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COUNTY BOROUGH OF EASTBOURNE

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

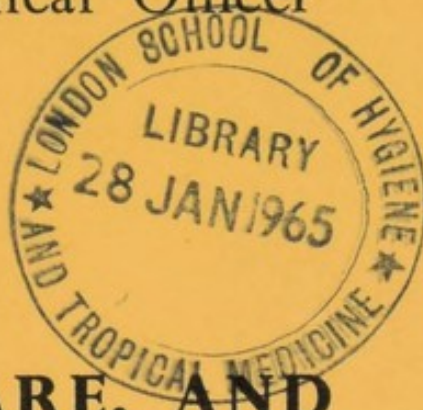
Principal School Medical Officer

FOR

1963

ON THE

**HEALTH, WELFARE, AND
SCHOOL HEALTH SERVICES**



KENNETH O. A. VICKERY, M.D., M.R.C.S., D.P.H.
Medical Officer of Health



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PRINCIPAL CONTENTS

					<i>Page</i>
SECTION A	General Information, Vital Statistics	..			14
SECTION B	National Health Service Act (Local Health Services)	..	..	..	21
SECTION C	Welfare Services	..	..	..	47
SECTION D	Prevalence of, and Control over, Infectious and other Diseases	..	..	..	52
SECTION E	Sanitary Circumstances of the Area	..			54
SECTION F	Miscellaneous	..	..	..	75
	SCHOOL HEALTH SERVICE	..		..	84
	INDEX	..	..	..	113

ANNUAL REPORT

HEALTH AND WELFARE SERVICES DEPARTMENT,
AVENUE HOUSE,
EASTBOURNE.
October, 1964.

*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 seventy-second Annual Report of the work of the department in respect of the Health and Welfare Services of the Corporation.

Statistical

The population continues to rise, although at a less impressive rate than would be expected from the extent of building operations in the Borough. Some depopulation of the older and more congested wards is to be expected and from a public health point of view is a good thing. Extensive residential development in the more peripheral parts has necessitated a considerable redeployment of services.

The birth rate also continues to rise and at 15.68 (corrected) per 1,000 population was the highest since 1947. It will be seen from the graph and table on page 19 that the number of registered deaths regularly exceeds the number of births. The annual rise in total population is accounted for by inward migration, mostly of persons of relatively high average age.

The Elderly

The 1961 Census reveals that some 25 per cent. of residents were aged 65 and over. This figure is probably now exceeded, and the high proportion of elderly in the community places very heavy burdens upon a number of health, welfare and medical services. The local authority, hospital and general practitioner services are all heavily pressed. No less under pressure are the local hospital services, general and psychiatric. The average number of patients on the lists of general practitioners undertaking National Health Service responsibilities is relatively low at 1,963, but doctors are called upon to supply an above-average number of items of service, including home visits.

There appears to be a very real risk in certain areas of the country that a severe crisis in the recruitment and retention of necessary staff will seriously jeopardize not only the expansion but even the maintenance of the health and welfare services in each of the respective parts of the National Health Service. The arrival at working age of the post-war bulge of young people may serve temporarily to hold the position, but these young people are already marrying and producing children requiring in turn, health, education and social services.

On the consumer side, an increasing proportion of the population is surviving to old age. The average old person receiving help was born about 1885 at a time of industrial squalor and agricultural poverty, with health and social services little developed. No more than one child of every two survived to adult life at that time. The following thirty years, however, saw very marked advances in the conquest of the "killer" infectious diseases, and in the promotion of the social services. More and more children survived, and we may thus anticipate an acceleration in the years ahead of the total numbers of adults who will reach old age.

Illustrative of these pressures, it will be seen on page 29 that the home nursing team was required to undertake more than 4,000 additional visits during the year and to cover some 200 more patients. The demand on the home help service was no less severe. There was a slight increase in the number of equivalent whole-time home helps employed, but the overall effect was that more part-time home helps worked less hours, giving individually and collectively less help to substantially more cases than compared with the years 1959 and 1960 (see page 43). It therefore has to be admitted that recruitment of home helps and the number of hours they are able or willing to work is failing to keep pace with local needs and with the intention of the Ten-Year Plan.

Progress was made during the year in plans for the provision of additional homes for the aged and flatlets for the elderly. The latter, together with the services of a resident warden, undoubtedly alleviate the demand on the ever-rising waiting list for places in homes for the aged. It is unfortunate, therefore, that the provision of warden-supervised flatlets for the elderly has to count against the Council's allocation for general housing purposes. I venture to advocate that special housing units for the aged should be regarded and administered primarily as a welfare service at both ministerial and local authority levels.

Maternal and Child Welfare

Notwithstanding the increased birth rate, the Midwifery Service was one of the few sections of the department not beset with staffing and recruitment difficulties. Doubtless the fact that some 92 per cent. of all confinements took place in hospital or maternity home influenced the situation. There was, however, a sharp increase in the number of mothers discharged from hospital prior to the tenth day to the care of the midwives.

The attendances at the Child Welfare Centres continue to increase. Elderly persons also made greater use of the local authority clinics, with the result that clinic premises are now used to the utmost of their capacity. The planned provision of new clinic premises in the Princes Park and Hampden Park areas will greatly facilitate the promotion of health and welfare services in these areas.

The Work of the Public Health Inspectors

With rapidly changing social conditions, there has been a corresponding change of emphasis in the work of the Public Health Inspectors. Their major task is no longer the pursuit of minimum standards of hygiene on the part of householders and landlords. Minimum standards are now regularly exceeded voluntarily as a result of public education and improved economic conditions. For the same reasons, the recent Offices, Shops and Railway Premises Act is probably at least twenty years too late so far as Eastbourne is concerned. Some black spots will inevitably come to light but, as rebuilding proceeds, employers are increasingly concerned with staff amenities as an essential prerequisite of staff recruitment. The Act imposes a considerable task on the department and on the Public Health Inspectors in particular. This task will be undertaken faithfully but I do not anticipate benefits in the health of the community commensurate with the effort involved.

Much more benefit is likely to be derived from the Housing Act, 1964, by the definition of Improvement Areas representing an acceleration of the impetus already given to improvement grants. The available resources of the inspectorate must be deployed having priorities in mind, in which connection there must be no respite in the pursuit of food hygiene in the many establishments which are the backbone of the major industry of Eastbourne.

The Daily Food of the Community

In my reports for 1953 and 1955 I referred to profound influence on personal and community health of the eating habits of the populace. In consideration also of a rising incidence of certain degenerative diseases I urged a critical examination of certain factors of relatively recent origin, including the chemical treatment of the soil, the use of powerful and lethal insecticides and crop sprays, and the increasing number of foodstuffs subjected to chemical and physical processing and sophistication.

To reiterate the importance of these questions to public health some ten years later is no longer to risk being dubbed a crank or fanatic. There is repeated and almost daily concern expressed in the national and local scientific press on these matters, and a voluntary body with distinguished patronage has been launched to act as watchdog. We must trust that somewhere between the conflicting attitudes of the Government departments on the one hand, with their oft-repeated "no evidence of any ill effects", and the impractical purists on the other, can be worked out a responsible middle course applicable to civilised man approaching the twenty-first century and reproducing his species at a most alarming rate.

Communicable Disease

Whilst much useful information was obtained by direct contact with local medical practitioners, the value derived from statutory notification of infectious disease continued to decline. There is little

to record of interest concerning notifiable disease. Food poisoning, whilst not infrequently suspected, was seldom confirmed. An increasing common condition giving rise to symptoms not unlike those of food poisoning was infective vomiting disease. This condition was prevalent throughout the year, affecting all age groups, but appeared to be more common in families having school age children. It is also possibly more prevalent in holiday resorts. The illness was characterised by a liability to recrudescence. No organism was isolated and it is suspected to be of virus origin. The severity of the symptoms occasionally gave rise to severe prostration. However, the sting of the illness appears to reside entirely in the gastro-intestinal disturbance and vomiting symptoms. A prophylactic dose of perphenazine taken at the onset of nausea will often succeed in averting the major consequences of the illness, leaving only a minor degree of malaise.

Acknowledgements

Whilst reference is made in these annual reports to some of the shortcomings of the National Health Service and to difficulties encountered in the desirable development of the health and welfare services, I would like to place on record the progressive outlook and consistently responsible attitude of the Council throughout this great post-war revolution in the social services. All the many extensive and expensive recommendations arising from Acts of Parliament and Ministerial Circulars have been carefully and patiently considered by the parent committees and again by the Finance Committee. The prime consideration has always been the welfare of the community.

In consequence it may fairly be claimed that within the Council's responsibilities for these personal services no real hardship or handicap need go unrelieved.

I am indebted to my departmental colleagues for their continued loyal support.

I am, Mr. Mayor, Ladies and Gentlemen,

Yours faithfully,

KENNETH VICKERY,

Medical Officer of Health.

PUBLIC HEALTH COMMITTEE

(as constituted at 31st December, 1963)

The Mayor:

COUNCILLOR B. RAVEN, J.P.

Chairman:

COUNCILLOR MRS. W. L. LEE

Deputy Chairman:

COUNCILLOR F. A. POPE

Councillors:

T. E. BAVIN
G. A. BOSLEY
C. E. DOBELL

W. J. EVENDEN
J. R. OUZMAN
M. SKILTON

HEALTH SERVICES COMMITTEE

(as constituted at 31st December, 1963)

The Mayor:

COUNCILLOR B. RAVEN, J.P.

Chairman:

COUNCILLOR MRS. F. M. LLEWELLYN

Deputy-Chairman:

ALDERMAN S. R. TOMSETT

Alderman:

S. M. CAFFYN, C.B.E.

Councillors:

T. E. BAVIN
Mrs. J. G. HOPPER
C. KING
W. P. LEBBON
MRS. W. L. LEE
C. G. SCOTT

Co-opted Members:

MR. J. A. FAIRCLOUGH—Eastbourne Executive Council
DR. J. EMSLIE—Eastbourne Local Medical Committee.
MR. H. RIDDICK—Eastbourne Hospital Management Committee

WELFARE SERVICES COMMITTEE

(as constituted at 31st December, 1963)

The Mayor:

COUNCILLOR B. RAVEN, J.P.

Chairman:

COUNCILLOR G. A. RAINEY, J.P.

Deputy-Chairman:

COUNCILLOR C. E. DOBELL

Councillors:

J. R. BATHE
L. J. CAINE
MRS. E. M. EDWARDS

MRS. J. G. HOPPER
W. P. LEBBON
MRS. W. L. LEE

COMMITTEES

The regular business of the respective Committees remained as set out in my Annual Report for 1953.

HEALTH AND WELFARE SERVICES DEPARTMENT STAFF

Medical Officer of Health:

KENNETH O. A. VICKERY, M.D., B.S.(Lond.), M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health:

WALTER JAMES WIGFIELD, M.A., M.B., B.Chir., D.P.H.

Assistant Medical Officer:

MARJORIE I. GODSON, M.B., Ch.B., D.P.H.

Medical Officers (Part-time):

PENELOPE WRIGHT, M.B., B.S.

JANE FELCE, M.B., B.S.

J. M. DUGAN, M.B., B.S.

MOIRA JEAN MARTENS, M.B., B.Ch., D.C.H.

Chief Dental Officer:

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

Assistant Dental Officer:

J. W. MARTIN, L.D.S.

Chief Public Health Inspector:

EDWARD EDLINGTON, Cert. R.S.I.

Deputy Chief Public Health Inspector:

F. T. RIPPIN, Cert. S.I.B.

Public Health Inspectors:

L. G. HOWARD, Cert. S.I.B.

A. MATTHEWS, Cert. S.I.B.

G. N. RICHARDS, Cert. S.I.B.

V. J. CLINCH (from 11th July, 1963)

Pupil Public Health Inspector:

V. J. CLINCH (to 11th July, 1963)

Superintendent of Home Nursing Service and Non-Medical Supervisor of Midwives:

MISS N. E. RUSSELL, R.F.N., S.R.N., S.C.M., Q.N., H.V. Cert.

District Nursing Sisters:

Whole-time

MISS A. E. BARKER, S.R.N., S.C.M., R.M.N. (from 30.12.63)
MRS. I. BOOTHROYD, S.R.N., R.F.N., Q.N.
MRS. D. A. CARMICHAEL, S.R.N. (from 6.3.63)
MRS. W. G. HARRIOTT, S.R.N.
*G. J. HUNT, S.R.N., Q.N.
MRS. D. HURD, S.R.N., Q.N.
MRS. J. E. JERRATT, S.R.N., Q.N. (Senior)
MRS. G. M. MEEN, S.R.N.
MISS J. A. PETERS, S.R.N., Q.N.
MRS. J. E. RAINSLEY, S.R.N.
*A. ROTCHELL, S.R.N., Q.N.
MISS M. SMITH, S.R.N., Q.N. (to 17.12.63)
MRS. N. SPENCE, S.R.N., S.C.M., Q.N.
MISS A. M. WILLIS, S.R.N., S.C.M., Q.N.
MISS E. WOODS, S.R.N. (to 31.3.63 and from 2.9.63 to 31.12.63)
MRS. D. L. WRIGHT, S.R.N., Q.N. (to 31.5.63)

**District Nursing Officers*

Part-time

MISS D. EZZARD, S.R.N., S.C.M., Q.N. (Part-time Home Nurse and Midwife)
MRS. J. F. JOHNSTONE, S.R.N. (to 8.6.63)
MRS. A. S. POWELL, S.R.N. (from 30.12.63)
MRS. S. M. SHANDLEY, S.R.N. (from 3.6.63)
MISS J. M. STANDING, S.R.N.
MRS. P. A. THURSTON, S.R.N. (to 21.12.63)

District Nurses :

Full-time

MRS. M. E. SCOTT, S.E.N.

Part-time

MRS. J. S. MILLICHAMP, S.E.N.
MRS. A. M. URIDGE, S.E.N.

Domiciliary Midwives:

MISS M. A. BENNETT, S.C.M.
MISS F. M. SCAMMELL, S.R.N., S.C.M.
MISS D. EZZARD, S.R.N., S.C.M., Q.N.
(Part-time Midwife and District Nursing Sister)

Superintendent Health Visitor:

MRS. S. M. JAMES, S.R.N., H.V. Cert.

Health Visitors:

MISS B. D. BEALE, S.R.N., S.C.M., H.V.Cert.
MISS J. C. BERK, S.R.N., H.V.Cert.
MISS E. L. CLARK, S.R.N., H.V.Cert.
MRS. D. I. DALE, S.R.N., S.C.M., H.V.Cert.
MISS E. E. GRIFFIN, S.R.N., S.C.M., H.V.Cert.
MISS M. G. HEMMING, S.R.N., H.V.Cert. (Senior)
MISS B. J. HUDSON, S.R.N., S.C.M., H.V.Cert.
MISS B. E. KEEN, S.R.N., S.C.M., H.V.Cert. (to 30.9.63)
MISS A. M. RANKS, S.R.N., S.C.M., H.V.Cert.
MISS R. WALKER, S.R.N., S.C.M., Q.N., H.V.Cert.

Clinic Assistant:

MRS. J. W. NETHERCOTT (Part-time from 22.4.63)

Senior Mental Welfare Officer and Welfare Services Officer:

V. O. F. LITTLE

Mental Welfare Officer and Assistant Welfare Officer:

H. A. HURT

Mental Welfare Officers:

MISS N. A. FULLER

MRS. S. GREEN

Welfare Officer and Home Teacher of the Blind:

MISS E. E. INESON

Welfare Assistant (Blind Welfare):

MRS. M. H. LADLEY (from 11.11.63)

Clerical Staff:

E. TARBUCK, Administrative Officer

W. L. PECK, Senior Clerk

MRS. P. BALL (Part-time from 11.11.63)

MISS D. M. BEETLESTONE

E. G. ELKINGTON

G. M. FITZHUGH

MISS M. S. HARDY

MRS. V. HARDY-KING

MRS. M. H. LADLEY (Part-time to 10.11.63)

MISS J. H. MERRETT

MISS S. A. LANGLEY (from 11.11.63)

D. E. MOSELEY

MISS M. B. OSBON (to 25.10.63)

MRS. G. M. PAIGE (to 9.2.63)

MISS V. M. RANGER (Part-time)

MR. A. F. SEWELL (from 11.2.63)

R. E. STONEHEWER

MISS G. E. WOODS

MRS. V. M. YOUNG

F. R. BIGGS, Civil Defence Staff Officer

Dental Attendants:

MRS. D. BARKER

MRS. K. HARRISS

MISS K. A. LAMBERT (from 11.3.63)

MRS. M. C. LONGHURST (part-time from 8.9.62)

Chiropodists:

T. INGHAM, M.Ch.S.

A. N. OLIVER, M.Ch.S. (part-time)

Chest Physician:

A. H. FERGUSON GOW, M.R.C.S., L.R.C.P.
(Chest Physician, S.E. Metropolitan Regional Hospital Board)

Public Analyst:

T. E. RYMER, F.R.I.C.

Matrons, Superintendents and Wardens of Homes and Hostels, etc.

Princes Park Day Nursery	MISS M. J. KENNEDY
Occupation/Training Centre	MISS D. S. LONES (to 30.11.63)
	MRS. K. M. CASTLE (Acting in absence of Miss Lones)
Cavendish Lodge	J. E. HAYNES
Trevin Towers	W. FOWLER (to 31.3.63)
	W. H. OLIVER (from 1.4.63)
Staveley Court	J. E. LEWIS
St. Anthony's Court	C. Roberts
The Yews	MRS. W. F. SOULSBURY
The Knowle	MRS. A. OLSSON
The Wolds	MISS L. B. ELLIOTT

Staff of Health and Welfare Services Department

	<i>Full-time</i>	<i>Part-time</i>	<i>Total</i>
Medical Officer of Health, Deputy and Assistants	3	3	6
Dental Officers	2	—	2
Clerical Staff, including School Health and Home Nursing Services	17	2	19
Dental Attendants	2	1	3
Public Health Inspectors	6	—	6
Health Visitors	11	—	11
Clinic Nurse	—	1	1
Home Nurses (including Superintendent)	17	5	22
District Nurse/Midwife	1	—	1
Domiciliary Midwives	2	—	2
Blind Home Teacher and Welfare Officer	1	—	1
Welfare Assistant (Blind Welfare)	1	—	1
Chiropodist	1	1	2
Welfare Officer and Mental Welfare Officers	4	—	4
Day Nursery	8	4	12
Occupation Centre	6	6	12
Old People's Homes	46	12	58
The Wolds, College Road	8	3	11
Hostel, 25, St. Leonard's Road	3	—	3
The Knowle (Home for Temporarily Homeless)	—	2	2
Old Town and Seaside Baths	6	2	8
Domestic Helps	1	45	46
Rodent Operators	1	—	1
Others— <i>i.e.</i> , Cleaners, Caretaker, Van Driver	2	6	8
Civil Defence Staff Officer	1	—	1
	<hr/> 149	<hr/> 93	<hr/> 242

The duties of the Senior Public Health Officers remained as set out in my Annual Report for 1953.

SECTION A

GENERAL

Vital Statistics

Notification of Births

General Information—Natural and Social Conditions

VITAL STATISTICS

Estimated Mid-Year Population—62,010

Births				<i>Male</i>	<i>Female</i>	<i>Total</i>
Live Births—	Legitimate	..	..	360	341	701
	Illegitimate	..	..	27	32	59
				<hr/>	<hr/>	<hr/>
				387	373	760
				<hr/>	<hr/>	<hr/>
Still Births—	Legitimate	..	..	3	2	5
	Illegitimate	..	..	—	—	—
				<hr/>	<hr/>	<hr/>
				3	2	5
				<hr/>	<hr/>	<hr/>
Deaths						
All Causes	..	..	..	548	669	1,217
				<hr/>	<hr/>	<hr/>

				<i>Eastbourne</i>	<i>England & Wales</i>
Live Births:					
Number	..	..	..	760	856,368
Rate per 1,000 population	..	..	..	12.26	18.2
Live Birth Rate per 1,000 population after applying "Area Comparability Factor" (1.28)				15.68	—
Illegitimate Live Births per cent. of total live births	..	..	..	7.77	*6.6
Still Births:					
Number	..	..	..	5	15,074
Rate per 1,000 live and still births	..	..	..	6.54	17.3
Total Live and Still Births	..	..	..	765	871,442
Infant Deaths (deaths under one year)	..	..	..	13	18,187
Infant Mortality Rates:					
Total Infant Deaths per 1,000 total live births	..	..	..	17.11	21.6
Legitimate Infant Deaths per 1,000 legitimate live births	..	..	..	18.54	—
Illegitimate Infant Deaths per 1,000 illegitimate live births	..	..	..	—	—
Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births)	..	..	..	10.53	14.2

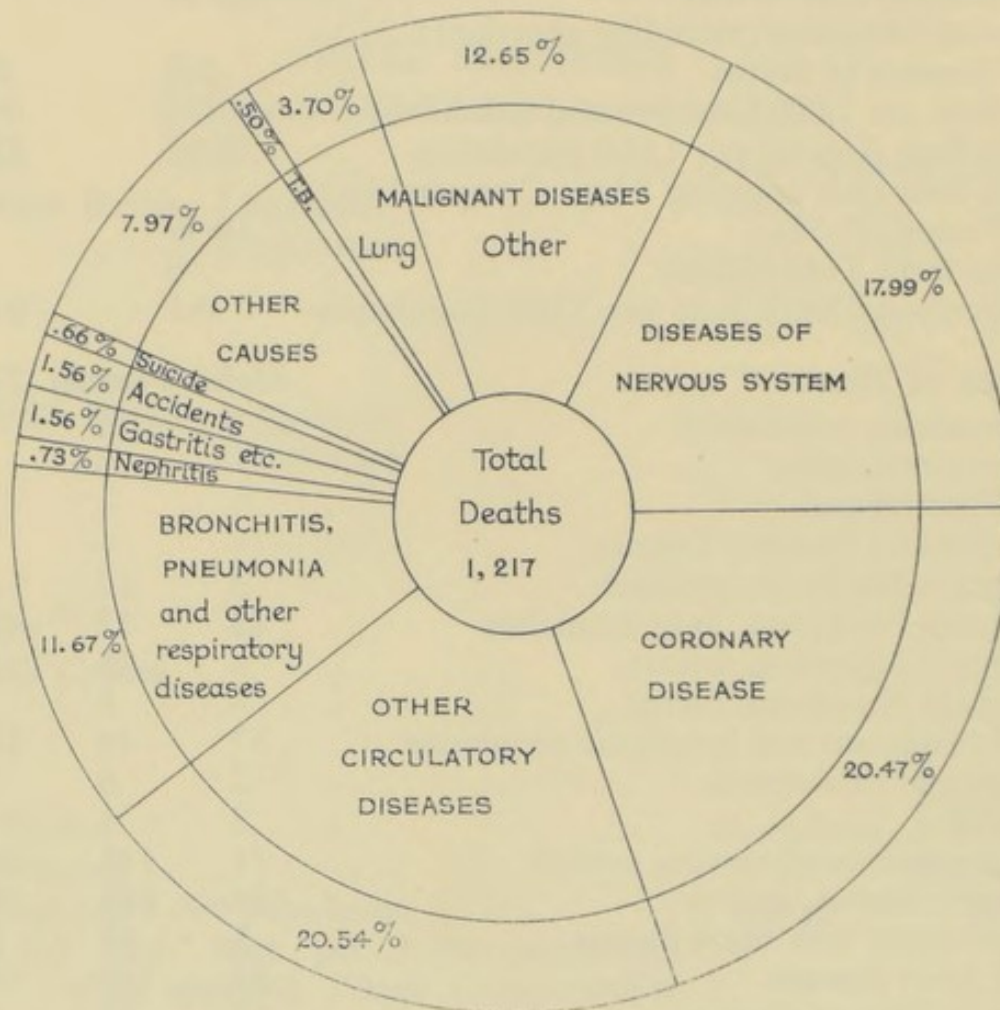
* 1962

	<i>Eastbourne</i>	<i>England & Wales</i>
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births) ..	9.21	—
Peri-natal Mortality Rate (still births and deaths under one week combined per 1,000 total live and still births)	15.69	—
Maternal Mortality (including abortion):		
Number of deaths	Nil	244
Rate per 1,000 total live and still births ..	—	0.28
Death Rate (Crude) per 1,000 population ..	19.63	12.2
Death Rate after applying "Area Comparability Factor" (0.56)	10.99	—
Deaths from Tuberculosis	6	—
Tuberculosis Death Rate per 1,000 population	0.1	0.06

Causes of Death

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Tuberculosis, respiratory	5	1	6
Tuberculosis, other	—	—	—
Syphilitic Disease	—	—	—
Infective and Parasitic Disease	—	—	—
Malignant Neoplasm, stomach	3	12	15
Malignant Neoplasm, lung, bronchus ..	33	12	45
Malignant Neoplasm, breast	—	18	18
Malignant Neoplasm, uterus	—	8	8
Other malignant and lymphatic neoplasms ..	57	48	105
Leukaemia, aleukaemia	2	6	8
Diabetes	2	4	6
Vascular lesions of nervous system	71	148	219
Coronary disease, angina	143	106	249
Hypertension with heart disease	5	13	18
Other heart diseases	57	129	186
Other circulatory diseases	14	32	46
Influenza	9	6	15
Pneumonia	27	28	55
Bronchitis	42	14	56
Other diseases of respiratory system	10	6	16
Ulcer of stomach and duodenum	6	6	12
Gastritis, enteritis and diarrhoea	2	5	7
Nephritis and nephrosis	3	6	9
Hyperplasia of prostate	6	—	6
Pregnancy, Child Birth, Abortion	—	—	—
Congenital malformations	3	1	4
Other defined and ill-defined diseases ..	34	47	81
Motor vehicle accidents	3	1	4
All other accidents	8	7	15
Suicide	3	5	8
Homicide	—	—	—
	<hr/> 548	<hr/> 669	<hr/> 1,217

Analysis of Causes of Death by Percentage of All Causes



Age Mortality

					Males	Females	Total
Under 1	..	..	..	..	9	4	13
1-5	..	..	..	..	2	1	3
5-15	..	..	..	..	4	3	7
15-25	..	..	..	..	7	1	8
25-45	..	..	..	..	5	7	12
45-65	..	..	..	..	116	80	196
65-75	..	..	..	..	172	152	324
75 and over	..	..	..	..	233	421	654
					548	669	1,217

Deaths from Cancer

	Year	Population	Age Groups						Total Deaths	Death Rate per 1,000 Population
			0-1	1-5	5-15	15-45	45-65	65 and over		
Ten Years	1950	58,050	—	—	—	9	54	100	163	2.80
	1951	57,510	1	1	1	4	46	77	128	2.22
	1952	57,200	—	—	—	4	46	94	144	2.51
	1953	57,190	—	—	—	8	55	85	148	2.61
	1954	57,600	—	—	—	4	33	96	133	2.30
	1955	57,830	—	1	—	3	51	113	168	2.91
	1956	57,850	—	—	—	5	46	103	154	2.66
	1957	57,800	—	—	—	3	58	124	185	3.20
	1958	57,680	—	—	—	9	40	121	170	2.95
	1959	57,800	—	—	1	5	84	91	181	3.13
	Total	—	1	2	2	54	513	1,004	1,574	—
	1960	57,940	—	—	—	4	53	120	177	3.05
	1961	59,830	—	—	1	10	59	135	205	3.43
	1962	61,250	—	—	—	7	74	125	206	3.36
	1963	62,010	—	1	1	5	58	134	199	3.21

REGISTRATION AND NOTIFICATION OF BIRTHS

Live Births Registered from 1945 to 1963 (from Registrar General's Returns) and Rate per 1,000 population (corrected)

		Number	Rate			Number	Rate
1945	..	667	16.9	1954	..	612	12.1*
1946	..	964	19.4	1955	..	553	10.9*
1947	..	983	18.3	1956	..	563	11.1*
1948	..	801	14.2	1957	..	602	11.9*
1949	..	740	13.0	1958	..	603	11.9*
1950	..	701	13.5*	1959	..	579	11.4*
1951	..	614	11.5*	1960	..	634	12.5*
1952	..	635	11.9*	1961	..	663	12.6*
1953	..	617	11.7*	1962	..	694	12.9*
				1963	..	760	15.6*

*As adjusted after applying Area Comparability Factor.

Illegitimate Live Birth Rate, 1953-1963*

1953	..	6.2	1958	..	6.6
1954	..	7.5	1959	..	6.4
1955	..	6.0	1960	..	9.0
1956	..	5.0	1961	..	8.6
1957	..	5.1	1962	..	9.5
			1963	..	7.7

*Percentage of total live births.

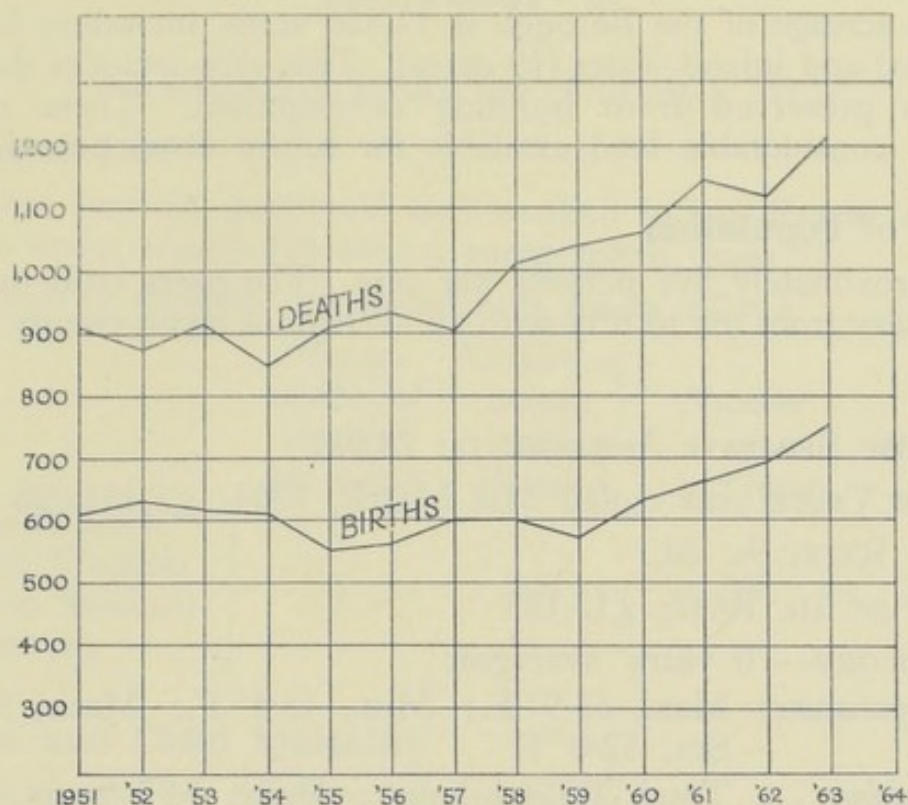
Notification of Births

One thousand, three hundred and two live births and nineteen still births took place in the Borough and were notified to the Local Authority. Seven hundred and thirty-two live births and five still births were to mothers resident in Eastbourne, and five hundred and seventy births and fourteen still births were to mothers resident outside the Borough. In addition there were thirteen transfers of live births relating to Eastbourne mothers confined elsewhere. (NOTE: *The total of Registered Births is not necessarily identical with the total of Notified Births.*)

Analysis of Notified Births

	Resident		Non-Resident		Total		Total
	Live Births	Still Births	Live Births	Still Births	Live Births	Still Births	All Births
DOMICILIARY							
Local Authority							
Midwives . .	56	—	—	—	56	—	56
Inward Transfers	—	—	—	—	—	—	—
	56	—	—	—	56	—	56
INSTITUTIONAL							
Maternity Home	496	3	183	—	679	3	682
St. Mary's Hospital	180	2	387	14	567	16	583
Inward Transfers	13	—	—	—	13	—	13
Total Institutional . .	689	5	570	14	1,259	19	1,278
Total, All Births, 1963	745	5	570	14	1,315	19	1,334
Notified Births, 1962	686	12	546	12	1,232	24	1,256

Population Trend (*see* Preface)



<i>Year</i>		<i>Registered</i>		<i>Year</i>		<i>Registered</i>	
		<i>Births</i>	<i>Deaths</i>			<i>Births</i>	<i>Deaths</i>
1951	.. ..	614	907	1957	.. ..	602	908
1952	.. ..	635	874	1958	.. ..	603	1,016
1953	.. ..	617	913	1959	.. ..	579	1,047
1954	.. ..	612	848	1960	.. ..	634	1,068
1955	.. ..	553	910	1961	.. ..	663	1,148
1956	.. ..	565	936	1962	.. ..	694	1,124
				1963	.. ..	760	1,217

GENERAL INFORMATION

Situation and Climate

Latitude 50° 46' N. : Longitude 0° 17' E.

Eastbourne occupies a favoured situation on and at the foot of the eastern slope of the South Downs, facing the English Channel, with protection from prevailing westerly winds. Sunshine records are consistently among the highest recorded on the mainland. This is partly due to the peninsular position of the Borough.

Elevation

The highest point is about 640 feet above sea level on the Downs, sloping from the west to a minimum of 6·58 feet above highest mean sea level in the east of the Borough.

Area

The acreage of the Borough is 11,356 acres, including foreshore (332 acres) and inland water (19 acres). This area includes downland which is preserved from building development. There remains, however, considerable land available for future development.

Density of Population

Approximately five persons per acre. The parts built over vary with locality from ten to fifty with an average of about twenty persons per acre.

NUMBER OF SEPARATE ASSESSMENTS: 25,887

RATEABLE VALUE year ended 31st March, 1964: £3,334,658

GENERAL RATE: 9s. 2d.

PRODUCT OF 1D. RATE: £13,163

METEOROLOGY—70 years' averages:

Temperature: Max., 55·9° F.; Min., 45·5° F.; Mean, 50·7° F.;
Sea, 52·0° F.

Sunshine: Total, 1,814·1 hours; Daily, 4·97 hours.

Rainfall: Total, 31·38 inches; Days, 165.

Visitors to Eastbourne

All the many services of the department, including Home Nursing, were made as freely available to visitors as staffing would permit without detriment to local residents.

Numerous enquiries from all over the British Isles regarding climate, nursing homes and the suitability of Eastbourne for retirement in relation to specific disabilities were answered.

SECTION B

NATIONAL HEALTH SERVICE ACT

Ante-natal Care

These services continued as described in my Report for 1962. See also under Health Education, paragraph E, page 37.

Details of sessions and attendances are as follows:

	<i>Average number of sessions per month</i>	<i>Number of women who attended</i>	<i>Number of new cases</i>	<i>Attendances</i>
Health Education (Health Visitors)	5	231	29	953
Relaxation Sessions (Midwives)				

Infantile and Child Mortality

The deaths of thirteen infants under one year of age were recorded.

Seven of these occurred during the first week of life mainly from causes associated with congenital malformation and prematurity.

<i>Age</i>	<i>Sex</i>	<i>Cause of death</i>
10 minutes	M	1 (a) Asphyxia (b) Strangulation of umbilical cord
3 hours	M	1 (a) Prematurity
7 hours	F	1 (a) Neonatal asphyxia (b) Placental insufficiency
12 hours	M	1 (a) Prematurity
12 hours	M	1 (a) Prematurity
13 hours	F	1 (a) Atelectasis (b) Respiratory failure (c) Prematurity
2 days	M	1 (a) Cerebral haemorrhage (b) Natural birth
		2 Acute partum haemorrhage
3 weeks	M	1 (a) Septicaemia (b) Myles meningocele
1 month	M	1 (a) Congenital heart disease (opn.)
1 month	F	1 (a) Pneumonia
		2 Gastro-enteritis
1 month	F	1 (a) Peritonitis
		2 Cong. hypertrophic pyloric stenosis Stenosis of anus
9 weeks	M	1 (a) Asphyxia (b) Inhalation of stomach contents. Tipping of carry-cot off stand causing stomach contents to regurgitate into the trachea

<i>Age</i>	<i>Sex</i>	<i>Cause of death</i>
4 months	M	1 (a) Asphyxia (b) Occlusion of airway by feather pillow whilst asleep in carry-cot

Maternal and Infantile Mortality, 1894-1963

<i>Years</i>	<i>Infant Deaths</i>	<i>Infantile Mortality Rate</i>	<i>Maternal Deaths</i>	<i>Maternal Mortality Rate</i>
1894-1903 Average ..	108.5	118.2	3.6	4.6
1904-1913 Average ..	79.3	96.6	2.6	2.9
1914-1923 Average ..	52.3	68.8	1.5	1.9
1924-1933 Average ..	30.0	45.7	1.5	2.2
1934-1943 Average ..	23.6	42.4	2.1	3.7
1944-1953 Average ..	17.4	23.4	1	1.3
1954	8	13.1	—	—
1955	10	18.1	1	1.8
1956	8	14.2	—	—
1957	11	18.3	—	—
1958	6	9.9	—	—
1959	22	38.0	1	1.7
1960	12	18.9	—	—
1961	13	19.6	1	1.5
1962	20	28.8	—	—
1963	13	17.1	—	—

Prematurity (*i.e.* babies weighing 5½ lb. or less at birth irrespective of period of gestation)

Equipment is provided by the department for the care of premature infants born at home and very satisfactory provision is available in the hospitals.

(a) NUMBER OF PREMATURE LIVE BIRTHS NOTIFIED

<i>Place of birth</i>	<i>Resident</i>	<i>Non-resident</i>	<i>Total</i>
Own home	2	—	2
Maternity Home ..	26	8	34
Hospital (St. Mary's) ..	27	33	60
	55	41	96

(b) DEATHS OF PREMATURE INFANTS WITHIN 28 DAYS

	<i>Resident</i>	<i>Non-resident</i>	<i>Total</i>
(i) Died in first 24 hours:			
St. Mary's Hospital ..	3	2	5
Maternity Home ..	1	—	1
Own home	—	—	—
	4	2	6

	<i>Resident</i>	<i>Non-resident</i>	<i>Total</i>
(ii) Died within 1-28 days:			
St. Mary's Hospital ..	—	4	4
Maternity Home ..	2	1	3
Own home ..	—	—	—
	<hr/> 2	<hr/> 5	<hr/> 7

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 investigated by the staff of the department in association with the voluntary welfare workers and close contact was maintained with the girls concerned.

Child Welfare Clinics

These were held at the following times:

Avenue House—Monday, morning and afternoon, and Friday, afternoon.

Acacia Villa, Seaside—Tuesday, morning and afternoon.

120-122, Green Street—Wednesday, afternoon.

Langney Village Community Centre—Thursday, afternoon.

Hampden Park Hall—Friday, afternoon; and 2nd and 4th Wednesday afternoons each month.

Willingdon Village Hall—Staff shared with East Sussex County Health Department—Third Wednesday each month.

Attendances at these Child Welfare Clinics were:

	<i>Born in 1963</i>	<i>Born in 1962</i>	<i>Born in 1958-61</i>	<i>Total</i>	<i>Total attendances</i>
Number of children who attended during the year	685	659	999	2,343	16,440

PREVIOUS YEARS' ATTENDANCES

	<i>Number of children who attended</i>	<i>Number of attendances</i>
1959	1,617	12,411
1960	1,790	13,740
1961	1,927	14,519
1962	2,139	15,766

Welfare and Other Nutrients

Arrangements for distribution have continued to run smoothly, the main centre for distribution being the local authority's central welfare clinic at Avenue House, which was available to the public

daily. The four outlying welfare centres were used as subsidiary distribution centres during the normal clinic sessions there.

Under the Authority's arrangements for the care of mothers and young children, a considerable variety of dried milk foods, cereals and other nutrients is now available for resale. These are issued on the recommendation of the Medical Officer or Health Visitor in attendance at the Child Welfare sessions.

Dental Care

This service is provided for the dental care of expectant and nursing mothers, and pre-school children.

REPORT OF THE CHIEF DENTAL OFFICER

Sixty sessions were devoted to the inspection and treatment of expectant and nursing mothers and to children under the age of five. Fifty-two expectant and nursing mothers were seen at the Avenue House Clinic and made 131 attendances. Of these, thirty-five were found to require treatment and thirty-one were actually treated.

Seventeen fillings were inserted and fifteen teeth were extracted. In addition, five full dentures and four partial dentures were constructed, the laboratory work being carried out by a local technician working in his own laboratory. Three patients were referred for radiological examination, these being carried out at the clinic with the department's own X-ray apparatus.

One hundred and seventy-three children under school age were inspected and one hundred and twenty-nine were found to require treatment. One hundred and fourteen were actually treated and made 338 attendances.

Fifteen fillings were inserted into temporary teeth and 156 temporary teeth were extracted, a general anaesthetic being used for all these extractions. Conservative treatment with silver nitrate was also carried out on forty-one temporary teeth, and ten pre-school children were referred for X-rays.

The high ratio of temporary teeth extracted compared with those treated by conservative methods still remains disappointing, and I feel is due to the fact that the majority of these pre-school children are only brought to us at the clinic when suffering from dental pain. In spite of every encouragement to attend for regular inspection at this early age, many parents still seem to feel that these inspections are not really important until the child commences at school.

The fact that 75 per cent. of those children inspected were referred for treatment does, in the absence of routine inspection of all pre-school children, paint an unnecessary gloomy picture of their dental condition. A more accurate assessment is the average of 40 per cent. referred for treatment from four of the larger infant schools in the town.

Nevertheless, I feel that the administration of a general anaesthetic followed by the extraction of teeth is the worst possible start in dental treatment experience for a very young child, and that we must continue by all possible means to encourage the regular attendance of the toddler for routine dental inspection, and where necessary and possible, the carrying out of early conservative treatment.

M. G. BERRY, L.D.S., R.C.S.,
Chief Dental Officer.

Summary of Treatment

(a) NUMBERS PROVIDED WITH DENTAL CARE

	<i>Examined</i>	<i>Needing treatment</i>	<i>Treated</i>	<i>Made dentally fit</i>
Expectant and nursing mothers	52	35	31	11
Children under five ..	173	129	114	79

(b) FORMS OF DENTAL TREATMENT PROVIDED

	<i>Scaling and Gum Treatment</i>	<i>Fillings</i>	<i>Silver Nitrate Treatment</i>	<i>Crowns or Inlays</i>	<i>Extractions</i>	<i>General Anaesthetics</i>	<i>Dentures Provided</i>		<i>Radio-graphs</i>
							<i>Full Upper or Lower</i>	<i>Partial Upper or Lower</i>	
Expectant and Nursing Mothers	19	17	1	—	15	7	5	4	3
Children under Five	6	15	41	—	156	86	—	—	10

PRINCES PARK DAY NURSERY

(60 PLACES)

The authorised establishment, excluding domestic staff, was matron, deputy matron, warden, three trained nursery nurses, and four nursery assistants.

The total attendances were 13,511, an average attendance of 44.00 for the 307 days on which the nursery was open.

There was a steady continuing demand for accommodation in this Nursery but the figures showed a decline compared with 1962, owing to the prevalence of German Measles during the Spring and early Summer.

Average daily attendance of children over the past four years:

	<i>1963</i>	<i>1962</i>	<i>1961</i>	<i>1960</i>
January ..	35.33	35.55	42.76	38.6
February ..	40.79	40.87	47.66	33.7
March ..	37.88	49.42	46.40	37.6
April ..	44.04	48.87	39.12	43.9

	1963	1962	1961	1960
May	50.91	53.07	49.02	56.6
June	34.70	54.04	51.14	57.3
July	43.59	57.19	49.30	46.8
August ..	46.92	49.81	50.38	51.5
September ..	48.92	50.68	52.42	41.3
October ..	47.33	51.63	43.42	39.5
November ..	49.42	52.76	48.62	48.1
December ..	48.16	43.12	43.58	44.9

Attendances each month during 1963:

	<i>Children aged</i>			<i>Total Attendances</i>	<i>No. of days open</i>	<i>Receipts</i>
	0-1½	1½-3	3-5			
January ..	4.55	11.63	19.15	954	27	£152 3 8
February ..	3.70	16.25	22.54	979	24	£184 10 4
March ..	3.31	14.57	20.00	985	26	£234 8 6
April ..	5.87	19.29	18.87	1,057	24	£197 0 4
May ..	7.37	19.44	24.11	1,375	27	£228 19 8
June ..	5.87	11.45	17.37	833	24	£217 8 0
July ..	4.85	16.70	22.03	1,177	27	£213 12 8
August ..	5.73	18.38	22.80	1,220	26	£299 15 2
September ..	5.84	19.08	24.00	1,223	25	£243 3 10
October ..	6.33	17.11	23.48	1,267	27	£245 19 2
November ..	6.84	20.53	22.03	1,285	26	£323 0 2
December ..	7.20	17.95	23.00	1,156	24	£227 4 10
TOTAL ..				13,511	307	£2,767 6 4

THE MIDWIFERY SERVICE

The establishment of domiciliary midwives remained at three, one being employed half-time on home nursing duties. Miss N. E. Russell, Superintendent of the Home Nursing Service and Non-Medical Supervisor of Midwives, reports as follows:

Once again I have to report a decrease in the number of expectant mothers booked for home confinements. Blood tests were discontinued at the Avenue House Clinic. The mothers are given direct appointments to attend the Princess Alice Hospital Laboratory. I should like to thank the Laboratory Staff for their co-operation. This has resulted in the saving of time for the patients and the domiciliary medical staff.

Relaxation classes have continued throughout the year and are regularly attended by expectant mothers. An appointment system is in operation as the midwife in attendance cannot supervise more than eight at a session.

Mothercraft teaching, in co-operation with the health visitors, continues every Thursday afternoon, and attendances were good, with a slight increase on the previous years.

The number of mothers discharged from hospital prior to the tenth day and attended by the midwives has increased greatly:

1961	..	..	72
1962	..	..	104
1963	..	..	148

This shows the local trend of admitting expectant mothers to hospital for confinement and discharging them earlier for continued care by the domiciliary midwives.

During 1963 more emphasis has been placed on prevention of neo-natal defects by early recognition of symptoms. Under this side of the work the Phenistic Test is performed on all new babies in their care, so that any deviation from normal can be treated immediately.

May I take this opportunity of thanking the domiciliary midwives for their continual loyal service and their ability to change the emphasis to the increasing educational side of their work.

Proportion of domiciliary confinements during the last five years:

		<i>Total births</i>	<i>Domiciliary confinements</i>	<i>Percentage of domiciliary confinements</i>
1959	..	575	71*	12.3
1960	..	644	64†	9.9
1961	..	686	71‡	10.1
1962	..	698	59	8.5
1963	..	760	56	7.4

*Includes three inward transfers

†Includes one inward transfer

‡Includes two inward transfers

It is to be noted that the number of institutional confinements is in excess of 92 per cent. of the total births.

Details of the work of the domiciliary midwives during the year in addition to the above are as follows:

CONFINEMENTS

(a) Doctor booked	..	..	..	..	55
(b) Doctor not booked	..	..	..	..	—
(c) Miscarriages	..	..	..	..	2

VISITS BY MIDWIVES

Ante-natal visits	..	..	..	..	836
Visits during labour	..	..	..	..	122
Visits during puerperium	..	..	..	..	1,214
Post-natal visits (domiciliary cases)	..	..	..	..	83
Visits to 148 cases discharged from hospital before the tenth day	..	..	..	..	370
					<hr/> 2,625 <hr/>

HEALTH VISITORS

Establishment

Superintendent Health Visitor
Ten Health Visitor/School Nurses

Allocation

National Health Service Act and National Assistance Act	8½
School Health Service	2½

The Health Visitors, whilst still spending much time on the traditional task of caring for mothers and children under five, find increasing demands on their services as social case workers, with families with problems varying from physical and mental handicaps, deprivation and delinquency, sickness and old age, taking in housing, rehabilitation, health education, general welfare and many other human problems.

A high level of co-operation and co-ordination is necessary and is achieved between the other social service workers in the same field, including voluntary organisations, the hospital services, Probation Officer, and officers of the Children's, Housing, Welfare, and School Health Services.

The Health Visitor's work is summarised by the following figures:

HOME VISITS

Care of Mothers and Young Children—	
Children under 1 year	2,762
Children aged 1 and under 2 years	1,616
Children aged 2 and under 5 years	3,039
Expectant mothers	662
Infectious Illness	13
Tuberculosis	38
Care and After-care (including Aged and Handicapped Persons)	2,455

OTHER VISITS

To other Agencies (voluntary organisations, etc.)	211
To Day Nurseries	16
To Hospitals	205
Miscellaneous	693

CLINIC ATTENDANCES

Child Welfare	823
Immunisation and Vaccination Clinics	118
Health Education Clinics	300

HOME NURSING

Establishment

Superintendent (also Non-Medical Supervisor of Midwives)

Deputy Superintendent

Nineteen equivalent whole-time District Nursing Sisters, District Nursing Officers (Male), District Nurses (S.E.N.)

The Superintendent reports:

In the District Nursing Service the slight increase of work noted in previous years was greatly accelerated, and in 1963 nearly 200 more patients were on the books, and over 4,000 additional visits were made by the District Nurses, as the following figures show:

Year	1961	1962	1963
Patients visited	1,643	1,692	1,880
Number of visits	47,096	48,808	53,046

The provision of more transport helped staff to meet this demand, but the nurses willingly worked longer hours in every day.

As noted in the 1962 Report, more rehabilitation is undertaken by the nurses, and 8 per cent. of the patients are classified under this heading.

Eastbourne has been very fortunate over the years in having a stable nursing staff, and although 1963 has shown more than the usual staff changes, by the end of the year we had our full complement.

During the year, one Nursing Sister left the district, and two others retired, one in March and one in December. As usual, in time of need, one of the retired nurses returned to help out during a particularly difficult period of shortage of staff.

A new effort to increase efficiency was made and a course of District Nursing training was undertaken by three State Registered Nurses in the Autumn. The course was approved by the Queen's Institute of District Nursing, and with co-operation of the Superintendent at Brighton, lectures and demonstrations were given on 1½ days a week, and Mrs. Jerratt, the Senior Nurse in Eastbourne, undertook the practical side. This course was so successful that we hope to give all new recruits District Training on a similar basis.

Off-duty due to accidents or sickness was again high, averaging fifteen days per nurse, although much of this time was accounted for by three of the staff with long periods of sick leave.

One Queen's Nursing Sister attended a Post-Graduate Course in Bangor, North Wales, and one of the male Queen's Nurses attended one at Southend. Special leave was granted to Miss Ezzard, Q.N.S., to allow her to complete her practical training in Social Studies.

The District Nursing Section has also given very useful service in undertaking the teaching of Home Nursing to the Civil Defence and other interested personnel.

The need to co-operate with other members of the health team is of paramount importance and there is a good relationship between all members of the staff.

My thanks are not only due to the regular staff for their loyal co-operation but also to the temporary part-time nurses who have always willingly covered emergency periods and the St. John Ambulance personnel for their help and co-operation.

Particulars of patients nursed are as follows:

		<i>Total patients</i>	<i>Visits</i>
Medical	.. ..	1,471	42,143
Surgical	.. ..	300	8,728
Infectious diseases	..	—	—
Tuberculosis	.. ..	3	39
Maternal complications	..	7	33
Others—Chronic	..	99	2,103
		<hr/> 1,880	<hr/> 53,046

Patients were removed from the records on cessation of nursing attendances as follows:

Convalescent	473
To hospital	312
Deaths	158
Other causes	454
	<hr/> 1,397

VACCINATION AND IMMUNISATION

A—Vaccination against Smallpox

During the year 230 persons were vaccinated for the first time and forty-five were re-vaccinated.

The decrease of primary vaccinations of infants under 1 year of age is due to the decision at the beginning of the year to retard the age for vaccination from 3 months to 1 year. This accounts, to some extent, for the increase in vaccinations given to children between 1 and 2 years of age.

The figures for the remainder are as for a normal year, whereas 1962 figures included large numbers vaccinated due to the smallpox "scare".

VACCINATION DURING 1963

		<i>Primary Vaccination</i>		<i>Re-vaccination</i>	
		<i>By Staff of Health Department</i>	<i>By General Practitioners</i>	<i>By Staff of Health Department</i>	<i>By General Practitioners</i>
Under 1 year	..	6	57	—	—
1 to 2 years	..	61	34	2	—
2 to 5 years	..	9	5	6	1
5 to 15 years	..	10	10	15	3
15 years and over	..	1	37	—	18
		87	143	23	22
		230		45	
		275			

INFANT VACCINATION, 1954-63

<i>Year</i>	<i>Live Births</i>	<i>Number of Primary Vaccinations under 1 year of age</i>	<i>Percentage of Births during same period</i>
1963	760	63	8.3
1962	694	300	43.2
1961	663	450	67.9
1960	634	397	62.6
1959	579	434	75.0
1958	603	410	67.9
1957	602	378	62.8
1956	563	336	59.7
1955	553	318	57.5
1954	612	347	56.7

B—Diphtheria Immunisation

The age groups and numbers immunised were:

<i>Year of Birth</i>	<i>By Medical Staff of the Department</i>	<i>By General Medical Practitioners</i>	<i>Total</i>
1963	169	110	279
1959-1962	208	116	324
1949-1958	13	1	14
	390	227	617

REINFORCING DOSES

The age groups and numbers were:

<i>Year of Birth</i>	<i>By Medical Staff of the Department</i>	<i>By General Medical Practitioners</i>	<i>Total</i>
1959-1962	104	48	152
1949-1958	348	69	417
	—	—	—
	452	117	569
	—	—	—

There have been no notified cases of diphtheria in Eastbourne during the past fourteen years and no deaths since 1946.

The substantial increase in the number of infants immunised, who were born in 1963, is due partly by the advancement of 1 month in the age for immunisation (4 months to 3 months) and partly by the increase of 97 of these infants attending the department's Infant Welfare Clinics.

As diphtheria immunisation is given by a combined antigen the above remarks apply equally to whooping cough and tetanus immunisation, of which details are given below.

The substantial increase of reinforcing doses given by this department is due mainly to the fact that children who were due for these doses in 1962 were held over until 1963 so as not to conflict with the Poliomyelitis Campaign which commenced in May, 1962.

Another factor was the reintroduction in September, 1963, of the intermediate reinforcing doses given to children at 2 years of age.

C—Whooping Cough Immunisation

IMMUNISATION DURING 1963

<i>Year of Birth</i>	<i>By Medical Staff of the Department</i>		<i>By General Practitioners</i>		<i>Totals</i>	
	<i>Primary</i>	<i>Reinforc- ing</i>	<i>Primary</i>	<i>Reinforc- ing</i>	<i>Primary</i>	<i>Reinforc- ing</i>
1963	169	—	110	—	279	—
1959-1962	204	100	117	46	321	146
1949-1958	13	246	1	25	14	271
Totals	386	346	228	71	614	417

Cases of whooping cough notified during the last five years are as follows:

<i>Year</i>	<i>Cases notified</i>			
1959	16
1960	73
1961	31
1962	—
1963	10

D—Tetanus Immunisation

<i>Year of Birth</i>	<i>By Medical Staff of the Department</i>		<i>By General Practitioners</i>		<i>Totals</i>	
	<i>Primary</i>	<i>Reinforcing</i>	<i>Primary</i>	<i>Reinforcing</i>	<i>Primary</i>	<i>Reinforcing</i>
1963	169	—	110	—	279	—
1959–1962	209	109	116	48	325	157
1949–1958	175	221	1	51	177	272
Totals	553	330	228	99	781	429

The figures for children born in 1963 coincide with the diphtheria figures as combined antigen was used, but the remainder are not comparable for the following reasons:

- (a) Primary courses commenced at the same time as diphtheria reinforcing doses were given.
- (b) Reinforcing doses do not coincide with diphtheria reinforcing doses as in many cases the diphtheria was given as for (a) above.

E—Vaccination against Poliomyelitis

The following tables indicate the vaccinations completed in 1963 and the number of persons vaccinated during the last five years.

VACCINATIONS IN 1963

<i>Year of Birth</i>		<i>By Health Department Completed Courses</i>	<i>By General Practitioners Completed Courses</i>
1932–40 years	..	42	1
1933–1942	..	27	31
1943–1960	..	245	37
1961	..	49	43
1962	..	305	133
1963	..	103	36
Totals	..	771	281

There is an increase in the number of infants who completed poliomyelitis courses and a large reduction of the remainder caused mainly by the completion of the necessary courses in the 1962 campaign.

In addition, 219 children received booster doses at sessions held in the local authority schools, and 34 children were given booster doses by Medical Practitioners.

PERSONS VACCINATED IN THE LAST FIVE YEARS

Year of Birth	Completed Courses					
	1959	1960	1961	1962	1963	Total
*1942-40 years ..	2,005	1,621	870	1,012	101	5,609
1943-1960 ..	4,262	1,339	742	1,263	282	7,888
1961	—	—	—	481	92	573
1962	—	—	—	107	438	545
1963	—	—	—	—	139	139
Totals ..	6,267	2,960	1,612	2,863	1,052	14,754

*Includes priority classes.

Percentage of Children Vaccinated at 31st December, 1963

The following figures were issued by the Chief Statistician of the Ministry of Health:

	Children born in 1962		
	Diphtheria	Whooping Cough	Poliomyelitis
Eastbourne ..	67	68	78
England and Wales ..	65	64	53

The percentages are calculated as follows:

$$\frac{\text{Number of children born in 1962 vaccinated at any time}}{\text{Number of live births during 1962}} \times 100$$

THE EASTBOURNE AMBULANCE SERVICE

The year was marked by the retirement in March of Superintendent A. J. Burnage on which I commented in my previous report, and the appointment of Superintendent W. E. Field as his successor in command of the Eastbourne Division of the St. John Ambulance Brigade. A comprehensive work study was undertaken by officers of the Council in co-operation with Superintendent Field, in consequence of which it was found necessary to advise an increase in the establishment of the Brigade. The result has been a reduction in the demands for voluntary assistance which had been bearing heavily on a core of Brigade staff, a restoration of confidence and harmonious relations between the Brigade and the Corporation, and an increased capacity of the Ambulance Service to deal with the severe demands made upon it.

A very considerable mileage continued to be incurred as a result of the demands for inter-hospital transport arising from the lack of a comprehensive hospital building in the area. Indeed, so great a proportion of the total mileage and journeys is related to the requirements of the Hospital Service that it would be more fitting if the Ambulance Service were to be provided and financed by the Hospital Service.

The following tables indicate the work undertaken by the Eastbourne Ambulance Service during 1963.

1963	<i>Ambulances</i>			<i>Sitting Case Cars</i>		
	<i>Journeys</i>	<i>Patients</i>	<i>Mileages</i>	<i>Journeys</i>	<i>Patients</i>	<i>Mileages</i>
January ..	345	751	2,991	307	1,135	4,662
February ..	338	689	2,855	274	1,236	4,154
March ..	313	685	3,292	296	1,035	3,462
April ..	372	666	3,366	323	1,154	3,874
May ..	375	752	3,679	332	1,299	4,478
June ..	382	673	3,434	324	1,233	3,993
July ..	351	852	3,732	357	1,489	5,036
August ..	397	772	3,656	292	1,259	4,455
September ..	410	715	3,597	369	1,307	4,541
October ..	322	593	2,945	384	1,465	4,345
November ..	342	635	3,199	339	1,443	4,390
December ..	341	630	2,898	310	1,327	4,484
Totals ..	4,288	8,413	39,644	3,907	15,377	51,874

Journeys and Mileages since 1957

	<i>Ambulances</i>		<i>Sitting Case Cars</i>	
	<i>Journeys</i>	<i>Mileages</i>	<i>Journeys</i>	<i>Mileages</i>
1957* ..	3,304	29,155	4,483	44,266
1958* ..	3,342	29,167	4,672	47,596
1959* ..	3,360	28,155	4,121	50,036
1960* ..	3,500	31,646	4,067	51,557
1961* ..	3,924	32,537	4,562	53,272
1962* ..	3,692	36,086	3,858	56,247
1963* ..	4,288	39,644	3,907	51,874

*Excluding Occupation Centre

The Service is called upon to convey a large number of patients to and from the local railway station. In the year under review 422 patients were transferred by rail.

ORIGIN OF CALLS

Origin of Calls	Ambulances					Sitting Case Cars				
	1959	1960	1961	1962	1963	1959	1960	1961	1962	1963
Emergency calls and street accidents	722	764	787	1,064	1,268	43	59	66	46	43
Local Hospitals	2,162	2,523	2,784	2,700	2,569	1,401	1,451	1,464	1,436	1,200
Local Convalescent Homes	5	2	—	—	2	29	10	—	—	—
General Medical Practitioners	755	808	861	957	1,138	641	604	625	573	500
Maternity Homes	19	28	52	47	43	10	14	5	11	12
Nursing Homes	36	33	42	44	61	8	7	2	6	14
Ministry of Pensions	32	14	23	28	30	163	199	138	190	223
Other Ambulance Authorities	78	81	67	51	77	147	176	158	180	133
Mental Welfare Officers	27	21	13	21	19	77	79	22	34	26
Others	356	378	395	164	212	216	198	298	104	126
Out Patients:										
Chest Clinic	61	72	123	97	155	273	407	480	535	404
Foot Clinic	2	8	4	15	2	201	255	366	322	465
Local Hospitals	729	1,224	2,085	1,683	2,567	8,723	9,682	10,538	11,423	10,359
Royal Sussex County Hospital, Brighton	61	75	103	76	270	1,270	1,554	1,669	1,638	1,872
Total Calls	5,065	6,031	7,339	6,947	8,413	13,202	14,695	15,831	16,498	15,377
Journeys	3,360	3,500	3,924	3,692	4,288	4,121	4,067	4,562	3,858	3,907
Mileage	28,155	31,646	32,537	36,086	39,644	50,036	51,557	53,272	56,247	51,874

PREVENTION OF ILLNESS, CARE AND AFTER CARE AND TUBERCULOSIS

A—Illness Generally

All the services of the Department including particularly Home Nursing, Domestic Help, Day Nursery and the assistance and advice of the Health Visitors and Mental Health Workers are freely available in all cases of illness.

B—Provision of Convalescence

The Authority's arrangements provide that all necessary care and after care is available to persons recovering from illness and to other invalids, including provision for convalescence in cases not otherwise provided for. This includes special convalescence and retraining facilities to prevent the break-up of families.

C—Loan of Equipment

During 1963 this Service has continued to be used to the full, and the number of articles borrowed in 1963 was 723, an increase of over 17 per cent., with a corresponding increase in the number of patients using the Service.

This Service entails more work for the clerical staff owing to the rapid turnover of certain articles, such as bedpans, mackintosh sheets and back rests. A great difficulty is to prevent loss of articles owing to a patient moving from the district, or otherwise changing their address without themselves or the relatives notifying the Department.

The actual stock of loan equipment remains much the same, apart from additions of bed-blocks and fracture boards, which are being used much more frequently than in the past. Neither the Home Nursing nor the Home Help Staff would find it so easy to work in the homes without the aid of various articles of loan equipment.

D—Voluntary Organisations

This report would be incomplete without a reference to the high level of voluntary service in Eastbourne which supports and enhances the work of the Local Authority in many fields. Full advantage was taken of the facilities offered by the Women's Voluntary Service, the Order of St. John, the British Red Cross, the Guardianship Society, the National Society for the Prevention of Cruelty to Children, the Eastbourne Association for the Disabled and other local and national organisations.

E—Health Education

REGULAR FEATURES AT AVENUE HOUSE HEALTH CENTRE

- (i) *Ante-natal Mothercraft*—This meeting is held every Thursday afternoon and consists of a series of eight talks, together with film and demonstrations, given by the Health Visitors in conjunction with Relaxation Classes conducted by the Midwives.

- (ii) *Parentcraft Evenings*—This consists of a monthly series of three talks illustrated by films. Husbands are encouraged to attend with their wives.
- (iii) *Health and Welfare for Retired Citizens*—(Over 60's)—This venture, first reported upon last year, goes from strength to strength. Not content with attending the short series of talks, the old folk like to make our main Health Centre into a weekly meeting point to chat with friends and discuss their problems with the Health Visitors.

DISPLAYS AND PROJECTS IN CHILD WELFARE CENTRES

Miss Hemming, Health Education Organiser, continues the round of displays at the district Health Centres, contriving with great ingenuity to provide attention-attracting material on a wide variety of subjects.

HEALTH EDUCATION IN SCHOOLS

The Deputy Medical Officer of Health and the Health Visitors arranged a series of talks and discussions at special and secondary schools in the town.

OTHER PROJECTS IN TOWN AND DISTRICT

A disused former post office shop window was brought into our scheme of Health Education at a minimum cost of adaptation to provide another propaganda point, using animated displays and automatic slide projection to provoke attention from passers-by.

Stands were taken at the Agricultural Show in June and Ideal Homes Exhibition in September, the former demonstrating the relationship between soil and food and health, and the latter pointing the way to dental health.

HOME SAFETY

Mrs. S. James, Superintendent Health Visitor and Home Safety Organiser, was responsible for a succession of seasonal campaigns, using all the facilities at the disposal of the Department, and pressing into service other public buildings throughout the year. These included Water Safety, Anti-Litter (broken glass, etc.), Fireworks and Bonfires, Home Safety at Christmas, and Safe Toys, and more general topics such as Prevention of Falls and Buy for Safety.

REHABILITATION OF HANDICAPPED PERSONS

Increasing attention is being paid to the retraining of physically handicapped persons so that they are given some measure of independence. Not only does this give them back their self-respect and happiness, but it can reduce the burden of care inflicted on relatives and the community care services. The problems set are very varied but the majority are due to arthritis and strokes.

Some of this work is undertaken in the wards, physiotherapy and occupational therapy departments of the local hospitals, but much can only be done where the patient actually lives or works because modifications of equipment or of the building are required. There is close co-operation between the Home Nursing Service and the Welfare Section in this work, and a collection of some of the most useful gadgets is available for patients to borrow and teach themselves new skills.

F—The Sitter-in Service

The increase in demand on this Service probably shows more than any of the other services the difficulty in obtaining hospital beds for seriously ill patients.

The number of patients who required a "Sitter-in" was 121 in 1963, as against 92 in 1962, with almost double the nights covered.

We were fortunate to obtain the services of suitable women able to undertake these duties—although the turnover of personnel is high, this can be expected as most of them are retired. The work can be very exacting and no praise is too high for the way they will go at very short notice to sit with sick people in their own homes.

During 1963 there were more days and part days covered than in previous years, and although this may have increased the Local Authority's financial commitments, its value in giving the relatives rest and supporting the patients and relatives, whilst awaiting hospital admission, outweighed any other consideration. If it was not for these women, many a daughter or husband would break down and become an additional patient.

As in previous years, the Marie Curie Welfare Grant Fund and the National Society for Cancer Relief were a great help to an increasing number of patients in the terminal stages of cancer, by helping to ease the financial burden of long-term sickness.

Number of cases where Sitter-in sent..	121
Number of nights	518
Number of days	53=(27+26 part days)
Number of Sitters-in used	25
Number of Private Nurses used ..	12

Payment

Private	37
Local Authority	59
Part payment	16
Marie Curie Fund	9
	<hr/>
	121
	<hr/>

The cost to the Local Authority was £523 compared with £229 in 1962 and £88 in 1961.

G—Tuberculosis

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, 1963	..		197	159	13	15	210	174
<i>Add:</i>								
Notifications	..		9	3	—	—	9	3
Transfers ..	..		4	4	1	—	5	4
Posthumous								
Notifications	..		—	—	—	—	—	—
Found on Death								
Return	..		—	1	—	—	—	1
			210	167	14	15	224	182
<i>Less:</i>								
Deaths ..	..		9	2	1	—	10	2
Left Town	..		3	4	—	—	3	4
Arrested	..		4	7	—	1	4	8
			16	13	1	1	17	14
ON REGISTER								
31st December, 1963			194	154	13	14	207	168

Age grouping of new cases notified:

			<i>Respiratory</i>		<i>Non-Respiratory</i>		<i>Total</i>	
<i>Age Groups</i>			<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
0-5	..	..	—	—	—	—	—	—
5-10	..	..	—	—	—	—	—	—
10-15	..	..	—	—	—	—	—	—
15-25	..	..	1	1	—	—	1	1
25-45	..	..	3	1	—	—	3	1
45-65	..	..	4	1	—	—	4	1
Over 65	..	..	1	1*	—	—	1	1
			9	4	—	—	9	4

*Posthumous notification.

The Registrar General's return of causes of death indicates that six persons died from respiratory tuberculosis in the following age groups:

			<i>Respiratory</i>	<i>Other forms</i>
24-45	..	..	—	—
45-65	..	..	3	—
Over 65	..	..	3	—

The death rates per 1,000 population were:

Respiratory	..	..	..	0.60
Non-respiratory	..	..	..	0.00

Extra nourishment granted to persons suffering from tuberculosis:

Liquid Milk—

Quantity supplied	13,732 pints
Number of cases assisted ..	50

B.C.G. VACCINATION

This work is undertaken by the school medical and nursing staff of the Department for school children over 13 years, and for pupils at Further Education establishments, and by the Chest Physician in respect of persons who are known contacts of tuberculosis.

Number of persons vaccinated are as follows:

A—CONTACT SCHEME (carried out by the Chest Physician)

Age Groups—

Under 5 years	16
5–15 years	8
Over 15 years	2

B—SCHOOL CHILDREN SCHEME (carried out by the medical and nursing staff of this Department)

(i) Number skin tested	573
(ii) Number found negative ..	507
(iii) Number vaccinated	484

C—STUDENTS ATTENDING FURTHER EDUCATION ESTABLISHMENTS

(i) Number skin tested	89
(ii) Number found negative ..	45
(iii) Number vaccinated	45

MASS RADIOGRAPHY

The East Sussex Mass Radiography Unit under the direction of Dr. R. G. Rigden carried out surveys in the area, including employees of certain local establishments, residents of the Authority's old persons' homes and students at a local Training College.

The Unit also paid monthly visits to Eastbourne for the main purpose of examining patients referred by general practitioners, but staff of Local Authority departments and members of the general public were also examined.

Summary of Results of the Surveys

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Number of persons X-rayed	893	1,271	2,164
Analysis of Abnormal Large Films—			
(a) Tuberculosis requiring close clinical supervision or hospital treatment	2	3	5
(b) Tuberculosis requiring occasional clinical supervision	2	2	4

			<i>Male</i>	<i>Female</i>	<i>Total</i>
(c) Cardio-vascular diseases	..	..	36	53	89
(d) Malignant disease	..	..	11	4	15
(e) Sarcoidosis	..	..	—	1	1
(f) Other diseases	..	..	—	2	2

H—Chiropody Service

There were 180 new cases during the year and at the end of the year there were 550 patients receiving regular treatment. This represents an increase of 100 patients or 22 per cent. on the figure for 1962. To accommodate this increase, two additional sessions per week were provided at the beginning of the year by a part-time chiropodist.

The Chiropodists' work is summarised in the following figures:

	<i>Old Persons Homes</i>	<i>At Authority Clinics</i>			<i>Totals</i>
		<i>School Children</i>	<i>Aged and Handicapped</i>	<i>Domiciliary Visits</i>	
Number of Sessions	78	—*	458	37	536
Number of Treatments	696	111	2,815	145	3,767

*School children usually seen during ordinary sessions.

The standard charge remained unchanged at 9s. for two feet and 6s. for one foot treated, but as the majority of patients treated under the National Health Service Scheme are pensioners, most of them received treatment free of charge or at very reduced cost.

There is, of course, no charge for residents of the Authority's Homes or for school children.

Of the number of cases treated, assessments were as follows:

Free to Scale	..	..	..	420
Scale Charge	..	..	..	17
Full Cost	..	..	..	95
Special Cases—				
Free	..	..	..	8
Charged	..	..	..	10
Total at December, 1963	..	..	..	550*

*264 of whom were in receipt of National Assistance

HOME HELP SERVICE

The demands upon this Service continue to grow and, despite the best efforts of the Organiser and her Assistant, it is apparent that the Service is not expanding in accordance with the need or the projected plans for its development. Although more women are employed the total of hours worked is less than in 1959 and 1960, and less help is being given to individual cases, as the following table illustrates:

	1959	1960	1961	1962	1963
No. of cases assisted ..	489	533	566	541	613
Average hours help per case	107	100	86	87	81
No. of hours worked by Home Helps ..	52,501	53,176	48,740	47,120	50,931
No. of part-time Home Helps employed at 31st December ..	39	37	38	41	45
Equivalent whole-time Home Helps for year ..	22.9	23.3	22.3	21.6	23.3
	<i>44 hour week</i>		<i>42 hour week</i>		

The average amount of help per case per week in 1963 was 1.6 hours compared with 2 hours in 1959.

Miss N. E. Russell, Superintendent of Home Nurses and Domestic Help Organiser, reports:

The Home Help Service, as was to be expected, continues to grow but owing to the difficulty in getting suitable staff a number of requests have had to be refused or scaled down to the minimum need. This is not satisfactory but with the better understanding of the Service, and the raising of the status of the Home Helps, we hope 1964 will show a fuller coverage than in previous years.

With the increase of married women going out to work the maternity and short-term cases, as well as many of the elderly, require more help as no relative is available. This is shown with the increase over 1962 of all types of cases, including a third more maternity patients and over a quarter more of persons requiring short term help.

Supportive care for the mentally sick and the special families with a problem, either through lack of insight into their own needs or inability to manage their own affairs, have increased in number. The type of Home Help for this work requires to be a very understanding, stable person, and someone the client can accept and respect—preferably a housewife who herself has had her own difficulties and succeeded in overcoming them. We are fortunate in having a number of this type of helper, willing to take on an often unrewarding task over a long period of time, and in at least three families a definite upward trend has been noticed.

A Staff Meeting was held during the year and ideas for the Service needs and the Helpers own requirements were aired. A recommendation from the Home Helps themselves for an allowance for weatherproof clothing and transport was submitted to the Council and approved for inclusion in the expenditure for 1964-65.

It is hoped to start an "In-Service Training Scheme" in 1964 with the privilege of wearing a badge and obtaining a certificate when the six weeks' course is completed.

Most of our staff are married women with family commitments, and this creates additional difficulties due to absence from work owing to sickness within their families.

My very sincere thanks are due to the number of Helpers who have undertaken extra duties in the many emergencies which have arisen during the year.

NUMBER OF CASES WHERE DOMESTIC HELP WAS PROVIDED DURING THE YEAR*

	<i>Total</i>
(a) Maternity (including expectant mothers)	36
(b) Chronic sick and tuberculosis.. ..	470
(c) Mentally disordered.. ..	10
(d) Others	97

*A case is counted once, even if help ceased and re-commenced during the year.

SUMMARY OF ASSESSMENTS

According to Scale—

Full cost	189
Part cost	—
Free	16

Specially Assessed Cases—

Part cost	116
Free	39

Cases reimbursed by N.A.B. 253

613

MENTAL HEALTH SERVICE

Administration

The Health Services Committee continued as the responsible committee of the Council for functions under the Act.

Staff

Four Mental Welfare Officers, two male and two female, continued to be the responsible officers for duties under the Act. All of these Officers also have responsibilities under the National Assistance Act.

General

The statistics provide little information of the volume of work undertaken by the Section or of the incidence of mental ill-health in the community. Members of the Staff continued to co-operate with the Hospital Service and attended where possible case conferences regularly held in the psychiatric hospital and out-patients.

Mental Illness

ADMISSIONS TO ST. MARY'S HOSPITAL FOR OBSERVATION

One male was dealt with informally.

HELLINGLY HOSPITAL

Six males and eighteen females were admitted informally. Eight males and eighteen females were dealt with under Section 25, one male and four females under Section 26, and one male and six females under Section 29.

OTHER HOSPITALS

One female was admitted to Virginia Waters Hospital under Section 26, one female to St. Andrews Hospital under Section 25, and one female to Ticehurst Hospital under Section 29.

CARE AND AFTER CARE

Visits made were 706, and 866 interviews were given at Avenue House.

HOSTEL

Twenty-eight persons were accommodated during the year. One was discharged to a Mental Hospital, nine to private accommodation (one subsequently admitted to hospital for subnormals by order of the Magistrates Court), one to Geriatric Hospital and subsequently to Part III accommodation. Three women were admitted temporarily during the absence of friends or guardians either for hospital treatment or on holiday and subsequently discharged to their own homes. One discharged to Church Army Hostel. Thirteen remained in residence at 31st December, 1963.

THE SUBNORMAL AND SEVERELY SUBNORMAL

Males

Five males were added to the Register—three from other Local Authorities, one reported by Medical Officer of Health, and one came into the county from Africa.

Two males were removed—one was discharged from Order and one died.

Females

Six females were added to the Register—two referred by the Deputy Medical Officer of Health, three came from other Local Authorities, and one was discharged from a Mental Hospital.

Two females were removed—one transferred to another Local Authority and one died.

Nine cases were on waiting-list for hospital care.

Visits made to supervision cases were 137.

Three males and two female cases received Short Term Care during the year.

The position at the end of 1963 was:

		<i>Males</i>	<i>Females</i>
In Hospitals and Homes ..	..	50	32
Under Guardianship ..	..	1	4
Under Supervision ..	..	45	46

TRAINING AND CARE

Up to the end of the year, the work of the Centre continued at Salehurst Road under the Acting Supervisor, Mrs. K. N. Castle. The number of trainees on the register in December was 43.

Total attendances were 6,846 during the 196 days that the Centre was open.

At the time of writing a new Junior Training Centre, Hazel Court, has been opened at Friday Street. This fine purpose-built Centre provides for 60 mentally handicapped children from 3 to 16 years of age. The building incorporates a residential hostel for 15 children. (*See picture on page 81*).

The former Occupation Centre at Salehurst Road is now providing day care and occupation for some 30 adults. More specific Senior Training for adults will be available shortly under arrangements with the East Sussex County Council.

SECTION C

WELFARE SERVICES

At the time of publication a new Home at Willoughby Court has opened to receive its first residents. This is a Home of which the Council can be justly proud and I would like to pay tribute to the work of the Borough Architect and his Assistants for the first-class design. A further Home on the site of Christ Church Vicarage is progressing favourably with the plans approved by the Ministry. Further Homes are contemplated in the Hampden Park, Old Town and Langney areas.

During December "The Wolds" Home for the Blind ceased to be the administrative responsibility of the Voluntary Association and was taken over by the Local Authority, who will be responsible for the building and the Residents until the Home is ultimately closed on the opening of the new Home on the site of the former Christ Church Vicarage.

I desire to renew my tributes to the respective voluntary bodies assisting in the welfare of the aged and handicapped.

Residential Accommodation—Section 21 (i) (a)

Figures for the year were as follows:

1. CAVENDISH LODGE				<i>Men</i>	
On 31st December, 1962	..	..	..	25	
Admitted during the year	..	..	..	18	
Discharged during the year	..	..	..	18	
Died	..	..	..	2	
On 31st December, 1963	..	..	..	23	
2. TREVIN TOWERS	..	..	..	<i>Men</i>	<i>Women</i>
On 31st December, 1962	..	..	..	4	38
Admitted during the year	..	..	..	1	26
Discharged during the year	..	..	..	1	15
Died	..	..	..	1	8
On 31st December, 1963	..	..	..	4	41
3. STAVELEY COURT				<i>Men</i>	<i>Women</i>
On 31st December, 1962	..	..	..	8	47
Admitted during the year	..	..	..	11	51
Discharged during the year	..	..	..	11	38
Died	..	..	..	1	12
On 31st December, 1963	..	..	..	7	48
4. ST. ANTHONY'S COURT				<i>Men</i>	<i>Women</i>
On 31st December, 1962	..	..	..	8	37
Admitted during the year	..	..	..	27	32
Discharged during the year	..	..	..	19	25
Died	..	..	..	6	5
On 31st December, 1963	..	..	..	10	39

5. THE WOLDS

	<i>Men</i>	<i>Women</i>
On 31st December, 1962 (Eastbourne cases only)	—	12
Admitted during the year	—	16*
Discharged during the year	—	6
Died	—	2
On 31st December, 1963	—	20

*This figure includes ten cases who are the responsibility of other Local Authorities and who were resident in the Home when the County Borough of Eastbourne accepted responsibility for the Home in December, 1963.

The average age of residents in the Home is 79 years.

6. VOLUNTARY HOMES

	<i>Men</i>	<i>Women</i>
Searchlight Cripples Workshop	1	—
W.V.S. Home, Hove	—	1
St. Elizabeth's, Seaford	—	2
Salvation Army Home, Hassocks	—	1
Salvation Army Home, Westgate	—	1
Royal Home and Hospital for Incurables, Putney	—	2
Jewish Home for Incurables	1	—
Methodist Home, Croydon	—	1
Nazareth House, Bexhill	—	2
W.V.S. Home, St. Leonards	—	1
Papworth Village Settlement	1	—
The Dell, Oulton Broad	—	1
Castle Glen, Sandgate	—	1
Elim Eventide Home	1	—
Sussex House, St. Leonards	1	1
St. Bridget's (Cheshire Home)	—	1
St. Joseph's Convent, Brighton	—	2

The above twenty-two cases were resident on 31st December, 1963.

Also resident during the year:

	<i>Men</i>	<i>Women</i>
Westminster House	1	—
Nazareth House	—	1
St. Elizabeth's, Seaford	—	1
"Donkey Club", St. Peter's	2	1
Elim Eventide Home	—	1
Red Cross Convalescent Home	1	—

7. ACCOMMODATION BY OTHER AUTHORITIES

	<i>Women</i>
L.C.C. Home, 9, Fitzjohn's Avenue, London ..	1
East Sussex County Council, Haystoun House ..	1
Croydon County Borough, Shirley	1
L.C.C., Newington Lodge	1

Also resident during the year:

East Sussex County Council, Haystoun House	1
--	---

Accommodation for Temporarily Homeless—Section 21 (i) (b)

THE KNOWLE, OAK TREE LANE

Twelve families were accommodated during the year—four resident for whole year. Five families were admitted during the year and five families discharged. Three families were allocated accommodation by the Council's Housing Committee, one family found private accommodation, one woman was admitted to Part III accommodation, and one man was evicted in accordance with Committee instruction (his wife and one child remained in the accommodation).

	<i>Families</i>	<i>Men</i>	<i>Women</i>	<i>Children</i>
On 31st December, 1962..	8	2	8	14
Admitted during the year..	5	2	5	13
Discharged during the year	5	3	5	13
On 31st December, 1963..	8	1	8	14

Handicapped Persons—Section 29

(a) BLIND PERSONS

(i) *Incidence of Blindness*—During the year thirty-four B.D.8 Forms for new cases were received; of these, twenty-six were registered as Blind within the meaning of the Act and eight as Partially Sighted, the causes of disability and treatment in respect of these cases certified as Blind being as stated in the following table:

	<i>Cause of Disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
1. Number of cases registered during the year in respect of which Section F of Forms B.D.8 recommends—				
(a) No treatment ..	5	3	—	9
(b) Treatment (medical, surgical, optical)	3	3	—	3
2. Number of cases at (i) (b) above which on follow-up action have received treatment ..	3	3	—	2

The recommendations for treatment were mainly medical and hospital supervision.

(ii) *Registration*—

Total at 31st December, 1962	..	..	213
Registered during year	..	..	26
Died during year	..	..	28
Transfers from other areas	..	..	7
Transferred to other areas	..	..	9
Total at 31st December, 1963	..	..	209

<i>Age Group</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 5 years	—	1	1
Between 5 and 15 years ..	1	1	2
Between 15 and 30 years ..	2	1	3
Between 30 and 50 years ..	11	3	14
Between 50 and 70 years ..	28	24	52
70 years and over ..	38	99	137
	80	129	209

(iii) *Home Workers*—One blind man was included in the Home Worker's Scheme of the National Institute for the Blind as a basket maker.

(iv) *Workshops*—One registered blind man remains at the workshops of the Royal School of the Blind at Leatherhead.

(v) *Occupational Therapy*—The Handicraft Class, now transferred to the Social Centre for the Blind, has continued one afternoon per week under the supervision of the Home Teacher.

(b) **PARTIALLY SIGHTED PERSONS**

The Council's scheme provides that the services for the blind shall also be generally available for the partially sighted. At the end of the year there were seventy-one partially sighted persons on the Register—thirteen males and fifty-eight females.

(c) **DEAF AND DUMB**

As in previous years the Chichester Diocesan Association for the Deaf and Dumb continued to act as agents. Two more cases were reported making a total of sixteen at the end of the year.

(d) **HARD OF HEARING**

The Eastbourne and District Hard of Hearing Association continues to provide an excellent service. The number of registered cases at the end of the year was forty-five.

(e) **PHYSICALLY HANDICAPPED**

The Eastbourne Association for the Disabled continued to act as agents for the Council. The total on the Register at 31st December, 1963, was 102.

Assistance with Alterations—During the year twelve cases on the Register of Handicapped Persons were assisted with alterations to their

homes at a total cost of £513 16s. 11d., of which £95 was recovered. The considerable increase in cost indicates the additional work undertaken.

(f) EPILEPTICS

One woman was accommodated in Meath Home and one woman in Chalfont St. Giles.

Old People's Organisations

MEALS ON WHEELS

The W.V.S. continued to provide this excellent service. During the year 20,176 meals were supplied, an average of 79.43 per day. The cost to the Council was £35 1s. 2d.

OLD PEOPLE'S CLUBS

All Clubs referred to in my 1962 report continue to function and provide a useful service—particularly the two full-time Clubs, namely Darby and Joan, and Senior Citizen. With reference to the latter the extension referred to has now been purchased but the necessary adaptations have not yet been completed to bring it into use.

A new experiment initiated by the Geriatric Health Visitors of a Retirement Club at Avenue House has proved very successful. At the time of writing the Club, still bearing its old name, is now housed at the Central Methodist Church Hall.

OLD PEOPLE'S WELFARE COUNCIL

This body continued to meet during the year; the Visiting Service continues to function but it is regretted that the Car Pool Service has closed down.

Registration of Homes—Section 37

At the end of the year there were nineteen Registered Homes providing 186 beds. Private visits of inspection were made to ensure that the accommodation and service provided were satisfactory.

Care of Property

During the year the property of sixty-nine persons was in care. On account of need of space it has been necessary to purchase and adapt "Swallow's Nest" for this purpose; at the time of writing all property is being transferred there.

Burials

During the year ten burials and three cremations were arranged at a total cost of £335 10s., of which sum £236 14s. 11d. was recovered (70.26 per cent.).

SECTION D

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Notifications

Cases of infectious disease reported to the Department and notified to the Registrar General reached the highest total for many years due to a heavy outbreak of measles in the early spring which persisted into the summer months. A few sporadic cases of dysentery were reported which required the usual vigilance of Public Health Inspectors and School Nurses to contain. No cases of poliomyelitis or food poisoning were reported.

Notifications of Infectious Diseases (Corrected)

<i>Notifiable Disease</i>	<i>All Ages</i>	<i>0-5</i>	<i>5-15</i>	<i>15-45</i>	<i>45-65</i>	<i>65 and over</i>	<i>Unknown</i>
Scarlet Fever	12	5	5	2	—	—	—
Acute Pneumonia	6	—	—	1	1	4	—
Meningococcal Infection	1	1	—	—	—	—	—
Tuberculosis (Respiratory)	12	—	—	5	4	3	—
Whooping Cough	10	1	9	—	—	—	—
Measles	1,023	501	507	14	1	—	—
Erysipelas	2	—	—	—	1	1	—
Puerperal Pyrexia	12	—	—	12	—	—	—
Dysentery	15	6	2	6	—	1	—
Totals	1,093	514	523	40	7	9	—

Public Health Laboratory Service

Numerous pathology investigations were carried out on behalf of the Department at the Public Health Laboratory, Brighton, under the direction of Dr. J. E. Jameson, and by Dr. D. C. Taylor and Dr. F. R. Philips, pathologists to the Eastbourne Hospital Management Committee, to whom grateful acknowledgement is given for their ready assistance and co-operation at all times.

Venereal Diseases

Information was supplied to the Department by the Eastbourne Hospital Management Committee, which is responsible for the treatment of venereal diseases. Two weekly sessions were held at the treatment centre at the Princess Alice Memorial Hospital—Mondays for women and children and Wednesdays for men.

New cases attending the centre are shown in the table below. The figures in brackets relate to 1962.

<i>Condition</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis	0 (-)	1 (-)	1 (-)
Gonorrhoea	3 (10)	1 (-)	4 (10)
Other conditions ..	41 (30)	11 (12)	52 (42)

New Cases, 1954-63

1954	36	1959	30
1955	32	1960	35
1956	30	1961	51
1957	39	1962	52
1958	33	1963	57

SECTION E

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply

Sewerage and Sewage Disposal

Public Baths

Report of the Chief Public Health Inspector

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 120 to 400 feet, feed a well 120 feet deep. The water is pumped to a reservoir on Friston Hill and thence gravitates by a 21-inch main to covered service reservoirs at Meads and Mill Gap. The capacity of the station is approximately $3\frac{1}{2}$ million gallons per day and the total quantity pumped during 1963 was $780\frac{1}{4}$ million gallons.

The Catchment Area covers approximately four square miles, is all Downland, and 2,000 acres have been leased to the Forestry Commission. All possible precautions are taken to mitigate the risk of pollution.

The Company's Cornish Pumping Station, which is situated at Wigden's Bottom between Belle Tout and the main Eastbourne road, has headings in the chalk ranging in depth from 200 to 300 feet and some 700 yards in total length. This station provided $248\frac{3}{4}$ million gallons during the year 1963.

A further quantity of $424\frac{1}{4}$ million gallons was pumped into supply from the Waterworks Road Pumping Station during the year.

Holywell provided another source of supply, where the water is obtained from a well with headings in the chalk—one heading running parallel to the cliff, and one extending under the Paradise Reservoir. The depth of this heading varies from 25 to 300 feet. During the year $128\frac{1}{2}$ million gallons were obtained from this source.

The water from these sources met all demands and bacteriologically as well as chemically maintained its usual high standard of quality. Nine chemical and 184 bacteriological examinations of both raw and piped supplies were carried out by the Company's analysts and samples of the piped supply were regularly sent by the Health Department for chemical analysis as well as bacteriological examination.

Typical reports are as follows:

CHEMICAL RESULTS IN PARTS PER MILLION

Appearance: Clear and bright	Turbidity: Nil	
Colour: Nil	Odour: Nil	
pH: 7.5	Free Carbon Dioxide: 9	
Electric Conductivity: 365	Dissolved Solids: 240	
	Dried at 180° C.	
Chlorine present as Chloride: 32	Alkalinity as Calcium Carbonate: 145	
Hardness: Total 175	Carbonate: 145	Non-carbonate: 30
Nitrate Nitrogen: 3.9	Nitrite Nitrogen: absent	
Ammoniacal Nitrogen*: 0.000	Oxygen Absorbed: 0.10	
Albuminoid Nitrogen*: 0.000	Residual Chlorine: 0.06	
Metals: Iron, Zinc, Copper and Lead: Absent		

*To convert to Ammonia multiply by 1.21

A typical result of the natural fluoride content was 0.09 parts per million.

BACTERIOLOGICAL RESULTS

	<i>1 day at 37° C.</i>	<i>2 days at 37° C.</i>	<i>3 days at 37° C.</i>
Number of Colonies developing on Agar	0 per ml.	0 per ml.	0 per ml.
	<i>Present in</i>	<i>Absent from</i>	<i>Probable number</i>
Presumptive Coli aerogenes Reaction	—ml.	100 ml.	0 per 100 ml.
Bact. coli (Type 1) ..	—ml.	100 ml.	0 per 100 ml.
<i>Cl welchii</i> Reaction ..	—ml.	100 ml.	—

This sample is clear and bright in appearance, has a reaction slightly on the alkaline side of neutrality and is free from metals. The hardness of the water is moderate and its content of mineral and saline constituents is not considered excessive. It conforms to the highest standard of organic quality and bacterial purity. These are satisfactory results indicating a pure and wholesome water suitable for public supply purposes.

The weekly quantity of water pumped from the four sources mentioned above and supplied to consumers within the County Borough and neighbouring parishes in the Hailsham Rural District varied between $19\frac{3}{4}$ and 37 million gallons, with an average weekly consumption throughout the year of $30\frac{1}{2}$ millions. All dwelling houses in the area of the County Borough, totalling some 20,874 at April, 1963, are supplied direct from public water mains.

SEWERAGE AND SEWAGE DISPOSAL

In Ministry of Health Circular 1/64 I am asked to comment on the adequacy of sewerage and sewage disposal arrangements.

Disposal is by discharge into the sea after screening and maceration. The outfall is at a remote point on the coast where tide and prevailing wind favour minimum contamination of the beaches. The capital expenditure programme now includes an item to cover an extension to this outfall which will enable the discharge to be made in deeper water and at a considerably greater distance from the shore.

Work on the Archery pumping station has gone ahead and the pumps should be installed and commissioned next year.

Only one substantial area, to the north-east of the Borough, is not connected to main drainage.

Some 123 properties in the vicinity of Langney Rise and Friday Street have drainage by means of cesspool or septic tank, or cesspool and filter bed. Some forty of these properties have no bathroom, and pail closets are in use in the case of sixteen dwellings. The area also includes an all-the-year-round caravan site, a mansion for the temporarily homeless, a row of Council houses, and a new Junior Training Centre.

With further residential development likely I recommend early consideration of the extension of main drainage to the area.

PUBLIC BATHS

The Old Town Swimming Bath, which has a capacity of 45,000 gallons of fresh water derived directly from a borehole in the subsoil, is directly under the control of the Health Department. Breakpoint chlorination conditions are maintained, and once every four hours the whole of the water in the pool is circulated through two pressure filters.

This bath is used mainly by school children and is open from April to October. During the 1963 season ten samples of water were taken for bacteriological examination, all of which were satisfactory.

The numbers using the bath during the season were:

Organised Parties—					
Local Authority Schools	..	..	..	..	18,183
Private Schools	..	..	..	..	241
Youth Organisations	..	..	..	..	1,412
General Public	..	..	..	..	10,123
					<hr/> 29,959 <hr/>

The number of users in the previous five years were:

1958	..	..	..	..	28,914
1959	..	..	..	..	31,165
1960	..	..	..	..	24,586
1961	..	..	..	..	29,797
1962	..	..	..	..	26,266

Individual Baths

The number of users were as follows:

		<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>O.A.P.</i>	<i>Total</i>
Old Town	..	3,204	2,548	451	124	6,327
Seaside	..	11,434	5,341	865	290	17,930
		<hr/> 14,638	<hr/> 7,889	<hr/> 1,316	<hr/> 414	<hr/> 24,257 <hr/>

Devonshire Swimming Baths

The Devonshire Swimming Baths (under the control of the Entertainments Department) comprise two indoor sea-water baths of 70,000 and 13,000 gallons capacity respectively, the larger bath being in use during the summer months only. The baths are filled initially with filtered sea water and wastage made good as required. The water is continuously recirculated and filtered through two rapid gravity filters, chlorinated, aerated and heated to a temperature of 72°–74° F. The circulation period is approximately 4½ hours, when both baths are in operation.

During the year thirty-four samples of water were submitted for bacteriological examination, all of which showed that a high bacteriological standard is being maintained.

Other Swimming Baths

Two other swimming pools were opened during the year—one outdoor, privately owned, and the other, an indoor swimming bath, at a primary school. Seventeen samples were taken from these two pools and, generally, were of a satisfactory bacteriological standard.

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

EDWARD EDLINGTON, Cert.R.S.H.

Perhaps the most rewarding aspect of work in the field of environmental hygiene has been the renewed interest by property owners in their property. The persistent sales talk about Improvement Grants has begun to show results and the number of properties improved with and without grant aid has started to rise—and this at a time when costs are considerably higher than hitherto. Due to the rising cost of land for new property building, old properties which would at one time have been regarded as “not capable of repair at reasonable cost” are having considerable sums spent on their recovery. A good deal of ingenuity is being used to avoid wastage of space and there is a growing demand for a “shower” as well as a bath.

Two large Public Health Conferences—The Royal Society of Health and the Public Health Inspectors' Association—held here during the year created some pleasant, but nevertheless time-consuming, duties for the staff and that, together with staff shortage for eight months of the year, demanded enthusiasm indeed to cope with the most important aspect of our work—the strict control of hygiene in the Borough's many food premises. A whole host of temporary kitchen staff were again drilled in matters of hygiene during their brief stay with us.

We still found no solution to the fouling of lawns and grass verges by dogs, but a determined effort to educate dog lovers in a friendly fashion was tried by the display of more posters illustrating the dogs' “kerb drill”.

The year has been one of determined positive effort by all members of staff, and I am grateful for the co-operation of Mr. F. T. Rippin, Deputy Chief Public Health Inspector, and members of staff whose work forms the basis of this report.

General Summary

Visits and inspections made by the Public Health Inspectors in 1963:

For general public health purposes	3,552
Inspections under the Housing Act, 1957	803
In connection with food and to food premises	2,491
Infectious disease control visits and investigations	46
Prevention of Damage by Pests Act, 1949	87
SO ₂ and smoke recordings	927
Visits for miscellaneous purposes	663
	<hr/>
	8,569
	<hr/>
Food animals inspected at slaughterhouse. . .	19,919

FOOD HYGIENE REGULATIONS

In general a good standard of hygiene was again maintained in the kitchens and preparation rooms of our hotels, guest houses and restaurants. The main problems still arose from staff shortages and changes but managements, staffs and inspectors worked in close harmony. Inevitably there were some discords; whilst the majority are pleased to discuss their problems, one or two continue to battle alone allowing conditions to develop which result in prosecution. One such hotelier was fined a total of £41 for sixteen offences under the Food Hygiene (General) Regulations, 1960, and a company operating a dirty bread delivery van was fined £50 for contravention of Regulation 26.

A watchful eye was kept on visitors who had been near the trouble spots in Switzerland, as well as on the many Continental seasonal workers in our food premises. Impressing the necessity for high hygiene standards upon students of differing nationalities (some of whom speak little English) is no mean task. The inspectors are to be commended for their "kitchen floor" hygiene lectures which made their routine lectures to groups of food workers and various organisations seem mere child play.

It is pleasing to again be able to report that a happy working relationship exists between inspectorate and the kitchen staff of the hospitals within the Borough. Visits made to the kitchens revealed a good hygienic standard.

Liaison with the staff of the School Meals' Service and the kitchen staff of our Old People's Homes continued, resulting in more improvements.

Food Inspection

Consumer protection is now a public demand and 1,768 routine and 160 special inspections were made at food premises to "safeguard" supplies.

Six hundred and ninety-eight samples of food were submitted for chemical or bacteriological examination as part of the programme of ensuring that food of good quality, well wrapped and correctly described, is available to the public.

As for the last twenty-five years, at the slaughterhouse 100 per cent. inspection of carcasses was carried out, and for this purpose 563 visits were made to inspect 19,919 animals.

Slaughtering and Inspection of Food Animals

PREMISES

New road works near the entrance to the Borough's one slaughterhouse have continued to add to the problems of hygiene. Despite this, a good standard has been maintained throughout the year.

INSPECTION

Last year's report made reference to the consistency over the years of the "kill" figures. This year, due to the export of a considerably higher proportion of live animals to the Continent, our throughput of beef cattle, sheep and pigs was considerably lower.

In cattle, the percentage of animals affected with disease continued to drop, this being most noticeable in cows. There was a slight rise in the percentage of condemned meat in the case of sheep and pigs.

Carcases and Offal Inspected and Condemned in Whole or in Part

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>
Number killed	2,512	149	3,123	6,278	7,857	—
Number inspected	2,512	149	3,123	6,278	7,857	—
<i>All diseases except Tuberculosis:</i>						
Whole carcases condemned	1	2	7	20	23	—
Carcases of which some part or organ was condemned	575	62	12	311	643	—
Percentage of the number inspected affected with disease other than tuber- culosis and cysticerci ..	22·93	42·95	0·61	5·27	8·48	—
<i>Tuberculosis only:</i>						
Whole carcases condemned	—	—	—	—	—	—
Carcases of which some part or organ was condemned	—	—	1	—	33	—
Percentage of the number inspected affected with tuberculosis	—	—	0·032	—	0·42	—
<i>Cysticercosis:</i>						
Carcases of which some part or organ was condemned	6	—	—			
Carcases submitted to treat- ment by refrigeration ..	6	—	—			
Generalised and totally condemned	—	—	—			

Food Premises

The number of food premises in the Borough fall broadly into the following classifications:

Bakers and Bakers' Shops	.. ..	32
Breweries	.. ..	1
Butchers	.. ..	46
Confectioners (other than flour confections)	..	73
Dairies	.. ..	7
Delicatessen and Sandwich Shops	..	9
Fish and Fried Fish	.. ..	28
Fruiterers and Greengrocers	.. ..	59
Grocers, Provision and General Stores	..	130
Ice Cream Manufacturers	.. ..	11

Premises where Ice Cream is sold	..	189
Ice Cream Stores	.. ..	3
Meat Products Factories	.. ..	10
Public Houses and Hotels with open bars	..	53
Restaurants, Cafes and Snack Bars	..	128
Slaughterhouse	.. ..	1
Wholesale Manufacturers	.. ..	8
Wholesale Meat Depots	.. ..	2

Premises registered under Section 16 of the Food and Drugs Act, 1955, for the preparation or manufacture of sausages, or potted, pressed, pickled or preserved food intended for sale, totalled 65, comprising:

Butchers' Shops	.. ..	32
Grocers and Provision Stores	.. ..	21
Fried Fish Shops	.. ..	10
Potato Crisps Manufacturers	.. ..	2

Visits and inspections made to food premises, classified as to type, were:

Dairies and Milk Distributors	.. ..	129
Ice Cream Manufacturers	.. ..	96
Ice Cream Retailers	.. ..	185
Bakehouses	.. ..	69
Butchers' Shops and Wholesale Depots	..	232
Meat Products Preparation Premises	..	44
Fish Shops	.. ..	85
Fried Fish Shops	.. ..	42
Other Food Shops and Stores	.. ..	216
Hotel and Restaurant Kitchens	.. ..	628
Slaughterhouses	.. ..	563
Food Samples taken	.. ..	698
Visits in connection with unsound food	..	160

Milk and Dairies Regulations

Eastbourne is a specified area within the meaning of the Milk (Special Designation) (Specified Areas) Order, 1955, and therefore all milk sold in the town must comply with the conditions for treatment and handling prescribed by the regulations for milk sold under the Milk (Special Designation) Regulations. Well over 95 per cent. of the milk sold is pasteurised, the balance being made up of tuberculin tested farm-bottled milk and a small sale of sterilised milk.

There is one pasteurising establishment in the town, but two firms import milk from Brighton and Bexhill respectively for local sale.

(a) REGISTRATION OF DAIRIES AND DISTRIBUTORS

(i) *The following were registered under these regulations:*

Dairies (premises)	.. ..	7
Distributors (persons)	.. ..	111

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

- (ii) *Licences granted under these regulations now all expire at the end of the five-year period, 31st December, 1965. The following licences are now in force:*

To Pasteurise Milk	1
Dealers' Licences to use the designation "Pasteurised"	108
Dealers' Licences to use the designation "Sterilised"	46
Dealers' Licences to use the designation "Tuberculin Tested"	23

(b) SAMPLING OF MILK

Milk is sampled and examined broadly for three purposes: To ensure that the composition of the milk is up to the standard required; for testing as to cleanliness, keeping quality and effective pasteurisation; and for the presence of tuberculosis.

Samples taken for this purpose with the results of analysis or examination were as shown.

(i) *Chemical Analysis:*

Six samples were submitted for analysis, of which one was Channel Island milk.

The results indicated that the local milk supply was of a good quality. The average fat and non-fat solids was 3.58 per cent. and 8.62 per cent. compared with the prescribed standard of 3 and 8.5 per cent. The Channel Island milk contained 4.5 per cent. fat and 8.9 per cent. non-fat solids, the standard for that milk being 4 per cent. fat and 8.5 per cent. non-fat solids.

(ii) *Bacteriological Examination:*

Class of Milk	No. of Samples Tested	Appropriate Tests	Number of Samples	
			Passed	Failed
Pasteurised and Tuberculin Tested (Pasteurised)	109	Phosphatase ..	109	—
		Methylene Blue	105	4
Tuberculin Tested (Farm Bottled Milk)	27	Methylene Blue	23	4
Sterilised	20	Turbidity Test	20	—

No Pasteurised milk failed the Phosphatase test, but four failed the Methylene Blue test. These were followed up at the dairy.

Reports on the four Tuberculin Tested (Farm-Bottled) milk samples which failed the prescribed tests were referred to the County Milk Production Officer for attention at the farms.

(iii) *Examination of Milk for the Presence of Tuberculosis:*

In order to regulate the flow of samples, by arrangement with the Public Health Laboratory, samples of ordinary milk on arrival at the dairy and of farm-bottled milk were again taken on a rota system during the year. M. tuberculosis was not found in any of the thirty-six samples taken.

Manufacture and Sale of Ice Cream

(a) REGISTERED PREMISES

The number of premises registered for the manufacture, storage or sale of ice cream in accordance with Section 16 of the Food and Drugs Act, 1955, was:

(a) Wholesale Manufacturer	..	..	1
(b) Manufacture and Retail Sale	..	..	10
(c) For the Sale of Ice Cream	..	..	189
(d) For Storage of Ice Cream for the Purpose of Sale	..	..	3

Two hundred and eighty-one visits and inspections were made to these premises, 96 being to manufacturers' premises and 185 to retailers.

(b) BACTERIOLOGICAL EXAMINATION

Two hundred and twenty-three samples were submitted for examination by the Methylene Blue test. The result of this test is indicative of the bacteriological "cleanliness" of the ice cream examined. On this basis the ice cream is graded into one of four grades—Grades 1 and 2 being considered satisfactory and Grades 3 and 4 indicating possible faults in technique of manufacture, storage and service.

As the following will indicate, of the 223 samples examined 90.2 per cent. were graded in Grades 1 and 2; 62.3 per cent. being in Grade 1.

Grade					Number	
1	..	..	..	..	139	} 201
2	..	..	..	..	62	
3	..	..	..	..	12	} 22
4	..	..	..	..	10	

Unfit Food

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

Bacon (lb.)	..	..	48½	Dairy Sponges	..	..	8
Biscuits (pkts.)	..	..	6	Fish (stone)	..	..	65
Cereals (pkts.)	..	..	4	Fish (cans)	..	..	45
Cheese (lb.)	..	..	20	Fish, fillets (pkts.)	..	..	27
Cheese (pkts.)	..	..	38	Frozen Food (pkts.)	..	..	493
Coffee (jars)	..	..	1	Fruit (cans)	..	..	972
Cordials (botts.)	..	..	2	Fruit, dried (lb.)	..	..	23
Crabs (stone)	..	..	2	Ham (lb.)	..	..	818
Cream (cans)	..	..	37	Hares	..	..	11

Ice Creams	48	Rabbits, frozen (lb.)	45
Jam and Marmalade (lb.)	56	Rice (lb.)	4
Macaroni (pkts.)	1	Rice (cans)	8
Marmite (jars)	1	Ryvita (pkts.)	1
Meat and Offal (lb.)	2,117	Sausages (lb.)	17
Meat, cans (up to 4 lb.)	180	Sauces and Pickles (jars)	1
Meat, cans (over 4 lb.)	76	Shandy (cans)	10
Milk (cans)	42	Soup (cans)	4
Milk Pudding (cans)	4	Syrup (cans)	1
Mousse	27	Tarts (cartons)	1
Onions (jars)	1	Trotters (jars)	1
Paste, meat and fish (jars)	4	Vegetables (cans)	510
Poultry (lb.)	169½	Yoghurt (jars)	14

One hundred and sixty inspections were made in connection with the above unsound food.

Most of this foodstuff was dealt with in small quantities and was disposed of by burning at the refuse destructor.

Unfit meat from butchers' shops and wholesale stores is disposed of under suitable safeguards for sterilisation and processing into animal foodstuffs, etc.

Sampling of Food and Drugs

Two half-yearly reports and reviews of sampling were received from the Public Analyst. For these we were most grateful and the result has been close liaison with the Public Analyst and a more careful selection of samples for analysis.

Ten formal and one hundred and thirty-eight informal samples were submitted to the Public Analyst, of which eleven informal samples were found to be unsatisfactory.

The following are particulars of samples which the Public Analyst reported as being unsatisfactory. In each case the matter was taken up with the manufacturer or vendor.

SAMPLE NO. 300—HOME-MADE MARMALADE

Deficient in soluble solids (66.6 per cent. whereas it should be 68.5 per cent.).

SAMPLES NOS. 307 and 308—PARSLEY SAUCE MIX AND ONION SAUCE MIX

The labels implied that the articles were complete mixes and would produce a parsley and an onion sauce, but milk, which was an essential ingredient, was absent, and it was necessary to use a pint in each case.

SAMPLE NO. 938—PORK SAUSAGES

Deficient in meat content (62 per cent. instead of 65 per cent.).

SAMPLE NO. 941—STEAK AND KIDNEY PIE

Deficient in meat content (18 per cent. instead of 20 per cent.).

SAMPLE NO. 173—MIXED HERBS

Label did not bear a list of ingredients as required by the Labelling of Food Order, 1953.

SAMPLE NO. 1062—JAM

Deficient in soluble solids 8 per cent.

SAMPLE NO. 1064—MARMALADE

Deficient in soluble solids 7 per cent.

SAMPLE NO. 450—BRONCHIAL BALSAM

Deficient in chloroform 30 per cent. compared with the amount stated on the label.

SAMPLE NO. 454—HOME-MADE JAM

Deficient in soluble solids 3 per cent.

SAMPLE NO. 455—HOME-MADE JAM

Deficient in soluble solids 11 per cent.

Action Taken in Respect of Other Unsatisfactory Food

CHEESE GNAWED BY RATS

Warning letter sent to retailer.

MEAT UNFIT FOR HUMAN CONSUMPTION

Warning letter sent to retailer.

POTATO CRISPS UNFIT FOR HUMAN CONSUMPTION

Warning letter sent to manufacturers.

LOAF CONTAINING PIECE OF METAL

Manufacturer prosecuted and fined £25.

HOUSING

Six individually unfit houses and three cases of unfit parts of houses were dealt with during the year.

The beginning of the year saw the continuation of the pilot survey in connection with Improvement Grants. Results came very slowly. Many occupants were elderly and did not want any change. Many pensioners were afraid of increased rent. Many young owner occupiers were worried about their half of the cost. By the end of the year, however, the "snowball" started to move. In addition, many owners decided to improve their properties along the lines suggested but did not avail themselves of the grant.

The inspections made by the Public Health Inspectors for housing purposes were:

Dwelling Houses (Housing Act)	..	..	61
Dwelling Houses (Public Health Act)	..	..	88
Revisits	..	..	346

Housing Report

The table which follows gives the totals of the quarterly reports submitted to the Ministry of Housing and Local Government as to action taken in 1963.

Houses in Clearance Areas and Unfit Houses Elsewhere

A. HOUSES DEMOLISHED DURING THE YEAR

	Number of Houses Demolished	Displaced during period	
		Persons	Families
<i>In Clearance Areas declared under Section 42 of the Housing Act, 1957</i>			
Houses unfit for human habitation	—	—	—
Houses included by reason of bad arrangement, etc.	—	—	—
Houses on land acquired under Section 43 (2), Housing Act, 1957	—	—	—
<i>Not in Clearance Areas—</i>			
As a result of formal or informal procedure under Section 16 or Section 17 (1), Housing Act, 1957	11	—	—
Local Authority owned houses certified unfit by the Medical Officer of Health	—	—	—
Houses unfit for human habitation where action has been taken under local Acts	—	—	—
Unfit houses included in Unfitness Orders made under para. 2 of the Second Schedule to the Town and Country Planning Act, 1959	—	—	—
From houses to be demolished as a result of formal or informal procedure under Section 16 or 17 (1), Housing Act, 1957 ..	—	18	8
From Local Authority owned houses certified unfit by the Medical Officer of Health ..	—	—	—
From houses unfit for human habitation where action has been taken under local Acts ..	—	—	—
From houses included in Unfitness Orders	—	—	—
Number of dwellings included in above which were previously reported as closed	1	—	—

B. UNFIT HOUSES CLOSED DURING THE YEAR

Under Sections 16 (4), 17 (1) and 35 (1), Housing Act, 1957 and Section 26, Housing Act, 1961	2	7	3
Under Sections 17 (3), and 26, Housing Act, 1957	—	—	—
Parts of buildings closed under Section 18, Housing Act, 1957	4	9	3

C. UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

	<i>By Owner</i>	<i>By Local Authority</i>
After informal action by Local Authority	50	—
After formal action under Public Health Acts	9	—
After formal notice under Sections 9 and 16, Housing Act, 1957	1	—
Under Section 24, Housing Act, 1957	—	—

D. UNFIT HOUSES IN TEMPORARY USE (HOUSING ACT, 1957)

	<i>Number of houses</i>	<i>Number of separate dwellings contained therein</i>
<i>Position at end of year—</i>		
Retained for temporary accommodation:		
Under Section 48	—	—
Under Section 17 (2)	1	1
Under Section 46	—	—
Licensed for temporary accommodation:		
Under Section 34 or 53	—	—

E. PURCHASE OF HOUSES BY AGREEMENT

	<i>Number of houses</i>	<i>Number of occupants</i>
Houses in Clearance Areas other than those included in confirmed orders or compulsory purchase orders	—	—

Improvement Grants

The 133 applications received for Standard Grants represented a 100 per cent. increase over last year's figures. Of this figure, 129 included the provision of a bath and/or hot water supply. Disappointingly, only nine of these applications were in respect of houses in the area which was the subject of survey earlier in the year. Many were, however, the result of last year's publicity at the Ideal Homes Exhibition.

Twenty-three applications were received for Discretionary Grant as against only ten last year. One application was not approved, being not applicable for the grant. The twenty-two applications approved included:

Alterations and additions to house the Standard Grant facilities where this could not be done within the maximum sum for these grants	20
Conversion of house into two self-contained flats	2

In addition, plans were approved by the Council for the provision of a bath and/or hot water supply in the case of fifty-seven properties, in respect of which applications for grant have not so far been made.

Rent Act, 1957—Certificates of Disrepair

Applications, etc., dealt with in 1963 were:

Applications for Certificates	1
Decisions not to issue Certificates	—
Decisions to issue Certificates	1
Undertakings given by landlords under paragraph 5 of the First Schedule	—
Certificates issued	1
Applications by landlords for cancellations of Certificates	—
Objections by tenants to cancellation of Certificates	—
Certificates cancelled	—

GENERAL INSPECTIONS FOR PUBLIC HEALTH PURPOSES

Visits and inspections made by the Public Health Inspectors for the above purposes were:

Complaints investigated	713
Schools	48
Camping Sites and Moveable Dwellings	117
Places of Public Entertainment	15
Public Baths	208
Drainage and Plumbing Works	1,158
Land Charges Enquiries	134
Stables and Piggeries	34
Smoke Observations and SO ₂ Smoke Recordings	998
Factories	190
Workplaces	22
Outworkers' Premises	11
Shops (Section 38, Shops Act, 1950)	74
Departmental Properties	181
Revisits	576
Infectious Disease Investigations	46
Miscellaneous Visits	663

Statutory Notices under the Public Health Act, 1936

Most owners of property comply with the requirements of informal notices, but it was necessary to serve the following formal notices:

Section 93—To abate nuisances 13

In twelve cases the work required was carried out by the persons on whom the notices were served, but in one case it was necessary to apply to the Justices for a Nuisance Order, and the work was subsequently carried out by the owner.

Caravan Sites and Control of Development Act, 1960

No new sites were licensed during the year, the total in the Borough at the end of the year being 278 vans on five sites. All these sites comply with the requirements of the Act.

Shops Act, 1960

Seventy-four inspections of shops were carried out in connection with the health and welfare provisions of the Shops Act, 1960. The general standard of hygiene and cleanliness was good.

Rag Flock and Other Filling Materials Act, 1951

There were six premises registered by the Local Authority under the provisions of this Act and frequent inspections were made to these premises to ensure that the provisions as to cleanliness of materials and bedding were complied with.

Pet Animals Act, 1951

Eight applications for licences to keep pet shops were received during the year, all of which were granted.

Fertilisers and Feeding Stuffs Act, 1926

Three samples were taken, all of which were genuine.

Clean Air Act, 1956

The trend still continues towards the burning of low viscosity oil for industry with quite a few private householders changing to central heating by gas, whilst the demand in new houses is quite strong for underfloor heating by electricity.

There were remarkably few complaints during the year of smoke or grit nuisances. Observations were made of smoke emissions from laundry and hotel chimneys and from the few industrial chimneys within the boundary.

National Survey of Air Pollution

Except for Sundays, daily visits have been made to the three stations where Smoke and SO₂ machines are installed. There is little change in the general pattern which still tends to show that the domestic fire is the chief source of air pollution.

Noise Abatement Act, 1960

There is an increasing awareness by the public of the nuisance arising from noise. The few complaints received were dealt with informally. An elderly population are pretty tolerant towards the modern trend of youth to release pent-up energy with an excess of noise. Nevertheless, good co-operation was received from the owners of the one or two coffee bars where the noise was alleged to be "a bit too much".

FACTORIES ACT, 1961

1. Inspections for Purposes of Provisions as to Health

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>		
		<i>Inspections</i>	<i>Written Notices</i>	<i>Occupiers Prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority	73	55	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	233	99	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	35	36	2	—
TOTAL	341	190	2	—

2. Cases in which Defects were Found

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) . .	3	3	—	—	—
Overcrowding (S.2) . .	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	1	1	—	—	—
Ineffective drainage of floors (S.6) . .	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient . .	2	2	—	—	—
(b) Unsuitable or defective . .	5	5	—	—	—
(c) Not separate for sexes . .	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	—	—	—	—	—
TOTAL . .	11	11	—	—	—

Part VIII of the Act—Outwork

SECTIONS 133 AND 134

<i>Class of Work</i> (1)	<i>Section 133</i>		
	<i>No. of Outworkers in August list required by Section 110</i> (1) (c) (2)	<i>No. of cases of default in sending list to the Council</i> (3)	<i>No. of prosecutions for failure to supply lists</i> (4)
Wearing apparel	25	—	—
Lace, lace curtains and nets	2	—	—
Curtains and furniture hangings	9	—	—
Furniture and upholstery	3	—	—
TOTAL	39	—	—

SECTION 134

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

RODENT CONTROL

(a) Surface Control

The Council provides a free service for the control of rats and mice in private dwellings; a charge is made, however, for treating business and other premises. The income from this source continues to fall as does the number of major infestations.

As required by the Prevention of Damage by Pests Act, 1949, as well as dealing with complaints, a continuing survey of land and premises throughout the Borough was carried out and any infestation dealt with, despite difficulties due to staffing.

A tabulated summary of the work follows:

	<i>Type of Property</i>				
	(1) <i>Local Authority</i>	(2) <i>Dwelling Houses</i>	(3) <i>All other (including business premises)</i>	(4) <i>Total of Cols. (1) (2) and (3)</i>	(5) <i>Agri- cultural</i>
I. Number of properties inspected as a result of complaint	18	207	31	256	—
Number of such properties found to be infested by:					
Rats (a) Minor ..	13	153	14	180	—
(b) Major ..	3	—	2	5	—
Mice (a) Minor ..	2	54	15	71	—
(b) Major ..	—	—	—	—	—
II. Number of properties inspected in the course of survey under the Act ..	—	159	—	159	—
Number of such properties found to be infested by:					
Rats (a) Minor ..	—	16	—	16	—
(b) Major ..	—	2	—	2	—
Mice (a) Minor ..	—	—	—	—	—
(b) Major ..	—	—	—	—	—
III. Treated by Operators	18	225	31	274	—
IV. Visits for all purposes	198	2,694	368	3,260	—

Number of block control schemes carried out: 19.

(b) Sewer Baiting

Test baits were laid in about 10 per cent. of the sewer manholes early in the year, but owing to staffing problems this was not pursued. The number of positive takes over the last few years with a twice-yearly treatment has continued to fall. It remains to be seen whether there is much set-back this year.

SECTION F

MISCELLANEOUS

Nursing Homes
Nursing Agencies
Nurseries and Child Minders
Children Act, 1948
Staff Medical Examinations
Midwives Act, 1951
Meteorology

NURSING HOMES ACT AND REGULATIONS

The relevant section of the Public Health Act with regard to registration and inspection of Nursing Homes continued to be administered by the Council and authorised officers of this Department.

The Nursing Homes Act, 1963, became operative in May and the ensuing Regulations on 27th August. These provide, amongst other matters, for adequate and competent staffing, adequate space, furnishing and nursing equipment together with sufficient sanitary and washing facilities, light, heating and ventilation.

The Council as Registration Authority now has considerable powers of supervision to ensure that Nursing Homes meet and maintain the required standards.

At the end of the year seventeen Nursing Homes were registered providing a total of 258 beds. There were two new registrations during the year.

NURSES AGENCIES ACT, 1957

One licence in respect of an existing Agency was renewed. One other Agency was discontinued. The records of the remaining Agency were satisfactory on inspection by an authorised member of the staff of the Department.

NURSERIES AND CHILD MINDERS' REGULATION ACT, 1948

Two premises other than private dwellings where children are received to be looked after for the day, or a substantial part of the day, or for any longer period not exceeding six days, remained registered under this Act.

At the end of the year two persons remained registered as Child Minders providing for twelve children.

CHILDREN ACT, 1948

The Medical Officer of Health remained on the list of general practitioners of the Local Executive Council and the medical staff of the Department were responsible for the medical care of all children in the Council's residential homes.

Dental inspection of the children was carried out in the Homes by the Chief 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

New entrants to the Corporation service are required to complete a medical statement instead of submitting to a medical examination. Only in those cases which the Medical Officer of Health is not satisfied with the answers is a physical examination carried out.

Number of Medical Examinations made:

Sick Pay	56
Superannuation	37
	<hr/>
	93

Number of Medical Statements scrutinised . . . 295

In addition to the above, twenty-three examinations were carried out on candidates for admission to training colleges. There were also ten sessions at Chelsea Training College and four at Eastbourne Training College, for medical inspection.

MIDWIVES ACT, 1951

The Local Health Authority is the Local Supervising Authority for the purpose of the Midwives Act, 1951.

During the year thirty-five midwives notified their intention to practise, of whom four were in the Council's Domiciliary Midwifery Service and thirty-one employed in the Hospital Service.

METEOROLOGY

Borough Meteorologist: W. L. PECK

Sunshine

The total of 1,721.9 hours for 1963 was 90.9 hours below the seventy-one year average of 1,812.8 hours. For the third successive year, Eastbourne's total was the highest recorded in the Air Ministry's list for all stations on the mainland. Seven months of the year, including April, June, August and September, were below average. July was the only summer month above average with a total of 287.4 hours.

Temperature

The annual mean temperature of 48.6° F. for 1963 was 2° F. below the average of 50.6° F., very largely due to the very cold spell

throughout the whole of January and February. Altogether, nine months of the year were below average, the only exceptions being June, October and November.

Sea Temperature

The daily average of 49.4° F. for 1963 was 2.6° F. below the seventy-one year average of 52° F. All the summer months were below average.

Rainfall

The total of 33.71 inches for 1963 was 2.16 inches above the seventy-one year average of 31.55 inches. The November total of 8.25 inches was the second highest total for that month since records began, being 4.36 inches above average.

Summary of Observations

AIR PRESSURE (MEAN SEA LEVEL)

Daily Average:

9 a.m.	..	..	..	..	29.983 inches
9 p.m.	..	..	..	..	29.995 ..

AIR TEMPERATURE

Daily Average:

Maximum	..	..	..	..	52.8 degrees
Minimum	..	..	..	..	44.3 ..
Combined	..	..	..	..	48.6 ..
Range	..	..	..	..	8.6 ..
At 9 a.m.	..	..	..	..	49.1 ..
At 9 p.m.	..	..	..	..	48.3 ..
Warmest Day: 22nd July	..	..	..	..	77.0 ..
Warmest Night: 3rd August	..	..	..	..	62.0 ..
Coldest Days: 24th January and 2nd February	..	..	..	..	28.0 ..
Coldest Night: 23rd January	..	..	..	..	18.0 ..

SUNSHINE

Total	..	..	..	..	1,721.9 hours
Daily Average	..	..	..	..	4.71 ..

RAINFALL

Total	..	..	..	..	33.71 inches
"Rain" Days	..	..	..	..	164

HUMIDITY

Daily Average:

9 a.m.	..	..	..	..	84 per cent.
9 p.m.	..	..	..	..	85 ..

WINDS

Percentage of 9 a.m. and 9 p.m. observations:

<i>Direction</i>	<i>Percentage</i>
N.	16.03
N.E.	7.81
E.	7.81
S.E.	8.90
S.	8.08
S.W.	10.27
W.	26.85
N.W.	10.96
Calm	3.29
Prevailing Winds	West
Snow and Sleet recorded on	21 days
Thunderstorms recorded on	4 „
Fog (9 a.m.) recorded on	6 „
Gales recorded on	13 „
Air Frost recorded on	63 „
Ground Frost recorded during	93 nights

SUNSHINE

The position of the Resorts in Southern districts were as follows:

<i>Position in List</i>	<i>Town</i>	<i>Total Hours</i>
1	EASTBOURNE	1721.9
3	Bognor	1692.0
4	Littlehampton	1691.6
5	Hayling Island	1689.0
6	Folkestone	1667.5
10	Penzance	1646.5
11	Hastings	1645.2
12	Worthing	1643.9
	Southsea	1643.9
16	Weymouth	1623.4
19	Bexhill	1612.8
21	Newquay	1601.5
22	Brighton	1596.5
26	Seaford	1587.9
30	Bournemouth	1578.4
44	Torquay	1521.5
50	Ramsgate	1517.6
73	Falmouth	1479.5

Monthly Averages for 71-Year Period, 1888-1963

(excluding War years 1942-46—no observations)

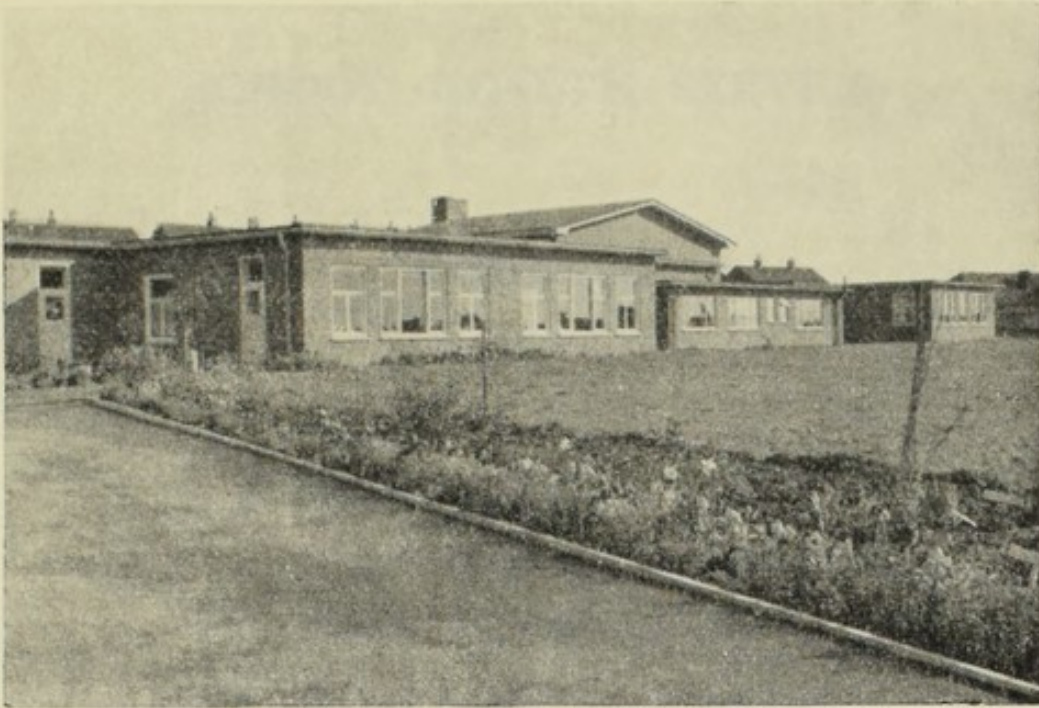
Month	Air Temperature					Mean Sea Tem- pera- ture	Sunshine		Rainfall	
	Means of			High- est re- corded	Low- est re- corded		Total hours	Daily hours	Inches	'Rain' Days
	Maxi- mum	Mini- mum	Max. and Min. Com- bined							
January ..	45.3	36.6	41.0	56 1922, 1923	12 1940	42.4	62.8	2.03	3.01	17
February ..	45.1	36.4	40.7	58 1897	15 1929, 1947, 1956	41.1	83.8	2.99	2.24	14
March ..	48.3	38.1	43.2	66 1929	18 1909	42.8	137.8	4.44	2.17	14
April ..	52.9	41.5	47.2	72 1924	27 1922	46.9	178.9	5.96	1.92	13
May ..	59.0	47.0	53.0	78 1922	32 1935, 1941	52.9	235.2	7.59	1.65	11
June ..	63.9	52.1	58.0	86 1957	38 1962	58.6	239.7	7.99	1.79	11
July ..	67.2	56.0	61.6	90 1911	43 1919	62.6	235.5	7.60	2.26	11
August ..	67.6	56.3	62.0	86 1947	41 1907	63.8	217.6	7.02	2.65	13
September ..	64.6	53.0	58.8	82 1929	37 1919	61.4	173.3	5.78	2.49	12
October ..	58.2	47.5	52.9	71 1921	28 1931	55.9	122.8	3.96	3.86	16
November ..	51.3	42.1	46.7	63 1927	25 1923	49.9	70.7	2.36	3.89	15
December ..	46.9	38.7	42.8	59 1907	17 1908	45.3	54.7	1.76	3.62	18
Year ..	55.8	45.4	50.6	90	12	52.0	1812.8	4.96	31.55	165

Monthly Averages, 1963

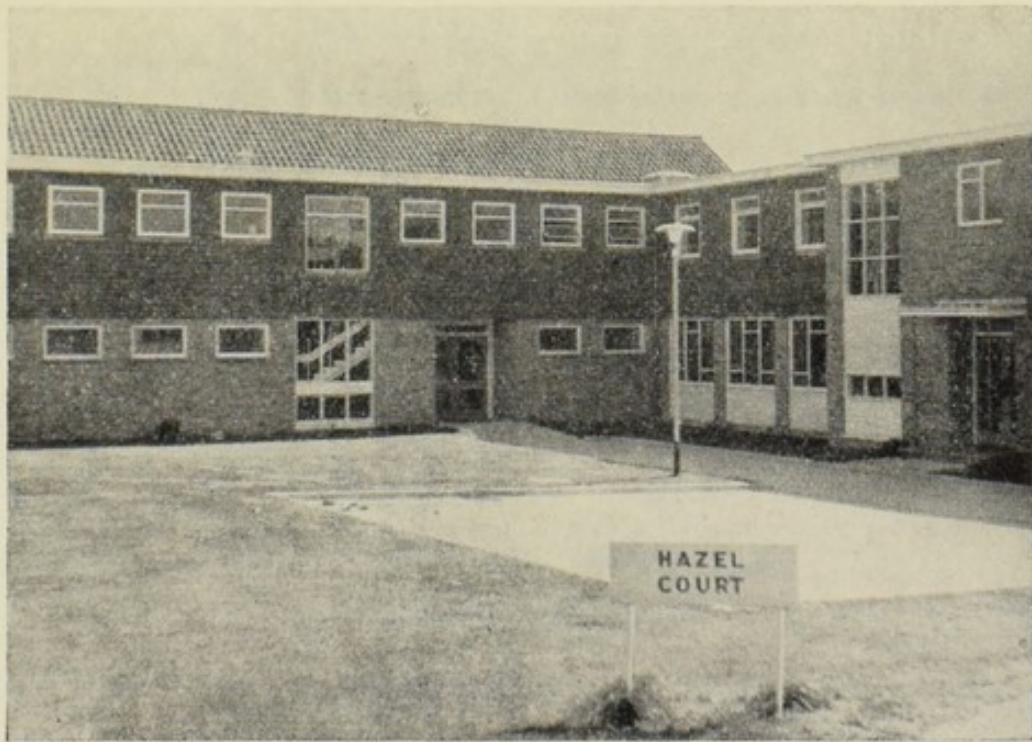
Month	Air Temperature					Mean Sea Temperature	Sunshine		Rainfall	
	Means of			High-est	Low-est		Total hours	Daily hours	Inches	'Rain' Days
	Maxi-mum	Mini-mum	Max. and Min. Com-bined							
January ..	33.7	26.9	30.3	41	18	33.0	72.8	2.35	0.49	8
February ..	35.6	29.6	32.6	40	22	33.1	94.2	3.36	0.76	12
March ..	46.3	38.2	42.2	52	26	38.2	135.1	4.35	2.91	17
April ..	51.4	41.8	46.6	59	33	44.1	152.7	5.09	3.54	16
May ..	56.8	46.0	51.4	69	39	50.4	239.5	7.73	1.65	12
June ..	63.4	53.5	58.5	76	48	57.5	221.3	7.38	3.43	15
July ..	65.4	55.3	60.3	77	49	61.2	287.4	9.27	1.70	9
August ..	64.5	55.4	59.9	71	47	62.4	185.7	5.99	4.07	19
September ..	62.7	53.4	58.1	70	47	60.2	124.2	4.14	3.47	11
October ..	57.9	49.9	53.9	65	42	56.4	80.7	2.60	2.64	12
November ..	54.1	46.9	50.5	60	35	53.1	69.6	2.32	8.25	25
December ..	42.3	34.5	38.4	51	26	42.7	58.7	1.89	0.80	8
Year ...	52.8	44.3	48.6	77	18	49.4	1721.9	4.71	33.71	164

1963 Monthly Variations from Averages

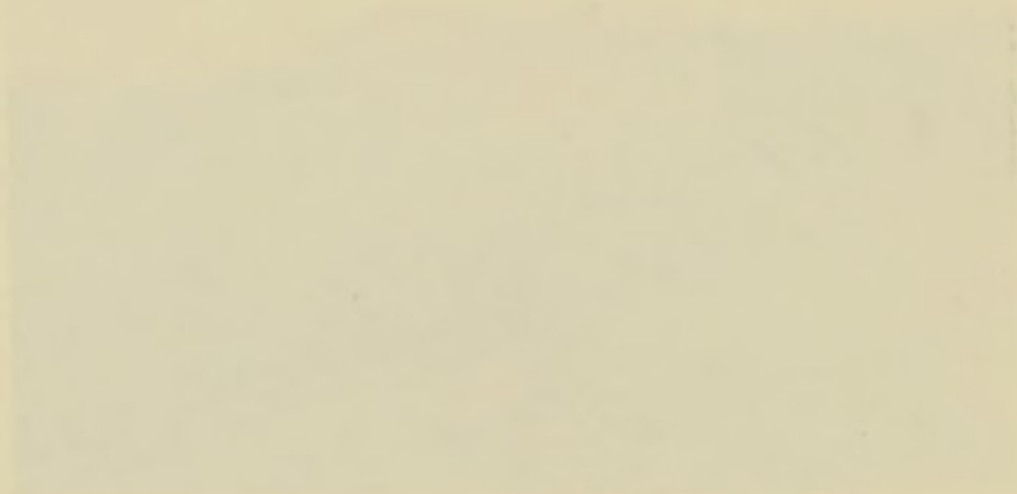
		<i>Maximum</i> ° F.	<i>Minimum</i> ° F.	<i>Sea</i> ° F.	<i>Sunshine</i> Hours	<i>Rainfall</i> Inches
January	..	-11.6	-9.7	-9.4	+10.0	-2.52
February	..	-9.5	-6.8	-8.0	+10.4	-1.48
March	..	-2.0	+0.1	-4.6	-2.8	+0.74
April	..	-1.5	+0.3	-2.8	-26.2	+1.62
May	..	-2.2	-1.0	-2.5	+4.3	-
June	..	-0.5	+1.4	-1.1	-18.4	+1.64
July	..	-1.8	-0.7	-1.4	+51.9	-0.56
August	..	-3.1	-0.9	-1.4	-31.9	+1.42
September	..	-1.9	+0.4	-1.2	-49.1	+0.98
October	..	-0.3	+2.4	+0.5	-42.1	-1.22
November	..	+2.8	+4.8	+3.2	-1.1	+4.36
December	..	-4.6	-4.2	-2.6	+4.0	-2.82
Year	..	-3.0	-1.1	-2.6	-91.0	+2.16



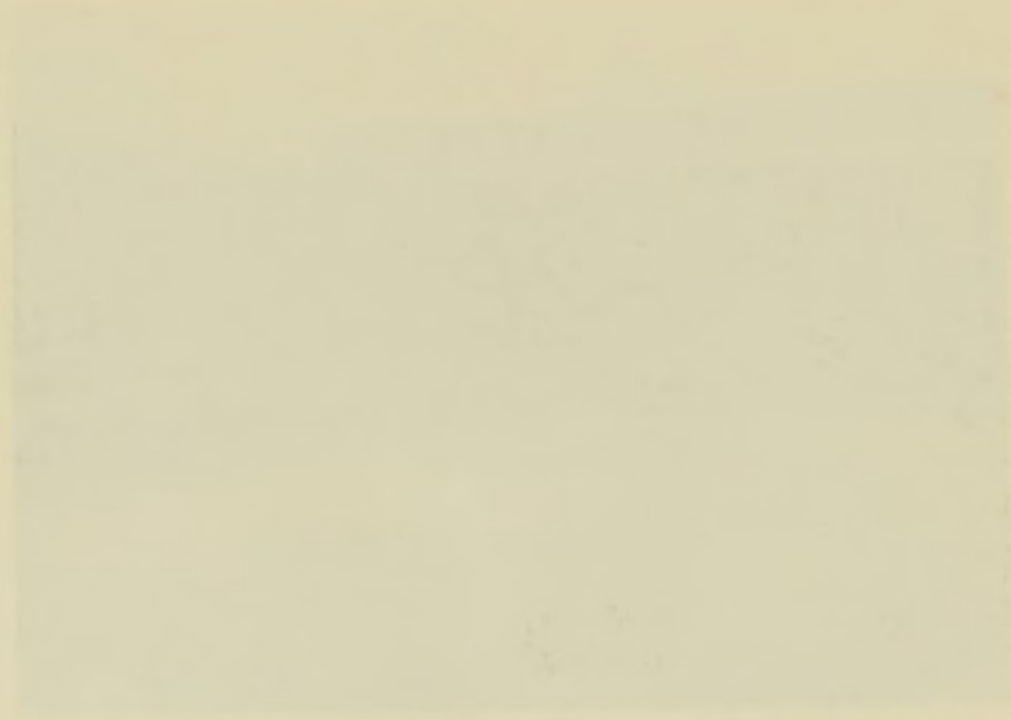
The Lindfield School for the Educationally Subnormal



Hazel Court Junior Training Centre



THE HISTORY OF THE UNITED STATES



THE HISTORY OF THE UNITED STATES

SCHOOL HEALTH SERVICE

CONTENTS

1. Statistics
2. School Hygiene
3. Medical Inspections and Consultations
4. Work of the School Nurses
5. Arrangements for Treatment
6. Child Guidance Clinic and School
Psychological Service
7. Handicapped Children
8. Special Tuition
9. Dental Clinic
10. Families with Difficulties and Problems
11. Juvenile Crime
12. Employment of Children
13. Provision of Clothing
14. School Meals and Milk
15. Notification of Infectious Disease
16. Tuberculosis
17. Vaccination and Immunisation
18. Deaths of Schoolchildren
19. Training Colleges

SCHOOL HEALTH SERVICE

SCHOOL HEALTH DEPARTMENT
AVENUE HOUSE, EASTBOURNE

To the Chairman and Members of the Education Committee:

LADIES AND GENTLEMEN,

I am happy to report that the overall health of Eastbourne school-children remains satisfactory, and the close liaison between the schools and the School Health Service is, generally speaking, ensuring the early detection of physical, emotional, and intellectual defects. I regret to record however on page 105 that there were no fewer than seven deaths occurring in children of school age. This was the highest number for many years. There were no deaths resulting from communicable disease but three were as a result of accidents which fact serves to emphasise the increasing necessity for safety education.

Notwithstanding Eastbourne's relatively small child population it may fairly be said, having regard to those specialities undertaken in the local authority's own clinics which include Child Guidance, Speech Therapy, auditory ascertainment and orthodontics, together with the local resources of the Regional Hospital Board that any child with a defect or handicap has every possible chance of the facilities of a comprehensive service and high standard of advice and treatment.

Advances in control of disease and of medical treatment have reduced the number of children with crippling defects who require special schooling. The population of the Downs School has, therefore, shown a change over recent years. While the numbers have remained almost static, the number of children with gross physical deformity has dropped, and they have been replaced by others with hearing defects, emotional disorders, and young children whose generally immature condition rendered them unable to cope with the demands of a normal infants' school.

It is a tribute to the teaching ability of the staff of the Downs School, and their deep interest in the children under their care, that they have adapted the school facilities to the changing needs so well. Particularly do I wish to pay tribute to the work of Miss N. M. Gurr, the Headmistress, for the way she has co-operated with the medical and nursing members of my staff, and welded them together with the physiotherapist and those assisting with P.E. and swimming into a team, to the great benefit of the children at the school. It is with regret that I learn that she will be leaving Eastbourne in 1964 and we wish her well in her new headship in Tunbridge Wells.

Last year, I wrote about the increasing use being made of the child guidance clinic, and the importance of home life in building a child's personality. Continuing my thought on this line, I feel that schools too, have a great responsibility in the field of mental health. Class teachers are well placed to spot and bring to light children who

are withdrawn, severely over-anxious, excessively timid, and generally having difficulty in getting on with other children or adults. In the same way they will discover those children who have unusual difficulty in learning, whether these are due to poor intelligence, or to other factors such as emotional disturbance or word blindness. On investigation, some of these children will be found to have nothing seriously amiss; but for those who are found to have serious underlying difficulties referral and treatment may prevent really serious and deep-seated emotional disturbance in the future, as well as minimising the suffering of the present.

There has been a further encouraging demand on the services of medical officers and health visitors for the purpose of health education instruction to classes in the various schools. The topics covered have embraced healthy living, growing up, personal relationships and smoking. Altogether many hours of lecturing and group discussion have been undertaken by the staff of the department. The point has been reached when the existing staff can increase this important activity only at the expense of other necessary work. It must be urged, therefore, that this vital part of education, relevant to every citizen throughout a lifetime must be speedily embraced as an essential part of the school curriculum and undertaken by trained teachers.

I desire to express my thanks to the Chairman and members of the Education Committee for their interest and support during the year and to all members of the School Health Section for their conscientious work.

I am, Mr. Chairman, Ladies and Gentlemen,

Yours faithfully,

KENNETH VICKERY,
Principal School Medical Officer.

EDUCATION COMMITTEE

(as constituted at 31st December, 1963)

The Mayor:

COUNCILLOR B. RAVEN, J.P.

Chairman:

COUNCILLOR W. P. LEBBON

Deputy Chairman:

ALDERMAN S. M. CAFFYN, C.B.E.

Aldermen:

W. A. NEALE
MISS G. L. PARKER, M.B.E.

Councillors:

J. A. BACON
G. A. BOSLEY
S. W. E. BOUGHTON
L. J. CAINE
W. J. EVENDEN
H. INGRAM
C. H. LACEY
MRS. F. M. LLEWELLYN
M. S. PHIPP
F. A. POPE

Co-opted Members:

REV. CANON W. W. S. MARCH
REV. T. J. LYNCH
REV. J. P. VEALL
MR. J. W. BALL
PROFESSOR H. BERRY
MRS. I. A. SNELL

SCHOOL HEALTH SERVICES

(a) Full-time Officers

Principal School Medical Officer:

K. O. A. VICKERY, M.D., B.S.(Lond.), M.R.C.S., L.R.C.P., D.P.H.

Deputy Principal School Medical Officer:

WALTER JAMES WIGFIELD, M.A., M.B., B.Chir., D.P.H.

School Medical Officer:

MARJORIE I. GODSON, M.B., Ch.B., D.P.H., C.R.P.

Assistant School Medical Officers (Part-time):

MARGARET B. PARKER, M.B., Ch.B., D.P.H.
MOIRA JEAN MARTENS, M.B., B.Ch., D.C.H.
THOMAS GARDNER, L.M.S.S.A.
JANE LODWICK, M.B., B.Chir.

Principal School Dental Officer:

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

School Dental Officer:

J. W. MARTIN, L.D.S.

Superintendent Health Visitor:

MRS. S. M. JAMES, S.R.N., H.V. Cert.

Health Visitors/School Nurses:

MISS J. V. M. BERK, S.R.N., H.V.Cert.
MISS B. D. BEALE, S.R.N., S.C.M., H.V.Cert.
MISS E. L. CLARK, S.R.N., H.V.Cert.
MRS. D. I. DALE, S.R.N., S.C.M., H.V.Cert.
MISS E. E. GRIFFIN, S.R.N., S.C.M., H.V.Cert.
MISS M. G. HEMMING, S.R.N., H.V.Cert.
MISS B. J. HUDSON, S.R.N., S.C.M., H.V.Cert.
MISS B. E. KEEN, S.R.N., S.C.M., H.V.Cert. (to 30th September, 1963)
MISS A. M. RANKS, S.R.N., S.C.M., H.V.Cert.
MISS R. WALKER, S.R.N., S.C.M., Q.N., H.V.Cert.

Clinic Assistant:

MRS. J. NETHERCOTT

Speech Therapist:

MRS. K. HANSFORD, L.C.S.T.

Clerical Staff:

MISS B. DOUCH (*Senior*)
MISS S. E. BROCKHURST
MRS. G. M. MORRIS

Dental Surgery Assistants:

MRS. D. BARKER
MRS. K. HARRISS (to 31st March, 1963)
MRS. M. C. LONGHURST—Orthodontic Clinic (*part-time*)
MISS K. A. LAMBERT (from 11th March, 1963)

Dental Anaesthetist:

DR. B. H. GRANT

Child Guidance and School Psychological Service:

MISS M. P. LOGG, B.A., Dip. Psych., Assoc. B.Ps.Soc., Educational Psychologist
MISS S. D. LEA, S.Sc.Dip., Social Worker.
MISS C. LISTER, Clerk (to 2nd August, 1963)
MRS. H. BEANEY, Clerk (from 26th August, 1963)

**Officers attending Clinics by arrangement with the
South-Eastern Metropolitan Regional Hospital Board**

Consultant Orthodontic Surgeon:

D. A. PLINT, F.D.S., D.Orth.

Psychiatrist:

HUGH V. W. ELWELL, L.R.C.P., M.R.C.S., D.P.M.

CLINICS

The various Clinics were held as follows:

Speech Therapy

Acacia Villa	..	..	Friday, a.m.
Avenue House	..	..	Tuesday, 9.15 a.m., and Thursday, 9.15 a.m. to 7 p.m.
Hampden Park Infants' School	..	..	Weekly sessions
The Downs School	..	..	Weekly sessions
The Lindfield School	..	..	Weekly sessions
Occupation Centre	..	..	Weekly sessions
Princess Alice Hospital	..	..	Weekly sessions

Child Guidance

Avenue House					
Psychiatrist	..	..	..	..	Wednesday, 10 a.m. to 8 p.m. and alternate Fridays, 10 a.m. to 1 p.m.
Educational Psychologist	..	..	..	..	Wednesday, 10 a.m. to 8 p.m., Fridays and alternate Mondays, 10 a.m. to 5 p.m.

Ophthalmic

Princess Alice Hospital	Special sessions fortnightly, Friday, 9.30 a.m.
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Dental

Avenue House	Daily, 9 a.m. and 2 p.m.
Anaesthetic sessions	Monday and Friday, 9.30 a.m.

Chiropody

District clinics as and when required

Remedial Exercises (during school term)

Avenue House	Tuesday mornings, 9 to 10 a.m.
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Obesity

Avenue House	Tuesday, 4.30 p.m.
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1. STATISTICS

The number of children on the school registers on re-opening in January was 6,467 and 6,394 by the end of the year. There were 914 children admitted during the year and the net decrease compared with the end of 1962 was 48.

The average attendance of children for the year was 5,967, a percentage of 92.39.

TOTAL NUMBER OF CHILDREN

At Primary Schools	..	..	..	..	3,396
At Secondary Schools, including Grammar Schools	..	..	..	..	2,864
At Special Schools	..	..	..	..	134
Total					6,394

2. SCHOOL HYGIENE

(a) *Environment*

It is commendable reflection on the responsible staff of the schools and of the associated canteens that a consistently high standard of hygiene has been observed by the medical staff and public health inspectors during their visits. The staff of the school meals service

are well supervised and fully conscious of their duty to provide not only a satisfactory dietary but one that is safe and free from the causative organisms of food poisoning.

(b) Personal Hygiene

Selective inspections totalling 9,532 were made to determine the cleanliness and general state of health of pupils. The number of children found to be infested with nits or head lice has decreased to 16 during the year. Prophylactic use of a gammexane shampoo at fortnightly intervals is used in difficult cases.

(c) Health Education

Reference has been made in my introductory remarks to the increasing activity of the staff in undertaking health education tuition in schools.

3. MEDICAL INSPECTIONS AND CONSULTATIONS

ROUTINE MEDICAL INSPECTION

This remains an important part of the Service and many defects and emotional problems requiring advice are brought to light. The routine inspection of infants is postponed until their third term in school, which allows parents and teachers to be sure whether the child is settling down normally to school life.

It also allows the school nurse to test both vision and hearing (using the pure tone audiometer) before examination by the school medical officer. Routine examination is also carried out at 14 years, when the colour vision of the boys is tested. The emphasis of this examination is on fitness for normal working life.

The total number of children examined was 1,358. A percentage of 27.4 had defective vision and other significant defects requiring treatment, not including dental disease. Children admitted from schools not maintained by the local authority who had not had a periodic medical inspection, and pupils remaining at school beyond school-leaving age, were also included in this total. An estimate of each child's physical condition was made and 99.49 per cent. (1,351 children) were classified as satisfactory.

SCHOOL SURVEYS

The intermediate inspection has been replaced by a survey of selected age groups carried out during normal P.E. Lessons. Sixty-nine children with defects were noted.

QUESTIONNAIRES

Health questionnaires were sent to parents and teachers of children in their second term at a secondary school. Two hundred and seventy-six were returned, forty-one of which contained a request to see the school doctor.

OTHER EXAMINATIONS

School medical officers visit each school every term to examine children about whom parents, teachers, or the school nurse request advice. Two hundred and eighty-seven children were brought to notice in this way, and re-examination of children with defects found at previous medical examinations totalled 1,392. The regular opportunity to meet the head teachers in this way is most helpful. Consultations and examinations are also carried out at the school clinic when necessary.

The school medical officers and nurses are fully aware of the difficulties and problems which occur from time to time even in the best ordered families. Some parents still look upon the School Health Service as impersonal and not interested in a child's home life. In fact, it is interested in the whole child, physically, mentally and socially, for any troubles affecting him at home produce repercussions at school. Advice and guidance is readily available, and those dealing with children are encouraged to ask for help of this kind. The co-operation of parent, teacher, and medical staff is essential to the solution of many emotional problems.

4. WORK OF THE SCHOOL NURSES

The School Nurses accompany the Medical Officer at all medical inspections in schools and clinics, carry out vision and hearing tests at the schools, conduct minor ailment clinics, and undertake health education within schools on request.

Annual vision tests were carried out in all schools during the year, and children with defects were referred to ophthalmic opticians or to the Eye Clinic if a squint was suspected.

	<i>Sessions</i>
Medical Inspections	172
Preparation for Medical Inspections	25
Hygiene Inspections	72
Vaccination, Immunisation & B.C.G. in Schools	90
Audiometric testing	26
Vision Testing	69
Dental Clinics	174
Minor Ailment Clinics	452
Health Education in Schools	68
	<i>Visits</i>
Home Visits to School Children	430
Other School Visits	186

There are a number of families in Eastbourne who fall into the category of "problem families". The children tend to be neglected, become in time beyond control and are often in moral danger. In dealing with these families there is the closest liaison between the School Health Service and social workers involved. Especially difficult

cases are considered and discussed by the Co-ordination Committee for Child Welfare, which is made up of the Superintendent Health Visitor, Senior Welfare Officer, Children's Officer, Housing Manager, School Attendance Officer, Probation Officer, Psychiatric Social Worker, and a representative from the National Assistance Board. The Deputy Principal School Medical Officer acts as Chairman of this committee. Fifty-five families were helped, twenty-eight of them being time-consuming.

5. ARRANGEMENTS FOR TREATMENT

Children with defects are referred to their family doctor, to hospital for specialist opinion, or to the School Clinic for treatment for minor ailments and other special defects.

MINOR AILMENT CLINICS

	1962	1963
Total number of children who attended ..	495	409
Total attendances made	2,493	2,333
Total number of defects treated ..	498	415
Conditions treated were:		
Impetigo	13	16
Eye diseases (external)	33	19
Ear diseases	18	10
Other skin diseases (boils, septic conditions, etc.)	189	197
Miscellaneous (sprains, burns, cuts, etc.) ..	220	163
Pediculosis	25	10
	<hr/> 498	<hr/> 415

These Clinics are supervised by the School Nurses and take place daily from 9 to 9.30 a.m. at Avenue House, Green Street, Hampden Park, and Acacia Villa. Clinics are also held at Langney twice a week, at the Downs School three times a week and a School Nurse visits the High School for the purpose of treating minor ailments, particularly verruca, which continues to be prevalent among children of school age.

CHIROPODY

Mr. T. Ingham, M.Ch.S., the full-time departmental Chiropodist, is now responsible for school children's chiropody sessions. Thirty-two children made 111 attendances during the year for the treatment of corns, callosities and minor foot defects.

VISUAL DEFECTS

Supplementary Ophthalmic Service

The scheme to refer school children thought to have a simple refractive error directly to an ophthalmic optician chosen by the

parents has proved satisfactory and has helped to reduce the waiting list for the Eye Clinic. Forty-five children were referred by School Medical Officers, and 108 by School Nurses (from the annual vision tests). Ninety-five children were prescribed glasses. The help of the local ophthalmic opticians who have taken part in this scheme and their co-operation in submitting reports on the children whom they examine is greatly appreciated.

During the year, 163 forms were issued to children for the repair or replacement of their glasses under the National Health Service.

Eye Clinic

This takes place at the Princess Alice Hospital under the supervision of a Consultant Ophthalmic Surgeon. During the year, Mr. C. G. Tulloh, F.R.C.S.(Ophth.), left to take up another appointment, and Mr. B. Shrivastava, M.R.C.S., took his place. Orthoptic and other specialist treatment is available at this clinic. There is still a waiting list of children overdue for review at the clinic.

	<i>New Cases</i>		<i>Old Cases</i>	
	<i>1962</i>	<i>1963</i>	<i>1962</i>	<i>1963</i>
Number of cases referred to Ophthalmic Clinic	91	75	272	336
Number of attendances made	121	90	289	354
Glasses prescribed	61	40	129	194

AUDIOMETRY AND EAR, NOSE AND THROAT DEFECTS

During the year, 901 children had a screening test in school using the pure tone audiometer. Of these, 185 failed and were referred for further testing. The majority of these cases have now recovered normal hearing, but there are a number of children who have permanently impaired hearing and others who are troubled by catarrhal deafness for many months.

After retest, twenty-six children were referred to the Ear, Nose and Throat Department of the local Hospital Management Committee and one was referred to the Audiology Unit of the Royal National Throat, Nose and Ear Hospital, London.

A second audiometer was purchased during the year. This instrument is increasingly used at school medical examinations and may well become almost as essential a piece of equipment as the stethoscope and auriscope to the school medical officer.

The arrangements for screening the hearing of pre-school children have been continued, and a register compiled of those who are at special risk of being deaf. Two pre-school children received special tuition by the teacher of the deaf, who has continued her work as a full-time teacher at the Downs Special School.

Supervision of children wearing hearing aids in other schools has been continued by the school medical officers, but serious concern is felt at the lack of supervision due to the pressure of work on the teacher of the deaf and the educational psychologist. Some of these

children really need individual speech training, and help in language development and comprehension, which is beyond the scope of work in a normal school classroom.

Nineteen children were referred to the E.N.T. Department for advice concerning unhealthy tonsils and adenoids.

ORTHOPAEDIC DEFECTS

Three children suffering from defects requiring the Specialist's opinion were referred to the hospital.

As a result of the annual surveys, periodic medical inspections and re-inspections carried out during the year, children suffering from defects in posture and feet were referred for remedial exercises as follows:—

	<i>Breathing Exercises</i>	<i>Postural Exercises</i>	<i>Foot Exercises</i>
Infant and Junior Schools ..	31	27	73
Secondary Schools ..	—	7	10
Avenue House Clinic ..	7	2	6
Chelsea Training College ..	7	3	1
	—	—	—
	45	39	90
	—	—	—

The exercises were given by the third-year students of Chelsea College of Physical Education and were of great benefit to the children. In September, the remedial class for senior children held at Chelsea College was closed, and replaced by classes in most of the secondary schools. The work done by Miss Lewis and her successor, Miss Sebestyen, in approaching the schools and arranging the classes is much appreciated.

OTHER DEFECTS

Enuresis. In the course of the year, nine children have been lent electric alarm pad units. Four children are now cured, one has not improved and four are still under treatment. At the end of the year, there were two children still waiting for a unit. A number of children have also been treated by the hospital paediatric department which holds a stock of these units.

Obesity. Twenty-three overweight children have been found and referred to the clinic during the past year. Parents and children receive help and encouragement from the School Nurse at the regular weekly clinic when the children are weighed and their eating habits discussed. The children's progress is supervised by the school doctor. Two children referred in the previous year continued to attend. Nine of the children were given advice regarding their diet and it was not necessary for them to attend again. Eight of these cases were referred at the request of the parents and fifteen by the school doctors.

This work is essentially a part of health education, and it is hoped that the habit of sensible eating formed by attending the clinic will

prevent these children with a tendency to become fat from growing into chronically overweight adults. To this end it is planned to develop group discussions about the problem of obesity as a part of the clinic programme.

REPORT OF THE SPEECH THERAPIST (MRS. K. HANSFORD, L.C.S.T.)

Speech Therapy clinics were held each week at Avenue House. After April the Tuesday afternoon clinic was held on Thursday evenings. Clinics were at Acacia Villa on Friday mornings and during school terms at:—

	<i>Sessions</i>	<i>Children Attending</i>
Hampden Park Infants' School	31	31
The Lindfield School	70	32
The Downs School (including Old Town) ..	37	25
Avenue House	138	26
Acacia Villa	41	6
Occupation Centre	32	10
	<hr/> 349	<hr/> 130

Two cases of school age, not attending school, made forty-eight attendances. Two cases from private schools made thirty-three attendances. One of the above children of school age was visited in hospital and at home forty-six times.

	<i>Children Attending</i>
Number of attendances made by children of school age	1,599
Number of cases under school age treated during the year	36
Number of attendances made by children under school age	464
Number of attendances made by cases at the Occupation Centre	276

<i>Type of defect treated (children of school age)</i>	<i>Children Attending</i>
Dyslalia	42
Stammer	15
Sigmatism	22
Spastic Speech	1
Deafness	3
Cleft palate	3
Other defects	34
	<hr/> 120

<i>Type of defect treated (children under school age)</i>	<i>Children Attending</i>
Dyslalia	16
Stammer	1
Delayed speech	11
Other defects	8
	—
	36
	—
Number of cases referred during the year (school age)	49
Number of cases referred during the year (under school age)	21
Number of children of school age under treatment at end of year	74
Number of children discharged	46

6. CHILD GUIDANCE CLINIC AND SCHOOL PSYCHOLOGICAL SERVICE

The Child Guidance Clinic has continued to work along the lines set out in last year's report.

A number of adolescents have been seen, and the evening session has proved useful for these as well as for parents. The provision of an additional room has made it possible to treat the older children in different surroundings from the younger ones, which is much more appropriate.

(a) CHILD GUIDANCE CLINIC

Number of new cases referred in 1963	59
Number of cases re-referred in 1963	6
	—
	65
Number of cases carried forward from 1962	31

Referred by:

School Medical Officers	28
Schools	5
Private Doctors	12
Hospitals	2
Juvenile Courts	1
Probation Officers	4
Parents and other sources	12
Children's Officers	1
	—
	65

Problems:

Personality and Nervous Disorders	14
Habit Disorders	13
Behaviour Disorders	35
Special Examination for Juvenile Court or placement	3
	—
	65

How dealt with:

Psychiatric Treatment	..	..	..	16
Remedial Teaching	..	..	..	1
Periodic Supervision	..	..	..	17
Advice	..	..	..	21
Withdrawn before Diagnostic Interview	..	..	..	6
Awaiting Diagnostic Interview	..	..	..	4
			—	65

The following summary gives an indication of the amount of work involved in dealing with all cases:—

Psychiatrist:

Diagnostic Interviews	..	..	..	61
Treatment Interviews	..	..	..	319

Psychologist:

Interviews for Tests	..	..	..	61
Interviews with Parents	..	..	..	10
Remedial Teaching Interviews	..	..	..	45
School and other visits	..	..	..	17

Psychiatric Social Worker:

Interviews in Clinic	..	..	..	308
Home and other visits	..	..	..	201
Social Histories	..	..	..	59

Analysis of Treatment Cases closed during current year:

(i.e. Old and new cases seen by Psychiatrist in 1963 and previous years and discharged during 1963 according to the following categories):—

Discharged—Improved	..	..	..	11
Not improved	..	..	..	3
After Advice	..	..	..	18
Transferred	..	..	..	9
Unco-operative	..	..	..	4

(b) SCHOOL PSYCHOLOGICAL SERVICE

Number of cases referred during 1963	..	..	47
		—	47

Sources of referral:

School Medical Officers	..	..	..	14
Schools	..	..	..	28
Private Doctor or Hospital	..	..	..	2
Parents	..	..	..	1
Other sources	..	..	..	2
			—	47

Problems:

Educational Guidance	..	..	..	37
Vocational Guidance	..	..	..	3
Behaviour difficulties	..	..	..	3
Other difficulties	..	..	..	4
				— 47

Number of new cases seen during 1963

How dealt with:

Advice only	..	..	..	12
Placement in E.S.N. School recommended	..	..	..	11
Placement in J.T.C. recommended	..	..	..	1
Other placement recommended	..	..	..	2
Remedial Teaching undertaken	..	..	..	6
Kept under supervision	..	..	..	11
Referred to Child Guidance Clinic	..	..	..	3
				— 46

Summary of work carried out:

Interviews for tests	..	..	..	62
Interviews with parents	..	..	..	25
*Remedial Teaching interviews	..	..	..	254
School visits	..	..	..	39
Home and other visits	..	..	..	16

Analysis of Remedial Teaching Classes:

Number of children in attendance during 1963	..	15
Number of children discharged improved	..	5
Number of children transferred to Special School		1

*These include 32 interviews given by a former Eastbourne teacher for whose voluntary services during the period September to December the Educational Psychologist has been very grateful.

7. HANDICAPPED CHILDREN

The following table shows the number of children on the Register of Handicapped Pupils at the end of the year.

	<i>In Residential Special Schools</i>	<i>In Day Special Schools</i>	<i>In Ordinary Schools</i>	<i>In Hospital Schools</i>	<i>At Home</i>	<i>Total</i>
Partially Sighted	2	—	2	—	—	4
Blind	1	—	—	—	—	1
Partial Hearing	2	11	18	—	1	32
Deaf	6	—	—	—	—	6
Delicate ..	1	15	5	—	1	22
Physically Handicapped	1	12	3	1	1	18
Educationally Sub-normal ..	1	89	—	—	—	90
Epileptic ..	—	—	1	—	—	1
Maladjusted ..	1	6	—	—	—	7
Aphasic	—	1	—	—	—	1
	15	*134	*29	1	3	182

*This total includes six children from other Authorities

EPILEPTICS

There are sixteen children who are known epileptics attending ordinary schools in the town (not on the Register of Handicapped Pupils).

CHILDREN FOUND TO BE UNSUITABLE FOR EDUCATION AT SCHOOL EDUCATION ACT, 1944, SECTION 57

Children notified to the Local Health Authority:

Under Section 57 (4)	..	..	..	..	1
Under Section 57 (5)	..	..	..	..	-

THE LINDFIELD DAY SCHOOL

The following is the report of Mr. S. Moss, L.C.P., Headmaster:

Roll on 31st December, 1963	..	..	..	61 boys
				28 girls

The "settling-in" period has been safely negotiated and we can now clearly see the advantages (and some disadvantages) of our new building, but the scope of our work has increased.

Our School Trip this year was to Dieppe and, despite a French rail strike, we had a successful day.

For the first time we ran a week's Canoeing Camp at Ashburnham Place. This was a huge success despite unbelievable rain.

Our other usual activities continued and our pottery increased in scope, quality and therapeutic value.

We are concerned about the continued decrease in the number of girls coming to us, as we can foresee our numbers becoming so unbalanced as to make organisation a little difficult.

All the children who left during the year are in regular employment in a variety of jobs.

DOWN'S SCHOOL, BEECHY AVENUE, EASTBOURNE

Forty-two children were on the register of the Down's School at the beginning of the year and were classified as follows:

Delicate	..	..	..	..	..	14
Physically Handicapped	..	..	..	..	..	14
Partial Hearing	..	..	..	..	..	9
Maladjusted	..	..	..	..	..	5
						—
						42
						—
Number of admissions	..	..	..	..	..	13

Children left for the following reasons:

Transferred to ordinary schools	..	..	..	5
School leavers	..	..	..	2
Left the district	..	..	..	1
Transferred to the Lindfield School	..	..	..	1
Deceased	..	..	..	1
				—
				10
				—

The number of children on the register at the end of the year was:

Delicate	..	..	..	..	..	15
Physically Handicapped	..	..	..	..	..	12
Partial Hearing	..	..	..	..	..	11
Maladjusted	..	..	..	..	..	6
Aphasic	..	..	..	..	..	1
						—
						45
						—

The following is the report of MISS N. M. GURR, Head Teacher:

We had forty-two children on school roll at the beginning of the year and forty-five at the end. The children suffer from a variety of handicaps—delicate, physically handicapped, partial hearing, and emotionally disturbed.

The children receive education and, if necessary, specialised help from the teacher of the deaf, the speech therapist, and the physio-therapist. A group of children go each week all the year round, to the Devonshire Baths, and many have learnt to swim. There they also receive help from the students of Chelsea College. The same students spend half a day at school taking physical education and remedial exercises.

We are faced with the difficult employment situation but close co-operation continues with the Youth Employment Officer and others regarding training and future employment for those nearing school-leaving age.

The older children spent an enjoyable day at Southampton Docks, followed by tea at the kind invitation of the Padre to the Missions to Seamen.

The children who are good swimmers spent several half-days at Milton Court, the canoeing centre. A group of handicapped children swam as a demonstration in the town Junior Swimming Gala.

Harvest Festival and Christmas were celebrated at school. The Harvest gifts were taken by the children to the old people's homes near the school, and at the Christmas Carols a collection was taken for Pestalozzi Children's Village Trust.

We have had many visitors from the various colleges and schools.

8. SPECIAL TUITION

At Home Tuition was given to two children suffering from psychiatric disorders, and to one physically handicapped child before his admission to a residential special school at the end of the year.

9. DENTAL CLINIC

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER
MR. M. G. BERRY, (L.D.S., R.C.S.)

SESSIONS

The number of sessions devoted to inspections and treatment were:

The Principal School Dental Officer ..	..	..	408
School Dental Officer ..	..	..	411

Of these, thirty-eight sessions were devoted to inspections and 781 to treatment.

GENERAL SERVICES

At the thirty-eight sessions devoted to periodic medical inspections, 4,373 children were seen in the following age groups:

Age	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Total
Inspected	60	374	417	365	440	452	444	478	301	327	342	240	96	28	9	-	4,373

At the special request of parents, a further 118 children were inspected at the clinic, making together a total of 4,491 children seen. Of these, 1,609 (36 per cent.) were found to require treatment, and 1,692 individual children actually received treatment during the year.

The following is a summary of the treatment given:

Fillings:

Permanent teeth ..	..	..	..	2,388	
Temporary teeth	..	..	..	173	
				—	2,561

Number of teeth filled:

Permanent teeth ..	..	..	..	2,060	
Temporary teeth	..	..	..	164	
				—	2,224

Extractions:

Permanent teeth ..	..	..	..	430	
Temporary teeth	..	..	..	917	
				<hr/>	1,347

Administration of general anaesthetics 754

Other operations:

Permanent teeth	2,688	
Temporary teeth	182	
	—	2,870
Number of pupils supplied with artificial dentures		9

During the year, 4,373 children were examined at the routine dental inspections carried out on the school premises. These, together with 118 special applications from parents, made a total of 4,491 children seen. Of these, 1,609 (36 per cent.) were referred for treatment, and in all 1,692 individual children received treatment at the Authority's clinics. This total of 1,692 includes some children who were inspected towards the end of 1962, but actually received treatment in 1963.

Routine inspections occupied thirty-eight sessions, and 781 sessions were devoted to treatment. The orthodontic work is now carried out under the Regional Hospital Board, but the clinics continue to be held at Avenue House, an arrangement that enables us to keep a close liaison with the Orthodontic Consultant, Mr. D. A. Plint. Forty-eight children were referred from the ordinary school clinics for treatment at the specialist orthodontic sessions.

Two thousand, three hundred and eighty-eight fillings were inserted into permanent teeth and 173 into temporary teeth. Extractions totalled 1,347, of which 430 were permanent teeth. The majority of these extractions were carried out under general anaesthesia, nitrous oxide and oxygen, with the additional use on occasions of either a Trilene or Halothane vapouriser. The apparatus used for these administrations, totalling 754, was either a McKesson Anaesthesor machine or a Walton Model No. 2.

Local anaesthesia was frequently used in the conservative treatment of teeth, but seldom for extractions, and then only when specifically requested by either the patient or the parent.

The department is equipped with its own X-ray apparatus, and radiological examinations were carried out on 213 children, varying from a single exposure for suspected sepsis to a full mouth examination for the presence of unerupted teeth.

As will be seen by the comparative low figure (36 per cent.) of those referred for treatment, the general dental condition of children here can be regarded, up to a point, as satisfactory. But, however, this position is due to operative and conservative dentistry, either from the general Dental Service or the School Dental Service, and not owing to any preventive action, either personal or professional.

To obtain a more accurate assessment of the dental condition, a survey was carried out on a small section of the school population, to ascertain the D.M.F. rate. The D.M.F. rate is the number of teeth per child either decayed, missing (presumed due to previous extractions) or filled. This section, although comparatively small, included children of all ages, and the findings rather confirmed what has so often been found in practice at the chair-side, namely a steady increase in the caries rate as the age goes up.

In the infant and junior schools population the D.M.F. rate was 5.9, with only 9 per cent. entirely free from dental caries. This 9 per cent. represents those children who have perfect dentitions, no caries, no fillings and no missing teeth.

In the senior age group, the D.M.F. rate has risen to 7.5, and the percentage completely free from caries has dropped to 6 per cent.

These figures indicate that our main problem still remains the prevention and control of dental caries. Control, to a great extent, we have managed to attain, with very few children now failing to take advantage of the facilities for treatment. Prevention seems as far off as ever, with no panacea available for dental ailments, so we must still continue our constant exhortation for increased efficiency in maintaining a high standard of oral hygiene, a minimum consumption of fermentable carbohydrates, and a maximum consumption of hard, tough and fibrous elements in our diet. All recent research has proved the importance of really using our teeth in forceful mastication, if we wish to keep them free both from dental caries and periodontal disease.

10. FAMILIES WITH DIFFICULTIES AND PROBLEMS

Senior Inspector Blake, the local Inspector of the National Society for the Prevention of Cruelty to Children, covered this branch area until 21st July, when Inspector W. Ashworth took over. The Inspectors were concerned in one hundred and thirty cases concerning two hundred and sixty-four children. The Inspectors directly assisted the Department in thirty-four cases, involving seventy-two children, of whom forty-one were of school age. The cases were classified as follows:

Neglect	..	..	..	..	..	20
Advice sought		..	..	..	..	12
Assault	..	..	..	..	..	1
Moral danger	..	..	..	..	..	1
					—	34
					—	

One hundred and twenty-eight visits were paid to these families.

The Inspectors also dealt with ninety-six cases for the following reasons:

Neglect	..	..	..	..	..	59
Beyond control		..	..	..	..	5
Moral danger	..	..	..	..	..	2
Assault	..	..	..	..	..	3
Advice sought		..	..	..	..	27

Of the 192 children in these families, 103 were of school age.

Eighteen food hampers and toys were distributed on Christmas Eve to needy families in the Eastbourne area.

The cases were reported by:

General public	..	..	..	..	47
Police	..	..	..	..	8
School officials	..	..	..	..	4
Official departments	..	..	..	..	69
Inspector	..	..	..	..	2
					<hr/> 130 <hr/>

11. JUVENILE CRIME

The Chief Constable, Mr. R. W. Walker, has kindly supplied the following statistics:

				<i>Males</i>	<i>Females</i>
Conditional discharge	..	..		18	1
Probation	..	..	..	30	7
Approved school	..	..	..	4	—
Fined	..	..	..	13	2
Otherwise disposed of	..	..		3	—
				<hr/> 68	<hr/> 10
Cautioned	..	..	..	27	5
				<hr/> TOTAL	<hr/> 15 <hr/>

12. EMPLOYMENT OF CHILDREN

The Department notified the Youth Employment Service of 471 children attending secondary modern schools who had had their final school medical inspection and were fit for all types of employment. Form Y.9 was issued in respect of nineteen children, indicating types of employment for which they were not suitable. Two handicapped children were issued with Form Y.10, with a view to registration as disabled persons, but did not leave school until 1964.

The one severely handicapped child leaving school during 1963 is taking a two-year course at the Eastbourne College of Further Education.

In accordance with the Bye-laws regulating the employment of children of school age, a medical certificate must be produced to the effect that their employment will not be prejudicial to their health or development and will not render them unfit to benefit fully from their education. One hundred and twenty-four such certificates were completed and sent to the Youth Employment Officer.

13. PROVISION OF CLOTHING

EDUCATION (MISCELLANEOUS PROVISIONS) ACT, 1948, SECTION 5

Various articles of clothing were supplied by the Education Authority to seventy-eight children from forty families.

14. SCHOOL MEALS AND MILK

During the year 1963, the total number of meals served was 755,892, of which 26,164 were free meals. For the year 1962, the total number of meals served was 751,869, of which 24,360 were free.

The Milk in Schools Scheme continues to function and the $\frac{1}{3}$ pint bottles of milk are available for all primary and secondary school children who wish to take it. The following table shows the number of children taking meals and milk on one day in October 1963 and 1962:

<i>A day in October</i>	PRIMARY AND SECONDARY DEPARTMENTS					
	MEALS				MILK	
	<i>No. of Children in Schools</i>	<i>Free</i>	<i>Paid</i>	<i>Percentage taking Meals</i>	<i>Total taking Milk</i>	<i>Percentage taking Milk</i>
1963	6,068	111	3,481	57.5	4,729	77.9
1962	6,163	134	3,391	57.2	5,010	81.3

15. NOTIFICATION OF INFECTIOUS DISEASE

The following notifications of infectious disease in children of school age were received in the Department:

Scarlet Fever	..	..	..	..	..	5
Measles	..	..	..	..	..	507
Dysentery	..	..	..	..	..	2
Whooping Cough	..	..	..	..	..	9
Meningitis	..	..	..	..	..	—

16. TUBERCULOSIS

No cases of tuberculosis were notified in children of school age during the year.

B.C.G. VACCINATION AGAINST TUBERCULOSIS

For some years children known to be contacts of cases of tuberculosis have been offered this vaccine by the Chest Clinic as a routine preventive measure. Eight children of school age were thus vaccinated.

19. TRAINING COLLEGES

Close liaison is maintained between the Department and both training colleges in the town. Lectures were given by members of the staff to the students and four sessions at Eastbourne Training College and ten sessions at Chelsea College of Physical Education were held during the year for medical examinations.

Valuable help was received from staff and students of Chelsea College in holding classes for handicapped children and those with minor postural and orthopaedic defects. These were held not only in the clinic, but also in school and in the swimming bath, and gave children the benefit of individual specialist attention.

MINISTRY OF EDUCATION
MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31ST DECEMBER, 1963

Local Education Authority: EASTBOURNE C.B.

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1964, as in Form 7, 7 M and 11 Schools . . . 6,542

NOTES: Tables A and B relate only to medical inspections of pupils attending maintained schools prescribed in Section 48(1) of the Education Act, 1944.

Pupils found at Periodic Inspections to require treatment for a defect should not be excluded from columns (7), (8) and (9) by reason of the fact that they were already under treatment for that defect.

Columns (7), (8) and (9) relate to individual pupils and not to defects. Consequently, the total in column (9) will not necessarily be the same as the sum of columns (7) and (8).

Part I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		SATISFACTORY		UNSATISFACTORY		For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual pupils
		No.	% of Col. 2	No.	% of Col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1958 and later	—	—	—	—	—	—	—	—
1958	136	135	99.27	1	.73	7	31	34
1957	390	389	99.74	1	.26	27	79	95
1956	25	25	100	—	—	2	6	7
1955	12	12	100	—	—	—	3	3
1954	6	6	100	—	—	1	—	1
1953	10	10	100	—	—	1	1	2
1952	8	8	100	—	—	2	—	2
1951	14	14	100	—	—	4	—	4
1950	7	7	100	—	—	3	1	4
1949	451	447	99.11	4	.89	72	48	114
1948 and earlier	299	298	99.67	1	.33	72	43	106
TOTAL	1,358	1,351	99.49	7	.51	191	212	372

TABLE B—OTHER INSPECTIONS

NOTES: A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	287
Number of Re-inspections	1,392
Total ..	1,679

TABLE C—INFESTATION WITH VERMIN

NOTES: All cases of infestation, however slight, should be included in Table C. The numbers recorded at (b), (c), and (d) should relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	9,532
(b) Total number of individual pupils found to be infested	16
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

TABLE D—SCREENING TESTS OF VISION AND HEARING

1. (a) Is the vision of entrants tested?	Yes.
(b) If so, how soon after entry is this done?	During the third term in an infants school.
2. If the vision of entrants is not tested, at what age is the first vision test carried out?	—
3. How frequently is vision testing repeated throughout a child's school life?	Annually until 15 years of age.
4. (a) Is colour vision testing undertaken?	Yes.
(b) If so, at what age?	13-14 years.
(c) Are both boys and girls tested?	Yes.
5. By whom is vision and colour testing carried out?	School Medical Officers.
6. (a) Is audiometric testing of entrants carried out?	Yes.
(b) If so, how soon after entry is this done?	During the third term in an infants school.

7. If the hearing of entrants is not tested, at what age is the first audiometric test carried out?
8. By whom is audiometric testing carried out? School Medical Officer or School Nurse.

Part II

Defects found by Medical Inspection during the year

TABLE A—PERIODIC INSPECTIONS

NOTE: All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table should include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin	12	7	22	22	2	4	36	33
5	Eyes:								
	<i>a.</i> Vision	35	101	123	29	33	9	191	139
	<i>b.</i> Squint	14	4	5	3	—	—	19	7
	<i>c.</i> Other	3	4	2	2	—	—	5	6
6	Ears:								
	<i>a.</i> Hearing	9	72	1	6	—	2	10	80
	<i>b.</i> Otitis Media	—	14	1	2	1	3	2	19
	<i>c.</i> Other	1	8	2	4	1	—	4	12
7	Nose and Throat	26	57	6	46	1	6	33	109
8	Speech	15	10	3	6	1	—	19	16
9	Lymphatic Glands	16	41	—	12	1	2	17	55
10	Heart	—	6	—	15	—	—	—	21
11	Lungs	3	24	2	15	1	2	6	41
12	Development:								
	<i>a.</i> Hernia	3	3	—	5	—	—	3	8
	<i>b.</i> Other	1	12	7	14	—	1	8	27
13	Orthopaedic:								
	<i>a.</i> Posture	11	5	9	7	—	2	20	14
	<i>b.</i> Feet	25	15	6	4	2	3	33	22
	<i>c.</i> Other	3	11	14	21	—	2	17	34
14	Nervous System:								
	<i>a.</i> Epilepsy	1	2	2	1	—	—	3	3
	<i>b.</i> Other	3	7	—	3	1	—	4	10
15	Psychological:								
	<i>a.</i> Development	—	9	3	5	—	2	3	16
	<i>b.</i> Stability	1	13	1	10	—	3	2	26
16	Abdomen	1	11	1	9	—	1	2	21
17	Other	12	11	8	7	7	4	27	22

TABLE B—SPECIAL INSPECTIONS

NOTE: All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	6	—
5	Eyes:		
	a. Vision	12	2
	b. Squint	5	—
	c. Other	1	—
6	Ears:		
	a. Hearing	109	5
	b. Otitis Media	—	—
	c. Other	2	1
7	Nose and Throat	5	4
8	Speech	6	1
9	Lymphatic Glands	—	—
10	Heart	2	—
11	Lungs	5	2
12	Development:		
	a. Hernia	—	1
	b. Other	—	—
13	Orthopaedic:		
	a. Posture	2	3
	b. Feet	14	2
	c. Other	3	—
14	Nervous System:		
	a. Epilepsy	14	2
	b. Other	16	8
15	Psychological:		
	a. Development	—	1
	b. Stability	—	—
16	Abdomen	2	3
17	Other	12	3

Part III

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

NOTES: This part of the return should be used to give the total numbers of:

- (i) cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	24
Errors of refraction (including squint)	528
TOTAL	552
Number of pupils for whom spectacles were prescribed	330

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been dealt with</i>
Received operative treatment—	
(a) for diseases of the ear	3
(b) for adenoids and chronic tonsilitis	138
(c) for other nose and throat conditions	11
Received other forms of treatment	16
TOTAL	168
Total number of pupils in schools who are known to have been provided with hearing aids:	
*(a) in 1963	8
(b) in previous years	17

*A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patients departments	116
(b) Pupils treated at school for postural defects	34
TOTAL	150

TABLE D—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

					<i>Number of cases known to have been treated</i>
Ringworm:					
(a) Scalp	..	..	..	..	—
(b) Body	..	..	..	..	—
Scabies ..	..	..	..	..	—
Impetigo	..	..	..	..	16
Other skin diseases	..	..	..	..	248
				TOTAL ..	264

TABLE E—CHILD GUIDANCE TREATMENT

				<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance clinics	..			96

TABLE F—SPEECH THERAPY

				<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists	..	..		120

TABLE G—OTHER TREATMENT GIVEN

					<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments	..	..			163
(b) Pupils who received convalescent treatment under School Health Service arrangements					—
(c) Pupils who received B.C.G. vaccination	..				294
(d) Other than (a), (b) and (c) above. Please specify:					
Breathing exercises in school	..	..			31
Breathing exercises in Clinic	..	..			7
Breathing exercises at Chelsea Training College	..	..	..	..	7
				TOTAL (a)–(d) ..	502

INDEX

	<i>Page</i>
Aged, Provision for	48
Agencies for Nurses	75
Ambulance Service	34
Animals Slaughtered for Food	59
Ante-Natal Care	21
 Baths, Swimming and Individual	 56
B.C.G. Vaccination	41
Births	14
Blind Persons	49
 Camping Sites	 69
Cancer	17
Care of Mothers and Young Children	21
Child Minders	75
Children Act, 1948	75
Child Welfare Clinics	23
Chiropody	42
Convalescence	37
 Day Nurseries	 25
Deaf and Dumb	50
Deaths, Causes of	16
Dental Care	24
Diphtheria Immunisation	31
Domestic Help Service	42
 Factories Acts, Inspections	 71
Defects	72
Outwork	73
Food Inspections	59
Food Poisoning	52
 Handicapped Persons	 49
Health Education	37
Health Visiting	28
Homes, Mother and Baby	23
Old People's	47
Nursing	75
Registration of	51
Voluntary	48
Hostel (Mental Health Service)	45
Housing, Action under Statutory Powers	65
Inspection of Dwelling Houses	66
 Ice Cream	 63
Immunisation, Diphtheria	31
Whooping Cough	32
Infantile Mortality	21
Infectious Diseases, Notifications	52
Information, Summary of Local	19
 Maternal Mortality	 22
Meat, Inspection	59
Medical Aid	28
Medical Examinations	76
Mental Health Service	44

The first of these is the fact that the British government had been in a state of financial crisis since the end of the American Revolution. The government had borrowed heavily from foreign lenders, and the interest payments on these loans had become a heavy burden. In 1786, the government had to suspend the payment of interest on its foreign debt, which led to a loss of confidence in the British government. This was a major factor in the decision to call for a new constitution.

The second factor was the fact that the British government had been in a state of political crisis since the end of the American Revolution. The government had been divided into two main factions, the Whigs and the Tories, and the Whigs had been in power since 1783. The Tories had been in opposition, and they had been demanding a new constitution since 1786. This was a major factor in the decision to call for a new constitution.

The third factor was the fact that the British government had been in a state of economic crisis since the end of the American Revolution. The government had been in a state of financial crisis, and the economy had been in a state of depression. This was a major factor in the decision to call for a new constitution.

The fourth factor was the fact that the British government had been in a state of social crisis since the end of the American Revolution. The government had been in a state of political crisis, and the society had been in a state of division. This was a major factor in the decision to call for a new constitution.

The fifth factor was the fact that the British government had been in a state of international crisis since the end of the American Revolution. The government had been in a state of financial crisis, and the international community had been in a state of division. This was a major factor in the decision to call for a new constitution.