

[Report 1970] / Medical Officer of Health, Eastbourne County Borough.

Contributors

Eastbourne (England). County Borough Council.

Publication/Creation

1970

Persistent URL

<https://wellcomecollection.org/works/ac7qsxms>

License and attribution

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

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

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



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

COUNTY BOROUGH OF EASTBOURNE

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR

1970

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

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR

1970

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 EASTPORT

ANNUAL REPORT

Medical Officer of Health

1970

Health, Welfare, School Health
and Meteorological Services

Medical Officer of Health

Printed by the County Borough of Eastport

PRINCIPAL CONTENTS

				<i>Page</i>
SECTION A	General Information, Vital Statistics	..		16
SECTION B	National Health Service Act (Local Health Services)	..	..	22
SECTION C	Welfare Services	..	..	55
SECTION D	Prevalence of, and Control over, Infectious and other Diseases	..	..	64
SECTION E	Sanitary Circumstances of the Area	..		66
SECTION F	Miscellaneous	..	..	93
	SCHOOL HEALTH SERVICE	..	..	101
	INDEX	..	..	128

PRINCIPAL CONTENTS

Page	
16	Section A General Information, Vital Statistics
22	Section B National Health Service Act (Local Health Services)
25	Section C Welfare Services
64	Section D Prevention of, and Control over, Infectious and other Diseases
66	Section E Sanitary Requirements of the Area
93	Section F Miscellaneous
101	School Health Service
128	Index

ANNUAL REPORT

HEALTH AND WELFARE SERVICES DEPARTMENT
AVENUE HOUSE
EASTBOURNE

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

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present the seventy-ninth Annual Report upon the public health and related services for which the County Borough Council is responsible.

Reorganisation

I dealt at length in my 1969 report with the implications of the Social Services Act and in the meantime the Council has been told in no uncertain terms that notwithstanding fully integrated health and welfare services there can be no local dispensation in the requirement to set up a separate Social Services Department. Such mandatory insistence is now seen to be even more surprising in the light of the White Paper on Local Government Reorganisation which envisages the demise of the County Boroughs with their newly established social services departments going again into the melting pot.

However, whilst I am sure the Council was right to fight for freedom of action in the matter of its social services there is no good purpose to be served in reluctant compliance. An appointment of Director has been carefully made and it is essential that he be given the utmost support in bringing together the constituent parts of the new department and at the same time ensuring that the service to the public is maintained and developed to meet the very heavy pressures upon its several parts.

Plans for yet another residential home and day centre for the aged are well under way as also are the plans for the centres for the physically and mentally handicapped at Birch Road. The turn of the year also saw the purchase of the Pinehurst Hotel as a second hostel under the Mental Health Acts.

The greater part of the welfare and mental health services which are transferred to the new department were already delegated to non-medical specialist staff. Those who remain in the new streamlined health department can now devote more undivided attention to the many challenges in the matter or promotion of health and prevention of disease in the community.

The mid-year estimate of population continues to increase at an average rate of 1,000 persons per annum and stands currently at 70,130. However, the postal addresses of many of the users of our services and of a significant proportion of our staff indicate that urban Eastbourne extends considerably beyond its long outdated boundaries. It is indeed

of interest to consider the boundaries of management, servicing or distribution of other essential utilities based on Eastbourne. Catchment areas for hospitals, water, electricity, gas, milk, bakeries, social security, taxation, G.P.O., together with major commercial and voluntary bodies all extend significantly and in some cases considerably, beyond the local government boundaries which now appear the most illogical of all.

I venture to suggest that whereas in many areas of local government radical reform is desperately necessary, a logical revision of the county borough boundary is all that is really required for the continuation of effective local government in Eastbourne.

Whilst the increasing specialisation devolving from present day services presents certain difficulties to smaller authorities, an Eastbourne of something like the size and population of its present hospital management committee area is in my view ideal for the administration of health and welfare services. Whatever the ultimate size of the new local government county-style area now proposed, there must surely remain substantial administrative units in the Eastbourne district for health and social services.

At the time of writing, the Consultative Document on the Reorganisation of the National Health Service has just been published. Having complained in the preface of my Annual Report on numerous occasions of the frustration and loss of opportunity arising from a fragmented health service, I am bound to welcome this genuine attempt to achieve a comprehensive integrated service.

Health Centres

Such integration as has already been achieved has been in spite of the system rather than because of it and has been over dependent on individual goodwill. The success story of 1970 has been the smooth running of our first Health Centre. Consequent upon the goodwill of the doctors and participating staff and the tact and discretion of my administrative office staff it has been proved possible for the Centre to function smoothly and efficiently without a manager or a superintendent or even a management committee.

Meanwhile pending the establishment of the new Health Authority there remain some vital services to be developed and others to be maintained. I particularly request the continued encouragement of the Council for the services of the department especially in regard to staff whose future has yet to be defined. The development of the remaining programme of district health centres is possibly the most important single task to be accomplished. As a firm step towards the Langney Health Centre the Council, recognising the frugality of medical services on the expanding Langney estates, has co-operated with a firm of doctors and a dentist in the use of adapted Council housing units as respective surgeries with local health authority staff participation. Meanwhile the attachment of local authority staff to general practice has proceeded as fully as is consonant with the deployment of the skills

of health visitors in particular in the promotion of health generally in the community.

Health Education

A valuable indirect result of the proven association between smoking and ill-health is the consequent appreciation that personal living habits can have a direct and powerful influence on health. There is already strong epidemiological evidence* in regard to the prevalent excessive consumption of the refined carbohydrates and a related group of pathological disorders causing in toto an immense burden on the National Health Service. I have commented upon this repeatedly over the past 20 years and predict that in a few years' time the association will be as fully accepted as is that between smoking and ill-health and, if and when public eating habits can be influenced accordingly enormous dividends will result. Health Education is indeed a matter of prime continuing importance to the department. In this connection I would draw attention to the very extensive educational and exhibition work undertaken in the subjects of mental health, care of the aged and handicapped and in the matter of aids for the disabled. Specific guidance will be required as to whether the new Social Services Departments are to continue to look to Health Departments for this service or alternatively if they are expected to set up their own information and education sections.

I am pleased to note at the time of writing that the Council again has under active consideration possible further steps of positive example in the matter of Smoking and Health together with further possible protection of non-smokers against tobacco smoke in public places. It is becoming increasingly recognised that it is now normal to be a non-smoker. Separate facilities where necessary will in future be made for the smoker rather than the non-smoker.

Family Planning

Of no less importance and in accordance with ministerial encouragement will be the further development of family planning facilities. Eastbourne was one of the first authorities to encourage a domiciliary service. The extension of the Youth Advisory Clinics will continue to be tempered with a moderation of advice which bears in mind the possibility, sometimes alleged, that such clinics may encourage promiscuity. Existing services, all within our own clinics, are undertaken by the Family Planning Association. The competence of that service and the co-operation received from the organisers is such that I find no reason to contemplate a direct service by the Council at the present time.

**The Saccharine Disease*. Cleave, T. L., Campbell, G. D. Bristol, John Wright 1969.

Acknowledgements

My renewed thanks are again due to the Members of the Council for their continued interest and support of the necessary activities of the department. My particular appreciation must on this occasion be expressed to those members of staff who, during the forthcoming year, are being transferred to a new Social Services Department. To them and no less to the remaining staff I express my thanks for their loyal support, cheerfully given, in the best interests of the services provided to the community.

I am, Mr. Mayor, Ladies and Gentlemen,

Yours faithfully,

KENNETH VICKERY,

Medical Officer of Health.

September 1971

Representation upon and Membership of Other Bodies

Your Medical Officer of Health acknowledges the valuable privilege of membership of and attendance at meetings of a number of organisations whose main objective is the furtherance of knowledge of the Health Services and of inter-professional relationships including the following as at 31st December 1970:

Royal Institute of Public Health and Hygiene (Member of Council)

Royal Society of Health (Member of Council)

British Medical Association (Member of Sussex Branch Council
and Divisional Executive)

Eastbourne Medical Society (President)

St. John Ambulance Brigade, Eastbourne Division (Vice-President)

Medical Advisory Committee, Eastbourne Hospital Group
(Member)

Eastbourne Local Medical Committee (Member)

Joint Health Consultative Committee (Member)

HEALTH SERVICES AND WELFARE SERVICES COMMITTEES

(as constituted at 31st December 1970)

The Mayor:

ALDERMAN C. F. BAKER, J.P.

Chairman:

COUNCILLOR T. G. LE N. FORD

Deputy Chairman:

COUNCILLOR J. ANGELMAN

Alderman:

M. SKILTON

Councillors:

R. J. HUTCHINSON
MRS. W. E. OUZMAN
MRS. K. E. RAVEN
R. POYNTER
C. G. SCOTT

PUBLIC PROTECTION COMMITTEE

(as constituted 31st December 1970)

The Mayor:

ALDERMAN C. F. BAKER, J.P.

Chairman:

ALDERMAN L. W. PYLE

Deputy Chairman:

COUNCILLOR P. S. BROCKWELL

Alderman:

J. W. G. HOWLETT

Councillors:

J. R. ELPHICK
C. H. LACEY
MRS. W. E. OUZMAN
F. C. SOLLY
T. W. WARD

HEALTH SERVICES AND WELFARE SERVICES DEPARTMENT STAFF

(in post at 31st December 1970)

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:

R. A. ABBEY, L.D.S., R.C.S., D.D.O.

Dental Officers:

A. J. LAWRENCE, B.D.S.
PAMELA L. COOPER, B.D.S.

Chief Public Health Inspector:

EDWARD EDLINGTON (a) (b) (c)

Deputy Chief Public Health Inspector:

A. MATTHEWS (a) (b) (d)

Public Health Inspectors:

L. G. HOWARD (a) (b)
T. MATTHEWS, S.R.N. (a) (b) (c)
C. T. MERRINGTON (e)
G. N. RICHARDS (a) (b)

Pupil Public Health Inspectors:

G. BROWN
G. E. RUTLAND

Technical Assistant:

S. A. HALL

Qualifications:

- (a) Certificate of the Royal Sanitary Institute and Sanitary Inspector's 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.

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:

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.
†MRS. J. M. BAKER, S.R.N., S.C.M.
MISS J. PEARSON, S.R.N., S.C.M., Q.N.
MRS. A. C. PERKINS, S.R.N., S.C.M.
*A. ROCHELL, S.R.N., Q.N.
MRS. M. I. THORNE, S.R.N., S.C.M., Q.N.
MRS. I. BOOTHROYD, S.R.N., R.F.N., Q.N.
†MRS. S. MATTHEWS, S.R.N., S.C.M.
MRS. M. J. GRENFELL, S.R.N.
MRS. C. HEALEY, S.R.N., R.M.N.
F. JONES, S.R.N.
MISS K. PARSLow, S.R.N.
MRS. A. S. POWELL, S.R.N.
MISS E. L. SHANAHAN, S.R.N.
MRS. S. M. SHANDLEY, S.R.N.
MRS. N. SPENCE, S.R.N.
MRS. M. E. SULEMAN, S.R.N.
MRS. J. K. UMPLEBY, S.R.N., S.C.M.
MRS. C. E. WALKER, S.R.N.

**District Nursing Officer*

†District Nurse/Midwife

District Nurses:

MRS. H. DOWNING, S.E.N.	MRS. J. A. MILLICHAMP, S.E.N.
MRS. E. HOLTOM, S.E.N.	MRS. A. REYNOLDS, S.E.N.
MISS K. NEWTON, S.E.N.	MRS. A. M. URIDGE, S.E.N.
MRS. G. PEARSON, S.E.N.	

Nursing Auxiliaries:

MRS. D. B. M. BARTHOLOMEW	MRS. S. A. LOWER
MRS. C. M. CARLSON	MRS. L. MEWETT
MRS. D. E. HARRIS	MRS. J. B. STEPHENSON
MRS. O. LANGTON	MR. E. G. TOMPSETT

Domiciliary Midwife:

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

Superintendent Health Visitor:

MRS. D. I. DALE, S.R.N., S.C.M., H.V.Cert.

Senior Health Visitor:

MISS E. E. GRIFFIN, S.R.N., S.C.M., H.V.Cert.

Health Visitors:

MISS B. D. BEALE, S.R.N., S.C.M., H.V.Cert.
MRS. M. K. CHAMBERS, S.R.N., S.C.M., H.V.Cert.
MISS A. M. CLARE, S.R.N., H.V.Cert.
MISS H. 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 J. K. MITCHENER, S.R.N., H.V.Cert.
MISS H. M. PATTERSON, S.R.N., H.V.Cert.
MISS A. N. RANKS, S.R.N., S.C.M., H.V.Cert.
MISS A. M. REEVE, S.R.N., 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. M. F. TOMSETT, S.R.N., H.V.Cert.

School Nurse:

MRS. G. ARMSDEN, S.R.N.

Student Health Visitors:

MISS V. M. TOSTEVIN, S.R.N., S.C.M.
MISS D. H. WALSH, S.R.N., S.C.M.

Clinic Assistants:

MRS. D. M. DOWNEY MISS D. M. COX (part time)

Health Education Officer:

MISS M. G. HEMMING, S.R.N., H.B.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
MRS. E. M. BRACEY, Assistant Home Help Organiser

Mental Welfare and Welfare Services:

V. O. F. LITTLE, F.I.S.W., L.M.R.S.H., Welfare Services Officer
MISS A. HARMAN, C.S.W.Cert., Deputy Welfare Officer
H. A. HURT, C.S.W.Cert., Senior Mental Welfare Officer
MRS. S. D. GREEN, M.S.M.W.O., Diploma in Social Studies, Deputy Senior
Mental Welfare Officer

Mental Welfare and Welfare Officers:

MRS. C. A. EVANS, S.R.N., S.C.M., H.V.Cert.
MRS. J. E. HUNT, S.R.N., S.C.M., H.V.Cert.
MISS E. E. INESON, Senior Social Welfare Officer for the Blind
MRS. M. H. LADLEY, Social Welfare Officer for the Blind
MRS. C. R. A. TENNANT, Diploma in Social Studies
MISS R. WALKER, S.R.N., S.C.M., Q.N., H.V.Cert.
(Diploma in Social Studies)

Trainee Social Worker:

MRS. A. H. EYSENCK

Welfare Assistants:

MRS. P. N. CLARK, S.E.N.
MRS. V. E. SMITH, S.E.N.

Occupational Therapist:
MRS. P. M. ROBERTSON, M.A.O.T.

Speech Therapist:

MISS P. A. BLACKMORE

Handicraft Instructor: MISS E. LAWSON

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
MISS M. S. HARDY
D. E. MOSELEY

R. E. STONEHEWER
MISS G. E. WOODS
MRS. V. M. SEMADENI

Secretary to Medical Officer:

MISS Y. J. DUNAMALL

Secretarial and Filing:

MISS D. M. BEETLESTONE
MRS. J. C. RUDMAN

MISS D. A. CURRYER

Clerical:

MRS. P. BALL (Part-time)
MRS. E. COOPER (Part-time)
E. G. ELKINGTON
G. M. FITZHUGH
MISS P. A. FOWLER
MRS. M. HODKINSON

MRS. S. M. HOOK (Part-time)
MRS. V. HOULDSWORTH (Part-time)
MISS J. P. JENNINGS
MRS. G. M. MORRIS
MRS. J. W. NETHERCOTT
MRS. P. J. HOLLOBON (Part-time)

Health Centre Receptionists:

MRS. M. SAWYERS
MISS G. R. WYATT

MISS J. M. NORMAN
MRS. E. J. McTEAR (Part-time)

Dental Surgery Assistants:

MRS. D. J. ANDREWS (Part-time)
MRS. K. A. COLEMAN

MISS K. FARRINGTON
MISS J. A. DUMBRELL

Chiropodists (Whole-time)

D. J. BETTLES, M.Ch.S., S.R.Ch.
MISS E. M. WILLIAMS, M.Ch.S., S.R.Ch.

Public Analyst:

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

OFFICES AND ESTABLISHMENTS OF THE HEALTH, WELFARE AND SCHOOL HEALTH SERVICE DEPARTMENT

	<i>Telephone No. Ext.</i>	
Headquarters, Avenue House	21333	
Welfare Services, Avenue House	„	281
Mental Health Service, Avenue House	„	265
Health Visitors, Avenue House Clinic	„	283
District Nurses, Avenue House Annexe	„	287
Home Helps, Avenue House	„	271
School Health Service, Avenue House Clinic	„	282
Dental Service, Avenue House Clinic	„	272
Public Health Inspectors, Avenue House Annexe	„	293
Winifred Lee Health Centre, Wartling Road	20272	
Child Guidance Clinic, 3 Upper Avenue	22744	
Old Town Clinic, 2/4 Birling Street	33335	
Hampden Park Clinic, Hampden Park Hall	53485	
Langney Clinic, Langney Community Hall	61214	
Princes Park Day Nursery, Wartling Road	25188	
<i>(Matron: Miss M. Kennedy)</i>		
Adult Training Centre, Salehurst Road	20248	
<i>(Manager: Mr. G. Townsend)</i>		
The Yews Hostel, St. Leonards Road	28720	
<i>(Matron: Mrs. M. C. Bainbridge)</i>		
Ambulance Depot, Dursley Road	25345	
<i>(Chief Ambulance Officer: Mr. W. E. Field)</i>		

OLD PEOPLE'S HOMES

Cavendish Lodge, Cavendish Place	24878	
<i>(Superintendent: Mr. T. Shore)</i>		
Trevin Towers, Gaudick Road	30122	
<i>(Superintendent: Mr. W. Oliver)</i>		
Staveley Court, Staveley Road	24402	
<i>(Superintendent: Mr. F. W. Mephram)</i>		
St. Anthony's Court, Seaside	29117	
<i>(Superintendent: Mr. C. Roberts)</i>		
Willoughby Court, Willoughby Crescent	29862	
<i>(Superintendent: Mr. L. Spencer)</i>		
Parker House, Redoubt Road	20957	
<i>(Matron: Mrs. J. Jerratt)</i>		
Firwood House and Day Centre, Brassey Avenue	54584	
<i>(Superintendent: Mr. G. W. Schofield)</i>		

BATHS

Motcombe Baths, Motcombe Road	21575	
Seaside Baths, Seaside	22167	

Staff of the Health and Welfare Services Department at 31.12.70

	Full-time	Part-time	Total
Medical Officers of Health, Deputy and Assistants	4	1	5
Dental Officers	2	1	3
Administrative and Clerical Staff	20	4	24
Dental Surgery Assistants	3	1	4
Public Health Inspectors	6	—	6
Student Public Health Inspectors	2	—	2
Health Visitors, including Superintendent	14	—	14
Student Health Visitors	2	—	2
Clinic Nurse	1	1	2
Health Centre Receptionists	3	1	4
Home Help Organisers	2	—	2
Home Nurses, including Superintendent	19	13	32
Domiciliary Midwife	—	3	3
Nursing Auxiliaries	—	9	9
Social Welfare Officers for the Blind	2	—	2
Occupational Therapists and Handicraft Instructors	—	3	3
Speech Therapist	1	—	1
Welfare Assistants	2	—	2
Chiropodists	3	—	3
Health Education Officer and Assistants	1	2	3
Welfare and Mental Welfare Officers.. .. .	8	—	8
Trainee Social Worker	1	—	1
Day Nursery	11	5	16
Occupation Centre	4	5	9
Junior Training Centre and Hostel	14	11	25
Old People's Homes	83	61	144
The Yews Hostel	2	2	4
Old Town and Seaside Baths	3	4	7
Domestic Helps	—	71	71
Technical Assistant	1	—	1
Rodent Operator	2	—	2
Others, i.e. Cleaners, Caretakers, Van Driver	3	9	12
	219	207	426

SECTION A

GENERAL

Vital Statistics

Notification of Births

General Information—Natural and Social Conditions

VITAL STATISTICS

Estimated mid-year population: 70,130

Registered Births				<i>Males</i>	<i>Females</i>	<i>Total</i>
Live births—	Legitimate	..	..	277	309	586
	Illegitimate	..	..	31	43	74
				—	—	—
				308	352	660
				—	—	—
Still births—	Legitimate	..	..	5	2	7
	Illegitimate	..	..	—	—	—
				—	—	—
				5	2	7
				—	—	—
Deaths						
All causes	..	..	..	..	571	741 1,312
Live births:					<i>Eastbourne</i>	<i>England & Wales</i>
Number	..	..	..	..	660	784,482
Rate per 1,000 population	..	..	..	..	9.4	16.0
Live birth rate per 1,000 population after applying "Area Comparability Factor" (1.29)				..	12.0	—
Illegitimate live births per cent. of total live births				..	11	8
Still births:						
Number	..	..	..	..	7	10,341
Rate per 1,000 live and still births	..	..	..	..	10	13
Total live and still births	..	..	..	..	667	794,823
Infant deaths (deaths under one year)	..	..	..	..	9	14,269
Infant mortality rates:						
Total infant deaths per 1,000 total live births				..	14	18
Legitimate infant deaths per 1,000 legitimate live births				..	14	17
Illegitimate infant deaths per 1,000 illegitimate live births				..	14	26
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)				..	11	12
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)				..	8	11

Peri-natal mortality rate (still births and deaths under one week combined per 1,000 total live and still births)	18	23
Maternal mortality (including abortion):		
Number of deaths	—	147
Rate per 1,000 total live and still births ..	—	0.18
Death rate (crude) per 1,000 population ..	18.7	11.7
Death rate after applying "Area Comparability Factor" (0.54)	10.1	—
Deaths from Tuberculosis	2	1,606
Tuberculosis death rate per 1,000 population ..	0.02	0.03

Causes of Death

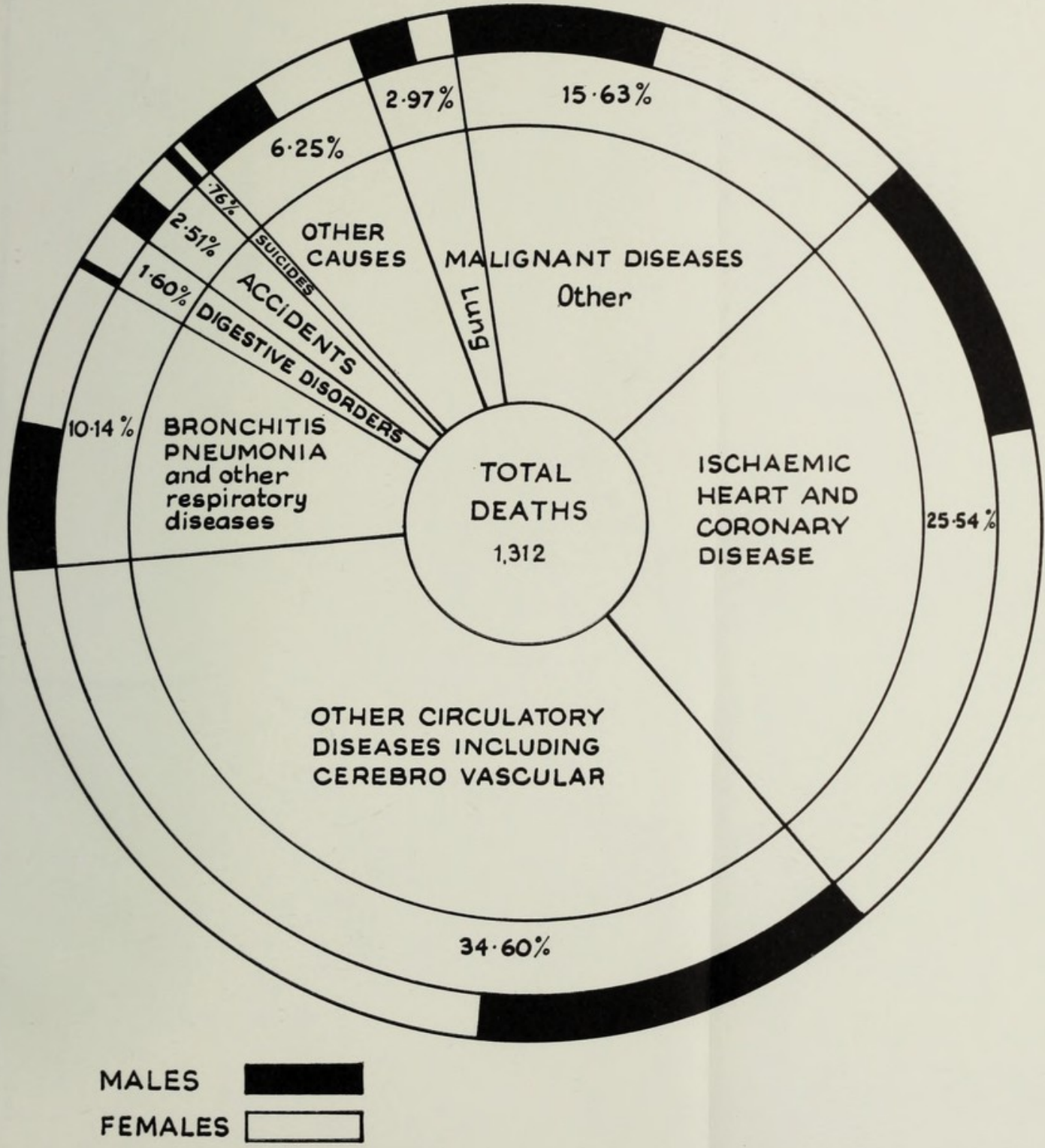
	<i>Males</i>	<i>Females</i>	<i>Total</i>
Tuberculosis of respiratory system	1	1	2
Other infective and parasitic diseases	—	1	1
Malignant neoplasm—buccal cavity	4	1	5
Malignant neoplasm—stomach	16	7	23
Malignant neoplasm—oesophagus	2	2	4
Malignant neoplasm—intestine	21	26	47
Malignant neoplasm—larynx	—	1	1
Malignant neoplasm—lung, bronchus	29	10	39
Malignant neoplasm—breast	—	24	24
Malignant neoplasm—uterus	—	11	11
Malignant neoplasm—prostate	6	—	6
Leukaemia	4	4	8
Other malignant neoplasms	36	40	76
Benign and unspecified neoplasms	1	2	3
Diabetes mellitus	2	3	5
Other endocrine, etc., diseases	—	1	1
Anaemias	1	3	4
Mental disorders	—	1	1
Multiple sclerosis	—	4	4
Other diseases of nervous system	4	5	9
Chronic rheumatic heart disease	6	2	8
Hypertensive disease	8	14	22
Ischaemic heart disease	172	163	335
Other forms of heart disease	26	56	82
Cerebrovascular disease	105	204	309
Other diseases of circulatory system	23	18	41
Influenza	2	11	13
Pneumonia	21	52	73
Bronchitis and Emphysema	29	7	36
Asthma	3	3	6
Other diseases of respiratory system	3	—	3
Peptic ulcer	2	8	10
Appendicitis	1	1	2
Intestinal obstruction and hernia	—	4	4
Cirrhosis of liver	1	4	5

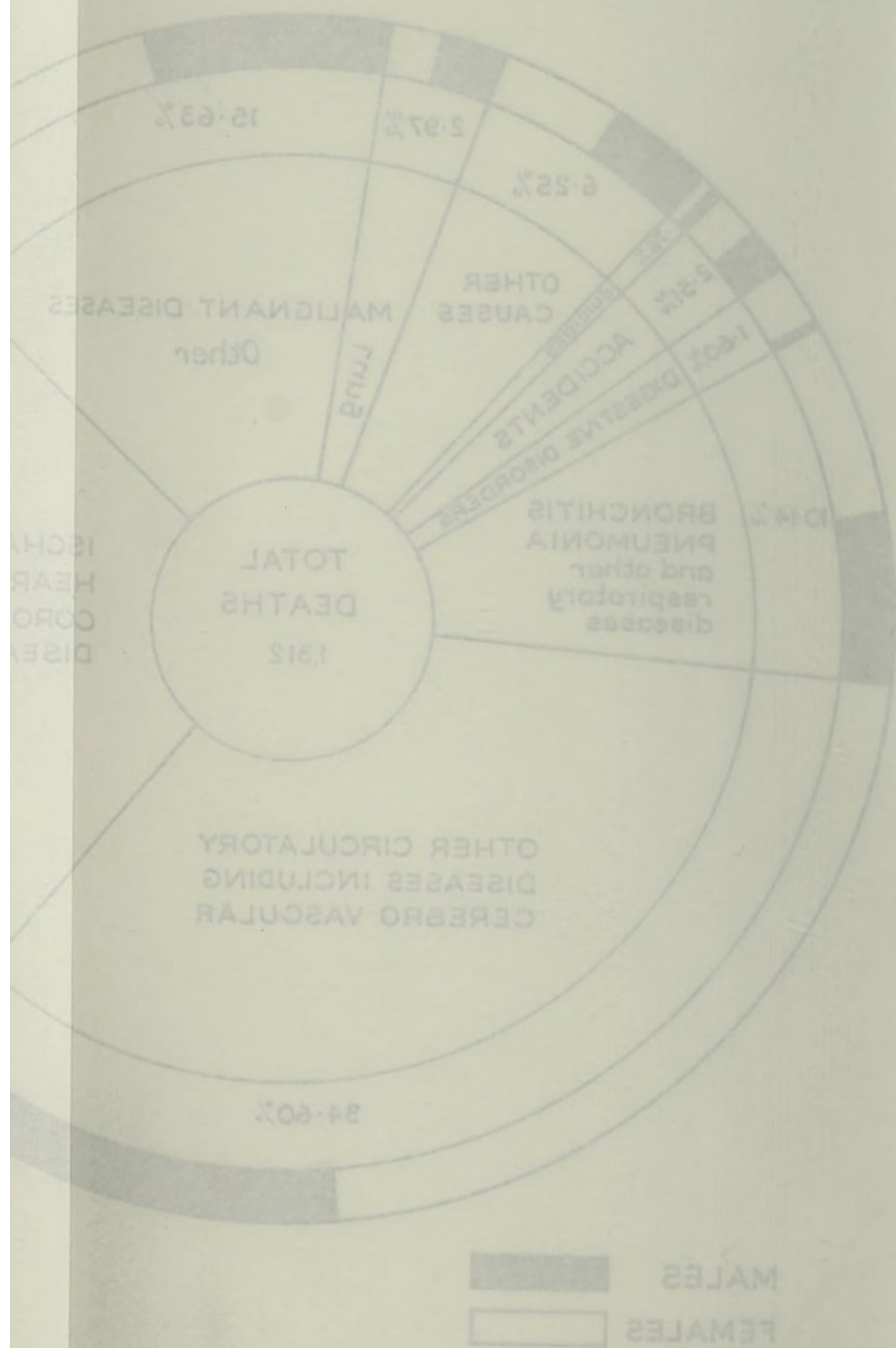
			<i>Males</i>	<i>Females</i>	<i>Total</i>
Other diseases of digestive system ..	..	..	—	11	11
Nephritis and nephroses ..	..	..	4	—	4
Hyperplasia of prostate ..	..	..	2	—	2
Other diseases, genito-urinary system ..	..	..	2	1	3
Diseases of musculo-skeletal system ..	..	..	1	7	8
Congenital anomalies ..	..	..	3	3	6
Birth injury, difficult labour, etc. ..	..	..	2	—	2
Other causes of perinatal mortality ..	..	..	1	—	1
Symptoms of ill-defined conditions ..	..	..	2	2	4
Motor vehicle accidents ..	..	..	6	—	6
All other accidents ..	..	..	10	17	27
Suicide and self-inflicted injuries ..	..	..	5	5	10
All other external causes ..	..	..	4	1	5
			<u>571</u>	<u>741</u>	<u>1,312</u>

Extract from Death Returns, year ended 31st December 1970
(Locally compiled statistics)

	<i>Malignant neoplasm, lung, bronchus</i>		<i>Ischaemic and coronary disease, angina</i>	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
45	—	—	—	1
47	—	—	2	—
49	—	1	1	—
50	—	—	3	—
51	—	—	2	—
52	—	1	—	—
53	—	—	—	2
54	—	—	—	—
55	—	—	3	—
56	—	—	1	—
57	1	—	1	2
58	2	—	1	2
59	1	—	2	2
60	2	1	3	—
61	—	—	3	1
62	2	—	4	2
63	—	—	2	1
64	—	—	4	2
65	1	—	3	3
66	2	1	4	4
67	2	1	6	8
68	—	—	7	2
69	2	—	2	5
70	—	1	10	4
71	3	1	12	6
72	2	1	11	8
73	2	—	4	8
74	3	—	3	4
75 and over	4	2	78	96
	<u>29</u>	<u>10</u>	<u>172</u>	<u>163</u>

Analysis of Causes of Death by Percentage of All Causes





Age Mortality					<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 1	..	..	..	..	5	4	9
1-5	..	..	..	..	3	—	3
5-15	..	..	..	..	4	—	4
15-25	..	..	..	..	5	1	6
25-45	..	..	..	..	9	6	15
45-65	..	..	..	..	92	65	157
65-75	..	..	..	..	173	175	348
75 and over	..	..	..	..	280	490	770
					571	741	1,312

Deaths from Cancer

<i>Year</i>	<i>Population</i>	<i>Age Groups</i>						<i>Total Deaths</i>	<i>Death Rate per 1,000 Population</i>
		<i>0-1</i>	<i>1-5</i>	<i>5-15</i>	<i>15-45</i>	<i>45-65</i>	<i>65 and over</i>		
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
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
1968	68,200	—	—	1	6	60	187	254	3.72
1969	69,290	—	—	—	3	60	206	269	3.88
1970	70,130	—	1	3	6	50	184	244	3.48

Analysis of Suicides (Eastbourne Residents) in Age Groups for years 1954 to 1970

	Age Groups														Totals		
	15-25		25-35		35-45		45-55		55-65		65-75		75 and over				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total
1954	-	-	1	-	-	-	4	-	-	-	1	2	1	1	7	3	10
1955	-	-	-	2	-	-	-	3	-	-	-	1	-	1	-	7	7
1956	-	-	-	-	-	-	1	2	-	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
1968	1	-	-	-	1	-	1	1	-	2	-	-	-	1	3	6	9
1969	-	-	-	-	1	-	1	2	2	1	1	2	-	-	5	5	10
1970	-	-	-	-	-	1	1	-	1	2	2	1	1	1	5	5	10
Total	4	1	5	11	8	5	25	28	14	23	9	31	9	13	74	112	186

REGISTRATION AND NOTIFICATION OF BIRTHS

Live Births Registered from 1951 to 1970 (from Registrar General's Returns) and Rate per 1,000 Population (corrected)

Number Rate				Number Rate			
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
1958	..	..	603 11.9	1968	..	..	659 12.4
1959	..	..	579 11.4	1969	..	..	644 12.0
1960	..	..	634 12.5	1970	..	..	660 12.1

Illegitimate Live Births Rate, 1959-1970*

1959	..	..	6.4	1965	..	..	10.3
1960	..	..	9.0	1966	..	..	11.8
1961	..	..	8.6	1967	..	..	11.2
1962	..	..	8.6	1968	..	..	10.7
1963	..	..	7.7	1969	..	..	9.0
1964	..	..	8.7	1970	..	..	11.0

*Percentage of total births.

Notification of Births

1,292 live births and 14 still births took place in the Borough and were notified to the Local Authority. 648 live births and 7 still births were to mothers resident in Eastbourne, and 644 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 . .	6	—	—	—	6	—	6
Inward Transfers	—	—	—	—	—	—	—
	6	—	—	—	6	—	6
INSTITUTIONAL							
Maternity Home . .	323	—	159	1	482	1	483
St. Mary's Hospital	319	7	485	6	804	13	817
Inward Transfers	5	—	—	—	5	—	5
Total Institutional . .	647	7	644	7	1,291	14	1,305
Total, All Births, 1970	653	7	644	7	1,297	14	1,311
Notified Births, 1969	646	9	646	9	1,292	18	1,310

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.

Financial

NUMBER OF SEPARATE ASSESSMENTS: 32,595.

RATEABLE VALUE at 1st April, 1971: £4,106,154.

RATES: Domestic, 70·9p. Mixed hereditaments, 75·9p. Business and Commercial 80·4p.

PRODUCT OF 1p RATE: £40,100.

Meteorology—78 years' average:

Temperatures: Max. 55·8° F.; Min. 45·5° F.; Mean 50·7° F.;
Sea 52° F.

Sunshine: Total 1812·4 hours; Daily 4·97 hours.

Rainfall: Total 31·69 inches; Days 163.

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 holidaymakers 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 31 and 29.

Sessions and Attendances

	<i>Average number of sessions per month</i>	<i>Number of women who attended</i>	<i>Attendances</i>
Health Education (Health Visitors)	14	365	1,629
Relaxation Sessions (Midwives)			

Infantile and Child Mortality

<i>Age</i>	<i>Sex</i>	<i>Cause of Death</i>
5 hours	M	1 (a) Prematurity.
12 hours	M	1 (a) Respiratory Distress Syndrome (b) Prematurity.
2 days	M	1 (a) Respiratory disease. (b) Prematurity.
3 days	F	1 (a) Congenital heart disease.
4 days	F	1 (a) Congenital heart disease.
15 days	M	1 (a) Congestive heart failure. (b) Congenital heart disease (ventricular septal defect and atrial septal defect).
27 days	F	1 (a) Bronchopneumonia. 2 Edward's syndrome.
43 days	M	1 (a) Respiratory failure. (b) Pulmonary infection.
3 months	F	1 (a) Bronchopneumonia. (b) Mucoviscidosis.
1 year	M	1 (a) Hirschsprung's disease.
3 years	M	1 (a) Acute left ventricular failure. (b) Congestive cardiac failure.
4 years	M	1 (a) Acute lymphatic leukaemia.
7 years	M	1 (a) Bronchopneumonia. (b) Embryonal sarcoma of the right orbit.
7 years	M	1 (a) Acute lymphoblastic leukaemia.
12 years	M	1 (a) Respiratory arrest. (b) Raised intracranial pressure. (c) Haemorrhage into brain tumour.
12 years	M	1 (a) Compound comminuted fracture of skull with laceration of brain.

Maternal and Infantile Mortality, 1894-1970

<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
1968	13	19.72	-	-
1969	8	12.42	1	1.5
1970	9	13.64	-	-

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	—	—	—
Maternity Home ..	11	5	16
Hospital (St. Mary's) ..	31	31	62
Hospital (elsewhere) ..	—	—	—
	42	36	78
	—	—	—

(b) DEATHS OF PREMATURE INFANTS WITHIN 28 DAYS

	<i>Resident</i>	<i>Non-resident</i>	<i>Total</i>
(i) Died within first 24 hours:			
St. Mary's Hospital	1	—	1
Maternity Home ..	—	—	—
Own Home ..	—	—	—
	1	—	1
	—	—	—
(ii) Died within 1–28 days:			
St. Mary's Hospital	3	—	3
Maternity Home ..	—	—	—
Own home ..	—	—	—
	3	—	3
	—	—	—

Congenital Malformations

The number of congenital malformations noticed at birth and notified in accordance with Ministry of Health Circulars 13/63 during the year 1970 was 10.

These malformations were classified as follows:

Central nervous system ..	..	..	—
Eye and ear ..	..	..	—
Alimentary system ..	..	..	—
Heart and circulatory system	..	..	1
Respiratory system ..	..	..	—
Uro-genital system ..	..	..	1

Limbs	5
Other parts of musculo-skeletal system ..	-
Other systems	2
Other malformations	1

Unmarried Mothers

Under the Authority's scheme for the welfare of unmarried mothers and their children use was made of the services of the welfare workers and the Homes provided by the Chichester Diocesan Association for Family Social Work. I am indebted to Sister Jackman for the following report on her work in 1970.

Fifty-seven new cases were dealt with during the year and they are made up as follows:

Illegitimate pregnancies	35
Applications to adopt	10
Help and advice	12

The ages of mothers ranged from 16 to 41, the majority being in their early twenties. Of the 35 illegitimate pregnancies 10 girls have kept their babies, 11 offered their babies for adoption, 3 girls have married and kept their babies, 1 baby is with foster parents pending a decision, 2 abortions and 1 miscarriage were recorded and 7 babies are not yet born.

Six girls came to Eastbourne from other areas. Not quite so many girls have kept their babies, but the problem of finding accommodation for them is still acute, also many of them have no support from the extended family and they do need much help and guidance in the bringing up of their babies. We are still indebted to Dr. Barnardo's and the Buttle Trust for the generous grants they give to help in these cases.

Putative fathers are still difficult to contact; they are, on the whole, unwilling to admit paternity or help financially. This year we were able to contact nine men who accepted responsibility and were willing to help in any way they could.

The illegitimate child is still very much a family problem whether the girl is on friendly terms with her parents or not, and all sorts of tensions can build up within the family circle if the decision concerning the baby is not satisfactory to all. The baby's mother is the only legal guardian of the child—no matter how old or young she is, and she needs much help in making the right decision for her baby's future and that of herself and the family.

Child Health Clinics

These were held at the following times:

Avenue House—Monday and Friday afternoons.

Health Centre—Friday afternoon.

Birling Street—Wednesday, morning and afternoon.

Langney Village Community Centre—Thursday afternoon.

Hampden Park Hall—Wednesday and Friday afternoons.

CLINIC ATTENDANCES, 1970

Clinic	Number of Children attending Clinics Born in:				Total Attendances
	1970	1969	1965-68	Total	
Avenue House ..	127	174	268	569	2,969
Birling Street ..	87	121	290	498	2,376
Winifred Lee Health Centre and Acacia Villa	143	139	352	634	4,338
Langney ..	69	73	171	313	2,708
Hampden Park ..	130	143	536	809	4,546
Total	556	650	1,617	2,823	16,937

PREVIOUS YEAR'S ATTENDANCES

				Number of children who attended	Number of attendances
1966 .. ..	..	..	..	2,839	18,554
1967 .. ..	..	..	..	2,900	20,127
1968 .. ..	..	..	..	3,047	19,545
1969 .. ..	..	..	..	2,858	18,114

Welfare Foods and Other Nutrients

Arrangements for distribution have continued to run smoothly the main centre for distribution being the Winifred Lee Health Centre. The Central Clinic at Avenue House and three district clinics continued as subsidiary distribution centres during clinic sessions.

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 health sessions.

REPORT OF CHIEF DENTAL OFFICER

The two passwords of this decade are undoubtedly "communication" and "environment". And these words are relevant in the context of community dentistry.

Recent research has shown that effective communication of the ways to ensure good dental health must begin as early as possible. And that means with the mother-to-be in the ante-natal classes. Too many mothers still have the idea that bad teeth are unavoidable with dentures as the inevitable result. Only too often a child's first experience of the dentist is the traumatic experience of extraction under "gas" to relieve

acute pain. No wonder that many people have a life-long fear of the dentist. Yet how different it can be. The right nutrition, effective cleaning and regular inspections coupled with early treatment can help a child to keep his teeth for life. And communication is simply helping the mother and child to understand these principles and put them into action. Our pre-natal Mothercraft programmes now have regular dental health films coupled with discussion and information and suitable literature. The mothers are encouraged to get their own teeth inspected and to remember to get their child's teeth inspected regularly before trouble begins. Many mothers naturally arrange for this to be done by their own family dentist. There are still too many mothers-to-be who start a course of treatment with us but do not complete the treatment when relief of pain is provided.

We have to thank Miss Hemming, Mrs. Dale and all the Health Visitors for their co-operation and growing interest in this subject. Experimentally, Miss Cooper has started a monthly clinic at the Winifred Lee Health Centre to cater for children when brought for their birthday checks.

Environment is the other password. Eastbourne's otherwise pleasant and healthy environment is seriously deficient in natural fluoride in the drinking water. This is a contributory factor in the high caries rate. The addition of fluoride to our drinking water to raise it to the correct level is a public health measure that is strongly urged by the Government and is completely safe and effective. This would give our children's teeth the start they need. Moreover, as it is not generally realised, the benefits continue into adult life. Our own fluoride drop system is available to mothers at our clinic is effective but is only used by conscientious mothers. Thus so many children who need the benefit of fluoridation do not get it. At the moment fluoride drops are used by only $2\frac{1}{2}$ per cent. of the infant population of Eastbourne which is a disappointment to all of us. This, of course, is the reason for the Department of Health advocating fluoridation of the drinking water supply so that all children receive the fluoride their teeth need.

Treatment has been provided as usual at the Avenue House clinics and both mothers and children have appreciated the modern surgeries. This year has seen a large increase in the amount of conservation provided. This is an encouraging trend. Fifty-three sessions were devoted to the inspection and treatment of these groups.

Summary of Treatment Provided

	<i>No. examined</i>	<i>No. needing treatment</i>	<i>No. treated</i>	<i>Attend- ances</i>
Expectant and nursing mothers	26	20	20	58
Children under five	201	101	97	129

Forms of Treatment

	<i>Prophy-laxes</i>	<i>Fill-ings</i>	<i>Extrac-tions</i>	<i>General Anaes-thetic</i>	<i>Dentures Full Part</i>		<i>X-rays</i>
Expectant and Nursing Mothers	4	80	51	7	1	1	3
Children under five	2	189	151	72	—	—	2

DAY CARE FACILITIES FOR CHILDREN UNDER 5

The Council provides a 60-place day nursery shortly to be expanded to 80 places by the adaptation of Acacia Villa as an Annexe to the Nursery. In addition the Council has approved a scheme for the placement of children under 5 years in the priority classes in private registered day nurseries and with registered child-minders.

Under the Council Scheme 41 children were placed in private registered day nurseries and with registered child-minders at a cost of £1,744.

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 14,364, an average attendance of 46.78 for the 307 days on which the nursery was open. There is a waiting list for nursery places, priority being accorded to cases of social need.

Attendances each Month during 1970

	<i>Children aged</i>			<i>Total attendances</i>	<i>*Average daily attendances</i>	<i>No. of days open</i>
	<i>0-1½</i>	<i>1½-3</i>	<i>3-5</i>			
January ..	56	450	813	1,319	48.85	27
February ..	70	345	747	1,162	48.41	24
March ..	41	315	607	963	40.12	24
April ..	40	463	746	1,249	48.03	26
May ..	110	428	723	1,261	50.44	25
June ..	111	438	841	1,390	43.46	26
July ..	155	462	820	1,437	53.22	27
August ..	152	400	656	1,208	48.32	25
September	152	452	605	1,209	46.50	26
October ..	128	341	627	1,096	40.59	27
November	161	355	592	1,108	44.32	25
December	134	316	512	962	38.48	25
TOTALS ..	1,310	4,765	8,289	14,364	46.78	307

*The Nursery is open all day on Saturdays with a much reduced number of children in attendance. The average daily attendance of children on Mondays to Fridays inclusive was 52.68.

MIDWIFERY SERVICE

The factors referred to in the preface to my report for 1969 pointing to the *de facto* demise of the local domiciliary midwifery service so far as booked confinements are concerned continues to operate and are demonstrated in the accompanying statistics of the service.

Apart from one specially arranged booking the few home confinements were of cases booked in 1969. On the other hand there were very substantial increases in antenatal visits for supervision of those expectant mothers likely to be discharged early from hospital and follow up of defaulters from the hospital ante-natal clinics, and more significantly in the number of mothers discharged from hospital before the tenth day and in 114 cases after 48 hours.

This work is now carried out by two District Nurse/Midwives and a former full-time midwife whose services were retained on a part-time basis following her retirement in March 1970.

Statistics of the service are as follows:

PATIENTS ATTENDED AT HOME

Mothers delivered at Home	..	..	..	6
Mothers discharged from Hospital:				
(a) at 48 hours	..	..	..	114
(b) after 48 hours and before the 10th day	..			279

VISITS BY MIDWIVES

Ante-natal visits	..	..	..	989
Visits during labour	..	..	..	14
Visits during puerperium	..	..	..	129
Post-natal visits (domiciliary cases)	..	..	..	1
Visits to 393 cases discharged from hospital before the tenth day	..	..	..	1,426
				<hr/> 2,559 <hr/>

The midwives also attended 163 Mothercraft Relaxation Sessions, held in co-operation with the Health visitors, at which 365 women made 1,629 attendances either at Mothercraft or Relaxation Classes or both.

HEALTH VISITING

Staff changes were limited to one replacement and one recruitment of a sponsored student Health Visitor on qualification, towards the end of the year.

Two additional students are being sponsored in the current year.

We are able to provide reciprocal practical training for students attending the Brighton Technical College which I am given to understand is very much appreciated.

No one who studies the training and qualification and daily functions of a health visitor can have any doubt that her place is secure in the field of community care. Not only has attachment to general practice enlarged the area of operation but the continuing increasing demands for more health education, particularly in schools, closer scrutiny of the under fives, including annual and pre-school medical checks, health clinics and the like are functions outside the training of other workers in the social work group.

Health Education in schools in particular has made good progress and it is found that the schools are confident and co-operative in the vital task of communication with the teenager on these matters. The Health Visitors' work is very briefly summarised in the following figures:

HOME VISITS

Care of mothers and young children—

Children born in 1970	..	..	..	3,577
Children born in 1969	..	..	..	2,701
Children born in 1965/68	..	..	..	4,987
Expectant mothers	..	..	..	803
Care and after-care (including aged and handicapped persons)	..	..	..	274

OTHER VISITS

To doctors' surgeries	..	..	..	406
To other agencies (voluntary organisations, etc.)	..	..	..	104
To day nurseries	..	..	..	58
To hospitals	..	..	..	206
Miscellaneous	..	..	..	735

SESSION ATTENDANCES

Child Health Sessions	..	..	..	867
Health Education/Mothercraft Sessions	..	..	..	217
Pre-School Medical Examinations and Vaccination and Immunisation sessions	..	..	..	264
Doctors' Surgery sessions	..	..	..	224

HEALTH EDUCATION AND HOME SAFETY

ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

Expectant mothers continued to attend the Mothercraft and Relaxation Classes held at Avenue House and Acacia Villa Clinics, the latter being transferred to the new Winifred Lee Health Centre in Wartling Road in June. 365 expectant mothers including 35 unmarried made 1,629 attendances at these clinics.

The following observation was made by a Domiciliary Midwife: "When visiting the mothers during the post-natal period, before the tenth day after discharge from hospital, 90 per cent. said they had benefited by attending the classes".

Parentcraft Classes for expectant mothers and fathers were held at Avenue House on the first Thursday evening of each month, and all sessions were well attended.

GROUP TEACHING

The Ladies' Club included such talks on health subjects as "Teenagers Today", "Drugs", "The Work of the Health Visitor" and "Prevention of Accidents in the Home".

Retired Citizens. The Luncheon Clubs at St. Michael's and St. Elizabeth's Church Halls, founded by the Geriatric Health Visitors were very well attended. Talks were given to these and other groups, e.g. student nurses, clubs, voluntary visitors, school children, etc. on "Ageing", "Home Safety", "Welfare Services", "Old People in Care" and "Voluntary Help for the Aged".

Food Hygiene, etc. Talks were given by the Public Health Inspectors to students and persons concerned with food handling.

Cancer Education. Women who attended the Cervical Cytology Sessions at Avenue House were shown film strips and an 8 mm film loop "Self-Examination of the Breasts" together with advice by a health visitor in attendance regarding early recognition and reporting unusual signs and symptoms. Smoking and lung cancer (one of the hazards) was included in the Health Education series of talks to school children.

Health Education in Schools continued at the request of head teachers to be given by the Deputy Medical Officer of Health and Health Visitors at Ratton Secondary Modern School, Cavendish Secondary Modern School, Hampden Park Secondary Modern School and Bishop Bell C.E. School.

Two health education sessions, conducted by a health visitor, were held each week at Lindfield E.S.N. School, the younger boys and girls being taught general good health and the older girls, mothercraft.

HEALTH EDUCATION AND SAFETY PROJECTS

At the local Trades Exhibition, sponsored by the Eastbourne Chamber of Commerce, held at the Winter Garden, a display depicting the "Training and Work of the Health Visitors" was mounted.

The entry in the exhibition catalogue read as follows:

"The Health and Welfare Services Department of the County Borough of Eastbourne presents "The Health Visitor". The Health Visiting Section is part of the Public Health Team concerned with teaching the principles of healthy living and in counselling all members of the family—the Health Visitors' work is in the field of PREVENTIVE MEDICINE AND POSITIVE HEALTH. Please visit our stand and learn more about the work of your Health Visitor".

Supporting literature and leaflets regarding health subjects, including cervical cytology tests, were available to the public.

Groups of school children, students and many members of the public visited the stand following which there was a significant increase in the number of women who applied for cytology tests.

As part of our DENTAL HEALTH project the films *Tons of Teeth*, *Where There's a Will* and *Let's Keep our Teeth* were hired for one week and offered for showing to schools in Eastbourne. One of the films was also shown to a group of Foster Parents and to expectant mothers who attended our Mothercraft Classes.

A "Safety-out-of-doors" campaign was arranged for March/April. As part of this campaign, school children of all ages were invited, to take part in a poster competition organised in conjunction with the Home and Road Safety Committees. The children submitted 255 posters depicting various aspects of safety-out-of-doors, and prizes were presented to the successful children by the Worshipful the Mayor, Mr. Alderman Cecil F. Baker, J.P., at the Town Hall. The prize-winning posters and a selection of others depicting various aspects of safety on the road, by the sea, in the garden, etc. were displayed on a stand mounted at the local Spring Flower Show held at the Winter Garden.

At the Royal Society of Health Congress Exhibition in April a stand was mounted by Sussex Local Health Authorities under the title "Sussex Local Health Authorities' Health Projects and Activities".

Exhibitions were produced and displayed by Brighton, Chichester, Lewes and Eastbourne Health Departments.

With the co-operation of Armour Laboratories Ltd., of Eastbourne, photographs were displayed showing some of the young mentally retarded people who attend the Adult Training Centre occupied with work provided by that Company.

Other displays were mounted throughout the year to correspond with the current theme at twelve display areas in the town including the Winifred Lee Health Centre, District Clinics and several shop windows.

The main Health Education and Home Safety subjects featured during 1970 were as follows:

- | | |
|--|--|
| "Anti-Smoking" | "Prevention of falls" |
| "Cervical Cytology Tests" | "Safety Out of Doors" |
| "Dental Health" (including fluoride drops) | "Water Safety" |
| "Nutrition" | "Prevention of Poisoning Accidents" |
| "Measles Vaccination" | "Safety at Christmas" (including prevention of hypothermia in the elderly) |
| "Food Hygiene" | |

A vast amount of material and equipment and films industriously catalogued by the Health Education Officer is available to the departmental staff, schools, voluntary and other agencies.

DISTRICT NURSING SERVICE

The Superintendent reports:

This has been a year of consolidation and growth in the District Nursing Service. Staff shortage during the first half of the year prevented the nursing teams working to the full but during the latter half improvement was noticeable in sharing and relief of work within the team groupings.

Attachment to Doctors' surgeries has gone smoothly and there have been few difficulties. Better knowledge and understanding between doctors and nursing staff has been very noticeable and the nurses have appreciated the increased use made of their services although travelling time has unfortunately increased significantly due to the scattered area of the doctors' practices.

THE WORK LOAD

The 1970 figures show a decrease of some 89 patients and 1,050 home visits. On the other hand treatments in the doctors' surgeries have increased by over 60 per cent.

Visits made by the Geriatric Hospital Liaison Officer increased by over 50 per cent to 1,564. Home Visits and treatments in doctors' surgeries totalled 82,549, an overall increase of approximately 3 per cent. compared to 1969.

Since April 1970 the staff have worked a ten-day fortnight. This has allowed them longer periods of off-duty although it has not decreased their average hours. It has also meant that week-end work continues to be as heavy as during the week.

TRAINING

We have commenced training of pupil S.E.N.s in conjunction with the local Hospital School. This arrangement will increase the pupil's knowledge of community work and assist in recruitment to District work at later date.

The Deputy Superintendent and a Senior District Sister will tutor these courses providing practical training in conjunction with the District Sisters to whom each pupil is attached and tutorials in conjunction with the Nursing Superintendent. The S.E.N. National Assessment for District Training will be taken with the S.E.N.s already working on the District.

I must thank the Hospital Matron and Tutors for their co-operation and help in this new aspect of our work, also the senior District staff who have willingly accepted the additional responsibility for training.

Four nurses were enabled to attend Post Graduate refresher courses and two took a District Nurse Training Course.

The St. John Ambulance Brigade have continued to take messages outside office hours and we are grateful for their co-operation.

My sincere thanks to all the Nursing and Administrative and Clerical staffs for their co-operation and support during the year.

STATISTICS OF THE DISTRICT NURSING SERVICE

<i>Categories of Patients</i>				<i>Home Visits</i>		
	1970	1969		1970	1969	
Medical	1,722	1,834	Medical	61,869	63,742	
Surgical	345	285	Surgical	9,092	7,921	
Others	196	234	Others	580	466	
Maternal			Maternal			
Complications ..	9	7	Complications ..	26	42	
Infectious Diseases	1	2	Infectious Diseases	6	30	
			Casual	825	1,249	
	2,273	2,362		72,398	73,450	
Patients in all categories over 65 years.. ..						
	1,749	1,788				

Session at General Practitioners' Surgeries .. 1,610

Treatments at „ „ „ .. 8,587

Visits to patients on Hospital Geriatric
Waiting List 1,564

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

Convalescent 446

To hospital 327

Deaths 172

Other causes 621

1,566

CO-OPERATION BY LOCAL AUTHORITY NURSING STAFF AND SOCIAL WORKERS WITH GENERAL PRACTITIONERS

<i>Practice No.</i>	<i>Home Nurse</i>		<i>Health Visitors</i>	<i>Social Workers and Geriatric H.V.s</i>
	<i>S.R.N.</i>	<i>S.E.N.</i>		
1	1	1	*1	*1
2	1 p/t.	—	*1	*1
3	1	1	*1	*1
4	1	1	*1	*1
5	1	—	*1	*1
	1 p/t.			
6	2	—	1	*1
7	1	1	1	*1
8	1	—	1	*1
9	1	1	*1	*1
	1 p/t.			
10	1	—	*1	*1
	1 p/t.			
No. of Staff	14	5	10	4

*Indicates liaison only, otherwise full attachment operates.

VACCINATION AND IMMUNISATION DURING 1970

A—Smallpox Vaccination

	Primary Vaccination		Re-vaccination	
	By Staff of Health Department	By General Practitioners	By Staff of Health Department	By General Practitioners
Under 1 year ..	—	1	—	—
1-2 years ..	135	165	—	8
2-5 years ..	47	27	3	11
5-15 years ..	—	22	—	82
	182	214	3	101
	396		104	
	500			

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>
1970	5	7	12
1967–1969	298	251	549
1963–1966	15	2	17
1962–15 years	4	—	4
	<hr/> 322	<hr/> 260	<hr/> 582

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>
1967–1969	—	11	11
1963–1966	495	183	678
1962–15 years	14	42	56
	<hr/> 509	<hr/> 236	<hr/> 745

There have been no notified cases of diphtheria in Eastbourne during the past twenty 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>
1970	5	—	7	—	12	—
1967–1969	298	—	251	11	549	11
1963–1966	14	364	2	154	16	518
1962–15 years	4	4	—	6	4	10
Totals	321	368	260	171	581	539

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

<i>Year</i>	<i>Cases notified</i>			
1965	2
1966	8
1967	1
1968	3
1969	1
1970	—

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>
1970	5	—	8	—	13	—
1967–1969	298	—	252	11	550	11
1963–1966	15	495	6	186	21	681
1962–15 years	13	431	57	87	70	518
Totals	331	926	323	284	654	1,110

E—Vaccination against Poliomyelitis

<i>Year of Birth</i>	<i>By Health Department</i>	<i>By General Practitioners completed courses</i>
1962–15 years ..	3	2
1963–1966	16	5
1967	11	2
1968	58	42
1969	241	197
1970	5	10
Totals	334	258

In addition, 887 booster doses were given to children at pre-school checks and in the Local Authority Schools, and 76 booster doses were given to children by medical practitioners.

F—Vaccination against Measles

<i>Year of birth</i>	<i>By Health Department</i>	<i>By General Practitioners</i>
1962–15 years ..	5	13
1963–1966	64	47
1967	72	35
1968	92	57
1969	98	72
1970	—	1
Totals	331	225

Cases of measles notified in the last five years are as follows:

<i>Year</i>	<i>Cases notified</i>
1966	191
1967	626
1968	185
1969	36
1970	152

G—Vaccination against German Measles (Rubella)

This new vaccine first became available in the latter half of 1970 and in future is to be offered routinely to schoolgirls during the "at risk" period. The number of girls so vaccinated in 1970 by Health the Department was 223.

THE EASTBOURNE AMBULANCE SERVICE

The Chief Ambulance Officer reports:

It is with pleasure that I can report that the Eastbourne Division of the St. John Ambulance Brigade continues to operate the Eastbourne Ambulance Service on behalf of the local County Borough and the seven surrounding parishes on behalf of the East Sussex County Council.

From 10 p.m. at night until 7 a.m. the following morning, our Service has continued to be in the capable hands of the volunteer members of the Brigade and throughout 1970 727 calls for help were received during these hours. Surely all residents of Eastbourne and adjacent parishes will join me in thanking them for their unstinted support.

Demands for Ambulance Service transport are still increasing as is the requirement to transport patients from Eastbourne by Ambulance/Train to all parts of the country. Escorts are often provided and this makes up quite a large section of our service to the public.

The heavy snow fall at Christmas caused a number of casualties but fortunately the casualty incidence was not too high as most people stayed indoors over the holiday period.

The Ambulance Driver/Attendants continue to attend the Training School with consequent improved efficiency in the carrying out of their duties.

To end in sad vein, 1970 saw the Service saying "Goodbye" to one of its "founder members", Mr. J. T. Mills. To all who know him his memory will be long treasured.

AMBULANCE SERVICE
PERSONS CARRIED AND MILEAGES, 1966-1970

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
1966	8,041	38,892	16,027	55,386	11,006	16,821	1,247	9,870	4,890	26,530	2,530	4,100	43,741	151,217
1967	8,207	40,801	19,287	64,226	10,500	16,604	1,095	9,561	5,170	27,005	2,852	4,400	47,111	162,597
1968	8,093	38,418	18,684	57,756	10,586	15,883	1,273	10,953	6,172	33,348	2,573	4,460	47,381	160,818
1969	9,126	42,408	18,302	63,343	10,747	15,741	1,421	11,593	5,885	29,472	2,475	4,280	47,956	166,837
1970	10,063	48,443	19,027	63,239	10,288	13,692	1,631	12,491	6,045	28,869	1,456	2,772	48,500	169,506

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

In the year under review 256 patients were transferred by rail.

ORIGIN OF CALLS

(EASTBOURNE AREA ONLY)

Origin of Calls	Ambulances					Sitting Case Cars				
	1966	1967	1968	1969	1970	1966	1967	1968	1969	1970
Emergency calls and street accidents ..	1,295	1,523	1,542	1,824	1,916	45	45	47	55	46
Local Hospitals ..	2,888	2,572	2,509	2,331	2,422	1,188	1,157	1,009	1,172	951
Local Convalescent Homes ..	5	1	2	-	-	9	4	-	2	-
General Medical Practitioners ..	1,189	1,279	1,495	1,726	1,781	532	477	436	474	496
Maternity Homes ..	114	224	213	180	187	10	16	9	16	14
Nursing Homes ..	108	100	92	100	102	12	18	6	4	3
Ministry of Pensions ..	48	22	31	44	53	250	292	200	311	197
Other Ambulance Authorities ..	70	47	38	57	60	116	77	76	68	64
Mental Welfare Officers ..	22	20	28	17	30	19	409	414	443	520
Others ..	234	186	172	188	186	197	508	159	158	227
Out-Patients:										
Chest Clinic ..	158	164	210	170	207	358	317	315	391	379
Foot Clinic ..	-	2	20	-	4	1,131	1,369	1,485	1,548	1,646
Local Hospitals ..	1,852	1,973	1,604	2,250	2,957	9,920	12,775	12,238	12,082	12,688
Royal Sussex County Hospital, Brighton ..	58	94	137	239	158	2,240	1,823	2,290	1,578	1,786
Total Calls ..	8,041	8,207	8,093	9,126	10,063	16,027	19,287	18,684	18,302	19,017
Mileage ..	38,892	40,801	38,418	42,408	48,443	55,386	64,299	57,756	63,343	63,239

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 eleven persons were sent on recuperative holidays at a cost to the Authority of some £336. The beneficiaries fall into two main categories: those who have successfully overcome illness but need a rest to recuperate and those who need a break from an intolerable situation to prevent either physical or mental breakdown. The department may arrange and finance the entire holiday including travelling expenses or, alternatively, may make all arrangements but pay only for accommodation or travelling. Help is given to approved cases usually on the recommendation of the general medical practitioner.

C—Loan Equipment

As in past years the Loans Service has been used to the full, as shown by the attached figures.

It is practically impossible to have sufficient articles to meet all demands on this service and because of this, we are very grateful to the Red Cross for their help with wheelchairs, commodes, etc.

This Service includes the loans on trial to a particular patient who may eventually buy the aid if it is suitable. This side of the service is most noticeable with small articles such as bath mats, boards and seats and "Helping Hands".

Incontinent pads continue to be in increasing demand and can be given to anyone within the County Borough who has to look after an incontinent patient. Some are very long term, as is noticed by one patient who had 676 during the year.

A Ripple Bed has been added to our equipment and has proved its use with very ill and emaciated patients.

Bedpans and back rests are always in great demand and as was noticed in 1969 all point to the increasingly aged population who succumb to acute illnesses, requiring more help and because of the continual shortage of hospital beds. Toilet frames and raised toilet seats, Zimmer aids and tripod walking sticks have been more and more used but this could be expected as the rehabilitation of all patients is encouraged.

The figures below indicate the demand on the service:

<i>Year</i>	<i>Articles loaned</i>	<i>Number of Patients</i>	<i>Articles loaned free of charge</i>
1968	1,548	1,006	257
1969	1,487	971	250
1970	1,685	1,025	350

NURSING AID LOANS, OCCUPATIONAL THERAPY AND SUPPLY OF INCONTINENCE GARMENTS, ETC.

<i>Incontinence Pads</i>				1969	1970		
Patients	..	..	..	338	293	<i>Decrease</i>	45
Pads	..	..	..	10,494	11,871	<i>Increase</i>	1,377
Patients who had more than 50 during year (in 1970 11 had over 200 and 1 had 676)				28	45	<i>Increase</i>	17
Purchased by patients	..			300	25	<i>Decrease</i>	275
<i>Incontinence Pants</i>					1970		
Sold	..	..	..	..	59		
Issued free	..	..	..	..	7		
<i>Geriatric Petticoats</i>							
Sold	..	..	..	..	2		
<i>Plastic Sheeting</i>	..	..	..	..	58		
<i>Hoists</i> Loaned to	..	..	..	..	7 patients		
<i>Bed Blocks</i> Loaned to	..	..	..	..	43 patients		
<i>Electric Liquidiser (Cancer Relief)</i>							
Loaned to	..	..	..	..	3 patients		
<i>Inflatable Mattresses</i> Loaned to	..	..	..	..	9 patients		
<i>"Cavalier" Air Extractor (Marie Curie)</i>							
Loaned to	..	..	..	..	3 patients		
<i>"Air-Bracer"</i> Loaned to	..	..	..	..	4 patients		
Articles Sold to Patients				1969	1970		
Bath mats	..	..	..	3	4		
Bath boards	..	..	..	2	—		
Bath seats	..	..	..	11	5		
"Helping-Hands"	..	..	..	5	4		
Chair-raising blocks	..	..	..	—	2 sets of 4 blocks		

LOAN EQUIPMENT LIST

<i>Type of Equipment</i>	<i>Stock held 31.12.70</i>	<i>No. of times issued during 1970</i>
Air rings and Sorbo rings	67	167
Arthritic chair (ejector)	1	2
Back rests	18	119
Bath boards	7	4
Bath rails	19	37
Bath seats	58	84
Bath mats	2	1
Bed pans	34	155
Bed pans (rubber)	9	4
Bed tables	3	8
Bed sides	1 pair	—
Bedsteads	8	15
Bed lifts	3	—
Bed rails	1 pair	—
Blankets	28	4
Chair raising blocks	32 blocks	10 (sets of 4)
Commodore	44	268
Deck chairs	2	—
Elbow and wooden crutches	22 pairs	47
Feeding cups	25	17
Fracture boards	54 boards	49 boards (24 sets)
Helping hands	15	8
Leg cradles	21	83
Mackintosh sheets	49	108
Mattresses (hair and flock)	6	14
Mattresses (Sorbo)	11	11
Pillows (feather)	3	4
Pillows (Dunlopillo)	2	4
Pillowcases	29	—
Pulley (floor standing)	5	18
Pyjamas	6 pairs	—
Sheets (cotton—single)	13	11
Sheets (cotton draw)	12	15
Sheets (flannelette)	3	—
Sputum mugs	16	4
Toilet aid frames	24	42
Toilet (Elsan)	3	1
Toilet seats (inflatable)	5	4
Toilet seats (raised)	33	45
Towels (Turkish)	13	—
Towels (Huckaback)	22	—
Tripod walking sticks	11	40
Urinals	38	75
Wheelchairs	26	86
Zimmer walking aids	65	146

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 Authority makes grants and payments in respect of the work of the Clinic on behalf of Eastbourne residents totalling approximately £600 per annum, and in addition supplies accommodation with ancillary services and some equipment for use in the clinics.

Clinic sessions are held on Monday afternoon (I.U.D. Clinic), Tuesday evening (Youth Advisory Clinic for young unmarried persons) and Thursday afternoon and evening.

A local authority medical officer attends the Monday I.U.D. Clinic by arrangement with the Family Planning Clinic. Again, in conjunction with the authority a domiciliary service is provided for mothers who cannot readily attend the clinic.

The Hon. Secretary reports as follows:

The volume of work of our General, I.U.D. and Youth Advisory sessions continues to increase.

1. *New Patients*—Of the 563 new patients, 413 were resident in Eastbourne as shown:

	<i>General and IUD</i>	<i>Youth Advisory</i>	<i>Total</i>
Eastbourne ..	316	97	413
Out-county ..	126	24	150
	—	—	—
	442	121	563
	—	—	—

The total number of new patients shows an overall increase of 108 patients for 1970 as compared with the previous year.

The percentage of Eastbourne patients is higher than before, due to the new F.P.A. clinics in Hailsham and Newhaven which are now serving some of our former out-county patients.

2. *Clinic Sessions held:*

<i>General</i>	<i>IUD</i>	<i>Youth Advisory</i>	<i>Total</i>
102	48	42	192

It should be noted that of the General sessions held on Thursdays, the majority employed the services of two doctors and two nurses.

3. *Eastbourne Grants*—Sixty-five Eastbourne patients received grant-aid from the Eastbourne Corporation during 1970, of whom 37 were socially necessitous and 22 were on medical grounds. Advice and supplies were made available to 50 persons in their own homes who for various reasons were unable or unwilling to attend the Clinic.

4. *General Remarks*—Medical staff and lay workers alike were all deeply saddened in early October by the sudden death of Dr. Joan Raymond, a true friend and worker of Eastbourne Clinic. She was our senior Teaching Doctor, and also took Thursday afternoon sessions each week and the Marital Difficulties sessions each month for nearly four years. In addition Dr. Raymond held many other appointments in the county as well as her tutorial work for F.P.A. Headquarters.

We were fortunate, however, in securing the services of Dr. Marion Ashforth, who is taking the F.P.A. training and will be joining our medical staff shortly.

May I take this opportunity of repeating our grateful thanks to you and your staff for your help and encouragement during the past year.

F—Day/Night Sitting-up Service

The Day/Night Sitting-up Service continues to fulfil a very important role in the Home Nursing Service.

Although numbers are less, during the middle part of the year, the hospital bed situation improved and lessened the load on this Service. As always at the beginning and end of the year, the need is greatest. Some of the decrease in the use of this Service is no doubt due to the appointment of two S.R.N.s who call late at night to give care and injections as necessary.

I must thank the very loyal helpers who give unstintingly of their time, unfortunately it has not been easy to recruit the necessary personnel and out of nine untrained Sitters, three resigned, two will help very occasionally and the bulk of the help is given by four very busy but helpful ladies, whose help is much appreciated by the Nursing Staff.

The Marie Curie Night Nursing Service has been used more during 1970 and the three trained nurses who are willing to help at night are indispensable, these nurses will also help with other patients if not required by the other Service.

		1969	1970
Households	.. ..	135	65
Nights	.. ..	514	303
Days	.. ..	27	5
Number of sitters used	.. ..	15	12
Private nurses used	.. ..	1	3

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 1970	..		168	124	15	17	183	141
<i>Add:</i>								
Notifications	..		5	1	—	—	5	1
Transfers ..	..		3	2	—	—	3	2
Posthumous								
Notifications	..		—	—	—	—	—	—
Found on Death								
Return ..	..		—	—	—	—	—	—
			176	127	15	17	191	144
<i>Less:</i>								
Deaths ..	..		2	1	—	—	2	1
Left Town	..		—	1	—	—	—	1
Arrested ..	..		2	6	—	—	2	6
			4	8	—	—	4	8
ON REGISTER								
31st December 1970			172	119	15	17	187	136

AGE GROUPING OF NEW CASES

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

The Registrar General's return of causes of death indicates that there were three deaths from tuberculosis in 1970 (2 respiratory and 1 non-respiratory).

Extra nourishment granted to persons suffering from tuberculosis:

Liquid milk—

Quantity supplied	..	..	5,021 pints
Number of cases assisted	..	..	17

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	..	..	12
5-15 years	..	..	13
Over 15 years	..	..	1

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

(i) Number skin tested	..	567
(ii) Number found negative	..	530
(iii) Number vaccinated	..	530

C—STUDENTS ATTENDING FURTHER EDUCATION ESTABLISHMENTS

(i) Number skin tested	..	11
(ii) Number found negative	..	10
(iii) Number vaccinated	..	10

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 1969 of the Mass Radiography Unit which gives an indication of the work done by the Unit within the County Borough area. 1970 figures are not yet available.

	Numbers Examined		Abnormalities found												
			Tubercle				Bronchial Carcinoma		Others						
			Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	
Doctors' Referrals	306	285	591	2	1	3	1	4	5	102	87	189	105	92	197
Other Examinees	1,773	2,576	4,349	2	4	6	4	—	4	129	137	266	135	141	176
Total	2,079	2,861	4,940	4	5	9	5	4	9	231	224	455	240	233	473

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. The slight reduction of treatments afforded in 1969 compared with 1968 was due to a long standing vacancy for a chiropodist.

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 45p for two feet and 30p 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	..	..	..	..	831*
Reduced charge	..	..	..	..	12
Standard charge	..	..	..	..	550
					<hr/> 1,393 <hr/>

* 592 of whom were in receipt of Social Security supplement.

Year	At Authority Clinics							Old Persons Homes	Chiro- podists employed	
	Aged Persons						Schoolchildren			
	No. on books at 31st Dec.	Increase on previous year	New cases in year	No. of treat- ments given in year (incl. Dom.)	No. of Clinic sessions (excl. Dom.)	Domi- ciliary visits	No. treated			No. of treat- ments
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
1968	1,196	148	371	6,464	894	650	32	119	145	2.5
1969	1,302	106	201	6,399	903	627	26	82	151	3.0
1970	1,393	91	399	7,299	1,005	944	22	90	153	3.0

I—Laundry Service for Incontinent Patients

The demand for this service for incontinent cases in their own homes continues to increase each year. The figure of 5,280 articles laundered in 1970 is an increase of 37 per cent. over the 1969 totals.

HEALTH SCREENING CLINIC

This clinic is held weekly throughout the year on a Monday evening by appointment. During 1970 it was attended by 725 women, 712 of whom were examined gynaecologically and had a cervical smear taken. Attendance according to the Registrar's social classification was as follows:

<i>All Classes</i>	<i>Social class</i>				
	<i>1 Professional</i>	<i>2 Managerial</i>	<i>3 Skilled</i>	<i>4 Semi- skilled</i>	<i>5 Unskilled or not Classified</i>
712	77	92	402	97	44

On clinical examination 144 women were found to have gynaecological conditions and on microscopic examination of the cervical smear taken 150 showed inflammatory or other conditions. No smears were positive for carcinoma of cervix. Breast examination showed abnormalities present in 45 women. All women who were found to have any abnormality were asked to visit their own doctor or asked to return to the clinic for a repeat smear as appropriate.

HOME HELP SERVICE

The Home Help Organiser reports:

The year 1970 was one of expansion: expansion in the number of households assisted and expansion of the labour force (a very encouraging feature) and there seems little doubt that with the emphasis on domiciliary care, these trends will continue.

It has been necessary to accept more Home Helps with home responsibilities which meant a reduction of hours available during school holidays, etc. including more administrative work.

We increased our stocks of equipment, the loan of which makes the work of the Home Help a little easier, but again takes up a good deal of administrative time.

The usual Training Courses were held, also a short introductory course for younger Home Helps. The help received from Social Workers, etc. was very much appreciated. Pre-nursing students from the local hospitals attended selected cases with Home Helps, which apart from helping them with their studies of the Social Services, makes each age group aware of the others' problems, thereby creating greater understanding.

The Van Meals Service continued, 2,315 meals were provided by Parker House and delivered in the Home Help van by three driver

Home Helps. 410 meals were also supplied from Willoughby Court and delivered to residents in Archery Court.

Many recipients of the service and their relatives have expressed their appreciation of our efforts. The complaints received were in the main related to the reduction of hours and our inability to always send help at the time required by the client. Whilst we endeavour to send help at convenient times, this cannot always be achieved.

We increased our efforts regarding social activities, and these have been much appreciated and help the workers to keep in touch with each other.

The attached table provides an indication of the work performed during the year:

	1966	1967	1968	1969	1970
No. of cases assisted	787	823	885	901	948
Average hours help per case per annum	93.4	84.7	75.4	77.9	81.01
No. of hours worked by Home Helps	66,101	71,161	66,735	70,170	76,800
No. of part-time Helps as at 31st December	63	64	55	69	70
Average equivalent whole-time Home Helps employed for year	32.32	33.54	32.08	33.73	36.92

CATEGORIES OF PATIENTS

	<i>Totals</i>		
	<i>Under 65</i>	<i>Over 65</i>	<i>Total</i>
Chronic sick and tuberculosis	66	718	784
Mental Illness	6	1	7
Maternity	15	—	15
Others	66	76	142
	<hr/> 153	<hr/> 795	<hr/> 948

DETAILS OF CHARGES

	1970
Standard Charge (Voluntary or assessed)	395
No charge made (persons at or below Supplementary Assistance level)	470
<i>Special Cases of Hardship—</i>	
Assessed to pay part cost	74
Free	9
	<hr/> 948

MENTAL HEALTH SERVICE

General

The year 1970 saw further staff changes and one must pause to wonder when the Mental Health Section will achieve a settled constitution. The return of the Senior Mental Welfare Officer from secondment was followed very shortly by the transfer of a Mental Welfare Officer from the section and appointment as Deputy Welfare Services Officer, leading in turn to a further appointment being made. The implementation of the Social Services Act will result in further changes.

In this latter connection, the arrangement for the operation of a joint "stand by duty" scheme with East Sussex County Council, which has worked very satisfactorily for about two years, is in jeopardy.

Community Care

It is of interest to note that the number of female admissions to Hellingly Hospital in which the Mental Welfare Officers were involved, dropped by almost a quarter in 1970 whilst male admissions rose by over a quarter. The reduction can seemingly be explained by earlier diagnosis and consequently more informal admissions in which the Mental Welfare Officers are not necessarily involved. The increase in male admissions, which resulted from a threefold increase in emergencies dealt with under Section 29 of the Act, is largely accounted for by the admission of one patient on three separate occasions.

Whilst the number of visits to the mentally disordered of all categories fell during the year there was an overall increase in the number of persons to whom one or more visits were made. This again can probably be construed as evidence of referrals being made earlier.

Whilst the number of referrals of mentally ill patients during the year was fractionally lower than in the previous year the comparative numbers from the various sources of referral varied quite considerably. In particular there was a 15 per cent. drop in referrals from General Practitioners, which might be regarded as discouraging. However, this drop is offset by a 95 per cent. increase in the number of referrals from "other sources" which includes self-referrals and persons referred by relatives and various social agencies. If the increase in this type of referral is sustained it must be regarded as an encouraging sign of a change of public attitude towards mental illness.

Although the number of referrals of patients discharged from mental hospital fell by 50 per cent. in 1970, it is largely explained by the fact that contact is maintained with more patients during their stay in hospital and they therefore are not accounted for as new referrals on leaving hospital. This provides a continued and therefore beneficial link between the patient and the community and reflects the closer contact between Local Authority and Hospital. At time of writing, reorganisation within the local mental hospital is affording an ever greater opportunity for co-operation. Briefly, this is being made possible by means of closer liaison with fewer people and therefore a much more personal relationship between Mental Welfare Officers and Hospital Staff.

Industrial activity has continued at the Salehurst Road Centre during the year and although financial stringency has forced certain economies on firms for whom work is performed the Centre has been fairly well supplied with work throughout the year. Similarly, the Hazel Court Training School has kept up its past record of achievement.

Finally it is a pleasure to record thanks once again to the organisations with whom the Mental Health personnel have had contact during the year. Mention must particularly be made to the Society for Mentally Handicapped Children, the Police and the Ambulance Service. Similarly thanks are due to members of other Corporation Departments, in particular the Children's Department. The help and co-operation of all has been of a high order and is greatly appreciated.

Mental Health

Just as a "visit" to a client may last half an hour or half a day, so a client may need visiting at intervals varying from daily to once in many weeks. Thus no great significance can be attached to the fact that whilst the number of visits during 1970 fell by 14 per cent. the number of persons visited rose by nearly 20 per cent.

	<i>Visits</i>	<i>Persons</i>
Mentally ill	2,427	165
Subnormal	509	41
Severely subnormal	41	6
Elderly mentally infirm	101	12
	<hr/> 3,078	<hr/> 224

Mental Illness

HOSPITAL CARE

<i>Mental Health Act, 1950</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Section 5 (Informal)	8	13	21
Section 25 (Observation, 28 days)	7	13	20
Section 26 (Treatment)	1	4	5
Section 29 (Observation in Emergency, 3 days)	7	6	13
Section 33 Guardianship Order	—	—	—
Section 135 (Justices Warrant: Place of Safety, 72 hours)	—	1	1
Section 60	—	1	1
	<hr/> 23	<hr/> 38	<hr/> 61

DISPOSAL OF PATIENTS

<i>Hospital</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Hellingly	22	35	57
Amberstone	1	2	3
	<hr/> 23	<hr/> 37	<hr/> 60

	1969	1968	1967	1966
TOTALS IN PREVIOUS YEARS ..	67	77	56	55

In addition to the 60 patients admitted to hospitals during 1970, four persons were returned from leave of absence, one having absconded, by the Mental Welfare Officers at the request of the hospital authorities.

Care and After-Care

34 males and 93 females were referred to the Department's Officers for supportive care. Including cases continuing from the previous year, a total of 45 men and 166 women received care.

"The Yews" Hostel for Women

In residence 1st January, 1970	..	..	..	10
Admitted during year ..	..	..	..	11
Discharged—				
To private accommodation	..	..	..	4
To residential employment	..	..	..	3
To psychiatric hospital	..	..	..	2
To Part III residential accommodation	..	..	..	1
In residence at end of year	..	..	..	11

THE MENTALLY HANDICAPPED AND SEVERELY MENTALLY HANDICAPPED

Males

Five new cases were notified, three referred by the Senior Medical Officer of Health, one was a self referral and the mother of the fifth approached this Department for help.

Females

Eight new cases were notified, three were referred from within the Department; two by members of the family, two by Disablement Resettlement Officers and one moved into the area.

Position at end of 1970

There were 118 mentally handicapped persons on the register receiving care in the community, of these 15 males and 10 females are in outside employment.

Hospital Waiting List

One person was on the waiting list for permanent care at the end of the year.

Short-Term Care

Short-term care was arranged for 11 patients during the year. Two were accommodated in hospital and the remainder in Local Authority accommodation.

JUNIOR TRAINING SCHOOL

At the time of writing Hazel Court, our Junior Training School and Hostel, has passed into the administrative control of the Chief Education Officer but for the year under review it continued under the able supervision of the Principal, Miss E. Burns. Attendances for the year were:

	<i>Eastbourne Children</i>	<i>East Sussex Children</i>	<i>Other Authorities</i>	<i>Total Attendances</i>	<i>Average Daily Attendances</i>	<i>No. of Days Open</i>
School	3,951	4,940	242	9,133	47.07	194
Hostel	935	730	—	1,665	8.9	194

ADULT OCCUPATION AND TRAINING CENTRE

This continued under the management of Mr. G. Townsend to provide day care and training for male and female adults in an age range from 16 to 60 years. Considerable headway was made with outwork placed with the Centre by local firms to whom we are indebted for their co-operation in this very valuable aspect of occupation and training.

Owing to the development of facilities in the East Sussex County area there was almost a complete withdrawal of trainees from that authority midway through 1970. However, the deficiency was practically made up by the end of the year by local admissions.

Statistics of attendances are as follows:

<i>Eastbourne Trainees</i>	<i>East Sussex Trainees</i>	<i>Total</i>	<i>Daily Average</i>	<i>Days Open</i>
3,893	1,141	5,124	24	213

SECTION C

WELFARE SERVICES

By V. O. F. LITTLE, Welfare Services Officer

This will presumably be the last time this Section appears in the Annual Report of the Medical Officer of Health, and it is appropriate to say how well the present system has operated since its inception in 1948. In a relatively small County Borough there has been considerable advantage in a combined Health and Welfare Services Department, and whilst it is appreciated that changes are now inevitable and that for much of the country a combined Social Services Department will prove beneficial, no local advantage is likely to accrue, particularly

as further changes are due to take place on 1st April 1974. Having said this, then the new Department must be wished every success from its inception next year.

This Section's problem remains unchanged with once again the question of elderly predominating, continuing lack of hospital beds and also of residential accommodation, and it must be added very meagre staff to cope with an ever-growing problem in the community. Tribute must be paid to the Social Workers for their devoted service and for the various voluntary organisations, in particular "HELP" to which reference is made elsewhere in this Report.

The operation of the Chronically Sick and Disabled Persons Act, which imposes additional statutory duties on local authorities for the care of sick and handicapped persons has contributed to the workload of an already fully committed staff and must inevitably require increased financial resources.

Geriatric Services

(a) *Residential.* The main problem is to decide priorities when vacancies arise. This is inevitable with an urgent waiting list approaching 100. To assist, one Social Worker has been given responsibility for admissions and to determine the priority. During the year there were 49 admissions other than short stay cases of whom there were 22 men and 38 females. Of the permanent cases admitted, 46 were over 85, 72 between 72 and 84, 28 between 96 and 74 and only 3 under 65.

The infirmity of residents referred to in previous reports continues, and admission must of necessity be restricted to those in greatest need.

To assist with the continuing problem of staff recruitment, appointments have been made in each Home, other than Cavendish Lodge, of two senior care assistants, in anticipation that such appointment will encourage recruitment and retention of experienced staff.

Thanks must as always be expressed to senior staff in the many problems they cope with and particularly on their prompt reaction and emergency arrangements during the 1970 power cut.

(b) *Day Centre.* This has continued to provide help with urgent cases pending admission, and afforded relief to relatives. Transport problems have been eased by the delivery of an additional mini-bus which is fitted with a hydraulic lift. Again this year we would like to express our thanks to the team of Red Cross drivers who use their own transport.

(c) *Community.* With reference to the 1969 report on the assistance of voluntary bodies, for which we are always most grateful, the need for greater co-ordination was expressed. I am pleased to say that some progress has been made in this direction by placing special responsibilities on the newly appointed Deputy Welfare Services Officer. Special mention must be made of the service provided by "HELP". This scheme was inaugurated and initially organised by the Eastbourne Council of Churches, who have been increasingly concerned about their role in society and saw practical service in the community as a natural

expression of their faith. Volunteers number 108 and a card index is kept at Avenue House by the Deputy Welfare Services Officer. "HELP" offers a variety of types of assistance—visiting the elderly and disabled, shopping, gardening, decorating, emergency help for young families, etc. Local school children have expressed their interest and are also participating in the scheme.

It is hoped that with increased publicity this service will become better known and as a result greater use made of its facilities. As indicated in recent press reports the Local Authority would like to extend it so as to include all voluntary organisations in Eastbourne in order that resources may be pooled and thereby spread more effectively over the whole community. Leaflets describing the service are available at the Public Library.

The close liaison between the Geriatric Health Visitors and General Practitioners assists in providing early knowledge of problems and is proving of great help to the often hard pressed G.P. and the patient.

As some indication of the work during the year, without including office interviews, in the case of geriatric and general welfare, 9,649 visits were made to 1,372 persons. In the case of blind and partially sighted, 3,231 visits were made to 338 persons.

Residential Accommodation—Section 21

(i) (a) (National Assistance Act 1948)

Figures for the year were as follows:

CAVENDISH LODGE (25 beds)				<i>Men</i>	
On 31st December 1969	..	..	..	27	
Admitted during the year	..	..	..	20	
Discharged during the year	..	..	..	20	
Died	..	..	..	3	
On 31st December 1970	..	..	..	24	
TREVIN TOWERS (45 beds)				<i>Men</i>	<i>Women</i>
On 31st December 1969	..	..	..	4	39
Admitted during the year	..	..	..	5	28
Discharged during the year	..	..	..	3	17
Died	..	..	..	2	10
On 31st December, 1970	..	..	..	4	40
STAVELEY COURT (57 beds)				<i>Men</i>	<i>Women</i>
On 31st December 1969	..	..	..	5	50
Admitted during the year	..	..	..	8	43
Discharged during the year	..	..	..	5	31
Died	..	..	..	1	16
On 31st December 1970	..	..	..	7	46

ST. ANTHONY'S COURT (50 beds)				<i>Men</i>	<i>Women</i>
On 31st December 1969	..	..	..	12	37
Admitted during the year	..	..	..	10	16
Discharged during the year	..	..	..	8	12
Died	..	..	..	4	3
On 31st December 1970	..	..	..	10	38

WILLOUGHBY COURT (50 beds)				<i>Men</i>	<i>Women</i>
On 31st December 1969	..	..	..	9	39
Admitted during the year	..	..	..	12	29
Discharged during the year	..	..	..	11	20
Died	..	..	..	—	12
On 31st December 1970	..	..	..	10	36

PARKER HOUSE (57 beds)				<i>Men</i>	<i>Women</i>
On 31st December 1969	..	..	..	4	50
Admitted during the year	..	..	..	14	28
Discharged during the year	..	..	..	13	23
Died	..	..	..	—	4
On 31st December 1970	..	..	..	5	51

FIRWOOD HOUSE (50 beds)				<i>Men</i>	<i>Women</i>
On 31st December 1969	..	..	..	10	40
Admitted during the year	..	..	..	13	32
Discharged during the year	..	..	..	8	25
Died	..	..	..	6	6
On 31st December 1970	..	..	..	9	41

RESIDENT ON NIGHT OF 31ST DECEMBER 1970

				<i>Men</i>	<i>Women</i>
VOLUNTARY HOMES	..	..		7	35
OTHER LOCAL AUTHORITY HOMES	..			—	4

RESIDENT DURING THE PERIOD IN HOMES REGISTERED UNDER SECTION 37

				<i>Men</i>	<i>Women</i>
14 Prideaux Road	..	..	..	—	1
13 Arundel Road	..	..	..	2	2
63 Enys Road	..	..	..	—	2
17 Rosebery Avenue	..	..	..	—	1
20 Bedfordwell Road	..	..	..	—	1
Saxonwood, Battle	..	..	..	—	1
11 Lewes Road	..	..	..	—	1

RESIDENTS THE RESPONSIBILITY OF OTHER AUTHORITIES

	<i>Men</i>	<i>Women</i>
Norfolk County Council	—	1
Kent County Council	—	2
East Sussex County Council	1	3
London Borough of Westminster	—	1
London Borough of Tower Hamlets	—	1
Surrey County Council	—	1
Hampshire County Council	—	1

Accommodation for the Temporarily Homeless

Section 21 (i) (b)

Nominal use of one unit at The Knowle, Oak Tree Lane, continues. As the result of a fire, one man was accommodated temporarily at Cavendish Lodge and another at Staveley Court, the latter, in fact, continued as a resident until his death.

Handicapped Persons—Section 29

(a) BLIND PERSONS

1. Incidence of Blindness:

The number of newly registered persons as Blind within the meaning of the Act, during the past year was 39. This registration by the Local Authority must be on the recommendation and certification on B.D.8 form by an appointed Ophthalmic specialist who at the same time very often advises hospital or medical treatment or supervision.

2. Registration:

Total at 31st December 1969	260
Registered during 1970	39
Died during the year	40
Transferred from other areas	6
Transferred to other areas	3
Total at 31st December 1970	262

The following breakdown of age groups is interesting, again reflecting the local advanced age of the population in Eastbourne:

Under 10 years of age	3
Between 10 and 20	2
Between 30 and 49	12
Over 50 under 64	34
65 to 79	91
80 to 89	96
Over 90	24
Total	262

3. *Home Workers:*

The Council are responsible for the payment of augmentation to one male who works as a Speech Therapist and Elocution Teacher.

Occupational Therapy:

Handicraft classes are held weekly in addition to domiciliary tuition if necessary. Also Braille and Moon lessons to those persons desirous of learning to read with their fingers although again the advanced age of many would-be pupils means fewer pupils. Talking books are widely used and appreciated as also the wireless sets provided for the blind from National funds, the upkeep undertaken by the local society.

The officers continue to work in close alliance with the voluntary society for the blind in particular their office premises being at the Social Centre for the Blind, Longstone Road, Eastbourne, but thanks are also due to many who give valuable time and help in many ways.

(b) PARTIALLY SIGHTED PERSONS

The Council has, under their scheme, agreed that the facilities provided for the blind should also be made available in certain sections to those people with impaired vision but not technically blind.

The number on the register at 31st December 1970 was:

Females	..	..	..	..	..	60
Males	..	..	..	..	..	16
Total	..	..	..	..	..	<u>76</u>

Over 65, the number was 60.

(c) DEAF AND DUMB

The Chichester Diocesan Association for the Deaf and Dumb continues to act as the Council's Agents. The Assistant Missioner resident at Hastings visits Eastbourne twice a week, in particular he assists in the cases where emotional problems were affecting the families of deaf people. Number on the register at the end of the year was 16 deaf and 3 deaf blind.

(d) HARD OF HEARING

Number on the register at the end of the year was 50. Note, this is giving those needing some form of welfare and is not the total number in this category.

The Honorary Secretary of the Eastbourne and District Hard of Hearing Association reports as follows:

During the year under review our concern has been for all people within the County Borough whose hearing has become impaired as adults. Whilst the high average age of the population results in a high incidence of deafness, we do not overlook that deafness may, and does, strike at any age group.

Publicity and the provision of information is a very important part of the Association's work. Every opportunity has been taken to

spread greater enlightenment regarding hearing handicap and to encourage use of all possible ways of overcoming the problems. Talks and demonstrations have been given to many local organisations, and publications have been in constant demand.

The Association has produced five publications and four stencilled leaflets. One new publication has been added during the year, *You and the Deafened*, designed to help the hearing partner of a severely deaf person to understand ways to co-operate. Literature from the Clear Speech Campaign is still in demand and the Autumn Exhibition for the handicapped offered a well-placed stand to bring local facilities to the notice of the general public.

The hard working Club Committee have organised a variety of programmes, always bearing in mind the totally deafened members so that they are fully included. The Vu-Graph has been invaluable. Club meetings have been held fortnightly at the Towner Art Gallery, these have been well attended and programmes cater for those who cannot benefit from using a hearing aid. Three mini.buses transport house-bound people to meetings. Outings have been arranged and much appreciated.

"Vision Unlimited" continues to provide reading material for people in the area who have become totally deaf as adults.

We are grateful to the small, faithful team of visitors, themselves hard of hearing, who do much to brighten the lives of those who are homebound or in long-stay hospitals. There is need for a more comprehensive service to give social contact to people who are homebound and isolated by deafness, and also to check the use and maintenance of hearing aids. We are fully aware that the problems are many and that to meet them adequately calls for greater resources than are at present available to us. It is an encouraging step forward that there is greater decentralisation for the local issue and maintenance of hearing aids.

Alderman Mrs. Gilbert has represented the Association on the Executive Committee of the South East Regional Association for the Deaf, with whom this Association works closely. Miss McCall also serves on SERAD Executive Committee as representative of the Hospitals and Regional Hospital Boards.

Finally, we believe that the links between this Association, the Local Authority and the Hospital Service should be maintained and strengthened. Mutual co-operation in partnership with hearing impaired people in overcoming their handicap as fully as possible is the policy to ensure that their skill, ability and participation shall fully contribute to the community.

(e) PHYSICALLY HANDICAPPED

So far as the Local Authority is concerned the number of cases, excluding those under 16, on the register at the end of the year was 234. Disability Groups being as follows:

Amputations	.. .. .	8
Arthritis and rheumatism	.. .. .	99
Congenital and malformation	.. .. .	11

Diseases of the digestive and genito-urinary systems: of the heart of circulatory system: of the respiratory system (other than tuberculosis): and of the skin..	21
Injuries of head, face, neck, trunk, injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	25
Organic nervous diseases	54
Other nervous diseases	2
Tuberculosis (respiratory)	Nil
Tuberculosis (non-respiratory)	3
Other diseases and injuries	11
	<hr/>
	234
	<hr/>

The Association Secretary reports as follows:

At the end of 1970 the Association had 232 physically handicapped members on its register. Of these, 154 were over retirement age and two-thirds were women. Of the disabilities listed, by far the greatest number suffered from osteo or rheumatoid arthritis.

Visits paid to members during the year totalled 1,475, including visits by the Craft Teacher.

The Handicraft Class continued to be held one morning a week throughout the year, with home tuition given to the more severely handicapped members. The Class is not held solely for recreation, but all the articles are made in the knowledge that they are for sale and must be of a high standard.

The independently-run Social Club for the Disabled met regularly each week as usual, and had the use of two mini-buses, one with an electrically-operated hoist. During 1971 another mini-bus equipped with a hoist will replace the second, older, bus. Weekend outings in these buses took place during the warmer months and, as in previous years, the Club also organised a week's holiday in Devon for some of its members.

The grant made to the Association by the Local Authority was supplemented by four fund-raising efforts, organised by the Executive Committee, which resulted in nearly £400 being raised. More than double the 1969 total was therefore spent on providing holidays for members and more money was allocated for extra fuel grants, television licences, etc.

The usual visits to the Congress Theatre were organised and, in September, there were two afternoon coach outings for some of the more housebound members.

During the year the Chronically Sick and Disabled Persons Act became law and, with it, the opportunity for disabled people to apply for increased amenities and help towards living a more independent and slightly easier life.

DISABLED DRIVERS

The position at the end of the year was that 44 discs were current. This is a valuable aid to those entitled in order to cope with parking problems, and as a result of regulations due to be issued under the Chronically Sick and Disabled Persons Act, this facility is due to be extended to those driving disabled persons, which should relieve the problem to which up to now there has been no satisfactory solution.

Registration of Homes—Section 37

During the year there were 2 registrations and 4 cancellations and at the end of the year 25 homes were providing 318 beds. It remains regrettably true that the regulations under the Building Bye-Laws tend to dissuade possible applicants from registration on cost grounds.

Care of Property—Section 48

The work under this section continues to use a considerable amount of staff time. At the end of the year the property of 58 persons was in care.

Funerals arranged

During the year two cremations and eight burials were arranged at a total cost of £349 10s. 6d. of which £282 4s. 6d. has so far been recovered.

Occupational Therapy and Handicraft Instruction

Domiciliary Occupational Therapy:

New patients	56
Total number of visits	380

Visits of Handicraft Instructors to Part III Homes:

Parker House	70
Willoughby Court	50
Staveley Court	50
Firwood House (residents)	100
Firwood House Day Centre	Average of 12 attendances daily

The year 1970 has been another very busy one in the district with a great variety both of patients and their individual needs. Aids and adaptations have been provided together with advice on how to make life easier or less painful, always with a view to maintaining independence for as long as possible.

There are now two handicraft Instructresses, one of whom helps the daily attenders at Firwood House with their diversional and social activities, the other one spending her time visiting the residents in the Part III Homes.

As can be seen by the above figures, the number of daily attenders at Firwood House is not high when provision has been made for twenty,

but the workroom here is small, and one cannot have more than eight people seated and working at any one time.

A large proportion of the elderly residents in the Part III Home have extremely limited ability and therefore produce little in the way of finished articles, but all are encouraged to do something, however simple. Those who could complete articles unaided, were encouraged to enter their work in the East Sussex Handicraft Exhibition held this year again at the Winter Gardens. One first and four second prizes were awarded to the entrants from Firwood House Day Centre and a total of twenty-five residents entered their work with varying results from the Part III Homes.

SECTION D

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Notifications

It will be noted from the table below that the incidence of notifiable infectious disease brought to the attention of the department remained remarkably low.

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	20	4	13	3	—	—	—
Acute Meningitis (other forms)	1	1	—	—	—	—	—
Measles	152	67	81	4	—	—	—
Tuberculosis (respiratory) ..	6	—	—	3	1	2	—
Infective Jaundice	2	—	1	1	—	—	—
Ophthalmia Neonatorum ..	1	1	—	—	—	—	—
Totals	182	73	95	11	1	2	—

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 in 1970. 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	62
---------------------------------	----

COUNTRY OF ORIGIN

Commonwealth Countries:

Caribbean	1
India	2
Other Asian	6
African	2
Other	2

Non-Commonwealth Countries:

European	33
Other	16
	—
	62
	—

Successful contacts made by:

Public Health Inspectors	26
Health Visitors	11
Eastbourne College	5
Eastbourne Hospitals	14
	—
	56
	—

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 1969:

<i>Condition</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis	3 (0)	1 (0)	4 (0)
Gonorrhoea	17 (9)	3 (2)	20 (11)
Other conditions	56 (65)	39 (29)	95 (94)

SECTION E

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply	Sewerage and Sewage Disposal
Public Baths	Report of the Chief Public Health Inspector

WATER SUPPLY

Again the generalities of the details of Eastbourne's water supply remained as noted in my Report for 1967 (pages 60 and 61). The average content of fluoride in the supply is of the order of 0.12 mg./l.

Excellent relationship existed between officers of this Department and the Eastbourne Waterworks Company, and in particular we were most appreciative of the help and co-operation received from Mr. L. A. Green, Chief Chemist.

The water supplied, both from a chemical and bacteriological viewpoint, met all required standards.

The new reservoir at Arlington was nearing completion at the end of the year.

Two hundred and sixty-nine samples of mains water, taken from widely dispersed points in the Borough, were submitted for bacteriological examination by the Public Health Inspectors.

The following is a typical analytical report upon a sample from mains supply:

PHYSICAL

Taste	..	..	..	..	..	..	Nil
Odour	..	..	..	..	..	..	Nil
Colour (Hazen)	..	..	..	..	..	..	Nil
Turbidity (F.E.)	..	..	..	..	..	..	Nil
Total Solids (dried at 180° C.)	..	..	..	..	..	..	296.0 mg./l.
Suspended Solids	..	..	..	..	..	..	Nil
pH	..	..	..	..	..	..	Nil
Temperature °C.	..	..	..	..	..	..	14° C.

CHEMICAL

Alkalinity (as CaCO ₃)	..	180.0 mg./l.	Chlorine (Free)	..	0.10 mg./l.
Total Hardness (d O)	..	206.0 mg./l.	Chlorine (Total)	..	0.15 mg./l.
N.C.H. (as CaCO ₃)	..	26.0 mg./l.	Copper	..	Nil mg./l.
Free Carbon Dioxide	..	11.0 mg./l.	Zinc	..	Nil mg./l.
Dissolved Oxygen	..	8.3 mg./l.	Lead	..	Nil mg./l.
Ammonia (Free and Saline)	..	Nil mg./l.	Iron	..	Nil mg./l.
Ammonia (Albuminoid)	..	Nil mg./l.	Manganese	..	Nil mg./l.
Nitrate (as N)	..	6.7 mg./l.	Calcium	..	77.2 mg./l.
Nitrite (as N)	..	Nil mg./l.	Potassium	..	1.3 mg./l.
Chloride	..	35.8 mg./l.	Sodium	..	28.5 mg./l.
Sulphate	..	8.5 mg./l.	Silica	..	Nil mg./l.
Phosphate	..	0.08 mg./l.			

REMARKS

This sample is bright and clear in appearance and moderately hard in character. Analysis indicates a very high quality water for public supply.

SEWERAGE AND SEWAGE DISPOSAL

With the exception of a small number of private sewage disposal plants serving isolated properties primarily in the Langney area, the whole of the sewerage system for the Borough converges on the new Pumping Station at Langney Point. Here the effluent is screened and comminuted before being discharged via the new outfall sewer to the sea.

During the year under review the system functioned quite satisfactorily and no reports of pollution of the beaches were received.

PUBLIC BATHS

The Old Town Swimming Baths, which has a capacity of 45,000 gallons of fresh water derived directly from a borehole in the subsoil, is 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.

Following adaptations to the changing accommodation, replacement of the chlorination and filtration plant and the old solid fuel boilers with an oil-fired system and the installation of adequate central heating, it is now possible to keep the bath open all the year round.

Forty-seven samples of water were taken for bacteriological examination, all of which were satisfactory.

The numbers using the bath during the year were:

Organised Parties—

Local Authority Schools	..	..	40,725
Youth Organisations	..	..	4,696
General Public	..	..	15,940
			<hr/>
			61,361
			<hr/>

Seaside Baths

Thirty individual baths are provided, 15 for males and 15 for females. The number of persons using these baths were:

Men	..	..	..	..	5,078
Women	..	..	..	..	1,297
Retired persons (admitted at reduced prices)					3,549
Children	..	..	..	..	319
					<hr/>
					10,243
					<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° F-74° F. The circulation period is approximately 4½ hours, when both baths are in operation.

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

Other Swimming Baths and Pools

Nine other pools, five privately owned, and the other four at schools and colleges are in use; 143 samples were taken from these pools and, generally, were of a satisfactory bacteriological standard. Fifteen samples were taken from the Paddling Pool in Princes Park.

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

EDWARD EDLINGTON, M.A.P.H.I., M.R.S.H.

I again present for information some details of the work carried out by the Public Health Inspectors' Section during the year. In the months of March and September we lost two Inspectors who moved for promotion, and in June, my Deputy, Mr. F. T. Rippin, left the office as quietly and unobtrusively as he had worked in it for the last 35 years. In wishing Mr. Rippin a happy retirement and expressing my appreciation for his kindly help and service during my own nine years of office, I am more than ever aware how little the statistics of an annual report reflect the energy and enthusiasm of staff.

During a year of staff changes, national and local strikes, and all the uncertainties of the future as reflected in reports in Green and White Papers, it is with the full co-operation of staff of the Section at all levels that work has continued to reveal, in the statistics of this report, a year of work well done.

Not shown in the statistics are the anxious hours spent vetting "suspect" visitors from endemic disease areas who, so quickly these days, are dropped by aeroplane into our busy conference town. Neither do statistics show the miles travelled to persuade the increasing flow of itinerant caravanners not to despoil our countryside or contaminate our water supplies. The brief references to the education of food handlers do not reflect the hours of persistent patience required to convince some of our workers of the real reasons for non-smoking in food rooms.

Mr. Arthur Matthews, previously our Senior Inspector in charge of Food and Food Premises, was promoted during the year to the post of Deputy Chief Public Health Inspector. I am most grateful to him

for his contribution to this report. Here again, although he has drawn attention to some of the more interesting food complaints, I am well aware of the time spent outside normal office hours in the patient pursuit of the truth.

On statistical showing, perhaps our best achievements this year have been in the field of housing, and Mr. T. Matthews, our Senior Inspector, must be very gratified that his several years housing work are beginning to pay off. Subject to being able to get him satisfactory assistance, his forecast for all houses in the Borough to be supplied with all basic amenities within five years could well be true.

Close liaison with the planners and builders is one of the reasons for the steady reduction in the amount of smoke and sulphur dioxide in our atmosphere. Quiet educative "talking time" saves "smoking time"! Someone suggested, less seriously, that in the winter months the "hot air" generated in Conferences produced sufficient velocity to clear the Borough of all atmospheric pollutants!

Mr. Hall, our Technical Assistant and "Jack of all trades", also our two Rodent Operatives, have had a busy year, and could be excused for asking "Why do all the awkward jobs happen outside normal hours?" Foxes, squirrels, rats, mice, pigeons, cockroaches, seaweed flies, bugs, fleas, body lice and, of course, wasps, come here to hold their "conferences". Our experts give them no encouragement.

I am grateful to all members of the Section, not only for work done, but for the fun and good humour which has made the doing of it so much more pleasant.

General Summary

Visits and inspections made by the Public Health Inspectors in 1970:

For general public health purposes ..	1,979
Inspections under the Housing Acts, etc.	2,204
In connection with food and to food premises	3,404
Infectious disease control visits and investigations	95
Prevention of Damage by Pests Act, 1949 ..	456
SO ² and Smoke Recordings	390
Offices, Shops and Railway Premises Act, 1963	535
Visits for miscellaneous purposes ..	1,131
	<hr/>
	10,194
	<hr/>
Food animals inspected at slaughterhouse	7,091

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 ..	37	37	37	37
Butchers	40	40	40	40
Confectioners	59	59	32	32
Dairies	1	1	1	1
Fish and Fried Fish ..	26	26	26	26
Fruiterers and Greengrocers ..	57	57	47	47
Grocers, Provision and General Stores	106	106	106	106
Hotels and Guest Houses, etc.	410	309	410	410
Meat Depots	3	3	3	3
Ice Cream Manufacturers ..	10	10	10	10
Ice Cream Stores	2	2	2	2
Public Houses and Hotels with Open Bars	62	62	62	62
Restaurants, Cafes and Snack Bars	132	132	132	132
Residential Homes, etc ..	40	40	40	40
Schools	41	41	41	41
Slaughterhouse	1	1	1	1
Wholesale Manufacturers ..	2	2	2	2

The supervision of food premises, as in previous years, has continued to be a "Specialist" duty, primarily by two Inspectors and again, during the year under review, whilst being mindful of the enforcement nature of duties in connection with the Food Hygiene Regulations, every opportunity has been taken of the more "on the spot" educational approach to food workers in whatever capacity. It is of course, inevitable that the standards of food premises will vary considerably and, whilst there remains a small nucleus of proprietors of businesses who require constant prodding and reminders of responsibility, it would be fair to say that, generally speaking, the standard within the Borough is relatively good.

In previous years we have laid stress upon the vital importance of educating as many people as possible in the subject of food hygiene, and we are again appreciative of the co-operation of the College of Further Education in organising classes for food handlers in preparation for the Certificate of the Royal Institute of Health and Hygiene.

Slaughtering and Inspection of Food Animals

PREMISES

There continues to be only one private slaughterhouse in the Borough, and towards the end of the year we became conscious of the fact that perhaps the standards were not being maintained to such a high degree as considered necessary, and arrangements were being made

for discussions to take place between representatives of the operating company, and the appropriate Chief Officers of the Council regarding the future use and condition of the slaughterhouse.

INSPECTION

The total "kill" figure at the slaughterhouse was slightly lower than the previous year, and it was possible to maintain a one hundred per cent. meat inspection service of all animals slaughtered. This was done by the District Public Health Inspectors on a rota system.

No abnormal incidence of any specific disease or condition was noted during the year. The incidence rate of tuberculosis in pigs remained relatively constant at 0.03 per cent. compared with 0.05 per cent. the previous year, and the number of beef carcasses affected with cysticercosis was five, being 0.4 per cent., compared with 1.2 per cent. the previous year.

The following table shows details of carcasses and offal inspected and condemned in whole and in part during the year:

**Carcasses 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	1,189	22	129	2,856	2,895
Number inspected	1,189	22	129	2,856	2,895
<i>All diseases except Tuberculosis:</i>					
Whole carcasses condemned	5	12	4	5	7
Carcasses of which some part or organ was condemned	536	9	3	247	608
Percentage of the number inspected affected with disease other than tuberculosis or cysticerci	45.5	95.5	5.4	8.8	21.2
<i>Tuberculosis only:</i>					
Whole carcasses condemned	—	—	—	—	1
Carcasses of which some part or organ was condemned	—	—	—	—	—
Percentage of the number inspected affected with tuberculosis	—	—	—	—	.03
<i>Cysticercosis:</i>					
Carcasses of which some part or organ was condemned	5	—	—	—	—
Carcasses submitted to treatment by refrigeration	5	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

Diseases of Animals Acts and Orders

Again, during the year under review, the work involved was mainly concerned with routine matters relating to movement licences. In view of the outbreak of fowl pest in other parts of the country, and the Ministry of Agriculture, Fisheries and Food's request, special attention was paid to plant used for boiling waste food for feeding to animals. At the end of the year only one licensed plant remained in operation within the Borough.

Food Premises

Visits and inspections made to food premises were as follows:

Dairies	..	..	..	84
Milk Distributors	..	..	..	210
Ice Cream Manufacturers	..	..	..	202
Ice Cream Retailers	..	..	..	248
Bakehouses	..	..	..	84
Butchers' Shops	..	..	..	114
Wholesale Meat Depots	..	..	..	19
Meat Products Preparation Premises	..	..	..	36
Fish Shops	..	..	..	50
Fried Fish Shops	..	..	..	34
Other food shops and stores	..	..	..	442
Hotel and Restaurant Kitchens	..	..	..	672
School Kitchens	..	..	..	49
Residential Establishment Kitchens	..	..	..	31
Stalls and Vehicles	..	..	..	109
In connection with unfit food	..	..	..	137
In connection with food complaints	..	..	..	211
Slaughterhouse	..	..	..	608
Merchandise Marks Acts and Orders	..	..	..	12

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	..	..	..	21
Grocers' and Provision Stores	..	..	..	13
Fried Fish Shops	..	..	..	9

Milk and Dairies Regulations

The Milk (Special Designation) Regulations, which came into operation in 1965, require that only the following designations may be used in relation to milk:

- Pasteurised
- Sterilised
- Untreated
- Ultra Heat Treated

Although accurate figures are a little difficult to obtain, it is known that over 90 per cent. of the milk sold in the town is pasteurised, the remainder being made up of the other designations.

There is one pasteurising establishment in the town, with whom the fullest co-operation is maintained in securing the highest possible standards in handling and treatment of milk supplies. Some milk is also supplied from the same company operating at Bexhill, and another company at Brighton.

(a) REGISTRATION OF DAIRIES AND DISTRIBUTORS

(i) The following were registered under these regulations:

Dairies (premises)	..	..	..	2
Distributors (persons)	..	..	..	98

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"	..	..	..	90
Dealers' Licences to use the designation "Sterilised"	..	..	..	28
Dealers' Licences to use the designation "Untreated"	..	..	..	7
Dealers' Licences to use the designation "Ultra Heat Treated"	..	..	..	19

(b) SAMPLING OF MILK

Milk distributed in the Borough is sampled for the following purposes:

(i) *Chemical Analysis:*

To ensure that the legal minimum standards for fat and milk solids (not fat), (*i.e.* 3 per cent. and 8.5 per cent. respectively) are complied with. In the case of Channel Island Milk the requirement is 4 per cent. and 8.5 per cent.

In all samples submitted for this purpose, the minimum standards were exceeded.

(ii) *Bacteriological Examination:*

To assess

- (a) The bacteriological or cleanliness standard; and
- (b) The efficiency of any heat treatment to which the milk has been subjected.

The following table indicates the samples submitted and the results of the appropriate tests:

Class of Milk	No. of Samples Tested	Appropriate Tests	Number of Samples		
			Passed	Failed	Void
Pasteurised	66	Phosphatase ..	66	—	—
		Methylene Blue	66	—	—
Untreated	8	Methylene Blue	8	—	—
Sterilised	14	Turbidity Test	14	—	—
U.H.T.	9	Loop Test ..	9	—	—

(iii) *Examination for the presence of tuberculosis:*

Although, of course, milk in this country for distribution for human consumption may only be produced from herds which are attested, that is, cows which have been clinically shown to be tubercle free, it is still regarded as an important protection measure that milk which is not subjected to heat treatment should be systematically checked for the presence of *M. tuberculosis*. Twenty-one such samples were taken for this specific purpose, and all proved negative.

(iv) *Examination for the presence of Brucella abortus:*

In order to detect the presence of *Brucella abortus*, which may be the cause of undulant fever in man, samples are taken on a rota basis, and submitted to the Public Health Laboratory. They are subjected to an initial milk ring test which, whilst not being conclusive in character, acts as a very reliable preliminary screening test. In all samples submitted a negative result was noted and confirmed by further bacteriological tests (guinea pig inoculation).

(v) *Penicillin Test:*

The injection of penicillin-based therapeutic substances, possibly as a "do it yourself" measure on farms, can be the cause of relatively high residual trace of the substance in the milk itself, therefore for this purpose thirty-three samples were subjected to the prescribed test to determine the presence or otherwise of penicillin, and all proved negative.

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	..	..	170
(d) For the storage of ice cream for the purpose of sale	..	..	2

Of the 450 visits made to these premises, 202 were to manufacturers' premises and 248 to retailers.

Although doubt is sometimes expressed as to the practical value of routine bacteriological sampling of ice cream, we believe that, on balance, it is a positive system of keeping check on the hygienic standards of production, storage and sale. Our seasonal programme of routine sampling for bacteriological grading therefore continued as in previous years and we were particularly pleased to note that the gradings of the soft ice cream variety showed a considerable improvement on previous years. We hope our efforts in this direction over the past few years are now beginning to show some reward and that this improvement will continue.

During the year, 326 samples were taken for this purpose, and the results are shown below:

Grade	Premises				Mobiles			
	I	II	III	IV	I	II	III	IV
Soft Ice Cream ..	27	24	20	10	3	1	—	1
Other Ice Cream	93	102	27	14	—	2	—	2

Unfit Food

During the year 137 special visits were made in connection with the examination and certification of foodstuffs considered, for a variety of reasons, to be unfit for human consumption, and the following is a list of foodstuffs voluntarily surrendered by traders and disposed of by burning at the Churchdale Road Destructor Works:

Bacon (lbs.) ..	85	Milk (cans) ..	81
Biscuits (lbs.) ..	21	Milk (pints) ..	5½
Bisto (pkts.) ..	1	Milk Puddings (cans) ..	62
Butter and Margarine (lbs.) ..	28	Mincemeat (lbs.) ..	10
Cakes ..	54	Mint (botts.) ..	6
Cake Mixture (pkts.) ..	12	Mustard (jars) ..	3
Cereals (pkts.) ..	131	Nuts (pkts.) ..	8
Cheese (lbs.) ..	14	Oil, cooking (botts.) ..	16
Chestnuts (lbs.) ..	270	Orange Juice (botts.) ..	5
Coconut, desiccated (pkts.) ..	2	Peanut Butter (lbs.) ..	4
Coffee (bottles) ..	3	Pepper (pkts.) ..	4
Coffee (lbs.) ..	¼	Pies, fruit ..	7
Coffee, instant (cans and jars)	16	Pies, meat ..	2
Confectionery (boxes and pkts.)	59	Potato Crisps (pkts.) ..	3
Cream (cans and jars) ..	29	Poultry (lbs.) ..	410
Custard Powder and Cornflour (pkts.) ..	21	Ribena (botts.) ..	4
Eggs (doz.) ..	2½	Sago (pkts.) ..	2
Eggs, frozen (lbs.) ..	6	Salt (pkts.) ..	26
Egg White (cans) ..	14	Sauces, pickles, etc. (botts.)	53
Fish (cans) ..	590	Sausages (lbs.) ..	3
Fish (stone) ..	14¾	Sponge Puddings ..	13
Flour (lbs.) ..	88	Soft Drinks (botts. and cans)	168
Frozen Foods (pkts.) ..	3,288	Soup (cans and pkts.) ..	5
Fruit (cans) ..	2,253	Suet (lbs.) ..	1½
Fruit, dried (pkts.) ..	14¾	Sugar (lbs.) ..	34
Ginger Beer and Shandy (cans)	2	Syrup (cans) ..	5
Ham (lbs.) ..	165¼	Tea (lbs.) ..	1¼
Jam and Marmalade (lbs.) ..	130	Vegetables (lbs.) ..	60
Jellies (pkts.) ..	4	Vegetables (cans) ..	1,282
Malt Drinks (cans) ..	21	Vegetables, dried (pkts.) ..	10
Marmite, Barmene, Bovril (jars)	23	Vinegar (botts.) ..	16
Meat and Offal (lbs.) ..	1,164¾	Virol (cartons) ..	7
Meat (cans up to 4 lbs.) ..	321	Vitovel (botts.) ..	16
Meat (cans over 4 lbs.) ..	26	Yoghurt (cartons) ..	73

Excellent liaison has been established with most of the multiple firms in the town who readily contact this Department in the event of any foodstuff coming into their possession with which they are not

completely satisfied. In no instances was it necessary to resort to seizure of food in accordance with the procedure laid down in the Food and Drugs Act, 1955.

Food Complaints

The year under review produced its usual variety of complaints of unsatisfactory food purchases by members of the public and, in keeping with the well recognised sociological trend, more complaints than in previous years were, in fact, received. It is not wholly clear as to how far the advent of the Trade Descriptions Act of 1968 has a bearing on the marked increases in the number of these complaints, but we believe the increase in prices of foodstuffs has a material bearing.

The complaints received can broadly be classified in the following categories:

Food containing foreign matter	39
Food affected with mould	15
Food with abnormal taste, colour or conditions	29
Food of inferior quality or not in accordance with labelling requirements	13

Although, very broadly, it can be said that the whole spectrum of food commodities was to some degree involved in these complaints, they related largely to the following categories:

Meat Pies	Bread and Flour Confectionery
Sausages	Milk and Dairy Produce
Sausage Meat	Meat and Meat Products
Sausage Rolls	Fish and others

Although each complaint was thoroughly investigated, some proved more time consuming and also interesting than others, and the following may be worthy of consideration:

Case No. 204—Foreign matter in loaf

After careful examination this turned out to be a small piece of chewed-up cardboard. At the time, investigations at the Bakery could not reveal how any piece of cardboard could have gained access to the loaf, and it was only some weeks later, at another Bakery, that the source was inadvertently found when it was noticed that the thick centre cardboard core of wrapping paper was being used to ease the passage of the last loaf going through the slicing machine, and it was highly possible that the end could be shredded by the blades.

Case No. 205—Stone in beans

This related to a stone found in a tin of beans and, following contact with the Port Health Authority where the beans were imported into this country, and with the manufacturers, it was established that on importation the amount of stones found in the imported food would, if not subjected to any further cleansing process, have the effect of there being the equivalent of one stone in 400 tins, but the process to which they were subjected reduced these odds to one in 8,000 tins.

Case No. 206—Black foreign matter in bread

This was due to solidified lubricant gaining access to the baking tins. Although the bakery was not in the Borough, at the invitation of the management, the Inspector concerned visited and was able to give practical advice on means to be taken to prevent any such future occurrence. This advice was readily accepted and acted upon.

Case No. 207—Creamed rice pudding with abnormal taste

This was established, by contact with the manufacturing company, to have been caused by the use of a steriliser in the wrong proportions at the manufacturing plant. Fortunately, the source of distribution from the batch concerned was known with some accuracy, and we were able to ensure that all such items were withdrawn from the shops involved.

Case No. 208—Shortcrust pastry discoloured and affected with mould

It was obvious that this commodity, at some time during its life, had been subject to considerable fluctuation of temperatures, but extensive investigations at the producing factory, and at the retail store where it had been sold, failed to indicate anything which could have been attributed to this condition, and it was only a chance remark that led the Inspector to probe the possibility of a much earlier breakdown of a frozen food cabinet in the complainant's own home. This had, in fact, occurred several months previously and, undoubtedly, the pastry was not purchased as recently as had been suggested.

Case No. 209—Metal in luncheon meat

A piece of metal, which later proved to be part of a hypodermic syringe, was found in pork luncheon meat which had been produced in a European country. Despite very high standards of factory hygiene, and the use of metal detectors, etc., this part of a syringe had somehow slipped through. It was fortunate that an observant cook had noticed it.

Case No. 210—Metal in steak and kidney pie

Extensive investigations by the factory concerned established, beyond all doubt, that the piece of metal found was not of a type used in their factory, and direct sabotage in this instance was a very strong possibility.

Case No. 216—Nail in a tin of raspberries

The nail had obviously been derived from the wooden trays used for the collection of fruit and, following our representations, it was decided that the wooden trays would be replaced by plastic ones, and that more efficient metal detectors would be installed.

Case No. 223—Collar of bacon containing swab-like material

Polish collar bacon is imported with a small bag of saltpetre inserted in the collar bone location and these bags are removed on

jointing. It would seem that for some reason two such bags had been placed in the particular joint concerned, and only one removed in accordance with normal practice, leaving the other *in situ*.

Case No. 225—Easter Eggs affected with mould

The fillings of Easter eggs distributed over a wide area of Kent and Sussex were found to be affected with mould. All authorities in the area concerned were circulated by this Department notifying them of this trouble, and in most areas shop to shop visits by Inspectors, with action by the local wholesaler involved in this distribution, succeeded in withdrawing 95 per cent of the Easter eggs.

Case No. 230—Nail in plum pie

This again was thought to be due to the trays used for holding the plums prior to use in the factory and, again, representations had the result of plastic trays being introduced and more efficient metal detectors being installed.

Case No. 237—Vinegar and tomato sauce diluted

A very vociferous complainant stated that these condiments at a local restaurant had been grossly diluted. Samples taken within ten minutes of the complaint being received were submitted to the Public Analyst, who indicated that there was no foundation whatsoever for this allegation. The interesting factor concerned with this was that the complainant allegedly was connected with the food industry, and had expert knowledge of these matters!

Case No. 239—Steak and kidney pie containing dead ants

The pies were prepared at one premises, sold to a small bakery who cooked them and distributed them to retail shops, from one of which the pie in question was sold. Investigations completely eliminated the shop being at fault, but it was not possible to say, with certainty, which of the two other businesses were at fault, and in this instance, the Public Protection Committee gave a warning to both firms.

In the majority of cases departmental warnings, as necessary, were given, but in seven cases it was considered expedient to report the facts to the Public Protection Committee, who resolved to give formal warnings in five cases, and to institute proceedings in two cases, as follows:

Mouse droppings found in Angel cake—Defendant Company fined £50.

Sharpened end of a lead pencil, approximately 1 inch long, found in a loaf of bread—Defendant Company fined £25 and ordered to pay Advocate's fee of £10.

Sampling of Food and Drugs

We are again grateful for the co-operation of Mr. T. Rymer, the Public Analyst. Thirteen formal and 175 informal samples were sub-

mitted to the Public Analyst, of which 11 were found to be unsatisfactory. Twenty-two of the samples taken were drugs. The following gives 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.

BARLEY SUGAR—Contained only 4.7 mg./oz. of Vitamin C whereas 25 mg./oz. was claimed to be present on label.

BISCUITS—Contained minute fibres which on removing from the biscuits appeared to be a form of cotton.

BREAD AND BUTTER—The bread had been spread with a mixture of approximately three-quarters margarine and one-quarter butter.

CREAM DOUGHNUT—Was not filled with cream but with imitation cream.

FISH PASTE—Contained only 63 per cent. of fish instead of a minimum of 70 per cent.

FORMAMINT TABLETS—Deficient in formaldehyde to the extent of 67 per cent. as judged by the minimum limit of the B.P.C.

MILK—24 per cent. deficient in milk-fat (served in a cafe).

RHUBARB IN SYRUP (two samples)—Both contained excessive amounts of iron, namely 394 and 380 p.p.m. respectively.

TOMATO PUREE (two samples)—Both contained an excessive amount of zinc, namely, 100 and 200 p.p.m. respectively.

Bacteriological Sampling (other than milk and ice cream)

Fourteen samples of cream and cream products and three sausage rolls from local factories were taken and returned as satisfactory.

Ten samples of frozen egg white, on arrival of consignments at a cold store direct from the port, were taken, and returned as satisfactory.

Liquid Egg (Pasteurisation) Regulations, 1963

There are no pasteurising 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 continue to be administered by the Inspectors in the course of their other duties in food premises.

HOUSING

With 1970 being officially designated Conservation Year, it is perhaps fitting, even if coincidental, that most of our efforts in the field of housing should have been concentrated on preservation, rather than demolition.

This has not, however, been to the detriment of the general, more far reaching aspects of our housing duties and, in all, more than 1,000 first visits, exclusive of those made in connection with Improvement Grants, were undertaken during the year.

These visits, many of which originated from complaints made by tenants, were to deal with a diverse range of situations, resulting in securing the closing of houses considered to be wholly unfit for human habitation, to persuading owners, and sometimes even tenants, to remedy minor defects.

It is particularly satisfying to record that no fewer than 65 unfit houses were made fit as the result of informal action being taken by the Public Health Inspectorate, reflecting the measure of co-operation and mutual respect which exists between local property owners and Inspectors.

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

Dwelling Houses (Housing Acts)	..	972
Dwelling Houses (Public Health Acts)	..	114
Improvement Grants .. .. .	..	573
Re-visits .. .. .	..	384

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 1970:

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) ..	Nil

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	12
Number of separate dwellings contained therein ..	12
Under Sections 17 (3) and 26, Housing Act, 1957 ..	Nil
Parts of Buildings closed under Section 18, Housing Act, 1957	18

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	Nil
From houses to be closed	20
From parts of buildings to be closed	9

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	Nil
From houses to be closed	10
From parts of buildings to be closed	5

E. UNFIT HOUSES MADE FIT

After informal action by local authority by owner ..	65
After formal notice under Sections 9 and 16, Housing Act, 1957: by owner	Nil
by Local Authority	Nil
After formal notice under Public Health Acts	7
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, 1957	13

F. HOUSES IN WHICH DEFECTS WERE REMEDIED (other than unfit houses made fit) after formal notice under Public Health Acts

7

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 or compulsory purchase orders	Nil
--	-----

Improvement Grants

The increased financial incentives offered to owners by the Housing Act, 1969, brought about the anticipated response and, in all, 333 properties have been improved with the aid of grants over the past year. A total of 247 applications for Standard Grants were approved, 190 of these coming from one owner, and 125 applications for Improvement Grants were received, only two of which were subsequently refused, one because the property was likely to be affected by the Town Centre Redevelopment Scheme within the next ten years; the other as a result of the applicant refusing to bring about complete separation of main services for each of the proposed flats.

One hundred and sixty-three combined Standard Grant/Qualification Certificate and five Improvement Grant/Qualification Certificate applications were dealt with during the year.

A great many enquiries were received from owners who, as a result of the national advertising campaign conducted through newspapers and television by the Ministry, gained the impression that financial help was available for repair work where no defined improvements were envisaged. While many accepted the explanation and the inevitable refusal with good grace, others proved more belligerent and officers responsible for grant work have been called upon to accept more than their fair share of unjustified abuse.

Eastbourne is fortunate in that there are no large areas calling for slum clearance, and that the vast majority of pre-war houses are of substantial construction, and of a type admirably suited for improvement and make excellent family units when fitted with basic amenities. In fact, it would be no idle boast to declare that, given the active support of owners and tenants, every habitable house in the Borough could, within five years, be equipped with the basic amenities. Such a programme would call for a comprehensive exercise in communication between the local authority and owners, and there is no officer better equipped than the Public Health Inspector to undertake such a task.

During the year, 25 applications for Special Grants were received, none of which was refused.

Rent Act, 1957

No applications for certificates of disrepair, or for cancellation of certificates, were received during the year.

Qualification Certificates

Good news has a reputation for speedy travel, and property owners appear to have experienced little difficulty in learning of the provisions of Part III of the Housing Act, 1969, which enables landlords to obtain a much overdue economic return on their properties. In the first full year of operation, 254 applications for Qualification Certificates were received; 94 proved successful, 110 provisional certificates were granted and five applications were refused.

It is not unreasonable to assume that many hundreds of houses and flats throughout the Borough are rented by controlled tenants, in some cases paying a pittance of a rent for a three-bedroomed house which, in the past, has caused some anxiety to Inspectors when it has proved necessary to ask for works of repair to be carried out.

The Qualification Certificate is, however, a double-edged weapon, for while a landlord who comes within the scope of the Act may, through the mediation of the Rent Officer, and subject to obtaining the Certificate from the local authority, increase his rent to a more realistic level, at the same time he often finds himself confronted with a bill for repairs which, in some cases are not inconsiderable. The tenant, in his turn, finds that he is paying an increased rent, in some cases substantially so, but for a house which, perhaps for the first time in many years, is in good repair and in possession of modern amenities.

Houses in Multiple Occupation

The number of new inspections of houses in multiple occupation fell below that achieved in previous years, for two reasons; (1) the increased work resulting from applications for Qualification Certificates and Improvement Grants has meant that Inspectors have been fully occupied in endeavouring to keep pace with routine work, and have not had the opportunity to carry out survey work into how houses are being used; (2) there are, on our files, a number of cases which have shown a truly remarkable resistance to the due process of the law. These have taken up a considerable number of man-hours in re-visits, meetings between officers and owners, and in dealing with the ever increasing volume of paper work. After continuous bombardment, however, resistance is crumbling and it is anticipated that the back-log will be cleared very shortly.

The foregoing is not meant to signify that those people living in shared accommodation are not receiving the attention they are entitled to expect. During the year, 33 houses were brought into line with the Local Authority's minimum standards, most with the aid of Special Grants, and 13 formal notices were served in respect of sub-standard dwellings, three of which have already been satisfactorily complied with. Eighteen properties reverted to single occupation following formal action.

GENERAL INSPECTIONS FOR PUBLIC HEALTH PURPOSES

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

Complaints investigated	..	..	574
Camping Sites and Moveable Dwellings	..	..	116
Places of Public Entertainment	..	..	6
Swimming Baths	..	..	357
Drainage and Plumbing Works	..	..	154
Land Charges Enquiries	..	..	74
Stables and Piggeries	..	..	58
Smoke Observations	..	..	142
S.O. ₂ recordings	..	..	248
Factories	..	..	119
Outworkers' Premises	..	..	-
Noise Abatement	..	..	33
Corporation Establishments	..	..	153
Verminous Premises	..	..	67
Re-visits	..	..	268
Infectious Disease Investigations	..	..	93
Rodent and Pigeon Control	..	..	456
Miscellaneous visits	..	..	1,131

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 17—To remedy stopped-up drains	4
Section 93—To abate nuisances	19
Section 138—To provide a piped water supply	1

Caravan Sites and Control of Development Act, 1960

There are four licensed sites within the Borough, with a total of 295 caravans. Of these, 264 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 requirements as to cleanliness of materials and bedding are complied with.

Pet Animals Act, 1951

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

Animal Boarding Establishments Act, 1963

One application 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, 1926

The principal purpose of this Act is to ensure that certain analytical data in respect of fertilisers of the soil, and of feeding stuffs for cattle and poultry, is declared by means of a "statutory statement".

Six samples of fertilisers and one of poultry feeding stuff were submitted to the Agricultural Analyst during the year, and all were reported on as being within the prescribed permitted limits of variation for their respective contents.

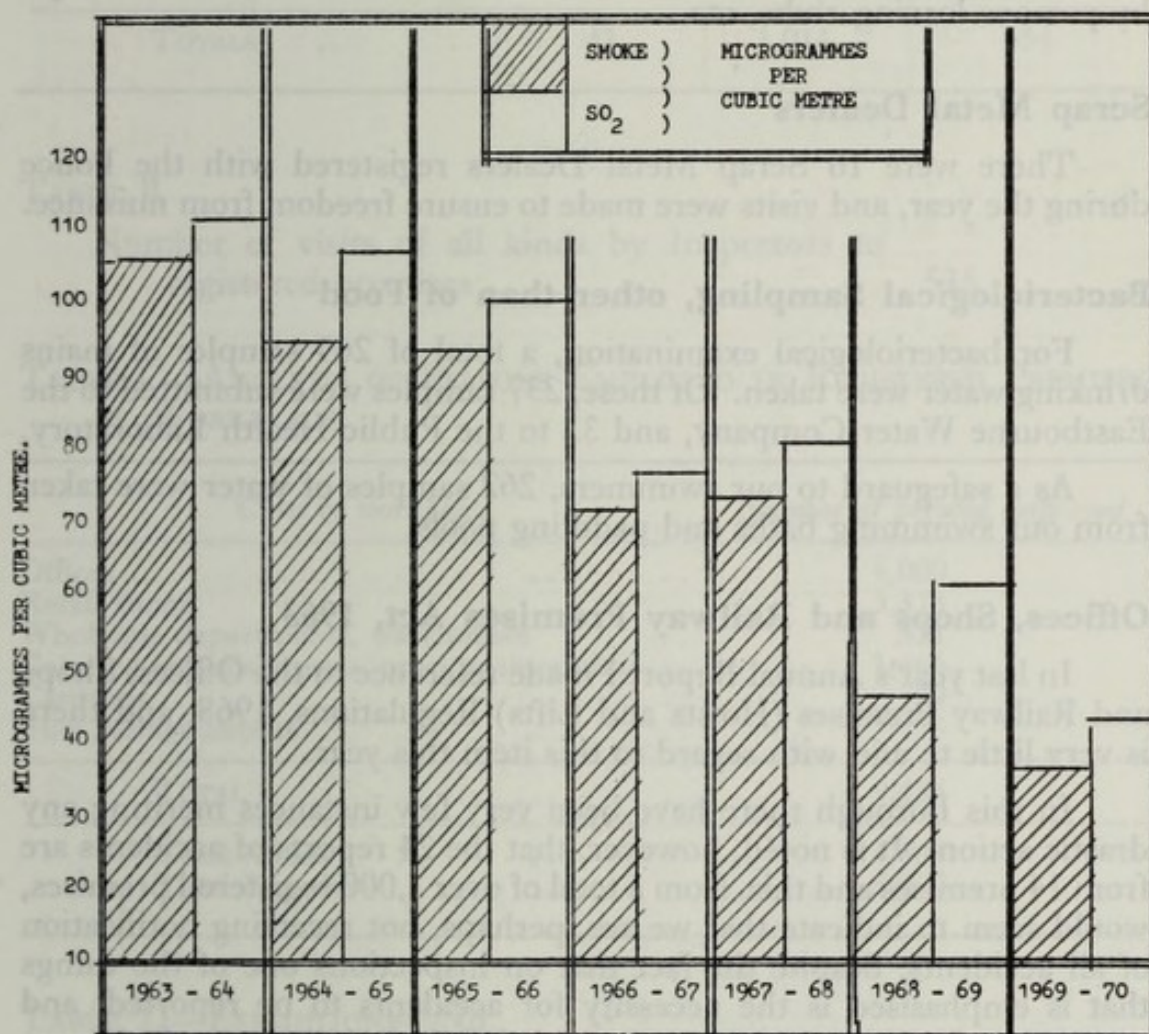
Clean Air Acts, 1956 and 1968

A watchful eye continued to be kept on all chimneys likely to be troublesome from the viewpoint of emission of smoke but, generally, difficulties in this respect have been minimal and informal action, where necessary, has resulted in improvements.

During the year four applications for approval of the height of chimneys attached to furnaces were received, and in two instances,

before the matter was formally presented to the Public Protection Committee negotiations with the installation firms concerned ensured some necessary adjustments before the applications were approved.

It may be of interest to note, in graphical form, the drop in smoke and sulphur-dioxide pollution of the atmosphere in Eastbourne over the past seven years. The figures indicated are the mean daily concentrations of sulphur-dioxide and smoke for the winter period in each year, that is, March to October. For obvious reasons this is the period of the maximum possible pollution and it is very pleasing to note the continued decline.



SO₂ AND SMOKE - WINTER PERIOD - DAILY MEAN AVERAGES.

We continued to co-operate with the Department of Trade and Industry (Warren Springs Laboratory) in their national survey of air pollution, and supplied daily checks on the smoke and sulphur dioxide emissions.

In addition, two stations have been set up in the Borough in conjunction with a research programme by the Central Electricity Generating Board to determine atmospheric corrosion throughout the country.

Noise Abatement Act, 1960

During the year, 10 complaints of alleged noise "nuisance" were received, of which 6 were considered to be substantiated. These complaints necessitated 33 visits. Informal action and advice secured the abatement of nuisances in most cases, but it was necessary to serve one notice under the Public Health (Recurring Nuisances) Act, 1969, in respect of a nuisance caused by grit blasting and cleaning of storage tanks.

The most common reasons for complaint were nuisance caused by lorries late at night, engineering works at garages, etc., amplifiers and loud speakers, and disturbance and slamming of car doors late at night by persons leaving clubs, etc.

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.

Bacteriological Sampling, other than of Food

For bacteriological examination, a total of 269 samples of mains drinking water were taken. Of these, 237 samples were submitted to the Eastbourne Water Company, and 32 to the Public Health Laboratory.

As a safeguard to our swimmers, 262 samples of water were taken from our swimming baths and paddling pools.

Offices, Shops and Railway Premises Act, 1963

In last year's Annual Report I made reference to the Offices, Shops and Railway Premises (Hoists and Lifts) Regulations, 1968, and there is very little to add with regard to this item this year.

In this Borough there have been very few instances meriting any drastic action. It is noted, however, that the 24 reports of accidents are from 14 premises and this, from a total of over 1,000 registered premises, would seem to indicate that we are, perhaps, not receiving notification of all accidents, despite the fact that on inspections one of the things that is emphasised is the necessity for accidents to be reported, and steps are being taken to ensure that this is left, in writing, each time an inspection is made.

When making inspections there is some merit in being able to leave behind something in writing to call attention to minor infringements. A form is usually left drawing attention to the items required in the first aid box and, in the case of food premises, asking for additional items such as burn dressings.

Inspectors report that one of the more noticeable improvements as a result of this legislation is the improvement in appearance of communal approaches, *i.e.* corridors and passages, as a result of organised regular cleansing and better lighting.

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	20	285	106
Retail shops	14	564	221
Wholesale shops, warehouses ..	1	33	12
Catering establishments open to the public, canteens ..	8	130	115
Fuel store depots	—	2	—
TOTALS	43	1,014	454

TABLE B

Number of visits of all kinds by Inspectors to registered premises 535

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

<i>Class of workplace</i>	<i>Number of persons employed</i>
Offices	4,000
Retail shops	3,373
Wholesale departments, warehouses ..	521
Catering establishments, open to the public ..	1,466
Canteens	79
Fuel storage depots	15
TOTAL	9,454
Total Males	4,404
Total Females	5,050

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>
6—Provision of thermometer	4
8—Lighting	2
9—Sanitary conveniences	10
10—Washing facilities	5
16—Floors, passage and stairs	10
17—Lifts	4
24—{ First Aid	14
{ Abstract of Act	4
TOTAL	53

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	—	4	2	—	—	1	3
Retail shops	—	13	6	—	—	3	10
Wholesale shops, warehouses	—	—	—	—	—	—	—
Catering establishments open to the public, canteens	—	7	1	—	—	—	7
Fuel storage depots	—	—	—	—	—	—	—
TOTALS	—	24	9	—	—	4	20

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>
Falls of persons ..	3	6	—	6	—
Stepping on or striking against object or person ..	—	2	—	1	—
Handling goods ..	—	3	—	—	—
Struck by falling object ..	—	—	—	—	—
Electrical	1	—	—	—	—
Fire	—	—	—	—	—
Hand Tools	—	2	—	—	—
Stationary Vehicle ..	—	—	—	—	—
Not otherwise specified ..	—	—	—	—	—
TOTALS	4	13	—	7	—

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	45	13	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	237	61	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	63	45	1	—
TOTAL	345	119	1	—

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) ..	—	—	—	—	—
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 ..	4	4	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	—	—	—	—	—
TOTAL ..	5	5	—	—	—

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	39	—	—
Curtains and furniture hangings ..	22	—	—
Scooter and moped accessories ..	9	—	—
Cabinet and Furniture making ..	3	—	—
TOTAL	73	—	—

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 45 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 one case it was necessary to serve an informal notice regarding provision of sanitary accommodation.

RODENT CONTROL

The destruction of rats and mice was carried out by the rodent operatives in accordance with the Prevention of Damage by Pests Act, 1949.

During the year, 392 complaints of rodents were received and dealt with of which 224 concerned rats, the remainder being in respect of mice. The operatives made 2,451 visits in respect of rodent control, and a further 323 visits were made by the Public Health Inspectors in cases in which there were special circumstances or difficulties involved.

During the period of industrial action by local authority manual workers which interrupted for several weeks the normal refuse collection, it is, perhaps, of interest to note that, contrary to expectations, the number of rat complaints in the Borough fell to the lowest level recorded, over a similar period, for a considerable number of years. Nevertheless, a very watchful eye was kept on the subject by daily visits and baiting of the temporary refuse dumps.

As a precautionary measure to prevent the spread of rodents during the demolition of buildings, a system was instituted whereby each premises is thoroughly vetted before demolition commences, and considerable baits laid to minimise any egress from the site concerned.

The following table gives details of rodent control carried out during the year:

	<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 ..	21	227	104	352	1
Number of such properties found to be infested by:					
Rats (a) Minor ..	10	98	45	153	1
(b) Major ..	2	1	1	4	—
Mice (a) Minor ..	9	115	48	172	—
(b) Major ..	—	4	11	15	—
2. Number of properties inspected in the course of survey under the Act	10	214	40	264	—
Number of such properties found to be infested by:					
Rats (a) Minor ..	2	9	2	13	—
(b) Major ..	—	—	—	—	—
Mice (a) Minor ..	—	5	—	5	—
(b) Major ..	—	1	—	1	—
3. Treated by Operators	21	237	106	364	—
4. Visits for all purposes	121	1,383	947	2,451	4

Number of block control schemes carried out—5.

Verminous Premises

During the year the usual advice was given and, in certain cases, remedial action undertaken, in relation to infestations by cockroaches, flies and other insects. It was rather disturbing, however, to have to record during the summer period five cases of bed bug infestations. For very many years no complaints of this nature have been known to this Department. Enquiries failed to elicit any common factor or cause of the infestations, but the situation will obviously have to be watched very closely indeed.

Pigeons

Feral pigeons continue to be a serious nuisance in the town, and the results of trapping were not particularly successful. This was

thought in part due to the unfortunate habit of many people of feeding the birds—regrettably, these are the people generally who are unaffected by the nuisance they cause, and in part to the design of the traps in use. A modification to the entrance to the trap was made towards the end of the year and we felt that this did show some merit. In the last months of the year the two rodent operatives, who are good marksmen, commenced shooting pigeons in certain selected areas, and very promising results were obtained.

Wasps

The summer months brought with them more requests than ever previously recorded for help in destruction of wasps' nests, and during this period 112 nests were destroyed. In one day alone, no less than 12 requests were received for assistance in this matter. The charge made for this service was increased to 75p in August. The method of dealing with these insects can at times be particularly hazardous, and the operatives, despite the use of protective clothing, etc., did not go completely unscathed.

SECTION F

MISCELLANEOUS

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

One additional nursing home was registered and at the end of the year there were 17 nursing homes providing a total of 303 beds.

NURSES AGENCIES ACT, 1957

One licence in respect of an existing Agency was renewed and one licence issued in respect of an additional Nurses Agency. The records of the Agencies were satisfactory on inspection by an authorised member of the Department.

MIDWIVES ACT, 1951

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

During the year 33 midwives notified their intention to practise of whom 5 were in the Council's Domiciliary Midwifery Service and 28 in the Hospital Service.

NURSERIES AND CHILD MINDERS' REGULATIONS ACT, 1948

This enactment was amended by Section 60 of the Health Services and Public Health Act, 1968, which came into operation on 1st November 1968.

From that date the scope of the 1948 Act was extended to include premises (other than those wholly or mainly used as private dwellings) in which children are received for a total of two hours or more in the day and persons who in their own homes and for reward look after one or more children under the age of five, to whom they are not related, for similar periods.

Local Health Authorities may, amongst other matters, make requirements concerning the number, qualification and experience of the persons who are to look after the children and may refuse to register premises and persons because of the condition of the premises, or equipment, etc.

Extensive publicity was given to the requirements of the Act and in consequence there were a considerable number of enquiries and subsequent registrations. The supervision of registered premises and child-minders has required the full-time services of a senior health visitor supplemented by a senior medical officer.

During the year two additional nursery premises provided for a total of 60 children and 30 child-minders providing for 49 children were registered. At the end of the year there were 14 registered nursery premises and 76 child minders providing for a maximum of 568 children.

CHILDREN ACT, 1948

The Medical staff of the Department were responsible for the statutory medical care of children in the Council's residential homes.

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

STAFF MEDICAL EXAMINATIONS

New entrants to the Corporation service are required to complete a medical statement instead of submitting to a medical examination. Only in those cases 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	20
Superannuation	63
Public Service Vehicle licence renewals ..	6
	—
	89

Number of medical statements scrutinised .. 617

In addition to the above, 64 examinations were carried out on candidates for admission to training colleges. There were also fourteen sessions at Chelsea Training College and twelve at the Eastbourne College of Education.

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	1965	1,542
1961	1,078	1966	1,624
1962	1,295	1967	1,713
1963	1,459	1968	1,956
1964	1,494	1969	2,014
1970	2,216		

METEOROLOGY

Borough Meteorologist: W. L. PECK

January commenced mainly dry and sunny during the first week, but during the remainder of the month conditions were mainly mild and wet, rain being recorded on 22 of the remaining 24 days.

Sunshine was well above the average during February and again mainly mild conditions with average rainfall prevailed.

March temperatures were below average accompanied by strong strong winds during most of the month, and although sunshine and rainfall were average this was on the whole rather an unpleasant month.

April followed much the same pattern as March with strong winds and below average temperatures. Sunshine was also below average whilst rainfall was above average. Altogether April was another disappointing month.

Conditions were much improved during May with above average temperatures and strong winds much less prevalent. Sunshine was also slightly above average with particularly sunny spells during the early and latter part of the month.

June was again the sunniest month of the year with a total of 309.5 hours, well above the average. As would be expected temperatures were also above average and rainfall very light.

Sunshine was a little below the July average for the month, as also were temperatures and average rainfall fell during the month. Fairly strong winds also occurred particularly during the first and last few days of the month.

High pressure with dry sunny weather dominated the first and last weeks of August, but low pressure with a number of rain days occurred during the second and third weeks. Sunshine, rainfall and temperatures were all equal to the 78-year average.

Sunshine for September was above average in spite of a prolonged wet spell between 7th and 15th of the month when 4.09 inches of rain was recorded. During this period strong winds accompanied the rain and gales were recorded on the 8th and 9th September.

During October the weather was changeable during the first and last week. Otherwise the weather was mainly dry and warmer than average, while the monthly rainfall total of 1.10 inches was well below the monthly average of 3.81 inches.

November with a total rainfall of 8.26 inches was the wettest November since 1960 when 8.62 inches fell. In spite of this the sunshine total was only 2.8 hours below the monthly average and temperatures were above average. Strong winds occurred on all but 7 days during the month.

During December conditions for the first three weeks were generally mild with average sunshine and below average rainfall. Much colder conditions commenced on 21st and continued until the end of the month with snow falling on 24th, 25th, 26th, 29th and 30th.

Summary of Observations

AIR PRESSURE (MEAN SEA LEVEL)

Daily Average:

9 a.m.	.. .. .	30.006 inches
9 p.m.	.. .. .	30.011 ..

AIR TEMPERATURE

Daily average:

Maximum	..	..	..	..	55.8 degrees
Minimum	..	..	..	..	45.9 "
Combined	..	..	..	..	50.9 "
Range	..	..	..	..	9.9 "
At 9 a.m.	..	..	..	..	51.0 "
At 9 p.m.	..	..	..	..	50.8 "
Warmest days: 9th June	..	..	..	..	78.0 "
Warmest night: 5th August	..	..	..	..	64.0 "
Coldest days: 26th December	..	..	..	..	32.0 "
Coldest night: 5th January, 8th and 10th March, 27th December	..	..	..	..	26.0 "

SUNSHINE

Total	..	..	..	..	1917.7 hours
Daily average	..	..	..	..	5.25 "

RAINFALL

Total	..	..	..	..	35.94 inches
"Rain" days	..	..	..	..	175 days

HUMIDITY

Daily average:

9 a.m.	..	..	..	..	82 per cent.
9 p.m.	..	..	..	..	84 "

WINDS

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

Direction	Percentage
N.	12.05
N.E.	3.84
E.	7.95
S.E.	7.95
S.	9.13
S.W.	5.02
W.	35.16
N.W.	15.70
Calm	3.20
Prevailing Winds	West
Snow and sleet recorded on	10 days
Thunderstorms recorded on	5 "
Fog (9 a.m.) recorded on	6 "
Gales recorded on	8 "
Air Frost recorded on	36 "
Ground Frost recorded on	70 "

Monthly Averages for 78-year Period 1888-1970

(Excluding War Years—1942-46 no observations)

Month			Air Temperature					Mean Sea Tem- per- ature	Sunshine		Rainfall	
			Means of			High- est re- corded	Low- est re- corded		Total hours	Daily hours	Inches	'Rain' Days
			Maxi- mum	Mini- mum	Max. and Min. com- bined							
January	45.2	36.7	40.9	56 1922 1923	12 1940	42.4	62.0	2.00	3.01	16		
February	45.1	36.4	40.7	58 1897	15 1929 1947 1956	41.2	83.7	2.99	2.24	14		
March	48.3	38.2	43.3	66 1929	18 1909	42.8	137.4	4.43	2.17	13		
April	52.9	41.5	47.2	72 1924	27 1922	46.9	178.5	5.95	1.98	12		
May	59.0	47.1	53.0	78 1922	32 1935 1941 1956	52.9	234.5	7.56	1.71	11		
June	63.9	52.2	58.1	86 1957	38 1962	58.6	241.1	8.03	1.80	11		
July	67.1	56.0	61.5	90 1911	43 1919	62.5	235.1	7.58	2.26	11		
August	67.5	56.3	61.9	86 1947	41 1907	63.8	217.3	7.01	2.66	14		
September ..	64.6	53.1	58.9	82 1929	27 1919	61.4	174.3	5.81	2.54	12		
October	58.3	47.7	53.0	71 1921	28 1931	56.0	123.4	3.98	3.81	16		
November ..	51.3	42.1	46.7	63 1927	25 1923	49.9	70.9	2.36	3.91	16		
December ..	46.9	38.6	42.7	59 1907	17 1908	45.3	54.2	1.75	3.60	17		
Year	55.8	45.5	50.7	90	12	52.0	1812.4	4.97	31.69	163		

Monthly Averages, 1970

Month		Air Temperature					Mean Sea Temperature	Sunshine		Rainfall	
		Means of			High est re-corded	Low est re-corded		Total hours	Daily hours	Inches	'Rain' Days
		Maxi-mum	Mini-mum	Max. and Min. com-bined							
January ..	..	45.5	38.5	42.0	50	26	42.7	51.0	1.65	4.72	22
February ..	..	45.1	36.1	40.6	51	28	42.1	130.7	4.67	2.90	19
March ..	..	46.1	35.3	40.7	53	26	41.6	140.6	4.54	1.80	18
April ..	..	49.5	39.8	44.7	56	29	44.8	138.8	4.63	2.98	21
May ..	..	60.5	48.9	54.7	69	45	53.2	242.3	7.82	1.34	6
June ..	..	67.0	55.0	61.0	78	48	60.3	309.5	10.32	0.71	5
July ..	..	65.0	54.9	59.9	74	50	61.1	232.9	7.51	2.34	10
August ..	..	67.8	56.5	62.2	75	47	63.3	222.0	7.16	2.71	11
September ..	..	65.2	54.3	59.8	71	47	61.5	195.3	6.51	4.48	14
October ..	..	59.1	49.4	54.3	69	39	56.6	128.5	4.15	1.10	12
November ..	..	53.8	44.6	49.2	59	31	52.1	68.1	2.27	8.26	21
December ..	..	45.1	37.7	41.4	55	26	45.7	58.0	1.87	2.60	16
Year ..	..	55.8	45.9	50.9	78	26	52.1	1917.7	5.25	35.94	175

SUNSHINE

The position of resorts in southern districts was as follows:

<i>Position in List</i>	<i>Town</i>	<i>Total Hours</i>
1	EASTBOURNE	1917.7
2	Swanage	1903.9
3	Bognor	1897.9
4	Worthing	1865.0
5	Weymouth	1849.1
6	Bournemouth	1848.1
7	Torquay	1843.1
8	Portland Bill	1840.7
9	Folkestone	1831.6
11	Littlehampton	1825.6
12	Dover	1803.1
13	Teignmouth	1799.1
16	Southsea	1784.5
17	Bexhill	1774.7
18	Hastings	1759.6
19	Brighton	1759.0
27	Penzance	1712.8
35	Margate	1674.7
113	Weston-super-Mare	1531.3
141	Newquay	1494.4

It is interesting to note when studying the yearly sunshine totals since records began in 1887 that odd years have produced better summers than even years.

For example the six highest totals have been recorded as follows:

<i>Hours</i>	<i>Year</i>
2158	1911
2153	1949
2132	1959
2118	1899
2081	1929
2065	1921

whilst eight out of the ten lowest totals recorded have been in even years:

<i>Hours</i>	<i>Year</i>
1462	1888
1527	1889
1593	1958
1609	1913
1627	1936
1628	1916
1640	1912
1659	1926
1660	1932
1661	1954

If all the years are paired, *i.e.* 1887-88, 1889-90, etc., 23 odd years show higher totals against 16 even years.

1970 Monthly Variations from Average

Month	Maximum Temperatures °F.	Minimum Temperatures °F.	Sea Tempera- tures °F.	Sunshine Hours	Rainfall Inches
January ..	+0.3	+1.8	+0.3	-11.0	+1.71
February ..	-	-0.3	+0.9	+47.0	+0.66
March ..	-2.2	-2.9	-1.2	+3.2	-0.37
April ..	-3.4	-1.7	-2.1	-39.7	+1.00
May ..	+1.5	+1.8	+0.3	+7.8	-0.37
June ..	+3.1	+2.8	+1.7	+68.4	-1.09
July ..	-2.1	-1.1	-1.4	-2.2	+0.08
August ..	+0.3	+0.2	-0.5	+4.7	+0.05
September ..	+0.6	+1.2	+0.1	+21.0	+1.94
October ..	+0.8	+1.7	+0.6	+5.7	-2.71
November ..	+2.5	+2.5	+2.2	-2.8	+4.35
December ..	+1.8	+0.9	+0.4	+3.8	-1.00
Year ..	-	+0.4	+0.1	+105.3	+4.25

SCHOOL HEALTH SERVICE

CONTENTS

1. Statistics
2. School Hygiene
3. Medical Inspections and Consultations
4. Work of School Nurses
5. Arrangements for Treatment
6. Child Guidance and School Psychological Service
7. Handicapped Children
8. Special Tuition
9. Dental Services
10. Juvenile Liaison Bureau
11. Notification of Infectious Diseases
12. Tuberculosis
13. Vaccination and Immunisation
14. Colleges of Education
15. Annual Report of the Child Welfare Co-ordinating Committee

ANNUAL REPORT OF PRINCIPAL SCHOOL MEDICAL OFFICER 1970

This report has been compiled by my deputy, Dr. W. J. Wigfield, to whom is entrusted the day-to-day administration of the School Health Service. To the doctors, nurses, clerk and others who have maintained this valuable service through the year I extend my thanks.

KENNETH VICKERY

This year I have the pleasure of reporting again a generally satisfactory state of health of the children attending Eastbourne schools, and a satisfactory state of hygiene in the school buildings.

Do we, in the 1970s, any longer require a school health service? Perhaps a better question would be "Is the use of doctors, nurses, and finance on the school health service the best way to use these scarce resources in the 1970s?"

It seems agreed that there should be a routine medical examination at or just before school entry, and some form of examination or screening at 14 to determine medical fitness for employment. Routine hearing and vision tests still need to be continued. Computers have made it possible to delegate immunisation to general practitioners if this is desired, but it still remains necessary to use medical time. Speech Therapy and the Child Guidance clinic are still required. Handicapped children form 1.4 per cent. of our school population, and they still need careful ascertainment and school placement.

What more is offered?

All this is provided for when Local Authority Medical Services become a function of Area Health Boards in 1975. What more does the existing service offer? It is the continued caring relationship of school medical officer and school nurse with the schools to which they are attached that makes the difference. Head Teachers are encouraged to regard the medical officer as *their* school physician upon whom they can call when a medical opinion related to their school is needed.

Three-way traffic

Perhaps the problem has to do with an asthmatic child, a diabetic, an unhappy child, perhaps advice on first aid measures or the health education programme. Occasionally the problem is the delicate one of a member of the teaching staff who is unwell and may need help.

Frequently, a parent is worried about the health or school performance of a child, and wants a confidential word with the doctor who visits the school. Unless we choose to turn them away, they increasingly consult us about disturbed behaviour and educational failure as part of health. They ask to be taken seriously, for us to listen to their observations and anxieties and for us to accept them as partners rather than clients, in the joint care of their children. This calls for time, a personal knowledge of the school concerned, and a deep understanding of children.

Sometimes it is the turn of the doctor to complain, that the toilets are dirty, that the lighting is insufficient, that the children have no drinking water, that certain children are not getting the physical education they need, or that young people are leaving school without any specific teaching about the dangers of drug-taking.

It is this three-way contact with the schools that means so much, and incidentally makes the school doctor's job the interesting one it is. We must do our best to preserve it, whatever happens to the school health service in the future.

Pre-School Profiles

This year nearly 450 children have been fully examined just before they entered school, and their parents have completed a simple questionnaire about the child's health. The questionnaires are passed to Head Teachers as soon as the child enters school, and the child is spared the usual 5-year-old medical examination in school.

New Staff

The attachment of Health Visitors to firms of General Practitioners has severely limited the time they can devote to schools. Last year we therefore appointed Mrs. Armsden as part-time school nurse. She has undertaken the majority of the hygiene inspections—doubled this year due to increased infestation problems—the annual vision testing, the hearing tests for 5-year-olds, and given assistance at medical examinations. She has shouldered the heavy burden admirably and entirely justified her appointment.

We also thank Miss Martin for holding the fort as part-time speech therapist, and welcome Miss Blackmore who is applying her youth and enthusiasm to the task of reorganising our speech therapy service.

Health Education—in theory

Health Education in school is as important as medical examinations. All the Secondary Modern Schools and the Lindfield school have continued to make use of extended courses in Health Education provided by the school health service staff. The advent of B.B.C. sex education for Junior Schools led to further requests for advice and discussions with parents at several schools. Secondary schools really need to appoint a member of their staff as health education co-ordinator, to take responsibility for co-ordinating the whole of the health education programme, spread as it is over 4 or 5 years of a child's life, and distributed between perhaps a dozen different teachers. I commend the idea to Head Teachers.

Health Education—in practice

Head lice are presenting a growing problem in school. At the end of the summer term the school nurse consulted one of the school medical officers about five girls in a particular secondary school, who seemed

unable to get rid of this infestation with home treatment. The doctor knew the families concerned, and felt that home treatment was doomed to failure. The Headmaster giving us a free hand, we turned the school medical room into a hairdressing salon for the morning. Medicated shampoo and a hair dryer were provided, and with the help of the school nurse, the affected girls gave hair-do's to each other. The girls enjoyed themselves, and the infestation has not recurred. Time well spent.

W. J. WIGFIELD

EDUCATION COMMITTEE

(as constituted at 31st December 1970)

The Mayor:

MR. ALDERMAN C. J. BAKER, J.P.

Chairman:

MR. ALDERMAN W. P. LEBBON

Deputy Chairman:

MR. COUNCILLOR C. H. LACEY

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

Councillors:

J. ANGELMAN
A. G. BANFIELD
E. H. BOWDLER
P. S. BROCKWELL
W. J. EVENDEN
MRS. U. E. G. GARDNER
C. V. HORRIDGE
F. N. NICHOLSON
J. D. NICHOLSON
MRS. W. E. OUZMAN
MRS. E. F. M. WHITE

Co-opted Members:

REV. CANON W. W. S. MARCH
REV. CANON T. J. LYNCH
REV. BARRY J. WOODWARD
MR. J. W. BALL
MR. A. G. RUSSELL
MRS. M. F. WIGHAM

SCHOOL HEALTH SERVICES

(a) **Full-time Officers** (as at 31st December 1970)

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 Medical Officer:

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

Medical Officer:

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

Principal School Dental Officer:

ROGER A. ABBEY (Part-time), L.D.S., R.C.S., D.D.O.

School Dental Officers:

J. W. MARTIN, L.D.S., to 23.2.70
MISS P. L. COOPER, B.D.S.
A. J. LAWRENCE, B.D.S., from 23.3.70

Superintendent Health Visitor:

MRS. D. I. DALE, S.R.N., H.V.Cert.

Health Visitors:

MRS. M. K. CHAMBERS, S.R.N., S.C.M., H.V.Cert.
MISS A. M. CLARE, S.R.N., H.V.Cert.
MISS E. E. GRIFFIN, S.R.N., S.C.M., H.V.Cert. (Senior)
MISS N. HAMILTON MOSS, S.R.N., S.C.M., H.V.Cert.
MISS B. J. HUDSON, S.R.N., S.C.M., H.V.Cert.
MISS J. MITCHENER, S.R.N., H.V.Cert.
MISS H. M. PATTERSON, S.R.N., H.V.Cert.
MISS A. M. RANKS, S.R.N., S.C.M., H.V.Cert.
MISS A. M. REEVE, S.R.N., 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. M. F. TOMSETT, S.R.N., H.V.Cert.

School Nurse:

MRS. G. ARMSDEN, S.R.N.

Clerical Staff:

MISS B. DOUCH (Senior)
MRS. M. FAGGETTER
MRS. G. M. MORRIS
MRS. J. N. NETHERCOTT
MRS. J. C. RUDMAN

Dental Surgery Assistants:

MRS. D. ANDREWS
MRS. K. A. COLEMAN
MISS J. DUMBRELL
MISS K. J. FARRINGTON

Speech Therapist:

MISS P. A. BLACKMORE

Child Guidance and School Psychological Service:

MISS M. P. LOGG, B.A., Dip.Psych., A.B.Ps.S., Educational Psychologist
MRS. S. M. HOOK, Clerk

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

Consultant Orthodontic Surgeon:

D. G. F. ARDOUIN, F.D.S., D'Orth., R.C.S.

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

Winifred Lee Health Centre	..	Monday a.m. and p.m. Thursday p.m.
Pashley Down Infants' School	..	Tuesday a.m.
Motcombe Infants' School	..	Tuesday p.m.
St. Mary's Boys' School	..	Tuesday p.m.
Avenue House	..	Wednesday a.m.
Bourne Infants' School	..	Wednesday p.m.
Hampden Park Infants' School	..	Thursday a.m.
Lindfield School	..	Friday a.m.
Parkland Infants' and Junior School	..	Friday p.m.

Child Guidance

Avenue House .. ..	..	..	Wednesday 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

St. Mary's Hospital .. ..	..	..	Special sessions fortnightly, Friday
			1.45 p.m.

Dental

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

Chiropody

District clinics as and when required

Slimming

Avenue House	Tuesday 4.30 p.m. monthly
--------------------	----	----	---------------------------

1. STATISTICS

The number of children on the school registers on reopening in January was 7,443, and had risen to 7,550 by the end of the year. There were 1,219 children admitted during the year and the net increased compared with the end of 1969 was 305.

The average attendance of children for the year was 7,069, a percentage of 93.95.

TOTAL NUMBER OF CHILDREN

At Primary Schools .. ..	..	..	..	4,421
At Secondary Schools, including Grammar Schools ..	..	..	..	3,041
At Special Schools .. ..	..	..	..	88
				<hr/>
				7,550
				<hr/>

2. SCHOOL HYGIENE

(a) *Environment*

The standard of hygiene in all schools has been noted to be of the high standard of previous years, but it is, of course, particularly in the realm of school catering that the highest standards must be achieved and maintained, and during the year under review this has certainly been the case. Miss I. D. Groves, School Meals Organiser, and the staff under her control, were fully aware of the necessity, not only for the provision of meals of a satisfactory dietary quality, but of the application of good hygienic practices and standards, so that the risk of incident of food-borne infection was reduced as far as is humanly possible.

Most of the school canteen kitchens are of modern design and standards, which with comparative ease, facilitate the maintenance of good standards, but there are still a few of the older buildings in existence where this achievement is not such an easy task.

The Public Health Inspectors, responsible for hygiene matters, have on all occasions received the fullest co-operation of Miss Groves and her staff in the pursuance of their duties in their field.

(b) *Personal Hygiene*

Selective inspections totalling 16,235 were made to determine the cleanliness and general state of health of pupils. The number of children found to be infested with nits or head lice increased to 84, which is almost twice the number in 1969, and three times the 1968 figure.

(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.

Health Education Sessions were conducted by the Deputy Medical Officer of Health and Health Visitors at Ratton, Cavendish and Hampden Park Secondary Modern Schools, Bishop Bell School, and the Lindfield School. In all 145 talks were given as detailed in the following programme.

HEALTH EDUCATION SPRING 1970

Jan. 15th	Ratton	<i>Introduction (slides)</i>
Jan. 22nd	Ratton	<i>Food (film)</i>
Jan. 27th	Cavendish	<i>Germes (slides)</i>
	Cavendish	<i>Germes (slides)</i>
Jan. 29th	Ratton	<i>Germes (slides)</i>
Feb. 4th	Cavendish	<i>Alcohol/Smoking</i>
	Cavendish	<i>Alcohol/Smoking</i>
Feb. 5th	Ratton	<i>Alcohol/Smoking/Drugs</i>
Feb. 12th	Cavendish	<i>Growing up</i>
	Cavendish	<i>Boy to Man</i>
	Ratton	<i>Girl to Woman</i>
Feb. 24th	Cavendish	<i>Birth of a Baby</i>
	Cavendish	<i>Birth of a Baby</i>
Feb. 26th	Ratton	<i>Childbirth</i>
Mar. 4th	Cavendish	<i>Personal Relationships</i>
	Cavendish	<i>Personal Relationships</i>
	Cavendish	<i>Personal Relationships</i>
Mar. 5th	Ratton	<i>Film on contraception</i>
		<i>Tutorial on planning for family life</i>
Mar. 12th	Cavendish	<i>Personal Relationships</i>
	Cavendish	<i>Personal Relationships</i>
	Cavendish	<i>Personal Relationships</i>
	Ratton	<i>Personal Relationships</i>
		<i>How was I to Know?</i>
Mar. 19th	Ratton	<i>Brains Trust</i>

Bishop Bell School

First year girls. Three talks commencing (1) Friday 18th September
(2) Friday 25th September
(3) Friday 2nd October

Oct. 1st	<i>Introduction.</i> Selection of slides—(our bodies)
Oct. 8th	<i>Our Food.</i> Film— <i>Your digestion</i>
Oct. 15th	<i>Infection.</i> Selection of slides
Oct. 22nd	Alcohol, smoking, etc. Film— <i>Alcohol and the Human Body</i>

Eastbourne College

Nov. 6th	Film— <i>Boy to Man</i>
Nov. 12th	<i>Girl to Woman—Boy to Man</i> Films
Nov. 13th	Film— <i>Biography before Birth</i>
Nov. 19th	<i>The Birth of a Baby</i> —Flannelgraphs
Nov. 20th	Discussion
Nov. 26th	<i>Personal Relationships</i> (1) Slides/Tape— <i>Mother can I go out?</i>
Dec. 3rd	<i>Personal Relations</i> (2) Slides/Tape. <i>How was I to know?</i>

3. MEDICAL INSPECTIONS AND CONSULTATIONS

PERIODIC MEDICAL INSPECTION

The parents of all children who have reached the age of $4\frac{1}{2}$ years are given the opportunity to bring them to the Clinic for a pre-school medical check-up, and it has now been decided to accept this medical examination as a full periodic medical inspection. The parent is invited to complete a pre-school profile which is sent to the Head Teacher of whichever infants school the child is to be admitted. This form gives helpful information concerning the child's family background, illnesses and possible problems which may occur. Included in this medical examination is hearing and vision testing and this is repeated during the child's third term in school. Defects found at this examination can often be treated or an appointment with a specialist arranged before the child's admission to school. Some 443 children had this examination.

Emphasis on the importance of early treatment of dental caries in pre-school children is made and the School Dental Officer attends one of the Clinics in order to see these children at the time of the medical examination. Parents are encouraged to bring along younger members of the family for dental inspection and also are invited to buy fluoride drops for their children to prevent dental disease.

Those children who for some reason have not had a pre-school medical examination are included for a periodic medical inspection during their third term in the infants school. At the same time, parents of children who have had the pre-school examination are sent a letter stating that the School Doctor will be visiting the school and asking if there are any problems concerning their child which they would like to discuss. In connection with this 43 forms were returned.

Fourteen-year-olds are also given periodic medical examinations when the emphasis is on fitness for ordinary working life. At the same time they are given booster doses of Polio and Tetanus if necessary. The boys are also given colour vision tests.

The Head Teachers, who naturally have the children under constant observation assist greatly by returning forms to the Department indicating problems or defects which they have noticed in children due for medical inspection or re-inspection or whom they wish to be examined. During the year 67 such forms were returned.

The total number of children examined was 846 of whom 100 had defective vision or other significant defects requiring treatment (excluding 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 assessment of each child's physical condition was made. In every case it was satisfactory.

OTHER EXAMINATIONS

School Medical Officers visit each school, every term, to examine children about whom parents, teachers or the school nurse, request advice. One hundred and sixty-four children were brought to notice in this way. Follow-up examinations of children with defects found at earlier inspections totalled 1,350. Consultations and examinations were also carried out at school clinics when necessary.

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 control of communicable disease.

4. WORK OF SCHOOL NURSES

	<i>Sessions</i>			
Medical Inspections	125
Preparation for Medical Inspections	20
Hygiene inspections	56
Vaccination, Immunisation and B.C.G. in schools	22
Audiometric Testing	27
Vision Testing	75
Dental Clinics	95
Minor Ailments Clinics	283
Health Education in schools	145
	<i>Visits</i>			
Home Visits to Schoolchildren	493
Other School Visits	94

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		1969	1970
Total number of children who attended	..	506	500
Total attendances made	.. ..	2,378	2,408
Total number of defects treated	.. ..	506	500
Conditions treated:			
Scabies	.. ..	1	—
Ringworm	.. ..	1	3
Impetigo	.. ..	16	14
Eye Disease (external)	.. ..	24	14
Ear disease	.. ..	5	7
Other skin disease (boils, septic conditions, etc.)		248	267
Miscellaneous (sprains, burns, cuts, etc.)	..	202	183
Pediculosis	.. ..	9	12
		<hr/> 506	<hr/> 500

VISUAL DEFECTS

All children up to the age of 14 referred for eye testing for the first time are sent to the Hospital Eye Clinic.

To keep the waiting list at this clinic short, children over the age of 10 known to have straight-forward refractive errors only are offered subsequent appointments through the supplementary ophthalmic service with N.H.S. optician.

During 1970, 81 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 1970, 140 forms for the repair or replacement of spectacles under the National Health Service were issued to children.

EYE CLINIC

This takes place at St. Mary's 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.

	New Cases		Old Cases	
	1969	1970	1969	1970
Number of cases referred to Ophthalmic Clinic	..	..	..	..
Number of attendances made	..	..	..	..
Glasses prescribed	..	..	..	..
	145	76	195	227
	190	103	199	227
	75	62	15	128

AUDIOMETRY AND EAR, NOSE AND THROAT DEFECTS

During the year 701 children were given a preliminary hearing test in school using pure tone audiometers. 616 passed this test and 85 failed. 259 children were retested and in 149 cases hearing was satis-

factory. Many of the 110 remaining cases were found to have recurrent deafness caused by catarrh and are being kept under observation.

As a result of tests twenty-four 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 being deaf.

Supervision of children wearing hearing aids in school has been continued so far as is possible by the school medical officers, but serious concern is felt at the lack of adequate 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

Due to syllabus changes, it is unfortunately no longer possible for the third-year students of Chelsea College of Physical Education to give remedial exercises to children who need them. There was little support for a scheme to instruct the school P.E. teachers in these exercises and the idea was abandoned. However, the Head Teachers are notified of children in their schools who have these defects with a request that the P.E. teacher's attention is drawn to the matter. The School Doctor keeps the children under observation.

OTHER DEFECTS

Enuresis. In the course of the year 7 children have borrowed electric alarm pad units. Three children were unable to cope with the alarm device and 4 children are still under treatment. It has been decided that this service should be phased out except for children referred by the Child Psychiatrist who require treatment in conjunction with the treatment given by the Child Guidance Clinic. Other children who are thought to require this form of treatment are referred through their family doctor to the hospital for the advice of the Paediatrician.

SPEECH THERAPY

The opening of the Winifred Lee Health Centre has enabled a Speech Therapy Clinic to be held there to serve the Seaside area of Eastbourne. At the end of the year, a Speech Clinic was started at Birling Street Clinic for the Old Town area. An attempt has been made to provide a comprehensive Speech Therapy Service with a central speech clinic held in each area combined with weekly visits to selected schools in those areas.

CLINICS

			<i>Sessions</i>	<i>Number attending</i>	<i>Attendances</i>
Winifred Lee Health Centre	..		61	61	328
Avenue House	..	..	22	12	59
Birling Street Clinic	..	..	1	6	6
Motcombe Infants	..	..	8	12	68
St. Mary's Boys	..	..	7	7	60
Highfield Junior	..	..	1	10	16
Hampden Park Infants	..	..	15	31	188
Lindfield	..	..	14	13	126
Parkland Infants	..	..	7	9	67
Parkland Junior	..	..	5	3	22
Pashley Down Infants	..	..	5	15	65
Downs School	..	..	5	3	28
Bourne Infants	..	..	13½	21	125
Bourne Junior	..	..	½	5	5
Administration	..	..	32	—	—
Day course on "Stammering" at Guildford	..	..	2	—	—
Miss Martin's numbers	..	..	—	10	415
			<hr/> 199	<hr/> 218	<hr/> 1,578

Total number of school-aged children who attended during 1970	..	..	..	..	208
Number seen by Miss Martin at the Downs and Pashley Downs School	..	..	..	..	10
					<hr/> 218

Total number of pre-school children treated during 1970	..	..	..	..	37
Number of school-aged children discharged	..				29
Total number of attendances made by pre-school children	..	..	..	..	138
Total number of attendances made by school children					1,025

Type of defect treated

Sigmatism	..	..	..	..	46
Dyslalia	..	..	..	..	81
Retarded speech and language development	..				64
Stammer	..	..	..	..	5
Cleft Palate	..	..	..	..	1
Dysarthria	..	..	..	..	3
Sigmatism and stammer	..	..	..	..	2
Dyslalia and stammer	..	..	..	..	3
Ret. speech and stammer	..	..	..	..	1
Other conditions	..	..	..	..	2
					<hr/>
				Total	208
					<hr/>

6. CHILD GUIDANCE CLINIC AND SCHOOL PSYCHOLOGICAL SERVICE

(a) CHILD GUIDANCE CLINIC

Number of new cases referred in 1970	57
Number of cases re-referred in 1970	9
	— 66
Number of cases carried forward from 1969 ..	11
Cases withdrawn before diagnostic interview ..	3
Cases moved to another area before being seen ..	1
Number of cases on waiting list	6

Sources of referral

School Medical Officer	6
Schools	6
Private Doctors	14
Hospital	3
Parents	22
Children's Officer	5
Juvenile Court	1
Probation Officer	2
Educational Psychologist	3
Other sources	4
	— 66
Transferred from Bexhill Clinic	1

Problems

Personality Disorder	14
Nervous Disorder	10
Habit Disorder	12
Behaviour Disorder	41
Advice for Placement	3
Examination for Court	2
Educational	3
School refusal	4

How dealt with

Psychiatric Treatment	17
Periodic Supervision	3
Advice	21
Referred to Educational Psychologist	3
Referred to Social Worker	22
Awaiting Diagnostic Interview	3

Summary of work carried out

Psychiatrist

Diagnostic interviews	64
Treatment interviews	408

Psychologist

Interviews for tests	..	..	..	43
Interviews with parents	..	..	..	15
School visits	..	..	..	17
Home visits	..	..	..	4

Social Worker (3.8.70-31.12.70)

Interviews in Clinics	..	..	..	244
Home and other visits	..	..	..	85
Social Histories	..	..	..	31

Analysis of Treatment Cases closed during the year

(i.e. old and new cases seen by Psychiatrist in 1970
and previous years and discharged during 1970
according to the following categories):

Discharged—Improved	..	..	..	46
Not improved	..	..	..	5
After advice	..	..	..	9
Transferred	..	..	..	11
Unco-operative	..	..	..	12

(b) SCHOOL PSYCHOLOGICAL SERVICE

Number of new cases referred during 1970	..	43
Number of cases re-referred during 1970	..	24
	—	67
Number of cases carried forward from 1969	..	13
Number of cases moved from area	..	2
Number of cases withdrawn before test	..	1
Number of cases on waiting list	..	13

Sources of referral

School Medical Officers	..	..	..	28
Schools	..	..	..	35
G.P. or Hospital	..	..	..	1
Parents	..	..	..	1
Children's Officer	..	..	..	2
				—	67
Number of cases seen during 1970			87

How dealt with

Advice only	..	..	..	27
Placement in E.S.N. school recommended	..	..	..	7
Placement in J.T.C. recommended	..	..	..	1
Other placement recommended	..	..	..	5
Remedial Teaching undertaken	..	..	..	3
Kept under observation	..	..	..	17
Referred to Child Guidance Clinic	..	..	..	4

Summary of work carried out

Interviews for tests	87
Interviews with parents	24
Remedial Teaching Interviews	199
School visits	46
Home and other visits	41

Analysis of Remedial Teaching cases

Number in attendance during 1970	16
Number discharged improved	2
Number unwilling to attend	4
Number left area	2

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>In Boarding Home</i>	<i>Total</i>
Partially sighted	1	—	2	—	—	—	3
Blind	3	—	—	—	—	—	3
Partially hearing	3	—	14	—	—	—	17
Deaf	3	—	—	—	—	—	3
Delicate ..	—	10	2	—	—	—	12
Physically Handicapped	4	7	6	4	—	—	21
Educationally Subnormal ..	4	67	—	—	—	—	71
Epileptic ..	1	—	1	—	—	—	2
Maladjusted ..	3	—	3	—	1	1	8
Speech ..	—	2	—	—	—	—	2
	22	*86	28	4	1	1	142

*This total includes three children from other authorities

EPILEPTICS

There are twenty 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	—
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	—

8. SPECIAL TUITION

At Home. One pre-school partially hearing child has been given weekly speech and language development lessons by Mrs. A. Morris, teacher of the deaf.

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

9. DENTAL SERVICES

"The aim of the School Dental Service should be to ensure that as far as possible, children shall leave school without the loss of permanent teeth, free from dental disease and irregularity and trained in the care of the teeth". This directive has been in existence since the early days of the School Dental Service. It is still a concise definition embracing the whole range of dental treatment including prevention. Whilst it is true that today we still stand far short of achieving this object because of an alarmingly high caries rate, yet it is important that we keep these aims in mind as we assess and plan our dental services.

1970 saw many changes in our staff. Mr. J. W. Martin retired after 15 years service with us and we wish him a long and happy retirement. Mr. R. A. Abbey resigned as Principal School Dental Officer at the end of the year but remains with us to act as a Consultant Dental Adviser. During his two years he has energetically re-organised the School Dental Service and Eastbourne school children are already benefiting from the many improvements made. Mr. A. J. Lawrence was appointed in March as a Dental Officer to succeed Mr. Martin and during the intervening period Mr. Smitheringale and Mrs. Garrett helped us by carrying out additional work. Mrs. J. Lawrence has also helped us by carrying out sessional work in the latter part of the year.

The second phase of the refurbishing of the surgeries commenced in March. The ground floor surgery was completely re-equipped with the latest equipment and redecorated. The modernisation of the service has resulted in a dramatic increase in the range and quantity of Dental treatment provided. The all important child/dentist relationship has greatly improved with the advent of the new surgeries and modern techniques. There is an increasing demand for treatment: with the result that over the last two years whilst the inspections had been carried out many children were still waiting for treatment. This situation was aggravated by the curtailment of treatment due to staff changes and surgery modernisation. During 1970 therefore priority was given to the provision of treatment with a reduction of the number of schools inspected. It is, however, anticipated that all schools will be inspected during 1971.

A study of the statistics will show the increase in treatment provided; they fail to show the number of patients who were formerly referred to the hospital services but who now have their treatment carried out at the clinics. Regular sessions were devoted to treatment of patients under intravenous anaesthesia and this enabled surgery as well as conservation to be carried out at the clinics. This has been a

great help when dealing with the mentally handicapped. The provision of all necessary treatment by the same dentist speeds up completion of treatment. This is also a great help for the nervous child who only gradually gets confidence in his own dentist.

The demand for orthodontic treatment has doubled over recent years. Mr. D. G. F. Ardouin, the regional Orthodontic Consultant, has continued to assist this department greatly. His invaluable help and advice have meant that many children who formerly would have remained untreated now have a pleasant smile.

We are as usual indebted to Miss Hemming for her help in the field of dental health education. This year the public have been barraged by posters, the clinics have used animated displays and quizzes, and films and talks given in schools. We have arranged for school entrants to receive Dental Hygiene Kits and encouraged school leavers to seek regular dental inspection and treatment. The increasing emphasis on prevention of dental disease (or to put it popularly "Let's Keep Our Teeth!") is a result of a team effort by many people in the department and our thanks go to all of them. It is, however, our real regret that the benefits of water fluoridation are not easily available to our children. This would transform the dental health of our children.

Lastly, we must record our appreciation to the Dental Officers and Dental Nursing staff without whose help the Dental Department would soon come to a stop.

ANALYSIS OF TREATMENT

1. Number of Sessions devoted to inspection and treatment:

Surgery "A" operators	..	..	..	395
Surgery "B" operators	..	..	..	400

2. 9 sessions devoted to school inspection and 786 to treatment.

3. At these 9 sessions 1,438 children were dentally examined.

Permanent fillings completed:

Inserted in permanent teeth	..	..	..	5,304
Inserted in deciduous teeth	..	..	..	968

Teeth filled:

Permanent teeth	..	..	..	3,710
Deciduous teeth	..	..	..	734

Extractions:

Permanent teeth	..	..	..	786
Deciduous teeth	..	..	..	1,265
Administration of general anaesthetics	..	..	..	748
Number of dentures fitted	..	..	..	14
Number of patients X-rayed	..	..	..	294
Number of children receiving scaling and gum treatment	..	..	..	78

Number of root fillings	25
Number of crowns and inlays	20
Number of new orthodontic patients commenced ..	23
Number of orthodontic patients completed ..	7
Number of cases discontinued	1
Number of removable appliances fitted	38
Number of fixed appliances fitted	1

A. J. LAWRENCE

10. JUVENILE LIAISON BUREAU

In anticipation of Section 5 of the new Children and Young Persons Act becoming law, the Police have set up a Juvenile Liaison Bureau, which makes confidential enquiries about all young persons who have committed offences. The purpose of the Bureau is to help the Police reach a decision whether to bring the young person before the Juvenile Court, or whether an alternative course of action would be more appropriate to the child concerned.

Once we were satisfied that proper precautions were taken to maintain confidentiality, the department has been pleased to co-operate in this scheme. During the half year in operation we received 96 enquiries, and had 12 interviews with the staff of the Bureau about children who were in trouble.

11. NOTIFICATION OF INFECTIOUS DISEASES

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

Scarlet Fever	13
Measles	81
Infective Jaundice	1

12. 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. Fifteen children of school age were thus vaccinated.

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

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

	<i>Skin tested</i>	<i>Vaccinated</i>
Children in School	567	530
Students	11	10

13. VACCINATION AND IMMUNISATION

The Local Health Authority arranged for school children to receive vaccination and immunisation against smallpox, diphtheria, whooping cough, tetanus, poliomyelitis, measles and Rubella. Statistics relating to the protection of school age children are given in the relevant section of the Medical Officer of Health's Annual Report.

14. COLLEGES OF EDUCATION

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

Members of the staff visited the Colleges during the year to give lectures on First Aid, Health Education and the Work of the School Health Service.

15. ANNUAL REPORT OF THE CHILD WELFARE CO-ORDINATING COMMITTEE

The Co-ordinating Committee continues to meet monthly to discuss new cases and review those families who are at risk in the community and have the support of a "key worker".

With the increase of preventive work undertaken by social work agencies, it is evident that the time of social workers is more valuable than ever and, if their skill and time are to be wisely, and more economically used, the social services as a whole must be co-ordinated.

The Co-ordinating Committee is one for discussion with no executive power over departments, but the co-operation readily given in providing the requisite help is much appreciated. As the result of friendly and professional co-operation, families at risk have been supported by "key" workers and many potential families at risk have been prevented from breaking up and the children from being received into care. Field workers include the Children's Officer, Education Welfare Officer, Superintendent Health Visitor, Housing Manager, Probation Officer, N.S.P.C.C. Inspector, and Moral Welfare Worker. These are joined by a legal assistant from the Town Clerk's Office, and the Deputy Medical Officer of Health, Home Help Organiser, and representatives from the Police and Ministry of Social Security.

Rent Arrears

This is an ever increasing problem and one which has taken up a great deal of time in discussion. The rent arrears list seems to grow longer, and rent arrears are the most frequent sign of other family problems and sometimes occur among tenants who are by no means of the problem family type or even in financial need. Rent arrears sometimes accrue because of illness, domestic upset, bad budgeting, and too much hire purchase. In all cases, prompt action to prevent arrears from

accumulating is essential. The present policy of the Borough Treasurer is to issue lists of families who have accrued £20 in rent arrears, and these lists are circulated to the social agencies for their comments on the family, if known to them. After consultation, notices to quit are issued, should this be felt necessary, and in some cases distraint procedure is carried out.

Families at Risk

There are 76 families at present on the "at risk" register. Some of these families have severe and multiple problems and require a good deal of intensive case work which is undertaken by the professional social workers of the Children's Department. Some families require regular support of a more moderate nature to keep them out of trouble and this help is readily given by other agencies already mentioned. Many of the problems encountered are parents with personality defects; fatherless and in some instances motherless families who cannot cope with even ordinary living problems; unmarried mothers who have accommodation difficulties. Then there is the problem of wife-swapping and other forms of promiscuity which place severe demands upon the case workers dealing with these multifarious problems.

Family Planning

The help of the Family Planning Association has been a main feature in helping to prevent unwanted children and, whilst co-operation from some problem families is not always forthcoming, in the main contraceptive advice has been given to those mothers who have been persuaded to attend the Clinic, as well as one of the doctors from the Clinic visiting homes at the request of the "Key Worker" concerned.

Housing

Notices to Quit were sent during the year ending 31st December 1970 to 27 families in Council accommodation, and four families were actually evicted.

Children Received into Care

Thirteen of the families have had one or more children in the care of the Children's Committee during the year 1st January 1970 to 31st December 1970 for reasons as shown below:

Fit Person Orders	2 children
Mother's confinement	7 children
Mother's admission to hospital ..	6 children
Mother unable to cope and health reasons	4 children
Beyond parents' control	1 child
Mother's temporary disappearance ..	3 children
<hr/>	
Total ..	23 children
<hr/>	

Material Aid

Material aid to families at risk has amounted to £163 during the period 1st January 1970 to 31st December 1970 and this has helped to keep the families functioning as a family unit and saved the children from being received into care.

Conclusion

May I say how extremely grateful I have been to members of the Co-ordinating Committee for their loyal support and enthusiasm, the interest of the Town Clerk and the Town Council for their thoughtful consideration of our requests and to all who share our common interests and aims.

E. WILLS, *Chairman*

DEPARTMENT OF EDUCATION AND SCIENCE

MEDICAL INSPECTION AND TREATMENT

(Excluding Dental Inspection and Treatment.)

RETURN FOR THE YEAR ENDED 31ST DECEMBER 1970

Local Education Authority: COUNTY BOROUGH OF EASTBOURNE

Number of pupils on registers of maintained primary,
secondary, special and nursery schools in January 1971.

(i) Form 7 Schools, 7,706; (ii) Form 7M, 89; (iii) Form 11 Schools, Nil.	Total ..	7,795
---	----------	-------

Part I

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

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).

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		No. of Pupils found not to warrant a medical examination (see Note 1)	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For other condition recorded at Part II	Total individual pupils
		Number	Number		(6)	(7)	(8)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1966 and later	—	—	—	—	—	—	—
1965	51	51	—	—	1	12	12
1964	168	168	—	—	5	30	35
1963	28	28	—	—	1	6	7
1962	11	11	—	—	—	1	1
1961	9	9	—	—	—	1	1
1960	12	12	—	—	2	—	2
1959	11	11	—	—	1	3	3
1958	11	11	—	—	1	1	2
1957	12	12	—	—	1	3	4
1956	387	387	—	—	60	44	92
1955 and earlier	146	146	—	—	28	19	47
TOTAL	846	846	—	—	100	120	206

Column (3) total as a percentage of Column (2) total: 100%

Column (4) total as a percentage of Column (2) total:
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	..	..	..	164
Number of Re-inspections	..	..	..	1,350
				—
Total	..	..	..	1,514
				—

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.

TABLE C—INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ..	16,235
(b) Total number of individual pupils found to be infested	84
(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) (O) (11) (12)	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)		
4	Skin	7	1	28	—	1	—	36	1	2	—
5	Eyes:										
	a. Vision	7	6	89	8	4	1	100	15	—	2
	b. Squint	2	1	2	—	1	—	5	1	—	—
	c. Other	—	—	—	—	—	—	—	—	—	—
6	Ears:										
	a. Hearing	2	21	1	3	—	9	3	33	6	9
	b. Otitis Media ..	1	—	3	1	—	—	4	1	1	1
	c. Other	2	1	—	—	—	—	2	1	1	—
7	Nose and Throat ..	3	7	3	1	1	—	7	8	5	—
8	Speech	12	45	—	—	—	1	12	46	6	1
9	Lymphatic Glands ..	—	4	—	1	1	—	1	5	—	—
10	Heart	2	6	—	1	—	1	2	8	—	—
11	Lungs	5	5	4	—	—	1	9	6	4	1
12	Developmental:										
	a. Hernia	—	—	—	—	—	—	—	—	—	—
	b. Other	1	3	1	3	2	2	4	8	—	—
13	Orthopaedic:										
	a. Posture	1	1	1	1	1	2	3	4	1	—
	b. Feet	14	1	12	6	1	—	27	7	16	8
	c. Other	1	—	2	—	—	—	3	—	3	2
14	Nervous System:										
	a. Epilepsy	—	—	2	1	—	—	2	1	1	—
	b. Other	1	12	—	1	—	1	1	14	—	—
15	Psychological:										
	a. Development ..	—	1	2	—	—	—	2	1	10	3
	b. Stability	1	4	—	2	—	1	1	7	14	—
16	Abdomen	—	6	1	8	—	1	1	15	—	—
17	Other	2	2	15	13	1	3	18	18	28	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	15
Errors of refraction (including squint)	384
TOTAL	399
Number of pupils for whom spectacles were prescribed	258

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	14
(b) for adenoids and chronic tonsilitis	106
(c) for other nose and throat conditions	7
Received other forms of treatment	7
TOTAL	134
Total number of pupils still on the register of schools at 31st December 1970 known to have been provided with hearing aids:	
(a) during the calendar year 1970 (see note below)	5
(b) in previous years	14

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	—
(b) Pupils treated at school for postural defects	—
TOTAL	—

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

	<i>Number of pupils known to have been treated</i>
Ringworm—(a) Scalp	—
(b) Body	3
Scabies	—
Impetigo	14
Other skin diseases	267
TOTAL	284

TABLE E—CHILD GUIDANCE TREATMENT

	<i>Number known to have been treated</i>
Pupils treated at Child Guidance clinics	63

TABLE F—SPEECH THERAPY

	<i>Number known to have been treated</i>
Pupils treated by speech therapists	218

TABLE G—OTHER TREATMENT GIVEN

	<i>Number known to have been treated</i>
(a) Pupils with minor ailments	195
(b) Pupils who received convalescent treatment under School Health Service arrangements ..	—
(c) Pupils who received B.C.G. vaccination ..	449
(d) Other than (a), (b) and (c) above. Please specify ..	—
TOTAL (a)–(d) ..	644

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 Nurse.
- (b) By whom is colour vision testing carried out? School Medical Officer.
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 Nurse.

INDEX

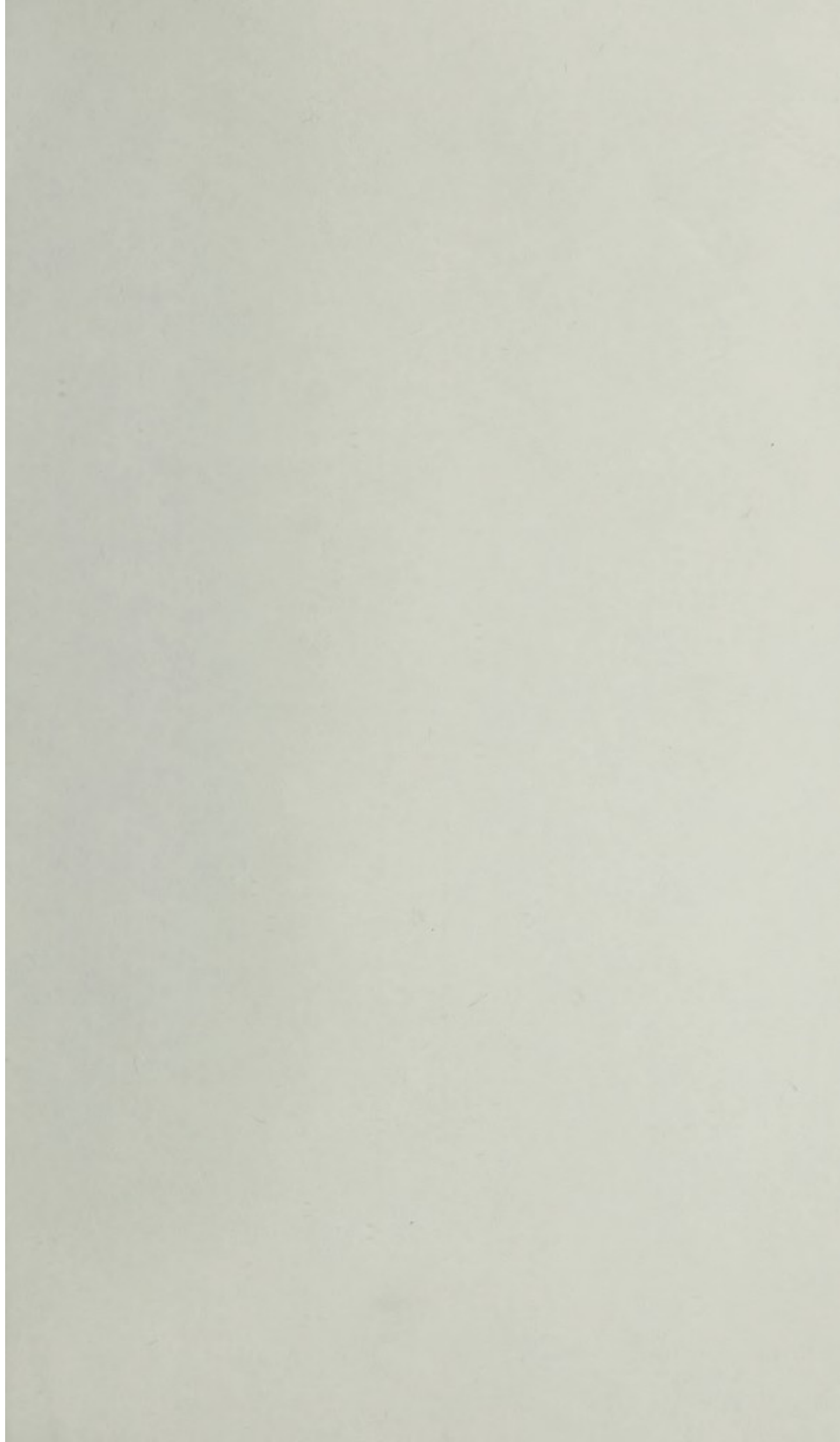
	<i>Page</i>
Aged, Provision for	55
Ambulance Service	38
Animals Slaughtered for Food	70
Ante-Natal Care	22
Baths, Swimming and Individual	67
B.C.G. Vaccination	46
Births	16
Blind Persons	59
Caravan Sites	84
Cancer	19
Care of Mothers and Young Children	22
Children Act, 1948	94
Child Health Clinics	25
Chiropody	49
Clean Air Acts	84
Congenital Malformations	24
Cremation, Medical Referee	95
Day Care, Children under 5 years	28
Deaf and Dumb	60
Deaths, Causes of	17
Dental Care	26
Establishments, List of	14
Factories Act, 1961	89
Family Planning Service	44
Food Hygiene Regulations	70
General Practitioners, Co-operation with	35
Handicapped Persons	59
Health Education	30
Health Visiting	29
Home Nursing	33
Home Help Service	50
Homes, Mother and Baby	25
„ Old People's	57
„ Nursing	93
„ Registration of	63
„ Voluntary	58
Hostel (Mental Health Service)	54
Housing, Action under Statutory Powers	80
„ Improvement Grants	81
Ice Cream	74
Immunisation	35
Infantile Mortality	23
Infectious Diseases, Notifications	64
Information, Summary of Local	21
Laundry Service for Incontinent Patients	49
Loan Equipment	41
Mass Radiography	48
Maternal Mortality	23
Medical Examination	95
Mental Health Service	52
Meteorology	95

	<i>Page</i>
Midwifery Service	29
Midwives Act	94
Milk Supply	72
Mother and Baby Homes	25
Moveable Dwellings	84
Noise Abatement Act, 1960	86
Notifications, Births	21
" Infectious Diseases	64
Nurseries and Child Minders Regulation Act	94
Nursery, Day	28
Nurses' Agencies	94
Nursing Equipment, Loan of	41
Nursing Homes	93
Occupational Therapy	63
Offices, Shops and Railway Premises Act 1963	86
Premature Infants, Care of	24
Prevention of Illness, Care and After Care	41
Rag, Flock and Other Filling Materials Act, 1951	84
Recuperative Holidays	41
Registrations, Blind Persons	59
" Dairies and Milk Distributors	73
" Disabled and Old Persons' Homes	63
" Nurseries and Child Minders	94
" Nursing Homes	93
Rodent Control	91
St. John Ambulance Brigade	38
Sampling, Food and Drugs	78
" Ice Cream	74
" Milk	73
Sewage Disposal	67
Shops Act	86
Sitter-in Service	45
Still Births	21
Training Centres	55
Tuberculosis, B.C.G. Vaccination	46
" Register	46
Unfit Food	75
Unmarried Mothers	25
Vaccination	35
Venereal Diseases	65
Vital Statistics	16
Voluntary Organisations	44
Water	66
Welfare Foods	26
Welfare Services	55

SCHOOL HEALTH SERVICE

INDEX

	Page
Arrangements for treatment	110
Child Guidance Services	114
Clinics	106
Colleges of Education	120
Defects and Treatment	124
Dental Care	117
Handicapped Children	116
Infectious Diseases	119
Juvenile Liaison Bureau	119
Medical Inspections	109
Medical Inspection Returns	122
Personal Hygiene	108
School Hygiene	107
Special Inspections	108
Special Tuition	117
Statistics	107
Tuberculosis	119
Vaccination and Immunisation	120
Visual Defects	111
Work of the School Nurses	110



SCHOOL HEALTH SERVICE

INDEX

	Page
Arrangements for Inspection	110
Child Guidance Services	114
Choice	100
Colleges of Education	120
Examination and Treatment	124
Health Care	117
Handicapped Children	116
Infectious Diseases	119
Nervous System Bureau	119
Medical Inspections	116
Medical Inspection Reports	122
Personal Hygiene	116
Special Hygiene	116
Special Inspections	116
Special Facilities	117
Students	117
Tabulations	119
Vaccination and Immunization	120
Vital Defects	111
Work of the School Nurses	110



*Printed by
Sumfield & Day Ltd.
Eastbourne—31825*