

[Report 1967] / Medical Officer of Health, Worthing Borough.

Contributors

Worthing (England). Borough Council.

Publication/Creation

1967

Persistent URL

<https://wellcomecollection.org/works/tw2eerkp>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

~~Mr. Muston~~ ~~B.415~~
1. ~~Dr. Didsbury~~ ~~G.407~~
2. ~~Mr. Morley Parry~~ ~~A.421 A.419~~
3. ~~Mr. Perry~~ ~~A.405~~

Borough of Worthing

DEPARTMENT OF HEALTH AND SOCIAL SECURITY



ANNUAL REPORT

on the

HEALTH OF WORTHING

for the Year

1967

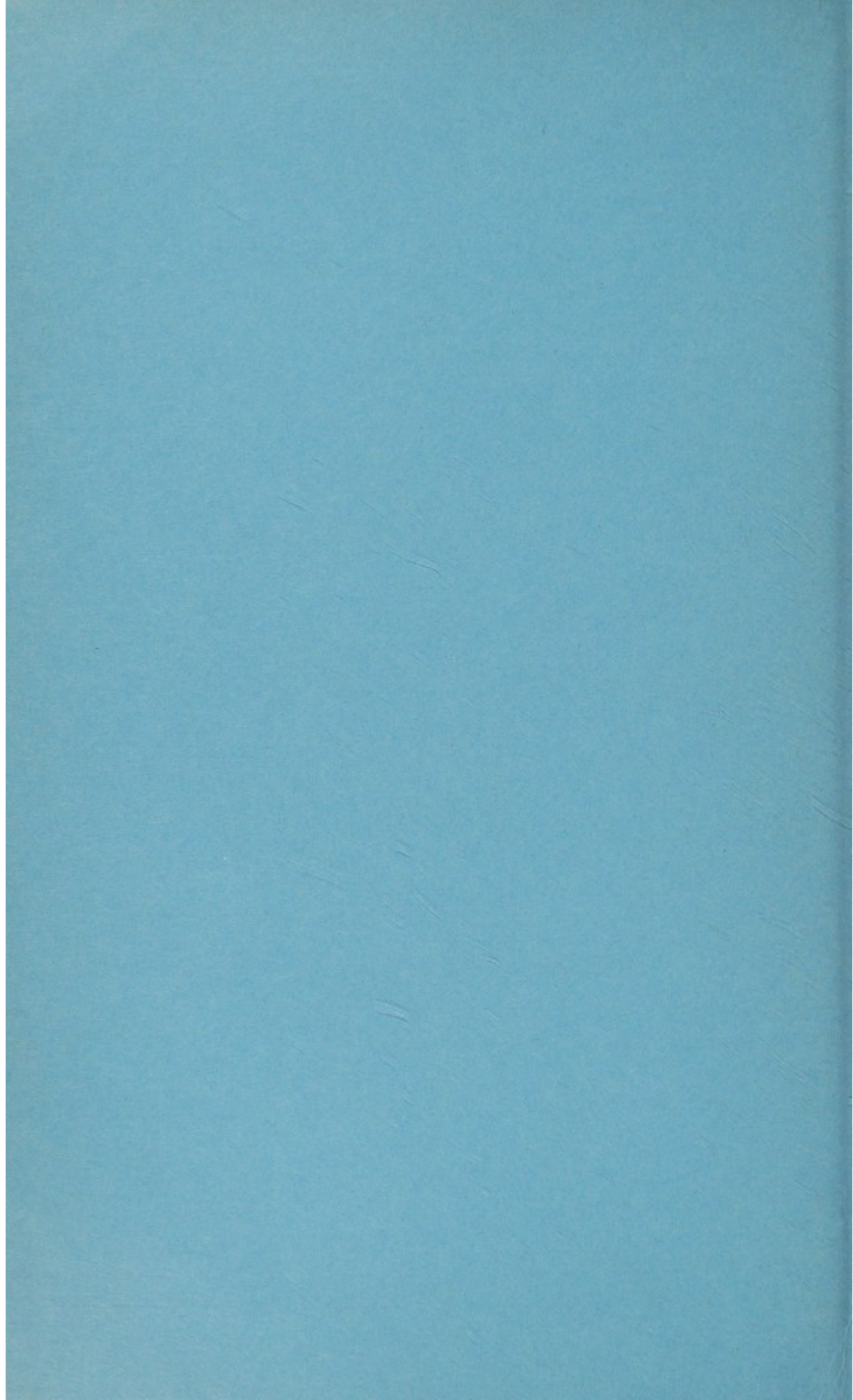
J. A. G. GRAHAM

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)



Borough of Worthing



ANNUAL REPORT

on the

HEALTH OF WORTHING

for the Year

1967

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)

C O N T E N T S

	<i>Page</i>
PREFACE	3
COMMITTEES	5
STAFF OF DEPARTMENT	6
PART I	
STATISTICS	7
INFECTIOUS DISEASE	13
METEOROLOGY	15
PART II	
PERSONAL HEALTH SERVICES:—	
Health Centres	38
Care of Mothers and Young Children	39
Midwifery	49
Health Visiting	50
Home Nursing	50
Vaccination and Immunisation	50
Prevention of Illness, Care and After-Care	53
Home Help Service	60
Mental Health	61
Services for Handicapped Persons	62
Private Day Nurseries	67
Staff Medical Examinations	68
PART III	
ENVIRONMENTAL HEALTH SERVICES	70
PART IV	
SCHOOL HEALTH SERVICES:—	
School Population	90
Medical Inspection	92
Medical Treatment	92
Dental Inspection and Treatment	97
Handicapped Pupils	98

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

October, 1968.

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

I have pleasure in presenting my Annual Report on the Health of Worthing in 1967. This is the sixth report for which I have been responsible and it follows the same pattern as in previous years.

Vital Statistics :

Except for the post-war years of 1946 and 1947 the total number of births to Worthing mothers in 1967 was the highest ever recorded—948—19 more than the previous year. The birth rate also reached a new peak, being 17.5 per 1,000 of the population. This figure, which is reached after adjustment for age structure, compared with 17.2 for England and Wales.

10.5% of all live births were illegitimate, a significant increase over the previous year's 8.6% and substantially greater than in the rest of West Sussex.

Deaths during the year rose to 1,969—84 more than in 1966. Deaths from cancer numbered 386, 19.6% of the total. Both these figures are greater than any previously recorded, and deaths from cancer are now second only to heart disease as the commonest cause of death.

Family Planning :

The National Health Service (Family Planning) Act, 1967, was probably the most important social legislation passed by Parliament during the year. By this Act health authorities may now provide contraceptive advice and contraceptives *on social grounds* and not (as hitherto) only in medical cases. Moreover, no distinction is drawn as to whether the recipients of this service are married or unmarried. The full implementation of this Act is urgent if the steadily rising illegitimacy rate is to be halted and reversed.

Worthing Hospital :

In 1963 the Borough Council unanimously approved the conveyance of approximately four acres of Homefield Park to the Regional Hospital Board in order to allow further development at Worthing Hospital. This followed a deputation from the Council to the Minister of Health and a petition of nearly 10,000 signatures from Worthing residents. As the months and years passed with little further apparent action our hopes dwindled. A further deputation from the Council to the Ministry in August, 1965, produced only assurances that the Council's case would be carefully considered by the Board in its review of the hospital building programme.

When, therefore, on the 9th May, 1967, the full Council pleaded the town's case yet again for improved hospital facilities (this time to the Regional Hospital Board) no one dared to pitch their expectations too high. But the advocacy of Worthing's Member of Parliament, Mr. Terence Higgins (who cut short a visit to the United States specially to lead the deputation), and the Mayor and members of the Borough Council,

have been crowned with success at last. Needless to say this vital meeting did not just "happen" but was preceded by much detailed preparation by the Town Clerk and the Hospital Group Secretary and their staffs. At every stage we received the greatest co-operation and encouragement from the Chairman and members of the Hospital Management Committee.

As a result, the first phase of the Worthing Hospital development plan has begun. The actual building should commence towards the end of the financial year 1969/70 and be finished by 1973. The extensions and improvements will comprise :

1. A new ward block of 280 geriatric and acute beds.
2. A pathology laboratory (to serve the whole group).
3. A rehabilitation centre incorporating:—
 - (a) a new physiotherapy department;
 - (b) a new occupational therapy department;
 - (c) a day hospital for geriatric patients.
4. A mortuary (shared with the local authority).
5. Ancillary accommodation (including a boiler house).
6. Additional car parking facilities.
7. Additional staff housing.
8. Improvements to :
 - (a) The X-ray department;
 - (b) The pharmacy;
 - (c) Wards 3 and 4;
 - (d) The medical records department;
 - (e) The kitchen and stores.

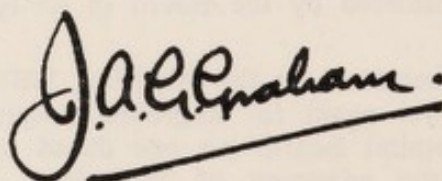
These extensions and improvements will cost over £2 million and all the new buildings (except staff housing) will be provided on the part of Homefield Park that is being bought from Worthing Borough Council.

When phase 1 is complete Worthing will have a hospital with about 430 beds (compared with the present 197) and much better supporting services.

Acknowledgments :

My thanks are due to all the staff of the department, and in particular to my Deputy, Dr. J. C. Aitken, and to the Chief Public Health Inspector, Mr. J. R. Davenport. Mr. Davenport has once again contributed Part III of this report dealing with the environmental health services in the Borough.

I should like to record also my indebtedness to the Chairman, Vice-Chairman and members of both the Health and Welfare and Education Committees for their active interest in the work of the department.



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

HEALTH AND WELFARE COMMITTEE :

(as on the 31st December, 1967)

Mayor: COUNCILLOR B. P. ROSS, A.INST.M.S.M., J.P.

Chairman: COUNCILLOR MRS. N. M. LEPHARD

Vice-Chairman: COUNCILLOR MRS. W. M. FRAMPTON

ALDERMAN MRS. H. M. PERYER	COUNCILLOR P. H. LUMLEY
COUNCILLOR A. L. BAKER	COUNCILLOR DR. R. H. NEEVE
COUNCILLOR A. E. DUNNING	COUNCILLOR P. F. SEARLE
COUNCILLOR S. C. ELLIOTT	COUNCILLOR M. G. SPOFFORTH
COUNCILLOR MRS. V. M. WHITE	

WORTHING COMMITTEE FOR EDUCATION

(as on the 31st December, 1967)

Mayor: COUNCILLOR B. P. ROSS, A.INST.M.S.M., J.P.

Chairman: ALDERMAN MRS. H. M. PERYER

Vice-Chairman: COUNCILLOR P. H. THOMAS

ALDERMAN E. J. W. CUER, F.P.S.	COUNCILLOR MRS. G. J. FOYLE
ALDERMAN R. EDWARDS	COUNCILLOR J. L. JEFFREE,
ALDERMAN F. KENTON	C.ENG., M.I.C.E.
ALDERMAN S. M. KNIGHT, J.P.	COUNCILLOR C. P. WALL
COUNCILLOR F. J. CHAPMAN	COUNCILLOR E. L. WALTER
COUNCILLOR MRS. W. M. FRAMPTON	COUNCILLOR MRS. V. M. WHITE

COUNCILLOR MRS. D. M. WINGFIELD

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: COUNCILLOR S. C. ELLIOTT, MR. T. A. EVANS, M.A.,
MRS. M. JONES

SCHOOL HEALTH SERVICE SUB-COMMITTEE

(as on the 31st December, 1967)

Mayor: COUNCILLOR B. P. ROSS, A.INST.M.S.M., J.P.

Chairman: COUNCILLOR P. H. THOMAS

ALDERMAN E. J. W. CUER, F.P.S.	ALDERMAN MRS. H. M. PERYER
ALDERMAN R. EDWARDS	COUNCILLOR MRS. V. M. WHITE
ALDERMAN S. M. KNIGHT, J.P.	

Co-opted: MRS. M. JONES

STAFF :

(as on the 31st December, 1967)

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.

D. L. OAKES, M.A.P.H.I.

P. E. CHATTELLE, M.A.P.H.I.

G. T. PARSONS, M.A.P.H.I.

J. E. FANNON, M.A.P.H.I.

M. P. WAITT, M.A.P.H.I.

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

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

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 (11½)

Domiciliary Midwives (4)

Domiciliary Nurses (20)

Nursing Auxiliaries (8)

Home Help Organiser

MRS. J. A. KENTON

Assistant Home Help Organiser

MRS. G. FARNWORTH

Home Helps (76 Regular 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.

Chiropodists

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

J. ALEXANDER, M.CH.S., S.R.CH.

Orthoptist

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

Physiotherapist

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

Speech Therapist

MISS C. FOLEY, L.C.S.T.

Chief Clerk

T. L. CANTON

(Clerks 13½)

Other Staff

Chiropody Clinic Assistant (1)

Dental Surgery Assistant (1)

*Dental Receptionist/Clerk (1)

Social Centre Hostess (1)

*Social Centre Canteen Assistant (1)

Rodent Operators (2)

Student Public Health Inspectors (3)

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)	80,329
Population (Census 1966—10% sample)	approx. 83,900
Registrar-General's Estimate of Resident Population (1967)	81,200
Number of inhabited Houses (1921)	7,710
Number of inhabited Houses (1967)	33,900
Rateable Value (1967)	£5,463,049
Estimated sum represented by a penny rate (1967-68) ..	£22,500

Population

The Registrar-General's estimate of the mid year population in 1967 (81,200) has been used throughout this report to calculate rates. The corresponding figure for 1966 was 81,100.

VITAL STATISTICS

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

	1966	1967
<i>Live Births:</i>		
Number	918	930
Rate per 1,000 population (adjusted)	17.2	17.5
<i>Illegitimate Live Births</i> (per cent. of total live births) ..	8.6	10.5
<i>Stillbirths:</i>		
Number	11	18
Rate per 1,000 total live and stillbirths	10.8	19.0
<i>Total Live and Stillbirths</i>	929	948
<i>Infant deaths</i> (deaths under 1 year)	19	15
<i>Infant mortality rates:</i>		
Total infant deaths per 1,000 total live births	20.7	16.1
Legitimate infant deaths per 1,000 legitimate live births	21.5	14.4
Illegitimate infant deaths per 1,000 illegitimate live births	12.7	30.6
<i>Neo-natal mortality rate:</i>		
(Deaths under four weeks per 1,000 total live births) ..	14.2	10.8
<i>Early Neo-natal mortality rate:</i>		
(Deaths under one week per 1,000 total live births) ..	10.9	9.6

Peri-natal mortality rate:

(Stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	..	..	..	22.6	27.4
---	----	----	----	------	------

Maternal mortality (including abortions)

Number of deaths	..	..	..	—	—
Rate per 1,000 total live and stillbirths	..	..	..	0.0	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 1967 adjusted in this way is raised from 11.5 to 17.5 per 1,000 of population. The live birth rate for England and Wales in 1967 was 17.2 per 1,000.

Table 1 on page 19 shows the total number of births and birth rates in Worthing over the last 40 years.

<i>Live births:</i>				<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	..	..	..	444	388	832
Illegitimate	..	..	..	45	53	98
				489	441	930

The percentage of illegitimate births has again risen (10.5% compared with 8.6% in 1966). The table below compares these figures with those of West Sussex and with England and Wales.

	Worthing Borough		West Sussex		England & Wales	
	1966	1967	1966	1967	1966	1967
Live births per 1,000 population in 1967	17.2	17.5	16.6	16.6	17.7	17.2
% of illegitimate births in 1967	8.6	10.5	7.1	7.9	7.9	8.4
Preceding 5-year average % of illegitimate births	6.5	7.6	5.3	6.3	6.9	7.3

DEATHS

	1966	1967
Registered in the Borough	1,800	1,893
Inward transfers (residents dying outside Borough)	341	350
Outward transfers (non-residents dying in Borough)	256	274
Total deaths (adjusted)	1,885	1,969
Crude death rate per 1,000 population	23.2	24.2
Standardised death rate per 1,000 population ..	10.0	10.6

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 1967 was 24.2 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 1967 and when the crude death rate is multiplied by this figure, the standardised death rate becomes 10.6. 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 11.2 per 1,000 of the population in 1967.

Deaths were 84 more than in 1966, 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 26% and 30% of the total for any particular year:—

Year	Total number of deaths	Number of deaths in 1st quarter	% of total
1963	1934	696	35.9
1964	1772	502	28.3
1965	1895	514	27.2
1966	1885	535	28.4
1967	1969	528	26.9

Stillbirths and infant mortality

There were 18 stillbirths in 1967, (seven more than in 1966) and 15 infant deaths under one year (six in 1966). Of the 15 infant deaths during 1967, six were on the first day of life and a further four within the next 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 1,969 deaths it was the cause in 769 cases (male 347 and female 422). It represented 39.1 per cent. of the total deaths from all causes and was equivalent to a death rate of 9.5 per 1,000 of the population. The corresponding death rate for England and Wales was 3.7.

The table below shows the number of deaths from heart disease and the rates per 1,000 of the population in the past 5 years.

Year	Coronary disease Angina		Hypertension with heart disease		Other heart disease		Total	Rate per 1,000 of the population
	M.	F.	M.	F.	M.	F.	M. and F.	
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
1966	198	180	4	7	102	201	692	8.5
1967	244	221	3	15	100	186	769	9.5

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

Cancer became the second commonest cause of death in 1967 having moved from third place the previous year. The total number of deaths was 386 (males 201, females 185), the highest ever recorded. The death rate from the disease (4.75 per 1,000 population) also reached a new peak, likewise the proportion of the total number deaths due to this cause (19.6%).

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
1963	306	3.84	15.8
1964	339	4.21	19.2
1965	344	4.24	18.1
1966	364	4.49	19.4
1967	386	4.75	19.6

The localisation of the disease in the case of the 386 deaths recorded is shown below:—

Localisation	No. of deaths		
	Male	Female	Total
Stomach	13	15	28
Lungs	84	17	101
Breast	2	38	40
Uterus	—	9	9
Other and unspecified organs ..	102	106	208
Total ..	201	185	386

During the past 40 years the death rates from cancer per 1,000 of the population has varied from 2.14 to 4.75. 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 1967 was 2.27 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 375 in 1967 and were the third commonest cause. This is a rate of 4.6 per 1,000 of the population (compared with 1.6 for England and Wales) and constituted 19.1 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 153 deaths in 1967.

This is a rate of 1.9 per 1,000 of the population and apart from 1966 slightly lower than in the previous years as the table below shows. The rate for England and Wales was 0.69.

Year	Influenza	Pneumonia	Bronchitis	Total	Rate per 1,000 of the population
1963	6	145	72	223	2.8
1964	1	96	65	162	2.0
1965	2	125	55	182	2.2
1966	3	92	52	147	1.8
1967	1	85	67	153	1.9

Deaths from Tuberculosis

Registered deaths from tuberculosis numbered five (four pulmonary and one non-pulmonary), a rate of 0.06 per 1,000 population. The rate for England and Wales in 1967 was 0.04 per 1,000 population.

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

Year	Number of deaths	Rate per 1,000 of the population
1963	7	0.09
1964	4	0.05
1965	3	0.04
1966	1	0.01
1967	5	0.06

Deaths from suicide

There were 15 suicides in 1967, four more than in 1966. There have been 152 suicides in the past decade, an average of 15 per annum:—

		AGE GROUPS							Total
		15-24	25-34	35-44	45-54	55-64	65-74	75 and over	
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
1966	M	—	1	—	1	1	—	1	4
	F	—	1	1	—	2	1	2	7
1967	M	—	—	1	1	2	1	2	7
	F	—	1	3	3	—	1	—	8
Total		2	5	6	15	20	20	13	81

Further statistical information about deaths is given in Tables II to VI on pages 20 to 23.

INFECTIOUS DISEASE

Table VII on page 24 shows the incidence of notifiable infectious illness in Worthing during the past 14 years. Table VIII on page 25 analyses in more detail the cases which occurred in 1967.

Scarlet fever:

The number of confirmed cases was 42, the largest number since 1960. Scarlet fever nowadays is usually a very mild disease and complications are rare.

Whooping cough:

Notifications for the year numbered 8, the same as in 1966. 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 51 for further details.)

Diphtheria:

For the twentieth 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 360 compared with 368 in 1966.

Vaccination against measles will shortly be made generally available and details will be given in my 1968 Report.

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 85 deaths from pneumonia but only two notifications.

Poliomyelitis:

No cases were notified during the year. Only one case of poliomyelitis has been notified in Worthing since 1958.

Dysentery:

Two cases were notified during the year—both school children.

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.

There was one notification of puerperal pyrexia in 1967.

Enteric fever:

This includes typhoid and paratyphoid fevers. No cases were notified during the year.

Food Poisoning:

There were no general or family outbreaks of food poisoning during the year. Three sporadic cases were notified.

Tuberculosis:

During the year the total number of patients on the register increased from 29 to 37. The position is summarised in the following table:—

	Males		Females		Total
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	
Number of cases on register on 1.1.67 ..	17	1	11	—	29
New cases ..	10	—	2	—	12
Number of cases restored to register ..	—	—	1	—	1
Number of cases added other than by formal notification	10	1	5	1	17
Number of cases removed from register	14	2	6	—	22
Number of cases on register on 31.12.67	23	—	13	1	37

Formal notifications numbered 12, 7 more than in 1966. The table below analyses these further by age and sex:—

Age period	Males	Females	Total
Under 1 year ..	—	—	—
1- 4 years ..	—	—	—
5-14 years ..	—	—	—
15-24 years ..	—	—	—
25-34 years ..	2	—	2
35-44 years ..	1	—	1
45-54 years ..	—	1	1
55-64 years ..	2	—	2
65 years and over ..	5	1	6
All ages ..	10	2	12

Deaths :

The Registrar-General's return of causes of death indicate that four persons died from pulmonary tuberculosis, one in the age group 45-54 and three over 65.

Further information about tuberculosis discovered by mass radiography is given on page 53. Details about B.C.G. vaccination are on page 54.

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 five years:—

Disease	Number of new cases in year				
	1963	1964	1965	1966	1967
Syphilis	6	5	9	4	3
Gonorrhoea	17	25	37	52	34
Other conditions	133	105	168	182	176
Total	156	135	214	238	213

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.

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 26. From these figures emerge the following records:

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

WORTHING'S WEATHER, 1967

Last year was the town's sunniest year since 1959. 1900.4 sun hours were recorded as against the average of 1821 hours. There have been only five larger sun totals since the end of the war.

For the third successive year rainfall was above average but it was the driest year since 1964 with 29.16ins. (average 27.49ins.).

The summer months of June, July and August together recorded 726.3 hours of sunshine and only 4.52ins. of rain. Rain was recorded on only 22 days in the three months—the smallest number of summer rain-days since 1949.

The winter was the mildest for 10 years and the sunniest since 1962.

July was the driest and sunniest month of the year, October the wettest and January and December the coldest. December will long be remembered for the heavy fall of snow on the 8th when the depth of level snow reached 10ins. with drifts of over 20ft.—the town's heaviest fall of snow on record bringing traffic to a halt. The temperature at night dropped to 17°—15° of frost and 22° below the seasonal level. It was Worthing's coldest night since 1908.

Summary of Observations :

Total amount of bright sunshine: 1,900.4 hours.
Number of days with sunshine: 315.
Rainfall: 29.16 inches.
Number of rain days (.01 inch or more): 150.
Number of wet days (.04 inch or more): 116.
Highest barometric reading: 30.693 inches on 14th January.
Lowest barometric reading: 28.902 inches on 2nd November.
Warmest day: 12th July (79°).
Coldest night: 9th December (17°).
Coldest day: 8th January (32°).
Warmest night: 18th July (65°).
Warmest month (by day) July (average temperature 69.6°).
Coldest month (by night) December (average temperature 35.9°).
Mean temperature: 51.2°.
Mean relative humidity, at 9 a.m.: 75.0%.
Lowest temperature on the grass: 16° on 9th December.
Wettest day: 25th July (1.81 inches).
Sunniest day: 11th July (15.1 hours).
Number of days snow or sleet fell: 9.
Number of days hail fell: 3.
Number of days thunder heard: 9.
Number of ground frosts: 67.
Number of days with gales: 12.
Number of days snow lying: 5.
Number of days with fog (9 a.m.): 3.

Bright Sunshine

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

The duration of bright sunshine for the year was 1,900.4 hours, the sunniest year since 1959.

This amount is 42.4 per cent. of the time during which the sun was above the horizon, giving a daily mean of 5.26 hours. The average yearly sunshine for the previous 20 years was 1,821.7 hours. During this period the year with the highest record was 1949, when 2,128.9 hours were recorded, whilst the year 1958 was the lowest with 1,601.5 hours. The sunniest day was 11th July when 15.1 hours were recorded.

July with 271.5 hours, was the sunniest month and December with 59.4 hours, was the least sunny.

A sunless day is one on which less than six minutes of bright sunshine are recorded. Table X, XI and XII on pages 27, 28 and 29 give further details.

Rainfall

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

The rainfall for the year 1967 was 29.16 inches. This amount is 1.67 inches above the Normal and 1.03 inches above the previous 20 years' average.

The month of July was the driest with 0.47 inch falling below the Normal amount by 1.67 inches. October was the wettest month with 4.54 inches, this amount being 1.59 inches above the Normal. The heaviest daily rainfall was 1.81 inches on 25th July. There were 150 days on which 0.01 inch or more rain fell, compared with 157 days which is the average number for the previous 20 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 11.52 inches compared with an average summer rainfall for the previous ten years of 12.92 inches.

WINTER RAINFALL. Total for six months (January to March and October to December) was 17.64 inches, compared with an average winter rainfall for the previous ten years of 16.11 inches.

Tables XIII and XIV on pages 30 and 31 give further information.

Barometric pressure

The mean barometric reading for the year was 30.006 inches (when reduced to sea level and to a temperature of 32° Fahr.), the average for the previous ten years being 29.986 inches. The highest reading for the year was 30.693 inches on 14th January, and the lowest reading was 28.902 inches on 2nd November. The absolute range for the year was 1.791 inches and the average range for the previous ten years 1.872 inches.

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

Table XV on page 32 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 51.2° Fahr. which is 0.2° above the Normal. The highest shade temperature for 1967 was 79° recorded on

12th July, and the lowest 17° on 9th December. The extreme range of temperature was 62° compared with an average range of 56° for the previous ten years. The temperature on the grass fell below 32° on 67 nights. The lowest temperature on the grass was 16° during the night of December 9th.

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

<i>Below</i>				
<i>Surface</i>	<i>Highest</i>	<i>Date</i>	<i>Lowest</i>	<i>Date</i>
1ft.	67.2°	19th July	35.6°	11th January
4ft.	61.5°	29th July	43.6°	18th January

Humidity

The mean relative humidity of the atmosphere (percentage of saturation of the air) at 9 a.m. was 75.0% compared with the previous ten years' average of 81%.

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

Wind

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

	<i>9 a.m.</i>	<i>6 p.m.</i>		<i>9 a.m.</i>	<i>6 p.m.</i>
	%	%		%	%
N.	6.0	4.1	S.	5.2	6.6
N.E.	13.8	10.0	S.W.	38.3	35.0
E.	2.8	3.0	W.	16.4	22.4
S.E.	4.1	6.3	N.W.	13.4	12.6
Calm	—	—			

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

Visibility

This is measured on an arbitrary scale which depends on ability to see a particular object from a fixed view point. For example, if maximum visibility from the office gate is the north west corner of the town hall (a distance of 110 yards), then "thick fog" is present, designated by the letter "C". If on the other hand visibility from Christ Church Tower extends to Selsey Bill (18½ miles), but not Beachy Head (27 miles) then it is said to be "very good" (L), but not "excellent" (M).

During 1967, fog was recorded on three occasions at 9 a.m. Excellent visibility was recorded on 71 occasions. The complete record is shown in Table XIX on page 35 with a key to the table on page 36.

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)
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
1966	...	929	472	457	11.5	17.4
1967	...	948	497	451	11.7	17.8

The live birth rate for England and Wales for 1967 was 17.2 per 1,000 population.

TABLE II
DEATHS (1948-1967)

The total number of deaths assigned to Worthing after allowing for inward and outward transfers was 1,969, 873 males and 1,096 females, giving a crude death rate of 24.2 per 1,000 population.

The corrected death rate after adjustment is 10.6.

Year	No. of Deaths	Crude Death Rate	Adjusted Death Rate
1948	1,103	16.3	(no comparability factor issued)
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
1966	1,885	23.2	10.0
1967	1,969	24.2	10.6

TABLE III
CAUSES OF DEATH—1967

(according to figures issued by the General Register Office)

All Causes	Males 873	Females 1096	Total 1969
Tuberculosis, Respiratory	2	2	4
Tuberculosis, other	1	—	1
Syphilitic Disease	2	1	3
Diphtheria	—	—	—
Whooping Cough	—	—	—
Meningococcal infections	—	—	—
Acute Poliomyelitis	—	—	—
Measles	—	—	—
Other infective and parasitic diseases ...	—	2	2
Malignant neoplasm, Stomach	13	15	28
Malignant neoplasm, Lung, Bronchus ...	84	17	101
Malignant neoplasm, Breast	2	38	40
Malignant neoplasm, Uterus	—	9	9
Other malignant and lymphatic neoplasms	102	106	208
Leukaemia aleukaemia	1	3	4
Diabetes	4	6	10
Vascular lesions of Nervous System ...	130	245	375
Coronary disease, Angina	244	221	465
Hypertension with heart disease	3	15	18
Other heart disease	100	186	286
Other circulatory disease	35	41	76
Influenza	—	1	1
Pneumonia	38	47	85
Bronchitis	48	19	67
Other diseases of respiratory system ...	5	8	13
Ulcer of stomach and duodenum	4	3	7
Gastritis, enteritis and diarrhoea	4	7	11
Nephritis and nephrosis	1	7	8
Hyperplasia of prostate	6	—	6
Pregnancy, childbirth, abortion	—	—	—
Congenital malformations	3	3	6
Other defined and ill-defined diseases ...	23	51	74
Motor vehicle accidents	4	7	11
All other accidents	7	28	35
Suicide	7	8	15
Homicide and operations of war	—	—	—

TABLE IV
DEATHS IN AGE GROUPS—1967

Age		Deaths	Age		Deaths
Under 1 year	...	15	35 to 44 years	...	15
1 to 2 years	...	—	45 to 54 "	...	50
3 to 4 "	...	1	55 to 59 "	...	60
5 to 9 "	...	—	60 to 64 "	...	108
10 to 14 "	...	—	65 to 69 "	...	196
15 to 19 "	...	1	70 to 79 "	...	680
20 to 24 "	...	3	80 to 89 "	...	670
25 to 34 "	...	4	90 years and over	...	166
Total number of deaths ... 1,969					

This analysis shows that 77.0 per cent. of the deaths were of persons aged 70 years of age and upwards.

TABLE V
INFANT MORTALITY (1948-1967)

The number of deaths under one year of age was 15 (10 males and 5 females), giving an infant mortality rate of 16.1 per 1,000 live births. The corresponding rate for England and Wales for the year under review was 18.3.

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
1948	..	..	20	23.8	1.8	34.0
1949	..	..	16	19.5	1.3	32.0
1950	..	..	22	30.8	1.6	29.8
1951	..	..	17	24.6	1.3	29.6
1952	..	..	11	16.7	0.9	27.6
1953	..	..	16	26.6	1.2	26.8
1954	..	..	19	29.6	1.5	26.5
1955	..	..	13	19.8	1.0	24.9
1956	..	..	22	32.3	1.5	23.8
1957	..	..	13	19.2	1.0	23.0
1958	..	..	15	21.2	1.0	22.5
1959	..	..	9	12.7	0.6	22.0
1960	..	..	16	20.6	0.9	21.7
1961	..	..	14	17.9	0.8	21.4
1962	..	..	16	19.4	0.9	21.4
1963	..	..	17	19.9	0.9	20.9
1964	..	..	13	14.1	0.7	20.0
1965	..	..	10	10.7	0.5	19.0
1966	..	..	19	20.7	1.0	19.0
1967	..	..	15	16.1	0.8	18.3

40 YEARS VITAL STATISTICS — TABLE VI

Year.	Total (live and still) Births.		Deaths.						Registrar General's Popu- lation				
	All causes.		Infants under 1 year.		Maternal Mortality			Cancer.					
	No.	R.*	No.	R.**	Sepsis.	Other Causes	Rate†						
1928	462	12.2	548	14.4	17	37	1	1	4.33	No.	R.*	No.	R.*
29	494	11.9	684	16.5	12	24	—	1	2.02	26	0.68	87	2.29
30	534	12.6	640	15.1	18	36	—	2	3.75	34	0.82	103	2.49
31	553	12.5	690	15.5	20	37	2	2	7.23	37	0.87	104	2.46
32	513	11.0	781	16.8	20	39	4	3	13.64	46	1.04	101	2.28
33	514	10.6	715	14.7	18	38	2	—	3.89	39	0.84	101	2.17
34	615	11.9	756	14.6	12	20	—	1	1.63	33	0.68	104	2.14
35	621	11.5	744	14.0	25	40	1	—	1.61	34	0.66	133	2.58
36	687	12.4	870	15.6	23	35	—	3	4.36	36	0.67	125	2.32
37	729	12.4	916	15.6	33	45	—	—	—	25	0.45	153	2.75
38	712	10.8	917	15.5	20	29	—	1	—	42	0.72	138	2.35
39	763	12.4	1035	16.9	18	23	1	—	1.40	31	0.52	151	2.56
40	657	9.6	1165	17.6	32	49	—	2	2.60	26	0.34	163	2.66
41	590	10.1	1044	18.7	22	36	—	1	3.00	48	0.70	186	2.73
42	724	13.3	1116	20.5	25	35	1	—	1.80	39	0.70	161	2.88
43	775	14.3	1073	20.4	24	32	—	3	2.80	23	0.42	189	3.47
44	924	17.1	1037	19.2	40	44	—	2	3.90	33	0.63	169	3.22
45	811	13.8	1173	20.0	31	39	—	1	1.20	23	0.42	177	3.27
46	1059	16.3	1223	18.8	50	48	—	—	—	32	0.54	204	3.48
47	1003	15.0	1251	18.7	31	32	—	—	—	22	0.34	196	3.02
48	861	12.8	1103	16.3	20	24	—	—	—	26	0.38	200	3.00
49	818	12.0	1209	17.8	16	20	—	1	1.20	23	0.34	183	2.71
50	714	10.4	1336	19.5	22	31	—	1	1.40	18	0.26	213	3.10
51	699	10.3	1375	20.2	17	25	—	—	1.40	25	0.37	237	3.47
52	658	9.7	1235	18.3	11	17	—	2	2.04	18	0.26	248	3.64
53	613	9.0	1308	19.3	16	27	—	1	1.63	21	0.31	203	3.01
54	659	9.6	1299	19.0	19	30	—	—	—	3	0.04	224	3.16
55	671	9.6	1269	18.2	13	20	—	—	—	13	0.19	235	3.43
56	701	9.8	1474	20.6	22	32	—	1	1.43	9	0.13	228	3.27
57	697	9.6	1338	18.4	13	19	—	—	—	6	0.08	245	3.42
58	716	9.5	1481	19.9	15	21	—	—	—	3	0.04	262	3.59
59	726	9.6	1593	21.3	9	13	—	—	—	6	0.08	269	3.61
60	791	10.3	1640	21.3	16	21	—	1	1.26	9	0.12	274	3.64
61	793	10.0	1751	22.0	14	18	—	—	—	6	0.08	269	3.47
62	834	10.4	1807	22.6	16	19	—	—	—	4	0.05	281	3.53
63	864	10.8	1934	24.3	17	20	—	—	—	6	0.07	335	4.20
64	931	11.5	1772	22.0	13	14	—	—	—	7	0.09	306	3.84
65	946	11.7	1895	23.4	10	11	—	1	1.07	4	0.05	339	4.21
66	929	11.5	1885	23.2	19	21	—	—	—	3	0.04	344	4.24
67	948	11.7	1969	24.2	15	16	—	—	—	1	0.01	364	4.49
										5	0.06	386	4.75

* 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 (1954-1967)

	YEAR:—	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Scarlet Fever ..	..	38	21	23	16	17	45	50	7	3	5	9	6	29	42
Whooping Cough ..	..	444	42	30	230	24	76	89	27	—	19	22	15	8	8
Diphtheria ..	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ..	..	2	555	12	203	418	1,087	12	392	12	930	35	759	386	360
Acute Pneumonia ..	..	11	12	31	19	6	7	4	4	—	3	—	2	2	2
Meningococcal Infection ..	..	—	1	—	—	—	—	—	—	—	1	—	—	3	—
Acute Poliomyelitis (Paralytic) ..	..	—	2	4	5	1	—	—	—	—	—	—	1	—	—
Acute Poliomyelitis (Non-Paralytic) ..	..	—	—	1	1	—	—	—	—	—	—	—	—	—	—
Dysentery ..	..	1	10	13	1	2	—	—	1	—	7	—	9	1	2
Puerperal Pyrexia ..	..	5	2	2	2	1	—	1	2	3	—	2	1	2	1
Typhoid Fever ..	..	—	—	—	—	—	—	1	—	—	—	2	—	1	—
Paratyphoid Fever ..	..	—	4	—	—	—	—	—	—	1	—	—	—	1	—
Ophthalmia Neonatorum ..	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning ..	..	1	6	2	6	3	2	1	—	1	—	—	—	—	3
Erysipelas ..	..	9	7	5	8	9	4	3	2	—	1	—	1	1	—
Malaria ..	..	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Tuberculosis ..	..	30	24	17	20	15	35	16	10	17	14	8	14	5	12

TABLE VIII

NOTIFIED INFECTIOUS DISEASES—1967 (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 ...	—	—	—	4	11	22	3	2	—	—	—	—	—	—	42
Whooping Cough	—	1	1	—	1	5	—	—	—	—	—	—	—	—	8
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	6	36	55	56	47	152	1	5	1	1	—	—	—	—	360
Acute Pneumonia	—	—	—	—	1	—	—	—	—	—	—	1	—	—	2
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Typhoid Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning ...	—	—	—	—	—	—	—	—	—	—	—	—	2	—	3
Erysipelas ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis ...	—	—	—	—	—	—	—	—	—	2	1	3	6	—	12
Totals ...	6	37	56	60	60	179	7	7	1	4	1	4	8	—	430

TABLE IX—CLIMATE OF WORTHING—1908-1967

Year	Temperatures							Rainfall		Sunshine	Year
	Means					Extremes		Amount at Observ- atory	Number of days rain fell	Number of hours in year	
	9 a.m.	Min.	Max.	Range	Mean	Min.	Max.				
Degrees							Inches				
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
1966 ..	51.8	46.0	56.4	10.4	51.2	22.0	81.0	31.23	178	1652.6	..1966
1967 ..	51.0	46.0	56.5	10.5	51.2	17.0	79.0	29.16	150	1900.4	..1967

BRIGHT SUNSHINE—1967 (MAINLAND STATIONS)

The following Stations in descending order have been extracted from the Table of Official Returns of the Meteorological Office which gives a list of 369 sunshine stations in the United Kingdom.

<i>Position</i>	<i>Station</i>	<i>Sunshine (Hours)</i>
1	Eastbourne	2,010.3
2	Bognor Regis	1,919.6
3	Swanage	1,914.4
4	WORTHING	1,900.4
5	Littlehampton	1,880.7
6	Folkestone	1,867.4
7	Hayling Island	1,861.1
8	Torquay	1,855.7
9	Walton-on-Naze	1,846.5
10	Bexhill	1,839.2
11	Bournemouth	1,829.9
12	Southsea	1,822.8
13	Weymouth	1,821.9
14	Everton (Efford)	1,809.8
15	Thorney Island	1,801.1
16	Margate	1,798.4
17	Hastings	1,793.6
18	East Hoathly	1,790.9
19	Clacton-on-Sea	1,786.8
20	Shoeburyness	1,774.6
21	Rustington	1,772.1
22	Aldeburgh	1,755.7
23	Teignmouth	1,755.3
24	Herne Bay	1,743.8
25	Faversham	1,736.9
26	Plumpton	1,723.3
27	West Malling	1,717.1
28	Starcross	1,715.1
29	Dunbar	1,714.5
30	Burlingham	1,709.8
31	Dale Fort	1,707.9
32	Exmouth	1,707.1
33	Southampton	1,701.6
34	Reading	1,687.0
35	South Farnborough	1,682.3
36	Gatwick	1,674.2
37	Penzance	1,664.7
38	Kew	1,643.1
39	Hartland Point	1,640.9
40	Carmarthen	1,640.5
41	London Airport	1,640.4
42	Hampton	1,640.1
43	Totnes	1,627.4
44	Alice Holt Lodge	1,625.6
45	Botwnnog	1,623.6
46	Lyneham	1,620.6
47	Sidmouth	1,620.6
48	Gulval	1,617.9
49	Newport	1,612.4
50	Long Ashton	1,607.0

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 Hours	Highest Year	Lowest Hours Year
January ..	87.3	71	2.82	124	22	7.2	109.9	1940	34.5 1912
February ..	90.7	83	3.24	110	21	8.2	140.3	1949	29.8 1947
March ..	176.6	141	5.70	126	30	10.6	220.8	1907	77.9 1964
April ..	192.3	187	6.41	103	27	12.0	267.2	1912	105.3 1905
May ..	215.6	230	6.95	94	28	13.4	353.1	1909	148.9 1932
June ..	242.0	243	8.07	99	29	15.0	327.1	1957	143.5 1909
July ..	271.5	224	8.76	121	31	15.1	369.0	1911	133.8 1944
August ..	212.8	218	6.86	98	30	13.4	298.4	1899	112.6 1912
September ..	137.7	166	4.59	83	26	10.9	262.6	1898	97.1 1945
October ..	114.4	124	3.69	92	25	10.0	182.9	1965	81.9 1915
November ..	100.1	73	3.34	137	24	8.4	131.3	1909	39.6 1962
December ..	59.4	61	1.92	97	22	6.7	113.8	1962	22.3 1956
Year 1967 ..	1900.4	1821	5.26	104	315	15.1	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
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
1966	1652.6	296	May 30th	14.9
1967	1900.4	315	July 11th	15.1
Average for 20 years 1947—1966	1821.7	305		

TABLE XIII — RAINFALL

1967		Total Rain- fall	Difference from the Normal	Greatest Fall in 24 hours beginning 9 a.m.	Number of Days with		Total Rain Days
					.01 in. or more	.04 in. or more	
		ins.	ins.	ins.			
January	..	2.64	—0.30	0.44	14	12	14
February	..	2.39	+0.39	0.81	11	9	11
March	..	2.15	+0.43	0.57	10	8	10
April	..	2.06	+0.28	0.41	10	9	10
May	..	3.44	+1.79	0.56	20	16	20
June	..	1.89	+0.53	0.92	4	3	4
July	..	0.07	—1.67	0.16	4	3	4
August	..	2.16	—0.12	0.69	14	11	14
September	..	1.50	—0.66	0.38	14	8	14
October	..	4.54	+1.59	0.81	21	17	21
November	..	3.35	—0.09	1.32	12	8	12
December	..	2.57	—0.33	0.59	16	12	16
Year	..	29.16	+1.67	1.32	150	116	150

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
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
1965	30.74	159	1.44	2nd August
1966	31.23	178	1.38	6th August
Average for 20 years 1947-1966	28.13	157	1.81	25th July
1967	29.16	150	1.32	3rd November

TABLE XV — BAROMETRIC PRESSURE

1967	Barometric pressure (Reduced to sea level and 32° Fahr.)		
	Mean (inches)	Extremes	
		Highest	Lowest
January	30·076	30·693	29·575
February	30·003	30·632	29·146
March	30·071	30·622	29·225
April	30·079	30·612	29·590
May	29·831	30·253	29·390
June	30·181	30·409	29·752
July	30·056	30·394	29·872
August	29·955	30·299	28·943
September	29·913	30·507	29·412
October	29·836	30·383	29·149
November	29·984	30·681	28·902
December	30·097	30·633	29·228
Year 1967	30·006	30·693	28·902

TABLE XVI — TEMPERATURE

1967	Air temperature in screen (F)					
	Means of		Mean of A & B	Difference from normal	Extremes	
	A Max.	B Min.			Max.	Min.
	(°)	(°)	(°)	(°)	(°)	(°)
January	44·5	36·6	40·5	-0·4	50	24
February	47·4	38·5	42·9	+2·0	53	28
March	53·0	42·1	47·5	+3·7	58	33
April	54·1	40·9	47·5	-0·5	61	32
May	58·0	48·0	53·0	-0·5	69	32
June	64·4	52·0	58·2	-0·9	71	44
July	69·6	57·9	63·7	+1·2	79	49
August	67·6	56·8	62·2	-0·4	73	49
September	64·6	54·4	59·5	+0·1	69	45
October	59·2	50·2	54·7	+1·8	64	37
November	49·7	38·6	44·1	-2·1	56	31
December	45·1	35·9	40·5	-1·3	52	17
Year 1967	56·4	46·0	51·2	+0·2	79	17

TABLE XVII — CLOUD AND HUMIDITY

Month.	Cloud Amount Scale 1-8		Mean Relative Humidity	Mean Humidity previous 10 years 1957-1966
	9 a.m.	6 p.m.	9 a.m.	9 a.m.
January	6	6	$\frac{\%}{90}$	$\frac{\%}{87}$
February	5	5	85	86
March	5	5	82	82
April	5	6	76	79
May	5	5	82	74
June	5	5	72	75
July	5	4	75	76
August	5	5	81	79
September	5	5	83	80
October	3	6	84	83
November	5	4	86	84
December	6	6	86	87
Year 1967 ..	5	5	75	Yearly average 81

TABLE XVIII — WINDS

Month.	9 a.m. OBSERVATIONS.—DIRECTION.								
	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm
January ..	1	3	—	3	4	10	6	4	—
February ..	—	5	1	1	2	9	5	5	—
March ..	—	—	—	1	—	14	9	7	—
April ..	3	12	1	1	—	6	2	5	—
May ..	1	3	1	2	6	15	2	1	—
June ..	2	4	3	1	—	13	3	4	—
July ..	2	3	1	1	3	10	9	2	—
August ..	2	2	1	4	1	14	5	2	—
September ..	4	4	—	—	2	14	5	1	—
October ..	—	—	—	—	1	17	8	5	—
November ..	3	8	2	—	—	9	5	3	—
December ..	4	6	—	1	—	9	1	10	—
Year 1967 ..	22	50	10	15	19	140	60	49	—

Month.	6 p.m. OBSERVATIONS.—DIRECTION.								
	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm
January ..	1	2	1	—	6	10	5	6	—
February ..	1	5	1	4	2	8	3	4	—
March ..	2	2	1	3	—	10	11	2	—
April ..	—	9	1	3	2	5	7	3	—
May ..	—	2	—	2	6	14	7	—	—
June ..	2	3	1	2	3	13	5	1	—
July ..	—	1	2	1	2	15	7	3	—
August ..	—	1	1	4	—	17	5	3	—
September ..	4	1	1	2	2	10	6	4	—
October ..	—	—	1	—	—	16	11	3	—
November ..	1	8	1	1	—	6	8	5	—
December ..	4	2	—	1	1	4	7	2	—
Year 1967 ..	15	36	11	23	24	128	82	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.
January ..	—	—	—	—	—	—	1	1	3	7	6	4	—	—	—	—
February ..	—	—	1	1	—	—	1	—	4	3	6	1	2	—	—	—
March ..	—	—	—	—	—	—	—	2	—	1	—	13	2	1	5	—
April ..	—	—	—	—	—	—	—	—	—	6	2	9	3	—	2	—
May ..	—	—	—	—	—	—	—	—	—	1	5	7	3	—	7	—
June ..	—	—	—	—	—	—	—	1	—	4	2	10	1	3	6	—
July ..	—	—	—	—	—	—	—	—	—	2	13	7	5	2	12	—
August ..	—	—	—	—	—	—	1	2	1	3	4	4	4	3	14	—
September ..	—	—	—	—	—	—	—	—	—	10	8	5	3	2	3	—
October ..	—	—	—	—	—	—	1	—	—	2	6	8	3	7	—	—
November ..	—	—	—	—	—	—	2	—	7	2	10	5	—	1	—	—
December ..	—	—	1	—	—	—	5	8	1	9	7	2	—	—	—	—
Year 1967 ..	—	—	2	1	1	1	10	14	20	35	74	79	65	32	15	56

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	1 1/4 miles	1 1/4 miles	Poor	Tarring Church Tower	" "	N.W.
H	2 1/4 miles	2 1/4 miles	Moderate	Top of High Salvington Hill	" "	N.W.
I	4 1/4 miles	4 1/4 miles	Moderate	Highdown Hill	" "	W.N.W.
J	6 1/4 miles	6 1/4 miles	Good	Portslade Gas Works Chimney	" "	E.
K	12 1/4 miles	12 1/4 miles	Very Good	Hills beyond Brighton	" "	E.
L	18 1/4 miles	18 1/4 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

Under the Local Government Act, 1958, some of the Health and Welfare functions of County Councils can be delegated to certain District Councils. This has applied in Worthing since 1st April, 1961, when West Sussex County Council delegated to the Borough Council their duties in respect of the following:—

- (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.

HEALTH CENTRES

Health centres provided under section 21 of the National Health Service Act 1946 must, by definition, make available facilities for any or all of the following:—

- (a) general medical services
- (b) general dental services
- (c) pharmaceutical services
- (d) any of the local health authority services
- (e) specialist or other out-patient services
- (f) health education by lectures, films, etc.

All the general practitioners working in the National Health Service in Worthing were asked in October, 1963, and again in February, 1966, for their views regarding health centres. The great majority were in favour of health centres in principle, but very few felt that they themselves would wish to practise from a health centre at that time.

At the end of 1966 another approach was made, and this time all the dental surgeons practising in the National Health Service in the town were also included. A meeting was convened in the Town Hall on the 19th

January, 1967, under the chairmanship of the Mayor, Alderman Cuer and a large number of doctors and dentists attended. Also present were representatives from the Ministry of Health, West Sussex County Council and the West Sussex Executive Council. There was a long discussion on the subject of health centres generally, and in particular the proposal that a health centre should be built on the Civic Centre site on the corner of Christchurch Road and Stoke Abbott Road. In the two weeks following this meeting five general medical practitioners indicated in writing their desire to practise from this centrally situated health centre if the facilities offered met with their requirements and if the approval of the Executive Council was obtained. No approach was made by any of the locally practising dental surgeons.

In due course a full report was presented to the Borough Health and Welfare Committee, and at the Council meeting held on the 2nd March, 1967, it was "RESOLVED, that the Council accept the principle of building a new Central Clinic/Health Centre with offices for supporting social services on the Civic Centre site at the corner of Christchurch Road and Stoke Abbott Road, and instruct the officers to take all necessary steps to submit in due course detailed plans and proposals and an estimate of the cost of the scheme. (Note:—The Finance and Law Committee have concurred in this decision.)"

Plans were then submitted to the Ministry of Health and the Ministry of Housing and Local Government, but the latter Ministry then indicated that loan sanction could not be given at that time for the offices portion of the project owing to the economic climate and the fact that there were severe restrictions on the amount of capital investment available for civic offices schemes. The matter was again discussed by the Health and Welfare Committee and it was resolved that if loan sanction was forthcoming the Health Centre portion of the project be proceeded with. The resolution was confirmed by the Borough Council at its meeting of the 27th July, 1967.

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 in whose area the birth takes place. If a delegation scheme is in operation, Section I(1) of the Public Health (Notification 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 1967 there were 926 notified live births to mothers whose homes were in Worthing, though only 347 of these were actually delivered in the town. This is 69 fewer than in 1966. It is also 4 less than the total number of registered live births during the year (930). Notified and registered births in any one year do, however, usually vary a little because of the difference in time allowed for their recording.

Child Welfare Centres:

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

- (1) The Central Clinic, Stoke Abbott Road—Monday 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 and third Thursday afternoons in each month.
- (5) All Saints' Hall, Cissbury Avenue, Findon Valley—Second Wednesday afternoon in each month.
- (6) St. Stephen's Hall, Angola Road, East Worthing—First and third Friday afternoons in each month.

1,600 infants and children made a total of 8,919 attendances at all centres during the year. The number of infants who first attended whilst they were under one year of age was 708 equivalent to 76.5 per cent. of the notified live births.

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

Clinic	No. of clinics held	No. of children who attended centres	Total No. of attendances made	Average attendance per clinic
Central	82 (97)	584 (637)	3,327 (3,787)	40.6 (39.0)
Durrington ..	52 (52)	403 (386)	2,493 (2,608)	48.0 (50.1)
Goring	24 (24)	151 (184)	840 (982)	35.0 (40.9)
Maybridge ..	24 (27)	173 (177)	832 (974)	34.7 (36.1)
Findon Valley ..	12 (18)	60 (73)	306 (345)	25.5 (19.2)
East Worthing ..	24 (24)	229 (231)	1,121 (1,264)	46.7 (52.7)
Totals	218 (242)	1,600 (1,688)	8,919 (9,960)	40.9 (40.6)

(the figures in brackets refer to 1966)

In addition to the local authority infant welfare clinics, a number of general practitioners are now holding sessions for their own patients. At the end of the year there were 10 of these, an increase of 2 during 1967. At each of these clinics the doctor's "attached" health visitor is present. Total attendances during the year numbered 2,944, 551 more than in 1966, and there were 379 first time attendances of infants under one year of age.

Rather fewer local authority clinics were held compared with previous years (218 as against 242 in 1966) and the number of children attending and the total number of attendances has dropped slightly. This is a direct result of the policy of helping general practitioners to run their own "well baby" clinics, and the trend is to be expected and indeed encouraged. Even

so, there is still a significant number of mothers who take their babies to both kinds of clinic.

In November the Ministry of Health published a report on Child Welfare Centres—the Sheldon Report. This report made a number of recommendations about the development of the child welfare service, its functions, personnel and organisation. In the long term the Committee's view was that the Child Welfare Service (or more appropriately the Child Health Service) would be part of a family health service provided by family doctors working in groups from purpose built health centres.

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.

Toddler Clinics have 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—Second Thursday afternoon in each month.
- (4) St. Richard's Hall, Collingwood Road, Maybridge—First Thursday afternoon in each month.
- (5) All Saints' Hall, Cissbury Avenue, Findon Valley—Second Wednesday afternoon in each month.
- (6) St. Stephen's Hall, Angola Road, East Worthing—Third Friday afternoon in each month.

During the year 86 sessions were held and attendances totalled 272 (3.2 per session).

In addition, 159 toddlers were seen and examined during the year at clinics held by general practitioners.

Congenital Abnormalities:

For the past four years congenital abnormalities apparent at birth have been recorded on the birth notification forms. 18 babies (7 male and 11 female) were so notified in 1967, and between them were noted 28 malformations:—

Talipes	5
Hydrocephalus	5
Cleft Lip/Cleft Palate	4
Spina Bifida	3
Polydactyly	2
Anencephalus	2
Encephalocele	2
Defect of Eye	1
Deformed foot	1
Hypospadias	1
Exomphalos	1
Defect of Respiratory System	1

28

5 were stillbirths and the others were included in the risk register (see below).

They will be carefully followed up until such time as their defects have been rectified or adequate provision made for their future education and well being.

Risk Register:

From the 926 live births notified during the year 48 babies were considered to be "at risk" on 69 counts, i.e. 5.2% of all babies.

Dr. A. Lowry, Clinic Medical Officer, writes:—

"This is the first year that the abbreviated Risk Register has been used—reducing the classes of risk from 37 to 7. The Health Visitors compiling the details very much prefer the amended version, which they feel not only reduces unnecessary work for them, but allows them to concentrate more comprehensively on the remaining 'at risk' babies who may well need extra attention.

The elimination has been in the main the groups dealing with social problems, unusually young or old mothers, and straight forward forceps deliveries. Many of the remaining sub-divisions have been telescoped into one large group.

These remaining seven large groups of 'at risk' babies are sharply divided, but very comprehensive, covering both maternal and infant health in the pre- and post-natal periods. The analysis is as follows:—

Group I.	Family History of defect (deafness, epilepsy—low mental ability, etc.)	10
Group II.	Maternal history of rubella, toxæmia or other severe illness during pregnancy	9
Group III.	Premature babies—short gestation and/or low birth weight	20
Group IV.	Asphyxia requiring oxygen following normal, induced or surgical delivery	7
Group V.	The presence of any physical defect, simple or multiple	13
Group VI.	Rhesus incompatibility producing antibodies	6
Group VII.	Neonatal factors (convulsions, cyanotic or apnotic attacks, etc.)	4

Total number of defects .. 69

Of the 48 babies listed in the Risk Register 33 are still under observation. Hearing tests as devised by Dr. Mary Sheridan are now used routinely on every baby, usually at about 6 months old, but they will be repeated several times in the case of a 'risk' baby. In addition each baby will be examined either in a G.P. or local authority clinic to exclude all possibility of physical defect before the child's name is removed from the register.

It is likely that the amended register will produce greater efficiency and care for the babies needing it by a focusing of more attention in a narrowing field rather than a dissemination of effort covering a far greater number."

Care of Premature Babies:

All babies weighing less than 5½lbs. at birth are by definition premature, though not all need special care. Twenty were put on the risk register out of the 71 notified during the year. All were born in hospital but six died within 24 hours of birth. There were in addition 10 premature stillbirths.

8.5 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 1967.

Ante-natal Clinics:

Sessions for expectant mothers continue to be held weekly in the Central Clinic. Midwives are now "attached" to groups of general practitioners and assist them with special ante-natal sessions for their own patients in their own surgeries.

Excluding sessions at G.P.'s surgeries attendances during 1967 were as follows:—

No. of clinics held	..	..	50	(32)
New patients seen	..	..	33	(49)
Total No. of attendances	..	..	266	(241)

(The figures in brackets refer to 1966.)

In addition the midwives held 346 ante-natal clinics with general practitioners at which there was a total attendance of 2,442 patients.

In association with the ante-natal clinics the physiotherapist holds sessions for relaxation and postural exercises. The numbers attending are increasing:—

New Patients	31	(4)
Total Number of attendances ..	91	(20)

(The figures in brackets refer to 1966.)

These sessions form an integral part of the mothercraft programme intended primarily for mothers expecting their first babies. The mothercraft classes held during the year were as follows:—

	No. of sessions	No. of attendances
Physiotherapist	11	57
Health Visitors	6	17
Dental Officer	3	15
Midwives	3	8

Dental Clinics:

All the facilities of the school dental service (see page 97) are available for expectant and nursing mothers, and for pre-school children.

It has been encouraging to note a further increase in the number of expectant and nursing mothers availing themselves of the facilities offered by the dental service. It could, however, be further improved by the introduction of the birthday card system for three year olds. At the present time this is out of the question and one wonders just how many of our 4,000 or so pre-school children are receiving regular dental inspections or advice.

The statistics for the treatment of expectant and nursing mothers and pre-school children are as follows:—

- (a) Total sessions (examination/treatment) 78 (30)
- (b) Pre-school children examined—no treatment required .. 158 (154)
- (c) Expectant and nursing mothers—a further 3 new cases (4)
- (d) Attendances for treatment:—

	Expectant and Nursing Mothers	Pre-school Children
Extractions	1 (4)	9 (29)
Fillings	40 (28)	379 (208)
Radiographs	— (3)	3 (—)
Local Anaesthetics	12 (6)	2 (2)
Teeth made self-cleansing and Silver Nitrate/Eugenol applied	— (—)	9 (6)P
Dressings	2 (5)	18 (15)
Dentures	8 (—)	— (—)

Other Clinic Facilities:

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

(a) *Orthopaedic Clinic:*

New patients seen	..	..	..	21	(27)
Old patients seen	..	..	..	7	(18)
Total number seen (new and old)	..			28	(45)
Total number of attendances	..	..		42	(71)

(b) *Physiotherapy Clinic:*

New patients treated	..	..	..	25	(28)
Old patients treated	..	..	..	5	(12)
Total number treated (new and old)	..			30	(40)
Total number of attendances	..	..		45	(93)

(c) *Eye Clinic:*

Total number seen (new and old)	..			53	(76)
Total number of attendances	..	..		100	(142)

(d) *Orthoptic Clinic:*

Total number seen (new and old)	..			37	(31)
Total number of attendances	..	..		138	(72)

(e) *Speech Therapy Clinic:*

Total number seen (new and old)	..			6	<i>No clinics held</i>
Total number of attendances	..	..		34	<i>during 1966</i>

(f) *Child Guidance Clinic:*

Number of patients seen	..			12	(9)
-------------------------	----	--	--	----	-----

(The figures in brackets refer to 1966.)

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. The sale of these foods is undertaken by the ladies of the W.R.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 milk. 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 100 illegitimate children born to Worthing mothers in 1967. Two of these were stillbirths. 10.6% of all live births in Worthing were illegitimate in 1967—1 in 9. It was 8.9% the previous year.

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. These two Societies obtain vacancies in hostels (mother and baby homes) for expectant mothers. Financial responsibility was accepted in 10 cases during 1967.

I am indebted to Sister I. S. Cameron, the Association's welfare worker in Worthing, for the following statistics on the work of the Association in Worthing during 1967:—

Analysis of the 53 new cases helped in 1967

<i>Marital Status</i>				<i>Source of Referral</i>			
Single	...	...	45	Medical Social Worker	...	27	
Married	...	...	8	Health Visitors or Clinics	...	4	
<i>Domicile</i>				Social Security Officer	...	1	
Home in Area	...	...	50	Moral Welfare Workers	...	4	
Home outside area	...	...	3	Doctors	...	4	
<i>Education</i>				Nat. Council for Unmarried	...	3	
Secondary Modern	...	...	39	Mother and her Child	...	3	
Grammar	...	...	5	Personal applications	...	5	
Comprehensive	...	...	6	Probation Officer	...	1	
Technical	...	...	1	Police	...	1	
Not recorded	...	...	2	Child Care Officer	...	2	
<i>Age</i>				Social Service Centre	...	1	
14 years	...	...	1	<i>Nationality</i>			
16 years	...	...	4	British	...	52	
17 years	...	...	8	American	...	1	
18 years	...	...	8	<i>Employment</i>			
19 years	...	...	5	Clerical	...	7	
20 years	...	...	7	Factory	...	8	
23 years	...	...	3	Shop	...	6	
25 years	...	...	3	Housewife	...	5	
27 years	...	...	3	Nurse	...	3	
29 years	...	...	1	Schoolgirl	...	1	
30 years	...	...	1	Catering	...	3	
Not recorded	...	...	9	Domestic	...	2	
<i>Religion</i>				Agricultural	...	2	
Church of England	...	...	40	Telephonist	...	3	
Roman Catholic	...	...	3	Hairdressing	...	3	
Non-conformist	...	...	1	Teacher	...	1	
Other	...	...	6	Unemployed	...	4	
Not recorded	...	...	3	Not recorded	...	5	

Children's Co-ordinating Committee:

This Committee continued to meet during the year under the chairmanship of your Medical Officer of Health. The area covered includes Shoreham, Southwick and parts of Worthing and Chanctonbury Rural districts in addition to Worthing Borough. For the following report on the work of the Committee I am grateful to Miss R. C. Mason (Area Children's Officer) who convened all our meetings:—

"Reasons for referral have been much as in previous years. Members of the Committee have felt concern for the children's well-being because of inadequate standards of care, both physical and emotional, and this has been coupled with factors such as marital problems sometimes leading to one parents' desertion, parental ill-health, physical or mental, inadequate accommodation, sometimes with the risk of eviction, or financial difficulties. In many cases the family has multiple problems.

15 children of 5 families referred to the Committee have come into the care of the County Council since the family's problems were discussed,

and in each case the family unit has at least temporarily ceased to exist, although except in one case of a guardian's death, the Children's Department is working to bring child and parent together again, with the added difficulty that there is no longer a house to which the family can immediately return. In 3 of these 5 families the mother deserted but soon was back in contact with the children although still unable or unwilling to set up home again. This suggests that perhaps the total family breakdown could have been averted if only the parents could have been given help at a much earlier stage.

Housing Managers, who were invited to become members of the Committee a year ago, have attended or sent a representative when concerned with a case on the agenda. This has been very helpful in understanding one another's problems. At the Committee's invitation, Dr. Aldridge has recently become a member of the Committee. We hope that he or a member of his staff at the Worthing Child Guidance Clinic will be able to attend whenever interested in a family to be discussed."

Family Planning:

The Sussex Branch of the Family Planning Association hold a Worthing and District Clinic at the Central Clinic, Stoke Abbott Road, on Monday and Wednesday evenings. There is also a clinic for fitting the "intra-uterine device" (I.U.D.) held at Worthing Hospital on the 1st, 3rd and 5th Monday evenings in each month. I am obliged to the Clinic Secretary for supplying the following statistics:—

Number of sessions held in Central Clinic	97	(83)
Number of new patients seen (excluding transfers)	485	(389)
Number of transfer patients seen	168	(117)
Total number of attendances (including visits for supplies only)	3258	(2554)

(The figures in brackets refer to 1966.)

189 of the 485 new patients (39.0%) were referred to the clinic by their own doctors. This compares with 99 out of 389 (25.5%) the previous year.

The statistics for the Intra-Uterine Device clinic held at Worthing Hospital are as follows:—

No. of I.U.D. sessions held	39	(4)
No. of patients fitted with I.U.D.	60	(12)

The most important event during the year for the family planning services was the passing of the National Health Service (Family Planning) Act, 1967. This Act extended the existing power of local health authorities by allowing the provision of contraceptive advice and contraceptives to any who needed them *on social grounds* and not (as hitherto) only in medical cases.

Before the passing of this Act, Worthing Borough Council had agreed to make an annual contribution of £3 10s. per patient to the Sussex branch

of the F.P.A. to cover their costs (for Worthing residents) in respect of those cases where pregnancy would be detrimental to health. This was limited to the following categories:—

1. (a) Within 12 months of last confinement;
(b) After birth of fifth child.
2. Where a medical or gynaecological condition existed which would make a further pregnancy dangerous.
3. Where there was a risk that a further pregnancy would impair health for mental, physical or social reasons.

The scheme began in February. In 11 months of 1967 157 Worthing patients attending the local F.P.A. clinics were exempted from paying fees, and £549 10s. was paid to the F.P.A. by the Council in respect of these. The largest number were exempted by virtue of being within 12 months of their last confinement; only 8 (5.1%) were in category 3.

In addition to this direct subsidy for certain categories of patient, the Council provided accommodation for the clinics, and made no charge for rent, rates, lighting, heating or cleaning.

Marriage Guidance:

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

The demands for the Council's services were extended during the year in both education and counselling fields. Group discussions on personal relationships took place on 54 occasions in colleges, schools and youth organisations in the area. Well over 900 young people took part in them and the value of this form of education is becoming more widely acknowledged. Its techniques were well illustrated in a television broadcast featuring students of the Worthing College of Further Education and the Council's Chairman, Mrs. Lyn Wyatt, J.P.

Counselling interviews to those in marital difficulties also increased during the year. New clients numbered 102 of whom 25 husbands and 63 wives made the initial approach. Interviews with these and existing clients totalled 475 compared with 362 during 1966. Most of those seeking help came from Worthing but requests from residents in the immediate adjoining areas notably increased. The area served by the Council also covers Worthing and Chanctonbury rural districts, Arundel and Littlehampton. Local authority grants towards the Council's work were made by Worthing Corporation, the rural districts of Worthing and Chanctonbury and the West Sussex County Council. It is encouraging to see that in addition to public support, increasing contributions are being made by grateful clients.

All those involved in the Council's activities work voluntarily, receiving only out of pocket expenses and no charge is made for counselling. Appointments with counsellors are made through the Appointments Secretary at Worthing 202512.

MIDWIFERY

The number and percentage of home confinements still 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
1963	852	187	21·8
1964	936	205	21·9
1965	970	164	16·9
1966	923	129	13·8
1967	943	57	5·8

The confinements took place as follows:—

Southlands Hospital	320 (including 16 stillbirths)
Worthing Hospital	290
Zachary Merton Maternity Hospital	267 (including 2 stillbirths)
Other hospitals	5
Patient's own home or private address	57
Private Nursing Homes	4
Total ..	<u>943</u>

The following is a summary of the work of the domiciliary midwives in 1967 (the figures in brackets refer to 1966).

Confinements attended:

By midwife only	83	(67)
By midwife and doctor	42	(66)
	<u>125</u>	<u>(133)</u>
Post-natal nursing visits made	5,046	(3,564)
Ante-natal home visits made	1,272	(1,672)

It will be noticed that the number of confinements attended by domiciliary midwives during the year numbered 125 (8 fewer than in 1966), but only 57 of these (5·8% of the total births) were delivered at home. The other 68 were delivered in the Worthing Hospital Maternity Unit. In general these were mothers having normal confinements of second or third babies who were admitted for a "short-stay"—usually 48 hours.

HEALTH VISITING

Statistics for the year are shown in the table that follows. The figures in brackets refer to 1966:—

Type of case	Number of cases visited	Total number of visits
Children born in 1967 (1966)	939 (1,057)	2,978 (2,929)
Children born in 1966 (1965)	1,085 (642)	5,191 (4,883)
Children born in 1962-1965 (1961-1964)	1,523 (1,194)	
Children under the age of 5 years	3,547 (2,893)	8,169 (7,812)
Persons aged 65 or over:		
(a) Total	1,622 (1,373)	4,995 (3,621)
(b) at request of G.P. or hospital	1,153 (1,077)	
Mentally disordered persons:		
(a) Total	43 (30)	
(b) at request of G.P. or hospital	37 (20)	
Persons discharged from hospital (other than maternity or mental cases):		
(a) Total	375 (390)	3,260 (3,628)
(b) at request of G.P. or hospital	261 (311)	
Tuberculous households visited	25 (37)	
Households visited on account of other infectious diseases	51 (51)	
Other cases	690	

(the figures in brackets refer to 1966)

Total visits made by health visitors during the year numbered 24,593, 1,720 more than in 1966. This is a reflection of the improved staffing position which obtained during most of the year.

HOME NURSING

During 1967 the establishment of home nurses was increased by one qualified male nurse and two auxiliary nurses.

Details are given below of the numbers of patients treated and the visits paid during 1967. (The figures in brackets refer to 1966):—

Total number of patients attended	1,924 (1,956)
Number under 5 years	35 (28)
Number aged 65 or over	1,299 (1,329)
Total number of visits paid (district nurses) ..	61,902 (60,340)
Total number of visits paid (nursing auxiliaries) ..	13,825 (7,976)

VACCINATION AND IMMUNISATION

On April 1st, 1967, the Minister of Health introduced new arrangements for the payment of fees to doctors for the vaccination and immunisation of patients on their lists. From that date claims had to be made to their Executive Council instead of the Local Health Authority. The new system abolished the "pool" method of payment, and gave doctors a modest financial incentive to send in their records, but it also involved them in more clerical work than before. Most of this was avoided by those doctors in West Sussex who were participating in the County Council's computer recording scheme. This scheme had received a special dispensation from the Ministry of Health to allow computer records to be accepted for payment.

Worthing doctors were therefore asked by the West Sussex Local Medical Committee if they too wished to take part in the County Council's scheme. 27 of the 43 Worthing general medical practitioners indicated their desire to do so. These figures compare with 11 of the 41 doctors who were asked the same question in November, 1964.

In view of the changed circumstances, the Worthing Health and Welfare Committee, at their July meeting, resolved that the County Council's computerised scheme be used for recording vaccinations and immunisations in the Borough. The necessary action was therefore taken with a view to the new arrangements starting on 1st January, 1968.

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 1962 to 1966 by the estimated child population in the relevant age groups, and expressing the result as a percentage :

Age on 31.12.67 (i.e. born in year)	Under 1 1967	1-4 1963-1966	5-9 1958-1962	10-14 1953-1957	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1963-1967 ..	390 (409)	2,971 (2,833)	3,074 (2,153)	987 (654)	7,422 (6,049)
B. Number of children whose last course (primary or booster) was completed in the period 1962 or earlier	— (—)	— (—)	282 (444)	1,079 (1,441)	1,361 (1,885)
C. Estimated child population based on sample census 1966	930	3,790	7,850		12,570
Immunity Index $\frac{(100A)}{C}$..	42.0	78.4	51.7		66.9

(the figures in brackets refer to 1966)

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 position over the past five years:—

Age group	Immunity index				
	1963	1964	1965	1966	1967
Under 1 year ..	26.1	30.5	33.4	44.8	42.0
1- 4 years	84.4	86.4	89.5	98.1	78.4
5-14 years	20.4	24.8	27.2	34.1	51.7
0-15 years	36.6	40.0	43.0	50.3	66.9

Between 1963 and 1966 the percentages were based on the 1961 census figures for the child population and for 1967 on the sample census of 1966

which showed an increase of nearly one thousand children in the 1-4 group. This explains the fall in the immunity index in that group from 98.1 to 78.4.

Type of injection	Numbers completing primary course of injections			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 ..	— (—)	— (—)	— (—)	71 (139)	— (—)	71 (139)	71 (139)
Tetanus ..	14 (—)	2 (—)	16 (—)	— (—)	7 (—)	7 (—)	23 (—)
Diphtheria/ Tetanus ..	21 (22)	8 (12)	29 (34)	596 (597)	356 (370)	952 (967)	981 (1,001)
Diphtheria/ Tetanus/Whoop- ing Cough ..	208 (324)	574 (637)	782 (961)	191 (200)	363 (411)	554 (611)	1,336 (1,572)
Totals ..	243 (246)	584 (649)	827 (995)	858 (936)	726 (781)	1,584 (1,717)	2,411 (2,712)

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		
	1965	1966	1967	1965	1966	1967
Under 1 year ..	8	21	9	—	—	—
1 year ..	319	538	437	—	—	—
2-4 years ..	115	151	84	1	1	7
5-14 years ..	21	36	7	8	19	32
15 years & over	—	—	—	—	—	—
Totals ..	463	746	537	9	20	39

Smallpox vaccination remains the least popular of all the protective procedures available. Of the 537 primary vaccinations carried out during the year, 208 were performed at the clinics and the rest by general practitioners in their own surgeries or in patients' homes.

Poliomyelitis:

The following table shows the number of vaccinations against poliomyelitis completed during 1967. Salk vaccine by injection is now seldom used; in virtually all cases the Sabin vaccine is given orally.

Age group	Number completing primary course during 1967			Number who received a reinforcing dose during 1967			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 1966 and 1967	202 (388)	503 (593)	705 (981)	66 (68)	137 (105)	203 (173)	908 (1,154)
Children (and others) born in 1965 or earlier	26 (54)	72 (131)	98 (185)	502 (537)	498 (453)	1,000 (990)	1,098 (1,175)
Total ..	228 (442)	575 (724)	803 (1,166)	568 (605)	635 (558)	1,203 (1,163)	2,006 (2,329)

(the figures in brackets refer to 1966)

Primary vaccinations numbered 803 compared with 1,166 in 1966. Most of these were in babies and toddlers. Reinforcing doses increased from 1,163 to 1,203; most of these were given to children who had just started or were about to start school, but 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 during October/November 440 were given the single immunising injection.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis:

(a) Liaison with hospital and voluntary services:

With the re-organisation following health visitor attachment to general practitioners, visiting of tuberculous households 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 25 tuberculous households were visited.

(b) Mass Radiography:

For the eighth 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.

The number of persons X-rayed in Worthing by the Mass Radiography Unit in 1967 was as follows:—

	Males	Females	Total
General Practitioner Service (52 weekly visits)	977	1,027	2,004
General Public and Factory Visits ..	—	—	—
TOTAL ..	977	1,027	2,004

The 2,004 persons X-rayed at the G.P. Service visits compares with 2,210 in 1966. The results of the visits are tabled below:—

Disease	Male	Female	Total	Rate per 1,000
Newly discovered cases of pulmonary tuberculosis requiring treatment or close supervision	2 (3)	1 (4)	3 (7)	1.50 (0.75)
Cases of tuberculosis requiring occasional out-patient supervision only	13 (20)	9 (16)	22 (36)	10.98 (3.88)
Primary cancer of the lung	18 (28)	4 (5)	22 (33)	10.98 (3.56)
Other forms of cancer	2 (1)	1 (1)	3 (2)	1.50 (0.22)

(The figures in brackets refer to 1966.)

(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 1967, with those of 1966 in brackets for comparison:—

Number of children given Heaf tests	794	(710)
Number found to be tuberculin negative	706	(689)
Number found to be tuberculin positive	88	(21)

All those found positive were X-rayed but no lung abnormalities were found.

Geriatric Services:

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

"The Geriatric Waiting List and Future Plans:

The table below shows the situation as at the end of 1967 compared with that at the end of 1966. The overall picture has again worsened, particularly for females. This should evoke no surprise when one considers the population statistics and remembers the fact that the beds available have not increased in number since 1962.

Waiting lists	Females		Males		Totals	
	1966	1967	1966	1967	1966	1967
"A" list (in need of admission) ..	91	99	28	18	117	119
"B" list (can be nursed at home or nursing-home pro tem)	23	36	7	5	41	30
Short stay	8	14	3	8	22	11
Others	4	4	3	1	5	5
Totals	126	153	41	32	185	165

There is now, however, very considerable hope for the future. During the year the Regional Hospital Board announced its intention to develop Worthing Hospital, the building programme to include a large number of geriatric beds and a Day Hospital for geriatric and other cases in need of rehabilitation and day care. The programme has been brought forward one year and it is now hoped to start building in late 1969, with completion of this phase of the development in 1971/72. These new beds should make it possible to shorten the waiting list very considerably and to clear the acute wards of geriatric problems much more quickly than at present.

The existence of the Day Hospital will make it possible to discharge geriatric and other cases from hospital beds earlier and in many cases will do away with the need for admission to hospital altogether. Patients will be able to attend up to five days a week, have their meals there and return home in the evening. The unit will be sited alongside the Physiotherapy, Remedial Occupational Therapy and Speech Therapy departments and other facilities will be available, including chiropody, assisted bathing and hairdressing. The responsible relatives will get day-time relief and the patients themselves will receive active treatment. It should be clearly understood that this will be a therapeutic, rather than a social, centre.

It is, of course, a source of great satisfaction to me that these new beds and the Day Hospital, both of which I first asked for in 1961, are now in sight. However, we are still, in the interim period before completion of this project, left with the problem of elderly patients forced into nursing homes which they cannot afford, because of the lack of hospital beds. It is greatly to be hoped that a way will soon be found to bring help to these unfortunate old people from statutory sources.

Home for Terminal Cancer Cases—St. Barnabas:

I have mentioned in every Annual Report since 1962 the great and growing need for a non-profit-making charitable Home for terminal cancer cases. Over the years I and others have tried to find financial backing for such a venture, though without success. Cancer deaths in the Hospital Group Area grew from 651 in 1962 to 729 in 1966, a rise of 3% each year. In the latter year probably 450 of these cancer deaths occurred outside hospital, that is either at home or in a commercial nursing home. The cancer death figures for Worthing Borough in 1966 were particularly striking, accounting for about one in five deaths from all causes.

A great hope came in May, 1966, when I was invited to a meeting of the Trustees of the Worthing Remembrance Fund, a Registered Charity set up originally by the Worthing and District Council of Social Service, but now separate from it. I should like to say that we all owe a great debt of gratitude here to Mr. Joseph Sayers, in his separate capacities of Clerk to the Trustees and Secretary to the Council of Social Service. He had known for years of my great wish for a home of this sort, and at this meeting the Trustees soon became convinced of the need for it. Following further meetings it was, in November, 1966, decided to set up an exploratory committee which would make a feasibility study of this project. Dr. Gusterson, who already had great knowledge and experience in fund-raising for charitable causes very kindly agreed to chair this Committee. By June, 1967, we were all convinced that this project would succeed and a Steering Committee of twelve was formed to make concrete plans and to launch an Appeal to raise £100,000 for a purpose-built Home

of some 30 beds. The appeal was launched in October at a Press Conference and a central site in Worthing, convenient from a communications point of view, is under negotiation. As Vice-Chairman of this Committee I should like to emphasise that whilst the Home will be in Worthing, for the reason that about 70% of cancer deaths occur within six miles of the Borough centre, patients will be taken from all the districts in the Group Area.

In our view the provision of more hospital beds over the years will make no difference at all to the need for St. Barnabas. Here not only the physical needs of the patients, but their spiritual needs and those of their relatives, will be taken care of in an atmosphere of tranquility and peace which is not to be found in the busy hospital ward. A number of patients will be admitted on a short-stay basis, to relieve relatives from nursing care and allow them to take a holiday.

We are all confident that the public will give most generous support to this project, which is the first of its nature in the whole of West Sussex. I record with gratitude that West Sussex County Council and Worthing Borough Health Committee have already pledged their support of St. Barnabas by making generous contributions towards the capital cost."

Health Education:

A large number of talks to schools and to various organisations in the town were given by the Health Education Organiser during the year. Many were illustrated by films or slides:—

Talks given in schools	..	126	(12,722)
Talks given to various organisations ..	..	86	(2,637)
TOTAL ..		212	(15,359)

The figures in brackets are the numbers in the audiences. 65 of the talks were illustrated by films and 19 by slides.

The work of the Medical Social Worker:

Year by year the number of patients referred to the Medical Social Worker has continued to show a slight increase and, once again, more patients have been referred during 1967, the total number for the year being 355. Of these 303 are entirely new referrals. In addition to these, at the end of 1966 80 cases were still current, making a total for the year of 435.

The sources of referral for the 355 were as follows:—

General Practitioners	..	101
General Practitioners/Health Visitors	..	49
Consultants and M.O.H.	..	28
Medical Social Workers	..	58
Health Visitors and District Nurses	..	45
Statutory Agencies	..	17
Miscellaneous	..	29
Personal Applications	..	28
		355

These figures show a slightly changing pattern of referral since Health Visitor/General Practitioner attachment. More patients are tending to be referred through the Health Visitors rather than direct from the General Practitioners. This has facilitated helping patients and there has often been two-way referring back from the Medical Social Worker to the Health Visitor concerned, after a period of contact.

The following summary of the reasons for referral indicates that some of the 355 patients were referred for more than one reason:—

Recuperative holidays and convalescence—Privately	19	
—Per M.O.H.	36	
	—	55
Follow up from hospital treatment		58
Advice re residential care—Temporary	32	
—Permanent	76	
—Terminal	37	
	—	145
Social and personal problems		145
Financial help and/or advice		101
Rehabilitation		3
Others		10
		464

These figures show an increase in the number of recuperative holidays arranged and the total fund allocated for this purpose during the year was used. Numbers have risen from 39 in 1966 to 55 in 1967 and of these 19 were private arrangements and 36 subsidised through the Borough scheme.

Again the largest number of patients referred required help with long-term planning. Often they had unrealistic ideas of the types of care that could be arranged for them, and so sometimes they changed their minds when it really came to taking the plunge of giving up a much-cherished home. The Medical Social Worker has always to try and remain completely impartial without bringing pressure to bear in any way on an elderly person in this matter, even though relatives, friends and neighbours will often try to do so. The sovereignty of the old person's own decision must always be respected.

A large group of patients, totalling 104, were suffering from various forms of cancer, some of them needing supportive help on a fairly long-term basis. It is interesting to note that no less than 37 patients were referred for terminal care during the year, there being no hospital bed available. Some were financed by N.S.C.R. and/or Marie Curie help in private nursing homes. The total amount given by the N.S.C.R. to help our patients during the year was £1,120 and Marie Curie Memorial Foundation gave £940.

Care Committee help has continued to be appreciated by a nucleus of chronic chest patients forced to hibernate during the winter and requiring extra warmth and nourishment. Other financial help from various voluntary and charitable societies totalled £506.

Under the heading of Social and Personal Problems a special mention should be made of personality problems, making it difficult for a patient to adjust to changed circumstances resulting from illness, bereavement or other personal loss. With such patients the aim has been to establish a friendly and supportive relationship and to give practical help and advice where required.

A new development this year was in the field of student training. The Medical Social Worker undertook to give supervision to a student from the Social Studies course at the Brighton College of Technology. This student spent 20 days working with the Medical Social Worker as well as visiting other members of staff in the department.

Chiropody:

The following table summarises the work done during the past five 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
1963	190†	188	*	1,220	423	35
1964	340†	272	*	1,965	655	34
1965	435	369	692	2,418	834	34
1966	476	339	939	3,655	1,185	32
1967	644	350	1171	4,756	1,503	32

* not recorded † approximate figure

The senior chiropodist reports as follows:—

"The demand for chiropody has continued unabated with an increase in the number of treatments by one third over the previous year. The frequency at which it is possible to treat those patients most in need of attention has also been improved so that re-dressings between appointments have not often been required.

This has been achieved by the employment of one additional chiropodist in May, first on sessional duties, then full-time from mid-October. However, by the end of the year it was obvious that the present staff of 2 full-time chiropodists and one clinic assistant was still insufficient to cope with the constant influx of new patients, so that it has become necessary to create a waiting list in order not to overload the system that has been found to be most efficient and satisfactory for the patients.

A doctor's note is requested before any new patient is accepted, and it is hoped that these will continue to be issued with discretion, favouring only those most in need. This will have to continue until the staffing situation has improved.

It is still only possible to offer treatment to patients of pensionable age and handicapped persons who are able to attend the Central Clinic. This utilises the present staff to maximum capacity. During 1967 the fee charged remained at 2s. 6d. per visit, whilst patients in receipt of a Supplementary Allowance were treated free of charge."

Cervical Cancer :

The Worthing and District Cervical Cytology Service Clinics continued to be held every Wednesday throughout the year at Worthing Hospital, with alternating afternoon and evening sessions. These clinics are principally for women between the ages of 35 and 55, but others may attend.

Administrative and nursing help is given free by volunteers, and the 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 the statistics and sends the results to the individual patients and their own doctors.

During 1967, nearly 2,500 smears were taken and the results of the tests are given in the following table:—

	Women resident in the Borough	Women resident outside the Borough	— Total
Negative cases	1,172 (1,044)	1,075 (859)	2,247 (1,903)
Positive cases	2 (8)	5 (9)	7 (17)
Negative, but to be re- tested in one year ..	32 (25)	31 (26)	63 (51)
Negative, but with infections:			
Trichomonas	31 (15)	30 (18)	61 (33)
Monilia	27 (16)	17 (8)	44 (24)

(the figures in brackets refer to 1966)

The patients to be re-tested in one year had either trichomonas or monilia infections, or there was some very slight abnormality which it was felt it would be wise to check.

An increasing proportion of the smears examined came from sources other than the special clinics at Worthing Hospital:—

Source of smear:

Cervical Cytology Clinics	1,476
Family Planning Clinics	700
General Practitioners	246
	2,422

HOME HELP SERVICE

In February a monthly service of seven lectures for home helps was begun. The average attendance at these lectures was 64, and a very wide range of subjects was covered. These included "Problems associated with chronic sickness", "Food poisoning and the prevention of infection", "Aids to assist the handicapped", "Hygiene and safety in the home", "Simple cooking in bed-sitters", etc.

The Home Help Organiser has submitted the following report on the nature and scope of the service:—

"Some members of the general public have the wrong concept of the Home Help Service, and regard it as a Domestic Help Agency. The reason for a Home Help's attendance is because health or social problems will be ameliorated. They are never sent to a home merely because the occupant would like someone else to do the housework. Consequently, the work is very demanding and sometimes unpleasant, but to women with a sense of community spirit it provides satisfaction and the feeling of a job well done in providing aid for those in need.

A Home Help can be sent to a home only at the request of a Doctor, Nurse, Midwife or Health Visitor, and when there is no adult relative or friend available to help.

Home Helps are mainly recruited from among married women who are already experienced in the domestic tasks of cleaning, cooking and general housewifery. They must possess qualities of sympathy, tact, kindliness, and adaptability. Performing domestic tasks in someone else's home is never easy, and, in addition, Home Helps must care for sick, aged, convalescent and handicapped patients as well as maternity cases. The duties of a Home Help vary from one household to another. She is not there to do everything, but only to do the things the applicant is incapable of doing."

Details of the help given in the past five years are shown below:—

Number of persons who received help						
Category	1963	1964	1965	1966	1967	
Aged or infirm	795	863	1,043	1,062	1,052	
Maternity cases	44	47	43	29	16	
Chronic illness	65	82	60	68	60	
Others	54	94	90	100	110	
Total	958	1,086	1,236	1,259	1,238	

The actual number of hours of help given in 1967 was 93,424, 856 more than in the previous year, and 730 households on average were receiving help from the Service each week.

The Work of the Mental Welfare Officers:

This can be summarised as follows:—

1. The statutory admission of mentally ill patients to hospital.
2. The supervision and visiting of the mentally subnormal in the community.
3. The supervision and management of the mentally ill in conjunction with the consultant psychiatrists and the family doctors.

(a) Mental Illness:

Number of patients admitted to Psychiatric Hospitals:—

Mental Health Act, 1959	Males	Females	Total
Section 5 (Informal)	27 (22)	29 (33)	56 (55)
Section 25 (Observation—28 days) ..	4 (2)	25 (12)	29 (14)
Section 26 (Treatment)	4 (6)	12 (12)	16 (18)
Section 29 (Observation in Emergency) —(3 days)	16 (13)	20 (19)	36 (32)
Section 60 (Court Order)	— (1)	— (—)	— (1)
Section 65 (Court Order)	— (—)	— (—)	— (—)
Total	51 (44)	86 (76)	137 (120)

(the figures in brackets refer to 1966)

(b) Mental Subnormality: (i) Register

	Males	Females	Total
Boarded out under Guardianship ..	1 (1)	3 (3)	4 (4)
In Psychiatric Hospitals	41 (40)	32 (32)	73 (72)
In Mental Nursing Homes	— (—)	— (—)	— (—)
In Residential Homes	4 (4)	8 (7)	12 (11)
Boarded out in Private Homes ..	3 (3)	1 (1)	4 (4)
Under Informal Community Care ..	56 (51)	77 (70)	133 (121)
Total	105 (99)	121 (113)	226 (212)

(the figures in brackets refer to 1966)

(ii) New referrals

Source of referral	Males	Females	Total
Relatives	1 (—)	2 (—)	3 (—)
Other Health Authorities	3 (3)	4 (3)	7 (6)
Working Committee for Education ..	1 (—)	1 (—)	2 (—)
Labour Exchanges	— (—)	— (—)	— (—)
General Practitioners	1 (—)	— (—)	1 (—)
Other sources	1 (1)	3 (2)	4 (3)
Total	7 (4)	10 (5)	17 (9)

(the figures in brackets refer to 1966)

SERVICES FOR THE BLIND AND PARTIALLY SIGHTED

Welfare services are operated through the Worthing Society for the Blind whose Honorary Secretary is one of three social welfare officers for the blind. 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 379 blind and 113 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	1	3	4	13	14	37	45	11	129
Female	—	—	2	—	2	7	24	66	108	41	250
Total	—	1	3	3	6	20	38	103	153	52	379

There were 55 new registrations during the year (16 male and 39 female).

Partially sighted:

	0-20	21-49	50-64	65+	Total
Male	3	5	5	15	28
Female	1	1	9	74	85
Total	4	6	14	89	113

There were 35 new registrations during the year (9 male and 26 female).

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 42 registered deaf adults. (Deaf and partially-hearing children are the responsibility of the School Health Service—see page 99).

Deaf with speech:

	16-64			65+			Grand Total
	Male	Female	Total	Male	Female	Total	
Employed	—	4	4	—	—	—	4
Unemployed or retired	2	1	3	1	6	7	10
Total	2	5	7	1	6	7	14

Deaf without speech:

	16-64			65+			Grand Total
	Male	Female	Total	Male	Female	Total	
Employed	7	8	15	2	—	2	17
Unemployed or retired	—	1	1	1	9	10	11
Total	7	9	16	3	9	12	28

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

The work continued to expand during 1967 and the number of persons on the register was 823 at the end of the year, an increase of 91 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	—	—	27	—	31
Arthritis and rheumatism ...	3	1	1	376	—	381
Congenital mal-formations and deformities ...	3	4	1	8	1	17
Internal diseases* and disease of the skin ...	1	1	4	18	—	24
All injuries and diseases of the limbs and spine (except T.B.) ...	4	2	—	69	—	75
Organic diseases of the nervous system† ...	13	7	3	234	2	259
Mental disorders (neuroses/ psychoses, etc.)	—	1	—	2	—	3
Tuberculosis—respiratory ...	—	—	—	2	—	2
Tuberculosis—non-respiratory	—	1	1	1	—	3
All other diseases	2	2	—	24	—	28
Totals ...	30	19	10	761	3	823

* 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 (761 out of 823). 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	..	..	..	..	3,053	(2,981)
New patients added to register	..	..	..	..	143	(193)
Aids purchased	..	..	..	..	—	(1)
Aids loaned	..	..	..	..	401	(356)
Adaptations made to homes	..	..	..	..	19	(14)
Garage drives constructed	..	..	..	..	1	(2)
Holidays arranged	..	..	..	..	31	(23)

Aids and adaptations:

These include the provision of handrails, ramps for wheel-chairs, sliding doors, etc.

Several gifts have been made to the department during the year, including several wheel-chairs, for which acknowledgment is gratefully made. Some financial assistance has been given to individual handicapped persons by voluntary societies, West Sussex Association for the Care of the Disabled being particularly helpful in this respect.

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.

Holidays:

Handicapped persons are eligible for the holiday scheme in certain cases. Holidays are usually for 2 weeks only. In 1967 31 holidays were arranged and enabled relief from responsibility to be given to the relatives.

A group holiday is organised each year at a holiday camp on Hayling Island. Twelve handicapped persons from Worthing attended and were transported to and from the camp by the British Red Cross Society. Special mention must be made of the wonderful service given by this society who provide all the transport for the handicapped to the Clubs (see below) as well as for all holiday arrangements.

Day Centres and Clubs:

- (a) *West Sussex Association for the Care of the Disabled.* Thirty persons now attend the centre in Field Place. Twenty-one attend for the full day, 9 for the afternoon only. This club now has the maximum number of members it is able to accommodate.
- (b) *British Red Cross Society Disabled Club.* This continues to be held once monthly at the Congregational Church Hall, Shelley Road, Worthing. There is a varied programme of lectures, film shows, etc. The membership is now 55 with a waiting list. Many of these members are severely handicapped and chairbound.

- (c) *Worthing, Littlehampton and District Spastics Society.* The Day Centre at Rectory Road is now well established and open daily. It is attended by 10 patients who do industrial work and some craft work. For this they each receive 10s. pocket money per week.

Craft Classes:

In addition to the classes held fortnightly at Field Place, a weekly class is now functioning at "Normanton", a County Council home for the elderly in Shelley Road. About one third of the 31 residents attend, and most of them are disabled as well as elderly. This year they were very successful with their entries for the County Council exhibition held in May for which a number of prizes were gained. This exhibition is a great stimulus to the patients and they all thoroughly enjoy working on their exhibits.

Housing for the Disabled:

Two flatlets for the disabled were completed in 1967 and it is hoped that a further 6 will be ready for occupation in 1968.

Specially adapted housing for the disabled is in two main categories: (a) for the ambulant disabled and (b) for the chair-bound, but disabilities are so varied that often the classification of ambulant and chair-bound leaves much to be desired. If the tenants can be selected at a reasonably early date certain aids can be incorporated at little or no extra cost to suit their particular needs.

Car Badges for Disabled Drivers:

The administration of this scheme was taken over by the Borough from the County Council late in 1965. Car badges are issued to assist severely disabled drivers with parking and only 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.

With the exception of drivers of vehicles supplied by the Ministry, it is necessary for persons making application for car badges to produce a medical certificate certifying they suffer from a "permanent and substantial disability which causes severe difficulty in walking."

The badges confer no legal rights but are issued for the purpose of identification so that the police can assist the disabled in parking and exercise discretion in their favour whenever possible. Since the installation of parking meters during the year it was decided that holders of car badges could park in meter bays free of charge for an unlimited period.

At the beginning of the year the car badge register contained the names of 131 Worthing residents and at the end of the year this number was the same. 102 were renewals and 29 were applications received and approved during the year.

Personal Transport for the Severely Disabled:

Changes in the arrangements for providing power propelled vehicles were introduced in 1967.

Cars may now be provided for:

- (i) an eligible disabled parent who has lost his or her spouse and is left alone to care for a child or children of the marriage.
- (ii) two related members of one household one of whom is eligible and the other blind (previously limited to husband and wife).
- (iii) two related members of one household both sufficiently disabled to be eligible for supply of a vehicle, even though one is under 16 years of age.

Where a real medical need exists consideration will be given to the supply of an estate car.

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.

During the year approval was given for the registration of two additional nurseries and four child minders and the position at the end of the year was as follows:—

	<i>Numbers registered</i>	<i>Number of children provided for</i>
(a) Premises	19 (17)	502 (447)
(b) Daily minders ..	7 (3)	53 (27)

(the figures in brackets refer to 1966)

Ninety 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 30 of the 56 registered nursing homes in West Sussex are in Worthing.

On 1st January, 1968, the 30 homes provided a total of 556 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, 1968, there were 50 such homes in Worthing out of a total of 118 in the County as a whole.

Most of the 777 beds available are occupied by the aged and infirm who need looking after but no actual nursing care. Three homes cater

for the blind only and provide a total of 115 beds. Two homes are registered for aged, infirm and disabled (22 beds).

DAY CENTRE FOR THE ELDERLY

This Centre, which was opened on 7th March, 1966, continues to function satisfactorily. A full-time hostess is present every day between 10 a.m. and 5 p.m. when the Centre is open to senior citizens, and with the help of a part-time canteen assistant she arranges for hot snacks, coffee, biscuits, etc., to be on sale at the canteen. There are no entrance fees payable and all can enjoy the recreational facilities in the building free of charge. The senior citizens also arrange their own activities, e.g. a "bring and buy" and general sales, concerts, visits to places of interest, etc., and details of these are displayed on the notice board from time to time.

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

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

Before obtaining a magistrate's order for the compulsory removal of a person from his own home, the Medical Officer of Health and the patient's own doctor must both be satisfied that this measure is absolutely necessary. They must both certify that the person concerned is either suffering from a grave chronic illness, or that he or she is aged, infirm or physically handicapped and living in insanitary conditions, and that proper care and attention is not being given.

It was necessary on one occasion to use these powers during the year, the last time had been nearly five years previously. On the 18th December a very old lady who fulfilled all the above criteria was removed to Worthing Hospital for urgent medical treatment and nursing care. There was really no choice, for she steadfastly refused all aid from neighbours or anyone else, though she was desperately ill and unable to stir from her chair. There was no food in the house and no heating or light except a candle. She went to hospital still protesting and died eleven days later.

Section 50. Burial of the Dead.

A contract is made with a local undertaker for common grave burials where no disposal arrangements have been made by a deceased's friends or relatives. The disposal duty of the Council invariably includes instances where no money for a funeral is available in an estate. It is possible to recover all or part of the costs in about half of the cases.

Burials of 4 males and 3 females and the cremation of 2 females and 1 male were carried out. The youngest dealt with was a 7 week old Nigerian child who had been fostered in Worthing and the eldest was a 94 year old lady.

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:—

<i>Department</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Borough Water Engineer (Widal tests)	72 (9)	— (—)	72 (9)
Education (Teachers)	1 (2)	2 (—)	3 (2)
Entrants to Training Colleges ..	18 (17)	40 (38)	58 (55)
TOTAL ..	91 (28)	42 (38)	133 (66)

(the figures in brackets refer to 1966)

Eleven medical examinations were carried out at the request of other Local Authorities in 1967.

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 own doctor.

The following is a summary of the work done during 1967:—

Health Statements Completed

<i>Department</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Town Clerk	4	3	7
Borough Engineer	16	3	19
Borough Architect	6	1	7
Medical Officer	3	15	18
Borough Treasurer	3	11	14
Borough Librarian	—	13	13
Borough Water Engineer ..	4	—	4
Director of Entertainment and Publicity	1	1	2
Borough Education Officer ..	9	4	13
Housing Manager	1	—	1
Justices Clerk's	2	1	3
Weights and Measures	—	1	1
Crematorium	2	—	2
TOTAL ..	51 (60)	53 (44)	104 (104)

(the figures in brackets refer to 1966)

Part III.

ENVIRONMENTAL HEALTH SERVICES

(Report of the Chief Public Health Inspector)

INTRODUCTION

The work of the department in environmental hygiene proceeded steadily during the year. Further areas of older houses were inspected and declared Improvement Areas by the Council in accordance with their policy of ensuring the provision of modern amenities where at all possible. Slow but steady progress was maintained in raising housing standards in previously declared areas. It is becoming increasingly difficult to obtain the services of builders interested in small improvement or repair work, presumably in view of the new housing and other development which still continues in and around Worthing.

It is pleasing to report that the department's staff was maintained during the year at full strength—a fact worthy of note these days when so many health departments operate below full establishment. One of the student public health inspectors qualified and quickly obtained a post and the pupillage establishment of 3 was soon filled by 2 further students, one of whom is a serving member of the Royal Army Medical Corps attached for practical training. Students can play a useful part in the department's work as well as being provided with training facilities.

The work of all inspectorial staff resulted in 12,619 visits being made, some details of which are as follows:—

GENERAL INSPECTIONS

General inspections included the following:—

Houses	2,248	(2,551)
Factories	396	(540)
Food Premises	2,601	(2,360)
Drainage	556	(817)
Air Pollution Measurement	891	(933)
Smoke Observations	142	(220)
Offices and Shops Act	1,780	(1,433)
Pest Destruction	350	(344)
Noise Abatement Act	134	(170)
Various Premises	1,806	(2,492)

1,204 ((1,042) notices were served and 767 (733) notices complied with.

(The figures in brackets refer to 1966)

HOUSING

The increasing trend towards owner occupation of the older houses which were originally built to rent, was particularly noticeable during surveys for 2 further Improvement Areas. Altogether 557 houses in the Kingsland Road and Becket Road Areas were visited and 403 of these were found to be owner/occupied. Of the remaining 154 tenanted houses, 72 had been already been provided with all the required amenities, indicating that almost half the owners had voluntarily improved their houses.

Most of the tenants of the unimproved houses were in favour of the additional amenities entailing a rent increase of around 10/- per week. Those not in favour of the improvements were usually elderly or infirm tenants who did not want the disturbance of the work involved.

RENT CONTROL

Only 1 application for a Disrepair Certificate—the first for 5 years—in accordance with the Rent Act, 1957, was made by a tenant. An Undertaking to carry out all the work was given to the Council by the owner.

The present maximum recoverable rents for houses subject to control gives no incentive to small owners to keep property in reasonable repair. There is no doubt that in Worthing many tenants of rent controlled houses would be willing to pay more rent for better maintenance.

CARAVANS

Itinerant caravans continue to frequent the outlying undeveloped areas of the Borough from time to time. It is not surprising that the more stable ratepayers living nearby are quick to voice their protests at an influx of these travellers, some of whom leave ample evidence of their occupation in their wake. There is no official site at which they can be accommodated and there is no answer to the negative policy of moving them on to the Borough boundary.

A certificated site for members of the Caravan Club operates without nuisance or complaint in the rural edge of the Borough. Only one occupied caravan was given official sanction on a short term, adjoining a local riding establishment.

CLEAN AIR

Domestic smoke, particularly from bungalow chimneys, sometimes reaches noticeable proportions under certain atmospheric conditions. There is, however, a gradual noticeable trend towards the voluntary use of smokeless fuels.

As in previous years, smoke from garden bonfires, which is less harmful than domestic smoke but which can be much more of a nuisance, is still the cause of many complaints during the summer. Of all the atmospheric pollution legislation which has been introduced, none would be more popular in Worthing than power to introduce a byelaw restricting hours for garden bonfires.

Details of 29 new fuel installations comprising 18 gas, 10 oil and 1 solid fuel were examined. Most of these were for commercial central heating. The height of flue terminals under section 10 of the Act is examined for new installations to ensure nuisance free fume dispersal.

One multiple firm of dry cleaners appealed to the Minister of Housing and Local Government against the refusal to approve low level flue outlets from gas-fired boilers. These proposals were justified on the grounds that effluent fumes were greatly diluted by the introduction of air in the ducts before discharge. An informal meeting with the Alkali Inspector, firms' representatives and Corporation technical staff, resulted in a way being found to raise the flue outlets well above adjoining window openings to avoid possible nuisance to the residents of flats nearby.

Air pollution recording instruments show that whilst annual figures may vary slightly according to weather conditions, pollution from smoke and sulphur dioxide remained fairly stable.

Average Quarterly Daily Smoke and SO₂ Readings at Worthing Sites—1967

Site	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂
Health Dept.	80(68)	96(95)	25(19)	55(40)	11(13)	44(23)	58(68)	83(104)
Field Place	49(45)	87(87)	N*(13)	N*(40)	14(9)	38(32)	84(42)	79(76)
South Farm Road	70(59)	74(77)	20(17)	44(40)	15(13)	65(34)	78(56)	92(67)

(The figures in brackets refer to 1966)

All figures are in micrograms per cu. metre.

* No figures are available for the period

FOOD SUPERVISION

CHEMICAL SAMPLING

Concern is often expressed about the amount of artificial treatment which is now accorded to food and in particular to the permanent effect of pesticides which are applied to the raw material. It is disturbing to the public to know that minute quantities of these compounds may still be present in food even after detailed processing, and that they do not break down in the human body.

The national survey to determine the extent of pesticide residues continued during the year, but early results indicate that so far as humans are concerned, no harm results from the quantities encountered. One sample of English beef taken showed the presence of 0.07 p.p.m. of dieldrin—now a prohibited insecticide. There is no statutory limit for this in this country but that in force in the U.S.A. is 1 p.p.m. for meat.

This was a fairly quiet year so far as the discovery of non-conforming food was concerned and those irregularities found were dealt with informally. Adverse reports of the Public Analyst referred mainly to labelling infringements but 2 samples of cough pastilles taken from a chemist's shop were found to contain prohibited colouring matter. These were found to be from old stock which was immediately withdrawn and destroyed.

Objection was taken to the inadequate label of a sample of nationally known "slimming bread" where the statutory declaration that the food cannot aid slimming unless forming part of a calorie controlled diet did not receive sufficient prominence on the wrapper. This salutary reminder to consumers was adequately restored shortly afterwards when the wrapper was reprinted.

Lengthy correspondence with an internationally known company on misleading descriptions of snack meals in view of their low meat content, had not been satisfactorily resolved by the end of the year. It was anticipated that the advent of canned meat regulations would clarify the matter however.

Other labelling objections related to imported food from countries whose food laws differed from our own. One milk loaf sample was found to be 25% deficient in milk solids. The manufacturer's excuse for this was that an out-dated recipe had been used. Foreign matter in the form of mouse excreta was confirmed by the Analyst in a white loaf which was the subject of a consumer complaint. The baker was prosecuted for this and other food hygiene offences and was fined £25 for selling the contaminated bread.

Details of samples taken:—

				<i>Number of Samples</i>	<i>Genuine</i>	<i>Not Genuine</i>
Milk	..	..	..	5	3	2
Lollies and Ice Cream	..	..	..	2	2	—
Cream and Milk Products	..	..	..	11	11	—
Cheese and Cheese Products	..	..	..	11	10	1
Fresh Vegetables	..	..	..	2	2	—
Minced Meat	..	..	..	1	1	—
Soups	..	..	..	4	4	—
Bread	..	..	..	18	13	5
Fish Products	..	..	..	3	3	—
Butter and Margarine	..	..	..	11	11	—
Medicines and Drugs	..	..	..	70	66	4
Sugar Confectionery	..	..	..	1	1	—
Cordials and Health Drinks	..	..	..	4	3	1
Beer and Spirits	..	..	..	12	12	—
Miscellaneous Spiced Foods	..	..	..	17	17	—
Preserves	..	..	..	4	4	—
Jellies	..	..	..	1	1	—
Sausages and Meat Products	..	..	..	9	9	—
Miscellaneous	..	..	..	13	4	9
TOTAL				199	177	22

FOOD COMPLAINTS

Consumer complaints totalled 89, which was a decrease of 4, 26 of which appeared to be without foundation. In one of the latter instances, a particle of glass said to have been found in butter, exactly fitted a chip from the complainant's own dish in which the butter had been placed in the home. All food complaints, therefore, must be carefully investigated.

Another complaint referred to pieces of glass found in a tin of salmon. This proved to be magnesium crystals not uncommonly produced in the canning process of certain fish and easily dissolved in weak acetic acid.

Among the justifiable complaints of foreign matter were a piece of dish cloth in a sausage roll, chewing gum in a tin of pilchards and a drawing pin in a loaf of bread. More incomprehensible was the discovery of larvae of book lice which had found their way into a packet of pop corn. Several complaints of peculiar taint to school milk—detectable only by a

few school children—were believed to be due to a change of cattle feed. Only one food complaint was the subject of a prosecution and this is reported in the paragraph on Chemical Sampling. The Council's policy is to prosecute only where careful investigation reveals avoidable negligence and then usually only after a previous warning has been given. Convictions are easy enough to obtain in food complaints but the real purpose behind public health action is surely to ensure a higher standard of food hygiene.

Particulars of the food complaints were:—

Unfit Food

(Deterioration or mould)

Fish	..	..	..	..	1
Canned Meat	..	..	..	..	3
Tea	..	..	..	..	1
Butter	..	..	..	..	1
Baby food	..	..	..	..	1
Cream cakes	..	..	..	..	3
Meat and meat products	..	..	..	..	2
Cordials	..	..	..	..	1
Cheese	..	..	..	..	4
Bread and bread confectionery	..	..	..	..	6
Other food	..	..	..	..	8

Foreign Matter Found

Milk: concrete, mouse excreta, glass (2), stones, dirt (2), and piece of potato	..	..	..	..	8
Bread and cakes: Grease or dough particles (8), wood, insects (2), glass, mouse excreta, drawing pin, piece of metal	..	..	..	..	15
Sugar: Sacking material	..	..	..	..	1
Fruit and jam: Insect	..	..	..	..	1
Sausage roll: Piece of cloth	..	..	..	..	1
Tinned fish: Piece of chewing gum	..	..	..	..	1
Other foods: Nail, glass, wire, insect, sheep droppings, maggots (2), grease	..	..	..	..	8

OTHER FOOD INSPECTION

Voluntary food condemnation resulted in 64 tons 17½ cwts. of various materials being destroyed. The bulk of this consisted of 59 tons of lemons which were decomposing and which had been accepted on risk by a local distributor from a consignment of cargo, the refrigeration plant of which had broken down during shipment. The lemons were disposed of by tipping at the Corporation tip, the charges alone for which amounted to nearly £100.

MEAT INSPECTION

The number of animals slaughtered at the only slaughterhouse operating in the town increased slightly over 1966—12,440 compared with 10,864. This is nevertheless only a fraction of the meat consumption of the town, most of the supplies of which are brought in from London or Brighton. The incidence of animal disease continues to decline and only one cow carcase was condemned for generalised tuberculosis. Condemnations were due mainly to parasitic conditions which render organs unsaleable, rather than carrying the risk of transmitting disease. One carcase affected by *Cysticercus Bovis* was submitted to refrigeration for 3 weeks.

Inspectors made 514 visits for meat inspection and killing took place on most days of the week. Income to the Council for inspection charges totalled £480 2s. 3d.

The following table is prepared in accordance with the Ministry requirements:—

Carcases and offal inspected and condemned in whole or in part

	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected...	461	103	826	2,816	8,234
<i>All diseases except Tuberculosis and Cysticerci:</i>					
Whole carcases condemned...	1	4	33	29	38
Carcases of which some part or organ was condemned ..	144	41	13	293	1,999
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	31.5 %	43.7 %	5.5 %	11.8 %	24.7 %
<i>Tuberculosis only:</i>					
Whole carcases condemned...	—	1	—	—	—
Carcases of which some part or organ was condemned ...	—	—	—	—	72
Percentage of the number inspected affected with tuberculosis	—	1 %	—	—	0.9 %
<i>Cysticercosis:</i>					
Carcases of which some part or organ was condemned ...	1	—	—	—	—
Carcases submitted to treatment by refrigeration ...	1	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

DISEASES OF ANIMALS ACTS

The inclusion of the whole of the country as a Controlled Area, restricting animal movement, in an attempt to curtail what was the most serious epidemic of foot and mouth disease in the country's history, resulted in greater attention being paid to the hygiene and cleaning of vehicles bringing live animals to the slaughterhouse. 163 Movement Licences were also issued by the Department, largely in connection with animals being admitted to the slaughterhouse.

MILK AND MILK PRODUCTS

Improved handling and adequate heat treatment coupled with better animal husbandry have virtually eliminated the risk of contracting any disease from milk. Only farm bottled milk can still be sold untreated and happily the consumption of this is very small. These supplies are sampled monthly to ensure freedom from disease.

South Coast Dairies is the only processing plant in Worthing and now handles 13,000 gallons of milk daily from 165 producers. The Dairy has its own laboratory and bacteriological examinations of supplies are carried out by the staff themselves several times daily.

Apart from routine sampling by public health inspectors for the statutory tests, some samples are examined biologically as indicated below. All the positive biological samples were of milk supplies before pasteurisation and therefore are of academic interest locally. Nevertheless they are of supreme importance to farm workers of the particular producer who may be at risk. Particulars of adverse samples were sent to the local authorities in whose areas the farms were situated, for appropriate action.

Three applications were granted for Dealers (Prepacked) Licences dealing in the new designation "Ultra Heat Treated" milk—milk which has been heated to 270°F for one second.

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

Licence holders:

Dealers "Untreated"	..	..	—
„ "Pasteurised"	..	..	1
„ Prepacked Licences	..	..	102

Biological sample Results:

	1964	1965	1966	1967
No. of samples examined for organisms	100	81	38	238
M. Tuberculosis—Positive ..	—	—	—	—
Brucella Ring Test—Positive and weakly positive ..	14	17	—	25
Brucella Abortus—Positive ..	8	8	—	4
Brucella Melitensis—Positive ..	—	—	—	—

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

<i>Designation</i>	<i>No. taken</i>	<i>Unsatisfactory</i>
Untreated	76	9
Pasteurised	206	25
Sterilised	31	—
Penicillin presence	—	—

Cream:

Sampling of raw cream was discontinued during the year. The methylene blue test which is the initial test applied, gave poor results to 35 out of 57 samples taken. Despite attempts to improve hygiene handling, no great improvement in test results seemed to be obtained, indicating that the fault in all probability lay with the raw product. The Ministry of Health seems reluctant to introduce regulations bringing cream into line with milk, so no statutory action can be taken for poor sample results.

Biological and Bacteriological Sampling Results:

Type of cream	No. taken	Unsatisfactory			
		Methylene blue	Brucella abortus	Tuberculosis	Phosphatase
Bulk	9	6	—	—	—
Carton	39	29	—	—	—
Tinned	1	—	—	—	—
Bottled	8	—	—	—	—

ICE CREAM

Most of the samples taken proved to be of a high bacteriological standard as the figures below indicate, but it is disturbing, in view of the efficiency of modern refrigeration and the heat treatment of original mixes, that the number of failures is still high. Most of the poor sample results once again related to soft ice cream.

Results of samples taken for bacterial quality were:—

<i>Taken</i>	<i>Grade 1</i>	<i>Grade 2</i>	<i>Grade 3</i>	<i>Grade 4</i>
62	42	11	5	4

14 iced lollie samples were satisfactory.

THE LIQUID EGG (PASTEURISATION) REGULATIONS, 1963

There are no plants operating in the town and no samples were taken during the year.

POULTRY INSPECTION

This is not a major problem in Worthing as there are only 2 establishments where any regular poultry slaughtering is carried out. The birds from each are sent out uneviscerated, so no more than a general surveillance is exercised. The hygiene standards of one establishment deteriorated but it became likely at the end of the year that this part of the business would be discontinued. A planning application for change of use of the other establishment had been made and it seemed likely that this too will fall out of use in the future.

(1) Number of poultry processing premises within the district	2
(2) Number of visits to these premises	20
(3) Total number of birds processed during the year ..	18,500
(4) Types of birds processed—capons, boilers and turkeys	
(5) Percentage of birds rejected as unfit for human consumption	less than 1%
(6) Weight of poultry condemned as unfit for human consumption	$\frac{1}{2}$ cwt.

FOOD HYGIENE

<i>Kinds of Business</i>	<i>No.</i>
Restaurants, Cafes and other premises selling meals and drink ..	386
Grocers, Dairy Shops	155
Butchers, Fishmongers and Fish Fryers	88
Fruiterers, Greengrocers	74
Bread and Flour, Confectionery ..	70
Confectioners, Tobacconists, etc. ..	130

Inspections of premises to ensure compliance with the Food Hygiene Regulations form an important part of public health inspectors' work. That this should be so is instanced by gradual awakening of interest in food hygiene on the part of the public who are noticeably becoming more outspoken in their objections to certain practices in shops and restaurants.

While the general standard was maintained, it is sad to see that some managements of food preparing businesses still fail to appreciate the contribution of cleanliness to the end product. The custom is to employ as cleaners labour unsuitable for other activities. Inadequate cleaning and washing of equipment can soon nullify all the good work which may have been done during other stages of food preparation and production, apart from providing circumstances suitable for bacterial growth.

The Council took 2 prosecutions during the year and this is about the average that appears to be needed to act as a spur to borderline premises. A greengrocer was fined £15 with 10 guineas costs for 3 contraventions of the Regulations consisting of quite inexcusable dirty conditions. A baker was fined £95 and 10 guineas costs for long-term neglect of his premises.

For the second year running a successful course on Food Hygiene for the Royal Institute of Public Health and Hygiene certificate, was held for catering students at the Worthing College of Further Education.

Though no gastro-intestinal outbreaks proved to be attributed to food, there were several suspicious instances. In one of these 9 out of 13 persons became violently ill within 5 hours of consuming the same meal, all within half-an-hour of each other. Symptoms suggested text book staphylococcal poisoning but no organisms could be isolated. The establishment was clean and all food hygiene rules appeared to have been observed so the origin remained a mystery.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

One licensed and 1 registered premises have been in operation for many years. They are well managed and 4 samples of filling material taken from them proved bacteriologically satisfactory.

NOISE ABATEMENT

134 visits were made in connection with undue noise investigation. Complaints of dogs barking in unattended houses while occupiers were at work increased—another problem resulting from man and wife being out at work all day. Noise from mechanical operations—fans, compressor motors, circulators, heating plants and so on, were also high on the list of activities causing complaints. The noises which are continuous become more apparent at night when background noise is reduced.

The co-operation was obtained of all statutory undertakers operating pneumatic road breakers from time to time in the town, to ensure that these drills were provided with available mufflers or suppressors. Operatives were reluctant to use these at first but are being gradually educated in this practice. Noise frequency from these suppressed road breakers is noticeably reduced and conditions in the immediate vicinity are made a little more tolerable. It was encouraging to note that this campaign was being more successful when one operative of a suppressed pneumatic road breaker complained to a radio dealer of unnecessary noise from transistor radios which were being demonstrated in the shop.

	<i>Industrial</i>	<i>Commercial</i>	<i>Domestic</i>
Number of nuisances confirmed	1	6	4
Number of nuisances remedied informally	1	6	4

RODENT CONTROL

Members of the public are very quick to report the presence of a rat or mouse but are not so concerned about careless food storage or disposal which may encourage them. Picknickers by the beach again ensured adequate food supplies to rodents in the Goring area. Contrary to popular belief, areas adjoining the Corporation Tip and Slaughterhouse seldom become infested as a result of these activities, probably because regular precautions are taken.

Complaints and confirmed infestations reduced during the year by 192.

It was decided to carry out a survey of half the town's sewers as these had not been treated for some years. 232 manholes were test baited and takes were recorded at 121. Fluoracetamide poison bait was laid in these and it is estimated from the amount of bait which was taken—20lbs.—and the number of bodies found, that some 300 rats were destroyed. A town's sewers can be a prolific harbourage as well as a ready means of communication for rats and though sewer treatments can mean hard work, the results justify the efforts if the affected areas can be isolated.

Details of work done:—

No. of complaints—Rats	683	(858)
Mice	249	(266)
No. of premises cleared of rodents	870	(1,084)
No. of visits	2,839	(3,339)

(The figures in brackets refer to 1966)

Properties other than Sewers	Type of Property	
	Non-Agricultural	Agricultural
1. Number of properties in district ..	41,000	46
2. (a) total number of properties (including nearby premises) inspected following notification	920	3
(b) Number infested by (i) Rats ..	542	3
(ii) Mice ..	249	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	550	59
(b) Number infested by (i) Rats ..	117	1
(ii) Mice ..	19	—

OTHER PESTS

Pigeons roosting in trees or on buildings are becoming an increasing urban nuisance. Wood pigeons which cause great damage to garden produce are becoming the subject of increasing complaints but they are extremely difficult to destroy as they roost in trees. The town or feral pigeon can be more readily destroyed by trapping or poisoning under controlled circumstances but night shooting was the only method used by contractors who were again employed for a further year. 621 birds were destroyed with little obvious reduction in pigeon flocks so there is no doubt alternative methods will have to be adopted. The Council spent £300 in eradication during the year.

1967 must have provided unduly favourable conditions for wasps for 283 nests were destroyed on request compared with 94 in 1966. A fixed charge of 7s. 6d. is made for this service but complainants are told that assistance can only be given where nests are reasonably accessible and therefore of the greatest nuisance value.

COMMON LODGING HOUSES

There are no registered premises in the borough.

MISCELLANEOUS ACTS

Visits were made in connection with the Riding Establishments Act, 1964—5 licensed premises—Scrap Metal Dealers Act, 1964—20 registered persons—Animal Boarding Establishments Act, 1963—5 licensed premises and Pet Animals Act, 1951—7 licensed premises.

An appeal was lodged against the Council's refusal to renew one licence under the Pet Animals Act but this was later withdrawn when arrangements were made for the business to be transferred to modern accommodation which was suitable.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Some progress has been made in raising the standard of working conditions for office and shop workers but structural work that may have been needed is slow to be completed. Some of the Act's requirements so far as satisfactory working areas are concerned have automatically been complied with in the usual efforts made to attract employees but some employers still have Dickensian attitudes towards providing adequate heating in winter. The minimum temperature for sedentary workers—60.8°F or 16°C—is a very moderate heat to attain and by no means can be considered a luxurious atmosphere.

Greater awareness must be made of potentially dangerous machinery and it is sad to say that some manufacturers have not proved as helpful as they might have been in considering this feature in design.

Analysis of Persons Employed in registered premises by workplace:—

Class of workplace	Number of persons employed
Offices	3,906
Retail shops	3,836
Wholesale departments, warehouses ...	366
Catering establishments open to the public ...	795
Canteens	72
Fuel storage depots	7
Total	8,982
Total males	3,535
Total females	5,447

Analysis of Contraventions:

Section	Number of contraventions found	Section	Number of contraventions found
4	Cleanliness 12	15	Eating facilities .. —
5	Overcrowding 3	16	Floors, passages and stairs 32
6	Temperature 58	17	Fencing exposed parts machinery 14
7	Ventilation 7	18	Protection of young persons from dangerous machinery —
8	Lighting 21	19	Training of young persons working at dangerous machinery —
9	Sanitary conveniences .. 69	23	Prohibition of heavy work —
10	Washing facilities .. 66	24	First aid—general provisions 91
11	Supply of drinking water —		
12	Clothing accommodation 3		
13	Sitting facilities .. 1		
14	Seats (sedentary workers) 1		
			Total 378

Notifications of accidents sustained at work which disabled a person for more than 3 days, must be reported to the Council. Only 18 were received, most of which were from multiple firms acting on Head Office instructions. In most instances, enquiries showed that lack of care on the part of the employee was the main cause of the accident. No amount of propaganda or precautionary measures can seemingly prevent some occurrences. Lifting or moving objects from place to place was the main activity resulting in accidents. Details of all the work done under the Act have already been reported to the Minister of Labour.

FACTORIES ACT, 1961

There are 319 factories in Worthing, 14 of them without mechanical power—the majority of which only employ a few people.

Beechams Research Laboratories continued to expand during the year and is the largest employer of factory labour in the town.

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	14	35	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	328	333	39
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises).	24	28	2
TOTAL	366	396	41

2. Cases in which DEFECTS were found:—

Particulars	Number of cases in which defects were found			
	Found	Remedied	Referred	
			To H.M. Inspector	By H.M. Inspector
Want of cleanliness (S.1.)	11	4	2	—
Overcrowding (S.2)	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—
Sanitary Conveniences (S.7)				
(a) insufficient	2	2	—	—
(b) unsuitable or defective	18	6	7	1
(c) not separate for sexes	2	—	—	—
Other offences against the Act (not including offences relating to Outwork)	15	2	—	—
TOTAL	48	14	9	1

Outworkers

Eleven firms employ 73 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)

Nature of work	Section 110			Section 111		
	No. of out-workers in August list required by Section 110(1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel	73	—	—	—	—	—

MORTUARY

During the year 296 post mortems were carried out in the Public Mortuary under the general control of the department. Most of these were on elderly persons. This number includes 48 bodies from outside the Borough.

DRAINAGE, SEWERAGE AND REFUSE DISPOSAL

It is disappointing to report again that little progress was made in reducing the 250 cesspools which reflect no credit on the sewerage arrangements of part of the town. Only 1 existing bungalow on cesspool drainage was connected to a main sewer, though protracted negotiations were proceeding in other instances. Most of the remaining premises can only be drained to main sewers in combined schemes through private gardens, and this is only possible if all the householders agree. An extension of the Council's powers to require this—similar to those existing for private street works—would greatly improve drainage facilities in the affected areas.

The borough's foul sewers continue to discharge at the treatment works at East and West Worthing. The Hygiene Unit at East Worthing became more fully operative during the year as the treatment of sewage sludge and refuse tailings got into its stride. It is pleasing to record that no beach pollution can now occur from the liquid effluent which is discharged to sea at suitable tidal periods.

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. Examination of all water samples has been carried out in the laboratories of the Brighton Water Department.
2. The water supply of the area has been satisfactory in quantity and quality during the year.

3. Bacteriological examination of the raw waters was made at weekly intervals except in those instances where pollution was present in the raw water, when samples were examined daily. The treated waters at all stations were examined on a similar basis.

The results are summarised in the table below:—

<i>Pumping Stations</i>	<i>No. of Samples Examined</i>	<i>No. showing presence of Coliform Organisms in 100 ml.</i>	<i>No. showing E. Coli present in 100 ml.</i>	<i>No. showing Coliform Organisms absent from 100 ml.</i>
RAW WATER				
Broadwater No. 2 Well ..	13	2	1	11
" 20" Borehole ..	50	0	0	50
" 36" Borehole ..	29	0	0	29
" 48" Borehole ..	37	1	0	36
Northbrook No. 1 Borehole ..	47	4	1	43
" No. 2 Borehole ..	38	1	1	37
Stanhope Lodge No. 1 Borehole	46	1	0	45
Patching No. 1 Well ..	23	3	1	20
" No. 2 Well ..	24	0	0	24
Burpham No. 2 Borehole ..	352	186	144	166
" No. 3 Borehole ..	345	272	229	73
" No. 4 Borehole ..	345	249	214	96
Arundel	10	10	10	0
Total	1359	729	601	630
TREATED WATER				
Broadwater	100	0	0	100
Northbrook	47	0	0	47
Stanhope Lodge	46	0	0	46
Patching	47	0	0	47
Burpham No. 2 B.H. ..	351	0	0	351
Burpham Nos. 3 & 4 B.H. ..	349	1	1	348
Burpham Nos. 3 & 4 B.H. ..	342	0	0	342
(Taken at Patching) ..				
Burpham No. 2 B.H. ..	328	0	0	328
(Taken at Littlehampton) ..				
Arundel	90	0	0	90
Total	1700	1	1	1699

Abbreviated chemical examinations were carried out at weekly intervals throughout the year on all raw waters and a general chemical and mineral examination was made of five samples at each of the Department's sources.

Bacteriological examinations together with chloramine determinations have also been made on 212 samples from service reservoirs. Only three showed the presence of coliform organisms.

A total number of 3,347 samples were examined through the year.

4. There was no evidence of any plumbo-solvent action. As a result of an enquiry by the Ministry of Housing and Local Government into this possibility one sample from the Worthing area was examined for lead after the water had stood in consumers' lead service pipes overnight. No lead was found in the sample.

5. Chlorination with or without post-ammoniation of all raw waters was practised continuously except at four of the boreholes where super- and de-chlorination is utilised before adding ammonia.

6. 33,738 domestic properties in the Borough are supplied from the Corporation's Worthing undertaking, the population totalling 81,200.

No dwellings in the Borough are supplied by means of a stand-pipe.

7. The natural fluoride content of the water lies between 0.07 and 0.08 milligrams per litre.

SWIMMING BATHS

To ensure proper standards of purity, samples of bath water are regularly taken and submitted for bacteriological examination:—

	<i>No. taken</i>	<i>Unsatisfactory</i>
Heene Road baths	33	—
Beach House paddling pool	10	—
The Lido	8	—
Boys' High School baths	6	1
Selden Primary School	5	—
Vale Primary School	4	1

I am obliged to Mr. R. S. Battersby, Director of Entertainments and Publicity for the following statistics of attendance at the Heene Road Baths:—

	1962	1963	1964	1965	1966	1967
Public attendance ..	36,022	43,818	50,627	55,026	56,565	57,831
Borough & County schools	40,331	51,197	60,417	57,335	62,655	62,444
Private schools	2,920	4,670	4,240	4,930	3,970	4,930
Club Night attendances ..	30,757	40,386	46,856	46,884	47,676	52,180
Swimming galas	5,250	5,350	5,200	4,300	4,000	6,050
Total	115,280	145,421	169,340	168,475	174,866	183,435

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

	Adult swimmers	Child swimmers	Spectators	Total
1962	5,706	26,873	3,443	36,022
1963	7,350	32,339	4,129	38,818
1964	9,657	36,148	4,822	50,627
1965	11,258	38,683	5,085	55,026
1966	11,431	40,078	5,056	56,565
1967	12,200	40,344	5,287	57,831

The 1967 attendance figures beat all previous records. They are the last which will be recorded for Heene Road baths which held its final public session on 21st January, 1968. Described as "antiquated" by my predecessor in 1938, and believed to be well over a hundred years old, they nevertheless have served the public well.

Part IV.

SCHOOL HEALTH SERVICE

SCHOOL POPULATION

The number of children on the rolls of maintained schools at the end of 1967 had risen slightly compared with the previous year, as is shown on the following table:—

Type of school	Number of schools		Number on roll	
	1966	1967	1966	1967
Primary	15	15	4964	4966
Secondary:				
Grammar	3	3	1858	1894
Modern	5	5	2534	2666
Special	1	1	134	132
Total	24	24	9490	9658

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 1967 8 independent schools providing full-time education (day or boarding) for 1,200 pupils whose ages ranged from 4 to 18 plus. This excludes the 19 private day nurseries (see page 67) some of which have nursery school facilities.

MEDICAL INSPECTION

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

Under the 1944 Education Act a Local Education Authority may make available to independent schools some or all of the facilities of the School Health Service, and medical inspections are now being regularly carried out at Broadwater Boys' Preparatory School and the girls' school of the Convent of Our Lady of Sion.

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, 2,709 pupils were examined compared with 2,924 in 1966. The general physical condition was again recorded as satisfactory in 100%. At these inspections 275 children (10.1% 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. 172 such children were referred for treatment—62.6% of those with defects and 6.2% of all who were examined.

Every endeavour is made to test the vision of 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.

The numbers and percentage of children examined who require treatment has dropped 50% over the past five years:—

Year	No. of children examined	Total No. requiring treatment	% requiring treatment	No. with visual defects requiring treatment	% with visual defects requiring treatment
1963	2561	453	17.7	350	13.7
1964	2281	292	12.8	199	8.3
1965	2443	286	11.7	194	8.0
1966	2924	292	10.0	190	6.5
1967	2709	275	10.1	172	6.2

Table A on page 106 shows the number of children referred for treatment in the various age groups.

In 1967 special inspections numbered 63 and re-inspections 440 (see table B on page 106).

Table D on page 107 gives the number and type of defects found at both periodic and special examinations which required 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 1967, 4,565 individual examinations were made and 9 pupils were found to be infested with head lice or nits. The table on the next page shows the pattern over the past 13 years and indicates there is still a need for these inspections.

Table C on page 106 gives further details.

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
1966	6,325	4
1967	4,565	9

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 39 et seq. 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 63 children made 225 attendances. A comparison with earlier years is shown below:—

Total number of attendances:

1960	..	..	..	..	387
1961	..	..	..	..	303
1962	..	..	..	..	160
1963	..	..	..	..	168
1964	..	..	..	..	170
1965	..	..	..	..	186
1966	..	..	..	..	200
1967	..	..	..	..	225

In 1947, a year before the National Health Service came into operation, there were 6,193 attendances.

(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	..	..	9	(10)
New patients seen	..	..	42	(46)
Old patients seen	..	..	31	(51)
Total number seen (new and old)			73	(97)
Total number of attendances	..		123	(159)

(The figures in brackets refer to 1966.)

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

The following table analyses the cases examined at the clinic during 1967:—

Diagnosis	Number of		Total
	Boys	Girls	
Spina bifida	1	1	2
Club foot	1	—	1
Torticollis	—	1	1
Spastic paralysis	1	2	3
Bow legs	—	2	2
Knock knees	6	3	9
Abnormalities of spine	—	2	2
Flat feet, etc.	24	23	47
Poliomyelitis (paralyses or pareses)	1	1	2
Muscular dystrophy	—	2	2
Other conditions	2	—	2
Total	36	37	73

(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	..	..	59 (75)
Old patients treated	..	..	15 (24)
Total number treated (new and old)			74 (99)
Total number of attendances	..		282 (411)

(The figures in brackets refer to 1966.)

(d) *Eye Clinic:*

This is held every Friday afternoon. Refraction is carried out and spectacles prescribed when necessary. Most of the children seen have impaired vision due to refractive errors. Some have squints. During the year 5 children with squints needed operative treatment and many were treated by the orthoptist (see below).

Number of sessions	..	..	39 (44)
New patients seen	..	..	121 (149)
Old patients seen	..	..	269 (219)
Total number seen (new and old)			390 (368)
Total number for whom glasses prescribed	..	..	107 (162)
Total number of attendances	..		459 (499)

(The figures in brackets refer to 1966.)

(e) *Orthoptic Clinic:*

Treatment by the orthoptist is given in the clinic on Wednesday and Thursday mornings, and all day on Monday. The children concerned have all been referred by a 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	..	..	173 (161)
New patients treated	..	..	73 (43)
Old patients treated	..	..	67 (63)
Total number treated (new and old)			140 (106)
Total number of attendances	..		549 (418)

(The figures in brackets refer to 1966.)

The average number treated per session was 3.2 in 1967 compared with 2.6 in 1966.

(f) *Speech Therapy Clinic:*

The appointment of Miss C. Foley as Speech Therapist on 1st August, 1967, enabled speech therapy to be resumed in Worthing after an interval of nearly two and a half years. Six of her ten sessions per week are devoted to children attending Worthing schools. The details of this work

in the last five months of the year are shown below:—

Number of children referred by

(a) School doctors	2
(b) Teachers	81
(c) Others	7
	90

Number of sessions held

(a) In Clinic	38
(b) In George Pringle School	7
(c) In other schools	20
	65

Number of children treated (new patients) .. 3

Number of children treated (old patients) .. 53

Total number of attendances (new and old) at Clinic and schools 274

(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, an educational psychologist, and a psychotherapist.

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.

1. Referral:

Referred by	5 years & under		6-11 years		12-16 years		17 years & over		All ages		Total
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
School Medical Officer ..	1	1	6	1	2	1	—	—	9	3	12
Courts and Probation Officers	—	—	1	—	4	1	—	—	5	1	6
Parents and others ..	1	2	5	4	3	3	1	—	10	9	19
General Practitioners ..	1	—	5	5	5	3	1	2	12	10	22
Children's Department ..	1	1	—	—	2	2	—	1	3	4	7
Head Teachers	—	1	13	6	3	1	—	—	16	8	24
Education Department ..	—	—	3	—	2	—	—	—	5	—	5
Educational Psychologist ..	—	—	—	1	—	—	—	—	—	1	1
Hospitals	1	2	—	3	2	1	—	—	3	6	9
Other Child Guidance Clinics	—	—	1	—	—	—	—	—	1	—	1
Totals	5	7	34	20	23	12	2	3	64	42	106

From this table it will be seen that Head Teachers and General Practitioners were the largest sources of referral. Nearly half the children were in the age range 6-16, and there were three boys for every two girls.

The total of 106 includes 6 children living outside the Borough but attending Worthing schools. The corresponding figure for 1966 was 94.

2. Investigation:

Number of children investigated during the year and found to be:

(a) In need of child guidance help	69
(b) Educationally subnormal	2
(c) Unsuitable for education at school	1
(d) Maladjusted and subsequently ascertained	1
(e) Not in need of child guidance help	20
Total	93

3. Treatment:

No. of children treated during year	59
No. of children awaiting treatment on 31.12.67	10
No. of children recommended for special schools	2

(h) *Enuresis Clinic:*

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.

18 children were treated during the year with pad and bell alarms. On the whole the results were good, as the following table shows:—

Result	No. of children treated		
	Boys	Girls	Total
Complete success ..	5 (10)	5 (6)	10 (16)
Marked improvement ..	— (—)	4 (4)	4 (4)
Some improvement ..	— (—)	— (—)	— (—)
Not improved	3 (1)	1 (2)	4 (3)
Totals	8 (11)	10 (12)	18 (23)

(The figures in brackets refer to 1966)

In April a special weekly enuresis clinic was started in the Central Clinic by Dr. A. Lowry, School Medical Officer. She had felt that there was an increasing demand for this from parents which was not entirely being met by the supply of pad and bell alarms.

In the first six months 39 children between the ages of 5 and 13 were treated. Of these 5 were referred by general practitioners and 34 as a result of a routine school medical inspection. In every case the family

doctor's permission was obtained before treatment commenced and he was also notified of the treatment given.

The actual treatment is a combination of psychotherapy (discussion with a view to altering the child's or his parents' attitudes) and drugs. A "cure" in most cases has been regarded as four weeks without a wet bed, and all children are followed up in three months to see if in fact the cure is permanent.

During treatment the parent (or child) keeps a very careful record of the "wet" or "dry" nights between appointments which are usually at monthly intervals.

By the end of the year 45 children (27 boys and 18 girls) had made a total of 206 attendances. 17 had been discharged as cured.

DENTAL INSPECTION AND TREATMENT

Report of the Area Dental Officer:

"To begin my Annual Report for 1967 I would like to quote some very disturbing facts and figures which appeared in the Quarterly Dental Review for the Autumn of 1967.

'To publicising sweets and chocolates	..	..	£10,000,000
---------------------------------------	----	----	-------------

To publicising Dental Health Education	..	..	£3,000
--	----	----	--------

Last year Britons munched and sucked their way through 603,000 tons of chocolate and sugar confectionery. During the first quarter of 1967 on average every man, woman and child consumed 7.9 ounces of sweets every week, a good two ounces more than our nearest rivals America and Switzerland.'

In a question asked in the House of Commons on 26th June, it was stated that the primary responsibility for dental health education is with Local Authorities. To this end we now have the occasional services of a dental hygienist, who, in conjunction with our Health Education Organiser is giving talks, showing films, and distributing posters to the schools and several other organisations.

In a follow-up concerning school tuck-shops it was found that two thirds of the schools in this area do not now have any form of tuck-shop sales, and two or three others sell only savouries. Nearly all the primary schools have no tuck-shop. It will be interesting to observe in the future, with the announcement by the Government of the discontinuation of school milk in the secondary schools, if there is any appreciable alteration in the rate of decay of school children's teeth.

Now that we have the services of the Hygienist, in certain selected cases we have implemented topical fluoride applications twice a year as a prophylactic measure to increase the resistance of the enamel to the inroads of decay. Whilst we believe this to be a very significant step forward, particularly when used in conjunction with a fluoride toothpaste in the home, it is still not as beneficial as would be the fluoridation of the water supplies to one part per million.

The average attendance of school children for dental treatment has almost doubled since 1963, having increased from 5.5 to 10.6. With the continuing development of the department it has become necessary now to have further part-time help from the County Council, who have very kindly lent us the services of one of their dental officers and his mobile dental unit. He has so far attended two of our schools. This measure has been greatly appreciated by both parents and teachers, and the time may soon come for Worthing to have its own Mobile Unit and further dental officer, if this worthwhile and economical practice is to continue. For a school population of over 9,000 Worthing ought certainly to have two, if not more, full time dental officers. The alternative to this is that we become mainly an inspection and emergency treatment establishment.

The statistics which follow are for school children only and refer to 1967. (Those in brackets are for 1966). Further details of treatment given (including orthodontic treatment) will be found in Tables E and F on pages 108 and 109.

School Inspections:

Number of half-day sessions	49	(40)
Number of children inspected	7,240	(7,060)
Average number of children seen per inspection ..	147.7	(176.5)
Number referred for treatment	2,509	(3,148)
Number treated	619	(574)

Dental Treatment:

Number of half-day sessions at clinic	392	(369)
Number by mobile dental unit	49	(—)
Number of attendances made	4,696	(3,367)
Average attendance per session	10.6	(9.1)
Number of failed or cancelled appointments ..	1,223	(1,018)

In May, 1967, Miss O. Rand, who had been Dental Surgery Assistant for 16 years, left the department to take up a new career training as a nurse at Swandean Hospital. We wish her every success and are grateful for her services to this department in the past. She has been succeeded by Miss G. Mansell."

HANDICAPPED PUPILS

The Education Act of 1944 made it the duty of every Local Education Authority to find out what children in the 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 G on page 110 shows the number of handicapped children requiring special educational treatment in each of the ten categories. At the end of 1967 there were 105 children on the registers of special schools (68 day pupils and 37 boarders) compared with 103 in 1966. In addition 3 children were attending a special unit for spastics in Hove three days a week, and 5 were in full-time attendance at the partially hearing unit in Downsbrook County Primary School. There were also 23 emotionally disturbed children attending part-time at the Remedial Centre in Richmond Road. One child was being educated in hospital, and 6 were receiving home tuition.

During the year 17 children were assessed as needing special educational treatment and 15 were suitably placed. Five were still awaiting placement at the end of the year. The 17 children who were assessed comprised 7 educationally subnormal, 6 maladjusted, 1 physically handicapped and 3 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 1,209 children who were routinely tested in 1967 were school entrants aged 5 though some were older. Several children had to be tested more than once, but only 2 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.

There were five Worthing children attending full-time at the Special Unit for partially hearing children which is situated within the precincts of Downsbrook County Primary School. They are taught by a qualified Teacher for the Deaf using specialised equipment, but integrate with normally hearing children for three sessions each week.

Three partially hearing children were at special residential schools, one at a hostel in Ealing, and two who were not yet of school age attended

local private nursery schools where they were given extra help from our Peripatetic Teacher of the Deaf.

Two children in ordinary schools continued to make excellent use of radio-microphone equipment, and altogether there were 16 Worthing children using N.H.S. Medresco hearing aids. Six of these have also been provided with commercial aids (by the Local Education Authority). These have certain advantages over Medresco aids in some kinds of hearing loss.

New equipment bought for the Unit during the year included a Madsen pure-tone audiometer, equipped for testing hearing through bone as well as air conduction.

EDUCATIONALLY SUBNORMAL CHILDREN

I am grateful to Mr. G. E. Pickett, Headmaster of the George Pringle School, for the following report:—

“At the end of 1967 the number on roll was 132—96 boys and 36 girls—made up as follows:

6 years of age	1
7 ” ” ”	8
8 ” ” ”	11
9 ” ” ”	21
10 ” ” ”	11
11 ” ” ”	15
12 ” ” ”	13
13 ” ” ”	22
14 ” ” ”	15
15 ” ” ”	15

A further hutted classroom has been erected so that a Diagnostic/Observation/Assessment unit may be set up to take in potential pupils about whom more information is required before a definite decision can be made as to future education. This unit was to begin in January, 1968.

On the 2nd October regular speech therapy sessions were re-started, following the appointment of Miss C. A. Foley.

The third annual school camp took place from Thursday, 6th July to Tuesday, 11th July at Lodge Hill. Twenty-four children and four teachers made up the party.

On Wednesday, 19th July we held our fourth Sports Day. Events were organised so that all children could take part, allowance being made for any physical disabilities.

This year saw the first annual Sports Meeting of all the special schools in the County. This was at the Crawley Stadium on Monday, 3rd July. Forty of our children attended the meeting, 30 or so as participants and the rest as spectators. The emphasis was on ‘taking part’ and ‘doing one’s best’.

The P.E. (Physical Education) Club which was started last year has functioned well and during the summer included a visit to Bognor Training

College. It was felt that this would give the children an opportunity to use a variety of apparatus not otherwise available to them, and perhaps further increase their enthusiasm and interest in P.E. and might lead to members of the P.E. Club and others joining an outside Youth Club where this type of apparatus might be available.

Attendances at the Swimming Bath have remained high. As a result of the weekly visits to the Baths since the school opened, 23 boys and 16 girls have gained Beginner's certificates, nine boys and six girls Intermediate certificates while two boys and two girls have gained Advanced certificates.

In October we started an Evening Club for children who have left school and for children in their last year at school. This venture which has been run with voluntary unpaid help by the teachers is proving well worth while. Activities include table tennis, billiards and dancing.

In November Dr. Pringle gave his Leavers' awards for 1967 to four leavers who, 'within the limits of their intellectual capacity had made the greatest progress towards the achievement of a full and useful life.'

At the end of the Christmas term the children gave performances of the pantomime 'Dick Whittington.' Children from all classes took part. The pantomime was written and produced by Mr. N. Burton, Deputy Head, and Mrs. D. Dyer, Chief Assistant. All staff helped in the preparation of props and scenery.

During the year there has been close liaison with the W.R.V.S. inasmuch that twice weekly two of our senior girls assist in the W.R.V.S. Nursery at The Hollies. This is proving beneficial to all concerned.

During the autumn term the senior boys have built a play area for the Diagnostic Unit, this involving the construction of a very large cupboard for outside play apparatus, the laying of crazy paving and of concrete paths, and the erection of an interwoven fence.

I would again like to pay tribute to all the teaching staff for their patient understanding and their conscientious and selfless devotion to the many needs of our children and to the ancillary members of the staff who have worked no less nobly."

MALADJUSTED CHILDREN

Day educational treatment of emotionally disturbed children is provided at the Remedial Centre in Richmond Road. I am grateful to the Teacher-in-Charge, Mrs. E. Field, for the following report on the work of the Centre during the year:—

"The Centre is now in its ninth year and at the present time there are 52 children attending for morning and afternoon sessions. Their ages range from five to fifteen, and their intelligence from E.S.N. to I.Q. 130.

The Centre provides help for children whose needs cannot be met within the normal school. Children who show evidence of emotional instability and require educational treatment in a therapeutic environment find help in re-evaluating their personal problems. The Centre is not a closed community but expresses its aliveness in the movement of children to the Centre and back to school. The Centre caters for the needs of the

children who may attend for one, two, or three sessions and remain in their school for the rest of the week, and also for the school refusals who are not attending school. They are not encouraged to isolate themselves from school and so are given only part time attendance, the aim being to return these children to full time school when this is possible.

Many of the children attending the Centre are insecure and find difficulty in making relationships. Therefore one of the most important aspects of our work is the establishment of a good relationship with the child. This enables him to gain confidence in himself so that he is able to take part in the group activities. This increases his social awareness and allows him to re-focus his attention on his work at school.

The liaison with the Child Guidance Clinic provides us with much of the help and direction that we need. Each week there is a full discussion of children at the Centre. The number of home visits made throughout the year has been increased. This has been made possible by the weekly visits of a new P.S.W.

In September, 1967, we were pleased to welcome Mr. Cooper to the Centre. In his first year he has made a valuable contribution to the work here. His musical ability has opened up a whole range of ways for the children to express themselves.

The Centre has now been redecorated and much of the old furnishings and equipment has been replaced by purpose built equipment. A new cooker has been installed in the kitchen. This has made the kitchen very important to the children, groups of both girls and boys cooking there under staff supervision. This is another way in which we try to use the building and equipment to help satisfy the needs of the children.

Brighton Training College regularly sends us students interested in aspects of special education. We have also had visits from students of London University, Bishop Otter and Bognor Training Colleges. Post-graduate students taking a sociology course at Sussex University have also visited the Centre "

HOME TEACHING

Home teaching can be of very great value to some handicapped children for whom placement in a special 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:--

"Two Home Teachers are employed in Worthing and the Teacher of the Deaf also makes home visits. During 1967, 15 children with an age range of 5-17 years were taught at home, and in an average week each child received $6\frac{1}{2}$ hours individual tuition.

It is encouraging to realise that most of the children taught during 1967 were able to resume full time education, often in special schools. One epileptic boy was transferred during the year to Lingfield Hospital School for Epileptics, where he settled quickly and happily. An eight year old E.S.N. boy suffering from dwarfism and taught at home since the age of five, has now been transferred to the George Pringle School. An 11 year old boy suffering from a kidney complaint has now been able to return to

his primary school after a year's home tuition, while a 10 year old asthmatic boy who received home tuition during the winter months has also returned to primary school.

Two nine year old mentally disturbed children with physical handicaps were taught individually at the Durrington Training Centre—one had no speech and the other suffered from cerebral palsy. A maladjusted 14 year old boy was taught at home until he entered a residential School.

A nine year old boy (a rubella baby) who has been taught at home since the age of five had a heart operation during the year and is now able to attend school part-time while still receiving part-time home tuition.

Other children need home tuition for longer periods. One 18 year old girl suffering from cerebral palsy has received home tuition for 13 years but it has now been discontinued on account of her age. Two eight year olds, also suffering from cerebral palsy have never been to school but it is hoped they will soon receive their "home" tuition at The Spastic Centre in Pavilion Road. One five year old girl suffering from spina bifida is receiving home tuition until there is a vacancy for her at The Chailey Heritage Hospital School.

Three teenagers suffering from school phobia have been taught at home while receiving regular psychiatric treatment. All have welcomed the teacher and worked hard at their studies, and enjoyed outings to museums, art galleries and buildings of historic interest. In two cases it has been possible to encourage the pupils to return to school for certain subjects and it is hoped that gradually their fears will be overcome.

Each year these handicapped children meet each other at social functions organised by the teachers, including garden and Christmas parties. The Companions Club very generously provide them with a visit to the pantomime followed by a party at Christmas. Two very successful Parents' Evenings were held at one teacher's home during 1967 when the parents, teachers and physiotherapists saw slides and films of the children taken over several years. They were encouraged to notice how the children had progressed over a period of time.

One teacher attended a special Course for Home and Hospital teachers held at Nottingham University during the Christmas holiday. She found the lectures given by experts very helpful and the discussions most stimulating."

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.

During the year five 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 1967 was 1,561,043, 222,863 more than in 1966. Each meal is intended to provide the child with about one-third of his daily total requirement of calories and protein.

The following figures are kindly supplied by the Borough Treasurer and are for the financial year 1967/68. The figures for the preceding year, 1966/67 are given in brackets for comparison:—

Daily average number of children attending school	..	9,018	(8,594)
Daily average number of children receiving $\frac{1}{2}$ pint of milk		6,605	(6,411)
Percentage of children receiving milk		73.2%	(74.6%)
Daily average number of children taking meals	..	7,142	(6,817)
Percentage of children taking meals		79.2%	(79.3%)

Health Education in Schools:

Full details will be found on page 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

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

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

No. of examinations for admission to Training Colleges	58	(55)
No. of examinations for entry to the teaching profession	3	(2)
No. of examinations of teachers for other Authorities	6	(—)
TOTAL	.. 67	(57)

(The figures in brackets refer to 1966)

School Hygiene and Sanitation:

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

Kitchen inspections		47	(26)
Food and Ice Cream Sampling		11	(3)
Swimming Bath Sampling		14	(7)
Disinfestation (ants, rats, etc.)		24	(6)
Total number of visits	..	96	(42)

(The figures in brackets refer to 1966)

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	25
Whooping cough	5
Measles	153
Dysentery	2
Food poisoning	1

Protection against certain infectious disease 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 continues to increase and co-operation from teachers and parents is very good. The relevant statistics are set out on page 52.

B.C.G. vaccination against tuberculosis is offered to all 13 year old school children at both Local Authority and independent schools. Further details about the scheme are given on page 54.

DEATHS OF SCHOOL CHILDREN

The causes of death among children of school age (i.e. 5-15 years) for Worthing during 1967 were:—

Congenital malformations	1 (Boy aged 5)
Malignant and lymphatic neoplasms	1 (Girl aged 15)
TOTAL	2

ROAD ACCIDENTS TO SCHOOL CHILDREN

Fifty-five school children were involved in road accidents in Worthing during 1967, an increase of 8 over the previous year. The details were:—

Killed	—	(—)
Seriously injured	15	(19)
Slightly injured	40	(28)
TOTAL	55	(47)

(The figures in brackets refer to 1966)

Medical inspection of pupils attending maintained Primary and Secondary Schools during the year 1967.

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	Unsatisfactory	For defective vision (excluding squint)	For any other condition	Total individual pupils
		No.	No.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1963 and later	9	9	—	1	—	1
1962	612	612	—	7	45	52
1961	222	222	—	4	9	13
1960	52	52	—	2	3	5
1959	46	46	—	3	1	4
1958	43	43	—	5	1	6
1957	184	184	—	14	14	28
1956	393	393	—	33	12	45
1955	199	199	—	17	8	25
1954	70	70	—	4	2	6
1953	73	73	—	8	1	9
1952 and earlier	806	806	—	74	7	81
Total	2,709	2,709	—	172	103	275

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 .. 63

Number of Re-inspections .. 440

TOTAL .. 503

TABLE C — INFESTATION WITH VERMIN

- Total number of individual examinations of pupils in schools by school nurses or other authorised persons, 4,565.
- Total number of individual pupils found to be infested, 9.
- Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944), nil.
- Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944), nil.

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

TABLE D — DEFECTS FOUND BY MEDICAL INSPECTION

Defect Code No.	Defect or Disease	Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
4	Skin T O	—	2	10	12	2
		—	1	1	2	—
5	Eyes—a. Vision .. . T O	8 23	74 5	90 1	172 29	10 —
	b. Squint .. . T O	11 —	— —	4 1	15 1	— —
	c. Other .. . T O	2 1	— —	2 —	4 1	— —
6	Ears—a. Hearing .. . T O	— 26	— 2	— 19	— 47	3 —
	b. Otitis Media .. . T O	— —	— —	— —	— —	— —
	c. Other .. . T O	— —	— —	— —	— —	3 —
7	Nose and Throat .. . T O	6 1	— —	5 2	11 3	— —
8	Speech .. . T O	4 5	— —	3 3	7 8	— —
9	Lymphatic Glands .. . T O	— 2	— —	— —	— 2	— —
10	Heart .. . T O	— 3	— —	2 6	2 9	— —
11	Lungs .. . T O	— 2	1 5	3 11	4 18	— —
12	Developmental—a. Hernia .. . T O	— —	— 1	— —	— 1	— —
	b. Other .. . T O	1 8	— —	5 12	6 20	— —
13	Orthopaedic—a. Posture .. . T O	— —	— —	— —	— —	1 —
	b. Feet .. . T O	5 1	— —	5 —	10 1	2 —
	c. Other .. . T O	2 1	2 —	2 3	6 4	1 —
14	Nervous System—a. Epilepsy .. . T O	— —	— —	— 2	— 2	— —
	b. Other .. . T O	— —	— —	— 1	— 1	— —
15	Psychological—a. Development .. . T O	— —	— —	— 1	— 1	— —
	b. Stability .. . T O	— —	— —	— 1	— 1	— —
16	Abdomen .. . T O	— —	— —	— —	— —	— —
17	Other .. . T O	14 6	2 7	9 22	25 35	41 —

T—Treatment. O—Observation.

TABLE E—DENTAL TREATMENT (SCHOOL CHILDREN)—1967

Treatment	Age 5-9		Age 10-14		Age 15 & over		Total—all ages	
	permanent	deciduous	permanent	deciduous	permanent	deciduous	permanent	deciduous
Extractions	11	115	51	25	24	2	186 (72)	142 (92)
Fillings	390	1,370	865	210	319	4	1,574 (1,565)	1,584 (871)
X-rays	5	10	48	12	37	7	85 (80)	29 (18)
Local anaesthetics	15		85		65		165 (172)	
General anaesthetics (M.O.)	61		19		3		83 (48)	
General anaesthetics (D.O.)	5		1		1		7 (—)	
Teeth made self-cleansing and silver nitrate applied	—	97	—	8	—	—	— (—)	105 (40)
Temporary dressings	13	56	30	6	15	1	58 (71)	63 (96)
Root canal treatment (first)	1	2	7	1	6	—	14 (5)	3 (—)
Root canal treatment (subsequent)	1	—	34	2	28	2	63 (17)	4 (—)
Root canal treatment (last)	—	—	5	—	5	—	10 (6)	— (—)
Jacket crown (preparation)	—	—	—	—	5	—	5 (3)	— (—)
Jacket crown (fit)	—	—	1	—	5	—	6 (3)	— (—)
Stoning	3	79	3	19	1	—	7 (7)	98 (48)
Surgical	—	—	—	—	—	—	—	—
Scale and polish	20	5	59	—	31	—	110 (15)	5 (4)

(The figures in bracket refer to 1966)

**TABLE F—DENTURES AND ORTHODONTIC TREATMENT
(SCHOOL CHILDREN)—1967**

Treatment	Age 5-9	Age 10-14	Age 15 & over	Total (all ages)
Impression	1	39	7	47 (27)
Bite registration	1	19	3	22 (20)
Try in	—	—	1	1 (—)
Fit denture	—	1	3	4 (—)
Fit removable appliance	—	16	2	18 (20)
Upper partial	—	1	3	3 (1)
Lower partial	—	—	—	— (—)
Upper full	—	—	—	— (—)
Lower full	—	—	—	— (—)
Ease	—	19	4	23 (7)
Orthodontic appliance adjustment	3	120	7	127 (123)
Repairs	—	—	1	1 (5)
Inlays preparation	—	—	—	— (—)
Inlays fit	—	—	—	— (—)
Polishing fillings	42	79	35	156 (258)
Temporary crown-fit	1	1	4	6 (3)
Examination and/or advice	370	376	99	845 (534)

(The figures in brackets refer to 1966)







