 inches. December was the wettest month with 5.11 inches, this amount being 2.21 inches above the Normal. The heaviest daily rainfall was 1.44 inches on 2nd August. There were 159 days on which 0.01 inch or more rain fell, compared with 155 days which is the average number for the previous ten years.

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

SUMMER RAINFALL. Total for six months (1st April to 30th September) was 15.29 inches compared with an average summer rainfall for the previous ten years of 12.32 inches.

WINTER RAINFALL. Total for six months (January to March and October to December) was 15.45 inches, compared with an average winter rainfall for the previous ten years of 15.46 inches.

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

Barometric pressure

The mean barometric reading for the year was 29.952 inches (when reduced to sea level and to a temperature of 32° Fahr.), the average for the previous ten years being 30.003 inches. The highest reading for the year was 30.793 inches on 2nd February, and the lowest reading was 28.661 inches on 29th November. The absolute range for the year was 2.132 inches and the average range for the previous ten years 1.839 inches.

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

Table XV on page 34 shows the monthly readings.

Temperature and Humidity

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

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

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

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

The mean temperature for the year was 49.8° Fahr. which is 1.2° below the Normal. The highest shade temperature for 1965 was 73° recorded on 12th August, and the lowest 22° on 3rd March. The extreme range of temperature was 51° compared with an average range of 57° for previous ten years. The temperature on the grass fell below 32° on 84 nights. The lowest temperature on the grass was 16° during the night of 3rd March.

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

Below Surface	*Highest*	*Date*	*Lowest*	*Date*
1ft.	65.0°	16th August	35.8°	7th March
4ft.	60.7°	21st August	41.1°	10th March

Humidity

The mean relative humidity of the atmosphere (percentage of saturation of the air) at 9 a.m. was 82.3% compared with the previous ten years' average of 81.3%.

Table XVI on page 34 gives the monthly mean maximum and minimum temperature readings and Table XVII on page 35 further details on cloud and relative humidity.

Wind

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

	9 a.m. %	*6 p.m.* %		*9 a.m.* %	*6 p.m.* %
N.	10.4	9.0	S.	4.6	4.6
N.E.	14.0	14.8	S.W.	27.7	31.5
E.	4.9	2.7	W.	14.0	14.0
S.E.	10.4	10.0	N.W.	14.0	13.4
Calm	—	—			

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

Visibility

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

During 1965, fog was recorded on one occasion at 9 a.m. Excellent visibility was recorded on 41 occasions. The complete record is shown in Table XIX on page 37 with a key to the table on page 38.

TABLE I

BIRTHS

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

	Total Births (live and still)	Males	Females	Birth Rate (live and still)	Adjusted Birth Rate (live and still)
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
1965 ...	946	466	480	11.7	17.7

The live birth rate for England and Wales for 1965 was 18.1 per 1,000 population.

TABLE II

DEATHS (1946-1965)

The total number of deaths assigned to Worthing after allowing for inward and outward transfers was 1,895, 812 males and 1,083 females, giving a crude death rate of 23.4 per 1,000 population.

The corrected death rate after adjustment is 10.3.

Year	No. of Deaths	Crude Death Rate	Adjusted Death Rate
1946	1,223	18.8	(no comparability factor issued)
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
1965	1,895	23.4	10.3

TABLE III

CAUSES OF DEATH — 1965

All Causes	Males 812	Females 1083	Total 1895
Tuberculosis, Respiratory	1	2	3
Tuberculosis, other	—	—	—
Syphilitic Disease	1	—	1
Diphtheria	—	—	—
Whooping Cough	—	—	—
Meningococcal infections	—	—	—
Acute Poliomyelitis	—	—	—
Measles	—	—	—
Other infective and parasitic diseases ...	—	—	—
Malignant neoplasm, Stomach	10	18	28
Malignant neoplasm, Lung, Bronchus ...	68	10	78
Malignant neoplasm, Breast	—	40	40
Malignant neoplasm, Uterus	—	10	10
Other malignant and lymphatic neoplasms	83	105	188
Leukaemia aleukaemia	4	4	8
Diabetes	2	8	10
Vascular lesions of Nervous System ...	102	235	337
Coronary disease, Angina	208	187	395
Hypertension with heart disease ...	4	14	18
Other heart disease	96	195	291
Other circulatory disease	32	47	79
Influenza	1	1	2
Pneumonia	53	72	125
Bronchitis	40	15	55
Other diseases of respiratory system ...	18	9	27
Ulcer of stomach and duodenum ...	4	9	13
Gastritis, enteritis and diarrhoea ...	1	3	4
Nephritis and nephrosis	6	4	10
Hyperplasia of prostate	9	—	9
Pregnancy, childbirth, abortion ...	—	—	—
Congenital malformations	3	2	5
Other defined and ill-defined diseases ...	40	46	86
Motor vehicle accidents	5	5	10
All other accidents	13	34	47
Suicide	8	7	15
Homicide and operations of war ...	—	1	1

TABLE IV

DEATHS IN AGE GROUPS — 1965

Age	*Deaths*	*Age*	*Deaths*
Under 1 year ...	10	35 to 44 years ...	9
1 to 2 years ...	—	45 to 54 „ ...	49
3 to 4 „ ...	2	55 to 59 „ ...	54
5 to 9 „ ...	—	60 to 64 „ ...	125
10 to 14 „ ...	3	65 to 69 „ ...	185
15 to 19 „ ...	2	70 to 79 „ ...	673
20 to 24 „ ...	3	80 to 89 „ ...	593
25 to 34 „ ...	4	90 years and over ...	183
Total number of deaths ... 1,895			

This analysis shows that 76.5 per cent. of the deaths were of persons aged 70 years of age and upwards.

TABLE V

INFANT MORTALITY (1946-1965)

The number of deaths under one year of age was 10 (5 males and 5 females), giving an infant mortality rate of 10.7 per 1,000 live births. The corresponding rate for England and Wales for the year under review was 19.0.

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
1946	50	48.0	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
1965	10	10.7	0.5	19

Year.	Total Births.		Deaths. All causes.		Deaths. under 1 year.		Deaths. Maternal Mortality			Deaths. Tuberculosis		Deaths. Cancer.		Registrar General's Population
	No.	R.*	No.	R.*	No.	R.**	Sepsis.	Other Causes	Rate†	No.	R.*	No.	R.*	
1926	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
65	**946**	**11.7**	**1895**	**23.4**	**10**	**11**	—	—	—	**3**	**0.04**	**344**	**4.24**	**81,100**

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

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

TABLE VII

NOTIFIED INFECTIOUS DISEASES (1952-1965)

YEAR:—	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Scarlet Fever	131	68	38	21	23	16	17	45	50	7	3	5	9	7
Whooping Cough	81	69	444	42	30	230	24	76	89	27	—	19	22	15
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	17	1,012	2	555	12	203	418	1,087	12	392	12	930	35	759
Acute Pneumonia	10	26	11	12	31	19	6	7	4	4	—	3	—	2
Meningococcal Infection ..	1	—	—	1	—	—	—	—	—	—	—	1	—	—
Acute Poliomyelitis (Paralytic)	—	16	—	2	4	5	1	—	—	—	—	—	—	1
Acute Poliomyelitis (Non-Paralytic)	—	—	—	—	1	1	—	—	—	—	—	—	—	—
Dysentery	—	—	1	10	13	1	2	—	—	1	—	7	—	9
Puerperal Pyrexia	7	8	5	2	2	2	1	—	1	2	3	—	2	1
Typhoid Fever	—	2	—	—	—	—	—	—	1	—	—	—	2	—
Paratyphoid Fever	2	1	—	4	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum ..	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Food Poisoning	6	3	1	6	2	6	3	2	1	—	1	—	—	—
Erysipelas	14	12	9	7	5	8	9	4	3	2	—	1	—	1
Malaria	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Tuberculosis	51	27	30	24	17	20	15	35	16	10	17	14	8	14

TABLE VIII

NOTIFIED INFECTIOUS DISEASES — 1965 (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 ...	—	—	—	—	2	4	—	—	—	—	—	—	—	—	6
Whooping Cough	1	—	2	2	2	7	—	—	1	—	—	—	—	—	15
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	25	66	84	87	104	375	7	6	1	1	—	1	—	2	759
Acute Pneumonia	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (Paralytic)	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Acute Poliomyelitis (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	—	1	1	1	3	1	—	—	1	1	—	—	—	9
Puerperal Pyrexia	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Typhoid Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Tuberculosis ...	—	—	—	—	—	—	—	2	1	3	—	4	4	—	14
Totals ...	26	66	87	90	109	389	8	9	4	5	1	7	5	2	808

TABLE IX — **CLIMATE OF WORTHING — 1906-1965**

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			
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
1965 ..	50.0	44.5	55.1	10.6	49.8	22.0	73.0	30.74	159	1705.7	..1965

TABLE X — **BRIGHT SUNSHINE — 1965** (Mainland Stations)

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

Station	*Sunshine (Hours)*
Dale Fort (Pembroke)	1783.5
Poole	1775.2
Bournemouth	1766.0
Bognor Regis	1748.1
Swanage	1747.5
Lizard	1743.3
Everton (Efford)	1738.4
Eastbourne	1735.6
Weymouth	1731.4
Littlehampton	1726.0
WORTHING	1705.7
Hartland Point	1700.4
Brawdy (Pembroke)	1693.8
Torquay	1687.9
Ramsgate	1677.4
Carmarthen	1671.1
Southsea	1670.0
St. Mawgan	1666.5
Botwnnog (Caernarvon)	1657.4
Teignmouth	1656.3
Thorney Island	1652.3
Folkestone	1641.6
Paignton	1625.2
Penzance	1623.6
Newquay	1621.8
Bexhill	1618.6
Exmouth	1618.4
Brighton	1608.2
Bodiam	1607.0
West Freugh (Wigtown)	1606.1
Aberporth	1605.8
Culdrose	1601.8
Walton-on-Naze	1599.0
Newton Abbot	1585.2
Starcross	1584.5
Plymouth	1584.2
Chivenor	1576.7
Douglas	1575.3
West Malling	1569.8
Ronaldstown	1566.5
Dover	1566.4
East Hoathly	1565.1
Camborne	1558.6
Alice Holt Lodge (Hants)	1555.4
Gulval	1552.7
Ellbridge	1550.8
Herne Bay	1547.4
Ilfracombe	1546.1
Whitstable	1546.0
Lyme Regis	1536.1

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 ..	86.0	71	2.77	121	21	6.8	109.9	1940	34.5	1912
February ..	58.9	83	2.10	71	19	7.1	140.3	1949	29.8	1947
March ..	137.5	141	4.44	98	27	11.5	220.8	1907	77.9	1964
April ..	159.4	187	5.31	85	30	11.3	267.2	1912	105.3	1905
May ..	209.9	230	6.77	91	29	13.4	353.1	1909	148.9	1932
June ..	180.6	243	6.02	74	28	14.7	327.1	1957	143.5	1909
July ..	154.2	224	4.98	69	27	11.7	369.0	1911	133.8	1944
August ..	203.6	218	6.57	93	31	11.9	298.4	1899	112.6	1912
September ..	158.0	166	5.27	95	26	10.9	262.6	1898	97.1	1945
October ..	182.9	124	5.90	148	29	9.8	182.9	1965	81.9	1915
November ..	100.7	73	3.36	138	21	8.0	131.3	1909	39.6	1962
December ..	74.0	61	2.39	121	22	7.2	113.8	1962	22.3	1956
Year 1965 ..	1705.7	1821	4.67	94	310	14.7	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
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
1965	1705.7	310	June 28th	14.7
Average for 20 years 1954—1964	1827.5	305		

TABLE XIII — **RAINFALL**

1965	Total Rain-fall	Difference from the Normal	Greatest Fall in 24 hours beginning 9 a.m.	Number of Days with .01 in. or more	Number of Days with .04 in. or more	Total Rain Days
	ins.	ins.	ins.			
January ..	3.51	+0.57	0.60	19	15	19
February ..	0.30	−1.70	0.10	6	4	6
March ..	2.34	+0.62	0.59	14	11	14
April	1.02	—0.76	0.17	16	12	16
May	1.56	—0.09	0.39	14	7	14
June	1.75	+0.22	0.83	11	8	11
July	3.30	+1.16	1.36	16	9	16
August ..	2.85	+0.57	1.44	10	7	10
September ..	4.81	+2.65	1.06	14	12	14
October ..	0.66	—2.29	0.39	3	2	3
November ..	3.53	+0.09	0.88	17	15	17
December ..	5.11	+2.21	0.67	19	17	19
Year	30.74	+3.25	1.44	159	119	159

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
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
1964	26.55	148	1.67	31st May
Average for 20 years	27.72	155	2.05	10th July 1945
1965	30.74	159	1.44	2nd August

TABLE XV — **BAROMETRIC PRESSURE**

1965	Barometric pressure (Reduced to sea level and 32° Fahr.)		
	Mean (inches)	Extremes	
		Highest	Lowest
January	29·830	30·646	28·745
February	30·376	30·793	29·985
March	29·972	30·596	29·327
April	29·938	30·412	29·492
May	29·990	30·309	29·449
June	30·009	30·420	29·551
July	29·933	30·264	29·505
August	29·990	30·229	29·501
September	29·835	30·543	29·273
October	30·119	30·459	29·752
November	29·775	30·475	28·661
December	29·658	30·248	28·967
Year 1965	29·952	30·793	28·661

TABLE XVI — **TEMPERATURE**

1965	Air temperature in screen (F)					
	Means of		Mean of A & B	Difference from normal	Extremes	
	A Max.	B Min.			Max.	Min.
	(°)	(°)	(°)	(°)	(°)	(°)
January	43·6	36·0	39·8	−1·1	50	28
February	42·3	34·2	38·3	+1·4	47	29
March	47·7	36·9	42·3	−1·5	67	22
April	53·6	41·2	47·4	−0·6	63	37
May	58·6	48·3	53·5	0·0	69	39
June	63·4	52·3	57·9	−1·2	73	46
July	65·1	53·9	59·5	−3·0	69	47
August	67·4	56·1	61·7	−0·9	73	50
September	62·3	50·8	56·5	−2·9	67	44
October	60·4	48·8	54·6	+1·7	70	39
November	48·6	38·3	43·4	−2·8	59	28
December	47·9	37·5	42·7	+0·9	53	23
Year 1965	55·1	44·5	49·8	−1·2	73	22

TABLE XVII — **CLOUD AND HUMIDITY**

Month.	Cloud Amount Scale 1–8		Mean Relative Humidity	Mean Humidity previous 10 years 1955–1964
	9 a.m.	6 p.m.	9 a.m.	9 a.m.
			%	%
January	6	5	89	87
February	7	7	81	86
March	5	5	86	81
April	6	6	78	77
May	5	5	79	73
June	5	6	80	74
July	6	6	78	76
August	5	5	81	77
September	5	6	82	79
October	4	4	84	83
November	5	6	81	84
December	6	6	88	87
Year 1965 ..	5	6	82	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	3	5	1	1	—	8	5	8	—
February ..	9	8	1	1	—	—	4	5	—
March	2	3	5	5	3	7	4	2	—
April	3	3	—	2	—	8	5	9	—
May	3	1	2	2	3	14	3	3	—
June	1	5	1	4	4	13	—	2	—
July	2	4	—	3	—	9	9	4	—
August	2	2	—	4	—	15	5	3	—
September ..	4	2	—	6	3	7	4	4	—
October	2	9	5	6	1	6	1	1	—
November ..	5	6	3	3	1	4	4	4	—
December ..	1	2	—	—	1	8	9	10	—
Year 1965 ..	37	50	18	37	16	99	53	55	—

Month.	6 p.m. Observations.—Direction.								
	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm
January	4	6	—	2	—	10	4	5	—
February ..	7	11	1	3	—	—	3	3	—
March	2	5	1	7	4	8	2	2	—
April	3	1	—	2	1	4	13	6	—
May	3	2	1	6	—	11	6	2	—
June	—	4	1	1	2	18	3	1	—
July	1	3	—	2	—	14	6	5	—
August	—	—	—	4	1	20	4	2	—
September ..	4	—	1	1	1	12	8	3	—
October	2	9	5	5	1	6	1	2	—
November ..	4	11	—	3	3	1	2	6	—
December ..	3	2	—	—	4	5	8	9	—
Year 1965 ..	33	54	10	36	17	99	60	46	—

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	—	—	—	—	—	—	1	4	3	4	11	5	6	10	8	7	2	1	—	—	—	—
February	—	—	—	—	—	—	—	1	3	4	3	6	13	14	8	3	1	—	—	—	—	—
March	—	—	—	—	1	1	1	2	7	—	6	8	9	10	7	7	—	—	1	—	—	1
April	—	—	—	—	—	1	—	1	4	2	3	2	10	7	6	6	6	10	—	2	—	1
May	—	—	—	—	—	—	1	1	—	1	2	1	10	8	10	9	7	6	1	1	—	3
June	—	—	—	—	—	—	1	1	—	1	1	1	8	9	14	5	4	10	2	2	—	1
July	—	—	—	—	—	—	—	—	—	1	2	1	5	6	6	7	15	6	2	3	1	8
August	—	—	—	—	—	—	—	—	—	1	1	—	12	6	1	4	9	6	6	2	2	12
September	—	—	—	—	—	1	—	—	2	1	—	1	7	8	8	1	5	4	6	4	2	10
October	—	—	—		—	—	1	—	6	3	3	8	5	9	10	8	6	3	—	—	—	—
November .	—	—	—	—	—	—	—	—	2	2	3	3	8	10	13	10	3	3	1	2	—	—
December	—	—	—	—	—	—	2	2	4	2	7	2	7	11	6	6	5	8	—	—	—	—
Year 1965 ..	—	—	—	—	1	3	7	12	31	22	42	38	100	108	97	73	63	57	19	16	5	36

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	4⅓ miles	4¼ miles	Moderate	Highdown Hill	" " "	W.N.W.
J	6¼ miles	6⅝ miles	Good	Portslade Gas Works Chimney	" " "	E.
K	12½ miles	12½ miles	Very Good	Hills beyond Brighton	" " "	E.
L	18⅔ miles	18¼ miles	Very Good	Selsey Bill	" " "	W.S.W.
M	25 miles	27 miles	Excellent	Beachy Head	" " "	E.S.E.

PART II.

PERSONAL HEALTH SERVICES

DELEGATED HEALTH AND WELFARE SERVICES

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

The delegated health and welfare functions are:—

(a) National Health Service Act, 1946.

Section 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. If a delegation scheme is in operation, Section I (1) of the Public Health (Notifications of Births) Act, 1965, requires that notifications of births should be sent to the Medical Officer of the delegatee authority instead of the County Medical Officer. Births are usually notified by the attending midwife. Notification 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 1965 there were 959 notified live births in Worthing. This figure is 26 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.

1,632 infants and children made a total of 10,671 attendances at all centres during the year. The number of infants who first attended whilst they were under one year of age was 819, equivalent to 85.4 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	100	660	4,305	43·5
Durrington ..	52	354	2,732	52·5
Goring	24	151	910	38·0
Maybridge ..	28	217	1,057	37·7
Findon Valley ..	24	60	416	17·3
East Worthing ..	22	190	1,251	56·8
Totals	250	1,632	10,671	42·7

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.

Infant welfare clinics remain very popular, but in 1965, for the first time in recent years, the numbers and percentage attending fell slightly as the following table shows:—

Year	No. of notified live births	No. of first attendances under 1 year	% attending	No. of children attending centres	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
1965	959	819	85.4	1,632	10,671

The reason for the slight fall is the increase in the number of clinics run by general practitioners for their own patients. Three more of these "well baby" clinics (as most doctors prefer to call them) were started in 1965, bringing the total to six by the end of the year. In every clinic the doctor's "attached" health visitor is in attendance (see page 52).

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.

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 80 sessions were held and attendances totalled 332 (4.1 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.

Compiling both the "Handicapped Children", and "At Risk" registers has been continued, so that babies born with disadvantages or the tendency to develop handicaps can be kept under observation, and the maximum assistance given to these children at the earliest possible time.

Of the 21 registered handicapped babies, 6 were still-born. The total number of defects found numbered 25, as follows:—

Hydrocephalus	2
Spina Bifida	2
Talipes	4
Congenital Heart Disease	1
Cleft lip	3
Cleft palate	3
Defects of genitalia	1
Exomphalos	1
Defects of upper limb	2
Polydactyly	2
Other congenital malformations	4

Seven of these babies were added to the handicapped children's list.

Other symptoms or defects likely to retard the child's normal development may only become obvious as the child becomes older. Early diagnosis of these symptoms by the mother, health visitor, or doctor, is one reason for keeping the "At Risk" register, where circumstances of environment, pregnancy or delivery are known to predispose to physical or mental handicaps.

Babies at risk born in 1965:	*Number at risk from this cause*
Family History:	
1. Deafness, blindness, neurological diseases, cerebral palsy, epilepsy, etc.	5
2. Congenital malformations (including congenital dislocation of the hip)	15
3. Mental disorder	18
4. Mother unusually young or elderly	7
5. Family in a "social problem" group	47
Prenatal:	
6. Rubella (certainly) and other virus infections (possibly) in early pregnancy	2
7. Toxoplasmosis	—
8. Hyperemesis	2
9. Threatened abortion	2
10. Severe illness necessitating chemotherapy or major surgery occurring in the early months	3
11. Exposure to radio-active substances during pregnancy	2
12. Blood group incompatibilities	5
13. Maternal diabetes	4

14.	Maternal thyrotoxicosis	—
15.	Toxaemia	12
16.	Uterine haemorrhage	1
17.	Hydramnios	1
18.	Multiple pregnancy	11
Perinatal:		
19.	Premature birth (i.e. 36 weeks or earlier)	35
20.	Low birth weight in relation to gestational age	17
21.	Postmature birth (i.e. 42 weeks or later)	2
22.	Abnormal presentation	8
23.	Prolonged, precipitate or instrumental labour	104
24.	Birth asphyxia	5
25.	Neonatal jaundice (Hyperbilirubinaemia)	2
26.	Presence of any congenital abnormality	15
Postnatal:		
27.	Difficulties in sucking or swallowing	—
28.	Convulsions	3
29.	Cerebral palsy	1
30.	Meningitis or encephalitis	—
31.	Any serious illness or infection in first few months of life	8
Symptomatic Group:		
32.	Mother's suspicion that child is blind, deaf, retarded or otherwise abnormal	3
33.	Inattention to sound, or visual stimulus	—
34.	Delayed motor development	1
35.	Delayed development of vocalisation and speech	1
36.	Lack of interest in people or playthings	—
37.	Abnormal social behaviour	—
	Total	342

Out of 959 Worthing babies born in 1965, 278 were found to be at risk on 342 counts. The anomaly occurs because one birth may involve several risks: e.g. a mother living in poor housing conditions may have toxaemia during her pregnancy and be delivered by Caesarian section—prematurely. Her baby thus incurs four separate risks.

Of the 278 babies at risk born in 1965, 202 were still on the register at the end of the year, as were a further 123 babies born in 1964—making a total of 325 over the two year period.

Many babies on the list can quickly be seen to be obviously healthy and developing normally. They can be removed from the list and need no extra observation involving special home visits or tests.

Others are retained on the list until they can be seen by a doctor at a Toddler Clinic, when their hearing, speech and gait can be checked. A very few of the original children will be found to need special help to overcome defects as and when they appear, and it is mostly on behalf of these few that the very considerable amount of work, mostly involving the health visitors, is undertaken.

Care of Premature Babies:

All babies weighing less than 5½lb. at birth are by definition premature, though not all need special care. Fifty-two were put on the risk register out of the 53 notified during the year. All were born in hospital and none died within 24 hours of birth though one died within seven days. There were in addition 8 premature stillbirths.

5.5 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. No new cases were discovered during 1965.

Ante-natal Clinics:

Regular sessions for expectant mothers continued to be held in the Central Clinic throughout the year. Clinics previously held in St. Mary's Hall, Goring, and St. Richard's Hall, Maybridge, were discontinued. Instead the midwives have been "attached" to groups of general practitioners (see page 50) and assisted them with special ante-natal sessions for their own patients in their own surgeries.

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.

Excluding sessions at G.P.s' surgeries attendances during 1965 were as follows:—

Midwives' ante-natal clinics:		
No. of clinics held	26	(43)
New patients seen	59	(97)
Total No. of attendances ..	189	(388)
Ante-natal relaxation and exercises clinic:		
New patients	39	(72)
Total No. of attendances ..	159	(340)

(The figures in brackets are for 1964)

Dental Clinic:

All the facilities of the school dental service (see page 105) are available for expectant and nursing mothers, and for pre-school children. All expectant and nursing mothers attending the clinic are encouraged to take their children for regular dental examination from the age of about two years onwards. The main advantage of this is that the young child gains confidence for attending a dental surgery, and the dental surgeon gets the child's co-operation before treatment becomes necessary. This overcomes the difficulty which still arises when parents leave visits to the dentist until urgent treatment, often in the form of extraction, is needed.

During the month of September a small dental exhibition was held at the Central Clinic, organised by the Health Education Organiser, and parts of it were taken round to the various child welfare clinics to bring to the notice of the parents the importance of early dental care.

During the year 34 sessions were devoted to inspection and treatment for expectant and nursing mothers and pre-school children.

(a) *Expectant and nursing mothers*: two were examined, both of whom required treatment (11 fillings).

(b) *Pre-school children*: 130 examinations. Of these 54 required and received treatment. This consisted of 40 extractions (19 requiring general anaesthetic), 145 fillings, and two needing scaling and polishing for gum disorders.

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	30	(15)
	Old patients seen	4	(10)
	Total number seen (new and old) ..	34	(25)
	Total number of attendances	54	(30)
(b)	*Physiotherapy Clinic*:		
	New patients treated	36	(30)
	Old patients treated	7	(4)
	Total number treated (new and old) ..	43	(34)
	Total number of attendances	163	(141)
(c)	*Eye Clinic*:		
	Total number seen (new and old) ..	74	(61)
	Total number of attendances	148	(109)
(d)	*Orthoptic Clinic*:		
	Total number seen (new and old) ..	51	(57)
	Total number of attendances	218	(176)

(e) *Speech Therapy Clinic*:

New patients seen	—	(2)
Old patients seen	2	(11)
Total number seen (new and old) ..	2	(13)
Total number of attendances	4	(15)

(f) *Child Guidance Clinic*:

Number of patients seen	12	(4)

(The figures in brackets are those for 1964)

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 Juice, 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 81 illegitimate children born to Worthing mothers in 1965. Three of these were stillbirths. The illegitimacy rate in 1965 was 8.7% (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 7 cases during 1965.

I am indebted to Sister I. S. Cameron, the Association's welfare worker in Worthing for the following information:—

Fifty-eight Worthing mothers of illegitimate children have been helped, hostel accommodation being obtained in 2 cases.

Marital state:—

Single	53
Married	2
Divorced	2
Widowed	1

Age Range:— 15 to 43.

Outcome of pregnancy:—

Mother kept baby	22
Baby placed for adoption	18
Not yet born at end of year	14
In care of Children's Authority	3
Died	1

Children's Co-ordinating Committee:

This Committee was formed in January, 1963 to bring together social workers concerned with the welfare of problem families. The Committee's terms of reference were set out in a joint circular issued in 1950 by the Home Office, Ministry of Education and Ministry of Health, and recommended co-ordination of all the statutory and voluntary bodies concerned with children who were neglected or ill-treated in their own homes.

The Children and Young Persons Act, 1963 extended the powers of local authorities to promote the welfare of children, and in accordance with Home Office Circular104/1963 the County Children's Officer was appointed Designated Officer for the purposes of co-ordinating the statutory and voluntary services concerned with the welfare of families—not just the welfare of children neglected or ill-treated in their own homes.

An inaugural meeting of representatives of interested bodies was held in February, 1965 for the Worthing area, with the intention of securing effective co-ordination of family case-work at area level. The Area Children's Officer (Miss M. Mason) agreed to convene all future meetings, and your Medical Officer of Health was elected Chairman for 1965. The new Committee was similar to the old one, with representatives from the Borough and County Health and Education departments, district Housing departments, the County Welfare and Children's departments, the N.S.P.C.C., the Council of Social Service, the Probation Service, the National Assistance Board and the Police. The old Committee dealt only with Worthing cases. The total area now covered includes Shoreham, Southwick and parts of Worthing and Chanctonbury Rural districts.

I am grateful to Miss Mason for the following report of the Committee's activities during the year; the numbers refer only to Worthing cases, which were about two-thirds of the total:—

"In the past year 6 meetings of the full Committee have been held. Eleven different families have been discussed, and 9 of these have been reviewed at subsequent meetings, some of them on several occasions.

Seven families were first referred by the County Council Welfare Department, 3 by Worthing Health Department and 1 by the Council of Social Service.

Reasons for referral are difficult to list; one could say that all were inadequate or unstable families, and the majority of parents were of below average intelligence. Almost all were in some financial difficulty, with rent arrears, rate arrears, or other debts, such as for electricity charges. Families with low material standards, aggravated by poor accommodation, were referred when the children were affected and in most of the cases there was some neglect of the children or inadequate care or control. Three families were referred because of concern over a particular child and his schooling.

When a specific recommendation was made by the Committee, this was usually achieved so that the family ceased to be immediately at risk, although still needing support. Invitations were sent to other agencies concerned and I feel that the success in overcoming the particular obstacle was in great measure due to the personal attendance of one of the officers, or to the letter written officially from this Co-ordinating Committee. Our invited guest members included Housing Officers, a Rates Officer, a Home Teacher of the Deaf, and the Matron of a private Day Nursery.

Two specific examples of practical help given included:—

(a) A direct rate payment through the National Assistance Board to prevent court action;

(b) Help given to a mother admitted quickly to hospital for sterilization which will, we hope, prevent complete breakdown of the family.

In many cases, bringing the family's difficulties to the notice of the members of the Committee, so that each knew what another's particular concern was, has helped to lessen overlapping of visits and advice, particularly when one case worker was asked to assume responsibility for visiting."

Family Planning:

The Worthing and District Branch of the Family Planning Association continued to hold weekly sessions in the Central Clinic every Monday evening (except on bank holidays). Towards the end of the year additional sessions were also held on alternate Wednesday evenings. I am obliged to the branch clinic Secretary for supplying the following statistics on the work done during the year:—

Number of sessions held	58
Number of new patients seen	336
Number of transfer patients seen	108
Total number of attendances (including visits for supplies only)	1347

Advice given to new patients:—

Birth control	276
Premarital	57
Subfertility	—
Marital problems	3
Total	336

Fifty-five of the 336 new patients (16.7%) were referred to the clinic by their own doctors.

Marriage Guidance:

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

"The demand for this service considerably increased in the Council's third year and over twice the number of applications for counselling interviews were received in 1965 over those in 1964. This appears attributable more to a greater recognition of the value of the work rather than any notable increase in marital problems. The six counsellors held 319 interviews—and 56 new applications for help were received. Counselling is carried out at premises in Shelley Cottage, Liverpool Gardens, Worthing, and appointments can be arranged with the Appointments' Secretary by telephoning Worthing 202512. Additional local authority grants which were made during the year enabled the counsellors' training expenses to be met, for with the diversity of problems encountered, extensive training is required, particularly with regard to the recognition of real psychiatric and personality disturbances. It is estimated that at least one-third of all problems were successfully helped.

More activity took place on the educational side and greater demand was made by schools and colleges in the area for the services of education counsellors. Discussion groups which were held in schools, colleges and youth clubs totalled 42 at which 720 young people attended. Some sessions have been programmed as part of school leaving conferences but most constituted more prolonged courses in personal relationships. With the increasing trend towards earlier and earlier marriage, there is a recognised and real need for more adequate preparation in an attempt to reduce the incidence of marriage breakdown."

MIDWIFERY

The number and percentage of home confinements continues to decline. The table below clearly shows this:—

Year	Notified live and stillbirths		
	Total No. of confinements	No. born at home	% born at home
1961	790	218	28·9
1962	837	225	28·4
1963	852	187	21·8
1964	936	205	21·9
1965	970	164	16·9

The following is a summary of the work of the domiciliary midwives in 1965 (the figures in brackets refer to 1964).

Confinements attended:		
By midwife only	87	(103)
By midwife and doctor	77	(102)
	164	(205)
Inhalation analgesia administered:		
By midwife only	68	(97)
By midwife with doctor present ..	65	(68)
	133	(165)
Pethidine administered:		
By midwife only	52	(83)
By midwife with doctor present ..	52	(59)
	104	(142)
Post-natal nursing visits made	2,733	(3,216)
Ante-natal home visits made	1,681	(1,839)

The above figures do not tell the whole story, however, for although the actual number of home deliveries, post-natal nursing visits and ante-natal home visits were all less than in previous years, more ante-natal work was shared with general practitioners in clinics held in their own surgeries. Brief reference was made in last year's report to the "attachment" of midwives to two groups of doctors. In 1965 this was increased so that by the end of the year midwives were assisting at 6 general practitioner ante-natal clinics. The greater proportion of expectant mothers seen at these clinics have their babies in hospital.

The post-natal nursing visits do not include visits to hospital patients discharged home after 48 hours. There were 101 such cases in 1965 compared with 66 the previous year. A part-time midwife looks after these mothers once they have been discharged home. She goes into the maternity wards each day to meet the mothers likely to be discharged home early, making their acquaintance while still in the hospital. With all the information about the mother and baby first-hand from the ward sister, she is better able to provide continuity of care. This scheme has worked well.

Nevertheless, the Local Authority are required to provide the domiciliary services of a certified midwife during the first 10 days after confinement, and the extension of the system of 48 hour discharges from hospital means that an increasing number of mothers will be confined by one midwife in hospital, and then looked after by another midwife at home for the rest of the puerperium. It is to be hoped that it will not be long before arrangements can be made which allow the domiciliary midwife who is looking after a mother ante-natally to accompany her into hospital, undertake the delivery, and continue the post-natal nursing on return home.

Maternity Liaison Committee:

Perhaps more than in any other branch of the health services liaison between general practitioner, hospital and local authority is the most important and the most difficult to obtain in maternity work. This was recognised in the Ministry of Health's Report on the Maternity Services published in 1959 (the Cranbrook Report), and one of this Committee's recommendations was the setting up of maternity liaison committees.

In July the Chairman of the Worthing Group Hospital Management Committee convened the first meeting of the Group's Maternity Liaison Committee and your Medical Officer of Health was elected Chairman. Present were representatives of the hospital consultant obstetricians, hospital and local authority midwives and general practitioners. The subjects discussed at this first meeting were the domiciliary midwifery service, schemes of early discharge (in the light of the Ministry's circular 6/65), ante-natal health education, babies "at risk", and stillbirths.

HEALTH VISITING

The health visiting staff was increased by one in May, bringing the total establishment of district visitors to 9. Part of their time is devoted to the School Health Service as school nurses. The Superintendent Health Visitor reports:—

"The scope of the health visitors' work has continued to widen with the coming of schemes of attachment to group practices. During the year visits to the elderly were increased, and other social problems encountered by the general practitioners were investigated and helped and supported by the health visitors or referred to other specialised social workers. This has called for closer liaison and more meetings with other workers from the mental health section or the children's department and welfare department. It has

also led to many more calls on voluntary social workers in the town, especially in the efforts to prevent the elderly becoming lonely and cut off from friends. Although working much more with the doctors, who are dealing mainly with those already sick, the health visitor is still predominantly concerned with preventative medicine, and her objective is still to help promote healthy and happy living.

Work with young mothers and babies still goes on; the need for group teaching is still obvious and during this year a mothers' club was commenced, meeting once a month in the clinic with facilities for having small toddlers cared for, while the mothers listened to, and participated in, discussion on matters concerned with daily living."

Details are given below of the numbers and types of cases visited during the year (the figures for 1964 are in brackets):—

Type of case	Number of cases visited		Total number of visits	
Children born in 1965 (1964)	995	(935)	3238	(2968)
Children born in 1964 (1963)	507	(526)	5366	(4667)
Children born in 1960–1963 .. .. (1959–1962)	1271	(1177)		
Children under the age of 5 years	2773	(2638)	8604	(7635)
Persons aged 65 or over:				
(*a*) Total	1577	(1216)	3645	(2352)
(*b*) at G.P.'s request	1344	(808)		
Mentally disordered persons:				
(*a*) Total	27	(19)	3064	(1916)
(*b*) at G.P.'s request	27	(18)		
Persons discharged from hospital other than maternity or mental cases:				
(*a*) Total	450	(216)		
(*b*) at G.P.'s request	321	(123)		
Tuberculous households visited	32	(40)		
Households visited on account of other infectious diseases	62	(45)		
All other visits (including ineffectual visits)	not recorded			

It will be seen that the numbers of persons visited and the total number of visits in 1965 have increased compared with the previous year. This is most evident in the case of those aged 65 or over and patients discharged from hospital, and especially those visited at the request of general practitioners.

The General Practitioner and the Health Visitor:

The statistics reflect the changing pattern of the health visitors' work. This has been accelerated by further "attachments" to general practitioners. The details of the scheme were set out in my report for 1964, when two health visitors began working in close partnership with a group of four doctors. This was highly successful, and in 1965 two more large groups (with five and four doctors respectively) were each offered the services of two health visitors in their practices. Thus six of Worthing's nine district health visitors had been "attached" by the end of the year. The staffing situation is such that it is not yet possible to make attachments full time, and all the health visitors must accept their share of clinic work, school medical inspection duties, holiday relief work, etc.

Health Visitor Work Study:

Before embarking on these further attachment arrangements it was decided to analyse the health visitors' work and compare those operating on their own on a district basis (six health visitors) with those operating in a general practice setting (two health visitors). When this work study was commenced (January 1st, 1965) these two health visitors had had four months' experience of their new environment and had already established new work patterns. Detailed records were kept of the work done up to the end of April. This period was chosen so that a full school term could be included; one third of the calendar year would thus also be approximately one third of the academic year. The table below summarises the main findings of the work study:—

	Health visitors working in districts						Health visitors "attached" to G.P.s	
	1	2	3	4	5	6	7	8
No. of working days ...	73½	77½	78½	68	76	80	75½	78½
Total hours on duty ...	529	553¼	558	494¾	554¾	576½	555¾	559½
Time (including travelling) spent visiting ...	49·9%	40·7%	37·1%	59·5%	51·5%	55·3%	39·9%	42·6%
Time (including travelling) spent at clinics ...	18·0%	18·9%	17·2%	12·7%	17·5%	13·9%	16·6%	11·7%
Time (including travelling) spent at schools ...	2·9%	9·9%	13·0%	6·3%	7·0%	5·0%	5·0%	5·9%
Time (including travelling) preparing and giving talks	2·6%	0·4%	0·0%	0·0%	1·5%	2·1%	5·7%	5·0%
Case discussion with G.P.s	0·0%	0·0%	0·2%	1·5%	0·0%	0·0%	5·5%	6·3%
Case discussion with others	5·8%	0·0%	3·1%	0·5%	1·3%	1·7%	3·8%	2·7%
Office administration ...	20·8%	30·1%	29·4%	19·5%	21·2%	21·1%	23·5%	25·8%
	100·0%	100·0%	100·0%	100·0%	100·0%	100·0%	100·0%	100·0%
Travelling time as % of total time on duty ...	10·5%	12·2%	13·7%	15·1%	10·1%	16·7%	14·0%	12·4%
Analysis of visits: Maternity (A.N., P.N.) and home help visits ...	8 (1·3%)	20 (3·5%)	15 (2·7%)	12 (1·5%)	68 (7·1%)	9 (1·0%)	25 (5·0%)	18 (3·1%)
Children under 5 years ...	318 (52·1%)	445 (78·9%)	387 (68·4%)	489 (61·7%)	693 (72·2%)	691 (81·1%)	193 (38·7%)	196 (33·4%)
School children	12 (2·0%)	16 (2·8%)	34 (6·0%)	8 (1·0%)	26 (2·7%)	15 (1·8%)	30 (6·0%)	12 (2·0%)
Elderly (including home help visits)	191 (31·3%)	73 (13·0%)	55 (9·7%)	238 (30·1%)	144 (15·0%)	115 (13·5%)	159 (31·9%)	283 (48·2%)
Other age groups (including home help visits) ...	44 (7·2%)	2 (0·4%)	45 (7·9%)	37 (4·7%)	24 (2·5%)	15 (1·8%)	40 (8·0%)	35 (6·0%)
Other visits	37 (6·1%)	8 (1·4%)	30 (5·3%)	8 (1·0%)	5 (0·5%)	7 (0·8%)	52 (10·4%)	43 (7·3%)
TOTAL VISITS ...	610 (100·0%)	564 (100·0%)	566 (100·0%)	792 (100·0%)	960 (100·0%)	852 (100·0%)	499 (100·0%)	587 (100·0%)
First visits to all home help cases	99 (16·2%)	34 (6·0%)	14 (2·5%)	73 (9·2%)	66 (6·9%)	47 (5·5%)	4 (0·8%)	26 (4·4%)
Visits requested by hospitals	35 (5·7%)	25 (4·4%)	22 (3·9%)	11 (1·4%)	79 (8·2%)	12 (1·4%)	23 (4·6%)	9 (1·5%)
Average no. of visits per day	8·3	7·3	7·2	11·6	12·6	10·7	6·6	7·4
Average no. of visits per hour of visiting time ...	2·3	2·5	2·7	2·7	3·4	2·7	2·3	2·5

From this perhaps daunting table of statistics can be extracted the following information:

1. *The time spent on different duties*:

   (a) *Visiting*: This was fairly constant, from 37.1% to 59.5%, i.e. about half the working day.

   (b) *Clinics*: Also fairly constant from 11.7% to 18.9%.

   (c) *Schools*: For most health visitors this was in the region 5% to 7%.

   (d) *Talks*: Very little; ranged from nil (2 health visitors) to 5.7%.

   (e) *Case discussion with G.P.s*: Only the 2 attached health visitors gave significant time to this—5% and 6.3%.

   (f) *Case discussion with others*: Ranged from nil to 5.8%.

   (g) *Office administration*: This was disturbingly high—from 19.5% to 30.1%, on average about a quarter of the working day. Some health visitors included time spent on the telephone or making arrangements with other social workers, voluntary agencies, etc. as well as time at their desks doing paper work. Even so, there is clearly a need to pass on some of their administrative work to others and so allow them to give more time to their field work duties which need their special training and skills.

   (h) *Travelling*: This was calculated as a percentage of the total time on duty and was remarkably constant—from 10.1% to 16.7%. Seven of the health visitors used cars; one health visitor (number 6) travelled on foot and she spent the most time travelling (16.7%). Though doing more total mileage, attached health visitors did not appear to spend more time actually travelling than their colleagues working in districts.

2. *Patterns of visiting*:

These showed interesting variations. "Visits" were interpreted as effective items of service rendered and could total more than one at a single house call. Ineffective visits were excluded.

   (a) *Total number*: These ranged from 499 to 960 over the four month period. Calculated per hour of visiting time seven of the health visitors were remarkably similar—from 2.3 to 2.7 visits per hour, and there was no significant difference between the district and "attached" health visitors. As might be expected, visits requested by general practitioners were much more frequent for the two health visitors working the "attachment" scheme, 33.9% and 27.7% of their visits being from this source. The nearest approach to this from the six health visitors working on a district basis was 9.8%.

   (b) *Visits to children under 5*: All the district health visitors had over 50% of their visits in this category reaching as high as 81.1%. The two "attached" health visitors had significantly lower percentages, viz 33.4% and 38.4%.

   (c) *Visits to the elderly*: In contrast, visits in this category were highest for the "attached" health visitors—48.2% and 31.9% of their total visits, but some of the others were approaching this level, e.g. 31.3%, and it is clear that in this town visiting the elderly is becoming an increasingly important aspect of a health visitor's work.

The Best Use of the Health Visitor's Time:

The work study findings were reported to the Health and Welfare Committee in July. At the same time the Committee considered the Ministry of Health circular 12/65 which dealt with the use of ancillary help in the local authority nursing services. The Minister commended to local authorities the views of the special Sub-Committee which had been set up to consider the development of the local authority nursing team. This Sub-Committee believed that health visitors were often still doing work which should be done by others, and that their chief functions should be primarily giving social advice and promoting health education. In particular there was some scope for saving some of the time health visitors now spent on clerical work, on travelling and in clinics. The Sub-Committee pointed to studies which indicated that in some areas health visitors spent an average 20% of their working hours on clerical work and 12% on travelling. It recommended that authorities should undertake a study of the work done by their nursing staff, analyse the results, and then consider in what ways ancillary help could be best employed.

It is interesting to see how closely the results of the work study in Worthing compare with studies made elsewhere in respect of time spent on clerical work and travelling. It is hard to see how travelling can be curtailed very much, but there is clearly plenty of scope for reducing the amount of time spent on clerical work. The increased use of clerical staff, other social workers and voluntary agencies has already improved the position, and it may be possible in the future to employ clinic nurses and school nurses, and so free the more highly trained health visitors for their proper role.

Medical Arrangements for Long-Stay Immigrants:

In January, 1965, the Ministry of Health introduced new arrangements to deal with the special problems rising in connection with the health and treatment of long-stay immigrants to this country. Medical Inspectors at ports were to forward to the local Medical Officer of Health the destination address of all new arrivals referred to them. The immigrants were to be followed up by a visit to their new homes, given general information about the health service, and persuaded to register themselves and their dependents with a general practitioner.

99 advice notes were received during the year about immigrants coming to live in Worthing, and health visitors were able to visit 92 of these. Seventy-eight were from Europe (mostly Spain and Italy). There were no notifications of pulmonary tuberculosis received during the year in respect of any of these immigrants.

HOME NURSING

The Area Nursing Officer has submitted the following report on the work of the district nurses in 1965:—

"There were many staff changes in this past year. Two nurses reached retirement age, two married, two moved to other areas to live and work and one transferred to health visiting within the Borough. Six nurses were replaced and one was replaced with two nursing auxiliaries and, instead of increasing our establishment of twenty trained nurses to twenty-one, we decided to have nineteen nurses and four nursing auxiliaries. The establishment at the end of the year was, therefore, nineteen trained staff, including one male nurse, and four nursing auxiliaries.

The auxiliaries have met a great need in doing toilet care for handicapped patients who can no longer manage by themselves. They visit those who do not really need the services of a trained nurse but who nevertheless need some assistance in their efforts to keep themselves as self-respecting as ever they were. The kind of service they give is usually to help with the weekly bath, or perhaps go in to wash feet and deal with toe nails, and often they can wash patients' hair; this is much appreciated by the female patients, and the auxiliaries, with two electric hand hair driers between them, manage to keep morale high by making possible a hair wash at least once a month. This service has been invaluable and the demand far exceeds the numbers we are able to take on and care for.

So, with one trained nurse less we made the areas in which they work four instead of five, and have two relief nurses to cover for holidays. This has meant a little more work for all, but by the combination of nurses and auxiliaries we are meeting and helping many more people in need.

Attachment to groups of doctors has not been as practicable in this field of work as it has been for health visitors. One nurse was attached for a few weeks to two doctors as a trial project, but caring for doctors' patients scattered all over the town meant much more time spent in travelling. Patients are visited by the nurses in order of need and, after giving "before breakfast" insulins, the most ill are called on first and, apart from treatments ordered by doctors for a specific time, the other calls are fitted in as a nurse feels the need is greatest. This could mean going the length and breadth of the town several times in a morning. In addition we realised that in some households there would be more than one doctor in attendance, and in some of the flatlet houses two or three different nurses could have been calling for different doctors' patients.

We, therefore, realised that at the present time, with the number of nurses we had, it was not possible to attach nurses to group practices. However, the nurses do seek to make contact with the doctors as much as possible and, either by going into the surgery or phoning at a suitable time, discuss the welfare and progress of their patients."

The increasing use of nursing auxiliaries and their partial replacement of trained nurses is a policy recommended by the Ministry of Health. In circular 12/65, already referred to, the Minister endorsed the views of the Sub-Committee on the use of ancillary help in the local authority nursing services. This Sub-Committee considered that up to 50% of the work of home nurses might be delegated to less highly trained staff, and that the use of such ancillary help should not lead to any deterioration in the quality of care.

Details are given below of the numbers of patients treated and the visits paid during 1965. (The figures in brackets refer to 1964):—

Total number of patients attended	2,252	(2,187)
Number under 5 years	34	(25)
Number aged 65 years or over	1,391	(1,355)
Total number of visits paid	62,860	(59,688)

VACCINATION AND IMMUNISATION

Immunisation schedules have become much more complicated in the last few years. It is no longer simply vaccination against smallpox when the baby is a few months old, followed by two injections against diphtheria with a "booster" on starting school. Nowadays a parent may well feel confused about the various protective measures available and the proper time for these to be carried out. There is a risk that even the most conscientious of parents may unintentionally fail to get their children fully protected.

The problem has no perfect solution for one is dealing not with machines but with human beings with human weaknesses and failings. To overcome these difficulties some authorities notify parents by post when an immunisation procedure is due. This is the approach adopted by West Sussex, except in the Borough of Worthing. The County computer prepares monthly lists of children due to attend for immunisation at the local authority clinics and general practitioners' surgeries and at the same time produces a stamped addressed post card for the parent of each child, indicating the procedure which is due and the place, date, and time of the appointment.

In Worthing we use a different method. On the occasion of the health visitor's first or second home visit (usually when the baby is about 10 days and 6 weeks old) she discusses with the parents the infant welfare services which are available, including vaccination and immunisation. She leaves a letter from the Medical Officer of Health, and a personal record card, reproduced below:—

RECOMMENDED IMMUNISATION SCHEDULE

*Age	Vaccine	Date due	Date given
2 months	DIPHTHERIA - TETANUS - WHOOPING COUGH First dose		
2 months	POLIO (oral) First dose		
3 months	DIPHTHERIA - TETANUS - WHOOPING COUGH Second dose		
3 months	POLIO (oral) Second dose		
4 months	DIPHTHERIA - TETANUS - WHOOPING COUGH Third dose		
4 months	POLIO (oral) Third dose		
1-2 years	SMALLPOX VACCINATION		
15 months	DIPHTHERIA - TETANUS - WHOOPING COUGH Fourth dose		
15 months	POLIO (oral) Fourth dose		
School Entry 5 years	DIPHTHERIA - TETANUS Reinforcing dose		
	POLIO (oral) Reinforcing dose		
8 years	DIPHTHERIA - TETANUS Reinforcing dose		
9 years	SMALLPOX Re-vaccination		
Over 13 years	B.C.G. VACCINATION		

* The ages shown here are intended only as a rough guide; injections may have to be given at other times.

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At each visit to the doctor's surgery or local authority clinic this card is marked and the date of the next visit filled in. At the same time a permanent record is kept.

If for any reason a baby is not brought along on the date the immunisation is due no immediate action is taken. More often than not the child will be presented at the next clinic. A health visitor may sometimes make a special visit because of non-attendance but this is not often necessary. In any case, further *routine* visits are made when the child is 6 months old and again at 1 year and 4 to 5 years, and the immunisation state is always checked up at these visits.

When the child is 18 months old a letter from the Medical Officer of Health is sent to the parents inviting attendance at a "toddler" clinic, where, among other things, the child's vaccination and immunisation state is reviewed and the appropriate action taken if necessary (see page 42).

At the first routine school medical examination (usually between 5 and 6 years) the parent is again asked if all the child's inoculations are up to date. At this age the "booster" doses against diphtheria and poliomyelitis are due. Any children who have not yet had these from their own doctor or at the clinic are, with the parent's consent, given them in school forthwith.

Diphtheria, tetanus and whooping cough vaccines are now given in one combined injection, and the oral poliomyelitis vaccine may now be given at the same time. As a result only five separate visits are needed for a baby to be immunised against five serious diseases by the age of 15 months.

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 1961 to 1965 by the estimated child population in the relevant age groups, and expressing the result as a percentage:

Age on 31.12.65 (i.e. born in year)	Under 1 1965	1–4 1961–1964	5–9 1956–1960	10–14 1951–1955	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1961–1965 ..	323 (282)	2,587 (2,445)	1,657 (1,362)	584 (412)	5,151 (4,771)
B. Number of children whose last course (primary or booster) was completed in the period 1960 or earlier	— (—)	— (—)	797 (854)	1,407 (1,615)	2,204 (2,469)
C. Estimated mid-year child population	966 (926)	2,892 (2,830)	8,227 (8,230)		12,085 (11,986)
Immunity Index $\frac{(100A)}{C}$ ..	33·4 (30·5)	89·5 (86·4)	27·2 (24·8)		43·0 (40·0)

(the figures in brackets refer to 1964)

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 five years:—

Age group	Immunity index				
	1961	1962	1963	1964	1965
Under 1 year	30·6	25·8	26·1	30·5	33·4
1– 4 years	76·3	78·3	84·4	86·4	89·5
5–14 years	17·6	17·7	20·4	24·8	27·2
0–15 years	30·7	31·5	36·6	40·0	43·0

The actual number of immunisations completed in 1965 is shown in the next table. It will be noticed that there has again been a very satisfactory increase in the number of reinforcing injections given (1,225 compared with 757 in 1964 and 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 inspection			Numbers having reinforcing injections			Grand Total
	At L.A. clinics or schools	At G.P.'s surgery	Total	At L.A. clinics or schools	At G.P.'s surgery	Total	
Diphtheria ...	—	—	—	111	—	111	111
Tetanus	7	—	7	—	—	—	7
Diphtheria/ Tetanus ...	14 (15)	7 (3)	21 (18)	350 (353)	313 (175)	663 (528)	684 (546)
Diphtheria/ Tetanus/ Whooping Cough	275 (274)	519 (412)	794 (686)	163 (107)	288 (122)	451 (229)	1245 (915)
Totals	296 (289)	526 (415)	822 (704)	624 (460)	601 (297)	1225 (757)	2047 (1461)

(the figures in brackets refer to 1964)

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		
	1963	1964	1965	1963	1964	1965
Under 1 year ..	82	37	8	—	—	—
1 year	62	244	319	—	—	—
2–4 years ..	17	40	115	6	10	1
5–14 years ..	7	17	21	34	37	8
15 years & over	29	—	—	321	—	—
Totals	197	338	463	361	47	9

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 and there was a further increase in 1965. The numbers were still disappointingly small however, and smallpox vaccination remains the least popular of all the protective procedures available. Of the 463 primary vaccinations carried out during the year, 161 were performed at the clinics and the rest by general practitioners in their own surgeries or in patients' homes.

General practitioners also revaccinated 9 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 1965. Salk vaccine by injection is now seldom used; in virtually all cases the Sabin vaccine is given orally.

Age group	Numbers completing primary course during 1965			Number who received a reinforcing dose during 1965			Grand Total
	At L.A. clinics or schools	At G.P.'s surgery	Total	At L.A. clinics or schools	At G.P.'s surgery	Total	
Children born in 1964 and 1965 ...	300 (239)	406 (218)	706 (457)	8 (—)	— (—)	8 (—)	714 (457)
Children (and others) born in 1963 or earlier ...	56 (124)	120 (246)	176 (370)	405 (331)	279 (170)	684 (501)	860 (871)
Total	356 (363)	526 (464)	882 (827)	413 (331)	279 (170)	692 (501)	1574 (1328)

(the figures in brackets refer to 1964)

Primary vaccinations numbered 882 compared with 827 in 1964. Most of these were in babies and toddlers. Reinforcing doses increased from 501 to 692; most of these were given to children who have just started or are about to start school, but towards the end of the year additional reinforcing doses were also being given at the same time as the fourth (reinforcing) dose of triple vaccine, i.e. at about the age of 15 months.

Influenza:

Members of the Corporation staff were again offered protection against this disease, and in the months of October and November 482 were given the single immunising injection. 133 of these were school teachers.

The Collection of Statistics:

The following table has been published in the County Medical Officer's report for 1965:—

Area	Children born in 1964 and vaccinated by 31.12.65			Children under 2 years vaccinated in 1965 as % of 1964 births
	Diphtheria %	Whooping Cough %	Poliomyelitis %	Smallpox %
Worthing ..	76	75	71	36
Remainder of West Sussex ..	90	90	90	83

The inference intended to be drawn from this is that the County (which uses a computer to collect records, arrange appointments, etc.) can produce better results than the Borough (using traditional methods).

Statistics usually do not give the whole story, and it should be pointed out that these percentages are based on actual records received by the two departments, and do not necessarily present an up-to-date picture of the position at any particular time. Clearly the County will be much more likely to be able to record higher percentages if their statistics are based on the first two years of life, for all doctors using the computer must submit their results *as they go* to allow the computer to inform them (and their patients) when the next inoculation is due.

In the Borough, of course, we are dependent on the receipt of completed cards. Some doctors, we know, do not always send them in and others send them in batches, sometimes months or years after the inoculations have been completed. This, of course, keeps percentages lower than they should really be, especially in the early years of life.

A recent check has been made from the health visitors' record cards of all children born in 1964. Here are the results:—

Number of children born in 1964 on health visitors' current lists 807

Number of children who have been immunised against diphtheria	725	(90%)
Number of children who have been immunised against whooping cough	725	(90%)
Number of children who have been immunised against tetanus	726	(90%)
Number of children who have been immunised against poliomyelitis	731	(91%)

The figures for vaccination against smallpox were not complete. However, a survey of Worthing school children born in 1959 has shown that 71% have been successfully vaccinated against smallpox.

The following conclusions can reasonably be drawn:—

1. For the statistics to be comparable the same methods of collection should be used.
2. If all facts are taken into consideration the Borough results would appear to be as good as those of the County.
3. A good case has been made for the computer as a swift collector of results but not as a means to increase the number of children actually immunised.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis:

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

Until this year one of the health visitors was responsible for all the visiting of tuberculous households in the Borough. With the reorganisation following attachment to general practitioners this was no longer practicable, and such visiting is now carried out by each and every health visitor depending on which doctor's list the patient is on. 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 32 tuberculous households were visited.

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 sixth 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 2,023 persons were X-rayed (984 males and 1,039 females). This compares with 1,862 persons in 1964. 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	1 (—)	4 (—)	5 (—)	2.47 (—)
Cases of tuberculosis requiring occasional out-patient supervision only	20 (15)	11 (9)	31 (24)	15.32 (12.88)
Primary cancer of the lung	19 (22)	5 (3)	24 (25)	11.86 (13.43)
Other forms of cancer	— (—)	1 (—)	1 (—)	0.49 (—)

(the figures in brackets refer to 1964)

(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 1965, with those of 1964 in brackets for comparison:—

Number of children given Heaf tests	982	(1,121)
Number found to be tuberculin negative ..	811	(1,026)
Number of negative reactors who received B.C.G.	740	(1,005)
Number found to be tuberculin positive ..	85	(86)
Number of positive reactors who were X-rayed	54	(85)

The 8.7% 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 54 children who were X-rayed, all were shown to be completely free of any chest disease.

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:—

"Population Trends:

The Registrar-General's estimate of the population of the Worthing Hospital Group area in mid-1965 was 198,330, compared with the 1961 census figure of 189,612. This represents an increase of 8,718 persons (4.6%) during this four year period.

During 1962-64 inclusive there was a population increase of 6,088; in the same period there were 7,455 live births and 10,769 deaths. It will be seen that the population increase was maintained in spite of the fact that deaths exceeded births by 3,314. It follows from these figures that the immigrants to the Group area numbered approximately 9,400 net, over 3,000 a year.

Having regard to the pattern of previous years it can be safely assumed that the bulk of these immigrants are retired people, and it seems certain that the area population aged 65 and over is still steadily increasing. It is probable that the number of people in this age group now well exceeds 25% of the whole (the figure in 1963 was 24.8%, over double the national average). This, of course, means that the pressure on the services provided for the elderly, both statutory and voluntary, is likely to go on getting heavier.

The Work of the Group Geriatric Service:

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

	1962	1963	1964	1965
Applications: Male	289	349	325	299
Female	518	725	623	546
Total	807	1,074	948	845
Domiciliary assessment visits by consultant or registrar	748	931	719	640
Average number of hospital beds available for the year	208	255	260	254
Admissions from waiting list ..	531	663	593	506
Discharges home or to private or welfare accommodation	186	315	275	242
(Short-stay discharges included in this figure)	(101)	(109)	(70)	(110)
Transfers to geriatric beds in other groups	3	3	9	6
Transfers to mental hospital ..	1	1	6	3
Transfers to acute hospital	3	12	19	20
Deaths in hospital	243	316	291	242
Total of discharges, transfers out and deaths	436	647	600	513
Discharges, transfers out and deaths per available bed per year	2·1	2·51	2·3	2·02
Average length of stay in hospital in months	5·7	4·8	5·2	5·9
Geriatric outpatients seen in clinics ..	106	218	220	294

It will be noted that applications, at 845, show an apparent fall of 103 compared with the previous year. This is partly accounted for by the relatively mild December quarter and partly by the fact that a patient applying for admission twice or more in the same year is now only counted once. The unusually high proportion of male applications which was mentioned last year continues and indeed is still on the increase, the ratio of males to females being 1 : 1.82 with 1 : 1.92 in 1964.

The number of domiciliary visits again showed a fall and this is partly due to the fact that many of the applicants are already known to the geriatric service. It may be of interest to note that 3,260 patients have been visited at home since October, 1961—some 7% of the Group area population aged 65 and over.

The average number of beds available showed a fall of six compared with the previous year. Because of the increasing number of male applications an internal reorganisation was carried out at Swandean Hospital which

resulted in an increase of eight male beds at the expense of the female beds there. This has brought about a better balance of the waiting lists.

Admissions from the waiting list showed a further fall of 87 as compared with 1964. This is accounted for in part by the continued and steep fall in mortality in the wards, there being 49 fewer deaths than in the previous year, and in part by a fall of 35 in the number of discharges home or to private or welfare accommodation. The drop in the number of available beds was a small additional factor. Further analysis shows that discharges to welfare accommodation at 25 remained the same as last year but that discharges to private residential accommodation have fallen from 66 in 1964 to 38 in 1965. Discharges home numbered 179 compared with 184 in the previous year.

There was in 1965 a considerably increased demand for relief short-stay admissions. 140 such cases were admitted and 110 discharged home, usually after a four-week stay in hospital, giving a success rate of 78.5%. In the previous year 91 similar cases were admitted and 70 discharged home (77%). With this considerable increase in short-stay admissions there was, of course, less opportunity to admit A-list cases and the figure for these fell from 502 in 1964 to 366 in 1965. The discharge rate for A-list cases was 36% in 1965 compared with 41% in the previous year. It should be mentioned that nearly all relief short-stay cases receive the benefit of physiotherapy and remedial occupational therapy whilst in hospital and it could be that an increased amount of time was spent on them at the expense of the A-list cases.

The Geriatric Waiting List:

The next table shows the comparative figures at the end of 1964 and 1965. It will be seen that, although the position for males has improved slightly with the reorganisation at Swandean Hospital, the overall picture has worsened. This is hardly surprising when one considers the population increase mentioned earlier and the fact that there has been no increase in the number of acute or geriatric beds in the Group area to deal with this.

Waiting lists	Females		Males		Totals	
	1964	1965	1964	1965	1964	1965
"A" list (in need of admission) ..	46	60	32	28	78	83
"B" list (can be nursed at home or nursing-home pro tem)	14	18	3	5	17	23
Short stay	15	11	8	3	23	14
Others	—	4	1	1	1	5
Totals	75	93	44	37	119	130

The Group Geriatric Medical Social Worker's Report:

I am indebted to Miss M. F. Hopkins, A.I.M.S.W., for her continued hard work and great support in this very demanding field. Miss Hopkins writes:—

'I would like to express my thanks to all concerned who have helped and co-operated with me in assisting our patients, both during the waiting period, often an anxious one, and later with discharge arrangements. I

would particularly like to mention my fellow Medical Social Workers, both in hospital and in Worthing Borough and County districts, and the Chief Nursing Officers. The latter often helped at short notice with the provision of domiciliary help, in co-operation with the General Practitioners.

Owing to the demand for geriatric beds, and the length of the waiting list, my work often seems to be advice and action in regard to nursing homes when patients have been placed on our waiting list. In this connection I should like to record my thanks for the financial help given through the many and varied charitable organisations I have approached.

The Red Cross Society, too, have never failed to assist with our requests for bringing elderly and frail relatives to visit patients in our wards. This is often over a long period, and these people who cannot manage ordinary transport, I know, greatly appreciate this practical help given to them.'

Miss Hopkins arranged 49 temporary admissions to nursing homes during the year, and at the end of the year only 4 of these were still awaiting admission to hospital. It must, however, be realised that there are in addition a large number of patients who come on our A-list having been placed perforce in a nursing home by their General Practitioner in some medical or social crisis, there being no hospital bed available.

Again there are a number who have resided by choice in a nursing home, perhaps for some years, who seek hospital admission because they have outlived their capital.

When all these types of cases are considered together it is found that at any one time there are at least 20 on our A-list and in peak periods during the March quarter the figure rises to as high as 40. Such is the measure of the inadequacy of the number of hospital beds in the Group."

Health Education:

The health education organiser appointed in 1964 unfortunately had to resign at the beginning of the year. Her ground work (fully discussed in my last report) was not wasted however, for her successor was able to begin duty on 1st April.

Among the schemes and projects in which this section of the department was actively involved, special mention should be made of the following:—

(1) The Mental Health Exhibition organised by the Friends of Graylingwell, held in the Assembly Hall in June (see page 72).

(2) Poster designs and displays for the Blind Welfare Association and Five Fayres Association.

(3) The formation of a Young Mothers' Club holding meetings in the Central Clinic.

(4) Dental health education in schools prior to dental inspections (see page 105).

(5) Talks on child care and personal relationships in girls' secondary schools.

(6) Helping with the Fire Prevention Campaign of the Home Safety Committee in November. Talks were given and films shown to a number of schools and organisations.

Thirteen schools were visited during the year and films were shown to 5,234 children. Among the subjects covered were "Care of the Hair", "Mouth to Mouth Resuscitation", "Water Safety", "Fireworks", "Smoking" and "Alcoholism."

Most of the talks and films for organisations were held in the evening and among the wide range of subjects discussed were "Teenagers", "Diet", "Care in the Kitchen", "Mental Health", "Toys", "Care of the Feet" and "Food Hygiene."

The work of the Medical Social Worker:

During the year exactly 300 new referrals were received, including 28 previously known referred again for some fresh problem. In addition to this a total of 78 patients needing long-term care from previous years were still in need of help, making a total for the year of 378.

The sources of referral of the 300 were as follows:—

General practitioners only	102
General practitioners/health visitors	22
Chest and other consultants, and Medical Officer of Health	22
Hospital and county medical social workers	65
Borough nursing staff	39
Statutory agencies	17
Voluntary agencies	12
Others	21
Total	300

With all these referrals the aim has been to work in as close liaison as possible with other workers interested, whether within the department or outside. An age analysis shows that almost 5/6th of the patients referred were over 60, including 14 over the age of 90. An analysis of diagnoses shows that 83 of those referred were cancer patients, 51 were suffering from diseases of chest and heart and 17 from emotional stress and strain, whilst the remainder were suffering from many other conditions such as strokes, arthritis, etc.

A summary of the reasons for referral follows (some were referred for more than one reason):—

Recuperative holiday and convalescence	Per M.O.H. 22; Privately 26	48
After-care on discharge from hospital or out-patient attendance		35
Advice re residential care—temporary		22
—permanent		74
—terminal		24
Social and personal problems		57
Rehabilitation		3
Others		45
Financial help		55
Total		363

Less money was spent on recuperative holidays this year because of the 48 patients 26 either paid for themselves or were assisted by grants

raised from charitable sources such as the R.A.F. Benevolent Fund and the National Union of Teachers.

Quite a large proportion of the medical social worker's time was given to helping and advising elderly people about temporary and permanent residential care. Quite often general practitioners referred patients who had reached the stage of being unable to manage any longer in their own homes and who needed help in finding the right kind of private care. Special mention should be made of the help of the Marie Curie Memorial Foundation, whose generous grant of £150 per quarter towards emergency nursing home fees has made it possible to place terminal cancer patients in nursing homes when no hospital bed has been available, and during the year 24 patients were helped in this way. The total amount of financial help received from this source for nursing home fees and other purposes was £755 16s.

Once again generous help has been given by the National Society for Cancer Relief and the medical social worker has administered grants totalling £1,116 5s. over the year. This money has been partly paid in the form of regular extra nourishment and fuel grants and a total of 35 patients were helped in this and other ways by their funds. Grants totalling £347 2s. were received from other charitable sources to help in cases of need. In particular the Distressed Gentlefolk's Aid Association and Friends of the Poor and Professional Classes Aid Council have given assistance. The total help received from all sources was therefore £2,219 3s. The Worthing Area Commtitee of the Sussex Rural Community Council continued their help to patients suffering from chronic chest conditions in the form of gifts of fuel, milk and eggs.

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, bedpans, urinal bottles, hot water bottles, rubber sheeting, rubber rings, nightdresses 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.

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 was increased several times, and by 1964 7 sessions were provided, equivalent to 7/10ths of a whole-time chiropodist. Even so, demand continued to outstrip supply, and a whole-time chiropodist was appointed on 12th July, 1965.

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.

Only those patients who are able to attend the Central Clinic can be given treatment as no domiciliary chiropody service is yet available.

Currently, new applications average 10 per week and lapses are few so every cycle of nine weeks brings an intake of new patients equivalent to a further week's work.

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

Year	No. of clinic sessions	No. of new patients	Total No. of patients who received treatment	Total No. of treatments (old and new patients)	No. of free treatments	% of free treatments
1962	120†	184	*	593	265	45
1963	190†	188	*	1220	423	35
1964	340†	272	*	1965	655	34
1965	435	369	692	2418	834	34

* not recorded † approximate figure

Cervical Cancer:

After a gestation of nearly twelve months, a cervical cytology clinic was established in November, and 5 sessions had been held by the end of the year. Difficulties had been experienced in getting this scheme off the ground either as a local authority service or a hospital service, and it only came into being after registration as an independent charity—"The Worthing and District Cervical Cytology Service." The Chairman of the Committee is a consultant pathologist of the Worthing Group Hospital Management Committee, and members include other consultants, your Medical Officer of Health and representatives of general practitioners, the Family Planning Association and the County Council.

At first this service was partly financed by the generosity of many local voluntary bodies whose hearts were stirred by the equally generous publicity given by the local press. It is hoped that local authority grants will soon make the position easier.

The clinics are held every Wednesday at Worthing Hospital with alternating afternoon and evening sessions. Administrative and nursing help is given free by volunteers, and detailed microscopic examination of the smears carried out by trained technicians on the hospital staff. The records of the laboratory findings are forwarded to the Health department which keeps statistics and sends the results to the individual patients and their own doctors.

The results of the five sessions held in November and December are as follows:—

Number of patients examined	161 (61 resident outside Worthing)
Number of negative smears (i.e. no malignant cells found)	155
Number of doubtful smears	5
Number of positive smears	1
Number of smears showing evidence of infections:	
(a) trichomonas vaginalis	6
(b) monilia	1

The five doubtful smears were repeated and found to be negative. The patient with the positive smear showed evidence of very early malignant changes and had a cone biopsy operation.

HOME HELP SERVICE

After more than 16 years working for the Home Help Service, Miss E. Stevens retired on 30th June. Shortly after joining the Service in the Spring of 1949 she was appointed to the post of Organiser—the first full-time appointment of its kind in the Borough. For six years she administered the growing service on her own until additional clerical help became essential. Despite almost continual difficulty in recruiting enough home helps her enthusiasm and hard work created a Service for which she and the Borough can be justly proud. Her colleagues and many friends all wish her a long retirement and good health to enjoy it.

There has been a steady re-organisation during 1965 with the new Organiser gradually taking over the initial assessment of need from the health visitors, and spending more time visiting householders and assessing their changing requirements. To do this the administration is gradually being streamlined, and it is to be hoped that in the near future the calculation of salaries of home helps will be taken over by the Borough computer.

In September badges were awarded to home helps who had been regularly employed for two years or more; three home helps received their 15 year badges. A booklet on the Home Help Service has now been issued and is valuable to the home helps in clarifying points of service.

The number of home helps is frequently fluctuating, and at the end of the year was as low as 71. This is because it is very hard to get the right type of person, who regards her work as a social service to the community and has a natural love of people. School holidays and the holiday season are also two of the difficulties Worthing has to contend with.

Neighbourly helps are now being enrolled, and it is envisaged that many more will join the Service over the ensuing years. Neighbourly helps are attached to one householder and earn up to £1 19s. 11d. per week, depending on the amount of help they are able to give. We hope also to be able to stimulate the interest of schoolgirls during their last year at school by showing slides of the younger home helps whilst on duty.

The rate of pay for home helps was again increased in September, 1965 to 4/3⅜d. per hour on the recommendation of the National Joint Council for Local Authorities' Services (manual workers).

The actual number of hours of help given during 1965 was 88,879, which is 3,312 fewer hours than in 1964, and yet 150 more households received assistance. The reason for this is that with more frequent assessments, the hours were able to be cut, thus enabling the home helps to work less hours, if they wished, after being pushed so hard over a long period. By doing this it is hoped to encourage the home helps to stay longer with the Service. The assistance of the W.V.S. Meals on Wheels Service has been invaluable, and we could never have achieved these cuts without their co-operation.

Details of the help given in the past 5 years is shown below:—

Number of persons who received help					
Category	1961	1962	1963	1964	1965
Aged or infirm	573	583	795	863	1,043
Maternity cases	53	36	44	47	43
Chronic illness	277	214	65	82	60
Others			54	94	90
Total	903	833	958	1086	1,236

The average number of households being assisted each week has increased to approximately 700, and the householders are gradually appreciating the fact that we are an emergency service and not just a domestic service.

It is hoped in the near future to have more regular training sessions for the home helps and aim at raising their status, as they will be needed more and more to relieve the burden on hospitals and provide a vital role in the Welfare Services.

MENTAL HEALTH

Training Centres and Hostels:

In 1964 building on the new junior day training centre and hostel in Durrington Lane began. The training centre commenced functioning for the Autumn term of 1965, and the first children were admitted to the residential hostel in early December. This combined centre and hostel provides day training facilities for 75 mentally subnormal children under the age of 16, and also hostel accommodation for 30 mentally subnormal children whose homes are inadequate or distant.

When the juniors were moved from Brougham Road in September the seniors, all over 16 years of age, were left in possession, and the centre used as an industrial unit. Simple work was found, e.g. the folding and packaging of leaflets, drilling metal components, etc., and arrangements were made for the trainees to receive payment.

The children who attend the Durrington Training Centre, though backward mentally and unable to benefit from attendance at school (even a special school) nevertheless can greatly benefit from the training provided in a day centre. It also gives great relief to the parents by providing them with a break from looking after their child.

Local Association for Mental Health:

The inaugural meeting of the Worthing and District Association for Mental Health was held in May. Lord Balniel, M.P. (Chairman of the Council of the National Association for Mental Health) was the principal speaker. Approximately 350 attended—a record number for an inaugural meeting of any Local Association.

One of the first activities of the newly formed Association was to participate in the Mental Health Exhibition which was organised by the Friends of Graylingwell and held in the Assembly Hall on the 1st and 2nd June.

Later in the year the West Sussex County Council, after discussions with members of the Local Association, opened a therapeutic social club at Lancing. This functions one evening per week and the bulk of its members come from Worthing.

The Worthing Branch of the British Red Cross Society have given the Local Association a great deal of help and have opened the "Tuesday Club" for the mentally frail; this has proved a very successful venture and the Mental Welfare Officers pay this Club a visit every Tuesday morning to assist with the entertainments and other activities.

The Work of the Mental Welfare Officers:

In June a second mental welfare officer was appointed, bringing the establishment up to two. He works entirely in the Borough, except for very occasional relief duties in other parts of the County. This has enabled more time to be spent on after-care visiting and has naturally increased the total numbers of calls made during the year.

Number of patients admitted to psychiatric hospitals:—

Mental Health Act, 1959	Males		Females		Total	
Section 5 (Informal)	20	(11)	19	(12)	39	(23)
Section 25 (Observation—28 days) ..	6	(7)	18	(4)	24	(11)
Section 26 (Treatment)	6	(2)	11	(6)	17	(8)
Section 29 (Observation in Emergency —3 days	20	(33)	22	(33)	42	(66)
Section 60 (Court Order)	—	(1)	—	(—)	—	(1)
Section 65 (Court Order)	1	(—)	—	(—)	1	(—)
Total	53	(54)	70	(55)	123	(109)

(the figures in brackets refer to 1964)

Many patients admitted under Section 29 (Observation in Emergency) stayed in hospital longer than 3 days, the necessary extension of the detention powers being undertaken at the hospital. Also some patients were admitted more than once during the year.

In addition a further 74 patients (28 male and 46 female) were investigated but their mental condition did not warrant admission to hospital.

Some commenced to attend a psychiatric day clinic, while others were put on tranquillising drugs by their G.P.s. The Mental Welfare Officers, where possible, pay friendly calls on the majority of these patients to see if further help is needed.

The total number of subnormal persons on the register at the end of the year was 210, made up as follows:—

	Males	*Females*	*Total*
Boarded out under Guardianship	1 (1)	4 (4)	5 (5)
In Psychiatric Hospitals ..	41 (39)	30 (29)	71 (68)
In Mental Nursing Homes ..	— (—)	— (—)	— (—)
In Residential Homes	2 (1)	3 (3)	5 (4)
Boarded out in Private Homes..	3 (3)	1 (1)	4 (4)
Under Informal Community Care	50 (49)	75 (73)	125 (122)
Total ..	97 (93)	113 (110)	210 (203)

(the figures in brackets refer to 1964)

The 125 under Informal Community Care include those attending the Adult and Junior Training Centres 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 (1)	— (2)	1 (3)
Other Health Authorities	2 (1)	2 (—)	4 (1)
Worthing Committee for Education	3 (1)	2 (—)	5 (1)
Labour Exchanges	— (1)	— (1)	— (2)
General Practitioners	1 (1)	— (—)	1 (1)
Other Sources	— (3)	1 (1)	1 (4)
Total ..	7 (8)	5 (4)	12 (12)

(the figures in brackets refer to 1964)

SERVICES FOR THE BLIND AND PARTIALLY SIGHTED

Welfare services are operated through the Worthing Society for 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 356 blind and 95 partially-sighted persons on the register. The great majority of these were elderly as is shown in the following tables:—

Blind:

	0–10	11–20	21–29	30–39	40–49	50–59	60–69	70–79	80–89	90+	Total
Male	—	1	2	4	5	14	16	43	39	5	129
Female	—	1	2	—	3	9	17	64	96	35	227
Total	—	2	4	4	8	23	33	107	135	40	356

There were 53 new registrations during the year.

Partially sighted:

	0–20	21–49	50–64	65+	Total
Male	3	2	1	16	22
Female	—	2	6	65	73
Total	3	4	7	81	95

There were 27 new registrations during the year.

Causes of Blindness and Partial Sight:

Macular degeneration was the commonest cause among the 80 new registrations during the year (27 cases). This was followed by glaucoma (14 cases) and cataract (13 cases). Further details are shown in the following table:—

Cause	Blindness			Partial Sight			Grand Total
	Male	Female	Total	Male	Female	Total	
Macular degeneration	7	16	23	1	3	4	27
Glaucoma	2	4	6	—	8	8	14
Cataract	2	5	7	2	4	6	13
Retinopathy	—	5	5	—	1	1	6
Diabetic retinitis ..	2	—	2	—	1	1	3
Myopia	1	–	1	1	1	2	3
Optic atrophy ..	—	1	1	—	1	1	2
Other conditions ..	4	4	8	1	3	4	12
Total	18	35	53	5	22	27	80

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.

Registration:

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 44 registered deaf adults. (Deaf and partially-hearing children are the responsibility of the School Health Service—see page 107).

Deaf with speech:

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

Deaf without speech:

	16–64			65+			Grand Total
	Male	Female	Total	Male	Female	Total	
Employed	7	9	16	2	1	3	19
Unemployed or retired	1	1	2	1	7	8	10
Total	8	10	18	3	8	11	29

These tables do not give a true indication of the numbers of deaf and partially hearing persons in Worthing. Surveys have shown in other parts of the country that about 1 person in 1,000 is profoundly deaf and 10 times this number seriously hard of hearing. This means that there are possibly 80 or more deaf and perhaps 1,000 partially hearing persons in the town.

SERVICES FOR HANDICAPPED PERSONS

In April the staff was increased by the appointment of a second Handicapped Services Officer. The work continued to expand and the number of persons on the register was 601 at the end of the year, an increase of 143 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	At home only	Incapable or not available	Children under 16	
	A	B	C	D	E	
Amputations ...	4	—	—	19	—	23
Arthritis and rheumatism ...	3	1	2	247	—	253
Congenital mal-formations and deformities ...	3	1	1	6	—	11
Internal diseases* and disease of the skin ...	—	—	5	19	—	24
All injuries and diseases of the limbs and spine (except T.B.) ...	4	3	1	54	—	62
Organic diseases of the nervous system† ...	14	7	5	171	1	198
Mental disorders (neuroses/ psychoses, etc.)	1	1	1	1	1	5
Tuberculosis—respiratory ...	—	—	—	2	—	2
Tuberculosis—non-respiratory	—	—	1	1	—	2
All other diseases	1	1	—	18	1	21
Totals	30	14	16	538	3	601

* Includes disease 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 (538 out of 601). 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 Officers can be summarised as follows, with that of the preceding year for comparison in brackets:—

Visits made	2,402	(1,281)
New patients added to register	182	(120)
Aids purchased	1	(2)
Aids loaned	279	(191)
Adaptations made to homes	9	(7)
Holidays arranged	24	(14)

Aids and adaptations:

All aids costing less than £3 are now issued free. Those costing more than £3 are returnable but supplied free on loan. Loans have increased from 91 in 1963 to 279 in 1965, and purchases have dropped from 10 in 1963 to 1 in 1965. 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. R. D. Moore, 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. The West Sussex Association for the Care of the Disabled also supplied 2 Walking Frames at a cost of £27. 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.

Ministry of Health Chairs:

A considerable amount of work is done every 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. Phillips, the engineer, assists most ably on these occasions, his knowledge of all types of chair being extremely useful.

As from 1st February, 1965, a number of changes have been made in the arrangements under the National Health Service for providing severely disabled people with power-propelled vehicles:—

1. Married couples where both man and wife are eligible for a Ministry tricycle can be given the option of surrendering their tricycles and being provided with a car.
2. Patients suffering from vascular or respiratory ailments who are in full-time employment now qualify for a tricycle to get to work on the same terms as those with locomotor defects.
3. Patients who are unable to manipulate a self-propelling wheel-chair because of weakness in their arms can now be provided with an electrically propelled indoor chair. Two of these have already been supplied in Worthing.

Holidays:

Handicapped persons are eligible for the holiday scheme in certain cases. Holidays are usually for 2 weeks only. In 1965, 24 holidays were arranged and enabled relief from responsibility to be given to the relatives.

A group holiday was held at the Sunshine Holiday Camp, Hayling Island, in May, 1965. Sixty handicapped persons attended from all over the County and 6 from Worthing were included in this number. This type of holiday where entertainment is so readily available is extremely successful.

Liaison:

The Handicapped Services Officers and the Area Nursing Officer continue to attend the meetings of the Worthing Sub-Committee of the West Sussex Association for the Care of the Disabled, and this link is very helpful, particularly for the needs of individual patients. The Handicapped Services Officers also attend Committee meetings of the British Red Cross Club for the Disabled. Close touch is kept with the Worthing and District branches of the British Poliomyelitis Fellowship and the Disabled Drivers' Association.

There is 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 every 2 months 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.

Day Centres and Clubs:

(a) *West Sussex Association for the Disabled.* Following the provision of additional toilet facilities at Field Place it has been possible, since September, to extend the former Craft Class into a full day's activity, twice monthly. Twenty-five persons attend the centre—transport being provided by the British Red Cross Society. Mr. Frith attends in the afternoon as Craft Instructor. The Women's Voluntary Service provide lunches through their "Meals on Wheels" Service.

(b) *British Red Cross Society Disabled Club.* This continues to be held once monthly at the Congregational Church Hall, Shelley Road, Worthing. The programme is varied and tea provided by the Committee members. The membership is now 45.

(c) *Worthing, Littlehampton and District Spastics Society.* An inaugural meeting was held in July and a Committee formed under the Chairmanship of Councillor F. J. Chapman. Plans for the establishment of a Day Centre in Rectory Road were well under way by the end of the year.

Two summer outings were held in 1965. West Sussex Association for the Care of the Disabled went to Guildford Cathedral by coach, and the British Red Cross Society went to Arundel (with special permission from the Duchess of Norfolk to tour the grounds) and from there to Amberley for tea. Private transport was used and much appreciated by all those attending.

Housing for the Disabled:

One flatlet property was made available for the handicapped in 1965. 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. 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.

Access to Public Buildings:

In November the Ministry of Health issued circular 21/65 drawing the attention of local authorities to the importance of providing access to public buildings for disabled persons. The circular stated:—

"The number of people who have difficulty in negotiating stairs is increasing. They may be physically handicapped, blind or simply getting old. Many thousands of people are able to get about only in wheel-chairs and many have to propel themselves. To these, steps and steep slopes are a serious if not an absolute obstacle. Many of these people are handicapped not only physically but socially and economically because the design of buildings hitherto has rarely taken account of their special needs. Much can be done simply by avoiding steps at entrances and thus providing easy and level access at ground level, with an adequate lift for reaching upper floors. At entrances where there are any steps, handrails should be provided."

Details were given about doors, lifts, parking facilities, etc., with the object of ensuring that wherever possible the difficulties disabled persons experience will be catered for in future buildings.

Car Badges for Disabled Drivers:

For some years the Ministry of Health has authorised the issue of special car badges to ease the parking problems of severely disabled drivers. The following drivers are eligible:—

(a) Drivers of vehicles supplied by the Ministry of Health.

(b) Drivers of vehicles specially adapted for persons with defects of locomotion.

(c) Drivers with amputations which cause considerable difficulty in walking, or who suffer from a defect of the spine or the central nervous system which makes control of the lower limbs difficult.

Except for drivers of Ministry vehicles, applications must be accompanied by a medical certificate, certifying "a permanent and substantial disability which causes severe difficulty in walking." The badges confer no legal rights or privileges but are for the purpose of identification only so that the police can assist the disabled in parking and exercise discretion in their favour whenever possible.

In view of the forthcoming installation of parking meters in the Borough it was considered advisable that the administration of the car badge scheme should be handled locally. Accordingly all records appertaining to Worthing residents were passed from County Hall to the Borough Health Department in October. At the end of the year the car badge register contained the names of 69 Worthing residents, 8 of whom had been issued with local renewals.

PRIVATE DAY NURSERIES

Privately owned day nurseries are administered under the Nurseries and Child Minders' Regulation Act, 1948. The Borough Council administers the functions of the County Council under this Act according to the Scheme of delegation.

In April, the Ministry of Health Circular 5/65 informed Local Health Authorities and authorities with delegated health and welfare powers about

a sample enquiry that had been made into the administration of the Act. This had shown that "while the standards of day care in general give no cause for concern, inadequate standards of care are sometimes found, notably among immigrants." Councils were asked to review the arrangements in force in their areas under the Act for the keeping of registers and the supervision of premises and persons.

Section 1 of the Act requires that registers should be kept of premises and persons where children are looked after "for the day or a substantial part thereof or for any longer period not exceeding six days." In play groups the children normally attend for only a few hours at a time, and it is a matter for the authority to decide whether a particular play group as such needs to be registered. In Worthing it has been the practice that all nurseries, play groups, and child minders, without exception and irrespective of the hours which children attend, should be registered.

Rigid standards are not demanded for the smaller nursery play groups in private homes, but in general the following criteria have to be satisfied:—

1. The person in charge does not need to have nursing qualifications but must be active, sensible and competent.
2. There must be not less than 1 adult to look after 10 children.
3. One wash basin (or plastic bowl) must be provided per 5 children.
4. One lavatory must be provided per 10 children.
5. Adequate cloakroom accommodation should be available.
6. Suitable kitchen accommodation is essential if meals are given.
7. There should be suitable storage space for apparatus and equipment.
8. Playing space per child must be 25 square feet or more.
9. Oil stoves are strictly forbidden.
10. If a hall is used it must be inspected and approved by the Fire Officer.
11. If a garden is used it must be adequately fenced in.

The review showed that the administrative arrangements were satisfactory and that the regulations were being complied with.

During the year approval was given for the registration of one additional nursery and one child minder, and the position at the end of the year was as follows:—

	Numbers registered	*Number of children provided for*
(a) Premises	10	265
(b) Daily minders ..	1	5

Forty-two visits of inspection were made during the year.

PRIVATE NURSING HOMES

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

On 1st January, 1966, the 33 homes provided a total of 519 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. On 1st January, 1966, there were 46 such homes in Worthing out of a total of 107 in the County as a whole.

Most of the 712 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 provided a total of 115 beds. Two homes are registered for aged, infirm *and* disabled (22 beds), and one for mentally disordered children (5 beds).

DAY CENTRE FOR THE ELDERLY

For some years informal discussions have been held among several interested bodies into the provision of a social centre for the elderly in Worthing, additional to the one at Methold House, run by the Council of Social Service.

The National Assistance (Amendment) Act, 1962, gave local authorities extended powers to provide recreation and meals for old people, and during the year arrangements with the County Council for a joint scheme were finally agreed. The site chosen was the old Sussex Road School, the premises to be used during the day by the old people and in the evening as a Youth Centre.

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.

It is the duty of local authorities to make disposal arrangements for the dead where no "suitable arrangements" appear to be made. This usually means that the deceased is without near relatives or friends or has no money in the estate. The funeral costs to the Council are claimed from any residue or death grant and any balance is sent to the Treasury Solicitor for disposal.

Burials of 4 males and 5 females were arranged including 2 children, aged 7 weeks and 6 months, whose parents could not genuinely afford burial costs. One elderly man who had no fixed abode, was found dead in a seafront shelter. Costs of 6 of the 9 burials were ultimately recovered.

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 (Widal tests)	5 (9)	—(—)	5 (9)
Education (Teachers)	1 (3)	— (4)	1 (7)
Entrants to Training Colleges ..	14 (10)	40 (40)	54 (50)
TOTAL ..	20 (22)	40 (44)	60 (66)

(the figures in brackets refer to 1964)

Medical examinations carried out at the request of other Local Authorities in 1965 totalled 18.

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 1965:—

Health Statements Completed

Department	*Males*	*Females*	*Total*
Town Clerk's	4	5	9
Borough Engineer's	22	5	27
Borough Architect's	10	1	11
Medical Officer's	4	15	19
Borough Treasurer's	3	6	9
Borough Librarian's	—	9	9
Borough Water Engineer's ..	6	—	6
Director of Entertainments and Publicity	—	—	—
Borough Education Officer's ..	5	2	7
Housing Manager's	1	—	1
Weights and Measures'	1	1	2
Justices Clerk's	1	—	1
TOTAL ..	57	44	101

PART III.

ENVIRONMENTAL HEALTH SERVICES

(Report of the Chief Public Health Inspector)

INTRODUCTION

Each year some further regulation or enactment is added to the now formidable armoury of public health legislation which it is a local authority's statutory duty to enforce. These now seek further improvement in living, working and other environmental conditions as well as preventing the spread of disease.

The demands of the public on the department for advice or assistance on environmental matters alone increases. These amounted to 1,904 compared with 1,656 in 1964 and were almost double the enquiries made in 1962. The Council's Public Health Inspectors made over 10,000 visits in connection with their diverse duties during the year, serving over 1,400 notices or requests for action to be taken. The introduction of legislation by which housing could be improved resulted in the Council's first improvement area being declared whilst the task of inspecting the 1,300 office and shop premises in the town for the first time under the new Act got well under way.

GENERAL INSPECTIONS

General inspections included the following:—

Houses	1,573	(872)
Factories	280	(181)
Food Premises	1,384	(1,021)
Drainage	895	(774)
Air Pollution Measurement	930	(930)
Smoke Observations	179	(52)
Offices and Shops Act	1,655	(514)
Pest Destruction	371	(282)
Noise Abatement Act	119	(69)
Various premises	2,812	(2,690)

1,486 (780) notices were served and 602 (371) notices complied with.

(The figures in brackets refer to 1964.)

HOUSING

The Council made one of its rare Compulsory Purchase Orders affecting 15 houses in a clearance area comprising a small terrace of 130 year old houses. As the row was in 14 different ownerships, a number of whom appeared eligible for the temporary special payment expiring at the end of the year, acquisition was necessary with satisfactory redevelopment in mind apart from the other considerations. The Order was confirmed with minor variations and rehousing was under way by the end of the year.

A survey of the town's housing required by the Minister revealed that 65 were so unfit that economic repair was not possible. Most of these will be dealt with by closing rather than complete site clearance.

The enforcement of housing repairs by the Public Health Act procedure continues though in some instances work in default had to be carried out under the Housing Act provisions.

The new duty to survey areas for improvement action, contained in the Housing Act 1964, resulted in the declaration of the Council's first improvement area in April. The houses were 80 years old, about half were owner-occupied or had already been improved and because of the considerable administrative work and Committee interviewing involved, a small area of 51 houses was chosen. The efforts appeared worth while though a number of tenants, mainly elderly, did not consent to the improvements.

Housing Inspections

Houses in multiple occupation	89	(49)
Total number of dwelling-houses inspected (Public Health Act or Housing Act)	1,573	(872)
No. of houses repaired after informal notice	129	(83)
Statutory Notices served:		
(a) Public Health Act, 1936	39	(25)
(b) Housing Act, 1957	12	(2)
Defects remedied by:		
(a) Owner	14	(12)
(b) Corporation in default	7	(7)
Clearance areas:		
1 C.P.O. affecting 15 houses (all confirmed by Minister subject to 2 houses being made grey the owner of one of which was eligible for the special payment).		
Closing Orders made:		
Houses	2	(15)
Closing Orders determined:		
Underground rooms	2	(—)
Compulsory Improvements—areas:		
Areas declared	1	(—)
(51 houses, 27 requiring improvement)		
Immediate improvement notices served	5	
Suspended improvement notices served	10	
Undertakings accepted	4	
Deferred (tenants purchasing or being improved) ..	8	
Compulsory Improvements—not in areas:		
Tenants' representations	4	
Immediate improvement notices served	2	
(2 houses were the subject of undertakings early in 1966)		

(The figures in brackets refer to 1964.)

RENT ACTS

The 1965 Rent Act came into force at the end of the year and though local authorities are not responsible for any of its operation, any rent legislation has its effect on the provision or maintenance of housing. The new Act allowed rents of tenants decontrolled by the 1957 Act to become subjects of agreement between owner and tenant with a new official—the Rent Officer—intervening in cases of dispute. The security of tenure for all tenants is once again restored but rents of houses remaining under 1957 Rent Act control cannot be increased without the appropriate Ministerial Order. This has caused discontent among owners of these houses, which form most of the older property in the town needing general repair and improvement. An owner of such property who is without capital is faced with real hardship as maintenance costs have greatly increased since the last rent increase. Possession cannot be obtained and no one will buy with a sitting tenant. This state of affairs encourages deterioration of areas and rents should be permitted to be realistically increased. Rents can only be increased when houses are improved—with the tenant's consent. The disrepair certificate procedure is unaffected by the 1965 Act but for the third year running no application was received.

CARAVANS

There is no permanent commercially operated site in Worthing though there appears to be growing demand for facilities for touring caravans. The Caravan Club has issued a certificate for the use of one site comprising open pasture land off Cote Street and this has operated without nuisance. Weekend rallies attracting over 100 caravans have taken place there and on Corporation land elsewhere, on several occasions without complaint. Trouble is caused periodically by the vagrant scrap merchant type of caravanner who if undisturbed for long attracts others, presenting sanitation and refuse accumulation problems. One house owner was fined £27 under section 1 of the Caravan Sites and Control of Development Act, 1960 for using land at the rear of her house as an unauthorised caravan site for 5 vehicles. No proper facilities were provided and planning refusal was confirmed following a public enquiry.

CLEAN AIR ACT, 1956

Because of its open aspect, any locally produced pollution is rapidly dispersed whereas an inland town of similar size and nature would show more apparent effects. The Minister continues to press for the extension of smoke control in the country but there is a noticeable trend locally towards the voluntary conversion to smokeless fuels and central heating.

Bonfire smoke from domestic gardens causes more nuisance or complaints each year and there would be much public support for the power to make byelaws restricting the times when garden bonfires could be lit. Modern houses are seldom provided with gardens sizeable enough to permit positioning of bonfires without causing nuisance to some. Garden refuse can be composted in such instances or removed by the Council for a small charge. Numerous warnings are issued during the summer particularly about the Council's powers under the Clean Air Act should nuisance persist.

Plans of new flues from fuel installations are examined in collaboration with the Building Surveyor for the adequacy of fume dispersal. Where health and planning considerations have been inconsistent a change of fuel has been necessary. The position of flue terminals from the larger gas fired equipment has resulted in some dispute with contractors on occasions. 45 applications for approval of new fuel installations were considered—16 gas, 2 solid fuel and 27 oil fired. All were satisfactory. A few complaints were received from adjoining householders following the domestic conversion from solid fuel to oil. These appeared to be due to discharging the new installations into an existing flue not adapted or designed for more efficient equipment with lower exit flue gas temperatures.

One aspect of what might be considered air pollution—industrial smell from the fermentation process during antibiotic manufacture at Beechams factory—continued to be investigated. Fewer complaints were received indicating that the measures adopted were proving satisfactory. Despite lengthy and expensive research into neutralising methods, the diversion of the fumes to discharge over the cooling towers where rapid dilution and agitation took place, appeared to be the most successful means yet adopted.

Average Quarterly Daily Smoke and SO_2 Readings at Worthing Sites—1965

Site	1st Quarter Smoke	1st Quarter SO_2	2nd Quarter Smoke	2nd Quarter SO_2	3rd Quarter Smoke	3rd Quarter SO_2	4th Quarter Smoke	4th Quarter SO_2
Health Dept.	93(120)	128(133)	20(22)	49(45)	15(12)	37(35)	72(104)	86(114)
Field Place	63(133)	106 (89)	13(*)	51(*)	12(11)	37(36)	47 (83)	81 (95)
South Farm Road	82 (83)	110(116)	18(17)	47(44)	12(12)	36(31)	61 (63)	67(100)

(The figures in brackets refer to 1964.)

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

SUPERVISION OF FOOD SAMPLING

Food continues to receive strict government scrutiny with regard to compositional quality and with long term effects of pesticide residue or more deliberate additives in mind. The introduction of gas chromatography methods of analysis will enable Public Analysts to determine the presence of any residual pesticide which may hitherto have escaped traditional practices. A national survey starting in 1965 should result in denial or confirmation of the general concern which exists. The Soft Drinks Regulations 1964 came into force controlling the labelling and constituents of these drinks. The Minister's intentions to revise regulations affecting food antioxidants, salad cream, coffee, butter, margarine, ice cream and certain meat and fish products, were also circulated.

Over 9% of all food and drug samples taken during the year received adverse comments by the Public Analyst, Mr. T. Rymer. Most of these were technical or labelling infringements. Proceedings were started however following apples described as Cox's Orange Pippins, but proving to be an inferior but similar type, known as Kidds Orange Red, being sold at Cox's prices. These proceedings were eventually withdrawn following the prolonged illness of the shop proprietor whose employee had committed the offence. A local butcher was fined £50 for adding preservative to minced beef. The local sale of a non-alcoholic drink described as Mediaeval Lemon Sack purporting to be produced from an ancient monastic recipe—from Arundel Priory, also produced adverse comments by the Public Analyst.

The following is a summary of samples taken:—

	Number of Samples	*Genuine*	*Not Genuine*
Milk	6	5	1
Lollies and Ice Cream	7	7	—
Cream and Milk Products	11	10	1
Canned Soup	2	1	1
Fresh Vegetables	8	7	1
Minced Meat	8	8	—
Tea	10	10	—
Bread and Flour and Cakes	8	7	1
Gelatine	2	2	—
Cheese	2	1	1

Medicines and Drugs	67	63	4
Sugar Confectionery	11	10	1
Cordials and Health Drinks	7	6	1
Rice Puddings	12	11	1
Beer and Spirits	5	5	—
Miscellaneous Spiced Foods	6	6	—
Preserves	8	5	3
Jellies	2	2	—
Sausages and meat products	27	23	4
Dried Fruit	2	2	—
Miscellaneous	5	5	—
TOTAL ..	216	196	20

FOOD COMPLAINTS

Complaints about out of condition food or foreign matter in food totalled 59. These included 23 instances of extraneous material, details of which are given below. Care must be taken in investigating these complaints to ensure that the foreign matter was present at manufacture and not subsequently added. Whilst investigation must have future precautionary measures in mind, occasionally a prosecution must be taken where real neglect is apparent in hygienic handling and one baker outside the town was fined £25 for selling bread containing an adhesive surgical dressing. On the brighter side, one lady had the questionable justification in complaining about a 6d. piece found in a small loaf.

Foreign bodies found in food:—

Commodity	*Number*	*Foreign Body*
Milk ..	4	Motor oil, insect, milk bottle top, horse chestnut.
Bread ..	9	Surgical plaster, money (6d.), hessian, coal dust, glass, piece of wire, wasp, cardboard, grease.
Cooked Meat ..	2	Piece of wood, pieces of paper.
Meat Pies ..	1	Earwig in cornish pasty.
Fruit ..	2	Wire nail in tinned fruit, piece of rubber in tinned fruit.
Sweets ..	1	Glass fragments.
Confectionery ..	1	Cigarette end in scone.
Other food ..	3	Glass in bottle of orange juice, glass in baked beans, plastic sealing in tins of mineral water.
TOTAL ..	23	

OTHER FOOD INSPECTION

The Council's decision to make a discretionary charge of 10/6 for a certificate of food unfitness where this was merely required for business credit purposes, resulted in one-third of the previous year's requests from traders for certificates. These requests related to food spoilage on refrigera-

tor breakdown or for imported food, when no charge is made. Altogether 2 tons 3cwts. of miscellaneous food had to be condemned. Disposal arrangements are made without charge.

MEAT INSPECTION

The town's only slaughterhouse has been in continuous operation for over 80 years. 1,215 fewer animals were slaughtered than in 1964 but there was a slight increase in cattle other than cows and in pigs. This may be attributed to some trade recession and uncertainty about the slaughterhouse's future. By the end of the year it became apparent that the building would continue in operation for some years to come. Most of the meat was produced for manufacturing or bacon or for one or two contractors only. The bulk of the town's meat supply comes from London or Brighton.

The maximum permitted charges for meat inspection are made—cattle 2/6, calves and pigs 9d., sheep 6d.—and the total income to the Council amounted to £595 14s. 9d.

Just over 12 tons of meat had to be rejected, a decrease of 1 ton from the amount in 1964.

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	539	336	520	2,859	11,785
Number inspected	539	336	520	2,859	11,785
All diseases except Tuberculosis and Cysticerci:					
Whole carcases condemned...	2	10	14	25	83
Carcases of which some part or organ was condemned ..	116	164	3	127	2,343
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	21.9%	51.8%	3.3%	5.3%	20.6%
Tuberculosis only:					
Whole carcases condemned...	—	—	—	—	—
Carcases of which some part or organ was condemned ...	—	—	—	—	26
Percentage of the number inspected affected with tuberculosis	—	—	—	—	0.2%
Cysticercosis:					
Carcases of which some part or organ was condemned ...	1	—	—	—	—
Carcases submitted to treatment by refrigeration ...	1	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

MILK

The only concern which might be expressed nowadays about milk is the possibility of the transmission of brucellosis through drinking raw or untreated milk. At present only the supplies of 3 producers of untreated milk are sold in the town and the quantity represented no more than a small amount of the total consumed. Monthly samples for the presence of this organism have proved negative. It is estimated that at least 400 cases of brucellosis in man occur annually throughout the country but as the disease is not notifiable, no reliable statistics are available. None is known in this area.

A number of milk samples from one producer of untreated milk failed the methylene blue test and the matter was investigated by the Ministry of Agriculture's officials. South Coast Dairy officials also visited the farmer who was about to be prosecuted by the Council when the necessary improvements were made and faulty equipment renewed. Since then, samples have proved satisfactory.

Penicillin has now been detected in milk because of the failure of the farmer to exclude from the public supply the milk from a cow which has been treated with antibiotics for mastitis. The exclusion is only for a short period, usually about 48 hours and the milk can be fed to farm stock. Penicillin in milk can be harmful because of the allergies and side effects it can produce in man. One warning about this was issued to one farmer during the year.

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

Licence holders:

Dealers	"Untreated"	—
„	"Pasteurised"	1
„	Prepacked Licences ..	93

Milk from approximately 190 producers is processed daily at South Coast Dairies, Worthing.

Biological sample Results:

	1962	1963	1964	1965
No. of samples examined for organisms	87	93	100	81
M. Tuberculosis—Positive ..	—	—	—	—
Brucella Ring Test—Positive ..	15	11	14	17
Brucella Abortus—Positive ..	6	6	8	8
Brucella Melitensis—Positive ..	2	—	—	—

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

Designation	*No. taken*	*Unsatisfactory*
Untreated	29	7
Pasteurised	99	3
Sterilised	19	—
Penicillin presence	88	1

ICE CREAM

Premises and ice cream handling have now reached a satisfactorily high standard but the weakness in ability to supervise certain mobile vendors is again stressed. At one time, most vehicles were operated by large manufacturers but there has been a recent trend for the sale of vehicles to the

operators who continue as self-employed. There is a great opportunity for the unscrupulous operator to interfere with soft ice cream mixes and to get away with that and other unhygienic practices because of his mobility in avoiding inspection. Greater control would be welcomed by the honest trader who has a reputation to consider and who will co-operate fully with the authorities.

Results of samples taken for bacterial quality were:—

Taken	*Grade* 1	*Grade* 2	*Grade* 3	*Grade* 4
70	61	8	—	1

THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

There are no plants operating in the town.

GENERAL FOOD PREMISES

Kinds of Business	*No.*
Restaurants, Cafes and other premises selling meals and drink	402
Grocers, Dairy Shops	164
Butchers, Fishmongers and Fish Fryers	97
Fruiterers, Greengrocers	79
Bread and Flour, Confectionery ..	84
Confectioners, Tobacconists, etc. ..	131

Visits to all types of food premises totalled 1,384 and as a result 231 notices were issued. Many of these related to slackness in routine cleanliness and it is disturbing at times to see the disorder and conditions under which some people seem content to work. Staff problems—not unjustifiably at times—are often claimed as an excuse but experience shows that if a high standard is set and insisted upon by the management, employees are more likely to rise to the occasion. No prosecution was taken during the year, informal warnings on the spot appearing to have the generally desired effect.

Though more members of the public are becoming more militant about lax food handling, too few are still prepared to either remonstrate on the spot, complain to the Health Department or trade elsewhere, the last being a most effective remedy. Insufficient use of tongs for food not washed or cooked before consumption and the habit of picking up cups, spoons or forks by the tips, are still too prevalent.

Evening talks with films on food hygiene were well attended, mostly by those of management or supervisory status, but those who could benefit most were not attracted. Regular visits by Inspectors to food premises and dealing with unhygienic practices where they arise still appears likely to be the most successful form of education for employees.

All premises are provided with adequate washing facilities as required by Regulations 16 and 19 of the Food Hygiene (General) Regulations 1960 and no certificates of exemption have been issued.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

One licensed and 1 registered premises continued operation and are well conducted. 1 out of 4 samples of filling material, taken during the year was unsatisfactory bacteriologically, but after the matter had been taken up, a further sample was satisfactory.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

This Act required a great deal of initial inspection and administrative work, but by the end of the year, by an all-out effort, most of the town's 1,200 premises coming within the Act's control had been inspected. These included 386 offices which were visited for the first time for any purpose. As might be expected, the number of individual matters found to contravene the Act's requirements was high—2,061. Unsatisfactory lavatory or washing facilities and first aid equipment accounted for most of the deficiencies but there were also 122 instances of inadequately fenced or protected stairs, passages or machinery. Full details of the work carried out were published separately in May and have been sent to the Minister of Labour.

NOISE ABATEMENT

With the increasing tempo and mechanisation of life, the need to suppress unnecessary noise is becoming more and more recognised. The difficulty sometimes is in establishing at what point noise is a subjective nuisance remediable by law. Furthermore, what may be music to some, may be an unmitigated din to others. The Noise Abatement Act gives some guide, for the qualification for a Justice of the Peace to issue a private summons is on the complaint of 3 householders against 1 where a public health nuisance is concerned. 119 visits were made either to establish noise nuisance in response to complaints, or to ascertain that a nuisance had been abated. Noisy refrigerator compressor motors, particularly apparent at night, figured high among the individual complaints and a few of the usual anti-social practices relating to noisy radio sets were dealt with.

Noise from amplification equipment from groups performing in coffee bars was complained of by residents nearby and one Abatement Notice was served. Bitter complaints were also received about vehicle noise of clients leaving these establishments in the early hours of the morning but these were passed to the police. Intermittent noise can be more of a nuisance than a continuous noise and with this in mind, the Council sought to arrange for all pneumatic road breakers operating in the town to be suppressed. Most contractors and statutory undertakers have co-operated and an appropriate clause has been inserted in Council contracts.

RODENT CONTROL

This essential part of the public health service continues relentlessly and seemingly must do so, thanks to the prodigality of man in providing food and shelter for rodents. The size of the problem is apparent when it is realised that rats have a gestation period of 20 days, can breed at 3 months, and that one pair can produce 130 progeny in one year allowing for high mortality. The estimated annual damage caused nationally is £65 million apart from the potential spread of disease.

Most of the infestation detected during the year were minor though more rats were evident in the Goring area where land harbourage and available food were favourable. There was no evidence of the town's sewers being infested or serving as means of communication and no extensive sewer baiting was carried out.

Though there was no evidence of disease transmission to humans, one veterinary practitioner reported a greater incidence of Weil's disease—a spirochaetal organism carried in the urine of rats—among dogs he treated. The public is co-operative in notifying infestations but often careless in preventative measures. Warfarin—the anti-blood coagulant—continued to be most used as the safest and most effective poison. There was no evidence

that any immunity had been created in rats but some mice remained unaffected by the poison so an alternative had to be used. Nearly a ton of bait was laid during the year.

Details of work done:—

No. of complaints—Rats	.. ..	511
Mice	.. ..	162
No of premises cleared of rodents	.. ..	783
No. of visits	.. ..	2,694

Premises found infested:—

	Central & Local Govt.	Dwelling houses	Business premises etc.	Agricultural	Total
Rats (Major) ..	—	—	—	—	—
(Minor) ..	34	495	80	2	611
Mice (Major) ..	—	—	—	—	—
(Minor) ..	10	114	48	—	172
Total number of inspections ..	129	1,763	594	208	2,694
No. of premises cleared found to be infested on survey ..					110

OTHER PESTS

Various insects thought to be of public health significance are brought to the department for identification from time to time by the general public. Occasionally the assistance of the British Museum is sought. Treatment of the Brooklands area was carried out several times for mosquito and midge infestations and the beach also was sprayed with insecticide to reduce the seaweed fly—coelopa frigida—which became a nuisance during the late summer.

The Council continued with their annual contract for pigeon eradication with a Brighton firm of pest control specialists who destroyed 700 pigeons, entirely by shooting, usually at night . The fact that not one complaint was received about the manner in which the work was done, reflects credit on the operatives. Despite their ardent and occasional vociferous supporters more people are recognising the pigeon as a pest which does cause considerable damage to buildings and which is capable of carrying certain infections.

COMMON LODGING HOUSES

There are no registered premises in the borough.

MISCELLANEOUS ACTS

The following premises come within specific control in the borough:—

Riding Establishments Act 1964—4 licensed premises (2 applications were refused).

Scrap Metal Dealers Act 1964—18 registered persons.

Animal Boarding Establishments Act 1963—5 licensed premises.

Pet Animals Act 1951—7 licensed premises.

FACTORIES ACT, 1961

There are 361 factories in Worthing most of which are small premises employing 2 or 3 people. Beechams Research Laboratories, making antibiotics and certain pharmaceutical products, is the largest factory and it seems likely to continue to expand.

Details of action taken during the year:—

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	15	35	3
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	314	223	37
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises).	32	26	8
TOTAL	361	284	48

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.)	6	4	—	1
Overcrowding (S.2)	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—
Inadequate ventilation (S.4)	1	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—
Sanitary Conveniences (S.7)				
(a) insufficient	2	1	—	1
(b) unsuitable or defective	45	13	—	1
(c) not separate for sexes	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	7	5	2	—
TOTAL	61	23	2	3

Outworkers

Sixteen firms employ 74 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	74	—	—	—	—	—

MORTUARY

In November the general control of the Borough Mortuary was passed to the Health Department following administrative re-organisation. During the year 273 bodies were brought into the mortuary and post-mortem examinations were carried out on all of them. This includes 59 bodies from outside the Borough.

DRAINAGE AND SEWERAGE

New street works or voluntary agreement among property owners enabled 18 more houses, formerly on cesspools, to be connected to main sewers. This still leaves 268 premises on cesspools. Most of these are on rising ground impossible to drain by gravitation to a street sewer and co-operative schemes have to be arranged. Financial assistance was given by the Council in approved circumstances.

Mr. J. Wilkinson, Borough Engineer, Surveyor and Planning Officer, has kindly contributed the following details of the progress made during the year with the Council's extensive sewage disposal and treatment plants:—

"During the year the civil engineering works for the compost plant and sludge dewatering plant have been completed and the installation of the associated machinery has been commenced and is well advanced; it is anticipated that trial runs and commissioning of this part of the comprehensive treatment works will take place during the summer of 1966.

The sewage treatment section is now operational and the digestion tanks are being filled with raw sludge from both this plant and that at West Worthing and conditioned for the production of methane gas. The settled effluent now has the gross solids removed and is discharged at certain periods during high water."

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 going into supply were made regularly at weekly intervals. At Burpham Pumping Station bacteriological examinations of the raw and treated waters were made daily. Chemical examinations of the raw water were also made at weekly intervals.
3. The water is hard and derived from the chalk stratum and, therefore, is not plumbo-solvent.
4. No contamination of supplies was reported.

The approximate number of dwelling houses and population supplied from public water mains are given below:—

Dwelling Houses		*Population*
Worthing Borough	33,026	81,100
Worthing Rural District (excluding Lancing and Houghton) ..	11,450	26.894
Littlehampton	5,768	17,060
Arundel	1,089	3,200
TOTAL ..	51,333	128,254

No dwelling houses are supplied by means of stand pipe."

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 bacteriological examination:—

	No. taken	*Unsatisfactory*
Heene Road baths	26	2
Beach House paddling pool	7	—
The Lido	6	1
Boys' High School baths	2	—
Brooklands paddling pool	6	6

The popularity of swimming is shown by the following statistics (for which I am indebted to the Director of Entertainment and Publicity):—

	1960	1961	1962	1963	1964	1965
Public attendance ..	38,996	39,487	36,022	43,818	50,627	55,026
Borough & County schools	46,316	37,258	40,331	51,197	60,417	57,335
Private schools	7,620	12,290	2,920	4,670	4,240	4,930
Club Night attendances ..	36,470	36,125	30,757	40,386	46,856	46,884
Swimming galas	3,450	4,550	5,250	5,350	5,200	4,300
Total	132,852	129,710	115,280	145,421	169,340	168,475

Both adults and children continue to come in increasing numbers to the public sessions:—

	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
1965	11,258	38,683	5,085	55,026

Work commenced on the new baths on the 11th May, the first excavations by bulldozer being made by the Mayor. The long vacant Beach House site showed visible evidence of progress by the end of the year.

The popularity of swimming as a sport, the importance of teaching all our children to swim, the increasing attendances by the public, the obsolescence of the old baths in Heene Road and the difficulties under which the staff have to work, all combine to make the Council's decision to build new baths one which will not be regretted.

PART IV.

SCHOOL HEALTH SERVICE

SCHOOL POPULATION

The number of children on the rolls of maintained schools at the end of 1965 had risen slightly compared with the previous year, as is shown on the following table:—

Type of school	Number of schools		Number on roll	
	1964	1965	1964	1965
Primary	15	15	4750	4674
Secondary:				
Grammar	3	3	1785	1815
Modern	5	5	2370	2527
Special	1	1	115	118
Total	24	24	9020	9134

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 1965 10 independent schools providing full-time education (day or boarding) for 1,317 pupils whose ages ranged from 4 to 18 plus. This excludes the 10 private day nurseries (see page 79) some of which have nursery school facilities. In 1964 there were only 9 independent schools with a total of 1,208 pupils. The increase is accounted for by the removal of Shoreham Grammar School during the year to premises in Worthing.

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 1965. 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.

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, 2,443 pupils were examined compared with 2,281 in 1964. The general physical condition was again recorded as satisfactory in 100%. At these inspections 286 children (11.7% of those examined) were found to require treatment for some condition. As in previous years by far the commonest defect discovered was impaired visual acuity. 194 such children were referred for treatment—67.8% of those with defects and 8.0% of all who were examined.

Nevertheless, the numbers and percentage of children examined who require treatment appear to be getting less in recent years as the following table shows:—

Year	No. of children examined	Total No. requiring treatment	% requiring treatment	No. with visual defects requiring treatment	% with visual defects requiring treatment
1962	2821	581	20·6	405	14·4
1963	2561	453	17·7	350	13·7
1964	2281	292	12·8	199	8·3
1965	2443	286	11·7	194	8·0

Table A on page 115 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.

In 1965 special inspections numbered 67 and re-inspections 405 (see table B on page 115).

Table D on page 116 gives the number and type of defects found at both periodic and special examinations which require treatment or observation.

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 1965, 8,446 individual examinations were made and 7 pupils were found to be infested with head lice or nits. The table below shows the pattern over the past 12 years. Table C (on page 115) 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
1965	8,446	7

MEDICAL TREATMENT

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; and the statistics are given separately on page 46. In the tables and figures which follow the numbers include both pre-school and school age children.

(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 67 children made 186 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
1965	186

(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.

Number of sessions	10	(7)
New patients seen	50	(30)
Old patients seen	28	(37)
Total number seen (new and old) ..	78	(67)
Total number of attendances ..	127	(97)

(The figures in brackets refer to 1964.)

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

The following table analyses the cases examined at the clinic during 1965:—

Diagnosis	Number of		Total
	Boys	Girls	
Club foot	1	1	2
Torticollis	1	3	4
Dislocation of hip	1	—	1
Spastic paralysis	3	3	6
Bow legs	—	5	5
Knock knees	5	5	10
Abnormalities of spine	3	1	4
Flat feet, etc.	25	13	38
Poliomyelitis	2	3	5
Perthe's disease	1	—	1
Muscular dystrophy	1	1	2
Total	43	35	78

(c) *Physiotherapy Clinic*:

The physiotherapist holds sessions in the clinic on three afternoons and one morning each week. Children are referred for treatment by the orthopaedic surgeon, by the school doctors, and by general practitioners.

The following figures summarise the work of the physiotherapist during the year:—

New patients treated	64	(56)
Old patients treated	15	(16)
Total number treated (new and old)	79	(72)
Total number of attendances ..	401	(476)

(The figures in brackets refer to 1964)

(d) *Eye Clinic*:

This was 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 12 children with squints needed operative treatment and many were treated by the orthoptist (see below).

Number of sessions	48 (44)
New patients seen	152 (140)
Old patients seen	235 (158)
Total number seen (new and old) ..	387 (298)
Number for whom glasses prescribed	202 (211)
Total number of attendances ..	525 (508)

(The figures in brackets refer to 1964)

(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	185 (251)
New patients treated	94 (102)
Old Patients treated	84 (138)
Total number treated (new and old)	178 (240)
Total number of attendances ..	986 (1151)

(The figures in brackets refer to 1964.)

(f) *Speech Therapy Clinic*:

Worthing was again without a speech therapist for the greater part of the year, and despite repeated advertisements there were no applicants to fill the vacancy. Particularly urgent cases were examined by one of the speech therapists working elsewhere in the County, but it was not possible to give regular treatment to those who needed it.

Number of sessions	16 (27)
New patients seen	10 (17)
Old patients seen	60 (53)
Total number seen (new and old) ..	70 (70)
Total number of attendances ..	90 (178)

(The figures in brackets refer to 1964.)

(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 two psychiatric social

workers, a social worker, and an educational psychologist. The latter provides the essential liaison with the school psychological service.

Children are usually referred to the Child Guidance Clinic by school doctors or general practitioners, but access is directly and freely available to teachers and parents.

The Worthing clinic serves a wide area and the work summary which follows only refers to children living or attending schools in the Borough.

Number of children referred to clinic—87 (55)

Number fully investigated:—		
(a) Help recommended	52	(47)
(b) Help declined	—	(1)
(c) Diagnostic only	3	(2)
(d) Recommended for school for maladjusted children	—	(1)
TOTAL ..	55	(51)
Number not fully investigated:—		
(a) Pscyhological examination only	5	(—)
(b) Partially investigated by 31.12.65	9	(—)
(c) Withdrawn before fully investigated	1	(4)
(d) Withdrawn before investigation began	11	(—)
(e) Awaiting investigation on 31.12.65	6	(—)
TOTAL ..	32	(4)

(The figures in brackets refer to 1964.)

I am indebted to Dr. Aldridge for the following report on the work of the Clinic in 1965:—

"Referrals to the Clinic have continued to rise. For the Worthing urban and rural area the referrals for 1965 were up 60% on 1964. Rising referrals are a measure both of success and failure. Success in that the Agency is increasingly trusted; failure in that preventative work has not been effective.

A number of surveys have calculated the potential demand for Child Guidance at 10% of the child population. If this is correct, then there must be a social failure in this country. It must mean, surely, that the whole way of handling children is highly imperfect in one in ten cases. The sins of the fathers may be visited on the children unto the third and fourth generation: but the sins of the mothers can be 'inherited' in an even more destructive way.

Anthropologists describe societies in which the children grow up into relaxed, tolerant, happy and pleasant people. Clearly in such societies the relationship between adults and children must be a very good one. More, perhaps, the relationship between mother and child (or between the whole village community of mothers and the children). In primitive societies such as those that anthropologists study the rate of change in the social or economic structure is very slow, and the life is relatively free from stress.

The conditions in our society are altogether different from these. Our conditions seem to give rise to a high casualty rate. Luckily children are very resilient and, with a few emotional scars often seem to recover pretty well from their periods of defeat. For all that, enough of them grow up into awkward adults and awkward parents for the process to be self-perpetuating.

These considerations make the idea of preventative work rather daunting. It may be possible with, for instance, poliomyelitis and tuberculosis to cut the disease down to near vanishing point by preventative inoculation (amongst other measures). But how can inoculation cure a sickness of the body politic? Only an inoculation of ideas of course; but what are the correct ideas?

Perhaps I might draw an analogy between preventative work in Child Psychiatry and in Tuberculosis:—

Tuberculosis was first recognised as an entity by its effect—consumption.

Childhood maladjustment and neurosis is recognisable by its effect—behaviour.

Next an infecting agent the tubercle bacillus was identified and proved to be causal.

Causal factors are often recognisable in childhood disturbance. Any breakdown of maternal care of affection, early separations from the mother, change of 'mother' can all be causal factors. But there still remains much uncertainty as to the role of physical and mental factors, inherited and environmental factors.

Remedies and regimes were introduced for the treatment of tuberculosis; but these were in themselves often damaging to the person's life pattern or to his body, e.g. prolonged bed rest, or operative procedures on the chest.

In child psychiatry remedies and regimes are often severe in themselves, e.g. removal of the child from home and placement in a foster home or boarding school.

In tuberculosis there was next a refinement in the remedies, and drugs were found active against the bacillus; the mortality declined.

In child psychiatry techniques improved. Psychotherapy became available for the child, counselling for the parents. Drugs might be prescribed either for child or parent or both. The number of hopelessly damaged personalities probably declined.

In tuberculosis the public health measures cut down sources of infection. Bovine tuberculosis was eradicated gradually, human carriers were taught how not to spread infection.

Here we begin to be up against it. The human carriers in our case are the parents, the infection is that of unhappiness; this is a contagious infection spread by emotional contact, and all too readily passed on by children to *their* children.

It is here that social and cultural factors also have a bearing on child rearing and management. It is here also that no one, Child Psychiatrists no more than any one else, can lay down the law. Some management errors are gross and education of the public in general is probably gradually taking place. Other errors are those of attitude. Both in attitude and management all of us, parents and teachers not excluded, are still learning and have, I am sure, much to learn. A problem here, however, is that attitudes to children are not just relaxed and objective; but are emotionally charged and are derived in part from the complexities of character (probably due to their own childhood experiences) of those managing them. Preventative work would, probably, be best achieved by discussion groups, lectures, talks, etc. General Practitioners can and do cut short potentially bad situations by understanding intervention. Public attitudes in general are becoming less punitive and more understanding. One difficulty with a

preventative approach is that it puts up referrals to the Clinic. If these rise too steeply the service becomes flooded and can then only operate inefficiently.

With existing arrangements I doubt if the Clinic can usefully deal with more cases per year than it already does. The section of our work that I would personally like to see expanded is that of the Worthing Remedial Centre. As the work of the Clinic increases so do more and more cases get referred to the Remedial Centre. In 1965, out of 180 cases referred to the Clinic 40 were dealt with by the Worthing Remedial Centre, i.e. 22%. Almost exactly half these were Worthing cases, the others County cases. I could without difficulty make use of double these facilities.

I am more than deeply indebted to the staff of the Centre; and I would like to express the belief that the Centre in its handling of children as people and individuals has lessons to offer to ordinary schools, faced though these are with classes that are, of course, too large for comfort.

In closing I would like to thank my staff for their ready acceptance of responsibility, to praise them for their initiative and to congratulate them for their intelligence!"

DENTAL INSPECTION AND TREATMENT

The last day of March saw an end to a chapter in the history of Worthing's dental department. On that day, after 14 years' service as school dentist, Mr. C. P. Urbani treated his last patient. We wish him well in his well-earned retirement.

Mr. Urbani was succeeded in the post of Area Dental Officer by Mr. D. E. Gibbons who commenced duties on 1st June. Here is his report on the work of the dental department in 1965:—

Report of the Area Dental Officer:

The year 1965 was a year of transition, and for two months the department was only partially manned. The figures for the year are therefore down on previous years.

The department is open for patients by appointment between 9.30 a.m. and 4.30 p.m. daily, and for emergency patients between 9.00 a.m. and 9.30 a.m. daily. Administrative duties are carried out after these hours. Approximately one-tenth of the time is devoted to work with expectant and nursing mothers and pre-school children. Children of school age are examined regularly in school and any defects found are brought to the notice of the parents.

A new system has been introduced whereby at a school inspection children requiring treatment are issued with the appropriate forms on that day. This appears to give a greater sense of urgency and more forms are now being returned. It has been arranged with the Health Education Organiser that in the two weeks before or after an inspection a film or a talk on dental health is given in the school.

It is very encouraging to note the apparently good effects of the introduction of fibrous, self-cleansing foods (such as apples or carrots) following school lunches in all the primary schools, and it is recommended that this practice be extended to all schools.

A modernisation programme for the dental surgery was begun with the introduction of a new chair and air-rotor. Both have proved highly successful, and it is to be hoped that this modernisation will be able to be continued in the coming years. X-ray apparatus is urgently needed, and at present

patients requiring radiographs are still having to be referred to Worthing Hospital.

The following figures refer to school children examined during 1965. (Those in brackets are for 1964). The statistics for expectant mothers and pre-school children will be found on page —.

Number of half day sessions devoted to inspections ..	20	(40)
Number of children seen at routine school inspections ..	2,996	(5,629)
Average number of children seen per inspection ..	148.3	(140.7)
Number of children seen at special inspections	160	(173)
Number of children referred for treatment	1,586	(1,587)
Number of children treated	457	(1,048)

These figures show that of the children examined in school inspections approximately one in every two required dental treatment. Many of the school children in Worthing do in fact receive regular dental treatment by general dental practitioners under the National Health Service, but it would appear from the large number of dental defects found, that there is a large proportion not receiving regular dental care, and it is to the parents of these children that the service endeavours to bring the importance and significance of good home care and regular dental inspections.

The figures below summarise the details of the dental treatment (excluding orthodontic treatment) carried out on the 457 school children treated in the dental department.

Number of attendances made for treatment and/or re-examination	2,396	(2,022)
Number of half day sessions devoted to treatment ..	328	(333)
Average number of children treated or examined per session	7.3	(6.1)
Number of fillings (a) permanent teeth	1,232	(1,175)
(b) deciduous teeth	960	(1,210)
Number of teeth filled (a) permanent teeth	965	(1,175)
(b) deciduous teeth	849	(1,210)
Extractions (a) permanent teeth	46	(106)
(b) deciduous teeth	326	(589)
Number of general anaesthetics administered for extractions	118	(165)
Number of other dental operations performed:		
(a) permanent teeth	220	(285)
(b) deciduous teeth	232	(259)

(the figures in brackets refer to 1964)

Orthodontic treatment:

This refers to treatment designed to straighten crooked teeth by the use of certain appliances, judicious extractions and other means. Seventy-four attendances were made during the year for this purpose.

The following figures summarise the cases under active treatment during the year:—

New cases commenced during the year	9
Cases brought forward from previous year	9
Cases completed during the year	6
Total number of attendances	74

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.

Ten different categories of handicap requiring special educational treatment are recognised. They are:—

(a) blind
(b) partially sighted
(c) deaf
(d) partially hearing
(e) educationally subnormal
(f) epileptic
(g) maladjusted
(h) physically handicapped
(i) suffering from speech defect
(j) delicate.

Table E on page 117 shows the number of children in each category. At the end of 1965 there were 90 children on the registers of special schools, and a further 19 were receiving education in special classes or units. No children were being educated in hospital but 6 were receiving some teaching in their own homes.

During the year 16 children were assessed as needing special educational treatment and 10 were suitably placed. Thirteen were still awaiting placement at the end of the year. The 16 children who were assessed comprised three partially hearing, 7 educationally subnormal, 3 maladjusted, 1 physically handicapped and 2 delicate.

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 973 children who were routinely tested in 1965 were school entrants aged 5 though some were older. Several children had to be tested more than once, but only 3 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 the year, three Worthing children attended this Unit, which is situated in a soundproof building, having specialised equipment, within the precincts of Downsbrook Primary School. They are taught by a qualified Teacher for the Deaf.

One of the purposes of the Unit is to help children attending to integrate into the normal life of the parent school as much as possible, consistent with

their abilities to do so; another is to afford a period of observation to determine on their future education.

In the case of the very young, integration is helped greatly by previous attendance at a nursery school, under the guidance of a Peripatetic Teacher for the Deaf, and by the interest shown by Mr. Sharp, Headmaster of the parent school, in those attending the Unit. Two of the children at present attending were previously at nursery schools, and the third is receiving home teaching.

As a result of attending the Unit one boy has been able to continue his education at a grammar school, another, a very young girl, is to be admitted to the Hostel at Ealing for one year's intensive training before returning to the Unit. In addition five 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. One of them, a secondary school pupil, has been provided with a radio microphone and receiver; two others, who left school late in the year, have found suitable employment.

Children with Hearing Aids:

Sixteen Worthing children are known to have hearing aids. Their distribution at the end of the year was:—

In boarding schools for the Deaf ..	5
In Downsbrook Special Unit	3
In normal schools	5
Pre-school children (not yet attending Unit)	3
TOTAL	16

Most of the aids being used are of the National Health Service "Medresco" type, but at present seven have 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 of the George Pringle School, for the following report:—

"During 1965 the numbers increased to 121—82 boys and 39 girls with an age spread as follows:—

5 years of age	1
6 ,, ,, ,,	1
7 ,, ,, ,,	9
8 ,, ,, ,,	7
9 ,, ,, ,,	14
10 ,, ,, ,,	13
11 ,, ,, ,,	22
12 ,, ,, ,,	17
13 ,, ,, ,,	17
14 ,, ,, ,,	16
15 ,, ,, ,,	4

At the end of the year the assistant teaching staff consisted of 7 full-time teachers and 2 part-time teachers. 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.

In 1965 we have had more generous gifts to the school—bed linen from the West Worthing Rotary Club for use in the rest room which has been converted from a bathroom; a metal work lathe from Mr. A. Beddow of Quick Release Terminals Ltd.; a cheque for £25 from the West Worthing Inner Wheel and £10 from the Beecham's Charity Committee.

Despite very inclement weather, the first annual camp proved most successful. It was held from 21st to 24th June at Lodge Hill near Pulborough and the party consisted of 2 teachers and 16 boys. This was in the nature of a pilot scheme and plans are afoot to take a mixed party of 30 or so boys and girls with 4 teachers for a full week next year. It is one of our aims at school that the children should, where possible, to be able to achieve the maximum amount of independence commensurate with their abilities, and one way in which we are seeking to do this is through this interest in the outdoor life. We are eventually hoping to build up our own stock of items of camp equipment so that aspects of camping may be practised in our own grounds.

Our second annual sports day took place on Monday, 19th July. Events were included to cater for the abilities and disabilities of all children. The weather again favoured us. House competitions in cricket and rounders were also organised during the summer. Attendances at the weekly visit to the swimming baths have remained high and 16 boys and 9 girls have now gained "Beginners" certificates; five boys and three girls "Intermediate" certificates; and two boys "Advanced" certificates.

With a view to encouraging friendly relations with the Police, the suggestion was made that the Police might like to co-operate by sending along some of their officers to talk of various aspects of Police work. A series of talks during the year was followed by visits to the Police headquarters in Worthing. It is intended that this project should be a continuing one aimed at the maintenance of these good relations, and the Police are co-operating to the full.

This year we held our second annual pantomime "Ali Baba and the Forty Thieves." The scenic flats and props were made by the children with help from senior members of the staff who wrote and produced the pantomime. In all about 40 children were involved in the production which was attended by many parents and other friends of the school.

During the year many parents visited the school either to look around and discuss their children, or to attend the medical inspection or to join in such activities as the harvest festival service, or carol service. After both these services which were conducted by staff and children, gifts were taken by the children to local old people.

Good progress has been made with outdoor activities around the school. The senior boys have constructed cold frames, which together with the greenhouse erected during the year have been a great asset to the gardening classes. Another successful project has been the sandpit built by the senior boys for the children in the reception class. This sandpit, built in accordance with Ministry suggestions for sandpit construction, has necessitated much hard work and planning by the boys, and the whole activity has given practice in co-operating together for the sake of others."

Maladjusted Children:

Day educational treatment of emotionally disturbed children is provided at the Remedial Centre in Richmond Road. During 1965, the teacher in charge was Mr. H. Shaw. He has now left to take up an appointment in Portsmouth, and I am grateful to his successor, Miss E. Field, for the following report on the work of the Centre during the year:—

"The Worthing Remedial Centre was started in 1957 to provide day educational treatment, in co-operation with the Child Guidance Clinic, to emotionally disturbed children, and so avoid placing children in residential schools.

There are 2 remedial classes at the Centre, providing 4 morning and 4 afternoon group sessions, and children covering an age range of 5 to 16 years are receiving help. For some of these children attendance at the Remedial Centre is considered sufficient; others attend for treatment at the Child Guidance Clinic.

All children attending the Centre do so on the recommendation of the Consultant Psychiatrist, who is Director of the Clinic. A full discussion by the clinic team will then follow and the number of sessions per week decided upon. If a case is very urgent the child may come to the Centre without waiting to be seen first at the Child Guidance Clinic.

The work at the Centre is greatly helped by the close ties which it has with the members of the clinic team—the educational psychologist gives us advice and help with children who have specific educational difficulties. Parents are given support and help by the Psychiatric Social Worker, who explains why the child would benefit from attending the class, and what he will be doing there. The Clinic Psychiatrist visits the Centre quite frequently to observe the children in the activity groups.

The average case load is 50, seen at the Centre each week for either group or individual sessions. There is an increase in the referrals to the Child Guidance Clinic and this could result in a waiting list for places at the Remedial Centre—something that we have always tried to avoid.

A follow-up of children is made and after-school or after-work interviews arranged. Many children return to report on their progress and to seek advice and help over personal problems.

Students from Sussex University, taking a post graduate course in sociology have visited the Centre on several afternoons during the past year. Brighton Training College sent 7 of their students to visit the Centre this term.

In addition to the range of problems dealt with at the Centre was that of autism. For the past 8 months a little girl of 5 years was admitted for one day a week. Initially she was very detached from the activities of the group and never spoke except for the occasional repetition of short phrases. Gradually her fits of head banging, screaming and obsessional play decreased. This autistic child is now well integrated with the group, showing excitement and pleasure at the children's play and joining in. She is now asking for stories to be read to her and able to describe what she sees in the pictures. She responds to physical contact, at first only accepting this from her teacher, but now demonstrates her affection to the other children in the group. Her progress makes it possible to place her in a nursery school for part of the week.

Several children, who because of acute separation anxiety are unable to attend school, are coming to the Centre. Their attendance is not full time as this may make them feel that the Remedial Centre is their proper

school. Every endeavour is made to get them to return to their own school, and many "school refusal" children have been successfully returned and are making progress.

Identical twins of 16 years were referred to the Centre in November and have attended four mornings each week since. They were unfitted for work being quite unable to face any situation where they would contact people. These girls had become very withdrawn and talked only in whispers. It took many months to integrate them into the group, but as their confidence returned they made a relationship with the teacher. They have now been found employment but will continue to attend at the Centre on one day a week to do pottery and painting, crafts they enjoy and show some skill in."

HOME TEACHING

Home teaching can be of very great value to some handicapped children for whom placement in a special day or boarding school with other children is not practicable or suitable. I am indebted to Mrs. J. R. Bridger for her report on this service during the year:—

"There are a small number of children in Worthing who are unable to attend day or boarding schools through one or other physical handicap, such as epilepsy, asthma, and cerebral palsy. Often home teaching is necessary for many years, and in some cases has been given throughout a child's entire school life. Very occasionally it is needed when a child has an incurable illness as in the case of one girl who died of leukaemia during 1965. She never realised how ill she was because her mind was kept well occupied. Sometimes a need arises following operations, rheumatic fever, and broken limbs. This is often followed by half-term or part-time school tuition and part-time home teaching to enable the child to acclimatise himself gradually to school life again.

Worthing employs two home teachers (in addition to the teacher for the deaf who makes home visits). At the end of the Autumn Term 1965, six children were receiving home teaching, although during the year 14 children were taught at home for part of all of the three terms. Their ages ranged from 5 to 17 years.

Four children taught during the year were chest cases and 3 were unable to return to school. Two were asthmatics and of the four spastics one was awarded a place at Treloar College in September. The others suffered from dwarfism, heart disease and rheumatic fever. In four cases mental retardation was obvious.

All children benefit from individual tuition and some make remarkable progress, as the following illustrations show:—

(1) A little girl, now 6 years old, was apparently lifeless for 25 minutes at birth, and is a severely handicapped spastic as a result. Her twin brother is perfectly normal and a strong child who has attended school from the age of 5. A year ago, unable to walk or even sit unsupported, and with speech so slurred that even her family understood very little, home teaching was begun. She was already receiving physiotherapy treatment which was proving most beneficial. Now, one year later, she not only walks across a room unaided, sits and kneels unsupported, but is also well ahead of her twin brother in reading and number work, although he is making quite normal progress at school. She has just begun speech therapy and is

doing well. She is indeed a fortunate child, for not only has she the benefit of physiotherapy, speech therapy and home tuition, but she also has sensible devoted parents, and five remarkable unselfish brothers and sisters who contribute a very great deal in enabling her to live as normal a life as possible.

(2) An 11-year-old boy had to miss 18 months at school owing to two attacks of rheumatic fever. He received home teaching followed by part-time school attendance, plus home teaching. He made an excellent recovery physically and was allowed back to school full time in September, just four months before his 11 plus examination. In spite of his illness and absence he was selected for a grammar school.

(3) A partially sighted boy with a hole in his heart for which he is awaiting an operation, has also made very good progress, and although his sight is limited he is reading well and is extremely interested in all the latest discoveries.

These and other handicapped children meet each other at social functions such as garden and Christmas parties. The highlight of each year is a visit to the pantomime and tea with the Mayor afterwards, given through the generosity of Worthing Companions' Club.

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 71).

During the year six children were reported to the Local Health Authority under section 57 (4) of the Education Act, 1944 as being unsuitable for education in school.

OTHER SERVICES

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 1965 was 1,310,767, 67,110 more than in 1964. Each meal is intended to provide the child with about one-third of his daily total requirement of calories and protein.

The following figures relate to the position on 1st October:—

Number of children in attendance at school	8,502	(8,295)
Number of children who received one-third pint of milk ..	6,220	(6,330)
Percentage of children receiving milk	73.2%	(76.3%)
Number of school dinners served	7,075	(6,219)
Percentage of children taking dinner	83.2%	(75.0%)

(The figures in brackets refer to 1964)

Health Education in Schools:

Full details will be found on page 66 of this report of the work in schools by the Health Education Organiser. The Area Dental Officer also refers to her work in his report on page 105.

School nurses continued to give talks on parentcraft and hygiene as part of the curriculum in some of the schools.

Treatment of enuresis:

Sometimes the condition known as enuresis (bed-wetting) persists after babyhood and the toddler stage into school life, causing the child embarrassment and unhappiness. In recent years increasing use has been made of pad and bell alarms. When the child starts to wet his bed an electric circuit is completed and this causes the bell to ring, thus waking him up. Not all cases are suitable, but properly used this method of treatment can be extremely effective and earn the heartfelt thanks of the child and his family.

During 1965 11 pad and bell alarms were loaned to school children (8 boys and 3 girls) and in every case there was complete success.

Children and Young Persons Act, 1933:

In accordance with Section 35 of this Act, medical information on 61 school children was supplied to Juvenile Courts. This is an increase of 22 over the previous year.

Medical Examination of Entrants to Teachers' Training Colleges and to the Teaching Profession:

No. of examinations for admission to Training Colleges	54	(50)
No. of examinations for entry to the teaching profession	1	(7)
No. of examinations of teachers for other Authorities	11	(—)
Total	66	(57)

(The figures in brackets refer to 1964)

School Hygiene and Sanitation:

Public Health Inspectors made visits to schools in connection with the following matters:—

Kitchen inspections	25
Illness (summer vomiting)	4
Dirty milk bottles	2
Food and ice cream sampling	4
Swimming bath sampling	3
Disinfestation (ants, rats, etc.)	11
Drainage	2
Boiler house inspections	5
Other inspections	3
Total number of visits	59

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	383
Dysentery	4

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 59 and 60.

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 62.

DEATHS OF SCHOOL CHILDREN

The causes of death among children of school age (i.e. 5-15 years) for Worthing during 1965 were:—

Asthma	1 (boy aged 14)
Leukaemia	1 (girl aged 13)
Subacute Encephalitis ..	1 (boy aged 10)
Total	3

ROAD ACCIDENTS TO SCHOOL CHILDREN

Twenty-five school children were involved in road accidents in Worthing during 1965. The details were:—

Killed	—	(—)
Seriously injured	9	(14)
Slightly injured	16	(30)
Total	25	(44)

(The figures in brackets refer to 1964)

Medical inspection of pupils attending maintained Primary and Secondary Schools during the year 1965.

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)
1961 and later	8	8	—	—	2	2
1960	519	519	—	9	36	45
1959	294	294	—	4	9	13
1958	49	49	—	—	1	1
1957	51	51	—	1	4	5
1956	35	35	—	2	2	4
1955	156	156	—	12	9	21
1954	340	340	—	26	17	43
1953	220	220	—	35	6	41
1952	46	46	—	6	1	7
1951	28	28	—	3	—	3
1950 and earlier	697	697	—	96	7	103
Total	2,443	2,443	—	194	94	288

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 ..	67
Number of Re-inspections	405
Total ..	472

TABLE C — INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons, 8,446.

(b) Total number of individual pupils found to be infested, 7.

(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	5	3	5	13	1
		O	—	1	—	1	—
5	Eyes—a. Vision	T	9	96	89	194	12
		O	24	26	47	97	—
	b. Squint	T	4	—	—	4	—
		O	2	—	4	6	—
	c. Other	T	4	—	1	5	—
		O	1	1	1	3	—
6	Ears—a. Hearing	T	—	—	2	2	5
		O	9	1	11	21	7
	b. Otitis Media	T	—	—	—	—	—
		O	—	—	—	—	—
	c. Other	T	—	—	—	—	—
		O	—	—	—	—	—
7	Nose and Throat	T	5	1	—	6	1
		O	3	—	1	4	—
8	Speech	T	9	—	7	16	2
		O	4	1	2	7	—
9	Lymphatic Glands	T	—	—	—	—	—
		O	—	—	—	—	—
10	Heart	T	—	—	1	1	—
		O	5	1	8	14	—
11	Lungs	T	—	—	2	2	—
		O	4	2	10	16	—
12	Developmental—a. Hernia ..	T	—	—	—	—	—
		O	—	—	1	1	—
	b. Other	T	—	—	1	1	—
		O	2	1	5	8	—
13	Orthopaedic—a. Posture	T	—	—	2	2	1
		O	—	1	—	1	—
	b. Feet	T	5	—	8	13	1
		O	1	—	1	2	—
	c. Other	T	1	2	10	13	—
		O	2	3	4	9	—
14	Nervous System—a. Epilepsy ..	T	1	—	1	2	—
		O	1	1	4	6	—
	b. Other ..	T	—	—	—	—	—
		O	—	—	2	2	—
15	Psychological—a. Development ..	T	—	—	—	—	—
		O	—	1	1	2	—
	b. Stability ..	T	—	—	—	—	—
		O	—	1	4	5	—
16	Abdomen	T	—	—	—	—	—
		O	—	—	—	—	—
17	Other	T	4	1	9	14	32
		O	7	2	10	19	—

T—Treatment. O—Observation.

TABLE 2 — HANDICAPPED CHILDREN, 1965

	(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 1965 as needing special educational treatment at special schools or boarding homes ..	—	—	—	3	7	—	3	1	—	2	16
B. Placed in special schools or boarding homes during year (including those assessed before 1st January, 1965)	—	—	—	1	5	—	3	—	—	1	10
C. Awaiting placement on 20th January, 1966											
(a) in day schools ..	—	—	—	—	5	—	—	1	—	—	6
(b) in boarding schools ..	—	1	—	2	—	—	2	1	—	1	7
D. (1) Number on the registers of											
(i) Maintained special schools as											
(a) Day pupils ..	—	—	—	—	60	—	—	—	—	—	60
(b) Boarding pupils	—	—	1	—	2	—	11	—	—	—	14
(ii) Non-maintained special schools as											
(a) Day pupils ..	—	—	—	—	—	—	—	—	—	—	—
(b) Boarding pupils	2	—	—	3	—	—	—	—	—	4	9
(iii) Independent schools ..	—	—	1	1	—	—	2	—	—	1	5
(2) Numbers boarded out in homes and not included above	—	—	—	—	—	—	2	—	—	—	2
TOTAL : D (1) and (2)	2	—	2	4	62	—	15	—	—	5	90
E. Number receiving education											
(a) in hospitals	—	—	—	—	—	—	—	—	—	—	—
(b) in other groups ..	—	—	—	1	—	—	17	1	—	—	19
(c) at home	1	1	—	1	—	—	—	2	—	1	6

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