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Contributors

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The Health of Eastbourne ***1967***





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COUNTY BOROUGH OF EASTBOURNE

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR

1967

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

COUNTY BOROUGH OF EASTBOURNE

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ANNUAL REPORT

HEALTH AND WELFARE SERVICES DEPARTMENT

AVENUE HOUSE

EASTBOURNE

September, 1968

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

MR. MAYOR, LADIES AND GENTLEMEN,

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

Statistical

Residential building development in the Borough continues to be in evidence. The Registrar General's mid-year estimate of population was 66,800, an increase of 1,170 over the previous year and representing a total rise of 9,860 in seven years, an increase of 15 per cent. over the 1960 figure. Even so I am doubtful if the mid-year estimate yet represents the true resident population for which services are required. It is to be noted that the number of Eastbourne residents on doctors' lists as notified by the Eastbourne Executive Council as at 31st December, 1967 was 68,734. Over and above this are to be reckoned a significant number of persons who opt for private medical attention who are not on any doctor's list.

The birth rate of 14.1 per 1,000 population remained relatively high for the fifth consecutive year, with the consequence that apart from any inward migration stemming from the general increase, there are at least 660 more children approaching the age of school entry in 1968 than there were in 1958.

Welfare of the Aged

Although the above figures indicate that statistical increases in Eastbourne are not confined to the elderly, nevertheless in the matter of the proportion of persons aged 65 and over in the community and using the figure supplied by the Registrar General to the Ministry of Housing and Local Government for grant purposes which for 1967 was 27.5 per cent., this appears to be the highest referable to any local health authority in the country.

By reason of an insufficiency of geriatric beds and an inability fully to staff such beds as there are, the local hospitals have had another year of acute difficulty which in turn has increased the burden upon the waiting lists for the Council's homes for the aged and upon the domiciliary supportive services. At the turn of the year the urgent waiting lists for hospital beds and residential homes for the aged were the longest ever, with consequent severe distress in the community. At a

time when beds provided by the statutory bodies are at such a premium, those provided by private enterprise in nursing homes and registered homes for the aged are of considerable value to the community. It is a serious matter therefore to find that the total number of such homes is actually declining. (See page 87). Enquiry among existing managers and would-be applicants for registration suggest that the combined burden of staff recruitment difficulty, selective employment tax, and general taxation render the continuance of an established home of doubtful financial viability, whilst the new impositions of the building regulations appear to be a firm deterrent to new applicants.

If the present trend continues, the hospital and local authorities will have to plan to contend with even greater burdens in the future.

National Health Service Co-ordination

I am requested by Ministry of Health Circular 1/68 to report upon co-ordination and co-operation of the Health Department's services with hospital and family doctor services, including attachment or liaison schemes of domiciliary staff. I have to say that schemes of attachment or liaison of health visitors, geriatric social workers and district nurses are now in operation in relation to each of the main firms of general practitioners. Plans are also at an advanced stage for the erection of the first of a proposed series of district health centres. The incentive to the local health authority to embark upon the administrative nightmare of health centres in a tripartite service stems from an appreciation that the attachment of staff to general practice as at present constituted is wasteful of manpower and resources.

The exercise of attachment and health centres also necessitates consideration of the employment of other ancillary help by general practitioners. Whilst there is undoubtedly legitimate work for the district nurse in the doctor's surgery and health centre, care must be taken to ensure that neither the district nurse nor the health visitor are called upon to perform therapeutic functions which are the province of the practice nurse. Not all doctors yet employ practice nurses, but with improved conditions of partial re-imbursement by Executive Councils of salaries of ancillary staff, their number can be expected to increase.

Local Government and National Health Service Reorganisation

At the time of drafting this report there is being received a deluge of white, blue and green papers on the structure and efficiency of a wide variety of public and private services and organisations. Over and over again in nearly all of them we read such indictments as "totally inadequate to present day needs", "training facilities for staff require radical overhaul", "neglect of these priority groups is little short of scandalous", "lack of resources", "divided responsibility", "internal inefficiency", "starved of capital resources", "salaries insufficient to attract candidates of adequate calibre". These and many similar indictments have been levelled not only against national institutions such as the Civil Service, Local Government, the National Health Service, the Police, British Railways, but also against sections of com-

merce such as the Press where one would expect to find a high degree of efficiency. Even the Turf, we are told, requires a transfusion of money if it is to survive!

It becomes apparent that practically every activity which is subject to an inquiry could do a better job with more and specifically trained manpower and more money, but it is doubtful if a tithe of the desirable reform outlined in such reports can be accomplished in the prevailing climate of the pursuit of ever shorter hours of work. Faced with so many demands in the field of health and welfare alone, it is essential therefore to get the priorities right. In a town like Eastbourne the biggest single shortage is not of professional advisers or social workers to tell people what to do and how to do it, but rather of capable willing pairs of hands prepared to undertake the physical care of the aged, the handicapped, the sick and the deprived child. The implementation of the Seebohm Committee's recommendations on the setting of a new local authority department for social welfare will not produce a single additional nursing auxiliary, home help or foster parent. Equal opportunity in education which is so desirable is in fact producing more officers with fewer and fewer troops prepared to do the donkey work in the hospital wards and old people's homes. A most common plight of an aged person is to be faced with the necessity to change accommodation. What is then required, but what is seldom available, is a kindly person with a car who knows the ropes, who can seek out new accommodation, show it to the client, negotiate with the parties concerned, and physically move the client and belongings.

To state these facts of life is not to deny the need for reform. Undoubtedly Local Government must now be jerked out of the nineteenth century. Furthermore no one is prepared to defend the perpetuation of the tripartite structure of the National Health Service.

In considering what new forms of local or regional government may in future undertake health and social services, it is not unreasonable to examine the success of existing forms of administration in coping with essentially local matters. Taking the paramount problem of the care of the aged, it is surely apparent that whilst those services provided by a Council of locally elected representatives have substantially kept pace with increasing requirements, those provided by a Regional Board based 70 miles away in London, have singularly failed over many years to match the requirement for geriatric hospital beds with the real need.

It is difficult to escape the conclusion that a service is more likely to fulfil local needs if those responsible for its provision are locally elected and accessible. Nearly everyone can find the local ward councillor. Even a county councillor can be sought out though this may require more perseverance and a longer journey. It is doubtful, however, if the most persistent citizen could run to earth a member of a Regional Board.

Medical Officers of Health will inevitably be torn in exercising their influence on the shape of things to come. In weighing whether they would prefer to be employed by an Area Board or a Local Authority, they cannot fail to note in the Current Report of the Chief

Medical Officer of the Ministry of Health that of 22,000 doctors employed by Regional Hospital Boards, some 9,000 (or 40 per cent.) are graded and paid as consultants. In sobering contrast of some 2,000 full-time doctors employed by the local authorities, it has been estimated that not even 90 (or 4½ per cent.) achieve the minimum scale for consultants. They must reflect also that as a consequence of the same local democracy which can be so beneficial to the service, they are ever liable to suffer the embarrassment, never shared by doctors in other branches of the Health Service, of discussion at public meetings of the Council of their salaries as Chief Officers.

In conclusion I wish to set on record my continued appreciation of the support and encouragement received from the respective Committees and the Council in the promotion of the Health, Welfare and School Health Services.

With the provision of a wide range of services and the deployment of some 340 members of staff, a full delegation of responsibility to heads of sections is essential. Over yet another year these my colleagues have responded loyally and enthusiastically, and I am grateful to them all for the fact that the number of compliments received greatly exceed the complaints.

To end with a success story for which the department can claim no credit apart from accurate observation; Eastbourne came out top of the Sunshine League for all stations during 1967. Whilst we frequently head the list for mainland resorts it is not often we beat the Channel Isles with their obvious geographical and insular advantage. This is my excuse—if excuse be needed—for the healthful scene on the front cover.

I am, Mr. Mayor, Ladies and Gentlemen,

Yours faithfully,

KENNETH VICKERY,

Medical Officer of Health.

HEALTH SERVICES COMMITTEE

(as constituted at 31st December, 1967)

The Mayor:

COUNCILLOR J. R. OUZMAN, J.P.

Chairman:

COUNCILLOR C. G. SCOTT

Deputy Chairman:

ALDERMAN MRS. W. L. LEE

Alderman:

M. SKILTON

Councillors:

J. DOBSON

W. P. LEBBON

M. S. PHIPP

R. TOMSETT

MRS. E. F. M. WHITE, J.P.

Co-opted Members:

MR. J. A. FAIRCLOUGH—Eastbourne Executive Council

DR. A. H. JACK—Eastbourne Local Medical Committee

MR. D. S. MACLACHLAN—Eastbourne Hospital Management Committee

PUBLIC HEALTH COMMITTEE

(as constituted at 31st December, 1967)

The Mayor:

COUNCILLOR J. R. OUZMAN, J.P.

Chairman:

ALDERMAN MRS. W. L. LEE

Deputy Chairman:

COUNCILLOR W. J. EVENDEN

Councillors:

V. N. A. BIRKETT

MRS. U. E. G. GARDNER

D. HOLMAN

R. TOMSETT

T. W. WARD

MRS. E. F. M. WHITE, J.P.

WELFARE SERVICES COMMITTEE

(as constituted at 31st December, 1967)

The Mayor:

COUNCILLOR J. R. OUZMAN, J.P.

Chairman:

ALDERMAN C. E. DOBELL

Deputy Chairman:

COUNCILLOR A. G. BANFIELD

Alderman:

M. SKILTON

Councillors:

J. R. BATHE

J. DOBSON

D. HOLMAN

R. TOMSETT

T. W. WARD

HEALTH AND WELFARE SERVICES DEPARTMENT STAFF

(in post at 31st December, 1967)

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 Medical Officer:

MARJORIE I. GODSON, M.B., Ch.B., D.P.H.
(Certificate in Radiological Protection)

Departmental Medical Officers:

MARY SIMPSON, M.B., Ch.B., D.P.H.
(Diploma in Anaesthetics)
U. M. DUGAN, M.B., B.S. (Part-time)

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 (a) (b) (c)

Deputy Chief Public Health Inspector:

F. T. RIPPIN (a) (b)

Public Health Inspectors:

L. G. HOWARD (a) (b)
A. LINDFIELD, F.A.P.H.I. (part-time) (a) (b)
A. MATTHEWS (a) (b) (d)
T. MATTHEWS, S.R.N. (a) (b) (c)
G. N. RICHARDS (a) (b)

Pupil Public Health Inspectors:

G. R. EYSENCK (e)
G. E. RUTLAND

Technical Assistant:

S. A. HALL

Qualifications:

- (a) Certificate of the Royal Sanitary Institute and Sanitary Inspectors Examination Joint Board.
- (b) Meat and Food Inspector's Certificate, Royal Society of Health.
- (c) Smoke Inspector's Certificate, Royal Society of Health.
- (d) Sanitary Science Certificate, Royal Society of Health.
- (e) Public Health Inspector's Diploma, Intermediate Stage.

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:

R. S. NEWMAN, S.R.N., Q.N.

Senior District Nurse:

MRS. J. E. RAINSLEY, S.R.N., Q.N.

District Nursing Sisters:

Whole-time

MRS. I. BOOTHROYD, S.R.N., R.F.N., Q.N.
MRS. E. EKREM, S.R.N., Q.N.
MISS E. M. LEE, S.R.N., Q.N.
MRS. S. MARKEY, S.R.N., Q.N.
MRS. G. M. MEEN, S.R.N., Q.N.
MISS J. PEARSON, S.R.N., S.C.M., Q.N.
MRS. A. C. PERKINS, S.R.N., S.C.M.
MISS J. A. U. PETERS, S.R.N., S.C.M., Q.N.
*A. ROTCHELL, S.R.N., Q.N.
*J. W. SELMES, S.R.N.
MRS. M. I. THORNE, S.R.N., S.C.M., Q.N.

**District Nursing Officers*

District Nurse/Midwife:

MRS. I. M. JENNER, S.R.N., S.C.M.

Part-time District Nursing Sisters:

MRS. C. HEALY, S.R.N., R.M.N.
MRS. A. S. POWELL, S.R.N.
MRS. S. M. SHANDLEY, S.R.N.
MRS. M. E. SULEMAN, S.R.N.

District Nurses:

Full-time

MISS K. NEWTON, S.E.N.
MRS. Y. SNOOK, 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
MRS. O. LANGTON
MISS K. PARSLow
MRS. A. REYNOLDS
MRS. J. B. 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. 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.
(Diploma in Social Studies)
MISS A. N. RANKS, S.R.N., S.C.M., H.V. Cert.
MRS. E. L. SNASHALL, S.R.N., H.V. Cert.
MISS B. G. STEVENS, S.R.N., S.C.M., H.V. Cert.
MRS. S. M. TENNANT, S.R.N., H.V. Cert.
MRS. M. F. TOMSETT, S.R.N., H.V. Cert.
MISS R. WALKER, S.R.N., S.C.M., Q.N., H.V. Cert.,
(Diploma in Social Studies)

Student Health Visitor:

MISS H. M. PATTERSON, S.R.N.

Clinic Assistant:

MRS. J. W. NETHERCOTT

Health Education Officer:

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

Health Education Assistants (Part-time):

MRS. V. BUCKLAND E. C. THOMPSON

Home Help Service:

MRS. V. HARDY KING, M.I.H.H.O., Home Help Organiser
MISS F. M. WRIGHT, Assistant Home Help Organiser

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., Deputy Senior Mental Welfare Officer and Deputy
Welfare Services Officer

Mental Welfare and Welfare Officers:

MRS. C. A. EVANS, S.R.N., S.C.M., H.V. Cert.
MRS. S. D. GREEN, M.S.M.W.O., Diploma in Social Studies
MISS E. E. INESON, Senior Social Welfare Officer for the Blind
MRS. M. H. LADLEY, Social Welfare Officer for the Blind

Trainee Welfare Officer:

MISS M. J. SIGNAL

Welfare Assistants:

MRS. P. C. FOXCROFT, S.R.N. MRS. V. SMITH, S.E.N.

Occupational Therapist:

MRS. P. M. ROBERTSON, M.A.O.T.

Administrative and Clerical Staff:

E. TARBUCK, Chief Administrative Assistant
W. L. PECK, Senior Administrative Assistant
P. G. CLARK, D.M.A., Administrative Assistant

Section Clerks:

MISS B. DOUCH	R. E. STONEHEWER
MISS M. S. HARDY	MISS G. E. WOODS
D. E. MOSELEY	MRS. V. M. YOUNG

Secretary to Medical Officer:

MISS P. J. HOADLEY

Secretarial and Filing:

MISS D. M. BEETLESTONE	MISS M. CHADWICK
MISS S. M. JONES	

Clerical:

MRS. P. BALL (Part-time)	MRS. M. HODKINSON
MRS. E. M. BRACEY	MRS. S. M. HOOK (Part-time)
MRS. E. COOPER (Part-time)	MISS J. P. JENNINGS
E. G. ELKINGTON	MRS. G. M. MORRIS
G. M. FITZHUGH	MISS D. E. OLIVER

Dental Surgery Assistants:

MRS. D. J. ANDREWS (Part-time)	MISS K. 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.

Part-time Chiropodist:

MRS. J. CHAPMAN, M.Ch.S., S.R.Ch.

Chest Physician:

A. H. FERGUSON GOW, M.R.C.S., L.R.C.P.
(Joint Appointment with S.E. Metropolitan Regional Hospital Board)

Public Analyst:

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

Supervisory Staffs of Homes and Hostels, etc.:

Princes Park Day Nursery	MISS M. J. KENNEDY, Matron
Junior Training Centre	MISS E. BURNS, Principal
Hazel Court Hostel	MRS. I. BROWN, Matron
Occupation/Training Centre	G. E. TOWNSEND, Superintendent
The Yews	MRS. W. G. McLAUGHLIN, Matron
Cavendish Lodge	MRS. M. E. SPENCER, Matron
Trevin Towers	W. H. OLIVER, Superintendent
Staveley Court	J. E. HOBBS, Superintendent
St. Anthony's Court	C. ROBERTS, Superintendent
Willoughby Court	MRS. I. M. DONOVAN, Matron
Parker House	MRS. J. E. JERRATT, Matron

Staff of the Health and Welfare Services Department at 31.12.67

	<i>Full-time</i>	<i>Part-time</i>	<i>Total</i>
Medical Officers of Health, Deputy and Assistants	4	1	5
Dental Officers	2	—	2
Administrative and Clerical Staff	20	3	23
Dental Surgery Assistants	2	1	3
Public Health Inspectors	6	—	6
Student Public Health Inspector	2	—	2
Health Visitors, including Superintendent	13	—	13
Student Health Visitor	1	—	1
Clinic Nurse	1	—	1
Home Help Organiser	1	—	1
Home Nurses, including Superintendent	16	7	23
Domiciliary Midwives	2	—	2
Nursing Auxiliaries	—	5	5
Social Welfare Officers for the Blind	2	—	2
Occupational Therapist	—	1	1
Welfare Assistants	2	1	3
Chiropodists	2	1	3
Health Education Officers and Assistants	1	2	3
Welfare Officer and Mental Welfare Officers	3	1	4
Day Nursery	9	5	14
Occupation Centre	3	5	8
Junior Training Centre and Hostel	11	12	23
Old People's Homes	57	52	109
The Yews Hostel	2	—	2
Old Town and Seaside Baths	5	2	7
Domestic Helps	—	62	62
Technical Assistant	1	—	1
Rodent Operator	1	—	1
Others, i.e. Cleaners, Caretaker, Van Driver	2	8	10
Civil Defence Staff Officer	1	—	1
	<hr/> 172	<hr/> 169	<hr/> 341

GENERAL

Vital Statistics

Notification of Births

General Information—Natural and Social Conditions

VITAL STATISTICS

Estimated mid-year population: 66,800

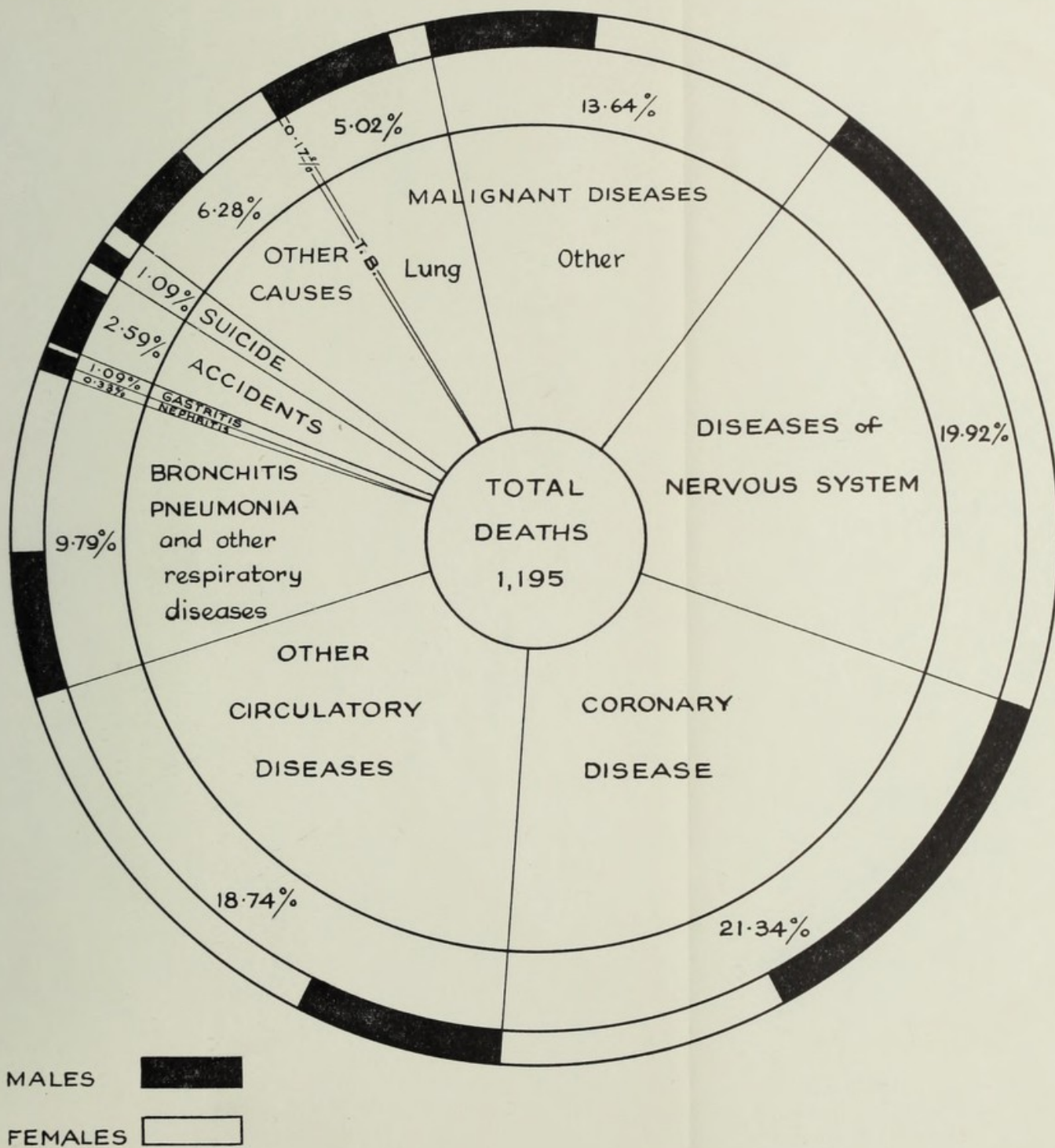
Registered Births					Males	Females	Total
Live births—	Legitimate	..	..	320	330	650
	Illegitimate	..	..	40	42	82
				<hr/> 360	<hr/> 372	<hr/> 732	
Still births—	Legitimate	..	..	1	5	6
	Illegitimate	..	..	—	—	—
				<hr/> 1	<hr/> 5	<hr/> 6	
Deaths							
All causes	531	664	1,195

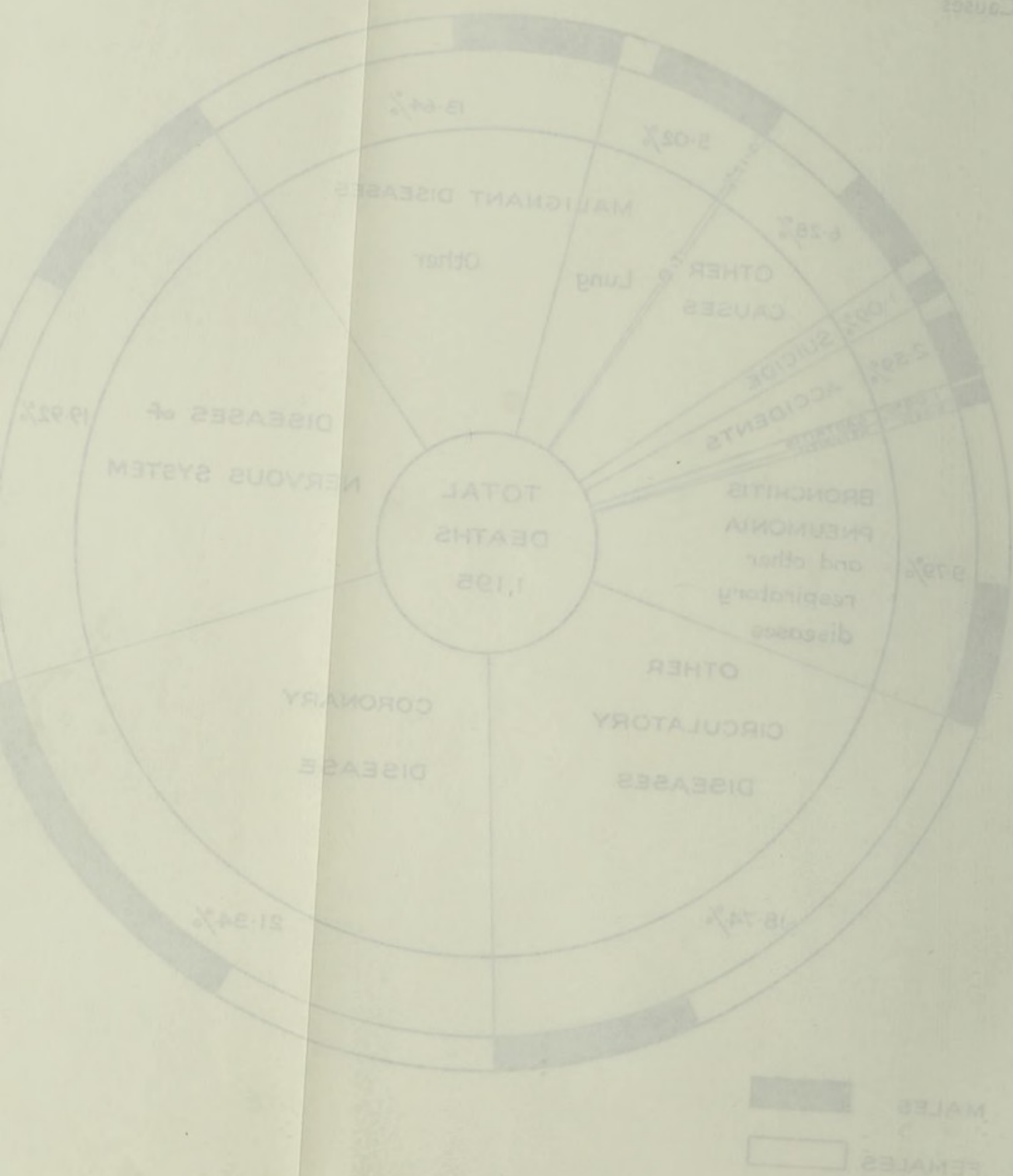
Live births:	<i>Eastbourne</i>	<i>England & Wales</i>
Number	732	832,167
Rate per 1,000 population	10.95	17.2
Live birth rate per 1,000 population after applying "Area Comparability Factor" (1.29)	14.12	—
Illegitimate live births per cent. of total live births	11.20	8.4
Still births:		
Number	6	—
Rate per 1,000 live and still births ..	8.13	14.7
Total live and still births	738	—
Infant deaths (deaths under one year) ..	11	15,267
Infant mortality rates:		
Total infant deaths per 1,000 total live births	15.02	18.30
Legitimate infant deaths per 1,000 legitimate live births	15.38	—
Illegitimate infant deaths per 1,000 illegitimate live births	12.19	—
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births) ..	6.83	12.5
Early neo-natal mortality rate (deaths under one week per 1,000 total live births) ..	5.46	10.8

	<i>Eastbourne</i>	<i>England & Wales</i>
Peri-natal mortality rate (still births and deaths under one week combined per 1,000 total live and still births)	13.55	25.4
Maternal mortality (including abortion):		
Number of deaths	1	170
Rate per 1,000 total live and still births ..	1.35	0.20
Death rate (crude) per 1,000 population ..	17.88	11.2
Death rate after applying "Area Comparability Factor" (0.55)	9.83	—
Deaths from Tuberculosis	2	—
Tuberculosis death rate per 1,000 population ..	0.029	—

Causes of Death	<i>Males</i>	<i>Females</i>	<i>Total</i>
Tuberculosis, respiratory	2	—	2
Syphilitic disease	1	1	2
Malignant neoplasm, stomach	8	7	15
Malignant neoplasm, lung, bronchus ..	45	15	60
Malignant neoplasm, breast	—	26	26
Malignant neoplasm, uterus	—	10	10
Other malignant and lymphatic neoplasms ..	51	57	108
Leukaemia, aleukaemia	3	1	4
Diabetes	1	2	3
Vascular lesions of nervous system	83	155	238
Coronary disease, angina	142	113	255
Hypertension with heart disease	5	8	13
Other heart disease	50	103	153
Other circulatory disease	20	38	58
Influenza	—	1	1
Pneumonia	19	47	66
Bronchitis	26	11	37
Other diseases of respiratory system	7	6	13
Ulcer of stomach and duodenum	5	2	7
Gastritis, enteritis and diarrhoea	3	3	6
Nephritis and nephrosis	4	—	4
Hyperplasia of prostate	6	—	6
Pregnancy, Childbirth Abortion	—	1	1
Congenital malformations	5	4	9
Other defined and ill-defined diseases ..	22	32	54
Motor vehicles accidents	7	3	10
Suicide	7	6	13
TOTAL ALL CAUSES	531	664	1,195

Analysis of Causes of Death by Percentage of All Causes





Extract from Death Returns for the year ended 31st Dec., 1967

(Locally compiled statistics)

Age	Malignant neoplasm, lung, bronchus		Coronary disease, angina	
	Males	Females	Males	Females
33	—	—	1	—
34	—	—	1	—
41	—	—	1	—
43	1	—	—	—
51	—	2	2	—
52	2	1	—	—
53	2	—	2	—
54	2	—	—	—
55	1	—	1	1
56	2	—	2	—
57	2	1	3	—
58	2	1	3	1
59	1	—	1	—
60	2	—	2	2
61	1	—	4	—
62	2	—	3	2
63	3	—	2	2
64	2	1	3	3
65	1	3	7	3
66	2	—	3	3
67	—	—	8	5
68	—	2	5	1
69	3	2	1	2
70	4	—	3	8
71	2	—	6	2
72	1	—	11	3
73	3	—	2	—
74	1	—	6	7
75 and over	3	2	59	68
TOTALS	45	15	142	113

Age Mortality				Males	Females	Total
Under 1	..	..	..	6	5	11
1-5	..	..	..	—	—	—
5-15	..	..	..	1	—	1
15-25	..	..	..	1	4	5
25-45	..	..	..	13	6	19
45-65	..	..	..	93	77	170
65-75	..	..	..	175	149	324
75 and over	..	..	..	242	423	665
				531	664	1,195

Deaths from Cancer

Year	Population	Age Groups						Total Deaths	Death Rate per 1,000 Population	
		0-1	1-5	5-15	15-45	45-65	65 and over			
Ten Years	1950	58,050	—	—	—	9	54	100	163	2.80
	1951	57,510	1	—	1	4	46	77	128	2.22
	1952	57,200	—	—	—	4	46	94	144	2.51
	1953	57,190	—	—	—	8	55	5	148	2.61
	1954	57,600	—	—	—	4	33	96	133	2.30
	1955	57,830	—	1	—	3	51	113	168	2.91
	1956	57,850	—	—	—	5	46	103	154	2.66
	1957	57,800	—	—	—	3	58	124	185	3.20
	1958	57,680	—	—	—	9	40	121	170	2.95
	1959	57,800	—	1	1	5	84	91	181	3.13
Total	—	1	2	2	54	513	1,004	1,574	—	
1960	57,940	—	—	—	4	53	120	177	3.05	
1961	59,830	—	—	1	10	59	135	205	3.43	
1962	61,250	—	—	—	7	74	125	206	3.36	
1963	62,010	—	1	1	5	58	134	199	3.21	
1964	63,530	—	—	1	6	70	146	223	3.51	
1965	64,620	—	—	1	3	61	153	218	3.37	
1966	65,630	—	1	1	4	56	168	230	3.51	
1967	66,800	—	—	1	5	63	154	223	3.33	

Analysis of Suicides (Eastbourne Residents) in Age Groups for years 1954 to 1967

Years	Age Groups														Totals		
	15-25		25-35		35-45		45-55		55-65		65-75		75 and over		M	F	Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
1954	—	—	1	—	—	—	4	—	—	—	1	2	1	1	7	3	10
1955	—	—	—	2	—	—	—	3	—	—	—	1	—	1	—	7	7
1956	—	—	—	—	—	—	1	2	—	1	—	3	1	—	2	6	8
1957	—	—	—	2	1	—	2	2	1	2	1	3	1	—	6	9	15
1958	—	—	—	—	—	—	—	—	1	2	1	—	—	—	2	2	4
1959	—	—	—	1	—	—	1	2	—	—	—	4	1	—	2	8	10
1960	—	—	—	1	1	—	3	4	1	2	—	—	—	—	5	7	12
1961	1	—	2	2	—	—	4	1	—	—	—	1	1	1	8	5	13
1962	—	—	—	1	—	—	1	6	—	—	—	1	—	2	1	10	11
1963	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
1966	—	—	2	—	1	1	4	1	2	2	1	1	1	4	11	10	21
1967	—	—	—	—	3	—	—	1	3	2	1	2	—	1	7	6	13
Totals	3	1	5	11	6	4	22	25	11	18	6	26	8	11	61	96	157

REGISTRATION AND NOTIFICATION OF BIRTHS

Live Births Registered from 1948 to 1967 (from Registrar General's Returns) and Rate per 1,000 Population (corrected)

Number Rate				Number Rate			
1948	..	..	801 14.2	1958	..	..	603 11.9
1949	..	..	740 13.0	1959	..	..	579 11.4
1950	..	..	701 13.5	1960	..	..	634 12.5
1951	..	..	644 11.5	1961	..	..	663 12.6
1952	..	..	635 11.9	1962	..	..	694 12.9
1953	..	..	617 11.7	1963	..	..	760 15.6
1954	..	..	612 12.1	1964	..	..	699 14.1
1955	..	..	553 10.9	1965	..	..	677 13.4
1956	..	..	563 11.1	1966	..	..	738 14.3
1957	..	..	602 11.9	1967	..	..	732 14.1

Illegitimate Live Birth Rate, 1956-1967*

1956	..	..	5.0	1962	..	..	8.6
1957	..	..	5.1	1963	..	..	7.7
1958	..	..	6.6	1964	..	..	8.7
1959	..	..	6.4	1965	..	..	10.3
1960	..	..	9.0	1966	..	..	11.8
1961	..	..	8.6	1967	..	..	11.2

*Percentage of total births

Notification of Births

1,353 live births and 13 still births took place in the Borough and were notified to the Local Authority. 713 live births and 6 still births were to mothers resident in Eastbourne, and 640 live births and 7 still births were to mothers resident outside the Borough.

In addition there were 5 transfers of live births relating to Eastbourne mothers confined elsewhere. (NOTE: *The total of Registered Births is not necessarily identical with the total of Notified Births.*)

Analysis of Notified Births

	Resident		Non-Resident		Total		Total
	Live Births	Still Births	Live Births	Still Births	Live Births	Still Births	All Births
DOMICILIARY							
Local Authority							
Midwives ..	29	—	—	—	29	—	29
Inward Transfers	—	—	—	—	—	—	—
	29	—	—	—	29	—	29
INSTITUTIONAL							
Maternity Home	451	1	181	2	632	3	635
St. Mary's Hospital	233	5	459	5	692	10	702
Inward Transfers	5	—	—	—	5	—	5
Total Institutional	689	6	640	7	1,329	13	1,342
Total, All Births, 1967	718	6	640	7	1,358	13	1,371
Notified Births, 1966	728	5	639	12	1,367	17	1,384

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.

Financial

NUMBER OF SEPARATE ASSESSMENTS: 29,625.

RATEABLE VALUE at 1st April, 1968: £3,737,797.

RATES: Domestic, 10s. 9d. Mixed hereditaments, 11s. 2d. Business and Commercial, 11s. 7d.

PRODUCT OF 1D. RATE: £15,240

METEOROLOGY—75 years' average:

Temperatures: Max. 55.8° F.; Min. 45.5° F.; Mean 50.7° F.,
Sea 52° F.

Sunshine: Total 1,812.1 hours; Daily, 4.96 hours.

Rainfall: Total 31.71 inches; Days 162.

Visitors to Eastbourne

The natural physical environment of the town accompanied by pleasant climatic conditions and fostered by the Corporation's efforts to provide supportive amenities, attracts holiday makers in their thousands. Many of these see Eastbourne as an ideal place of retirement but unfortunately the growing proportion of elderly in the population is outstripping the provision of hospital, nursing home and community care facilities.

During the holiday period many extra demands are made on most services which are met within the resources of the department.

SECTION B

NATIONAL HEALTH SERVICE ACT

Ante-natal. Mothercraft and Relaxation Classes

This service continued as described in my report for 1965. See also under Health Education and Midwifery Sections, pages 29 and 27.

Sessions and Attendances

	<i>Average number of sessions per month</i>	<i>Number of women who attended</i>	<i>Number of new cases</i>	<i>Attendances</i>
Health Education Health Visitors) Relaxation Sessions (Midwives)	17	496	13	2,265

Infantile and Child Mortality

The deaths of eleven infants under one year of age were recorded. Four of these occurred during the first week of life.

<i>Age</i>	<i>Sex</i>	<i>Cause of Death</i>
50 minutes	M	1 (a) Neonatal Asphyxia.
4 hours	M	1 (a) Peripheral circulatory failure. (b) Unknown cause.
2 days	M	1 (a) Acute respiratory insufficiency. (b) Hyaline membrane and pneumonia.
		2 Hydramnios.
6 days	F	1 (a) Cardio-respiratory failure. (b) Respiratory infection.
8 days	F	1 (a) Prematurity.
1 month	M	1 (a) Broncho-pneumonia. (b) Left ventricular failure. (c) Congenital heart disease.
2 months	F	1 (a) Cardiac failure. (b) Congenital heart disease.
		2 Anaemia.
9 weeks	M	1 (a) Asphyxia (mechanical). Head buried in plastic sheet in cot. Misadventure.
3 months	F	1 (a) Broncho-pneumonia.
		2 Infantile eczema.
4 months	F	1 (a) Mitral stenosis. (b) Mongolism.
5 months	M	1 (a) Broncho-pneumonia.
		2 Down's Syndrome.
5 years	M	1 (a) Acute leukaemia.

Maternal and Infantile Mortality, 1894-1967

<i>Years</i>	<i>Infant Deaths</i>	<i>Infantile Mortality Rate</i>	<i>Maternal Deaths</i>	<i>Maternal Mortality Rate</i>
1894-1903 Average ..	108.5	118.2	3.6	4.6
1904-1913 Average ..	79.3	96.6	2.6	2.9
1914-1923 Average ..	52.3	68.8	1.5	1.9
1924-1933 Average ..	30.0	45.7	1.5	2.2
1934-1943 Average ..	23.6	42.4	2.1	3.7
1944-1953 Average ..	17.4	23.4	1	1.3
1954-1963 Average ..	12.3	19.64	0.3	0.47
1964	10	14.31	—	—
1965	13	19.20	—	—
1966	10	13.55	—	—
1967	11	15.02	1	1.3

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

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

<i>Place of Birth</i>	<i>Resident</i>	<i>Non-resident</i>	<i>Total</i>
Own home	1	—	1
Maternity Home ..	13	4	17
Hospital (St. Mary's) ..	37	35	72
Hospital (elsewhere) ..	—	—	—
	51	39	90
	—	—	—

(b) DEATHS OF PREMATURE INFANTS WITHIN 28 DAYS

(i) Died in first 24 hours: None.

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

Congenital Malformations

The number of congenital malformations noticed at birth and notified in accordance with Ministry of Health Circular 13/63 during the year 1967 was 14.

These malformations were classified as follows:

Central nervous system	..	..	..	2
Eye and ear	..	..	..	1
Alimentary system	..	..	..	1
Heart and great vessels	..	..	..	—
Respiratory system	..	..	..	—
Uro-genital system	..	..	..	3
Limbs	..	..	..	3
Other skeletal	..	..	..	—
Other systems	..	..	..	3
Other malformations	..	..	..	1

One of these babies was stillborn and one died within the first year 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 1967.

The 73 new cases dealt with this year are made up as follows:

Illegitimate pregnancies	..	..	..	54
Applications to adopt	..	..	..	4
Help and advice	..	..	..	15

The age range of the mothers is from 16 to 29. Of the 54 illegitimate pregnancies, 20 girls kept their babies, 20 babies were offered for adoption, 3 girls married, 2 babies are with foster parents, one premature baby died, 5 babies are not yet born and we have lost touch with 3 clients. Fourteen of the new clients were those who had come to Eastbourne from other areas.

The problem of finding somewhere for a girl and her baby to live is still acute, added to the fact that many of these girls are immature and need much help and guidance in the bringing up of their children.

Putative fathers are very elusive, although we try to contact each one, we find that very few really face up to the responsibility. We were only able to get in touch with 20 of them either by letter or interview and only a very small percentage of these admitted paternity and were willing to help financially.

Once again we are indebted to Dr. Barnardo's, Church of England Children's Society and the Buttle Trust for their generous gifts to help unsupported families.

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.

Green Street—Wednesday, morning and afternoon.

Langney Village Community Centre—Thursday afternoon.

Hampden Park Hall—Wednesday and Friday afternoons.

CLINIC ATTENDANCES, 1967

Clinic	Number of Children attending Clinics Born in:				Total Attendances
	1967	1966	1962-65	Total	
Avenue House ..	221	253	348	822	5,964
Green Street ..	130	147	246	523	3,613
Acacia Villa ..	139	134	319	592	4,197
Langney ..	40	71	172	283	1,896
Hampden Park ..	128	134	418	680	4,457
TOTAL	658	739	1,503	2,900	20,127

PREVIOUS YEAR'S ATTENDANCES

	Number of children who attended		Number of attendances	
1963	2,343	..	16,440
1964	2,671	..	19,883
1965	2,709	..	18,107
1966	2,839	..	18,554

Welfare Foods and Other Nutrients

Arrangements for distribution have continued to run smoothly with the main centre for distribution being the Local Authority's central welfare clinic at Avenue House. The four outlying welfare centres continued as subsidiary distribution centres during the normal clinic sessions, and in addition week day distribution was made in the mornings and afternoons at the W.R.V.S. Centre in Hyde Road, commencing on 1st July, 1967.

Under the Authority's arrangements for the care of mothers and young children a wide variety of dried milk foods, cereals and other nutrients is made available for resale on the recommendation of the Medical Officer or Health Visitor in attendance at the child welfare sessions.

REPORT OF THE CHIEF DENTAL OFFICER

Forty-seven sessions were devoted to the inspection and treatment of expectant and nursing mothers and to children under the age of five. Forty-nine expectant and nursing mothers were seen at Avenue House Clinic and made 119 attendances. Of these, 28 were found to require treatment and were all treated. Sixteen fillings were inserted and twenty teeth were extracted. Sealing and gum treatment were carried out on 9 patients and one full denture was constructed, the laboratory work being undertaken by a local dental technician. Five patients were also referred for radiological examination, this being carried out at the Clinic with the department's own X-ray apparatus.

Of 173 children under school age inspected, 97 were found to require treatment. Ninety were actually treated and made 273 attendances; 129 temporary teeth were extracted and 12 temporary teeth were filled. In addition 15 temporary teeth were conserved with silver nitrate treatment and 13 pre-school children were referred for X-rays. All extractions were carried out under general anaesthesia, nitrous oxide and oxygen and this was administered on 82 occasions.

The role of preventive dentistry is now recognised as playing an ever increasing part in all dental work, but to the young pre-school age group in particular it is of paramount importance. An encouraging feature here is the reduction in interproximal caries reported following the use of fluoride tooth pastes. Furthermore, the research now being carried out in the use of an adhesive resin for the prophylactic sealing of pits and fissures holds out a promise of attaining an even greater reduction in dental caries, with the great advantage, from the young patient's point of view, that it involves no use of the dental drill.

Summary of Treatment

(a) NUMBERS PROVIDED WITH DENTAL CARE

	<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>
Expectant and nursing mothers	49	28	28
Children under five	173	97	90

(b) FORMS OF DENTAL TREATMENT PROVIDED

	<i>Sealing and gum treatment</i>	<i>Fillings</i>	<i>Silver Nitrate</i>	<i>Crowns and Inlays</i>	<i>Extractions</i>	<i>General Anaesthetics</i>	<i>Dentures</i>		<i>X-rays</i>
							<i>Full</i>	<i>Part</i>	
Expectant and Nursing Mothers	9	16	—	—	20	7	1	—	5
Children under five	1	12	15	—	129	82	—	—	13

PRINCES PARK DAY NURSERY

(60 PLACES)

The establishment, excluding domestic staff consists of matron, deputy matron, 3 trained nursery nurses and 5 nursery assistants.

The total attendances were 14,538, an average attendance of 47·51 for the 306 days on which the nursery was open. There is a substantial waiting list for nursery places, priority being accorded to cases of social need.

Attendances each Month during 1967

	<i>Children aged</i>			<i>Total attendances</i>	<i>Average daily attend.</i>	<i>No. of days open</i>	<i>Receipts</i>		
	<i>0-1½</i>	<i>1½-3</i>	<i>3-5</i>				£	s.	d.
January ..	97	409	497	1,003	38·57	26	214	10	6
February ..	107	340	577	1,024	42·66	24	263	18	6
March ..	73	281	582	936	37·44	25	194	11	6
April ..	120	370	585	1,075	43·00	25	282	12	0
May ..	189	464	683	1,336	51·38	26	293	5	0
June ..	170	469	716	1,355	52·11	26	283	10	6
July ..	143	405	766	1,314	50·53	26	395	10	8
August ..	157	416	699	1,272	48·92	26	267	16	6
September	172	470	767	1,409	54·19	26	380	1	6
October ..	150	449	780	1,379	53·03	26	336	10	6
November	178	477	715	1,370	52·69	26	280	11	0
December	98	409	558	1,065	44·37	24	311	5	6

MIDWIFERY SERVICE

There were only 29 home confinements in Eastbourne during 1967 which has again allowed more time to be devoted to Relaxation and Mothercraft classes. The midwives attended 206 sessions in 1967 compared with 196 in 1966.

The steady decline in demand for the services of the midwife in the house with the complementary increase in activities as a teacher at various courses of instruction for prospective mothers illustrates the flexibility required in Local Authority staff and also pinpoints the need for rethinking regarding the future pattern of the midwifery service in the town. We are fortunate to have midwives able and willing to accept the changing situation and I am sure that the midwives working within the Hospital Services benefit from colleagues' activities in the community.

Proportion of domiciliary confinements during the last five years:

		<i>Total births</i>	<i>Domiciliary confinements</i>	<i>Percentage of domiciliary confinements</i>
1963	..	760	56	7.4
1964	..	699	69*	9.6
1965	..	677	65	9.6
1966	..	738	43†	5.7
1967	..	732	29	3.9

*Includes one non-resident

†Includes two inward transfers

It is to be noted that the number of institutional confinements is in excess of 96 per cent. of the total births.

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

CONFINEMENTS

(a) Doctor booked	..	Doctor present	..	15
		Doctor not present	..	12
(b) Doctor not booked	..	Doctor present	..	—
		Doctor not present	..	2
(c) Miscarriages	..	..	..	1

VISITS BY MIDWIVES

Ante-natal visits	..	..	..	..	764
Visits during labour	..	..	..	..	77
Visits during puerperium	..	..	..	..	794
Post-natal visits (domiciliary cases)	..	..	..	..	64
Visits to 88 cases discharged from hospital before the tenth day	..	..	..	..	294
					1,993

HEALTH VISITORS

Establishment

Superintendent Health Visitor
 Senior Health Visitor
 Eleven Health Visitor/School Nurses
 One Student Health Visitor

Allocation

National Health Service Act	..	..	..	10½
School Health Service	..	..	..	2½

One additional Health Visitor was appointed in October following the attainment of the Health Visitors' Certificate for which she was sponsored by the Authority. She was deployed from the Green Street Clinic to work in the Old Town area replacing a Health Visitor who is now fully attached to a firm of General Practitioners.

The liaison with general practitioners referred to in my report for 1966 continues to expand and although this is not full attachment the doctors often refer to "my health visitor", indicating the growth of co-operation between these branches of the Health Service.

Despite the maintenance of routine clinic work and selective home visiting the Health Visitors find time for increasing development of group formations as an aid to community care and teaching, some of this after "office hours". They are deserving of congratulations for their sustained interest in this work.

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

HOME VISITS

Care of mothers and young children—

Children born in 1967	..	..	..	2,944
Children born in 1966	..	..	..	2,175
Children born in 1962/65	..	..	..	4,328
Expectant mothers	..	..	..	755
Infectious illness	..	..	..	21
Tuberculosis	..	..	..	42
Care and after-care (including aged and handicapped persons)	..	..	..	5,525

OTHER VISITS

To other agencies (voluntary organisations, etc.)	..	..	..	706
To day nurseries	..	..	..	69
To hospitals	..	..	..	224
Miscellaneous	..	..	..	731

CLINIC ATTENDANCES

Child Welfare	..	..	..	956
Immunisation and vaccination	..	..	..	120
Health Education	..	..	..	219
Aged persons	..	..	..	46

HEALTH EDUCATION

ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

Health talks to expectant mothers continued to be given by Health Visitors and Midwives at Avenue House and Acacia Villa clinics. During the year 292 expectant mothers attended the Mothercraft classes held each Thursday afternoon at Avenue House and 307 attended the Relaxation Classes.

Classes held at Acacia Villa on Wednesday afternoons were attended by 69 expectant mothers and 76 attended the relaxation classes.

Relaxation classes were also conducted by Midwives for the benefit of 87 expectant mothers at the Bell Hostel, a Chichester Diocesan Moral Welfare Home.

The Mothercraft programmes covered all subjects of interest to expectant mothers in a continuous series of ten weekly talks, including "Preparations for the new baby", "Analgesia", "Feeding and Bathing Baby", "Family Relationships", "Nutrition", "Birth", "Home Safety" and cookery demonstrations. The talks were illustrated by films, colour transparencies, flannelgraphs, charts and models produced by the Health Education section.

PARENTCRAFT EVENINGS

These were held each month at Avenue House for prospective parents. The small but appreciative audiences made it worthwhile continuing these talks and film shows.

The Mothers' Club at Avenue House was held on alternate Thursday evenings. The sessions were very well attended and provided interest and relaxation for young mothers. An average of 40 attended each meeting. Health Education subjects included were "Family Planning", "Care of toddlers", "Children's shoes and shoe fitting", "Cancer education", "Mouth to mouth resuscitation".

RETIRED CITIZENS

Talks were given by the Geriatric Health Visitors. Subjects included: "Nutrition and Healthy Eating", "Safety in the Home", "Welfare Services Available".

Talks were also given to other groups and organisations on the subject of elderly people. One of the Geriatric Health Visitors attended the "Avenue House Central Club" each week to discuss health problems.

FOOD HYGIENE

A series of talks illustrated by film strips, slides and flannelgraphs was given by the Public Health Inspectors during the year to food handlers and students attending the Catering and Management Course at the Eastbourne College of Further Education. Information and assistance with food hygiene projects was also given to students from various schools and colleges in Eastbourne.

CANCER EDUCATION

Illustrated talks were given to all women who attended the weekly Cervical Cytology sessions at Avenue House.

Visual aids used in Health Education programmes included the films: *Smoking and You*, *The Smoking Machine*. Film strips: *Cancer Education 1 and 2*, *To Smoke or Not to Smoke*, *How to Give up Smoking*, *The Problem of Lung Cancer*, *Cigarettes and You*.

THE DUKE OF EDINBURGH'S AWARD SCHEME

Twenty-four talks on "Mothercraft" were given by the Senior Health Visitor, to girls aged 14-15 years from Ratton, Cavendish and Bishop Bell Secondary Schools and the Girls' High School. All entrants passed the subsequent examination.

Talks were also given to British Red Cross Cadets and other groups of school children.

HEALTH EDUCATION IN SCHOOLS

The Deputy Medical Officer of Health and Health Visitors gave a series of talks with discussion on "Healthy Living" to children at Ratton, Bishop Bell and Hampden Park Secondary schools and Lindfield (E.S.N.) school.

Film shows to the children included: *Your Body and its Parts*, *Your Skin*, *Your Digestion*, *Nothing to Eat but Food*, *Defences Against Invasion (Immunisation)*, *Alcohol and the Human Body*, *Boy to Man* (boys), *Girl to Woman* (girls), *Biography Before Birth*, *14 Going on 16*.

Sound film strips: *How Was I to Know?* (V.D.), *Mother Can I Go Out To-night?*, *Divided Loyalties*.

The Smoking Machine, made in the Health Education section was used in schools to demonstrate the harmful substances (including carcinogens) contained in tobacco smoke. Each child who watched the demonstrations was given a filter paper stained by the "cigarette smoking" air pump, and a list of the harmful substances which it contained. The children were surprised to see that the same amount of staining was produced by both plain and filter tipped cigarettes.

HEALTH EDUCATION DISPLAYS

Until November, 1967, ten sites were available for Health Education and Home Safety displays and in our M. & C.W. clinics and two shop windows. Unfortunately it became necessary to abandon our main window display at 49 Church Street owing to damage to the plate glass window, apparently caused by a stone being thrown up by a passing vehicle. It is hoped that another suitable shop window will be found in the near future as this is considered a most useful medium through which to inform the public of matters of Health and Safety.

HEALTH EDUCATION AND HOME SAFETY PROJECTS INCLUDED:

"Dental Health", "Prevention of accidental falls", "Health Hazards associated with cigarette smoking", "Mental Health", "Safety out of doors", "Water Safety", "Food Hygiene", Safe toys, safe materials, prevention of burning accidents".

HEALTH DISPLAYS AT EXHIBITIONS

The International Chest and Heart Association's Conference and Exhibition was held at the Congress Theatre and Winter Garden on 4th to 7th April, 1967.

An exhibition stand 24 ft. by 7 ft. was mounted by the Health Education Section depicting Health Education in relation to the chest and heart.

WATER SAFETY

For one week in August, with the co-operation of the Managers, "Water Safety" displays were mounted in the South Eastern Electricity and Gas Board's showroom windows.

"COMMUNICATION THROUGH SPEECH AND UNDERSTANDING"

In October special window displays were mounted at 49 Church Street and the Royal Hippodrome Theatre box office on the subject of "Ears, Hearing and how to help the hard of hearing".

Information regarding the hard of hearing and National Health Service Medresco Hearing Aids was supplied by Miss R. McCall, Audiometrician at Princess Alice Hospital. The "Opticart" which illustrated sound waves and the sound receptive ear was used in this display.

PREVENTION OF ACCIDENTAL POISONING—POISONOUS PLANTS AND FUNGUS

The Autumn Flower Show was held on 1st and 2nd November at the Winter Garden. A stand was prepared and mounted with the object of drawing attention to the dangers to children who may eat poisonous plants. Colour transparencies of common poisonous plants, berries and fungi found in woods, fields and gardens were shown on a daylight screen at the rear of the display.

GENERAL

Information and material regarding Health subjects required for the preparation of projects by students, etc. was supplied or loaned by the Health Education Section to: students from Eastbourne Training College, Chelsea College and Eastbourne College, school children, Youth Club leaders, Health Visitors and students, Civil Defence Officers, Hotel Managers, parents, etc.

HOME NURSING

Establishment

Superintendent

Deputy Superintendent

Senior Nurse

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

The Superintendent reports:

The caseload increased by 240 patients and the number of visits made increased by over 700 during 1967, which gives some indication of the increasing demands being made on the Service. Each year we seem to be at full stretch but somehow manage to cope with additional work when it arises. This is a situation which clearly can continue only to a certain measurable extent and staff increases to deal with increased demands will shortly have to be made. In a town such as this with about 30 per cent of the population over 65 years of age the number of persons coming to our notice in need of help increases proportionately as does the number of working contacts made with other branches of the National Health Service—particularly the general medical practitioners. It is logical to assume that the intended attachment of District Nurses to each doctor's surgery in the town will need more staff than those forming the attachment since the problems "unearthed" by attachment are likely to be too numerous to be dealt with solely by the Nursing Sister forming the attachment.

Last year's new venture of supplying District Nurses with locally prepacked sterile dressings has proved successful and saved much time. The basic kit has now been extended and a hotel dressing pack is available which includes forceps and gallipot.

In two areas of the town a Senior Nurse, S.E.N. and Nursing Auxiliaries combine under the immediate direction of the Senior Nurse to form a Nursing team. This has proved to be an efficient and successful method of staff deployment which will be extended during 1968.

The year 1967 saw the departure of my Deputy, Mrs. J. E. Jerratt, who had been in the Home Nursing Service for 19 years. The best wishes and thanks of all members of the Department went with her when she left to take up an appointment as Matron of our newest Old Persons Home. Mr. R. S. Newman was appointed as her successor—the first time that Eastbourne has had a male deputy Nursing Officer.

Difficulty was experienced in the early part of the year in appointing suitable State Enrolled Nurses but recruitment improved later.

I would like to thank all members of the Home Nursing Department, both nursing and clerical, and also the St. John Ambulance Brigade for their continued loyal support and co-operation.

A summary of the year's activities is given below:

	<i>Total</i>	
	<i>Patients</i>	<i>Visits</i>
Medical	1,687	54,304
Surgical	314	9,653
Infectious disease (including tuberculosis) ..	—	—
Maternal complications ..	24	190
Others	173	2,632
	<hr/> 2,198	<hr/> 66,779

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

Convalescent	..	..	..	535
To hospital	..	..	..	325
Deaths	..	..	..	166
Other causes	..	..	..	585
				<hr/> 1,611 <hr/>

VACCINATION AND IMMUNISATION DURING 1967

A—Smallpox Vaccination

		<i>Primary Vaccination</i>		<i>Re-vaccination</i>	
		<i>By Staff of Health Department</i>	<i>By General Practitioners</i>	<i>By Staff of Health Department</i>	<i>By General Practitioners</i>
Under 1 year	..	4	34	—	—
1-2 years	..	269	162	—	—
2-5 years	..	49	24	—	9
5-15 years	..	—	14	—	49
		322	234	—	58
		556		58	
		614			

B—Diphtheria Immunisation

The age groups and numbers immunised were:

<i>Year of birth</i>	<i>By medical staff of the Department</i>	<i>By General Medical Practitioners</i>	<i>Total</i>
1967	146	160	306
1964-1966	222	113	335
1960-1963	26	2	28
1959-15 years	8	9	17
	<hr/> 402	<hr/> 284	<hr/> 686 <hr/>

REINFORCING DOSES

The age groups and numbers were:

<i>Year of birth</i>	<i>By medical staff of the Department</i>	<i>By General Medical Practitioners</i>	<i>Total</i>
1964-1966	290	136	426
1960-1963	483	139	622
1959-15 years	18	29	47
	<hr/> 791	<hr/> 304	<hr/> 1,095 <hr/>

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

C—Whooping Cough Immunisation

<i>Year of Birth</i>	<i>By Medical Staff of the Department</i>		<i>By General Practitioners</i>		<i>Totals</i>	
	<i>Primary</i>	<i>Reinforcing</i>	<i>Primary</i>	<i>Reinforcing</i>	<i>Primary</i>	<i>Reinforcing</i>
1967	146	—	157	—	303	—
1964–1966	221	286	112	123	333	409
1960–1963	25	323	2	87	27	410
1959–15 years	6	10	—	8	6	18
Totals	398	619	271	218	669	837

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

<i>Year</i>	<i>Cases notified</i>			
1963	10
1964	20
1965	2
1966	8
1967	1

D—Tetanus Immunisation

<i>Year of Birth</i>	<i>By Medical Staff of the Department</i>		<i>By General Practitioners</i>		<i>Totals</i>	
	<i>Primary</i>	<i>Reinforcing</i>	<i>Primary</i>	<i>Reinforcing</i>	<i>Primary</i>	<i>Reinforcing</i>
1967	146	—	162	—	308	—
1964–1966	221	290	113	138	334	428
1960–1963	26	483	3	141	29	624
1959–15 years	8	16	58	73	66	89
Totals	401	789	336	352	737	1,141

E—Vaccination against Poliomyelitis

<i>Year of Birth</i>		<i>By Health Department Completed Courses</i>	<i>By General Practitioners Completed Courses</i>
1959–15 years	..	45	10
1960–1963	..	57	9
1964	..	13	1
1965	..	13	9
1966	..	220	100
1967	..	150	155
Totals	..	498	284

In addition, 607 booster doses were given to children at sessions held in the Local Authority schools, and 190 booster doses were given to children by medical practitioners.

THE EASTBOURNE AMBULANCE SERVICE

The Eastbourne Division of the 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 service for both areas is administered by the County Borough Council subject to reimbursement of a proportion of costs by the County Council. It is therefore appropriate to show in statistical tables the amount of work done for each Authority.

The Superintendent reports that demand for services has increased from the customary sources. Removals by helicopter, once considered exceptional are now, although not commonplace, accepted as part of an efficient service.

Visitors taken ill whilst on holiday in Eastbourne again gave rise to long rail journeys for our escorts who travel with these people to their destination. The escorts are drawn from the Ambulance and Nursing Divisions of the Eastbourne St. John Ambulance Brigade.

When a well known hotel in Eastbourne caught fire one night in September, the ambulance service was alerted and removed thirty-five people to the Civil Defence Training Ground Reception Centre in Willingdon Road.

In July all ambulances were equipped with two-tone horns. In July the service was commended on its high standard of vehicles at the Annual Inspection. In June at the Ambulance Officers' Regional Competitions held at Battersea Park, the Eastbourne team gained the highest marks in the First Aid Section.

PERSONS CARRIED AND MILEAGES, 1963-1967

Year	EASTBOURNE						EAST SUSSEX						Totals	
	Ambulance		Sitting cases		Training Centre (DPV)		Ambulance		Sitting cases		Training Centre (DPV)		Persons	Miles
	Persons	Miles	Persons	Miles	Persons	Miles	Persons	Miles	Persons	Miles	Persons	Miles		
1963	8,413	39,644	15,377	51,874	9,980	10,778	884	9,150	3,931	23,311	2,777	4,556	41,362	139,313
1964	7,375	37,412	17,230	57,979	11,048	13,549	984	9,159	4,656	24,792	1,886	4,817	43,179	147,708
1965	8,008	40,036	16,119	55,925	13,443	16,393	1,117	9,487	4,547	24,374	2,064	4,092	45,298	150,309
1966	8,041	38,892	16,027	55,386	11,006	16,821	1,247	9,870	4,890	26,148	2,530	4,100	43,741	151,217
1967	8,207	40,801	19,287	64,229	10,500	16,604	1,095	9,561	5,170	26,705	2,852	4,400	47,111	161,580

The service is called upon to convey a large number of patients to and from the local railway station.

In the year under review 259 patients were transferred by rail.

ORIGIN OF CALLS (EASTBOURNE AREA ONLY)

Origin of Calls	Ambulances					Sitting Case Cars				
	1963	1964	1965	1966	1967	1963	1964	1965	1966	1967
Emergency calls and street accidents ..	1,268	1,176	1,123	1,295	1,523	43	39	35	45	45
Local Hospitals ..	2,569	2,707	2,782	2,888	2,572	1,200	1,230	1,221	1,188	1,157
Local Convalescent Homes ..	2	-	-	5	1	-	-	4	9	4
General Medical Practitioners ..	1,138	1,182	1,247	1,189	1,279	500	456	576	532	477
Maternity Homes ..	43	40	95	114	224	12	4	15	10	16
Nursing Homes ..	61	74	93	108	100	14	13	36	12	18
Ministry of Pensions ..	30	27	26	48	22	223	263	233	250	292
Other Ambulance Authorities ..	77	88	84	70	47	133	183	148	116	77
Mental Welfare Officers ..	19	15	19	22	20	26	20	77	19	409
Others ..	212	192	200	234	186	126	106	178	197	508
Out-Patients:										
Chest Clinic ..	155	155	137	158	164	404	339	298	358	317
Foot Clinic ..	2	-	-	-	2	465	545	824	1,131	1,369
Local Hospitals ..	2,567	1,631	2,028	1,852	1,973	10,359	11,997	10,599	9,920	12,775
Royal Sussex County Hospital, Brighton	270	88	174	58	94	1,872	2,035	1,875	2,240	1,823
Total Calls ..	8,413	7,375	8,008	8,041	8,207	15,377	17,230	16,119	16,027	19,287
Mileage ..	39,644	37,412	40,036	38,892	40,801	51,874	57,979	55,925	55,386	64,299

CARE AND AFTER CARE SERVICES

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

During the year eighteen persons received recuperative holidays at a cost to the authority of about £445. This is a valuable service, provided under Section 28 of the National Health Service Act 1946 in as much as it aims to prevent physical or mental breakdown or alternatively helps to speed recovery after illness. Help is given to approved cases, usually on the recommendation of the general practitioner. Both young and old proceed on recuperative holidays, the majority in the latter category who have either fought off illness and are at a low ebb or as is sometimes the case have nursed a relative and are exhausted as a result.

C—Loan Equipment

In common with the Home Nursing Service generally the Home Loan Service showed increased activity during 1967 and continues to reflect the inadequacy of the Hospital provision for the area. A glance at the table below confirms that the majority of items are borrowed to assist in the home care of bedridden and housebound patients, although there is a steady demand for walking aids and assorted gadgetry to assist the physically handicapped and disabled. Many of the articles borrowed for occupational therapy and rehabilitation are sold to the borrowers after a trial period during which the utility of the article is assessed. Half-size inflatable mattresses have proved their worth in preventing bedridden and helpless patients developing pressure sores. Walking frames are gradually increasing in popularity at the expense of tripods.

Protective clothing and disposable sheets for the incontinent are being used increasingly. Hoists for helping in the nursing of heavy disabled patients have a variable demand—available space being a limiting factor in some instances.

A Cavalier Air Extractor, loaned through the Marie Curie Memorial Foundation Welfare Grant Fund, has been used on three occasions. The extractor and the food liquidiser can be borrowed to help with the care of cancer patients.

I would like to thank Mr. Brewster, the Department's van driver, for collecting, delivering and assembling appliances. His cheerful willingness is appreciated by Nursing Staff, patients and relatives alike. I am also grateful to the continuing support of the Red Cross who help when additional equipment is required.

The figures given below indicate the growth of the Services:

	<i>Articles loaned</i>	<i>Number of Patients</i>	<i>Articles loaned free of charge</i>
1962	617	387	73
1963	723	522	106
1964	768	610	125
1965	924	701	150
1966	1,218	752	200
1967	1,506	871	219

<i>Type of Equipment</i>	<i>Stock held 31.12.67</i>	<i>No. of times issued in 1967</i>
Air rings and Sorbo rings ..	48	142
Back rests	21	96
Bath rails	8	14
Bath seats	21	45
Bedpans	26	149
Bedpans (rubber)	9	4
Bed tables	3	9
Bed sides	1 pair	2
Bedsteads	8	15
Bed lifts	3	—
Bed rails	1 pair	1
Blankets	42	3
Commodore	42	242
Deck chairs	1	3
Elbow and wooden crutches ..	23 pairs	29
Feeding cups	25	13
Fracture boards (large and small) ..	11 sets of 3	33
Leg cradles	16	57
Mackintosh sheets	36	149
Mattresses (hair and flock) ..	6	10
Mattresses (Sorbo and Dunlopillo) ..	13	11
Pillows (Dunlopillo)	2	1
Pillows (feather)	5	6
Pillow cases	24	28
Pulley (floor standing)	5	24
Pyjamas	6 pairs	2
Sheets (cotton—single)	18	25
Sheets (cotton—draw)	14	27
Sheets (flannelette)	4	—
Sputum mugs	17	1
Toilet aids, lavatory frames ..	11	11
Toilet seats (inflatable)	4	3
Toilet seats (raised)	9	10
Towels (huckaback)	32	—
Towels (Turkish)	13	—
Tripod walking sticks	9	14
Urinals	36	109
Wheelchairs	18	111
Zimmer aids	30	93

There are certain items of equipment which have been given to the Department at various times. These are issued free of charge.

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.R.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.

E—Family Planning Service

The long established association between the local authority and the Eastbourne and District Family Planning Clinic was firmly cemented by the further implementation of the Minister of Health's recommendations in Circular 5/66. The authority now makes grants and payments in respect of the work of the Clinic on behalf of Eastbourne residents totalling approximately £500 per annum, and in addition supplies accommodation with ancillary services and some equipment for use in the clinic.

Sessions are held on Thursday afternoons and evenings and Monday afternoons. A local authority Departmental Medical Officer attends the Monday I.U.D. Clinic by arrangements with the Family Planning Clinic. Again in conjunction with the authority a domiciliary service is provided for mothers who cannot readily attend the clinic.

It is of interest to note that by far the greatest individual source of referral of new applications for advice, etc., was through persons who had previously attended the clinic.

F—Sitter-in Service

	1965	1966	1967
Households	85	97	138
Nights	380	279	426
Days	154	39	105
Number of sitters used ..	25	20	15
Private nurses used ..	3	1	1

This service is provided by married and retired women who may or may not be trained nurses. They are, however, all familiar with tending the sick and can cope with a sick person for an occasional night or day. The "sitters-in" usually have their own homes to run which limits their availability to a maximum of three nights a week in most cases. Nevertheless much help is afforded to patients and relatives. Relatives with no one to relieve them from within their own family-circle particularly benefit from the relief provided by the Local Authority. As can be seen from the table the service was used to a far

greater extent in 1967 than hitherto. The incidence of malignancy requiring night care remains high and the Marie Curie Foundation Night Nursing Service was used regularly throughout the year.

I offer my thanks to the loyal and willing helpers who turn out often at considerable inconvenience to themselves.

G—Tuberculosis

NOTIFICATION REGISTER

		<i>Respiratory</i>		<i>Non-Respiratory</i>		<i>Total</i>	
		<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
ON REGISTER							
1st January, 1967	..	178	125	15	15	193	140
<i>Add:</i>							
Notifications	..	7	1	—	2	7	3
Transfers ..	..	3	4	—	—	3	4
Posthumous							
Notifications	..	—	—	—	—	—	—
Found on Death							
Return ..	..	—	—	—	—	—	—
		188	130	15	17	203	147
<i>Less:</i>							
Deaths ..	..	5	1	—	—	5	1
Left Town	..	3	1	—	1	3	2
Arrested ..	..	2	4	—	—	2	4
		10	6	—	1	10	7
ON REGISTER							
31st December, 1967		178	124	15	16	193	140

AGE GROUPING OF NEW CASES

<i>Age Groups</i>		<i>Respiratory</i>		<i>Non-Respiratory</i>		<i>Total</i>	
		<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
0-5	..	—	—	—	—	—	—
5-10	..	—	—	—	—	—	—
10-15	..	—	—	—	1	—	1
15-25	..	—	—	—	—	—	—
25-45	..	2	—	—	—	2	—
45-65	..	4	—	—	—	4	—
Over 65	..	1	1	—	1	1	2
		7	1	—	2	7	3

The Registrar General's return of causes of death indicates that two persons died from respiratory tuberculosis, aged 67 and 71 years. There were no deaths from non-respiratory tuberculosis. The death rates per 1,000 population were:

Respiratory 0.029

Extra nourishment granted to person suffering from tuberculosis:

Liquid milk—

Quantity supplied 5,581 pints

Number of cases assisted 21

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	..	..	..	10
5-15 years	..	..	..	8
Over 15 years	..	..	..	9

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

(i) Number skin tested	..	..	546
(ii) Number found negative	..	..	478
(iii) Number vaccinated	..	..	478

C—STUDENTS ATTENDING FURTHER EDUCATION ESTABLISHMENTS

(i) Number skin tested	..	..	26
(ii) Number found negative	..	..	18
(iii) Number vaccinated	..	..	18

MASS RADIOGRAPHY

The East Sussex Mass Radiography Unit under the direction of Dr. B. G. Rigden paid regular visits to Eastbourne for the prime purpose of examining patients referred by general practitioners. New staff of Local Authority Departments were asked to attend for X-ray if the scrutiny of their completed medical statement form indicated it, as were other employees medically examined for other purposes.

Reproduced below is an extract from the Annual Report for 1966 of the Mass Radiography Unit which gives an indication of the work done by the Unit within the County Borough area. 1967 figures are not yet available.

	No. of Visits	Numbers examined			Findings												Total abnormalities		
					T.B. requiring treatment or close clinic supervision			T.B. requiring occasional clinic supervision			Bronchial Carcinoma			All other abnormalities					
Male	Female	Total	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.					
Doctors Referrals	19	403	370	773	1	1	2	3	4	7	6	3	9	137	86	223	147	94	241
Other Examiners	9	2,007	2,534	4,541	2	—	2	2	2	3	2	—	2	92	91	183	98	94	192
Total	28	2,410	2,904	5,314	3	1	4	5	7	12	8	3	11	229	177	406	245	188	433

H—Chiropody Service

The Local Authority operated chiropody service commenced operation in 1960. Since that time it has shown a steady growth rate which is more precisely indicated by the table printed below. This is an important service because it not only relieves pain but enables a fuller life to be enjoyed once mobility is restored.

Apart from the regular sessions held at Clinics and Old People's Homes, domiciliary visits were also arranged. Transport to Clinics was provided in certain cases. The elderly and handicapped are the main recipients of the service, although school children received treatment when necessary. The standard charge remained unchanged at 9s. for two feet and 6s. for one foot treated. The majority of patients are eligible for free treatment. The remainder are either assessed to pay according to their means or elect to pay the full charge.

There is of course, no charge for the residents of the Authority's Homes or for school children. Of the number of cases treated, assessments were as follows:

Free to scale	..	..	..	..	728
Scale charge	..	..	..	..	9
Full cost	..	..	..	..	310
Special cases—					
Free	..	..	..	..	1
Charged		..	..	..	—
Total at December, 1967	..	..	..	..	1,048*

*523 of whom were in receipt of Social Security supplement

Year	At Authority Clinics								Old Persons Homes	Chiropodists employed
	Aged Persons						Schoolchildren		No. of sessions	Full-time equivalent
	No. on books at 31st Dec.	Increase on previous year	New Cases in year	No. of treatments given in year (incl. Dom.)	No. of Clinic sessions (excl. Dom.)	Domiciliary visits	No. treated	No. of treatments		
1960	300	—	—	—	—	—	—	—	—	—
1961	400	100	150	2,293	347	100	80	173	86	1.0
1962	450	50	160	2,621	391	126	44	126	57	1.0
1963	550	100	180	2,960	458	145	32	111	78	1.2
1964	633	83	181	3,062	525	170	20	76	71	1.2
1965	741	108	315	4,282	659	272	27	128	103	2.0
1966	896	155	238	5,222	727	399	42	206	97	2.0
1967	1,048	152	317	6,102	834	504	38	117	131	2.5

I—Incontinence Pads Service

The growth of this Service is yet another indication of the increasing number of infirm persons receiving community care.

PADS ISSUED

1964	1,200
1965	2,000
1966	2,946
1967	6,016 plus 37 protective garments

Incontinence pads are issued from the Department on the recommendation of the nurse or general practitioner.

DISPOSAL

In the majority of instances disposal is effected within the confines of the home. Where there are excessive numbers of pads for disposal or grossly soiled pads, arrangements are made by the department for their collection and disposal at the Refuse Disposal Works.

J—Laundry Service for Incontinent Patients

This service has been provided for the past five years and is welcomed by those confronted with the problem of laundering soiled bedding, linen and clothing arising from nursing incontinent patients within the home. Articles are collected by departmental transport and returned after laundering at a local hospital.

HOME HELP SERVICE

Although the average number equivalent whole time Home Helps increased during the year under review, the number of hours help given to each case was the lowest for three years. Unfortunately this is not an indication of decreasing demand but is indicative of measures taken to spread available help over as many patients as possible.

There was a considerable turnover of staff influenced largely by more attractive conditions and pay in commercial undertakings and private households.

This situation is likely to remain unchanged as long as Eastbourne continues to attract large numbers of the elderly on retirement, thus perpetuating the imbalance of the population structure.

The following tables provide an indication of the work performed during the year:

	1963	1964	1965	1966	1967
No. of cases assisted	613	647	708	787	823
Average hours help per case per annum	82.7	86.5	86.4	93.4	84.7
No. of hours worked by Home Helps	50,700	55,985	57,184	66,101	69,772
No. of part-time Helps as at 31st December, 1967	45	47	55	63	62
Average E.W.T. Home Helps for year	23.2	25.5	26.2	32.32	33.43

ANALYSIS OF CASES IN WHICH DOMESTIC HELP WAS PROVIDED DURING THE YEAR*

(a) Maternity (including expectant mothers)	38
(b) Chronic sick	686
(c) Mentally disordered	10
(d) Others	89
Visits to cases by Supervising Staff ..	2,503

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

SUMMARY OF ASSESSMENTS

According to scale—

Full Standard charge	364
Reduced Standard charge	—
Free	40
Specially assessed cases—	
Reduced Standard charge	99
Free	33
†Cases reimbursed by Ministry of Social Security	287
Total for year	823

†At the time of writing persons at or below Supplementary Assistance level are no longer assessed to pay a contribution.

MENTAL HEALTH SERVICE

General

The remarks made last year concerning lack of information on patients continued to apply. It is, however, only fair to say that this was largely offset by the very close co-operation between the Local Authority Mental Welfare Officers and the staff, both Consultant and others, of Hellingly Hospital.

The Mental Welfare Officers have continued regular attendance at the weekly out-patients' clinic throughout this session, and this has greatly contributed to the knowledge of individual patients and has been of mutual aid both to this Authority and to the Hellingly consultants.

I would also like to pay a final tribute to the assistance given by the Chief Constable and his Officers in many individual cases and to express the hope that the same happy relationship may continue with the County Constabulary, who at the time of writing of this report have taken over following the amalgamation of the local Force.

Community Care

I hope it is true to say that the improvement in the public attitude towards mental illness, referred to in the last report, has continued. It is certainly true that persons in all walks of life avail themselves of

the facilities offered for treatment. It must nevertheless be admitted that there is a considerable need for education of the general public, from the view of acceptance in the community in particular, on such questions as the employment of known former mental patients.

The Hostel has continued to provide for mental patients with a minimum of staff working at times under great difficulty.

The work for local firms carried out by the Adult Training Centre is now an established fact and of mutual benefit.

Finally, thanks must once again be paid to the local branch of the Society for Mentally Handicapped Children, for all their interest and help.

Mental Illness

HOSPITAL CARE

<i>Mental Health Act, 1950</i>				<i>Males</i>	<i>Females</i>	<i>Total</i>
Section 5 (informal)	..	..	..	5	15	20
Section 25 (Observation, 28 days)	..	..	..	6	18	24
Section 26 (Treatment)	..	..	..	2	3	5
Section 29 (Observation in Emergency, 3 days)	..	..	..	3	4	7
Section 135 (Justices Warrant: Place of Safety, 72 hours)	..	..	..	—	1	1
Section 52 (Application to County Court)	..	..	..	—	1	1
				<u>16</u>	<u>42</u>	<u>58</u>
DISPOSAL OF PATIENTS						
<i>Hospital</i>				<i>Males</i>	<i>Females</i>	<i>Total</i>
Hellingly Hospital	..	..	..	15	38	53
St. Mary's, Eastbourne	..	..	..	—	1	1
Amberstone	..	..	..	—	1	1
Cane Hill	..	..	..	1	—	1
				<u>16</u>	<u>40</u>	<u>56</u>
				<i>1966</i>	<i>1965</i>	<i>1964</i>
TOTALS IN PREVIOUS YEARS	..	55	54	52	66	1963

Care and After Care

45 males and 154 females were referred to the department's officers for supportive care.

"The Yews" Hostel for Women

In residence at 1st January, 1967	..	..	..	12
Admitted during year	..	..	..	3
Discharged—				
To private accommodation	..	..	..	—
To Homes (N.A. Act)	..	..	..	1
To Residential Employment	..	..	..	2
To Psychiatric Hospital	..	..	..	1
To General Hospital	..	..	..	1
In residence at end of year	..	..	..	10

THE SUBNORMAL AND SEVERELY SUBNORMAL

Males

Six new cases were notified—one on discharge from hospital, two moved into area and three by the Local Education Authority. Four were removed from Register, two of these having died and two have left the area.

Females

Nine new cases were notified, one reported by Local Education Authority and eight moved into area. Nine cases were removed from Register, seven having left the area and two having died.

Training Centres and Hostels

	<i>Days Open</i>	<i>Total Attendances</i>	<i>On Register at 31.12.67</i>		
			<i>Eastbourne</i>	<i>East Sussex</i>	<i>Other Authorities</i>
Salehurst Road (Adult Centre)	220	4,550	13	15	—
Hazel Court Junior Training Centre	193	9,931	26	29	2
Hazel Court Hostel	193	2,291	4	9	—

Hospital Waiting List

No patient on the urgent waiting list for permanent care.

Short-Term Care

One patient was received into hospital for short-term care during the year, one to Guardianship Society and three to Hazel Court Hostel.

Position at end of 1967

	<i>Males</i>	<i>Females</i>
In hospitals and homes	51	30
Hospitals and homes at Local Authority expense	3	3
Under supervision by Brighton Guardianship Society at Local Authority expense	—	5
Under supervision	45	48
	99	86
	—	—

HAZEL COURT JUNIOR TRAINING CENTRE

Report of the Principal, Miss E. Burns

Social activities continue to arouse much interest both inside and outside the Centre. Our Christmas and Harvest Thanksgiving services attracted capacity crowds whilst our Sports day was the most successful yet. Visitors from all over the country continue to call. Some express

interest in teaching techniques, others in design; all seem content with what they see and hear.

This year, in February to be precise, we started using Language Master machines. These machines are a type of tape recorder which is manipulated by the trainee who inserts a card on which a word is clearly written and listens to the resulting emission from the machine. The resonance of the utterance plus the natural attraction to machinery with the added incentive of being able to play with the knobs and switches, have all contributed to the success of these machines as teaching aids.

The very shy non-speakers who usually sit with head bowed respond to the machine (when the teachers are ignored) and I am hopeful that much progress will be made by this category of trainee. The machine is also an aid to reading. Since the card is clearly printed and the machine utters the printed word, the trainees pick up useful words and improve their social sight vocabulary—words like “ladies” and “gentlemen” are cases in point.

The first three books in the Ladybird Series have been programmed by an elocutionist and to date this is as far as we have gone. At the moment we have two machines, but by next year we shall have four. I should like to take this opportunity of thanking the donors of these machines and assuring them that they are valuable teaching aids.

EASTBOURNE ADULT OCCUPATION/TRAINING CENTRE SALEHURST ROAD

During the year a total of 22 trainees received payment in return for outwork done at the Centre. Armour Pharmaceutical Co. Ltd. continued to supply material for outwork and the trainees have been busily engaged in winding sutures, labelling, stamping and packing various types of samples. Laundry work and the preparation of dressings was done for the clinics and nursing services of the Local Health Authority. In short every effort is being made to make conditions at the Centre comparable with those expected in sheltered employment.

The Eastbourne Association of Parents of the Mentally Handicapped continue to support us and we are very grateful for this.

At the end of the year there were 29 persons attending the Centre.

SECTION C

WELFARE SERVICES

Geriatric Welfare

Contributed by Dr. W. J. Wigfield, Deputy Medical Officer of Health

This work continues under ever-increasing pressure. The residential provision now amounts to 285 beds with the opening of Parker House on 9th May, 1967. Compared with this, the provision by the Housing Department of 111 bed-sittingroom flatlets with a warden, and 129 flatlets without a warden, together with our provision of three Geriatric Health Visitors and a Welfare Assistant, seems very meagre for the remaining 20,000 of the population in this age group.

The increasing frailty of the elderly population and the shortage of hospital beds has placed such pressure on the domiciliary services that preventive work is almost non-existent. The health surveys of the elderly carried out in conjunction with firms of general practitioners have had to cease. The health education classes for the elderly have stopped. Preventive visiting of the elderly at risk has been squeezed out by the pressure of urgent calls for help. The visiting and assessment of patients on the geriatric hospital waiting list has had to be transferred to the Home Nursing Service. Over all, the sole improvement during the year has been in the co-operation with general practitioners by geriatric health visitor attachment. This is now in its second year and is working very well. The doctors much prefer to have one health visitor with whom they can discuss all their geriatric problems, and one who already knows the patients concerned.

Much voluntary help could be obtained from schools, from young people tackling the new Duke of Edinburgh Community Service Award, from the churches, and from recently retired people, if there were the machinery to co-ordinate the help available and the services needed. An appeal to the Old People's Welfare Council was made during the year to help with aspects of the work suitable for voluntary service. This was rejected on the grounds of insufficient resources.

The main problems that the domiciliary service meet are accommodation, increasing frailty and inability of the relatives or neighbours to cope. Accommodation difficulties include the assessment of medical priority for the housing waiting list, because of unsuitable housing conditions, those facing eviction, and those needing a rest home or nursing home vacancy because our homes or the hospital cannot accommodate them.

Frailty results in failure to obtain adequate nourishment, inability to get about and inability to keep one's person and home reasonably clean. The Home Nursing and Home Help Service do a magnificent job, but there comes a point when it ceases to be a practical proposition, let alone an economic proposition. W.R.V.S. meals-on-wheels are stretched to the limit, and we are now having to advise on priorities for the waiting list.

Inability of the relatives and neighbours to cope often reflects the mental confusion of the elderly, and of all the difficulties met with, this is the one for which I have the most sympathy. Wandering at night, restless, eccentric and very often aggressive behaviour by day, if it has to be endured for long, can ruin family life and cause much suffering to adults and children alike. In many instances it is not in the interests of health of the family to persist with the modern doctrine of closing psychiatric beds, calling the resulting distressing situation "community care".

During the year, 53 short-term vacancies in our own homes have been booked to relieve relatives or to allow them to go on holiday. Holidays have to be booked in advance, and therefore vacancies in our homes have to be booked at the same time. A considerable amount of work is involved in ensuring that the few beds available for this purpose are put to maximum use.

I should like to thank the Housing Manager for his personal help and co-operation over the broad field where housing and welfare of the elderly meet. Without this, the task would have been very much more difficult.

Geriatric Services

(a) *Residential.* The problem of the waiting list remains acute whilst the non-urgent list is much the same as last year. At the time of writing this report the urgent list stands at 97, an increase of 52 over the previous year.

The new Home at Brassey Avenue, Hampden Park, is due for completion in March 1969 but, providing 50 beds, it is obviously full before it opens. The position for the future is affected by the Ministry deferment of plans for subsequent Homes due to the economic situation.

The frailty and infirmity, both physical and mental, referred to in the last report continues to be progressive and the situation is aggravated by the inability of the hospitals to provide sufficient geriatric beds. Once again, praise must be given to the supervisory and attendant staff at the Homes who have to bear the brunt of the problem.

In addition to the continued good work of the Occupational Therapist and the Handicraft Instructors, thanks must be accorded to the various bodies who have shown interest by visiting, providing entertainment and organising outings for the residents, in particular students of schools who have adopted Homes.

(b) *Community.* These services continue to be very important. Some idea of the work of the Geriatric Health Visitors and Social Workers may be deduced from the fact that there are approximately 1,600 elderly persons on the active "at risk" visiting list. Of these, 200 are visited monthly and 1,400 every three months.

There is also no doubt that from time to time the officers of the department become swamped by the demands made on them and indeed the officers suffer severe frustration when frequently they are unable to provide a satisfactory solution to a particular problem.

Residential Accommodation—Section 27 (i) (a)

Figures for the year were as follows:

1. CAVENDISH LODGE				<i>Men</i>
On 31st December, 1966	..	..	..	27
Admitted during the year	..	..	..	27
Discharged during the year	..	..	..	25
Died	..	..	..	3
On 31st December, 1967	..	..	..	26
2. TREVIN TOWERS				
				<i>Men</i> <i>Women</i>
On 31st December 1966	..	..	..	10 34
Admitted during the year	..	..	..	6 28
Discharged during the year	..	..	..	4 21
Died	..	..	..	3 5
On 31st December, 1967	..	..	..	9 36
3. STAVELEY COURT				<i>Women</i>
On 31st December, 1966	..	..	..	58
Admitted during the year	..	..	..	41
Discharged during the year	..	..	..	32
Died	..	..	..	8
On 31st December, 1967	..	..	..	54
4. ST. ANTHONY'S COURT				<i>Men</i> <i>Women</i>
On 31st December, 1966	..	..	..	9 39
Admitted during the year	..	..	..	15 33
Discharged during the year	..	..	..	13 32
Died	..	..	..	1 2
On 31st December, 1967	..	..	..	10 38
5. WILLOUGHBY COURT				<i>Men</i> <i>Women</i>
On 31st December, 1966	..	..	..	10 40
Admitted during the year	..	..	..	17 30
Discharged during the year	..	..	..	15 29
Died	..	..	..	1 4
On 31st December, 1967	..	..	..	11 37
6. THE WOLDS—Closed 10.5.67				<i>Women</i>
On 31st December, 1966	..	..	..	22
Admitted during the year	..	..	..	4
Discharged during the year	..	..	..	24
Died	..	..	..	2
On 31st December, 1967	..	..	..	—
7. PARKER HOUSE—Opened 9.5.67				<i>Men</i> <i>Women</i>
Admitted during the year	..	..	..	23 85
Discharged during the year	..	..	..	17 34
Died	..	..	..	— 3
On 31st December, 1967	..	..	..	6 48

8. VOLUNTARY HOMES				Men	Women
Searchlight Cripples Workshop	..	..		1	—
W.R.V.S. Home, Hove	..	..		—	2
St. Elizabeth's, Seaford	..	..		—	1
Salvation Army Home, Hassocks	..	..		—	1
Salvation Army Home, Westgate	..	..		—	1
Royal Hospital and Home for Incurables, Putney				—	1
Papworth Village Settlement	..	..		1	—
The Dell, Oulton Broad	..	..		—	1
Elim Eventide Home	..	..		—	3
St. Joseph's Convent, Brighton	..	..		—	2
Eothen Homes, Sutton	..	..		—	1
Holy Cross Priory	..	..		—	2
Croxley House, W.R.V.S.	..	..		—	1
Sussex House, Crossways Trust	..	..		1	—
Crossfield House, British Legion	..	..		1	—
Royal Alfred	..	..		—	1
Kingsdown, Hadley Green	..	..		—	1
Ardath, Bexhill	..	..		—	1
Bernhard Baron Homes	..	..		1	1
Greenway Methodist Home	..	..		—	2
Grosvenor House, Crossways Trust	..	..		1	2
Also resident during the year:				Men	Women
Nazareth House	..	..		—	2
St. Elizabeth's, Seaford	..	..		—	1
Castle Glen	..	..		—	1
Elim Eventide Home	..	..		—	2
Sutton House (Civil Service)	..	..		—	1
Ascot Priory	..	..		—	1
Crossways Trust	..	..		—	1
Dorincourt	..	..		—	1
Merlyn House	..	..		1	—
Cheshire Homes	..	..		—	1

Accommodation for the Temporarily Homeless

Section 21 (i) (b)

THE KNOWLE, OAK TREE LANE

This accommodation remains in the charge of the Children's Committee and the Children's Officer with officially one unit reserved for cases the legal responsibility of Section 21 (i) (b). During the year one emergency arose with a fire at a hotel as a result of which, in conjunction with the Civil Defence Corps, arrangements were made for temporary overnight accommodation of 39 persons.

Handicapped Persons—Section 29

(a) BLIND PERSONS

(i) *Incidence of Blindness*—During the year 53 B.D.8 forms for new cases were received; of these, 34 were registered as blind within the meaning of the Act, and 19 as partially sighted.

The recommendations for treatment were mainly medical and hospital supervision.

(ii) *Registration*—

Total at 31st December, 1966	..	..	216
Registered during year	..	..	34
Died during year	..	..	22
Transfers from other areas	..	..	10
Transferred to other areas	..	..	3

Total at 31st December, 1967	235
------------------------------	----	----	-----

		<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 5 years	..	—	—	—
Between 5 and 15 years	..	1	2	3
Between 15 and 30 years	..	1	—	1
Between 30 and 50 years	..	11	5	16
Between 50 and 70 years	..	24	26	50
70 years and over	..	56	109	165
		93	142	235

(iii) *Home Workers*—Two blind men were included in the Home Workers' Scheme of the National Institute for the Blind, one as a basket maker and one elocution and speech therapist.

Handicrafts. A weekly class with an average of 18 was held in the Social Centre for the Blind.

Braille and Moon lessons by domiciliary visits were given as required.

(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 88 partially sighted persons on the Register—15 males and 73 females.

(c) *DEAF AND DUMB*

The Chichester Diocesan Association for the deaf and dumb continued to act as the Council's Agents. An assistant missionary at Hastings visits Eastbourne cases, and facilities are available to visit the club at Hastings. It has not been possible to revive the part time club in Eastbourne. The total on the register at the end of the year was 21.

(d) *HARD OF HEARING*

The Eastbourne and District Hard of Hearing Association continues to provide an excellent service. The Secretary reports:

"The Association has continued to encourage all ways of overcoming the handicap of impaired hearing. Providing information about present facilities and increasing facilities when possible is an important but undramatic service.

In many cases financial aid has been given to provide special devices (visual aids, door-bells, alarm clocks, etc.). At the Association's request the Council authorised the installation of Hearing Aids in the Congress Theatre.

Social isolation is a particular hazard of the severely deafened. 227 visits have been made to the homebound; a clear speaker has been provided on several occasions for important interviews; three people (unable to use the telephone) have been referred to The Samaritans.

A Summer Outing was much enjoyed and the loan of the mini-bus to transport infirm people to fortnightly social meetings has been very helpful.

The Social Club has been well attended and thanks to the members' enthusiastic work the Annual Sale was most successful. A weekly Working Party was held for this event during the Autumn.

At the Annual Carol Service, which was well attended, Canon Sutcliffe of the Church of England Council for the Deaf came from Herts, and Mr. O. G. Prudden, Secretary of SERAD, came from Bedford to attend.

By courtesy of Dr. Vickery two recently released films were shown at Avenue House to a selected audience. Together with charts from the Institute of Sound and Vibration Research these films focused on the increasing problem of noise induced hearing loss.

Two other purely social meetings were arranged during the year to express appreciation to helpers (most of whom have impaired hearing) and interested local organisations.

With increased pressure of work a part-time stenographer has been essential. The Association is still hoping to find premises for storage of exhibition and other material."

The number of registered cases at the end of the year was 51.

(e) PHYSICALLY HANDICAPPED

The Eastbourne Association for the Disabled continued to act as agents for the Council. The Secretary reports:

"At the end of 1967 the Eastbourne Association for the Disabled had 169 disabled persons on its register, an increase of thirty on the previous year. The breakdown into types of disability is:

	<i>Cases</i>
Osteo or rheumatoid arthritis	65
"Stroke" and heart cases	25
Disabilities resulting from injuries or accidents ..	17
Multiple sclerosis	14
Polio cases	10
Spastics	7
Muscular dystrophy or other muscular defects ..	5
Bronchial or asthmatic conditions	5
Diagnosed Parkinson's disease	3

Among other disabilities are haemophilia, the after-effects of encephalitis lethargica, congenital deformities, etc.

The Association has 35 voluntary visitors and during the year 1,278 visits were paid to members. There were two theatre outings for members and a summer coach outing.

The Association continued to hold its weekly Handicraft Class and about 20 members attended, under the tuition of the qualified Craft Teacher. Transport for the Class and social functions is provided by the Association's voluntary drivers.

The number of Deeds of Covenant made to the Association increased and subscriptions also increased slightly. The Association's two stalls raised £108 at the three-day Sussex Handicraft Exhibition, and £37 was raised at a Handicraft Sale. More fund-raising activities are planned in order to increase the provision of "extras" such as holidays, supplementary fuel in winter, help with telephone and television charges, incidental equipment, and increased use of the Craft Teacher to homebound disabled."

Local Authority Assistance with Alterations—This important and valuable service continued to be of considerable assistance in enabling handicapped persons to live independent existences and during the year nine individuals were assisted with alterations at a total cost of £549 4s. 6d.

(f) EPILEPTICS

There is little to add to last year's observations but there is a continual need for help here, the extent of which is to a large extent unknown to the Department. One case continues to be provided with residential accommodation at Chalfont Colony. Close liaison in respect of individual cases are maintained with the Ministry of Labour, Youth Employment Officer and the Probation Service.

Old People's Organisations

MEALS ON WHEELS

It is regrettable to note that the waiting list referred to in the last report still remains. Thanks, however, must be extended to the W.R.V.S. for operating this admirable service. During the year 29,315 meals were supplied, an average of 115 per day, at a cost to this Authority of £418 17s. 3d. This does not take into account an additional 1,606 meals supplied from one of this Authority's residential homes and delivered through the Home Help Service.

OLD PEOPLE'S CLUBS

These continue at two full-time and eight part-time clubs in addition to special activities by churches and various voluntary organisations for elderly persons.

EASTBOURNE OLD PEOPLE'S WELFARE COUNCIL

It is regretted that the hopes of this body expressed in the 1966 report have not been realised. Whilst many of the representative bodies continue to provide a valuable service, the Council has so far failed to function as a focal point of local activities for the elderly.

Registration of Homes—Section 37

During the year there were three new registrations and two closures, and at the end, twenty-five homes provided 176 beds. Many of these homes have completed the recommendations of the Fire Service and these recommendations are obligatory in new applications prior to registration. Whilst the value of regulations under the Building Bye-Laws is appreciated, it must be admitted that the severity of these has in some cases dissuaded certain applicants from proceeding and in view of the need for this type of accommodation, this is regrettable.

Care of Property

Work under this Section with particular reference to collection and delivery of gift furniture, continues to take up a considerable amount of staff time. At the end of the year the property of 34 persons was in care.

Burials

During the year 5 cremations and 7 burials were arranged at a total cost of £371 8s. of which sum £228 5s. 11d. was recovered (61·53 per cent.).

Occupational Therapy

The number of new patients referred for domiciliary occupational therapy has dropped very slightly this year, but repeat visits are frequently needed to patients already on the books, so the year has been as busy, if not more so, than last.

The type of patient referred has been generally more varied and a good deal of time spent on those suffering from rheumatoid arthritis. This has entailed some interesting work on aids and adaptations to their equipment.

In the Old People's Homes there is still the need for more residents to participate in the handicrafts and general social activities, but in many of the elderly, especially in the men, it is very difficult to stir any interest at all.

At the Sussex Exhibition for the Disabled in December a high proportion of the participating residents from the four Homes mentioned below gained good awards. This was very encouraging for the old people, and this year those entrants who were physically able, were taken to the Winter Gardens to see their work on show.

The work of the Occupational Therapist and her Assistant is summarised below.

Trevin Towers	..	..	46 visits
Willoughby Court	..	..	50 visits
Staveley Court	..	..	50 visits
Parker House..	..	..	33 visits (May–December)
New patients for domiciliary work	..	..	23
Total number of visits to domiciliary patients	..	..	260

SECTION D

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Notifications

The reported incidence of notifiable infectious disease remained generally low although measles was fairly prevalent and accounted for about 90 per cent. of all notifications. It will be interesting to note the effect of measles vaccination. No cases of poliomyelitis were notified during the year.

There were three confirmed cases of food poisoning each case being an isolated incident.

- Case 1—*Salmonella panama* isolated. Origin of infection/contamination unknown.
- „ 2—*Salmonella typhimurium* isolated. Scrambled egg thought to be the vehicle of infection, but source of contamination unknown.
- „ 3—*Salmonella enteritidis* Jena variety isolated. Origin of infection/contamination unknown.

Notifications of Infectious Diseases (Corrected)

<i>Notifiable Disease</i>	<i>All ages</i>	<i>0-5</i>	<i>5-15</i>	<i>15-45</i>	<i>45-65</i>	<i>65 and over</i>	<i>Unknown</i>
Scarlet Fever	14	5	9	—	—	—	—
Whooping Cough	1	1	—	—	—	—	—
Measles	626	363	246	12	2	—	3
Acute Pneumonia	2	—	—	—	1	1	—
Erysipelas	5	—	—	1	—	4	—
Food Poisoning	3	—	1	—	2	—	—
Tuberculosis (Respiratory)	8	—	—	2	4	2	—
Tuberculosis (Other)	2	—	1	—	—	1	—
Puerperal Pyrexia	14	—	—	14	—	—	—
Dysentery	8	2	3	3	—	—	—
Totals	683	371	260	32	9	8	3

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.

Details are given below of the notifications received and the number of successful contacts made in 1967. It should be noted that the Eastbourne Hospitals Group, in co-operation with this department, made their own contacts with immigrants employed by them.

LONG STAY IMMIGRANTS

Notification of arrival	77
Successful contacts made by:	
Public Health Inspectors	22
Health Visitors	19
Eastbourne College	4
Eastbourne Hospitals	32
	—
	77

COUNTRY OF ORIGIN

Commonwealth Countries:

Carribean	4
India	3
Other Asian	1
African	2
Other	4

Non-Commonwealth Countries:

European	50
Other	13
	—
	77

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 acknowledgement is given for their ready assistance and co-operation at all times.

Venereal Diseases

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

New cases attending the centre from the Hospital Catchment Area are shown in the table below. The figures in brackets relate to 1966.

<i>Condition</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis	1 (0)	0 (0)	1 (0)
Gonorrhoea	10 (4)	0 (1)	10 (5)
Other Conditions	51 (29)	5 (15)	56 (44)

One of the least pleasing tasks falling upon the staff of the department is the occasional attempt to trace persons suspected to be a source of infection and, if successful, persuading them to undergo treatment.

SECTION E

ENVIRONMENTAL HEALTH

Water Supply

Sewerage and Sewage Disposal

Public Baths

Report of the Chief Public Health Inspector

WATER SUPPLY

The water supply of the Borough is provided by the Eastbourne Waterworks Company. The bulk of the supply is obtained from a well in the Downs in the Parish of Friston about three and a half miles from the centre of Eastbourne. Over two miles of heading, lying at a depth varying from 120 to 400 ft. feed a well 120 ft. 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 reliable yield of the station is approximately $2\frac{1}{2}$ million gallons per day and the total quantity pumped during 1967 was 797 million gallons.

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

The Company's Cornish Pumping station, which is situated at Wigden's Bottom between Belle Tout and the main Eastbourne road, has headings in the chalk ranging in depth from 200 to 300 feet, some 700 yards in total length. This station provided 271 million gallons during the year 1967.

A further quantity of 529 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 for approximately one mile inland. The depth of this heading varies from 25 to 300 feet. During the year 191 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. Sixty-six chemical and 734 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:

BACTERIOLOGICAL EXAMINATION

Date of Report—21.8.67.

Plate Count Agar-Agar	37° C., 24 hours	..	nil per ml.
Plate Count Agar-Agar	37° C., 48 hours	..	nil per ml.
Plate Count Agar-Agar	20–22° C., 72 hours	..	nil per ml.
Probable number of Coliform Bacilli, MacConkey, 2 days, 37° C.	..	..	nil per 100 ml.
Probable number of E. Coli (Type 1)	..	..	negative per 100 ml.

REMARKS:

Ministry of Health (Report 71) Classification .. Class 1
Excellent.

PHYSICAL AND CHEMICAL ANALYSIS

Date of Report—22.11.67.

PHYSICAL

Taste, odour, colour (Hazen), turbidity (FE) ..	nil
Conductivity	400 Rec. Megohms
Total solids (dried at 180° C.) ..	358.0 mg/1
Suspended solids	nil
pH	7.4

CHEMICAL

Alkalinity (as CaCO ₃) ..	184.0 mg./1	Fluoride	0.12 mg./1
Total Hardness (as CaCO ₃) ..	212.0 mg./1	Chlorine (free) ..	— mg./1
N.C.H. (as CaCO ₃) ..	28.0 mg./1	Chlorine (total) ..	0.2 mg./1
Ammonia (free and saline) ..	nil mg./1	Copper	nil mg./1
Ammonia (albuminoid) ..	nil mg./1	Zinc	nil mg./1
Nitrate (as N.) ..	— mg./1	Lead	— mg./1
Nitrite (as N.) ..	nil mg./1	Iron	nil mg./1
Free Carbon Dioxide ..	15.0 mg./1	Manganese	nil mg./1
Dissolved Oxygen ..	11.3 mg./1	Aluminium	— mg./1
Oxygen absorbed ..	nil mg./1	Calcium	41.0 mg./1
(4 hours at 27° C.)		Potassium	1.9 mg./1
Detergents	— mg./1	Sodium	27.0 mg./1
Chloride	39.4 mg./1	Silica	8.0 mg./1
Sulphate	9.0 mg./1		

REMARKS

This water is bright and clear in appearance, moderately hard in character (mainly temporary hardness) and free from any excess of organic or saline impurity. Analysis indicates a water of excellent chemical purity suitable for public supply.

SEWERAGE AND SEWAGE DISPOSAL

Work has continued in connection with the new sewer outfall at Langney Point. The assembly of the 2,100 feet of discharge pipe has taken place on land ready for its launching on to the bed of the Channel. Work in connection with the associated new pumping station has made satisfactory progress.

The new sewerage scheme for the housing development area at Langney has been completed.

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. Extensive adaptations and renewal of plant are planned to be carried out following the closure in October this year to enable the

pool to remain open throughout the year in future. During the 1967 season twenty-one 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	..	..	23,187
Private Schools	..	..	67
Youth Organisations	..	..	1,652
Handicapped persons	..	..	41
General Public	..	..	13,044
			<hr/> 37,991 <hr/>

The number of users in the previous five years were:

1962	..	..	..	..	26,266
1963	..	..	..	..	20,959
1964	..	..	..	..	31,767
1965	..	..	..	..	30,780
1966	..	..	..	..	24,393

Individual Baths

The number of users were as follows:

	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>O.A.P.</i>	<i>Total</i>
Old Town ..	1,581	776	186	1,896	4,439
Seaside ..	6,711	2,043	203	2,703	11,660
	<hr/> 8,292 <hr/>	<hr/> 2,819 <hr/>	<hr/> 389 <hr/>	<hr/> 4,599 <hr/>	<hr/> 16,099 <hr/>

Devonshire Swimming Baths

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

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

Other Swimming Baths

Five other swimming pools, two privately owned, and the other three at schools or colleges, are in use. Sixty samples were taken from these pools and, generally, were of a satisfactory bacteriological standard.

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

EDWARD EDLINGTON, Cert. R.S.H.

Comparison of the tables which follow with those in previous annual reports shows increased activity in housing work and in hygiene of food premises. To Mr. A. Matthews, appointed Senior Inspector with responsibility for the hygiene of food premises, and to Mr. T. Matthews, district inspector with the added responsibility of housing work, goes my appreciation not only for increased productivity, but for their initiative and enthusiasm. Both these sections are developing in a way which will necessitate some increase in establishment, or at the least some redeployment of labour.

Our two students, Mr. Geoffrey Eysenck and Mr. Graham Rutland and our Technical Assistant, Mr. Sidney Hall, are all engaged in part-time training courses. Their thirst for knowledge keeps the rest of the staff on their toes and all three have done an excellent year's work both at College and for the Authority.

As many visits have had to be made for the purposes of meat inspection, as in previous years, despite the "kill" figures which are only half of what they were five years ago. Mr. Richards and Mr. Howard have successfully steered meat, fish and dairy traders through another year without too many problems.

My Deputy, Mr. F. T. Rippin, has made "child's play" of his district work and managed to quietly handle several other projects including some research in collaboration with the Eastbourne Water Company on our town's water supply.

In expressing my appreciation to all members of staff for the increased productivity called for last year, I would add that much of the enthusiasm was engendered in the office of our ever cheerful "maid of all work", Miss G. Woods.

General Summary

Visits and inspections made by the Public Health Inspectors in 1967:

For general public health purposes	..	2,263
Inspections under the Housing Acts, etc.	..	1,967
In connection with food and to food premises		3,201
Infectious disease control visits and investigations	.. .. .	150
Prevention of Damage by Pests Act, 1949	..	309
SO ₂ and Smoke Recordings	..	923
Offices, Shops and Railway Premises Act, 1963	.. .. .	635
Visits for miscellaneous purposes	..	1,114
		<hr/> 10,562
Food animals inspected at slaughterhouse	..	12,422

FOOD HYGIENE REGULATIONS

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 19
Bakers and Bakers' Shops ..	40	38	40	39
Butchers	39	35	39	38
Confectioners	64	64	33	33
Dairies	2	2	1	1
Fish and Fried Fish ..	28	27	28	28
Fruiterers and Greengrocers ..	58	54	47	47
Grocers, Provision and General Stores	108	108	108	108
Hotels and Guest Houses, etc.	414	*	414	414
Meat Depots	3	3	3	3
Ice Cream Manufacturers ..	9	9	9	9
Ice Cream Stores	3	3	3	3
Public Houses and Hotels with Open Bars	62	59	62	60
Restaurants, Cafes and Snack Bars	130	129	130	130
Residential Homes, etc. ..	39	39	39	39
Schools	41	41	41	41
Slaughterhouse	1	1	1	1
Wholesale Manufacturers ..	3	3	3	3

*Situation being re-assessed

Inevitably, in a resort such as Eastbourne, matters appertaining to food hygiene must be high on the list of priorities of environmental hygiene work, and to achieve this more fully it was deemed expedient during the course of the year that one of the Public Health Inspectors be designated as a Senior Inspector with special responsibility for this work, and much of the time during the year was spent by this officer in "getting to know" premises with which he had not hitherto been connected.

No section of society will ever be perfect, but it is fair to say that the very great majority of firms or individuals operating food premises, be it hotel, restaurant, or shop, etc. within the Borough, endeavour to achieve satisfactory standards in relation to premises, personnel and practices, although on occasions they unwittingly or unintentionally infringe current Regulations, *e.g.* first aid equipment not available or lacking in some degree, outdoor clothing in food rooms, or the appropriate notices concerning hand washing not exhibited.

But we recognise there are, and are always likely to be, a small minority in any society or group who just manage to keep on the right side of the law, and it is on these that our attention must primarily be focused, and although improvements are often painfully slow we do, by the adoption of appropriate action applicable to the case, usually see some effects of our approach.

A special survey was carried out at all licensed premises during the year and it is gratifying to note that the hygiene and facilities provided were of a generally satisfactory standard.

This, of course, is due in no small measure to the licensees accepting the responsibility of providing for their clients clean, attractive and comfortable amenities, but at the same time the system of annual licensing whereby the condition of the premises is taken into account has an important bearing on the maintenance of good standards and it is perhaps a system which could be well advocated for certain sections of the food industry, using that term in the broadest context.

Excellent liaison is established with the school meals service and I feel we must pay tribute to Miss Groves (School Meals Organiser) and the staff under her control, for the maintenance of very high standards in the school canteen kitchens.

More and more retail shops are selling milk by retail, and in all cases these must first of all be registered with the Council as distributors of milk. A survey of such premises indicated that the conditions of storage and exposure for sale were not as satisfactory as they should be, and towards the end of the year all distributors were circulated on the matter and improvements effected, but at the end of the year there were still some where circumstances were unfavourable.

The commencement of the year saw the advent of more stringent and specific Regulations pertaining to stalls and delivery vehicles and some in-road was made in seeing that vehicles complied with requirements, but at the close of the year the task was by no means completed, a particular difficulty being the installation of adequate hand-washing facilities on certain vans, due to lack of space.

Food Inspection

The year shows an increase over the previous year of 750 visits to inspect premises in connection with the safety of food. A total of 3,012 routine and 189 special inspections were made and a reasonably good standard was maintained. Owing to fixed contract prices and increasingly higher costs meat suppliers to schools and institutions found themselves in some difficulty but we had remarkably few complaints.

The Inspectors reported rather less misuse of frozen cabinets but the tendency to fill above the loading line still continues.

The inspection of freshly slaughtered carcasses continued as previously, a 100 per cent. inspection being maintained. For this purpose 563 visits were made to inspect 12,422 animals. Inspection of frozen meat was regularly carried out at the wholesalers' cold stores.

Fish inspection has been regularly carried out at the fish market to ensure satisfactory supplies and the standard of hygiene at the market has been maintained.

Poultry inspection has been carried out at wholesale stores and retail shops. There is little slaughter of live poultry carried on within the Borough—but inspection has been regularly carried out at retailing premises.

Slaughtering and Inspection of Food Animals

PREMISES

Some further progress was made during the year with regard to the hygiene of the premises. Cleaning routines were improved somewhat and some new equipment installed. Overall a reasonable standard was maintained. Again we have been grateful for management co-operation whilst they were experiencing staffing difficulties.

The kill figures vary little from the previous year but still remain considerably lower than five years ago.

Inspection

Very little inspection outside normal hours has been necessary and 100 per cent. inspection has been maintained, once again due to collaboration of staff and inspectorate. No formal agreement has been made but the single private slaughterhouse virtually operates a five-day week—Saturday mornings being almost entirely devoted to cleaning of premises.

Carcases and Offal Inspected and Condemned in Whole or in Part

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number killed	1,600	73	486	5,688	4,575
Number inspected	1,600	73	486	5,688	4,575
<i>All diseases except Tuberculosis:</i>					
Whole carcases condemned ..	2	6	4	8	15
Carcases of which some part or organ was condemned ..	789	53	7	612	658
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ..	49.4	80.8	2.3	10.9	14.7
<i>Tuberculosis only:</i>					
Whole carcases condemned ..	—	—	—	—	—
Carcases of which some part or organ was condemned ..	—	—	—	—	18
Percentage of the number inspec- ted affected with tuberculosis ..	—	—	—	—	0.4
<i>Cysticercosis:</i>					
Carcases of which some part or organ was condemned ..	6	—	—		
Carcases submitted to treatment by refrigeration	6	—	—		
Generalised and totally condemned	—	—	—		

Food Premises

Visits and inspections made to food premises were as follows:

Dairies and Milk Distributors	..	..	142
Ice Cream Manufacturers	..	..	145
Ice Cream Retailers	..	..	178
Bakehouses	..	..	58
Butchers' Shops and Wholesale Depots	..	..	254
Meat Products Preparation Premises	..	..	52
Fish Shops	..	..	86
Fried Fish Shops	..	..	31
Other Food Shops and Stores	..	..	597
Hotel and Restaurant Kitchens	..	..	895
Slaughterhouses	..	..	563
Food samples taken	..	..	627
In connection with unsound food	..	..	189
Merchandise Marks Act, 1926	..	..	11

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	..	..	29
Grocers' and Provision Stores	..	..	14
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 and ultra-heat treated 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)	..	..	2
Distributors (persons)	..	..	95

Of these, four distributors sell cream only.

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

To Pasteurise Milk	..	..	1
Dealers' Licences to use the designation "Pasteurised"	..	..	94
Dealers' Licences to use the designation "Sterilised"	..	..	24
Dealers' Licences to use the designation "Untreated"	..	..	4
Dealers' Licences to use the designation "Ultra Heat Treated"	..	..	3

(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 subjected to the Penicillin Test.

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

(i) Chemical Analysis

Eight samples were submitted for analysis, one of which was Channel Island Milk. The results indicated that the local milk supply was of a good quality. The average fat and non-fat solids (excluding Channel Island Milk) was 3.6 per cent. and 8.7 per cent. compared with the prescribed standard of 3.0 and 8.5 per cent. The Channel Island Milk contained 6 per cent. fat and 9.2 per cent. non-fat solids.

(ii) Bacteriological Examination:

Class of Milk	No. of Samples Tested	Appropriate Tests	Number of Samples		
			Passed	Failed	Void
Pasteurised and Tuberculin Tested		Phosphatase ..	72	—	—
		Methylene Blue	68	2	2
(Pasteurised)	72	Methylene Blue	11	4	1
Untreated	16	Turbidity Test	20	—	—
Sterilised	20	Colony Count			
Ultra Heat Treated ..	1	Test ..	1	—	—

Samples which failed the Methylene Blue Test were referred to the Divisional Milk Officer and to the dairy concerned.

(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-five samples were taken during the year and were tested also for *Brucella abortus*. M. tuberculosis was not found in any of the guinea pigs inoculated with the milk.

(iv) Penicillin Test.

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

Manufacture and Sale of Ice Cream

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

(a) Wholesale Manufacturer	1
(b) Manufacture and retail sale	11
(c) For the sale of ice cream	169
(d) For the storage of ice cream for the purpose of sale	3

Of the 323 visits and inspections made to these premises, 145 were to manufacturers' premises and 178 to retailers.

Sampling of ice cream was undertaken primarily to ascertain whether the product had been handled, stored/manufactured under clean and hygienic conditions. The samples are submitted to a test—known as the methylene blue reduction test—which gives an indication of the amount of bacterial activity. Dependant upon the time taken to decolourise the methylene blue the sample is then placed into one of four grades. Grades 1 and 2 are regarded as satisfactory and Grades 3 and 4 as unsatisfactory. To obtain a realistic approach it is necessary that the results from any particular source of supply should be read over a period and where conditions are satisfactory practically every sample should fall within the higher grades and an isolated Grade 3 or 4, whilst being viewed with suspicion, would not cause undue alarm. But where the lower grades consistently occur it is a clear indication of unsatisfactory methods of production or storage or handling (or a combination of these).

The following indicates the gradings of the samples taken:

<i>Grade</i>					<i>Number</i>	
1	..	..	..	..	96	} 177
2	..	..	..	..	81	
3	..	..	..	..	39	} 80
4	..	..	..	..	41	

Fifty-eight of the samples were of soft ice-cream, 27 being in Grades 1 and 2.

Experience has shown that the products of the nationally operated ice cream companies rarely give cause for concern when stored and sold in the wrapped state as supplied, but where these products are to be served by way of spoons, scoops, dippers or spatulas, there is often a marked decline in the grading from the opening of the can. For this reason, the sampling was concentrated on premises where service was from bulk or loose ice cream, and although the numbers in the lower grades may appear to be high, this enabled us to give appropriate advice and succeeding samples usually showed an improvement.

Of comparatively recent years there has come into use machines for producing what is commonly called soft ice cream. This is a machine which feeds ice cream directly into a cornet or other container. In the process a factory produced pasteurised or sterilised mix is poured into the machine and frozen as required. In view of the use of pasteurised/sterilised mixes, there should not be any difficulty whatever in obtaining the higher grade results, but it will be seen that of 58 samples of soft ice cream 27 were graded as unsatisfactory and, in our opinion, this is due to the inefficient cleaning/sterilising of equipment. The actual process of effective cleaning must be a daily routine done according to the makers' instructions. It is a time-consuming process involving the dismantling of the machine and use of bactericidal liquids in approved quantities. Advice was given as necessary and it is pleasing to note that towards the end of the sampling period results were much more satisfactory.

In this connection, it may be interesting to note that although all premises used for the purpose of sale or manufacture or storage of ice cream for sale (subject to exemption of premises used wholly or mainly as catering premises, etc.) must first be registered with the local authority, who may refuse such registration if not satisfied with the premises from a hygiene viewpoint, in the case of a mobile van with a soft ice cream machine, no such prior registration is required. We consider that in order to give more effective control the existing law should be amended to include vans in which ice cream is manufactured or from which such commodity is sold.

Unfit Food

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

Adexoline (botts.) ..	1	Ice Cream (gals.) ..	1
Baby Food (cans) ..	13	Jam and Marmalade (lbs.) ..	176
Baby Food (pkts.) ..	24	Jellies (pkts.) ..	13
Barmene (jars) ..	2	Mayonnaise (gals.) ..	2
Biscuits (lbs.) ..	25½	Meat and Offal (lbs.) ..	2,264½
Cereals (pkts.) ..	16	Meat (cans up to 4 lbs.) ..	329½
Cheese spread (cartons) ..	1	Meat (cans over 4 lbs.) ..	63
Chocolate (lbs.) ..	2	Meat Pies ..	2
Chocolate, drinking (cans) ..	1	Milk (cans) ..	14
Coffee, instant (jars) ..	10	Mustard (jars) ..	2
Cream (cans) ..	8	Olives (ozs.) ..	2
Custard Powder (lbs.) ..	2½	Poultry (lbs.) ..	193½
Cream slices, etc. ..	86	Puff pastry (lbs.) ..	2
Dream topping (pkts.) ..	3	Rice, creamed (cans) ..	7
Fish (cans) ..	197	Rosehip syrup (botts.) ..	3
Fish (stones) ..	30	Sandwich spread (jars) ..	1
Flour (lbs.) ..	50	Salt (pkts.) ..	3
Frozen foods (pkts.) ..	1,898	Sauces and pickles (botts.) ..	7
Fruit, fresh (lbs.) ..	370	Sausages (lbs.) ..	19
Fruit, dried (lbs.) ..	122½	Soft drinks (botts.) ..	963
Fruit (cans) ..	1,667	Soup (cans) ..	22
Fruit filling (lbs.) ..	84	Sugar (lbs.) ..	35
Golden Syrup (lbs.) ..	5	Tea (lbs.) ..	25
Ham (lbs.) ..	788½	Vegetables (cans) ..	886
Honey (lbs.) ..	19	Vegetables (lbs.) ..	7
Horlicks (jars) ..	1	Virol (jars) ..	5

In this connection, 198 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.

Sampling of Food and Drugs

We are again grateful for the co-operation of Mr. T. Rymer, the Public Analyst.

Six formal and 224 informal samples were submitted to the Public Analyst, of which 20 informal samples were found to be unsatisfactory. Sixty-four of the samples were drugs, and 10 were samples of fruit and vegetables submitted for examination for the presence of pesticide residues.

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.

Foods

APRICOTS, Preserved—Not of the quality expected in that it had absorbed a non-permitted colouring matter from the packaging material. (Home preserved by complainant).

CHEESE (2 samples)—Did not comply with the requirements of the Cheese Regulations, 1965, as amended.

CHEESE SPREADS AND CRAB—Did not comply with the requirements of the Cheese Regulations, 1965, as amended.

COLOURING MATTER—Contained a non-permitted food colour, namely Ponceau SX.

CORDIAL—The article had suffered deterioration owing to oxidation of the essential oils present.

DOUBLE WHIP TOPPING—No list of ingredients appeared on the label which did not therefore comply with the requirements of the Labelling of Food Order, 1953.

FLOUR—The flour was heavily contaminated with flour mites of the family Tyroglyphus.

FLOUR CONFECTIONERY—Contained foreign matter which consisted of soil or similar earthy matter.

GINGER BEER—Contaminated with yeast and contained extensive gelatinous material which contained masses of bacteria, entirely Acetobacter.

SAUSAGES, Beef (2 samples)—Consisted of preserved beef sausages containing 380 and 250 parts per million of sulphur dioxide.

SAUSAGES, Pork—Consisted of preserved pork sausages containing 360 parts per million of sulphur dioxide.

SAUSAGE MEAT, Beef—Contained an excessive amount of sulphur dioxide, namely 480 parts per million.

TINNED FRUIT—Did not comply with the requirements of the Labelling of Food Order.

Drugs

BORIC TALC DUSTING POWDER—1.4 per cent. deficient in boric acid.

GLYCERINE, LEMON AND HONEY—Consisted essentially of syrup with smaller proportions of glycerine, honey and other ingredients.

OPTONE—Numerous minute fibres were present in suspension. Substances for application to the eyes should be clear and virtually free from suspended matter.

SAL VOLATILE—24 per cent. deficient in free ammonia as judged by the minimum limit of the B.P.C.

SULPHUR OINTMENT—Deficient in sulphur to an extent of 7.8 per cent.

Bacteriological Sampling

Sixteen samples of cream and cream products and one sausage roll from local factories were taken for examination and returned as satisfactory.

During the year 56 complaints were received from members of the public concerning food sold to them and which, for a variety of reasons, were considered unsatisfactory. Of these, four, although made with good intent, were not substantiated, *e.g.* a packet of crumpets alleged to contain the head of a spent match—this proving to be nothing more than a charred piece of the actual confectionary. The remainder may be summarised as follows:

Food containing foreign matter (insects, string, wire, etc.)	30
Food affected with mould	15
Food in dirty containers and other circumstances ..	7

and related to the following categories:

Meat pies, etc.	10
Sausages	4
Sausage rolls	2
Milk	5
Flour and flour confectionery	8
Bread	8
Meat and meat products	10
Soft drinks	2
Miscellaneous	3

Each complaint is carefully investigated and where the food is manufactured or originates from outside the Borough, contact made with Public Health Inspectorate of the area concerned to ascertain the standards of hygiene at source, and also with the manufacturer or supplier. Whilst being mindful of the possibility of legal proceedings having to be considered, we sincerely believe that our primary objective should be to seek measures and give advice where possible to prevent a repetition of the complaint and that our efforts in this direction, coupled with a warning appropriate to the circumstances, achieve much more than punitive action.

Nevertheless, it was considered necessary in five instances to report the circumstances to the Public Health Committee and successful legal proceedings were instituted in two cases, formal warnings being given in the remainder.

Liquid Egg (Pasteurisation) Regulations, 1963

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

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

The provisions of this Act are administered by Inspectors in the course of their other duties in food premises and eleven special inspections were made.

HOUSING

The energy and enthusiasm of Mr. T. Matthews, District Public Health Inspector, who was given the added responsibility of dealing with housing, has been largely responsible for the still further increase in the number of unfit houses made fit. Seventy-three houses were brought up to standard during the year, fifty-six of these by informal action.

A number of houses have again been closed under Sections 16 and 17 of the Housing Act, 1957—the local authority accepting moral obligation for rehousing. In most cases these will be recovered after considerable cost and the owners will be able to charge an economic rent.

In ten cases “parts of buildings” were closed under Section 18 of the Housing Act, 1957. These were in the main basement rooms, some of which will be recovered where capital expenditure to bring them up to standard is an economic proposition for the owner.

Financial stringency is reflected in the reduction of demand for improvement grants for new bathrooms. Nevertheless, good progress has been made and a good many owners and owner-occupiers are awaiting implementation of the proposed increased grants.

Property in the town still changes hands pretty rapidly. During the year 2,576 land charge enquiries were made and the Inspectors answered questions concerning the expectancy of life and outstanding repair notices in the case of 2,000 properties. In this connection, 83 special visits and inspections were made.

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

Dwelling Houses (Housing Act)	1,144
Dwelling Houses (Public Health Act) ..	221
Improvement Grants	251
Revisits	351

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 1967:

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 (as a result of action under Section 16 or 17 (1) Housing Act, 1957) ..	22

B. 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, and Section 26, Housing Act, 1961	24
Number of separate dwellings contained therein ..	24
Under Sections 17 (3) and 26, Housing Act, 1957 ..	Nil
Parts of Buildings closed under Section 18, Housing Act, 1957	10

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	..	..	..	2
From houses to be closed	..	..	..	33
From parts of buildings to be closed	..	..	..	8
D. NUMBER OF FAMILIES 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	..	..	..	1
From houses to be closed	..	..	..	14
From parts of buildings to be closed	..	..	..	3
E. UNFIT HOUSES MADE FIT				
After informal action by local authority by owner	..			37
After formal notice under Sections 9 and 16 Housing Act, 1957: by owner	..	..	..	2
by local authority	..	..	..	-
After formal notice under Public Health Acts	..	..		12
After modification or revocation of a clearance order under Section 21, Housing Act, 1961	..	..	..	Nil
After determination of a demolition order under Section 24, Housing Act, 1957	..	..	..	Nil
After determination of a closing order under Section 27, Housing Act, 1961	..	..	..	2
F. HOUSES IN WHICH DEFECTS WERE REMEDIED (other than unfit houses made fit) after formal notice under Public Health Acts				
	..	..	..	5
G. UNFIT HOUSES IN TEMPORARY USE (Housing Act, 1957):				
Retained for temporary accommodation under Section 48:				
Number of houses	..	..	..	1
Number of separate dwellings contained therein	..			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

Apart from a few weeks absence due to illness, Mr. Arthur Lindfield has again given pleasure to the staff and myself by his presence two days a week to deal with improvement grants. His kindly approach and common sense have done much to ease the strain for would-be applicants during a period of financial stringency.

Seventy applications for Standard Grants were received, fifty-three of these being owner-occupiers, and during the year eighty-one properties were improved with the aid of standard grants.

Seventeen applications for Discretionary Grants were approved 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.

As in previous years there are still some owners who prefer not to accept the grant and in all, 102 plans for the provision of bathrooms and hot water were approved under the Building Regulations.

Rent Act, 1957, Certificates of Disrepair

No applications for Certificates of Disrepair were received during the year. One application for the cancellation of a Certificate of Disrepair was received and the Certificate cancelled.

Houses in Multi-Occupation

Quite early in the year as a result of increasing demands for better conditions from occupiers of houses in multi-occupation a report was prepared outlining the powers that the local authority had for dealing with this matter. A rough survey revealed that there were approximately 1,200 properties, each with five or more lettings, which were not in self-contained flats. A quick "in and out" survey revealed that 264 (73 per cent.) of a total of 363 properties visited merited a full inspection by the Public Health Inspector and/or the Fire Officer.

The Town Clerk called a meeting of all the appropriate officers and it was agreed that the time had arrived when the problem of houses in multi-occupation should be tackled comprehensively. It was agreed that ten years was probably about right for the programme of action. Some officers stated they would need additional staff and it was agreed to get some action under way as quickly as possible.

The 1961 Housing Act does not, of course, specify any standard for facilities in these properties, but regard was taken of the Ministry of Housing and Local Government Circular 16/62. The extent to which it was reasonable to require work to be done was considered and minimum standards were drawn up by the Public Health Department and approved by the Council. The approved standard of facilities required for houses in multi-occupation is as follows:

1. NATURAL AND ARTIFICIAL LIGHTING

- (a) *Natural Lighting*: Every habitable room shall have one or more windows of which the glass area should be equal to at least one-tenth of the floor area and with at least half of that area capable of being opened to the external air and being so maintained.
- (b) *Artificial Lighting*: All habitable rooms, bathrooms, water-closets, wash-houses and passages and staircases shall be provided with adequate means of artificial lighting by gas or electricity. Such means of lighting to be maintained in good order.

2. VENTILATION

All habitable rooms, bathrooms, waterclosets and staircases to be provided with adequate means of ventilation.

3. WATER SUPPLY

Within each letting there shall be provided a separate mains water supply piped over a sink.

4. PERSONAL WASHING FACILITIES

Within each letting there shall be provided a hot and cold water supply over a sink, or over a wash-hand basin if one is available in addition to a sink. There shall also be available in connection with each letting a fixed bath or shower in a bathroom with a piped supply of hot and cold water. If the bathroom is not within the letting it shall be in such a position as to be readily accessible for the use of the occupants of the letting. Bathrooms shall be available—

One bath or shower for each three separate lettings, subject to a maximum of ten persons (regardless of age);

or, for single lettings—

One bath or shower per four lettings.

5. DRAINAGE AND SANITARY CONVENIENCES

(a) *Drainage* shall be in accordance with the Building Regulations.

(b) *Sanitary Conveniences*. There shall be one satisfactory water closet to every eight persons (regardless of age) in not more than four lettings. Each water closet shall be inside the building in a suitable apartment separate from the bathroom and readily accessible for the use of the occupiers of any lettings for which it is intended. A water closet shall not be more than one floor distant from any room within a letting and shall not be situated within a separate letting.

6. FACILITIES FOR THE STORAGE, PREPARATION AND COOKING OF FOOD AND FOR THE DISPOSAL OF WASTE WATER

Within each letting there shall be:

(a) An adequate food store of not less than 4 cu. ft. capacity and ventilated to the open air, or a refrigerator.

(b) A working surface or table for the preparation of food.

(c) A satisfactory cooking appliance heated by solid fuel, gas or electricity.

(d) A properly drained sink and draining board.

These facilities must be sited and fixed in a satisfactory position within the letting.

7. SPACE HEATING

There shall be a fireplace or point for gas or electric power in each habitable room.

Where the installation is built-in it shall be capable of functioning efficiently and safely and shall be so maintained.

For each letting where solid fuel is used the solid fuel store to be constructed of suitable material and be not less than 5 cwt. capacity.

There were those on the Council who thought the standards too low.

Regard was had, however, to the necessity of getting as much work done in the first instance at owner's expense and to leave as little as possible to be carried out "in default"—a time consuming and costly procedure.

It soon became apparent that in most cases there was considerable work for the Chief Fire Officer who, due to staffing difficulties was not able to keep up with the Public Health Inspectorate. It was considered bad policy not to serve notices under Section 15 simultaneously with the Section 16 notices outlining the Chief Fire Officer's requirements. This factor, together with financial stringency, somewhat slowed down the proposed programme of action.

GENERAL INSPECTIONS FOR PUBLIC HEALTH PURPOSES

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

Complaints investigated	..	..	688
Schools	..	..	30
Camping Sites and Moveable Dwellings	..	..	101
Places of Public Entertainment	..	..	4
Public Baths	..	..	231
Drainage and Plumbing Works	..	..	192
Land Charges Enquiries	..	..	83
Stables and Piggeries	..	..	35
Smoke Observations and SO recordings ₂	..	..	923
Factories	..	..	148
Workplaces	..	..	5
Outworkers' Premises	..	..	30
Offices, Shops and Railway Premises Act	..	..	635
Departmental Properties	..	..	138
Revisits	..	..	578
Infectious Disease Investigations	..	..	150
Miscellaneous visits	..	..	1,114

Statutory Notices under the Public Health Act, 1936

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

Section 39—To carry out works of drainage	1
Section 17—To remedy stopped up drains..	6
Section 56—Requiring drainage of passage..	10
Section 75—To provide dustbins	2
Section 79—To remove noxious matter	1
Section 93—To abate nuisances	30

Caravan Sites and Control of Development Act, 1960

One new site was licensed during the year, the total in the Borough at the end of the year being 305 vans on seven sites. Of these, 266 were used as holiday caravans only. All 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 are made to ensure that the provisions as to cleanliness of materials and bedding are complied with.

Pet Animals Act, 1951

Five applications for licenses 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

One application was received for a licence to keep a riding establishment, and a licence granted.

Fertilisers and Feeding Stuffs Act

Five samples of fertilisers were taken during the year, one of which, a sample of dried blood, was unsatisfactory in that it was 0.6 per cent. below the statutory limit for nitrogen. A warning letter was sent to the retailer.

Clean Air Act, 1956

There have been very few problems this year from "industry". The local gas works have been closed, thus removing one source of grit and smoke. Next year sees the closure of our small electricity works and our destructor works are shortly to be replaced by modern buildings and installations.

Under Section 10 of the Act, plans were received and approval given for the erection of eight chimneys at eight new premises. The trend is still towards the use of low viscosity oil.

A local coalyard creating a grit and dust problem by the use of modern mechanical handling is resolving its problems by the resiting of some apparatus farther from dwelling houses and by the use of fine mist sprays not detrimental to the water content of the fuel.

The problem of dust from a local cement mixing plant has been somewhat mitigated by the erection of a wall and the planting of trees between the site and adjacent houses.

National Survey of Air Pollution

The two members of staff who are Assistant Borough Meteorologists have again been responsible for the three stations where smoke and SO₂ recording instruments are installed.

Saturday servicing of the instruments has been eliminated (falling into line with a five-day working week) and as it would appear that these instruments have about served their purpose thought is being given to the idea of discontinuing them. Possibly one will be resited and maintained for local comparison.

Again we have been most grateful for the continued supply of comparative information from Warren Spring Laboratory. Our efforts continue towards making a reasonably clean town even cleaner.

Noise Abatement Act, 1960

Complaints of noise nuisance during the year were few. Noises from a coin-operated launderette were reduced by the bedding of motors on insulated bases—by the use of plastic and rubber sleeves where pipes passed through walls and by the fitting of a pneumatic closer to a door which customers were inclined to slam at inconvenient times.

An adjustment of working hours for alterations to a sub-post office was all that was necessary to enable complainants to get their full quota of sleep.

Noise from a light industrial workshop was reduced by the more permanent closing of large doors and the fixing of insulating material to the inside of the doors and walls. This resulted in the necessity for some artificial ventilation of the workshop.

Complaints about noise from a diesel engine operated pump on a building site were overcome by the use of a submersible electric pump.

The co-operation of a local coach firm was obtained following complaints of noise after the arrival of coaches late at night. The venue and time of repair/washing, etc. of vehicles was changed and noisy doors were fitted with silent runners and rubber stoppers.

At a cement mixing plant the metal scoops picking up ballast were fitted with wood plates to deaden the noise of metal on concrete. The mixer drums were lined with $\frac{3}{4}$ inch rubber sheeting. The erection of a wall and the planting of trees improved the appearance of the site and kept down a dust nuisance in addition to reducing the noise.

Scrap Metal Dealers

There were 16 Scrap Metal Dealers registered with the Police during the year and visits were made to ensure freedom from nuisance.

Offices, Shops and Railway Premises Act, 1963

During the year 65 premises were registered and 22 deleted from the register because of changing circumstances. The total number of

registered premises is now 1,013, of which 920 have received a general inspection. During the year, 312 general inspections were made. The total number of visits made for all purposes was 635.

The requirements of the Act are becoming better known, and the number of contraventions was not particularly high. Employers write or telephone for advice and, in the main, are anxious to comply. In particular there is a willingness to discuss accident prevention and employers often consult the Inspectors *before* purchasing machinery and also discuss its siting.

Close liaison has been maintained with the Chief Fire Officer and his staff, and with H.M. Factories Inspectorate and the Ministry of Labour.

The following is the return submitted to the Ministry of Labour under Section 60 of the Act in respect of the period 1st January, 1967 to 31st December, 1967.

TABLE A—REGISTRATIONS AND GENERAL INSPECTIONS

<i>Class of premises</i>	<i>Number of premises registered during the year</i>	<i>Total number of registered premises at end of year</i>	<i>Number of premises receiving a general inspection during the year</i>
Offices	33	288	76
Retail shops	23	570	220
Wholesale shops, warehouses ..	4	36	4
Catering establishments open to the public, canteens ..	5	117	11
Fuel store depots	—	2	1
TOTALS	65	1,013	312

TABLE B

Number of visits of all kinds by Inspectors to registered premises 635

TABLE C—ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE

<i>Class of workplace</i>	<i>Number of persons employed</i>
Offices	3,483
Retail shops	3,290
Wholesale departments, warehouses ..	569
Catering establishments, open to the public ..	1,405
Canteens	71
Fuel storage depots	2
TOTAL	8,820
Total Males	4,046
Total Females	4,774

TABLE D—EXEMPTIONS—Nil.

TABLE E—PROSECUTIONS—Number instituted and completed during the year—Nil.

TABLE F—INSPECTORS

Number of inspectors appointed under Section 52 (1) or (5) of the Act	7
Number of other staff employed for most of their time on work in connection with the Act	Nil

ANALYSIS OF CONTRAVENTIONS FOUND

<i>Section</i>	<i>Number of Contraventions found</i>
5—Overcrowding	3
6 { Temperature	5
{ Provision of Thermometer	24
7—Ventilation	2
8—Lighting	4
9—Sanitary conveniences	5
10—Washing facilities	18
12—Clothing accommodation	1
13—Sitting facilities	1
16—Floors, passage and stairs	14
17—Fencing exposed parts of machinery	4
24 { First Aid	27
{ Abstract of Act	49
{ Other matters	4
TOTAL	161

REPORTED ACCIDENTS

<i>Workplace</i>	<i>Number reported</i>		<i>Total number investigated</i>	<i>Action recommended</i>			<i>No action</i>
	<i>Fatal</i>	<i>Non-Fatal</i>		<i>Prosecution</i>	<i>Formal warning</i>	<i>Informal advice</i>	
Offices	—	3	3	—	—	1	2
Retail shops	—	21	12	—	—	—	12
Wholesale shops, warehouses	—	4	2	—	—	—	2
Catering establishments open to public, canteens	—	4	2	—	—	—	2
Fuel storage depots	—	—	—	—	—	—	—
TOTALS	—	32	19	—	—	1	18

ANALYSIS OF REPORTED ACCIDENTS

	<i>Offices</i>	<i>Retail shops</i>	<i>Wholesale warehouses</i>	<i>Catering establishments open to public, canteens</i>	<i>Fuel storage depots</i>
Machinery	1	—	—	—	—
Falls of persons .. .	1	6	1	1	—
Stepping on or striking against object or person	1	4	2	—	—
Handling goods .. .	—	5	1	2	—
Struck by falling object ..	—	3	—	1	—
Not otherwise specified ..	—	3	—	—	—

FACTORIES ACT, 1961

1. Inspections for Purposes of Provisions as to Health

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>		
		<i>Inspections</i>	<i>Written Notices</i>	<i>Occupiers Prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority	44	30	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	259	59	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	61	59	9	—
TOTAL	364	148	9	—

2. Cases in which Defects were Found

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

Part VIII of the Act—Outwork

SECTIONS 133 AND 134

<i>Class of work</i>	<i>Section 133</i>		
	<i>No. of Outworkers in August list required by Section 133</i>	<i>No. of cases of default in sending list to the Council</i>	<i>No. of prosecutions for failure to supply lists</i>
Wearing apparel	22	—	—
Curtains and furniture hangings ..	8	—	—
Scooter and moped accessories ..	8	—	—
Rosettes	1	—	—
TOTAL	39	—	—

SECTION 134

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

Construction (Health and Welfare) Regulations, 1966

Redevelopment and building necessitated about fifty visits being made to building sites to enforce the provisions of these regulations brought in under Sections 7 and 127 of the Factories Act. In only one case was it necessary to serve a notice and this for a comparatively trivial matter.

RODENT CONTROL

(a) Surface Control

There were 124 complaints concerning mice and 234 concerning rats. Mice complaints seem to have increased and in the main were due to people keeping foodstuffs in bedrooms and food lockers. On the whole this work was of similar proportion to last year and the pattern showed little change.

The few agricultural areas within the Borough were visited but they are mostly under private contract and there were no official complaints. Baiting of the authority refuse tips showed little rodent activity.

A tabulated survey of the work follows:

	<i>Type of Property</i>				
	<i>Local Authority</i> (1)	<i>Dwelling Houses</i> (2)	<i>All other (including business premises)</i> (3)	<i>Total of Cols. (1) (2) and (3)</i> (4)	<i>Agricultural</i> (5)
1. Number of properties inspected as a result of complaint ..	—	299	59	358	—
Number of such properties found to be infested by:					
Rats (a) Minor ..	—	203	31	234	—
(b) Major ..	—	3	—	3	—
Mice (a) Minor ..	—	91	30	121	—
(b) Major ..	—	—	—	—	—
2. Number of properties inspected in the course of survey under the Act ..	—	560	—	560	—
Number of such properties found to be infested by:					
Rats (a) Minor ..	—	53	—	53	—
(b) Major ..	—	—	—	—	—
Mice (a) Minor ..	—	10	—	10	—
(b) Major ..	—	—	—	—	—
3. Treated by Operators	—	339	52	391	—
4. Visits for all purposes	—	2,461	330	2,791	—

Number of block control schemes carried out—44.

(b) Sewer Baiting

Ten per cent. of the sewer manholes were lifted in the Autumn to allow baiting of the sewers with oatmeal and Warfarin. Some slight increase in takes was noticed, probably due to our inability to treat the sewers in the Spring. Overall, the picture was quite good and systematic control is being maintained.

Wasps' Nests

Complaints regarding wasps numbered 21 and advice was given on how to tackle them. In eight cases the wasps were destroyed by our operative and the nests destroyed.

Verminous Premises

As a result of complaints advice was given to about 20 householders on how to get rid of ants, cockroaches and fleas. Many of our hoteliers and guest house proprietors have contracts with private firms to keep them clear of insect pests and rodents.

Insect pests bothered us remarkably little, but it was necessary to get a number of properties "cleaned up" where elderly people had been admitted to an institution or an old people's home.

Pigeons

We followed up our work of last year by continuing to "trap". We are at least keeping the number of pigeons from increasing, and we hope the number and size of flocks will gradually diminish.

Bacteriological Sampling, other than for Food

For bacteriological examination, a total of 153 samples of mains drinking water were taken. Of these 110 samples were submitted to the Eastbourne Water Company and 43 samples to the Public Health Laboratory. As a safeguard to our swimmers, 122 samples of water were taken from our swimming baths and paddling pools.

SECTION F

MISCELLANEOUS

Nursing Homes
Nurses' 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 Home 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 14 Nursing Homes were registered providing a total of 248 beds. There was one cancellation of registration.

It is a disturbing feature of the implementation of the Building Regulations, 1965, particularly those relating to structural fire precautions, that prospective nursing home proprietors are deterred from proceeding with their proposals because of the expense of the conversion of otherwise suitable existing buildings to comply with the Regulations.

In consequence there has been a loss of some 53 private medical and nursing beds in the town since 1965 at a time when they are most needed to relieve the chronic shortage of hospital beds.

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 Department.

NURSERIES AND CHILD MINDERS' REGULATION ACT, 1948

Twelve premises are registered under this enactment. Five of these provide child-minding facilities only for half a day per week for up to 148 children, whilst the mothers are out shopping, etc. The remaining 7 include nursery schools with a total provision for 188 children under 5 years.

Six daily minders were registered in respect of a total 37 children at the end of the year.

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.

MIDWIVES ACT, 1951

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

During the year 34 midwives notified their intention to practise of whom four were in the Council's Domiciliary Midwifery Service and 30 employed in the Hospital Service.

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 in which the Medical Officer of Health is not satisfied with the answers is a physical examination carried out.

Number of Medical Examinations made:

Sick pay	26
Superannuation	45
	—
	71
	—

Number of Medical Statements scrutinised .. 499

In addition to the above, forty-six examinations were carried out on candidates for admission to training colleges. There were also thirteen sessions at Chelsea Training College and four at Eastbourne College of Education for medical inspection.

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 statistics of certificates signed since the Crematorium opened in 1960:

1960	872	1964	1,494
1961	1,078	1965	1,542
1962	1,295	1966	1,624
1963	1,459	1967	1,713

METEOROLOGY

Borough Meteorologist: W. L. PECK

The year 1967 was the sunniest since 1959, and the summer months of June, July and August were all above average.

January was a sunny month generally, being about 25 per cent. above average. Mean temperatures were below average during the first 10 days, and above average during the remainder of the month, and it was exceptionally mild during the last few days.

The first half of February was mainly anti-cyclonic, whereas during the second half of the month rain occurred on all but one day. Temperatures were generally above average throughout the month.

Apart from a brief wet spell between the 7th and 13th, March was sunny, dry and warm, both sunshine totals and temperatures being well above average, while rainfall was below average.

April proved to be true to tradition "sunshine and showers", as sunshine and rainfall were both above average.

May was predominantly wet—rain falling on 21 days during the month, and as would be expected sunshine and temperatures were below average.

June sunshine was slightly above average, the warmest and sunniest conditions occurring during mid-month, while rain and less settled conditions occurred in the first and last week of the month.

July was by far the sunniest, warmest and driest month of the year, the only unsettled spell being between 25th and 30th of the month. The total of 308.8 hours of sunshine was the highest recorded in July since 1935.

August was unsettled until the 19th of the month but was then fine until the end of the month. Rainfall was above average, but sunshine also was a little above average.

September was unsettled, generally cool, although mild during the last week. Rainfall was well above average, and sunshine below normal. October was very wet with gales occurring during the early, middle and latter parts of the month. In spite of these very unsettled conditions, sunshine was up to average.

November was a sunny month generally, although temperatures were below average.

Although sunshine was above average in December, the month was rather cold generally with a particularly cold spell between 7th and 11th, and a fourteen inch fall of snow occurring on the 8th.

Summary of Observations

AIR PRESSURE (MEAN SEA LEVEL)

Daily average:

9 a.m.	..	..	..	..	30.041 inches
9 p.m.	..	..	..	..	30.042 „

AIR TEMPERATURE

Daily average:

Maximum	..	..	..	..	56.3 degrees
Minimum	..	..	..	..	46.6 „
Combined	..	..	..	..	51.4 „
Range	..	..	..	..	9.7 „
At 9 a.m.	..	..	..	..	51.8 „
At 9 p.m.	..	..	..	..	51.0 „
Warmest day: 1st August	..	..	..	..	76.0 „
Warmest nights: 18th and 31st July	..	..	..	..	63.0 „
Coldest day: 8th December	..	..	..	..	32.0 „
Coldest night: 9th December	..	..	..	..	18.0 „

SUNSHINE

Total	..	..	..	..	2010.3 hours
Daily average	..	..	..	..	5.50 „

RAINFALL

Total	..	..	..	..	34.88 inches
"Rain" days	..	..	..	..	156 „

HUMIDITY

Daily average:

9 a.m.	..	..	..	..	84 per cent.
9 p.m.	..	..	..	..	86 „

WINDS

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

<i>Direction</i>	<i>Percentage</i>
N.	10.50
N.E.	3.01
E.	5.30
S.E.	4.66
S.	8.86
S.W.	10.87
W.	37.80
N.W.	15.80
Calm	3.20
Prevailing Winds	West
Snow and sleet recorded on	5 days
Thunderstorms recorded on	6 „
Fog (9 a.m.) recorded on	2 „
Gales recorded on	16 „
Air frost recorded during	8 „
Ground frost recorded during	56 nights

Monthly Averages for 75-year Period 1888-1967

(Excluding War Years—1942-46 no observations)

<i>Month</i>	<i>Air Temperature</i>						<i>Sunshine</i>		<i>Rainfall</i>	
	<i>Means of</i>			<i>High- est re- corded</i>	<i>Low- est re- corded</i>	<i>Mean Sea Tem- pera- ture</i>	<i>Total hours</i>	<i>Daily hours</i>	<i>Inches</i>	<i>'Rain' Days</i>
	<i>Maxi- mum</i>	<i>Mini- mum</i>	<i>Max. and Min. Com- bined</i>							
January	45.2	36.7	40.9	56 1922, 1923	12 1940	42.4	62.5	2.02	2.98	16
February	45.1	36.5	40.8	58 1897	15 1929, 1947, 1956	41.2	82.8	2.96	2.23	14
March	48.3	38.2	43.3	66 1929	18 1909	42.8	137.8	4.45	2.19	13
April	52.9	41.6	47.2	72 1924	27 1922	46.9	178.0	5.93	1.96	12
May	59.0	47.1	53.0	78 1922	32 1935, 1941, 1967	52.9	234.6	7.57	1.70	11
June	63.9	52.1	58.0	86 1957	38 1962	58.6	239.7	7.99	1.84	11
July	67.1	56.0	61.6	90 1911	43 1919	62.6	235.1	7.58	2.25	11
August	67.5	56.3	61.9	86 1947	41 1907	63.8	218.3	7.04	2.66	13
September	64.6	53.0	58.8	82 1929	37 1919	61.3	174.2	5.81	2.51	12
October	58.2	47.5	52.8	71 1921	28 1931	56.0	123.5	3.98	3.90	16
November	51.3	42.1	46.7	63 1927	25 1923	49.8	71.0	2.37	3.85	16
December	47.0	38.7	42.8	59 1907	17 1908	45.3	54.6	1.76	3.64	17
Year	55.8	45.5	50.7	90	12	52.0	1812.1	4.96	31.71	162

Monthly Averages, 1967

Month		Air Temperature					Mean Sea Tem- pera- ture	Sunshine		Rainfall	
		Means of			High- est	Low- est		Total hours	Daily hours	Inches	'Rain' Days
		Maxi- mum	Mini- mum	Max. and Min. Com- bined							
January	..	45.1	38.5	41.8	52	26	42.0	78.4	2.53	2.34	15
February	..	47.8	39.5	43.7	53	31	43.6	93.9	3.35	2.56	13
March	..	51.5	42.0	46.7	58	34	45.6	184.7	5.96	1.57	12
April	..	53.3	41.0	47.1	60	33	47.9	195.1	6.50	2.45	10
May	..	58.4	48.1	53.3	69	32	52.9	221.0	7.13	2.66	21
June	..	63.7	51.8	57.7	73	44	58.8	266.2	8.87	2.29	4
July	..	69.2	57.7	63.5	75	52	63.5	308.8	9.96	0.46	5
August	..	67.4	56.7	62.1	76	49	64.1	232.9	7.51	3.90	12
September	..	64.1	54.6	59.3	70	48	61.1	149.9	5.00	4.04	15
October	..	59.2	51.6	55.4	65	40	57.5	124.6	4.02	5.73	20
November	..	50.0	40.1	45.1	56	33	49.1	89.2	2.97	3.32	12
December	..	45.4	37.3	41.3	53	18	44.0	65.6	2.12	3.56	17
Year	..	56.3	46.6	51.4	76	18	52.5	2010.3	5.50	34.88	156

SUNSHINE

The position of resorts in southern districts were as follows:

Position in List	Town	Total Hours
1	EASTBOURNE	2010.3
2	Shanklin	1986.2
3	Brighton	1927.3
4	Bognor Regis	1919.6
5	Swanage	1914.4
6	Worthing	1901.4
7	Sandown	1884.5
8	Littlehampton	1880.7
9	Jersey	1878.5
10	Ventnor	1874.7
12	Folkestone	1867.4
15	Torquay	1855.7
16	Guernsey	1852.5
18	Bexhill	1839.2
19	Ramsgate	1838.1
20	Bournemouth	1829.9
26	Margate	1798.4
27	Hastings	1793.6
37	Teignmouth	1755.3
59	Penzance	1664.7

1967 Monthly Variations from Averages

		Maximum Temperature °F.	Minimum Temperature °F.	Sea Tempera- ture °F.	Sunshine Hours	Rainfall Inches
January	..	-0.1	+1.8	-0.4	+15.9	-0.64
February	..	+2.7	+3.0	+2.4	+11.1	+0.33
March ..	..	+3.2	+3.8	+2.8	+46.9	-0.62
April ..	..	+0.4	-0.6	+1.0	+17.1	+0.49
May ..	..	-0.6	+1.0	—	-13.6	+0.96
June ..	..	-0.2	-0.3	+0.2	+26.5	+0.45
July ..	..	+2.1	+1.7	+0.9	+73.7	-1.79
August	..	-0.1	+0.4	+0.3	+14.6	+1.24
September	..	-0.5	+1.6	-0.2	-24.3	+1.53
October	..	+1.0	+4.1	+1.5	+ 1.1	+1.83
November	..	-1.3	-2.0	-0.7	+18.2	-0.53
December	..	-1.6	-1.4	-1.3	+11.0	-0.08
Year ..		+0.5	+1.1	+0.5	+198.2	+3.17

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. Colleges of Education
19. Co-ordinating Committee, Annual Report

SCHOOL HEALTH SERVICE

SCHOOL HEALTH DEPARTMENT

AVENUE HOUSE

EASTBOURNE

To the Chairman and Members of the Education Committee:

LADIES AND GENTLEMEN,

At a time when medical staff of Public Health Departments in Britain have become severely depleted, this Authority is fortunate in having been able to maintain the essential tasks of the School Health Service without hindrance. Increasing pressure on other services have however prevented any significant advances in the School Health Service.

I am grateful to my deputy, Dr. Walter Wigfield, for his continued personal day to day administration of the Service. He and I in turn are extremely grateful to Miss B. Douch, School Health Section Clerk for arranging so efficiently all the multitude of sessional and personal appointments involving colleges, schools, parents, children, doctors and school nurses.

My thanks are also due to the Chairman and Members of the Education Committee, and to Mr. J. Aspden, Chief Education Officer, for continued understanding and co-operation.

I am, Ladies and Gentlemen,

Yours faithfully,

KENNETH VICKERY,

Medical Officer of Health.

Some thoughts on the Health of the Schoolchild contributed by Dr. W. Wigfield, Deputy Principal School Medical Officer:

One of the functions of the School Health Service is to keep teachers and other leaders of public opinion up to date in medical thinking. Recent years have seen changes in our attitude to infectious diseases, handicapped children, exercises and bare feet, to name only a few. Likewise, school doctors tend to rely on their experiences of schooldays many years ago, and most need to catch up with modern educational thinking by contact with teachers who are willing to talk about their work. The removal of communication barriers between professions is most necessary to achieve co-operation, and in Eastbourne we are fortunate to have very happy relations with the schools.

The time-honoured list of infectious diseases and the period of exclusion for children who suffer from them, has been torn down. We

are no longer asking teachers to count how many days have expired since the rash appeared; if the child appears to have recovered he can return to school. Exclusion from school has rarely controlled epidemics, and we prefer children to get their childhood illnesses over during their school days.

Formal P.T. "exercises" have long since given way to physical "expression work". School doctors have never liked the change very much. They are left to cope with failures of the method; children with poor posture, poor breathing patterns, and flat feet, who are not specifically catered for in P.E. lessons. For years we have leaned heavily on the Chelsea College of Physical Education to provide students to take remedial classes. Now that remedial work is an optional subject, we are short of such students, and are having to rethink our policy. By taking from the teacher of Physical Education the responsibility for finding and remedying these defects, have we usurped an educational function, and one that a P.E. teacher should undertake?

Of more importance is the child's whole attitude to physical exercises. It is so easy to leave school and leave P.E. and games behind too. The relationship of coronary thrombosis and lack of regular exercise is now more than suspect. If we fail to educate the child to continue exercise when he leaves school, we are adding to the future epidemic of heart attacks. Slipped discs are not only fashionable but very prevalent. How many children learn how to lift a heavy object before they go out to earn their living? A great deal of illness is still preventable, and our priorities must go into prevention.

P.E. in shoes or bare feet? Providing the floor is suitable, there is a place for both. Agility work and bare feet go well together, shoes give protection for running and jumping from heights. Support they do not give, and our quarrel with wearing gym shoes all day is the lack of ventilation for the feet, which gives some children sore feet. Verrucae are a nuisance and difficult to cure. Provided feet are examined and children with verrucae wear shoes, there is little evidence that schools encouraging barefoot work have a higher incidence of verrucae than those where shoes are always worn.

Three consequences of the affluent society are evident amongst Eastbourne school children. Each year the numbers attending the slimming clinic increase. The cause is not lack of exercise; it is over-eating, especially the handy packed carbohydrate foods and confectionery. The same habit results in the high D.M.F. (decayed, missing or filled) rate in our children's teeth. The third habit is addiction to tobacco. It is now thought that cigarettes are responsible for 50,000 deaths a year in this country. I reported last year, that cigarette coupons were rated by teenagers as an important reason for smoking. The logical steps to reduce teenage smoking would be to ban the use of coupons, and to remove cigarette machines, which are a serious temptation to under-age children.

EDUCATION COMMITTEE

(as constituted at 31st December, 1967)

The Mayor:

MR. COUNCILLOR J. R. OUZMAN, J.P.

Chairman:

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

Deputy Chairman:

MR. COUNCILLOR C. H. LACEY

Councillors:

A. G. BANFIELD
V. N. A. BIRKETT
S. W. E. BOUGHTON
L. J. CAINE
W. J. EVENDEN
MRS. U. E. G. GARDNER
J. W. E. HOWLETT
W. P. LEBBON
C. V. HORRIDGE
MRS. M. W. RICE-PYLE
C. G. SCOTT
MRS. E. F. M. WHITE

Co-opted Members:

REV. CANON W. W. S. MARCH
REV. T. J. LYNCH
REV. D. J. BOYS
MR. J. W. BALL
MR. A. G. RUSSELL

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.

Departmental Medical Officer:

MARY B. SIMPSON, M.B., Ch.B., D.A., D.P.H.

School Medical Officer (Part-time):

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.
MRS. D. I. DALE, S.R.N., S.C.M., H.V.Cert.
MISS E. E. GRIFFIN, S.R.N., S.C.M., H.V.Cert.
MISS M. G. HEMMING, S.R.N., H.V.Cert.
MISS B. J. HUDSON, S.R.N., S.C.M., H.V.Cert.
MISS 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.
MRS. E. L. SNASHALL, S.R.N., H.V.Cert.
MISS B. G. STEVENS, S.R.N., S.C.M., H.V.Cert.
MRS. S. M. TENNANT, S.R.N., H.V.Cert.
MRS. M. F. TOMSETT, S.R.N., H.V.Cert.

Clinic Assistant:

MRS. J. NETHERCOTT

Speech Therapist:

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

Clerical Staff:

MISS B. DOUCH (Senior)
MRS. G. M. MORRIS
MISS M. R. CHADWICK

Dental Surgery Assistants:

MISS K. J. FARRINGTON
MISS K. A. LAMBERT
MRS. D. ANDREWS

Dental Anaesthetists:

DR. MARJORIE I. GODSON
DR. MARY B. SIMPSON

Child Guidance and School Psychological Service:

MISS M. P. LOGG, B.A., Dip.Psych., A.B.Ps.S., Educational Psychologist
MRS. A. M. CHAPMAN, B.A., Dip.Soc.Admin., Social Worker
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 5.30 p.m.
Hampden Park Infants' School	..			Weekly sessions
The Lindfield School	..	..		Weekly sessions
Bourne Infants' School	..	..		Weekly sessions
The Downs School	..	..		Weekly sessions
Motcombe Infants' School	..	..		Weekly sessions

Child Guidance

Avenue House .. ..	..	Wednesdays, 10 a.m. to 8 p.m. and
Psychiatrist .. ..	..	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.
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Dental

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

Chiropody

District clinics as and when required

Remedial Exercises (during school term)

Avenue House	Friday mornings, 9 to 10 a.m.
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Slimming

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

The number of children on the school registers on reopening in January was 6,848 and 6,893 by the end of the year. There were 1,194 children admitted during the year and the net increase compared with the end of 1966 was 242.

The average attendance of children for the year was 6,485, a percentage of 93.55.

TOTAL NUMBER OF CHILDREN

At Primary Schools	3,960
At Secondary Schools, including Grammar Schools ..	2,832
At Special Schools	101
Total ..	6,893

INDEPENDENT SCHOOLS

The number of children attending day independent and residential schools in Eastbourne at the end of the year was 1,745. This information has been supplied by the Chief Education Officer from returns submitted to him in connection with the supply of free milk. The issue of free milk will be discontinued in September, 1968, so this statistical information will no longer be available.

2. SCHOOL HYGIENE

(a) *Environment*

It is pleasing to report that a high standard of hygiene has been observed by the medical staff and public health inspectors during their visits and particular comment has been made of the very high standards in the school canteen kitchens. The high standard observed by caretakers, school cleaners and kitchen staff is a commendable form of health education.

(b) *Personal Hygiene*

Selective inspections totalling 9,757 were made to determine the cleanliness and general state of health of pupils. The number of children found to be infected with nits or head lice decreased to 7.

(c) *Health Education*

All four secondary modern schools have continued to make use of the resources of the health education section, the emphasis being on a course of from six to ten lessons into which most aspects of personal health can be brought. Mothercraft courses for senior girls were again requested from two of the secondary schools.

Weekly health education lessons at the Lindfield special school have been continued by the Senior Health Visitor.

No requests for help have been received from Infant or Junior schools.

In an attempt to place Health Education on a more secure footing, an attempt is being made to persuade schools to appoint a Health Education co-ordinator, whose task would be to ensure that the subject was integrated into the whole school curriculum instead of competing with other subjects for a place on the time-table.

3. MEDICAL INSPECTIONS AND CONSULTATIONS

ROUTINE MEDICAL INSPECTION

The routine inspection of infants is delayed until their third term in school which allows parents and teachers the opportunity of assessing the child's acceptance of school life and also enables the school nurse to test both vision and hearing (using the pure tone audiometer) so that more information is available for the school medical officer when the examination is made.

Fourteen-year-olds are also given routine medical examinations when the emphasis is on fitness for ordinary working life. The boys are given colour vision tests.

The Head Teachers, who naturally have the children under constant observation, assist greatly by returning forms to the Department

indicating defects or problems which they have noticed in children due for medical inspection or reinspection or whom they wish to be examined. During the year thirty-six such forms were returned.

The total number of children examined was 1,343 of whom 395 had defective vision or other significant defects requiring treatment, not including dental disease. These figures include entrants into the area who were not up to date with their medical examinations and examinations given to pupils remaining at school beyond the school leaving age.

An estimate of each child's physical condition was made 99.85 per cent. (1,341) children were classified as being satisfactory.

SCHOOL SURVEYS

The intermediate age groups are not medically examined *en bloc* but are surveyed by the School Medical Officer during normal P.E. Lessons. As a result of this sixty-five children were noted as having defects and subsequently examined.

QUESTIONNAIRES

Health questionnaires were sent to parents and teachers of children in their second term at Secondary School, with the request that they be completed and returned if the advice of the School Medical Officer was required. Thirty-three requests were made for advice.

OTHER EXAMINATIONS

School Medical Officers visit each school every term to examine children about whom parents, teachers or the school nurse request advice. Two hundred and thirty-eight children were brought to notice in this way. Follow-up examinations of children with defects found at earlier inspections totalled 1,439. Consultations and examinations were also carried out at school clinics when necessary.

Parents sometimes overlook the fact that the School Health Service is concerned with the whole child; physically, mentally and socially. Any troubles affecting the child at home produce repercussions at School. Advice and guidance are readily available and those dealing with children are encouraged to ask for help.

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 Handicaps, Immunisation and the prevention of spread of communicable disease.

4. WORK OF SCHOOL NURSES

	<i>Sessions</i>
Medical Inspections	179
Preparation for Medical Inspections	18
Hygiene Inspections	62
Vaccination, Immunisation and B.C.G. in Schools	109
Audiometric Testing	51
Vision Testing	89
Dental Clinics	127
Minor Ailments Clinics	424
Health Education in Schools	147
	<i>Visits</i>
Home Visits to Schoolchildren	432
Other School Visits	173

5. ARRANGEMENTS FOR TREATMENT

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

MINOR AILMENT CLINICS

	1966	1967
Total number of children who attended	580	448
Total attendances made	3,290	2,321
Total number of defects treated	582	453
Conditions treated:	1966	1967
Impetigo	17	23
Eye disease (external)	17	19
Ear disease	10	—
Other skin diseases (boils, septic conditions, etc.)	272	231
Miscellaneous (sprains, burns, cuts, etc.)	235	168
Pediculosis	31	2
	<hr/> 582	<hr/> 453

CHIROPODY

The Department's chiropodists attend to children's feet where necessary. During the year 38 children made 117 attendances for the treatment of corns, callosities and minor foot defects.

VISUAL DEFECTS

Towards the end of the year there was a change in policy concerning treatment for children with eye defects. Hitherto a senior child thought to have a simple refractive error was referred to an ophthalmic

optician chosen by the parents. From December all children up to the age of 14 referred for eye testing for the first time were sent to the Hospital Eye clinic, but to cut the waiting list, subsequent examinations for children with a straightforward refractive error will be transferred to opticians once the child has reached his tenth birthday.

During 1967, 78 children were referred to opticians by School Medical Officers and School Nurses. I would like to thank the local ophthalmic opticians who have co-operated by submitting reports on the children they examined.

During 1967, 139 forms for the repair or replacement of spectacles under the National Health Service were issued to children.

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 and there is still a waiting list of children overdue for review, but it is hoped that the measures outlined above will help to reduce it.

			<i>New Cases</i>		<i>Old Cases</i>	
			<i>1966</i>	<i>1967</i>	<i>1966</i>	<i>1967</i>
Number of cases referred to Oph-						
thalmic Clinic .. ..	..	..	125	138	183	166
Number of attendances made	..	..	181	166	194	171
Glasses prescribed	..	..	75	85	75	85

AUDIOMETRY AND EAR, NOSE AND THROAT DEFECTS

During the year 725 children were given a preliminary hearing test in school using pure tone audiometers. 526 passed this test and 199 failed. 312 children were retested and in 194 cases hearing was satisfactory. Many of the 118 remaining cases were found to have recurrent deafness caused by catarrh and are being kept under observation.

As a result of tests, sixteen children were referred to the Ear, Nose and Throat Department of the local hospitals.

The arrangements for screening pre-school children for hearing defects have been continued, and a register maintained of those who are at special risk of becoming 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

As a result of the annual surveys, periodic medical inspection and reinspections arranged during the year the following children with faulty posture and defective feet were referred for remedial exercises.

	<i>Breathing Exercises</i>	<i>Postural Exercises</i>	<i>Foot Exercises</i>
Infant and Junior Schools ..	32	11	108
Secondary Schools ..	5	11	12
Avenue House Clinic ..	6	4	17
	—	—	—
	43	26	137
	—	—	—

The exercises were given by third-year students of Chelsea College of Physical Education as far as availability of students permitted and I am most grateful to the Principal for this facility, and to Miss A. E. Gregory who made the detailed arrangements with the schools concerned.

OTHER DEFECTS

Enuresis. In the course of the year five children have borrowed electric alarm pad units. Two children are now cured and two were unable to cope with the alarm device.

Overweight. Twenty-four overweight children were referred to the Slimming Clinic during the past year, where parents and children received help and encouragement from the School Nurse. The children are weighed and their eating habits discussed. Progress is supervised by the School Medical Officer. Four 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 attendance at 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.)

Clinic sessions were held throughout the year at Avenue House and Acacia Villa, and during school terms at the following schools:

	<i>Sessions</i>	<i>Number attending</i>	<i>Attendances</i>
Avenue House	96	24	265
Acacia Villa	41	13	129
Hazel Court (until July, 1967) ..	19	12	142
Motcombe School	33	18	390
Bourne Infants	35	12	263
Hampden Park Infants	36	22	527
Downs School (from Sept., 1967)	9	6	45
Lindfield	76	25	480
	—	—	—
	345	132	2,241
	—	—	—

		<i>Attendances made</i>
Total number of children of school age who attended throughout the year ..	120	2,241
Number of children under school age treated	34	481
Number of cases of school age but not attending school	2	72

<i>Type of defect treated in children of school age</i>	<i>Cases</i>
Dyslalia	68
Stammer	10
Sigmatism	18
Cleft Palate	2
Delayed speech	8
Other conditions	14
	<hr/> 120 <hr/>

<i>Type of defect treated in children under school age</i>	<i>Cases</i>
Dyslalia	21
Stammer	1
Cleft Palate	3
Delayed speech	9
	<hr/> 34 <hr/>

Number of new cases of school age referred during the year	30
Number of new cases under school age referred during the year	18
Number of cases of school age discharged ..	35
Number of cases under school age discharged ..	10

6. EASTBOURNE CHILD GUIDANCE CLINIC AND SCHOOL PSYCHOLOGICAL SERVICE

(a) CHILD GUIDANCE CLINIC

Number of new cases referred in 1967	77
Number of cases re-referred in 1967	19
	<hr/> 96
Number of cases carried forward from 1966 ..	5
Cases withdrawn before diagnostic interview ..	12
Number of cases on waiting list	9

Sources of referral:

School Medical Officers	..	..	..	34
Schools	..	..	..	9
Private Doctors	..	..	..	21
Hospitals	..	..	..	2
Parents	..	..	..	11
Children's Officer	..	..	..	8
Educational Psychologist	..	..	..	3
Other Sources	..	..	..	6
Transferred from Bexhill Clinic	..	..	..	2
				— 96

Problems:

Personality Disorder	..	..	..	13
Nervous Disorder	..	..	..	18
Habit Disorder	..	..	..	6
Behaviour Disorder	..	..	..	45
Advice for placement	..	..	..	4
Examination for Court	..	..	..	2
Educational	..	..	..	3

How dealt with:

Psychiatric Treatment	..	..	..	37
Periodic Supervision	..	..	..	5
Advice	..	..	..	15
Referred to Social Worker	..	..	..	20
Awaiting diagnostic interview	..	..	..	3
				— 80

Summary of work carried out:

Psychiatrist

Diagnostic interviews	..	..	..	73
Treatment interviews	..	..	..	419

Psychologist

Interviews for tests	..	..	..	49
Interviews with parents	..	..	..	4
School visits	..	..	..	11

Social Worker

Interviews in Clinic	..	..	..	234
Home and other visits	..	..	..	261
Social Histories	..	..	..	66

Analysis of Treatment Cases closed during the year

(i.e. old and new cases seen by Psychiatrist in 1967 and previous years and discharged during 1967 according to the following categories):

Discharged—Improved	..	..	..	29
Not improved	..	..	..	6
After advice	..	..	..	14
Transferred	..	..	..	7
Unco-operative	..	..	..	17

(b) SCHOOL PSYCHOLOGICAL SERVICE

Number of new cases referred during 1967	..	44	
Number of cases re-referred during 1967	..	12	
		—	56
Number of cases moved from area	..	..	3
Number of cases carried forward from 1966	..	..	13
Number of cases on waiting list	..	..	5

Sources of referral:

School Medical Officers	..	..	..	16
Schools	..	..	..	30
Private Doctors	..	..	..	1
Parents	..	..	..	7
Children's Officer	..	..	..	1
School Psychological Service (other area)	..	..	..	1
			—	56
Number of cases seen during 1967	..	..	..	74

How dealt with:

Advice only	..	..	..	15
Placement in E.S.N. School recommended	..	..	..	9
Placement in J.T.C. recommended	..	..	..	2
Other placement recommended	..	..	..	8
Remedial teaching undertaken	..	..	..	2
Kept under observation	..	..	..	14
Referred to Child Guidance Clinic	..	..	..	3

Summary of work carried out:

Interviews for tests	..	..	..	99
Interviews with parents	..	..	..	34
Remedial Teaching interviews	..	..	..	243
School visits	..	..	..	54
Home and other visits	..	..	..	23

Analysis of Remedial Teaching cases:

Number in attendance during 1967	..	..	..	11
Number discharged improved	..	..	..	2
Number unwilling to continue	..	..	..	1

7. HANDICAPPED CHILDREN

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

	<i>In Residential Special Schools</i>	<i>In Day Special Schools</i>	<i>In Ordinary Schools</i>	<i>In Hospital Schools</i>	<i>At Home</i>	<i>Total</i>
Partially sighted	1	—	2	—	—	3
Blind	2	—	—	—	—	2
Partially Hearing	4	5	14	—	—	23
Deaf	4	—	—	—	—	4
Delicate	—	10	7	—	1	18
Physically Handicapped	3	3	2	1	2	11
Educationally Sub-normal ..	1	72	—	—	—	73
Epileptic	—	1	2	—	—	3
Maladjusted ..	—	5	—	—	—	5
Speech	—	3	—	—	—	3
	<hr/> 15	<hr/> *99	<hr/> 27	<hr/> 1	<hr/> 3	<hr/> 145

**This total includes three children from other authorities*

EPILEPTICS

There are twelve 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	3
Number of children reviewed under the provisions of Section 57A of the Education Act 1944	—
Number of decisions cancelled under Section 57A (2) of the Education Act, 1944	—

THE LINDFIELD SCHOOL

The following is the report of Mr. G. A. Newton, Headmaster:

Number on Roll at 31st December, 1967	48 boys
	26 girls

We congratulate Mr. G. A. Newton on his appointment as headmaster to succeed Mr. Moss who retired in July. Mr. Newton had already contributed much to the life of the school, especially in the introduction of the Initial Teaching Alphabet, and his support of outdoor activities.

Numbers have dropped during the year because twelve children left; five to obtain employment two transferred back to ordinary schools

and five left the District to live elsewhere. At the end of the year there were 74 on the school roll (48 boys, 26 girls). All the children leaving at 16 were found suitable employment.

Special schools all have a disadvantage in that their children are to some extent segregated from the rest of the community. The staff of the Lindfield School have worked hard to break down these barriers, by arranging joint activities with the adjacent Hampden Park Secondary Modern School, by encouraging the pupils to take part in normal out-of-school pursuits, and by running a weekly club for senior children and those who have left school who need to develop their social and practical skills further.

Below is an extract of Mr. Newton's school report for the year:

The spring term saw a new activity for the senior girls who, led by Mrs. Pulham and Miss Farmer, hiked to Alfriston, spent the night there and ventured back the following day. This adventure was so popular as to demand repetition in the future.

The summer term is always very busy and the school journey this year was a long one—to the Cheddar Caves. Heavy rains and delayed trains caused us to miss seeing the lions of Longleat *en route*, but by the end of the day we had all seen much and learnt a little more. I am glad to say the juniors of the school had much better weather on their day's outing to Pevensey Castle and Camber Sands. Absolutely marvellous weather was enjoyed during the school camp week at Nightingale Farm. Mrs. Pulham and I, together with eighteen boys and girls, had an energetic week walking to the Wilmington Giant, climbing the local Downs, canoeing and visiting Alfriston Youth Hostel. We had two Sports Meetings, at the first of which we acted as host to schools in Brighton, Hastings and Horam. I am glad to say that we won more cups at these sports than all the other schools combined.

The autumn term saw two developments, cookery for the boys of class three, and cycle proficiency tests for the senior girls. Eleven bronze medallions were awarded for personal survival in the water, the culmination of many terms' work.

In October we had a highly successful fashion show arranged by McCalls, at which five girls from this school and two from the neighbouring Secondary Modern School acted as models for teenage fashion. About thirty girls from the Secondary School visited us for this occasion and all picked up several hints on how to make their own dresses and gowns. Two girls have made their own dresses to new designs since then.

I would like to thank the Students of the Chelsea College of Physical Education for the wonderful help given in running the sports day, and also those members of Avenue House who visit us so regularly and are so concerned for our welfare.

DOWN'S SCHOOL, BEECHY AVENUE, EASTBOURNE

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

Delicate	..	..	..	..	..	9
Physically handicapped	..	..	..	..	..	3
Partially hearing	..	..	..	..	..	8
Maladjusted	..	..	..	..	..	5
Aphasic	..	..	..	..	..	1
						<hr/> 26
Number of admissions	..	..	..	..	..	9

Children left for the following reasons:

Left district	..	..	..	..	..	1
Admitted to Residential Special School	..	..	..	..	..	1
Transferred to ordinary schools	..	..	..	..	..	5
School leaver	..	..	..	..	..	1
Transferred to the Lindfield School	..	..	..	..	..	1
						<hr/> 9

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

Delicate	..	..	..	..	..	10
Physically handicapped	..	..	..	..	..	3
Partially hearing	..	..	..	..	..	5
Maladjusted	..	..	..	..	..	4
Aphasic	..	..	..	..	..	3
Epileptic	..	..	..	..	..	1
						<hr/> 26

The following is the report of Mrs. E. I. Jones, who was appointed headmistress from 1st September, 1967.

The year's programme included visits to the South Coast Dairies, Lewes Castle, and Newhaven Harbour; and a morning's canoeing at Milton Court which Mr. Roberts kindly planned for us.

Open day was held at the end of July, when school work was on display and an entertainment arranged for the many parents and friends who attended. Mrs. Norris was warmly thanked for her work in the school, and assured of our good wishes for the future.

Throughout the Autumn Term, the senior children went to Hampden Park Secondary Modern School for practical subjects, on two afternoons weekly.

The Speech Therapist now works in the school each Monday, and Miss Hudson continues to visit twice a week.

During the Autumn the school buildings were re-wired and the heating system overhauled.

The year ended with a Christmas entertainment of music and Nativity play, and a sale of work, both very well supported.

Our thanks go to Mr. Roberts for his help with swimming and P.E., and to Miss Logg for much valuable advice.

Close liaison with the medical service is vitally important; we are indeed grateful for this continued co-operation and feel confident that it augurs well for the future needs of the Downs School.

8. SPECIAL TUITION

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

In Hospital Tuition was given to one child whilst she was 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 inspections and treatment were:

The Principal School Dental Officer	..	..	440
School Dental Officer	..	..	427

Of these, 49 sessions were devoted to inspections and 818 to treatment.

GENERAL SERVICES

At the 49 sessions devoted to Dental Inspections 6,336 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	93	644	585	554	570	586	548	442	535	531	534	405	171	76	53	9	6,336

Of these, 2,204 (34 per cent.) were found to require treatment and 1,818 individual children actually received treatment during the year.

The following is a summary of the treatment given:

Fillings:

Permanent teeth	..	..	..	2,448
Temporary teeth	..	..	..	128
				<hr/> 2,576

Number of teeth filled:

Permanent teeth	..	..	..	..	2,092
Temporary teeth	..	..	..	..	122
					<hr/> 2,214

Extractions:

Permanent teeth	..	..	..	..	443
Temporary teeth	..	..	..	..	1,219
					<hr/> 1,662

Administration of General Anaesthetics	..	..	..	838
Number of artificial dentures constructed	..	..	..	7
Number of children X-rayed	..	..	..	176
Scaling and gum treatment	..	..	..	132
Teeth conserved by silver nitrate	..	..	..	195

During the year, routine dental inspections were carried out, on the school premises, at all schools maintained by the Authority. At these inspections, 6,336 children were examined, of whom 2,204 (34 per cent.) were found to require treatment, and 1,818 were actually treated. These routine inspections occupied 49 sessions, and 818 sessions were devoted to treatment. The figures of 34 per cent. referred for treatment was a decrease of 4 per cent. compared with the previous year, and well below the national average. 2,448 fillings were inserted into permanent teeth and 128 into temporary teeth. Extractions totalled 1,662, of which 443 were permanent teeth. The majority of these extractions were carried out under general anaesthetics, nitrous oxide and oxygen with the occasional use of a Trilene or Halothene vapouriser from a McKesson or a Walton apparatus.

Seven artificial dentures were constructed, necessitated in most cases by traumatic injury to the front teeth, and radiological examinations were made on 176 children. All treatment has been carried out at the central clinic at Avenue House.

The orthodontic department, although under the Regional Hospital Board, continues to hold clinics at Avenue House, an arrangement that enables us to maintain a close liaison with the orthodontic consultant, Mr. D. A. Plint. Twenty-four children were referred from the ordinary school clinics for treatment at the specialist orthodontic sessions.

In the realms of prophylactic and preventive dentistry, one interesting and promising item merged during the year. Australian dental research works discovered a food additive which they claim will reduce dental caries in children by as much as a third. The substance is calcium sucrose phosphate, a simple compound occurring naturally in sugar and other carbohydrate foods, but ironically is removed by modern refining and processing techniques.

More than 1,000 Sydney school children are taking part in the trial which began in 1965, and following the addition of measured amounts of calcium sucrose phosphate to their food, an overall deduction of 30 per cent. in the incidence of dental caries is reported. It is suggested that the sugar phosphate inhibits the removal of calcium from the surface of the tooth enamel by tightening the attachment between crystals and preventing their disintegration by the action of acids.

10. FAMILIES WITH DIFFICULTIES AND PROBLEMS

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

On being appointed to the Eastbourne, Lewes and District Branch of the N.S.P.C.C. on the 7th July, 1967, I took over the existing cases of my predecessor Mr. Evers, and by the 31st December the total number of cases that were being dealt with were 37 families involving 123 children. Of these cases 8 families involving 24 children were in the Lewes District.

Classification of cases:

Neglect	..	..	..	..	..	27
Assault or Ill Treatment	..	..	..	..	..	5
Aid and advice sought	..	..	..	..	..	5

During my above period in office 201 visits of supervision have been made on families, plus 176 calls on Public Officials, and other miscellaneous calls were made.

During the Christmas period toys were distributed to 162 families involving 440 children, and these were taken from the following lists rendered to me:

Health Department—94 families involving 235 children.

Children's Department—35 families involving 112 children.

N.S.P.C.C.—33 families involving 93 children.

Over 70 Food Parcels were also distributed to the needy families.

On the 19th December a party was given by Mr. King and held at the King's Caravan Site to which over 100 children of ages from 5 years to 11 years attended and had a really lovely time.

The close co-operation with all the Local Authorities of the County Borough of Eastbourne, which has existed in the past has already made me feel very welcome here, and their help in these first few months has been greatly appreciated.

11. JUVENILE CRIME

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

	<i>Male</i>		<i>Female</i>	
	1967	1966	1967	1966
Disposals				
Probation	12	23	4	4
Conditional discharge	3	15	—	—
Fined	4	13	5	1
Approved School	1	4	—	—
Detention centre	1	2	—	—
Otherwise disposed of	12	3	1	—
	—	—	—	—
	33	60	10	6
Cautioned	47	25	16	13
	—	—	—	—
	80	85	26	19
	—	—	—	—

12. EMPLOYMENT OF CHILDREN

The Department notified the Youth Employment Service of 416 children attending Secondary Modern Schools who had had their final school medical examination and were fit for all types of employment. Form Y.9 was issued in respect of twenty-three 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.

To comply with the Bye-Laws regulating the employment of children of school age, a medical certificate must be produced stating their employment will not be prejudicial to the child's health and development and will not render them unfit to benefit from their education. 236 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 50 children from 32 families.

14. SCHOOL MEALS AND MILK

During the year 1967 the total number of meals served and 919,760, of which 48,920 were free. For the year 1966 the total number of meals served was 874,506, of which 39,262 were free.

The milk in school scheme continues to function and the $\frac{1}{2}$ pint bottles of milk are available for all primary and secondary school children who wish to take it. The following table shows the numbers of children taking meals and milk on a day in October 1967 and October 1966.

	PRIMARY AND SECONDARY DEPARTMENTS					
	MEALS				MILK	
<i>A day in October</i>	<i>No. of Children in Schools</i>	<i>Free</i>	<i>Paid</i>	<i>Percentage taking Meals</i>	<i>Total taking Milk</i>	<i>Percentage taking Milk</i>
1967	6,880	263	3,832	60.96	5,226	76.03
1966	6,641	177	3,988	6.005	5,213	78.49

15. NOTIFICATION OF INFECTIOUS DISEASES

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

Scarlet Fever	9
Measles	246
Food Poisoning	1
Dysentery	3
Tuberculosis (Non-Respiratory)	1

16. TUBERCULOSIS

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

B.C.G. VACCINATION AGAINST TUBERCULOSIS

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

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 advantages of the scheme are as follows:

	<i>Skin Tested</i>	<i>Vaccinated</i>
Children in school	546	478
Students	26	18

17. VACCINATION AND IMMUNISATION

The Local Health Authority arranged 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. COLLEGES OF EDUCATION

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

In the past, valuable help has been given by staff and students of Chelsea College who have run remedial exercise classes for children needing help. Following changes in the curriculum, the number of students available for this work has dropped sharply, and this is reflected in a much reduced number of children who attend these exercise classes. We are also grateful for the help given by students and staff to the children attending our special schools, and at the handicapped children's swimming club held at the Chelsea College Baths.

19. ANNUAL REPORT OF THE CHILD WELFARE CO-ORDINATING COMMITTEE, 1967

Membership

The Committee's purpose is to co-ordinate the local social services for families with children. Those needing help are allocated to the most appropriate case worker to ensure personal interest and continuity of care, and a register of families with their case workers is maintained to facilitate channelling of information. Monthly case conferences are held, supplemented by individual case discussions when necessary. Field workers include the Children's Officer, Education Welfare Officer, Superintendent Health Visitor, Special Health Visitor, Housing Manager, N.S.P.C.C. Inspector, Probation Officers, Moral Welfare Worker, Social Worker from the Child Guidance Clinic and Mental Welfare Officer. These are joined by an Assistant Solicitor to the Town Clerk, Home Help Organiser and Representatives from the Ministry of Social Security and the Borough Treasurer. The Deputy Medical Officer of Health takes the chair at the monthly Committee Meetings.

This year we have said goodbye to Mr. Marsh, the Children's Officer, who has taken up a similar post in Portsmouth, and have welcomed Mr. Wills in his place. Inspector Evers, N.S.P.C.C. has joined the staff of the Children's Department and has been replaced by Senior Inspector Flory.

Allocation of Families

When a statutory service is supervising a family by Court Order the case worker is always chosen accordingly. In other cases the choice depends on the particular problems of the family and the ages of the children. The Social Workers of the Children's Department are responsible for about half of the families with severe problems.

Work Done

The year opened with 84 families on the register and ended with 80. Fifteen new families were added and 19 removed. Thirteen of the families have severe and multiple problems and required much time spent on them. Thirty-eight families required a moderate amount of case work, and the remainder needed regular supervision to help them keep out of trouble. The help given included assistance with rehousing, granting material aid, contraceptive advice and the employment of a teaching home help to show how a house can be made into a home. A review at the end of the year showed that 24 families had improved with help, but 9 families had deteriorated. None had to be regarded as broken up, and 9 families improved sufficiently to be removed from the register. Seventeen of the families have had children in care during the year, but the majority have been short-term admissions to tide the family over a crisis, such as confinement.

Problems Encountered

Amongst the families with severe problems, the biggest basic trouble is a personality defect in the parents. When this is shared by both parents the result is usually a severe problem calling for much case work. Seventy-seven per cent. of our severe problem families are in this category, with 33 per cent. facing the difficulty of having one parent away from home, separated, in prison, or just disappeared. Trouble with the Law is another aspect of the same difficulty; 42 per cent. of the severe problems are in this group. Thirty-three per cent. of these families have had accommodation difficulties in the past, but all have been solved, at least on a temporary basis. Seventy-seven per cent. are still in financial trouble. Case work has often to be directed at preventing further debts being incurred. One young couple with more than £200 debts was helped through bankruptcy proceedings, which provided the incidental advantage that it is now illegal for them to engage in further hire purchase agreements. This had proved to be their biggest temptation. It is still much too easy for feckless families to obtain financial credit with surprisingly little check on their ability to repay the debt.

Case Work

How do families improve? Some by a process of growing up; the children become independent, responsibilities are fewer, and so problems diminish. Some by elimination of the principal cause of the

trouble; lack of accommodation, insufficiently spaced pregnancies, final separation from a completely irresponsible husband. Some by dint of continuous painstaking case work with appropriate training in housework, child care, budgeting, job holding, or parental responsibilities until the immature couple have come to recognise the priorities in life, which they should have known when they embarked on marriage. By far the largest share of the families in which improvement is reported has been taken by the Children's Department (11 out of 24). The remaining 13 are divided evenly between six other departments. The Social Workers in the Children's Department have given a considerable amount of time to case work, and they have reaped a real return for the time spent in terms of improvement, notwithstanding the fact that they are allocated the families with more difficult problems.

Another trend noted during the year is the general increase in families regarded as requiring a moderate amount of case work. Last year there were 31, this year 38. There has been a corresponding fall in those requiring supervision (40 falling to 29). This is apparently not due to the problems getting more severe, for in 13 instances the same family reported as being "static" or even "improved" has been re-classified as now requiring case work in place of supervision. This means that more of the Social Workers are recognising that case work brings results and have the time to offer this help. I think this is a real change which has taken place over the past five years. The purpose of the annual statistical review and the maintenance of the punch-card index for all such families is to try to determine which problems are best helped in which way. Case work is expensive in time and money. It must be directed to those whom it will help most.

Housing Policy

The biggest change to report this year results from the Council's new policy for accommodation in The Knowle and Oak Tree Lane. Graham Marsh, until lately Children's Officer, showed the hopelessness and lack of incentive to improve that was caused by too long a stay in these houses. Never did we envisage that all the old residents from Oak Tree Lane could be moved to ordinary Council houses. Yet all but one had been moved by the end of the year, freeing these houses, after the walls had been plastered internally, to be used by other families in need of intensive case work. In addition, the Housing Committee have agreed to the use of a further four houses, not in Oak Tree Lane, for the same purpose. The Knowle, the establishment for temporary homeless families, has been reorganised to accommodate five families in self-contained units, in place of eight with semi-shared facilities. This again helps families to regain their self-respect and aids case work, but the reduced number that can be accommodated does cause difficulty, especially in the summer season when alternative accommodation is just not available. The day to day work at The Knowle is carried out by the staff of the Children's Department.

Rent Collection

Allied to adequate housing is the problem of paying the rent. Some families cannot be expected to put two weeks' rent aside; the pressures to spend it before the Rent Collector calls are too great. For these a special Rent Collector has been appointed, who collects weekly at a pre-arranged time, linked to pay day. First reports show that this scheme is most effective. In checking rent arrears of the 32 families involved, arrears have been cleared in 11 cases and very considerably reduced in all but 4. Notices to Quit for rent arrears have fallen from 45 last year to 27, and none had to be enforced.

Early warning of the development of rent arrears, and effective action at this stage, are essential if control is to be achieved. Without this, arrears quickly mount to a level where it is virtually impossible for the family to repay them.

Domiciliary Family Planning

The scheme for home visits for contraceptive advice when the mother is unable or unwilling to attend the clinic has been continued, and is a most valuable measure. The infra-uterine loop is now available at the Eastbourne F.P.A. Clinic, so when this method is used it is no longer necessary to take the mother over to Hastings to fit it. The method is about 98 per cent. safe, and while there are failures, it represents a significant advance, especially for forgetful families. Frequently domiciliary visits are made to establish a friendly relationship with the family, followed in due course by a visit to the clinic to be fitted with the loop. The clinic doctor making the visits reports that she is now accepted by the great majority of the patients, and frequently receives introductions to new patients, not from the Social Worker, but from satisfied customers.

The statistics show 12 new babies born to the 80 families. Eight of these, including one set of twins, were definitely "mistakes". Last year I showed that children born into these families had an increased risk of mental and social handicap. A 10 per cent increase is much too high a figure and calls for increased effort.

Special Measures

1. *Material Aid.* During the year £192 has been spent on 23 families. This is the same amount as last year. Bedding, clothing and fuel bills account for the majority of the sum. Grants are only made as part of an overall plan to get the family on to its feet again. Without them a number of children would have been received into care, or have remained in care instead of returning to their family. In addition £50 was spent in helping 28 children attend the camp organised by the Children's Department.

2. *Family Planning.* Twenty-five mothers have been given special contraceptive help, either at home, or at the F.P.A. Clinic, to be fitted

with the loop, together with follow-up supervision. Eight were new cases taken on during the year.

3. *Weekly Rent Collection.* Thirty-two families were helped by weekly rent collections, at a time agreed with the family related to pay day. Arrears have been completely cleared in eleven cases.

4. *Teaching Home Helps.* Eight families were given help in their own homes by selected home helps. In four cases this was simply to cover the illness of the mother. In the remaining four an attempt was made to train the mother in methodical housekeeping. One case was most successful, one partially successful, and two were failures as the mothers eventually refused the help offered.

5. *Rehousing.* Thirteen families have been rehoused by the Housing Department during the year. The provision of adequate accommodation is often the most important single step in rehabilitation for it anchors a drifting family and gives it an incentive to build a home, thus providing the security the children need.

In conclusion I should like to thank the members of the Co-ordinating Committee for their friendly co-operation, and Mrs. S. M. James and Mrs. S. M. Hook for their assistance with the clerical work. In addition, a special word of thanks must be paid to Mrs. K. Seaman, who represents the Ministry of Social Security. Her knowledge of the families at risk and her rapid action when it is seen that the rent allowance is being mis-spent has saved many families from an impossible burden of rent arrears and from the danger of eviction. Her interest and assistance is much appreciated.

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, 1967

Local Education Authority: COUNTY BOROUGH OF EASTBOURNE

Number of pupils on registers of maintained primary,
secondary, special and nursery schools in January, 1968.

(i) Form 7 Schools, 7,007; (ii) Form 7M, 100; (iii) Form
11 Schools, Nil.

TOTAL .. 7,107

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

Age Groups Inspected (By year of Birth)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		SATISFACTORY	UNSATISFACTORY	For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
		Number	Number			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1963 and later	—	—	—	—	—	—
1962	152	152	—	10	42	49
1961	516	514	2	37	103	133
1960	23	23	—	3	5	8
1959	16	16	—	3	2	5
1958	13	13	—	1	1	2
1957	12	12	—	1	2	3
1956	12	12	—	2	2	3
1955	14	14	—	2	3	5
1954	6	6	—	2	2	3
1953	416	416	—	69	76	130
1952 and earlier	163	163	—	34	26	54
TOTAL	1,343	1,341	2	164	264	395

Column (3) total as a percentage of Column (2) total: 99.85%

Column (4) total as a percentage of Column (2) total: 0.15%
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	..	..	..	238
Number of Re-inspections	..	..	..	1,439
			Total	1,677

TABLE C—INFESTATION WITH VERMIN

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

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons . .	9,757
(b) Total number of individual pupils found to be infested	7
(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).

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS								SPECIAL INSPECTIONS	
		Entrants		Leavers		Others		Total		(T) (11)	(O) (12)
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)		
4	Skin	8	18	46	10	1	—	55	28	—	1
5	Eyes:										
	a. Vision	49	168	103	13	12	7	164	188	10	3
	b. Squint	18	3	1	—	3	2	22	5	—	1
	c. Other	2	4	—	1	—	—	2	5	3	1
6	Ears:										
	a. Hearing	7	165	4	6	1	7	12	178	4	10
	b. Otitis Media	1	8	3	1	—	1	4	10	1	—
	c. Other	8	12	10	2	1	2	19	16	9	4
7	Nose and Throat	25	173	7	4	1	5	33	182	8	6
8	Speech	17	21	—	1	1	—	18	22	7	2
9	Lymphatic Glands	9	26	1	1	—	2	10	29	—	1
10	Heart	3	7	—	3	—	—	3	10	1	2
11	Lungs	9	25	3	3	—	—	12	28	1	3
12	Developmental:										
	a. Hernia	—	2	—	—	—	1	—	3	—	5
	b. Other	—	19	6	1	—	4	6	24	1	—
13	Orthopaedic:										
	a. Posture	4	24	5	7	1	1	10	32	—	—
	b. Feet	46	34	5	6	4	3	55	43	13	8
	c. Other	9	39	4	2	1	1	14	42	5	1
14	Nervous System:										
	a. Epilepsy	1	1	1	—	1	—	3	1	—	—
	b. Other	1	10	1	—	—	—	2	10	—	—
15	Psychological										
	a. Development	2	23	—	—	—	3	2	26	5	4
	b. Stability	6	56	2	6	—	2	8	64	25	23
16	Abdomen	—	8	1	1	—	—	1	9	1	—
17	Other	10	13	10	15	—	7	20	35	29	4

Part III

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

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

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

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	21
Errors of refraction (including squint)	453
TOTAL	474
Number of pupils for whom spectacles were prescribed	289

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

	<i>Number of cases known to have been dealt with</i>
Received operative treatment:	
(a) for diseases of the ear	7
(b) for adenoids and chronic tonsilitis	180
(c) for other nose and throat conditions	8
Received other forms of treatment	—
TOTAL	195
Total number of pupils still on the register of schools at 31st December, 1967, known to have been provided with hearing aids:	
(a) during the calendar year 1967 (see note below)	—
(b) in previous years	22

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

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number known to have been treated</i>
(a) Pupils treated at clinics or out-patients departments	135
(b) Pupils treated at school for postural defects	22
TOTAL	157

TABLE D—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part 1)

	<i>Number of pupils known to have been treated</i>
Ringworm:	
(a) Scalp	—
(b) Body	—
Scabies	—
Impetigo	23
Other skin diseases	253
TOTAL	276

TABLE E—CHILD GUIDANCE TREATMENT

	<i>Number known to have been treated</i>
Pupils treated at Child Guidance clinics	70

TABLE F—SPEECH THERAPY

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

TABLE G—OTHER TREATMENT GIVEN

	<i>Number known to have been treated</i>
(a) Pupils with minor ailments	168
(b) Pupils who received convalescent treatment under School Health Service arrangements ..	—
(c) Pupils who received B.C.G. vaccination ..	407
(d) Other than (a), (b) and (c) above please specify:	
Breathing exercises in school	37
Breathing exercises in clinic	6
TOTAL (a)–(d) ..	618

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 6–16½ years.
3. (a) Is colour vision testing undertaken? Yes.
- (b) If so, at what age? 14 years.
- (c) Are both boys and girls tested? Boys.
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? —
- (c) By whom is audiometric testing carried out? School Nurses.

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