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COUNTY BOROUGH OF EASTBOURNE

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

Principal School Medical Officer

FOR

1965

ON THE

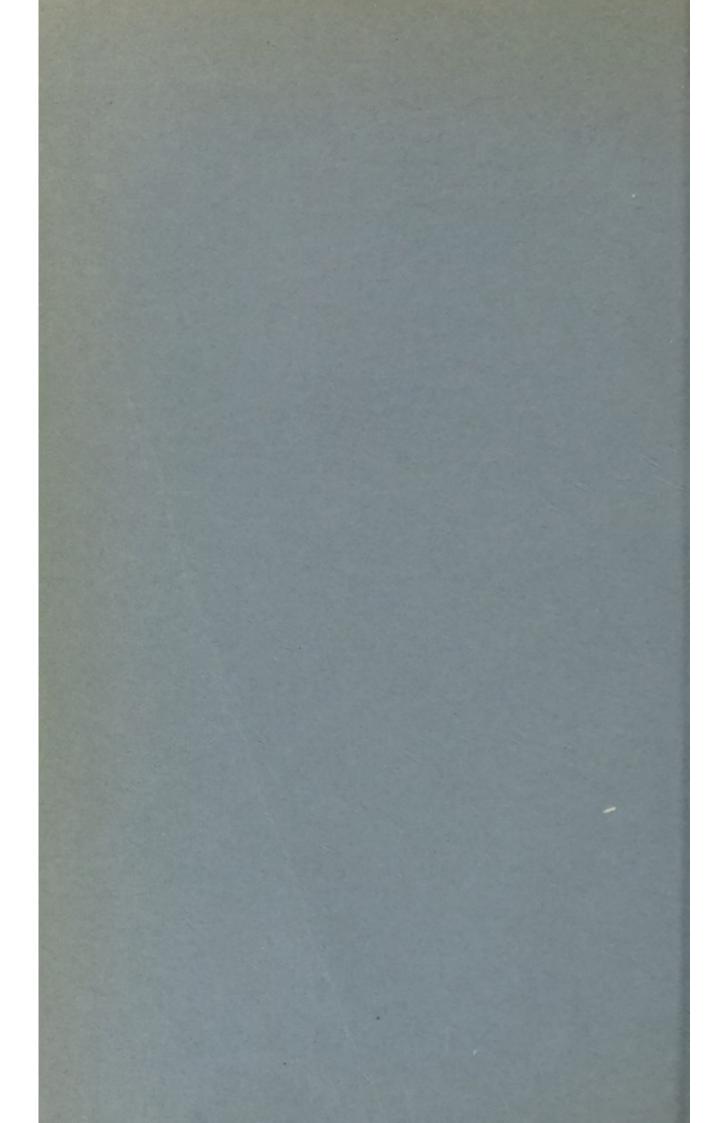
Health, Welfare, School Health and Meteorological Services

AND AS

Medical Referee to the Eastbourne Crematorium

KENNETH O. A. VICKERY, M.D., M.R.C.S., D.P.H.

Medical Officer of Health



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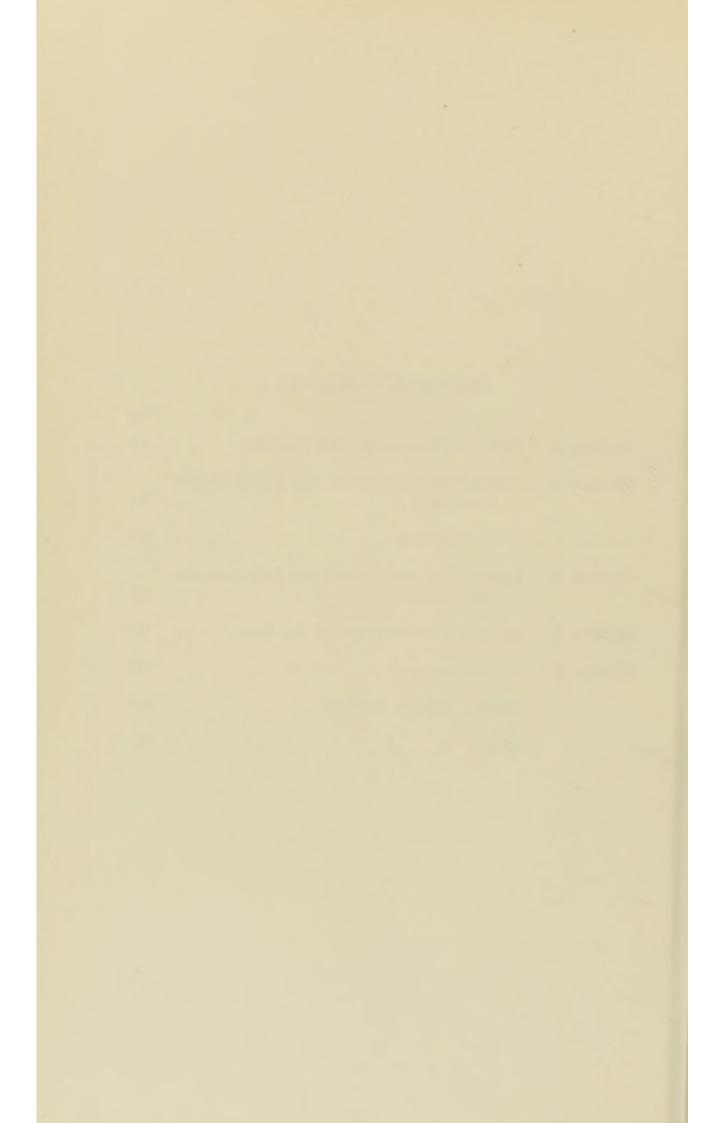
KENNETH O. A. VICKERY, M.D., M.R.C.S., D.P.H.

Medical Officer of Health

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ANNUAL REPORT

HEALTH AND WELFARE SERVICES DEPARTMENT
AVENUE HOUSE
EASTBOURNE
September, 1966

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

MADAM MAYOR, LADIES AND GENTLEMEN,

I have the honour to present the seventy-fourth Annual Report of the state of the Public Health and the work of the Department.

Statistical

The Birth Rate at 13.41 (corrected) shows a further tapering off from its second post-war peak in 1963. (See graph p. 18). Following the post-war bulge, the rate remained low from 1951 until 1960 both locally and nationally. The probable reason was the correspondingly low birth rate in the thirties, which determined the number of women to reach child-bearing age some twenty years later. My predecessor at that time drew attention to an all-time low in the birth rate in 1930 (11.3) and subsequently to a further recession in 1937 (10.77). By 1960, having regard to earlier marriage, the war babies were coming into child-bearing age but without some other factor, one would not expect the peak of productivity to have been reached by 1963. Are we now observing the effects of more efficient family planning methods?

According to the statistics supplied by the Registrar General, there were 70 illegitimate births related to the local population representing a rate of 10·34, a further increase on last year. The returns of the local Registrar show that 146 illegitimate births took place in the borough, but a breakdown of these suggests that no more than 45 were truly referable to the local population, to which should be added some ten such births which took place outside the borough. Possibly a more realistic figure for the local illegitimacy rate is 8·12 per cent. Nevertheless, the Diocesan Moral Welfare Authorities report an upward trend in the geographical county of East Sussex as a whole.

The population at 64,620 shows a further significant rise of 1,090 on the previous year, again mostly accounted for by inward transfer. This represents a percentage increase of 1.731 which was the highest (excluding boundary changes) for any County Borough. The increase of 4,790 over the previous five years, representing a percentage increase of 8.006 was similarly the highest rate of increase showing that the movement is a sustained one.

Of the 13 infant deaths recorded, 12 were associated with prematurity or congenital abnormalities. A similar number of infants who survived were notified at birth as having congenital abnormalities (see page 22). Other abnormalities will doubtless emerge among the 169 infants placed on the "At Risk" register. Undoubtedly the increasing chances of survival of infants with severe degrees of handicap present great problems both to relatives and society, particularly when a lifetime of gross disability may ensue.

There was again a sharp increase in the number of deaths attributable to coronary disease. Some part of this rise occurred in the elderly, but at least 52 of such deaths which occurred before the age of 65 must be regarded as premature and a continuing challenge to preventive medicine. Two men died of this cause in their thirties. I am convinced that this condition is related to habits of living in civilised society and that modification in living habits could decrease liability. There is so far insufficient agreement on likely factors to enable a health education programme to be formulated with conviction.

The number of suicides arising from the resident population at 16 was certainly the highest for many years, possibly the highest ever recorded. The average for the previous decade was 9.7.

Communicable disease happily once again caused little inconvenience in the community. It remains a menace in its many forms and it is essential to maintain an effective organisation to prevent, detect and eliminate. Extensive legislative powers, including control over the movement and activities of sufferers and contacts exist to be implemented when necessary.

In contrast, very considerable distress is regularly brought to the attention of the department resulting from the activities of persons of psychopathic personality and those of violent and aggressive disposition, whose numbers appear to be increasing. Such persons are recognised as liable to be extremely destructive in their relationships with others, at home, at work, on the roads and even with the casual acquaintances, and they not infrequently precipitate mental illness in others. The powers to deal with and treat such are woefully limited. In the situation of 1966 I venture to suggest that a psychopath is no less a menace to the community than a typhoid carrier. Whilst many case files could be quoted, a case in point relates to a youth aged 17 with an epileptic history, who terrorised his parents with outbursts of violent behaviour to the extent that they were forced to leave home and leave him in possession of the house. Although the police were called in on numerous occasions to help to restrain him, we were advised as a result of psychiatric consultations that he could not be regarded as mentally ill, that he was essentially responsible for his actions and must take responsibility for his own behaviour.

Following further violence at home in the course of which the front door of the house was smashed in by a weapon aimed at his father, he was duly brought before the Magistrates Court charged with malicious damage to a Corporation house. He was then referred to an H.M. Remand Centre for a medical report. The report by the Senior Medical Officer noted that the youth completely terrorised the parents. He was nevertheless regarded as unfit for Detention Centre Training and referred back to the Magistrates' Court where he was subsequently

granted an Absolute Discharge, and so the unfortunate story continues with scarcely a day going by without the Mental Welfare Officer being called to the house but powerless to take any decisive action, every possible avenue within existing legislation having been explored.

Welfare of the Aged

All local indications point to a continued increase in the proportion of the aged in the local community. In terms of staff recruiting difficulties and the national and local economy it must be noted that the care of 250 residents in the Council's homes for the aged demand a whole time equivalent in staff of 90. There are at least 6,000 other aged persons of 75 years of age and over who live at home. These persons rely on a share, sometimes a very small share, of the services of 5 welfare officers, 3 geriatric health visitors, 20 domiciliary nurses and 50 part-time home helps.

It is essential in future planning to ensure a proper deployment of resources between residential and domiciliary care.

At the time of writing this report, the National Assistance Board is being replaced by the Ministry of Social Security. It is to be hoped that a greater measure of help will be forthcoming to those elderly people who by accidents of age and circumstances have been hitherto missed by the benefits of National Insurance.

The continued divorce of financial and material relief from general welfare is, however, to be regretted. The advice of a welfare officer is much more likely to be taken if he also has a say in the extent and manner of relief to be offered.

Efforts to get rid of a so-called means test are understandable but in practice many laborious hours are spent by numerous departments in assessing means for such varied purposes as chiropody, home help, nursing equipment, day nursery, school meals, residential accommodation, child care, rating relief, housing rents and recuperative holidays. The scales and allowances differ in relation to nearly every different service. Old people in particular find the exercise very wearing.

If we are realistic about this and realise some benefits must inevitably be linked with means to pay and if it be borne in mind that the most exhaustive means test of all is already undertaken by the Inland Revenue for most of us, why do we not settle for an annual one and only means test to be undertaken for every citizen by one agreed local or national statutory body and based on this assessment we either pay tax or receive benefit, or possibly both on occasions?

Co-operation with other Bodies

It is to be hoped that the year ahead will see more adequate capital resources made available to the local hospital service to enable it to keep pace with the increasing population. I am happy to report excellent co-operation with the officers in the service which at least ensures that the best possible use is made of the limited resources available.

I am also pleased to report an excellent working relationship with the local medical profession. There is also emerging a very real interest in co-operation between general practitioners and local health authority staff in the local authority premises. One firm of doctors already uses a district clinic and another firm is desirous of doing so as soon as the clinic serving the Seaside area can be replaced by a new clinic or a Health Centre.

I am in the process of visiting, by invitation, each of the main surgeries of the firms of practitioners accompanied by the Superintendent Health Visitor, the Superintendent of Home Nurses and District Nursing Officers, with a view to strengthening the liaison of Health Visitors and District Nurses to each surgery.

One of the major difficulties in the attachment of Health Visitors and Nursing Sisters to general practice is that consequent upon the National Health Service Act, the local authority provisions have been designed as a service with clinics and personnel allocated to serve all parts of the borough. There has been no such opportunity for the Executive Council to develop a similar district service with a result that a recent survey of doctors' surgeries showed a majority were concentrated in the centre of the town. It is no reflection on the excellent work of the practitioners to say nevertheless that full attachment would mean the harnessing of a service which possesses the advantage of efficient deployment to one lacking such advantage, to the detriment of the former.

I now look forward to the establishment of district premises of health centre type to serve eventually all parts of the town and hope that adequate terms and conditions of service may be afforded to general practitioners to enable them to work from such centres.

I acknowledge once again, the helpful support received from the four major committees governing the work of the department and from all the other committees of the Council which it has been my privilege to attend from time to time. I am grateful also to the Town Clerk for his continued advice, help and support, and I would refer on this occasion particularly to the Borough Treasurer, Mr. Ian Cowan, who is retiring at the time this report is being written. As a spending department, with a not inconsiderable budget, we here have come greatly to appreciate his qualities of helpfulness, consistency and cheerfulness, albeit coupled with the necessary firmness which is inescapable in the Treasurer's role. We extend to him our very best wishes upon his retirement.

I am also privileged to extend my thanks to the staff of the department with appreciation of their loyal support during the year.

I am, Madam Mayor, Ladies and Gentlemen,

Yours faithfully,

KENNETH VICKERY,

Medical Officer of Health.

PUBLIC HEALTH COMMITTEE

(as constituted at 31st December, 1965)

The Mayor:

COUNCILLOR MRS. K. J. UNDERHAY, J.P.

Chairman:

COUNCILLOR F. A. POPE

Deputy Chairman:

ALDERMAN MRS. W. L. LEE

Alderman:

Councillors:

M. SKILTON

N. A. BIRKETT G. S. Bosley S. C. Brazier W. J. Evenden A. G. E. Judge

HEALTH SERVICES COMMITTEE

(as constituted at 31st December, 1965)

The Mayor:

COUNCILLOR MRS. K. J. UNDERHAY, J.P.

Chairman:

COUNCILLOR MRS. F. M. LLEWELLYN

Deputy-Chairman:

COUNCILLOR W. P. LEBBON

Alderman:

Mrs. W. L. LEE

Councillors:

N. A. BIRKETT

S. C. Brazier
J. C. Burnup
C. G. Scott
Mrs. E. F. M. White

Co-opted Members:

Mr. J. A. Fairclough—Eastbourne Executive Council Dr. A. H. Jack-Eastbourne Local Medical Committee

Mr. H. A. Riddick—Eastbourne Hospital Management Committee

WELFARE SERVICES COMMITTEE

(as constituted at 31st December, 1965)

The Mayor:

COUNCILLOR MRS. K. J. UNDERHAY, J.P.

Chairman:

ALDERMAN C. E. DOBELL

Deputy Chairman:

ALDERMAN MRS. W. L. LEE

Aldermen:

G. A. RAINEY M. SKILTON Councillors:

A. G. Banfield J. R. Bathe W. P. Lebbon Mrs. E. F. M. White

COMMITTEES

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

HEALTH AND WELFARE SERVICES DEPARTMENT STAFF

(in post at 31.12.65)

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.

> Senior Assistant Medical Officer: MARJORIE I. GODSON, M.B., Ch.B., D.P.H. (Certificate in Radiological Protection)

Medical Officers (Part-time):
U. 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. T. Matthews, Cert. S.I.B.

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

Pupil Public Health Inspector:

G. R. EYSENCK

Technical Assistant: S. A. Hall

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.

Deputy Superintendent of Home Nursing: Mrs. J. E. Jerratt, S.R.N., Q.N.

District Nursing Sisters:

Whole-time

Miss A. E. Barker, S.R.N., S.C.M., R.M.N., Q.N.

Mrs. I. Boothroyd, S.R.N., R.F.N., Q.N.

Mrs. E. Ekrem, S.R.N., Q.N. Mrs. W. G. Harriott, S.R.N.

*G. J. Hunt, S.R.N., Q.N. Mrs. G. M. Meen, S.R.N., Q.N.

Miss J. A. U. Peters, S.R.N., S.C.M., Q.N.

Miss D. M. Power, S.R.N., Q.N.

Mrs. F. A. Purchase, S.R.N.

Mrs. J. E. Rainsley, S.R.N., Q.N.

*A. ROTCHELL, S.R.N., Q.N.

Mrs. N. Spence, S.R.N., S.C.M., Q.N.

Mrs. M. I. Thorne, S.R.N., S.C.M., Q.N.

*District Nursing Officers

Part-time

Mrs. A. S. Powell, S.R.N. Mrs. S. M. Shandley, S.R.N.

District Nurses:

Full-time

Mrs. M. E. Spencer, S.E.N.

Part-time:

Mrs. J. S. Millichamp, S.E.N. Mrs. A. M. Uridge, S.E.N.

Nursing Auxiliaries:

Part-time

Mrs. C. M. Carlson

MISS L. F. KEAY

Mrs. I. M. Stephenson

Domiciliary Midwives:

MISS M. A. BENNETT, S.C.M.

Miss F. M. Scammell, S.R.N., S.C.M.

Superintendent Health Visitor:

Mrs. S. M. James, S.R.N., H.V. Cert.

Senior Health Visitor:

Mrs. D. I. Dale, S.R.N., S.C.M., H.V. Cert.

Health Visitors:

MISS B. D. BEALE, S.R.N., S.C.M., H.V. Cert.

Miss J. C. M. Berk, S.R.N., H.V. Cert.

Miss E. L. Clark, S.R.N., H.V. Cert.

MISS E. E. GRIFFIN, S.R.N., S.C.M., H.V. Cert.
MISS N. HAMILTON MOSS, S.R.N., S.C.M., H.V. Cert.
MISS B. J. HUDSON, S.R.N., S.C.M., H.V. Cert.
MISS A. N. RANKS, S.R.N., S.C.M., H.V. Cert.
MISS B. G. STEVENS, S.R.N., S.C.M., H.V. Cert.
MISS R. WALKER, S.R.N., S.C.M., H.V. Cert.
MISS R. WALKER, S.R.N., S.C.M., H.V. Cert.

MISS M. F. HEMSLEY, S.R.N., Student H.V.

Clinic Assistant:

Mrs. J. W. Nethercott

Health Education Officer:

MISS M. G. HEMMING, S.R.N., H.V. Cert.

Home Help Service:

MISS N. E. RUSSELL, R.F.N., S.R.N., S.C.M., Q.N., H.V. Cert. Co-ordinating Officer

Mrs. V. Hardy King, M.I.H.H.O., Home Help Organiser

MRS. E. M. WALLIS, Assistant Home Help Organiser (part-time)

Mental Welfare and Welfare Services:

V. O. F. LITTLE, F.I.S.W., L.M.R.S.H., Senior Mental Welfare Officer and Welfare Services Officer

H. A. Hurt, A.I.S.W., Mental Welfare Officer and Assistant Welfare Officer

Mental Welfare and Welfare Officers:

Mrs. C. A. Evans, S.R.N., H.V. Cert.

Mrs. S. Green, M.S.M.W.O.

Miss E. E. Ineson, Social Welfare Officer for the Blind

Miss M. J. BIGNALL, Welfare Assistant

Mrs. M. H. Ladley, Welfare Assistant (Blind Welfare)

Administrative and Clerical Staff:

E. TARBUCK, Administrative Officer

W. L. Peck, Senior Clerk and Supplies Officer

P. G. CLARK, Administrative Assistant

Section Clerks:

Miss B. Douch MISS M. S. HARDY

R. E. STONEHEWER

D. E. Moseley

MISS G. E. WOODS MRS. V. M. YOUNG

Secretary to Medical Officer of Health:

MISS J. H. MERRETT

Secretarial and Filing:

MISS D. M. BEETLESTONE MISS S. BROCKHURST MISS M. CHADWICK

Clerical:

Mrs. P. Ball (Part-time) Mrs. E. Cooper (Part-time)

Mrs. M. Hodkinson MISS P. JONES

E. G. ELKINGTON G. M. FITZHUGH

Mrs. G. M. Morris

F. R. REEVE

Civil Defence Staff Officer:

K. C. KENT

Dental Surgery Assistants:

Mrs. D. J. Andrews (Part-time) MISS K. J. FARRINGTON MISS K. A. LAMBERT

Chiropodists (Whole time):

D. J. Bettles, M.Ch.S., S.R.Ch. J. D. Moult, L.Ch., S.R.Ch.

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 Junior Training Centre Hazel Court Hostel MISS E. BURNS Mrs. I. Brown Occupation/Training Centre G. E. TOWNSEND The Yews MRS. W. F. SOULSBURY J. B. SKELTON W. H. OLIVER Cavendish Lodge Trevin Towers J. E. Lewis
C. Roberts
J. E. Haynes Staveley Court St. Anthony's Court Willoughby Court Mrs. A. Olsson The Knowle The Wolds MISS L. B. ELLIOTT

Staff of the Health and Welfare Services Department at 31.12.65

	Full-time	Part-time	Total
Medical Officers of Health, Deputy and Assistan	ts 3	3	6
Dental Officers	. 2	_	2
Dental Officers	. 19	2	21
Dental Attendants	. 2	ī	3
Public Health Inspectors	6	_	6
Student Public Health Inspector	4	_	1
Health Visitors, including Superintendent .	4.4	_	11
Student Health Visitor	4	_	1
Clinic Nurse	4	_	1
Home Help Organiser	4	_	î
Home Nurses (including Superintendent) .	4.4	4	20
Domiciliary Midwives	2		2
Nursing Auxiliaries		3	3
Welfare Officer for the Blind	4	_	1
Occupational Therapist		1	î
Welfare Assistants	2	_	2
Chiropodists	2	_	2 2
Health Education Officer	4		1
Welfare Officers and Mental Welfare Officers .	. 4		4
Day Nursery	0	3	12
Occupation Centre	2	5	8
Junior Training Centre and Hostel	0	12	21
Old People's Homes	10	26	94
The Yews Hostel	. 2	1	3
The Knowle (Home for Temporarily Homeless		2	2
Old Town and Seaside Baths	-	2	7
Domestic Helps	_	55	55
Technical Assistant	. 1		1
Rodent Operator	4	_	1
Rodent Operator		7	9
Civil Defence Staff Officer	1	_	1
	176	127	303
			_

The duties of the Senior Public Health Officers remain 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: 64,620

Births Live births—Legitimate Illegitimate	::		Males 3 311 37	296 33	607 70
Still births—Legitimate Illegitimate	::		348 -	329 4 -	677 11 —
Deaths All causes			509	670	1,179
Live births: Number Rate per 1,000 population Live birth rate per 1,00	 00 popul	 ation	Eastbour 677 10·48	rne &	England Wales 65,000 18·1
after applying "Area Factor" (1.28) Illegitimate live birth per live births	Compara	bility	13·41 10·34		-
Still births: Number Rate per 1,000 live and still Total live and still births Infant deaths (deaths under one			11 15·99 688 13	8'	13,800 15·7 78,000 16,410
Infant mortality rates: Total infant deaths per 1, births Legitimate infant deaths per mate live births	000 total	live	19·20 19·77		19.0
Illegitimate infant deaths per timate live births Neo-natal mortality rate (death weeks per 1,000 total live bir	s under		14.29		13.0

		Eastbe	ourne	England & Wales
Early neo-natal mortality rate (deaths under	r one			,
week per 1,000 total live births)		10.3	34	-
Peri-natal mortality rate (still births and de	eaths			
under one week combined per 1,000		26.1	,	
live and still births) Maternal mortality (including abortion):		26.1	0	-
Number of deaths		N	:1	210
Rate per 1,000 total live and still births		N	11	219
Death rate (crude) per 1,000 population	s	18-2	5	0.25
Death rate after applying "Area Comparab		10-2	3	11.50
Factor" (0.55)	integ	10.0	3	
Deaths from tuberculosis		100		
Tuberculosis death rate per 1,000 population	n	0.0		0.048
Causes of Death		Males	Fema	les Total
Tuberculosis, respiratory		3	-	3
Tuberculosis, other		-	1	1
Syphilitic disease		2	-	2 2
Other infective and parasitic diseases		-	2 7	
Malignant neoplasm, stomach		11		18
Malignant neoplasm, lung, bronchus		33	6	39
Malignant neoplasm, breast		1	22	23
Malignant neoplasm, uterus		-	8	8
Other malignant and lymphatic neoplasms Leukaemia, aleukaemia		59	62	121
Diabetes		4 5	5	9
Vascular lesions of nervous system	• •	69	127	8
Coronary disease, angina		133	127 136	
Hypertension with heart disease		7	16	269
Other heart disease		42	108	23 150
Other circulatory disease		15	31	46
Influenza		1	_	1
Pneumonia		27	39	66
Bronchitis		38	7	45
Other diseases of respiratory system			4	7
Ulcer of stomach and duodenum		3 2	3	
Gastritis, enteritis and diarrhoea		-	4	5 4 3
Nephritis and nephrosis		1	2	3
Hyperplasia of prostate		11	_	11
Congenital malformations		6	3	9
Other defined and ill-defined diseases		17	46	63
Motor vehicle accidents		3 7	4	7
All other accidents		7	15	22
Suicide		7	9	16
Homicide and operations of war		2	-	2
TOTAL ALL CAUSES		500		1.000
TOTAL ALL CAUSES	**	509	670	1,179
		-	-	

Extract from Death Returns for the year ended 31st Dec., 1965

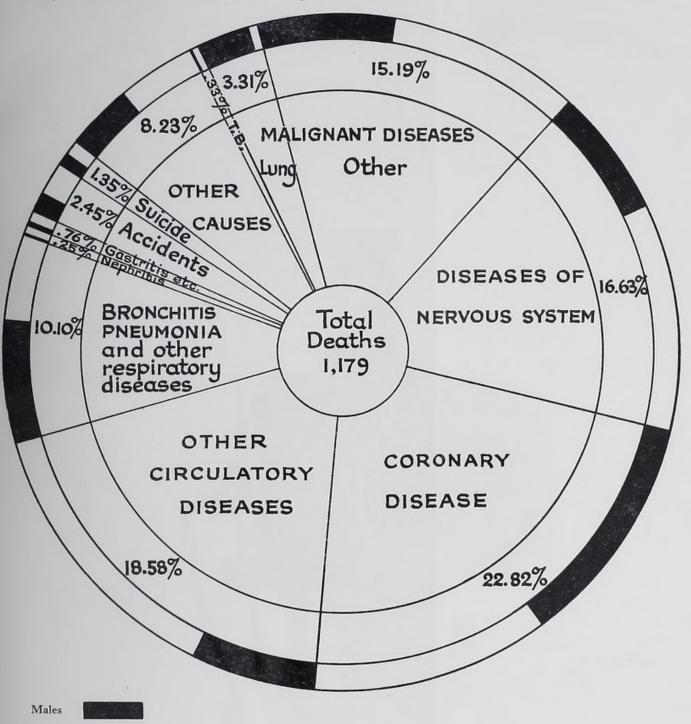
(]	Local	ly	com	pil	ed	stat	istics
----	-------	----	-----	-----	----	------	--------

Ma	lignant neopla	sm, lung, bronchus Females	Coronary of	lisease, angina Females
Age	Males	Females	Males	Females
38	-	-	2 2	-
43	-	-	2	-
44	-	-	-	1
46	1	_	1	_
48	_	_	2	1
49	_	_	1 2 1	
50	_	1	_	1
52	_	_	2 1 2 1	1
53	_	_	1	
54	_'	_	2	1
55	_	_	1	_
56	1	_		_
57	î	_	3	<u>_</u>
58		_	2	2
59	2	_	3 2 2 2 2 6	-
61	_		2	1
62	1		6	1
63	1	1	9	
64	2	1	6	_
65	2 1 1	-	6 7 3	4
	1	_	2	4
66	1	-	3	
67	2	-	4	1
68	7	_	4	7
69	4	-	5	1
70	1	-	2	6
71	4	-	4 5 2 3 4	7
72	4 1 2 2	1	4	6
73	2	_	4	2
74	2	-	4	6
75 and ove		3	49	87
		_		
Тота	LS 33	6	133	136
	_		-	_

Age Mor	tality			Males	Females	Total
Under 1		 	 	5	8	13
1-5 .		 	 	1	-	1
5-15 .		 	 	3	-	3
15-25 .		 	 	5	2	7
25-45 .		 	 	11	7	18
45-65 .		 	 	114	78	192
65-75 .		 	 	147	151	298
75 and ov	er	 	 	223	424	647
				-		
				509	670	1,179

Analysis of Causes of Death by Percentage of All Causes

Females



Deaths from Cancer

	**	D . 1.			Ag		Total	Death		
Year	Year	Population	0-1	1-5	5- 15	15- 45	45- 65	65 and over	Deaths	Rate per 1,000 Population
Ten Years	1950 1951 1952 1953 1954 1955 1956 1957 1958 1959	58,050 57,510 57,200 57,190 57,600 57,830 57,850 57,850 57,800 57,680	1	1 - 1	1 - - - - 1	9 4 4 8 4 3 5 3 9 5	54 46 46 55 33 51 46 58 40 84	100 77 94 85 96 113 103 124 121 91	163 128 144 148 133 168 154 185 170 181	2·80 2·22 2·51 2·61 2·30 2·91 2·66 3·20 2·95 3·13
	Total	-	1	2	2	54	513	1004	1574	-
	1960 1961 1962 1963 1964 1965	57,940 59,830 61,250 62,010 63,530 64,620	111111	- - 1 -	- 1 - 1 1 1	4 10 7 5 6 3	53 59 74 58 70 61	120 135 125 134 146 153	177 205 206 199 223 218	3·05 3·43 3·36 3·21 3·51 3·37

Analysis of Suicides (Eastbourne Residents) in Age Groups for years 1954 to 1965

		Age Groups													Totals		
Years	15-	-25	25-	-35	35-	45	45	-55	55-	-65	65	-75		and er		101	uis
	M	F	M	\overline{F}	M	F	M	F	M	F	M	F	M	F	M	F	Total
1954	_	_	1	-	-	_	4	-	_	_	1	2	1	1	7	3	10
1955	-	-	-	2	-	-	-	3	-	-	-	1	-	1	-	7	7
1956	-	-	-	-	-	-	1	2	7	1	-	3	1	-	2	6	8 15
1957	-	-	-	2	1	-	2	2	1	2	1	3	1	-	6	9	
1958	-	-	-	-	-	-	-	-	1	2	1	4	1	-	2	2 8	10
1959	-	-	-	2	1	-	1 3	2 4	1	2	_	7	1	_	5	7	12
1960 1961	1		2	2	1	=	4	1	1	-		1	1	1	8	5	13
1962	1		-	1			1	6		_	_	1	_	2	1	10	11
1963	1	1	_	1	_	_	_	1	1	2	-	1	1	_	3	5	8
1964	-	_	-	-	-	1	-	2	-	4	-	2	-	-	-	9	9
1965	1	-	-	1	-	2	2	-	2	1	1	4	1	1	7	9	16
Γotals	3	1	3	11	2	3	18	23	6	14	4	22	7	6	43	80	123

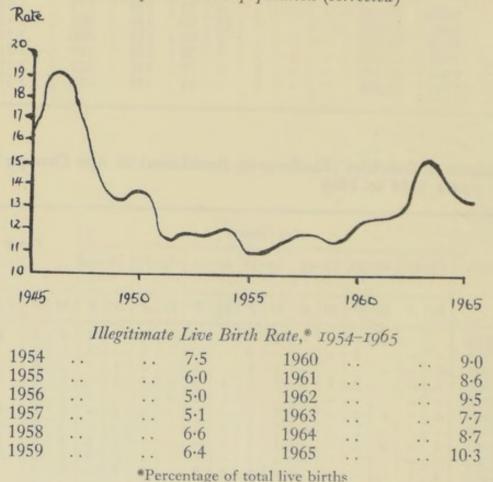
Included in the above table are the suicides committed outside the Borough by Eastbourne residents.

REGISTRATION AND NOTIFICATION OF BIRTHS

Live Births Registered from 1946 to 1965 (from Registrar General's Returns) and Rate per 1,000 Population (corrected

		Number	Rate				Number	Rate
1946	 	964	19.4	1956			563	
1947	 2.2	983	18.3	1957				11.1
1948	 	801					602	11.9
1949	 		14.2	1958			603	11.9
	 	740	13.0	1959			579	11.4
1950	 	701	13.5	1960	2.2	2012	634	12.5
1951	 	614	11.5	1961			663	12.6
1952	 -	635	11.9	1962				
1953							694	12.9
	 	617	11.7	1963			760	15.6
1954	 	612	12.1	1964			699	14.1
1955	 	553	10.9	1965			677	13.4

Live Registered Births—Eastbourne 1945-65 Rate per thousand population (corrected)



Notification of Births

1,273 live births and 25 still births took place in the Borough and were notified to the Local Authority. 673 live births and 10 still births were to mothers resident in Eastbourne, and 600 live births and 15 still births were to mothers resident outside the Borough. In addition

there were 7 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		Ne Resi	on- dent	To	Total	
	Live Births	Still Births	Live Births	Still Births	Live Births	Still Births	All Births
Domiciliary Local Authority Midwives Inward Transfers	65	_	-	-	65	-	65
Inward Transiers	65	-	-	_	65	_	65
Institutional Maternity Home St. Mary's Hospital Inward Transfers	393 215 7	3 7 -	144 456 —	1 14 -	537 671 7	4 21 -	541 692 7
Total Institutional	615	10	600	15	1,215	25	1,240
Total, All Births, 1965	680	10	600	15	1,280	25	1,350
Notified Births, 1964	709	10	592	13	1,301	23	1,324

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 ft. above sea level on the Downs, sloping from the west to a minimum of 6.58 ft. above highest mean sea level in the east of the Borough.

Area

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

Density of Population

Approximately 6 persons per acre. The parts built over vary with locality from 10 to 50 with an average of about 20 persons per acre.

Number of Separate Assessments: 27,720

RATEABLE VALUE year ended 31st March, 1966: £3,527,580

GENERAL RATE: 11s.

PRODUCT OF 1D. RATE: £14,225

Meteorology—73 years' averages:

Temperatures: Max. 55.8°F.; Min. 45.4°F.; Mean 50.6°F.;

Sea 52°F.

Sunshine: Total, 1,811.1 hours; Daily, 4.96 hours.

Rainfall: Total 31.61 inches; Days, 163.

Visitors to Eastbourne

"The Suntrap of the South" attracts many visitors each year many of whom are middle aged and over. As far as staffing and local requirements permit all services are available to visitors. The Home Nursing Section particularly has considerable additional work when the season is in full swing and much equipment is loaned out to holiday-makers.

The popularity of the resort continues at a high level, consequently many enquiries are dealt with relating to climate, the availability of nursing homes and suitability for retirement.

SECTION B

NATIONAL HEALTH SERVICE ACT

Ante-natal Care

As it is some years since this service was reported upon in detail it is opportune to review the arrangements.

The proportion of Eastbourne mothers confined in hospital has always been relatively high and during the last five or six years has approximated to 90 per cent. of the total.

These mothers attend the hospital ante-natal clinics many under the supervision of their family doctor. Ante-natal examination of expectant mothers having their confinement at home is conducted by the domiciliary midwives in the patients' own homes. The policy of the Local Health Authority is, therefore, directed to providing those aspects of ante-natal and post-natal care which it is best fitted to do in co-operation with the hospital services.

The maternity units of the local hospitals notify this department of bookings for confinement and the expectant mother receives an invitation to attend the local authority clinic.

Joint Mothercraft and Relaxation sessions are conducted by the Health Visitors and Domiciliary Midwives respectively. In addition, as part of the course, practical demonstrations of cookery and simple food preparation are given by courtesy of the South Eastern Gas Board whose Home Service Adviser, Miss Lilley, arranges the demonstrations. Some 60 per cent. of expectant mothers attended these courses in 1965, an increase of about 20 per cent. over 1964 figures, testifying to the increasing popularity and public awareness of this type of instruction. Parentcraft evenings for wives and husbands continue to attract parents to be.

Details are as follows:

	Average number of sessions per month	Number of women who attended	Number of new cases	Attendances
Health Education (Health Visitors) Relaxation Sessions (Midwives)	14	424	25	1,899

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.

Age	Sex		Cause of Death
20 minutes	F	1	(a) Prematurity.
30 minutes	F	1	(a) Subdural haemorrhage.
			(b) Prematurity.
		2	Polycystic kidneys, bilateral.
1 hour	F	1	(a) Prematurity.
8 hours	M	î	(a) Congenital boart disease
14 hours	M	1	(a) Congenital heart disease.
21 Hours	TAT	1	(a) Immaturity because twin pregnancy.
5 days	M	1	(b) Prematurity.
	M	1	Congenital heart disease.
6 days	M	1	(a) Aspiration Pneumonia.
1 week	F	1	(a) Congenital heart malformation.
1 week	F	1	(a) Congenital heart disease.
1 month	M	1	(a) Bronchiolitis.
			(b) Failure to thrive.
			(c) Congenital heart lesion.
1 month	F	1	(a) Congenital heart disease (operation).
7 months	F	1	(a) Congestive cardiac failure.
			(b) Congenital heart disease.
			(c) Mongolism.
7 months	F	1	(c) Wongonsin.
, months			(a) Cardiac failure.
		2	(b) Severe congenital cardiac abnormalities.
		4	Mongolism.

Maternal and Infantile Mortality, 1894-1965

Years	Infant Deaths	Infantile Mortality Rate	Maternal Deaths	Maternal Mortality Rate
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
1954-1963 Average	 12.3	19.64	0.3	0.47
1964	 10	14-31	_	0 11
1965	 13	19-20	2	_

Prematurity (i.e. babies weighing $5\frac{1}{2}$ 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. At the time of writing the ambulance fleet has been adapted to utilise a portable incubator held at a local hospital in the event of an emergency requiring the removal of a newly-born infant to hospital.

(a) Number of Premature Live Births Notified

Place of Birth	Resident	Non-resident	Total
Own home Maternity Home Hospital (St. Mary's) Hospital (elsewhere)	 13 26 1	2 34 —	15 60 1
	40	36	76

(b) DEATHS OF PREMATURE INFANTS WITHIN 28 DAYS

(i) Died in frat 24 hours.	Resident	Non-resident	Total
(i) Died in first 24 hours: St. Mary's Hospital	4	1	5
Maternity Home	-	-	_
Own home	-	-	-
		_	
	4	1	5
			_
(ii) Died within 1-28 days:	Resident	Non-resident	Total
(ii) Died within 1–28 days: St. Mary's Hospital	Resident 2	Non-resident	Total 2
St. Mary's Hospital Maternity Home		Non-resident	
St. Mary's Hospital		Non-resident	
St. Mary's Hospital Maternity Home		Non-resident	
St. Mary's Hospital Maternity Home		Non-resident	

"At Risk" Register

This register was continued throughout 1965. All children who are liable to show developmental abnormalities due to adverse conditions present before, during or after birth, genetic, environmental or infective, are noted and kept under observation.

Special encouragement is given to the mothers of these children to bring them for routine checks which are available for all children in the area. In this way whilst a child may be observed there is no singling out and, therefore, no unnecessary parental anxiety built up.

The number of children on the register is continually changing. Names are removed from it when the children are considered to be clear of risk or have been diagnosed as suffering from a specific handicap. On the other hand, the names of children suffering from an injury or condition which will cause future abnormality are added.

The number of children retained on the register at 31st December, 1965, was 158. During the year 169 of the 677 total live births were placed on the register as being considered to be at risk.

This figure represents 24.96 per cent. of live births. Of those at risk, anoxia was a factor in 82 cases (48.46 per cent.) and toxaemia was a factor in 43 cases (25.44 per cent.).

Congenital Malformations

Notification of the congenital malformations noticed at birth has continued to be made in accordance with Ministry of Health Circular 13/63. Thirteen Eastbourne babies notified showed a total of 15 malformations classified as follows:

Central nervous system				
Eye and ear				
Alimentary system				1
Heart and great vessels				15
Respiratory system			* *	3
Uro-genital system		**		-
Limbs				1
Other skeletal	* *			4
Other aveteres				-
Other malformations				3
Other manormations				3

Three of these babies died within the first six months of life.

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. I am indebted to Sister Jackman for the following report on her work in 1965:

During the year 71 new cases were dealt with, a slight increase over last year. Of these, 51 were maternity, 6 applications to adopt and 14 clients needing help and advice.

Ages of the unmarried mothers ranged from 15 to 32, and 29 of these girls were 19 and under. Of the 51, 9 girls have kept their babies, 18 offered their babies for adoption, 8 girls have married and 2 babies are with foster parents: 10 babies are as yet unborn. One baby died at 3 weeks old.

Ten of the new clients were those who had come to Eastbourne from other areas.

Putative fathers have again been contacted; 21 have been written to or interviewed and 11 accepted responsibility and have made, or promised, payments according to their means.

Help and advice have been given to mothers having difficulties with teenage daughters, but particularly to girls trying hard to keep their babies under very adverse conditions. We are most grateful to Dr. Barnardo's, the Church of England Children's Society, and the Buttle Trust, who so generously give grants to help these girls. Dr. Barnardo's have also started schemes to house unmarried mothers and their children and a mother from Eastbourne will be going to a flatlet in the very near future.

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.

Languey Village Community Centre-Thursday, afternoon.

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

Willingdon Village Hall—Staff shared with East Sussex County Health Department—3rd Wednesday, each month.

CLINIC ATTENDANCES, 1965

Clinic	Numbe	Number of Children attending Clinics Born in					
Cunt	1965	1964	1960-63	Total	- Attendance.		
Green Street Acacia Villa Langney	. 223 . 105 . 107 . 62 . 105	238 121 142 75 120	363 234 308 189 302	824 460 557 326 527	6,178 2,817 3,970 2,124 2,947		
Total (Eastbourne)	602	696	1,396	2,694	18,036		
Willingdon .	. 4	5	6	15	71		
TOTAL	. 606	701	1,402	2,709	18,107		

PREVIOUS YEARS' ATTENDANCES

		Number of children who attended	Number of attendances
1961	 	 1,927	14,519
1962	 	 2,139	15,766
1963	 	 2,343	16,440
1964	 	 2,671	19,883

Welfare Foods 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.

REPORT OF THE CHIEF DENTAL OFFICER

Thirty-nine sessions were devoted to the inspection and treatment of expectant mothers and nursing mothers and to children under the age of five. Fifty expectant and nursing mothers were seen at the Avenue House clinic and made 142 attendances. Of these, 40 were found to require treatment and 32 were actually treated. Thirty-one fillings were inserted and 17 teeth were extracted. Scaling and gum treatments were carried out on 41 occasions and one partial denture was constructed. The laboratory work being undertaken by a local dental technician. Four patients were referred for radiological examinations, these being carried out at the clinic with the department's own X-ray apparatus.

Of 207 children under school age inspected, 134 were found to require treatment. All of these were treated and made 359 attendances, 24 fillings were inserted into temporary teeth and 193 temporary teeth were extracted. All these teeth were extracted under general anaesthesia, nitrous oxide and oxygen, and this was administered on 124 occasions. In addition, 16 temporary teeth were conserved with silver nitrate treatment, and three pre-school children were referred for X-rays.

The number of temporary teeth extracted is still disappointingly high when compared with the numbers conserved, but until we can persuade parents not to wait for dental trouble but to attend with these very young children for regular routine dental inspections, we shall unfortunately continue to make our first contact at this age only when the child has been suffering from toothache. From the routine inspections during the year at our infant schools, 30 per cent. were found to require treatment. This is considerably lower than the average for the whole school population, but I feel that many temporary teeth condemned to be extracted as a result of these inspections could possibly have been conserved if only they had been seen earlier.

Summary of Treatment

(a) Numbers Provided with Dental Care

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers	50	40	32	10
Children under five	207	134	134	118

(b) Forms of Dental Treatment Provided

	Scaling and gum	Fillings	Silver	Crowns	Pasturas	General - Anaes- thetics	Dentures		X-rays
	treatment	z mings	Nitrate	Inlays	tions		Full	Part	A-ray.
Expectant and Nursing Mothers	41	31	-	-	17	7	-	1	4
Children under five	2	24	16	-	193	124	-	-	3

PRINCES PARK DAY NURSERY

(60 PLACES)

The establishment, excluding domestic staff, consists of matron, deputy matron, three trained nursery nurses and five nursery assistants.

The total attendances were 15,461, an average attendance of 50.52 for the 306 days on which the nursery was open. There is a substantial waiting list for accommodation in the nursery, priority being accorded to cases of social need, but the increased attendances over the past seven years reflect the growing demand for female labour not only during the holiday season but throughout the year.

Attendances each Month during 1965

	Children aged		Total	Average		Receipts			
	0-11/2	11-3	3-5	attend- ances	daily attend.	days open	£	s.	d
January	137	475	645	1,257	48-34	26	385	7	(
February	152	447	680	1,279	53.29	24	356	8	-
March	145	423	668	1,236	45.77	27	280	1	
April	124	277	605	1,006	43.74	23	209	15	(
May	200	553	690	1,443	55.55	26	357	15	-
June	168	582	637	1,387	55.48	25	349	4	-
July	187	606	654	1,447	53-59	27	463	6	-
August	162	543	585	1,290	51.60	25	320	15	
September	152	599	731	1,482	57.00	26	361	5	-
October	148	455	690	1,293	49.73	26	420	2	(
November	140	451	633	1,224	47-23	26	274	19	-
December	107	484	526	1,117	44.68	25		12	(
TOTALS	1,822	5,895	7,744	15,461	50-52	306	4,079	14	(

THE MIDWIFERY SERVICE

Although domiciliary confinements have decreased again during 1965 to 65, the services of the midwives have continued to be used to the full. Additional sessions for relaxation classes were undertaken.

Expectant mothers booked for St. Mary's Maternity Unit and the Maternity Home are invited to attend the Local Health Authority

Clinic for instruction on relaxation in labour and in ante-natal care. This has meant three extra sessions of teaching by the midwives.

Many mothers discharged from hospital prior to the tenth day require the follow up services of the domiciliary midwives.

Oxygenaire Apparatus has been added to the midwives' equipment and although it is only required occasionally it has already saved the life of an asphyxiated baby. A certain amount of disposable equipment is being used by the midwives and will be increased in the coming years.

One midwife attended a statutory five years' Refresher Course and again the value of these courses is demonstrated by the opportunity of hearing about the latest methods and the use of equipment. The midwives attended a Domiciliary Midwives' Council Meeting during the year and gave several talks about their work to outside groups.

Proportion of domiciliary confinements during the last five years:

	Total births	Domiciliary	Percentage of domiciliary confinements
1961	 686	71*	10.1
1962	 698	59	8.5
1963	 760	56	7.4
1964	 699	69†	9.6
1965	 677	65	9.6

^{*}Includes two inward transfers †Includes one non-resident

It is to be noted that the number of institutional confinements is in excess of 90 per cent. of the total births.

Details of the work of the domiciliary midwives during the year are as follows:

CONFINEMENTS

(a) Doctor booked					05
(b) Doctor not booked				***	-
(c) Miscarriages			* *		-
VISITS BY MIDWIVES					
Ante-natal visits					1,385
Visits during labour					115
Visits during puerperiu	m				1,365
Post-natal visits (domic	iliary	cases)			93
Visits to 141 cases disch	narge	d from hos	pital befo	re the	
tenth day					331
					3,289

HEALTH VISITORS

Establishment

Superintendent Health Visitor Ten Health Visitor/School Nurses One Health Education Officer (qualified) One Student Health Visitor

Allocation

National Health Service Act	 	 91
School Health Service	 	 21

The establishment of Health Visitors remained unchanged during the year, notwithstanding pressures from increasing attachment to general practitioners, health education teaching demands and the growth of the work of the geriatric health visiting section.

Our student health visitor successfully completed her training and will be joining the staff in the New Year to work in the Hampden Park area.

During 1965 the Health Visitors continued their work with a twofold purpose in mind. First through Health Education and social advice to encourage and promote the attainment of full physical and mental health within the family group, secondly to co-operate with other health and social workers to ensure that the best use is made of the statutory and voluntary services available to the community. Much of the teaching is given individually when visiting families in their homes or advising mother at the Welfare Clinics but increasingly Health Visitors are being asked to give group teaching on such subjects as health, good personal relationships, parentcraft and the work of the social services. During the year talks were given to classes in the Local Authority Schools, student nurses, St. John and Red Cross Cadets, Mothers' Unions and Young Wives' Clubs.

Home visiting is becoming increasingly selective and much time is spent with families showing signs of stress, those with particular emotional or social problems, homes with inadequate or neglectful parents or those where conditions may lead to the break-up of the family. One Health Visitor who has a Social Studies Diploma is spending a large part of her time with families such as these. Another Health Visitor started her training for the Diploma this year.

Closer co-operation with general practitioners continues to grow. Health Visitors and Geriatric Health Visitors are in the process of being attached on a liaison basis to firms of General Practitioners. Full attachment does not seem possible at the present time without an increase of staff, in view of the uneconomic manner in which general practice is arranged under the National Health Service.

We are fortunate that the liaison between all the Health and Welfare departments, both statutory and voluntary, is so good and the concept is that of team work. We welcome the opportunity given to introduce the work of the Health Visitors and the social services to the student nurses who spend a half-day with us during their training.

One Health Visitor attended the Summer Course put on by the Marriage Guidance Council on the Needs of Young People, which she found particularly interesting and stimulating.

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

HOME VISITS

Care of mother an	d young chile	dren-			
Children born	in 1965				2,945
Children borr					2,112
Children born					4,287
Expectant mo					701
Infectious illness					6
Tuberculosis					46
Care and after-car				-	
persons)					4,448
OTHER VISITS					
To other agencies (voluntary organisations, etc.) .					
To day nurseries					8
					215
Miscellaneous					1,184
CLINIC ATTENDANCES					
Child Welfare					844
Immunisation and	vaccination				94
Health Education					190
Aged persons					74

HOME NURSING

Establishment

Superintendent

Deputy Superintendent

Twenty-one equivalent whole-time District Nursing Sisters, District Nursing Officers (Male), District Nurses (S.E.N.) and Nursing Auxiliaries

The Superintendent reports:

The year 1965 was again a busy one, with an increase of 2,229 visits over 1964. The work has been covered in spite of a severe shortage of staff in the latter third of the year. To some extent this was offset by the use of Nursing Auxiliaries, who were able to carry out routine baths and helping patients to get up where there was no relative or friend available. This is the first time Auxiliaries have been attached to the Nursing Service in Eastbourne and in spite of the initial difficulties we have been most fortunate to recruit very suitable ladies for this work. They are allocated to the full-time staff and work under their supervision. At present we have three part-timers doing this work, the equivalent of seventy hours a week.

The Home Nursing Service is particularly sensitive to staff turnover and sickness absence and this year was no exception. In addition to prolonged sickness absence averaging nineteen days per nurse, there were two retirements and three resignations and at the end of the year there were three unfilled posts. This, not unnaturally, resulted in a greater strain on the administration and nursing staffs offset to some degree by the services of temporary nurses.

Nursing hoists have continued to prove a great help to the staff and relatives, two of which were in use continuously during the year.

During 1964 we commenced using disposable syringes and other small items of equipment. This side is developing and during 1965 approximately all patients on injections for short periods were given disposable syringes, saving the patients' and nurses' time as well as giving further sterility. Sterilised packets of dressings were in constant use and we are planning to have a small Central Sterilising Supply Unit for all the dressings required, by the end of 1966.

Officers from the Research Department of the Queen's Institute of District Nursing visited the Borough, and the staff co-operated in giving the necessary information on the work of District Nurses.

Two nurses undertook District Training and successfully passed the examination for the National Certificate of District Nursing and the Certificate of the Queen's Institute of District Nursing.

Post-Graduate Courses were attended by Mrs. Spence and Miss Ezzard at Exeter and several of the staff attended lectures during the Royal Society of Health Conference held in Eastbourne in April and at the East Sussex Post-Graduate Course at Haywards Heath.

The future of district nursing is changing rapidly and a preliminary meeting was held in November with the local doctors to discuss possibilities of attachment to the different firms. In many hospitals today, so on the district, the highly qualified S.R.N. will be the leader of a team which will include S.E.N. and part-time nurses as well as auxiliaries, but as in all other professions, there is a great shortage of the right type of personnel.

Finally I would like to record our thanks to St. John Ambulance Brigade for their continual cheerful co-operation and to all the staff, nursing and clerical and to the Deputy Superintendent, Mrs. Jerratt, for their loyal co-operation and the happy working relationship this department enjoys.

Particulars of patients nursed are as follows:

sits 042 490
73
78
179
862

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

Convalescent	 	 	494
To hospital	 	 	285
Deaths	 	 	127
Other causes	 	 	539
			1,445

VACCINATION AND IMMUNISATION

A-Vaccination against Smallpox

During the year 453 persons under 16 years of age were vaccinated for the first time and 19 were re-vaccinated.

One potentially serious complication of vaccination against smallpox occurred during the year. A child of 15 months developed generalised vaccinia which recovered with prompt treatment with antivaccinial gamma globulin. Fortunately the condition was recognised promptly by the doctor at the Child Welfare Clinic. Gamma globulin was obtained by express postal delivery from London and given the following morning. By this time the vaccinal rash had become much more marked. The following day when a doctor from the department visited the home the rash had completely faded and the child was in normal health.

VACCINATION DURING 1965

	Primary V	Vaccination	Re-vac	cination
	By Staff of Health Department	By General Practitioners	By Staff of Health Department	General
Under 1 year 1 to 2 years 2 to 5 years 5 to 15 years	 4 247 20 1	22 133 21 5	- 1 -	- 1 17
	272	181	1	18
	4	53	19	
		4	72	

B-Diphtheria Immunisation

The age groups and numbers immunised were:

Year of birth 1965 1962–1964	By medical staff of the Department 160 190	By general medical practitioners 118 112	Total 278 302
1958–1961	9	2	11
1957—15 years	-	-	-
	359	232	591

REINFORCING DOSES

The age groups and numbers were:

Year of birth 1962–1964 1958–1961 1957—15 years	By medical staff of the department 287 265 6	By general medical practitioners 99 60 17	Total 386 325 23
	558	176	734
			-

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

C-Whooping Cough Immunisation

IMMUNISATION DURING 1965

V f		ical Staff epartment		eneral itioners	To	tals
Year of Birth	Primary	Reinforc- ing	Primary	Reinforc- ing	Primary	Reinforc-
1965	160	-	118	-	278	-
1962-1964	189	288	112	99	301	387
1958–1961 1957–15	8	240	2	52	10	292
years	_	3	-	6	-	9
Totals	357	531	232	157	589	688

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

Year		Cas	es notified
1961	 		31
1962	 		-
1963	 		10
1964	 		20
1965	 		2

D-Tetanus Immunisation

Year of	By Med of the D	ical Staff epartment		General itioners	To	tals
Birth	Primary	Reinforc- ing	Primary	Reinforc- ing	Primary	Reinforc-
1965 1962–1964 1958–1961 1957–15	160 190 9	287 261	118 112 2	99 60	278 302 11	386 321
years	1	5	1	21	2	26
Totals	360	553	233	180	593	733

E-Vaccination against Poliomyelitis

The following tables indicate the vaccinations completed in 1965 and the number of persons under 16 years of age vaccinated during the last five years.

VACCINATION DURING 1965

Yea	ar of Birtl	i	By Health Department Completed Courses	By General Practitioner: Completed Courses
1957-15	years		40	19
1958-19	61		93	16
1962			19	9
1963			30	19
1964			299	134
1965			98	66
Tot	als		579	263

In addition, 475 booster doses were given to children at sessions held in the Local Authority schools, and 72 booster doses were given to children by medical practitioners.

PERSONS VACCINATED DURING THE LAST FIVE YEARS

Year of Birth				Complete	d Courses		
		1961	1962	1963	1964	1965	Total
1957-15 year	rs	742	1,210	270	139	59	2,430
1958-1961		_	481	92	21	109	703
1962		-	107	438	71	28	644
1963		-	_	139	475	49	663
1964		-		_	146	433	579
1965		-	-	-	-	164	164
Totals		742	1,798	939	852	842	5,173

THE EASTBOURNE AMBULANCE SERVICE

The Eastbourne Division of St. John Ambulance Brigade continues to operate the Ambulance Service on behalf of the Eastbourne Local Health Authority and of the East Sussex County Council in respect of the adjacent County parishes.

The administration of the service is carried out by the County Borough Council subject to reimbursement of a proportion of costs by the County Council. It is, therefore, appropriate in illustrating the growth of demands on the service, to show in the following tables the total persons carried and mileage run on behalf of the Eastbourne Corporation and the County Council.

The Superintendent reports:

This year has again shown a further increase in the demands made on the Ambulance Service, both in persons carried and mileage covered.

The night Service contiues to be staffed completely by volunteers of the St. John Ambulance Brigade involving the working of 9,855 hours stand-by during the year.

At the time of writing the ambulance fleet has been adapted to utilise a portable incubator unit stationed at St. Mary's Hospital. This is for use in emergency to convey newly-born infants to hospital and is a potential life saver.

The year will be remembered for three notable occasions:

- Early in the year in conjunction with the Eastbourne Hospital Management Board, the Borough Police and the Fire Service, a full-scale exercise was held involving many casualties.
- 2. In June an accident occurred involving a bus, lorry and a public house, which necessitated joining forces with the Police and Fire Brigade in rescuing and transporting the many injured to hospital.
- 3. At the Southern Regional Ambulance Competition held at Battersea Park, London, in June, Eastbourne gained second place to Hastings.

PERSONS CARRIED AND MILEAGES, 1961-1965

		EASTB	EASTBOURNE					EAST	EAST SUSSEX			T_{c}	Totals
Ambulance		Sitting cases	cases	Tra	Training Centre (DPV)	Ambulance	lance	Sittin	Sitting cases	Tra	Training Centre (DPV)		
Persons Miles		Persons	Miles	Persons	Miles	Persons	Miles	Persons	Persons Miles Persons Miles	Persons	Persons Miles	Persons	Miles
32,537		15,831	53,272	8,567	9,625	808	8,010	3,357	20,933	2,662	4,616	38,565	128,993
36,086		16,498	56,247	9,135	10,015	832	8,511	4,532	24,408	3,095	4,637	41,039	139,904
39,644		15,377	51,874	086'6	10,778	884	9,150	3,931	23,311	2,777	4,556	41,362	139,313
37,412		17,230	626,75	11,048	13,549	984	9,159	4,656	24,792	1,886	4,817	43,179	147,708
936	-	8,008 40,036 16,119	55,925	13,443	16,395	1,117	9,487	4,547	24,374	2,064	4,092	45,298	150,309

The service is called upon to convey a large number of patients to and from the local railway station. In the year under review 374 patients were transferred by rail.

ORIGIN OF CALLS

(EASTBOURNE AREA ONLY)

Origin of Calls		h	Ambulances	es			Sitte	Sitting Case Cars	Cars	
	1961	1962	E961	1961	1962	1961	z96z	E961	796z	1965
Emergency calls and street accidents Local Hospitals Local Convalescent Homes Maternity Homes Nursing Homes Ministry of Pensions Other Ambulance Authorities Mental Welfare Officers Out Patients: Chest Clinic Chest Clinic Local Hospitals Local Hospitals Royal Sussex County Hospital, Brighton	2,784 861 861 52 52 23 67 13 395 103	1,064 2,700 957 47 47 44 28 51 21 164 164 164 76	1,268 2,569 2,569 1,138 43 61 30 77 19 212 155 2,567 2,567	1,176 2,707 1,182 40 74 27 88 15 192 155 1,631	1,123 2,782 1,247 95 93 26 84 19 200 137 2,028 174	1,464 1,464 625 5 138 158 158 22 298 480 366 10,583 1,669	2573 11,436 111 111 180 180 180 180 11,423 11,423 1,638	1,200 500 12 12 14 223 133 26 126 126 10,359 1,872	39 1,230 456 4 4 113 263 183 20 106 339 545 11,997 2,035	1,221 4 576 15 15 36 233 148 77 178 298 824 10,599 1,875
Total Calls	7,339	6,947	8,413	7,375	8,008	15,831	16,498	15,377	17,230	16,119
Mileage	32,537	36,086	39,644	37,412	40,036	53,272	56,247	51,874	57,979	55,925
										-

HEALTH EDUCATION

REGULAR FEATURES AT AVENUE HOUSE HEALTH CENTRE

- (i) Ante-natal Mothercraft. This meeting is held on 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. In addition a practical cookery demonstration is given by Miss Lilley, Home Service Adviser to the South Eastern Gas Board. The mothercraft sessions continue to be well attended and enjoyed by those taking part. So many mothers have expressed their appreciation of the help which they have derived from the relaxation and breathing exercises during their confinements and, afterwards, the skills they learned in their ante-natal sessions have given them the knowledge and confidence they needed in the handling of their new babies.
- (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 in 1963, continued as a special feature of the Local Health Authority services, carried out by two health visitors and a social worker in co-operation with the Deputy Medical Officer of Health and an occupational therapist. Attempts are being made to bring help and advice to people's doorsteps by the organisation of meetings and groups in various areas of the town. Classes at the Central Clinic continue to be well attended.

DISPLAYS AND PROJECTS IN CHILD WELFARE CENTRES AND OTHER DISPLAY CENTRES

The subjects for our Health Education projects were:

"Dangerous droplets, and how to build up resistance to infection"

"The dangers associated with cigarette smoking"
*"Spring cleaning and do-it-yourself with safety"

"Dental Health" (nutrition)

"Foot Health" (exercise and weight control)

*"Water Safety" (learn to swim)

"Food Hygiene"

"Immunisation and Vaccination"

*"Fireworks and safety"
*"Keep fire in its place"

*"Safety in the Home at Christmas"

*Home Safety subjects

Displays illustrating these subjects were mounted at approximately monthly intervals in all the available *display areas*:

Entrance hall ... Avenue House Clinic Avenue House Clinic Dental waiting room . . Avenue House Clinic Main waiting room Acacia Villa Clinic Showcase . . Showcase Green Street Clinic Portable peg board Languey Clinic Posters Hampden Park . . Shop window ... 49, Church Street . .

EXHIBITIONS

At the Winter Garden Ideal Homes Exhibition, 13th to 20th November, a stand, 24 ft. by 6 ft. by 10 ft., "Keep Fire in Its Place", was designed and arranged.

Two special pieces of display equipment were designed in the Health Education Department.

One piece of equipment was a large "question and answer" unit, and the other a "life size" model of part of a house, showed a very worried housewife looking through the window of a room which was in flames behind her!

The display stand was set up by members of the Health Department staff and Fire Brigade, and manned throughout the exhibition by local Fire Brigade Officers, who were at hand to answer questions asked by members of the public visiting the exhibition.

HOME HELP RECRUITMENT CAMPAIGN

With the co-operation of Mrs. Hardy-King (Home Help Organiser) a shop window display was mounted at 49, Church Street, illustrating the work of our local authority Home Helps, and the need for women with spare time on their hands to help in this sphere.

VISITORS TO THE HEALTH EDUCATION SECTION

These included Mrs. H. M. Robinson, Health Education Liaison Officer from the Ministry of Health, on 10th December.

Demonstration of Visual Aids Equipment

Mr. York Hill from "Camera Talks" came to the department to demonstrate the single concept projector to interested members of the staff. It was thought that this would be a very useful visual aid if further health education subjects could be added to the existing film cassettes.

NEW EQUIPMENT PURCHASED IN 1965

This included the 35mm. Minolta Slide and film strip projector and portable film screen.

FILM STRIPS—purchased after preview and appraisal

Education for Childbirth How to Improve your Home Preparation for Parentcraft The Home Help Service Air Pollution and Clean Air The Circulation of the Blood Safety with Oil Heaters

Visual Aids in the Health Education Department now include 52 Flannelgraph subjects, 81 film strips and over 2,000 transparencies.

16mm. FILMS PREVIEWED IN 1965

No Limit (Disabled persons)
The Children (WHO fight against disease)
Emergency Resuscitation
Ever Yours (Dental health)
Understanding Aggression
Learning in Slow Motion
He Acts His Age

Series of films re: adolescence—Howard, Joe and Roxy and Who is Sylvia?"

Marlborough House (Handicapped Children)
Michael (A mongol child)
Balance is Life (Diabetes)
None to Trouble Nobody (Rehousing of old people)
Tons of Teeth
The Four Seasons
Youth in Britain
Keeping Fit
Alcohol and the Human Body

Other films were selected and ordered for mothercarft, parentcraft and school health education programmes.

LEAFLET LIBRARY

In 1965 the Leaflet Library was given a "new look", and many new leaflets were added to the collection. The Leaflet Library is frequently used for reference by health visitors, student nurses, teachers and school children when looking for information regarding health, nutrition, hygiene, care of handicapped persons, the Health Services, etc.

VISUAL AIDS ROOM

This room has been arranged for members of the staff who wish to select visual aids for use when giving talks.

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. The following information on smoking and venereal disease is included at the particular request of the Ministry.

PRIMARY SCHOOLS

No talks on smoking have been given this year in Junior Schools by the staff of the Health Department. The offer was made to show the film *The Smoking Machine* and provide a school medical officer to answer the children's questions, but no school took up the offer. As the same film was being shown on the Saturday "ABC Minors" cinema show in October, staffs of junior schools were invited to a private viewing of the film at the Health Department the same week, to enable them to discuss the film with their pupils. The film was shown but not a single teacher turned up to see it.

There is the feeling among many teachers that as smoking is not a problem in their school that it is better not to draw the children's attention to it.

SECONDARY SCHOOLS

Two of the four secondary modern schools and the day special school for E.S.N. children have asked for help with health education, and the showing of the film *Smoking and You*, with a discussion of the reasons why people smoke, has been a part of this. At one school the first year boys alone saw the film, at another it was shown to first year boys and girls, and also to some of the fourth year pupils who subsequently broke up into small groups to discuss smoking and drinking.

VENEREAL DISEASE

In an attempt to avoid an unhealthy moralistic attitude and the feeling that V.D. is different from, and more repulsive than, other disease, the subject was included in a talk on "How Diseases Spread" as part of the Health Education series given at two secondary schools and the day special school for E.S.N. children, at the request of the head teachers.

HOME SAFETY

Mrs. S. James, Superintendent Health Visitor, and Home Safety Organiser, was responsible for a succession of seasonal campaigns which included:

Spring Cleaning—Safety—pointing out the hazards the housewife can meet and should avoid in the annual cleaning and decorating of the house which comes with the spring.

Water Safety—Stressing the need for everyone to learn to swim. Publicity given on the dangers which arise with the ever increasing activity on the beaches and in-shore waters with the prolifications of rubber rings and rafts, small craft of all kind, sailing boats and speed boats. All erecting hazards to themselves, swimmers and particularly underwater swimmers. A campaign for keeping the beaches free from broken glass.

Poisoning—This is the one type of home accident which is on the increase.

"Lock away all Poisons."

"Avoid Poisonous Berries and Fungi."

Fireworks—Enjoy them with safety.

Prevention of Fire-Fireguards and inflammable materials.

A very successful stand was held at the Ideal Homes Exhibition in November, entitled "Keep Fire in its Place", "Check for Safety."

A children's Poster Competition was held, the winners being presented with their prizes at the Fire Station.

Keep the Children Safe at Christmas.

Talks were given on Home Safety to many women's organisations, to old people's groups and to home helps.

Candidates for the Duke of Edinburgh's Award in Home Safety were examined and all found to show a keen appreciation of the accidents which can and do occur in the home.

It has been reported that the total number of fatal accidents in the home in England and Wales had dropped from 8,024 in 1963 to 7,370 in 1964. This was encouraging especially in view of the increased population in the 0–4 and over 65 age groups.

CARE AND AFTER CARE SERVICES 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 Recuperative Holidays

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 re-training facilities to prevent the break-up of families. Six persons including two mothers with children benefited from this service at a cost of some £150 to the Council.

C-Loan Equipment

The Loans Service has continued to fulfil a very definite need throughout the community during 1965.

The figures given below for the last four years have shown how this Service is growing:

	1962	1963	1964	1965
Articles loaned	 617	723	768	924
Number of patients	 387	522	610	701
Number loaned free	 73	106	125	150

Once again the need for wheelchairs has doubled over the year, and this was in spite of a poor summer. The increase may be partly attributed to the voluntary help given by "The Commandos" from Eastbourne College and other volunteers offering to push house-bound patients out.

Zimmer walking aids and tripod walking-sticks are much used. Many other items of sick room equipment were supplied emphasising the shortage of hospital beds and consequent need for nursing very ill patients in their own homes.

Thanks are expressed to the Red Cross for their co-operation and help when in need of additional articles of equipment.

D-Voluntary Organisations

As mentioned in my previous reports, there is a high level of voluntary activity in the town which supplements the statutory functions of the Local Authority and provides services outside the scope of the Council.

The specific services rendered by the voluntary bodies are enumerated elsewhere in this report but I would like to acknowledge the services rendered by the W.V.S., the Order of St. John, the British Red Cross, the Guardianship Society and N.S.P.C.C., the National Association for the Parents of Mentally Handicapped Children and other local and national organisations.

Family Planning Association: Since moving to Avenue House Clinic in the New Year of 1964, the work of the Family Planning Association has steadily developed. It now holds sessions for which no appointment is needed on the 1st, 3rd and 5th Thursday afternoons of each month and every Thursday evening. A medical practitioner attends each clinic session.

The number of clients attending the sessions is increasing, particularly among those asking for oral contraception and engaged girls seeking contraceptive advice before marriage.

The Clinic Secretary reports: "During 1965, 1,710 clients attended our clinic sessions of whom 333 were new and 66 pre-marital. 140 of our clients are now taking oral contraceptives."

The scientific contraceptive advice given by the Family Planning Association brings benefit to those couples who have large families, and have for one reason or another got into difficulties—perhaps financial, perhaps housing or the poor health of the mothers and where another child would not be a joy but only an added burden.

In the wider context of the population explosion there is no more important contribution to health and welfare than family limitation.

The Local Health Authority is empowered to provide financial assistance in cases where further pregnancies would be prejudicial to the health of the mother and where there are difficulties in meeting the cost of the service.

E-Sitter-in Service

	1965	1964	1963
Number of households helped	 85	73	121
Number of nights	 380	429	528
Number of days and part days	 154	190	53
Number of sitters-in	 25	14	25
Number of private nurses	 3	1	12

On reviewing this service, there has been as with the General Nursing Service more acute work during 1965: the number of nights work was less than in 1964, but the number of households helped increased slightly.

There was a steady demand for day-sitters as well as night help and this is likely to continue with an ageing population and the number of younger women who are in employment.

As in past years both the National Society for Cancer Relief and the Marie Curie Welfare Grant Fund have granted financial help to patients not entitled to reduction on the Local Authority Scale.

This service would not be possible except for the support of a few loyal helpers and I cannot speak too highly of the co-operation received from them.

The cost to the Local Authority was £351.

F-Tuberculosis

NOTIFICATION REGISTER

			ratory Females		spiratory Females		tal Female:
On Register							
1st January, 1965		195	147	14	15	209	162
Add:							
Notifications		4	-	-	-	4	-
Transfers		13	2	1	-11	14	2
Posthumous Notifications Found on Death		-	-	-	-	-	-
Return		1	1	-	1	1	2
		213	150	15	16	228	166
Less:							
Deaths		4	3 7	-	1	4	4
Left Town		7		-	-	7	7
Arrested		17	16	-	-	17	16
		28	26	-	1	28	27
On Register							
31st December, 19	65	185	124	15	15	200	139

Age grouping of new cases:

		Respi	ratory	Non-Re	spiratory	To	tal
Age Groups			Females	Males	Females		Females
0-5	 	-	_	-		-	_
5-10	 	-	-	-	-	-	_
10-15	 	-	-	-	-	-	-
15-25	 	-	-	-	_	-	_
25-45	 	2	-	=	-	2	_
45-65	 	3*	-	-	-	3	-
Over 65	 	-	1*	-	1*	-	2
		5	1	-	1	5	2
	-						

*Includes 1 found on death return

The Registrar General's return of causes of death indicates that three persons died from respiratory tuberculosis, two in the age group 45–65 years and one who was over 75 years of age. There was also one death from non-respiratory tuberculosis, the person being over 75 years of age.

The death rates per 1,000 population were:

Respiratory	 	 0.005
Non-respiratory	 	 0.01

Extra nourishment granted to persons suffering from tuberculosis: Liquid milk—

Quantity	supplied	 8,667 pints
Number	of cases assisted	38

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	s	 	18
5 15 years		 	10
Over 15 years		 	5
B—School Childen nursing staff of		out by	the
(i) Number	-	 2.07	478

(ii) Number found negative

(iii) Number vaccinated ...

C-Students Attending Further Education Establishments

medical and

424

424

- (i) Number skin tested . . . 70 (ii) Number found negative . . 64
- (iii) Number vaccinated 64

MASS RADIOGRAPHY

The East Sussex Mass Radiography Unit under the direction of Dr. R. G. Rigden carried out surveys in the area.

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.

A summary of the results of the surveys undertaken in 1964, which was not available at the time of going to print last year, is given below. The summary for 1965 is not yet available.

Number of persons X-rayed	Male 715	Female 699	Total 1,414*
Analysis of Abnormal Large Flims-			
(a) Tuberculosis requiring close clinical			
supervision or hospital treatment	1		1
(b) Tuberculosis requiring occasional			
supervision	10	1	11
(c) Cardio-vascular diseases	30	37	67
(d) Malignant disease	14	_	14
(e) Other diseases	14	13	27
*878 were general practitioners' of	ases.		

G—Chiropody Service

The commencement of the Local Authority-operated Chiropody Service for the aged and handicapped was referred to in my report for 1960. The following table indicates the development of the service over the past six years.

An additional whole-time chiropodist was appointed early in the year to cope with the growing demand.

				At Au	thority (Clinics			Old	Chiro- podists
		Aged a	nd Ha	ndicappe	d Person.	s	Schoole	hildren	Persons Homes	employed
Year	No. on books at 31st Dec.	Increase on previous year	New Cases in year	No. of treat- ments given in year (incl. Dom.)	No. of Clinic sessions (excl. Dom.)	Domi- ciliary visits	No. treated	No. of treat- ments	No. of sessions	Full-time equivalen
1960 1961 1962 1963 1964 1965	300 400 450 550 633 741	100 50 100 83 108	150 160 180 181 315	2293 2621 2960 3062 4282	347 391 458 525 659	100 126 145 170 272	- 80 44 32 20 27	173 126 111 76 128	86 57 78 71 103	1.0 1.0 1.2 1.2 2.0

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 are pensioners, most of them received treatment free of charge or at a 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			 	528
Scale charge			 	24
Full cost			 	184
Special cases-	-			
Free			 	3
Charged			 	2
Total at Dece	mber,	1965	 	741*

^{*346} of whom were in receipt of National Assistance.

H-Incontinence Pads Service

This service became officially established in November, 1963, following receipt of Ministry of Health Circular 14/63, although prior to this date some pads had been supplied to patients through the Home Nursing Service. The Local Health Authority agreed that no charge should be made to recipients of this service who are supplied with pads on the recommendation of medical practitioners or the medical and nursing staffs of the department.

Some 2,000 pads had been supplied to 75 patients at the end of the year at a cost of approximately £39.

DISPOSAL OF SOILED PADS

At present this does not present a serious problem. The majority of patients reside in homes with open fires and the pads are burned. In occasional cases where there is gross soiling and difficulty in burning, arrangements are made for collection and disposal at the Corporation's incinerator plant at the Refuse Disposal Works. In homes without any facilities for burning, the soiled pads are well wrapped in newspaper and plastic bags supplied by the department and placed at the ordinary refuse receptacles.

I-Laundry Service for Incontinent Patients

This service has been established for some three years and provides for the laundering of soiled bedding, linen and clothing not acceptable by commercial laundries. A collection and delivery service is operated by the department's own transport and the laundering is carried out at the local hospital laundry by arrangements with the Hospital Management Committee.

The demand for this service has grown appreciably since its inception in February, 1963, when less than 500 articles were laundered in the first full quarter of that year. Last year almost 1,500 were sent each quarter. Sixteen patients benefited during the year sending an average seven articles each week. The cost to the Local Authority was about £95.

HOME HELP SERVICE

Recruitment during the first half of the year was at a very slow rate. Some improvement was noted during the latter three or four months due to continual advertising and publicity in the local press on the requirements and needs of the elderly, together with attractive shop window displays arranged in the Old Town and Seaside areas emphasising the urgent needs of the service.

Arrangements are in hand to continue "In-Service Training" for those who have worked for the Corporation for about twelve months. This has proved a considerable asset to the service and the helpers are pleased with the badges and certificates that are awarded to them on completion of the course.

Long-term chronic sick and elderly patients continue to make the most severe demand owing to the increasing numbers of retired couples in the town. When one falls ill, the ageing partner is less able to continue with the full household tasks, and the welcome visit of the Home Help can often prevent mental and physical breakdown and the break-up of the home.

The opportunity was taken in December to review the organisation of the service and at the time of writing the Home Help Service is separately accommodated and staffed for the first time since its inception. It is anticipated that this development will lead to an acceleration in the growth of the service and allow for closer and more frequent contact between the organiser, persons assisted and the staff of Home Helps.

The following table illustrates that, notwithstanding increasing demand the level of service is being maintained. The aim, however, is to increase this substantially.

	1961	1962	1963	1964	1965
No. of cases assisted	566	541	613	647	708
Average hours help per cases per	87.4	86-9	82.7	86.5	86-4
No. of hours worked by Home	49,581	47,018	50,700	55,985	57,184
No. of part-time Helps as at 31st December, 1965	41	41	45	47	55
Average E.W.T. Home Helps for year	22.7	21.07	23-2	25.5	26-2

Analysis of Cases where Domestic Help was Provided during the Year*

(a)	Maternity (includ	ling expe	ectant mo	thers)	41
(b)	Chronic sick and	tubercul	osis		567
(c)	Mentally disorder	ed			12
0.00	Others				88

^{*}A case is counted once, even if help ceased and recommenced during the year.

SUMMARY OF ASSESSMENTS

According to s	cale-	_		
Full cost			 	241
Part cost			 	-
Free			 	29
Specially assess	sed ca	ases—		
Part cost			 	130
Free			 	34
Cases reimburs	sed by	y N.A.B.	 	274
				708

MENTAL HEALTH SERVICE

General

Whilst the number of admissions in which the services of the Mental Welfare Officers were required remained much the same, there was an increase in the number of cases requiring care or after care during the year. However, as there is still a lack of information concerning patients from the County Borough area being admitted or discharged from Hellingly Hospital and attending the out-patients clinic, it is difficult to know whether these figures indicate an increase in the incidence of mental illness or increased involvement of the Local Authority officers.

The Mental Welfare Officers attended case conferences at Hellingly Hospital, which took place twice each month. These have enabled them to maintain contact with patients; thereby being of considerable help to many patients when they have been ready to return to their homes. One officer is in attendance at the weekly psychiatric outpatients clinic and this also assists in the liaison between the hospital and Local Authority, and, of course, helps the patient to make better use of the services available.

The normal difficulties in finding suitable employment and accommodation for the ex-patient are not made easier in a town of this nature, with seasonal fluctuations in employment and lodgings. When one is available, the other is scarce.

During the past year, some eight female patients have been employed in this Authority's Part III Old People's Homes, following recovery from mental illness. This would not have been possible without the understanding and tolerance of the Superintendents and Matrons of the Homes, and the Mental Welfare Officers are grateful for this co-operation.

The establishment of the Geriatric Health Visitors within the Mental Welfare/Welfare Services Section has to a large extent eased the task of "community care" of the elderly paranoid and senile patient. This work is often undertaken by the Mental Welfare Officer as such cases need more specialist care than can be afforded by the Geriatric Health Visitors.

One elderly lady requiring this type of care during the past year, caused immense difficulties for herself and the workers. She was buying her house on mortgage and relied on the income from letting a flat within the house to meet the repayments. She was convinced that the last tenants were still in occupation (they had, in fact, left twelve months ago), although not paying any rent, and therefore could not re-let the flat. The "tenants" caused her great distress by bringing stolen property into the house, digging out gravel from the foundations, tunnelling under the garden and, of course, hiding her pills, jewellery and money. Her nervous asthma and heart condition produced frequent additional problems, as did her determination not to be driven from her own home by the non-existent tenants. After over a year of visiting, she has been admitted to an Old People's Home where she seems to be settling down. The Building Society has obtained a Possession Order and it now seems likely that the officers will have to clear the house, as the relatives have so far refused to help.

The Authority is indebted to the hospitals for the "short-term care" provided for the subnormal patients. All requests for "holiday care" were met as were the urgent requests for admissions during sudden illnesses, etc., of the parents.

Community Care

There does appear to have been some slight improvement in the general public's attitude to mental illness and subnormality. Some small success has been achieved in retaining accommodation and employment for psychotic patients whilst they were in hospital.

The hostel for female patients continued to provide a haven for a number of persons. Unfortunately, it became necessary during the year to admit as matters of urgency, three subnormal patients (one has since been discharged to hospital). This increase in the proportion of subnormal patients has made some recovering psychiatric patients reluctant to accept the facilities available in the hostel. This reluctance is understandable and the Authority is hoping that a suitable property in the vicinity of the present hostel can be acquired, so that the subnormal and mentally ill can be separated.

Some thought has been given to the possibility of opening a day centre for the chronic mentally ill, but the many difficulties encountered in finding suitable work have not yet been solved.

This same dearth of suitable work has made it difficult to extend the training at the Adult Occupation/Training Centre. This Centre continues to provide care and occupation for subnormal persons over sixteen years, and Hazel Court, Junior Training Centre, for the subnormal children.

The local branch of the Society for Mentally Handicapped Children has again displayed continued interest in both Training Centres.

Mental Illness

HOSPITAL CARE

Mental Health Act, 1959		Males	Females	Total
Section 5 (informal)		2	18	20
Section 25 (Observation, 28 days)		4	18	22
Section 26 (Treatment)		3	4	7
Section 29 (Observation in Emergen	cy,			
3 days)		4	1	5
Section 135 (Justices Warrant: Pl	ace			
of Safety, 72 hours)		-	-	-
		13	41	54
				_
SPOSAL OF PATIENTS				

Disi

Hospital		Males	Females	Total
Hellingly, Hailsham		 11	40	51
St. Mary's, Eastbourne		 2	1	3
		13	41	54
Tomas as Province Value	1964	1963	1962	1961
TOTALS IN PREVIOUS YEARS	 52	66	75	41

Care and After Care

40 males and 88 females were referred to the department's officers for supportive care.

"The Yews" Hostel for Women

In residence at 1st January, 1965 Admitted during year	 	 10 11
Discharged—		
To hospitals	 	 2
To private accommodation	 	 5
To Council flat	 	 -
To Homes (N.A. Act)	 	 1
To own home	 	 _
To residential employment	 	 2
In residence at end of year	 	 11

THE SUBNORMAL AND SEVERELY SUBNORMAL

Males

One new case was notified-transferred from another Authority. Two removed and left the area.

Females

Three new cases were notified—one reported by Assistant Medical Officer of Health, one by General Practitioner and one reported by a relative.

Hospital Waiting List

Three males and one female are on the waiting list for premanent care, and of these, two males and the female are on the urgent waiting list.

Short-Term Care

Eight patients were received into hospitals for short-term care during the year.

Position at the End of 1965

In hospitals and homes	 	 Males 54	Females 35
Under guardianship Under supervision	 	 47	4 54
		101	93

Training Centres and Hostel

	Davs Total On Regis		ister at	31.12.65	
	Days open		Eastbourne		Other Authorities
Salehurst Road (Adult Centre)	205	5,025	15	12	-
Hazel Court Junior Train- ing Centre	195	9,709	28	31	1
Hazel Court Hostel	195	2,232	5	8	-

HAZEL COURT JUNIOR TRAINING CENTRE Report of the Principal, Miss E. Burns

We have continued to develop our training programme to the fullest extent possible. Many experiments have been made with very good results. These have furnished us with an even clearer insight into priorities in the use of time in relation to the slow rate of learning and future possibilities.

As can be expected in work with subnormals, we suffer many frustrations through the slow response and seeming lack of results, but I am happy to say that progress is being made and maintained. This knowledge is reinforced by the flow of letters from grateful

parents who acknowledge the observance of progress, and comment on the happy atmosphere of the Centre and the eagerness with which the children look forward to coming.

Special Events

On 21st July we experimented by holding a "Sports Day"! This was a great success and well supported. We were able to stage 29 events in which the children participated. The greatest thrill was the fact that we were able to include real competition events with the two oldest groups, and had the joy of seeing them accept defeat without tears or tantrums, and even to congratulate the winners as they watched them receive their prizes. We feel that this was a major breakthrough, assuring us that our type of training is indeed getting at the all-important basic essential of personality development, in addition to the acquiring of certain skills.

On 8th September, we again held our Harvest Thanksgiving Service, and on 30th December, our Christmas Carol Concert. These were well supported and appreciated and will now become annual events.

Visitors

A steady stream of visiting parties—Nursing School Students, Teacher-Trainee Students, Parents' Societies, etc.—were welcomed as well as many official visits by Committee Members and Medical Personnel.

Parent-Teacher Meeting

On the evening of 30th March the first of these was held when we reviewed the Training Programme, and discussed ways of helping the children to "grow up" in spite of their handicap. The attendance and degree of interest was most rewarding.

Staff

We are now fully staffed, and I would like to pay tribute to a hard-working group of teachers and helpers.

Hostel Staff

I gratefully acknowledge the full co-operation of the Matron and Warden, Mr. and Mrs. Brown, in all Centre events. The catering staff under Mrs. Brown did a magnificent job on the Sports Day, when children, parents and visitors were able to enjoy tea together.

Specialist Help

My grateful thanks also extends to our visiting therapeutic specialists—Mrs. K. Hansford, Speech Therapist, and Mrs. M. R. Griffith, Physiotherapist. These ladies have worked very hard to apply their skills in what must have been for them most difficult circumstances.

EASTBOURNE ADULT OCCUPATION/TRAINING CENTRE SALEHURST ROAD

Report of the Supervisor, Mr. G. A. Townsend

The work carried out during the year 1965 was similar to that during the year 1964 but the standard of efficiency was much higher. Plans are being made to introduce more elements of work training in the Centre, including laundry work and preparation of dressings for the Home Nursing Service.

The following work was undertaken:

Female Trainees: Cookery of a simple nature.

Laundry, mainly the smaller items used in the Centre.

Several rugs were made and sold at the Open Day. Needlework produced such items as peg bags, tea cosies, embroidered aprons, scatter cushions and those capable of knitting made blanket squares, bath mats and dishcloths.

Domestic work in the form of polishing and cleaning furniture, the cleaning of cutlery and the washing-up after meals was also carried out.

Male Trainees:

Three periods a week were spent in the carpenters' shop making teak garden seats, tea tables, tea trays, sewing machine tables and repairing furniture.

The dismantling of television and radio sets gave very useful practise in the use of small tools.

A large quantity of washleather mops were also made.

The making of rugs, car mats and Christmas decorations was also undertaken.

One lad has become very efficient at the making of embroidered tray cloths and chair backs.

Communal lessons and training also took place in the form of country dancing, singing and physical education.

Approval was obtained for three lads to attend the Portslade Adult Training Centre under a reciprocal training arrangement with the East Sussex County Council.

We are indebted to the Eastbourne Association of Parents of the Mentally Handicapped for their continued interest and support.

SECTION C

WELFARE SERVICES

The benefits of associating together within one section the Welfare/Mental Health Officers and the Geriatric Health Visitors have continued to grow. The borderline between the duties of the respective officers defies percise definition. What is important is that one Co-ordinated Welfare Service is provided with the opportunity for the maximum possible liaison between the members of the staff concerned.

Geriatric Welfare Section

This is, in fact, a very wide field extending to all aspects including nursing, home help, mental welfare, and care of the handicapped. The particular duties of the Geriatric Health Visitors have been the initial enquiry and subsequent follow-up on applications for residential accommodation.

Reference in the last report to routine work and boarding-out which could be carried out by the voluntary organisations still remains true, also to the difficulties occasioned by the shortage of hospital beds and to the consequent strain on relatives and on the supportive work of the Authority's nursing, home help and the meals-on-wheels service.

Once again, temporary vacancies were used to provide holiday admissions and during the year two beds were kept available for this purpose.

From the residential point of view, staffing problems have arisen from time to time but the senior staff have always loyally stepped into the breach and at no time have the residents suffered. The degree of physical and mental infirmity in the Homes remains considerable, and much praise is due to the Superintendents for their work in maintaining interest by arranging outings and entertainment.

Health education for the elderly has continued with initial and advanced classes. With the attachment of health visitors to general practices, plans are in hand to survey the patients on the lists of two group practices in the coming year. Preliminary work has revealed a number of cases of anaemia and other remediable defects.

Provision for the Physically Handicapped

Towards the end of the year, the voluntary association (the Eastbourne Association for the Disabled) found it increasingly difficult to continue with a voluntary secretary-case-worker. As a result, in conjunction with an increased grant, it was agreed to appoint a paid part-time officer, and Miss B. L. Ellis was appointed and commenced work in October. This has enabled a regular case conference of staff concerned in rehabilitation to be held under the chairmanship of the Deputy Medical Officer of Health.

The demonstration board of aids for the disabled is to be resited in the loan equipment section where it will be more fully used. Potential users can borrow appliances free of charge and if suitable pay a small weekly loan charge instead of outright purchase.

Increased use and cost of adaptations during the year is to be noted.

Residential Accommodation—Section 21 (i) (a)

Figures for the year were as follows:

rigules for the year were a	is follows	5:		
1. Cavendish Lodge			M	en
On 31st December, 1964				5
Admitted during the year				6
Discharged during the year				
Died				0
				5
On 31st December, 1965			 2	6
2. Trevin Towers			Men	Women
On 31st December, 1964			4	39
Admitted during the year			 _	30
Discharged during the year				
T' 1			 -	20
			 -	8
On 31st December, 1965			 4	41
3. Staveley Court			Men	Women
On 31st December, 1964			10	44
Admitted during the year			 6	33
Discharged during the year			 5	28
			 1	
Died				3
On 31st December, 1965			 10	46
4. St. Anthony's Court			Men	Women
On 31st December, 1964			10	39
Admitted during the year			 4	28
Discharged during the year			 5	22
Died			 3	4
On 31st December, 1965			 9	41
On 31st December, 1903		* *	 9	71
F III				
5. WILLOUGHBY COURT			Men	Women
5. WILLOUGHBY COURT On 31st December, 1964			Men 11	Women 33
On 31st December, 1964			 11	33
On 31st December, 1964 Admitted during the year				33 33
On 31st December, 1964 Admitted during the year Discharged during the year			 11 8 7	33 33 27
On 31st December, 1964 Admitted during the year Discharged during the year Died			 11 8 7 1	33 33 27
On 31st December, 1964 Admitted during the year Discharged during the year			 11 8 7	33 33 27
On 31st December, 1964 Admitted during the year Discharged during the year Died			 11 8 7 1	33 33 27 - 39
On 31st December, 1964 Admitted during the year Discharged during the year Died On 31st December, 1965 6. The Wolds			 11 8 7 1 11 Woo	33 33 27 - 39 men
On 31st December, 1964 Admitted during the year Discharged during the year Died On 31st December, 1965 6. The Wolds On 31st December, 1964			 11 8 7 1 11 Wor	33 33 27 - 39 men 2
On 31st December, 1964 Admitted during the year Discharged during the year Died On 31st December, 1965 6. The Wolds On 31st December, 1964 Admitted during the year			 11 8 7 1 11 Wor 2 3	33 33 27 - 39 men 2
On 31st December, 1964 Admitted during the year Discharged during the year Died On 31st December, 1965 6. The Wolds On 31st December, 1964 Admitted during the year Discharged during the year			 11 8 7 1 11 Wor 2 3 2	33 33 27 - 39 men 2 1 8
On 31st December, 1964 Admitted during the year Discharged during the year Died On 31st December, 1965 6. The Wolds On 31st December, 1964 Admitted during the year Discharged during the year Died			 11 8 7 1 11 Wood 2 3 2	33 33 27 - 39 men 2 1 8
On 31st December, 1964 Admitted during the year Discharged during the year Died On 31st December, 1965 6. The Wolds On 31st December, 1964 Admitted during the year Discharged during the year			 11 8 7 1 11 Wor 2 3 2	33 33 27 - 39 men 2 1 8

7. Voluntary Homes			Men	Women
Searchlight Cripples Workshop			1	_
W.V.S. Home, Hove			_	2
St. Elizabeth's, Seaford			-	2
Salvation Army Home, Hassocks			_	1
Salvation Army Home, Westgate			-	1
Royal Home and Hospital for Incu	rables, P	utnev	-	2
Nazareth House, Bexhill			_	2
Papworth Village Settlement			1	_
The Dell, Oulton Broad			-	1
Castle Glen, Sandgate			23	1
Elim Eventide Home			_	1
St. Joseph's Convent, Brighton			-	2
Eothen Homes, Sutton			_	1
Oakhill House (Civil Service Bene		Fund)	_	1
Bernard Baron Homes		,	1	1
Greenway Methodist Home		*	1	2
ortening recommended from	* *		-	-

The above twenty-four cases were resident on 31st December, 1965.

Also resident during the year:		Men	Women
Jewish Home for Incurables		 1	-
Methodist Home, Croydon		 -	1
Elim Eventide Home		 1	1
Sussex House, St. Leonard's		 1	1
St. Bridget's (Cheshire Home)		 _	1
St. Joseph's Convent, Brighton		 _	1
Delia Grothen (Hill Homes)		 -	1
Dene Park, Tonbridge		 1	_
Ascot Priory			1
*Nazareth House, Bexhill		 -	1
*Beestons Orchard, Horam		 _	1
*Holiday care of	only		

8. Accommodation by Other Authorities		Women
L.C.C. Home, 9, Fitzjohn's Avenue, London		1
East Sussex County Council, Haystoun Hou	ise	1
Croydon County Borough, Shirley		1
Surrey County Council, Shipstead Lodge		1

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

THE KNOWLE, OAK TREE LANE

Eleven families were accommodated during the year—three resident for whole year. Four families were admitted during the year and six families discharged. Four families were allocated accommodation by the Council's Housing Committee, two families found private accommodation.

	Families	Men	Women	Children
On 31st December, 1964	 7	4	7	12
Admitted during the year	 4	4	4	10
Discharged during the year	 6	5	6	15
On 31st December, 1965	 5	3	5	7

Handicapped Persons—Section 29

(a) BLIND PERSONS

(i) Incidence of Blindness—During the year 40 B.D.8 forms for new cases were received; of these, 25 were registered as blind within the meaning of the Act and 15 as partially sighted, the causes of disability and treatment in respect of these cases certified as blind being as stated in the following table:

	Cause of Disability				
	Cataract	Glaucoma	Retrolental Fibroplasia	Others	
1. Number of cases registered during the year in respect of which Section F of Form B.D.8 recommends: (a) No treatment	4	5		9	
(b) Treatment (medical, sur-	7	3		9	
gical, optical)	_ 1	1	-	10	
2. Number of cases at (i) (b) above which on follow-up action have received treatment	1	1	-	11	

The recommendations for treatment were mainly medical and hospital supervision.

pital supervision.				
(ii) Registration—				
Total at 31st December, 19	64			227
Registered during year				25
Died during year				37
Transfers from other areas			**	9
Transferred to other areas				8
Total at 31st December, 19	65			216
Age group		Males	Females	Total
Under 5 years		Males	Females 1	Total
		Males 1	Females 1 1	1
Under 5 years		Males - 1 1	Females 1 1 -	Total 1 2 1
Under 5 years Between 5 and 15 years		Males - 1 1 9	Females 1 1 - 4	1
Under 5 years Between 5 and 15 years Between 15 and 30 years		- 1 1	Females 1 1 - 4 27	1 2 1
Under 5 years Between 5 and 15 years Between 15 and 30 years Between 30 and 50 years		- 1 1 9	1 1 - 4	1 2 1 13
Under 5 years Between 5 and 15 years Between 15 and 30 years Between 30 and 50 years Between 50 and 70 years		- 1 1 9 25	1 1 - 4 27	1 2 1 13 52

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

(b) Partially Sighted Persons

The Council's scheme provides that the services for the blind shall also be generally available for the partially sighted. At the end of the year there were 82 partially sighted persons on the Register—15 males and 67 females.

(c) DEAF AND DUMB

As in previous years, the Chichester Diocesan Association for the Deaf and Dumb continued to act as agents. The total at the end of the year was 15.

(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 46.

(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, 1965, was 137.

Assistance with Alterations—During the year 14 cases on the Register of Handicapped Persons were assisted with alterations to their homes at a total cost of £326 14s. 9d., of which £7 5s. was recovered.

(f) EPILEPTICS

One woman was accommodated in Chalfont St. Giles.

Old People's Organisations

MEALS ON WHEELS

The W.V.S. continued to provide this excellent service. During the year 23,085 meals were supplied, an average of 90.18 per day. The cost to the Council was £44 2s. 8d.

OLD PEOPLE'S CLUBS

Tribute must again be paid to the services provided by the two full-time and eight part-time clubs for the elderly. The only addition during the year was a further part-time club at Langney, named St. Richard's. This should provide a valuable addition to the community services at that end of the town.

EASTBOURNE OLD PEOPLE'S WELFARE COUNCIL

Close liaison has been maintained with this body. The tasks which the professional workers see as necessary have been listed and placed before the Committee, including the desirability of a more comprehensive visiting service and home-finder scheme. After dis-

cussion the Committee concluded that there were now not sufficient recruits to voluntary service to enable them to shoulder such additional tasks. It was agreed and understood that the Eastbourne Corporation should be informed of the position in connection with forthcoming annual estimates in order that the provision of extended facilities could be considered as a direct service.

Registration of Homes-Section 37

At the end of the year there were 23 registered homes providing 249 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 59 persons was in care. The majority of the property is now stored at "Swallows Nest"; one attic room is still retained at Avenue House for items that may be required at short notice. The control and supervision of property takes up a considerable amount of officers' time.

Burials

During the year five burials were arranged at a total cost of £121 13s., of which sum £98 2s. 9d. was recovered (80.63 per cent.).

Occupational Therapy and Rehabilitation

Work of the Occupational	Therapi	ist:	Visits
Staveley Court			 39
Trevin Towers			 38
Geriatric Case Confere	ences		 12
Domiciliary Visits			 200
Total number of patient Illustrated talks	nts		 32 (22 new)
inustrated talks			 3

During the year ending 31st December, 1965, there was insufficient time to visit all the patients referred for occupational therapy. It was difficult to cope with people needing purely diversional work, valuable though this is, and more time was spent on urgent cases of rehabilitation, and general advice with the aids to daily living.

Towards the end of the year, plans were made to employ a handicraft instructress to take over some of the purely diversional work in residential establishments, thus enabling more domiciliary work to be done. (This has been achieved at the time of writing this report.)

The Exhibition at the Winter Garden by the Association for the Disabled, was again well supported by the residents of Staveley Court and Trevin Towers—particularly in the "over 85 year old" group. All the entries this year were successful in obtaining certificates.

There is a need for a well-situated Centre in Eastbourne, where at least a weekly meeting could take place. Provision is included in the Council's ten-year plan for such a Centre and it is hoped that this will be achieved within the next few years.

SECTION D

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Notifications

The reported incidence of notifiable infectious disease remained remarkably low, save for an outbreak of measles during the months March to June.

No cases of food poisoning or poliomyelitis were notified.

Notifications of Infectious Diseases (Corrected)

Notifiable Disease	All ages	0-5	5-15	15-45	45-65	65 and over	Unknown
Scarlet Fever	 11	2	8	1	-	_	-
Whooping Cough	 2	1	1	-	-	-	-
Measles	 683	381	285	12	7	-	5
Acute Pneumonia	 1	-	-	-	1	-	-
Erysipelas	 1	-	-	-	=	1	-
Tuberculosis (Respiratory)	 4 5	-	-	2	1	1	-
Puerperal Pyrexia	 5	-	-	5	-	-	-
Totals	 707	384	294	20	2	2	5

Medical Arrangements for Long-Stay Immigrants

In accordance with the Ministry of Health Circular 3/65 dated 4th January, 1965, notification of entry into this country is received from the port of entry Authority of long-stay immigrants who intend to reside in Eastbourne. A contact is then made by a member of this department to explain to the immigrant the benefits which can be obtained under the National Health Service, and to persuade him or her to register with a General Practitioner in order that the doctor may arrange for a chest X-ray examination (if he thinks desirable) with a view to checking on the possibility of tuberculosis.

A special card provided by the Ministry was issued to each immigrant (on which is given details of the Health Service). Many immigrants came from either Spain or Germany, and, as these languages were not included on the card, additional cards were provided by this department on which translations were given in Spanish, German and Chinese.

Details are given below of the notifications received and the number of successful contacts made in 1965, and it will be noted that the Eastbourne Hospitals Group, in co-operation with this department, made their own contacts with immigrants employed by them.

LONG STAY IMMIGRAN	NTS				
Notifications of ar Successful contact	s made by:				208
Public Health	Inspectors				122
Health Visito					25
Eastbourne C	ollege				3
Eastbourne H	lospitals				24
Total contacts made	de in 1965				174
COUNTRY OF ORIGIN					-
Commonwealth Con	untries:				
Carribean					5
India			**		1
Other Asian					
African					3
Other					2 3 7
Non-Commonwealth					,
European	· countries.				171
Other					174
				**	16
Total					208
Notifications of pr	ulmonary tu	berculosis	received	in	
1965 in respec	t of the abov	e		200	Nil

Public Health Laboratory Service

Pathology investigations were carried out on behalf of the department at Public Health Laboratory, Brighton, under the direction of Dr. J. E. Jameson, and by Dr. D. C. Taylor and Dr. J. Surtees, pathologists to the Eastbourne Hospital Management Committee, to whom grateful acknowledgment 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 1964.

Condition	Males	Females	Total
Syphilis	 0 (0)	0 (0)	0 (0)
Gonorrhoea	4 (4)	0 (0)	4 (4)
Other conditions	38 (45)	14 (17)	52 (62)

New Cases, 1956-65

1956	 	30	1961	 	51
1957	 	39	1962	 	52
1958	 	33	1963	 	57
1959	 	30	1964	 	66
1960	 	35	1965	 	56

SECTION E

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply Public Baths

Sewerage and Sewage Disposal 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 ft., feed a well 120 feet deep. The water is pumped to a reservoir on Friston Hill and thence gravitates by a 21 in. 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 1965 was 679 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 ft. and some 700 yds. in total length. This station provided 284 million gallons during the year 1965.

A further quantity of 611 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 ft. During the year

119 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. Eight chemical and 182 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 Odour: Nil

Colour: Nil pH: 7.6

Free Carbon Dioxide: 6

Electric Conductivity: 310

Dissolved Solids dried at 180° C:

Chlorine present as Chloride: 29

Alkalinity as Calcium Carbonate: 125

Hardness: Total 150 Carbonate: 125 Nitrate Nitrogen: 5.6 Nitr

Non-carbonate: 25
Nitrite Nitrogen: absent
Oxygen Absorbed: 0.00
Pacidual Chlorian 0.12

Albuminoid Nitrogen*: 0.00 Metals: Iron, Zinc, Copper, Lead: Absent

Ammoniacal Nitrogen*: 0.01

Residual Chlorine: 0-12

*To convert to Ammonia multiply by 1.21

BACTERIOLOGICAL REPORTS

	ı day	2 days	3 days
	at 37° C.	at 37° C.	at 20° C.
Number of Colonies	0 per ml.	0 per ml.	0 per ml.
developing on Agar	Present in	Absent from	Probable number
Presumptive Coliform Reaction	—ml. —ml. —ml.	100 ml. 100 ml. 100 ml.	0 per 100 ml. 0 per 100 ml.

This sample is clear and bright in appearance, has a reaction on the alkaline side of neutrality and is free from metals. The hardness of the water is very moderate and it contains no excess of mineral or saline constituents in solution. It conforms to the highest standard of organic quality and bacterial purity.

The water is considered pure and wholesome in character and suitable for public supply purpose.

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 29 million and 37 million gallons, with an average weekly consumption throughout the year of 32½ millions. All dwelling-houses in the area of the County Borough, totalling some 21,610 at April, 1965, are supplied direct from public water mains.

SEWERAGE AND SEWAGE DISPOSAL

Disposal is by discharge into the sea after screening, at a remote point on the coast at the easterly end of the Borough. Plans to discharge in deeper water about 2,100 ft. off shore have gone further ahead. Mr. A. Lindfield, formerly Chief Public Health Inspector of the Borough, and now retired, was engaged temporarily to assist in research. Over a period of several months from August to October he was engaged in making observations and taking sea-water samples. His report, supported by the results of the fifty-seven samples submitted to the Director of the Public Health Laboratory at Brighton, confirmed that the more distant discharge is necessary now that more and more people are using the beaches up to less than a quarter of a mile from the outfall, and also having regard to the housing development now taking place in the area.

The scheme for a trunk sewer to connect the proposed fifty-five acre housing development scheme at Langney Mount to Lottbridge Drove has gone a stage further.

Several more houses in the Langney Rise and Friday Street area have been provided with bathrooms and the remainder will be picked up when the main drainage becomes available to them.

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.

The bath is used mainly by schoolchildren and is open from April to October. During the 1965 season seventeen 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			17,697
Private Schools Youth Organisations			171
General Public			1,159
General Public	**	**	11,753
			30,780

The number of users in the previous five years were:

1000	*	2	mere.
1960	 	 	24,586
1961	 	 	29,797
1962	 	 	26,266
1963	 	 	20,959
1964	 	 	31.767

Individual Baths

The number of users were as follows:

Old Town Seaside	 Men 2,562 8,629	Women 1,393 3,501	Children 275 435	O.A.P. 1,265 2,358	Total 5,495 14,943
	11,191	4,894	730	3,623	20,438

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 forty-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—one outdoor, privately owned, and the other an indoor swimming bath at a primary school are in use. Twenty-four 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.

Time is an important commodity and it is necessary occasionally to find out how it has been spent and if anything can be learnt to enable it to be more profitably spent in the future. Looking back over the past year one thinks of the time spent getting rid of "Spanish gypsies" illicitly encamped on the Crumbles, of the time spent in organising research into the handwashing habits of people using public conveniences. Among the individuals who have spent time at the office to explain new ideas, or seeking new ideas, one remembers student nurses, doctors, senior pupils from local schools, a group of backward children with a teacher intent on having her charges to the forefront, and a couple of nuns doing marine biology research.

The preparations for and the actual Conferences of the Royal Society of Health and the Clean Air Society involved all members of staff and one recalls the time spent in discussions, often after normal office hours, following such conferences and following visits by members of staff to a weekend school, to the courses organised by the Institute of Sound and Vibration Research and to courses on radiation.

But in evaluating the time spent, one feels that visible results are more easily observed in the everyday work of the department. In the field of Housing Administration much time was devoted to houses in multi-occupation, the results in two bad cases being amazingly worthwhile. An individual owner of a tenanted house spent four and a half thousand pounds recovering a property deemed not capable of repair at reasonable cost and sparked off new life for an area which was starting to run down. The time spent "talking" improvement grants is now showing visible results in areas of improved housing.

Much time and much discussion has been devoted to "offices and shops". Never have the administrators of a piece of legislation been given so much documented assistance. The close liaison between local and factory inspectorate, fire officer and building inspector has been maintained during this first full working year with pretty successful results. It is obvious that the second round of visits is going to be the more interesting one. More emphasis will be needed in regard to the prevention of accidents. The inspector investigating an accident following the fall of an employee down a stairway with "worn nosings" slipped and fell, fortunately with not too serious result to himself. No time was wasted in talking—expeditious repair followed!

Collaboration during the year with the officers of other sections of the Town Hall and with the Fire Officer and the Police, in the formulation of standard conditions applicable to all premises holding public music and/or dancing except those licensed to sell intoxicating liquor was considered to be time well spent.

The time considered to be most profitably spent was that devoted to discussion with the staff in food premises. After ten years of working the Food Hygiene (General) Regulations, the emphasis is shifting from "premises" to "people". Whilst it has become known that wash-hand basins and hot water are a "must", the proper use of these items has not yet become a habit. Good habits must be learnt when young. We need the help of our planners. A child at school after using the toilet does not wash his hands by habit if he has to cross the playground to reach the wash-hand basin. The time must come, also, when all food handlers, particularly those taking courses in colleges in any way related to food handling, must have an elementary course on hygiene.

The more progressive colleges and catering schools already have such a series of lectures in their course syllabus.

I would express my appreciation to all members of the section for their combined efforts and for time well spent during the year.

General Summary

Visits and inspections made by the Public Health Inspectors in 1965:

For general public health purposes Inspections under the Housing Acts, etc. In connection with food and to food premises Infectious disease control visits and investi-	3,037 970 2,785
gations	99 178 951 897 765
Food animals inspected at slaughterhouse :	9,682 13,057

FOOD HYGIENE REGULATIONS

For a variety of reasons, 3,291 visits or inspections were made at food premises. Every visit was an opportunity to promote good hygiene and this, no doubt, contributed to the good standard which was maintained in the food preparation rooms of the hotels, guest houses and restaurants and in the storage and salesrooms of food shops.

As is usual, the inspectorate co-operated with managements to maintain good standards and, where necessary, raise those that were not considered to comply. This meant verbal warnings, followed up if need be by warning letters. Warning letters were needed to secure hand-washing facilities behind the bars of two public houses which now comply with the regulations.

A proprietor and an employee were fined £10 and £15 respectively in connection with a smoking offence and an itinerant fish vendor was fined £10 for smoking and having no name and address displayed on his stall.

The figures given in the following table with their particular reference to the supply of wash-hand basins and sinks are an indication that after ten years' working of the Regulations the installation of these items has become accepted practice. If there is any difficulty in enforcing these two provisions it is usually found in the small establishment, operating as a guest house for a fairly long season, but reverting to an ordinary domestic dwelling for the rest of the year. The size of the kitchens in these cases is usually a limiting factor and a good deal of common sense and, not infrequently, ingenuity, is required to get satisfactory and sensible compliance.

The following table gives details of food premises subject to the Food Hygiene (General) Regulations, 1960:

	No.	No. fitted to comply with Regulation 16	No. to which Regulation 19 applies	No. fitted to comply with Regulation
Bakers and Bakers' Shops	27	27	26	26
Breweries	1	1	1	1
Butchers	45	45	44	44
Confectioners	71	67	32	32
Dairies	3	3 27	3	3
Fish and Fried Fish	30	27	29	29
Fruiterers and Greengrocers	68	63	41	41
Grocers, Provision and General				
Stores	122	117	115	115
Hotels and Guest Houses, etc.	268	264	268	263
Ice Cream Manufacturers	10	10	10	10
Ice Cream Stores	2	2	2	2
Meat Products Factories	12	12	12	12
Public Houses and Hotels with			1000	
open bars	61	61	61	61
Restaurants, Cafes and Snack				
Bars	131	129	131	131
Residential Homes, etc	38	36	38	38
Schools	40	40	40	40
Slaughterhouse	1	1	1	1
Wholesale Manufacturers	4 2	4 2	4	4
Wholesale Meat Depots	2	2	2	2

In a Borough such as this, where catering is undertaken by not just a few, but over a thousand premises, it is not altogether surprising to find that the most difficult section of the Food Hygiene Regulations to "sell" is Section 25. There is an appalling ignorance on the part of many small caterers about storage temperatures. Education on this subject is time-consuming but worthwhile. We would like to feel that the reduced number of complaints about unsound food is in some measure due to this branch of our work.

122 persons from countries overseas visiting Eastbourne for the first time were contacted and invited to put their names on a doctor's list, and informed as to where they could have a chest X-ray. Quite a proportion of these had come with the idea of working in the hotel industry and all those who were to be associated with food handling were instructed with regard to the Food Hygiene Regulations, and the general practices of this country.

Food Inspection

2,030 routine and 192 special inspections were made at food premises to ensure adequate protection of supplies. In total visits these figures are similar to the previous year, but some increase in number shows on the visits to butchery premises. Several complaints of strong smell from raw meat delivered under contract to schools were quickly traced to an effort by the butcher concerned to increase his hygienic standard. Serving many schools, it was necessary to prepare orders the day before. The meat was placed in individual metal containers and, as protection from flies or contact with any surface during transport, was then covered with a plastic cover, elasticated at the edges to ensure tight fitting. Standing overnight in the "box" so covered, resulted in the concentrated smell. Replacement of the airtight covers by others which allowed air to pass through remedied this problem.

Butchers' shops were visited more frequently than usual, as reported elsewhere, in connection with office and shop administration. It is pleasing to report that this particular trade has been most co-operative with the inspectorate and maintained an excellent standard.

There is an increasing use of frozen food cabinets and the education of owners in their correct use has been continued. The fact that an increasing number of private individuals, following the pattern in America, are having both deep freeze cabinets and refrigerators in their houses is making this subject more of a "talking point" than hitherto and contributing generally to education on their respective usages.

Inspection of freshly slaughtered carcases continued as previously, a one hundred per cent. inspection being maintained. For this purpose, 563 visits were made to inspect 13,057 animals.

558 samples of food were submitted for chemical or bacteriological examination. Slightly less in numbers, but more selective than previously, this formed part of the programme of ensuring that good quality food, well wrapped and correctly described, was available to the public.

The number of complaints that had to be dealt with in connection with unsound food was lower than in previous years with the consequent reduction in the number of special visits.

Three prosecutions were taken during the year. In one instance, a fine of £25 was imposed in connection with the sale of a mouldy orange gateau. In another case, a shopkeeper was fined £10 for selling

chocolate covered peanuts infested with maggots. The third case concerned the sale of a mouldy half-chicken. This particular store, with a tremendous turnover, and an excellent record, had, nevertheless, slipped up and was fined £20.

There were fewer complaints of foreign bodies but an interesting vinegar bottle was brought into the office. It showed a thin strand of glass stretching across the inside of the bottle from side to side. It has been thus manufactured and presented no detriment to the vinegar but a slight jar on a hard surface, however, would have resulted in minute fragments of glass being deposited therein.

Slaughtering and Inspection of Food Animals

PREMISES

An overall drop in throughput at the single slaughterhouse in the Borough of something like 30 per cent. resulted in a reduction of slaughterhouse staff. It has been significantly more difficult to maintain a good standard of hygiene.

Inspection

Despite the considerable reduction of the "kill" figures, it was necessary, in order to maintain one hundred per cent. inspection, to make more visits than in the previous year.

The slaughter of cattle excluding cows is down again by 25 per cent., the slaughter of cows down by 60 per cent., calves down by 40 per cent., sheep down by 40 per cent., and pigs down by 3 per cent. The fall in output is still attributed to the high cost of live cattle, particularly beef and to the continuing high proportion of live animals being exported to the Continent.

Although the "kill" figures, as pointed out last year, are not big enough to be of great significance, it must be noted that with cattle in particular, the percentage of animals affected with disease of some kind continues to rise slightly.

Carcases and Offal Inspected and Condemned in Whole or in Part

	Cattle excluding Cows	Corvs	Calves	Sheep and Lambs	Pigs	Horse:
Number killed	1,534 (2,030)	35 (92)	768 (1,866)	4,590 (7,637)	6,130 (6,335)	(-)
Number inspected	1,534	35	768	4,590	6,130	-
All diseases except Tubercu- losis: Whole carcases condemned	_	1	8	7	12	-
Carcases of which some part or organ was condemned	692	17	14	545	632	-
Percentage of the number inspected affected with disease other than tuber-culosis and cysticerci	45.1	51.4	2-9	12.0	10-5	_
Tuberculosis only: Whole carcases condemned	-	_	_	_	-	_
Carcases of which some part or organ was condemned	_	-	-	_	24	-
Percentage of the number inspected affected with tuberculosis	-	-	-	_	0.4	_
Cysticercosis: Carcases of which some part or organ was condemned	5	-	_			
Carcases submitted to treat- ment by refrigeration	5	-	-			
Generalised and totally condemned	_	_	-			

Food Premises

Visits and inspections made to food premises were as follows:

 TO TOTAL
 188
 105
 147
 60
 251
 51
 87
 55
 378
 656

Slaughterhouses			 563
Food samples taken			 558
In connection with ur	nsound f	ood	 192

The following premises were 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:

Butchers' Shops	 	27
Grocers' and Provision Stores	 	11
Fried Fish Shops	 	9

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 untreated 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)	 	 3
Distributors (persons)	 	 94

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

(ii) Licences granted to use the special designations indicated:

T. Docto	N/III-						1
	urise Milk			12	**		1
Dealers'	Licences	to	use	the	design	ation	
"Pas	steurised"						91
Dealers'	Licences	to	use	the	design	ation	
	rilised"						25
Dealers'	Licences	to	use	the	design	ation	
	treated"						5

(b) Sampling of Milk

Milk is sampled and examined broadly for four 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, and a certain number of samples are now subjected to the Penicillin Test.

Samples taken, with the results of analysis or examination, were as follows:

(i) Chemical Analysis:

Nine samples were submitted for analysis. The results indicated that the local milk supply was of a good quality. The average fat and non-fat solids was 3.75 per cent. and 8.75 per cent. compared with the prescribed standard of 3.0 and 8.5 per cent.

(ii) Bacteriological Examination:

Class of Milk	No. of Samples	Appropriate Tests	Number o	f Samples
	Tested	Appropriate Tests	Passed	Failed
Pasteurised and Tuber- culin Tested (Pasteurised)	77	Phosphatase Methylene Blue	75 77	2 -
Untreated Sterilised	18 17	Methylene Blue Turbidity Test	18 17	-

Two samples failed the Phosphatase test; the dairy was visited and recording charts examined and found to be in order. Samples taken the following day were satisfactory.

(iii) Examination 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 farm-bottled milk were again taken on a rota system. Thirty-three samples were taken during the year and were tested also for *Brucella abortus*. In two cases the guinea pigs inoculated with the samples died within seven days. M. tuberculosis was not found in the remaining 31 samples. In one case, *Brucella abortus* was isolated and the Divisional Veterinary Officer was notified.

(iv) Penicillin Test

Seventy-eight samples were subjected to the Penicillin Test, all of which were found to be satisfactory.

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:

(b) Manufacture and retail sale 10	1
)
(c) For the sale of ice cream 157	7
(d) For storage of ice cream for the purpose	

Of the 252 visits and inspections made to these premises, 105 were to manufacturers' premises and 147 to retailers.

(b) BACTERIOLOGICAL EXAMINATION

For examination by the Methylene Blue test 206 samples were submitted. 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 206 samples examined, 83 per cent. were in Grades 1 and 2, 55.5 per cent. being in Grade 1.

Grade			1	Number
1	**	 		$115 \\ 56 $ 171
2		 		56
3		 		10 35
4		 		25 5

Fourteen of the samples were of soft ice cream, 12 being in Grade 1 and 2 being Grade 4. The two Grade 4 samples subsequently became Grade 1 on resampling.

Unfit Food

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

the vendors on being found	to be	unnt for numan consumpti	OH	
Baby Food (cans)	1	Lemon Pie Filling (pkts.)		3
Bacon (lbs.)	281	Meat and Offal (lbs.)		2,1073
Biscuits (pkts.)	16	Meat (cans up to 4 lbs.)		265
Cereals (pkts.)	4	Meat (cans over 4 lbs.)		37
Cheese (pkts.)	E .			107
Chocolate covered peanuts(lbs.)				5
Christmas Pudding (cans)	1	Mincemeat (lbs.)		1
Coca Cola (botts.)	1	Nescafe (jars)		2
Coconut (pkts.)	1	Nuts (jars)		1
Continental Liver Sausages	2	Paste, meat and fish (jars)		13
Cordials (botts.)	1	Poultry (jars)		2
Cream (cans)	6	Poultry (lbs.)		956
0 (-11-)	1	Rabbits (lbs.)		30
	54	Rice (lbs.)		7
	2	Rum Truffles		82
Custard Powder (cans)	881	Sauce and pickles (botts.)		4
Eggs, frozen (lbs.)	99	Sausages (cans)		7
Fish (stones)	197	Scallops (doz.)		4
Fish (cans)	3			28
Flour (lbs.)				2
Frozen Food (pkts)	298	Soup (pkts.)		4
Fruit (lbs.)	1 706	Steak and Kidney Pies		1
	1,786	Tea Cake Mix (pkts.)		2
Ginger Beer Shandy (cans)	1 000	Treacle (lbs.)		667
	1,0271	Vegetables (cans)	< 1	667
Jam and Marmalade (lbs.)	17			

In connection with the above unsound food 192 inspections were made.

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.

The special visits by inspection to issue a "ticket" and arrange for the disposal of surrendered food were again used as an opportunity to talk to shopkeepers about stock rotation and "shelf life". An increasing number of smaller shopkeepers appear to be adopting their own coding systems.

Sampling of Food and Drugs

We were most grateful for the two most excellent half-yearly reports and reviews of sampling received from the Public Analyst and for the close liaison with his office. It is hoped to work closer with the Analyst and surrounding Authorities in order to avoid overlap and get a greater sampling coverage.

Eight formal and 145 informal samples were submitted to the Public Analyst, of which 14 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 retailer and necessary action taken.

- IRISH STEW—The sample contained 33 per cent. of meat, whereas canned Irish Stew of ordinary commercial quality contains at least 45 per cent. of meat.
- LIVER PLUS TABLETS—44 per cent. deficient in Vitamin B12 compared with the amount stated to be present.
- CREAMED RICE MILK PUDDING—The milk-fat content of the article, namely 2.4 per cent., was low.
- Pork Sausages—The sample consisted of preserved pork sausages containing 320 parts per million by weight of sulphur dioxide. No declaration made by retailer.
- SLIMMING FOOD—The label of the article failed to comply with Regulation 23 of the Bread and Flour Regulations, 1963.
- Wheaten Crackers—The labelling of this article was unsatisfactory and misleading in regard to a claim made that it was "For Slimming" and it failed to comply with Regulation 23 of the Bread and Flour Regulations, 1963. Also, the food was not made with whole grain flour as was implied on the label.
- AMINOPHYLLINE TABLETS, B.O. 100 mg.—The tablets were coated, whereas Aminophylline tablets B.P. are not; they failed to comply with the B.P. identification tests for this subatance and the tablets failed on the B.P. assay for aminophylline.
- IRISH STEW—The meat content of this article was very poor and the label did not comply with the requirements of the Labelling of Food Order, 1953.
- Dried Leek Soup—The article was not of the quality expected by a purchaser in that it contained several very hard and sharp pieces of leek fibrous tissue several of which almost had the appearance of thick fish bones.

- Steak and Kidney Pie—The pie was unfit for human consumption. It was in an extremely mouldy condition. Extensive areas of mould of the Penicillium cyclopium and minor growths of Mucor racemosus were present inside and outside the pie.
- BEEF STEAK WITH GRAVY—The quality of the meat was most unsatisfactory. Approximately a quarter of the meat content was in the form of fatty tissue, skin and gristle.
- MINCED BEEF WITH ONION AND GRAVY (2 samples)—Grossly deficient in meat. The samples contained only 38 and 40 per cent. instead of a reasonable minimum of 60 per cent.
- WITCH HAZEL B.P.—Witch Hazel is no longer included in the British Pharmacopoeia.

Action Taken in Respect of Other Unsatisfactory Food

Orange Gateau Sold in Mouldy Condition—Manufacturers fined £25.

MOULDY COOKED HALF-CHICKEN—Vendors fined £20.

CHOCOLATE COVERED PEANUTS INFESTED WITH MAGGOTS—Vendor fined £10.

Bacteriological Sampling

Nineteen samples of cream and cream products from local factories were taken for examination and were returned as satisfactory.

Liquid Egg (Pasteurisation) Regulations, 1963

There was no pasteurisation plants in the area and no samples have been taken.

Merchandise Marks Act, 1926, and Merchandise Marks (Imported Goods) Orders

In the course of their duties in food shops and other such premises the Public Health Inspectors again administered the provisions of the above Act. Particular attention was again necessary in regard to apples, cucumbers and tomatoes. As a result of the prepacking of imported meat one or two warnings were necessary. All shopkeepers were advised and warned if the labelling was improper or inadequate. Judging by some shopkeepers we still have a much larger "Empire" than is commonly recognised.

HOUSING

Housing matters this year consumed more time than hitherto. A score or so houses were dealt with as "individually unfit". In some instances where the occupants have been rehoused the ownership has changed hands with the Closing Order still operative and the new owner has submitted quite costly schemes for recovery or conversion.

One Clearance Area was represented during the year, covering some 45 individuals in 16 properties.

There is still a demand for new bathrooms with a slight increase in demand for showerbaths. The work of providing some of these by Improvement Grants continued.

A lot of property continues to change hands. The Inspectors have answered questions concerning the expectation of life and outstanding repair notices in the case of 2,283 houses. In this connection, also, 75 special visits were made.

An increasing number of houses are being found which are in multi-occupation and require to be brought up to standard. A number have been dealt with during the year and one in particular created many problems. It was a building which had been used as a private hotel, but which was currently being used as a house in multiple occupation, frequented by casual workers, vagrants and rootless individuals. The condition of the property was appalling. There were 29 bedrooms available for use. There were only two w.c.s within the building and one of these was out of order. The wash-hand basins in many rooms were broken and fouled. There was a great quantity of litter and junk heaped in rooms and corriders, creating a fire risk, quite apart from the public health consideration.

One of the basic points was whether this property was a "house" within the meaning of the Housing Acts, as it had been used as a private hotel, at least until 1962 when the lessee had been convicted of offences under the Food Hygiene (General) Regulations, 1960. The Magistrates disqualified the lessee from using the premises as catering premises for two years. The lessee continued to let rooms, but without facilities for the storage, preparation or cooking of food. It is now settled that a tenement is a house within the meaning of the Acts (Quilotex Co. Ltd. v. Minister of Housing and Local Government (1965) 2 All E. R.913) and it seems that a private hotel, or even an inn, can be a "house" if used primarily for residential purposes. The Council decided that a control order should be made.

Once the order was operative it was felt that it was not practicable to try to exercise control over such a property from the office of the Town Clerk, Borough Surveyor or Chief Public Health Inspector. The local authority therefore put in a manager to "maintain proper standards of management in the house" and to take the necessary action to remedy those matters which required action under Part II of the Housing Act, 1961.

The control order was made on the whole house and within eight weeks a scheme was prepared under Section 88 of the 1964 Act.

The appeal by the dispossessed proprietor against the scheme having been heard (his appeal against the control order having been withdrawn) some small adjustments were made. At the County Court hearing, which lasted several days, the Judge approved the Council's policy designed to encourage long-term letting of rooms in the house and at the same time approved the level of rents proposed by the Council.

At the end of the year, after several thousands of pounds worth of work had been done, the property showed signs of recovery.

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

Dwelling Houses (Hou	sing Act)	 146
Dwelling Houses (Pub	lic Healt	h Act)	 112
Improvement Grants			 364
Revisits			 325

Housing Report

The following is the total of the quarterly reports submitted to the Ministry of Housing and Local Government as to action taken in 1965:

A.	Houses Demolished During the Year	
	In or adjoining Clearance Areas declared under Section 42	
	of the Housing Act, 1957	Nil
	Not in or adjoining Clearance Areas	Nil
В.	UNFIT HOUSES CLOSED DURING THE YEAR IN PURSUANCE	OF
	Closing Orders or Undertakings:	
	Under Sections 16 (4), 17 (1) and 35 (1) Housing Act, 1957,	10
	and Section 26, Housing Act, 1961	18
	Number of separate dwellings contained therein	20
	Under Sections 17 (3) and 26, Housing Act, 1957	Nil
	Parts of Buildings closed under Section 18, Housing Act,	NUL
	1957	Nil
C.	Number of Persons Displaced During the Year:	
	From houses to be demolished in or adjoining clearance	
	areas	Nil
	From houses to be demolished not in or adjoining clearance	
	areas	38
	From houses to be closed	33
	From parts of buildings to be closed	Nil
D.	Number of Families Displaced During the Year:	
	From houses to be demolished in or adjoining clearance	
		Nil
	From houses to be demolished not in or adjoining clearance	
	areas	12
	From houses to be closed	7
	From parts of buildings to be closed	Nil
E.	Unfit Houses Made Fit:	
	After informal action by local authority by owner	42
	After formal notice under Sections 9 and 16, Housing Act,	3711
	1957, by owner	Nil
	by local authority	Nil

	After formal notice under Public Health Acts After modification or revocation of a clearance order under	6
	After determination of a demolition order under Section 24	Nil
	Housing Act, 1957 After determination of a closing order under Section 27,	Nil
	Housing Act, 1961	Nil
F.	Houses in which Defects were Remedied (other than unfit houses made fit) after formal notice under Public Health Acts	2
G.	Unfit Houses in Temporary Use (Housing Act, 1957) Retained for temporary accommodation under Section 48: Number of houses Number of separate dwellings contained therein	1 1
H.	PURCHASE OF HOUSES BY AGREEMENT:	
	Houses in clearance areas other than those included in confirmed orders or compulsory purchase orders	Nil

Improvement Grants

97 applications for Standard Grants were received, of which two were rejected, one because the work had already been commenced and the other because the house was one the Council might wish to acquire for other development purposes. There were 11 applications for Discretionary Grants, 10 in respect of alterations and additions to house the Standard Grant facilities where this could not be done within the maximum sum for these grants, and one for conversion into two self-contained flats. All were approved.

In all, 141 plans for bathrooms and hot water were approved under bye-law provision. As will be seen from this some owners prefer not to accept the grant.

Some propaganda work was done with owners who owned more than one property and next year should show some increase in numbers.

The following table gives details of improvement grants dealt with during the year:

A. STANDARD GRANTS

	Own	er/Occupiers	Tenanted
Number of applications received		60	37
Number of applications approved		58	37
Number of applications refused		2	_
Number of dwellings improved		53	36
Amount paid in grants		€,10,53	32
Average grant per house		£1:	18

Amenities provided:	(a) (b)	Fixed bath or shower Wash-hand basin		85 82
	(c)	Hot water supply		88
	(d)	Water closet		45
	(e)	Food store		43

B. DISCRETIONARY GRANTS

	Owne	r/Occupiers	Tenanted
Number of applications received		8	3
Number of applications approved		8	3
Number of applications refused		-	-
Number of dwellings improved		8	15
Amount paid in grants		£6,6	
Average grant per house		£2	87

Rent Act, 1957—Certificates of Disrepair

No applications for Certificates of Disrepair were received during the year. One landlord twice during the year made application for the cancellation of Certificates of Disrepair in respect of two of his properties, but on both occasions the tenants objected and cancellation of the Certificates was refused as the works had not been satisfactorily completed.

GENERAL INSPECTIONS FOR PUBLIC HEALTH PURPOSES

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

c purposes were.		
Complaints investigated		502
Schools		58
Camping Sites and Moveable Dwell	ings	101
Places of Public Entertainment		11
Public Baths		180
Drainage and Plumbing Works		1,086
Land Charges Enquiries		75
Stables and Piggeries		40
Smoke Observations and SO2 record	dings	951
Factories		209
Workplaces		15
Outworkers' Premises		19
Offices, Shops and Railway Premise	s Act	897
Departmental Properties		144
Revisits		597
Infectious Disease Investigations		99
Miscellaneous Visits		765
114100011111111111111111111111111111111		

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	17—To	remed	ly stopped	up	drains	2
Section	39-To	carry	out works	to	drainage	1
			nuisances			15

In most cases the work required was carried out by the persons on whom the notices were served, or were in progress at the end of the year, but in two cases it was necessary to apply to the Justices for Nuisance Orders, as the work required had not been carried out.

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 remaining at 324 vans on seven sites. All these sites comply with the requirements of the Act.

Rag Flock and Other Filling Materials Act, 1951

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

One sample of "Curled hair" was submitted for analysis and returned as satisfactory.

Pet Animals Act, 1951

Seven applications for licences to keep pet shops were received, all of which were granted.

Animal Boarding Establishments Act, 1963

One application for a licence to keep an animal boarding establishment was received during the year and a licence granted.

Riding Establishments Act, 1964

Three applications were received for licences to keep riding establishments, all of which were granted.

Fertilisers and Feeding Stuffs Act, 1926

Two samples of feeding stuffs were taken during the year, both of which were satisfactory.

Clean Air Act, 1956

Under Section 10 of the Act plans were received and approval given for the erection of eight chimneys at eight premises. Close collaboration was again maintained with the Borough Surveyor's Department.

The trend in the Borough continues towards the use of gas or low viscosity oil. There is also a much increased use of "off peak" storage heaters.

Very early in the year we again had a couple of complaints concerning grit from the Electricity Power Station but the installation of an oil booster did something towards mitigating this nuisance. The only other complaint *re* grit emission was associated with flue cleaning at a local hospital.

The Clean Air Society held their annual conference here and in connection with their exhibition some 362 children submitted posters for a competition. Some useful propaganda work was done prior to this by members of staff and school teachers from schools all over the county.

National Survey of Air Pollution

Two members of staff associated with the maintenance of the three stations where smoke and SO₂ machines are installed, are also Borough Meteorologists. Since our record of hours of sunshine is high they have a particular interest in keeping smoke to a minimum. Observance of the Borough from a height clearly indicates the domestic fire as the chief contaminant.

Noise Abatement Act, 1960

Only a small number of complaints were received. A twenty-storey block of flats with an electric crane on the top was nearly completed before we had a complaint about the noise of the crane. It only happened once and it transpired it had been necessary to work on a Sunday.

The noise of "music" from a coffee bar was reduced in volume by the heavy shuttering and curtaining of windows and the installation of mechanical ventilation.

Perhaps with this aspect of our work there is more need than elsewhere for a lot of patience and the ability to pour "oil on troubled waters".

Offices, Shops and Railway Premises Act, 1963

At the end of the year, 958 premises were registered of which 629 had received a general inspection.

As formerly, close co-operation continued with the Chief Fire Officer and his staff, with H.M. Factories Inspectorate and the Ministry of Labour. The Borough Engineer's Building Inspectors when sending copies of new plans for perusal were quick to notify any apparent discrepancies. The recording and filing system set up last year ran smoothly and efficiently.

Emphasis was placed this year on general inspection of premises, more particularly those not normally visited so often. The 375 general inspections include most of the largest offices and shops in the Borough. About two-thirds of the total number of registered premises have now had a general inspection. As the figures show, many of those shown as not having had a general inspection are catering premises or wholesale warehouses associated with food premises. All food premises are visited frequently under the Food Hygiene (General) Regulations and the standards are pretty high. These premises have been left towards the last for record purposes and although having been visited the visits have not specifically been recorded as under the Offices, Shops and Railway Premises Act.

The 537 contraventions were recorded on the 188 notices served during the year. It should be pointed out, however, that on the initial inspection, in many cases the occupier of the premises, being without first aid equipment or thermometer sent for these and had them installed whilst the Inspector was present. It is pleasing to report that the co-operation of applicants for registration has been very good. The breakdown of the figures in connection with contraventions is given below. In no case was any great difficulty encountered in securing compliance with the Act. Indeed, many of the contraventions were speedily remedied as will be indicated in next year's table when all premises will have been revisited.

After 18 months' working of the Act there would appear to be three items worthy of special note:

(1) ACCIDENTS

Nearly all the reported accidents are from National firms with a good administrative procedure. It is obvious that only a small percentage of all accidents are notified. Locally this will be dealt with by a circular and by word of mouth when revisits are made. It is, however, a matter which could benefit by some national publicity. Although reported accidents are small in number it shows that people are more accident prone in shops than offices and that falls, in varying ways, are a major contributory cause.

(2) Guarding of Machinery

One accident, in which a boy of 12, employed at a butcher's shop, lost a hand in a meat-mincing machine, was brought to our attention by H.M. Factory Inspectorate who had been notified by the police. Official notification under Section 48 was not received until considerably later. Prosecutions are pending under Section 48 for late notification and under Section 17 (1) in connection with unguarded machinery. What was discovered on investigation of the circumstances made it imperative to examine all similar machines as quickly as possible. Regardless as to whether a full general inspection was possible, all Inspectors concentrated on quickly seeing all known machinery and advising owners of same with regard to keeping it properly guarded at all times. For Public Health Inspectors this was new ground and all staff had to make themselves knowledgeable on this subject. It is already obvious that there is room for education of all individuals using dangerous machines, particularly food machines which require cleansing. With regard to the particular accident referred to above the boy was able to get his hand in a dangerous position because firstly a guard provided by the manufacturers was not being used and, secondly, the starting/stopping switch which he had switched off was badly sited and was switched on by being caught in his clothing.

(3) LIGHTING

In only eleven instances during the year was it necessary to draw attention to inadequate lighting. In some instances this was associated with lack of cleanliness. The cleaning of windows and the replacement of electric light bulbs of higher wattage soon remedied this.

The general impression was that in both offices and shops lighting standards were reasonably good. Natural lighting standards were, perhaps, better in smaller buildings rather than large ones. This applied equally to offices and shops and generally speaking the larger the building the longer it was necessary to use artificial light. Lights in corridors and passages were found usually to be hung fairly high (less bulbs reported missing) with the resultant somewhat lower meter reading. Similarly, a bulb set high in the ceiling of a washplace cast its light above the doors of the w.c. compartments, leaving no incentive to sit and read the small print.

Speaking in general terms the few instances where lighting was considered unsatisfactory were not associated with any particular class of premises and so far no specific standards have been suggested to existing occupiers. Advice was, however, given on the positioning of lights, particularly in offices to enable light to be thrown on to the working surface rather than into the eyes.

There were no instances of excessive glare reported and a common sense attitude to the number, position and size (wattage) of lights in rooms was adopted.

In large businesses where strip lighting was found in the sales area it had usually been carried out throughout the entire building. In smaller shops there was some disparity. Chemists shops had poorer light in sales areas than in stockrooms and pharmacy.

As requested in Local Authority Circular No. 9 (Supplement No. 1) during the month of November light meter readings were taken during the general inspection in twenty-eight offices and six shop premises. The details are as below, measured in lumens per square foot at working surfaces:

	Offices	Shops
(a) less than 5	 1	-
(b) more than 5 but less than 10	 2	-
(c) more than 10 but less than 15	 5	2
(d) more than 15 but less than 25	17	4
(e) more than 25	 3	-

The following is the return submitted to the Ministry of Labour under Section 60 of the Act in respect of the period 1st January, 1965, to 31st December, 1965:

TABLE A—REGISTRATIONS AND GENERAL INSPECTIONS

Class of premises	Number of premises registered during the year	Total number of registered premises at end of year	Number of premises receiving a general inspection during the year
Offices	21	268	116
Retail shops	30	549	241
Wholesale shops, warehouses Catering establishments open to	3	34	1
the public, canteens	6	105	17
Fuel storage depots	-	2	-
Totals	60	958	375

TABLE B

Number of visits of all kinds by Inspectors to registered premises 897

TABLE C—Analysis of Persons Employed in Registered Premises by Workplace

Class of W	orkplan	ce		Number of persons employed
Offices Retail shops Wholesale department Catering establishmen Canteens Fuel storage depots	s, ware	chouses n to the p	oublic	3,103 3,284 556 1,315 58 2
TOTAL				8,318
Total Males Total Females				3,872 4,446

TABLE D—EXEMPTIONS—Nil.

TABLE E-PROSECUTIONS-Nil.

TABLE F-INSPECTORS

Number				under	
Section	52 (1) or (5) of the	Act		7
Number o	f other sta	aff emplo	yed for m	ost of	
their tin	ne on wor	k in conr	nection wit	th the	
Act					Nil

Analysis of Contraventions Found

	Section			Number of Contraventions found
Section	4—Cleanliness			18
,,	5—Overcrowding			.5
,,	6—Heating			11
"	Provision of The	rmome	ter	131
	7—Ventilation			6
"	D Y 1 4 . 1			11
,,	9—Sanitary Conven	iences		78
,,	10-Washing Facilitie			103
,,	11—Drinking Water			7
	12-Provision for out		thing	2 56
"	16—Floors, passages			56
***	17—Dangerous mach	inery		4
,,	24-Provision of Firs		quip-	
,,	ment			105
	Тот	AT.		537

REPORTED ACCIDENTS

	NT L	Total	Acti	No		
Workplace	Number reported	investi-	Prose- cution	Formal warning	Informal advice	
Offices	2	2	_	-	-	2
Retail shops	11	10	1	-	1	9
Wholesale shops, warehouses Catering establishments	1	1	-	-	-	1
open to public, canteens	1	1	-	-	-	1
TOTALS	15	14	1	-	1	13

Analysis of Reported Accidents

	(Offices	Retail shops	Wholesale warehouses	Catering establishments open to public, canteens
Machinery		-	2	-	-
Falls of persons	ainat	1	4	1	-
Stepping on or striking ag object or person	ainst	_	1	_	-
Handling goods		-	2 2	-	1
Struck by falling object		-	2	-	-
Not otherwise specified		1	-	-	-

FACTORIES ACT, 1961

1. Inspections for Purposes of Provisions as to Health

		Number	Number of				
	Premises	on Register	Inspections	Written Notices	Occupiers Prosecuted		
(i)	Factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority	45	53	1	_		
(ii)	Factories not included in (i) in which Section 7 is enforced by the Local Authority	236	108	4	_		
(iii)	Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	82	48	1	-		
_	TOTAL	363	209	6	_		

2. Cases in which Defects were Found

	Num	Number of cases in which			
	Found Remedied		Refer	prosecu-	
Particulars			To H.M.	By H.M. Inspector	tions were instituted or
Want of cleanliness (S.1)	2	2	-	-	-
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	5	5	_	-	-
(b) Unsuitable or defective	5	5	-	_	-
(c) Not separate for sexes	1	1	_	_	_
Other offences against the Act (not including offences relating to outwork)	1	1	1	-	_
Total	15	15	1	-	-

Part VIII of the Act-Outwork

SECTIONS 133 AND 134

				Section 133				
Class of Work	No. of Out- workers in August list required by Section 133	No. of cases of default in sending list to the Council	No. of prosecutions for failure to supply lists					
Wearing apparel		26		_				
Lace, lace curtains and nets Curtains and furniture hangings		16	-	-				
Furniture and upholstery		5	-	-				
Scooter and moped accessories		4	-	-				
TOTAL		51	-	-				

SECTION 134

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

RODENT CONTROL

(a) Surface Control

The number of individual complaints was again lower and the Rodent Operative was able to give time to a goodly number of block control schemes.

The few agricultural areas within the Borough are mostly under private contract and there were no official complaints.

A tabulated summary of the work follows:

		Type of Property					
	Local Authority	Dwelling Houses	All other (including business premises) (3)	Total of Cols. (1) (2) and (3) (4)	Agri- cultural		
I. Number of properties inspected as a result of complaint	7	180	42	229	-		
Number of such properties found to to be infested by: Rats (a) Minor (b) Major	3 1	128	21	152	-		
Mice (a) Minor (b) Major	3_	47 2	15 2	65 4	_		
II. Number of properties inspected in the course of survey under the Act	_	475	_	475	_		
Number of such properties found to be infested by: Rats (a) Minor (b) Major	<u></u>	56		56 1			
Mice (a) Minor (b) Major	_	3 -	_	3 -	-		
II. Treated by Operators	8	239	42	289	-		
IV. Visits for all purposes	88	3,094	462	3,644	-		

Number of block control schemes carried out—32.

(b) Sewer Baiting

Despite labour difficulties the Borough Surveyor was again able to help us in connection with sewer treatment. We are most grateful for this and ten per cent. of sewer manholes were treated twice during the year. The number of complete "takes" continues to fall and since the systemis obviously successful we have continued as formerly with oatmeal and Warfarin.

Wasps' Nests

Owing to pressure of work it was impossible with something over 100 complaints concerning wasps to do more than advise in many cases and give the addresses of private firms who could offer a service. However, in thirty-one cases wasps' nests were destroyed by the Rodent Operative.

Verminous Premises

The elimination of cockroaches was undertaken by private firms and a number of complainants were advised accordingly. Quite a few catering firms are under contract. One case of bugs and nine cases of fleas were dealt with by spraying or fumigation.

Pigeons

The revolting signs of the pigeon population "explosion" are as visible in Eastbourne as elsewhere. Complainants clamouring for action by the local authority are matched in numbers by bird-lovers with the equally firm command "Hands off!" In all fairness, many bird-lovers are only afraid that action against pigeons might affect other birds. The action anticipated for the Spring is designed to reduce the number in such a way as to satisfy both sides.

Bacteriological Sampling other than for Food

The employment of a Technical Assistant allowed of some increase in activities in this sphere. Twenty-four samples of mains supply drinking water were submitted and returned as satisfactory. Eighty-five samples of swimming bath water were taken from public baths, a hotel pool and a school bath.

My predecessor, Mr. A. Lindfield, temporarily employed for the purpose, was responsible for the taking of 57 sea water samples and the submission of reports in connection therewith. This work was done in connection with the proposals for a new 2,000 feet extension to the sewer outfall.

SECTION F

MISCELLANEOUS

Nursing Homes Nursing Agencies Nurseries and Child Minders Children Act, 1948 Staff Medical Examinations Midwives Act, 1951 Cremation 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, and the Conduct of Nursing Homes Regulations 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, has considerable powers of supervision to ensure that Nursing Homes meet and maintain the required standards.

At the end of the year eighteen Nursing Homes were registered, providing a total of 301 beds. There was one new registration during the year, and one cancellation of registration.

NURSES AGENCIES ACT, 1957

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

NURSERIES AND CHILD MINDERS' REGULATION ACT, 1948

Eight premises 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 are registered under this Act. Four new registrations provide for the care of up to 113 children.

At the end of the year six persons remained registered as Child Minders providing for fifty-three children.

There are many unregistered minders taking one or two children daily. The increase in registrations is largely due to the inclusion of premises recognised as private schools, but from which recognition has been withdrawn or not granted in respect of children under 5 years.

CHILDREN ACT, 1948

The Medical staff of the Department were responsible for the statutory 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	of Medical	Examinations	made:
-----------	------------	--------------	-------

Sick I	ay			 65
Super	annuation			 18
				83
Number o	f Medical Sta	tements so	crutinised	 457

In addition to the above, thirty-nine examinations were carried out on candidates for admission to training colleges. There were also twelve sessions at Chelsea Training College and three at Eastbourne College of Education 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-four midwives notified their intention to practise of whom four were in the Council's Domiciliary Midwifery Service, and thirty employed in the Hospital Service.

THE EASTBOURNE CREMATORIUM DUTIES AS MEDICAL REFEREE

As Medical Referee to the Eastbourne Crematorium, a growing number of applications and medical certificates require scrutiny and not infrequently follow-up enquiries before the appropriate authority to cremate is issued. The following are statistics of certificates signed since the Crematorium opened in 1960:

1960	 * *	872	1963	 	1,459
1961	 	1,078	1964	 	1,404
1962	 	1,295	1965	 	1,542

The arrangements continued to work smoothly and I would acknowledge the co-operation received from the Superintendent, Mr. F. Haslam, the medical practitioners completing forms B and C, the consultant pathologists and the undertakers. I am also grateful to the coroners for being willing to complete the causes of death, where known, on the reverse side of the new yellow Coroner's Certificates. The omission of statutory provision for this in the revised procedure is a definite handicap to the Referee and should be officially remedied.

The statutory forms A, B and C appear to date from a period when medical practitioners undertook post-mortems on their own cases and somewhat before the invention of the telephone. Question 8 for instance relating to the examination of the body after death almost invariably elicits details of the methods used to ensure that life was extinct, whereas what the Referee requires to know is that such sufficient examination was made to exclude death from unnatural causes.

The forms are urgently in need of revision and it is to be hoped that they will include provision for the inclusion of details of any relevant hospital or other investigations undertaken during the last illness.

METEOROLOGY

Borough Meteorologist: W. L. PECK

The year 1965 was a disappointing one, particularly during the summer months. From May to September all months had above average rainfall, below average temperatures and all except August, below average sunshine.

January was predominantly wet and mild with rainfall occurring on twenty-three days of the month and West and North West winds prevailing. By contrast February was cold and dry with only 0.37 inches of rain being recorded during the month. Dry and cold conditions prevailed during the first ten days of March followed by ten days of wet and overcast conditions, but the last ten days of the month were sunny and dry.

April was on the whole rather dull with sunshine below average, although rainfall was also below average. These dull conditions continued throughout May with the exception of a sunny and dry spell during the second week of the month. June was another month with below average sunshine and temperatures, and above average rainfall, and these conditions were not helped by strong winds for the latter half of the month. July proved to be the most disappointing of the summer months, sunshine and temperatures being well below average and rainfall considerably above average, whilst strong westerly winds

throughout the month added to the depressing conditions prevailing during the month. August was the one summer month when sunshine hours recorded was above average though only slightly, but again rainfall was above average and temperatures below average. The first half of the month was mainly dry and sunny but in the latter half of the month there was a repetition of the mainly dull and windy conditions experienced in July and these continued in the main throughout September.

October was sunny and mild and the driest on record, only 0.56 inches of rain being recorded, the average for the month being 3.83 inches.

November was mild and sunny during the first half of the month, but wet with strong to gale force winds during the latter half. December was generally mild but wet, 5.52 inches of rain being recorded approximately 2 inches above the average, for the month.

Summary of Observations

Summary of Observa	ations			
AIR PRESSURE (MEAN	SEA LEVE	L)		
Daily average:				
9 a.m.				 29.980 inches
9 p.m.				 29.974 ,,
AIR TEMPERATURE				
Daily Average:				
Maximum				 54.8 degrees
Minimum				 45.1 ,,
Combined				 49.9 ,,
Range				 9.7 ,,
At 9 a.m.				 50.3 ,,
At 9 p.m.	17.1 A			 49·4 ,, 72·0 .,
Warmest day:			A	 62.0 ,,
Warmest nigh				34.0 ,,
Coldest day:				 21.0
Coldest night	. Stu Iviai	CII		 21.0 ,,
SUNSHINE				
Total				 1735.6 hours
Daily Average	:		420	4.75 ,,
RAINFALL				
Total				 33.89 inches
"Rain" Days				 168
HUMIDITY				
Daily Average:				
9 a.m.				 82 per cent.
9 p.m.				 84 ,,

WINDS

Percentage of 9 a.m., 6 p.m. and 9 p.m. observations:

Direction				Percentage
N.			 	15.07
N.E.			 	5.21
E.			 	8.58
S.E.			 	7.22
S.			 	7.03
S.W.			 	7.95
W.			 	33.15
N.W.			 	13.15
Calm			 	2.64
Prevailing Winds			 	West
Snow and Sleet re			 	12 days
Thunderstorms re		n	 	8 ,,
Fog (9 a.m.) recor			 	6 ,,
Gales recorded on			 	13 ,,
Air Frost recorded			 	26 ,,
Ground Frost reco	orded du	ring	 	72 nights

SUNSHINE

The positions of the resorts in southern districts were as follows:

Position			Total
in List	Tow	Hours	
2	Poole	 	1775-2
3	Bournemouth	 	1766-0
4 5	Bognor	 	1748-1
5	Swanage	 	1747-5
6	Lizard	 	1743-3
8	Hayling Island	 	1736-1
9	EASTBOURNE	 	1735-6
10	Weymouth	 * *	1731-4
11	Littlehampton	 	1726.0
12	Worthing	 	1705.7
15	Torquay	 	1687-9
16	Ramsgate	 	1677-4
18	Southsea	 	1670.0
24	Folkestone	 	1641.6
28	Margate	 	1619-6
31	Brighton	 	1608.2
32	Hastings	 	1607-0
43	Dover	 	1566-4

Monthly Averages for 73-Year Period 1888-1965

(Excluding War Years—1942-46 no observations)

Month			Air Temperature					Sunshine		Rainfall	
		Means of					Mean Sea				
		Maxi- mum	Mini- mum	Max. and Min. Com- bined	High- est re- corded	Low- est re- corded	Tem- pera- ture	Total hours	Daily hours	Inches	'Rain Days
January		45.2	36.7	40-9	56 1922,	12 1940	42.4	62.6	2.02	3.0	16
February		45-1	36-4	40.7	1923 58 1897	15 1929, 1947,	41.1	83-3	2.98	2.20	14
March		49.3	38-1	43-2	66	1956	42.7	137-0	4-42	2-22	13
April		52-9	41.5	47-2	1929 72	1909 27 1922	46.9	178-5	5-95	1.92	13
May		59-0	47-0	53.0	1924 78 1922	32 1935,	52.9	234-8	7.57	1.69	11
June		63.8	52.1	58-0	86	1941 38 1962	58-6	239-1	7-97	1.83	11
July		67-1	56.0	61.6	1957	43 1919	62.6	234-6	7.57	2.27	11
August		67-6	56-3	62.0	1911	41	63.8	217.8	7.02	2.64	13
September		64-6	53-0	58-8	1947 82	1907	61.3	174-1	5.80	2.51	12
October		58-2	47-5	52.8	1929 71	1919	55-9	123.8	3.99	3.82	16
November		51.3	42.1	46-7	1921	1931	49-9	70-9	2.36	3.87	16
December		47.0	38.7	42.8	1927 59 1907	1923 17 1908	45-3	54.6	1.76	3.64	17
Year		55-9	45-4	50.6	90	12	52.0	1811-1	4.96	31.61	163

Monthly Averages, 1965

			Air	Temper	ature			Sunshine		Rainfall	
		Means of				Mean Sea					
Month		Maxi- mum	Mini- mum	Max. and Min. Com- bined	High- est	Low- est	Tem- pera- ture	Total hours	Daily hours	Inches	'Rain Days
January February March April May June July August September October November December		44·1 42·5 47·5 52·9 58·2 62·5 63·8 66·1 62·1 59·5 49·3 48·8	37·2 34·9 37·6 41·7 47·6 51·8 54·6 56·2 51·1 49·7 39·4 39·6	40·7 38·7 42·5 47·3 52·9 57·2 59·2 61·1 56·6 54·7 44·3 44·2	51 48 62 62 71 70 67 72 66 68 59 54	29 30 21 36 39 46 47 51 44 39 29 24	42·1 39·3 39·9 46·5 52·5 57·2 60·9 62·7 59·6 56·0 48·3 45·1	77·5 59·7 145·5 160·0 213·5 213·7 156·9 220·8 168·7 165·0 90·8 63·5	2·50 2·13 4·69 5·33 6·89 7·12 5·06 7·12 5·62 5·32 3·03 2·05	3·58 0·37 2·94 1·46 1·81 2·68 3·73 2·98 5·41 0·56 2·85 5·52	20 10 14 15 14 12 15 13 14 6 16 19
Year		54.8	45.1	49-9	72	21	50.8	1735-6	4.75	33-89	168

1965 Monthly Variations from Averages

-	Maximum ° F.	$Minimum \circ F$	Sea ° F.	Sunshine Hours	Rainfall Inches
January February March April May June July August September October November	$ \begin{array}{r} -1.1 \\ -2.6 \\ -1.8 \\ -0.8 \\ -1.3 \\ -3.3 \\ -1.5 \\ -2.5 \\ +1.3 \\ -2.0 \end{array} $	+0.5 -1.5 -0.5 $+0.2$ $+0.6$ -0.3 -1.4 -0.1 -1.9 $+2.2$ -2.7	-0·3 -1·8 -2·8 -0·4 -0·4 -1·4 -1·7 -1·1 -1·7 +0·1	+14.9 -23.6 $+8.5$ -18.5 -21.3 -25.4 -77.7 $+3.0$ -5.4 $+41.2$ $+19.9$	+0.58 -1.83 $+0.72$ -0.46 $+0.12$ $+0.85$ $+1.46$ $+0.34$ $+2.90$ -3.26 -1.02
December	 +1.8	+0.9	-0.2	- 8.9	+1.88
Year	 -1.1	-0.3	-1.1	-75.5	+2.28

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 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
- 20. Co-ordination Committee Report

SCHOOL HEALTH SERVICE

SCHOOL HEALTH DEPARTMENT
AVENUE HOUSE
EASTBOURNE

To the Chairman and Members of the Education Committee:

LADIES AND GENTLEMEN,

The year under review was again a satisfactory one for the School Health Service and it is proposed on this occasion to devote this introduction to a review of the system of medical surveillance in operation here. In this connection it has proved profitable to study the reports of other Principal School Medical Officers, from which it is clear that there is a steady increase in the number of Authorities employing techniques to select those children who are likely to require examination, with less time devoted to those who are more potentially healthy. Selective techniques began to be adopted in Eastbourne in 1959. Since then some Authorities have gone further and no longer see all school leavers.

Pre-school Children

The prime interest in this group is with the ascertainment of any handicaps and medical or educational treatment to minimise retardation. Children with an abnormal perinatal history are known to be especially prone to disabilities such as deafness and mental retardation, and such children are carefully supervised until we can be sure they are normal. Deaf children need hearing aids and the help of a teacher of the deaf. The earliest age at which a hearing aid has been provided is at five weeks, and this early emphasis on developing awareness of sound is crucial. Blind children usually need to go to a special residential school at about three years old, and other physically handicapped children may need a nursery school type of environment to stimulate their self-awareness and practise their co-ordination.

Infants

The school doctor sees all infants in their third term at school. This delay gives time for teacher and parent to be satisfied that the child has settled to school life, and it also gives time for the school nurse to test the vision and hearing reliably. A child who has not settled by this time probably needs help. Many minor defects come to light at this stage, such as deafness, flabbiness and enlargements of the tonsils due to dietary imbalance, and enuresis and emotional difficulties which the parents have not felt were sufficiently severe to trouble the family doctor about, and which can be greatly helped by appropriate advice.

The school doctor visits each school every term, and this affords the head teacher and parents with an easy means of referring children about whom they are concerned.

Junior Schools

The intermediate periodic medical examinations have been abandoned. In their place, the school doctor attends an ordinary physical education lesson during the first and third years. Some class teachers are more observant about children who mouth breathe or who have a poor posture, and some are a little scared of children with asthma and other medical conditions. Not many children are brought to light at these physical education surveys, but the direct contact here between teacher and doctor is invaluable. The tidy concept of everyone doing the same exercises has long since passed, and this gives an opportunity for the asthmatic to do his exercises while the others are doing something different.

Secondary Schools

The step from Junior to Secondary School is a big one. The school is larger, the classroom and class teacher give way to specialised work rooms and specialist teachers who cannot know the child so intimately, and the physical and emotional strain of adolescence is beginning. Hence a letter is sent to each parent and to the head teachers during the second term at Secondary School, asking whether there are any physical or emotional problems causing concern about which they would like the school doctor's advice. Unlike other authorities, we do not use a questionnaire, nor do we examine a child merely because the parents do not bother to reply to our letter. Emotional and physical problems are referred in approximately equal numbers.

The physical education survey is continued during the first and second year at Secondary School.

The final periodic medical examination takes place at the age of fourteen. This is not selective, and the emphasis is on fitness for work on leaving school. The majority of these children are fit and few previously undetected defects are found, but as yet we have not found a way of reliably screening this age group without examining a large number of fit children. Defects found which may affect employment are notified to the Youth Employment Officer with whom there is an excellent two-way liaison.

The school doctor visits the Secondary Schools each term to examine other children about whom he, the head teacher or parents are concerned, and when so invited, also takes part in the health education talks at the school.

Summary

A judicious mixture of routine and selective examinations provides the framework of the School Health Service. Within this, it is the degree of co-operation between parents, teachers, school doctors and nurses that determines whether the child develops his physical, emotional and educational potential. I am satisfied that Eastbourne provides for both the detection of defects, and most of the ancillary services required for our school children.

Conclusion

The procedure described above involves many hours of painstaking work by school doctors and school nurses, and no small administrative effort by the School Health Section, under the competent direction of Miss B. Douch. I am again indebted to my Deputy, Dr. W. J. Wigfield for his valued assistance in the day to day functioning of the School Health Service.

> I am, Mr. Chairman, Ladies and Gentlemen, Yours faithfully,

> > KENNETH VICKERY,
> >
> > Principal School Medical Officer.

EDUCATION COMMITTEE

(as constituted at the 31st December, 1965)

The Mayor:

COUNCILLOR MRS. K. J. UNDERHAY, J.P.

Chairman:

COUNCILLOR W. P. LEBBON

Deputy Chairman:

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

Aldermen:

Councillors:

Co-opted Members:

MISS G. L. PARKER, M.B.E. R. F. AKEHURST

REV. CANON W. W. S.

MARCH

J. A. BACON

A. G. BANFIELD

REV. T. J. LYNCH

V. N. A. BIRKETT

REV. J. P. VEALL

G. A. Bosley

MR. J. W. BALL

S. W. E. BOUGHTON

MRS. I. A. SNELL

L. J. CAINE

MR. F. P. WALTON

W. J. EVENDEN

J. Dobson

Mrs. F. M. Llewellyn

F. A. POPE

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.

Senior School Medical Officer:

Marjorie I. Godson, M.B., Ch.B., D.P.H., C.R.P.

School Medical Officers (Part-time):

Moira Jean Martens, M.B., B.Ch., D.C.H. THOMAS GARDNER, L.M.S.S.A. UNA M. DUGAN, M.B., B.S.

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 E. L. CLARKE, 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 M. F. HEMSLEY, S.R.N., H.V.Cert.

MISS B. J. HUDSON, S.R.N., S.C.M., H.V.Cert.

MISS N. HAMILTON MOSS, S.R.N., S.C.M., H.V.Cert.

MISS A. M. RANKS, S.R.N., S.C.M., H.V.Cert.

MISS B. G. STEVENS, S.R.N., S.C.M., H.V.Cert.

Clinic Assistant:

Mrs. J. NETHERCOTT

Speech Therapist:

Mrs. K. Hansford, L.C.S.T.

Clerical Staff:

MISS B. DOUCH (Senior)

MISS M. J. BIGNAL (to 10th May, 1965)

MISS M. R. CHADWICK (from 17th May, 1965)

Mrs. G. M. Morris

Dental Surgery Assistants:

Mrs. D. Barker (to 12th January, 1965)

MISS K. J. FARRINGTON

MISS K. A. LAMBERT

Mrs. D. Andrews (from 5th January, 1965)

Dental Anaesthetist:

DR. B. H. GRANT

Child Guidance and School Psychological Service:

Miss M. P. Logg, B.A., Dip. Psych., A.B.Ps.S., Educational Psychologist

MISS S. D. LEA, S.Sc.Dip., Social Worker (until 4th June, 1965)

Mrs. A. M. Chapman, B.A., Dip.Soc.Admin., Social Worker (from 4th October 1965)

Mrs. S. M. Hook, Clerk

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

Consultant Orthodontic Surgeon:

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

Psychiatrist:

Hugh V. W. Elwell, M.A., 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, a.m.; Thursday, 2.15 p.m. to 7 p.m.
Hampden Park Infants' School		Weekly sessions
The Lindfield School		Weekly sessions
Hazel Court Junior Training Cer		Weekly sessions Weekly sessions
Princess Alice Hospital Bourne Infants' School		Weekly sessions
Bourne infants Benoof		Treeling deduction
Child Guidance		
Avenue House		Wednesday, 10 a.m. to 8 p.m., and Fridays, 10 a.m. to 1 p.m.
Educational Psychologist		Wednesday, 9.30 a.m. to 7.30 p.m.
		Fridays and alternate Tuesdays,
		9.30 a.m. to 4.30 p.m.
Ophthalmic		
Princess Alice Hospital		Special sessions fortnightly, Friday,
		1.45 p.m.
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 requi	ired	
District connect no and a series and		
Remedial Exercises (during school term)		
Avenue House		Friday mornings, 9 to 10 a.m.
Obesity		
Avenue House		Tuesday, 4.30 p.m.
Avenue House		racoust, 1.00 pinn

1. STATISTICS

The number of children on the school registers on reopening in January was 6,586 and 6,464 by the end of the year. There were 1,029 children admitted during the year and the net increase compared with the end of 1964 was 33.

The average attendance of children for the year was 6,198, a percentage of 94.1.

OTAL	NUMBER OF CHILDI	REN				
At	Primary Schools Secondary Schools,	 including	 Grammar	Schools		2,803
At	Special Schools				13	98
				Total		6,464

T

INDEPENDENT SCHOOLS

The number of children attending day independent and residential schools in Eastbourne at end of the year was 1,750.

2. SCHOOL HYGIENE

(a) Environment

A consistently high standard of hygiene has been observed by the medical staff and public health inspectors during their visits to schools and school canteens. 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 10,564 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 increased to 19 during the year. Prophylactic use of a gammexane shampoo at fortnightly intervals is used in difficult cases.

(c) Health Education

The demand from schools changed somewhat in pattern during the past year. None of the Junior Schools asked for help with health education, nor accepted the offer of the film *The Smoking Machine*. The emphasis in one of the Secondary Schools shifted from a short series of talks on growing up and personal relationships to a longer series covering many aspects of health and disease and allowing time for discussion in small groups. There has been an increased interest in first aid and in mothercraft classes associated with the Duke of Edinburgh Award scheme. The weekly visits of Mrs. Dale to the Lindfield School for general health education, and the course for the senior boys given in the autumn term by Dr. Wigfield have continued.

Mrs. Dale, one of our married Health Visitor/School Nurses, has shown much interest and ability in this work, and has relinquished her district visiting to take on more educational work. While there are advantages in each school having their own nurse to speak to the children, formal health education in classes is not everyone's forte and we are grateful to Mrs. Dale for shouldering this work.

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 School Doctors are assisted by the Head Teachers who return to them forms on which they note any defects or problems they may have noticed in children due for medical inspection or re-inspection or who they wish seen at such an inspection. Thirty-nine such forms were received during the year containing helpful information. The routine inspection of infants is postponed until their third term in school, which allows parents and teachers to be sure that the child is settling down 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 ordinary working life.

The total number of children examined was 1,247, of whom 611 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 99.84 per cent. (1,245 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. Twenty-two children with defects were noted and subsequently examined.

QUESTIONNAIRES

Health questionnaires were sent to parents and teachers of children in their second term at a secondary school. Two hundred and eightythree were returned by parents of which thirty-seven 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. One hundred and ninety-six children were brought to notice in this way, and re-examination of children with defects found at previous medical examinations totalled 1,582. 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 are 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.

INDEPENDENT SCHOOLS

Whilst the Independent Schools do not participate in the formal arrangements for school medical examinations, the School Health Service is used freely in respect of individual services such as Child Guidance, Speech Therapy, Ascertainment of handicap, Immunisation and the prevention of spread of communicable disease.

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.

			Sessions
Medical Inspections		 	163
Preparation for Medical Inspec	ctions	 	27
Hygiene Inspections		 	-
Vaccination, Immunisation and			90
Audiometric testing		 	41
Vision Testing		 	74
Dental Clinics			197
3.51			
Health Education in Schools		 	80
			Visits
Home Visits to Schoolchildren		 	365
Other School Visits		 	137

There are a number of families in Eastbourne who fall into the category of "problem families". The children tend to be neglected and sometimes become beyond parental 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.

The report of the Co-ordinating Committee is to be found on page 123.

5. ARRANGEMENTS FOR TREATMENT

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

MINOR AILMENT CLINICS

MINOR AILMENT CLINICS				
			1964	1965
Total number of children	who atte	ended	 531	606
Total attendances made			 3,504	3,345
Total number of defects tr			 540	606
Conditions treated were:			1964	1965
T			 22	16
Eye diseases (external)			25	29
Tr 1			 22	22
Other skin diseases (boils, s		nditions.	232	255
Miscellaneous (sprains, bu			236	284
Pediculosis			 3	3
			540	609
			-	

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, Acacia Villa and the Lindfield School. Clinics are also held at Langney twice a week and 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. D. J. Bettles, M.Ch.S., one of the department's full-time Chiropodists, is now responsible for school children's chiropody sessions. Twenty-nine children made 128 attendances during the year for the treatment of corns, callosities and minor foot defects.

VISUAL DEFECTS

Supplementary Ophthalmic Service

School children thought to have a simple refractive error were referred to an ophthalmic optician chosen by the parents. Thirty-five children were referred by School Medical Officers, and twenty-nine by School Nurses from the annual vision tests. 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 162 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 Mr. F. N. Shuttleworth, D.O.M.S., Consultant Ophthalmic Surgeon. Orthoptic and other specialist treatment is available at this clinic. There is still a waiting list of children overdue for review at the clinic.

			Cases 1965		Cases 1965
Number of cases referred to thalmic Clinic	Oph-	75	140	299	176
Number of attendances made		130	202	363	192
Glasses prescribed		34	89	118	75

AUDIOMETRY AND EAR, NOSE AND THROAT DEFECTS

During the year, 647 children were given a preliminary hearing test in school using the pure tone audiometer. 473 passed this test and 174 failed. 219 retests were carried out, 138 of which were satisfactory. Of the remaining 21 many were found to have recurrent deafness caused by catarrh and are being kept under observation.

Resulting from these hearing tests, five children were referred to the Ear, Nose and Throat Department of the local Hospitals, and one referred to the Audiology Unit of the Royal National Throat, Nose and Ear Hospital, London.

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.

Supervision of children wearing hearing aids in school has been continued by the school medical officers, but serious concern is felt at the lack of supervision due to the absence of a teacher of the deaf. 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.

ORTHOPAEDIC DEFECTS

There were no children requiring the Orthopaedic Specialist's opinion referred to the hospital during the year.

As a result of the annual surveys, periodic medical inspections and re-inspections carried out during the year, children with faulty posture and defective feet were referred for remedial exercises as follows:

	Breathing Exercises	Postural Exercises	Foot Exercises
Infant and Junior Schools	 22	20	106
Secondary Schools	 3	13	14
Avenue House Clinic	 5	9	13
	30	42	133
		_	

The exercises were given by the third-year students of Chelsea College of Physical Education and were of great benefit to the children. The work done by Miss Sebestyen, in approaching the schools and arranging the classes, is much appreciated.

OTHER DEFECTS

Enuresis. In the course of the year fourteen children have borrowed electric alarm pad units. Seven children are now cured, four have improved, two are still under treatment and one was unable to cope with the machine. At the end of the year there were two children 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. Six 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 of the children were given advice regarding their diet and it was not necessary for them to attend again. Seven children referred in the previous year continued to attend.

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.

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

Speech Therapy clinics were held through the year at Avenue House and Acacia Villa and during school terms at the following schools:

	G	Children
	Sessions	Attending
Hampden Park Infants' School	36	31
The Lindfield School	78	36
Hazel Court Junior Training Centre	63	20
Avenue House	172	49
Acacia Villa	45	10
Bourne Infants' School (from October, 1965)	8	8
Visiting Sessions	5	-
	407	154
	_	
Number of children of school age attendin	g during	
the year		134
Number of attendances made by children of s		1,428
Number of children under school age attendir		
the year		31
Number of attendances made by childre	n under	601
school age		601

Number of	children	seen at	Hazel Co	ourt durin	ng the	
year Number of	attenda	nces mad	le by chi	ildren at	Hazel	20
Court						263
Four childr	en of sc	hool age,	but not	attending	school.	made 107
attendances. Ty	vo of the	ese childre	en were	discharge	d. Two	cases over
school age made	fourtee	n attenda	nces.			
Type of defect tr	eated (ch	uildren of	school age	2)		Cases
Dyslalia				,		42
Stammer						14
Sigmatism						18
Deafness						4
Cleft palate						1
Other defects						55
						134
Type of defect tre	eated (ch	ildren und	ler school	age)		
Dyslalia						17
Stammer						1
Delayed speed	h					11
Cleft palate						2
						_
						31
22 2						_
Number of ne	w cases	referred o	during th	e year		43
Number of ne	w cases	referred (under sc	hool age)		21
Number of ch		ischarged	during t	the year (under	
school age)						15
Number of c	hildren	discharge	d during	g the year	ir (of	
school age)						63
Number of ch		1				
year (under						16
Number of ch				the end o	of the	71
the year (of	school a	ge)				71
6	CHILD	CHID	NICE C	T INIC	ANTO	
				LINIC		
SCI	HOOL	PSYCHO	LOGICA	AL SERV	/ICE	
There was a	conside	rable incr	ease in the	he numbe	r of case	es referred
to the Clinic dur	ring the	year, and	this was	particular	rly the	case in the
pre-school age g						
referrals as there						
(a) CHILD GUID	ANCE CI	LINIC				
Number of ne						78
Number of cas	ses re-re	ferred in	1965			14
	72					— 92
Number of cas	ses carrie	ed forward	d from 19	964		8

Referred by:					
School Medical Office	ers			40	
Schools				6	
Private doctors .				15	
				2	
Probation Officers .				2	
Parents and other sou				24	
Children's Officer .				3	
				-	92
Problems:					
Personality and Nervo	ous Disorders			23	
Habit Disorders .				15	
Behaviour Disorders				45	
Educational or Vocati	onal Guidance			9	00
				-	92
How dealt with:					
Psychiatric Treatmen	t			23	
Periodic Supervision				18	
Advice				30	
Intelligence Testing				6	
Withdrawn before dia	agnostic intervi	ew		9	
Died before diagnosti	c interview			1	
Awaiting diagnostic in	nterview			5	
Tiwateing diagnostic is				_	92
The following summa involved in dealing with a Psychiatrist: Diagnostic Interviews	s			79 434	
Treatment Interviews	s			тэт	
Psychologist: Interviews for Tests School visits				49 5	
Interviews for Tests School visits		::	::		
Interviews for Tests School visits Psychiatric Social Work			::	5	
Interviews for Tests School visits Psychiatric Social Work Interviews in Clinic				73	
Interviews for Tests School visits Psychiatric Social Work Interviews in Clinic Home and other visit	ts	::		5 73 192	
Interviews for Tests School visits Psychiatric Social Work Interviews in Clinic	ts			73	
Interviews for Tests School visits Psychiatric Social Work Interviews in Clinic Home and other visit Social Histories	ts	 ing curren	 t vear:	5 73 192	
Interviews for Tests School visits Psychiatric Social Work Interviews in Clinic Home and other visit Social Histories Analysis of Treatment (i.e. Old and new case years and discharged	ts Cases closed during seen by Psycon	chiatrist in	n 1965	73 192 82 and pr	revious lowing
Interviews for Tests School visits Psychiatric Social Work Interviews in Clinic Home and other visit Social Histories Analysis of Treatment (i.e. Old and new case years and discharged categories):	ts Cases closed during 1965	chiatrist in	n 1965	73 192 82 and pr	revious
Interviews for Tests School visits Psychiatric Social Work Interviews in Clinic Home and other visit Social Histories Analysis of Treatment (i.e. Old and new case years and discharged categories): Discharged—	ts Cases closed during seen by Psycon during 1965 Improved	chiatrist in	n 1965	73 192 82 and prine fol	revious lowing
Interviews for Tests School visits Psychiatric Social Work Interviews in Clinic Home and other visit Social Histories Analysis of Treatment ((i.e. Old and new case years and discharged categories): Discharged—	ts Cases closed during seen by Psycon during 1965 Improved Not improved	chiatrist in	n 1965	73 192 82 and prihe fol	revious lowing
Interviews for Tests School visits Psychiatric Social Work Interviews in Clinic Home and other visit Social Histories Analysis of Treatment (i.e. Old and new case years and discharged categories): Discharged—	ts Cases closed durates seen by Psycon during 1965 Improved Not improved After advice	chiatrist in	n 1965	73 192 82 and prihe fol	revious
Interviews for Tests School visits Psychiatric Social Work Interviews in Clinic Home and other visit Social Histories Analysis of Treatment (i.e. Old and new case years and discharged categories): Discharged—	ts Cases closed during seen by Psycon during 1965 Improved Not improved	chiatrist in accordin	n 1965	73 192 82 and price fol 25 3 21	revious

b) School Psychological Service			
Number of new cases referred during 1965 Number of cases re-referred during 1965		60 7	
Number of cases withdrawn before being se Number of cases carried forward from 1964	en	_	67 1 16
Sources of referral:			
School Medical Officers		22 36	
Private Doctor or Hospital		2 3	
Children's Officer Others		3	
		_	67
Problem:			
Educational Guidance		67	67
Number of cases seen during 1965			67
How dealt with:			
Advice only Placement in E.S.N. School recommended Placement in J.T.C. recommended Other placement recommended Remedial Teaching undertaken Kept under supervision Referred to Child Guidance Clinic		22 12 1 6 1 21 4	67
Summary of work carried out:			07
Interviews for tests			109 50 308 53 41
Analysis of Remedial Teaching cases:			
Number of children in attendance during 19 Number of children discharged improved Number of children unchanged	65		15 5 1

7. HANDICAPPED CHILDREN

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

	In Residential Special Schools	In Day Special Schools	In Ordinary Schools	In Hospital Schools	At Home	Total
Partially Sighte	d 2	-	1	-	1	4
Blind	. 1	-	-	-	1	2
Partially Hearin	g 4	6	17	-	-	27
- C	. 5	-	-	-	-	5
Delicate .		8	3	-	1	12
Physically Handicapped	1	3	3	1	1	9
Educationally Sub-normal .	. 1	77	-	-	-	78
WW 15 .		-	1	7	-	1
W P 1 11 1 1	. 1	1	_	-	-	2
	_	-	-	_		4.40
	15	*95	25	1	4	140
		-	-	_	_	

^{*}This total includes six children from other authorities

EPILEPTICS

There are fourteen 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

Number of children who were the subject of new decisions recorded under Section 57 of the Education	
Act, 1944	2
Number of children reviewed under the provisions of	
Section 57A of the Education Act, 1944	-
Number of decision cancelled under Section 57A (2) of	
the Education Act, 1944	-

THE LINDFIELD SCHOOL

The following is the report of Mr. S	. Moss, L.C.P.,	Headmaster:
Number on Roll at 31st December, 196		56 boys 22 girls

We seem to have settled into a repeating pattern of activity, with slight differences in places and scope of activity.

Our educational excursions this year were to Dieppe for the Seniors, and to Bodiam Castle, Rye and Camber Sands for the Juniors. Both were successful trips and proved a source of conversation lessons for a long time.

Camp at Ashburnham Place was spread over a fortnight this year, and during that time some boys went to Eridge for rock climbing practice, and others did sections of the Duke of Edinburgh Award

tests. Our small sailing dinghy which the boys had built in the workshop came in for extended use and proved an acceptable addition to our "fleet".

All children who have left during the year are working and the reports we are getting about them are extremely gratifying and encouraging.

We must once again accord our thanks to Dr. Wigfield, Mrs. Dale, Miss Moss and Mrs. Hansford for their invaluable assistance throughout the year.

Our senior girls under the direction and tuition of students from Chelsea College gave a demonstration of P.E. and dancing to teachers of slow learning children from East Sussex. A special feature of the display was an Israeli dance under the direction of Miss N. Romm, an Israeli student. Our thanks are accorded to the "College Teachers" who come so regularly and happily to help us.

Our swimming goes along merrily. We now have four regular sessions each week and all children can go swimming. 98 per cent. take advantage of this chance and we only wish we could have the baths solely for teaching purposes during these lessons without the interruptions caused by the presence of public swimmers. We should like to see a new Baths built in Hampden Park, primarily for the use of school children.

DOWNS SCHOOL, BEECHY AVENUE, EASTBOURNE

Thirty-one children were on the register of the Downs School at the beginning of the year and were classified as follows:

Physically Handicapped	Delicate			20		9
Partial Hearing 8 Maladjusted	Physically Handicapped		-	-		9
Maladjusted						8
Number of admissions		1000	1000	• • •		
Number of admissions		0.00				
Children left for the following reasons: Transferred to ordinary schools						31
Transferred to ordinary schools	Number of admissions					6
Transferred to ordinary schools	Children left for the follow	ing reas	ons:			
School leavers				7.2	34	8
Transferred to the Lindfield School 2	0.1.1.1					3
			lool			2
17			.001		**	1
17	Transition to residential	ochool				-
						17

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

Delicate		 	 8
Physically Hand	icapped	 	 3
Partial Hearing		 	 6
Maladjusted		 	 2
Aphasic		 	 1
			20

There were thirty-one children on the school roll at the beginning of 1965 and twenty at the end. The children suffer from a variety of handicaps—delicate, physically handicapped, partially hearing and emotionally disturbed. Staffing had reduced to two full time members and one part time teacher. At the end of the Summer Term the cook was transferred to a new school in the Borough and the midday meals are sent in from Pashley Down School.

Children who need Speech Therapy attend the Clinic at Avenue House, Eastbourne. Chelsea College provide a student one half-day a week for remedial exercises, there is no longer a visiting physiotherapist. Miss Hudson, school nurse, continues to visit three times a week for minor ailments and treatments.

A Westrex loop system has been put into the youngest group classroom for the benefit of the partially hearing children.

The children joined with children from Chailey for the Christmas Party at Chelsea—and in school produced the Christmas Story for parents and friends. Harvest Festival was again celebrated in school and gifts taken by the children to local home bound old folk.

Mrs. A. Morris, Acting Headmistress.

8. SPECIAL TUITION

At Home Tuition was given to one child suffering from psychiatric disorder.

In Hospital Tuition was given to two children whilst they were in Hospital.

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 inspection and treatment were:

Of these, 47 sessions were devoted to inspections and 798 to treatment.

GENERAL SERVICES

At the 47 sessions devoted to dental inspections, 5,893 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
Number Inspected	84	460	491	495	502	540	526	440	535	551	515	404	188	107	51	4	5,893

Of these, 2,181 (37 per cent.) were found to require treatment, and 1,635 individual children actually received treatment during the year.

The following is a summary of the treatment given:

Fillings:

Permanent teeth Temporary teeth			 	2,309 195
				2,504
Number of teeth filled:				
Permanet teeth			 	1,980
Temporary teeth			 	177
				2,157
Extractions:				
Permanent teeth			 	446
Temporary teeth			 	1,102
				1,548
Administration of General			 	744
Number of artificial denture		ucted	 	20
Number of children X-raye			 	176
Scaling and gum treatments			 	58
Teeth conserved with silver	nitrate		 	164

During the year, 5,893 children were seen at the routine dental inspections carried out on the school premises. Of these, 37 per cent. were found to require treatment, and 1,635 were actually treated at the Local Authority's dental clinic at Avenue House. These inspections occupied 47 sessions, and 798 sessions were devoted to treatment.

The number referred for treatment showed an increase of 3 per cent. on the previous year, but I feel this figure has no great significance in the assessment of the dental caries problem and could be a normal variant that can occur at any time.

The overall general dental condition of the children of Eastbourne remains good, although as I have previously pointed out, this condition is due to the fact that, in by far the majority of cases, full advantage is taken of the available facilities for treatment both from the General Dental Services and the School Dental Service. In other words, the satisfactory dental condition is due to the efforts of the technical side of dentistry and not to any preventive or prophylactic action. A more satisfactory picture would be an increase in the numbers with dentitions showing no fillings, no need for fillings, and no spaces left by the loss of permanent teeth. At present, this figure varies from 9 per cent. in the younger age groups and drops to 6 per cent. for the more senior groups. 2,309 fillings were inserted into permanent teeth, and 195 into temporary teeth. 446 permanent teeth and 1,102 temporary teeth were extracted.

The majority of these extractions were carried out under general anaesthesia, nitrous oxide and oxygen, with the additional use at times of either a Trilene or a Halothane vapouriser. General anaesthetics were administered on 744 occasions. In addition, twenty artificial dentures were constructed, mainly to replace front teeth lost by injury. Radiological examinations were also carried out on 176 children, using the dental department's own X-ray apparatus.

The orthodontic department, although under the Regional Hospital Board, continue to hold their clinics at Avenue House. This enables us to keep a close liaison with the orthodontic consultant, Mr. D. A. Plint. Fifty children were referred from the ordinary school clinics for treatment at the specialist orthodontic sessions.

In the field of prevention, we continue to reiterate the importance of maintaining a high degree of oral hygiene by the consumption of a suitable diet, with a maximum of fibrous material needing forceful chewing, and a minimum intake of carbohydrates and refined sugars, coupled with the efficient use of the tooth brush. In this particular connection, it is perhaps pertinent to quote from the remarks of the President of the Public Dental Officers Group in his presidential address "It is often noted that children who come from homes where the standard of living is high and whose parents instruct them in oral hygiene and regular tooth-brushing, unfortunately do not have correspondingly good teeth, and I am of the opinion that this is due to lack of intelligent supervision. Undoubtedly such children brush their teeth with regularity, but make a very poor job of it and it often happens that the first permanent molars are completely missed, and in consequence, develop caries, in many cases soon after eruption".

It is, I think, significant that a high percentage of a school dental officer's time is spent in repairing the effects of dental caries in these particular teeth.

10. FAMILIES WITH DIFFICULTIES AND PROBLEMS

Report of Mr. S. Evers, Inspector of the National Society for the Prevention of Cruelty to Children, reports:

Total number of cases	s dealt w	ith	 	38
Total children involve	ed		 	90
Classified as follows:				
Neglect			 	24
Assault			 	4
Beyond Control			 	1
Aid or advice sought			 	9
Number of cases dealt v	with by v	varning	 	27
Number of cases dealt v	with by a	dvice	 	9
Cases dropped upon inv	vestigatio	n	 	1
Cases brought before th	e Juveni	le Court	 	1

The cases were reported by:

General public				10
Police				 10
Other officials		* *	**	 1
				 17
Discovered by Inspe	ector			 2

The Inspector made 931 visits of supervision, plus calls on Public officials and other miscellaneous calls.

Court action was necessary in 1965 for one case.

For a period of approximately six months of this year the Branch was covered by the Hastings and Tunbridge Wells Inspectors, due to the resignation of one Inspector and his successor undergoing an operation.

Food parcels and toys were distributed at Christmas to 91 families. The welcome aid of the Child Care Officers and District Health Visitors was greatly appreciated.

The Inspector would also like to thank all departments for the co-operation that he has received.

11. JUVENILE CRIME

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

Disposals		Male	Female
Probation	 	10	3
Conditional discharge	 	9	1
Fined	 	10	1
Approved school	 	4	_
Detention centre	 	4	-
Otherwise disposed of	 	3	-
Cautioned	 	40 43	5 7
		83	12

12. EMPLOYMENT OF CHILDREN

The Department notified the Youth Employment Service of 375 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 twenty-five children, indicating types of employment for which they were not suitable. One handicapped child was issued with Form Y.10, with a view to registration as a disabled person.

The one handicapped child leaving school during 1965 found employment with a local firm.

To comply with the Bye-laws regulating the employment of children of school age, a medical certificate must be produced stating that employment will not be prejudicial to the child's health or development and will not render them unfit to benefit from their education. 219 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 ninety-seven children from forty-eight families.

14. SCHOOL MEALS AND MILK

During the year 1965, the total number of meals served was 811,395 of which 35,805 were free. For the year 1964 the total number of meals served was 790,208 of which 27,989 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, 1964 and 1965.

	PRIMA	ARY AN	ND SECO	ONDARY D	EPARTN	MENTS
		М	EALS		N	IILK
A day in October	No. of Children in Schools	Free	Paid	Percentage taking Meals	Total taking Milk	Percentage taking Milk
1965 1964	6,471 6,402	194 148	3,728 3,608	60.6 58.6	4,903 4,723	75.66 73.9

15. NOTIFICATION OF INFECTIOUS DISEASE

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

Scarlet Fever	 	 	8
Measles	 	 	285
Whooping Cough	 	 	1

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. Twelve children of school age were thus vaccinated.

In addition B.C.G. vaccination has been offered to children of thirteen years attending both Local Authority and private schools, and to students attending colleges of further education.

Details of children and students taking advantage of the scheme are as follows:

		Si	kin Tested	Vaccinated
Children in scho	ool	 	478	424
Students		 	70	64

17. VACCINATION AND IMMUNISATION

The Local Health Authority arranges for school children to receive vaccination and immunisation against smallpox, diphtheria, whooping cough, tetanus and poliomyelitis. There is close liaison between the Sections of the Department dealing with Vaccination and Immunisation and the School Health Service. Statistics relating to the protection of school age children are given in the relevant section of the Medical Officer of Health's Annual Report.

18. DEATHS OF SCHOOLCHILDREN

Deaths of children of school age during the year were as follows:

Boy, aged 9 years—1. (a) Coma

(b) Diabetes Melitus

Boy, aged 11 years—1. (a) Multiple injuries—hit by lorry

Boy, aged 9 years—1. (a) Neuroblastoma of right suprarenal

19. COLLEGES OF EDUCATION

The Department has been privileged to continue to assist with administrative medical problems as they arise in the Colleges.

Lectures were given by members of the staff to the students and three sessions at Eastbourne College of Education and twelve 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 who held remedial classes for handicapped children and those with minor postural and orthopaedic defects. Classes were held in the clinic, in school and in the swimming bath, giving children the benefit of individual specialist attention.

20. ANNUAL REPORT OF CHILD WELFARE CO-ORDINATING COMMITTEE, 1965

Membership

We have welcomed a number of new faces this year—Mr. Marsh, the new Children's Officer with his new staff, Miss S. Lea, who transferred from the Child Guidance Clinic, and Miss F. Connor, have quickly won our confidence and respect. Mr. Howard, Probation Officer, has replaced Mr. Higson, and Inspector Evers, N.S.P.C.C. has replaced Inspector Ashworth. Towards the end of the year Mr. Bassett, Assistant Solicitor to the Town Clerk, was invited to attend committee meetings, and his advice and help in co-ordinating the information needed by Council committees will be a great asset to our work.

Work Done

There has been little change from the description given last year in the detection, befriending and helping of families at risk of break-up. It has been a good year in that no family is recorded as having broken up. One family had to be evicted from temporary accommodation in the Knowle—a very rare occurrence—and the children were subsequently received into care when the parents were sent to prison for neglecting them. The future of this family is uncertain. Case workers report that seventeen families have improved during the year but that six have deteriorated. The causes of failure have been:

Parents' irresponsibility			 1
Father's immaturity and	irrespo	nsibility	 2
Mother's mental illness.			 1
Mother deserted			 1
Further pregnancy			 1

No further analysis of the punch cards has been made this year. The causes of the problems these families encounter are the same as before; principally, personality defects in the parents, inability to manage money, the absence of one parent and over-large families.

The Size of the Problem

At the end of the year there were 78 families on the register, which included 12 additions and 10 removed. Six were removed because they had improved and no longer needed supervision, 2 had slightly improved but were so unco-operative that further supervision was impracticable, and 2 had moved away.

Of this 78, 43 are classified as "at risk" and require supervision by a case worker allocated to them. 22 are classified as moderate problems, and 13 as severe problems, and these require more intensive case work.

Allocation to each case worker depends on a number of factors, including their statutory contact with the family, their ability to deal with the particular problems existing at the time, and their case load.

Distribution of the families ar	nong	g the case workers is as follows:
Children's Officer		23 (divided between 3 case workers)
School Attendance Officer		1
District Health Visitors		24 (divided between 7 Health Visitors)
Health Visitor with special train	ing	16
Housing Manager		6
Probation Officer		4
Mental Welfare Officer		5

(Note: 1 family is at present shared between 2 case workers.)

The special training of the social workers in the Children's Department has been recognised in that they are allocated 54 per cent. of the severe problem families and only 16 per cent. of the families at risk. The load is considerable, and there is a need for an additional trained social worker to assist. The Health Visitor with special training (Dip. Soc. Studies) has also had to give up some of her other district work to accommodate her case load.

Children in Care

18 of the families have had one or more children in the care of the Children's Officer during the year (23 per cent.). The causes of this are as follows:

Parental rights assumed	(all before	1965)	 3
Court Order			 3
Mother deserted family			 1
Unsuitable home			 2
Mother's confinement			 5
Mother's illness			 4

Housing

Preliminary Notices to Quit were given to 48 families in council accommodation, though only one family was evicted without the offer of alternative accommodation. This compares with 60 families given Notice to Quit during 1964. In a number of cases it has been found possible to get the rent deducted from the father's wages. When there are several changes of job each year, this necessitates considerable extra work for the staff of the Town Clerk's and Housing Departments, and we are grateful to them for this help.

"A roof over their heads" is one of the principal requisites of keeping a family together, and one of the top priorities is the prevention of eviction. The "early warning" before eviction described last year continues to operate. Our task for families in the temporary accommodation at the Knowle or in the special housing units in Oak Tree Lane is to help them achieve an acceptable standard for re-housing in ordinary Council houses. Four families have been transferred from the Knowle, and 3 families from Oak Tree Lane into normal Council

houses. The Housing Manager has commented favourably on the improvement in these families while they have been in Oak Tree Lane.

Family Limitation

It was shown in last year's report that the families with the largest number of children were also those with the most severe problems, and in 24 cases (31 per cent.) contraceptive help is recorded as being an important part of keeping a family on an even keel. Co-operation is often not forthcoming, and one can only hope that there will be no more unwanted children. We are most grateful to the Eastbourne and District Family Planning Association for their co-operation in giving advice to the mothers who can be persuaded to attend the clinic. In addition, one of the doctors from the clinic has visited 6 mothers in their own homes to give contraceptive advice when it proved impossible to get them to attend the clinic. The cost of these visits and of contraceptive pills has, where necessary, been borne by the Local Authority.

Special Measures

- (a) Material Aid. Material help during the year has amounted to £33 15s. 5d. The arrangement by which a panel of 3 members adjudicated requests was found to be cumbersome, and the Children's Committee has now empowered the Children's Officer alone to make grants up to £5.
- (b) Residential Rehabilitation. No parents were sponsored for rehabilitation courses during the year, although serious consideration was given to this on two occasions.
- (c) Home Helps. 14 families were given help in their own homes by selected home helps, under the supervision of the family social worker. This proved to be a most successful method of training and supervising families, especially those with a willing mother who is handicapped by poor intellect or a weak personality. In almost every case the family circumstances have been such that no charge was made for this help, but even so, this method is very much cheaper than a residential rehabilitation course.

Conclusion

I should like to thank the members of the Co-ordinating Committee for their friendly and willing help, the Town Clerk and the committees of the Town Council who have turned our requests for help into administrative action, and Mrs. S. M. James and Mrs. S. M. Hook, Secretary and Clerk Typist respectively of the Co-ordinating Committee, without whose help these statistics could not have been compiled.

W. J. WIGFIELD, M.A., M.B., Ch.B., D.P.H.

Chairman.

DEPARTMENT OF EDUCATION AND SCIENCE MEDICAL INSPECTION AND TREATMENT

(Excluding Dental Inspection and Treatment. See Form 28M)

RETURN FOR THE YEAR ENDED 31st DECEMBER, 1965

Local Education Authority: EASTBOURNE C.B.

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1966.

- (i) Form 7 Schools, 6,537; (ii) Form 7M, 101; (iii) Form
- 11 Schools, Nil. Total . . 6,638
- Notes—1. Where selective medical examinations are being carried out enter in column (5) below the number of pupils who have been "interviewed" or "discussed" at case conferences and found not to warrant a medical examination.
 - 2. Pupils found at Periodic Inspection to require treatment for a defect should not be excluded from columns (6), (7), and (8) by reason of the fact that they were already under treatment for that defect
 - 3. Columns (6), (7), and (8) relate to individual pupils and not to defects. Consequently, the total in column (8) will not necessarily be the same as the sum of columns (6) and (7).

Part I

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

TABLE A-PERIODIC MEDICAL INSPECTIONS

	No. of Pupils who have	Physical Con- Ins	Physical Condition of Pupils Inspected		Pupils found to require treat- ment (excluding dental diseases and infestation with vermin)				
Age Groups Inspected (By year of	received a full medical examination	SATISFACTORY	UNSATISFACTORY	For defective	For any other condition	Total Individual			
(Birth)	Number Number	vision (excluding squint)	recorded at Part II	pupils					
(1)	(2)	(3)	(4)	(5)	(6)	(7)			
1961 and later	-	-	-	-	-	-			
1960	173	173	-	10	40	48			
1959	397	396	1	15	70	78			
1958	25	25	-	-	1	1			
1957	17	17	-	1	3	4			
1956	13	13	_	2	2	4			
1955	8	8	_	2	1	3			
1954	12	12	_	3	2	5			
1953	14	14	_	2	2	4			
1952	8	8	_	3	-	3			
1951	407	407	-	84	44	119			
1950 and earlier	173	172	1	48	301	342			
TOTAL	1,247	1,245	2	170	466	611			

Column (3) total as a percentage of Column (2) total 99.84% Column (4) total as a percentage of Column (2) total 00.16% to two places of decimals

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 Number of Re-inspections	 	 196 1,586
rumber of Re-inspections	 2.5.5	 1,500
	Total	 1,782

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.

ICIIVI	idual pupils, and not to instances of intestation.	
(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	10,564
(b)	Total number of individual pupils found to be infested	19
(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)	-

Part II

Defects found by Periodic and Special Medical Inspections during the Year

Note: All defects, including defects of pupils at Nursery and Special Schools, noted at period and special 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).

D-6-4				PERIO	DIC I	NSPEC:	TIONS			Cons	
Defect Code No.	Defects or Disease	Entr	rants	Lea	vers	Oth	iers	To	tal	SPEC	
(1)	(2)	(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)	(T) (11)	(0)
(1)	(2)	(3)	(+)	(3)	(0)	(1)	(0)	(9)	(10)	(11)	(12)
4 5	Skin Eyes:	14	13	27	19	1	-	42	32	14	-
	a. Vision	25	123	115	29	30	3	170	155	7	2
	b. Squint	2 2	4	3	1	=	-	5	5	1	=
6	c. Other	2	4		6	1	-	3	10	5	3
0	a. Hearing	4	114	7	8	_	8	11	130	5	5
	b. Otitis Media	1	4	_	1	_	_	1	5	_	-
	c. Other	1	-	2	-	-	-	3	-	3	2
7	Nose and Throat	26	98	2 2 2	19	2	4	30	121	4 3	1
7 8 9	Speech	16	18	2	6	1	1	19	25	3	-
10	Lymphatic Glands Heart	10	17	_	3	1	1 3 2	11	46 22	1	=
11	Lungs	5	18	4	9	1	1	10	28	3	1
12	Developmental:				1000			-			-
	a. Hernia	4	4	-	1	1	2 3	5	7	-	-
	b. Other	4	32	5	9	1	3	10	44	-	-
13	Orthopaedic:	1	6	9	4	2	1	12	11		
	b. Feet	18	63	9	3		6	28	72	20	6
	c. Other	18	10	6	10	1	2	12	22	3	6 2
14	Nervous System:										
	a. Epilepsy	1	1 2	-	-	-	-	1	1	-	2
15	b. Other	-	2	- 5	-	-	1	-	3	-	-
15	Psychological: a. Development	_	5	_	2	-	-	-	7	15	3
	b. Stability	5	44	1	4	1	9	7	57	24	8
16	Abdomen	1	3	=	1	1	-	2	4	-	-
17	Other	10	4	4	4	2	2	16	10	22	2

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.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	32 330
Total	362
Number of pupils for whom spectacles were prescribed	164

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

		Number of cases known to have been dealt with
Received operative treatment— (a) for diseases of the ear		110
(c) for other nose and throat conditions Received other forms of treatment		1 89
TOTAL		200
Total number of pupils in schools who are known to have been provided with hearing aids— (a) in 1965 (see note (i) below) (b) in previous years (see note (ii) below)	own	4 23

⁽i) 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

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments (b) Pupils treated at school for postural defects	148 33
Total	181

⁽ii) The number entered in (b) should not include children who have left school.

Table D—Diseases of the Skin (excluding uncleanliness, for which see Table C of Part I)

			Number of pupils known to have been treated
Ringworm: (a) Scalp	 		 3
(b) Body	 		 _
Scabies	 		 _
Impetigo	 		 16
Other skin diseases	 * *		 240
		TOTAL	 259

TABLE E—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics	 100

TABLE F-SPEECH THERAPY

		Number of cases known to have been treated
Pupils treated by speech therapists	 	134

TABLE G-OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
a) Pupils with minor ailments	291
b) Pupils who received convalescent treatment under School Health Service arrangements c) Pupils who received B.C.G. vaccination	397
d) Other than (a), (b) and (c) above. Please specify Enuresis Breathing exercises in school	2 25 5
Breathing exercises in Clinic	5
Total (a)-(d)	720

SCREENING TESTS OF VISION AND HEARING

1. (a) Is the vision of entrants tested as a routine within their first year at school?

Yes.

- (b) If not, at what age is the first routine test carried out?
- 2. At what age(s) is vision testing repeated during a child's school life?

Annually 6-16+ years.

3. (a) Is colour vision testing under-taken?

Yes.

(b) If so, at what age?

14 years.

(c) Are both boys and girls tested?

Yes.

4. (a) By whom is vision testing carried out?

School Nurses.

(b) By whom is colour vision testing carried out?

School Medical Officers.

5. (a) Is routine audiometric testing of entrants carried out within their first year at school?

Yes.

(b) If not, at what age is the first routine audiometric test carried out?

School Nurses.

(c) By whom is audiometric testing carried out?

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