

**[Report 1952] / Medical Officer of Health, Eastbourne County Borough.**

**Contributors**

Eastbourne (England). County Borough Council.

**Publication/Creation**

1952

**Persistent URL**

<https://wellcomecollection.org/works/gf57xawm>

**License and attribution**

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

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

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



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

1C.44144

15/14

COUNTY BOROUGH OF EASTBOURNE

---

THE HEALTH AND  
WELFARE SERVICES  
OF EASTBOURNE

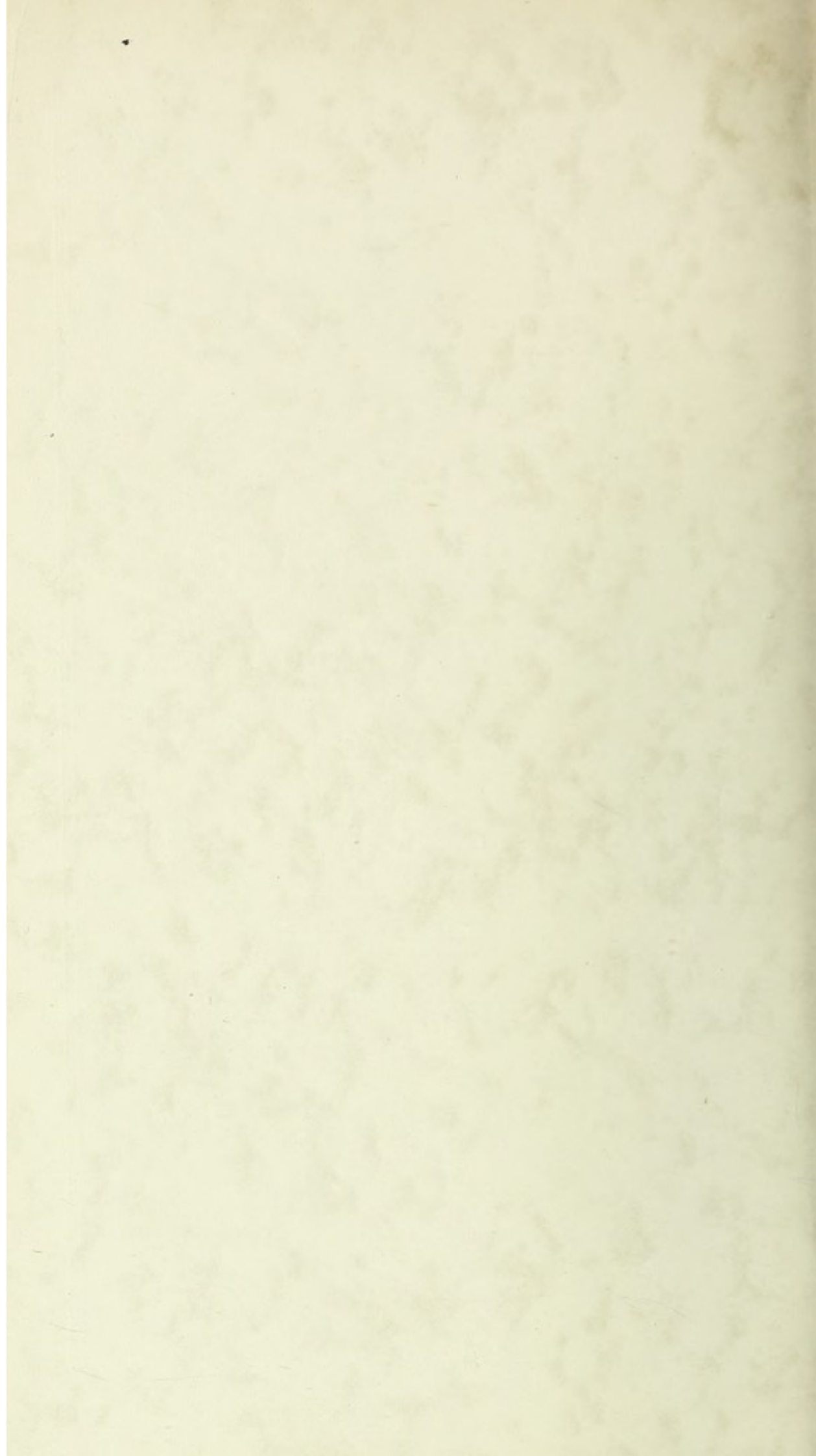
BEING THE

**ANNUAL REPORT**

OF THE

Medical Officer of Health

FOR THE YEAR 1952



COUNTY BOROUGH OF EASTBOURNE

---

THE HEALTH AND  
WELFARE SERVICES  
OF EASTBOURNE

BEING THE


**ANNUAL REPORT**

OF THE

Medical Officer of Health

FOR THE YEAR 1952





Digitized by the Internet Archive  
in 2017 with funding from  
Wellcome Library

<https://archive.org/details/b29187692>

# INDEX

	<i>Page</i>
BATHS .. .. .	54
FACTORIES ACT, 1937 AND 1948 .. .. .	59
FOOD .. .. .	66
HOUSING .. .. .	62
ICE CREAM .. .. .	69
INFECTIOUS DISEASES .. .. .	74
INTRODUCTION .. .. .	6
METEOROLOGY .. .. .	13
MILK .. .. .	66
NATIONAL HEALTH SERVICE ACTS .. .. .	17
CARE OF MOTHERS AND YOUNG CHILDREN .. .. .	21
MIDWIVES' SERVICE .. .. .	28
HEALTH VISITING .. .. .	31
HOME NURSING .. .. .	32
VACCINATION AND IMMUNISATION .. .. .	33
AMBULANCE SERVICE .. .. .	39
PREVENTION OF ILLNESS, CARE AND AFTER CARE .. .. .	41
DOMESTIC HELP .. .. .	46
MENTAL HEALTH SERVICE .. .. .	48
NATIONAL ASSISTANCE ACT, 1948 .. .. .	89
PROVISION OF ACCOMMODATION .. .. .	89
DISABLED AND OLD PERSONS' HOMES .. .. .	92
BLIND PERSONS .. .. .	93
DEAF AND DUMB .. .. .	95
CRIPPLES .. .. .	95
NURSING HOMES .. .. .	86
NURSES' AGENCIES .. .. .	87
NURSERIES AND CHILD MINDERS REGULATION ACT, 1948 .. .. .	87
PUBLIC HEALTH BACTERIOLOGY .. .. .	78
RODENT CONTROL .. .. .	64
SANITARY CIRCUMSTANCES OF THE AREA .. .. .	53
STAFF .. .. .	4
TUBERCULOSIS .. .. .	41, 80
VENEREAL DISEASES .. .. .	86
VITAL STATISTICS .. .. .	8
WATER SUPPLY .. .. .	53



# PUBLIC HEALTH DEPARTMENT STAFF

## WHOLE-TIME OFFICERS

### *Medical Officer of Health:*

JOHN FENTON, M.B., B.Ch., B.A.O., D.P.H.

### *Deputy Medical Officer of Health:*

JESSIE GRIFFIN, M.B., Ch.B., D.P.H. (from 1/7/52)  
E. MARY CUMMING, M.R.C.S., L.R.C.P., D.P.H. (to 30/6/52)

### *Assistant Medical Officer of Health:*

MARJORIE I. GODSON, M.B., Ch.B. (from 23/6/52)  
JESSIE GRIFFIN, M.B., Ch.B., D.P.H. (to 30/6/52)

### *Senior Dental Officer:*

M. G. BERRY, L.D.S., R.C.S.

### *Assistant Dental Officer:*

JEAN D. OSWALD, L.D.S., R.F.P.S.G.

### *Senior Sanitary Inspector:*

ARTHUR LINDFIELD, Cert.R.S.I.

### *Sanitary Inspectors:*

F. T. RIPPIN, Cert. S.I.B.  
G. N. RICHARDS, Cert. S.I.B.  
L. R. GODFREY, Cert. S.I.B.  
L. G. HOWARD, Cert. S.I.B.  
E. G. WREN, Cert. S.I.B.

### *Superintendent Nursing Officer and Non-Medical Supervisor of Midwives:*

Miss A. DAY, S.R.N., S.R.C.N., S.C.M., H.V.Cert., Q.N.

### *Senior Health Visitor:*

Miss K. M. AVIS, S.R.N., S.C.M., Part 1, H.V. Cert., Public Health Nursing  
Administration Certificate

### *Health Visitors:*

Miss J. C. M. BERK, S.R.N., S.C.M. Part I, H.V. Cert.  
Mrs. L. FOSTER, S.R.N., S.C.M., H.V. Cert.  
Mrs. S. M. JAMES, S.R.N., S.C.M. Part I, H.V. Cert.  
Miss M. J. PARTRIDGE, S.R.N., S.C.M., H.V. Cert.  
Mrs. P. D. M. ST. JOHN JONES, S.R.N., S.C.M., H.V. Cert.  
Miss E. E. GRIFFIN, S.R.N., S.C.M., H.V. Cert.  
Mrs. W. CLEMENTS, S.R.N., S.C.M., H.V. Cert. (from 12/3/52)  
Miss M. G. HEMMING, S.R.N., S.C.M., H.V. Cert. (from 1/11/52)  
Miss P. IVORY, S.R.N., S.C.M. Part I, H.V. Cert. (to 26/1/52)  
Mrs. D. M. BATES, S.R.N., S.C.M., H.V. Cert. (to 31/12/52)

### *Domiciliary Midwives:*

Miss M. A. BENNETT, S.C.M.  
Miss F. M. SCAMMELL, S.R.N., S.C.M.  
Miss J. A. BAYLIS-HAYLES, S.R.N., S.C.M. (from 14/5/52) (*Part-time*)  
Miss A. L. MOON, S.R.N., S.C.M. (to 30/4/52)



*Domiciliary Nurses:*

*(a) Whole-time*

Miss J. MORLEY, S.R.N., S.C.M., Q.N. (Senior)  
Mrs. J. E. JERRATT, S.R.N., Q.N.  
Miss D. EZZARD, S.R.N., S.C.M., Q.N.  
Mrs. W. G. FINCH, S.R.N.  
Miss P. M. PHILLIPS, S.R.N., Q.N.  
Mrs. J. E. RAINSLEY, S.R.N.  
Mr. A. ROTCHELL, S.R.N., Q.N.  
Miss E. WOODS, S.R.N.  
Miss B. D. L. HIGTON, S.R.N., S.C.M., Q.N.  
Miss J. BOOTHROYD, S.R.N., S.R.F.N., Q.N.  
Mrs. F. A. PURCHASE, S.R.N., S.C.M.  
Miss D. V. ALLOWAY, S.R.N., S.C.M., Q.N. (to 31/5/52)  
Miss D. J. SPOONER, S.R.C.N., S.R.N., S.C.M., Q.N. (to 12/9/52)  
Miss B. E. THOMAS, S.R.N., R.S.C.N., S.C.M. (from 17/11/52)  
Miss Y. A. ROSER, S.R.N., S.C.M., Q.N. (from 24/11/52)  
Miss M. G. HEMMING, S.R.N., S.C.M., H.V. Cert. (from 28/4/52 to 31/10/52)

*(b) Part-time*

Mrs. K. M. CASTLE, S.R.N., R.M.P.A.  
Mrs. J. MILLICHAMP, S.E.A.N.  
Mrs. M. E. SCOTT, S.E.A.N. (from 11/2/52)  
Miss J. A. BAYLIS-HAYLES, S.R.N., S.C.M. (from 14/5/52)

*Home Teacher of the Blind:*

Miss L. E. JACKSON, H.T. Cert.

*Senior Authorised Officer and Welfare Officer:*

V. O. F. LITTLE

*Authorised Officer and Assistant Welfare Officer:*

H. A. HURT

*Authorised Officer and Female Mental Health Worker:*

Miss N. G. FULLER

*Part-time Authorised Officer:*

Mrs. K. M. CASTLE

*Occupational Therapist:*

Miss E. J. MCGILVRAY (from 12/5/52)

*Clerical Staff:*

H. T. HOUNSOM (Lay Administrative Officer)  
A. H. HOOKHAM, F.R.Met.Soc.  
W. L. PECK  
C. A. HEMSLEY  
Miss G. E. WOODS  
Miss M. S. HARDY  
Miss D. M. BEETLESTONE  
Mrs. D. STEVENSON  
Miss B. WAIGHT  
Miss M. E. REED (from 28/4/52)  
R. G. MORLEY  
Miss D. A. ABRAHALL  
Miss J. Y. WORMAN (to 30/4/52)

*Dental Attendants:*

Miss D. S. JACKSON  
Miss P. L. KNOX (from 26/5/52)  
Miss M. K. WILSON (to 31/5/52)



PUBLIC HEALTH DEPARTMENT,  
AVENUE HOUSE,  
EASTBOURNE.

*August 1953.*

*To His Worship the Mayor and to the Aldermen and Councillors of the  
County Borough of Eastbourne*

---

MR. MAYOR, LADIES AND GENTLEMEN:

I have the honour to present the Sixty-first Annual Report on the state of the Public Health in Eastbourne which relates to the year 1952.

In accordance with the instructions of the Minister of Health as set out in Circular 29/52 of 1952, the basis of this report so far as the services provided under the National Health Service Acts are concerned was prepared in December 1952 by my predecessor in office, Dr. John Fenton, and was submitted in the form of a survey to the Minister and to the Council. The same Circular indicated that the survey was to form part of the Annual Report and it has, therefore, been reproduced under the appropriate headings.

Viewing this report as a whole it is clear that Eastbourne is able to provide Health and Welfare Services of a high standard, comparing very favourably with many a larger borough. It would indeed be a tragedy if ill-considered legislation were ever to remove the administration of these intimate and personal services from local control.

No small measure of credit is due to Dr. Fenton for his part in the development of these services and it is indeed fitting that he, the able architect of the Council's plans under the National Health Service Act, should be the commentator in the survey included in this report.

Of the many figures which are of necessity included in a report of this nature, the one which to my mind gives rise to the greatest concern relates to the serious increase in the number of both certified and voluntary patients admitted to institutions under the Lunacy and Mental Treatment Acts. Forty-six persons, as compared with twenty-six during the previous year, were certified.



Certification represents an end point in mental breakdown. This sharp increase, which is by no means confined to Eastbourne, confirms the findings of the majority of practising doctors that an ever greater proportion of their time is spent in dealing with disorders which have their origin in the mind.

These indications, coupled with reports of the prevailing rates of crime, juvenile delinquency, divorce and cruelty to children indicate that all is very far from well in the mental health of the nation. Whilst these tendencies are no doubt closely connected with the ever increasing tempo of modern life and the aftermath and threat of war it is, perhaps, no coincidence that the spiritual life of the nation appears to be at a very low ebb.

On a happier note is the revelation in the report of Dr. Ferguson Gow, the Chest Physician, of a continued fall in the number of deaths and new cases of tuberculosis in the borough and his expressed opinion that the problem will be under complete control within ten to fifteen years.

I am certain that Dr. Fenton would wish me to thank you, Mr. Mayor, and the Chairman and Members of the Public Health, Health Services and Welfare Services Committees for continued support and encouragement in the work of the department during 1952.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

K. VICKERY,

*Medical Officer of Health.*



## VITAL STATISTICS

The following are the statistics furnished by the Registrar-General:

Estimated Mid-Year Home Population—57,200.

BIRTHS:		<i>Male</i>	<i>Female</i>	<i>Total</i>
Live Births—Legitimate	..	288	299	587
Illegitimate	..	24	24	48
		—312	—323	—635
Still Births—Legitimate	..	6	7	13
Illegitimate	..	4	1	5
		— 10	— 8	— 18

DEATHS:				
All causes	..	..	..	..
		376	498	874

	<i>Eastbourne</i>	<i>England and Wales</i>
Birth rate per 1,000 population:		
Live Births .. .. .	11·10	15·3
Still Births .. .. .	0·31	0·35
Birth rate after applying "Area Comparability Factor" of 1·08 .. .. .	11·98	—
Death rate (Crude) per 1,000 population ..	15·27	11·3
Death rate after applying "Area Comparability Factor" of 0·73 .. .. .	11·14	—
Tuberculosis death rate per 1,000 population	0·17	0·24
Maternal Mortality—Death rates per 1,000 Live and Still Births:		
Sepsis of pregnancy, childbirth and the puerperium .. .. .	—	0·09
Abortion with toxæmia .. .. .	—	0·02
Other toxæmias of pregnancy and the puerperium .. .. .	—	0·21
Haemorrhage of pregnancy and childbirth	—	0·09
Abortion without mention of sepsis or toxæmia .. .. .	—	0·04
Abortion with sepsis .. .. .	—	0·07
Other complications of pregnancy, childbirth and the puerperium .. .. .	—	0·20
Death rate of infants under 1 year of age:		
All infants per 1,000 live births ..	15·74	27·6
Legitimate infants per 1,000 legitimate live births .. .. .	10·22	
Illegitimate infants per 1,000 illegitimate live births .. .. .	83·33	



# CAUSES OF DEATH

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Tuberculosis, respiratory .. ..	9	1	10
Tuberculosis, other .. ..	—	—	—
Syphilitic disease .. ..	3	—	3
Acute poliomyelitis .. ..	—	1	1
Other infective and parasitic diseases ..	1	1	2
Malignant neoplasm, stomach .. ..	13	10	23
Malignant neoplasm, lung, bronchus ..	15	2	17
Malignant neoplasm, breast .. ..	—	21	21
Malignant neoplasm, uterus .. ..	—	3	3
Other malignant and lymphatic neoplasms	40	40	80
Leukaemia, aleukaemia .. ..	2	2	4
Diabetes .. ..	2	2	4
Vascular lesions of nervous system ..	58	107	165
Coronary disease, angina .. ..	55	52	107
Hypertension with heart disease .. ..	4	16	20
Other heart disease .. ..	82	154	236
Other circulatory disease .. ..	5	10	15
Influenza .. ..	—	1	1
Pneumonia .. ..	12	10	22
Bronchitis .. ..	11	6	17
Other diseases of respiratory system ..	2	2	4
Ulcer of stomach or duodenum .. ..	8	3	11
Gastritis, enteritis and diarrhoea .. ..	1	4	5
Nephritis and nephrosis .. ..	8	6	14
Hyperplasia of prostate .. ..	10	—	10
Congenital malformations .. ..	2	—	2
Other defined and ill-defined diseases ..	22	35	57
Motor vehicle accidents .. ..	2	1	3
All other accidents .. ..	3	6	9
Suicide .. ..	6	2	8
	<u>376</u>	<u>498</u>	<u>874</u>

There were no deaths from diphtheria, whooping cough, meningococcal infections, or measles.

# AGE MORTALITY

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 1 .. ..	5	5	10
1- 5 .. ..	3	1	4
5-15 .. ..	—	—	—
15-25 .. ..	2	1	3
25-45 .. ..	9	11	20
45-65 .. ..	83	59	142
65-75 .. ..	117	131	248
75 and over .. ..	157	290	447
	<u>376</u>	<u>498</u>	<u>874</u>



# MATERNAL AND INFANTILE MORTALITY 1894-1952

<i>Years</i>	<i>Total Infant Deaths</i>	<i>Infantile Mortality Rate</i>	<i>Total Maternal Deaths</i>	<i>Maternal Mortality Rate</i>
1894-1903 Average ..	108.5	118.2	3.6	4.56
1904-1913 Average ..	79.3	96.6	2.6	2.91
1914-1923 Average ..	52.3	68.8	1.5	1.93
1924-1933 Average ..	30.0	45.7	1.5	2.20
1934-1943 Average ..	23.6	42.40	2.1	3.72
1944 .. ..	11	22.49	1	2.04
1945 .. ..	24	35.98	—	—
1946 .. ..	28	29.04	2	2.00
1947 .. ..	31	31.5	3	2.96
1948 .. ..	21	26.22	—	—
1949 .. ..	16	21.62	2	2.63
1950 .. ..	18	25.67	1	1.39
1951 .. ..	6	9.77	—	—
1952 .. ..	10	15.74	—	—

There were ten deaths, five male and five female, of infants under one year.

<i>Age</i>	<i>Sex</i>	<i>Where died</i>	<i>Cause of death</i>
5 hours	F.	St. Mary's Hospital	1a. Prematurity.
1 day	F.	St. Mary's Hospital	1a. Erythroblastosis. 2. Prematurity.
3 days	M.	Maternity Home	1a. Prematurity.
4 days	M.	Maternity Home	1a. Lateral Sinus Thrombosis. 2. Sclerema Neonatorum. P.M.
1 week	F.	St. Mary's Hospital	1a. Mesenteric Adenitis. b. Umbilical infection. c. Associated with jaundice. 2. Prematurity. P.M.
2 months	F.	Princess Alice Hospital	1a. Capillary Bronchitis. 2. Werding Hoffsman's disease.
3 months	M.	Transferred Death	1a. Uraemia. b. Congenital urethral block. P.M.
5 months	M.	Princess Alice Hospital	1a. Broncho Pneumonia.
6 months	F.	At home	1a. Broncho Pneumonia. P.M.
9 months	M.	St. Mary's Hospital	1a. Bronchiolitis. b. Fibro Cystic disease of Pancreas. P.M.



## DEATHS OF CHILDREN 1 TO 5 YEARS

Ages and causes of death:

1 year	F.	1a. Gastric Enteritis. b. Aggravated by acute Trachea Bronchitis.	P.M.
2 years	M.	1a. Crush Syndrome and internal haemorrhage. Run over by the rear wheel of a milk van. Accident.	
3 years	M.	1a. Acute Bronchitis. 2. Mongolism.	
3 years	M.	1a. Congenital Aortic Stenosis.	P.M.

## MATERNAL DEATHS

No Eastbourne mother died from any cause associated with pregnancy or childbirth.

## BIRTHS AND DEATHS 1925-1952

Year	No. of Births	Birth rate per 1,000 population	Birth rate after applying "Area Comparability Factor"	No. of Deaths	Death rate per 1,000 population	Death rate after applying "Area Comparability Factor"
1925	661	12.2	—	666	12.09	—
1926	727	12.9	—	603	10.75	—
1927	655	11.55	—	651	11.47	—
1928	726	12.41	—	676	11.55	—
1929	643	10.97	—	794	13.55	—
1930	667	11.3	—	660	11.3	—
1931	651	11.7	—	715	12.8	—
1932	701	12.19	—	738	12.83	—
1933	640	11.3	—	741	13.2	—
1934	643	11.5	—	738	13.12	10.8
1935	594	10.59	—	717	12.78	10.22
1936	652	11.69	—	733	13.15	10.52
1937	616	10.77	—	785	14.11	11.28
1938	628	11.06	—	775	13.65	10.92
1939	587	11.18	—	759	12.76	10.00
1940	545	10.13	—	880	16.36	12.27
1941	384	13.92	—	487	17.66	—
1942	463	14.95	—	598	19.31	—
1943	416	15.19	—	618	22.57	—
1944	489	17.47	—	530	18.94	—
1945	667	16.99	—	680	17.30	—
1946	964	19.36	—	738	14.82	—
1947	983	18.3	—	816	15.2	—
1948	801	14.15	—	718	12.68	—
1949	740	13.00	—	870	15.29	11.31
1950	701	12.07	13.47	892	15.36	11.36
1951	614	10.67	11.52	907	15.77	11.50
1952	635	11.10	11.98	874	15.27	11.14



# DEATHS FROM CANCER

The following table shows the number of deaths and death rates from Cancer, since 1904:

	Year	Popula- tion	Age Groups						Total Deaths	Death Rate per 1,000
			0- 1	1- 5	5- 15	15- 25	25- 65	65 & over		
Ten Years	1904	45,750	—	—	—	—	**	**	54	1·18
	1905	46,500	—	—	—	1	29	21	51	1·09
	1906	49,000	—	—	—	—	25	25	50	1·02
	1907	50,500	—	—	—	1	32	20	53	1·06
	1908	51,500	1	—	—	—	20	27	48	0·93
	1909	52,000	—	—	1	1	28	20	50	0·96
	1910	52,500	—	—	—	—	38	24	62	1·18
	1911	52,544	—	—	—	—	27	32	59	1·12
	1912	53,500	—	1	—	—	35	28	64	1·19
	1913	54,000	—	—	1	—	35	31	67	1·24
	Total	—	1	1	2	3	***	***	558	—
Ten Years	1914	54,500	—	—	—	—	35	34	69	1·26
	1915	47,125	—	—	—	—	34	17	51	1·08
	1916	49,976	—	—	—	—	**	**	65	1·30
	1917	44,842	—	—	—	—	33	27	60	1·33
	1918	49,682	—	—	—	—	26	21	47	0·94
	1919	50,442	—	—	—	—	36	26	62	1·22
	1920	50,354	—	—	—	—	26	50	76	1·50
	1921	53,600	—	—	—	1	50	50	101	1·88
	1922	53,700	—	1	—	2	44	41	88	1·63
	1923	53,900	—	—	—	—	37	33	70	1·29
	Total	—	—	1	—	3	**	**	689	—
Ten Years	1924	54,830	—	—	—	1	37	44	82	1·49
	1925	55,060	—	1	—	1	38	54	94	1·70
	1926	56,000	—	—	—	—	44	61	105	1·80
	1927	57,000	—	—	—	1	50	59	110	1·90
	1928	58,500	—	—	—	—	45	53	98	1·67
	1929	58,570	—	—	1	—	48	59	108	1·84
	1930	59,000	—	—	—	—	41	63	104	1·50
	1931	55,710	—	—	—	—	49	69	118	2·11
	1932	57,500	—	—	—	2	45	78	125	2·17
	1933	56,550	—	—	—	—	49	65	114	2·0
	Total	—	—	1	1	5	446	605	1058	—
Five Years	1934	56,250	—	—	1	—	46	66	113	2·0
	1935	56,100	—	—	—	—	36	75	111	2·0
	1936	55,730	—	—	—	—	49	58	107	1·9
	1937	55,610	—	—	—	—	55	63	118	2·1
	1938	56,770	—	—	—	—	48	84	132	2·1
	Total	—	—	—	1	—	234	346	581	—



	Year	Popula- tion	Age Groups						Total Deaths	Death Rate per 1,000
			0- 1	1- 5	5- 15	15- 45	45- 65	65 & over		
Ten Years	1939	59,470	—	—	1	12	69	30	112	1.88
	1940	53,760	—	1	—	4	37	53	95	1.76
	1941	27,570	—	—	—	1	24	48	73	2.64
	1942	30,960	—	—	—	4	30	48	82	2.68
	1943	27,380	—	—	—	3	29	52	84	3.06
	1944	27,980	—	—	—	2	26	67	95	3.43
	1945	39,300	—	1	—	6	43	79	129	3.28
	1946	49,790	—	—	—	4	54	68	126	2.53
	1947	53,540	—	—	—	7	31	87	125	2.33
	1948	56,610	—	1	1	5	35	92	134	2.36
	Total	—	—	3	2	48	378	624	1055	—
Four Years	1949	56,880	—	—	—	9	40	79	128	2.25
	1950	58,050	—	—	—	9	54	100	163	2.80
	1951	57,510	—	—	1	4	46	77	128	2.22
	1952	57,200	—	—	—	4	46	94	144	2.51
	Total	—	—	—	1	26	186	350	563	—

## METEOROLOGY

### GENERALLY:

*Temperatures:* The months of March to August were above the average.

*Sea Temperatures:* The averages for these months, as well as January, were also above the averages.

*Sunshine:* Below averages for March, August and September only.

*Rainfall:* The months in which rainfall was above the average were January, March, August, September, November and December.

### BRIEF MONTHLY WEATHER SUMMARY:

*January* Sunny, though somewhat changeable and cold with 22 rain days, including 6 occasions when snow was recorded.

*February* Sunny, dry and cold.

*March* Mild until 25th, then wintry with snow. Rather dull.

*April* Warm and sunny second half.

*May* Warm and sunny.

*June* Sunny. Warm last week.

*July* Mainly fine, sunny and warm.

*August:* Somewhat wet, with sunshine below average.

*September* Unusually cold, changeable and windy.

*October* Changeable and cool.

*November* Cold. Wintry last week.

*December* Mainly cold.



# SUNSHINE

Eastbourne was again high in the official sunshine list of the Air Ministry, being third out of 319 stations (excluding the Channel Isles) with a total of 1919·3 hours. Only 7 stations had totals in excess of 1900 hours. Our position in relation to other towns in the south was:

<i>Position in List</i>	<i>Town</i>	<i>Total Hours</i>
1	Shanklin .. .. .	1991·9
2	Chichester .. .. .	1925·6
3	<b>Eastbourne</b> .. .. .	1919·3
4	Worthing .. .. .	1917·0
5	Margate .. .. .	1913·3
6	Sandown .. .. .	1912·1
7	Ventnor .. .. .	1908·3
8	Seaford .. .. .	1890·1
9	Swanage .. .. .	1885·1
10	Weymouth .. .. .	1884·2
11	Freshwater .. .. .	1882·9
12	Herstmonceux .. .. .	1853·7
13	Littlehampton .. .. .	1850·6
14	Brighton .. .. .	1849·5
15	Folkestone .. .. .	1847·7
17	Bournemouth .. .. .	1845·2
18	Hastings .. .. .	1843·4
19	Torquay .. .. .	1834·9
20	Bognor Regis .. .. .	1832·2
21	Poole .. .. .	1831·5
22	Ryde .. .. .	1828·3
23	Herne Bay .. .. .	1825·8
26	Bexhill-on-Sea .. .. .	1801·1
27	Dover .. .. .	1798·6
29	Portsmouth .. .. .	1797·3
33	Teignmouth .. .. .	1787·8
35	Ramsgate .. .. .	1751·6
43	Exmouth .. .. .	1731·7
49	Falmouth .. .. .	1705·8
51	Dawlish .. .. .	1699·0
54	Paignton .. .. .	1690·4
55	Tunbridge Wells .. .. .	1685·0
60	Plymouth .. .. .	1676·7
64	Southampton .. .. .	1669·7
75	Penzance .. .. .	1654·6
122	Newquay .. .. .	1566·8



Eastbourne has held the following positions in the official returns of sunshine in recent years:

<i>Year</i>	<i>Position</i>	<i>Hours</i>
1951	7	1836·4
1950	3	1841·6
1949	6	2153·3
1948	7	1916·0
1947	1	1933·1

#### WINDS:

Wind direction, taken at 9 a.m. and 9 p.m., was:

<i>Direction</i>	<i>Percentage</i>
N. .. ..	16·12
N.E. .. ..	4·78
E. .. ..	7·78
S.E. .. ..	5·46
S. ....	7·64
S.W. .. ..	7·64
W. .. ..	30·05
N.W. .. ..	17·66
Calm .. ..	2·87

### SUMMARY OF OBSERVATIONS

#### AIR PRESSURE (Mean Sea Level):

##### Daily Average:

9 a.m. .. ..	29·972 inches (1015·1 millibars)
9 p.m. .. ..	29·982 inches (1015·3 millibars)

#### AIR TEMPERATURE:

##### Daily Averages:

Maximum .. ..	55·9 degrees
Minimum .. ..	44·9 degrees
Combined .. ..	50·4 degrees
Range .. ..	11·0 degrees
At 9 a.m. .. ..	51·1 degrees
At 9 p.m. .. ..	48·9 degrees
Warmest day—June 30th ..	80·4 degrees
Warmest night—August 12th ..	64·0 degrees
Coldest day—January 27th ..	34·4 degrees
Coldest night—January 27th ..	23·6 degrees

#### SEA TEMPERATURES:

Daily average .. ..	50·6 degrees
Highest—July 26th .. ..	66·2 degrees
Lowest—February 15th ..	37·8 degrees



# EARTH TEMPERATURES:

## Daily Averages:

At 1 foot	..	..	..	..	52.3 degrees
At 4 feet	..	..	..	..	53.9 degrees

# SUNSHINE:

Total	..	..	..	..	1919.3 hours
Daily Average	..	..	..	..	5.24 hours

# RAINFALL:

Total	..	..	..	..	30.39 inches
"Rain" days	..	..	..	..	172

# HUMIDITY:

## Daily Average:

9 a.m.	..	..	..	..	85 per cent.
9 p.m.	..	..	..	..	87 per cent.

PREVAILING WINDS: West .. 30.05 per cent.

Snow and sleet recorded on	..	..	..	15 days
Thunderstorms recorded on	..	..	..	8 days
Fog (9 a.m.) recorded on	..	..	..	6 days
Gales recorded on	..	..	..	10 days
Ground frost recorded during	..	..	..	71 nights

# MONTHLY AVERAGES OF TEMPERATURE, SUNSHINE AND RAINFALL:

Month	Air Temperature					Mean Sea Tem- per- ature	Sunshine		Rainfall	
	Means of			High- est	Low- est		Total Hours	Daily Hours	Inches	'Rain' Days
	Maxi- mum	Mini- mum	Max. and Min. Com- bined							
January ..	44.6	36.0	40.3	51	24	43.2	103.9	3.35	3.02	22
February ..	44.1	34.6	39.3	53	28	40.0	85.8	2.96	1.16	9
March ..	48.5	40.2	44.4	53	31	43.5	96.8	3.12	3.24	19
April ..	56.6	43.5	50.1	68	31	47.4	220.2	7.30	1.43	12
May ..	62.3	50.3	56.2	72	45	55.1	237.0	7.65	1.54	11
June ..	65.9	52.4	59.2	80	45	60.1	282.0	9.40	0.77	10
July ..	69.6	57.2	63.4	78	51	63.6	251.9	8.13	0.75	6
August ..	68.5	57.6	63.1	73	52	64.0	206.8	6.67	2.95	14
September ..	62.1	48.6	55.3	71	40	58.7	167.2	5.57	3.06	19
October ..	56.6	46.8	51.7	61	36	53.6	120.3	3.88	3.04	18
November ..	47.3	37.4	42.3	56	27	46.5	76.5	2.55	5.14	13
December ..	44.5	34.9	39.7	52	27	41.7	70.9	2.29	4.30	19
YEAR ..	55.9	44.9	50.4	80 June	24 Jan.	50.6	1919.3	5.24	30.39	172



## NATIONAL HEALTH SERVICE ACTS

*Introduction and conclusions to a survey prepared by Dr. John Fenton  
in accordance with Ministry of Health Circular 29/52*

---

### ADMINISTRATION

On the coming into operation of the Act, an *ad hoc* Committee of the Council, known as the Health Services Committee, was set up to deal with the Local Authority's duties under the Act. This Committee meets monthly, and its decisions are subject to the approval of the Town Council. Up to May 1951 two Sub-Committees were in existence: the General Health Services Sub-Committee which met monthly and received detailed reports of the day to day administration of the various Services, and the Mental Health Services Sub-Committee which met quarterly and was concerned with the various matters relating to mental health. Experience showed that all matters under the National Health Service Act could well be dealt with by one Committee monthly, and the Sub-Committees were accordingly abandoned.

The Medical Officer of Health is the officer responsible to the Council for the control, supervision and co-ordination of the various services.

### CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE

From the outset, members of the Local Health Authority have been members of the Eastbourne and Hailsham Hospital Management Committees, as well as of the Eastbourne Executive Council. At the present time, two members of the Local Health Authority are on the Eastbourne Hospital Management Committee, and one member of the Local Health Authority is on the Hailsham Hospital Management Committee. The Local Health Authority appoint eight members of the Local Executive Council. The Medical Officer of Health is a member of the Local Medical Committee of the Eastbourne Executive Council and of the Group Medical Committee of the Eastbourne Hospital Management Committee. I have found that membership of both these Committees provides a most excellent link, at Officer level, between the three branches of the Service.

A considerable degree of exchange of information in regard to patients takes place between individual medical members of the staffs of the hospitals and the Medical Officer of Health and School Medical Officer; this applies particularly in the case of children. Weekly lists of school children dealt with both as in-patients and out-patients at St. Mary's and Princess Alice Hospitals are sent to me in my capacity as School Medical Officer. From the information so obtained, any necessary action is taken by Health Visitors, School Nurses, Mental Health Officers or Medical Officers in the Department. Information received from hospitals is found to be of particular value in regard to



children who fall into the various handicapped classes. Exchange of information in regard to most, if, indeed, not all, classes of hospital cases would, I feel, be in the public interest. A weekly return of the results of bacteriological specimens examined is obtained from the Pathological Department. Lists of persons discharged from the Maternity Home and from the Maternity Unit of St. Mary's Hospital are received daily.

The relationship of the Department with my colleagues in general practice is, I am pleased to say, a happy one. Any difficulties that arise are amicably and satisfactorily settled as a result of full and frank discussion in the Local Medical Committee or with individual doctors. Children seen at Local Health Authority and Local Education Authority Clinics are, where considered necessary, referred by the staff of the Department direct to the Consultant Clinics at the hospitals. The family doctor is, in all cases, informed of the action taken and his name is inserted on the form of request for hospital consultation. Copies of reports from Consultants are always sent to the family doctor concerned. The Local Medical Committee provides an excellent forum for discussing the Local Authority Services with general practitioners; on matters of importance a circular letter is sent to all medical practitioners.

On the coming into operation of the Act, a guide to the Local Health Authority Services was issued. This guide has not been amended, as it is felt that our close contact with medical practitioners and also with the public is the most satisfactory way of publicising the Services.

A Joint Health Consultative Committee, as visualised in Ministry of Health Circular 11/52 has now been set up for "Eastbourne and District," and held its first meeting on November 26th.

#### JOINT USE OF STAFF

There is no specific arrangement for doctors in general practice to carry out work for the Local Health Authority on a part-time or sessional basis. They are, however, occasionally, for example in the absence of members of the medical staff, engaged on a sessional basis for work in Clinics; their services are also used in connection with the obtaining of Orders under the Mental Deficiency Acts. Members of the Local Health Authority's medical staff are not employed in the Hospital and Specialist Services. The services of one Health Visitor are available part-time for work in connection with the Hospital Geriatric Service, and the Tuberculosis Health Visitor works in the closest possible contact with the Chest Physician. Part of the time of the Chest Physician is available to the Local Health Authority in connection with the prevention of Tuberculosis and the Care and After-Care of persons suffering from that disease. The services of the Psychiatrist to the Joint Child Guidance Service of the Local Education Authorities of East Sussex, Hastings and Eastbourne, are frequently used in other aspects of the Mental Health Service.



## VOLUNTARY ORGANISATIONS

The fullest possible use is made of a number of Voluntary Organisations, and in this connection I cannot speak too highly of the quality of the services provided. The Welfare Workers and the Homes of the Chichester Diocesan Moral Welfare and other similar Bodies are used in dealing with unmarried mothers and their children. In connection with the prevention of illness, care and after-care, rest homes provided by the Church Army and other organisations are used, and the facilities provided in many fields of welfare work by the Order of St. John, the British Red Cross Society and other Voluntary Societies are taken full advantage of. The organisation provided by the Guardianship Society at Brighton for the placing and supervision of suitable mentally defective persons under Guardianship is of a very high standard.

## CONCLUSIONS

The National Health Service Act, 1946, came into operation on July 5th, 1948, and has, therefore, been in force for a sufficiently long period to enable a reasonable assessment to be made of the results of a change of such magnitude in the Medical Services in this Country. It will, I feel, be agreed that, on the whole, the Services for which the various authorities are responsible have worked reasonably satisfactorily, and there is little doubt more comprehensive medical facilities are now available to all sections of the community.

All workers in the field of social and preventive medicine have been greatly concerned at the trend towards an increasing emphasis on curative services with a resultant over-shadowing of work in the public health sphere. The decline in the preventive outlook is, I feel sure, not official Government policy, and it is to be hoped that the necessary steps will be taken by all concerned, centrally as well as locally, to remedy this lapse.

The work done by Local Health Authorities in regard to the care of mothers and young children has always been, and continues to be, of paramount importance to the health of the nation. There appears to be room for much greater co-operation with the Paediatric Services provided by the Regional Hospital Boards and the Local Health Authority Medical Services.

The arrangement whereby two bodies, Regional Hospital Boards and Local Health Authorities, are responsible for the provision of separate parts of the Midwifery Service does not provide the best overall Service. The decline in Domiciliary Midwifery in this Borough and elsewhere is a development I greatly regret; I have always held, and still hold, the view that confinement in the home has much more to commend it than confinement in a hospital. Pressure on maternity beds necessitates many mothers being discharged before the fourteenth day after confinement, and they then have to be dealt with by midwives with whom, up to that time, they have had no contact.



The wider outlook the younger generation of Health Visitors, in the main, now take regarding their duties is welcome. From the financial point of view the country cannot afford, even were it considered desirable, to employ numbers of different types of Social Workers; the training of Health Visitors and the qualifications necessary should be reviewed with the aim of equipping them to deal with most, if not all, of the socio-medical and welfare problems that are met with in day to day work. There is an increasing tendency for Health Visitors to be brought into closer contact with hospital departments, and there is some evidence that their help would also be welcome in the field of general medical practice. One wishes to encourage this co-operation with the other medical services, but if there is any considerable extension in this field, under the present three-way system, safeguards will have to be provided.

Home Nursing is undoubtedly a most popular Service, and one that is greatly appreciated, not only by the public, but by all sections of the medical profession. Close co-operation between this Service and the Health Visiting and Domestic Help Services is of great importance, and the appointment by some Local Health Authorities of Superintendent Nursing Officers was made with that end in view.

Under the heading of Prevention of Illness, Care and After Care, Tuberculosis claims priority and good work is undoubtedly being done in that sphere. Fuller information from hospitals in regard to other types of illness would enable Local Health Authorities to provide valuable assistance in many instances. In regard to Tuberculosis, whilst excellent work is being done by both the curative and the preventive services, a strong body of opinion takes the view that it is unfortunate that two authorities share responsibility for the war on this great remaining infectious scourge.

In regard to the Mental Health Services, apart from the shortage of Institutional accommodation for various types of mental defectives, formal work under the Lunacy and Mental Treatment Acts and the Mental Deficiency Acts appears to be reasonably well provided for. There is, however, as is to be expected in view of the difficulties of the century we live in, much sub-normal mental health in the community, and this provides a wide field for investigation and, I suggest, great scope for Health Education.

Generally speaking, it can be claimed that, as between the various Authorities, considerable good will, liaison, and co-operation have been established at Officer level, without which the success of the various aspects of the Service so far attained would not have been possible. In this area, the Eastbourne and District Joint Health Consultative Committee has now been established, and one has great hopes that this attempt at co-operation at Member as well as Officer level will lead to a more complete integration of the Services and resultant benefit to the community.



## SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

BIRTHS.—Nine hundred and eleven live births took place in the Borough and were notified to the Local Authority; 623 were births to mothers resident in Eastbourne and 288 to women resident outside the Borough.

Notifications were as follows:

	<i>Residents</i>	<i>Non-Residents</i>	<i>Total</i>
<i>(a) DOMICILIARY BIRTHS:</i>			
Local Health Authority's			
Midwives .. ..	96	2	98
Private Midwives ..	6	1	7
Medical Practitioners ..	4	—	4
	<hr/>	<hr/>	<hr/>
	106	3	109

<i>(b) INSTITUTIONAL BIRTHS:</i>			
Maternity Home ..	482	140	622
St. Mary's Hospital ..	35	145	180
	<hr/>	<hr/>	<hr/>
	623	288	911
	<hr/>	<hr/>	<hr/>

<i>Notified Births:</i>			<i>Residents</i>	<i>Non-Residents</i>	<i>Total</i>
1951	..	..	609	245	854
1950	..	..	709	171	880

	<i>Residents</i>	<i>Non-Residents</i>	<i>Total</i>
<i>(c) STILL BIRTHS:</i>			
Domiciliary .. ..	3	—	3
Institutional .. ..	14	9	23
	<hr/>	<hr/>	<hr/>
	17	9	26
	<hr/>	<hr/>	<hr/>

	<i>Residents</i>	<i>Non-Residents</i>	<i>Total</i>
<i>(d) PREMATURE BIRTHS (i.e. 5½ lb. or less at birth):</i>			
Domiciliary .. ..	7	1	8
Maternity Home ..	28	4	32
Hospital .. ..	4	12	16
	<hr/>	<hr/>	<hr/>
	39	17	56
	<hr/>	<hr/>	<hr/>



EXPECTANT AND NURSING MOTHERS.—Ante-Natal Clinics are provided at the Local Authority's Central Clinic and at two outlying Clinics. One of the Local Authority's medical officers is available at the Central Clinic, and cases are referred to her as necessary by the midwives. Blood specimens are taken from cases attending these Clinics, and mothercraft training is given by the midwives. Special attention is paid to unmarried mothers, but, generally speaking, arrangements are made for these girls to be sent to Ante-Natal Hostels away from the town some two months before their confinement is due; a few cases are sent to post-natal hostels following confinement locally. Adequate stocks of maternity outfits are available and issued in all domiciliary cases. In a town of this size it is not considered necessary for the Local Health Authority to provide the services of a Consultant as these are available at hospital premises nearby to which cases can be easily referred. Special attention is paid to the following up of mothers in regard to post-natal care, and when women do not attend their own doctors, as they are recommended to do, the necessary examination can be carried out at the Local Health Authority Clinic. No assistance is given to general practitioners conducting ante-natal and post-natal clinics on their own premises. Practitioners, however, are, and always have been, welcome to make use of the facilities available in the Clinics.

#### 1. ANTE-NATAL CARE.

(a) CLINICS.—Ante-Natal Clinics for domiciliary cases were held as follows:

				<i>Sessions</i>	<i>Attendances</i>
Avenue House	..	..	..	51	338
Acacia Villa	..	..	..	52	239
Hampden Park Hall	..	..	..	52	191
					—768
Number of mothers attending	..	..	..		135
Number of new cases	..	..	..		110
Number of cases examined by Medical Officer			..		42
Number of specimens of blood taken for Rh. Factor					98
Number accepting invitation to attend Local Authority's Dental Centre	..	..	..		42
Number referred for X-ray:					
Disproportion	..	..	..	..	1
Breech	..	..	..	..	1
					— 2

(b) DOMICILIARY VISITS.—Nine hundred and fifty ante-natal visits were made to mothers in their own homes.

2. POST-NATAL CLINIC.—This Clinic was held in conjunction with the Ante-Natal Clinic at Avenue House on Thursday afternoons. Twenty-three women made 32 attendances. One hundred and twenty domiciliary visits were made by the Midwives in connection with post-natal treatment.



3. HOME VISITING.—The total number of visits paid during the year by the Health Visitors was:

	<i>First Visits</i>	<i>Total Visits</i>
To expectant mothers .. ..	67	98
To children under 1 year of age ..	654	4491
To children between the ages of 1 and 5 years .. ..	11	6783

4. DENTAL CARE.—The equivalent of the whole-time services of one dental officer are provided for the dental care of expectant and nursing mothers and pre-school children. Full publicity is given to this Service: each expectant mother, on her first attendance at a hospital or Local Health Authority Clinic is handed a pamphlet, setting out the facilities available, and requested to return the attached "Consent for Inspection Form," if inspection and treatment are not otherwise readily obtainable by her. In regard to young children, the policy over the last few years has been to inspect as many children as possible from the age of two years and to provide treatment where necessary.

(a) SESSIONS.—The number of sessions devoted to inspection and treatment were:

Senior Dental Officer .. ..	12
Assistant Dental Officer .. ..	141
	<hr/>
	153
	<hr/>

(b) INSPECTION AND TREATMENT:

	<i>Inspected</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally Fit</i>
Expectant and Nursing Mothers .. ..	118	116	106	93
Children under five ..	345	290	267	222



(c) FORMS OF DENTAL TREATMENT PROVIDED:

	Extrac- tions	Anaesthetics		Fillings	Scalings or Scaling and gum treatment	Silver Nitrate Treat- ment	Dress- ings	Radio- graphs	Dentures Provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	245	22	66	74	124	—	14	27	16	13
Children under five	363	—	182	216	—	598	28	1	—	—



## REPORT OF THE SENIOR DENTAL OFFICER

One hundred and fifty-three sessions were devoted to the inspection and treatment of expectant and nursing mothers and to children under the age of five.

One hundred and eighteen expectant and nursing mothers were seen at the Avenue House clinic and made 533 attendances. Of these mothers, 116 were found to require treatment, and 106 were actually treated. Seventy-four fillings were inserted and 245 teeth were extracted. In addition 29 artificial dentures were fitted.

Three hundred and forty-five children under school age were inspected, and 290 were found to require treatment. Two hundred and sixty-seven children were actually treated, and made 826 attendances. Three hundred and sixty-three temporary teeth were extracted, and 216 fillings were inserted. Five hundred and ninety-eight temporary teeth also received conservative treatment with silver nitrate.

Every effort was made to encourage the regular attendance of the toddler for inspection, and treatment when necessary. It is significant that the regular attendee, in by far the majority of cases, settles down to be a most co-operative patient, thus enabling conservative treatment to be carried out on the temporary dentition at quite an early age, whereas the reverse is seen in the young child who is only brought for treatment when in pain. The impressions created on the mind of a young child on its first visit to the dentist are of supreme importance, and it is extremely difficult to create a favourable impression in, for example, the emergency treatment of an acute alveolar abscess, necessitating the administration of a general anaesthetic.

During the year, close contact was kept with the Maternity Home, Ante-Natal clinics and Child Welfare clinics, and patients were also referred by the domiciliary midwives and the Health Visitors.

In some cases of multiple extractions, buried roots or impacted wisdom teeth, where treatment in the dental chair was not always considered advisable, patients were referred to the dental department at St. Mary's Hospital, where ample facilities are available to deal with these exceptional cases as "in" patients.

The radiological department at the hospital also dealt very satisfactorily with all our cases necessitating radiographs.

The laboratory side of the prosthetic work was undertaken by local dental technicians, thus enabling personal contact to be kept between the dental surgeon and the technician, and avoiding the obvious disadvantages of a postal laboratory service.

*(Signed)* M. G. BERRY, L.D.S., R.C.S.



5. CARE OF PREMATURE INFANTS (i.e. babies weighing  $5\frac{1}{2}$  lb. or less at birth irrespective of period of gestation).—Very satisfactory provision is available in the hospitals for the care of premature infants, and there has been no demand for the equipment provided and always available in the Department.

(a) *Number of premature infants notified:*

	<i>Residents</i>	<i>Non-Residents</i>	<i>Total</i>
At Home .. .. .	7	1	8
Maternity Home .. ..	28	4	32
St. Mary's Hospital ..	4	12	16
	—	—	—
	39	17	56
	—	—	—

(b) *Deaths of premature infants within 28 days:*

	<i>Residents</i>	<i>Non-Residents</i>	<i>Total</i>
(i) Died in first 24 hours:			
At Home .. .. .	—	—	—
Maternity Home .. ..	1	—	1
St. Mary's Hospital ..	1	—	1
(ii) Died within 1 to 28 days:			
At Home .. .. .	1	—	1
Maternity Home .. ..	2	1	3
St. Mary's Hospital ..	—	—	—
	—	—	—
	5	1	6
	—	—	—

It will be seen that most of the premature infants notified during the year were born in the Maternity Home where the necessary equipment for dealing with these babies was available.

6. UNMARRIED MOTHERS.—Under the Authority's scheme for the welfare of unmarried mothers and their children, full use was made of the services of the welfare workers and the Homes provided by the Chichester Diocesan Moral Welfare Association. All cases were fully investigated by the staff of the Department in association with the voluntary welfare workers, and close contact was maintained with the girls concerned. On discharge from Maternity Units and Post-Natal Hostels all possible help was given to them, including priority of admission of the children to Day Nurseries.

HOUSE OF THE GOOD SHEPHERD.—This Home provides accommodation for single girls, including expectant mothers, in need of care and supervision. Thirteen expectant mothers were admitted during the year but none were Eastbourne cases.



OTHER HOMES.—Nine Eastbourne girls were accommodated in the following Homes at costs varying from £2 to £3 per week.

Church Army Home, Tulse Hill .. .. .	1
House of the Good Shepherd, Haslemere .. .. .	2
Ravensbourne House, Bromley .. .. .	5
St. Pelagia's Home, Highgate .. .. .	1
	<hr/>
	9
	<hr/>

In addition, two cases were continued from the previous year.

Sixteen other unmarried mothers were brought to the notice of the Department and were confined at:

Maternity Home .. .. .	11
At Home .. .. .	2
St. Mary's Hospital .. .. .	3
	<hr/>
	16
	<hr/>

BELL HOSTEL.—Of the total admissions of 33 unmarried mothers and their children to this Chichester Diocesan Moral Welfare Association Post-Natal Home, one was an Eastbourne case, whose duration of stay was 88 days. In addition, one case from the previous year was discharged on January 5th. The maintenance rate was £4 10s. per week.

7. SUPPLY OF DRIED MILKS, ETC.—Close co-operation exists with the officers of the local office of the Ministry of Food in regard to the distribution of foods available under the Government Welfare Foods Scheme. A member of the staff of the local Food Office is in attendance at our Child Welfare Sessions to deal with the distribution of foods and vitamin products. This arrangement works very satisfactorily, and for mothers not attending Welfare Centres the Food Office is centrally situated.

Under the Authority's arrangements for the care of mothers and young children, the following dried milks and nutrients are available and issued when required, on the instructions of the Medical Officer:

Cow and Gate (full and half cream)  
 Trufood  
 Allergilac  
 Hemolac  
 Virol

8. DAY NURSERIES.—Two Day Nurseries, providing a total of 100 places, are in use. Priority of admission is roughly on the following general basis:



(1) Mothers who have to work to assist in the maintenance of a proper standard of family life, in the following order:

- (a) Unmarried mothers.
- (b) Widows.
- (c) Cases of separation.
- (d) Chronic illness of husband.
- (e) Unemployment of husband.

(2) Illness of mother (generally short-stay cases).

(3) Mothers in work other than above, with priority to full-time workers.

(4) Unfavourable home conditions.

(5) Part-time admissions on a temporary basis.

The average daily attendance of children was as follows:

				<i>Salehurst Road</i>	<i>Princes Park</i>
				<i>Nursery</i>	<i>Nursery</i>
January	..	..	..	26.89	37.78
February	..	..	..	31.08	40.64
March	..	..	..	32.42	49.07
April	..	..	..	33.36	46.52
May	..	..	..	32.84	47.32
June	..	..	..	22.10	47.07
July	..	..	..	25.84	48.28
August	..	..	..	26.14	41.76
September	..	..	..	27.84	39.33
October	..	..	..	27.54	38.65
November	..	..	..	15.12	41.92
December	..	..	..	25.16	45.56

There was no waiting list for admission to these Nurseries at the end of the year.

## SECTION 23—MIDWIVES SERVICE

On the coming into operation of the Act, four domiciliary midwives were employed. Owing to the marked decline in domiciliary midwifery, only two midwives are now employed whole-time and one midwife is employed half-time in the Midwifery Service and half-time in the Home Nursing Service. The following statistics show the total number of births to Eastbourne mothers and the number of domiciliary confinements in the last two years:

	1950	1951
Total births .. .. .	709	609
Domiciliary confinements .. .. .	157	115
Percentage of domiciliary confinements ..	22.1	18.8

A number of cases are discharged from Hospital Maternity Units before the fourteenth day and these are attended in their own homes by the domiciliary midwives.



The Medical Officer of Health is the Medical Supervisor of Midwives and the Superintendent Nursing Officer is the Non-Medical Supervisor. Very few midwives remain in private practice. In 1952 thirty midwives notified their intention to practise, of whom six were in the Local Health Authority Service, twenty-three were employed in the Hospital Service, and one in private practice. The existing supervision facilities cover midwives employed in hospitals, but as these women work under the control of Obstetricians of Consultant status, supervision by officers of a Local Supervising Authority does present difficulties.

All our midwives are qualified in the administration of Gas and Air Analgesia and also in the administration of Pethidine.

Arrangements exist for midwives to give full reports on the suitability, on social grounds, of homes for confinement, but the bed situation here appears to allow for all cases who so wish to be confined in hospital; a number, however, are discharged before the fourteenth day.

One midwife is sent each year to a Refresher Course arranged by the Royal College of Midwives.

The following are details of the work of the Domiciliary Midwives

#### BOOKINGS:

Number of cases on books on January 1st ..	39
Bookings .. .. .	110
Number of cases on books on December 31st ..	32

#### CONFINEMENTS:

Midwifery cases .. .. .	49
Maternity cases .. .. .	51
Miscarriages .. .. .	2
	— 102
Number of visits paid during labour ..	198
Number of visits paid during puerperium ..	1948

#### ANALGESIA:

##### (a) *Gas and Air:*

Midwifery cases .. .. .	39
Maternity cases .. .. .	48
	— 87

##### (b) *Pethidine:*

Midwifery cases .. .. .	13
Maternity cases .. .. .	18
	— 31



Medical aid was sought in fourteen cases:

*Ante Natal:*

Ante partum haemorrhage	..	..	1	
-------------------------	----	----	---	--

<i>During Labour:</i>			—	1
-----------------------	--	--	---	---

Delayed first stage	..	..	1	
---------------------	----	----	---	--

Third stage post partum haemorrhage	..		2	
-------------------------------------	----	--	---	--

<i>After Labour:</i>			—	3
----------------------	--	--	---	---

Ruptured perineum	..	..		4
-------------------	----	----	--	---

*Puerperium:*

Painful varicose veins	..	..	2	
------------------------	----	----	---	--

Pyrexia-Mastitis	..	..	2	
------------------	----	----	---	--

<i>Infants:</i>			—	4
-----------------	--	--	---	---

Cyanosis	..	..		2
----------	----	----	--	---

---

14

Cases sent for minor maladies to own medical practitioner who had already been booked	..			29
---	----	--	--	----

*Referred to Obstetrician:*

Breech presentation	..	..	1	
---------------------	----	----	---	--

Disproportion	..	..	1	
---------------	----	----	---	--

---

2

*Cases transferred to:*

(a) ST. MARY'S HOSPITAL:

*Ante-Natal:*

Ante-partum haemorrhage	..	..	2	
-------------------------	----	----	---	--

Inevitable abortion	..	..	2	
---------------------	----	----	---	--

Placenta praevia	..	..	3	
------------------	----	----	---	--

Poor general condition	..	..	2	
------------------------	----	----	---	--

---

9

After delivery	..	..		1
----------------	----	----	--	---

Emergency (not prepared)	..	..		1
--------------------------	----	----	--	---

(b) MATERNITY HOME:

*Ante-Natal:*

Ante-partum haemorrhage	..	..	1	
-------------------------	----	----	---	--

Hyperpiesis	..	..	1	
-------------	----	----	---	--

Poor general condition	..	..	1	
------------------------	----	----	---	--

---

3

(c) PRINCESS ALICE HOSPITAL:

Emobism	..	..		1
---------	----	----	--	---

Six hundred and forty-seven visits were made by the domiciliary midwives to the 308 mothers who were discharged from the Maternity Home before the fourteenth day.



**SUPERVISOR.**—The Superintendent Nursing Officer is the Non-Medical Supervisor of Midwives, and she made routine inspections as follows:

Local Health Authority Domiciliary Midwives	..	8
Private Midwives	..	4
Midwives in Hospitals and Maternity Home	..	6

**TRAINING OF PUPIL MIDWIVES.**—Four pupil midwives from the East Sussex County Council were accepted for three months district training.

## SECTION 24—HEALTH VISITING

Ten qualified Health Visitors, including a Senior, are employed, but the Health Visitors, other than the Tuberculosis Health Visitor, are also School Nurses, and the actual establishment of Health Visitors for the purposes of the Act is seven and a half. In addition to duties in connection with expectant and nursing mothers and young children, special attention is paid to persons handicapped by age and other conditions; a register of aged persons needing attention is kept, and they are visited quarterly or oftener where necessary. No formal arrangements have been made to link up the Health Visiting services with the work of local medical practitioners, but doctors in general practice are aware that the services of a Health Visitor can be made available for social work in any case in which they may require them.

Apart from the availability of a Health Visitor in connection with Geriatrics referred to on page 18, Health Visitors take no part in the work of the local hospitals, but in this connection also, the Consultants and Almoners at the hospitals know that the services of a Health Visitor are available for social work, and there is a welcome tendency towards the extension of co-operation in this sphere. All our Health Visitors hold the Health Visitor's Certificate. By arrangement with the Tutor to the Health Visitors' Course of the Queen's Institute of District Nursing at the Brighton Technical College, three Student Health Visitors at a time are received for practical training in the Department.

**FACILITIES FOR REFRESHER COURSES.**—Two or more members of the staff are sent each year to Refresher Courses arranged by bodies such as the Women Public Health Officers' Association, the Central Council for Health Education and the Royal College of Nursing.

The number of visits to homes made by the Health Visitors was:

### CARE OF MOTHERS AND YOUNG CHILDREN:

Children under one year	..	..	..	4491
Children aged one to five years	..	..	..	6783
Expectant mothers	..	..	..	98
Nursing mothers	..	..	..	993
In connection with Day Nurseries	..	..	..	369



#### INFECTIOUS ILLNESS:

Pre-School children	..	..	..	..	140
Children of School age	..	..	..	..	198
Others	..	..	..	..	80
TUBERCULOSIS	..	..	..	..	2000
CARE AND AFTER-CARE (including Aged Persons)				..	1078
HOUSING CONDITIONS	..	..	..	..	53
MISCELLANEOUS	..	..	..	..	1026
					<hr/> 17309 <hr/>

Health Visitors were in attendance at all Infant Welfare Centres and at the Chest Clinics, the number of attendances being 523 at Infant Welfare Centres and 139 at Chest Clinics.

#### SECTION 25—HOME NURSING

On the coming into operation of the Act, a Superintendent Nursing Officer was appointed whose duty it is to co-ordinate the Home Nursing, Health Visiting, Midwifery and Home Help Services. Ministerial approval has been obtained to an establishment of eighteen Home Nurses; this number includes a Senior Nurse and one Male Nurse. Transport is provided as follows:

Local Authority owned cars	..	..	..	4
Car allowances	..	..	..	6
Local Authority auto-cycles	..	..	..	4
Local Authority bicycles	..	..	..	2
Bicycle allowances	..	..	..	1

There is the closest possible liaison with the Hospital Services. Requests are daily received from the hospitals for the home nursing of discharged cases. Close contact is also maintained with the hospitals in regard to the admission to hospital of patients who, it is felt, can no longer be adequately nursed in their own homes. General practitioners make very full use of the Service and their co-operation in times of staff shortage and other difficulties is greatly appreciated. All nurses are on the telephone and a list is maintained of men and women with nursing experience whose services are available for night duty as "sitter-up" when required. Two members of the staff are sent annually for Refresher Courses, and nurses wishing to qualify as Queen's District Nurses are sent to Training Homes.



The following are particulars of cases dealt with:

		<i>New Cases</i>	<i>Total Cases</i>	<i>Visits</i>
Medical .. ..		997	1049	15796
Surgical .. ..		394	436	8270
Chronic .. ..		298	454	22327
Miscarriages ..		2	2	45
Tuberculosis ..		19	20	901
Infectious Diseases ..		6	6	55
Other Visits ..		—	—	76
<b>TOTAL ..</b>		<b>1716</b>	<b>1967</b>	<b>47470</b>

## SECTION 26—VACCINATION AND IMMUNISATION

The campaign for securing that the maximum number of children are vaccinated against smallpox and immunised against diphtheria goes on unceasingly. It is found that the best results are obtained by personal contact of members of the staff with parents rather than by occasional spectacular campaigns. Facilities for vaccination and immunisation, including "boosting" injections, are provided at all Clinics and Welfare Centres and, in connection with boosting doses, a number of children are dealt with on entering school at five years. The percentage of children found to be immunised in schools under the control of the Local Education Authority continues to be in the region of eighty, and I feel this must be taken as the measure of the success of the campaign. Before the repeal of the Vaccination Acts, the percentage of children under the age of one year vaccinated did not exceed twenty-one, and it was quite usual for statutory declarations for exemption to be received in relation to between 60 and 80 per cent. of the infant population. With the repeal of the Vaccination Acts, and since the coming into operation of the National Health Service Act, far better results have been obtained by persuasion. No arrangements have so far been made for immunisation against whooping cough.

### A.—VACCINATION AGAINST SMALLPOX

VACCINATION DURING 1952:

Age Group	Primary Vaccination		Re-Vaccination	
	By staff of Health Department	By General Practitioner	By staff of Health Department	By General Practitioner
Under 1 year ..	141	134	—	1
1 to 2 ..	14	10	1	1
2 to 5 ..	6	8	6	8
5 to 15 ..	1	7	65	14
15 and over ..	—	16	11	95
	<hr/> 162	<hr/> 175	<hr/> 83	<hr/> 119
	<hr/> 337		<hr/> 202	
	<hr/> 539			



Two hundred and seventy-five infants under one year were vaccinated, 141 by the Medical Staff of the Department and 134 by General Medical Practitioners.

STATISTICS 1924-1937:

<i>Year</i>	<i>Births</i>	<i>Certificates of Successful Vaccinations</i>	<i>Percentage Vaccinated</i>	<i>Certificates of Exemption</i>
1924	684	141	20·6	456
1925	691	130	20·3	469
1926	763	137	17·9	527
1927	683	128	18·7	464
1928	764	129	16·9	550
1929	689	139	20·3	455
1930	711	123	17·3	492
1931	707	119	16·8	501
1932	757	141	18·6	524
1933	706	137	19·4	481
1934	702	133	18·9	493
1935	663	103	15·5	506
1936	722	144	19·9	508
1937	702	127	18·1	483

STATISTICS SINCE INTRODUCTION OF THE NATIONAL HEALTH SERVICE:

<i>Year</i>	<i>Births</i>	<i>Vaccinations under 1 year</i>	<i>Percentage Vaccinated</i>
1949	740	130	17·6
1950	701	291	41·5
1951	614	411	66·9
1952	635	275	43·3

B.—DIPHTHERIA IMMUNISATION

The number of children immunised in the age groups 0-1 year and 1-2 years was equivalent to 64·2 per cent. of the children (614) born in the previous year.

Since the campaign commenced in 1939, the total number of children known to have been immunised in the age groups 0-1 and 1-2 years were:



<i>Year</i>	<i>Births</i>	<i>No. immunised in age groups 0-1 year and 1-2 years</i>	<i>Percentage of previous year's births immunised</i>
1952	635	394	64.2
1951	614	463	66.0
1950	701	467	63.1
1949	740	446	55.7
1948	801	606	61.7
1947	983	594	61.6
1946	964	453	67.9
1945	667	364	74.4
1944	489	241	57.8
1943	416	217	46.9
1942	463	209	54.4
1941	384	54	9.9
1940	545	14	
1939	587		

In 1952, four hundred and seventy-six children were immunised, 272 by the Medical Staff of the Department, and 204 by General Medical Practitioners. The age groups and numbers were:

<i>Age Group</i>	<i>By Medical Staff of the Department</i>	<i>By General Medical Practitioners</i>	<i>Total</i>
0- 1 ..	142	141	283
1- 2 ..	78	33	111
2- 3 ..	15	5	20
3- 4 ..	7	4	11
4- 5 ..	5	1	6
5-10 ..	24	10	34
10-15 ..	1	10	11
	<hr/>	<hr/>	<hr/>
	272	204	476
	<hr/>	<hr/>	<hr/>

REINFORCING DOSES.—The age groups and numbers were:

<i>Age Group</i>	<i>By Medical Staff of the Department</i>	<i>By General Medical Practitioners</i>	<i>Total</i>
1- 5 ..	6	15	21
5-15 ..	673	111	784
15 and over ..	8	4	12
	<hr/>	<hr/>	<hr/>
	687	130	817
	<hr/>	<hr/>	<hr/>



The Department's immunisation records show that, at the end of the year, 1,250 children aged 0-5 years and 5,779 children aged 5-15 years had been immunised. The age groups and numbers were:

<i>Age Group</i>	<i>Number</i>	<i>Total</i>
0- 1 .. .. .	59	
1- 2 .. .. .	221	
2- 3 .. .. .	274	
3- 4 .. .. .	337	
4- 5 .. .. .	359	
	—	1250
5- 6 .. .. .	704	
6- 7 .. .. .	754	
7- 8 .. .. .	553	
8- 9 .. .. .	654	
9-10 .. .. .	594	
	—	3259
10-11 .. .. .	533	
11-12 .. .. .	457	
12-13 .. .. .	514	
13-14 .. .. .	511	
14-15 .. .. .	505	
	—	2520
		7029

These numbers represent 36·8 per cent. and 82·6 per cent. of the children in the age groups of 0-5 years and 5-15 years of the Registrar General's estimated population of 3,400 and 7,000 in these respective age groups.

The school medical records at the end of the year indicate that 5,190 children out of 6,270 on the school registers had been immunised, a percentage of 82·7.



CHILDREN IMMUNISED BY THE STAFF OF THE DEPARTMENT SINCE THE  
COMMENCEMENT OF THE CAMPAIGN IN 1939

	AGE GROUPS							Population		Diphtheria Notifica- tions	Deaths from Diphtheria
	0-1	1-2	2-3	3-4	4-5	5-15	Total	0-5	5-15		
December 1939 to December 1940	—	14	24	19	24	360	441	—	—	24	1
1941	—	54	68	58	72	651	903	—	—	7	—
1942	—	209	91	83	100	612	1095	1700	3200	3	—
1943	—	217	39	33	36	88	413	1400	3400	—	—
1944	—	241	12	12	8	24	297	2050	4050	—	—
1945	—	364	55	21	17	64	521	2910	4970	1	—
1946	—	453	49	24	20	80	626	3390	5720	1	1
1947	36	558	13	14	8	44	673	3949	5957	—	—
1948	—	578	31	25	11	54	699	3966	6886	1	—
1949	—	322	19	5	7	25	378	3955	7042	2	—
1950	—	299	16	3	5	40	363	3938	7122	—	—
1951	158	125	9	4	5	30	331	3847	6771	—	—
1952	142	78	15	7	5	25	272	3400	7000	—	—



# IMMUNISATIONS BY GENERAL PRACTITIONERS FROM 1948

<i>Year</i>	<i>AGE GROUPS</i>						<i>Total</i>
	0-1	1-2	2-3	3-4	4-5	5-15	
1948	—	28	—	—	—	1	29
1949	47	77	3	1	2	26	156
1950	81	75	—	—	—	16	172
1951	147	31	2	—	—	21	201
1952	141	33	5	4	1	20	204

## NOTIFICATIONS OF AND DEATHS FROM DIPHTHERIA FOR THE YEARS 1919 TO 1939 AND THE THIRTEEN YEARS SINCE THE IMMUNISATION CAMPAIGN WAS COMMENCED IN EASTBOURNE IN 1939

<i>Prior to Campaign</i>		<i>Total Diphtheria Notifications</i>		<i>Deaths</i>	
	..		..		
1919	..	61	..	2	
1920	..	78	..	3	
1921	..	118	..	4	
1922	..	25	..	1	
1923	..	33	..	1	
1924	..	14	..	—	
1925	..	22	..	1	
1926	..	5	..	—	
1927	..	16	..	—	
1928	..	120	..	4	
1929	..	145	..	10	
1930	..	47	..	4	
1931	..	40	..	2	
1932	..	38	..	—	
1933	..	23	..	2	
1934	..	26	..	2	
1935	..	20	..	—	
1936	..	13	..	—	
1937	..	14	..	1	
1938	..	17	..	—	
1939	..	56	..	—	
<i>Since Campaign</i>		<i>Total Diphtheria Notifications</i>		<i>Deaths</i>	
December 1939-40	..	30	..	1	
1941	..	7	..	—	
1942	..	3	..	—	
1943	..	2	..	—	
1944	..	3	..	—	
1945	..	1	..	—	
1946	..	1	..	1	
1947	..	—	..	—	
1948	..	1	..	—	
1949	..	2	..	—	
1950	..	—	..	—	
1951	..	—	..	—	
1952	..	—	..	—	



# ENGLAND AND WALES

Notifications of and deaths from Diphtheria during the past twelve years:

<i>Year</i>	<i>Diphtheria Deaths</i>	<i>Cases</i>
1940 ..	2,480 ..	46,281
1941 ..	2,641 ..	50,797
1942 ..	1,827 ..	41,404
1943 ..	1,371 ..	34,662
1944 ..	934 ..	23,199
1945 ..	722 ..	18,596
1946 ..	472 ..	11,986
1947 ..	244 ..	5,609
1948 ..	156 ..	3,575
1949 ..	84 ..	1,890
1950 ..	49 ..	962
1951 ..	33 ..	664
1952 ..	31* ..	274

\* Provisional. (9 months only)

## SECTION 27—AMBULANCE SERVICE

The Eastbourne Division of the St. John Ambulance Brigade continued to run the Ambulance Service under a joint Agreement between the Order of St. John, this Authority and the East Sussex County Council. The Brigade has undertaken to provide and maintain an adequate and efficient ambulance service for the County Borough of Eastbourne and the seven adjoining parishes of the administrative County of East Sussex. The Contract stipulates that not less than six ambulances and three sitting-case cars are available and that one Superintendent, six full-time driver-attendants and one full-time transport sergeant mechanic will be employed. With the approval of the Local Health Authority and the Ministry of Health an additional sitting-case car and an additional driver-attendant have been added to the Service. The financial arrangement between the two Authorities and the Order is now on a reimbursement basis and the cost of the service is borne by this Authority and the East Sussex County Council in the proportions of 80·5 per cent. and 19·5 per cent. respectively. The arrangements for this service have continued to function in a very satisfactory and economical manner. The General Medical Practitioner and Hospital staffs have again co-operated very fully.

	<i>Patients</i>	<i>Journeys</i>	<i>Mileage</i>
Ambulances (5) .. ..	3470	2494	28930
Infectious Diseases Ambulance (1) .. ..	115	107	575
	<hr/> 3585	<hr/> 2601	<hr/> 29505
Sitting-case Cars (4) ..	9544	3724	48353



TRAVEL BY RAILWAY.—Special arrangements were made to convey 298 patients by train. Ambulances were used in 48 cases to convey the patients to the railway station and 250 by sitting-case cars.

### MONTHLY STATISTICS

Month	Number of journeys		Number of patients		Number of accident and other emergency journeys included in first column		Total Mileage	
	Amb.	Cars	Amb.	Cars	Amb.	Cars	Amb.	Cars
Jan. ..	249	254	354	827	30	2	2150	3766
Feb. ..	161	278	245	772	23	1	2366	2606
Mar. ..	198	306	292	760	23	3	1876	4271
April ..	220	294	323	732	34	4	2754	4236
May ..	200	323	275	782	30	4	2351	4244
June ..	219	278	291	790	41	10	2955	3372
July ..	236	336	309	861	67	6	2420	4473
Aug. ..	264	298	343	725	67	8	2831	5546
Sept. ..	201	306	249	733	41	2	1972	4058
Oct. ..	209	362	295	818	31	4	2722	4008
Nov. ..	205	309	274	827	25	2	2170	3529
Dec. ..	239	380	335	917	39	3	2938	4244
TOTALS	2601	3724	3585	9544	451	49	29505	48353

### ORIGIN OF CALLS

	Ambulances	Sitting-case Cars
Emergency Calls and Street Accidents..	451	49
Local Hospitals .. ..	1844	1241
Local Convalescent Home .. ..	23	168
General Medical Practitioners .. ..	565	342
Maternity Home .. ..	15	25
Nursing Homes .. ..	27	4
Ministry of Pensions .. ..	8	75
Other Ambulance Authorities .. ..	66	218
Mental Health Officers .. ..	51	74
Others .. ..	150	258
OUT-PATIENTS:		
Chest Clinic .. ..	242	525
Foot Clinic .. ..	8	366
Local Hospitals .. ..	—	5988
Royal Sussex County Hospital, Brighton .. ..	20	211
TOTALS .. ..	3470	9544



# RECORD OF JOURNEYS AND MILEAGES SINCE 5TH JULY 1948

	<i>Ambulances</i>		<i>Sitting Case Cars</i>	
	<i>Journeys</i>	<i>Mileage</i>	<i>Journeys</i>	<i>Mileage</i>
5th July to 31st Dec. 1948	1,427	23,127	757	30,415
Jan. to Dec. 1949 ..	2,808	48,358	3,452	56,882
Jan. to Dec. 1950 ..	2,962	34,013	3,660	55,023
Jan. to Dec. 1951 ..	2,668	27,466	4,608	54,838
Jan. to Dec. 1952 ..	2,601	29,505	3,724	48,353

## SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### A.—TUBERCULOSIS

One Health Visitor is employed full-time in connection with the welfare of tuberculous persons. The Senior and one other Health Visitor also assist in this work.

The following facilities are available and used as and when required in assisting tuberculous persons and households in their difficulties and for safeguarding the health of immediate contacts:

- (a) Assistance in making arrangements for the boarding out of children of tuberculous persons where necessary, either with relatives or through the Children's Committee of the Local Authority.
- (b) The loan of beds and bedding to enable patients to sleep alone.

- (c) The provision of nursing requisites and sputum flasks.  
A very close liaison is maintained with the Home Nursing and Domestic Help Sections of the Department, and tuberculous persons are always given the highest possible priority. Nursing equipment is readily obtainable from the very adequate store in the Home Nursing Section.

- (d) The provision of extra nourishment and clothing.  
In view of the facilities provided for tuberculous persons through the medium of the National Assistance Board, the extra nourishment provided by the Local Health Authority is now, in the main, limited to one or two pints of milk daily. Clothing is occasionally provided, but here, too, the Assistance Board, in most cases, is usually ready to provide whatever is necessary.



- (e) Assistance in the securing of adequate housing accommodation by representations to the Housing Committee of the Local Authority, or otherwise.

The housing difficulties of tuberculous persons are reported on by the Tuberculosis Social Worker and/or the Sanitary Inspector of the district. The Housing Committee is always most sympathetic in granting priority of consideration to cases on the recommendation of the Medical Officer of Health.

- (f) Advice and assistance regarding the provision of financial support under social security legislation or through voluntary organisations.
- (g) Advice and assistance to suitable patients in obtaining the benefit of the arrangements made by the Ministry of Labour and National Service under the Disabled Persons (Employment) Act where these are appropriate.
- (h) Such other facilities as may seem expedient and desirable for the benefit and preservation of the health of tuberculous persons and their families and dependents.

The Tuberculosis Health Visitor, in addition to the regular visiting of affected persons in their own homes, is in attendance at all sessions at the Chest Clinic at which our patients attend. The closest contact is maintained by the Tuberculosis Social Worker and the staff of the Department generally with the Chest Physician and his staff. This contact is considerably facilitated by reason of the fact that the Chest Clinic is housed in the Local Authority's Central Health Clinic adjoining the Public Health Department.

Part of the time of a whole-time Occupational Therapist employed in the Department is available to tuberculous persons. An Occupation Centre solely for these persons is held weekly in the Central Clinic, and persons unable for any reason to attend the Clinic are visited in their own homes and given instruction in various crafts. Materials covering most of the crafts commonly used are stocked in the Department and are available to patients at a reduced price; every assistance is given in regard to the disposal of completed articles.

The Officers of the Ministry of Labour and National Service co-operate fully with the staff in regard to the placing of tuberculous persons in employment. Members of the staff of the Department are in daily contact with the officers of the National Assistance Board, and the greatest possible measure of help is always received from them in providing for the special needs of tuberculous persons.

The very close contact maintained with the Chest Physician and his staff is most helpful in co-ordinating arrangements for the prevention, care and after-care with the diagnostic and treatment services provided through the Chest Clinic.



Visits by members of the Health Visiting staff in connection with tuberculosis:

First visits	..	..	..	..	45
Re-visits (including 494 ineffective)	..	..	..	..	1549

Close contact again existed between the officers of this Department and those of the Chest Clinic, and a Health Visitor (Tuberculosis Social Worker) was in attendance at 139 clinic sessions.

Extra nourishment was granted to persons suffering from tuberculosis:

<i>(a) Liquid Milk:</i>					<i>Total Pints</i>
At 2 pints per day	..	..	..	..	6682
At 1 pint per day	..	..	..	..	25726
					<hr/>
					32408
					<hr/>
<i>(b) Cases assisted:</i>					
Children (Male)	..	..	..	..	1
Males	..	..	..	..	70
Females	..	..	..	..	51
					<hr/>
					122
					<hr/>

In 1951, 39,992 pints were granted to 124 persons, and in 1950, 47,713 pints were granted to 140 persons.

#### B.C.G. VACCINATION

The Local Health Authority Scheme provides for protective inoculation in appropriate cases by B.C.G. vaccination, and, in this connection, the staff of the Department and the staff of the Chest Clinic work very closely together.

Six persons were given this inoculation by the Chest Physician:

##### *Contacts:*

Under 1 year	..	..	..	..	3
2 to 5 years	..	..	..	..	1
5 to 10 years	..	..	..	..	2
					<hr/>
Total	..	..	..	..	6
					<hr/>



## MASS RADIOGRAPHY

The East Sussex Mass Radiography Unit under the Director, Dr. B. J. Rigden, paid its second visit to Eastbourne from September 19th to November 11th. The Unit functioned in a section of our Central Clinic, and all possible help was given to the Director and his staff with a view to facilitating their work and to getting the maximum attendance possible.

The following analysis of the results of his survey was furnished by Dr. Rigden:

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Number of persons X-rayed ..	3334	3248	6582
Number recalled for large films	183	187	370
Number found to have abnormal large films .. ..	134	134	268
Analysis of abnormal large films:			
(a) Active Pulmonary Tuberculosis .. ..	5	6	11
(b) Inactive Pulmonary Tuberculosis .. ..	41	51	92
(c) Malignant disease ..	2	—	2
(d) Other diseases of lung or pleura .. ..	49	31	80
(e) Cardiac Vascular Diseases	20	36	56
Number (per 1,000 persons X-rayed) with active Pulmonary Tuberculosis .. ..			1.7

(6 films have not yet, 11th June, 1953, been classified.)

## B.—ILLNESS GENERALLY

The Health Visiting, Home Nursing, Domestic Help and, indeed, all the Services provided by the Department are available in other types of illness when required. Provision is made for convalescence in cases not otherwise provided for; in this connection, the type most commonly dealt with is the person, usually brought to our notice by general practitioners, in whose case it is considered a change from home would prevent a breakdown in health.



## C.—PROVISION OF CONVALESCENCE

Arrangements for convalescence were made for two women at Ascot Priory, Ascot, for 28 and 21 days respectively.

A boy who was away for a period of 13 weeks to the end of the previous year, completed his period of convalescence following nephritis on January 5th.

The cost of maintenance for 2 adult mental defectives, one male and one female in accommodation arranged by the Mental Care Association for 28 and 21 days respectively, was met by the Local Health Authority.

## D.—LOAN OF EQUIPMENT

Equipment from stock held in the Home Nursing Section of the Department was loaned to 363 patients. The articles of equipment which totalled 672 were:

Air rings and cushions	..	..	..	..	128
Bed pans	..	..	..	..	151
Back rests	..	..	..	..	90
Bedsteads	..	..	..	..	3
Bed tables	..	..	..	..	4
Blankets	..	..	..	..	3
Commodes	..	..	..	..	22
Crutches (pairs)	..	..	..	..	3
Draw sheets	..	..	..	..	43
Feeding cups	..	..	..	..	6
Hot water bottles	..	..	..	..	3
Indoor invalid chairs	..	..	..	..	4
Inhaler	..	..	..	..	1
Leg cradles	..	..	..	..	12
Mackintosh sheeting	..	..	..	..	106
Mattresses	..	..	..	..	2
Outdoor chairs	..	..	..	..	12
Pillow cases	..	..	..	..	8
Pillows	..	..	..	..	2
Sorbo beds	..	..	..	..	7
Sorbo sheets	..	..	..	..	5
Sputum cup	..	..	..	..	1
Sheets	..	..	..	..	14
Towels	..	..	..	..	2
Urinals	..	..	..	..	40

*Note.*—In order to meet the demands, some invalid chairs had to be hired.



<i>Year</i>	<i>Number of Loans</i>	<i>Number of Persons</i>	<i>Number of cases where no charge made</i>
1952 ..	672	363	69
1951 ..	709	328	71
1950 ..	550	337	68
1949 ..	42	27	3

#### E.—VOLUNTARY ORGANISATIONS

In appropriate cases, full advantage was taken of the many and varied services provided by such bodies as the Order of St. John, the British Red Cross Society, the Guardianship Society, the National Society for the Prevention of Cruelty to Children, and the Eastbourne Voluntary Association for the Care of Cripples.

#### F.—HEALTH EDUCATION

Generally speaking, it is felt that the best results are obtained by direct contact of members of the staff with the people in their own homes and at Clinics and Welfare Centres. Whilst work in this field is regarded primarily as the responsibility of the Health Visitors and School Nurses, Midwives, Home Nurses, Mental Health Workers, Welfare Officers and Sanitary Inspectors have many opportunities to spread the gospel of healthy living and they are given every encouragement towards that end. Various posters and leaflets are available at all Welfare Centres and Clinics, and short talks and demonstrations on suitable types of garments and other aspects of child welfare are given regularly at the Centres. Talks on dental hygiene are, from time to time, given by the Dental Officers. Posters and leaflets supplied by the Central Council for Health Education and other Organisations relating to Maternity and Child Welfare, Diphtheria Immunisation, oral hygiene, personal hygiene, food and drink infections, sleep, care of the feet and venereal disease are in daily use. Special attention is always paid to the education of tuberculous persons and to contacts in regard to the measures necessary to prevent the spread of tuberculosis infection.

### SECTION 29—DOMESTIC HELP

The establishment of Domestic Helps is twenty. Difficulty continues to be experienced in recruiting suitable women for this work; a number are employed on a part-time basis.

This Service made considerable demands upon the staff of the department particularly in connection with the new arrangements for National Assistance Board cases and numerous extra visits occasioned through illness of the Domestic Helps which resulted in a loss of 665 working days and re-arrangement of duties. Twenty-eight applications for help had to be refused.



Provision was made in the estimates for twenty Domestic Helps. The hours of duty of those employed at the end of the year were:

*Whole-time:*

47 hours .. .. . 2 2

*Part-time:*

40-44 hours .. .. . 8

24-40 hours .. .. . 14

Less than 24 hours .. .. . 2

— 24

26

—

Three hundred and forty-three cases were provided with help:

(a) Maternity (including expectant mothers) .. 41

(b) Tuberculosis .. .. . 12

(c) Others .. .. . 290

—

343

—

Of this number, 189 were new applications:

(a) Maternity .. .. . 43

(b) Tuberculosis .. .. . 5

(c) Others .. .. . 141

—

189

—

The Scale of Assessment is as follows:

<i>Income Limits according to number of Members of Household</i>			<i>Proportion of Charge Payable</i>
<i>Not exceeding 3</i>	<i>4 or 5</i>	<i>Exceeding 5</i>	
13/- or less	12/- or less	11/- or less	Free
13/1 to 15/-	12/1 to 14/-	11/1 to 13/-	One-quarter
15/1 to 17/-	14/1 to 16/-	13/1 to 15/-	Half
17/1 to 19/-	16/1 to 18/6	15/1 to 17/6	Three-quarters
More than 19/-	More than 18/6	More than 17/6	Full cost

The Medical Officer of Health has authority to vary the Scale, subject to subsequent confirmation by the Committee, where its strict application would cause hardship.



Up to July 7th, persons in receipt of National Assistance or those whose sole or normal income consisted of an Old Age Pension or a pension under the National Insurance Act, 1946, were assessed free. From this date, following discussions with the National Assistance Board, when it was understood that if the Council decided to assess recipients of national assistance receiving domestic help, in accordance with the Local Health Authority's scale, the Board would supplement the assistance already being given to enable the charges to be met, the Council decided to vary its previous resolution and to claim for re-imbursement according to their scale.

Assessments were made:

(a) According to Scale:

Full Cost	..	..	..	..	15	
Part Cost	..	..	..	..	—	
Free ..	..	..	..	..	16	
					—	31

(b) Special Cases:

Part Cost	..	..	..	..	15	
Free ..	..	..	..	..	42	
					—	57

(c) National Assistance Board:

Cases reimbursed	..	..	..	..		104
------------------	----	----	----	----	--	-----

Of the total of 104 cases reimbursed by the National Assistance Board, 83 were previously receiving help, 51 as cases free to scale, and 32 as special cases, assessed free.

## SECTION 51—MENTAL HEALTH SERVICE

(i) ADMINISTRATION:

The Health Services Committee is responsible to the Council for the Mental Health Services.

The Medical Officer of Health and the Deputy Medical Officer of Health deal with the supervision of Mental Health work generally. One female Mental Health Worker who is an Authorised Officer is employed full-time. Two whole-time male members of the staff are Authorised Officers and are engaged part-time in Mental Health work. A State Registered Nurse with the R.M.P.A. qualification is available for part-time duty as an Authorised Officer and for duty in the Occupation Centre. A qualified Occupational Therapist is employed whole-time in the Department, and she directs the teaching of handicrafts in the Occupation Centre.



No specific arrangement has been made with the Regional Hospital Board or the Hospital Management Committees for the joint use of officers; the advice and help of the medical staff of Hellingly Hospital are always available either direct from the Hospital or through the Department of Psychological Medicine, Out-Patients' Clinic, at the Princess Alice Memorial Hospital. Provision is made for the supervision of patients on trial or discharge from mental hospitals, but requests for supervision of these cases are not frequently received. Mental defectives on licence from Institutions are visited as often as is considered necessary.

Supervision of cases under Guardianship is delegated to the Guardianship Society.

The Senior Authorised Officer in 1948 attended a two months' Course of Training for Duly Authorised Officers organised by the National Association for Mental Health, and arrangements have now been made for the second Authorised Officer to attend a one months' Course in 1953.

#### (ii) ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY:

Measures taken for the prevention of mental illness are, generally speaking, limited by lack of information in regard to persons needing advice and help. In all cases known to the Department, every possible help is given by Health Visitors, Mental Health Officers, or other members of the staff. Arrangements are made to send to rest homes and other suitable places cases where it is thought a change and rest would help towards preventing serious breakdown. A Register of Mental Defectives is maintained, and all cases not dealt with by the Guardianship Society are visited as a routine once a quarter and, in special cases, oftener as considered necessary.

A twenty-four hour service is provided by the Authorised Officers, and this Service is widely used by medical practitioners and also, in emergency, by members of the Police Force. A most satisfactory development over the last few years is the considerable number of mentally ill persons who now are admitted direct to mental hospitals as Voluntary Patients from their own homes. The arrangements for admission in such cases are made by the family doctor, frequently in conjunction with one of the Authorised Officers. Most cases dealt with under Order are, in the first instance, admitted for observation to St. Mary's Hospital, which is a General Hospital designated under Section 20 of the Lunacy Act. This procedure allows time for observation, and has the further advantage that a Psychiatrist can, if necessary, be called in for advice as to further action.

Mentally defective children are, for the most part, ascertained through the medium of the services provided under Section 22 of the Act and through the School Health Service. Co-operation between the two Services is greatly simplified by reason of the fact



that the Medical Officer of Health also holds the position of School Medical Officer and that the Health Visitors are also School Nurses. The supervision of mental defectives is carried out by the Mental Health staff.

The finding of suitable homes and the visiting and general supervision of cases under Guardianship Order are carried out by the Guardianship Society on behalf of the Local Health Authority. This arrangement has been in operation for a number of years and works most satisfactorily.

An Occupation Centre is held in the Central Clinic on two days a week and is open from 9.30 a.m. to 3.45 p.m. A mid-day meal, obtainable from the Central School Canteen, is provided. Where cases are unable to attend the Centre, and home training is considered desirable, the Occupational Therapist visits the home.

## LUNACY AND MENTAL TREATMENT ACTS, 1890-1930

It is to be noted that there has been a considerable overall increase in the mental cases dealt with over the past few years. This amounts to some 80 per cent. in respect of Certified cases and 55 per cent. in respect of Voluntary admissions to mental hospitals.

### ST. MARY'S HOSPITAL (Designated under Section 20)

In addition to the persons admitted on the advice of their own doctors for observation, the Authorised Officers arranged for the admission of 13 men and 14 women under Section 20 of the Lunacy Act, and for the admission of one man voluntarily for observation. Of these cases, 11 were discharged (5 men and 6 women) to care of friends with the exception of 2 men dealt with under the Mental Deficiency Act and one man handed over to the Metropolitan Police. Ten persons (6 men and 4 women) were certified under the Lunacy Act and 7 persons (3 men and 4 women) were admitted to Mental Hospitals as voluntary patients.

### HELLINGLY HOSPITAL

The following cases were dealt with by the Authorised Officers:

#### *(a) Certified Cases (Sections 14-16 Lunacy Act, 1890)*

Forty-nine persons (17 men, 31 women and 1 child) were certified and removed to this Hospital under Summary Reception Orders; of that total 19 were admitted direct from their own homes, and the remaining 30 persons were admitted from St. Mary's Hospital.

#### *(b) Urgency Order (Section 11, Lunacy Act, 1890)*

At the request of the Psychiatrist, arrangements were made for one woman to be admitted under this Section to a Private Mental Home.



(c) *Voluntary Patients (Section 1, Mental Treatment Act, 1930)*

The Authorised Officers arranged for the admission of 54 men and 72 women as voluntary patients. Forty-one of these persons were admitted from their own homes and 85 from St. Mary's Hospital.

(d) *Temporary Patients (Section 5, Mental Treatment Act, 1930)*

Arrangements for the admission of one female patient to Hellingly Hospital from St. Mary's Hospital were made under this Section.

The position in regard to patients in Mental Hospitals at the beginning and the end of the year was:

	<i>St. Francis' Hospital</i>			<i>Hellingly Hospital</i>			<i>Others</i>			<i>Total</i>
	<i>M.</i>	<i>F.</i>	<i>C.</i>	<i>M.</i>	<i>F.</i>	<i>C.</i>	<i>M.</i>	<i>F.</i>	<i>C.</i>	
December 31st, 1951 ..	34	74	—	34	61	—	1	2	—	206
Admitted during 1952	7	4	—	71	104	1	1	3	—	191
Discharged during 1952	5	3	—	54	79	—	1	—	—	142
Died during 1952 ..	3	2	—	10	14	—	1	—	—	30
December 31st, 1952 ..	33	73	—	41	72	1	—	5	—	225

Of the 225 persons remaining in Mental Hospitals at the end of the year, 71 were voluntary patients.

The following table gives a comparison between numbers of cases dealt with by the staff of the department over the past four years:

<i>Year</i>	<i>Population</i>	<i>Patients admitted to Mental Hospitals</i>		<i>Patients Remaining since Dec. 31st</i>		<i>Persons per 1,000 population admitted to Mental Hospitals</i>	
		<i>Voluntary</i>	<i>Others</i>	<i>Voluntary</i>	<i>Others</i>	<i>Voluntary</i>	<i>Others</i>
1949	56,880	95	29	33	144	1·673	0·509
1950	58,050	123	42	51	143	2·118	0·723
1951	57,510	148	30	66	140	2·573	0·521
1952	57,200	137	54	68	120	2·395	0·944

## CARE AND AFTER CARE

During the year no cases were referred by Mental Hospitals for follow up on discharge.

In connection with mental ill health the Authorised Officers made 106 visits to homes and 127 interviews were given at Avenue House. Arrangements were made for one case to enter an after-care home.

Difficulty continued to be experienced in getting employers to accept persons who were known to have been patients in Mental Hospitals.



## PSYCHOLOGICAL OUT-PATIENT CLINIC

This clinic continued to be held as in previous years at the Princess Alice Hospital on Monday afternoons, conducted by the medical staff of Hellingly Hospital. They continued to give valuable service in the early treatment of mental disorders, for consultation and for after care.

## CHILD GUIDANCE CLINIC

A Joint Child Guidance Service is provided by the Education Authorities of Eastbourne and Hastings Corporations and the East Sussex County Council. As far as this town is concerned the clinic functions at Avenue House on Monday mornings and all day on Thursdays.

## MENTAL DEFICIENCY ACTS, 1913-1938

Five males were added to the Register, 4 on notification by the Local Education Authority (2 under Section 57 (3) and 2 under Section 57 (5) of the Education Act, 1944) and one old case was restored to the register on being traced. Three males were removed from the Register, one on certification under the Lunacy Acts, one case in an Institution died, and the Order was discharged in the third case.

Eight females were added to the Register, 2 on ascertainment, 2 being transferred from other areas, one on notification by the Local Education Authority under Section 57 (3) and one under Section 57 (5) of the Education Act, 1944, and 2 on discharge from a mental hospital.

Two females were removed from the Register, one being discharged from the Order and one having died.

Three males and 2 females were awaiting Institutional vacancies at the end of the year.

The services provided by the Guardianship Society at Brighton continued to be used in connection with the placing and supervision of mental defectives under Guardianship.

Cases under supervision were visited by the Mental Health Workers as a routine once in every quarter, more frequent visits being made to those cases requiring closer supervision. The number of supervision visits paid was 195.

The Occupation Centre, which was established in November, 1950, continued to function throughout the year in the Maternity and Child Welfare Section of the Central Clinic. Sessions were held on Tuesday mornings and afternoons and Thursday mornings until 13th May when morning and afternoon sessions were commenced on Tuesdays and Fridays. A mid-day meal was provided through the School Meals Service.



The position with regard to mental defectives on 31st December was:

	<i>Males</i>	<i>Females</i>	<i>Total</i>
In Institutions .. ..	39	28	67
On Licence from Institutions ..	1	4	5
Under Guardianship ..	5	7	12
Under Supervision ..	28	46	74
	—	—	—
	73	85	158
	==	==	==

The 67 Institution cases were placed as follows:

	<i>Males</i>	<i>Females</i>
Laughton Lodge, near Lewes .. ..	6	1
Brentry Colony, Bristol .. ..	7	—
Stoke Park Colony, Bristol .. ..	7	6
Barvin Park Certified Institution, Herts. ..	1	—
Princess Christian Farm Colony, Hilden- borough .. ..	2	—
Pewsey Colony, Wilts. .. ..	1	—
Rampton State Institution .. ..	2	1
St. Teresa's Certified Institution, near Farnham .. ..	—	9
Hortham Colony, Almondsbury, Bristol ..	—	1
Etloe House Certified Institution, Leyton ..	—	3
Darenth Park, Dartford .. ..	8	4
St. Lawrences, Caterham .. ..	1	—
Pouchlands Hospital Certified Institution, Chailey .. ..	1	—
Hill House, Rye .. ..	—	3
St. Helens Hospital, Hastings .. ..	2	—
Eastry Hospital, near Sandwich .. ..	1	—
	—	—
	39	28
	==	==

## SANITARY CIRCUMSTANCES OF THE AREA

### WATER SUPPLY

The water supply of the Borough is provided by the Eastbourne Waterworks Company. The bulk of the supply is obtained from a well in the Downs in the Parish of Friston about three and a half miles from the centre of Eastbourne. Over two miles of heading, lying at a depth varying from one hundred and twenty to four hundred feet, feed a well one hundred and twenty feet deep. The water is pumped to a reservoir on Friston Hill and thence gravitates by a twenty-one inch main to holding and distributing covered reservoirs at Meads and Mill Gap. The capacity is approximately four million gallons per day.



The Catchment Area covers approximately four square miles, is all downland, and two thousand acres have been leased to the Forestry Commission. All possible precautions are taken to mitigate the risk of pollution.

The secondary source of supply comes from Holywell, where the water is obtained from a well with headings in the chalk, one running parallel to the cliff and one extending to the Paradise Reservoir. The depth of this heading varies from twenty-five to three hundred feet and the capacity is approximately 300,000 gallons per day. One hundred and fourteen and a quarter million gallons were obtained from this source.

The water from both sources was ample in quantity and, bacteriologically as well as chemically, the quality maintained its usual high standard. The weekly consumption varied between twenty and thirty-one million gallons, with an average consumption throughout the year of twenty-three and one half millions. Chemical and bacteriological examination of both the raw and piped supplies were carried out by the Company, and samples of the piped supply were also regularly sent by the Public Health Department for chemical analysis as well as bacteriological content. During the months of July, August and September, 1952, approximately twenty-one million gallons of water were pumped into supply from the Waterworks Road Pumping Station. This water was also of a high standard.

The Company supplies water to various parishes in the area of the Hailsham Rural District Council, and have now secured another source of supply at Wigden's Bottom, which is situated between Belle Tout and the main Eastbourne-East Dean road. Headings in the chalk ranging in depth from two hundred to three hundred feet and some six hundred yards in total length, will provide a supply estimated at approximately one and a quarter million gallons a day. It is hoped that this new source will be in use not later than the Autumn of 1953.

## PUBLIC BATHS

### (a) SLIPPER BATHS

*Old Town.* Twelve baths are provided for males and five for females. The numbers using these baths during the last five years were:

1948	..	..	16,880
1949	..	..	17,041
1950	..	..	15,768
1951	..	..	12,499
1952	..	..	12,252



*Seaside.* Thirty baths are provided, 15 for males and 15 for females. The numbers using these baths over the last five years were:

1948	..	..	35,416
1949	..	..	37,095
1950	..	..	34,415
1951	..	..	25,635
1952	..	..	21,114

In an effort to increase the use of the slipper baths at Old Town and Seaside, the Public Health Committee in April decided to arrange for the times of opening to be extended on certain evenings of the week.

When the Old Town Swimming Bath was functioning the closing times were extended from 6 p.m. to 7 p.m. on Wednesdays and Fridays. The Swimming Bath was closed at the end of October when the evening extensions were the same as at the Seaside Baths.

The total use of Old Town Slipper Baths was as follows:

Men	..	..	6,708
Women	..	..	4,537
Children	..	..	1,007
Total			<u>12,252</u>

Only 503 of the total of 12,252 persons using the baths did so during the extended evening periods.

The users and days were:

*17th May to end of October:* Wednesdays and Fridays, 6 to 7 p.m.

*November and December:* Wednesdays 6 p.m. to 7.30 p.m.

Thursdays 6 p.m. to 6.30 p.m.

Fridays 6 p.m. to 7.30 p.m.

Saturdays 6 p.m. to 7.30 p.m.

			<i>Men</i>	<i>Women</i>	<i>Children</i>
Wednesdays	..	..	62	89	5
Thursdays	..	..	—	1	—
Fridays	..	..	129	186	8
Saturdays	..	..	6	17	—
			<u>197</u>	<u>293</u>	<u>13</u>



The Slipper Baths at Seaside were used as follows:

Men	..	..	11,822
Women	..	..	7,537
Children	..	..	1,755
Total			<u>21,114</u>

Only 781 persons of the above total used the baths during the extended times of opening. From 17th May to 31st December the extended times and days were:

Wednesdays	..	..	6 p.m. to 7.30 p.m.
Thursdays	..	..	6 p.m. to 6.30 p.m.
Fridays	..	..	6 p.m. to 7.30 p.m.
Saturdays	..	..	6 p.m. to 7.30 p.m.

			<i>Men</i>	<i>Women</i>	<i>Children</i>
Wednesdays	..	..	71	35	2
Thursdays	..	..	—	—	—
Fridays	..	..	158	166	25
Saturdays	..	..	182	118	24
			<u>411</u>	<u>319</u>	<u>51</u>

*Devonshire.* Eighteen baths are provided, 9 for males and 9 for females. The numbers using these baths during the last five years were:

1948	..	..	8,509
1949	..	..	7,785
1950	..	..	7,491
1951	..	..	8,176
1952	..	..	9,476

#### (b) SWIMMING BATHS

There are three swimming baths in the Borough, all of which are owned and controlled by the Corporation. Two are situated at the Devonshire Baths and are under the control of the Entertainments Committee, and the one bath at Old Town is under the control of the Public Health Committee. All are indoor baths. Daily tests of the water are carried out by the staff at each bath and routine samples of the respective waters for bacteriological examination are taken by the Sanitary Inspectors for submission to the Public Health Laboratory at Brighton and to the Clinical Research Association.



*Old Town Bath.* This bath has a capacity of approximately 46,000 gallons of fresh water pumped from a well on the premises. The water is heated and circulates through two pressure filters and is treated by break-point chlorination. The water was maintained throughout the season, May to October, in a clear and sparkling condition. The results of all tests carried out were most satisfactory.

The numbers using this bath were:

Adults .. .. .	596
Children .. .. .	5,090

*Organised school parties:*

Local Authority schools ..	11,272
Private schools .. ..	1,054
Youth organisations, etc. ..	278

Total .. .. .	<u>18,290 (11,533 in 1951)</u>
---------------	--------------------------------

*Devonshire Baths.* The two baths here are both sea water baths, and treatment consists of continuous heating, filtration and chlorination by the marginal method. At times during the year when peak bathing loads were experienced it was found difficult to maintain a sufficient safety margin of chlorine residue in the water. By the end of the year plans had been approved for the installation of a break-point chlorination plant.

The large bath with a capacity of 130,000 gallons was open from May to September, whilst the smaller bath, with a capacity of 70,000 gallons, remained open all the year round. The baths are topped up from time to time with sea water as the state of the tide and the bathing load permits.

The numbers using these baths were:

Adults .. .. .	14,351
Children .. .. .	37,262

*Organised school parties:*

Local Authority schools ..	10,039
Private schools .. ..	11,795
Youth organisations ..	1,672

Total .. .. .	<u>75,119 (83,488 in 1951)</u>
---------------	--------------------------------

**SEWERAGE AND DRAINAGE.**—The method of sewage disposal in Eastbourne is by discharge into the sea after screening, but with no other treatment. With the exception of some 200 properties situated in the low-lying eastern part of the Borough and on the downland, where disposal is to septic tanks or cesspools, all premises drain to the general sewerage system.







Of the four sites licensed, one was for use of land at the foot of the downs for use by organised bodies in tented camps, and one was for a properly laid out caravan site on an area of 1·3 acres. This site includes all necessary drainage, washing and sanitary accommodation, and at the present time is licensed for some 30 caravans. Any extension of this camp would be over the border into the Hailsham Rural District.

The Council has delegated its powers under those Sections of the Public Health Act dealing with insanitary conditions, movable dwellings and camping sites, to the Public Health Committee.

**SCHOOLS.**—The sanitary arrangements at all schools were kept under observation during the year, and attention was particularly paid to the conditions under which food was prepared and served in those schools providing meals.

**SHOPS ACTS.**—One hundred and forty-four visits were made by the Sanitary Inspectors in connection with the provisions of Section 38 of the Shops Act, 1950, which prescribes requirements as to ventilation, temperature, sanitary conveniences, washing facilities, etc. This Department is concerned only with Section 38 of the Act dealing with the health, comfort, etc., of shop workers.

After consideration, exemption certificates were granted in respect of eleven premises, exempting these premises from the requirement to provide sanitary conveniences. The certificates were issued in ten cases by reason of restricted accommodation and in the other case by reason of lack of facilities for drainage.

**RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.** This Act, which came into force on 1st November, 1951, extended the provisions as to cleanliness of materials and bedding to other types of filling in addition to rag flock. A standard of cleanliness for all filling materials is now prescribed. Eight premises are registered by the local authority and frequent inspections are made to these premises. The provisions of the Act do not apply to premises where only remarking or re-conditioning of any article is carried out, provided that no new filling material is added.

**PET ANIMALS ACT, 1951.**—Five premises were licensed in 1952, and a total of 19 visits made.

## FACTORIES ACTS, 1937 AND 1948

The health provisions applicable to factories are included in Part 1 of the Act of 1937 and are enforceable in part by the Factory Inspectors and in part by the Local Authority. The provisions of Section 7 of the Act relative to sanitary conveniences at all factories are enforced by the Council. Sections 2, 3, 4 and 6 are administered by the Council only in respect of factories where mechanical power is not used.



The expression "factory" includes very many premises which are regularly inspected for other purposes; for example, an ice-cream factory with a power-driven mixer, a dairy with a mechanical bottling plant, a butcher's shop with a power-driven sausage-making machine are all factories but are inspected primarily as food premises. Major works of building and engineering construction are also factories whilst men are engaged on the site.

The following tables do not include non-industrial workplaces.

# 1. INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH.

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>		
		<i>Inspection</i>	<i>Written Notices</i>	<i>Occupiers Prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .. .. .	142	138	15	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .. .. .	224	117	16	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding Out-workers' premises) ..	54	29	1	—
TOTAL .. .. .	420	284	32	—



## 2. CASES IN WHICH DEFECTS WERE FOUND.

(If defects are discovered at the premises on two, three or more separate occasions they are counted as two, three or more "cases".)

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) .. ..	12	12	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate ventilation (S.4) .. ..	—	—	—	—	—
Ineffective drainage of floors (S.6) ..	1	1	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	1	1	—	—	—
(b) Unsuitable or defective ..	21	21	—	2	—
(c) Not separate for sexes ..	2	2	—	—	—
Other offences against the Act (not including offences relating to Outwork) ..	—	—	—	—	—
TOTAL ..	37	37	—	2	—

## PART VIII OF THE ACT—OUTWORK (SECTIONS 110 AND 111)

Nature of Work	Section 110		
	No. of Out-Workers in August list required by Section 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists
Wearing } Making, etc. ..	26	—	—
Apparel } Cleaning and washing			
Household linen ..	5	—	—
Lace, lace curtains and nets ..	5	—	—
Curtains and furniture hangings	11	—	—
Furniture and upholstery ..	3	—	—
Umbrellas, etc. ..	1	—	—
Carding, etc. of buttons, etc. ..	1	—	—
Basket making ..	1	—	—
TOTAL ..	53	—	—



SECTION 111.—There were no instances found of work being done by outworkers in unwholesome premises.

## HOUSING

### HOUSING STATISTICS

#### 1. *Inspection of Dwelling Houses during the Year:*

(i)	Total number of dwelling houses inspected for housing defects under Public Health or Housing Acts ..	737
(ii)	Number of dwelling houses found to be so defective by reason of sanitary defects or dampness as to be unfit for human habitation .. .. .	5
(iii)	Number of dwelling houses (exclusive of those referred to under the previous sub-heading) found not to be in all respects reasonably fit for habitation .. ..	513

#### 2. *Remedy of Defects during the Year without Service of Formal Notices:*

Number of defective dwellings rendered fit in consequence of informal action .. .. .	495
--	-----

#### 3. *Action under Statutory Powers during the Year:*

(a)	Proceedings under Sections 9 and 10 of the Housing Act, 1936:	
(i)	Number of dwelling houses in respect of which notices were served requiring repairs .. ..	8
(ii)	Number of dwelling houses which were rendered fit after service of formal notices:	
(a)	By owners .. .. .	5
(b)	By Local Authority in default of owners ..	3
(b)	Proceedings under Public Health Acts:	
(i)	Number of dwelling houses in respect of which notices were served requiring defects to be remedied .. .. .	8
(ii)	Number of dwelling houses in which defects were remedied after service of formal notices:	
(a)	By owners .. .. .	8
(b)	By Local Authority in default of owners ..	—
(c)	Proceedings under Sections 11 and 13 of the Housing Act, 1936:	
(i)	Houses in respect of which Demolition Orders were made .. .. .	1



(ii) Houses demolished in pursuance of Demolition Orders .. .. .	—
(iii) Houses closed but not demolished in pursuance of undertaking given by owners, and still in force	3
(d) Proceedings under Section 12 of the Housing Act, 1936:	
(i) Number of separate tenements or underground rooms in respect of which Closing Orders were made .. .. .	1
(ii) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit .. .. .	1

It was found that building materials were more readily obtainable with a result that where the owner was willing there was not the former difficulty in securing reasonable repairs.

The high cost of repairs to property continued to have an adverse effect on the proper maintenance of dwellings in view of the low rents received. There is no doubt that an unreasonable burden is placed on owners of the smaller types of property by reason of the continuance of rent restrictions. At the end of the year, 13,387 houses in the Borough were rated at less than £75 per annum, and were therefore subject to some control under the Rent Restrictions Acts. Notwithstanding these difficulties, however, it was possible to secure the repair of 495 houses without resource to formal action.

The thirteen properties included in the confirmed Clearance Orders were not dealt with during the year as the vacation date fixed by the Minister expires in February 1953. The fourteen families will then require to be rehoused.

Of the individual unfit houses dealt with under Section 11 it will be seen that a Demolition Order was made with respect to one house, but in respect to three other unfit houses Demolition Orders could not be made as the properties were parts of terraces. Undertakings were, however, secured from the owners that they would not be used for human habitation until they had been rendered fit to the satisfaction of the Council.

Five applications for Improvements Grants under the Housing Act, 1949 were approved. These improvements usually take the form of the provision of a bathroom, an internal water closet, a domestic hot water system and other improvements included in the target standard of fitness. Some difficulty was experienced in this connection as the problem of divorcing repairs from improvements cannot effectively be dealt with. All of the applications submitted, however, were approved, the cost of the proposed works being £160, £217, £297, £300 and £308 respectively.



## APPLICANTS FOR HOUSING ACCOMMODATION

I am indebted to the Housing Superintendent for the following information as to housing applicants and numbers rehoused.

Total number of outstanding applications:

At 31st December 1952	..	..	..	..	1326
At 30th April 1953	..	..	..	..	1221

### *Analysis of Applications:*

Persons living alone	..	..	..	..	46
Married couples—no children	..	..	..	..	415
1 child	..	..	..	..	478
2 children	..	..	..	..	189
3 children	..	..	..	..	54
4 children	..	..	..	..	23
5 children	..	..	..	..	10
6 children	..	..	..	..	3
7 children	..	..	..	..	2
10 children	..	..	..	..	1
Total	..	..	..	..	1221

(Of this total, 369 are “deferred” applications.)

Three hundred and thirty-one families are housed in requisitioned properties.

Number of family units re-housed during 1952 .. .. 216

From the 1st January 1945 to the 31st December 1952, 1,151 new houses and flats had been built in Eastbourne, of which 996 were erected by the Council and 155 by private builders.

## RODENT CONTROL

The work of Rodent Control continued much on the lines of other years and is broadly divided into two types of treatment, namely, surface treatment and sewer treatment.

Three whole-time Rodent Operators were employed and they carried out their duties under the supervision of the Senior Sanitary Inspector, who is the appointed Rodent Officer.

The control of surface infestation normally takes the form of pre-baiting, followed by poison baiting, but during the year more use was made of the poison known as “Warfarin.” There is some economy of labour in this method, as visits to the premises being treated need not be so frequent as under the pre-baiting method. Unfortunately, however, this material can only be used indoors as it is rapidly adversely affected by dampness. No charge is made for the disinfestation of private dwelling houses, but for business premises a charge based on the cost of treatment is payable.



From the following table it will be seen that 6,147 visits in all were made to premises by the three operators. When not actually engaged in dealing with infestation the operators continued to carry out a survey of the town for possible sources of infestation. These were dealt with as found. It is pleasing to note that at all times the occupiers of premises co-operated fully with the staff of the department, and as a result no formal action under the Prevention of Damage by Pests Act, 1949, was necessary.

The number of visits and treatments for surface control are shown in the following table:

	TYPE OF PROPERTY				Total
	Local Authority	Dwelling Houses	Agricultural	Business	
Number:					
Inspected on Complaint	21	273	3	30	327
Inspected on Survey or Investigation ..	56	746	63	138	1003
Found to be infested by:					
Rats: (a) Major ..	—	5	5	7	17
(b) Minor ..	8	236	4	13	261
Mice: (a) Major ..	2	11	—	30	43
(b) Minor ..	14	250	—	33	297
Treated by Operators	24	503	7	80	614
Visits for all purposes ..	290	4912	142	803	6147
Number of block control schemes carried out ..			..	..	.. 42

The sewer infestation is dealt with by two maintenance treatments in each year, usually during May and November. In May a test baiting is carried out in those areas where the sewers have not recently been found to be infested. The result of this test baiting shows that the infested area persists in one section of the sewers.

Whilst the number of manholes baited decreased slightly as infestation had not been found in some 100 manholes for eighteen months or more, the number showing medium to heavy infestation was slightly up on previous years.

The results of the treatments carried out in November 1951 and May and November 1952 are as follows:



	<i>Nov. 1951</i>	<i>May 1952</i>	<i>Nov. 1952</i>
(a) Manholes baited ..	511	437	373
(b) Showing medium to heavy infestation ..	93 (18·2%)	61 (13·9%)	139 (37·2%)
(c) Showing light infestation ..	132 (25·8%)	162 (37·0%)	99 (26·5%)
(d) Total showing infestation (b) and (c) ..	225 (44·0%)	223 (51·0%)	238 (63·8%)

The officers of the Infestation Control Division of the Ministry of Agriculture and Fisheries again continued their co-operation and an officer of that Ministry was present at some time during each of the sewer maintenance treatments.

## INSPECTION AND SUPERVISION OF FOOD

In a seaside resort the inspection of food and the supervision of the methods of treatment and handling of food is one of the most important duties of the Sanitary Inspectorate, for during the season there is an enormous amount of eating out. In general it was found that all who had to do with the preparation and handling of food were keen to employ the most hygienic methods. With a very large proportion of casual seasonal labour engaged for this purpose the general education of food handlers in food hygiene is carried on at all times. Four hundred and fifty-seven visits were paid to hotel and restaurant kitchens and 1,192 visits for inspection of other food premises. On the whole it can be said that the officers of the department continued to receive co-operation from all engaged in the handling of food.

## MILK AND DAIRIES REGULATIONS, 1949

These Regulations require the registration of dairies and of persons supplying milk and for the purpose of these Regulations a dairy is a place where milk is processed or handled, and in those shops and other premises where milk is sold only in the unopened containers in which it is received the occupiers are required to be registered as "Distributors."

The following premises and distributors were registered in 1952:

Dairies ..	..	..	..	10
Distributors ..	..	..	..	26

Of these, one dairy and two distributors were registered only for the sale of cream.



Frequent samples were taken during the year to ensure that the chemical composition of the milk was up to requirements, and to test whether or not the milk had been effectively pasteurised and handled under satisfactory conditions. Sampling was also carried out to ensure that the milk supplied as delivered at the dairies was free from the germ of tuberculosis.

The Sanitary Inspectors made 167 visits to dairies and milk retailers.

## SAMPLING

### SALE OF MILK REGULATIONS

Of the fifty-two samples submitted to the Public Analyst, five were milk which was sold as "Channel Island Milk."

The following table shows the average composition of the samples submitted during each quarter, and the average of the samples of Channel Island Milk.

<i>Samples Taken</i>	<i>Milk Fat %</i>	<i>Milk Solids other than Milk Fat %</i>
First Quarter .. .. .	3.51	8.63
Second Quarter .. .. .	3.37	8.64
Third Quarter .. .. .	3.45	8.33
Fourth Quarter .. .. .	3.76	8.64
Average for Year .. .. .	3.51	8.55
Richest Sample (November) ..	4.00	8.75
Poorest Sample (December) ..	3.02	8.51
Average of Channel Island Milk Samples .. .. .	4.74	9.16
Requirements of Sale of Milk Regu- lations .. .. .	3.00	8.50

It will be noted that under the heading dealing with Sampling of Food and Drugs a sample is referred to as being deficient in fat and solids not fat. This, however, was a sample of milk taken as served in a cafe, and is not strictly related to milk as supplied by dairymen to householders.

### MILK (SPECIAL DESIGNATION) REGULATIONS

The following licences were granted:

To Pasteurise milk .. .. .	1
Dealers' Licences to use the designation "Pasteurised" ..	23
Dealers' Licences to use the designation "Sterilised" ..	2
Dealers' Licences to use the designation "Tuberculin Tested" .. .. .	2



A very high proportion of the milk supplied in Eastbourne is pasteurised and practically the whole of the milk is now delivered to the consumer in bottles having an overall metal foil cap. A small proportion of raw milk is sold under the special designation "Tuberculin Tested." The quantity of milk pasteurised is in the region of 98 per cent. of the whole.

There is only one pasteurising establishment in the town and other dairies are supplied from this firm. A further supply of pasteurised milk is brought over already processed and bottled from Brighton. The milk pasteurised locally is treated by the high temperature, short time method, for which it is prescribed by the Regulations that the milk shall be brought to a temperature of at least 161° F. and maintained at that temperature for 15 seconds and immediately cooled to a temperature of 50° F. or less.

Samples were submitted to the Public Health Laboratory at Brighton where they were examined by the Methylene Blue test for keeping quality and the Phosphatase test for heat treatment.

Only a small quantity of sterilised milk is sold in the town. Samples of this milk also were submitted to the Laboratory for the Turbidity test. This milk is treated in the bottles and is homogenised and heat treated to and maintained at a temperature of not less than 212° F. for such a period as to ensure that it will comply with the prescribed tests.

The number of samples taken and the results are as shown. It will be noted that all of the samples satisfied the prescribed tests.

<i>Class of Milk</i>	<i>No. of Samples Tested</i>	<i>Appropriate Tests</i>	<i>Number of Samples</i>	
			<i>Passed</i>	<i>Failed</i>
Pasteurised ..	115	Phosphatase ..	115	—
		Methylene Blue ..	115	—
Tuberculin Tested Pasteurised ..	32	Phosphatase ..	32	—
		Methylene Blue ..	32	—
Sterilised ..	28	Turbidity Test ..	28	—

## EXAMINATION OF MILK FOR THE PRESENCE OF TUBERCULOSIS

Samples for this purpose were taken from the milk of various distributors as it arrived at the local dairy. Eighty-five such samples were submitted, of which 77 proved to be negative, 2 positive and in 6 cases the guinea pigs inoculated with the milk died less than four weeks after inoculation. No evidence of tuberculosis was found in these cases.



Notification of the positive results, giving herd of origin, were forwarded to the Divisional Veterinary Officer of the Animal Health Division, Ministry of Agriculture and Fisheries, who subsequently reported in one case that on testing the milk from the cows of the particular herd, all of the samples had subsequently proved to be negative, but that during the period between the original sampling and the result of the test being received, one cow had been sent to a Knacker's Yard where it was found to be infected with tuberculosis. In the case of the second positive sample, the herd had unfortunately been sold by auction between the date of sampling and the date of the result, and the animals were so dispersed as to make follow up almost impossible.

## MANUFACTURE AND SALE OF ICE CREAM

The number of premises registered for the manufacture, storage or sale of ice cream in accordance with Section 14 of the Food and Drugs Act 1938, was:

(a) Wholesale Manufacture .. .. .	1
(b) Manufacture and Retail Sale .. .. .	15
(c) For the Sale of Ice Cream .. .. .	113
(d) For Storage of Ice Cream for the purpose of Sale .. .. .	1

For the purposes of ensuring that the requirements of the Ice Cream (Heat Treatment, etc.) Regulations were carried out, 183 visits were paid to these premises to check on the effectiveness of the heat treatment, general conditions of manufacture and distribution, and 321 visits were paid to retailers' premises to ensure satisfactory conditions of storage and handling of the ice cream. One hundred and forty-six samples were taken and submitted to the Public Health Laboratory for examination by the Methylene Blue test. There is no legal bacteriological standard for ice cream, but the Minister of Health has suggested that provisional grades to be taken as a guide are:

Grade	Time taken to reduce Methylene Blue
1 .. .. .	4½ hours or more
2 .. .. .	2½ to 4 hours
3 .. .. .	½ to 2 hours
4 .. .. .	Less than ½ hour

The samples submitted were graded as follows:

Grade 1 .. .. .	28
Grade 2 .. .. .	64
Grade 3 .. .. .	31
Grade 4 .. .. .	23



Samples falling into Grades 1 and 2 are considered to be satisfactory. Where a number of samples from the same source fall within Grades 3 or 4 this is taken as some indication of faulty treatment or handling. The number of samples falling into the two lower Grades was rather higher than for previous years, but is mainly due on this occasion to selective sampling. Over the last few years it has been found that some manufacturers' and retailers' samples were consistently graded in Grade 1, so that during the year rather less attention was paid to these vendors, and more sampling, with the consequent following up, at those premises where the Grade was not so satisfactory was carried out. This may be deemed to account for the higher proportion of lower grade samples in 1952.

#### SAMPLING FOR ANALYSIS

The Food Standards (Ice Cream) Order, 1951, which came into operation on the 1st March, 1951, prescribed a standard which was subsequently reduced by a further order which came into operation in July 1952, the two standards being as follows:

	1951	1952
Fat .. .. .	5%	4%
Sugar .. .. .	10%	10%
Milk solids other than fat ..	7½%	5%

The reason for this reduction in standard was that there was a shortage of supplies of the necessary ingredients and it was desirable that there should be a reduction in standard rather than a reduction in the amount of ice cream sold.

Seven samples were taken and the Public Analyst reported that the fat content of the samples ranged from 4·6 per cent. to 15·2 per cent. the milk solids other than fat from 21·7 per cent. to 25·8 per cent., and the total solids (including sugar) from 27·6 per cent. to 38·1 per cent.

#### SLAUGHTERING AND MEAT INSPECTION

Slaughtering is carried out at the Ministry of Food Selected Slaughterhouse at Langney, which before the war was a rather unsatisfactory slaughterhouse doing a wholesale trade. Conditions had for some time been far from satisfactory, and as a result of representations made by the Council to the Ministry of Food improvements were carried out at these premises during the period from March to July, and the slaughterhouse closed for this period to enable the work to be carried out. The adaptation of old buildings cannot be expected to bring conditions up to the standard of a modern abattoir but the works carried out are a considerable improvement for not only have they facilitated inspection but have enabled the premises to be maintained in a more hygienic manner than previously obtained. This standard, however, can only be maintained if the number of animals slaughtered is carefully controlled so as not to exceed the capacity of the premises.



All carcasses slaughtered were examined by the Meat Inspectors. This frequently involved long hours during several days of each week. This was particularly so at the periods of peak slaughtering; a one hundred per cent. examination was however made.

The number of carcasses inspected and condemned was as follows:

#### CARCASSES INSPECTED AND CONDEMNED

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number killed .. ..	1815	596	1232	4835	1790
Number inspected .. ..	1815	596	1232	4835	1790
<i>Diseases other than Tuberculosis:</i>					
Whole carcasses con- demned .. ..	—	4	2	11	6
Carcasses of which some part or organ was con- demned .. ..	824	298	1	786	105
Percentage of the number inspected affected with disease other than tuberculosis .. ..	45·4	50·7	0·24	16·5	6
<i>Tuberculosis:</i>					
Whole carcasses con- demned .. ..	2	10	—	—	—
Carcasses of which some part or organ was con- demned .. ..	148	139	2	—	18
Percentage of the num- ber inspected affected with tuberculosis .. ..	8·3	25·0	0·16	—	1·0

#### INSPECTION OF OTHER FOODS

The following is a list of food stuffs voluntarily surrendered by the vendors on being found to be unfit for human consumption:



Baby Food (cans) .. .. .	4	Meat, 2 lb. cans .. .. .	68
Bacon (lbs.) .. .. .	8½	Meat, 4 lb. cans .. .. .	166
Betox (jars) .. .. .	1	Meat, 6 lb. cans .. .. .	154
Biscuits (lbs.) .. .. .	109½	Meat and Offal (lbs.) .. .. .	1536
Bovril (jars) .. .. .	1	Meat Products (lbs.) .. .. .	11½
Butter (lbs.) .. .. .	18	Milk (cans) .. .. .	10
Cakes .. .. .	46	Milk, dried (lbs.) .. .. .	28
Cake (lbs.) .. .. .	6	Milo Food (cans) .. .. .	2
Cake Mixture (pkts.) .. .. .	148	Mincemeat (cans) .. .. .	9
Cereals (pkts.) .. .. .	42	Mincemeat (lbs.) .. .. .	8
Cheese (lbs.) .. .. .	10½	Mint (botts.) .. .. .	1
Cheese (pkts.) .. .. .	189	Mustard (cans) .. .. .	3
Cheese (Camembert) .. .. .	3	Nescafe (cans) .. .. .	4
Chicken (cans) .. .. .	6	Onions (jars) .. .. .	10
Chicken (jars) .. .. .	2	Ovaltine (cans) .. .. .	1
Chicken Cutlets .. .. .	42	Paste, meat and fish (jars) .. .. .	6
Chocolate (bars) .. .. .	476	Paste, meat and fish (cans) .. .. .	15
Christmas Puddings .. .. .	1	Pears (bushels) .. .. .	46
Coconut (pkts.) .. .. .	2	Pea Flour (pkts.) .. .. .	48
Coffee Essence (botts.) .. .. .	2	Peanut Butter (jars) .. .. .	1
Cordials (botts.) .. .. .	100	Pickles (jars) .. .. .	9
Cottage Pie (cans) .. .. .	1	Poultry (lbs.) .. .. .	104
Dates (pkts.) .. .. .	8	Rabbit (lbs.) .. .. .	48
Eggs .. .. .	360	Rice (pkts.) .. .. .	48
Eggs (2 cans) totalling lbs. .. .. .	70	Rice (lbs.) .. .. .	90
Eggs, dried (lbs.) .. .. .	½	Rusks (pkts.) .. .. .	20
Fats (lbs.) .. .. .	16½	Ryvita (pkts.) .. .. .	1
Fish (cans) .. .. .	134	Sandwich Spread (jars) .. .. .	2
Fish (stones) .. .. .	133½	Salad Cream (jars) .. .. .	3
Flour (lbs.) .. .. .	123	Sausages (lbs.) .. .. .	117½
Fruit (botts.) .. .. .	63	Sausages (cans) .. .. .	4
Fruit (cans) .. .. .	1939	Sauce (botts.) .. .. .	4
Fruit, dried (lbs.) .. .. .	38	Scone Flour (pkts.) .. .. .	7
Fruit, fresh (lbs.) .. .. .	150	Semolina (lbs.) .. .. .	66
Fruit Juice (cans) .. .. .	11	Shrimps (pecks) .. .. .	3
Ginger (jars) .. .. .	1	Soup (cans) .. .. .	74
Ham (165 cans) totalling lbs. .. .. .	1748	Sponge Sandwiches .. .. .	4
Honey (jars) .. .. .	4	Sweets (lbs.) .. .. .	20
Horseradish (jars) .. .. .	13	Syrup (cans) .. .. .	10
Jam and Marmalade (lbs.) .. .. .	56	Tea (lbs.) .. .. .	4
Jam and Marmalade (cans) .. .. .	47	Tomatoes (cans) .. .. .	204
Lemonade Crystals (botts.) .. .. .	2	Turkey (jars) .. .. .	2
Lemonade Powder (cans) .. .. .	1	Vegetables (cans) .. .. .	384
Macaroni (lbs.) .. .. .	88	Vegetables (lbs.) .. .. .	237
Margarine (lbs.) .. .. .	½	Vinegar (botts.) .. .. .	3
Marmite (jars) .. .. .	1	Whipping Fat (fl. oz.) .. .. .	2
Meat, 1 lb. and less cans .. .. .	341		

The preparation and canning of imported meats has evidently received closer attention in the exporting countries, as the amount of tinned meat, particularly ham, found to be unfit for consumption was considerably less than in the previous year. Very little of the canned meat and meat products dealt with was home produced.

Five hundred and eight inspections were made in connection with the above unsound food.

#### SAMPLING OF FOOD AND DRUGS

Samples of food and drugs were submitted to the Public Analyst as follows:



	Number Examined		Number Adulterated, etc.	
	Formal	Informal	Formal	Informal
Ale .. .. .	—	1	—	—
Arrowroot .. .. .	1	—	—	—
Aspirin .. .. .	—	2	—	—
Barley Kernels .. .. .	1	—	—	—
Blanc Mange .. .. .	1	—	—	—
Butter and Margarine .. .. .	3	—	—	—
Cheese .. .. .	1	—	—	—
Cheese and Tomato Spread .. .. .	—	1	—	—
Chocolate Figure .. .. .	1	—	—	—
Chocolate Malt Spread .. .. .	—	1	—	—
Chocolate Vermicelli .. .. .	1	—	—	—
Cocoa .. .. .	1	—	—	—
Coconut Flavouring .. .. .	—	1	—	—
Coconut .. .. .	1	—	—	—
Cough Linctus and Lozenges .. .. .	—	2	—	—
Crystallized Fruits .. .. .	1	1	—	—
Custard Powder .. .. .	1	—	1	—
Currants .. .. .	—	1	—	—
Dessert Powders and Cornflour .. .. .	3	1	—	—
Fondant .. .. .	1	1	—	—
Frizets .. .. .	1	—	—	—
Ginger Wine .. .. .	1	—	—	—
Glucose and Blackcurrant Pastilles .. .. .	—	1	—	—
Glycerine .. .. .	—	1	—	—
Golden Raising Powder .. .. .	1	—	—	—
Grapes (Tinned) .. .. .	—	1	—	—
Ground Almonds .. .. .	2	—	—	—
Ice Cream .. .. .	7	—	—	—
Jam Tarts .. .. .	—	2	—	—
Jelly and Jelly Crystals .. .. .	2	2	—	—
Jilps .. .. .	—	1	—	—
Lard .. .. .	1	—	—	—
Lemonade, Lemonade Powder, etc. .. .. .	6	4	—	—
Luncheon Meat .. .. .	1	—	—	—
Meringue Powders .. .. .	—	2	—	—
Milk .. .. .	52	—	1	—
Mixed Peel .. .. .	1	—	—	—
Mock Cream .. .. .	—	1	—	—
Non-Alcoholic Wine .. .. .	1	—	—	—
Parsley and Thyme .. .. .	—	1	—	—
Paste .. .. .	—	1	—	—
Pepper and Pepper Flav. Compound .. .. .	1	3	—	—
Quinine Tonic .. .. .	1	—	—	—
Rice .. .. .	1	—	—	—
Sage and Onion Stuffing .. .. .	—	1	—	—
Sandwich Spread .. .. .	1	—	—	—
Sauce .. .. .	—	1	—	—
Sausages and Liver Sausage .. .. .	5	1	1	—
Semolina .. .. .	1	—	—	—
Skimmed Milk Powder .. .. .	—	1	—	—
Sodium Bicarbonate .. .. .	1	—	—	—
Soup .. .. .	—	1	—	—
Sugar .. .. .	1	—	—	—
Sweets .. .. .	—	5	—	—
Synthetic Cream and Powder .. .. .	—	3	—	—
Tea .. .. .	2	—	—	—
Unguents .. .. .	—	2	—	—
Vinegar .. .. .	—	1	—	—
Yeast Tablets .. .. .	—	1	—	—
TOTALS .. .. .	107	49	3	—



Of the three samples reported on adversely by the Public Analyst, action was taken as follows:

*Sample No. 266—Milk.* Deficient in fat 23·3%  
Deficient in solids not fat 49·6%

This sample was purchased in a café as a glass of cold milk. The defendants pleaded guilty but offered the explanation that water had been added to the milk so that it could be used for cooking purposes, and was sold in the café in error. Fined £5.

*Sample No. 408—Custard Mix.* The sample was lumpy and had a musty smell. The fat present gave a strong positive test for rancidity.

This was found to be the balance of some old stock and a strong warning letter was sent to the vendor.

*Sample No. 610—Pork Sausages.* Deficient in meat content 13·2%  
This was referred to the Ministry of Food, Enforcement Division.

## FOOD POISONING

### 1. NOTIFICATIONS

1st Quarter ..	..	..	..	3
2nd Quarter ..	..	..	..	1
3rd Quarter ..	..	..	..	15
4th Quarter ..	..	..	..	—
Total ..				19
				==

### 2. OUTBREAKS DUE TO IDENTIFIED AGENTS

Total outbreaks ..	..	..	..	2
Total cases ..	..	..	..	11
Due to <i>Salmonella Typhi-Murium</i> .				

### 3. OUTBREAKS OF UNDISCOVERED CAUSE

Total outbreaks ..	..	..	..	2
Total cases ..	..	..	..	6

### 4. SINGLE CASES .. .. . 2

Agent identified: *Salmonella Typhi-Murium*.

## INFECTIOUS DISEASES

The notifications, which totalled 318, were 479 less than in the previous year.



# SUMMARY OF NOTIFICATIONS

	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Admitted to Isolation Hospital</i>	<i>Total Deaths</i>
Scarlet Fever .. ..	32	35	67	61	—
Whooping Cough .. ..	78	80	158	12	—
Measles .. ..	16	13	29	1	—
Erysipelas .. ..	3	—	3	—	—
Pneumonia .. ..	6	5	11	1	1
Food Poisoning .. ..	3	16	19	2	—
Acute Poliomyelitis (Paralytic) .. ..	1	2	3	3	1
Meningococcal Infection .. ..	—	1	1	—	—
Puerperal Pyrexia .. ..	—	25	25	—	—
Dysentery .. ..	2	—	2	1	—
TOTALS .. ..	141	177	318	81	2

## MONTHLY SUMMARY OF NOTIFICATIONS

1952	<i>Scarlet Fever</i>	<i>Diphtheria</i>	<i>Measles</i>	<i>Whooping Cough</i>	<i>Erysipelas</i>	<i>Pneumonia</i>	<i>Food Poisoning</i>	<i>A.P.M.—P.</i>	<i>A.P.M.—N.P.</i>	<i>Cerebro-Spinal Meningitis</i>	<i>Puerperal Pyrexia</i>	<i>Dysentery</i>	<i>Totals</i>
January .. ..	1	—	—	7	—	—	3	1	—	—	3	—	15
February .. ..	7	—	2	7	—	3	—	—	—	—	2	—	21
March .. ..	6	—	3	10	—	3	—	—	—	—	5	1	28
April .. ..	1	—	4	24	—	—	1	—	—	1	2	—	33
May .. ..	1	—	1	35	—	—	—	—	—	—	1	—	38
June .. ..	3	—	2	25	—	1	—	—	—	—	2	—	33
July .. ..	4	—	2	21	—	—	11	2	—	—	2	—	42
August .. ..	3	—	2	10	—	—	4	—	—	—	2	—	21
September .. ..	2	—	7	8	2	—	—	—	—	—	3	—	22
October .. ..	12	—	5	4	—	1	—	—	—	—	1	—	23
November .. ..	10	—	1	3	1	—	—	—	—	—	1	—	16
December .. ..	17	—	—	4	—	3	—	—	—	—	1	1	26
TOTALS .. ..	67	—	29	158	3	11	19	3	—	1	25	2	318

SCARLET FEVER.—The sexes and age groups of the 67 cases notified were:

<i>Age Group</i>	<i>Male</i>	<i>Female</i>
3- 4 .. ..	7	4
5- 9 .. ..	25	27
10-14 .. ..	—	4
	32	35
	==	==



ACUTE POLIOMYELITIS.—Three cases of paralytic Poliomyelitis occurred. A boy, aged 4 years, in January and two females, aged 26 and 46, in July. The disease in the younger female proved fatal.

WHOOPING COUGH.—Notifications (158) of this disease were the highest since 1949. The sexes and age groups were:

<i>Age Group</i>		<i>Male</i>	<i>Female</i>
Under 1 year	.. ..	8	3
1- 2	.. ..	13	12
3- 4	.. ..	17	18
5- 9	.. ..	38	42
10-14	.. ..	1	4
25 and over	.. ..	1	1
		—	—
		78	80
		==	==

MEASLES.—The number of cases notified was the lowest for several years:

<i>Age Group</i>		<i>Male</i>	<i>Female</i>
Under 1 year	.. ..	—	2
1-2	.. ..	2	4
3-4	.. ..	5	3
5-9	.. ..	9	3
25 and over	.. ..	—	1
		—	—
		16	13
		==	==

ENTERIC FEVER (PARATYPHOID B).—A contact was discovered following the return home of a schoolboy who was a visitor and subsequently infected his mother. Both cases were confirmed.

PUERPERAL PYREXIA.—The Puerperal Pyrexia Regulations, 1951, came into operation on August 1st 1951. The definition of this condition now is "any febrile condition occurring in a woman in whom a temperature of 100·4° F. or more occurred within fourteen days after childbirth or miscarriage."



The causes of the pyrexia in the 25 cases notified were given as:

Abscess of breast	..	..	..	1
Chill	..	..	..	2
Congestion of left breast	..	..	..	1
Coryza	..	..	..	1
Cracked nipples	..	..	..	3
Cyst of labia	..	..	..	1
Engorged breasts	..	..	..	3
Flushed breast	..	..	..	1
Incomplete membranes	..	..	..	1
Influenza	..	..	..	2
Mastitis	..	..	..	2
Offensive lochia	..	..	..	1
No apparent cause	..	..	..	6
				<hr/>
				25
				<hr/>

Home visits in connection with infectious disease in children were made by the Health Visitors as follows:

MEASLES:		<i>First Visits</i>	<i>Re-Visits</i>
School Children	..	8	<hr/>
Pre-School Children	..	12	8
WHOOPING COUGH:			
School Children	..	100	7
Pre-School Children	..	82	23
OTHER INFECTIOUS ILLNESSES:			
School Children	..	63	14
Pre-School Children	..	20	1

SCABIES.—Fourteen cases from 10 families received treatment at the Scabies Treatment Centre at Avenue House Annexe.

				<i>Number of</i>
				<i>Cases</i>
				<i>Attendances</i>
Adults	..	..	..	9
School Children	..	..	..	3
Pre-School Children	..	..	..	2
				<hr/>
				14
				<hr/>
				16
				7
				4
				<hr/>
				27
				<hr/>



# NOTIFICATION OF INFECTIOUS DISEASES 1900-1952

	Scarlet Fever	Diphtheria	Whooping Cough	Measles	Dysentery	A.P.M.	Enteric Fevers	Puerperal Pyrexia including Puerperal Fever	Acute and Influenzal Pneumonia	Erysipelas	Ophthalmia Neonatorum	Malaria	Encephalitis Lethargica	C.S.M.	Smallpox
1952	67	—	158	29	2	3	—	25	11	3	—	—	—	1	—
1951	29	—	57	476	183	3	—	28	14	4	—	—	—	2	—
1950	69	—	78	535	32	1	1	4	11	9	1	—	—	—	—
1949	32	2	177	388	4	3	—	11	32	15	—	1	—	2	—
1948	23	1	87	461	6	2	44	11	37	4	—	1	—	1	—
1947	23	—	116	332	2	7	—	21	19	7	1	1	—	4	—
1946	45	1	84	155	1	2	2	15	58	2	8	4	—	2	—
1945	58	1	30	651	3	2	—	14	34	5	3	1	—	—	—
1944	50	3	61	145	3	—	—	10	39	12	2	—	—	—	—
1943	43	2	7	140	—	—	—	16	27	4	1	—	1	—	—
1942	39	3	34	7	—	1	—	14	41	14	4	1	2	1	—
1941	5	7	12	15	1	—	—	4	12	7	—	—	—	2	—
1940	46	30	159	105	1	—	3	11	36	13	3	—	—	6	—
1939	95	56	162	1	2	—	—	14	38	15	6	—	1	—	—
1938	185	17	—	—	17	—	—	3	54	16	1	1	—	—	—
1937	123	14	—	—	15	—	—	4	35	19	2	—	—	—	—
1936	23	13	—	—	—	—	1	15	21	18	2	—	—	—	—
1935	30	20	—	—	—	—	1	11	29	25	2	2	—	—	—
1934	63	26	—	—	—	—	1	15	28	25	4	1	1	—	—
1933	78	23	—	—	—	1	3	19	38	20	3	—	1	3	—
1932	36	38	—	Not notifiable	1	—	3	20	37	13	2	—	1	1	—
1931	26	40	—	—	2	—	4	4	40	21	—	—	—	1	—
1930	48	47	—	—	2	—	2	11	47	19	1	2	—	—	35
1929	86	145	—	—	1	—	2	12	115	29	1	1	3	—	3
1928	109	120	—	—	—	—	8	9	74	18	1	2	2	—	—
1927	143	16	—	—	1	1	1	8	93	25	4	2	2	—	—
1926	90	5	—	Not notifiable	1	1	2	5	29	16	1	4	2	—	—
1925	88	22	—	—	1	—	1	—	39	19	4	1	3	—	—
1924	24	14	—	—	1	1	11	2	40	12	3	4	5	2	—
1923	30	33	—	—	1	—	2	—	27	15	5	6	6	—	—
1922	64	25	—	—	—	—	5	2	55	16	2	1	—	—	—
1921	74	118	—	—	2	—	4	3	67	14	5	1	2	—	—
1920	113	78	—	—	—	2	2	4	26	21	7	20	1	—	—
1919	179	61	—	62	1	2	2	6	4	13	10	15	3	2	—
1918	34	37	—	628	—	1	—	3	—	10	16	—	—	2	—
1917	46	76	—	923	—	—	4	2	—	12	4	—	—	5	—
1916	118	142	—	321	—	3	6	2	—	13	14	—	—	4	—
1915	169	135	—	—	—	—	4	3	—	16	8	—	—	—	—
1914	79	141	—	—	—	—	3	2	—	24	5	—	—	1	—
1913	213	132	—	—	—	—	4	—	—	28	—	—	—	—	—
1912	451	80	—	—	—	—	—	1	—	29	—	—	—	—	—
1911	139	47	—	—	—	—	10	1	—	24	—	—	—	—	—
1910	94	92	—	—	—	—	1	2	—	20	—	—	—	—	—
1909	222	263	—	—	—	—	9	—	—	15	—	—	—	—	—
1908	148	258	—	—	—	—	7	1	—	28	—	—	—	—	—
1907	134	54	—	—	—	—	1	2	—	27	—	—	—	—	—
1906	148	19	—	—	—	—	8	1	—	32	—	—	—	—	—
1905	69	31	—	—	—	—	5	2	—	35	—	—	—	—	—
1904	64	38	—	—	—	—	8	4	—	23	—	—	—	—	—
1903	44	45	—	—	—	—	7	1	—	20	—	—	—	—	—
1902	102	52	—	—	—	—	6	5	—	30	—	—	—	—	2
1901	106	56	—	—	—	—	25	—	—	19	—	—	—	—	—
1900	51	50	—	—	—	—	13	4	—	29	—	—	—	—	—

## PUBLIC HEALTH BACTERIOLOGY

The following specimens were sent, some on behalf of general practitioners, to the Brighton Laboratory of the Public Health Laboratory Service:



Nose and Throat Swabs for K.L.B. and/or H.S.	240
Pre-nasal Swabs for Whooping Cough ..	4
Ear Swabs .. .. .	4

#### FAECES AND URINE:

Salmonella, Dysentery and Enteric Groups ..	218
---	-----

The following specimens for general practitioners and for the Public Health Department were examined at the Princess Alice Hospital Laboratory, which is an associated laboratory of the Public Health Laboratory Service:

#### MEDICAL PRACTITIONERS:

Throat Swabs:				
For:	H.S., K.L.B., and Vincents			
	Angina .. ..			37
Nasal Swabs:				
For:	H.S. and K.L.B. ..			22
	Whooping Cough, ..			1
Tonsil Swab:				
For:	H.S., K.L.B. and Vincents			
	Angina .. ..			3
Mouth Swab:				
For:	H.S. .. ..			1
	K.L.B. .. ..			1
Gum Swab:				
For:	Vincents Angina ..			1
Ear Swab:				
For:	H.S. .. ..			2
Faeces:				
For:	Dysentery, Salmonella and			
	Enteric Groups ..			7
Blood:				
For:	Paul-Bunnell Test ..			14
Urine:				
For:	Tuberculosis .. ..			1

#### PUBLIC HEALTH DEPARTMENT:

Throat Swabs:				
For:	H.S., K.L.B., and Vincents			
	Angina .. ..			7
Nasal Swabs:				
For:	H.S. and K.L.B. ..			7
Faeces:				
For:	Dysentery, Salmonella, Enteric			
	Groups .. ..			2
	Tuberculosis .. ..			1
Vaginal Swab:				
For:	Gonococci .. ..			1
Urine:				
For:	Routine Bacteriology ..			1



## TUBERCULOSIS

Fifty-one cases of respiratory and 5 of non-respiratory tuberculosis were notified. Of these, 38 respiratory and 5 non-respiratory were new cases not previously notified in any other district.

### NOTIFICATION REGISTER

		<i>Respiratory</i>		<i>Non-Respiratory</i>		<i>Total</i>	
		<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
ON REGISTER,							
1ST JANUARY 1952	..	163	95	32	30	195	125
<i>Add:</i>							
Notifications	..	14	21	3	2	17	23
Transfers from other Areas	..	10	3	—	—	10	3
Posthumous Notifications	..	2	1	—	—	2	1
Returned to Eastbourne		4	2	2	—	6	2
		193	122	37	32	230	154
<i>Less:</i>							
Deaths:							
From Tuberculosis		9	1	—	—	9	1
From Other Causes		3	1	—	—	3	1
Left the Town	..	17	9	—	2	17	11
Arrested	..	21	13	16	10	37	23
Diagnosis not Confirmed	..	1	2	—	—	1	2
Lost sight of	..	2	—	1	—	3	—
		53	26	17	12	70	38
ON REGISTER,							
31ST DECEMBER 1952	..	140	96	20	20	160	116

Age grouping of new cases notified (43) and transfers to the area (13):

		<i>Respiratory</i>		<i>Non-Respiratory</i>		<i>Total</i>	
		<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
<i>Age Groups:</i>							
Under 1 year	..	—	—	—	—	—	—
1-5 years	..	—	—	—	1	—	1
5-10 years	..	1	2	1	—	2	2
10-15 years	..	—	1	—	—	—	1
15-20 years	..	3	2	1	—	4	2
20-25 years	..	1	5	—	—	1	5
25-35 years	..	7	9	—	1	7	10
35-45 years	..	3	3	—	—	3	3
45-55 years	..	3	—	—	—	3	—
55-65 years	..	5	1	1	—	6	1
Over 65 years	..	3	2	—	—	3	2
		26	25	3	2	29	27



NOTIFICATIONS, INCLUDING TRANSFERS, FOR THE YEARS 1920-1952  
(The last two columns give the total "new" cases annually)

		<i>Respiratory</i>		<i>Non-Respiratory</i>		<i>New Cases</i>	
		<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>Respiratory</i>	<i>Non-Respiratory</i>
1952	..	26	25	3	2	38	5
1951	..	25	28	6	5	36	10
1950	..	41	26	6	3	45	7
1949	..	48	44	9	9	39	16
1948	..	57	48	7	5	59	9
1947	..	42	31	7	4	36	10
1946	..	54	51	12	8	65	15
1945	..	38	35	12	11	43	15
1944	..	21	23	10	18	28	22
1943	..	16	19	6	7	26	12
1942	..	18	14	9	6	29	14
1941	..	29	14	5	7	33	11
1940	..	30	13	11	4	30	10
1939	..	22	22	6	5	29	3
1938	..	33	25	12	7	28	14
1937	..	34	26	6	10	39	15
1936	..	41	18	12	7	40	16
1935	..	33	29	14	8	43	20
1934	..	44	38	7	14	56	17
1933	..	42	25	9	9	44	14
<hr/>							
1932	..	64		27		37	21
1931	..	60		20		41	15
1930	..	81		21		49	16
1929	..	61		27		46	21
1928	..	71		16		49	15
1927	..	68		25		40	23
<hr/>							
1926	..	92		28		98	
1925	..	69		21		72	
1924	..	104		14		79	
1923	..	149		57		127	
1922	..	116		25		90	
1921	..	93		41		—	
1920	..	85		19		—	

DEATHS.—Ten persons died from tuberculosis of the lungs in the following age groups:

		<i>Respiratory</i>	
		<i>Males</i>	<i>Females</i>
15-25	..	..	..
25-45	..	..	..
45-65	..	..	..
65-75	..	..	..

The death rates per 1,000 of population were:

Respiratory	..	..	..	..	0.17
Non-respiratory	..	..	..	..	0.00
All forms ..	..	..	..	..	0.17



NUMBER OF DEATHS AND DEATH RATES FROM TUBERCULOSIS  
FOR THE YEARS 1900-1952

NUMBER				RATE PER 1,000		
	<i>Respiratory</i>	<i>Non-Respiratory</i>	<i>Total</i>	<i>Respiratory</i>	<i>Non-Respiratory</i>	<i>Total</i>
1952 ..	9	1	10	0.16	0.01	0.17
1951 ..	23	1	24	0.40	0.01	0.41
1950 ..	12	2	14	0.21	0.03	0.24
1949 ..	20	2	22	0.35	0.03	0.38
1948 ..	14	5	19	0.25	0.09	0.34
1947 ..	13	1	14	0.24	0.02	0.26
1946 ..	21	3	24	0.42	0.06	0.48
1945 ..	10	8	18	0.25	0.20	0.45
1944 ..	24	4	28	0.85	0.14	1.00
1943 ..	18	5	23	0.65	0.18	0.83
1942 ..	19	4	23	0.61	0.13	0.74
1941 ..	11	5	16	0.39	0.18	0.58
1940 ..	28	2	30	0.52	0.03	0.56
1939 ..	20	6	26	0.33	0.10	0.44
1938 ..	34	8	42	0.62	0.12	0.74
1937 ..	24	7	31	0.43	0.12	0.55
1936 ..	33	6	39	0.59	0.11	0.70
1935 ..	22	6	28	0.39	0.11	0.50
1934 ..	43	3	46	0.75	0.05	0.80
1933 ..	35	6	41	0.61	0.11	0.72
1932 ..	34	7	41	0.59	0.12	0.71
1931 ..	26	11	37	0.47	0.19	0.66
1930 ..	30	5	35	0.50	0.08	0.58
1929 ..	31	7	38	0.50	0.10	0.60
1928 ..	43	12	55	0.70	0.20	0.90
1927 ..	37	8	45	0.63	0.16	0.80
1926 ..	43	6	49	0.70	0.12	0.82
1925 ..	44	4	48	0.80	0.07	0.87
1924 ..	37	7	44	0.67	0.12	0.79
1923 ..	38	9	47	0.70	0.16	0.87
1922 ..	33	6	39	0.58	0.10	0.68
1921 ..	53	12	65	0.85	0.19	1.04
1920 ..	31	7	38	0.56	0.14	0.69
1919 ..	44	7	51	0.80	0.10	0.90
1918 ..	52	13	65	1.04	0.26	1.30
1917 ..	52	12	64	1.10	0.26	1.36
1916 ..	52	19	71	1.04	0.38	1.42
1915 ..	50	7	57	0.91	0.12	1.03
1914 ..	41	15	56	0.75	0.27	1.02
1913 ..	39	15	54	0.72	0.50	0.75
1912 ..	60	8	68	1.10	0.14	1.24
1911 ..	58	12	70	1.09	0.22	1.31
1910 ..	46	12	58	0.87	0.22	1.09
1909 ..	58	13	71	1.11	0.25	1.36
1908 ..	42	11	53	0.81	0.21	1.02
1907 ..	53	11	64	1.04	0.20	1.24
1906 ..	53	13	66	1.08	0.27	1.35
1905 ..	42	13	55	0.90	0.28	1.18
1904 ..	32	22	54	0.69	0.48	1.17
1903 ..	33	15	48	0.73	0.33	1.06
1902 ..	57	12	69	1.29	0.27	1.56
1901 ..	44	15	59	1.01	0.34	1.35
1900 ..	52	11	63	1.06	0.22	1.28



## CHEST PHYSICIAN'S REPORT

"During the year the work of the Chest Clinic gradually increased but although this is the general tendency in all clinics nowadays we have been able to cope with it without getting into serious difficulties. All patients are given appointments both for attendance at the clinic and at St. Mary's Hospital where they are X-rayed. By not restricting the hours of the clinic there was no wait for an appointment but unfortunately, owing to the heavy demands made on the X-ray Department at St. Mary's, there is sometimes a short delay in getting X-rays of cases which are not urgent. Patients of course come to the Chest Clinic from the whole of the Eastbourne Hospital Management Committee's area, but this report relates only to those within the Borough of Eastbourne boundaries and of course relates only to tuberculosis whereas the clinic deals with all other respiratory diseases as well.

So far as the figures are concerned the most striking are:

- (a) Ten deaths—which is the lowest number ever recorded.
- (b) Nineteen new cases diagnosed. There has been a big drop in these too and it is pleasant to note that just over half of these were diagnosed before they had actually become infectious. This low number of new cases suggests that in Eastbourne not only are the annual number of deaths falling steadily but so are the number of new cases found. As you know, this is not the general experience and unfortunately in many other areas, where the morbidity rate has also fallen progressively year by year the mortality rate has not kept pace with this. The only other things I would specially draw attention to are:
- (c) Removed from the register—recovered 38. This large number is, I must admit, not only the result of more successful treatment during the previous five years (this is the official Ministry of Health time which must elapse after the last sign of progressive disease before recovery is assumed) but also the result of a thorough overhaul of the register on which your staff and mine co-operated. It was found that many cases had recovered but for one reason or another had not been removed from the register in years gone by.
- (d) Number of contacts first examined—97. This is an average of nearly five contacts per each new case and it will be seen that of these 97 two were found to have developed tuberculosis.

As I hinted in my opening paragraph there has been nothing outstanding to report, but the importance of the year's work lies I think in the steadily sustained nature of the work done and the results are satisfactory. Under the Local Authority scheme six children were successfully inoculated with B.C.G. and a 100 per cent. conversion rate was obtained without any complications of any kind.



Several families were re-housed on account of tuberculosis but an appreciable number remain to be re-housed as and when suitable accommodation is available. Whilst being perhaps naturally biased in favour of the tuberculous I think the re-housing of such families when their accommodation is unsatisfactory is an urgent Public Health problem, whether the patient concerned has active or inactive disease. In the former case the reasons for desiring better accommodation are two:

- (a) To prevent the spread of the disease.
- (b) To improve the patient's own living conditions and thus improve the prospects of recovery. In the latter case to improve the living conditions and thus lessen or prevent the possibility of a relapse, i.e. of a patient sputum negative becoming sputum positive.

Although I have said I am satisfied with the work done at the Chest Clinic during the year we who work in the Chest Clinic are far from satisfied that everything is, as is said nowadays, under complete control and there is no feeling of complacency. So far as the future is concerned I do not think it is being unduly optimistic to express the opinion, so far as Eastbourne is concerned, that the problems presented by tuberculosis will be under complete control within ten to fifteen years.

(*Signed*) A. H. FERGUSON GOW,  
*Chest Physician."*



## TUBERCULOSIS

RETURN FOR YEAR ENDING (31st DECEMBER 1952)

PART II—CLINIC WORK

	Respiratory			Non-Respiratory			Totals		Grand Totals
	M.	W.	Ch.	M.	W.	Ch.	M.	W.	
A. (1) Number of notified cases of Tuberculosis on clinic registers on 1st January, 1952	167	100	7	23	27	23	190	127	347
(2) Transfers from clinics under other H.M.C.s. or B.G.s. during the year	10	2	—	5	1	—	15	3	18
(3) Cases lost sight of which returned to clinic during year	7	—	—	2	—	—	9	—	9
B. Number of NEW CASES diagnosed as Tuberculous during the year:									
Sputum Negative	4	6	—	—	—	—	4	6	10
Sputum Positive	3	6	—	—	—	—	3	6	9
Totals of A and B	191	114	7	30	28	23	221	142	393
C. Number of cases in A and B written off clinic registers during the year:									
(1) Recovered	16	9	1	6	2	4	22	11	38
(2) Died (all causes)	10	1	—	—	—	—	10	1	11
(3) Removed to other H.M.C. or B.G. clinics	17	9	—	—	—	—	17	9	26
(4) Other reasons	2	—	—	—	—	4	2	—	6
Totals of C	45	19	1	6	2	8	51	21	81
D. (1) Number of notified cases of Tuberculosis on clinic registers on 31st December, 1952	146	95	6	24	26	15	170	121	312
(2) Number of above known to have had positive sputum within preceding six months	28	24	—	—	—	—	28	24	52
E. Number of CONTACTS first examined during the year:									
(1) Diagnosed as tuberculous	1	1	—	—	—	—	1	1	2
(2) Not tuberculous	—	—	—	—	—	—	21	35	94
(3) Not determined (as at 31st December, 1952)	—	—	—	—	—	—	—	—	1
F. Number of Patients on clinic registers awaiting admission to Tuberculosis Institution	7	4	—	—	—	—	7	4	11



## VENEREAL DISEASES

The Treatment Centre for Venereal Diseases, for which the Hospital Management Committee is responsible, was at the Princess Alice Memorial Hospital. Two weekly sessions were held—Mondays for women and children, and Wednesdays for men.

The following cases, which include two of Syphilis, one of Gonorrhoea and eight of other conditions from outside the Borough, attended the Centre—the figures in brackets relate to 1951:

	<i>Males</i>		<i>Females</i>		<i>Total</i>		<i>Grand Total</i>
	<i>Old Cases</i>	<i>New Cases</i>	<i>Old Cases</i>	<i>New Cases</i>	<i>Old Cases</i>	<i>New Cases</i>	
Syphilis .. ..	9 (14)	1 (2)	6 (9)	3 (1)	15 (23)	4 (3)	19 (26)
Gonorrhoea .. .	3 (8)	2 (2)	— (—)	— (—)	3 (8)	2 (2)	5 (10)
Chancroid .. .	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
Other Conditions ..	9 (9)	29 (26)	11 (3)	13 (24)	20 (12)	42 (50)	62 (62)
	21 (31)	32 (30)	17 (12)	16 (25)	38 (43)	48 (55)	86 (98)

The total attendances were 239 (306), Males 139 (200), Females 100 (106).

### SUMMARY 1942–1952

<i>Year</i>	<i>(1) Total Cases</i>	<i>(2) Non-V.D. Cases included in (1)</i>	<i>(3) Attendances</i>		
			<i>(a) For M.O.s Attention</i>	<i>(b) Intermediate Times</i>	<i>(c) Total</i>
1942	118	42	399	168	567
1943	216	90	694	231	925
1944	271	123	766	181	947
1945	286	151	646	118	764
1946	277	148	756	318	1,074
1947	204	112	628	147	775
1948	160	96	461	12	473
1949	155	80	454	58	512
1950	160	68	348	68	416
1951	98	62	286	20	306
1952	86	62	223	16	239

## PUBLIC HEALTH ACT, 1936—Section 187

### NURSING HOMES

One Nursing Home was registered during the year. At the end of the year the thirteen Nursing Homes on the Register provided 141 beds for chronic, medical and surgical cases, and 4 for maternity cases. Fourteen visits of inspection were made by the medical staff of the Department.



## **NURSES ACTS, 1943 and 1945**

### **NURSES' AGENCIES**

Licences in respect of the two existing Agencies were renewed. The records of the Agencies were inspected by the medical staff of the Department.

## **NURSERIES AND CHILD MINDERS' REGULATION ACT, 1948**

Three premises where children who had not attained the upper limit of compulsory school age were received to be looked after for the day or for a substantial part thereof, or for any longer period not exceeding six days, remained registered under this Act. No persons were registered as Child Minders.

## **CHILDREN ACT, 1948**

### **RESIDENTIAL HOMES AND NURSERY**

The Medical Officer of Health was on the list of general practitioners of the Local Executive Council and, in that capacity, was responsible for the medical care of all children in the Council's Residential Homes and Nursery. In addition to medical examination by the staff of the Department prior to admission, all children in the Homes were medically inspected once a quarter and children in the Nursery were inspected monthly.

Dental inspection of the children was carried out in the Homes by the Senior Dental Officer and any necessary treatment was provided without delay through the School Dental Service or, in the case of pre-school children, through the Council's arrangements for dental treatment under the National Health Service Act.

### **STAFF MEDICAL EXAMINATIONS**

A considerable proportion of the time of the medical staff of the Department was devoted to medical examinations of new entrants to the Corporation staff and entrants to the Council's superannuation Scheme. In addition, special medical examinations were carried out and reports made in regard to members of the staff of various Departments in cases of absence from work through illness or accident.



# EXAMINATIONS MADE:

## NEW APPOINTMENTS:

<i>Department</i>					
Public Libraries	..	..	..	..	3
Eastbourne Training College	..	..	..	..	2
Borough Engineer	..	..	..	..	8
Education	..	..	..	..	2
Police	..	..	..	..	4
Transport	..	..	..	..	17
Public Health	..	..	..	..	22
Chelsea Training College	..	..	..	..	1
Borough Treasurer	..	..	..	..	6
Civil Defence	..	..	..	..	1
Children's Department	..	..	..	..	6
					—
					72

## SUPERANNUATION SCHEME:

Eastbourne Training College	..	..	..	..	4
Children's Department	..	..	..	..	2
Borough Engineer	..	..	..	..	32
Entertainments and Catering	..	..	..	..	7
Farms	..	..	..	..	1
Transport	..	..	..	..	15
Chelsea Training College	..	..	..	..	5
School of Art	..	..	..	..	1
Public Health	..	..	..	..	6
Publicity Bureau	..	..	..	..	2
					—
					75

## SICK PAY SCHEME:

Transport	..	..	..	..	14
Borough Engineer	..	..	..	..	31
Public Health	..	..	..	..	3
Public Libraries	..	..	..	..	1
Education	..	..	..	..	1
					—
					50

## INCAPACITY THROUGH ACCIDENT:

Borough Engineer	..	..	..	..	5
					—
					5

## FITNESS FOR TRAINING:

Civil Defence	..	..	..	..	2
					—
					2

TOTAL	..	..	..	..	204
-------	----	----	----	----	-----



## NATIONAL ASSISTANCE ACT, 1948

The accommodation in the Council's Homes at Cavendish Lodge and Trevin Towers remained filled to capacity throughout the year. In addition accommodation at St. Luke's Home, Cliff Road continued to be used for women, the average accommodated there this year being 20, and at the time of writing 24 women in the Home are the responsibility of this Authority.

There is a long waiting list for accommodation, and there is little doubt that with present conditions and the increasing number of residents of the town in the upper age group, there will be a continued demand for the provision of Residential Accommodation. It is satisfactory to note that so far, despite the calls made, it has not been necessary to refuse any really urgent applications.

The right to use accommodation to the extent of twenty beds in St. Mary's Hospital continued, but in fact these beds have been used for sick cases and throughout the year only three cases were temporarily admitted to St. Mary's, being cases actually in the hospital for whom no provision could be made by relatives on discharge and who were retained pending a bed in Local Authority Part III accommodation.

A considerable strain was placed on the staff in Part III accommodation during the winter when a large number of sick cases had to be dealt with due to the non-availability of hospital beds. It is to be noted that there is an increasing amount of infirmity among Part III residents and this type of case is causing a problem all over the country as, although not needing active nursing, they are nevertheless unsuitable for Part III accommodation as at present provided.

Temporary accommodation has been maintained at 49 Pevensey Road, for the temporarily homeless, which for many reasons is not suited to this type of case.

### 1. PROVISION OF RESIDENTIAL ACCOMMODATION (Section 21 (i) (a) )

#### A.—AGED, INFIRM OR OTHER PERSONS IN NEED OF CARE AND ATTENTION.

(i) *Cavendish Lodge, Cavendish Place*, provided and maintained by the Local Authority, afforded accommodation for a maximum of 27 male residents. Admission and discharges were:

In Home on 31st December 1951	..	..	26
Admitted during the year	..	..	13
Discharged during the year	..	..	13
Died during the year	..	..	1
Remaining in the Home on 31st December 1952	..	..	25



(ii) *Trevin Towers*. This Home provided and maintained by the Local Authority afforded accommodation as follows.

		Male	Female
In Home on 31st December 1951	..	7	38
Admitted during the year	..	6	22
Discharged during the year	..	7	18
Died during the year	..	1	3
Remaining in Home on 31st December 1952	..	5	39

(iii) *The Wolds, College Road*, is a Voluntary Home for the Blind, provided and maintained by the Society for the Social Welfare of the Blind in Eastbourne. The Council accepted financial responsibility for Eastbourne cases as follows:

In Home on 31st December 1951	..	..	12
Admitted during the year	..	..	18
Discharged during the year	..	..	13
Died during the year	..	..	1
Remaining in Home on 31st December 1952	..	..	16

(iv) *St. Luke's Home, Cliff Road*, owned and maintained by the Sisters of the Community of All Saints, accepted women for whom the Local Authority was responsible as follows:

In Home on 31st December 1951	..	..	19
Admitted during the year	..	..	21
Discharged during the year	..	..	15
Died during the year	..	..	2
Remaining in Home on 31st December 1952	..	..	23

(v) *St. Mary's Hospital*. The arrangement with the Regional Hospital Board whereby the Council is entitled to the use of up to 20 beds continued. Admissions and discharges were:

In Annexe on 31st December 1951	..	..	—
Admitted during the year	..	..	3
Discharged during the year	..	..	3
Remaining in Hospital on 31st December 1952	..	..	—

(vi) *Other Residential Homes*. The following cases were accommodated in the undermentioned Homes at the end of the year:

Epileptic .. Three—One at Chalfont Colony, Bucks.

Two at Lingfield Epileptic Colony.

Aged .. Two— One at Bernhard Baron Cottage Homes, Polegate.

One at Salvation Army Home, Wokingham.



The classification of the cases remaining in the above Homes at the end of the year was:

	<i>Cavendish Lodge M.</i>	<i>St. Luke's Home F.</i>	<i>Trevin Towers M. F.</i>		<i>The Wolds F.</i>
(a) Aged Persons ..	11	10	1	19	—
(b) Physically and Mentally Infirm .. ..	10	12	2	14	—
(c) Blind or Partially Sighted	1	1	1	4	16
(d) Deaf or Dumb ..	—	—	—	1	—
(e) Epileptic .. ..	1	—	—	1	—
(f) Crippled .. ..	2	—	1	—	—
TOTAL ..	25	23	5	39	16
	==	==	==	==	==

#### B.—ACCOMMODATION FOR TEMPORARILY HOMELESS PERSONS (Section 21 (i) (b) )

The premises at 49 Pevensey Road were in use throughout the year for the accommodation of temporarily homeless families.

The following summary shows the number of persons dealt with:

	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Families</i>
On 31st December 1951 ..	5	11	25	11
Admitted during 1952 ..	4	15	31	15
Remaining at 31st December 1952	3	5	12	5

One family consisting of 1 woman and 3 children was resident throughout the year.

Details of families accommodated on 31st December 1952:

<i>Women</i>	<i>Children</i>	<i>Men</i>	<i>Accommodated since</i>
1	4	1	25/12/50
1	4	—	3/ 1/52
1	2	1	29/10/52
1	1	—	14/11/52
1	1	1	15/11/52

Five women were accommodated temporarily at the House of the Good Shepherd and 10 women and 6 children were accepted by St. Luke's Home in emergencies when no other accommodation was available.

#### C.—RECEPTION CENTRES (Section 17)

The duty of the National Assistance Board to provide and maintain a Centre for persons without a settled way of living continued to be exercised through the Local Authority in part of the former Casual Block at St. Mary's Hospital.



The alterations referred to in the last Annual Report were carried out during the year and the Centre is now equipped and staffed in a satisfactory manner.

It is to be noted with regret that the number of persons using the Centre is not decreasing, in fact, the Centre has been full on several nights and men turned away.

The number of persons accommodated was:

			<i>Males</i>	<i>Females</i>	<i>Children</i>
January .. .. .	..	..	119	5	—
February .. .. .	..	..	135	2	—
March .. .. .	..	..	209	7	—
April .. .. .	..	..	239	8	1
May .. .. .	..	..	232	11	—
June .. .. .	..	..	204	16	1
July .. .. .	..	..	235	8	—
August .. .. .	..	..	200	11	3
September .. .. .	..	..	167	8	—
October .. .. .	..	..	166	8	—
November .. .. .	..	..	172	4	—
December .. .. .	..	..	174	3	—
TOTALS .. .. .	..	..	<u>2252</u>	<u>91</u>	<u>5</u>

## 2. REGISTRATION OF DISABLED AND OLD PERSONS' HOMES (Section 37)

No new Homes were registered during the year. A new owner was registered in respect of one existing Home. The total on the register at the end of the year remained at seven for old persons, providing fifty-seven beds; two for disabled persons, providing forty-four beds and five for old persons, providing one hundred and nine beds.

## 3. REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION (Section 47).

No cases were dealt with under this Section.

## 4. CARE OF PROPERTY (Section 48).

Property of the following cases was in store at Avenue House at the end of the year:

Patients in Mental Hospitals .. .. .	22
Persons in accommodation provided under Part III of this Act .. .. .	3
Persons in General Hospitals .. .. .	2



## 5. BURIALS (Section 50).

Arrangements were made for the burial of four persons. Approximately twenty-five per cent. of the cost involved was recovered.

## 6. WELFARE SERVICES (Section 29).

### (a) BLIND PERSONS.

(i) *Registration.* There were one hundred and eighty-five blind persons on the Register at the end of 1951. Thirty-seven new cases were certified in the year under review and three were transferred to Eastbourne from other areas. One old case was restored to the Register on re-certification. Sixteen persons died, three were removed from the Register being no longer blind, and six were transferred to other areas. The total on the Register at the end of the year was two hundred and one (eighty-three males and one hundred and eighteen females) in the following age groups:

<i>Age Group</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 5 years .. ..	—	—	—
Between 5 and 15 years ..	2	1	3
Between 16 and 30 years ..	5	4	9
Between 31 and 49 years ..	14	4	18
Between 50 and 69 years ..	24	25	49
70 years and over .. ..	38	84	122
	—	—	—
	83	118	201
	==	==	==

The following table shows the state of the Blind Persons Register over the last thirty years:



# BLIND PERSONS' REGISTER 1923-1952

<i>Year</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Year</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
1923	30	37	67	1938	33	47	80
1924	30	37	67	1939	31	46	77
1925	27	38	65	1940	34	41	75
1926	28	36	64	1941	33	44	77
1927	27	39	66	1942	37	53	90
1928	33	42	75	1943	38	50	88
1929	36	45	81	1944	34	47	81
1930	37	51	88	1945	38	52	90
1931	38	50	88	1946	36	53	89
1932	35	47	82	1947	35	58	93
1933	38	47	85	1948	43	70	113
1934	32	44	76	1949	52	76	128
1935	30	49	79	1950	57	92	149
1936	33	47	80	1951	80	105	185
1937	33	51	84	1952	83	118	201

(ii) *Home Workers.* One blind man was included in the Home Workers Scheme of the National Institute for the Blind as a basket maker.

## (b) PARTIALLY SIGHTED PERSONS.

The Council's Scheme provided that the services available for the blind shall also be generally available for the partially sighted. At the end of the year there were thirty-nine partially sighted persons on the Register.

## (c) VOLUNTARY ORGANISATIONS (Section 30).

(i) *Blind and Partially Sighted.* The Local Authority made a grant of £25 to the Society for the Social Welfare of the Blind in Eastbourne. The social amenities and other services provided by this organisation were available for the partially sighted as well as for the blind.



(ii) *Deaf and Dumb.* The Sussex Diocesan Association for the Deaf and Dumb continued to act as the Authority's agent. Seventeen cases were on the register at the end of the year and a capitation fee of £3 was paid in respect of each case. The facilities provided by the Association included visiting, placement in employment, Church Services and socials in Eastbourne and Hastings, and welfare work generally.

(iii) *Cripples.* The arrangement whereby the Eastbourne Voluntary Association for the Care of Cripples acts as agent for the Local Authority was continued. During the year the average number of cripples on the register was 71.5 and a capitation fee of £107 5s. 0d. was paid, plus an annual grant of £15. The Association, in addition to visiting, teaching of homecrafts and general welfare work provided a handicraft centre. This Centre continued to be held at All Saints' Parish Hall on Tuesdays and 18 persons made 630 attendances; very satisfactory arrangements were made for the sale of completed articles. The number of crippled persons on the Register at the end of the year was 70.

(iv) *Hard of Hearing.* The Eastbourne District Hard of Hearing Association has acted through the year as the authority's agent for this type of case. The Association, although only in the second year of life, has made good progress and while its activities are mainly social, the welfare facilities are being extended. A grant of £25 was made during the year by the Authority.

(d) OLD PEOPLE'S ORGANISATIONS (Section 31).

(i) *Women's Voluntary Services.*—The following table gives details of the meals served and the prices charged over the twelve ration periods:

<i>Meals Supplied</i>	<i>One Shilling and Threepence</i>	<i>One Shilling and Twopence</i>	<i>Reduced Rate</i>	<i>Free</i>
422	—	249	97	76
485	—	289	103	93
666	—	413	147	106
354	—	225	77	52
510	77	239	120	74
417	262	—	107	48
432	256	—	108	68
436	260	—	103	73
454	272	—	102	80
442	247	—	100	95
417	218	—	109	90
473	229	—	114	130
462	202	—	102	158
<hr/> 5970 <hr/>	<hr/> 2023 <hr/>	<hr/> 1415 <hr/>	<hr/> 1389 <hr/>	<hr/> 1143 <hr/>



The service was subsidised to the extent of £134 1s. 5d. by the Local Authority.

(ii) *Eastbourne Old People's Welfare Committee.* This Committee, on which all bodies concerned with old people are represented, continued to meet during the year and it is to be hoped that there will be an increased degree of co-ordination and co-operation in services and facilities available for the aged.

Clubs for the aged now exist as follows:

Brodie Hall, Seaside.

Pitman Institute, Church Street.

Over "60" Club, Foresters Hall, Langney Road.

"Alex" Club, Queen Alexandra Cottage Homes.

Good Companions Club, St. Elisabeth's Hall, Victoria Drive.

(iii) *British Red Cross Society—Chiropody Services.*—The services provided by the Eastbourne Division of the British Red Cross Society proved of inestimable value to old people. The centre was open one evening per week and was attended by two registered Chiropodists who gave their services. It is to be noted that there is a waiting list for attention.

The Local Authority has unfortunately no power to provide a general Chiropody Service but continued to provide facilities for residents in its own Homes, thereby reducing to some extent the demands made on the service provided by the Red Cross.