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EAST SUSSEX COUNTY COUNCIL

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ANNUAL REPORT

UPON THE  
HEALTH AND SANITARY  
CONDITION OF THE COUNTY

For the Year ended 31st December, 1935

BY

R. ASHLEIGH GLEGG, M.D., D.P.H.

County Medical Officer of Health

Chief Tuberculosis Officer and School Medical Officer

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TO THE CHAIRMAN AND MEMBERS OF THE EAST SUSSEX COUNTY COUNCIL.

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit my Eighth Annual Report, and the forty-first of the series, on the Health of the Administrative County of East Sussex relating to the calendar year 1935.

A number of matters of special moment affecting the public health were under consideration during the year in respect of which decisions were taken which, when fully operative, will mark a definite advance in public health administration, and which should, both directly and indirectly, lead to an improvement in the health of the community.

These matters were :—

(1). The promotion of Schemes of Water Supply and Sewage Disposal in Rural Districts (and exceptionally in Urban Districts) by grants in aid of Approved Schemes under Section 57 of the Local Government Act, 1929. The need for an improvement in the water supply for certain districts had been demonstrated by a survey of the water supplies of the County submitted by the County Health Inspector in January, 1935. This survey was considered by a Special Committee of the County Council appointed to review the water supplies and water resources of the County in association with representatives of the District Councils and of Water Companies. It was ascertained that, while the greater part of the County was adequately supplied with water of good quality, there were areas in which this was not the case and for which an improved supply was an urgent necessity. Grants in aid of one scheme of water supply and six of sewerage and sewage disposal were made during the year.

(2). The promotion of individual health by systematic Health Education. As a result of a conference between representatives of the Public Health and Housing Committee, the East Sussex Insurance Committee, the East Sussex Rural Community Council, and the Federation of Women's Institutes, a programme of health education was drawn up which met with the approval of the County Council. A beginning was made, before the close of the year, with lectures to special audiences and to the general public, and with the issue to nurses and teachers of the magazine entitled "Better Health," and arrangements were made for the full programme to be carried out in 1936.

(3). The promotion of measures to improve the quality of the milk supply by a scheme of the Milk Marketing Board, whereby milk producers were paid a premium if they fulfilled the conditions laid down by the Milk (Special Designations) Order, 1923, and held a licence for the sale of "Grade A" milk.

(4). Consideration of the extent and suitability of hospital accommodation in the County and of the institutional provision for the care of children. This was the subject of a special report by the County Medical Officer of Health prepared in collaboration with the Public Assistance Officer and the County Architect. The findings of this report and the recommendations contained in it, are set out in this Annual Report. The Special Committee appointed to consider this important matter held several meetings, but did not report to the Council in the year under review.

(5). The provision required for the protection of the community from possible air attack. This matter was the subject of consideration by another Special Committee which prepared a general Scheme for the guidance of the District Councils. The County Council decided to decentralise the administration of the measures recommended to be taken throughout the County, but to exercise general supervision, with a view to co-ordinating the Schemes of the Local Authorities in the County, and to promoting co-operation with neighbouring Authorities.

(6). The review of the Isolation Hospital accommodation required to be made under Section 63 of the Local Government Act, 1929, was prepared after consultation and negotiation with the District Councils. It was regretted that the policy of establishing a central Isolation Hospital for infectious disease other than small pox was not found to be possible of attainment, as it is necessary for efficiency that patients should be treated in large hospitals where it is possible to receive all classes of infectious disease, and to give them appropriate treatment at a minimum cost. It was, however, recommended that only three of the larger hospitals in the County should be retained, and that use should be made of the hospitals provided by neighbouring authorities to complete the accommodation required. The arrangements made for the isolation of cases of small pox were considered to be adequate.

Other matters of special importance which are dealt with in this report include action taken during the year, in connection with existing schemes of public health administration, which may be summarised under the following headings :—



#### *Maternity and Child Welfare.*

The Council decided during the year to provide all maternity hospital treatment through the Maternity and Child Welfare Committee, instead of partly through that Committee and partly through the Public Assistance Committee.

It was arranged that contraceptive advice should be made available to married women, in whose cases pregnancy was detrimental to health, on account of organic disease or on other medical grounds.

The dental scheme for nursing and expectant mothers was improved by including in-patient hospital treatment when required for cases of special difficulty.

The County Clinic premises in Bexhill were completed, and the first Clinic for mothers and infants was held in them on the 9th August, 1935. The great desirability of having special premises for the Council's Treatment Clinics led the County Council during the year to sanction the erection of Clinic buildings at Newhaven, Haywards Heath and Three Bridges.

The number of District Nursing Superintendents was reduced from five to four, consequent on the decision to provide each with a motor car. Improved transport enabled the work to be done quite effectively by the reduced number of Superintendents.

#### *Milk in Schools Scheme.*

This Scheme, which came into operation late in 1934, was continued and developed in 1935. The sources of supply were, in all cases, investigated by the County Health Inspector, and every effort was made to ensure that they were satisfactory at the end of the year.

#### *Venereal Disease.*

The Minister of Health in Circular 1474 issued in April, 1935, requested the County Council to consider whether it was possible to improve the machinery for securing the continued attendance at the clinics of patients suffering from syphilis. The Committee considered the matter on a report from the County Medical Officer of Health and, while being satisfied that the present Scheme provided all reasonable facilities for treatment, were of opinion that better means of following up patients who cease treatment before they are cured should be provided by the Authorities responsible for the management of the Treatment Clinics. These Authorities were advised accordingly.

#### *Tuberculosis.*

The Annual Report of Dr. Dingley, Medical Superintendent of the Darvell Hall Sanatorium, is incorporated in this Report. The Council agreed to make provision for an improved X-ray apparatus to be installed in the Sanatorium, and for the present apparatus to be transferred to the Lewes Tuberculosis Dispensary where the installation was to be supplemented by a Duo-therapy unit for ultra-violet radiation. The sewage disposal works at the Sanatorium gave rise to nuisance during the year, and the Committee considered alternative schemes on a report by the County Health Inspector. They decided to recommend the Council to await the construction of sewage disposal works for the parish of Salehurst and to connect the Sanatorium drains by gravitation to the nearest sewer when available.

The care of ex-sanatorium and other tuberculous patients has been undertaken by the Rural Community Council. I would draw special attention to the interesting report submitted by Major Powell Edwards, Secretary of that Council, and included in this report.

#### *Welfare of the Deaf.*

Through the Public Assistance Committee, the County Council gave financial support to the work of the Sussex Diocesan Mission for the Deaf. Deafness is a continuing affliction, and no matter how efficient education and industrial training may be, the deaf, including the deafened, are always handicapped in competition with those who hear. Hence there is need for help being afforded by the State to deaf persons, on somewhat similar lines to that given to the blind. At a conference held in 1935, between the National Institute for the Deaf and the County Associations, on which your Public Health Committee are represented, a resolution was passed that a Committee be appointed to go into the whole question of a Bill for promoting the Welfare of the Deaf.

#### *Mental Deficiency.*

The need for institutional provision for the care of mental defectives in the County was further considered during the year. Conferences of members of the County Council, first with the Board of Control, and afterwards with representatives of the Brighton Corporation and other Authorities in East and West Sussex were held. The Brighton Corporation had purchased an estate, Laughton Lodge, about six miles distant from Lewes, which they proposed to develop as a Mental Deficiency Colony. The question of joining with other Authorities in using the Colony was still under consideration at the close of the year.

*Public Assistance Medical Services.*

Full co-ordination is obtained between all the medical services of the County Council both under the Public Health Acts, and under the Poor Law. A section of this report deals with the medical work of the Public Assistance Committee, and includes a report by Dr. Bruce Low, Medical Superintendent of Southlands Hospital, who also holds the appointment of Assistant County Medical Officer of Health. Consideration was given during the year to the practicability of affording free choice of doctor to poor persons in need of domiciliary medical treatment. A Scheme with this end in view was prepared and submitted to the Council after the close of the year.

*Acknowledgments.*

In conclusion, I should like to express my grateful thanks to the Chairmen and Members of Committees for their support and encouragement during a particularly strenuous year. The staff of the Health Department have given loyal and zealous service. To them all, and in particular to Mr. Jessop, the County Health Inspector, and to Mr. Akehurst, Chief Clerk, I am indebted more than can be expressed in this brief acknowledgment. I should like also to take this opportunity of thanking my colleagues, the Medical Officers of Health and other Officers of the District Councils, and of neighbouring County Boroughs, for much helpful co-operation.

I have the honour to be,

Your obedient Servant,

R. ASHLEIGH GLEGG,

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

PUBLIC HEALTH DEPARTMENT,  
COUNTY HALL,  
LEWES.

31st July, 1936.



**MEMBERS OF COMMITTEES, 1935-1936.**  
**THE PUBLIC HEALTH AND HOUSING COMMITTEE.**

LT.-COL. R. S. CLARKE, M.P.	MR. C. J. HONISETT (the late).
CAPT. C. H. COTESWORTH (Chairman).	MR. A. TURNER LAING.
COL. P. DEE.	MR. H. W. LOOKER.
CAPT. C. F. GARDNER.	MRS. C. I. MEADS, M.B.E.
MR. C. HALES.	MR. F. H. NIAS.
MISS A. E. HALL.	MR. H. F. PARKER.
MISS M. M. HAMPTON.	LADY RICHMOND.
MR. J. L. P. W. HEWISON.	MR. B. SPRING RICE.
MR. A. W. HILLMAN	MR. P. LENNOX WRIGHT.

Ex-officio: The Chairman of the County Council—Col. H. I. Powell Edwards, D.S.O., and the Vice-Chairman of the County Council—Lt.-Col. R. V. Gwynne, D.S.O.

**THE MATERNITY AND CHILD WELFARE COMMITTEE.**

Chairman—LADY RICHMOND (until October, 1935).

Lt.-Col. R. S. CLARKE, M.P. (from October, 1935).

The Members of the Public Health and Housing Committee with the addition of the following:—

MISS M. S. HOLGATE.	MRS. SHOESMITH.
MRS. M. A. SHIRLEY.	MRS. R. L. THORNTON.
MR. A. E. CAWSTON, M.R.C.S.	

**THE COMMITTEE FOR THE CARE OF THE MENTALLY DEFECTIVE.**

*(Members of the County Council).*

MR. J. T. BRIDGER.	MISS M. M. HAMPTON.
MR. H. C. BURRA.	MRS. C. I. MEADS, M.B.E.
COL. H. I. POWELL EDWARDS, D.S.O.	MR. O. H. SWANN.
MR. C. H. S. ELLIS.	MR. R. WHITTINGTON, M.D. (Chairman).
MISS A. E. HALL.	MR. P. LENNOX WRIGHT.

*(Co-opted Members.)*

MISS M. BEALE.	MRS. M. H. OWEN.
*COL. P. DEE.	DR. FRANKLYN PEARSE.
MRS. C. F. GARDNER.	MR. F. SPRING WATTS.
*MR. A. N. INNES.	

*\*(Also Member of County Council).*

**STAFF OF COUNTY PUBLIC HEALTH DEPARTMENT.**

County Medical Officer of Health, School Medical Officer, and Chief Tuberculosis Officer.	R. Ashleigh Glegg, M.D., Ch.B., D.P.H.
Deputy County Medical Officer of Health, Deputy School Medical Officer and Chief Clinical Tuberculosis Officer	Arthur Beeley, M.Sc., M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.
Assistant School Medical Officer (part time)	Walter R. Dunstan, M.Sc., M.B., M.R.C.S., L.R.C.P., D.P.H.
" " " " "	William Gillitt, C.I.E., M.D., M.R.C.S., L.R.C.P., D.P.H.
" " " " "	William B. Stott, L.R.C.P. & S., D.P.H.
" " " " "	R. Sydney Davidson, M.R.C.S., L.R.C.P., D.P.H.
" " " " "	W. T. Donovan, M.B., Ch.B., D.P.H.
" " " " "	Rodie Parkhurst, M.B., C.M.
Assistant Clinical Tuberculosis Officer and Assistant School Medical Officer (part time)	N. E. Chadwick, M.A., M.D., M.B., B.Ch., M.R.C.S., D.P.H.
" " " " "	Sir Alan Hilary Moore, Bart., M.B., B.Ch., D.P.H.
Consultant for Physical Treatment (part time)	Surgeon-Commander G. Murray-Levick, R.N., M.R.C.S., L.R.C.P.
Orthopaedic Surgeon (part time) ... ..	G. K. McKee, M.R.C.S., L.R.C.P.
Medical Superintendent of County Sanatorium for Tuberculosis, Robertsbridge.	John R. Dingley, M.B., B.S., M.R.C.S., L.R.C.P.
Assistant Medical Superintendent of County Sanatorium for Tuberculosis, Robertsbridge	Mrs. Ruth Dingley, M.A., M.D., M.R.C.S., L.R.C.P.
Consulting Throat Surgeon at Sanatorium (part time)	Gilbert Howells, F.R.C.S.
Consulting Orthopaedic Surgeon at " " " "	N. St. John J. G. D. Buxton, M.B., B.S., F.R.C.S., L.R.C.P.
Consulting Surgeon at Sanatorium " " " "	Derrick J. Martin, M.B., B.S., F.R.C.S., L.R.C.P.
Medical Superintendent of Southlands Hospital and Assistant County Medical Officer (Institutions).	E. Bruce Low, M.B., Ch.B., D.P.H.
Assistant Medical Officer, Southlands Hospital	E. K. McLean, M.B., Ch.B., F.R.C.S.
" " " " " "	W. E. Hasker, M.B., B.S. (Resigned June, 1935).



County Dental Surgeon ... ..	Arnold Court, L.D.S., R.C.S.
" " " " " " " " " " " "	Wilfred Eddings, L.D.S., R.C.S.
" " " " " " " " " " " "	G. J. S. Rose, L.D.S., R.C.S.
Dental Surgeon at Sanatorium (part time) ...	K. F. Pedley, L.D.S., R.C.S.
County Health Inspector ... ..	H. Jessop.
Chief Clerk ... ..	George F. Akehurst.
Inspector of Midwives and Superintendent of the East Sussex County Nursing Federation	Miss E. M. Wyatt, M.B.E., A.R.San.I., S.R.N., S.C.M.
District Nursing Superintendent ... ..	Miss A. Brown, S.R.N., S.C.M.
" " " " " " " " " " " "	Miss C. Higginson, S.R.N., S.C.M. (Retired July, 1935.)
" " " " " " " " " " " "	Miss C. M. McGregor, S.R.N., S.C.M.
" " " " " " " " " " " "	Miss E. M. Pinyon, S.R.N., S.C.M.
" " " " " " " " " " " "	Miss F. M. Smith, S.R.N., S.C.M.
Orthopaedic Nurse ... ..	Miss G. M. K. N. Lindop, C.S.M.M.G.
Home Visitor under Mental Deficiency Acts to Feeble-minded Children	Mrs. G. F. Ayshford Ayre.
Analyst under the Sale of Food and Drugs Acts	Samuel Allinson Woodhead, D.Sc., F.I.C.
Inspectors of Weights and Measures—	
Lewes District, No. 215 ... ..	William Chamberlain.
Rye District, No. 216 ... ..	John J. Murphy.
County Veterinary Inspector ... ..	D. Johnston, M.R.C.V.S. (Resigned July, 1935.)
" " " " " " " " " " " "	G. F. Pickering, M.R.C.V.S.
" " " " " " " " " " " "	J. King Shaw M.R.C.V.S. (appointed September, 1935.)

### SANITARY DISTRICTS, 1935.

DISTRICT.	Census Population		Population Estimated by Registrar General 1935.	MEDICAL OFFICER OF HEALTH.
	1921.	1931.		
<b>BOROUGHES—</b>				
BEXHILL ... ..	20,363	21,229	<b>22,120</b>	Wm. T. Donovan, M.B., Ch.B., D.P.H.
HOVE ... ..	47,507	54,993	<b>58,520</b>	Norman E. Chadwick, M.A., M.D., M.B., B.Ch., M.R.C.S., D.P.H.
LEWES ... ..	10,946	10,993	<b>11,850</b>	Walter R. Dunstan, M.Sc., M.B., M.R.C.S., L.R.C.P., D.P.H.
RYE ... ..	4,033	4,058	<b>4,064</b>	Thomas Tomkinson Harratt, M.R.C.S., L.R.C.P.
<b>URBAN DISTRICTS—</b>				
BURGESS HILL ... ..	5,851	6,281	<b>6,730</b>	Wm. B. Stott, L.R.C.P. & S., D.P.H.
CUCKFIELD ... ..	10,334	11,298	<b>12,830</b>	Wm. B. Stott, L.R.C.P. & S., D.P.H.
EAST GRINSTEAD ... ..	8,106	8,728	<b>9,340</b>	R. S. Davidson, M.R.C.S., L.R.C.P., D.P.H.
NEWHAVEN ... ..	6,829	7,381	<b>6,989</b>	Rodie Parkhurst, M.B., C.M.
PORTSLADE-BY-SEA ... ..	8,219	9,527	<b>10,290</b>	Norman E. Chadwick, M.A., M.D., M.B., B.Ch., M.R.C.S., D.P.H.
SEAFORD ... ..	7,301	6,925	<b>8,467</b>	Walter R. Dunstan, M.Sc., M.B., M.R.C.S., L.R.C.P., D.P.H.
<b>RURAL DISTRICTS—</b>				
BATTLE ... ..	25,508	27,839	<b>29,080</b>	Sir Alan Moore, Bart., M.B., B.Ch., D.P.H.
CHAILEY ... ..	13,005	16,167	<b>16,650</b>	Walter R. Dunstan, M.Sc., M.B., M.R.C.S., L.R.C.P., D.P.H.
CUCKFIELD ... ..	21,710	22,822	<b>23,620</b>	Wm. B. Stott, L.R.C.P. & S., D.P.H.
HAILSHAM ... ..	27,446	30,213	<b>32,390</b>	Wm. Gillitt, C.I.E., M.D., M.R.C.S., L.R.C.P., D.P.H.
UCKFIELD ... ..	39,133	38,341	<b>38,160</b>	R. S. Davidson, M.R.C.S., L.R.C.P., D.P.H.
<b>PORT SANITARY AUTHORITIES—</b>				
NEWHAVEN ... ..	—	—	—	Rodie Parkhurst, M.B., C.M.
NEW SHOREHAM ... ..	—	—	—	W. J. Butcher, M.R.C.S., L.R.C.P., D.P.H.



## AREA AND POPULATION.

The Administrative County of East Sussex is 507,069 acres in extent (35,496 acres in Urban and 471,573 in Rural Districts). There are 143 civil parishes, of which seven are situated within the Boroughs. The rateable value for the whole of the Administrative County, as on the 1st April, 1935, was £2,820,280 and the product of a 1d. rate was estimated at £10,412. Within the Administrative County there are the two Port Sanitary Authorities of Newhaven and New Shoreham. Apart from agriculture the County has few industries and is mainly residential in character.

## CHIEF VITAL STATISTICS FOR THE YEAR 1935.

TABLE I.

Group	Population estimated by Registrar General 1935.	Live Births.		Deaths.		Infant Deaths (under 1 year).		Deaths from Heart Disease.		Deaths from Pulmonary Tuberculosis.		Deaths from other Tuberculous Diseases.		Deaths from Respiratory Diseases, not including Influenza.		Deaths from Cancer.	
		No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
3 Large Towns	92,490	892	9.64	1369	14.8	53	59.42	337	3.64	48	.52	9	.1	121	1.31	236	2.55
7 other Urban Districts	58,710	715	12.18	706	12.03	27	37.76	180	3.06	35	.6	5	.08	67	1.14	99	1.69
5 Rural Districts	139,900	1784	12.75	1709	12.22	66	37.0	465	3.32	64	.46	11	.08	137	.98	255	1.82
Whole County	291,100	3391	11.65	3784	12.99	146	43.05	982	3.37	147	.5	25	.09	325	1.11	590	2.03

† Rates calculated per 1,000 of the registered live births. \* Rates calculated per 1,000 of the estimated population.

TABLE II.

DISTRICT.	Area in statute acres (land and inland water). 1931.	Inhabited houses at census 1931.	Population estimated by Registrar General, 1935.	Density of Population per acre, 1931.	Live Births.		Still Births.			Deaths under 1 year of age.		Deaths at all Ages belonging to the District.	Death Rate per 1000 Population
					Number.	Rate per 1000 population.	Number.	Rate per 1000 population.	Rate per 1000 Total Births.	Number.	Rate per 1000 live Births Registered.		
<i>Three Large Towns.</i>													
Bexhill ... ..	7993	4548	22120	2.7	219	9.9	8	.36	35.24	11	50.23	323	14.60
Hove ... ..	3953	12358	58520	13.9	541	9.24	20	.34	35.65	35	64.7	912	15.58
Lewes ... ..	1988	2890	11850	5.5	132	11.14	8	.68	57.14	7	53.03	134	11.31
TOTALS ...	13934	19796	92490	6.3	892	9.64	36	.39	38.79	53	59.42	1369	14.8
<i>Seven other Urban Districts.</i>													
Burgess Hill ... ..	2024	1631	6730	3.1	81	12.04	2	.3	24.1	3	37.01	87	12.93
Cuckfield ... ..	3912	2484	12830	2.9	146	11.38	5	.39	33.11	7	47.95	162	12.63
East Grinstead ... ..	6600	2111	9340	1.3	115	12.31	2	.21	17.09	4	34.78	109	11.67
Newhaven ... ..	1772	1626	6909	4.2	96	13.74	2	.29	20.41	1	10.42	87	12.45
Portslade-by-Sea ... ..	1953	2117	10290	4.9	136	13.22	6	.58	42.25	9	66.18	124	12.05
Rye ... ..	1027	1131	4064	4.	71	17.47	0	0.	0.	2	28.17	45	11.07
Seaford ... ..	4274	1539	8467	1.6	70	8.27	3	.35	41.1	1	14.29	92	10.87
TOTALS ...	21562	12639	58710	2.5	715	12.18	20	.34	27.21	27	37.76	706	12.03
<i>Five Rural Districts.</i>													
Battle ... ..	119966	7427	29080	.23	393	13.51	18	.62	43.8	13	33.08	358	12.31
Chailley ... ..	66038	4109	16650	.24	199	11.95	7	.42	33.98	13	65.33	211	12.67
Cuckfield ... ..	74335	5806	23620	.31	206	12.53	8	.34	26.32	6	20.27	262	11.09
Hailsham ... ..	99135	7457	32390	.3	441	13.62	7	.22	15.62	20	45.35	374	11.55
Uckfield ... ..	112096	9636	38160	.34	455	11.92	19	.5	40.08	14	30.77	504	13.21
TOTALS ...	471573	34435	139900	.29	1784	12.75	59	.42	32.01	66	37.0	1709	12.22
TOTALS FOR COUNTY ...	507069	66870	291100	.5	3391	11.65	115	.39	32.8	146	43.05	3784	12.99

TABLE III.

Number of deaths at different periods of life in the Administrative County during the year 1935.

Sex.	Urban Districts.												Rural Districts.											
	All ages.	Under 1 yr.	1-2	2-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	Over 75	All ages	Under 1 yr.	1-2	2-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	Over 75
Males	950	45	6	6	17	21	27	45	87	159	254	283	858	42	4	5	17	25	33	36	82	124	226	264
Females	1125	35	1	5	9	18	32	43	82	172	263	465	851	24	9	3	13	15	27	26	75	130	201	328
Totals	2075	80	7	11	26	39	59	88	169	331	517	748	1709	66	13	8	30	40	60	62	157	254	427	592



TABLE IV (a).

## Causes of and Ages at Death during the year 1935 in the Urban Districts.

Deaths in or belonging to Districts, at subjoined ages.													Deaths in or belonging to each District at all ages.									
CAUSES OF DEATH.													BOROUGH.									
All Ages.	Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 55.	55 and under 65.	65 and under 75.	75 and upwards.	Bexhill.	Hove.	Lewes.	Rye.	Burgess Hill.	Cuckfield.	East Grinstead.	Newhaven.	Portsmouth.	Seaford.	
All Causes	2075	80	7	11	26	39	59	88	169	331	517	748	323	912	134	45	87	162	109	87	124	92
1. Typhoid and paratyphoid Fevers	2	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	2
2. Measles	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. Scarlet Fever	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4. Whooping Cough	4	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Diphtheria	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Influenza	26	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Encephalitis Lethargica	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Cerebro-Spinal Fever	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Tuberculosis of the respiratory system	83	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Other tuberculous diseases	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. Syphilis	6	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. General paralysis of the insane, tabes dorsalis	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13. Cancer, Malignant Disease	335	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14. Diabetes	40	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15. Cerebral haemorrhage, etc.	115	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16. Heart Disease	517	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Aneurysm	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Other Circulatory Diseases	104	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. Bronchitis	59	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. Pneumonia (all forms)	100	15	2	3	4	4	3	6	17	11	33	15	47	5	1	9	1	3	7	8	4	3
21. Other respiratory diseases	29	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Peptic ulcer	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
23. Diarrhoea, etc. (under 2 years)	7	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
24. Appendicitis	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25. Cirrhosis of liver	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
26. Other diseases of liver, etc.	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
27. Other digestive diseases	62	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
28. Acute and chronic nephritis	79	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
29. Puerperal Sepsis	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30. Other puerperal causes	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
31. Congenital Debility, premature birth, malformations, etc.	47	44	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
32. Senility	64	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
33. Suicide	27	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
34. Other violence	74	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
35. Other defined diseases	186	4	1	1	2	6	7	8	20	39	43	55	42	74	14	6	7	8	10	5	11	9
36. Causes ill-defined or unknown	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Deaths of Infants under 1 year	80	80	7	11	26	39	59	88	169	331	517	748	323	912	134	45	87	162	109	87	124	92
Total	5	5	7	2	3	1	2	3	7	11	14	18	11	35	7	2	3	7	4	1	9	1
Illegitimate	5	5	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	2	—



TABLE IV (b).  
Causes of and Ages at Death during the year 1935 in the Rural Districts.

CAUSES OF DEATH.	Deaths in or belonging to Districts, at subjoined ages.											Deaths in or belonging to each District, at all ages.					
	All Ages.	Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 55.	55 and under 65.	65 and under 75.	75 and upwards.	Battle.	Chalfay.	Cuckfield.	Hailsham.	Tickfield.
<b>All Causes</b>	1709	66	13	8	30	40	60	62	157	254	427	592	358	211	262	374	504
1. Typhoid and paratyphoid fevers	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Measles	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Scarlet Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Whooping Cough	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Diphtheria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Influenza	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Encephalitis lethargica	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
8. Cerebro-Spinal fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
9. Tuberculosis of the respiratory system	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10. Other tuberculous diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
11. Syphilis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12. General paralysis of the insane, tabes dorsalis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13. Cancer, malignant disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14. Diabetes	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15. Cerebral hæmorrhage, etc.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
16. Heart disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
17. Aneurysm	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18. Other circulatory diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
19. Bronchitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20. Pneumonia (all forms)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
21. Other respiratory diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
22. Peptic ulcer	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
23. Diarrhoea, etc. (under 2 years)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
24. Appendicitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25. Cirrhosis of liver	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
26. Other diseases of liver, etc.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
27. Other digestive diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
28. Acute and chronic nephritis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
29. Puerperal sepsis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
30. Other puerperal causes	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
31. Congenital Debility, premature birth, malformations, etc.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
32. Senility	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
33. Suicide	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
34. Other violence	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
35. Other defined diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
36. Causes ill-defined or unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<b>Deaths of Infants under 1 year</b>	66	65	13	8	30	40	60	62	157	254	427	592	13	13	6	20	14
<b>Total Illegitimate</b>	8	8	..	..	..	..	..	..	..	..	..	..	1	1	..	3	3



## BIRTH-RATE.

The total number of live births registered in the Administrative County during the year was 3,391 or 86 less than in 1934. Of the live births, 157 were illegitimate, giving a percentage of 4.6. In addition to the live births, 115 still births, of which 6 were illegitimate, were registered. The birth-rate for the County was **11.65** live births per 1,000 of the population, a rate which was .43 per 1,000 below that for the year 1934. The number of births registered was lower by 393 than the registered deaths. The rate for England and Wales was 14.7 per 1,000.

## DEATH-RATES.

## General Death-Rate.

The general death-rate for the Administrative County was **12.99** per 1,000 of the population as compared with a rate of 12.44 in 1934. The rate for England and Wales was 11.7 per 1,000.

The Registrar-General has supplied comparability factors for each Urban and Rural District and for the Administrative County as a whole for the purpose of adjusting the local death-rates to compare these with the crude death-rate for England and Wales, or with the mortality of any other local area the crude death-rate of which has been similarly modified with its own factor for the purpose. If the populations of all areas were similarly constituted as regards the proportions of their sex and age group components, their crude death-rates (per 1,000 population) could be accepted as valid comparative measures of the mortalities experienced by the several populations. In practice, however, the populations are not thus similarly constituted. Therefore, it is necessary to use the factor which has been supplied to make the necessary comparison. The factor for the Administrative County is .78 and when the crude death-rate of 12.99 is multiplied by this figure the adjusted death-rate for the County is shown as 10.13 compared with 11.7 for England and Wales.

The number of registered deaths from all causes in the County for the year was 3,784 as against 3,581 for the previous year—an increase of 203. On comparison with the figures for 1934 deaths from 24 causes shew an increase, the chief of these being:—

Diabetes	from 47 to 67	Violent deaths (excluding suicide)	from 123 to 143
Pneumonia	.. 138 .. 180	Peptic Ulcer	.. 30 .. 40
Heart Disease	.. 945 .. 982	Appendicitis	.. 22 .. 32

It is to be noted that the deaths from cancer shew a decrease from 596 to 590.

Special reference is made below, under the appropriate headings, to infant mortality, maternal mortality and to deaths from tuberculosis, diseases of the respiratory organs, heart disease and cancer.

## Infant Mortality.

There were 146 deaths of infants under one year of age in the year 1935, giving a rate of **43.05** per 1,000 live births as compared with 136 deaths and a rate of 39.11 in 1934. Of the 146 deaths, 13 were of illegitimate infants. The infant mortality rate of illegitimate infants was 82.8 per 1,000 live births, which was almost double that of legitimate infants.

Of 111 deaths of infants, including inward transfers, notified by the Registrars of Births and Deaths in the Administrative County (excluding Hove) during the year 1935, sixty-six (59 per cent.) died during the first month of life, 24 between one and three months, 11 between three and six months, and 10 between six and twelve months. The causes of death during the first year of life were mainly from congenital debility, premature birth, malformation, bronchitis and other injurious conditions before and at the time of birth.

The following statement shows the average death-rates of infants under one year per 1,000 births for five-year periods from 1906 to 1935:—

TABLE V.

*Deaths at ages under one year per 1,000 births. Average rates at quinquennial periods.*

Period.	East Sussex.	England and Wales.
1906 to 1910 .. .. .	79.8	116.8
1911 to 1915 .. .. .	73.4	109.6
1916 to 1920 .. .. .	63.1	90.6
1921 to 1925 .. .. .	48.0	75.8
1926 to 1930 .. .. .	44.7	67.8
1931 to 1935 .. .. .	42.87	62.2

It is interesting to note that in 1915, the year in which the Maternity and Child Welfare Scheme in this County was inaugurated, the infantile mortality rate was 86.07 per 1,000 births, and that since then this mortality rate has been halved, thereby representing a saving in 1935 of the lives of 43 more infants in every 1,000 born than was the case in 1915. In other words, in 1915 only 914 infants out of every 1,000 survived the first year of life, as compared with 957 in 1935.



### Maternal Mortality.

It is recorded in connection with the 3,506 live and stillbirths that 11 women lost their lives from causes directly due to child bearing, or 5 less than in 1934, representing a Maternal Mortality rate for the Administrative County of 3.14 per 1,000 live and stillbirths, as compared with a rate of 4.45 in 1934. Five of the 11 women died from puerperal sepsis, representing a rate of 1.43 per 1,000, the remaining 6 died from other causes, representing a rate of 1.71 per 1,000. The 11 deaths include 2 from sepsis which occurred within the area of the Borough of Hove, which is a Local Authority for maternity and child welfare, representing a rate for the Borough of 3.56 per 1,000 live and stillbirths. There were, therefore, 9 deaths in the maternity and child welfare area of the Administrative County of East Sussex, giving a death rate of 3.05 per 1,000 (1.02 per 1,000 from sepsis, and 2.03 per 1,000 from other causes). The rate for the whole of England and Wales was 4.1 per 1,000 (1.68 from sepsis and 2.42 from other causes).

Each maternal death occurring in the Administrative County was the subject of a special enquiry, and full information was supplied to the Special Committee of the Ministry of Health on Maternal Mortality. Of the 9 deaths referred to above, 8 occurred amongst residents of the County area who were at the time of death in hospitals outside the County. The registered causes of death were as follows:—

1. Acute partum hæmorrhage. Central placenta prævia and degeneration of uterine muscle.
2. Puerperal eclampsia.
3. Puerperal septicaemia. Pelvic peritonitis.
4. Cardiac failure. Albuminuria of pregnancy.
5. Post operative shock and hæmorrhage. Evacuation of uterus for accidental hæmorrhage of pregnancy.
6. Peritonitis, septicaemia and puerperal fever.
7. Post partum eclampsia.
8. Pulmonary embolism. Thrombo-phlebitis of leg. Parturition. Toxic Goitre.
9. Toxaemia of pregnancy. Caesarean section performed. Contributory cause of death septicaemia.

The following Table sets out the Maternal Mortality Rate for each year during the last fourteen years:—

TABLE VI.

Year.	England and Wales.	Administrative County of East Sussex (including the Borough of Hove).	East Sussex Maternity & Child Welfare Area, (i.e., excluding the Borough of Hove).
1922	3.81	4.56	4.6
1923	3.82	2.85	2.7
1924	3.9	3.31	3.9
1925	4.08	2.6	2.4
1926	4.12	3.08	3.1
1927	4.11	5.02	4.6
1928	4.43	4.39	3.22
1929	4.33	2.9	2.57
1930	4.4	4.5	4.7
*1931	3.94	2.59	2.38
*1932	4.06	5.28	4.64
*1933	4.23	2.64	2.42
*1934	4.41	4.45	3.99
*1935	4.1	3.14	3.05

\* Per 1,000 births, including stillbirths. The rate in previous years was calculated on live births only.

The Maternal Mortality Rate, in respect of cases attended by District Nurses acting as midwives, in the year 1935 was lower than the general Maternal Mortality Rate in the County. One thousand three hundred and eighteen cases were attended by the District Nurses, and there were 2 deaths, which gives a rate of only 1.52 per 1,000. This low rate is evidence of the careful supervision that is exercised and of the co-operation which exists between the nurses and their Superintendents, also of the ever ready help that is received from medical practitioners in cases of difficulty.

### Death Rate from Tuberculosis.

In East Sussex, in 1935, pulmonary tuberculosis was responsible for 147 deaths, as compared with 137 in the previous year, and 25 deaths from other forms of tuberculosis, the same number as in 1934. The death-rate from pulmonary tuberculosis was .5 per 1,000 of the population, and from other tuberculous diseases .09 per 1,000 in 1935 as compared with .47 and .09 respectively in 1934. The rates for England and Wales for 1935 were: pulmonary tuberculosis .6 per 1,000 and non-pulmonary .11 per 1,000.

The trend of the death-rate from pulmonary tuberculosis continues to be downward. Although the reduction in the rate from year to year is small, yet it has been reduced to nearly half what it was in 1913. Pulmonary tuberculosis has its highest incidence at an age when the lives of those attacked are of most value to the community. Reference to Tables IV (a) and (b) will show that the majority of the deaths from pulmonary tuberculosis occur between the ages of 25 and 55. Other tuberculous diseases have a fatal issue at a somewhat earlier age.



The figures given below shew the average death-rates from pulmonary tuberculosis for England and Wales and for East Sussex for the five-year periods 1909 to 1933 and for the two years 1934 and 1935.

**TABLE VII.**

*Deaths from pulmonary tuberculosis. Average rates per 1,000 of the population.*

Period.	East Sussex.	England and Wales.
1909 to 1913 .. .. .	.79	1.02
1914 to 1918 .. .. .	.85	1.17
1919 to 1923 .. .. .	.68	.89
1924 to 1928 .. .. .	.59	.8
1929 to 1933 .. .. .	.49	.69
1934 and 1935 .. .. .	.48	.62

#### **Death-Rate from Diseases of the Respiratory Organs.**

The number of deaths in 1935 from non-tuberculous diseases of the respiratory organs including pneumonia, but excluding influenza, was 325, or one-twelfth of all the deaths. The deaths from these diseases were 40 more than in 1934. They are amongst the chief causes of death at the beginning and end of life and should, at any rate in infancy, be in a large measure preventable. The death-rate in 1935 from these diseases was **1.1** per 1,000 of the population as against .99 in 1934.

#### **Death-Rate from Heart Disease.**

There were 982 deaths registered from this cause, mainly in the later years of life. The rate of **3.37** per 1,000 of the population in 1935 is to be compared with 3.26 per 1,000 in 1934. Heart disease is responsible for over one-fourth of all the deaths in the Administrative County. Preventive measures should be directed to the prevention and treatment of rheumatism and other diseases resulting from streptococcal infection. The institution of periodical medical examination after the age of 40 years would bring these diseases under earlier treatment and reduce the incidence of heart disease.

#### **Death-Rate from Cancer.**

Five hundred and ninety deaths from this disease were registered, as against 596 in 1934. The rate of **2.03** per 1,000 of the population in 1935 was .04 per 1,000 lower than that in 1934. The rate for England and Wales for 1935 was 1.59 per 1,000. It will be seen from Tables IV (a) and IV (b) that most of the deaths occur after the age of 45. If the disease is diagnosed in its early stage there is evidence that life can be prolonged by suitable treatment.

#### **Inquests.**

A Table is given, in an Appendix to this Report, of a return of Inquests held in 1935, together with a Report by Dr. E. F. Hoare on Inquests held for the Lewes Coroner's District during the year.

### **PREVALENCE OF EPIDEMIC AND OTHER INFECTIOUS DISEASES.**

#### **Small Pox.**

For the third successive year Small Pox did not occur in the Administrative County.

#### **Diphtheria.**

There was a considerable increase in the incidence of Diphtheria during 1935, 214 cases being notified compared with 114 for the previous year. Eight deaths occurred among the 214 cases, giving a case mortality of 3.7 per cent., as compared with that of 3.5 per cent. for the previous year.

#### **Scarlet Fever.**

The number of cases of Scarlet Fever notified in the County during 1935 fell to what may be regarded as normal, 452 cases being notified as against 662 during the previous year. Five deaths from this disease were reported, giving a case mortality of 1.1 per cent.

#### **Enteric Fever.**

Twenty-one cases of Enteric Fever were notified during the year under review, an increase of 14 over the figure for 1934. Two deaths were certified as being attributable to this disease—a case mortality of 9.5 per cent. No death occurred among the seven cases notified in 1934.

#### **Puerperal Sepsis.**

During the year 1935, 16 cases of Puerperal Sepsis and 26 cases of Puerperal Pyrexia were notified, a decrease in the figures for the preceding year, 17 cases of Puerperal Sepsis and 43 cases of Puerperal Pyrexia having been notified in 1934. Five deaths occurred among the 16 women



who suffered from Puerperal Sepsis, resulting in a case mortality of 31.2 per cent. Medical practitioners are in all cases informed of the facilities available for treatment under the County Council's Maternity and Child Welfare Scheme. Details concerning these facilities, and the results of treatment, are given under the Section of the Report relating to Maternity and Child Welfare.

#### **Encephalitis Lethargica.**

Two cases of Encephalitis Lethargica were notified during the period, but three deaths from this disease are shown in the Return of the Registrar-General for 1935.

#### **Pneumonia.**

One hundred and fifty-seven cases of Pneumonia were notified during 1935, an increase of 36 over the figure for the previous year. Acute Primary Pneumonia and Acute Influenzal Pneumonia are the only varieties notifiable.

#### **Ophthalmia Neonatorum.**

Eleven cases of this disease were reported during 1935, as against 10 during 1934 (see Section dealing with Maternity and Child Welfare).

#### **Acute Poliomyelitis.**

During the year under review, only one case of Acute Poliomyelitis (infantile paralysis) was notified in the County, as compared with four during the previous year. Medical practitioners reporting this disease are immediately supplied with full details concerning facilities provided by the County Council for treatment. Dr. Murray Levick, Consultant for Physical Treatment, is available to visit the home of any patient suffering from the disease and to consult with the medical practitioner in charge of the case.

#### **The Non-Notifiable Infectious Diseases.**

The most important of these are Influenza, Whooping Cough, Measles and Infantile Diarrhoea. The following statement shews the number of deaths registered from these diseases during the year :—

Influenza	..	..	..	..	..	44	Whooping Cough	..	..	..	..	9
Measles	..	..	..	..	..	1	Diarrhoea (under 2 years)	..	..	..	..	10

#### **Diphtheria Immunisation.**

At the commencement of 1935, the Education Committee agreed to the proposal that District Councils should be given permission, if they desired to do so, to bring to the notice of parents of elementary school children, by printed circular, facilities available for immunisation against diphtheria.

Such facilities have been provided by the following District Councils :—

- Hove Borough Council.
- Rye Borough Council.
- East Grinstead Urban District Council.
- Burgess Hill Urban District Council.
- Cuckfield Urban District Council.
- Cuckfield Rural District Council.
- Uckfield Rural District Council (immunisation will commence early in 1936).

In the Borough of Hove, Dr. Chadwick, Medical Officer of Health, has immunised a large number of children. The facilities available have been brought to the notice of parents at the Infant Welfare Centre and the District Nurses have taken circulars to the homes on the occasion of their visits.

The Rye Borough Council decided to provide immunising material free of charge for patients in their area, the patients themselves to be responsible for the doctor's fee.

Immunisation is being carried out in the areas of the Burgess Hill Urban District Council, the Cuckfield Urban District Council and the Cuckfield Rural District Council on the same basis as at Rye. Dr. Stott, Medical Officer of Health, reports that the Councils agreed to purchase

the inoculating material (T.A.F.) and to provide this free of charge to those general practitioners who were willing to co-operate in the scheme. The general practitioners were written to, asking if they would be willing to give the three injections necessary and all agreed to do so. The schemes were well advertised in the Press, and leaflets with full particulars were distributed to parents through the schools, Infant Welfare Centres, etc. It was impressed on parents that children should be protected as soon after one year of age as possible. The response has been poor, only 20 children in the Burgess Hill Urban District, 26 in the Cuckfield Urban District and 30 in the Cuckfield Rural District having been immunised up to the end of the year.

Dr. Davidson, Medical Officer of Health of the East Grinstead Urban District Council, reports that the response to the scheme in that area exceeded expectations with acceptances of 56 per cent. The number of children of pre-school age, however, whose parents agreed to immunisation was small. The scheme was supported by the general practitioners in the town and parents who chose could have their own doctor carry out the immunisation, the cost of the immunising material being borne by the District Council. Clinics for Diphtheria immunisation will be held when the number of applications warrant them.

### ISOLATION HOSPITAL ACCOMMODATION.

#### Small Pox.

The only Hospital provided specially for the reception of East Sussex cases of Small Pox is the Sedgebrook Hospital at Plumpton, recognised as having 10 beds on a basis of 144 sq. ft. per bed. This Hospital serves five urban and three rural districts. The Brighton and Hastings Small Pox Hospitals, which are situated within the area of the Administrative County, are available for the reception of patients from the remaining districts in the County.

It has been ascertained that five beds can be allocated to the County Council area in the Brighton Small Pox Hospital, and eight in the Hastings Hospital.

#### Other Infectious Diseases.

There were within the Administrative County at the end of the year 1935, 10 Isolation Hospitals for diseases other than Small Pox. The accommodation given in each is that recognised by the Ministry of Health :—

<i>Isolation Hospital.</i>	<i>Beds.</i>
Bexhill, Clinch Green .. .. .	10
Chailey .. .. .	18
Hurstpierpoint, Deans Farm .. .. .	28
East Grinstead, High Grove .. .. .	18
Hailsham .. .. .	4
Willingdon, Park Croft .. .. .	6
Hangleton .. .. .	50
Lewes .. .. .	12
Newhaven .. .. .	12
Udimore .. .. .	8

The Battle Rural District Council also arranged for the admission of infectious cases from their district to the Hastings County Borough Sanatorium, and to the Tunbridge Wells Isolation Hospital.

A survey has been made of the Hospital accommodation for the treatment of infectious diseases in the County in accordance with the provisions of Section 63 of the Local Government Act, 1929. The Scheme to be prepared under that Act was still under consideration by the Public Health and Housing Committee at the end of the year. The Ambulances available for the transport of cases of infectious disease are given in the list of Ambulances on page 52.







# **PUBLIC HEALTH ACTIVITIES OF THE COUNTY COUNCIL.**

The Public Health Work of the County Council is reported upon hereunder, under the appropriate headings.

## **MATERNITY AND CHILD WELFARE.**

### **Provision of Midwives.**

The County Council are the local supervising authority under the Midwives Acts for the Administrative County, with the exception of the Borough of Hove.

The County Council are responsible for the provision of an adequate midwifery service in the County, and they have made this provision through the East Sussex County Nursing Federation and District Nursing Associations which cover the whole of the County Area. The service provided is satisfactory, and it is particularly so in those districts in which the District Nursing Associations have appointed fully trained nurses with the Health Visitor's Certificate. Supervision under the direction of the County Medical Officer of Health is exercised by the County Nursing Superintendent, who is also Inspector of Midwives, and by four District Nursing Superintendents, who give approximately one-fourth of their time to the work of the Federation in connection with the supervision of general nursing work, thus avoiding the dual inspection of nurses.

The maximum annual grants allowed to District Nursing Associations in aid of midwifery and maternity nursing services and infant health visiting in respect of the financial year 1935-36 amounted to £10,061 14s. od. From this amount midwifery and maternity nursing fees received by the Associations were deducted, leaving a total net grant of £7,786 14s. od.

In addition to the above grant a sum of £435 was paid to the East Sussex County Nursing Federation towards the expenses of the Federation attributable to midwifery, a sum of £360 in respect of the training of midwives, and a grant of £28 8s. 8d., being one-half of the net cost of the employment of an emergency nurse-midwife.

There were on the 31st December, 1935, 75 District Nursing Associations, all of which were affiliated to the County Nursing Federation. Amalgamation of adjacent District Nursing Associations in areas which could be nursed efficiently by one nurse with the assistance of motor transport was continued during the year. Four Associations were so amalgamated during the year, making a total of 36 since the policy of amalgamation was first commenced a few years ago, and resulting in a reduction of 18 District Nursing Associations. Grants in aid of the provision of motor transport for the nurses have been given in all of these cases and also to 30 other Associations where special difficulty in carrying out the work has been proved to the satisfaction of the County Council.

### **Supervision of Midwives.**

The number of certified midwives who during the year 1935 notified their intention to practise either temporarily or permanently in the area for which the County Council are responsible was 224. In January, 1935, there were 162 certified midwives on the Register, of whom 160 were trained and 2 untrained. At the end of the year there were 172 on the Register, of whom 170 were trained and 2 untrained.

The following table shews the number of midwifery and maternity patients attended by midwives practising in the County Area, excluding Hove, during the year. It will be seen that the midwives attended 2,382 confinements, in 1,405 of which they were engaged as midwives and in 977 as maternity nurses. The total number of births in the area was 2,945. The number of confinements at which certified midwives were engaged as such together with those in which they, although engaged as maternity nurses, actually delivered the women was 1,542, representing 52.36 per cent. of the total births. The number of confinements at which they acted either as midwives or maternity nurses represented 80.8 per cent. of the total births.

It is to be noted that the 172 midwives referred to in the table were those practising only at the end of the year, and that the 2,382 confinements were attended by all midwives practising during the year.

**TABLE IX.**

	Number of Midwives practising on 31st Dec., 1935.	Number of Confinements attended by Midwives practising during year.	Engaged as Midwife.	Engaged as Maternity Nurse.		
				Medical Practitioner absent.	Medical Practitioner present.	Total.
<i>Trained Midwives:</i>						
Working for Associations affiliated to East Sussex County Nursing Federation	98	1949	1188	130	631	761
Working independently or in Institutions	72	428	212	7	209	216
<i>Bona fide Midwives:</i>						
Working independently	2	5	5	0	0	0
<b>Totals</b>	<b>172</b>	<b>2382</b>	<b>1405</b>	<b>137</b>	<b>840</b>	<b>977</b>



Notifications under the Midwives Acts received from certified midwives during the year were as follows :—

(a) Medical assistance required—				(d) Engaged in laying out the dead ..	28
(i) for mother .. .. .	558				
(ii) for infant .. .. .	75			(e) Liability to be a source of infection ..	119
(b) Deaths—					
(i) of mother .. .. .	0			(f) Substitution of artificial feeding	
(ii) of infant .. .. .	9			for breast feeding .. .. .	38
(c) Stillbirths—					
(i) male .. .. .	13				
(ii) female .. .. .	5				

#### Inspection of Midwives—Report by Miss E. M. Wyatt, M.B.E., Inspector of Midwives.

"On the 31st December, 1935, there were 172 certified midwives practising in the Administrative County of East Sussex, 98 of whom were working in districts affiliated to the East Sussex County Nursing Federation.

"During the year 448 routine visits were paid by the County Superintendent and by the District Superintendents. Forty-seven notifications were received of Puerperal Pyrexia, 20 of Discharging Eyes, 5 of Contact with Infection, 1 of a Maternal Death, 1 of an unsatisfactory condition of mother and 1 of an unsatisfactory condition of child, all requiring special reports, and 56 special visits were made in connection with these.

"Of the 20 cases of eye discharge, 6 were notified as Ophthalmia Neonatorum.

"There were two Maternal Deaths amongst the cases attended by District Midwives, one from Septicæmia, and the other from Cardiac failure.

"The Midwives, with very few exceptions, maintained a high standard of practice. It is hoped that the arrangements that have been made for the fuller type of inspection to be extended to the Independent Midwives, will result in improvement in those cases where found to be necessary.

"The East Sussex Midwives' Association continues to grow. In 1924 the membership was 38. To-day it is 118. The attendance at the various lectures continues to improve, and again our sincere thanks are due to our County Medical Officer of Health and other friends who have done so much to help us during the past year."

#### Contraception.

In accordance with the recommendations of the Ministry of Health, the County Council have undertaken to give contraceptive advice to married women suffering from forms of sickness, physical or mental, which are detrimental to them as mothers. Thirty-one women received instruction during the year.

#### Ante-Natal Supervision.

The County Council have established, or have assisted to establish ante-natal clinics at Bexhill, East Grinstead, Hailsham, Portslade, Robertsbridge and Seaford separately from the Infant Welfare Centres. In addition, ante-natal consultations are held at 30 Infant Welfare Centres at the same session as the post-natal work. In areas not provided with a Centre or in cases in which uninsured women find it impossible to visit a Centre, arrangements have been made whereby medical practitioners undertake ante-natal examinations and, during the year, 82 necessitous mothers were examined by medical practitioners at the cost of the County Council. The district nurse midwives made 11,365 ante-natal visits during the year to 1,848 expectant mothers.

#### Provision of Consultants.

The Local Authority have arranged that a Consultant is available for any medical practitioner who needs such assistance in difficulties or in complications arising during pregnancy, or at or after confinement. Consultants were provided during the year in seven cases, two for women suffering from puerperal fever and puerperal pyrexia, and the remainder for other conditions affecting pregnancy.

#### Provision of Hospital Treatment, apart from Treatment for Puerperal Pyrexia.

On the 1st April, 1935, the Maternity and Child Welfare Committee became responsible for all hospital treatment of maternity cases. Prior to that date treatment had been provided partly under the Maternity and Child Welfare Scheme and partly under the Poor Law. Applications for maternity hospital treatment, therefore, are no longer dealt with by Relieving Officers, but by the County Medical Officer of Health. Now that this arrangement has been completed, the whole of the Maternity and Child Welfare work is provided by the Maternity and Child Welfare Committee.

During the year 254 women, as set out in the following tabular statement, were provided with hospital treatment at maternity hospitals. Of these, 55 were admitted because of difficulties



arising directly in connection with labour, and 124 were cases in which ante-natal observation had detected disease or deformity which necessitated hospital treatment in the interests of the mother or the infant or of both. In the remaining 75 cases the home conditions were unfavourable. Patients admitted with puerperal sepsis and puerperal pyrexia are referred to under the appropriate heading.

TABLE X.

Hospitals and Maternity Homes.	Emergencies arising directly in connection with labour.	Induction of premature labour.	Pregnancy complicated by albuminuria.	Various conditions.	Unfavourable home conditions.	Totals.
Brighton.						
Sussex Maternity and Women's Hospital ..	21	9	6	5	0	41
Hastings.						
Fernbank Maternity Home	1	0	0	5	4	10
Tunbridge Wells Maternity Home .. .. .	3	1	1	8	0	13
Battle Institution .. .. .	1	0	1	7	18	27
Shoreham. Southlands Hospital Cuckfield.	10	2	8	31	16	67
West Hylands Institution	5	0	2	18	24	49
Eastbourne Maternity Hospital	2	0	0	2	1	5
Hastings Municipal Hospital ..	5	1	0	4	2	12
Crowborough.						
War Memorial Hospital ..	2	0	1	4	2	9
Newhaven Institution .. ..	1	0	0	5	7	13
Hastings.						
Royal East Sussex Hospital	2	1	0	1	0	4
Other Hospitals .. .. .	2	0	0	1	1	4
Totals .. .. .	55	14	19	91	75	254

The total cost of treatment provided for these cases by the Maternity and Child Welfare Committee was £2,226 14s. 6d., towards which the patients themselves contributed £608 12s. 3d., leaving £1,618 2s. 3d. as the net cost to the County Council.

#### Puerperal Sepsis and Puerperal Pyrexia.

Facilities are available for obtaining the services of Obstetric Consultants, for the employment of emergency nurses and for bacteriological examinations when necessary in cases of puerperal sepsis and puerperal pyrexia.

During 1935 two women suffering from puerperal fever or puerperal pyrexia were seen by Obstetric Consultants at the request of medical practitioners. Of 35 women who were notified as suffering from puerperal sepsis or puerperal pyrexia, 21 women received treatment in hospitals or maternity homes. Sixteen of these received treatment under the County Council's scheme, 2 under the Poor Law before 1st April, 1935, and 3 by other arrangements. Thirteen of these cases received treatment in Southlands Hospital. Nineteen of the 21 patients recovered and 2 died. Fourteen women were treated in their own homes, all of whom recovered.

#### Treatment in Convalescent Homes.

During the year one woman received convalescent treatment under the County Scheme.

#### Provision for Unmarried Mothers and their Infants.

During the year 1935, fourteen unmarried mothers with their infants were maintained at Hostels; 13 at the Bell Hostel, Eastbourne, and 1 in the Church Army Home, Brighton. The young women are usually admitted within three months of the expected date of confinement and remain for a period of twelve months. This provision is of special value in view of the high mortality in infants born out of wedlock.

#### Notification of Births and Infant Visiting.

The following Table shews the total number of births notified as occurring in the Administrative County (excluding the Borough of Hove) during 1935 :—

	Males.	Females.	Total.
Living .. .. .	1221	1149	2370
Stillbirths .. .. .	34	30	64
Total .. .. .	1255	1179	2434

Amongst the births notified are included 23 cases of twins (30 male and 16 female).

Details as to births not notified to the County Medical Officer of Health were supplied by the District Registrars of Births and Deaths.



Infant Health Visiting is carried out in East Sussex by the District Nurses, supervised by four specially qualified District Nursing Superintendents. The County Council's Scheme for Infant Visiting provides for the whole of the Administrative County, except the Borough of Hove. The number of visits paid by the Infant Health Visitors during the year 1935 was 41,997, of which 18,749 were paid to infants under one year of age as compared with 39,519 and 17,224 respectively in 1934. Visits are continued until the infants reach five years of age.

#### Maternity and Child Welfare Centres.

There are 50 Maternity and Child Welfare Centres in the County, of which 5 are provided wholly by the County Council. The remainder have been established by local voluntary associations.

Grants totalling £454 were given in aid of the expenditure of the Local Voluntary Associations towards the cost of maintenance of these Centres.

Rules are in force for the administration of Infant Welfare Centres which receive grants. These Rules provide for the keeping of proper records and for adopting a uniform procedure at all the Infant Welfare Centres throughout the County.

The following Table gives certain particulars concerning each Centre :—

TABLE XI.

Name of Centre.	INFANT WELFARE WORK.				ANTE-NATAL WORK.			
	Total number of Children who attended during the year.		Total Attendances of Children.		Clinic on Separate Day or Hour.	Consultations during usual Session of Infant Welfare Centre.	Number of Expectant Mothers who attended during the year.	Total Number of Attendances.
	Under 1 year on 31/12/35.	Between 1 and 5 years on 31/12/35.	Under 1 year.	1 to 5 years.				
Albourne ..	11	28	65	146	—	Yes	12	14
Balcombe ..	9	40	62	340	—	Yes	6	8
Barcombe ..	14	20	55	121	—	Yes	1	1
Battle ..	9	28	63	171	—	Yes	4	5
*Bexhill and Sidley	90	171	1008	1583	Yes	—	77	175
Bolney ..	20	27	107	157	—	Yes	9	11
Brede and Udmore	8	34	54	105	—	Yes	8	12
Burgess Hill ..	10	46	291	263	—	Yes	3	7
Chailey ..	Not	Recorded.	29	95	—	—	—	—
Chiddingfold ..	15	31	41	136	—	—	—	—
Copthorne ..	10	35	169	216	—	Yes	3	3
Crawley Down ..	11	57	184	446	—	Yes	2	2
Danehill and Horsted Keynes ..	13	42	291	373	—	Yes	5	5
East Grinstead ..	35	50	439	487	Yes	—	35	67
Etchingham ..	4	15	32	86	—	Yes	—	—
†Fairwarp ..	5	30	41	87	—	—	—	—
Forest Row ..	40	48	249	275	—	Yes	12	12
†Guestling ..	10	36	38	66	—	—	—	—
Hailsham ..	28	145	466	645	Yes	—	38	85
Hamsey ..	9	28	106	361	—	Yes	5	8
Haywards Heath ..	78	63	578	433	—	—	—	—
Heathfield ..	23	8	118	170	—	Yes	2	2
†Herstmonceux ..	25	39	146	266	—	—	—	—
Hurst Green ..	9	11	78	76	—	Yes	—	—
Icklesham ..	3	14	33	71	—	Yes	—	—
Iden and Playden ..	14	49	96	252	—	Yes	11	27
Lewes ..	75	98	617	711	—	Yes	58	80
Lindfield ..	14	41	214	460	—	—	—	—
†Mayfield ..	14	31	86	261	—	—	—	—
*Newhaven ..	54	66	524	288	—	—	—	—
Newick ..	17	36	63	130	—	Yes	—	—
*Peacehaven ..	18	71	181	353	—	Yes	10	17
Poveysey ..	10	28	154	251	—	—	—	—
Plumpton ..	6	37	49	184	—	Yes	—	—
*Portslade ..	64	170	1579	1368	Yes	—	65	95
Robertsbridge ..	5	45	190	253	Yes	—	13	18
*Rye ..	40	63	553	695	—	Yes	39	48
Scaynes Hill ..	6	34	98	380	—	Yes	—	—
Seaford ..	30	78	226	258	Yes	—	36	65
Sedlescombe ..	14	30	78	164	—	Yes	5	8
†Staplefield ..	8	30	58	145	—	—	—	—
Turner's Hill ..	7	21	119	161	—	Yes	9	15
Uckfield ..	37	47	202	155	—	Yes	28	28
Wadhurst ..	22	61	195	220	—	Yes	34	46
†Waldron and Cross-in-Hand ..	15	52	178	380	—	—	—	—
Westfield ..	11	35	78	254	—	Yes	4	8
Westham ..	9	36	165	334	—	—	—	—
West Hoathly ..	11	40	69	219	—	Yes	12	19
Winchelsea ..	6	16	51	83	—	—	—	—
Withyham ..	6	41	69	131	—	Yes	7	8
TOTALS ..	1002	2311	10635	15265	6	30	553	899

\* County Council Centres.

† Voluntary Centres which during 1935 did not receive grants in aid from County Council.

At East Grinstead, Newhaven and Portslade the work of the Centres, Infant Health Visiting and School Nursing is carried out by whole-time Health Visitors appointed by the District Nursing Associations. Grants are paid equivalent to the whole salary and allowances of the Health Visitors at Newhaven and Portslade, and equivalent to half the salary and allowances at East Grinstead.

#### Public Health (Ophthalmia Neonatorum) Regulations, 1926.

Notifications of six cases of Ophthalmia Neonatorum were received during the year, three of which were treated in hospital.

TABLE XII.

Cases Notified.	Cases Treated.		Vision Unimpaired.	Vision Impaired.	Total Blindness.
	At Home.	In Hospital.			
6	3	3	6	0	0

All cases of Ophthalmia Neonatorum receive immediate attention; either the medical practitioner in attendance is communicated with by telephone, or a special visit is paid by one of the District Nursing Superintendents. Hospital treatment is arranged for, either with or without the mother, at the Royal East Sussex Hospital, Hastings, at the Southlands Hospital, Shoreham, or at one or other of the County Infirmarys. Infants treated in their own homes are attended by the district nurses when these nurses are not in attendance on midwifery cases. When it is not possible for the infant to be attended by the district nurse, and hospital treatment is not accepted by the parents, the Maternity and Child Welfare Committee have authorised arrangements being made for the attendance of special nurses. No special nurses were required in 1935.

#### Vaccination.

Section 2 of the Local Government Act, 1929, transferred the duties relating to Vaccination to the Public Health and Housing Committee. During the twelve months ended 30th September, 1935, 975 successful primary vaccinations were carried out, of which 9 were performed in institutions. Of these, 883 were of infants under the age of one year and 92 of persons over that age. In addition, 90 successful re-vaccinations were carried out.

Certain of the Vaccination Officers' Districts were revised during the year; originally 21 districts existed, but by reason of amalgamation these have been reduced to 16. A number of the smaller districts have been amalgamated with nearby larger districts and one or two of the larger districts have been amalgamated where this could be effected without loss of efficiency.

The changes were as follows:—

Original Districts.	Revised Districts.	Date of Revision.
Poynings (including Fulking)	Hurstpierpoint.	1st April, 1935.
Hurstpierpoint		
Hastings Rural (including Fairlight, Guestling, Ore and Pett). Rye.	Rye	1st July, 1935.
Chailey	Lewes.	1st April, 1935.
Lewes		
Withyham	East Grinstead.	..
Worth (including West Hoathly)		
East Grinstead	Hove	1st July, 1935.
Portslade		
Hove		

The re-arranged Districts are noted thus \* in Table XIII.

The following is a summary of Returns made to the Registrar-General by the Vaccination Officers in respect of children whose births were registered during the period from 1st January to 31st December, 1934, and accounted for in the Vaccination Registers up to 31st January, 1936.



TABLE XIII.

Vaccination Officer's District.	Births.	Number of Certificates of "Successful Vaccinations."	Number living unvaccinated		Number died unvaccinated.	Percentage of living children vaccinated.
			Conscientious Objection.	Others.		
Battle .. .. .	113	40	51	16	6	37.4
Bexhill .. .. .	275	121	113	30	7	45.1
Cuckfield .. .. .	207	91	86	13	4	44.8
Eastbourne Rural .. .. .	81	27	51	1	2	34.2
*East Grinstead .. .. .	198	73	97	—	—	32.3
Hailsham .. .. .	230	63	154	12	1	27.5
*Hove .. .. .	515	221	234	18	9	43.7
*Hurstpierpoint .. .. .	134	49	69	11	3	37.4
*Lewes .. .. .	234	80	134	13	7	35.2
Newhaven .. .. .	165	23	129	9	4	14.3
Rotherfield .. .. .	172	61	100	6	4	36.3
*Rye .. .. .	165	94	64	2	4	58.4
Seaford .. .. .	69	16	43	2	1	23.5
Ticehurst .. .. .	139	76	48	5	4	57.7
Uckfield .. .. .	163	44	110	2	7	28.2
Worth .. .. .	82	29	36	10	3	36.7
	2942	1108	1519	150	66	38.5

#### Marasmic Infants.

Treatment for fourteen marasmic infants was provided at the Chailey Heritage Hospital during the year. All of these children received much benefit from the treatment provided.

A grant of £351 10s. od. was made by the County Council towards the expenses of the Yarbrough Home for Infants, East Grinstead, under the Scheme made under the Local Government Act, 1929.

#### Provision of Home Helps.

The County Council have provided, in their Scheme, for Home Helps during the period of confinement, when it is impossible to make other arrangements for the ordinary domestic duties usually undertaken by the mother. Ten applications were sanctioned during the year 1935 at a total cost to the County Council of £13 15s. od.

#### Supply of Milk.

The Maternity and Child Welfare Committee supply fresh milk to necessitous expectant and nursing mothers and to infants up to the age of five years when medically certified to require additional nourishment. Under the Local Government Act, 1929, the County Council have declared that this service shall be administered exclusively under the Maternity and Child Welfare Scheme and not under the Poor Law. During the year milk was supplied to 193 applicants, as compared with 154 in 1934.

#### Infant Life Protection.

The Committee have appointed the four District Nursing Superintendents and three Health Visitors employed by Nursing Associations as part-time Infant Protection Visitors. They make the first inspection of each child placed on the Register. Subsequent visits up to the age of 5 years are carried out by the District Nurses under the supervision of the Nursing Superintendents. From the age of 5 to 9 years the Nursing Superintendents carry out the routine visits. The three whole-time Health Visitors carry out the routine visits throughout.

On 31st December, 1935, there were 258 children and 175 foster parents on the Register. Seven hundred and seventeen visits were made during the year by the Infant Protection Visitors and District Nurses.

During the year 26 Preparatory Schools were visited by the County Medical Officer or by his Deputy with a view to exemption under Section 69 (1) (b) of the Act of 1932. Exemption was granted in each case.

#### Nursing Homes Registration Act, 1927.

During the year 1935 nine applications for the registration of premises under the above Act were received and 8 were granted. There were 54 Registered Nursing Homes on the County Register at the end of 1935. Four Exemption Certificates under Section 6 of the Act were renewed. Ninety-four routine visits of inspection were made during the year by the District Nursing Superintendents.



### Dental Treatment of Expectant and Nursing Mothers.

Mr. Arnold Court, L.D.S., R.C.S., reports on the Dental scheme as follows :—

" I beg to submit the annual report of dental inspections and treatment carried out by me for expectant and nursing mothers and for children under 5 years of age during the year ended 31st December, 1935.

" For the purpose of economy, and saving of time, I have combined this work with that of school children, arranging, as near as possible, that mothers should be given one-third of my time at each clinic. Out of 870 mothers and 50 children asked to attend, 602 mothers and 42 children did so. The treatment given consisted chiefly in the extraction of carious teeth, fillings where possible, scalings, and the insertion of artificial dentures. Practically the whole of the extractions were carried out with the aid of local anaesthesia. Several expectant mothers were referred for hospital treatment on account of the septic conditions present, and these were treated as in-patients.

" In view of the high mortality of mothers at childbirth from puerperal septicaemia, one must look to oral sepsis as a possible source of infection, and I have therefore pointed out this very strongly in my talks both to expectant mothers and nurses alike. However, it has been found very difficult to persuade expectant mothers to have thorough dental treatment carried out early so as to complete the treatment before the seventh month of pregnancy. How true it is that ' healthy mothers have healthy children.'

" Owing to the appointment of a fourth Dental Surgeon I must reluctantly hand over my best equipped clinic at Burgess Hill to Mr. Rose. At this clinic I have been able to carry out some of my best work and I am sure that the mothers have been very grateful. During the present year more rural districts will be brought into the scheme and I shall persist in my efforts to give efficient dental treatment to all mothers and children who come under my care. This work is without doubt the most important branch of public dentistry."

Mr. W. Eddings, L.D.S., R.C.S., reports as follows :—

" A study of the year's treatment figures does not give rise for special comment. There is a decrease in the number of mothers treated compared with recent years owing to a lower birth rate and to the beneficial effect of previous treatment.

" The majority of new cases continue to need numerous extractions, but conservative work is effected wherever possible.

" I would like the opportunity here of noting my appreciation of the marked improvement in the number of cases now attending the Rye Treatment Centre."

Mr. G. J. S. Rose, L.D.S., R.C.S., reports as follows :—

" The attendance of mothers and infants at the clinics in this area has been very satisfactory throughout the year, the attendance of infants (showing an increase of ninety visits) being particularly encouraging.

" The interest shewn by the majority of mothers attending the clinics in the dental welfare of their infants which I reported last year is more in evidence and progress is definitely being made.

" The conservative side of the treatment of mothers is still a black spot ; very few mothers present themselves for treatment until saving the teeth is out of the question and extraction is the only recourse left.

" The number of artificial dentures which it has been necessary to supply over the period has been the smallest so far recorded, being over 20 per cent. less than last year's figure.

" It has been necessary to devote 134 sessions to the work during the year ; this constitutes the highest figure so far for this area.

" I am pleased to record my appreciation of the wholehearted co-operation shewn by the nurses in furthering the scheme."

### MATERNITY AND CHILD WELFARE DENTAL STATISTICS FOR THE YEAR 1935.

		Mr. Court.	Mr. Eddings.	Mr. Rose.	Totals.
No. of attendances at the Clinics	Mothers	602	434	676	1712
	Infants	42	65	264	371
No. of teeth extracted	Mothers	524	607	749	1880
	Infants	17	84	148	249
No. of teeth filled	Mothers	52	66	38	156
	Infants	18	11	61	90
No. of scalings		14	20	18	52
No. of other operations, including Impressions, Bites, Tries in, etc.		433	253	646	1332
No. of Artificial Dentures supplied		35	45	59	139



### TREATMENT OF VENEREAL DISEASES.

The treatment of venereal diseases is one of the most important of the preventive health services provided by the County Council. The diseases have an important bearing on the morbidity statistics of mothers and infants and on infant mortality. Treatment Clinics were established in the County as a result of the Report of the Royal Commission on Venereal Diseases issued on the 2nd March, 1916, and of the Regulations issued by the then Local Government Board to give effect to its most important recommendations.

Clinics are held at hours convenient to patients of both sexes and under conditions of secrecy as far as is possible. The travelling expenses of necessitous patients are paid by the Council when certified for by the Medical Officers. In 1935, 47 persons were assisted in this respect at a cost of £71 6s. 3d. Arsenobenzol preparations are used in the treatment of syphilis, especially in its early stages.

Dr. F. H. Lawson, Medical Officer of the Brighton Clinic, reports as follows :—

The total number of new patients attending from East Sussex was 211; 37 more than in 1934.

These patients were diagnosed as follows :—

Syphilis	Male.		Female.		Total.	
	24		12		36	
Primary.	Secondary.		T.S. & N.S. and Latent S.		Transfer Cases.	
	M.	F.	M.	F.	M.	F.
—	—	—	—	—	—	—
Soft Chancre—Nil.	1	4	3	2	17	6
		Fresh Cases.		Transfers.		Total
		M.	F.	M.	F.	
Gonorrhoea	..	..	..	..	..	..
N.V.D.	..	..	..	..	..	..
		33	18	5	1	57
		62	56			118
						211

That no syphilitic patients were seen from East Sussex in the Primary stage is disappointing, as more treatment is necessitated in the later stages of syphilis than in the Primary stage.

A Primary case of *S. Spirochaeta Pallida* present in sore, Wassermann reaction negative, would, as a rule, only require 3 courses of treatment, whereas in the latter at least 4 courses are necessary, and very often more than 4.

*Secondary Syphilis.*—Three patients have attended regularly. Two have gone away (no address) and did not complete their first course.

*Congenital Syphilis.* Four out of the five were from one family. One child was sent up to the out-patient department and transferred to the V.D. Clinic. On examination of her family, three other cases of Congenital Syphilis were discovered, and the mother was found to have Latent Syphilis. They are all attending satisfactorily.

*Latent Syphilis.* All attending.

*Treated Cases* (under the heading Transfer Cases). All attending satisfactorily.

*Old Case of Syphilis* (Tertiary, Latent and Neurosyphilis). One gone away (no address). The remainder attending regularly.

*Gonorrhoea.* Analysis of these cases shows :—

Still attending	..	..	..	..	..	..	26
Transfers to other Clinics	..	..	..	..	..	..	16
Cured after final test	..	..	..	..	..	..	12
Defaulters	..	..	..	..	..	..	3
							57

Defaulters are less than 6 per cent.

*N.V.D. Cases.* Some of these cases require three months' observation and treatment before they can be diagnosed with certainty as not suffering from Venereal Disease.

The total attendances for 1935 from East Sussex were :—

Seen by Medical Officer	..	..	..	..	..	..	4337
At Irrigation Room	..	..	..	..	..	..	1181
Seen by Nurse	..	..	..	..	..	..	493
							6011

Dr. P. Lazarus Barlow, Medical Officer of the Hastings Clinic, reports as follows :—

The total number of new cases attending the Clinic during the year under review was 45, an increase of 8 over the previous year. Of these cases, 21 were from Bexhill and 24 from other parts of the County. The number of cases from parts of the County other than Bexhill was exactly double that of 1934. This is a definite increase in

the number of cases of venereal disease as the number of cases which after investigation proved to be non-venereal was the same in 1934 and 1935. The increase was in the cases of gonorrhoea, which numbered 19 in 1935 as against 10 in 1934; eight of these cases came from Bexhill and 11 from other parts of the County. The number of new cases of syphilis was 8 as compared with 9 in 1934.

The total attendances rose from 1,457 in 1934 to 1,954 in 1935, those from Bexhill increasing by 68 and from the rest of the County by 429. This is largely accounted for by the fact that during the year under review I have put many cases of gonorrhoea on a more intensive form of treatment necessitating more frequent intermediate treatments to see whether the length of treatment could be cut down thereby.

The number of doses of arsenobenzene compounds administered to patients shewed a drop from 247 to 207, but the number of "In-patient" days rose considerably, from 34 in 1934 to 61 in 1935. Most of the patients have attended regularly as requested, but as usual a certain number have had to be written off the books for non-attendance after efforts have been made to induce them to re-attend or because they cannot be traced.

Dr. G. L. McElligott, Medical Officer of the Tunbridge Wells Clinic, reports as follows:—

The patients appear to be attending regularly for treatment, though the scattered area served by the Centre militates against anything approaching perfection in this respect. The majority of the patients appear to come from outlying districts, and I feel that there is still a certain reluctance on the part of Tunbridge Wells patients to risk detection by their friends in attending the Clinic, this in spite of the fact that everything is done to make the treatment as private as possible.

The work of the Department has been greatly helped by the extension of facilities for intermediate treatment and the provision of additional equipment.

The number of patients from East Sussex attending the three County Treatment Centres during the year is given below:—

TABLE XIV.

	Royal Sussex County Hospital, Brighton.	Royal East Sussex Hospital, Hastings.	Kent and Sussex Hospital, Tunbridge Wells.	Total.
<b>OUT-PATIENTS.</b>				
<i>Number of new cases treated:—</i>				
(a) Syphilis ...	36	8	—	44
(b) Soft chancre ...	—	—	—	—
(c) Gonorrhoea ...	57	19	5	81
(d) Non-Venereal ...	118	18	6	142
Totals ...	211	45	11	267
Total attendances of all East Sussex patients	6011	1954	241	8206
<b>IN-PATIENTS.</b>				
Aggregate number of In- patient days ...	120	61	63	244
No. of doses of arsenobenzol compounds given (Out- patients and In-patients)	746	207	17	970

The total number of new patients presenting themselves for the treatment of venereal diseases or for diagnosis was 38 more than in 1934, and the number of attendances increased by 1,349.

In addition to the patients attending the County Treatment Centres, I have received information that patients from East Sussex attended at the following centres maintained by other authorities:—

Treatment Centre.	Number of Patients dealt with for the first time.	Total Attendances.	Total In-patient Days.	Doses of Arsenical Compounds given.
Croydon General Hospital ...	2	2	—	—
Redhill ...	1	27	—	—
South Shields ...	—	9	—	—
South London Hospital for Women ...	1	7	—	—
West London Hospital ...	—	8	—	3
Totals ...	4	53	—	3

No legal action was taken during the year under the Venereal Disease Act, 1917, in respect of unqualified persons giving treatment for venereal diseases.

Valuable educational work is undertaken on a national scale by the British Social Hygiene Council. The Rural Community Council have undertaken to act as the Sussex Branch of that Council and have arranged lectures and addresses in the County to parents and to leaders of youth movements. They received a grant from the County Council in aid of their expenditure.



Facilities for obtaining laboratory assistance in the diagnosis of Venereal Diseases are provided by the County Council for the Medical Officers in charge of the Treatment Centres, and for medical practitioners generally in the treatment of their private patients. The Laboratories at which specimens are examined are the Stephen Ralli Memorial Laboratory, Brighton, the Hastings Borough Laboratory, the Kent and Sussex Hospital, Tunbridge Wells, the South London Hospital for Women, the West London Hospital and St. Thomas's Hospital, London. Altogether 1,931 specimens were examined, 1,729 of which were sent by Medical Officers of Treatment Centres, and 202 by private medical practitioners. This shows an increase of 609 in the number of specimens examined as compared with the previous year.

#### TREATMENT OF TUBERCULOSIS.

The total number of primary notifications received in 1935 was 276, namely, 215 of pulmonary tuberculosis, and 61 of other tuberculous diseases, as compared with 257 and 66 respectively in 1934.

Details of the notifications received, together with other new cases of tuberculosis which came to the knowledge of the County Medical Officer of Health, and deaths occurring in 1935 are shown in the following Table.

TABLE XV.

Age Periods.	NEW CASES.				DEATHS.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
0 - ...	—	—	2	—	—	—	1	—
1 - ...	—	2	9	4	—	—	4	1
5 - ...	1	4	17	12	1	—	2	2
15 - ...	23	30	4	5	7	5	2	2
25 - ...	26	31	2	2	15	29	1	—
35 - ...	41	27	1	1	22	9	2	1
45 - ...	29	15	—	2	18	8	—	1
55 - ...	16	7	2	1	14	5	3	—
65 and upwards	14	3	—	1	10	4	3	—
Totals	150	119	37	28	87	60	18	7

On comparing the statutory notifications of tuberculosis with the number of deaths from the disease reported by the District Registrars during 1935, it is found that 5.2% of the deaths occurred without the disease having been notified in this County under the Regulations.

The following statement gives the numbers and percentages of deaths occurring during the year within three and twelve months of notification :—

Total Number of Primary Notifications.	Deaths within 3 months of Notification.	%	Deaths between 3 and 12 months following Notification.	%
276	41	14.9	15	5.45

The following is a summary of the returns, received from District Medical Officers of Health, of the number of notified cases of tuberculosis on their Registers at the end of the year.

TABLE XVI.

Districts.	Number of notified cases on Register on 31st December, 1935.							Grand Total.
	Population. 1935.	Pulmonary.			Non-Pulmonary.			
		Males.	Females.	Total.	Males.	Females.	Total.	
<i>Three Large Towns.</i>								
Hove ... ..	58520	135	135	270	33	48	81	351
Bexhill ... ..	22120	28	33	61	9	10	19	80
Lewes ... ..	11850	12	16	28	2	4	6	34
<i>Seven Smaller Urban Districts</i> ... ..	58710	103	106	209	36	37	73	282
<i>Five Rural Districts</i> ... ..	139900	279	298	577	149	134	283	860
Administrative County	291100	557	588	1145	229	233	462	1607

#### Tuberculosis Dispensaries.

Dispensaries for the examination and observation of cases of tuberculosis are provided by the County Authority at Lewes, Hove, Bexhill, and East Grinstead.



The following Table, prescribed by the Ministry of Health under Memorandum 37 T (Revised), shews the work carried out during the year at, or in connection with, the Dispensaries:—

TABLE XVII.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY				TOTAL.					All Persons.
	Adults.		Children.		Adults.		Children.		Adults.		Children.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A.—NEW CASES examined during the year (excluding contacts)														
(a) Definitely tuberculous ... ..	86	64	2	4	8	3	15	17	94	67	17	21	199	
(b) Doubtfully tuberculous ... ..	—	—	—	—	—	—	—	—	—	2	—	—	2	
(c) Non-tuberculous ... ..	—	—	—	—	—	—	—	—	52	100	35	24	212	
B.—CONTACTS examined during the year:—														
(a) Definitely tuberculous ... ..	4	5	2	2	—	—	—	1	4	5	2	3	14	
(b) Doubtfully tuberculous ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	
(c) Non-tuberculous ... ..	—	—	—	—	—	—	—	—	2	27	38	33	100	
C.—CASES written off the Dispensary Register as:														
(a) Cured ... ..	7	13	1	1	5	3	3	10	12	16	4	11	43	
(b) Diagnosis not confirmed or non-tuberculous ...	—	—	—	—	—	—	—	—	54	133	74	57	318	
D.—NUMBER OF PERSONS ON Dispensary Register on December 31st, 1935														
(a) Diagnosis completed ... ..	373	320	12	12	38	51	59	67	411	371	71	79	932	
(b) Diagnosis not completed ... ..	—	—	—	—	—	—	—	—	—	2	—	—	2	
1. Number of persons on Dispensary Register on January 1st, 1935 ... .. 928														
2. Number of patients transferred from other areas and of "lost sight of" cases returned ... .. 42														
3. Number of patients transferred to other areas and cases "lost sight of" ... .. 85														
4. Died during the year ... .. 117														
5. Number of attendances at the Dispensary (including contacts) ... .. 967														
6. Number of Insured Persons under Domiciliary Treatment on the 31st December, 1935 ... .. 215														
7. Number of consultations with medical practitioners:—														
(a) Personal ... ..	96													
(b) Other ... ..	378													
8. Number of visits by Tuberculosis Officers to Homes (including personal consultations) ... .. 444														
9. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes ... .. 1437														
10. Number of														
(a) Specimens of sputum, &c., examined	540													
(b) X-ray examinations made ... ..	521													
11. Number of "Recovered" cases restored to Dispensary Register and included in A (a) and A (b) above ... .. 1														
12. Number of "T.B. plus" cases on Dispensary Register on December 31st, 1935 ... .. 395														

The County Council have 60 shelters for the use of patients who are recommended by the Tuberculosis Officer as suitable cases. At the end of the year 52 of these shelters were on loan to patients who were suffering from tuberculosis. Regular inspection of shelters is carried out by the Clinical Tuberculosis Officer and by the District Nursing Superintendents and 18 shelters were repaired during the year.

#### Report by the Clinical Tuberculosis Officer on the Work carried out at, or in connection with, the Dispensaries during the Year 1935.

The work of the Tuberculosis Dispensaries throughout the year 1935 continued on the same lines as in the previous year. Every Dispensary serves as a centre for the examination of cases for purposes of diagnosis, for the general treatment of non-insured patients who are able to attend, for special treatment, such as the continuation of artificial-pneumothorax treatment of all classes of patient, and the supervision of chronic cases. Two of the four Dispensaries in the County, viz., at Lewes and East Grinstead, are under the charge of the Deputy County Medical Officer of Health and Clinical Tuberculosis Officer, whilst that at Hove is under the charge of the Medical Officer of Health for the Borough of Hove, acting as Assistant Tuberculosis Officer for that Borough and the Urban District of Portslade-by-Sea, and that at Bexhill is administered by the Medical Officer of Health for the Battle Rural District, who also acts as Assistant Tuberculosis Officer for the Eastern part of the County.

Each Dispensary is open for one session per week. In connection with the Lewes Dispensary, and on the same premises at Castlegate House, Lewes, an artificial-pneumothorax clinic is held every week and an "artificial light" clinic twice weekly. A summary appears below of the treatment afforded at this "light" clinic throughout the year 1935.



A total of 967 attendances were made at the four Dispensaries during the year. Five hundred and twenty-seven patients were examined for the first time during the year; of this number, 114 were contacts of patients actually suffering from tuberculosis. One hundred and ninety-nine of the new cases were discovered to be definitely suffering from some form of tuberculosis, whilst out of the total number of 114 contacts examined, 14 were found to be suffering from the disease, so that 213 definite cases of tuberculosis were found out of the 527 new patients examined.

The visiting of cases of tuberculosis in the area of the Borough of Hove and the Portslade-by-Sea Urban District is carried out by the Assistant Tuberculosis Officer for those Districts, whilst that in the Borough of Bexhill and the eastern part of the County is undertaken by the Medical Officer of Health for the Battle Rural District. The Clinical Tuberculosis Officer is responsible for the remainder of the tuberculosis visiting in the County.

The District Nursing Superintendents carry out health visiting of tuberculous patients in all parts of the County with the exception of Hove, where the Borough Council has its own tuberculosis health visitor. A total number of 1,437 home visits were paid by these health visitors during the year 1935. The Health Visitors supervise the use of outdoor shelters loaned by the County Council to suitable patients, and report at regular intervals on the results of their home visits, many of which are made quarterly to selected patients, to the County Public Health Department.

The Clinical Tuberculosis Officer and the Assistant Tuberculosis Officers see all notified cases of tuberculosis. When a home visit is necessary for this purpose, this is carried out, where possible, in consultation with the patient's doctor, who then has the opportunity of informing the Tuberculosis Officer if the patient's circumstances are such that public medical treatment is not desired. The Tuberculosis Officers also visit cases in their own homes from time to time, either at the request of the doctor or because the patient is unable to travel to the nearest Dispensary.

Contacts are seen at the Dispensaries or at their homes. In the case of contacts of school age, a note is made of the school attended in order that special attention may be given to them when examined at the School Medical Inspection.

In order to facilitate accurate diagnosis, which is one of the important functions of the Dispensary, X-ray examinations are arranged when necessary at the County Sanatorium, Robertsbridge, and for the convenience of patients living in the western end of the County, arrangements have been made for their attendance at the Brighton Sanatorium for X-Ray examination of the chest.

The artificial-pneumothorax clinic at Lewes continues to serve a large area of the County, one session per week having been held during the year with very few exceptions. A similar clinic is available at Southlands Hospital, Shoreham-by-Sea, where refills are carried out by the Medical Superintendent of that institution for a number of patients who can more easily attend there.

#### *Artificial Sunlight.*

The following table shows the extent to which patients availed themselves of the facilities provided by the County Council for ultra-violet light treatment at the Lewes Clinic during the year 1935, together with the conditions treated, etc.

	Adults.	Children.	Total.
Number of New Cases treated during the year	4	23	27
Number of Attendances	143	635	778
Number of Patients on Light Clinic Register:—			

1st January, 1935—10. 31st December, 1935—13. Average duration of Treatment—22 weeks.

#### *SUMMARY OF NEW CASES:—*

Debility	7	Cervical Glands	8	Rickets	5
Arthritis	1	Rheumatism	1	Asthma	1
T.B. Ulcer	1	Spinal Curvature	1	Chilblains	1
Adhesions (post-operative)	1				

Treatment by "artificial sunlight" was also carried out during the year at the Royal East Sussex Hospital, Hastings, in the case of one child with tuberculosis of the cervical glands.

ARTHUR BEELEY,

*Deputy County Medical Officer of Health  
and Chief Clinical Tuberculosis Officer.*

#### **Sanatorium Treatment.**

On the 1st January, 1935, there were 62 East Sussex patients in the County Sanatorium, of whom 54 (30 males and 24 females) were suffering from pulmonary tuberculosis and 8 suffering from non-pulmonary tuberculosis. During the year 181 patients (80 males and 101 females) with pulmonary tuberculosis and 13 patients (4 males and 9 females) with non-pulmonary tuberculosis, were admitted. On the night of the 31st December, 1935, there were altogether 54 East Sussex patients in the Sanatorium, 48 patients (22 males and 26 females) with pulmonary disease,



and 6 patients (4 males and 2 females) with non-pulmonary tuberculosis. There were 18 deaths (8 males and 10 females) amongst patients in the Sanatorium in 1935.

The following Table shows the number of East Sussex patients provided with residential treatment during the year either at the Darvell Hall Sanatorium or at other Institutions.

TABLE XVIII.

			In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institu- tions on Dec. 31, 1935	
Number of doubtfully tuberculous cases admitted for observation	{	Ad ult.	M.	—	10	10	—	—
		F.	4	30	29	—	5	
		Children.	—	1	1	—	—	
		Total	4	41	40	—	5	
Number of patients suffering from pulmonary tuberculosis.	{	Ad ult.	M.	32	73	71	8	26
		F.	20	73	62	10	21	
		Children.	1	7	—	—	8	
		Total	53	153	133	18	55	
Number of patients suffering from non-pulmonary tuberculosis.	{	Ad ult.	M.	5	6	6	—	5
		F.	3	7	8	—	2	
		Children.	37	26	24	—	39	
		Total	45	39	38	—	46	
Grand Total			102	233	211	18	106	

Cases admitted for "observation" and subsequently found to be suffering from tuberculosis are included in both "observation" and "treatment" groups above.

#### Darvell Hall Sanatorium, Robertsbridge.

##### Medical Superintendent's Annual Report, Year ended 31st December, 1935.

During the year 1935 treatment and administration have been carried out with increased comfort to the patients, and decreased strain on the staff. Periodic increase in the demand for men's hospital beds has not only resulted in delayed admission, but has frequently compelled early, treatable cases, who could be got up, to be transferred prematurely to the convalescent shelters, owing to their beds being required for advanced cases who have been completely bedridden. This has been found to be most unfortunate, as the preliminary spell of rest in bed in nearly all types of early cases is of great value. There is fortunately no such pressure on the women's hospital.

A definite, though still far too small, increase has occurred in the use by general practitioners of our X-ray facilities for diagnostic purposes. Seven hundred and sixty-four films have been taken and 1,187 screen examinations made. Of these, 244 were out-patients, but only 98 were sent for diagnostic purposes. Eleven of the latter were subsequently admitted. I am more convinced than ever of the value of a routine X-ray examination of young people, not only in the detection of insidious disease, but to act as a standard for future reference regarding these patients. It is interesting to note that University College and other hospitals are now so examining all new students and nurses. I qualify this recommendation by making the stipulation that all films should be interpreted by a person experienced in chest disease, and that no diagnosis should be made on the X-ray alone, but only after consultation with a physician.

Modes of treatment continue to be rest of the affected lung by artificial pneumothorax and phrenic evulsion, and of the body as a whole, with stimulation of healthy activity of the mind. Our records show that, since the initiation of artificial pneumothorax work at Darvell Hall Sanatorium, 289 cases have been so treated. Of these, 159 are known to be alive, 83 are working, 86 are dead, and 44 have removed out of East Sussex. These are very encouraging figures when it is noted that in 42 per cent. treatment was given to advanced cases to ease their symptoms, cure being out of the question. The reduction in the incidence of that alarming, and often serious, complication, the spitting of blood, due to bleeding from the lungs, is, I think, due to the increased use of artificial pneumothorax treatment.

Sanocrysin and other similar gold salts have been given to 27 patients, four of whom were also receiving artificial pneumothorax treatment. Of these 27, 22 definitely improved. Reaction,



however, occurred in 5 instances, one being of considerable severity, thus emphasising the necessity for great care in the use of this line of therapy.

Tuberculin is used in those chronic smouldering cases, where there is a susceptibility to relapses, with a view to de-sensitising these patients, so that when the germ lodges in a previously healthy spot in the body its destructive power is not further reinforced by the formation of an extensive zone of tissue reaction. Thirty-one patients and 2 ex-patient members of the staff have received weekly injections. Improvement, though noted in 12, is not the immediate aim, which is preventive.

The Artificial Sunlight Department has treated 14 patients, 12 of whom have had general light baths, and 2 local treatment with the Kromayer Lamp. Both the latter, and 9 of the former, improved.

As in past years, great assistance has been given by the Visiting Consultants. Mr. St. J. D. Buxton, F.R.C.S., the Orthopædic Surgeon, has visited the Sanatorium three times. These visits are eagerly anticipated, as he is not only a sound consultant, but also an excellent teacher. Mr. G. H. Howells, F.R.C.S., the Laryngologist, has paid six visits and made 297 examinations. He continues his practice of making routine examinations of ears, nose, and throat of all new patients. This is a wise procedure, as it is the earlier forms of disease that require greater skill in detection. Mr. D. Martin, F.R.C.S., has had four operative sessions for phrenic evulsion, operating on 21 cases. This small operation is of great value and I expect to see it used increasingly. Mr. K. F. Pedley, L.D.S., the Dental Surgeon, has made 22 visits and given 158 patients sittings. His efficiency and sympathy with the patients soon remove those deep-rooted objections to the dental chair. His introduction of the basal narcotic Evipan as an anæsthetic when a number of teeth require extraction has been an immense boon in that it reduces the number of attendances of the patient, is a simple and excellent anæsthetic, and so far has had no untoward effect on damaged lungs.

Since 1930 we have been carrying out tests on the blood sedimentation rate in all cases sent for diagnosis, and in all others, in-patients and out-patients, at quarterly intervals, totalling 812 in 1935. This test is in no way diagnostic, but when abnormal it gives a confirmation or warning that, though the patient may not be suffering from tuberculosis, there is something amiss. It thus assists to eliminate those difficult cases whose symptoms are nervous or functional.

May I once again record my appreciation of the great help rendered by Mrs. Dingley, not only in the routine work, but especially in the investigation of those very difficult cases that are on the border line. It is so easy to err on the safe side and diagnose early pulmonary tuberculosis—safe from the doctor's reputation side, but often devastating from the patient's, when it is realised what is the cost in money and mental strain, whether there is a definite labelling or only the casting of a shadow of doubt.

I regret to have to report that three boys sent to Burrow Hill Colony for education and training foolishly discharged themselves, thereby depriving themselves of an excellent opportunity to make good.

Of the improvements made, the thorough repair of the drive by the Roads Department comes first, then the installation of a refrigerating chamber. The latter has increased the efficiency of the food storage, so that the contributions to the pig buckets have fallen off to a considerable extent, much to the chagrin of the stockman. A minor, but very desirable, alteration was carried out by the Workshop Department. The unsavoury design by which wash basins were fixed, cheek by jowl in the same room as the sluice pan, has been altered in the west sanitary block. A partition has been erected, a door to verandah made, and old sluice replaced by a modern pan steriliser. The garden and workshop staff have together drastically corrected the numerous irregularities of the position of the shelters, rewiring them for light and wireless. We are all relieved to hear that the sewage plant is under sentence of death and that by next year the public sewer will be a reality and ours but an odorous memory.

The patients are indebted to many friends for their entertainments, the outstanding one of which was the concert given by Mrs. Burdett-Coutts and arranged by Mr. Spring Rice. In December a knitting exhibition was held. Though notice was short, the success was such as to encourage its repetition another year.

The staff have shown considerable initiative by arranging and attending French and Italian classes and in forming a badminton club, which meets twice weekly. The garden competition again afforded much interest and pleasure, and Mr. Spring Rice's generosity in giving the prizes has further increased our indebtedness to him. Three nurses sat for Part One of the examination of the Tuberculosis Association and two passed; both the nurses who took Part Two were successful.

A great and increasing problem which confronts tuberculosis institutions is the difficulty in obtaining probationers and domestic recruits. Miss Edgar, the Matron, is contemplating the



installation of women orderlies in a scheme similar to that in force at the Brompton Hospital. There has been very little sickness amongst the staff.

Divine Services have been conducted by our excellent Chaplain, Mr. Huxtable, Rector of Brightling. The Rev. R. McKay has also taken a number of services to relieve Mr. Huxtable.

We wish to thank all those friends who have so generously made gifts to the charitable funds of the Institution. These acts of appreciation are a source of great encouragement to the staff.

The Patients' Reunion was held, as usual, on Whit-Monday, when 374 people were present, including many old patients. The dancing of Miss Purrott's pupils and the conjuring of Mr. Bernal gave much pleasure and made most forget the threatening weather. The members of the Hastings Branch of the British Medical Association and all East Sussex general practitioners were invited to inspect the Sanatorium and hear a paper on "The Early Case." The attendance was very disappointing. One hundred and eighty were invited, in addition to the Hastings doctors; 52 replied, 7 accepted; 9 attended!

Our late King's Jubilee was celebrated in glorious weather by sports, competitions and a fancy dress cricket match between patients and staff. Miss Edgar, the Matron, was awarded the King's Jubilee Medal, which honour was greatly appreciated by all her friends, who know to what an extent the very satisfactory tone of the Sanatorium is due to her stimulating presence and example. I should like to place on record the cheerful, loyal efficiency displayed by all members of the staff, senior and junior.

Lastly, may I thank, on behalf of the patients and staff, the members of the Darvell Hall Committee and the Care Committees for all the time and help they have given in this campaign against tuberculosis.

J. R. DINGLEY,

Medical Superintendent.

#### **Tuberculosis (Prevention of Tuberculosis) Regulations, 1925.**

There were not any persons suffering from pulmonary tuberculosis reported to be employed in milking cows during the year 1935.

#### **Public Health Act, 1925, Section 62.**

It was not found to be necessary in 1935 to take any action under this Section for the compulsory removal to Hospital of infectious cases of pulmonary tuberculosis.

#### **"Prevention and Care" Committees.**

The East Sussex Rural Community Council have continued their arrangements for the care of persons suffering from tuberculosis before and after receiving sanatorium treatment. The County has been divided into six areas served by the Tuberculosis Dispensaries at Bexhill, East Grinstead, Hove and Lewes. In each area a voluntary Committee has been set up by the Rural Community Council, the Hon. Secretary of which receives from the Council's Nursing Superintendents the names of persons who would benefit by a friendly visit or who are in need of extra nourishment. Much extremely useful work was done by these Committees during the year. The County Council gave the Rural Community Council a grant of £200 in aid of their work.

#### **Report by the Secretary of the East Sussex Rural Community Council on the Work carried out in connection with Tuberculosis Prevention and Care.**

The Health Committee of the East Sussex Rural Community Council, authorised by the County Council, has now completed three years' work of Tuberculosis Prevention and Care within the Administrative County, during the last two years of which the Council has received grants of £100 and £200 respectively towards the cost of providing the service. The Council has itself raised, provided and expended some £800 during the period in meeting the necessities and requirements of patients and their families in the waiting periods before admissions to Darvell Hall and in the shorter or longer periods after discharge—during which advice, nourishment, and assistance in any one or more of a dozen different forms is necessary if a patient is to continue to make progress and/or if his or her family is to be free of infection risk.

The amount expended by the R.C.C. is not inconsiderable, but it represents a part only of the moneysworth provided. Apart from the work of central direction, publicity and organisation, this voluntary service is achieved by one or more Area Care Committees of the R.C.C. in each County Dispensary Area. Each such Committee includes a voluntary Area Organiser with Visitors as assistants, and each Organiser is a person of knowledge and experience in Social work, with very special qualities of sympathy, understanding, determination and persuasiveness.

A patient in a Sanatorium is taught how to safeguard his or her family from infection, to sleep in a separate bedroom, to take a generous diet which includes plenty of milk, to do regular,



but not too strenuous, work. To what does a patient return when treatment has finished? Too often to inadequate and unhealthy surroundings, a bedroom shared by two or more of his or her children, inadequate and insufficient food, lack of work. How can such a man or woman not be racked with damaging anxiety which re-acts on health? It is, at best, a waste of public money where a patient returns to these adverse conditions. It is these and other conditions affecting the tuberculous person and their families that Care Committees successfully combat.

The work of the Committees has ranged from the provision of nourishment, clothing, new interests, and many other "items" for patients, to the settling of their children in satisfactory homes during infection periods. In more than 90 per cent. of the cases referred, the R.C.C. Committees have been able to help.

During the past year at the County Council's request, the R.C.C. have newly undertaken, through these same Committees, a Health Service for undernourished children of necessitous parents. Undernourishment in childhood predisposes towards tuberculosis. In the past six months help has thus been given to some 400 children.

G. H. POWELL EDWARDS,

*General Secretary, East Sussex Rural Community Council.*

### TREATMENT OF ORTHOPÆDIC DEFECTS.

The Council's Scheme for the treatment of orthopædic defects has been described in my previous Reports.

#### *Orthopædic Clinics.*

Four hundred and twenty patients, including 192 new cases, were seen at the seven Clinics. Fifty-three of these new cases suffered from spinal curvature, 9 from tuberculosis, 3 from old fractures, and the remainder were cases of congenital and other deformities. One hundred and eighty-five patients were given treatment by massage and electricity and remedial exercises, 41 were received for varying periods into the Chailey Hospital, and 7 at other Hospitals.

The results of treatment of the 185 patients at the close of the year are thus summarised:—

- |                              |                                       |
|------------------------------|---------------------------------------|
| (a) 24 completely cured.     | (d) 10 have just commenced treatment. |
| (b) 136 improved.            | (e) 4 have left County.               |
| (c) 11 <i>in statu quo</i> . |                                       |

TABLE XIX.

Clinics at Lewes, Hailsham, East Grinstead, Crowborough, Burgess Hill, Portslade and Hastings.	Cases examined by Surgeon in 1935.			Cases Treated.		Total No. of attendances of all cases.	Nature of Deformities of New Cases.													
	New Cases.	Old Cases.	Total.	New Cases.	Old Cases.		Spinal Curvature.	Spastics.	Torticollis.	Rickets.	Bowed Legs.	Flatfoot.	Talipes.	Other Congenital Defects.	Old Fractures.	Knockknee.	Tuberculosis.	Old Infantile Paralysis.	Other.	Total
Children under 5 years of age	62	48	110	22	13	1311	2	3	2	14	11	1	6	3	1	14	2	—	3	62
School Children between 5 & 16	126	177	303	88	60	3366	50	5	2	—	3	12	—	7	2	4	6	3	32	126
Persons over 16	4	3	7	2	—	20	1	—	—	—	—	—	—	—	—	—	1	1	1	4
TOTALS	192	228	420	112	73	4697	53	8	4	14	14	13	6	10	3	18	9	4	36	192

The following treatments were given at the Clinics:—

Electrical treatment 412, Massage 930, Remedial exercises 2,883, Strapping, Plaster and Splinting 276, General Supervision 478 (including 18 visits to patients at their homes), Total 4,979.

#### *Surgical Appliances.*

Surgical appliances have been supplied to 60 patients during the year, under the Orthopædic Scheme.



*Hospital Treatment.*

The total number of patients treated at the Heritage Hospital, Chailey, and at other Hospitals during 1935 is given below.

**TABLE XX.**

Classification.	Nature of Deformities.															Results of treatment				
	Rickets.	Tuberculosis.					Talipes.	Kypholordosis and Scoliosis.	Torticollis.	Other Congenital Defects.	Infantile Paralysis.	Osteomyelitis.	Spastics.	Scar and Keloid.	Exostosis.	TOTAL.	Cured.	Improved.	In Statu Quo.	Died or left County.
		Spine.	Hip.	Knee.	Ankle.	Other.														
Children under 5 years of age ... ..	5	1	1	—	—	—	2	—	—	2	—	—	1	—	—	12	—	12	—	—
Children between 5 and 16 years of age	—	2	15	3	1	2	1	2	1	2	3	1	1	1	1	36	—	34	2	—
TOTALS ... ..	5	3	16	3	1	2	3	2	1	4	3	1	2	1	1	48	—	46	2	—

Of the 48 patients, 41 were treated at the Heritage Hospitals, Chailey, 3 at the Royal East Sussex Hospital, Hastings, 1 at the Wingfield-Morris Hospital, Headington, 1 at the St. Vincent's Orthopaedic Hospital, Eastcote, and 2 at the Royal National Orthopaedic Hospital.

Dr. G. Murray Levick, the Council's Consultant for Physical Treatment, reports :—

During the past year the work accomplished under the orthopaedic scheme has again exceeded that of its predecessor. The total number of attendances at the out-patient clinics in 1934 was 3,832 whereas in 1935 the total reached 4,697, an increase of 865. The number receiving in-patient treatment was 48 as against 57 the preceding year, but the lesser figure was due to the inclusion of an increasing number of cases of surgical tuberculosis, which require prolonged treatment.

In scanning the results of the treatment, it should be observed that few advanced orthopaedic affections can be classed as "cured" in the sense that no trace of the affection remains. Thus a tuberculous joint, rendered quiescent and in the best possible position, can only be entered as improved even though the disability may be slight. Most of the cases shown as "improved" have benefited very greatly and have been, or are being, virtually cured.

The liaison between the out-patient clinics and those responsible for sending cases from their respective districts has steadily improved and is, in fact, very satisfactory, excepting perhaps at Portslade. Here the benefit obtainable at the orthopaedic clinic does not yet seem to be generally realised.

The full benefit of the treatment for surgical tuberculosis is rendered more certain when cases are sent to Chailey *immediately the diagnosis is made*. When this is not done in the early stages, the children have not always received the treatment which is provided in an establishment specialising in orthopaedic methods and which is of particular benefit in the earlier stages of the disease. Thus the end results may be marred to some extent.

I should like particularly to emphasise the importance of prompt investigation of any case where a child complains of pain in the region of a hip joint. This can be secured by its being at once sent to one of the out-patient orthopaedic clinics.

The orthopaedic scheme as a whole, and in almost all particulars, is continuing to work well in an increasing spirit of co-operation among all concerned.

**BLIND PERSONS ACT, 1920.**

The County Council in their Scheme for the Welfare of Blind Persons in the County have entrusted the arrangements for their care to the East Sussex Association for the Blind. The details of these arrangements were fully given in my Annual Report for 1932.

**The East Sussex Association for the Blind.**

The General Case Committee of the East Sussex Association for the Blind meet fortnightly to consider the needs of individual blind persons and to make arrangements for help varying from regular weekly grants to those whose incomes are inadequate, to single grants for a variety of individual needs. 860 applications for assistance were dealt with during the year.



Miss Bancalari resigned her position as Organising Secretary to the Association during the year and Miss E. F. Salisbury, who has had considerable experience in the work was appointed as her successor.

#### Prevention of Blindness.

The County Council have arrangements with the voluntary hospitals at Brighton, Eastbourne, Hastings and Tunbridge Wells for the examination and treatment in their Eye Departments of persons suffering from diseases of and injury to the eyes.

The East Sussex Association for the Blind keep permanently in view the importance of preventive work, and have made arrangements with the Hospital Almoners for information to be given them of patients undergoing treatment who fail to attend for further examination or treatment. The Association have at the present time on their Preventive Register 72 cases of deteriorating sight. As a result of following up and continuance of treatment some of these persons have greatly improved, whilst others have had to be placed on the Blind Register.

#### Register.

There are now 443 names on the Register of blind persons, a decrease of 1 during the year. Before a name is included in the Register, a certificate of blindness from an ophthalmic surgeon is obtained in order to ensure that the definition of blindness laid down by the Ministry of Health is complied with.

TABLE XXI.

NUMBER OF BLIND PERSONS ON REGISTER AS AT 31ST MARCH, 1936.		AGES AT WHICH BLINDNESS OCCURRED.		EMPLOYMENT, AGE PERIOD 16 AND UPWARDS.	
Age Period.	Number.	Age Period.	Number.		Number.
0 to 1 year .. ..	0	0 to 1 year .. ..	34	Employed .. ..	59*
1 to 5 years .. ..	2	1 to 5 years .. ..	8	Trained but Unemployed ..	3
5 to 10 years .. ..	18	5 to 10 years .. ..	15	Under Training .. ..	2
10 to 21 years .. ..	1	10 to 20 years .. ..	32	No Training, but Trainable ..	5
21 to 40 years .. ..	36	20 to 30 years .. ..	40	Unemployable .. ..	334
40 to 50 years .. ..	44	30 to 40 years .. ..	34		
50 to 65 years .. ..	65	40 to 50 years .. ..	35		
65 to 70 years .. ..	100	50 to 60 years .. ..	69		
70 years and over ..	171	60 to 70 years .. ..	87		
Unknown .. ..	6	70 years and over ..	76		
		Unknown .. ..	13		
Total .. ..	443	Total .. ..	443	Total .. ..	423

\* Including 14 Home Workers.

The following are the occupations followed by the 59 employed blind persons :—

Basket Workers .. ..	8	Clerks, etc. .. ..	1	Mat Makers .. ..	7
Boot Repairers .. ..	3	Dealers, Shopkeepers, etc. ..	5	Musicians .. ..	3
Braille Copyist .. ..	1	Firewood Workers .. ..	3	Poultry Farmers .. ..	4
Brush Maker .. ..	1	Machine Knitters .. ..	4	Piano Tuners .. ..	4
Carpenters .. ..	5	Labourers .. ..	1	Miscellaneous .. ..	2
Chair Seaters .. ..	2	Massage .. ..	5		

#### Home Teaching.

Three thousand and forty-five visits for instructional purposes were paid and 329 lessons were given to blind persons in the area during the year. 109 pupils received instruction, which included Braille and Moon Type reading and various handicrafts, including rug-making, pulp cane and raffia work, knitting, etc. The Home Teachers reported regularly to the Committee on their work of training and supervising the blind in the area.

As reported last year, the Assistant Secretary, Miss Gouldsmith, undertook to receive training in order to qualify as a home teacher; she was appointed as such in 1935. A review of the work required to be done demonstrated that the staff of two home teachers was inadequate to meet the needs of the blind in the area, and it was decided to increase the staff to three.

The Home Teachers systematically visited the blind in their homes. In addition to lessons in Braille and Moon Type, general advice was given and help as far as possible in any difficulty. Instruction in various handicrafts was also given to those of the blind who were classified as Pastime Workers, who are reported to do credit to the patience and skill of their Teachers.

#### Blind Home Workers.

Fourteen blind home workers were on the Register at the end of the year, one of whom was a blind copyist. The wages of each blind home worker approved by the Public Health Committee were augmented by the County Council to the extent of 10s. a week. The Home Industries Department of the National Institute provide the workers with materials and market their finished articles when not sold locally.



**Unemployable Blind.**

At the end of 1935 the Association were making weekly allowances varying between 1s. and £1 to about 140 unemployable and necessitous blind persons in the County.

The Public Health and Housing Committee instructed the Association to ensure that each blind person should have a minimum amount of 10s. a week for subsistence after paying rent.

**Dependants of Blind Persons.**

The amounts distributed by the Association as domiciliary assistance to unemployable blind persons and to dependants during the financial year 1935-1936 were :—

Blind Persons	..	..	..	£1523	Dependants	..	..	..	£343
---------------	----	----	----	-------	------------	----	----	----	------

The County Council contributed the sum of £1200 towards these payments.

**National Library.**

A grant of £50 was made in 1935-36 to the National Library for the Blind for the loan of books to blind persons in the County. At the end of the year the Library was used by 55 blind readers on the County Register.

**Wireless Certificates.**

During the year the County Medical Officer of Health issued 50 certificates to blind persons exempting them from payment for wireless receiving licences.

**MENTAL DEFICIENCY ACTS, 1913 to 1927.****New Cases.**

During the year 75 new cases were considered by the County Council's Committee for the Care of the Mentally Defective; of these 35 have been sent to Institutions, 4 placed under guardianship, and 27 placed under supervision. In the remaining 9 cases no action was taken.

**Certified Institutions.**

The County Council have no special institutions for the care of mentally defective persons, but three of the Poor Law Institutions, namely, Chailey, Cuckfield, and Shoreham, are approved under Section 37 of the Mental Deficiency Act, 1913. The Board of Control have now recognised the Chailey Institution for the accommodation of 58 male and 15 female mental defectives, thus increasing the accommodation by 22 beds for males and 3 beds for females.

There are in the County two Certified Institutions for the reception of medium and high-grade male defectives, administered by the Brighton Guardianship Society, namely, Dungates, Horam (7 beds), and Tubwell Farm, Jarvis Brook (7 beds). The management of these Institutions is satisfactory.

The Hermitage Training Home at Fairwarp, near Uckfield, which is managed by a Voluntary Association, is the only other Certified Institution in the County. It is approved for the reception of 19 feeble-minded and imbecile female patients, and has ancillary premises at Larks Hill, Fairwarp, with accommodation for 9 patients, and at Wharf House, Lewes, with accommodation for 16 high- and medium-grade female defectives over the age of 16 years.

The girls are trained in domestic work and the high-grade cases are also trained in singing, folk dancing and fine needlework. Many of the girls are placed out on licence in suitable domestic service situations, some living with their employers, and those maintained at Wharf House, Lewes are employed in daily work, returning there each evening and during their off-duty periods.

Much useful work is being done by this Institution, many of the girls becoming self-supporting. Those earning wages by daily work are partly self-supporting, part of their wages being applied towards the cost of their maintenance at the Institution, the remainder of the cost being met by the responsible local authority.

**Guardianship Society.**

I record with deep regret the death of Miss G. E. Woodhead, the Founder of the Guardianship Society. Miss Woodhead had acted as Honorary Secretary of the Society since its formation and devoted her life to the care of the mentally defective by placing them under suitable guardians. She had the reward of seeing the expansion of her Society's work to such an extent that it has become a service of national importance.

**Reconsideration of Cases by Visitors.**

During the year 1935, the Visitors interviewed 179 defectives in the discharge of their duties under Section 11 of the Mental Deficiency Act, 1913, and Justices of the Peace dealt with 43 Petitions and Varying Orders under the Acts.



### Home Supervision.

The supervision of mentally defective persons in their homes is carried out by the East Sussex Voluntary Association for Mental Welfare. The Organising Secretary, Mrs. Ayshford-Ayre, acts as the Local Authority's Home Visitor. The Association have now appointed a full-time Assistant Secretary, who, in addition to her clerical duties, will assist Mrs. Ayshford-Ayre in the work of supervision and teaching of handwork. The home supervision of mental defectives is important and the work of the voluntary representatives of the Association in this connection is much appreciated. Additional voluntary workers to help in the visiting of defectives are urgently needed.

An evening handwork class has been formed by the Association at Hove, at which 12 defectives are in attendance. Some instruction in handwork is also given in their own homes to those able to benefit by teaching, and materials are provided by the Association. Arrangements have also been made, with beneficial results, for "problem" children to be seen by a psychologist.

The County Council made a grant of £260 to the Association for the financial year 1935-36.

At the end of 1935 there were 325 defectives under home supervision, as shown in the following Table:—

TABLE XXII.

	Male.	Female.	TOTAL.
A. Defectives to be visited by the Official Home Visitor:—			
Once Quarterly ... ..	19	23	42
" Half-yearly ... ..	36	21	57
" Annually ... ..	35	11	46
	90	55	145
B. Defectives to be visited by Voluntary Representatives of the Association:—			
Once Quarterly ... ..	9	13	22
" Half-yearly ... ..	26	26	52
" Annually ... ..	30	16	46
	65	55	120
C. Defectives to be visited occasionally by the Official Home Visitor and by Voluntary Representatives ... ..	23	37	60
TOTALS ... ..	178	147	325

### Register.

On the 31st December, 1935, the Committee were providing for 608 mentally defective persons under the Acts. Of these, 196 were maintained in either certified institutions or approved Public Assistance Institutions, 1 in an approved Home, 43 had been placed under guardianship, 325 were under supervision in their own homes, and 43 were in receipt of Institutional or Domiciliary Poor Relief.

The following Table gives information as to the number of mentally defective persons shown on the Annual Return to the Board of Control for 1935:—

TABLE XXIII.

	Male.	Female.	TOTAL.
(a) (1) In Institutions ... .. { Under 16 years of age ...	12	12	24
(a) (1) In Institutions ... .. { Aged 16 years and over ...	57	96	153
(2) On Licence from Institutions ... { Under 16 years of age ...	1	—	1
(2) On Licence from Institutions ... { Aged 16 years and over ...	10	8	18
(b) (1) Under Guardianship ... .. { Under 16 years of age ...	1	2	3
(b) (1) Under Guardianship ... .. { Aged 16 years and over ...	17	21	38
(2) On Licence from Guardianship ... { Under 16 years of age ...	—	—	—
(2) On Licence from Guardianship ... { Aged 16 years and over ...	1	1	2
In "places of safety" ... .. { Under 16 years of age ...	—	—	—
In "places of safety" ... .. { Aged 16 years and over ...	—	—	—
(c) Under Home Supervision—(1) Statutory Supervision ... ..	85	68	153
(c) Under Home Supervision—(2) Voluntary Supervision ... ..	93	79	172
(d) In Approved Home (permissive case) ... ..	—	1	1
(e) In receipt of Poor Relief:—			
(1) Institutional ... ..	12	14	26
(2) Domiciliary ... ..	4	13	17
TOTALS ... ..	293	315	608*

\*Including 3 cases detained in Rampton State Institution.

Of the 43 cases under Guardianship, 41 were being supervised on behalf of the Local Authority by the Guardianship Society, Brighton.



The next Table shows the number of new cases considered by the Local Authority and the number of cases which, for various reasons, were removed from the Register during the year 1935 :—

TABLE XXIV.

	Male.	Female.	Total.
A. Cases considered by Committee during the year ... ..	32	43	75
B. Petitions presented and Orders obtained (including Court Orders)	23	28	51
C. " " " " refused ... ..	—	2	2
D. Deaths (i) In Institutions ... ..	3	1	4
(ii) Under Guardianship ... ..	—	—	—
(iii) Under Home Supervision ... ..	2	—	2
E. Transfers under the Lunacy Acts ... ..	2	4	6
F. Left the Area ... ..	2	1	3

The following Table gives the names of Certified Institutions, Approved Poor Law Institutions and an Approved Home, at which mentally defective persons were maintained by the Local Authority at the end of the year, together with the number of patients maintained therein :—

TABLE XXV.

Name of Certified Institution.	Male.	Female.	TOTAL.
Besford Court	2	—	2
Brentry Colony	3	—	3
Coldeast Colony	—	1	1
Dungates, Horam	6	—	6
Girls' Village Home, Barking	—	1	1
Handford Home, Ipswich	—	1	1
Ethel House, Leyton	—	3	3
Hermitage Training Home, Fairwarp	—	36	36
Lewes Certified Institution, Chailey	31	11	42
Mary Denny Home, Sandridge	—	1	1
Mount Olivet Certified Institution, Farnham	3	—	3
Mount Tabor Certified Institution, Basinstoke	—	5	5
Pield Heath House, Hillingdon	—	1	1
Princess Christian's Farm Colony, Hildenborough	1	4	5
Rampton State Institution, Retford	1	2	3
Royal Earlswood Institution, Redhill	1	2	3
Royal Eastern Counties' Institution, Colchester	2	—	2
Rock Hall House, Bath	6	4	10
Shoreham Certified Institution	1	3	4
Stoke Park Colony, Bristol	12	15	27
St. Elizabeth's Home, Much Hadham	—	1	1
St. Teresa's Home, Lewisham	—	1	1
Tubwell Farm, Jarvis Brook	5	—	5
West Hylands Certified Institution, Cuckfield	6	24	30
Alexander House Approved Home, Uxbridge	—	1	1
TOTALS	80	117	197

**PUBLIC ASSISTANCE.**

**Bed Accommodation.**

The number of beds available for East Sussex patients (excluding mental defectives and Lunacy Act patients) in the Public Assistance Hospital and Infirmary and in the Hospitals maintained by the Eastbourne and Hastings County Borough Councils on the 31st December, 1935, is given hereunder:—

	MEN.	WOMEN.	CHILDREN.	TOTAL.
Southlands Hospital, Shoreham (a) ... ..	93	171	30†	294
Battle Infirmary ... ..	44	50	2	96
*Chailey Infirmary ... ..	38	48	—	86
*Cuckfield Infirmary ... ..	66	69	6	141
*East Grinstead Infirmary ... ..	25	23	3	51
Newhaven Infirmary ... ..	36	30	2	68
Rye Infirmary ... ..	22	24	—	46
Ticehurst Infirmary ... ..	19	23	—	42
*Uckfield Infirmary ... ..	25	28	1	54
Beds reserved at Eastbourne, St. Mary's Hospital (b) ...	6	6	—	12
Beds reserved at Hastings Municipal Hospital ...	12	13	—	25
<b>Totals ... ..</b>	<b>386</b>	<b>485</b>	<b>44†</b>	<b>915</b>

(a) Including beds reserved by the West Sussex County Council.

(b) Additional beds can be obtained when available.

\* In addition there are 24 beds in open-air shelters for tubercular patients, viz.:—Chailley, 16; Cuckfield, 4; East Grinstead, 2; Uckfield, 2.

† For healthy children in Nursery. There is only one sick children's ward in the County Institutions, viz.: at Cuckfield (3 beds and 6 cots). The remaining children's beds are in adult wards.



Maternity patients and women suffering from Puerperal Fever and Puerperal Pyrexia are received at the Southlands Hospital, Shoreham, from the Maternity and Child Welfare Committees of the East Sussex and West Sussex County Councils and the Hove and Worthing Borough Councils.

The Battle, Cuckfield, East Grinstead and Newhaven Institutions also receive Maternity patients, and a Nursery for the care of children is provided at each of these Institutions.

The Shoreham, Cuckfield and Chailey Institutions are certified Institutions under Section 37 of the Mental Deficiency Act, 1913, providing accommodation for 5 male and 5 female mental defectives at Shoreham; 10 male and 20 female mental defectives at Cuckfield, and 58 male and 15 female mental defectives at Chailey.

#### Southlands Hospital, Shoreham.

##### REPORT BY MEDICAL SUPERINTENDENT.

*(The following Report is submitted with the authority of the Chairman of the Public Assistance Committee.)*

Since 1930, when the East Sussex County Council became responsible for the administration of Southlands Hospital (formerly Steyning Infirmary), over 10,000 patients have been passed through the 300 available beds. At first the rate of turnover was relatively slow—less than 1,000 per annum—but in the recent years this rate has steadily risen, and now nearly 2,500 cases are dealt with annually. This speeding up has only been attained by considerable expansion of equipment and personnel.

Four classes constitute 70 per cent. of the annual turnover of patients at Southlands Hospital. They are: Accidents, 8 per cent.; major operations, 17.5 per cent.; maternity and its complications 17.5 per cent.; children, 27 per cent. None of these can be considered to be other than acute cases. When to these are added the acute medical cases and acute (short stay) mental cases, it is easily realised that the work of the hospital is nowadays largely of the acute type, and this is confirmed by the fact that in 1935 seventeen hundred of the patients treated (70.8 per cent.) had a duration of stay in hospital of under one month.

It is worthy of note that in the year 1935 the number of accident cases admitted dropped by 2 per cent. of the total admissions. It is too soon yet to say whether or not this can be accounted for by the tightening up of the road traffic regulations or whether it is mere temporary fluctuation in the accident rate.

#### Improvements.

The following is a list of the more important improvements undertaken during the past year.

(1). *Provision of a new Operating Theatre.* This new unit was opened on 5th March, 1935, and has proved highly beneficial to the surgical work of the hospital. In the period of its first year's activity, 523 cases have been dealt with, including the following:—

Appendicectomy .. .. .	79	Hysterectomy, Oophorectomy .. .. .	16
Caesarean Section .. .. .	20	Prostatectomy and Bladder operations .. .. .	25
Herniotomy .. .. .	25	Enterostomy, Laparotomy and Intestinal	
Cholecystectomy, Gastrectomy .. .. .	12	obstruction .. .. .	19
Perforated Peptic Ulcers, Gastrostomy, etc. .. .. .	11	Ear, Nose and Throat (including dissection of	
Amputations, Compound Fractures, etc. .. .. .	19	Tonsils) .. .. .	23

In 70 per cent. of cases, general anaesthetics (including Gas and Oxygen) have been used, and for the others, 20 per cent. spinal anaesthetics and 10 per cent. local anaesthetics.

(2). *Construction of Inter-ward Connecting Corridors.* These corridors now link up the previously separate hospital ward blocks and thus greatly improve the conditions for patients and staff when passing from one part of the hospital to another.

(3). *Conversion of a General Ward into a 20-bedded Maternity Ward* with two Labour Rooms and the necessary sanitary annexes. Cubicles have been introduced, and it is now possible to classify patients according to their medical needs.

(4). *Provision of Night Nurses' Quarters and Lecture Rooms* by alteration of an Institution Ward Block. Additional accommodation for sixteen night nurses was obtained by this change and the ground floor was adapted to provide a lecture room, a practical nursing classroom and an invalid cookery demonstration kitchen. These features will prove valuable aids in the training of probationer nurses. The General Nursing Council has now withdrawn the provisional clause in their recognition of the hospital, and it now ranks as a complete training school. In the State Examinations this year, eighteen candidates have been sent forward by the hospital and only one has been unsuccessful.



(5). *Increase of Nursing Staff.* The standard nursing staff now totals 91 (including 6 male nurses); it has never been found possible to obtain a sufficient number of new nurses to fill all vacancies. From time to time temporary nurses and assistant nurses have been engaged, but they have never given satisfaction, and their employment has been kept at a minimum. In the coming year, when the General Nursing Council intends to raise the education standard required for probationer nurses to Matriculation level, the filling of vacancies will tend to become harder, and already the Hospital Committee of Management has had under consideration alternative suggestions for meeting the nursing staff requirements of the hospital.

The introduction of male nurse attendants to staff a ward of chronic male sick and incontinent cases, which was opened in January in one of the institution blocks, has proved highly satisfactory, particularly because it has terminated the undesirable practice of having these patients nursed by young probationers.

(6). *Establishment of a Separate Puerperal Sepsis Department.* The transfer of the Maternity work to the new 20-bedded ward freed a separate small (9-bedded) ward for the treatment of cases of puerperal sepsis, which are admitted from over a wide area of East Sussex, West Sussex, Hove and Worthing. These cases require specialised nursing and medical care.

(7). *Modernisation of the Kitchen and Laundry* premises and machinery has been extensively carried out, with a noteworthy improvement in the quality of the issues from these departments.

(8). *Commencement of Erection of an X-Ray Department has been made.\** The need for this is evidenced by the fact that this year 508 radiological examinations were carried out with a hired portable apparatus or by transporting patients to the X-Ray departments of local voluntary hospitals.

\* Since completed in June, 1936.

(9). *Blood Transfusion Service.* The helpful co-operation of the West Sussex (Worthing) Branch of the British Red Cross Society in providing donors has permitted the establishment of a regular and reliable service when blood transfusion is called for. In the past twelve months 22 transfusions took place and inestimable benefit was conferred on the recipients.

#### *Accommodation for Children.*

The principal need of the hospital at present is for a children's ward. The absence of this accommodation has led to extreme inconvenience at times; this is easily understood when it is known that more than one quarter of the annual admissions are children. Sometimes there are as many as a hundred children in the hospital, scattered throughout the general wards and side wards; only 30 beds in the Nursery are provided (apart from cots for new-born infants in the Maternity Ward) and, at the start of the coming year, this number, as the result of alterations carried out on the Nursery Block, will be reduced to 14. It is obvious that these facilities are inadequate and the position can only be remedied by the construction of a separate (cubicked) Children's Ward of 24 beds.

#### *Statistics relating to In-Patients.*

	Years		
	1933	1934	1935
(1) Total number of admissions .. .. .	1842	2079	2433
(2) Number of women confined in hospital .. .. .	191	231	303
(3) Number of live births .. .. .	181	221	288
(4) Number of still births .. .. .	13	16	20
(5) Number of deaths among the newly born .. .. .	8	17	5
(6) Number of deaths among children under 1 year .. .. .	11	22	10
(7) Number of maternal deaths among women confined in hospital .. .. .	1	5	4
(8) Total number of discharges and deaths .. .. .	1877	2091	2386
(9) Duration of stay of patients discharged:			
Total stay (a) Under four weeks .. .. .	1202	1338	1690
(b) Four weeks and under 13 weeks .. .. .	476	567	537
(c) Thirteen weeks or more .. .. .	199	186	159
(10) Number of beds occupied:			
(a) Average during the year .. .. .	263	247.6	254.7
(b) Highest .. .. .	315	302	282
(c) Lowest .. .. .	223	211	215
(11) Major operations .. .. .	277	344	427
(12) Accident Cases .. .. .	241	210	202
(13) Puerperal Sepsis Cases .. .. .	71	55	66
(14) Tuberculosis Cases .. .. .	36	52	40
(15) X-Ray Examinations .. .. .	219	458	508

#### *Statistics relating to Out-Patients for the year ended 31st December, 1935.*

(1) Total number of persons seen in the Out-Patient Department .. .. .	603
(2) Number of these who were subsequently admitted for In-Patient Treatment .. .. .	210
(3) Number of Out-Patients who had received In-Patient treatment .. .. .	93
(4) Total number of attendances in Out-Patient Department .. .. .	1051
(5) Ante-Natal Clinic—Total number of attendances .. .. .	743

E. BRUCE LOW,  
*Medical Superintendent.*



### Improvements at Southlands Hospital and Infirmarys.

The principal improvements carried out during the year were as follows :—

#### SOUTHLANDS HOSPITAL, SHOREHAM.

- Provision of Sterilisers in Block A.
- Provision of residence for Medical Superintendent.
- Building of refuse destructor.
- (For other improvements carried out, see Medical Superintendent's Report.)

#### BATTLE INFIRMARY.

- Provision of additional dormitory for infirm patients.
- Improvements to sewage disposal plant and drainage.
- Provision of Nurses' Home.
- Improvements to sanitary wing adjoining Dining Hall.
- Provision of additional lavatory accommodation.
- Re-decoration of Female Infirmary.

#### CHAILEY INFIRMARY.

- Improvement to heating of wards.

#### NEWHAVEN INFIRMARY.

- Improvements to accommodation for Nurses, *i.e.*, conversion of Nurses' bedroom into bathroom and partitioning old bathroom and providing lavatory accommodation.

#### RYE INFIRMARY.

- Re-conditioning of sanitary annexes to the Male and Female Infirmarys.

#### UCKFIELD INFIRMARY.

- Improvements to kitchen equipment.

### Examination of Institution Food Supplies.

Supervision of the food supplies for Public Assistance Institutions is carried out periodically by the County Health Inspector. There has been no case of unsatisfactory supplies during the year.

### Subscriptions to Voluntary Hospitals and Associations.

Subscriptions to Voluntary Hospitals and Associations amounting to £385 8s. od. were authorised for the financial year 1935-36. This amount included subscriptions to 14 Voluntary Hospitals and 11 Associations, the sum of £150 being granted to the East Sussex County Nursing Federation for distribution to District Nursing Associations according to the services rendered in providing nursing for necessitous persons.

### Domiciliary Medical Relief.

Details are given below of the patients attended by District Medical Officers and the numbers of attendances during the year :—

(a) Number of District Medical Officers .. .. .	50
(b) Number of patients attended .. .. .	1236
(c) Number of attendances at homes of patients .. .. .	9328
(d) Number of attendances at Surgeries .. .. .	3520
(e) Medicines provided .. .. .	6019

The Medical Officers submit a monthly report to the County Medical Officer and to the Guardians Committees, giving particulars of their medical attendance, with recommendations for special treatment where required.

In December, 1934, the County Medical Officer of Health and the Public Assistance Officer were instructed to prepare a report on the provision of a Poor Law Domiciliary Medical Service by the " free choice " of doctor method. The report was referred to a Special Sub-Committee, and on their recommendation the Public Assistance Committee have decided to apply to the Ministry of Health for the approval of a scheme for providing this service. The scheme will be operative, in the first instance, for a period of eighteen months, and will apply only to certain districts.

### County Ambulance.

The County Ambulance purchased in October, 1933, has provided an efficient service. This ambulance is used mainly for the conveyance of patients under domiciliary or institutional treatment provided by the County Council. Particulars of the ambulance services in the County provided by Sanitary Authorities, the Police, and Voluntary and Private Bodies are given in a later section of the report.



### Pathological Examination of Specimens.

The arrangement made with the Visiting Committee of the County Mental Hospital for the pathological examination of specimens at their Laboratory has been of great assistance to Medical Officers of the Public Assistance Institutions and considerable use is made of this service.

Statistics relating to the Poor Law Hospital and Infirmaries are given in Tables XXVI, XXVII, and XXVIII.

**TABLE XXVI.**

Accommodation in Public Assistance Hospital and Infirmaries for various types of cases and the extent to which it was occupied on the 31st December, 1935.

Classification.	MEN.		WOMEN.		CHILDREN.		TOTALS.	
	Provided.	Occupied.	Provided.	Occupied.	Provided.	Occupied.	Provided.	Occupied.
Medical and Surgical. .	343	284	399	365	8	42	750	691
Children and Nursing								
Mothers . . . .	—	—	8	3	27	23	35	26
Maternity . . . .	—	—	35	19	—	—	35	19
Tuberculosis . . . .	19	14	12	8	—	—	(a) 31	22
Isolation . . . .	6	—	12	4	9	4	27	8
	368	298	466	399	*44	69	(b) 878	766

\* Includes 30 beds for healthy children in Nursery at Shoreham Institution. There is only one Sick Children's Ward in the County Institutions, namely, at Cuckfield Infirmary (3 beds and 6 cots). The remaining children's beds are in Adult Wards.

(a) In addition there are 24 beds in open-air shelters for tubercular patients, viz.:—Chailey (16), Cuckfield (4), East Grinstead (2), Uckfield (2); occupied beds, however, include beds occupied by patients in shelters.

(b) In addition, beds are reserved for East Sussex patients as follows:  
Eastbourne, St. Mary's Hospital: 12 beds, and additional beds if accommodation is available.  
Hastings Municipal Hospital: 25 beds.



**TABLE XXVII.**  
**STATISTICS RELATING TO POOR LAW INSTITUTIONS FOR THE YEAR ENDED 31st DECEMBER, 1935.**

Institution.	Total Admissions.	Maternity Cases Admitted.	Live Births.	Still Births.	Deaths among newly-born (under 4 weeks).	Total deaths among children under 1 year.	Maternal Deaths.	Total Deaths.	Patients discharged.	Beds occupied.		Surgical operations under anæsthetic.
										Highest occupied.	Lowest occupied.	
BATTLE ...	148	36	36	1	1	1	0	40	112	86	73	0
CHAILEY ...	113	0	0	0	0	0	0	33	64	83	65	0
CUCKFIELD ...	438	61	57	4	4	6	0	87	357	137	105	9
EAST GRINSTEAD ...	160	0	0	0	0	0	0	35	119	40	24	4
NEWHAVEN ...	262	15	14	1	2	3	0	54	200	66	53	14
RYE ...	69	0	0	0	0	0	0	17	47	47	34	0
SOUTHLANDS HOSPITAL ...	2433	303	288	20	5	10	4	312	2074	282	215	427
TICEHURST ...	51	0	0	0	0	0	0	15	29	43	36	0
UCKFIELD ...	131	0	0	0	0	1	0	39	68	54	46	0
<b>TOTALS ...</b>	<b>3805</b>	<b>415</b>	<b>395</b>	<b>26</b>	<b>12</b>	<b>21</b>	<b>4</b>	<b>632</b>	<b>3070</b>	<b>838</b>	<b>651</b>	<b>454</b>

**TABLE XXVIII.**  
**CLASSIFICATION OF IN-PATIENTS WHO WERE DISCHARGED FROM OR WHO DIED IN POOR LAW INSTITUTIONS DURING THE YEAR ENDED 31st DECEMBER, 1935.**

Institutions	Acute Infectious Disease.	Influenza.	Tuberculosis.		Malignant Disease.	Rheumatism.			Venereal Diseases.	Puerperal Pyrexia.	Puerperal Fever.	Other Diseases of Pregnancy.	Mental Diseases.	Senile Decay.	Violence.	Disease of the Nervous System.	Disease of the Respiratory System.	Disease of the Circulatory System.	Disease of the Digestive System.	Disease of the Genito-urinary System.	Disease of the Skin.	Other Diseases.	Women and Infants discharged after Confinement.	Totals.
			Pulmonary.	Non-pulmonary.		Acute.	Other Types.	Chronic Arthritis.																
BATTLE ...	0	0	0	0	5	0	1	1	0	0	0	3	3	0	2	11	11	20	0	4	3	8	80	152
CHAILEY ...	2	0	6	0	4	0	1	1	0	0	0	0	6	6	5	3	5	16	1	6	1	34	0	97
CUCKFIELD ...	4	2	19	1	11	1	5	3	0	1	0	7	6	33	20	35	32	36	22	20	17	53	116	444
EAST GRINSTEAD ...	3	2	2	1	0	3	2	0	0	0	0	0	14	2	13	16	24	22	11	2	15	20	2	154
NEWHAVEN ...	30	0	1	1	13	2	3	2	0	0	1	6	20	7	15	13	14	16	11	9	16	50	24	254
RYE ...	0	0	2	0	3	5	0	0	0	0	0	1	6	4	0	3	10	5	8	2	11	4	0	64
SOUTHLANDS HOSPITAL	110	30	32	8	60	9	12	9	24	63	3	182	74	6	202	100	185	175	244	116	134	243	365	2386
TICEHURST ...	0	0	0	0	0	0	1	0	0	0	0	0	4	11	2	1	5	8	5	1	0	6	0	44
UCKFIELD ...	0	0	0	0	9	2	4	0	0	0	0	0	2	7	5	10	18	21	5	1	7	16	0	107
Totals	149	34	62	11	105	22	29	16	24	64	4	199	135	76	264	192	304	319	307	161	204	434	587	3702



### SPECIAL REPORT ON HOSPITAL ACCOMMODATION IN THE COUNTY.

A Special Report was prepared by the County Medical Officer of Health during the year on the adequacy of the provision of Hospital Accommodation for the inhabitants of the Administrative County, and on the accommodation provided for children (other than sick children) in Children's Homes.

This Report was presented to the Special Committee on Hospital Accommodation in two parts.

Part I dealt with preliminary considerations affecting the extent of the institutional provision required in the County. It was shown that side by side with the provision made under the Poor Law, there had grown up Health Services provided under other Acts of Parliament. Under the Local Government Act, 1929, the County Council had decided that certain services should be administered under such Acts as the Public Health Act, 1921, the Mental Deficiency Acts, 1913-27, the Maternity and Child Welfare Act, 1918, the Blind Persons Act, 1920, and the Education Act, 1921.

This provision of alternative services had a definite bearing on the extent of the accommodation required to be provided under the Poor Law, and under other Acts, respectively. In order to fulfil the intention of the Local Government Act, 1929, it was urged that all health services, including the hospital service, should, as soon as circumstances permitted, be provided under Acts other than the Poor Law Act.

The various categories of disability for which public provision of institutional accommodation has been found to be necessary were discussed in some detail under the following headings:—

- |   |  |
|---|--|
| 1. Old Age.   | 7. Maternity.  |
| 2. Infirmary.   | 8. Infectious Disease (including Tuberculosis and Venereal Disease). |
| 3. Chronic Disease, not requiring skilled nursing.                              | 9. Crippling Disease and Deformity.                                  |
| 4. Acute Illness.   | 10. Destitute Children.  |
| 5. Chronic Disease, requiring skilled nursing.                                  |  |
| 6. Mental Disability (mental deficiency, mental disorder, mental degeneration). |  |

*Old Age.* It was recommended that elderly persons who are socially adaptable should be boarded out with suitable persons, with special provision for nursing them in sickness, and that others not socially adaptable and those preferring a community life should be cared for in institutions as near as possible to their homes.

*Infirmary and Chronic Disease not Requiring Nursing.* Institutional provision of a simple character similar to that for elderly persons was recommended.

*Acute and Chronic Disease Requiring Skilled Nursing.* The importance of proper classification was emphasised, children from adults, infectious from non-infectious, etc. Well-equipped special units were suggested as being necessary for patients requiring special medical or surgical skill. The extent of the provision for such cases was influenced by the relief which could be afforded by an Out-Patient Department, and especially by one or more Convalescent Homes. The very adequate District Nursing service in the County had a bearing on the number of hospital beds required.

*Mental Deficiency.* Boarding out of adult defectives was advocated in preference to institutional care, whenever possible. Institutional care, when required, should be in a special Colony with arrangements for training and employment.

*Mental Disorder.* The need for better arrangements for the reception of patients in the early stage of mental disorder was stressed. Instead of being received in general infirmaries with other patients, it was recommended that arrangements should be made for their treatment in one or at most, two hospitals, with special facilities for the observation and treatment of such cases.

*Mental Degeneration.* It was pointed out that the presence of cases of mental degeneration in old age in the general wards of infirmaries was most undesirable. The reception of such cases in the hospitals to which cases of mental disorder would be sent was advocated.

*Maternity.* Except in sudden emergency, it was desirable that maternity cases should only be admitted to institutions specially equipped for their reception, where the midwives would have sufficient cases to maintain their proficiency.

*Infectious Diseases.* The County Council's Draft Scheme made under the Local Government Act, 1929, reduced the number of isolation hospitals to be directly provided by the District Councils from ten to four. It was the Council's policy that the isolation hospitals should be able to receive cases of any kind of infectious disease, and that they should be well staffed and well equipped. An isolation ward of the cubicle type was required in at least two of the poor law institutions, one of which should be at Southlands Hospital.



Satisfactory provision for Sanatorium treatment of cases of both pulmonary and non-pulmonary tuberculosis was provided by the Public Health Committee. Better provision for cases of tuberculosis requiring hospital treatment was recommended to be provided otherwise than under the Poor Law.

Satisfactory arrangements were already made for the treatment of Venereal Diseases under the Public Health Acts.

*Crippling Disease and Deformity.* The Council's provision for the prevention and treatment of crippling diseases and defects, based on the Chailey Heritage Hospital, was described, and considered to be satisfactory, except that arrangements for after-care were required, which, it was suggested, might be made through the Rural Community Council.

*Destitute Children.* It was recommended that children should be provided for in grouped Homes.

#### **Number of Hospital Beds Required.**

The factors influencing the number of institutional beds required were discussed. These included the rate of growth of the population, its density and age incidence, the nature of employment, hygienic conditions, housing, overcrowding, adequacy of home nursing, whether convalescent homes and out-patient departments were available, the extent of voluntary hospital provision, means of communication, liability to accident, and the effect of the provision of increased facilities for treatment.

Consideration of these various factors indicated that while the need for a high ratio of beds to population for cases of acute illness, apart from road accidents, was relatively less in East Sussex than in industrial districts, there was greater need in this County for accommodation for the aged and infirm, and for sufferers from chronic disease.

#### **Existing Hospital Accommodation.**

In Part II of the Report statistics were given of the hospital accommodation available in Voluntary Hospitals and in the Public Assistance Hospital and Infirmaries serving the Administrative County, together with a statement of the opinion of medical practitioners in the County of the institutional needs of their patients.

The total number of beds provided for cases, chiefly of acute illness, in Voluntary Hospitals serving the Administrative County in 1934, was 1907, or 6.6 per cent. per 1,000 of the total population served. In the County Public Assistance Hospital and Infirmaries, the total number of beds provided for both acute and chronic sick, in the same year, was 794, excluding beds reserved for the West Sussex County Council, or 2.7 per cent. per 1,000 of the population served. Tables were given showing the use made of the beds in the Public Assistance Institutions, with a classification of the inmates, and particulars of their medical and nursing staff in January, 1935.

As stated above, the opinion of medical practitioners practising in the County was sought as to the adequacy of this accommodation. The majority considered that additional hospital accommodation was required, chiefly for acute medical and surgical cases, and for maternity cases. This opinion appears to conflict with the result of consideration of the factors governing the number of beds required. It does not do so because there is a temporary shortage at the present time of beds for acute illness, which shortage is being remedied by the Voluntary Hospitals.

#### **Recommendations.**

In Part III the Poor Law Institutions in the County, including the Children's Homes, were reviewed, and the buildings were described. Suggestions were made as to the best use to be made of them to carry out the policy outlined in the first Part of the Report, and in the final Recommendations.

In these final Recommendations the view was expressed that the Governing Bodies of the Voluntary Hospitals were capable of providing most of the accommodation required for cases of acute illness.

If the Voluntary Hospitals should be found to be unable to provide the whole of the accommodation required, it was recommended that provision should be made for the reception of such cases in Southlands Hospital, which should be appropriated as a Public Health Hospital, by arrangement, also in the Municipal Hospitals of Eastbourne and Hastings, and in a new Hospital with 250 beds which should, if possible, be established in a central situation in the County.

It was recommended that acute cases not in need of special treatment should be received in the Battle and Cuckfield Infirmaries, and that the chronic sick should be treated in Southlands Hospital and in the Battle and Cuckfield Infirmaries, and in the new central Hospital, if provided.



Maternity Hospital provision was considered to be best provided for at Southlands Hospital, at the Cuckfield Infirmary, and at the new Hospital, if provided. It was suggested that instead of erecting a new Maternity Ward at Battle Infirmary, the Maternity and Child Welfare Committee should approach the Governors of the Bexhill Hospital regarding the provision of a Maternity unit at that Hospital.

The need for the provision of a Convalescent Home was urged, and it was recommended that such a Home should be established either in co-operation with the Governing Bodies of the Voluntary Hospitals, or directly by the County Council under Section 131 of the Public Health Act, 1875.

The remaining Public Assistance Institutions were recommended for classification as set out below :—

Chailey .. ..	For the reception of mental defectives.
East Grinstead ..	{ For the care of elderly and infirm persons.
Newhaven .. ..	
Rye .. ..	
Ticehurst .. ..	Not recommended for continued use as a Public Assistance Institution.
Uckfield .. ..	Ditto.
	Demolition of present building recommended, and site to be used for a new central Hospital and for a small Home for elderly persons.

#### **Advantages to be derived from the Reorganisation of Institutions Outlined in the Recommendations.**

The Scheme outlined in the Report had the following advantages :—

- (a) A reduction in the number of institutions and of staff employed, with resultant economy.
- (b) The centralisation of treatment for the Acute Sick.
- (c) The classification and specific utilisation of institutions.
- (d) The co-ordination of administration of hospitals and infirmaries.
- (e) Improvement in the Authority's provision for the institutional care of children.

#### **ADMINISTRATION OF THE MILK AND DAIRIES ACTS AND ORDERS.**

The activities of the Milk Marketing Board, which came into being under the Milk Marketing Scheme (Approval) Order, 1933, were further extended by the Milk Act of 1934, which came into operation on the 15th August, 1934.

The effect of this legislation resulted in the operation of the Milk Marketing Board's scheme for establishing a roll of Accredited Producers as from 1st May, 1935, whereby producers of milk, who satisfied requirements and complied with the conditions subject to which a licence to use the designation "Grade A" in respect of the milk produced had been granted by the appropriate licensing authority, were entitled on application to be placed on the roll and to the payment of a bonus of one penny per gallon.

As will be seen in a later paragraph of this Report from the figures for licences issued during the year the monetary payment provided under this scheme has given an impetus to the production of "Grade A" milk which complies with a prescribed bacteriological standard. The operation of this scheme has increased the work of the County Veterinary Officers to such an extent that routine inspections of dairy herds, other than those of accredited producers, could not be carried out as fully as hitherto. This is clearly shown by the figures given in Table XXIX.

The inspections of dairy herds under both Orders are analogous, but whilst the herds of the Accredited Producers must be examined four times a year, the non-accredited are not subject to this requirement. The necessity of close inspection of the herds of the latter producers is equally a matter of public health importance, particularly having regard to the possible introduction into these of suspicious animals removed from the former herds.

The two whole-time Veterinary Inspectors of the County Council have continued to carry out the duties of investigation and inspection of dairy cattle and details of their activities are given under the respective headings and in the applicable Tables.

#### **(a) Milk and Dairies (Consolidation) Act, 1915.**

During the year 17 statutory notifications were received in respect of actual or suspected tubercle-infected milk supplies from the Medical Officers of Health of the following authorities :—

County of London .. ..	8	Borough of Lewes .. ..	1
County of Kent .. ..	1	Rural District of Godstone .. ..	1
County Borough of Brighton .. ..	3	Rural District of Uckfield .. ..	2
County Borough of Hastings .. ..	1		



The number of such notifications for the year under review is an increase of 5 over that for the previous year which was the lowest recorded since 1926. For the purposes of comparison a statement of the notifications received under the provisions of Section 4 of the Act since 1926 is set out below :—

Year.	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
No. of Notifications .. .. .	14	13	17	19	24	26	22	32	12	17

Fifteen of the notifications received during the year concerned supplies from 17 farms whilst the remaining two involved supplies consigned to wholesale depots from 53 farms.

Investigations were conducted in each case and a total of 574 dairy cattle examined. Thirty-six samples of milk were taken and submitted for examination from individual cows, 68 control or group cow samples and 66 group farm samples from consignments in course of delivery to wholesale collecting depots. In connection with the farm samples, two were found to be infected.

As the result of these investigations, 15 cows were found to be diseased and to fall within the scope of the Tuberculosis Order, 1925, 13 of which were giving tuberculous milk.

#### (b) Milk and Dairies Order, 1926.

From returns furnished by the Medical Officers of Health of the Local Sanitary Authorities in the Administrative County area there are, registered under the provisions of the Milk and Dairies Order, 1926, approximately 2,235 cowkeepers with 3,189 cowsheds housing 31,000 cows. Inspections of premises during the year amounted to 3,264, and in connection with the administration of the Order 1,332 samples of milk of all grades were examined by the Local Sanitary Authorities for visible dirt content and a total of 891 taken for bacteriological examination, 296 of which were also examined for the presence of the tubercle bacillus.

In the following Table is shown the work of inspection by the County Authority of dairy cattle under Part IV of the Order and also that undertaken in connection with the requirements and provisions of the Milk (Special Designations) Order, 1923, for the years 1934-1935.

TABLE XXIX.

	INSPECTION OF DAIRY CATTLE UNDER THE PROVISIONS OF :			
	Milk & Dairies Order, 1926.		Milk (S.D.) Order, 1923.	
	1934	1935	1934	1935
No. of Farms visited .. .. .	726	215	72	45 <sup>8</sup>
No. of Cattle examined :				
Cows in milk .. .. .	11,535	3,504	2,348	12,543
Dried Off and In-Calf Cows .. .. .	858	344	166	2,606
Other Bovines .. .. .	532	155	12	4

Inspections under Part IV of the Milk and Dairies Order, 1926, included 21 investigations respecting information received concerning calves which, on slaughter, had been found to be diseased and suffering from tuberculosis. The source of infection was successfully traced in 7 and the responsible animals slaughtered, or they were found to have been notified and dealt with or sent to the knacker. In these cases the mother of the calf is usually found to be the offending animal. In the remaining 14 it was not possible to trace the source or otherwise identify the particular farm on which they were reared.

Seven reports upon streptococcal infection of milk were also notified and investigated and three in connection with cases of undulant fever, in which the source of infection was attributed to the milk supply.

Fifty-five samples of milk were taken for microscopical or biological examination, including 7 control samples.

The total number of cows found during the year to be suffering from scheduled forms of tuberculosis was 22, of which 11 were giving tuberculous milk.

The work carried out in connection with the duties of the County Authority under the provisions of the Milk and Dairies Acts and Orders is shewn in the following Table :—



TABLE XXX.

Particulars of Investigations.	Period.					
	Five years 1926-1930.	Year.				
		1931	1932	1933	1934	1935
I. Number of Farms Visited .. .. .	296	75	281	393	812	692
Number of Cows Examined .. .. .	8000	1322	4530	9224	15327	19571
Number of Cows found to be Tubercular :—						
(a) Clinically .. .. .	9	4	4	13	14	17
(b) By Milk Test .. .. .	43	14	9	14	15	20
(c) By Examination of Sputum .. .. .	—	—	—	1	1	—
II. Number of Milk Samples submitted to Test :						
(a) Individual Samples .. .. .	613	533	322	214	145	84
(b) Control and Group Farm Samples ..	136	291	209	226	67	141

In the following Table is shewn the total number of cows which have been slaughtered since the year 1926 under the provisions of the Tuberculosis Order, 1925. Of the cows slaughtered, 178 were discovered by procedure under the Milk and Dairies (Consolidation) Act, 1915, and the Milk and Dairies Order, 1926, 37 of these being dealt with during the year under review.

TABLE XXXI.

	Five Years 1926-1930.	Year.					Total
		1931	1932	1933	1934	1935	
Slaughtered .. .. .	1644	239	204	207	370	342	3006
Found to be Tuberculous .. .. .	1618	235	200	203	369	339	2964
With Lesions in the Udder .. .. .	390	59	44	67	82	68	710

#### Milk (Special Designations) Order, 1923.

Licences to use the designation "Grade A" in the production and bottling of milk at the farm are granted by the Agricultural Committee of the County Council. At the end of the year 271 licences had been granted to producers of milk, including 24 for production and bottling on the farm. This is an increase of 249 compared with the figure at the end of 1934, the increase being due to the Milk Marketing Board's scheme for the establishment of a roll of Accredited Producers of milk.

In addition the Ministry of Health, who are the licensing authority in connection with the higher grades of milk, have issued 9 licences for the production of "Certified" milk and 9 for the production of "Grade A (Tuberculin Tested)" milk.

#### Milk in Schools Scheme.

The provision of milk in schools under the scheme inaugurated by the Milk Marketing Board, whereby the price to the children was reduced from 1d. to  $\frac{1}{2}$ d. per one-third pint bottle, has undoubtedly been of considerable benefit. At the end of the year, of the 174 elementary and 7 secondary school departments, supplies were provided in a total of 151.

Approximately 50 per cent. of the children in schools where supplies are provided participate in this scheme for extra nourishment and in cases recommended by the School Medical Officers for a free supply, this is arranged through the agency of the East Sussex Rural Community Council.

The milk supplied is approximately 17 per cent. Pasteurised, 12 per cent. "Grade A" production and 71 per cent. Ordinary.

During the year samples of milk from school supplies were obtained for the purpose of bacteriological examination and these were also submitted to the biological test for the presence of tubercle infection. The results of the latter were negative to this bacillus in every case.

#### HOUSING ACTS, 1925-1935.

During the year the Housing Act, 1935, received the Royal Assent and came into operation on the 2nd August, 1935. This Act gives local authorities new powers and imposes upon them new duties in relation to the abatement of overcrowding and the re-development of congested areas. It provides for the consolidation of the housing accounts of local authorities, for the continuation of the subsidy under the Housing Act, 1930, at its present rate until 31st March, 1938, and for a new form of Exchequer assistance towards the cost of rehousing persons from overcrowded dwellings, and makes many important amendments and additions to the housing powers of local authorities.



The passing of this Act has imposed a great deal of work upon District Councils, especially in connection with the survey of housing accommodation. Preliminary surveys by many of the local sanitary authorities in the Administrative County area were in course of completion at the end of the year. As the result of these surveys the question of overcrowding in the County, assessed under the definite standards now laid down, will receive the attention of the District Councils and remedies can thereby be applied for the removal and subsequent prevention of this undesirable condition which influences detrimentally the home life of the people and thus leads to impairment of health.

From the information received, there still continues a need in certain of the County Districts for working class dwellings. Although, from the figures given below, the erection of new houses throughout the Administrative County area has continued steadily throughout the year, the effort is due almost entirely to private enterprise, and, generally speaking, cannot be taken into account in connection with the provision of dwellings which are let at a rental which the lower wage earner can afford to pay. Under the provisions of the Housing Act, 1930, schemes for the clearance or improvement of unhealthy areas and proposals for the erection of houses have been adopted by several of the local authorities in the County, either as additional to, or for replacement of, existing properties.

The total number of houses erected during the year was 2,582, of which 93 were provided by local authorities. Compared with the total provided in 1934, this is an increase of 25 houses.

#### **Inspection of Dwelling-houses under the Housing Consolidated Regulations, 1925-1932.**

The total number of dwelling-houses inspected during the year by Officers of the Local Sanitary Authorities for housing defects under the Public Health or Housing Acts amounted to 6,503, and of these 3,136 were inspected and recorded under the above Regulations.

The number of houses found to be unfit for human habitation was 232, and representations were made respecting 157 of these houses. In the case of 54, undertakings were accepted in 31 instances from the owners to render the houses fit for habitation, and as regards the 23 others, to use them for purposes other than for human habitation. Thirty-two demolition orders were made, and in pursuance of such orders, 26 houses were demolished.

The total number of other houses found not to be in all respects reasonably fit for human habitation was 2,011. Of the defective dwelling-houses dealt with during the year, 1,885 were rendered fit in consequence of informal action, 128 in consequence of action under the provisions of the Housing Act, 1930, and 334 following proceedings under the Public Health Acts, making a total of 2,347 repaired.

One Closing Order was also made under the provisions of the Act.

#### **Housing Act, 1930—Section 34.**

Provision is made under Section 34 of the above Act of 1930 that where a Rural District Council adopt proposals for the provision of houses, and where any they propose to provide in the district are required for the accommodation of the agricultural population, the County Council shall undertake to make a contribution of £1 per house for each of the forty years following the completion of such houses. No proposals have been submitted in respect of such houses during 1935.

The total number of houses in respect of which contributions of £1 per house per annum have been approved is two.

#### **Housing (Rural Workers) Acts, 1926-1931.**

The County Council are the Authority for the administration of the scheme formulated under these Acts for the improvement of housing accommodation. Under the provisions of the Housing Act, 1935, the period of operation of the above Acts was extended from the 1st October, 1936, until the 24th June, 1938.

The total number of applications received up to the end of 1935 was 105, of which 23 were refused and 7 were withdrawn. In the remaining 75 cases the total amount approved by way of grants amounted to £5,515 4s. 4d. Three applications were received for assistance by way of loans in respect of three houses; these were refused in each case.

#### **REFUSE COLLECTION AND DISPOSAL.**

The collection and disposal of refuse in the County Districts is undertaken by the Local Sanitary Authorities directly or by contract. In all the Boroughs and Urban Districts this service is complete. From the information received, progress has been made in the Rural Districts during the year, and, apart from isolated farms and houses, collection and disposal is now undertaken in most parishes. It is to be noted that in the Battle Rural District the service has now been extended to cover the whole area.



Twelve Local Sanitary Authorities in the County area directly undertake this service, two arrange for it through the agency of contractors, whilst one assumes the responsibility for part of the area and has an arrangement by contract for the remainder, with the exception of a small proportion which is left to be dealt with by the owners or occupiers themselves.

During the year 1935 the total cost of collection and disposal of refuse in the County area was approximately £37,600.

Several complaints were received during the year of alleged nuisance from refuse tips and these were investigated. The method of controlled tipping of refuse, if properly adhered to, rarely gives cause for complaint as to nuisance, but the slightest relaxation on the other hand invariably leads to unsightly and most undesirable conditions which may be prejudicial to health. Adequate labour and strict supervision in all cases is essential if objectionable features are to be avoided.

#### **WATER SUPPLY.**

Meteorological records as set out in Table XXXV give the rainfall for the year recorded at stations in the County and for the purpose of comparison the monthly records for 1934 are shown in italics. It will be seen that the average for the seven stations recorded shows an increase of 9.09 inches compared with the average for the previous year. This increase is of considerable importance by reason of the County being dependant mainly upon underground sources from which public supplies are obtained, following, as it does, a considerable period during which the rainfall was well below the average.

During the year extensions of mains and improvements have been carried out by several of the Water Undertakers, and schemes which were in progress at the end of the previous year have been completed.

In connection with the application by the Uckfield Rural District Council under Section 3 of the Water Supplies (Exceptional Shortage Orders) Act, for the purpose of affording a supply of water to parts of the parish of Maresfield, which was referred to in my previous Report, a revised scheme was the subject of an Inquiry by the Ministry of Health in 1935, and provides for tapping a supply of water from springs in the vicinity of the Boringwheel Mill Pond and incorporating an auto-pneumatic plant in connection with the supply and distribution. This scheme was subsequently approved.

The scheme for the provision of water for certain parishes within the Chailey Rural District, which the Council were empowered to construct under their Act of 1934, was commenced during the latter part of the year.

Several investigations have been undertaken by the Department in connection with individual supplies arising out of insufficiency or suspected impurity.

#### **RIVERS POLLUTION PREVENTION ACTS, 1876—1893.**

##### **RIVERS POLLUTION—SEWERAGE AND SEWAGE DISPOSAL.**

Constant observation of the rivers and streams was continued during the year, and where necessary samples of stream waters and sewage effluents were taken and submitted for examination.

Although the average rainfall recorded for the year was greater than that for the previous year, the increase was largely due to the heavy fall during the month of November. Generally speaking, the conditions as affecting the rivers and streams in the County area were those of a dry period for the greater part of the year. The heavy rainfall late in the year caused an abnormal flow, and whilst stream waters were naturally turbid, surface water drainage outfalls in the populated districts contributed to this in some of the smaller streams by reason of road washings.

Following complaints with respect to the admission of polluting matters to streams, representations have been made and measures for improvement have either been adopted or the question of improvement is under consideration.

The attention of the Cuckfield Urban District Council was drawn to the unsatisfactory effluents from the Haywards Heath Sewage Disposal Works discharging to the River Ouse. These works provide preliminary settlement following which the sewage is irrigated over land areas. The matter has been under consideration for some time, and by resting sections of the land available and cleaning the carrier channels some slight improvement was effected. A scheme, however, has now been adopted for the improvement of these works on more modern lines and the new proposals which are contemplated provide for the construction of two percolating filters and ancillary works which are intended to form the first unit of a larger scheme. The cost of these works is being provided for out of revenue.

At the Lindfield Works the construction of an additional filter was also undertaken in order to give relief to the two existing similar filters during times of excessive flow.







TABLE XXXII.

Date of Inquiry.	Local Sanitary Authority.	Purpose of Loan.	Amount applied for.
1935			£
9th May	Seaford Urban District ..	Sewerage, Pumping Station and Plant ..	13,611
23rd October	Burgess Hill Urban District ..	Sewerage ..	8,700
4th December	Bexhill Borough ..	Sewage Outfall Pumping Plant ..	5,000
			£27,311

**FOODS AND DRUGS (ADULTERATION) ACT, 1928.**

This Act is administered by the General Purposes Committee of the County Council, and not by the Public Health and Housing Committee.

The subjoined summary shows the number of samples taken for analysis under the Food and Drugs (Adulteration) Act, 1928, during the year 1935, together with the number of adulterated samples detected :—

TABLE XXXIII.

Article Analysed.	Number of Samples.	Report of Analysis.		Greatest Amount of Adulteration of any one sample.
		Genuine.	Adulterated.	
FORMAL SAMPLES.				
Iodine .. ..	1	1	—	(a) One sample was deficient in fat 8.6% and another in solids not fat 30.3%.
Milk .. ..	331	302	29 (a)	
Milk (skimmed) ..	2	2	—	
INFORMAL SAMPLES.				
Apples .. ..	1	1	—	(b) Unfit for human consumption.
Brawn .. ..	1	—	1 (b)	
Butter .. ..	14	14	—	
Butter Beans ..	1	1	—	(c) Deficient in Potassium Iodide 14.0%
Cakes .. ..	6	6	—	
Calves Feet Jelly ..	1	1	—	
Camphorated Oil ..	2	2	—	(d) One sample was deficient in fat 31.6% and another in solids not fat 23.6%
Cheese .. ..	2	2	—	
Cod Liver Oil ..	2	2	—	
Coffee .. ..	9	9	—	(e) Two samples contained sandy matter, 1.5% and 2.0% respectively
Custard Powder ..	1	1	—	
Epsom Salts ..	1	1	—	
Honey .. ..	1	1	—	(f) Deficient in Potassium Iodide 14.0%
Iodine .. ..	3	2	1 (c)	
Jam .. ..	2	2	—	
Lard .. ..	1	1	—	(d) One sample was deficient in fat 31.6% and another in solids not fat 23.6%
Margarine .. ..	1	1	—	
Milk .. ..	39	—	39 (d)	
Milk (condensed) ..	1	1	—	(e) Two samples contained sandy matter, 1.5% and 2.0% respectively
Mince-meat .. ..	1	1	—	
Olive Oil .. ..	3	3	—	
Peas, tinned .. ..	1	1	—	(f) Deficient in Potassium Iodide 14.0%
Pepper .. ..	1	1	—	
Quinine, Ammon. ..	2	2	—	
Sago .. ..	2	2	—	(d) One sample was deficient in fat 31.6% and another in solids not fat 23.6%
Soda, Bicarb. ..	1	1	—	
Sugar, Brown ..	5	3	2 (e)	
Tapioca .. ..	1	1	—	(e) Two samples contained sandy matter, 1.5% and 2.0% respectively
Tomato Soup ..	1	1	—	
Vinegar .. ..	1	1	—	
Formal Samples ..	334	305	29	
Informal Samples ..	108	65	43	
Totals ..	442	370	72	

**PUBLIC HEALTH (PRESERVATIVES, ETC., IN FOOD) REGULATIONS, 1925.**

Eighty-four samples were taken and examined under these Regulations during the year as follows :—

Bacon, 2; Beef, 1; Black Pudding, 1; Bread, 1; Butter, 2; Butter Beans, 5; Cakes, 2; Cheese, 1; Confectionery, 21; Cordials, 10; Cream, 13; Fruits (tinned and dried), 12; Honey, 1; Lemonade Powder, 1; Pepper, 2; Sauces, etc., 3; Sausages, etc., 6.

*Butter Beans.* Two of the samples were found to be maggoty and mouldy, and the District Medical Officers of Health for the areas concerned were informed of the circumstances. In one



instance the remaining stock was examined and found to be unwholesome, unfit for human consumption, and was destroyed under supervision.

*Cream.* One sample of tinned cream was reported upon as unfit for food; as the result of solvent action on the metal container, the cream was discoloured and contained a trace of iron. A further sample taken from this stock, however, was found to be satisfactory, though of poor quality.

*Confectionery.* A sample of sweets was examined and found to contain 395 parts per million of sulphur dioxide. The amount allowed by the Regulations for sugar sweets is 70 parts per million. The matter was thoroughly investigated and further samples of the sweets and the gelatine used in their manufacture were submitted for examination, with negative results.

*Dried Fruits.* Four samples of dried fruits were reported to contain traces of boric acid, a prohibited preservative. Investigation, however, shewed that this was probably due to the fruit having been grown in a district containing boric acid in the soil.

*Sausages, etc.* A sample of sausages, not labelled "preserved," contained a small amount of sulphur dioxide, and was, therefore, reported as adulterated. A further sample was taken and, although not containing sulphur dioxide, was found to contain boric acid to the extent of .37 per cent. Careful investigation led to the belief that the preservative might have been in the meat before importation, or in the skins, pepper or bread used in the manufacture. Accordingly, a sample of each of these ingredients was taken and submitted to examination. As a result, the sample of pepper was found to contain a trace of boric acid; there was an insufficient quantity present in the sample to suspect deliberate adulteration, and it was considered that the boric acid had accidentally gained access to the pepper and had become unevenly distributed throughout the consignment. A further sample of the pepper was examined with an entirely negative result.

In addition to the samples taken and examined under the Regulations, all milk samples taken under the Food and Drugs (Adulteration) Act, 1928, and included in Table XXXIII above, were tested for preservatives and artificial colouring matter, with negative results in every case.

#### AMBULANCE FACILITIES.

##### (a) *For General Non-Infectious Cases.*

One motor ambulance is maintained by the East Sussex County Council at the Southlands Hospital, Shoreham. This is used for the transport of cases to and from the Hospital and also for the transport of cases of tuberculosis to and from the Darvell Hall Sanatorium. The voluntary ambulances in the County are mainly those of the British Red Cross Society or the St. John Ambulance Association.

British Red Cross Society ambulances are stationed at Crowborough, East Grinstead, Haywards Heath, Hove, and Uckfield. St. John Ambulances are stationed at Battle, Eastbourne, Hailsham, Hastings and Lewes. Other ambulances available are:—Brighton Police; Hove Police; Newhaven and District Nursing Association; Haywards Heath Cottage Hospital; Hill House Hospital, Wadhurst; Lewes Borough Council; Heathfield; and three private ambulances, one at Eastbourne and two at Hove.

The County Health Department makes use of the Red Cross and St. John ambulances when the County ambulance is not available, or when the use of another ambulance is more convenient.

##### (b) *For Infectious Cases.*

Motor ambulances for infectious cases are provided at the following Isolation Hospitals:—Chailey; High Grove, East Grinstead; Lewes; Hastings Sanatorium; Deans Farm, Hurstpierpoint; and Hove Isolation Hospital. A motor ambulance is provided when necessary by arrangement with a local garage or otherwise for the transport of patients to the East Sussex Western Smallpox Hospital, Plumpton, and to the Isolation Hospitals at Bexhill, Willingdon and Hailsham. At the Newhaven and Udimore Isolation Hospitals horse-drawn ambulances were available.

The ambulance service provided in the County appears to be quite adequate for the present needs of the district, and no instance of undue delay in obtaining an ambulance, when required, has been reported.

#### AIR RAID PRECAUTIONS.

The County Council, on receipt of a circular letter dated the 9th July, 1935, from the Home Office, with reference to air raid precautions, appointed a Special Committee to deal with the matter. The Committee considered a Memorandum on the subject prepared by the Clerk and also Reports submitted by the County Medical Officer of Health and by the County Surveyor. In the preparation of their Scheme for the County in accordance with Home Office Memorandum No. 1, they accepted the principle that, in connection with air raid precautions, each Local Authority should normally undertake within the area of its jurisdiction those services which are related to



its normal functions. They therefore invited the Local Authorities in the Administrative County to co-operate with them in the preparation of a scheme, and in a circular letter sent to these Authorities in December, 1935, they laid down the basis of the organisation required, grouping the subjects to be dealt with as follows :—

**I. MEDICAL ASSISTANCE AND PROTECTION.**

Location of and accommodation to be provided in First Aid Posts, Casualty Clearing Hospitals and Base Hospitals.  
Equipment of above.  
Personnel for above, Ambulances and Decontamination.  
Provision and Storage of Respirators.  
Gas Detectors.  
Police.  
Fire Brigades.  
Rescue Parties.  
Street Wardens.  
Shelters.  
Instruction.

**II. INTERCOMMUNICATIONS.**

Warnings.  
Reports.  
Mutual Assistance.

**III. ESSENTIAL PUBLIC SERVICES.**

Roads, Communications and Repair Parties.  
Gas, Water and Electricity.  
Street Lighting.

The organisation required to be set up in respect of each branch of the service to be provided and the Authority to be responsible for carrying out the service was indicated in the circular letter.

With regard to the organisation of measures for the treatment of air raid casualties, it was recommended that the Borough and Urban District Councils should make the necessary arrangements in their areas and that the County Council should be the responsible authority in the rural districts. The County Medical Officer reported that it had been ascertained that the local divisions of the British Red Cross Society and of the St. John Ambulance Brigade were prepared to provide trained personnel for mobile first-aid parties and for staffing First Aid Posts. The situation of the First Aid Posts, Casualty Clearing Hospitals and Base Hospitals proposed to be provided for the treatment of casualties in rural districts were indicated on a map prepared by the County Surveyor, which also shewed the suggested location of rescue parties and repair parties. The organisation of the Medical Services in the rural districts, as set out in the Report and in the map, was approved by the Committee and was subsequently explained to representatives of the Rural District Councils and to members of the Red Cross and St. John organisations. It was pointed out that the Centres suggested were in most cases the headquarters of the voluntary first aid organisations, and that they were the only places where provision for dealing with more than a few possible casualties were considered to be necessary. In villages the ordinary facilities for medical and nursing attendance might be relied upon to deal with a few casualties should they arise without the provision of special premises and equipment. It was proposed to supplement the ordinary ambulance service by organising a fleet of improvised ambulances for use in emergency.

The Borough and Urban District Councils were asked to submit their proposals for the medical as well as other services required in their areas and the adjoining County Borough Councils were invited to co-operate.

Instruction in anti-gas measures was arranged during the year by both the British Red Cross Society and the St. John Ambulance Brigade for their members.

The Home Office have established a civilian anti-gas school at Eastwood Park, Fulfield, Gloucestershire. The County Council have nominated the County Medical Officer and the Medical Superintendent of Southlands Hospital to attend the specialist course and the County Health Inspector to attend the course for Instructors.

Every effort is being made to ensure the early completion of a comprehensive scheme of air raid precautions in the County. Its efficiency will depend on the response of the public to the opportunities to be offered for instruction in anti-gas measures and on the number willing to be trained for service in connection with the Scheme.

**NOTES ON INQUESTS HELD IN THE LEWES CORONER'S DISTRICT DURING THE YEAR 1935.**

**By Edward Fitzwilliam Hoare, M.D., Ch.B., Barrister at Law.**

The number of deaths reported to the Coroner during the year was 556, an increase of 33 on the previous year. This figure includes 153 mental patients and 13 in institutions other than mental hospitals, and 390 other persons.

Of the 153 deaths of mental patients, 142 were accepted on the medical certificate, 10 were investigated without post-mortem, and inquest was held on one.



The remaining deaths, numbering 403, were dealt with by 219 investigations and 184 inquests.

The total number of inquests was therefore 185, being 17 more than in 1934, and being the highest figure since 1928. The increase is chiefly due to more motor accidents and suicides. The number of inquests exceeded the number of verdicts returned by one, owing to an inquest having been adjourned pending the result of High Court proceedings.

The verdicts were :—

- (a) *Natural Causes*—5.
- (b) *Criminal Acts*—Manslaughter, 2; Suicides, 50.
- (c) *Want of Attention at Birth*—1.
- (d) *"Open Verdict"*—10 (7 males and 3 females).
- (e) *Accidental*—115 (74 males and 41 females).
- (f) *Still-born*—1.

In 15 inquest cases post-mortem examination was needed, making, with 24 examinations in investigation cases, a total of 39 in all.

*As to Group (a).* Inquest to investigate the circumstances of the death rather than its actual cause.

*As to Group (b).* The manslaughter verdicts arose out of road accidents. At Assize, one was found not guilty, the other guilty of dangerous driving, and licence was suspended for 7 years.

*Suicides.* These were increased from 46 to 50 by a curious increase of double the female rate—from 10 to 21—but a lessened male rate—from 36 to 29—leaving a final increase of 4.

The analysis is set out below :—

Causation.	Males.	Females.	Methods.	Males.	Females.
Worry (money, domestic) .. ..	12	3	Hanging .. ..	8	5
Mental Instability .. ..	10	8	Drowning .. ..	4	0
Disease, or dread of it .. ..	6	4	Gassing .. ..	3	8
Loneliness .. ..	0	3	Height jumping .. ..	3	5
Grief .. ..	0	2	Shooting .. ..	5	0
Insomnia .. ..	1	1	Throat cutting .. ..	3	0
Love affairs .. ..	—	—	Poison .. ..	2	3
Drink or drugs .. ..	—	—	Under vehicles .. ..	1	0
	29	21		29	21

N.B.—Causation and method are not related.

The Home Office is still requiring the statistics of the age of suicides, they are as follows :—

Age Group.	Male.	Female.	Total.
Under 12 .. ..	—	—	—
12 to 14 .. ..	—	—	—
14 to 16 .. ..	—	—	—
16 to 17 .. ..	—	—	—
17 to 21 .. ..	—	—	—
21 to 30 .. ..	3	2	5
30 to 40 .. ..	4	4	8
40 to 50 .. ..	7	7	14
50 to 60 .. ..	7	6	13
60 and over .. ..	8	2	10
Totals .. ..	29	21	50

From the Tables it seems that though inherent mental instability still heads the list of causation of suicide, the cases where financial worry and disease or the dread of it appear to the sufferer to make this the easiest and most rational "way out" are on the increase. The tendency to consider that "life is not worth living" under certain circumstances, seems more and more prevalent. A purely rational and materialistic outlook seems to have superseded the older "inhibitions" of ethics and religion.

In this connection it is of interest that the Departmental Report has recommended that the verdict should be "died by his own hand," without reference to deceased's state of mind. This is in harmony with the view expressed in my last report, as is also the recommendation that Press reports of these tragedies should be curtailed, though inquests should still be held in public.

The methods employed present the usual sex choice, but with a disagreeable increase of jumping over cliffs, which, unfortunately, seems particularly suggestive to others and involves







*As to Group (d).* In one of this group, the actual cause of death was "unascertainable." In the others the circumstances were not clear enough to decide between suicide or accident, but were more strongly suggestive of the former than the latter.

*As to Group (f).* This was the body of child found dead and "unknown." The post-mortem established the fact of "still-birth."

*As to Group (e).* This accidental group is increased by 11 over last year and by 28 over 1933. The increase is almost entirely due to road fatalities, which rose from 40 to 50. The deaths from "other causes" were 65 as compared with the previous year's 64. (The "other causes" include 5 train fatalities.)

The majority of road fatalities were due to motor cars or lorries, a few only to motor cycles.

This increase is most disappointing and lessens one's hope of the ameliorating effect of the 30-mile-an-hour speed limit, though its efficacy may be greater when it ceases to be "more honoured in the breach than in the observance."

The proposed "disciplining" of the pedestrian at other than Belisha crossings may lessen accidents, though it strikes at an ancient and honoured right. In this connection, however, it is relevant that, as regards the deaths of children, 4 cases are included in the above figures of the ages of 12, 10, 7 and 7, and three of them were due to the unfortunate children running across the road without any warning.

The "other causes" of accidental death still exceed the road deaths.

The analysis of the 65 is as follows:—

Falls.	Drowning.	Burns, Scalds.	Septic Wounds.	Guns.	Suffoca- tion.	Crushed.	Gas.	Train.	Other.
27	6	3	3	5	2	8	2	5	4

*Falls.* These were invariably in old persons, mostly in the home and usually accelerating the death rather than being the prime factor. It is in this class of case that the Departmental Committee on Coroners suggest that discretion to hold inquest might be given, and this appears reasonable, as they are not primarily deaths by accident and their being the subject of inquest is a mere formality, but none the less distressing to the relatives.

*Drownings.* The majority of these were from bathing in unauthorised places. The risk of unattended bathing in fresh water ponds and pits is extreme, the diminished buoyancy of the water, the coldness of still water on a clay bottom, and the difficulty of getting out, all add to the risk.

*Guns and Explosives.* These show an alarming increase on last year. Several of them were in young boys. All of them were due to casualness in the care of the firearm. The boys' cases indicate the extremely unsatisfactory regulations as to purchase and licence of both guns and ammunition.

*Crushing, etc.* This group includes some industrial accidents and cases of children buried by sand.

*Trains.* These are an increase on last year. They consisted of a number of train fatalities to men working on the line and children falling out of the carriage.

*Other Accidents.* These consisted of one electrocution, one hanging, one overdose of drugs and one death from operation. This last was not a death from or while under an anæsthetic, of which there are some two or three a year. Deaths from this cause are not usually included under a verdict of "accidental," as in most cases they are disposed of by special report, without inquest, under the provisions of the Coroners Act, 1926. This procedure is now definitely recommended in the Departmental Report and is further extended to cover a death under operation not necessitated by prior accident. The medical profession should appreciate this confidence in them by the legislature which indicates a desire not to hamper or harass surgeons and others in the legitimate exercise of their calling, whilst still preserving the opportunity of inquest to any relative, who may be dissatisfied.

The number of inquests with a Jury was 77, leaving 108 held without a Jury. This is over the average third of Jury cases, due to the larger number of train and road fatalities. The power, constitution, and summoning of the Jury are all the objects of proposed curtailment in the Departmental Report; theirs has always been a thankless task, but most cheerfully performed; that



their verdicts have not always coincided with that of Higher Courts has not been due to any lesser diligence, but to the fact that their oath expects them to use "their own skill and knowledge" and not merely to "harken to the evidence" and this knowledge of locality, instruments of damage, and character of witnesses is often considerable, and hearing witnesses as soon as possible after any occurrence, naturally their verdicts have tended to be legally unsupportable though often correct enough in substance.

*Expenses Incurred by the Coroner.* These were £770 11s. 7d. for 185 inquests, as compared with last year's £765 for 168, this being 8s. per inquest less, but the costs are more properly compared with the total cases reported, as enquiries involving post-mortem examination often cost as much as inquests; the figures would then be £770 for 556 cases, as compared with £765 for 523 which gives the same average cost, viz., £1 7s. 0d.

Incidentally should the Departmental Report's recommendation as to post-mortems and pathologists be adopted, the costs will rise. With much of the Departmental Report I thoroughly concur; it is, however, not my duty to criticise, but to administer the Act as it now is, and I see no grounds to justify any alteration of procedure in anticipation of suggestions which are not yet law.



TABLE XXXIV.

## Return of Inquests held in the Administrative County during 1935.

CORONER'S DISTRICT.	Sex.	Deaths by Wilful or Criminal Acts.			Deaths from Neglect, Exposure or Excess.		Want of attention at birth.	Accidental causes.	Natural causes.	"Open " Verdict.				Stillborn.	Destroyed during birth.	Inquests but no verdicts returned.	Treasure Trove.	Total.	
		Murder and Manslaughter.	Suicide.	Felo-de-se.	Want, cold and exposure.	Excessive Drinking.				Injuries.	Drowning.	Other known causes.	Unascertainable causes.					Male.	Female.
LEWES DISTRICT.	Males ...	2	29	—	—	—	—	74	3	4	2	—	1	1	—	—	—	116	—
	Females ...	—	21	—	—	—	1	41	2	1	1	1	—	—	—	—	—	—	68
RYE DISTRICT.	Males ...	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2	—
	Females ...	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	2
RAPE OF HASTINGS AND HUNDRED OF ROBERTSBRIDGE.	Males ...	—	8	—	—	—	—	13	1	—	1	—	1	—	—	—	—	23	—
	Females ...	—	1	—	—	—	—	9	1	1	—	—	1	—	—	—	—	—	10
TOTAL	Males ...	2	38	—	—	—	—	87	5	4	3	—	1	1	—	—	—	141	—
	Females ...	—	23	—	—	—	1	48	3	2	1	1	1	1	—	—	—	—	80



TABLE XXXV.  
Meteorological Data, 1935.

RECORDING STATION.	DETAILS SUPPLIED BY	RAIN GAUGE. Diameter of funnel: height above ground; and above sea level.	RAINFALL IN INCHES.												Total rainfall in Inches, 1935.	Average rainfall for 5 years, 1931 to 1935.
			January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.		
LEWES ... ..	J. T. P. Johnston, Esq.	8 inches. 15 inches. 11.34 feet.	0.97 *3.34	4.70 0.24	0.84 3.58	4.43 3.22	1.54 0.43	2.40 1.69	0.37 1.83	5.03 2.72	7.69 1.78	4.94 2.64	8.55 5.51	4.68 9.77	46.14 36.75	34.89
COXLOW, HORAM ...	Miss P. C. Harrison	5 inches. 12 inches. 260 feet.	0.91 *3.15	3.97 0.17	0.61 2.90	3.60 2.36	1.65 0.47	2.13 1.65	0.20 1.31	4.11 2.12	5.66 1.53	4.61 1.87	7.74 4.26	4.31 9.03	39.50 30.82	30.52
HIGH CROSS, FRAM- FIELD.	R. L. Thornton, Esq., C.B.E.	5 inches. 12 inches. 200 feet.	0.83 *2.94	3.18 0.14	0.56 2.83	3.59 2.70	1.68 0.38	2.09 1.96	0.68 1.63	4.32 2.59	5.57 1.38	4.41 2.10	7.81 4.31	4.33 8.47	39.05 31.43	29.83
SEAFORD ... ..	E. A. Lister, Esq.	5 inches. 12 inches. 45 feet.	0.64 *2.23	3.79 0.12	0.57 2.87	3.17 1.64	0.98 0.37	1.83 1.36	0.35 1.10	4.41 2.14	5.42 1.09	3.91 1.98	5.76 3.64	3.53 7.25	34.36 25.79	25.80
BEXHILL ... ..	H. J. Sargent, Esq.	9 inches. 12 inches. 11.98 feet.	0.92 *2.81	3.87 0.13	0.57 2.35	3.40 2.12	1.09 0.50	2.05 2.44	0.26 1.00	4.21 1.65	5.10 1.79	3.66 2.19	6.00 3.47	3.43 7.24	34.56 27.69	27.19
SOUTH RIDGE, HEATHFIELD ...	P. Lennox Wright, Esq.	8 inches. 11 inches. 540 feet.	1.32 *3.43	4.43 0.24	0.85 3.48	4.76 2.91	2.76 0.64	2.26 1.95	0.21 2.39	5.13 2.93	6.08 1.67	4.82 2.24	10.51 4.25	5.40 10.27	48.53 36.40	35.69
DARVELL HALL SANATORIUM, ROBERTSBURIDGE	Dr. J. R. Dingley	5 inches. 3 feet. 100 feet.	0.98 *3.57	4.73 0.15	0.48 3.53	3.53 2.11	1.38 0.51	2.26 1.50	0.56 1.24	4.35 2.33	5.96 1.32	4.66 2.11	7.30 3.17	4.89 9.17	41.68 30.71	29.77

\* The figures in italics are the records for 1934.



