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COUNTY BOROUGH OF EASTBOURNE

# **ANNUAL REPORT**

of the

Medical Officer of Health

for

**1971**

on the

**Health, School Health and  
Meteorological Services**

and as

Medical Referee to the Eastbourne Crematorium

**80<sup>th</sup>**

## **ANNIVERSARY EDITION**

### **1892-1971**

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

*Medical Officer of Health*





COUNTY BOROUGH OF EASTBOURNE

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

*Medical Officer of Health*





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# ANNUAL REPORT

HEALTH 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 my Annual Report for 1971 upon the public health and related services of Eastbourne of which this is the eightieth.

## *Reorganisation*

In the light of current legislation the end of this series of reports which commenced in 1892 is close at hand, as is also the extinction of the office of Medical Officer of Health. It would not be difficult to wax sentimental and to advance good reasons why these things should not happen. However, it would be inconsistent for one who has consistently urged the bringing together of the tripartite National Health Service to complain that very radical changes are now imminent. These changes will affect staff of local health authorities more drastically than any other branch of the Health Service.

Grievous as the administrative gulfs between the three parts of the National Health Service have been, they are no more so than the gulf between Health and Social Services now to be widened and perpetuated. To have avoided this schism would have involved either the reorganisation of the Health Service under re-formed local government, which the majority of the medical profession would not countenance, or alternatively the removal of social services from local government involving a further serious loss of local democratic control. Furthermore, either alternative solution might have resulted in an administrative colossus of Health and Social Services containing too many uneasy bed-fellows for harmonious relationship. It is proposed that the new role of Medical Officers of Health with former National Health Service duties will be that of Community Physician. It is suggested that the administrative experience of such officers will be used to provide a wider influence on the health service as a whole. All of which is interesting and challenging but again it is to be hoped that the skills of the relatively few doctors trained in preventive medicine are not dissipated upon the treadmill of the demands of curative medicine. It will be no less important to ensure that the Community Physicians are provided with adequate staff to perform the diverse duties expected of them.

At the time of writing Joint Liaison Committees have been established to begin to fashion the new Health Service. Based upon criteria of guidance contained in the various ministerial documents pertaining to the reorganisation of the health service and having regard to the



status of our local district general hospital, Eastbourne, with its county borough tradition of local independence has a realistic claim to be the centre of one of 150 or so health districts into which the country (outside London) is expected to be divided for administrative purposes. Each such district will, however, form part of one of the proposed 72 area health authorities whose boundaries will be coincident with those of the new county-style local authorities.

### *Joint Appointments*

Notwithstanding this Department's continuing responsibilities in the provision of medical advice to Social Services, it was clear that implementation of the Act would result in some diminution of workload of the four full-time medical staff of the Department. Consideration of this matter coincided with a most helpful approach by Dr. K. R. D. Porter, Senior Administrative Medical Officer of the South-East Metropolitan Regional Hospital Board giving me encouragement to put up propositions to the Board in regard to joint appointments of a type which would be realistic in the light of the forthcoming amalgamation of the three parts of the National Health Service. In response proposals were made for the Deputy Medical Officer of Health, the Senior Medical Officer, the Departmental Medical Officer and the Chief Dental Officer to extend to joint appointments respectively in geriatrics, paediatrics, family planning/infertility and orthodontics in the hospital service, together with a new joint appointment of Dietitian. As we see them, these joint appointments have been a great success. Primarily, from the point of view of the public services in forming a further bridge between them and secondarily in broadening the field of interest and experience of staff and the increasing of job satisfaction. There have also been financial benefits to this Authority and we trust also to the hospital authority. I wish to compliment Dr. K. R. D. Porter for his personal attention and the co-operative manner in which these appointments were implemented with a minimum of delay and red tape. My only regret is that pressures upon the staff of both authorities have so far prevented extension of further joint appointments to other disciplines.

### *Health Centres*

The operation of the Winifred Lee Health Centre with a minimum of administrative hierarchial arrangement continues successfully. I summarise on page 26 the results of a consumer survey undertaken at this Centre. We await somewhat impatiently the coming to fruition of the further three in the pipeline: Hampden Park, Old Town and Langney. All now seem to be required as quickly as possible.

### *Statistical*

The 1971 Census figure of 70,715 shows an increase of population of the Borough of 10,000 in the course of a decade. This confirms the continued development which is evident to all of us who live here. The Registrar General's estimate of population for mid-1970 was 70,130. I cannot attempt to explain why his mid-year estimate for 1971 has



dropped back to 68,810, especially having regard to the fact that the number of residential schools and colleges should tend to favour an estimated population in relation to an enumerated "out of season" population.

There was an increase in the number of live births and a corresponding increase in the crude and corrected birth rates, the latter rising from 12 to 13 whilst the national rate remained steady at 16. At the same time there was a slight reduction in the number (absolute) of deaths notwithstanding the upward population trend.

The demands upon all clinic and domiciliary services increased as illustrated by an 18 per cent. increase in treatments provided by the Chiropody Service; and in the District Nursing Service a 9 per cent. increase in patients; an 11 per cent. increase in Home Visits; a 14 per cent. increase in surgery and Health Centre treatments and a 15 per cent. increase in visits to patients on the geriatric hospital waiting list.

### *Discipline and the Health of the Public*

Whilst it would not be improper for a Principal School Medical Officer to venture to comment upon contemporary attitudes to discipline on the part of both staff and students in places of learning, he has a more direct concern as Medical Officer of Health of the possible consequences arising from an increasing disinclination of the individual to conform.

Society now appears to provide scant encouragement to those who seek to prescribe even rudimentary discipline. Be it therefore noted that a great part of the solid advances in public hygiene in the twentieth century is dependent upon willingness of the community and the individual to accept the necessity of conforming to a proven discipline of personal and environmental hygiene.

The fact is, nationally and locally there is a manifest increase in conditions such as venereal disease, scabies, head lice and of pests such as bed bugs and fleas. At the same time one observes the tendency to revert to some of the unhygienic type of garments of the nineteenth century, hair length of the eighteenth century and an increasing disinclination to washing and personal hygiene.

Writing in the *Daily Telegraph* (29th May 1972), a lifelong caterer refers to the hygienic discipline to which he was subject half a century ago which included a daily inspection of hands, finger-nails, general cleanliness and the wearing of a white cap devised and adopted for the sole purpose of containing the hair entirely inside it. He now admits that in the face of staff shortage and today's attitudes to discipline he has fought and lost the battle of insistence upon any such standards. Indeed, we know only too well that an employer who, endeavouring to comply even with the law, admonishes his chef for smoking in the kitchen runs the very real risk of having no meal to offer his guests at the next sitting.

Understood or misunderstood, the message which a younger generation has gleaned from the seats of learning is "Accept nothing



until you have proved it for yourself". A basic example of proven advice in the field of public hygiene is: "After using the w.c. and always before handling food for consumption by others, wash your hands." A great number of incidents of enteritis continue to arise as a result of neglect of this simple discipline. The neglect in some cases will result from apathy or ignorance but in other instances we must assume that informed people in successive generations are finding it necessary to prove the truth first hand. Sadly, however, in matters of public health such experimentation must also involve other unwitting victims to their great discomfort or even peril.

It is, therefore, to be feared that in addition to whatever modern harvest of problems arising from violence, deprived childhood, precocious sexual experience, overpopulation and drug-taking, contemporary society may be gleaning for itself, there is likely also to be further manifestation of old-fashioned infestation the prevention of which has been fully understood for a century or more.

### *Acknowledgements*

In the course of the year under review the administration of welfare, mental health, and home help services was transferred to the emerging Social Services Department which has had to begin work under the serious handicap of staff accommodated in three separate premises. That department has at the same time had to cope with a very great increase of public demand for services arising from recent legislation and increased consciousness of public obligation in regard to the deprived, the elderly and the handicapped. I pay tribute to former colleagues now transferred to the new department for their conscientious and loyal service mentioning particularly the former head of the Welfare Services Section, Mr. V. O. F. Little; of the Mental Health Section Mr. H. Hurt; of the Home Help Service Mrs. V. Hardy-King; and of the Welfare Administrative Section Mr. P. G. Clark. At the same time I wish well to my new colleague, Mr. John Elliott, Director of Social Services, in the formidable tasks confronting him.

My appreciation also to Miss E. Burns, Principal at Hazel Court School, and her staff devoted to the care and education of handicapped children. Administration of the school has passed to the Education Department but happily our professional and medical association with the children continues.

Having thanked former members of staff now transferred to Social Services, it is no less incumbent upon me to express my appreciation of those who remain. Notwithstanding a streamlining of departmental responsibilities existing staff will testify that life for them seems busier than ever. At the time of writing there is inevitable uncertainty regarding the future. I have conveyed my assurance that existing work will still fall to be undertaken after the 31st March 1974, and there is every likelihood that it will be much increased after integration. I have ventured to assure staff that there will be a continuing worthwhile job



in the Health Service for every competent member who so desires. If national or local decisions should decree that I am proved wrong, I shall have much to live down!

I am pleased to say that no members of staff have left us other than for promotion, retirement, or family reasons. We have recently said farewell to some very revered colleagues. Mr. G. N. Richards has left us after 40 years as a public health inspector, 34 of them with this Authority. Popularly known as the "Laird of Langney" he was feared and respected from Friday Street to Beach Road. Also a recent farewell to Mr. W. L. Peck with no less than 43 years of service in this office dating from the days before the Department escaped from the Town Hall. Although Mr. Peck's basic work was responsibility for the not inconsiderable financial work arising from the Department which he performed punctiliously and conscientiously, he was best known to the public as the "Weather Man" where again his meticulous observations and records helped to hoist Eastbourne to the top of the Sunshine League on so many occasions.

Many thanks are also due to you, Mr. Mayor, and to the Members of the Council and the Chief Officers for your continued interest and support.

I am, Mr. Mayor, Ladies and Gentlemen,

Yours faithfully,

KENNETH VICKERY,

*Medical Officer of Health.*

October 1972

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### **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 1971:

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 (Member)

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

Medical Advisory Committee, Eastbourne Hospital Group (Member)

## HEALTH SERVICES COMMITTEE

(as constituted at 31st December 1971)

*The Mayor :*

COUNCILLOR J. W. ROBINSON

*Chairman :*

COUNCILLOR J. ANGELMAN

*Deputy Chairman :*

COUNCILLOR MRS. K. E. RAVEN

*Councillors :*

T. G. FORD  
R. J. HUTCHINSON  
MRS. W. E. OUZMAN  
C. G. SCOTT  
T. W. WARD  
MRS. P. I. WILKINSON

## PUBLIC PROTECTION COMMITTEE

(as constituted 31st December 1971)

*The Mayor :*

COUNCILLOR J. W. ROBINSON

*Chairman :*

ALDERMAN L. W. PYLE

*Deputy Chairman :*

ALDERMAN J. W. G. HOWLETT

*Councillors :*

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



## HEALTH SERVICES DEPARTMENT STAFF

(in post at 31st December 1971)

### *Medical Officer of Health:*

KENNETH O. A. VICKERY, M.D., M.R.C.S., D.P.H.  
(also Hon. Consultant in Epidemiology to Eastbourne Hospital Group)

### *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., D.A.  
MARION M. ASHFORTH, M.R.C.S., L.R.C.P., M.B., B.S. (Part-time)  
MIRIAM FLORENTIN, M.B., Ch.B., D.P.H. (Part-time)

### *Chief Dental Officer:*

A. J. LAWRENCE, B.D.S.

### *Dental Officers:*

MISS P. L. COOPER, B.D.S.  
MRS. J. LAWRENCE, B.D.S. (Part-time)

### *Consultant Dental Adviser:*

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

### *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)  
G. E. RUTLAND (e)

### *Pupil Public Health Inspector:*

S. A. KING

### *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. D. ADAMS, S.R.N.

MRS. P. D. CALDERWOOD, S.R.N.

MRS. E. EKREM, S.R.N., Q.N.

MISS E. M. LEE, S.R.N., Q.N.

MRS. S. MARKEY, S.R.N., Q.N.

MRS. G. M. MEEN, S.R.N., Q.N.

† 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. ROTCHELL, 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. HEALY, S.R.N., R.M.N.

\* F. JONES, S.R.N.

MISS K. PARSLow, S.R.N.

MRS. K. PEASGOOD, S.R.N.

MRS. A. S. POWELL, S.R.N.

MISS E. L. SHANAHAN, S.R.N.

MRS. S. M. SHANDLEY, S.R.N.

\* *District Nursing Officer*

† *District Nurse/Midwife*

*District Nurses:*

MISS R. J. BOWDEN, S.E.N.

MRS. H. DOWNING, S.E.N.

MRS. E. HOLTOM, S.E.N.

MISS K. NEWTON, S.E.N.

MRS. G. PEARSON, S.E.N.

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

MRS. A. REYNOLDS, S.E.N.

MRS. H. S. TURNER, S.E.N.

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

*Nursing Auxiliaries:*

MRS. D. B. M. BARTHOLOMEW

MRS. S. M. BREE

MRS. C. M. CARLSON

MRS. D. E. HARRIS

MRS. O. LANGTON

MRS. L. MEWETT

MRS. V. D. ROWE

MRS. E. J. SMITH

MRS. J. B. STEPHENSON

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.  
MRS. A. M. HEPBURN, S.R.N., H.V. Cert.  
MISS A. LEANDRI, S.R.N., H.V. Cert.  
MISS J. K. MITCHENER, S.R.N., H.V. Cert.  
MISS A. N. RANKS, S.R.N., S.C.M., H.V. Cert.  
MRS. E. L. SNASHALL, S.R.N., H.V. Cert.  
MISS B. G. STEVENS, S.R.N., S.C.M., H.V. Cert.  
MRS. M. F. TOMSETT, S.R.N., H.V. Cert.

*School Nurse:*

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

*Student Health Visitors:*

MISS M. M. LYNOTT-REDDING, S.R.N., S.C.M.  
MISS V. J. WALTON, S.R.N., C.M.B.

*Clinic Assistants:*

MISS D. M. DOWNEY	MISS D. M. COX (Part-time)
MRS. M. F. McCORMICK	MRS. G. WATTS, S.E.N.

*Health Education Officer:*

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

*Health Education Assistants (Part time)*

MRS. V. BUCKLAND	G. OLIVER
------------------	-----------

*Child Guidance and School Psychological Services:*

MISS M. P. LOGG, B.A., Dip.Psych., A.B.Ps.S., Educational Psychologist  
MISS G. M. LAWLOR, Psychiatric Social Worker

**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.

*Speech Therapist:*

MISS P. A. BLACKMORE

*Administrative and Clerical Staff:*

E. TARBUCK, Chief Administrative Assistant  
W. L. PECK, Senior Administrative Assistant

*Section Clerks:*

MISS B. DOUCH	MISS G. E. WOODS
MISS M. S. HARDY	D. E. MOSELEY

*Secretary to Medical Officer:*

MRS. Y. J. WEEKS



*Clerical:*

MISS P. J. ASHE	MRS. P. M. HEWETSON (Part-time)
MRS. P. BALL (Part-time)	MRS. S. M. HOOK
MISS D. M. BEETLESTONE	MRS. G. M. MORRIS
MRS. E. COOPER (Part-time)	MRS. J. W. NETHERCOTT
MISS K. J. FARRINGTON	MRS. J. C. RUDMAN
G. M. FITZHUGH	

*Health Centre Receptionists:*

MRS. M. SAWYERS	MISS J. M. NORMAN
MRS. G. R. WYATT	MRS. E. J. MCTEAR (Part-time)

*Dental Surgery Assistants:*

MRS. D. J. ANDREWS (Part-time)	MISS J. A. DUMBRELL
MRS. K. A. COLEMAN	MRS. S. J. HUSSEY

*Chiropodists (Whole-time):*

D. J. BETTLES, M.Ch.S., S.R.Ch.	J. D. MOULT, L.Ch., 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 AND  
SCHOOL HEALTH SERVICE DEPARTMENT**

	<i>Telephone No. Ext.</i>
Headquarters, Avenue House . . . . .	21333
Health Visitors, Avenue House Clinic . . . . .	283
District Nurses and Midwives, Avenue House Annexe . . . . .	287
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, 22 Tideswell Road . . . . .	36636
Old Town Clinic, 2/4 Birling Street . . . . .	33335
Hampden Park Clinic, Hampden Park Hall . . . . .	53485
Langney Clinic, Langney Community Hall . . . . .	61214
Ambulance Depot, Dursley Road . . . . .	25345
(Chief Ambulance Officer: Mr. W. E. Field)	

**BATHS**

Motcombe Baths, Motcombe Road . . . . .	21575
Seaside Baths, Seaside . . . . .	22167



# STAFF OF THE HEALTH SERVICES DEPARTMENT AT 31st DECEMBER 1971

	<i>Full-time</i>	<i>Part-time</i>	<i>Total</i>
Medical Officers of Health, Deputy and Assistants .. .. .	4	1	5
Dental Officers .. .. .	1	1	2
Administrative and Clerical Staff .. .. .	15	3	18
Dental Surgery Assistants .. .. .	3	1	4
Public Health Inspectors .. .. .	7	—	7
Student Public Health Inspector .. .. .	1	—	1
Health Visitors, including Superintendent .. .. .	15	—	15
Student Health Visitors .. .. .	2	—	2
School Nurse .. .. .	1	—	1
Clinic Nurses .. .. .	2	2	4
Health Centre Receptionists .. .. .	3	1	4
Home Nurses, including Superintendent .. .. .	19	15	34
Domiciliary Midwife .. .. .	—	3	3
Nursing Auxiliaries .. .. .	—	10	10
Speech Therapist .. .. .	1	—	1
Chiropodists .. .. .	3	1	4
Health Education Officer and Assistants .. .. .	1	2	3
Old Town and Seaside Baths .. .. .	3	4	7
Technical Assistant .. .. .	1	—	1
Rodent Operators .. .. .	2	—	2
Others, i.e. Cleaners, Caretakers, Van Driver .. .. .	2	9	11
	<hr/> 86	<hr/> 53	<hr/> 139

## SECTION A

### GENERAL

Vital Statistics

Notification of Births

General Information—Natural and Social Conditions

### VITAL STATISTICS

CENSUS 1971 enumerated population 70,715

Estimated mid-year population, 1970 70,310

„ „ „ 1971 68,810

#### Registered Births

			Males	Females	Total
Live births—Legitimate	..	..	313	295	608
Illegitimate	..	..	39	45	84
			—	—	—
			352	340	692
			—	—	—
Still births—Legitimate	..	..	8	3	11
Illegitimate	..	..	—	1	1
			—	—	—
			8	4	12
			—	—	—

#### Deaths

All causes	..	..	..	..	564	734	1,298
Live births:						<i>England</i>	
					<i>Eastbourne</i>	<i>&amp; Wales</i>	
Number	..	..	..	..	692	783,165	
Rate per 1,000 population	..	..	..	..	10.1	16.0	
Live birth rate per 1,000 population after applying "Area Comparability Factor" (1.29)	..	..	..	..	13.0	—	
Illegitimate live births per cent. of total live births	..	..	..	..	12	8	
Still births:							
Number	..	..	..	..	12	9,898	
Rate per 1,000 live and still births	..	..	..	..	17	12	
Total live and still births	..	..	..	..	704	793,063	
Infant deaths (deaths under one year)	..	..	..	..	7	13,726	
Infant mortality rates:							
Total infant deaths per 1,000 total live births					10	18	
Legitimate infant deaths per 1,000 legitimate live births	..	..	..	..	10	17	
Illegitimate infant deaths per 1,000 illegitimate live births	..	..	..	..	12	24	

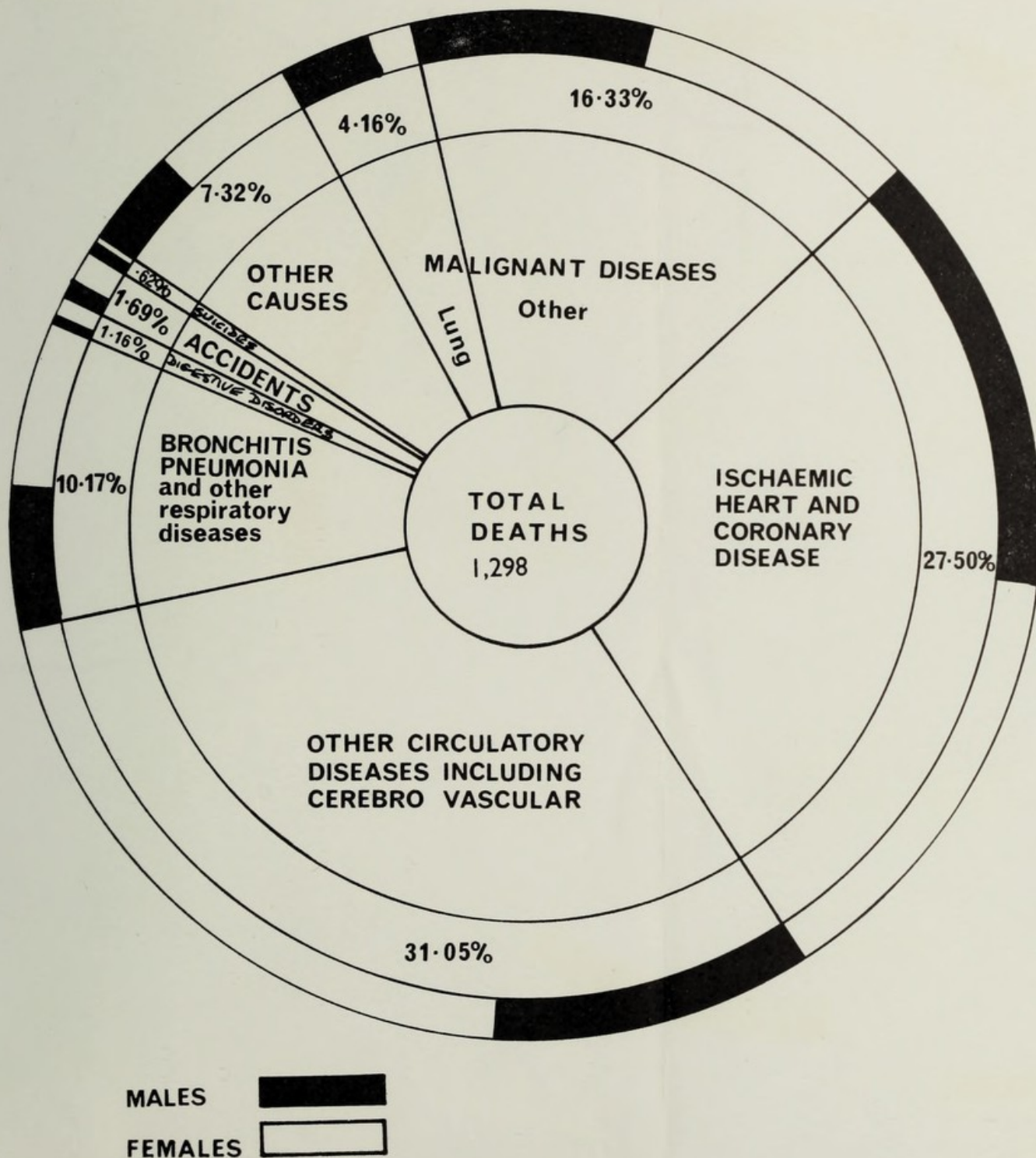


	<i>Eastbourne</i>	<i>England &amp; Wales</i>
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births) ..	9	12
Early neo-natal mortality rate (deaths under one week per 1,000 total live births) ..	9	10
Peri-natal mortality rate (still births and deaths under one week combined per 1,000 total live and still births) .. ..	26	22
Maternal mortality (including abortion):		
Number of deaths .. ..	1	13.3
Rate per 1,000 total live and still births ..	1.4	0.17
Death rate (crude) per 1,000 population ..	18.9	11.6
Death rate after applying "Area Comparability Factor" (0.54) .. ..	10.2	—

### **Causes of Death**

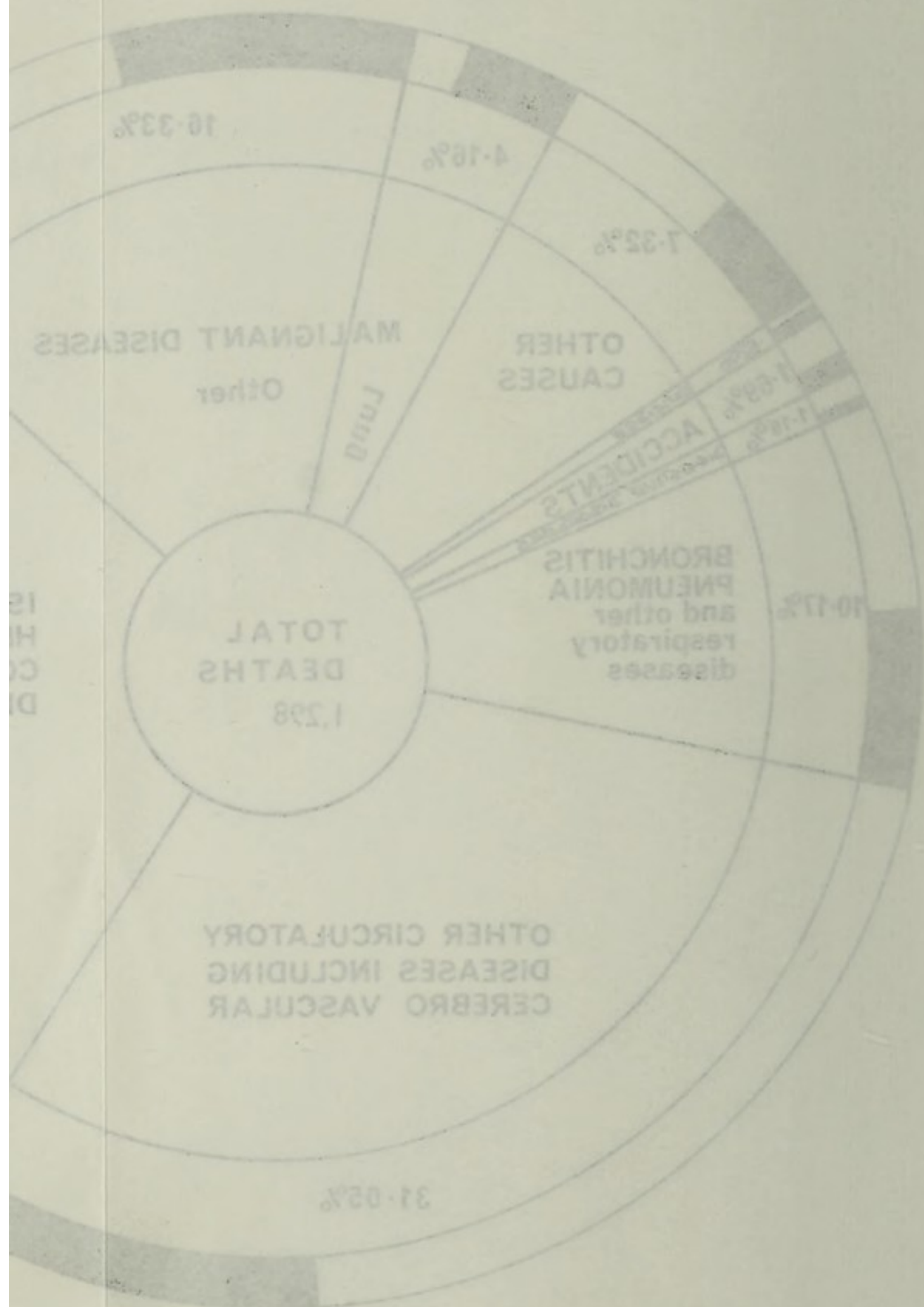
	<i>Males</i>	<i>Females</i>	<i>Total</i>
Tuberculosis of respiratory system ..	1	—	1
Other Infective and Parasitic Diseases ..	—	2	2
Malignant neoplasm, buccal cavity, etc. ..	3	1	4
Malignant neoplasm, oesophagus .. ..	5	3	8
Malignant neoplasm, stomach .. ..	11	8	19
Malignant neoplasm, intestine .. ..	19	23	42
Malignant neoplasm, larynx .. ..	1	—	1
Malignant neoplasm, lung, bronchus ..	37	17	54
Malignant neoplasm, breast .. ..	1	31	32
Malignant neoplasm, uterus .. ..	—	8	8
Malignant neoplasm, prostate .. ..	14	—	14
Leukaemia .. ..	5	—	5
Other malignant neoplasms .. ..	39	40	79
Diabetes mellitus .. ..	1	2	3
Avitaminosis, etc. .. ..	—	2	2
Other endocrine, etc., diseases .. ..	—	3	3
Anaemias .. ..	2	3	5
Mental disorders .. ..	2	—	2
Multiple sclerosis .. ..	—	1	1
Other diseases of nervous system .. ..	8	7	15
Chronic rheumatic heart disease .. ..	3	3	6
Hypertensive disease .. ..	9	11	20
Ischaemic heart disease .. ..	181	176	357
Other forms of heart disease .. ..	32	76	108
Cerebrovascular disease .. ..	71	160	231
Other diseases of circulatory system ..	17	27	44
Influenza .. ..	—	1	1
Pneumonia .. ..	25	53	78
Bronchitis and emphysema .. ..	32	11	43
Asthma .. ..	—	5	5
Other diseases of respiratory system ..	3	1	4
Peptic ulcer .. ..	2	4	6

Analysis of Causes of Death by Percentage of All Causes





Analysis of Causes of Death by Percentage of  
All Causes



MALES

FEMALES

			<i>Males</i>	<i>Females</i>	<i>Total</i>
intestinal obstruction and hernia .. .. .	..	..	5	6	11
cirrhosis of liver .. .. .	..	..	3	—	3
other diseases of digestive system .. .. .	..	..	3	6	9
nephritis and nephrosis .. .. .	..	..	2	3	5
hyperplasia of prostate .. .. .	..	..	5	—	5
other diseases, genito-urinary system .. .. .	..	..	6	6	12
other complications of pregnancy, etc. .. .. .	..	..	—	1	1
diseases of skin, subcutaneous tissue .. .. .	..	..	1	—	1
diseases of musculo-skeletal system .. .. .	..	..	2	4	6
congenital anomalies .. .. .	..	..	1	4	5
birth injury, difficult labour, etc. .. .. .	..	..	2	1	3
other causes of perinatal mortality .. .. .	..	..	—	1	1
symptoms and ill-defined conditions .. .. .	..	..	—	2	2
motor vehicle accidents .. .. .	..	..	3	3	6
all other accidents .. .. .	..	..	4	12	16
suicide and self-inflicted injuries .. .. .	..	..	3	5	8
all other external causes .. .. .	..	..	—	1	1
<b>TOTAL ALL CAUSES</b> .. .. .	..	..	<b>564</b>	<b>734</b>	<b>1,298</b>



# Extract from Death Returns, year ended 31st December 1971

(Locally compiled statistics)

Age	Malignant neoplasm, lung, bronchus		Ischaemic and coronary disease, angina	
	Males	Females	Males	Females
44	—	—	1	—
49	—	—	1	—
51	—	—	2	—
52	2	1	3	—
53	1	—	3	1
54	1	—	—	—
55	—	—	2	1
56	—	—	1	1
57	—	—	6	1
58	2	—	—	—
59	—	—	1	1
60	1	—	—	—
61	—	—	3	1
62	2	—	4	1
63	—	1	3	1
64	2	2	3	3
65	—	—	6	3
66	2	—	7	3
67	—	—	12	2
68	—	—	2	5
69	2	—	9	4
70	1	2	5	8
71	4	1	6	8
72	2	—	9	6
73	2	—	4	5
74	4	2	7	7
75 and over	9	8	81	114
	—	—	—	—
	37	17	181	176
	—	—	—	—

# Age Mortality

					Males	Females	Total
Under 1	..	..	..	..	2	5	7
1-5	..	..	..	..	1	-	1
5-15	..	..	..	..	2	1	3
15-25	..	..	..	..	4	4	8
25-45	..	..	..	..	5	7	12
45-65	..	..	..	..	77	70	147
65-75	..	..	..	..	187	171	358
75 and over	..	..	..	..	286	476	762
					564	734	1,298

## Deaths from Cancer

Year	Population	Age Groups						Total Deaths	Death Rate per 1,000 Population
		0-1	1-5	5-15	15-45	45-65	65 and over		
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
1971	68,810	-	1	1	6	61	197	266	3.87



# **Analysis of Suicides (Eastbourne Residents) in Age Groups for years 1954 to 1971**

	Age Groups														Totals		
	15-25		25-35		35-45		45-55		55-65		65-75		75 and over		M	F	Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
1954	-	-	1	-	-	-	4	-	-	-	1	2	1	1	7	3	10
1955	-	-	-	2	-	-	-	3	-	-	-	1	-	1	-	7	7
1956	-	-	-	-	-	-	1	2	-	1	-	3	1	-	2	6	8
1957	-	-	-	2	1	-	2	2	1	2	1	3	1	-	6	9	15
1958	-	-	-	-	-	-	-	-	1	2	1	-	-	-	2	2	4
1959	-	-	-	1	-	-	1	2	-	-	-	4	1	-	2	8	10
1960	-	-	-	1	1	-	3	4	1	2	-	-	-	-	5	7	12
1961	1	-	2	2	-	-	4	1	-	-	-	1	1	1	8	5	13
1962	-	-	-	1	-	-	1	6	-	-	-	1	-	2	1	10	11
1963	1	1	-	-	-	-	-	1	1	2	-	1	1	-	3	5	8
1964	-	-	-	-	-	1	-	2	-	4	-	2	-	-	-	9	9
1965	1	-	-	1	-	2	2	-	2	1	1	4	1	1	7	9	16
1966	-	-	2	-	1	1	4	1	2	2	1	1	1	4	11	10	21
1967	-	-	-	-	3	-	-	1	3	2	1	2	-	1	7	6	13
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
1971	1	-	-	3	-	-	-	1	1	1	1	-	-	-	3	5	8
Total	5	1	5	14	8	5	25	29	15	24	10	31	9	13	77	117	194

## **REGISTRATION AND NOTIFICATION OF BIRTHS**

*Live Births Registered from 1952 to 1971 (from Registrar General's Returns) and Rate per 1,000 Population (corrected)*

Number Rate				Number Rate			
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
1961	..	..	663 12.6	1971	..	..	692 13.0

## *Illegitimate Live Births Rate,\*1960-1971*

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
1965	..	..	10.3	1971	..	..	12.0

\*Percentage of total births.



## Notification of Births

1,397 live births and 20 still births took place in the Borough and were notified to the Local Authority. 684 live births and 11 still births were to mothers resident in Eastbourne, and 713 live births and 9 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 1971

	Resident		Non-Resident		Total		Total
	Live Births	Still Births	Live Births	Still Births	Live Births	Still Births	All Births
DOMICILIARY							
Local Authority							
Midwives	3	—	—	—	3	—	3
Inward Transfers	—	—	—	—	—	—	—
	3	—	—	—	3	—	3
INSTITUTIONAL							
Maternity Home	303	1	176	1	479	2	481
St. Mary's Hospital	378	10	537	8	915	18	933
Inward Transfers	5	—	—	—	5	—	5
Total Institutional	686	11	713	9	1,399	20	1,419
Total, All Births, 1971	689	11	713	9	1,402	20	1,422
Notified Births, 1970	653	7	644	7	1,297	14	1,311

## 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: 33,662.

RATEABLE VALUE at 1st April 1972: £4,222,813.

RATES: Domestic, 94p. Mixed hereditaments 89p. Business and Commercial 83·5p.

PRODUCT OF 1p RATE: £41,800.

## Meteorology—79 years' average:

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

*Sunshine:* Total 1814·0 hours; Daily 4·97 hours.

*Rainfall:* Total 31·66 inches; Days 162.

## Visitors to Eastbourne

The natural physical environment of the town accompanied by pleasant climatic conditions and fostered by the Corporation's efforts to provide supportive amenities, attracts holidaymakers in their thousands. Many of these see Eastbourne as an ideal place for 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

### COMMUNITY HEALTH SERVICES

#### 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 32 and 30.

#### 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)	16	401	1,637
Relaxations Sessions (Midwives)			



## Infantile and Child Mortality

<i>Age</i>	<i>Sex</i>	<i>Cause of Death</i>
2 hours	M	1 (a) Respiratory distress syndrome (b) Prematurity
2 hours	F	Multiple abnormalities
2 hours	F	Rh. incompatibility Extreme prematurity Gestational age 26 weeks
7 hours	M	1 (a) Atelectasis (b) Prematurity
1 day	F	Respiratory distress syndrome
1 year	F	1 (a) Viraemia (b) Upper respiratory tract infection
3 years	M	1 (a) Subdural haemorrhage (b) Acute lymphatic leukaemia
7 years	F	Lobar pneumonia
12 years	M	1 (a) Multiple injuries including fracture of the skull, laceration of the brain and attendant haemorrhage. (Fall from tree)
14 years	M	Myeloblastoma

## Maternal and Infantile Mortality, 1894-1971

<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	-	-
1971 .. ..	7	10.00	1	1.4

**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 ..	9	1	10
Hospital (St. Mary's) ..	36	44	80
Hospital (elsewhere) ..	—	—	—
	45	45	90

(b) DEATHS OF PREMATURE INFANTS WITHIN 28 DAYS

Three infants died within the first 24 hours in St. Mary's Hospital.

### **Congenital Malformations**

The number of congenital malformations noticed at birth and notified in accordance with Ministry of Health Circular 13/63 during the year 1971 was 17 and these occurred in 16 children.

Central nervous system ..	..	..	3
Eye and ear ..	..	..	1
Alimentary ..	..	..	3
Heart and circulation ..	..	..	—
Respiratory system ..	..	..	—
Uro-genital ..	..	..	3
Limbs ..	..	..	2
Musculo-skeletal ..	..	..	1
Other systems ..	..	..	2
Other malformation ..	..	..	2

The 3 babies who had malformations of the Central Nervous System were all stillborn. One infant reported to have a minor defect was subsequently found to have a major abnormality not detectable at birth from which he died at under the age of 8 weeks.

### **Child Health Clinics**

These were held at the following times:

*Avenue House*—Monday afternoon.

*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 1971

Clinic	Number of Children attending Clinics Born in:				Total Attendances
	1971	1970	1966-69	Total	
Avenue House ..	108	114	257	479	2,103
Birling Street ..	117	119	362	598	2,649
Winifred Lee Health Centre	160	156	371	687	3,891
Langney ..	75	85	259	419	2,602
Hampden Park ..	161	168	511	840	4,952
Total .. ..	621	642	1,760	3,023	17,062

## PREVIOUS YEAR'S ATTENDANCES

	Number of children who attended		Number of attendances
1967 .. ..	..	2,900	20,127
1968 .. ..	..	3,047	19,545
1969 .. ..	..	2,858	18,114
1970 .. ..	..	2,823	16,937

## 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 continue 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.

## A SURVEY OF CONSUMER USE AND OPINION IN RESPECT OF THE WINIFRED LEE HEALTH CENTRE, EASTBOURNE

Between December 1971 and June 1972, an opportunity was given to all members of the public visiting the health centre for receipt of any professional service, whether provided by the local health authority or the family doctors, to complete a questionnaire.

Some 5,000 were taken up of which no more than 140 were returned. The form of the questionnaire is reproduced below together with the totals of numbers of persons voting for the various options.

The conclusions drawn from this exercise are, first, rather more public apathy than is manifest even at municipal elections; secondly, an overall general satisfaction with the provisions of the health centre and



thirdly an indication of the additional services which would be most appreciated at this district health centre. With regard to the preference expressed as between consultation of the doctor at a health centre or the doctors' surgery, it is to be borne in mind that a significant proportion of those who completed the questionnaire were not patients of the doctors at the health centre.

Please indicate sex	M	20	Age group	Under 21	..	5
	F	120		21-40	..	51
	TOTAL	140		41-65	..	12
				Over 65	..	70

Reason for attending the Centre:

To see own Doctor	..	61	To see Chiropodist	..	67
„ „ District Nurse		12	„ „ Speech Therapist (Post vacant)		—
„ „ Health Visitor		27	For Baby Clinic	..	52
„ „ Social Worker	..	—	For Welfare Foods	..	35
Other reason (please state).....					
RELAXATION CLASS (1) .....					

1. Where would you prefer to consult your doctor?

Health Centre	..	74
Doctors' Ordinary Surgery	..	53

2. Please indicate your opinion of the facilities at this Health Centre

Excellent	..	85
Good	..	46
Adequate	..	9
Disappointing	..	—

3. If you would like to find additional facilities in the Health Centre please indicate.

Chemists	..	78
Dental	..	47

Other facilities specified by recipients:

Optician  
 Longer surgery hours  
 Masseur  
 Refreshments  
 Public Telephone  
 Family Planning Clinic  
 Blood Test facilities  
 Provision of facilities for the fitting of surgical corsets, belts, etc.  
 Facilities for selling of hearing aid batteries  
 Automatic opening doors at main entrance for wheelchairs and elderly.  
 No appointment system  
 Appointment system to see district nurse—at present there is long wait  
 Consulting Room  
 X-Ray facilities  
 Car park for patients' use  
 Annual medical for over 60s  
 Keep Fit classes

4. Distance travelled to the Centre:

Under one mile .. 83  
 1-2 miles .. 40  
 2-3 miles .. 8  
 3-4 miles .. 1  
 4-5 miles .. 3

5. How did you come?

Walk .. ..	74
Bus .. ..	38
Car .. ..	17
Ambulance ..	9

6. Would you be prepared to travel farther to a larger Health Centre with more facilities?

Yes .. ..	25
No .. ..	107

7. Would you be satisfied with a smaller Health Centre if nearer to your home?

Yes .. ..	47
No .. ..	64

## DEVELOPMENTAL PAEDIATRICS

*(Contributed by Dr. M. I. Godson, Senior Medical Officer)*

Developmental examinations of the young children in this area have now been carried out for more than five years. Children aged from 1 to 5 are seen by special timed appointment; babies of under 1 year are seen in the well baby clinics.

The new baby receives a complete check over, if possible, within the first 2 months of life and further examinations if required afterwards.



The importance of early warning of any deviation from normal is of paramount importance in order that special attention may be given in case some defect develops which may need treatment.

In the year under review over 1,900 children between 1 year and 5 years attended for examination. The appointments are sent at approximately 1st, 2nd and 3rd birthdays and in the term before the child starts at school.

These examinations are carried out without formality and as far as possible in a play situation with child, parent, health visitor and doctor all being involved.

Vision and hearing tests are carried out by methods suited to these young children. The little child of 2 onwards will be asked to show how nicely he or she can walk, jump, skip or hop, throw or catch a ball, draw with pencil, sing and tell the names of items in pictures. The usual physical examination is carried out between games.

The children for the most part thoroughly enjoy these sessions and many who object when coming in are often difficult to persuade to go home.

The number of examinations which took place during 1971 were as follows:

	<i>1st Birthday</i>	<i>2nd Birthday</i>	<i>3rd Birthday</i>	<i>Pre-school</i>	<i>Total</i>
Avenue House ..	57	71	59	74	261
Birling Street ..	84	69	84	105	342
Hampden Park ..	139	122	126	168	555
Winifred Lee Health Centre ..	191	193	190	182	756
	471	455	459	529	1,914

A recall system is in operation whereby any child requiring a recheck within the year is sent for at the appropriate time.

It is hoped that by finding and correcting or treating minor defects found, it will be possible for the child to enter school free from anything that might unnecessarily hamper or prevent him from taking full advantage, to the maximum of his ability, of the education provided.

## **DENTAL CARE**

### **REPORT OF THE CHIEF DENTAL OFFICER**

*Mr. A. J. Lawrence*

The average layman might be forgiven this year for imagining that the end of the dentist is nigh.

The popular press and T.V. have promised that in future we will receive inoculations against decay, our teeth will be plastic coated and failing all the dentist will have a laser gun to instantly remove decay.



While all, these promising developments lie in the future it is important that we do not neglect the effective preventive measures that we have now. For the fact is that the average baby born in 1971 will have five decayed or extracted teeth by 1976. If those children had the right nutrition and received the correct amount of fluoride they would undoubtedly be vastly better off, medically and dentally speaking. Their parents would probably be better off in pocket since the refined sticky carbohydrates that cause the damage are also expensive. A child's habits are set in those first five years. This is why we have made every effort not only to treat but to teach mothers and mothers-to-be what they can do *now* for their children's teeth.

Last year we continued our regular sessions with mothers and young children. This involved films and inspections of the child in informal surroundings coupled with advice to the mother on dental topics. We have extended these sessions to include ante-natal mothercraft classes when mothers-to-be are at their most receptive! We hope that these measures will bear fruit in the years to come.

### Fluoride and Dental Health

Department of Health Circular No. 1/72 requests information regarding progress in the fluoridation of public water supplies. Having regard to the inextricable intermesh of local water supplies with surrounding areas and the unwillingness, to date, of neighbouring authorities to approve fluoridation, no further recommendation has been made to this authority.

Nevertheless, and commencing in 1969, with the approval of the local medical and dental professions and to accommodate those parents who accept the majority professional opinion in regard to the beneficial and protective effects of fluoride there has been a scheme of supply of sodium fluoride in 15 ml. drop bottles in our clinics and in the surgeries of some general dental practitioners. The daily dose is five drops (1 mgm) to children in the age range birth to 8 years. The uptake as anticipated has been small but at least 4 per cent. of children between birth and 8 years with the greater proportion between birth and 5 years are in receipt of drops at any one time. It is hoped to issue a fuller report at a later date. It is emphasised that no part of the expense of this pilot scheme falls upon public funds.

### 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	21	8	8	59
Children under five . . . . .	140	56	56	84



## 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>Q-rays</i>
Nursing and Nursing Mothers	9	21	43	43	1	5	8
Children under five .. .. .	1	118	150	54	—	—	1

## MIDWIFERY SERVICES

Now that the Local Authority has implemented the policy of advising all expectant mothers to arrange for hospital confinement, only three mothers had their babies at home. They experienced no difficulty and were pleased with the services given to them.

Three part-time midwives provide care for mothers discharged early from hospital. They assess home conditions and make regular ante-natal visits and give advice to those suitable for early discharge.

The Parent Class and Relaxation Classes have continued with the co-operation of the health visitors. These classes are well attended and we receive many letters thanking the staff for their help and information. Sessions are held weekly at Winifred Lee Health Centre and Avenue House Clinic as well as at the Bell Hostel.

Statistics of the service are as follows:

### PATIENTS ATTENDED AT HOME

Mothers delivered at Home .. .. .	3
Mothers discharged from Hospital:	
(a) at 48 hours .. .. .	104
(b) after 48 hours and before the 10th day .. .. .	368

### VISITS BY MIDWIVES

Ante-natal visits .. .. .	1,083
Visits during labour .. .. .	7
Visits during puerperium .. .. .	25
Post-natal visits (domiciliary cases) .. .. .	11
Visits to cases discharged from hospital before the tenth day .. .. .	1,863
	<hr/> 2,989

The midwives also attended 192 Mothercraft Relaxation Sessions, held in co-operation with the Health Visitors, at which 401 women made 1,637 attendances either at Mothercraft or Relaxation Classes or both.



## HEALTH VISITING

The increasing commitment of the health visitors to clinical functions, and attendance at medical sessional arrangements led to a review of their duties and the conclusion that additional auxiliary help was needed to relieve them of functions within the capacity of trained nurses and capable lay staff. The year's statistics indicate an improvement in the total of selective home visits to children under five years and in attendance at child health and health education and mothercraft sessions.

Geriatric health visitors/social workers attached to the former Welfare Services Section of the Department were transferred to the newly formed Social Services Department and a gradual transfer of the geriatric case load dealt with by these staff, back to the health visitor is now taking place. Only a high degree of co-operation between health visitors and social workers can enable the standard of care to be maintained and ultimately improved.

The nurse administrator has a particularly difficult task in this transitional period following reorganisation and anticipating yet another more traumatic experience within the next year or two.

The Health Visitors' work is very briefly summarised in the following figures:

### HOME VISITS

#### Care of mothers and young children—

Children born in 1971 .. .. .	4,042
Children born in 1970 .. .. .	3,057
Children born in 1966-69 .. .. .	5,106
Expectant mothers .. .. .	810
Care and after-care (including aged and handicapped persons) .. .. .	278

### OTHER VISITS

To doctors' surgeries .. .. .	313
To other agencies (voluntary organisations, etc.) .. .. .	122
To day nurseries .. .. .	80
To hospitals .. .. .	209
Miscellaneous .. .. .	764

### SESSION ATTENDANCES

Child Health Sessions .. .. .	807
Health Education/Mothercraft Sessions .. .. .	270
Pre-School Medical Examinations and Vaccination and Immunisation sessions .. .. .	336
Doctors' Surgery sessions .. .. .	322



## HEALTH EDUCATION AND HOME SAFETY

Report of Miss M. G. Hemming, S.R.N., H.V.Cert., M.R.S.H.,  
Health Education Officer and Home Safety Organiser:

### PRE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

The number of expectant mothers who attended the classes conducted by Health Visitors and Domiciliary Midwives was as follows:

*Avenue House*—219 attended the Mothercraft Sessions

*Avenue House*—218 attended the Relaxation Classes

*Winifred Lee Health Centre*—50 attended the Mothercraft Sessions  
76 attended the Relaxation Classes

*Bell Hostel*—24 (unmarried) attended the Relaxation Classes

*Parentcraft Classes* for expectant mothers and fathers held at Avenue House on the first Wednesday evening of each month were also well attended.

*Parentcraft for Adoptive Parents.* Two courses were arranged in connection with the Chichester Diocesan Family Social Workers. The courses are conducted by a Health Visitor and consist of a series of illustrated lectures and discussions held in the evening for the convenience of the adoptive parents.

*Cancer Education.* Women who attended the Cervical Cytology Clinic held at Avenue House on Monday evenings were advised by a Health Visitor regarding breast self-examination, etc.

Smoking and lung cancer continued as a Health Education subject in schools and in our health campaigns and displays.

*Health Education in Schools.* Programmes continued at the request of Head Teachers, the sessions being conducted by the Deputy Medical Officer of Health and Health Visitors. Reports confirm the excellent liaison between the teachers and the Health Visitor and the great benefit of having a specialist health educator who is willing and able to spend most of her time in this particular field of health education.

*Food Hygiene—Health Education.* A series of lectures were given by the Public Health Inspectors at the College of Further Education to groups of students preparing for the Royal Institute of Public Health and Hygiene and the Institutional Management Association Examinations of Food Hygiene. Talks on food hygiene in kitchens were also given to students at the School of Domestic Economy and to personnel in food factories and other food establishments, and to various local groups and clubs, etc.

## HEALTH EDUCATION AND SAFETY PROJECTS 1971

Projects and exhibitions in 1971 included, "Accidental Hypothermia" and "Cervical Cytology", "Anti-smoking", "Dental Health" Royal Society of Health Exhibition "Sussex Local Authorities"—"Environment and Health", "Nutrition and Health", "Holiday Safety", "Mental Health Week", "Summer Safety", "Food Hygiene", "Prevention of



Accidental Poisoning", "Help the Disabled Week" (Exhibition) "Dangers of Fireworks" and "Poisonous Plants", "Safety at Christmas".

Leaflets designed and produced for use by the Health Department staff and as supporting material for various Health Education projects included: "Accidental Hypothermia in the Elderly", "Make Sure Your Pounds and New Pence are Spent on Better Health", "Good Food for Better Health", "Prevention of Sunburn", "Lock Away Poisons", "Shopping Quiz".

*Dental Health.* Dental Health Education was extended to the pre-natal Mothercraft Classes and Child Health Clinics.

A programme of visits to 19 Eastbourne Infants and Junior Schools by Pierre the Clown was organised during November/December. Pierre's visits were greatly appreciated by both the children and teachers, and it is hoped that his light-hearted approach to the subject of dental health and his advice will be remembered and practised by the children.

#### FILM PREVIEWS 1971

Film previews were arranged and invitations sent to members of the Health Department staff and to Head Teachers of Colleges and Schools, and others to whom particular films would be of interest.

It has been said "that the principal functions of the Health Education Specialist are to strengthen and extend the health education functions of all members of the health team and to supplement their health education activities on a sustained and organised basis". This I hope has been achieved during the last decade of our Health Education Section.

### HOME NURSING SERVICE

The Superintendent reports:

This year has again seen an increase in all aspects of community nursing. There is 100 per cent. attachment to doctors' surgeries apart from those in single practices. Treatment sessions are held in each surgery except for one group who do not feel the necessity.

The number of treatments in doctors' surgeries has increased by 1,439 to over 10,000 and contrary to expectations home visits have also increased significantly.

Integrated training with pupil nurses within the Eastbourne Hospital Group is growing slowly and pupils who sit for the District Nurse Certificate work with experienced district nurses for practical training after having completed 14 months in hospital. It is hoped that this will encourage more nurses to opt for community nursing in the future. This type of work is attractive and suitable for the mature S.E.N. in training.

*District Training.* Courses were successfully undertaken by four members of the staff. The percentage of district trained nurses is well above the national average.



*Liaison with the Hospitals.* The Superintendent has a preliminary discussion with pupil nurses at the local hospitals to provide an introduction to community nursing. She also acts as an Examiner for the district nurses at Brighton.

Regular discussions are also held with newly qualified hospital staff to improve communication and integration of the two services. Arrangements have been made for a senior nurse to visit hospital wards during a Consultant's round, so that patients due for discharge may be followed up without delay and the need for any additional treatment discussed. Liaison as regards the waiting list for hospital admission is excellent but the usual difficulties arise owing to shortage of hospital beds. Co-operation between the hospital staffs and the community nursing staff is very good and there has been an increased understanding of the different work content. Medical Social Workers in the hospitals as well as the Ward Sisters contact the Health Department to discuss requirements when a patient due for discharge requires equipment or nursing care. Better understanding of this problem in the Casualty Department is required to avoid such incidents as a patient being sent home with a wet plaster after an accident either to an empty house or with only an aged partner.

*Staffing.* It is relative to note that in a service under constant pressure, a turnover of staff amounting to 20 per cent. per annum has a severe impact on the continuity of the service and places a heavy responsibility on senior staff to maintain the standard of care required.

As Superintendent of the Home Nursing Department may I record my sincere thanks to the clerical staff, my deputy and all nursing staff for their co-operation and help. Also to the St. John Ambulance Brigade personnel for their continual assistance in accepting and transmitting calls out of office hours.

#### STATISTICS OF THE DISTRICT NURSING SERVICE

<i>Categories of Patients</i>			<i>Home Visits</i>		
	<i>1971</i>	<i>1970</i>		<i>1971</i>	<i>1970</i>
Medical .. ..	1,886	1,722	Medical .. ..	66,813	61,869
Surgical .. ..	380	345	Surgical .. ..	10,906	9,092
Others .. ..	204	196	Others .. ..	445	580
Maternal			Maternal		
Complications ..	6	9	Complications ..	33	26
Infectious Diseases	2	1	Infectious Diseases	33	6
			Casual .. ..	1,062	825
	2,478	2,273		79,292	72,398
Patients in all categories over 65 years ..	1,703	1,749			



Sessions at General Practitioners' Surgeries	2,144
Treatments at „ „ „	10,026
Visits to patients on Hospital Geriatric Waiting List	1,758

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

Convalescent .. .. .	531
To hospital .. .. .	306
Deaths .. .. .	197
Other causes .. .. .	721
	<hr/>
	1,755

## VACCINATION AND IMMUNISATION

### A—Smallpox Vaccination

During 1971, acting on advice from the Department of Health and Social Security, the routine vaccination of infants against smallpox was suspended.

### 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>
1971 .. .. .	—	6	6
1968-70 .. .. .	284	217	501
1964-67 .. .. .	21	5	26
1963-15 years .. .. .	10	4	14
Totals .. .. .	315	232	547

### 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>
1968-70 .. .. .	2	5	7
1964-67 .. .. .	467	236	703
1963-15 years .. .. .	5	54	59
Totals .. .. .	474	295	769



## 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>
1971	—	—	6	—	6	—
1968-70	284	2	215	5	499	7
1964-67	18	308	5	157	23	465
1963-15 years	10	—	4	6	14	6
Totals	312	310	230	168	542	478

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

<i>Year</i>	<i>Cases notified</i>			
1971	..	..	..	4
1970	..	..	..	—
1969	..	..	..	1
1968	..	..	..	3
1967	..	..	..	1

## D—Tetanus Immunisation

<i>Year of birth</i>	<i>By Medical Staff of the Department</i>		<i>By General Practitioners</i>		<i>Totals</i>	
	<i>Primary</i>	<i>Reinforcing</i>	<i>Primary</i>	<i>Reinforcing</i>	<i>Primary</i>	<i>Reinforcing</i>
1971	—	—	6	—	6	—
1968-70	284	2	218	5	502	7
1964-67	21	467	6	243	27	710
1963-15 years	13	516	12	116	25	632
Totals	318	985	242	364	560	1,349

## E—Vaccination Against Poliomyelitis

<i>Year of Birth</i>			<i>By Health Department</i>	<i>By General Practitioners completed courses</i>
1971	..	..	—	8
1970	..	..	231	175
1969	..	..	46	28
1968	..	..	8	7
1964-67	..	..	13	5
1963-15 years	..	..	1	2
Totals	..	..	299	225

In addition, 1,069 booster doses were given to children at pre-school checks and in the Local Authority schools, and 286 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>
1971 .. ..	—	—
1970 .. ..	160	81
1969 .. ..	91	63
1968 .. ..	30	17
1964–67 .. ..	36	9
1963–15 years ..	5	1
Totals .. ..	322	171

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

<i>Year</i>	<i>Cases notified</i>
1971 .. ..	261
1970 .. ..	152
1969 .. ..	36
1968 .. ..	185
1967 .. ..	626

#### **G—Vaccination against German Measles (Rubella)**

	<i>By Health Department</i>	<i>By General Practitioners</i>
Girls only, approximately 13 years of age .. ..	228	33

### **THE EASTBOURNE AMBULANCE SERVICE**

This year was chiefly remarkable owing to the abandonment of all voluntary assistance provided under the aegis of the St. John Ambulance Brigade in the operation of the Ambulance Service.

Although the agency agreement is still in force, the Service is now wholly maintained by full-time employees of the Brigade, the cost being fully reimbursed by the Corporation so that in effect there is a directly operated Service.

This transition was carried out with the agreement of a majority of the full-time staff inspired by trade union ideals and the need for a fully trained and highly efficient Ambulance Service to meet present day demands.

Grateful appreciation is accorded to the men of the St. John Ambulance Brigade for many years of voluntary assistance to the local



Ambulance Service at night and during weekends and for maintaining the spirit of voluntary service to the community in such a practical manner.

Staff training now takes up an important part of each year. Recruits are automatically seconded on six weeks' training courses and more experienced men on two weeks' training or refresher courses. In addition it is planned to introduce regular sessions of "on the job" training and to provide hospital experience for all ambulancemen.

Statistics of the Service on the following pages indicate a further small increase in demands on the Service in 1971.

Cases of measles notified in the last five years are as follows:			
Year	1967	1968	1969
1967	10	10	10
1968	10	10	10
1969	10	10	10
1970	10	10	10
1971	10	10	10
Total	50	50	50

Cases of measles notified in the last five years are as follows:			
Year	1967	1968	1969
1967	10	10	10
1968	10	10	10
1969	10	10	10
1970	10	10	10
1971	10	10	10
Total	50	50	50

Cases of measles notified in the last five years are as follows:			
Year	1967	1968	1969
1967	10	10	10
1968	10	10	10
1969	10	10	10
1970	10	10	10
1971	10	10	10
Total	50	50	50

**THE EASTBOURNE AMBULANCE SERVICE**

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General appreciation is accorded to the men of the St. John Ambulance Brigade for many years of voluntary assistance to the local

**AMBULANCE SERVICE**  
**PERSONS CARRIED AND MILEAGES, 1967-1971**

Year	EASTBOURNE						EAST SUSSEX						Totals	
	Ambulance		Sitting cases		Training Centre and School		Ambulance		Sitting cases		Training Centre (DPV)		Persons	Miles
	Persons	Miles	Persons	Miles	Persons	Miles	Persons	Miles	Persons	Miles	Persons	Miles	Persons	Miles
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	19,017	63,239	10,288	13,692	1,631	12,491	6,045	28,869	1,456	2,272	48,500	169,506
1971	11,301	53,681	19,212	66,508	10,301	14,238	1,802	13,732	6,443	28,688	—	—	49,059	176,847

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

In the year under review 258 patients were transferred by rail.



# ORIGIN OF CALLS

(EASTBOURNE AREA ONLY)

Origin of Calls	Ambulances					Sitting Case Cars				
	1967	1968	1969	1970	1971	1967	1968	1969	1970	1971
Emergency calls and street accidents ..	1,523	1,542	1,824	1,916	2,360	45	47	55	46	47
Local Hospitals ..	2,572	2,509	2,331	2,422	2,309	1,157	1,009	1,172	951	959
Local Convalescent Homes ..	1	2	-	-	1	4	-	2	-	-
General Medical Practitioners ..	1,279	1,495	1,726	1,781	1,965	477	436	474	496	395
Maternity Homes ..	224	213	180	187	156	16	9	16	14	19
Nursing Homes ..	100	92	100	102	103	18	6	4	3	4
Ministry of Pensions ..	22	31	44	53	97	292	200	311	197	228
Other Ambulance Authorities ..	47	38	57	60	53	77	76	68	64	109
Mental Welfare Officers ..	20	28	17	30	21	409	414	443	520	953
Others ..	186	172	188	186	202	508	159	158	227	444
Out Patients:										
Chest Clinic ..	164	210	170	207	52	317	315	391	379	157
Foot Clinic ..	2	20	-	4	-	1,369	1,485	1,548	1,646	1,837
Local Hospitals ..	1,973	1,604	2,250	2,957	3,694	12,775	12,238	12,082	12,688	11,931
Royal Sussex County Hospital, Brighton ..	94	137	239	158	288	1,823	2,290	1,578	1,786	2,129
Total Calls ..	8,207	8,093	9,126	10,063	11,301	19,287	18,684	18,302	19,017	19,212
Mileage ..	40,801	38,418	42,408	48,443	53,681	64,299	57,756	63,343	63,239	66,508



## CARE AND AFTER-CARE SERVICES

### Co-operation and Co-ordination

Initial reactions to a joint Local Health Authority/Hospital appointment, with particular reference to a developing Day Hospital.

*By Dr. W. J. Wigfield, Deputy Medical Officer of Health*

On 1st October 1971 I took up my appointment of four sessions a week to build up the Geriatric Day Hospital. A section of the hospital Occupational Therapy Department took six patients three times a week, and it was planned to increase this to forty patients five days a week.

There were difficulties. The two work areas earmarked by the Consultant were also earmarked by Matron for other purposes—and Matron won. The three part-time Occupational Therapists were already fully committed to working with In-Patients. The Physiotherapy Department, 50 per cent. under staffed, could not take on any additional work. Our nurse, an untrained auxiliary, “minded” the patients during the dinner hour but did little else. The patients’ lunch was served in the Staff dining room (which patients enjoyed) but one old lady was incontinent so she had her lunch by herself in the Occupational Therapy room. Nobody was to blame for all this; it just was nobody’s baby.

From this inauspicious start, a useful Day Hospital is growing. I have many people to thank, both in the hospital and in Local Authority employ. The immediate team of workers, Occupational Therapists, Occupational Therapist aides, Staff Nurse, Medical Social Worker and (most important) the clerical assistant, who all faced additional work loads, and put the patients’ needs before conventional demarcation of “Who does what?”. The administrative staff of the hospital faced with a very new broom sweeping rather furiously. The Ambulance Officer and Chief Administration Officer of the Local Authority faced with the purchase of new and specially designed vehicles to transport patients together with their essential hardware—wheelchairs, Zimmer frames, sticks, crutches and calipers.

Before long, the first patients were ready for discharge. They did not need further skilled care, but they did need a Day Centre to maintain the skills they had and to protect them from loneliness. My Local Authority contacts with the Social work teams, and the Day Centre at Firwood House (which I had a hand in starting) were invaluable. Other patients managed at home, with a Health Visitor “specialing” them until the settling down period was safely passed. My personal knowledge of the Eastbourne Health Visitors made explanations of what was wanted so much easier.

Then the District Nurses started ringing me up, about patients whom they attended and who also came to the Day Hospital. This was



splendid; we could negotiate over which days we give various forms of treatment, which of us looked after the bathing, and what adaptations were needed at home.

Adaptations brought me back to the Director of Social Services, for nearly every patient who needed them was unable to afford the cost, and so came within the provision of the Chronically Sick and Disabled Persons Act. I meet the Local Authority Occupational Therapist regularly, so we can confer about the more difficult adaptations.

New patients were all examined, and some badly needed Chiropody. The hospital possesses a Chiropodist, but she works for us on Mondays. Could we please juggle the patients' attendances to get them in on Mondays? To a Community Care orientated doctor, this didn't make sense. The patients lived at home; they were entitled to the Local Authority Chiropody service—"Take a letter to the M.O.H.". Dear Sir, Chiropody Service *re* Mrs. X.

Soon it was Christmas time, when the hospital does that little bit extra for patients in the wards. Some of our patients would be alone at Christmas; what could we do to help them? Here again we needed to get away from the total care attitude of the hospital and explore what the community could do. We must inform the various caring agencies and see if they can help. Some of these are voluntary and some are statutory. The Medical Social Worker is an expert on this—though I sometimes think that being totally hospital employed may be a disadvantage. There is perhaps room for Joint Appointment in the Social Work field pending the discussion about the future of the Medical Social Worker.

But goodwill tends to run very thin when one is put to a lot of trouble all apparently to no avail. The "H" couple very nearly drove a wedge between the various parts of the Health Service—Family Doctor, Hospital, District Nurse, and Ambulance Service. Mrs. H. had been in hospital; we had weekly letters from Mr. H. pleading with us to let her come home. Now she was home, the hospital, the G.P., and even the Town Hall received crisis-type letters demanding her return to hospital. Mrs. H. attended the Day Hospital once, and refused to come the next two weeks. We were all sick of them, of the trouble they caused us. What would be easier than to capitulate and put Mrs. H. in a long-stay bed—at £30 a week on the N.H.S.? The trouble was, and we all knew it, that neither Mr. nor Mrs. H. would be any happier that way. With a foot in both camps, I was able to call an informal case conference, hear the many grouses of all the staff involved, and thrash out a common policy on how to manage this difficult case.

I want to finish with a word on education. Unless the field workers concerned know what the Day Hospital is for, and what it can (and cannot) offer, we cannot hope to have the right patients referred to us. Being "within the family" has made it so much easier to give talks to the Health Visitors, the Social Workers, and to the Superintendents and Matrons of the Part III homes, about the Day Hospital. We feared a



flood of applications, but the result was in fact better selection of the patients referred.

I suspected, when I took up the Joint Appointment, that there might be some truth in the ancient saying "He who sitteth on the fence shall be in danger of electrocution." Truly, it is better not to have a fence at all.

W. J. WIGFIELD

### A—Illness Generally

All the services of the Department, including particularly Home Nursing and the assistance and advice of the Health Visitors, are freely available in cases of illness.

### B—Loan Equipment Service

This Service as in other years has been used to the full and reflects the type of work undertaken in the community. Bath rails, bath boards and bath seats have been loaned almost twice as frequently. Chair-raising blocks, toilet aid frames, raised toilet seats all point to the much greater use being made of equipment and aids to help keep the patient mobile and independent.

The Chronically Sick and Disabled Persons Act has resulted in additional enquiries and calls for this Service and the Occupational Therapist's work has increased in proportion to the demand.

A Horder arthritic bed has been added to our stock and good use is made of this. If this type of bed is suited to a patient's need then it is either supplied by the Social Services Department or bought by the patient and a new bed obtained for the Department. An arthritic chair has proved a useful addition and it is likely that other patients will require this type of chair.

The table below indicates the range and use of the equipment:

<i>Type of Equipment</i>	<i>Stock held 31.12.71</i>	<i>No. of times issued during 1971</i>
Air rings and Sorbo rings .. ..	61	207
Arthritic chair .. ..	1	1
Back rests .. ..	24	113
Bath rails .. ..	30	54
Bath boards .. ..	16	27
Bath seats .. ..	66	126
Bath mats .. ..	4	3
Bed pans .. ..	34	153
Bed pans (rubber) .. ..	5	4
Bed tables .. ..	3	8
Bed sides .. ..	1 pair	—
Bedsteads .. ..	8	17
Bed lifts .. ..	3	—
Bed rails .. ..	1 pair	—



	<i>Stock held 31.12.71</i>	<i>No. of times issued during 1971</i>
Blankets .. ..	28	5
Chair-raising blocks .. ..	44	86 (23 sets of 4)
Commodes .. ..	46	269
Deck chairs .. ..	2	—
Elbow crutches (and underarm) ..	23 pairs	51
Feeding cups .. ..	16	15
Fracture boards .. ..	51	81 (27 sets)
Helping hands .. ..	12	13
Leg cradles .. ..	23	74
Mack sheets .. ..	47	114
Mattresses (hair and flock) ..	6	11
Mattresses (Sorbo and Dunlopillo) ..	11	8
Pillows (feather) .. ..	3	8
Pillows (Dunlopillo) .. ..	2	2
Pillowcases .. ..	29	5
Pulleys (floor standing) .. ..	5	14
Pyjamas .. ..	6 pairs	—
Sheets (cotton single) .. ..	13	6
Sheets (cotton draw) .. ..	12	8
Sheets (flannelette) .. ..	3	—
Toilet aid frames .. ..	25	47
Toilet (Elsan) .. ..	4	2
Toilet seats (inflatable) .. ..	5	3
Toilet seats (raised) .. ..	44	71
Towels (Turkish) .. ..	13	—
Towels (Huckaback) .. ..	22	—
Tripod walking sticks .. ..	14	28
Urinals .. ..	38	119
Wheelchairs .. ..	26	112
Zimmer walking aids .. ..	83	146

<i>Year</i>	<i>Articles loaned</i>	<i>Number of Patients</i>	<i>Articles loaned free of charge</i>
1969 .. ..	1,487	971	250
1970 .. ..	1,685	1,025	350
1971 .. ..	1,894	1,145	453

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

<i>Incontinence Pads</i> .. ..	<i>1970</i>	<i>1971</i>
Patients .. ..	293	352
Pads .. ..	11,871	12,820
Patients who had more than 50 during year. (In 1971 12 had over 200 and 1 had 460) .. ..	45	57



### *Incontinence Pants*

Sold .. .. .	59	45
Issued free .. .. .	7	4
<i>Geriatric Petticoats</i> .. .. .	2	1
<i>Plastic Sheeting</i> + Special Type ..	67	35
<i>Hoists</i> (stock 5) Loaned to .. ..	7 patients	6 patients
<i>Bed Blocks</i> Loaned to .. .. .	43 patients	43 patients
<i>Electric Liquidiser</i> (Cancer Relief) Loaned to .. .. .	3 patients	1 patient
<i>Inflatable Mattresses</i> (stock 3) Loaned to .. .. .	9 patients	10 patients
<i>Electric Ripple Mattress</i> (stock 1) Loaned to .. .. .	1 patient	7 patients
" <i>Cavalier</i> " <i>Air Extractor</i> (Marie Curie) Stock 1 Loaned to .. .. .	3 patients	3 patients
<i>Spring Chair Seat</i> (for arthritics) (Stock 1) Loaned to .. .. .	2 patients	6 patients
" <i>Air Bracer</i> " Loaned to .. .. .	4 patients	2 patients
" <i>Horder</i> " <i>Arthritic Bedstead</i> Loaned to	1 patient	3 patients

### **Articles Sold to Patients**

	1970	1971
Bath mats .. .. .	4	2
Bath seats .. .. .	5	13
"Helping Hands" .. .. .	4	3

### **C—Voluntary Organisations**

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. I would particularly like to acknowledge the services rendered by the W.R.V.S., the Order of St. John, the British Red Cross among other local and national organisations.

### **D—Family Planning Service**

The Family Planning Association provides a comprehensive family planning service in Eastbourne towards which the Local Authority made grants and payments totalling some £1,400 in addition to providing rent free accommodation in Avenue House Clinic.

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 women who cannot readily attend the clinic. There have been many changes during



the year in general clinic administration, and although these are designed to facilitate the smooth running and centralisation of records and finance, the change over has not always been easy. We thank our clients for their patience, particularly during the early weeks of computerisation. Computerisation has also made it difficult for us to extract local attendance figures, and the numbers of patients attending were available up to December only. However, as in all previous years, the numbers of patients attending all Family Planning sessions continue to rise. The waiting list for the Monday afternoon I.U.D. clinic is growing steadily. Some lightening of the load may be expected in September 1972, when the Hailsham branch hopes to start a fitting session, but it seems probable that a second Eastbourne I.U.D. session will be necessary.

Despite the growth in the number of patients we are still making insufficient impact on those who most need our help, the women who for one reason or another find it difficult to attend the central clinic, and a publicity campaign is in preparation to bring knowledge of the facilities available to all sections of the community. The identification of individual needs and problems remains largely in the hand of the Health Visitor, on whose efforts we rely so greatly. In addition to routine clinic work, Eastbourne is a recognised Family Planning Training Centre, and during the year we have undertaken the training of nurses and doctors, both in regular session work and in I.U.D.

Two of our doctors have attended the In Service Training course in London for senior instructing doctors—a new course designed for assessment in the new career structure of the F.P.A. One of these doctors has also taken a course of training in vasectomy, and it is hoped to start a hospital session for male sterilisation in the New Year.

*New Patients.* Of 533 new patients this year 384 were from Eastbourne and the remainder from East Sussex.

*Clinic Sessions* held during year:

*General*, 102; *I.U.D.*, 48; *Y.A.*, 44; *Total*, 194.

*Grants.* Ninety-five Eastbourne patients received grant aid from Eastbourne Corporation during 1971. Forty-one of these were on medical grounds and 54 were socially necessitous cases.

### *Domiciliary Family Planning Service*

In 1971 domiciliary family planning advice was given to 51 patients, with a total of 194 visits by the Family Planning doctor.

There were only ten new cases referred in the year. Some case workers seem reluctant to refer patients, claiming that the service "spoon feeds" by frequent visits and free supplies. Others will only discuss the need for family planning help if the patient herself asks for it, so missing those who are too shy or embarrassed. Sometimes referral, via a friend already benefiting from the service, is the only introduction. Recognition of families who are likely to have problems and earlier referral, when they have only a few children, would help these families and prevent a number of unwanted pregnancies from adding to their burdens.



In the last five years, the unplanned pregnancy rate has been on average only 3.7 per cent. per year in patients visited at home.

Patients referred to the domiciliary service often have large families, many have sexual experience from an early age, some with several partners and most with poor personal hygiene. All these factors increase the risk of cervical and vaginal pathology.

Unfortunately such patients are unlikely to attend a clinic and are very reluctant to be examined. Where possible they are examined at home, and cervical smears taken as part of their contraceptive supervision. Analysis of these smears taken in 1971 showed over 60 per cent. had some abnormality requiring treatment, and one (in a 26-year-old patient) showed an early cervical carcinoma which was completely removed at operation.

### E—Night Nursing Service

This Service has again been used regularly over the year as shown in the following table.

At the time of writing the service has been reviewed and the decision taken to incorporate it with the District Nursing Service with effect from April 1972.

It is opportune at this time to express gratitude for the excellent and devoted service provided by a small team of nurses and nursing auxiliaries over several years and frequently at short notice to sick and distressed persons in their own homes.

	<i>Households assisted</i>			<i>Nights</i>			<i>Days</i>		
	<i>1969</i>	<i>1970</i>	<i>1971</i>	<i>1969</i>	<i>1970</i>	<i>1971</i>	<i>1969</i>	<i>1970</i>	<i>1971</i>
January	17	20	13	69	52	22	1	1	—
February	15	20	4	63	50	19	2	—	—
March	10	8	12	46	29	48	—	—	—
April	13	8	7	60	15	18	5	2	—
May	7	5	11	31	35	35	15	—	—
June	9	5	8	34	19	15	4	—	—
July	9	—	11	25	8	26	—	—	—
August	10	—	7	29	13	19	—	—	—
September	6	7	10	21	19	27	—	—	—
October	14	—	12	36	23	38	—	—	—
November	14	—	9	61	28	34	—	2	—
December	11	4	10	39	12	27	—	—	1
Total	135	65	114	514	303	328	27	5	1



## F—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 1971 ..	172	119	15	17	187	136
Add:						
Notifications ..	5	2	—	—	5	2
Transfers ..	4	2	—	—	4	2
Posthumous						
Notifications ..	—	—	—	—	—	—
Found on Death						
Return ..	—	—	—	—	—	—
	181	123	15	17	196	140
Less:						
Deaths ..	1	—	—	—	1	—
Left Town ..	1	—	—	—	1	—
Arrested ..	4	4	—	—	4	4
	6	4	—	—	6	4
ON REGISTER						
31st December 1971	175	119	15	17	190	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>
Age Groups						
0-5 ..	—	—	—	—	—	—
5-10 ..	—	—	—	—	—	—
10-15 ..	—	—	—	—	—	—
15-25 ..	1	—	—	—	1	—
25-45 ..	2	1	—	—	2	1
45-65 ..	2	—	—	—	2	—
Over 65 ..	—	1	—	—	—	1
	5	2	—	—	5	2

The Registrar General's return of causes of death indicates that there was one death from tuberculosis in 1971 (respiratory).

Extra nourishment granted to persons suffering from tuberculosis:

Liquid milk—

Quantity supplied ..	4,513 pints
Number of cases assisted ..	15

## 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.

The number of persons vaccinated was as follows:

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

#### Age Groups—

Under 5 years	..	..	..	13
5-15 years	..	..	..	19
Over 15 years	..	..	..	7

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

(1) Number skin tested	..	..	438
(2) Number found negative	..	..	418
(3) Number vaccinated	..	..	418

### C—STUDENTS ATTENDING FURTHER EDUCATION ESTABLISHMENTS

(1) Number skin tested	..	..	13
(2) Number found negative	..	..	10
(3) 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 1970 of the Mass Radiography Unit which gives an indication of the work done by the Unit within the County Borough area. 1971 figures are not yet available.

Type of Examinee	Numbers Examined			Abnormalities found											
				Tubercle			Bronchial Carcinoma			Others			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total			
Doctors' Referrals ..	316	376	692	—	1	1	2	1	3	121	94	215	123	96	219
Other Examinees ..	1,604	2,344	3,948	1	1	2	3	1	4	133	118	251	137	120	257
Total ..	1,920	2,720	4,640	1	2	3	5	2	7	254	212	466	260	216	476



## G—Chiropody Service

This service has been carried on since 1960, showing a steadily increasing demand from year to year, as illustrated in the table below. Treatment is provided at the Authority's Health Centres, District Clinics and residential homes and there is a domiciliary service and transport arrangements for handicapped persons.

There is a standard charge for treatment (excluding residents of homes for the elderly and school children) which is subject to abatement according to means.

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

Free	..	..	..	923*
Reduced charge	..	..	..	14
Standard charge	..	..	..	723
				<hr/> 1,660 <hr/>

\*664 of whom were in receipt of Social Security supplement.

Year	At Authority Clinics						Schoolchildren		Old persons Homes	Chiro-podists employed
	Aged persons									
	No. on books at year 31st Dec.	Increase on previous year	New cases in year	No. of treatments given in year (incl. Dom.)	No. of Clinic sessions (excl. Dom.)	Domi-ciliary visits	No. treated	No. of treatments	No. of sessions	
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
1971	1,660	267	489	8,812	1,176	1,132	59	249	146	3.5

## H—Laundry Service

The Department continued to operate a collection and delivery service in respect of the laundering of bed linen and clothing of incontinent persons being cared for in their own homes.

Laundering is carried out by arrangement with a local hospital laundry.

## I—Health Screening Clinic

This clinic is held weekly throughout the year on Monday evenings by appointment. During 1971 it was attended by 625 women, 613 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 categories</i>				
	1	2	3	4	5
613	62	84	301	111	55

On clinical examination 119 women were found to have gynaecological conditions and on microscopic examination of the cervical smear taken 120 showed inflammatory or other conditions. No smears were positive for carcinoma of cervix. Breast examination showed abnormalities in 36 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.

## SECTION C

### PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

As in previous years the totals of notifications of infectious diseases remain low. The rise in notification of measles is not thought to be due to an overall increase in the incidence of measles, but to a notable improvement in the returns of notifications of this disease. Although infectious disease causes little problem in Eastbourne, in a town whose economy is so geared to the hotel trade, nothing must be allowed to interrupt the constant flow of satisfied visitors. Prevention of disease is therefore all-important. Due to modern means of travel, in particular air transport, many travellers arrive in this country from places where diseases are endemic, well within the incubation times of those diseases. During the year the Health Department undertook surveillance of travellers returning to and arriving in Eastbourne from areas particularly where epidemics of infectious diseases had occurred. Outbreaks of typhoid, paratyphoid and cholera were reported in Spain and few of the holidaymakers at risk had been immunised against these diseases. However, to our relief, no case of infection occurred.

Two members of the Public Health staff spent a considerable part of their Christmas break in tracing and checking an immigrant from Hong Kong who had no certificate of smallpox vaccination. Again no infection resulted.



## Notification 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>
Scarlet Fever .. ..	10	3	6	1	—	—
Whooping Cough .. ..	4	1	3	—	—	—
Measles .. ..	261	136	120	5	—	—
Tuberculosis (respiratory) ..	7	—	—	4	1	2
Infective Jaundice .. ..	1	—	—	1	—	—
Typhoid Fever .. ..	1	—	—	1	—	—
Food Poisoning .. ..	1	—	—	—	1	—
<b>Totals .. ..</b>	<b>285</b>	<b>140</b>	<b>129</b>	<b>12</b>	<b>2</b>	<b>2</b>

### Medical Arrangements for Long-Stay Immigrants

In accordance with Ministry of Health Circular 3/65, 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 1971.

It should be noted that the Eastbourne Hospitals Group in co-operation with this Department, made their own contact with immigrants employed by them.

#### LONG-STAY IMMIGRANTS

Notification of arrival .. ..	74
-------------------------------	----

#### COUNTRY OF ORIGIN

##### *Commonwealth Countries:*

Carribean .. ..	3
India .. ..	2
Other Asian .. ..	15
African .. ..	4
Other .. ..	1

##### *Non-Commonwealth Countries:*

European .. ..	27
Other .. ..	22

74

##### *Successful contacts made by:*

Public Health Inspectors .. ..	31
Health Visitors .. ..	15
Eastbourne College .. ..	—
Eastbourne Hospitals .. ..	25

71



## 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.

## Sexually Transmitted 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.

<i>Local Health Authority area of residence of patient</i>		<i>Totals all conditions</i>	<i>Number of new cases in the year</i>			
			<i>Syphilis</i>		<i>Gonorrhoea</i> (B1 to B3)	<i>Other Genital Infections</i> (C1 to C12)
			<i>Primary and Secondary</i> (A1 & A2)	<i>Other</i> (A3 to A8)		<i>Other Conditions</i> (D1 to D3)
Eastbourne ..		135	—	—	11	25
Elsewhere in Great Britain		13	—	—	13	—
Not known ..		8	—	1	7	—
<b>Totals</b>	1971	156	—	1	31	25
	1970	119				99

## SECTION D

### 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.



The Eastbourne Water Company, responsible for the supply within the Borough, has a well-equipped laboratory and the closest co-operation is maintained between Mr. L. A. Green, Chief Chemist, and officers of this Department on all matters appertaining to bacteriological and chemical standards of the supply.

Independently of the Water Company's own sampling programme, the Public Health Inspectors submitted 204 samples of mains water for bacteriological examination, and these all proved to be of a very satisfactory standard.

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

Date of sample—17th June 1971.  
 Appearance .. Bright and clear.  
 Odour .. None.  
 Colour .. Less than 10 Hazen.

#### CHEMICAL RESULTS IN MILLIGRAMMES PER LITRE

Total solids	..	..	..	..	450
Chlorine (as chloride)	..	..	..	..	46
Ammoniacal Nitrogen	..	..	..	..	0.02
Albuminoid Nitrogen	..	..	..	..	0.03
Oxygen absorbed in 4 hours	..	..	..	..	0.34
Nitrate Nitrogen	..	..	..	..	5
Nitrite Nitrogen	..	..	..	..	None
Hardness (total)	..	..	..	..	258
Hardness (carbonate)	..	..	..	..	204
Hardness (non-carbonate)	..	..	..	..	54
Alkalinity	..	..	..	..	204
Metallic impurity—Iron (Fe)	..	..	..	..	0.01
Copper (Cu)	..	..	..	..	0.03
Other metals	..	..	..	..	Absent
p.H.	..	..	..	..	7.4
Residual Chlorine (at time of receipt)	..	..	..	..	0.13

REMARKS—The sample represents a hard water of excellent organic purity and low salinity the reaction of which was very slightly alkaline.

The water was free from any excessive trace of metallic contamination or nitrate content and as judged by the chemical analysis the water, as sampled, is pure and wholesome and suitable for drinking purposes.

## SEWERAGE AND SEWAGE DISPOSAL

With the exception of a very small number of privately-operated sewage disposal systems serving isolated properties, primarily in the Langney area, the whole of the sewage system for the Borough converges on the pumping station at Langney Point where the effluent is screened and comminuted before being discharged via the outfall to the sea.

During the course of the year at one period isolated complaints were received alleging faecal contamination of the foreshore in the Holywell area. Very extensive enquiries, however, failed to substantiate the complaints. As a precautionary measure, the District Public Health Inspectors were instructed to keep a very watchful eye on the parts of the foreshore within their respective districts. It is, indeed, very difficult



to understand how any such contamination could arise from the sewage outfall since the screening and comminuting is to such an effective degree that the sewage is without question broken down to very small particles.

## PUBLIC BATHS

The Old Town Swimming Baths, which has a capacity of 45,000 gallons of fresh water derived 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.

Forty samples of water were taken for bacteriological examination, and one for chemical examination, all of which were satisfactory.

The numbers using the bath during the year were:

### Organised Parties—

Local Authority Schools	..	..	..	42,908
Youth Organisations	..	..	..	6,482
General Public	..	..	..	17,868
				<hr/>
				67,258
				<hr/>

## Seaside Baths

Thirty individual baths are provided, 15 for males and 15 for females.

The number of persons using these baths were:

Men	..	..	..	..	..	4,913
Women	..	..	..	..	..	1,197
Retired persons (admitted at reduced prices)						3,633
Children	..	..	..	..	..	256
						<hr/>
						9,999
						<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-three samples of water were submitted for bacteriological examination, all of which showed that a high bacteriological standard is being maintained. One sample was taken for chemical examination.



## Other Swimming Baths and Pools

Seven other pools, three privately owned, and the other four at schools and colleges are in use; 98 samples were taken from these pools, and generally were of a satisfactory bacteriological standard. Eight 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.

As in the past when presenting some details of the work carried out by the Public Health Inspectors' Section, I have tried to recall the more outstanding features of the year's work. The statistical detail reveals few changes. At the slaughterhouse there was a slight increase in throughput and better quality and more disease free animals than usual. The Housing Section of the report shows continued progress in this very worthwhile field of activity, although the statistics do not show the amount of time spent advising members of the public about their housing problems.

I would take this opportunity of expressing my appreciation to all members of the staff who have again cheerfully given of their best, sometimes under difficult circumstances, and often outside normal hours.

### General Summary

Visits and inspections made by the Public Health Inspectors in 1971:

For general public health purposes .. ..	1,946
Inspections under the Housing Acts, etc. ..	1,894
In connection with food and to food premises	3,442
Infectious disease control visits and investigations .. ..	96
Prevention of Damage by Pests Act, 1949 ..	324
SO <sub>2</sub> and Smoke Recordings .. ..	458
Offices, Shops and Railway Premises Act, 1963	506
Visits for miscellaneous purposes .. ..	721

9,387

Food animals inspected at slaughterhouse .. 7,416



## FOOD HYGIENE REGULATIONS

The following table gives details of food premises subject to the Food Hygiene (General) Regulations, 1970:

	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 ..	24	24	24	24
Fruiterers and Greengrocers ..	57	57	47	47
Grocers, Provision and General Stores .. .. .	104	104	104	104
Hotels and Guest Houses, etc.	410	309	410	410
Meat Depots .. .. .	2	2	2	2
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

As in previous years the inspection and supervision of food premises was a "specialist" duty and the routine work continued throughout the year although, perhaps, unspectacularly, nevertheless with a steady enthusiasm. Improvements were constantly being noted in the food premises themselves, although some improvements only took place after informal advice by the inspecting officer but, as ever, the principal task was to try to "get over" to food handlers that whilst the usually accepted aesthetic visual standards of hygiene are of great importance, it is the unseen bacterial contamination which, from a health viewpoint, is the far greater hazard.

Again we were very appreciative of the fact that we were invited to participate in lectures at the College of Further Education on the subject of Food Hygiene in the preparation of students for the examination for the Certificate of the Royal Institute of Public Health and Hygiene.

The opportunity was also taken to give lectures and talks to other interested bodies and organisations on the subject of Food Hygiene.

### Slaughtering and Inspection of Food Animals

#### PREMISES

The one private slaughterhouse in the Borough continued to be fully operative during the year under review and, as mentioned in the 1970 Annual Report, steps were being taken to improve the conditions. The



owners of the slaughterhouse co-operated with the officers of the Section and, at the end of the year under review, considerable improvements had already been effected and were continuing.

#### INSPECTION

The throughput at the slaughterhouse was maintained at a slightly higher level than the previous year and it was again possible to maintain a one hundred per cent. inspection service of all animals slaughtered. This continued to be carried out by the District Inspectors on a rota system.

No abnormal incidence of any specific disease or conditions was noted during the year and the percentage of animals affected with tuberculosis or cysticercosis was approximately the same as in 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 . . . . .	1,307	17	33	2,678	3,381
Number inspected . . . . .	1,307	17	33	2,678	3,381
<i>All diseases except Tuberculosis:</i>					
Whole carcasses condemned . . . . .	—	2	1	9	11
Carcasses of which some part or organ was condemned . . . . .	453	9	3	89	648
Percentage of the number inspected affected with disease other than tuberculosis or cysticerci . . . . .	34·7	64·7	12·1	3·7	19·5
<i>Tuberculosis only:</i>					
Whole carcasses condemned . . . . .	—	—	—	—	—
Carcasses of which some part or organ was condemned . . . . .	—	—	—	—	1
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

During the year under review there were again no outbreaks of the scheduled diseases and the work involved was mainly with routine matters relating to movement licences.

At the end of the year there was one licensed plant remaining in operation for the boiling of waste food for feeding to animals.

## Food Premises

Visits and inspections made to food premises were as follows:

Dairies .. .. .	68
Milk Distributors .. .. .	102
Ice Cream Manufacturers .. .. .	205
Ice Cream Retailers .. .. .	196
Bakehouses .. .. .	76
Butchers' Shops .. .. .	183
Wholesale Meat Depots .. .. .	38
Meat Products Preparation Premises .. .. .	24
Fish Shops .. .. .	58
Fried Fish Shops .. .. .	38
Other food shops and stores .. .. .	360
Hotel and Restaurant Kitchens .. .. .	854
School Kitchens .. .. .	50
Residential Establishment Kitchens .. .. .	23
Stalls and Vehicles .. .. .	155
In connection with unfit food .. .. .	159
In connection with food complaints .. .. .	202
Slaughterhouse .. .. .	624

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 .. .. .	31
Grocers' and Provision Stores .. .. .	12
Fried Fish Shops .. .. .	10

## 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) . . . . .	103

Of these, three distributors sell cream only.

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

To pasteurise milk . . . . .	1
Dealers' Licences to use the designation "Pasteurised" . . . . .	94
Dealers' Licences to use the designation "Sterilised" . . . . .	28
Dealers' Licences to use the designation "Untreated" . . . . .	6
Dealers' Licences to use the designation "Ultra Heat Treated" . . . . .	25

(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 . . . . .	77	Phosphatase . . . . .	77	—	—
		Methylene Blue . . . . .	75	—	2
Untreated . . . . .	4	Methylene Blue . . . . .	4	—	—
Sterilised . . . . .	17	Turbidity Test . . . . .	17	—	—
U.H.T. . . . .	12	Loop Test . . . . .	12	—	—



(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 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 twenty-six 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	..	..	175
(d) For the storage of ice cream for the purpose of sale	..	..	2

Of the 401 visits made to these premises, 205 were to manufacturers premises and 196 to retailers.

Our seasonal programme of regular bacteriological sampling of ice cream produced and/or sold within the Borough was again followed, and to a great extent was concentrated on the "soft" variety and the "bulk" or "loose" ice cream dispensed individually from cans. It is pleasing to note that the very great majority of the samples were classified in Grades 1 or 2, and where unsatisfactory samples (Grades 3 and 4) were obtained, appropriate examination of the hygienic practices was undertaken, advice given, and regular sampling over a period carried out until higher grading was achieved.



During the year, 242 samples were taken for this purpose, and the results are shown below:

Grade	Premises				Mobiles			
	1	2	3	4	1	2	3	4
Soft Ice Cream ..	25	12	3	—	2	1	—	1
Other Ice Cream	94	81	14	4	—	1	2	2

## Unfit Food

During the year 159 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 food stuffs voluntarily surrendered by traders and disposed of by burning at the Churchdale Road Destructor Works:

Almonds, ground (pkts.) ..	2	Ice Cream (cartons) ..	923
Baby Food (jars and pkts.) ..	12	Jam and Marmalade (lbs.) ..	127
Bacon (lbs.) ..	52	Jellies (pkts.) ..	4
Beef Dripping (lbs.) ..	6	Malt Drinks (cans) ..	12
Bicarbonate of Soda (pkts.) ..	1	Marmite (jars) ..	1
Biscuits (lbs.) ..	8	Meat and Offal (lbs.) ..	253
Bovril (jars) ..	4	Meat (cans up to 4 lbs.) ..	192
Butter, Margarine, Lard, etc. (lbs.)	84	Meat (cans over 4 lbs.) ..	24
Cake and Cake Mix (lbs.) ..	3	Melons ..	50
Cereals (pkts.) ..	77	Milk (cans) ..	37
Cheese (lbs.) ..	58	Milk Puddings (cans) ..	87
Cheese Spread (pkts.) ..	48	Mincemeat (lbs.) ..	29
Chicken Pie ..	1	Mint Sauce (jars) ..	1
Coconut (pkts.) ..	1	Paste, meat and fish (jars) ..	1
Coffee, instant (cans and jars) ..	14	Pastry mix (pkts.) ..	1
Coffee Essence (botts.) ..	9	Poultry (lbs.) ..	73
Confectionery (lbs.) ..	11	Salt (pkts.) ..	30
Cooking Oil (botts.) ..	4	Sauce (botts.) ..	12
Cornflour (pkts.) ..	15	Sausages and Sausage Meat (lbs.)	35
Custard Powder (cans) ..	1	Soft Drinks (botts. and cans)	118
Cream (jars and cans) ..	5	Soup (cans and pkts.) ..	32
Drinking Chocolate (cans) ..	2	Sponge Puddings (cans) ..	1
Fish (cans) ..	84	Stuffing (pkts.) ..	2
Fish (stone) ..	12	Sugar (lbs.) ..	38
Flour (lbs.) ..	5	Syrup and Treacle (cans) ..	11
Frozen Foods (pkts.) ..	2,911	Tea (lbs.) ..	$\frac{1}{2}$
Fruit (cans) ..	3,135	Tea Bags (pkts.) ..	2
Fruit, dried (lbs.) ..	86	Vegetables (cans) ..	1,234
Ham (lbs.) ..	241 $\frac{1}{4}$	Vinegar (botts.) ..	22
Herbs, Spices, etc. (pkts.) ..	7	Virol (jars) ..	2
Honey (lbs.) ..	15	Vitavel Syrup (botts.) ..	1

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 number of complaints from purchasers of food alleging some irregularity, which were received in the Department, showed an increase over previous years, viz.:

1967	..	56
1968	..	64
1969	..	81
1970	..	96
1971	..	117

The complaints received could, broadly, be placed in the following categories:

Food containing foreign matter	..	..	52
Food affected with mould	..	..	18
Food with abnormal taste, colour or conditions			27
Food of inferior quality, or not in accordance with labelling requirements	..	..	20

A wide variety of foodstuffs were involved in these complaints which related very largely to the following categories:

Meat Pies, etc.	Milk and dairy produce
Sausages and sausage rolls	Meat and meat products
Bread and flour confectionery	Alcoholic beverages and soft drinks
	Fish

The investigation of complaints very frequently involved considerable correspondence and interviews with chemists, bacteriologists and foods technicians of the manufacturing firm and, in order to attempt to assess the difficulties associated with the problem, it is necessary that the Inspector involved must have a comprehensive knowledge of manufacturing processes and techniques and, to this end, must, through the media of technical literature, etc. and, where practical, visits to the manufacturing premises, endeavour to keep abreast with such knowledge. Even so, as mentioned in my previous reports, the Officer must inevitably, to a very large degree, be dependent upon information received from the manufacturers, and such assistance as necessary rendered by the Health Inspector of the Authority in which the manufacturing process is carried out to arrive at a decision of action to be taken.

During the year public awareness was made more acute of the vexed question of "code dating" of perishable foodstuffs. Although it would be wrong to suggest that the practice of selling out-of-date commodities does not arise in the Borough, from an investigation carried out during the year, using our knowledge of coding of a number of manufacturers, etc., little evidence was produced to suggest that the matter was widespread. However, the Food Standards Committee of the Department of Health and Social Security were asked to investigate the whole question during the year, and through the Town Clerk, our views on the matter were made available to the Committee.

The majority of the complaints received are dealt with departmentally, the usual procedure being, where circumstances so warrant, that a



strong warning letter be given. In certain cases however, it was considered necessary that the circumstances of the case should be reported to the Public Protection Committee, and nine cases were, in fact, so dealt with. Of these the Committee authorised the issue of warning letters in four instances, and prosecutions were authorised in respect of four incidents. These were in respect of:

A piece of adhesive medicated plaster with associated gauze, found in a tin of creamed sago pudding—Defendant Company fined £50 plus £5 costs.

A piece of wire, approximately one inch long, found in the filling of a peppermint cream sweet—Defendant Company fined £50 plus £10 costs.

Pork sausages found to be affected with mould—Defendant Company fined £25 plus £10 costs.

Pork sausages found to contain a bluebottle fly—Defendant Company fined £50 plus £10 costs.

Some of the more interesting cases dealt with are summarised below:

*Case No. 311—Wire found in Peppermint Cream*

This was established to be a strand of wire from a sieve.

*Case No. 312—Foreign matter in a bun*

This, after investigation, proved to be a portion of a scouring pad which had been left on a mixing bowl and then had been shaken into the dough. Following this complaint, severe disciplinary action was taken by the bakery concerned against the employee for this act of negligence, and control of cleaning materials was subsequently more strictly enforced.

*Case No. 319—Piece of wire in steak and kidney*

Despite very extensive enquiries we were unable to establish positively that the wire was in the steak and kidney when purchased.

*Case No. 322—Metal in Baby Food*

It was demonstrated that the very small piece of metal had, in fact, got into the food when the lid was being opened with a domestic type wall can-opener in the home.

*Case No. 342—Brandy turned blackish colour*

After very prolonged investigation it was established that the dispensing optic used contained certain metals which would have this effect, and that this particular type of optic should not, in fact, have been used for brandy.

*Case No. 344—Pre-packed bacon alleged to be "off"*

The complainant quite definitely stated that the purchase was made at a certain shop, but examination of invoices and other documents revealed that no bacon from this particular manufacturer was sold in



the store, and further enquiries showed that the manufacturers did not, in fact, deliver to the store in question.

*Case No. 347—Matchstick in unsliced white loaf*

Experiments carried out by the management of the bakery concerned, together with the Deputy Chief Public Health Inspector, proved conclusively that, having regard to the deposition of the match and other factors, this could only have entered the dough as a deliberate act of sabotage. Unfortunately, the culprit was never found.

*Case No. 350—Nail in solid pack of Red Plum*

The plums were imported from Hungary and as a result of our investigations, the importers ascertained that, in fact, an unauthorised and unapproved factory had been used, without their knowledge, for the packing of plums. The matter was subsequently drawn to the notice of the appropriate authority of that country.

*Case No. 363—Loaf with piece of metal*

The metal was part of a sheared bolt on a flour sieve. The Bakery had become aware of the bolt having sheared but were too late to prevent the load containing the bolt being distributed.

*Case No. 370—Bluebottle fly found in pork sausages*

The sausages had been produced locally and, as a result of unsatisfactory conditions found and a successful prosecution which followed, the sausage preparation room was subsequently closed.

*Case No. 380—Dripping containing cardboard*

It was established that the strip of cardboard was placed in new empty packets to act as a strengthener during transit and that, in this instance, the operator had failed to extract this cardboard and had filled the packet with dripping.

*Case No. 383—Sweets alleged to contain a nail*

Although the sweet did give the impression of having a nail partly embedded in it, on microscopic examination it was found that the "nail" was, in fact, a small piece of liquorice which had inadvertently gained access.

*Case No. 384—Eggs unsatisfactory*

Two eggs out of a packet of twelve had additional shells implanted on them. The eggs were of standard size and of perfectly good quality, and the reason for this unusual occurrence was never established.

*Case No. 389—Chicken and mushroom pie—mould*

The proprietor of the store from which this pie was allegedly sold had, for his own precautionary purpose, kept a record of pies sold to the complainant, and his record showed that no such pie had been sold on



the particular day alleged. Further details came to light during the course of investigation which tended to indicate that the proprietor's record was a correct one.

*Case No. 412—Glass in egg, bacon and cheese pie*

The portion of glass, after intensive enquiries, was established to have been a portion of a glass bottle used for tonic waters, etc. The management of the firm concerned made very exhaustive enquiries and concluded that this piece of glass must have been a chip off a bottle introduced by a workman working on a ventilation duct at the weekend, when production had ceased, and had subsequently been shaken down into the pie.

### **Sampling of Food and Drugs**

We are again grateful for the co-operation of Mr. T. Rymer, the Public Analyst. Four formal and 259 informal samples were submitted to the Public Analyst, of which 13 were found to be unsatisfactory. Eighteen 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.

**BABY FOOD (Steak and Kidney Dinner)**—The sample contained only 12 per cent. of meat, which the Public Analyst considered to be unreasonably low. The total protein content was only 3.2 per cent. The claim on the label was as follows: "Traditional Steak and Kidney Dinner cooked in gravy with selected vegetables to provide a delicious dinner to be enjoyed when your baby is accustomed to strained foods."

**BEEF CASSEROLE**—The article consisted of beef and vegetables in gravy, which was deficient in meat content. The label was misleading since the heated contents bore no relation to the illustration and the food was incorrectly described as a ready meal. The list of ingredients was incorrect.

**BITTER LEMON CORDIAL**—This bitter lemon drink had an unpleasant "off" flavour, probably due to oxidation of the essential oils present through overlong or unsatisfactory storage conditions.

**CHEESE**—Due to an imperfection in the foil wrapping the cheese was mouldy and a bacteriological development had rendered the cheese intensely bitter.

**CHEESE (Derby)**—This cheese had developed mould growth and possessed an unpleasant bitter taste.

**INSTANT POTATO**—This article was stated to be calorie reduced but this was not the case. The label did not comply with the Labelling Regulations. The manufacturer's ordinary Instant Potato, when made up according to directions, had 79 calories per 100 grams whereas the "calorie reduced" one had 102 calories per 100 grams.



**MINCED MEAT (tinned)**—The sample was deficient in meat content and the illustration on the label was misleading.

**PEANUT BUTTER**—The sample contained 8.2 per cent. of sugar and in the opinion of the Public Analyst the sample should have been described in the main title as "sweetened".

**SEASONING**—The presence of added colouring matter was not indicated in the list of ingredients as required by the Labelling of Food Order, 1953.

**STEAK AND KIDNEY PIE (two samples)**—Contained only 0.65 per cent. and 2.3 per cent. respectively of recognisable pieces of kidney (expressed as raw kidney) which, in the opinion of the Public Analyst is too low.

**STEAK AND KIDNEY PUDDING**—Contained only 2.3 per cent. of recognisable pieces of kidney (expressed as raw kidney) which, in the opinion of the Public Analyst is insufficient.

**TINCTURE OF IODINE**—Contained an excessive amount of iodine, but was deficient in potassium iodine.

### **Bacteriological Sampling (other than milk and ice cream)**

Nineteen samples of cream and cream products and five of sausage rolls from local factories 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.

## **HOUSING**

Once again the greater part of our energy in the field of housing has been expended on repair, improvement and conversions, thereby contributing to the Government's policy and the country's need to preserve and add to the national housing stock.

The Government is constantly telling us that more houses must be built both in private and public sectors to meet the chronic shortage of houses, and that every effort must be made to preserve existing houses.

As housing is a subject which intimately affects every one of us, we realise very readily that such exaltations are not open to debate, the arguments arise over the means of achieving the objective. Apart from the extreme shortage of land, which is itself a major problem when 54 millions are crowded together on an island, the heart of the matter is costs and what appears to be a lack of interest and pride among many building workers. One can see in any technical college wonderful displays of craftsmanship among building trade apprentices, but put those same people on to a building site where they work in teams intent on earning bonuses and incentive payments, and we have a very different picture. Those who are attempting to buy a property, particularly young couples endeavouring to purchase a house for the first



time, are met with fewer properties to choose from and those that are available command prices far above their true worth. But having obtained a property, then one's problems are just about to start!

In spite of supervision by local authorities under building Regulations and, in some cases, by surveyors from the NABRC, both of whom do their utmost to ensure that good standards are maintained, we are compelled to fall back on the integrity of those responsible for the actual construction work or work of repair, and it is regrettable that the necessary good faith is not always forthcoming.

Every Public Health Inspector can cite case after case where he has been called upon to advise on how to diagnose and rectify inherent structural defects such as penetrating and rising damp caused by defective or bridged damp proof course, badly constructed roof plumbing, internal plumbing and drainage. Windows and doors disintegrate with wet rot brought about by leaving such components exposed on sites with just a covering of pink primer to keep out the rain. They are then installed in the house and painted, trapping the moisture in the wood. The householder who religiously paints his property is at a loss to understand why he has to replace these parts after only a few years. Two items which are so sadly lacking today are thermal and sound insulation, the lack of which turns what should be a comfortable home into a centre for acquiring frustration and irritability. The cost of adequate thermal and sound insulation, if installed at the time of construction, would be negligible compared with the overall costs of building and would save the householder a great deal of money, inconvenience and worry. And who, may one ask, was responsible for the "through lounge" innovation, which has done much to destroy privacy and individuality in family life?

With these problems in mind, it is clearly the duty of all of us engaged in housing work to ensure that the highest possible standards are maintained at all times, for the alternative is seeing new houses and flats becoming slums, not in 80 years' time, but in half that time, thereby perpetuating the chronic shortage of dwellings and denying the right of future generations to be comfortably housed.

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

Dwelling Houses (Housing Acts)	..	..	576
Dwelling Houses (Public Health Acts)	..	..	166
Improvement Grants	..	..	448
Re-visits	..	..	455
Surveys	..	..	249

## 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 1971:



<b>A. HOUSES DEMOLISHED DURING THE YEAR</b>	
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>B. UNFIT HOUSES CLOSED DURING THE YEAR IN PURSUANCE OF CLOSING ORDERS OR UNDERTAKINGS</b>	
Under Sections 16 (4), 17 (1) and 35 (1) Housing Act, 1957, and Section 26, Housing Act, 1961 .. .. .	7
Number of separate dwellings contained therein ..	7
Under Sections 17 (3) and 26, Housing Act, 1957 ..	Nil
Parts of Buildings closed under Section 18, Housing Act, 1957 .. .. .	8
<b>C. NUMBER OF PERSONS DISPLACED DURING THE YEAR</b>	
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 .. .. .	7
From parts of buildings to be closed .. .. .	16
<b>D. NUMBER OF FAMILIES DISPLACED DURING THE YEAR</b>	
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 .. .. .	5
From parts of buildings to be closed .. .. .	8
<b>E. UNFIT HOUSES MADE FIT</b>	
After informal action by local authority by owner ..	31
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 ..	6
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 .. .. .	12
<b>F. HOUSES IN WHICH DEFECTS WERE REMEDIED (other than unfit houses made fit) after formal notice under Public Health Acts .. .. .</b>	
	1



#### G. UNFIT HOUSES IN TEMPORARY USE (Housing Acts 1957)

Retained for temporary accommodation under Section 48:

Number of houses .. .. .	Nil
Number of separate dwellings contained therein ..	Nil

#### H. PURCHASE OF HOUSES BY AGREEMENT

Houses in Clearance Areas other than those included in confirmed or compulsory purchase orders .. .. .	Nil
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### Improvement Grants

It is gratifying to record that the number of Improvement Grant applications which received approval during the year rose to 154, an increase of 31 on the previous year.

Five applications were refused, three because settlement had caused severe structural damage which had appreciably reduced the "life" of the property; one on the grounds that the scheme submitted by the owner was not sufficient to constitute a worthwhile improvement, although this has now been completely revised and it is anticipated that approval will eventually be given; and the fifth refusal was in respect of a conversion into holiday flats which, being business premises, was not eligible for an Improvement Grant.

There has been a steady decline in Standard Grant applications, 36 being approved during the year, none being refused, which is to be expected now that Improvement Grants are such an attractive proposition.

Of the above 13 Standard and 36 Improvement Grant applications were combined with applications for Qualification Certificates.

During the year works of improvement were completed at 143 properties with the aid of Standard Grants, 100 with Improvement Grants and 9 houses in multiple occupation received additional amenities with Special Grant aid.

The availability of Improvement Grants has led to a considerable reduction in the number of individual unfit houses. In the main, owners are very ready to avail themselves of the grants to improve and restore their "castles" to their pristine glory!

### Qualification Certificates

One hundred and fifty-four applications for Qualification Certificates were received during the year, of which 49 were combined with applications for either Improvement or Standard Grants. All but one of these applications were approved. Although this is a drop of 100 on the previous year, this year's figure does indicate that more individual landlords are becoming aware of the provisions for increasing controlled rents. (In 1970, 190 applications were received from one landlord.)

During the year 44 Provisional Certificates and 160 Qualification Certificates were granted.



While Public Health Inspectors generally welcome such applications, for it means that more houses are being repaired to their satisfaction, the procedure, if one is to be helpful to both owner and tenant, is time consuming. Some properties receive three or four visits to ensure that works of repair are satisfactorily completed. This is particularly so where landlords persist in employing third-rate building contractors.

### Houses in Multiple Occupation

The most disturbing aspect of this branch of housing work is the difficulty experienced in locating all the houses that are being used in multiple occupation. To arrive at a true figure it would be necessary to carry out a house-to-house survey of every road in the Borough, for such houses have been found to exist in roads comprising small terraced properties which, appearance and location wise, give no indication that each room is let as a separate bedsittingroom. Unfortunately, such a survey as is required is out of the question for, even if manpower and time permitted, conditions are constantly changing and such an undertaking would be never ending. We are therefore compelled to a large extent to rely on tenants either coming to the Public Health Department to seek help in obtaining improved conditions, or asking the Chief Fire Officer to look at the means of escape in case of fire.

Difficulties sometimes arise when the actual use to which a house is being put conflicts with that specified by Planning, *i.e.* houses ostensibly let as self-catering holiday rooms, but which are let throughout the year, and much of the time are occupied by persons with no other homes to go to.

In the past twelve months a further 17 houses have been fitted with additional amenities and now comply with the local authority's minimum standards.

Four formal and four informal notices were served and five properties reverted to single occupation as a result of formal action being taken. One house formerly in multiple occupation became a guest house while another was converted into self-contained flats. Two properties became vacant.

### GENERAL INSPECTIONS FOR PUBLIC HEALTH PURPOSES

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

Complaints investigated .. .. .	557
Camping Sites and Moveable Dwellings .. .. .	88
Places of Public Entertainment .. .. .	27
Swimming Baths .. .. .	255
Drainage and Plumbing works .. .. .	175
Land Charges Enquiries .. .. .	61
Stables and Piggeries .. .. .	52
Smoke Observations .. .. .	199
S.O. <sub>2</sub> recordings .. .. .	259



Factories .....	78
Outworkers' Premises .....	—
Noise Abatement .....	76
Corporation Establishments .....	199
Verminous Premises .....	164
Re-visits .....	214
Infectious Disease Investigations .....	85
Rodent and Pigeon Control .....	324
Miscellaneous visits .....	721

### **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 ..	5
Section 93—To abate nuisances .....	11
Section 138—To provide a piped water supply ..	1

### **Caravan Sites and Control of Development Act, 1960**

There are four licenced 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".

Eleven samples of fertilisers were submitted to the Agricultural Analyst during the year, and all were reported on as being within the



prescribed limits of variation for their respective contents, although in three cases the statutory statement was incorrect. These cases were taken up with the manufacturers.

### **Clean Air Acts, 1956 and 1968**

There is little additional information to report to that recorded for the previous year, and the levels of SO<sub>2</sub> and particulate matter concentrations remained at approximately the same level. We continued to operate one Station at Avenue House to supply data to the Ministry of Technology (Warren Springs Laboratory) in the national survey of smoke and sulphur dioxide atmospheric pollution.

To date, the necessity for the implementation of Smoke Control Areas has not featured high on our list of priorities, but with the rapid strides made in "black" areas of the country, the time is not far hence when perhaps thought will have to be given to this matter.

During the year approval was given to the height of two new chimneys in accordance with Section 6, Clean Air Act, 1968. It is interesting to note that one of these chimneys was subsequently erected and, whilst performing perfectly satisfactorily from a smoke and fumes viewpoint, had to be abandoned due to vibratory noises created which, despite considerable attempts, could not be rectified. The flues were ultimately directed at considerable expense to an existing brick stack some distance away.

### **Noise Abatement Act, 1960**

During the year 14 complaints of alleged noise "nuisance" were received, of which 10 were considered to be substantiated. These complaints necessitated 76 visits. Informal action and advice secured the abatement of nuisances in most cases.

The most common reasons for complaint were nuisances caused by engineering works at garages, etc., and nuisance and disturbance caused to residents in the vicinity of 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 204 samples of mains drinking water were taken. Of these, 175 samples were submitted to the Eastbourne Water Company, and 29 to the Public Health Laboratory.

As a safeguard to our swimmers, 199 samples of water were taken from our swimming baths and paddling pools.

### **Offices, Shops and Railway Premises Act, 1963**

Inspections under this piece of legislation have presented few problems. Inspections are now well known to the occupiers of premises



and co-operation is good. As will be seen by the tables, figures remain fairly constant.

The number of accidents reported is similar to previous years. We have few premises dealing with the mechanical handling of goods but in one or two premises where heavy equipment is moved workers have been supplied with metal toe-capped boots. Falling objects accounted for several accidents and the lamb that fell on someone's foot and bruised his toes was a very hard-frozen one.

The leaflet on "The Safe Use of Food Slicing Machines" was well accepted and the staff where such machines are in use have had opportunity to take more interest and care in their use.

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 .. .. .	9	286	66
Retail shops .. .. .	13	568	215
Wholesale shops, warehouses ..	1	34	21
Catering establishments open to the public, canteens ..	4	134	118
Fuel storage depots ..	—	2	—
TOTALS .. .. .	27	1,024	420

TABLE B

Number of visits of all kinds by Inspectors to  
registered premises .. .. . 506

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

<i>Class of workplace</i>	<i>Number of persons employed</i>
Offices .. .. .	4,011
Retail shops .. .. .	3,362
Wholesale departments, warehouses ..	543
Catering establishments open to the public ..	1,477
Canteens .. .. .	79
Fuel storage depots .. .. .	15
TOTAL .. .. .	9,487
Total Males .. .. .	4,434
Total Females .. .. .	5,053

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>
4—Cleanliness .. .. .	2
6—Provision of thermometer .. .. .	8
7—Ventilation .. .. .	7
8—Lighting .. .. .	2
9—Sanitary Conveniences .. .. .	9
10—Washing Facilities .. .. .	4
12—Clothing .. .. .	1
16—Floors, passages and stairs .. .. .	16
24 { First Aid .. .. .	8
{ Abstract of Act .. .. .	2
TOTAL .. .. .	59

# 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 .. .. .	—	1	—	—	—	—	1
Retail shops .. .. .	—	12	4	—	—	2	10
Wholesale shops, warehouses .. .. .	—	6	3	—	—	2	4
Catering establishments, open to the public .. .. .	—	4	2	—	—	1	3
TOTALS .. .. .	—	23	9	—	—	5	18



## ANALYSIS OF REPORTED ACCIDENTS

	Offices	Retail shops	Wholesale warehouses	Catering establishments open to public canteens	Fuel storage depots
Falls of persons ..	1	3	—	3	—
Stepping on or striking against object or person	—	2	1	—	—
Handling goods ..	—	7	3	—	—
Struck by falling object ..	—	—	1	1	—
Vehicle in motion ..	—	—	1	—	—
TOTALS ..	1	12	6	4	—

## FACTORIES ACT, 1961

## 1. Inspections for purposes of Provisions as to Health

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority .. ..	43	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .. ..	234	42	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) .. ..	87	36	1	—
TOTAL .. ..	364	78	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 ..	2	2	—	—	—
(c) Not separate for sexes .. ..	—	—	—	—	—
Other offences against the Act (not including offences relating to out-work) .. ..	2	2	1	1	—
TOTAL ..	5	5	1	1	—

## Part VIII of the Act—Outwork

### SECTIONS 133 AND 134

Class of Work	Section 133		
	No. of Outworkers in August list required by Section 133	No. of cases of default in sending list to the Council	No. of prosecutions for failure to supply lists
Wearing apparel ..	21	—	—
Curtains and furniture hangings ..	17	—	—
Scooter and moped accessories ..	11	—	—
Cabinet and furniture making ..	2	—	—
TOTAL ..	51	—	—



## 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 36 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

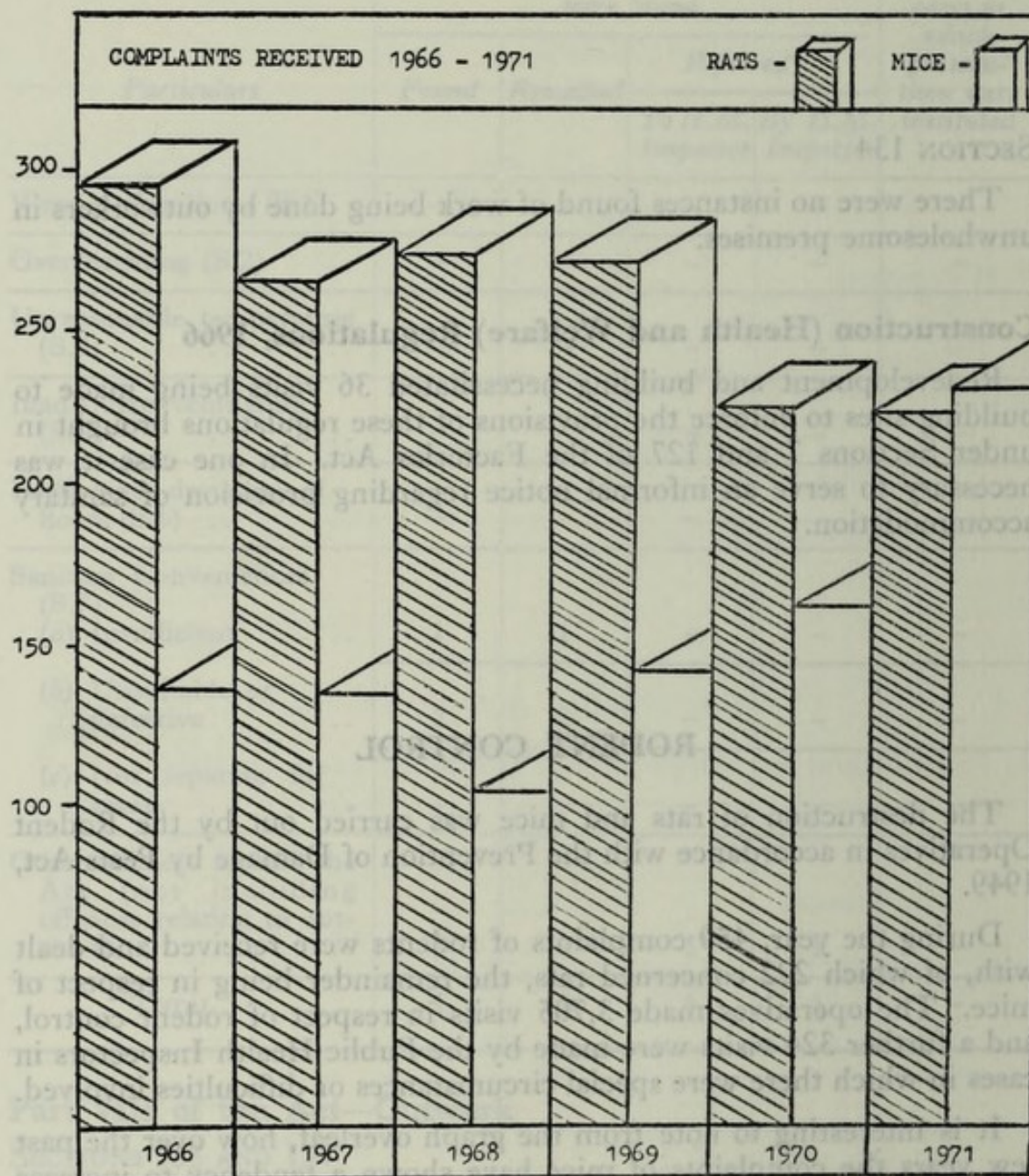
The destruction of rats and mice was carried out by the Rodent Operatives in accordance with the Prevention of Damage by Pests Act, 1949.

During the year, 459 complaints of rodents were received and dealt with, of which 222 concerned rats, the remainder being in respect of mice. The operatives made 3,705 visits in respect of rodent control, and a further 324 visits were made by the Public Health Inspectors in cases in which there were special circumstances or difficulties involved.

It is interesting to note from the graph overleaf, how over the past few years the complaints of mice have shown a tendency to increase whereas complaints of rats have been on the decrease.



## 2. Cases in which Defects were found



Up to the end of the year no resistance to the anticoagulant poisons had been noted amongst the rat population, but unfortunately Warfarin resistance by the mouse population became more than ever apparent, and resort necessarily was made to the "single dose" poison, such as zinc phosphide or alpha-chloralose. This latter poison causes mice to die from heat loss and its use has certain limitations. Nevertheless, we have used this quite successfully in a number of infestations which had proved troublesome.



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. Total number of properties (including nearby premises) inspected following complaint ..	36	526	174	736	1
Number of such properties found to be infested by:					
(i) Rats .. .. .	10	140	51	201	1
(ii) Mice .. .. .	19	181	61	261	—
2. Total number of properties inspected for rats/mice in the course of survey (i.e. not as a result of complaint)	2	115	53	170	—
Number of such properties found to be infested by:					
(i) Rats .. .. .	—	6	2	8	—
(ii) Mice .. .. .	—	5	2	7	—
3. Treated by Operators	34	273	100	407	—
4. Visits for all purposes	194	1,984	1,527	3,705	—

Number of block control schemes carried out—4.

### **Verminous Premises**

The Inspectorate have been called upon to give a good deal of advice in relation to insect infestations. Several private firms offer facilities in the area for cockroach treatment, but many people prefer to tackle the job themselves after receiving advice.

There seemed to be an increase in the amount of advice dispensed in connection with carpet beetles which thrive more readily in our modern world of wall-to-wall carpeting and central heating.

### **Pigeons**

Pigeons continued to be the source of a number of complaints to the Department. A steady inroad was, however, made into the pigeon population and over 800 were destroyed during the year, 395 by trapping at strategic points and 425 by shooting. Both these operations were very strictly controlled and supervised.



## **Wasps**

The summer season again produced a volume of complaints regarding wasps and 127 nests were destroyed by the Rodent Operators often working in difficult situations. The standard charge for the work involved remained at 75p.

## **SECTION E**

### **MISCELLANEOUS**

Nursing Homes  
Nurses Agencies  
Midwives Act, 1951  
Staff Medical Examinations  
Cremation  
Meteorology

### **NURSING HOMES ACT AND REGULATIONS**

The relevant Acts and Regulations with regard to registration and inspection of nursing homes continues to be administered by the Council and authorised Officers of this Department.

The Nursing Homes Act, 1963, and the Conduct of Nursing Homes Regulations provide, amongst other matters, for adequate and competent staffing, adequate space, furnishing and nursing equipment, together with sufficient sanitary and washing facilities, light, heating and ventilation. The Council, as registration authority, has considerable powers of supervision to ensure that nursing homes meet and maintain the required standards.

There were no new registrations or cancellations of registration and at the end of the year 17 Homes were registered providing a total of 314 beds.

### **NURSES AGENCIES ACT**

Two licences in respect of existing agencies were renewed. 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 purposes of the Midwives Act, 1951.

During the year 33 midwives notified their intention to practice of whom 4 were in the Council's domiciliary midwifery service and 29 in the hospital service.

### **STAFF MEDICAL EXAMINATIONS**

New entrants to the Corporation service are required to complete a medical statement instead of submitting to a medical examination.



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

Number of medical examinations made:

Sick Pay .. .. .	12
Superannuation .. .. .	58
Public Service Vehicle licence renewals ..	15
Total ..	85

Number of medical statements scrutinised .. 538

In addition to the above, 52 examinations were carried out on candidates for admission to training colleges. There were also seventeen sessions at Chelsea Training College and ten at the Eastbourne College of Education.

## MOTOR VEHICLE DRIVING LICENCES

Consequent upon the Motor Vehicle (Driving Licence) Regulations 1970 the number of referrals to medical staff of the department has increased. In the course of the year medical opinions with the co-operation of general practitioners or consultants were rendered to the Local Taxation Officer upon 21 cases.

## 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	1966 .. .. .	1,624
1961 .. .. .	1,078	1967 .. .. .	1,713
1962 .. .. .	1,295	1968 .. .. .	1,956
1963 .. .. .	1,459	1969 .. .. .	2,014
1964 .. .. .	1,494	1970 .. .. .	2,216
1965 .. .. .	1,542	1971 .. .. .	2,155

## METEOROLOGY

Borough Meteorologist: W. L. PECK

1971

After a cold and mainly dry first week in January, the remainder of the month was mild and changeable with rain falling every day during the latter half of the month. Mild conditions continued throughout February with temperatures about average, and rainfall less than the average for the month. Sunshine was above average, the last ten days of the month being particularly sunny.



March was colder than average particularly during the first week when slight snow or sleet fell on four days. Most of the month's rainfall of 2.24 inches fell during the third week of the month. Dry and sunny conditions prevailed in the last week of March and the sunshine total for the month finished slightly above average.

East and North Easterly winds were especially persistent during the first two weeks of April and were largely responsible for the temperature being below average for the month. Conditions were mainly dry with most of the month's rainfall falling between the 22nd and 26th. In spite of the dry condition sunshine was well below average mainly due to the cloudy spell during the first two weeks of the month.

May was generally sunny throughout and although rainfall for the month was slightly above average it fell mainly at night. Winds were mainly light during the month and temperatures slightly above average. All in all, May was a pleasant month.

These conditions however were not to last throughout June. After a promising start for the first four days conditions deteriorated into the wettest June recorded in Eastbourne since records began—7.10 inches of rain being recorded. Sunshine recorded was the lowest June total since 1950, and temperatures the lowest since 1962.

By contrast July was dry, sunny and warm. Sunshine was well above average as were temperatures, the warmest day of the 1971 summer occurring on 9th July. Rainfall which was below average was confined to the last week of the month.

Mainly changeable weather occurred throughout August and sunshine and temperatures were below average, whilst rainfall was slightly above average.

The first three weeks of September were dry and sunny, no rain occurring until the 24th, and winds during the month were mainly slight. September was altogether quite a pleasant month.

October was warm, dry and sunny, temperatures and sunshine being well above average, while rainfall amounted to only half the normal average. Winds throughout the month were mainly light except for the third week when high winds prevailed and a gale occurred on the 18th.

November also continued sunny and mainly dry, the sunshine total of 116.2 hours being the second highest total recorded in Eastbourne since records began, only surpassed by the total of 124 hours in 1909.

After the good sunshine totals for the three previous months the December total was below the average, and although the first two weeks of the month were mainly dry the latter half of the month was unsettled. Mild conditions prevailed throughout the month until the last four days when temperatures dropped and slight snow fell on 29th and 30th.

## Summary of Observations

### AIR PRESSURE (MEAN SEA LEVEL)

#### Daily Average:

9 a.m.	..	..	..	..	..	30.083 inches
9 p.m.	..	..	..	..	..	30.084 ..



## AIR TEMPERATURE

### Daily Average:

Maximum	..	..	..	..	56.3	degrees
Minimum	..	..	..	..	46.3	"
Combined	..	..	..	..	51.3	"
Range	..	..	..	..	10.0	"
At 9 a.m.	..	..	..	..	51.5	"
At 9 p.m.	..	..	..	..	51.1	"
Warmest day 9th July	..	..	..	..	79.0	"
Warmest night 9th July	..	..	..	..	64.0	"
Coldest days 6th March	..	..	..	..	32.0	"
Coldest nights 2nd January and 7th March	..	..	..	..	26.0	"

## SUNSHINE

Total	..	..	..	..	1,925.2	hours
Daily average	..	..	..	..	5.26	"

## RAINFALL

Total	..	..	..	..	27.11	inches
"Rain" days	..	..	..	..	135	days

## HUMIDITY

Daily average:						
9 a.m.	..	..	..	..	81	per cent.
9 p.m.	..	..	..	..	82	"

## WINDS

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

### Direction

### Percentage

N.	..	..	..	..	16.71
N.E.	..	..	..	..	6.48
E.	..	..	..	..	11.23
S.E.	..	..	..	..	7.49
S.	..	..	..	..	10.23
S.W.	..	..	..	..	6.48
W.	..	..	..	..	26.49
N.W.	..	..	..	..	11.05
Calm	..	..	..	..	3.84
Prevailing Winds	..	..	..	..	West
Snow and sleet recorded on	..	..	..	..	12 days
Thunderstorms recorded on	..	..	..	..	1 day
Fog (9 a.m.) recorded on	..	..	..	..	4 days
Gales recorded on	..	..	..	..	3 "
Air frost recorded on	..	..	..	..	12 "
Ground frost recorded on	..	..	..	..	70 "



# Monthly Averages for 79-year Period 1881-1971

(Excluding War Years—1942-46 no observations)

Month		Air Temperature					Mean Sea Tem- pera- ture	Sunshine		Rainfall	
		Means of			High- est	Low- est		Total hours	Daily hours	Inches	'Rain' Days
		Maxi- mum	Mini- mum	Max. and Min. Com- bined							
January	..	45.2	36.8	41.0	56 1922 1923	12 1940	42.5	62.0	2.00	3.01	16
February	..	45.1	36.6	40.7	58 1897	15 1929 1947 1956	41.2	83.8	2.99	2.23	14
March	.. ..	48.3	38.2	43.3	66 1929	18 1909	42.8	137.6	4.44	2.18	13
April	.. ..	52.8	41.5	47.1	72 1924	27 1922	46.9	178.2	5.94	1.97	12
May	.. ..	59.0	47.1	53.0	78 1922	32 1935 1941 1956	52.9	234.9	7.58	1.72	11
June	.. ..	63.9	52.2	58.1	86 1957	38 1962	58.6	240.7	8.02	1.88	11
July	.. ..	67.2	56.0	61.6	90 1911	43 1919	62.6	235.8	7.61	2.25	11
August	.. ..	67.5	56.4	61.9	86 1947	41 1907	63.8	216.8	6.99	2.67	14
September	..	64.6	53.1	58.9	82 1929	27 1919	61.4	174.7	5.82	2.51	12
October	..	58.3	47.7	53.0	71 1921	28 1931	56.1	124.0	4.00	3.78	15
November	..	51.3	42.1	46.7	63 1927	25 1923	49.9	71.5	2.38	3.19	16
December	..	46.9	38.7	42.8	59 1907	17 1908	45.3	54.0	1.74	3.57	17
Year	..	55.8	45.5	50.7	90	12	52.0	1814.0	4.97	31.66	162

## Monthly Averages, 1971

Month	Air Temperature					Mean Sea Tem- pera- ture	Sunshine		Rainfall	
	Means of			High- est	Low- est		Total hours	Daily hours	Inches	'Rain' Days
	Maxi- mum	Mini- mum	Max. and Min. Com- bined							
January ..	46.0	39.0	42.5	51	26	41.3	56.7	1.83	3.54	22
February ..	46.9	38.0	42.5	51	32	43.8	93.5	3.34	1.00	11
March ..	46.9	37.3	42.1	53	26	42.4	150.4	4.85	2.24	14
April ..	51.4	41.8	46.6	61	35	47.0	158.8	5.29	1.35	7
May ..	59.5	48.0	53.7	73	39	53.4	268.9	8.67	2.34	10
June ..	62.3	51.6	56.9	76	46	57.5	208.5	6.95	7.10	14
July ..	69.4	56.9	63.1	79	48	63.4	286.4	9.24	1.52	4
August ..	67.0	58.3	62.6	77	51	64.2	173.3	5.59	2.75	18
September ..	65.7	53.1	59.4	68	45	62.0	205.8	6.86	0.60	4
October ..	61.1	50.1	55.6	67	41	58.1	167.7	5.41	1.86	6
November ..	50.9	40.0	45.5	60	32	49.5	116.2	3.87	1.92	14
December ..	48.7	41.4	45.1	54	29	45.7	39.0	1.26	0.89	11
Year ..	56.3	46.3	51.3	79	26	52.4	1925.2	5.26	27.11	135



# SUNSHINE

Stations with the highest sunshine totals during 1971, excluding island stations:

<i>Position in List</i>	<i>Town</i>	<i>Total Hours</i>
1	Swanage .. ..	1975.3
2	Weymouth .. ..	1938.8
3	EASTBOURNE .. ..	1925.2
4	Bognor Regis .. ..	1924.5
5	Portland Bill .. ..	1912.6
6	Torbay (Torquay) .. ..	1909.5
7	Bournemouth .. ..	1904.2
8	Worthing .. ..	1889.9
9	Littlehampton .. ..	1869.8
10	Exmouth .. ..	1868.3
11	Mountbatten .. ..	1858.8
12	Teignmouth .. ..	1851.2
13	Poole .. ..	1849.0
14	Penzance .. ..	1840.6
15	Lizard .. ..	1824.9
16	Everton .. ..	1819.5
17	Rosewarne .. ..	1817.5
18	St. Mawgen .. ..	1807.1
19	Thorney Island .. ..	1805.9
20	Hartland Point .. ..	1804.5
21	Hayling Island .. ..	1799.0
22	Brighton .. ..	1788.9
23	Hastings .. ..	1774.0
24	Bexhill .. ..	1773.1
25	Hurn .. ..	1769.2
26	Gulval .. ..	1754.4
27	East Hoathly .. ..	1738.5
28	Dover .. ..	1736.1
29	Starcross .. ..	1735.5



# 1971 Monthly Variations from Average

Month	Maximum Temperatures °F.	Minimum Temperatures °F.	Sea Tempera- tures °F.	Sunshine Hours	Rainfall Inches
January ..	+0.8	+2.2	-1.2	- 5.3	+0.53
February ..	+1.8	+1.6	+2.6	+ 9.7	-1.23
March ..	-1.4	-0.9	-0.4	+12.8	+0.06
April ..	-1.4	+0.3	+0.1	-19.4	-0.62
May ..	+0.5	+0.9	+0.5	+34.0	+0.62
June ..	-1.6	-0.6	-1.1	-32.2	+5.22
July ..	+2.2	+0.9	+0.8	+50.6	-0.73
August ..	-0.5	+1.9	+0.4	-43.5	+0.08
September ..	+1.1	-	+0.6	+31.1	-1.91
October ..	+2.8	+2.4	+2.0	+43.7	-1.92
November ..	-0.4	-2.1	-0.4	+44.7	-1.97
December ..	+1.8	+2.7	+0.4	-15.0	-2.68
Year ..	+0.5	+0.8	+0.4	+111.2	-4.55



# 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



### Introduction to Report of Principal School Medical Officer:

At the time of writing, we are waiting for a decision on the future of the School Health Service from 1974 onwards. I commented upon this in last year's report.

In the meantime, the work of supervising the health of Eastbourne school children continues and details of the many parts of this service are to be found in the following pages. I am particularly gratified by the efforts and initiative of the medical and health visiting staff and the health education officer in the increasing volume of health education in schools undertaken and for the co-operation of the head teachers and staff in the invitations and co-operation extended.

KENNETH VICKERY

*October 1972*

*Principal School Medical Officer*



## EDUCATION COMMITTEE

(as constituted at 31st December 1971)

*The Mayor*

MR. COUNCILLOR J. W. ROBINSON

*Chairman:*

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

*Deputy Chairman:*

MR. COUNCILLOR A. G. BANFIELD

ALDERMAN MRS. K. J. UNDERHAY

*Councillors:*

J. ANGELMAN  
E. H. BOWDLER  
D. ST. CLARE DAWSON  
W. J. EVENDEN  
MRS. U. E. G. GARDNER  
C. V. HORRIDGE  
C. H. LACEY  
J. D. NICHOLSON  
N. F. NICHOLSON  
MRS. W. E. OUZMAN  
MRS. P. I. WILKINSON

*Co-opted Members:*

REV. CANON I. C. DOCKER  
REV. CANON T. J. LYNCH  
REV. BARRY J. WOODWARD  
MR. J. W. BALL  
MR. A. G. RUSSELL  
MRS. M. F. WIGHAM

## CLINICS

*The various Clinics were held as follows:*

### *Speech Therapy*

Roselands Infants School	..	Monday a.m. and p.m.
Pashley Down Infants School	..	Tuesday a.m.
Birling Street Clinic	..	Tuesday p.m.
Parkland Infants and Juniors	..	Wednesday a.m.
Bourne Infants School	..	Wednesday p.m.
Hampden Park Infants School	..	Thursday a.m.
Winifred Lee Health Centre	..	Thursday p.m.
Lindfield School	..	Friday a.m.
Hampden Park Youth Centre	..	Friday p.m.

### *Child Guidance*

3 Upper Avenue	}	Wednesday 10 a.m. to 8 p.m. and
Psychiatrist		Fridays 10 a.m. to 1 p.m.
Educational Psychologist		Daily

### *Ophthalmic*

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

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

### *Chiropody*

District clinics as and when required

### *Slimming*

Avenue House	..	Tuesday 4.30 p.m. monthly
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## 1. STATISTICS

The number of children on the school registers on reopening in January was 7,792, and had risen to 7,895 by the end of the year. There were 1,363 children admitted during the year and the net increase compared with the end of 1970 was 345.

The average attendance of children for the year was 7,408, a percentage of 94.32.

### TOTAL NUMBER OF CHILDREN

At Primary Schools .. .. .	4,600
At Secondary Schools, including Grammar Schools	3,158
At Special Schools .. .. .	137
	<hr/>
	7,895
	<hr/>

## 2. SCHOOL HYGIENE

### (a) *Environment*

Although some of the schools cannot, by any stretch of imagination, be considered as modern, hygiene (having regard to limitations imposed by the type and age of buildings) is, without exception, maintained to good standards, and reflects creditably on the individual caretakers and others responsible. This, in turn, undoubtedly has a fundamental bearing on the Health Education standards in schools.

In the province of school catering, the Public Health Inspectors have received the fullest co-operation from the School Meals Organiser and staff under her control.

Visits to all the privately owned schools within the Borough indicate quite clearly that those responsible are fully conscious of the need to maintain the fullest possible standard of catering hygiene, although inevitably (as with local authority schools) it is necessary occasionally to draw attention to some facet which could have potential repercussions.

### (b) *Personal Hygiene*

Selective inspections totalling 14,302 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 was 70.

This decrease in numbers was mainly due to the intensive efforts of the school nursing staff who included the visiting and treating of families in their own homes in order to curb the spread or recurrence of infestation. In some instances local firms had informed the Department of members of their staff who were thought to have head infestation. This necessitated the inspection, advice and if necessary treatment of the whole family.

### (c) *Health Education*

The resources of the Health Education Section were made available to Health Visitors and Medical Officers participating in this aspect of



the curriculum in four secondary schools and the Lindfield Special School.

So much depends on the knowledge and enthusiasm of the person translating health education topics to school children of varying ages that I have reproduced below almost *in toto* the report of a health visitor covering one such school as a model of a health educator's approach and an indication of the work carried out.

## REPORT ON HEALTH EDUCATION

### *Autumn Term 1971*

This year, for the first time, the Health Visitor has been privileged to be considered as a member of the school staff for one day during the week. For the whole of Thursday Health Education has been part of the school timetable for all the years of the school. This has meant that a much closer relationship has been established with both the children and the various members of staff.

When I started Health Education at the beginning of the term the children seemed to consider that this new topic was of great originality and the whole idea—to some of them—was very novel. However, since they have been obliged to see me around the school all day on Thursdays and have got used to seeing me at the front of the class, this feeling of newness and novelty has fallen back into perspective and a more reasonable sense of proportion exists now.

During the course of a Thursday I am able to see children of each year and the following programme is being followed. It is constantly subject to change and renewal as seems fit. Wherever possible visual aids are employed to make the subject matter more realistic. These are indicated below.

#### *1st year*

There are 120 children in the first year and these have been divided into six groups of twenty children of mixed ages and abilities. The children bring with them various backgrounds and a mixed variety of knowledge of any aspects of health education. Some of them have a certain amount of knowledge from home, others from primary school, others from talks with their peers, and some have gleaned very little from any source whatsoever. The aim of the talks with these children is, first, to create and maintain a relationship with them that can be built upon as they progress through the school. Secondly it is hoped to teach them a little bit about themselves and about how they are changing and may expect to change during the next few years. Many of the girls know very little about the facts of menstruation and it seems important that this should be explained to them—and to the boys as well. The children have four sessions consecutively with the health visitor and show a very lively interest in the various topics. Discussion is very good and there are always many questions to be answered. Some of the children, perhaps have not reached sufficient maturity to find all of the discussion relevant but it is to be hoped that this knowledge will be



built upon in subsequent years at school so that they will gradually develop understanding both of themselves and other people.

The following programme is being followed by groups of children in their first year.

*Topic 1:* General discussion on growing up, the circle of life that begins with birth and ends with death. The point in this circle that has been reached at present.

Heredity.

Emotional changes of puberty.

*Topic 2:* Physical changes of puberty.

Menstruation.

*Topic 3:* Fertilisation, the growth and development of the foetus.

Birth of the baby.

*Topic 4:* Personal hygiene.

The main visual aid employed with these talks is flannelgraph. These enable the Health Visitor to take the pace of the talk at the right pace for the children and also gives the children time to ask questions that arise during the course of the talk. On the fourth session the girls are given booklets entitled *Accent on You*. These are a "Tampax" publication and gives details of menstruation which are only really necessary for the girls to know and/or remember. I understand that several of them have also found the booklets useful to take home and discuss with their mothers—who are sometimes too shy to discuss these things with their daughters until the initial step has been taken by someone else. So far, I have not received any complaints from parents that health education is being taught to this age group but have heard one or two words of pleasure from parents that their children are being taught health education.

## *2nd year*

Health education for the children in the second year is part of the integrated studies programme followed by the whole school on a Thursday afternoon. From 2 p.m. to 2.55 p.m. one "house group" of about 25 children have discussions with the health visitor. The girls in the groups had discussions *re* menstruation, etc., during their first year. The present groups are mixed and discussion is good. All the children show a lively and fascinated interest in the topics and appear to enjoy these sessions. The following programme is in progress at the moment. During the course of the autumn and spring terms seven topics will be covered.

*Topic 1:* Heredity. Physical and emotional changes of puberty.

*Topic 2:* Growth of a baby. Ante-natal care. Birth of a baby.

*Topic 3:* Personal hygiene. Care of the skin, hair, teeth, etc.

*Topic 4:* Somatatypes. Diet and weight control.

*Topic 5:* Smoking.

*Topic 6:* Prevention of the spread of infection. Vaccination and immunisation.

*Topic 7:* Home safety.



Visual aids of various descriptions are used whenever possible. Flannelgraphs are employed for the topics connected with sex education as the pace of the discussion can then be taken at the pace dictated by the children and questions are very forthcoming and can be answered on the spot. The "smoking machine" is used, charts, posters, leaflets and slides are used where appropriate.

### *3rd year*

The third year health education is also part of the integrated studies programme for the whole school. Each "house-group" of about twenty-five boys and girls stays with the Health Visitor from 2.55 p.m. to 3.45 p.m. on a Thursday afternoon for a half-term.

When the health education programme for this term was started it soon became apparent that the third year programme was not sufficiently varied and thought-provoking to capture the interest of these children. They have not yet had any form of health education in a formal sense at school but their age (13 to 14 years) makes it difficult to start at a too elementary stage. It becomes evident that their knowledge is, in fact, very scanty and so it becomes very necessary to give the right teaching in a way that gives them little impression that one realises their ignorance! Most of the knowledge that they have at present has been acquired from their peers and is not at all times entirely reliable. While at the same time giving enough elementary teaching to fulfil basic requirements, it is necessary to keep health education for this group at a fairly fast pace and with a great deal of variety in content and presentation in order to keep both their attention and interest.

At half-term discussion with the first group meant that improvements could be made for the second half of term with the second group. At present the following programme is in progress.

*Topic 1:* Heredity. Physical and emotional changes of puberty.  
Growth, development, and birth of a baby.

Visual aid—Flannelgraph

Film—*To Janet a Son.*

*Topic 2:* Family planning. Venereal disease.

Visual aid—Film—*Half a million teenagers.*

*Topic 3:* Personal hygiene. Social customs and manners.

*Topic 4:* Food and nutrition. Somatotypes. Diet and weight control.

*Topic 5:* Smoking.

Visual aid—Smoking machine.

Posters, charts, and leaflets.

Film—*Smoking and Health.*

*Topic 6:* Alcohol and drugs.

*Topic 7:* Sleep. Rest and relaxation.

Discussion with the third year groups—which are of mixed sex and ability—is always very lively. They are interested and curious and have many questions to ask. They are less interested in discussing any attitude of personal responsibility attached to any subject than they are



in receiving as much information as possible. However, responsibility and personal relationships are always present in discussion and information given as relevant to these topics.

#### 4th year

The groups are divided into boys and girls. The girls follow a course through during one term and spend the next term discussing the social implications of the topics with the teacher of religious instruction. The boys follow a similar course to that of the girls but alternate discussions with the Health Visitor and with the Headmaster each week. Thus a course that runs for one term with the girls and repeated next term with the second group, is run over a period of two terms with two groups of boys.

The programme for both the boys and the girls of the fourth year covers the following twelve topics.

1. Growth and development of the foetus (revise).  
Dangers to the foetus before birth.
2. Birth of a baby.
3. Family planning.
4. Menopause and middle age. The process of ageing.
5. Personal hygiene.
6. Smoking.
7. Alcohol.
8. Infectious diseases—including Venereal Disease.
9. Drugs.
10. Mental health and mental illness.
11. Cancer.
12. Food poisoning and public health.  
The spread of infection.

Discussion with each group is for about 35 minutes. Where applicable visual aids are used, although there is little scope for using aids that require black-out in the room as the rooms are not equipped for this. A film—*Narcotics the Decision*—is scheduled for showing, however, as this film is available for use on 2nd December for fourth and fifth years. There appears to be a wide difference in maturity between the girls and boys of this year—the boys probably being slightly ahead of the girls. The groups are, I understand, unevenly divided so that perhaps the group that will be following this course in the spring term may show a livelier interest. The present group appears to be interested in the subject matter but does not enter into much discussion. The boys, on the other hand, are very interested, lively, and given to heated discussion. There is not, fortunately, any problem of discipline at any time as the more mature members of the group tend to keep entire control of the boys who would, perhaps, indulge in some disturbance of the group. The main problem with teaching the children in the fourth year is lack of continuity. During the year the girls and boys are given the opportunity to experience various forms of employment by going to



work in different jobs over a period of eight weeks. Unfortunately, these coincide with the health education discussions for a time and there appear into the classroom children who have only been to a few of the discussions. For this reason, the lessons themselves must, as far as possible, be entities in themselves.

#### *5th year*

The group has been divided into two segregated groups as the boys had some health education during the fourth year and have, therefore, an entirely different background from the girls. The programme for the girls—which is designed to cover twelve topics during the course of this term—is the same as that for the fourth year. Discussion is, however, on an entirely different plane, taking into consideration the age and added maturity of these girls. A programme that will cater for the needs of the fifth-year boys during the spring term of 1972 has yet to be compiled. Discussion with the fifth-year girls is fairly lively but tends to be entered into by a minority of girls who are, perhaps, more eloquent than the others. The interest for the topics under discussion seems to be present and the girls say that the discussion is useful.

This full-time teaching of health education at this school is an opportunity for which I am very grateful. It brings me into contact with many more members of staff and children and makes a basic teaching possible that I hope will be built upon later.

*Health Visitor*

### **3. MEDICAL INSPECTIONS AND CONSULTATIONS**

#### **PERIODICAL MEDICAL INSPECTION**

The parents of all children who have reached the age of 4½ years are given the opportunity to bring them to the Clinic for a pre-school medical check-up. This medical examination counts 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 601 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 35 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 Careers Officer was notified of the 638 children who had had their final school medical examination and were fit for all types of employment. Form Y.9 was issued in respect of fifty-nine children, indicating types of employment for which they were not suitable, and advice was given regarding the employment of children with specific handicaps.

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 59 such forms were returned.

The total number of children examined was 971 of whom 130 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 sixteen children were brought to notice in this way. Follow-up examinations of children with defects found at earlier inspections totalled 1,357. 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 .. .. .	158
Preparation for Medical Inspections .. .. .	23
Hygiene inspections .. .. .	70
Vaccination, Immunisation and B.C.G. in schools .. .. .	18
Audiometric Testing .. .. .	45
Vision Testing .. .. .	89
Dental Clinics .. .. .	111
Minor Ailments Clinics .. .. .	299
Health Education in schools .. .. .	268
	<i>Visits</i>
Home visits to Schoolchildren .. .. .	454
Other School Visits .. .. .	81

#### 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

	<i>1971</i>
Total number of children who attended .. .. .	406
Total attendances made .. .. .	2,053
Total number of defects treated .. .. .	407

##### Conditions treated:

Scabies .. .. .	1
Ringworm .. .. .	3
Impetigo .. .. .	8
Eye Disease (external) .. .. .	10
Ear disease .. .. .	5
Other skin disease (boils, septic conditions, etc.) .. .. .	301
Miscellaneous (sprains, burns, cuts, etc.) .. .. .	75
Pediculosis .. .. .	4
	<hr/> 407 <hr/>

##### 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.

Unfortunately there remains a backlog of children who are overdue for retest. Where such cases are simple refractive error, and providing the Consultant agrees, these can be referred to the Supplementary Ophthalmic Service once they have reached the age of 10. New cases are of course seen without delay.



Fifty-nine 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 1971, 156 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.

	<i>New Cases</i>		<i>Old Cases</i>	
	1970	1971	1970	1971
Number of cases referred to Ophthalmic Clinic .. .. .	76	110	227	183
Number of attendances made ..	103	147	227	197
Glasses prescribed ..	62	58	128	72

## AUDIOMETRY AND EAR, NOSE AND THROAT DEFECTS

During the year 751 children were given a preliminary hearing test in school using pure tone audiometers. 618 passed this test and 133 failed. 158 children were retested and in 70 cases hearing was satisfactory. Many of the 88 remaining cases were found to have recurrent deafness caused by catarrh and are being kept under observation.

As a result of tests twenty-six 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 continued absence of a full-time teacher of the deaf.

## ORTHOPAEDIC DEFECTS

Unfortunately, it has not been possible to arrange remedial exercises for children who need them. 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. In other cases letters are sent to the parents of such children describing exercises which can be done at home, and all cases are kept under observation by the School Doctors.

## OTHER DEFECTS

*Enuresis.* In the course of the year 6 children have borrowed electric alarm pad units. One child was unable to cope with the alarm device, 2 were cured, 1 referred to Dr. Scott and 2 children are still under treatment.



These children are usually referred by the Child Psychiatrist, but some are long standing cases where the child is cured for a time and then relapses again. 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 Speech Therapy clinics continue to work at full capacity.

With the co-operation of the Education Department, a new clinic was started at Hampden Park Youth Centre. This enables both pre-school children and children from schools in the area not already visited regularly, to receive treatment. It is hoped that these facilities now in operation in all areas of the town, combined with early referral, will reduce the considerable numbers of children starting school at five with severely retarded speech and language. Unfortunately, a waiting list had to be started. At the end of the year the number of children awaiting first consultation was approximately 30.

## CLINICS

	<i>Sessions</i>	<i>Number attending</i>	<i>Attendances</i>
Winifred Lee Health Centre ..	130½	68	564
Avenue House ..	15	2	10
Birling Street Clinic ..	52	39	222
Hampden Park Youth Centre ..	30	21	113
Pashley Down Infants ..	18	25	249
The Downs School ..	19	7	148
Roselands Infants ..	12	11	101
Parkland Infants and Junior ..	38	29	366
Bourne Infants and Junior ..	37	32	319
Hampden Park Infants ..	35	44	415
Lindfield ..	36	17	362
Administration ..	31½	—	—
Day Course on "Minimal Cerebral Dysfunction" ..	2	—	—
	<hr/> 456	<hr/> 295	<hr/> 2,869

Total number of school-aged children who attended during 1971 ..	295
Total number of pre-school children treated during 1971 ..	52
Number of school-aged children discharged ..	82
Total number of attendances made by pre-school children ..	405
Total number of attendances made by school children ..	2,869



*Type of defect treated*

Retarded speech and language development	..	121
Sigmatism	.. ..	47
Dyslalia	.. ..	66
Stammer	.. ..	10
Dysarthria	.. ..	6
Dysphonia	.. ..	1
Sigmatism and stammer	.. ..	2
Retarded speech and stammer	.. ..	6
Dyslalia and stammer	.. ..	3
Other conditions	.. ..	2
	Total ..	264
Children seen (no treatment advised)	.. ..	31

## 6. EASTBOURNE CHILD GUIDANCE CLINIC AND SCHOOL PSYCHOLOGICAL SERVICE

*(a) CHILD GUIDANCE CLINIC*

Number of new cases referred in 1971	.. ..	68
Number of cases re-referred in 1971	.. ..	26
	—	94
Number of cases carried forward from 1970	..	5
Cases withdrawn before diagnostic interview	..	12
Cases withdrawn by Private Doctor	.. ..	1
Cases transferred to other agencies	.. ..	5
Number of cases on waiting list	.. ..	1

*Sources of referral*

School Medical Officer	.. ..	15
Schools	.. ..	11
Private Doctors	.. ..	17
Hospital	.. ..	2
Parents	.. ..	32
Children's Officer	.. ..	4
Director of Social Services	.. ..	2
Educational Psychologist	.. ..	5
Other sources	.. ..	6
	—	94

*Problems*

Personality Disorder	.. ..	13
Nervous Disorder	.. ..	5
Habit disorder	.. ..	12
Behaviour disorder	.. ..	60
Advice for placement	.. ..	4
Examination for Court	.. ..	3
Educational	.. ..	6
School refusal	.. ..	10



### *How dealt with*

Psychiatric treatment	..	..	..	14
Periodic supervision	..	..	..	2
Advice	..	..	..	21
Referred to Educational Psychologist	..	..	..	1
Referred to Social Worker	..	..	..	39
Awaiting Diagnostic Interview	..	..	..	3
			—	80

### *Summary of work carried out*

#### *Psychiatrist*

Diagnostic interviews	..	..	..	66
Treatment interviews	..	..	..	340

#### *Psychologist*

Interviews for tests	..	..	..	58
Interviews with parents	..	..	..	41
School visits	..	..	..	43
Home visits	..	..	..	6

#### *Social Worker*

Interviews in Clinic	..	..	..	253
Home and other visits	..	..	..	169
Social Histories	..	..	..	55

### *Analysis of Treatment cases closed during the year*

(i.e. old and new cases seen by Psychiatrist in 1971 and previous years and discharged during 1971 according to the following categories):

Discharged—Improved	..	..	..	17
Not improved	..	..	..	8
After advice	..	..	..	17
Transferred	..	..	..	18
Unco-operative	..	..	..	12

### *(b) SCHOOL PSYCHOLOGICAL SERVICE*

Number of new cases referred during 1971	..	86
Number of cases re-referred during 1971	..	27
	—	113
Number of cases carried forward from 1970	..	12
Number of cases moved from area	..	1
Number of test refusals	..	1
Number of cases on waiting list	..	3



### *Sources of referral*

School Medical Officers .. .. .	34
Schools .. .. .	60
G.P. or Hospital .. .. .	3
Parents .. .. .	9
Children's Officer .. .. .	3
Others .. .. .	4
	— 113
Number of cases seen during 1971 .. .. .	165

### *How dealt with*

Advice only .. .. .	47
Placement in E.S.N. School recommended .. .. .	10
Placement in J.T.C. recommended .. .. .	1
Other placement recommended .. .. .	14
Remedial teaching undertaken .. .. .	1
Kept under observation .. .. .	39
Referred to Child Guidance Clinic .. .. .	8
	— 120

### *Summary of work carried out*

Interviews for tests .. .. .	153
Interviews with parents .. .. .	25
Remedial teaching interviews .. .. .	202
School visits .. .. .	113
Home and other visits .. .. .	68
Play Group interviews .. .. .	9

### *Analysis of Remedial Teaching Cases*

Number in attendance during 1971 .. .. .	13
Number discharged improved .. .. .	1
Number unwilling to attend .. .. .	2
Number left school .. .. .	2

## 7. HANDICAPPED PUPILS

The three special schools, Downs, Lindfield and Hazel Court, provide for children who are unable to benefit from normal schooling. Admissions to these schools are made on the recommendations of the Senior Medical Officers after considering reports from such sources as the Child Guidance team, Head Teachers, Family Doctors and Hospital Consultants. In the case of the Downs and Lindfield Schools it is hoped that many of the children will eventually return to ordinary schools, and it is to this end that frequent inspections are made by the School Doctors concerned to follow-up the children's progress.



Children who are severely physically handicapped are educated in residential schools which are chosen, as far as possible, from those in areas closest to Eastbourne. These children are seen by a Medical Officer when they return home for the school holidays and their progress reviewed. Particular attention is paid to their training for future employment and in this connection there is a close liaison between the Careers Officer and the Medical Officers.

Hazel Court School trains children who have a severe mental handicap. The staff of the school train these children in social behaviour and educate them to the limits of their capabilities. The Senior Medical Officer visits the school frequently and recommends the transfer of pupils, who have made sufficient progress, to the Lindfield School.

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	—	1	—	—	—	2
Blind .. ..	3	—	—	—	—	—	3
Partially hearing	4	—	12	—	—	—	16
Deaf .. ..	3	—	—	—	—	—	3
Delicate ..	—	4	2	—	—	—	6
Physically Handicapped	2	6	6	4	—	—	18
Educationally Subnormal	4	91*	—	—	—	—	95
Epileptic ..	1	1	—	—	—	—	2
Maladjusted ..	6	—	3	—	—	—	9
Speech ..	—	1	—	—	—	—	1
Autistic ..	—	—	—	—	1	—	1
	24	103*	24	4	1	—	156

*\*This total includes five children from other authorities*

#### EPILEPTICS

There are nineteen 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

One pre-school partially hearing child was given weekly speech and language development lessons at home by Mrs. A. Morris, teacher of the deaf, until he was admitted to school. One autistic child received tuition from Mrs. Hurn. Tuition was given to 4 children whilst they were in hospital.

## 9. SCHOOL DENTAL SERVICE

Notwithstanding staffing difficulties we are pleased to report all but one of our schools received their periodic dental inspection last year. It is particularly encouraging in secondary schools to note that the great majority of pupils seek regular inspection and treatment either with the School Dental Service or with local dental practitioners.

The School Dental Service must make a priority of encouraging pupils to care and feel responsible for their own mouths. Treatment must be provided in such a way that school leavers will continue to seek regular treatment. We have found that the new well-equipped surgeries and modern techniques have changed many pupil's (and parent's) ideas on dentistry in the seventies.

A comprehensive service must include prevention. We are most grateful to the head teachers and teachers for their interest and co-operation in the teaching of dental health.

In November Pierre the Clown visited all our Infants and Junior Schools. He was a great success with the children and made a very effective contribution in teaching dental health. In addition films and talks have been given to a variety of age groups in Mothercraft and Health Education lessons. Dental health film loops have been shown at many schools to pupils awaiting dental inspections. We hope that as time passes the Dental Officer will have an increasingly effective link with the school. We do express our appreciation to the Health Visitors and the Health Education Section for all their hard work.

Over the past few years staff changes and reorganisation of the service have resulted in the gradual build up of a backlog of patients awaiting treatment and full annual school inspections could not be maintained. In 1970 priority was given to dealing with the backlog of treatment. During 1971 we gave priority to school inspections coupled with the provision of necessary treatment. The steadily increasing demand for treatment still poses some problems but the year's statistics are encouraging. 93 per cent of our school population received their annual inspection. Despite some staff illness a high level of conservative treatment has been maintained and the general range of treatment has been extended. The school inspections found a number of children who needed extractions either to relieve pain or to prevent or correct crowding of the teeth. The extractions carried out for orthodontic reasons will be shown separately in future years. The improved facilities are certainly one of the factors in the increased demand for



restorative dentistry as opposed to purely emergency treatment. Future years should show a steadily reducing number of teeth extracted solely to relieve pain.

Another encouraging aspect of the service is the very great increase in children under orthodontic treatment. The number recorded below are those undergoing appliance therapy. Many more have been assessed for orthodontic treatment and treated by judicious extractions. It is often not appreciated by parents that uncorrected orthodontic conditions result in wider dental problems later in life. We must here record our sincere thanks to Mr. D. G. F. Ardouin, the Hospital Orthodontic Consultant, who has given much invaluable advice as well as carrying out the most complex forms of treatment himself.

We were all sorry to say goodbye after eight years to Miss K. Farrington, our Senior Dental Surgery Assistant, who transferred to the School Health Department. She has been succeeded by Mrs. K. Coleman. We must as usual record our thanks to all the members of this Department.

#### STATISTICAL SUMMARY OF WORK COMPLETED

##### 1. Number of Sessions devoted to inspection and treatment:

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

##### 2. 41 Sessions devoted to school inspection and 708 to treatment.

##### 3. At these 41 sessions 6,908 children were dentally examined.

##### *Permanent fillings completed:*

Inserted in permanent teeth .. .. .	3,944
Inserted in deciduous teeth .. .. .	676

##### *Teeth filled:*

Permanent teeth .. .. .	2,918
Deciduous teeth .. .. .	527

##### *Extractions:*

Permanent teeth .. .. .	1,524
Deciduous teeth .. .. .	1,423
Administration of general anaesthetics .. .. .	727
Number of dentures fitted .. .. .	11
Number of children X-rayed .. .. .	547
Number of children receiving scaling and gum treatment .. .. .	96
Number of root fillings .. .. .	27
Number of crowns and inlays .. .. .	37
Number of new orthodontic patients commenced .. .. .	59
Number of orthodontic patients completed .. .. .	16
Number of cases discontinued .. .. .	2
Number of removable appliances fitted .. .. .	79



## 10. JUVENILE LIAISON BUREAU

During the year 215 reports were received from the Police concerning children who were in trouble. In 25 such cases a member of the staff of the Juvenile Liaison Bureau was interviewed and information given which would help the Police in reaching a decision on which course of action should be taken.

## 11. NOTIFICATION OF INFECTIOUS DISEASES

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

Scarlet Fever	..	..	..	..	6
Measles	..	..	..	..	120
Whooping Cough	..	..	..	..	3

## 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. Nineteen 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	..	..	438	418
Students	..	..	13	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.

## DEPARTMENT OF EDUCATION AND SCIENCE

### MEDICAL INSPECTION AND TREATMENT

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

RETURN FOR THE YEAR ENDED 31ST DECEMBER, 1971

*Local Education Authority:* COUNTY BOROUGH OF EASTBOURNE

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1972.

(i) Form 7 Schools, 8,024; (ii) Form 7M, 140; (iii) Form 11 Schools, Nil.

TOTAL .. 8,164

NOTES—1. Where selective medical examinations are being carried out enter in column (5) below the number of pupils who have been "interviewed" or "discussed" at case conferences and found not to warrant a medical examination.

2. Pupils found at Periodic Inspection to require treatment for a defect should not be excluded from columns (6), (7) and (8) by reason of the fact that they were already under treatment for that defect.

3. Columns (6), (7) and (8) relate to individual pupils and not to defects. Consequently, the total in column (8) will not necessarily be the same as the sum of columns (6) and (7).



# Part I

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

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (by year of birth)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination (see Note 1) above	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Un-satisfactory		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)
1967 and later	—	—	—	—	—	—	—
1966	36	36	—	—	2	5	7
1965	151	151	—	—	4	32	36
1964	39	39	—	—	—	9	9
1963	24	24	—	—	1	6	7
1962	17	17	—	—	4	3	6
1961	17	17	—	—	2	3	5
1960	17	17	—	—	—	3	3
1959	14	14	—	—	2	—	2
1958	12	12	—	—	2	1	3
1957	421	421	—	—	74	75	136
1956 and earlier	223	223	—	—	39	29	60
TOTAL	971	971	—	—	130	166	274

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 .. ..	116
Number of Re-inspections .. ..	1,241
Total ..	1,357



TABLE C—INFESTATION WITH VERMIN

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

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ..	14,302
(b) Total number of individual pupils found to be infested ..	70
(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 Inspection								Special Inspections	
		Entrants		Leavers		Others		Total		(T) (11)	(O) (12)
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)		
4	Skin .. .. .	6	—	34	1	8	—	48	1	2	—
5	Eyes:										
	a. Vision .. ..	6	4	109	18	15	4	130	26	3	—
	b. Squint .. ..	4	—	2	1	4	—	10	1	—	—
	c. Other .. ..	1	—	1	—	—	1	2	1	1	—
6	Ears:										
	a. Hearing .. ..	2	29	3	3	2	11	7	43	9	5
	b. Otitis Media ..	2	1	3	—	—	—	5	1	3	—
	c. Other .. ..	—	—	—	—	—	—	—	—	—	—
7	Nose and Throat ..	3	9	8	2	2	3	13	14	6	2
8	Speech .. ..	14	25	2	1	3	18	19	34	—	1
9	Lymphatic Glands ..	1	4	—	1	—	1	1	6	—	—
10	Heart .. ..	3	5	1	2	—	1	4	8	—	—
11	Lungs .. ..	—	6	10	1	1	1	11	8	—	—
12	Developmental:										
	a. Hernia .. ..	1	1	1	2	1	1	3	4	—	—
	b. Other .. ..	1	1	8	5	1	4	10	10	—	—
13	Orthopaedic:										
	a. Posture .. ..	—	—	5	2	1	—	6	2	—	—
	b. Feet .. ..	2	10	15	1	4	5	21	16	11	4
	c. Other .. ..	—	2	4	—	1	—	5	2	—	—
14	Nervous System:										
	a. Epilepsy .. ..	—	—	2	—	1	—	3	—	—	1
	b. Other .. ..	—	5	1	0	—	1	1	6	—	—
15	Psychological:										
	a. Development ..	—	4	1	—	2	—	3	4	4	—
	b. Stability .. ..	2	3	3	1	1	2	6	6	15	1
16	Abdomen .. ..	2	8	8	13	—	4	10	25	1	—
17	Other .. ..	1	1	9	7	—	1	10	9	18	1



### 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 .. .. .	11
Errors of refraction (including squint) .. .. .	357
<b>TOTAL ..</b>	<b>368</b>
Number of pupils for whom spectacles were prescribed .. .. .	182

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 .. .. .	23
(b) for adenoids and chronic tonsillitis .. .. .	61
(c) for other nose and throat conditions .. .. .	30
Received other forms of treatment .. .. .	5
<b>TOTAL ..</b>	<b>119</b>
Total number of pupils still on the register of schools at 31st December 1971 known to have been provided with hearing aids:	
(a) during the calendar year 1971 (see note below) .. .. .	2
(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-patient departments .. .. .	—
(b) Pupils treated at school for postural defects .. .. .	—
TOTAL .. .. .	—

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

	<i>Number of pupils known to have been treated</i>
Ringworm—(a) Scalp .. .. .	—
(b) Body .. .. .	3
Scabies .. .. .	1
Impetigo .. .. .	8
Other skin diseases .. .. .	301
TOTAL .. .. .	313

TABLE E—CHILD GUIDANCE TREATMENT

	<i>Number known to have been treated</i>
Pupils treated at Child Guidance clinics .. .. .	69

TABLE F—SPEECH THERAPY

	<i>Number known to have been treated</i>
Pupils treated by speech therapists .. .. .	295



TABLE G—OTHER TREATMENT GIVEN

	<i>Number known to have been treated</i>
(a) Pupils with minor ailments .. ..	75
(b) Pupils who received convalescent treatment under School Health Service arrangements ..	—
(c) Pupils who received B.C.G. vaccination ..	325
(d) Other than (a), (b) and (c) above. Please specify	—
<b>TOTAL (a)–(d) ..</b>	<b>400</b>

## 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 tests 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.



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# SCHOOL HEALTH SERVICE

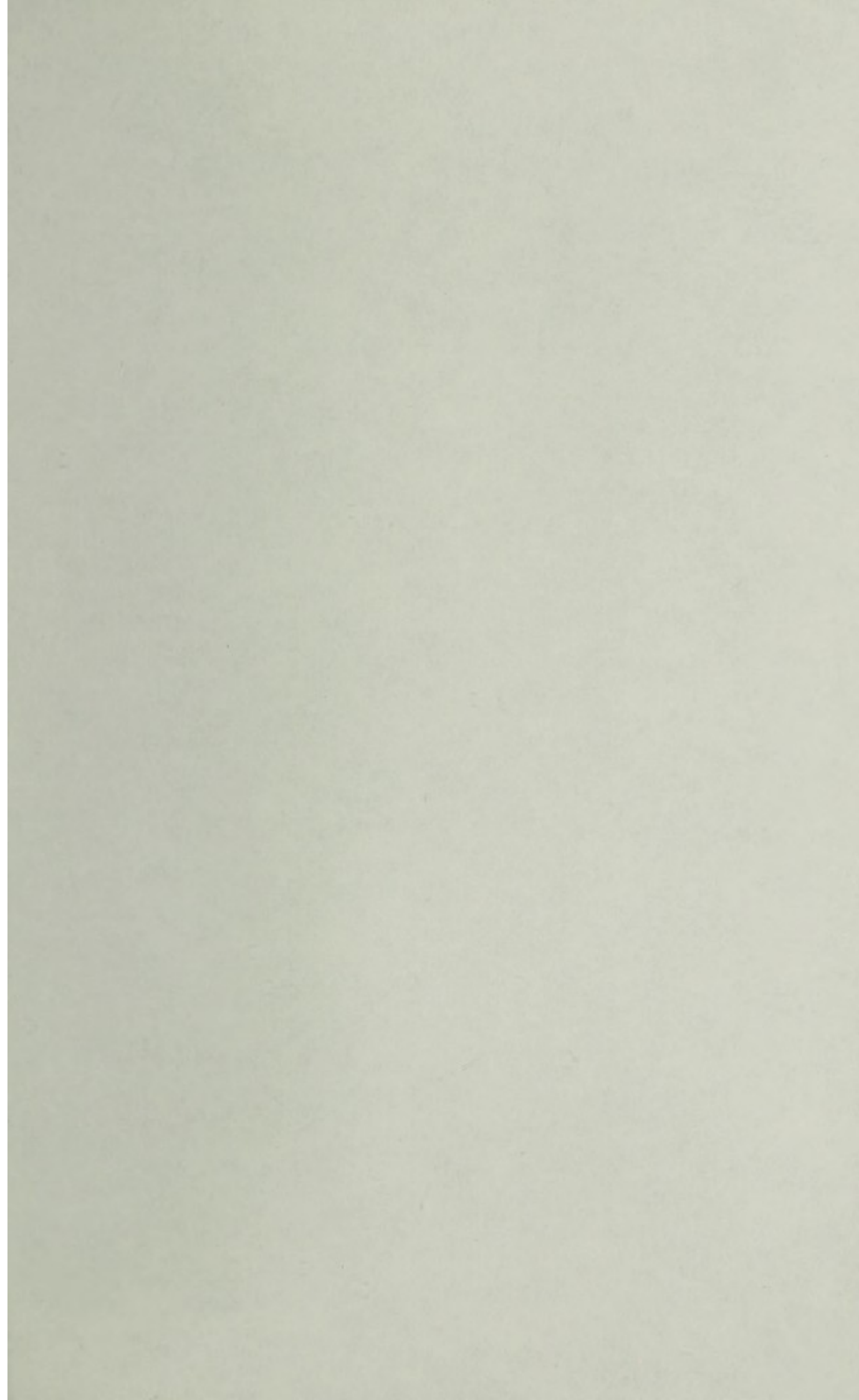
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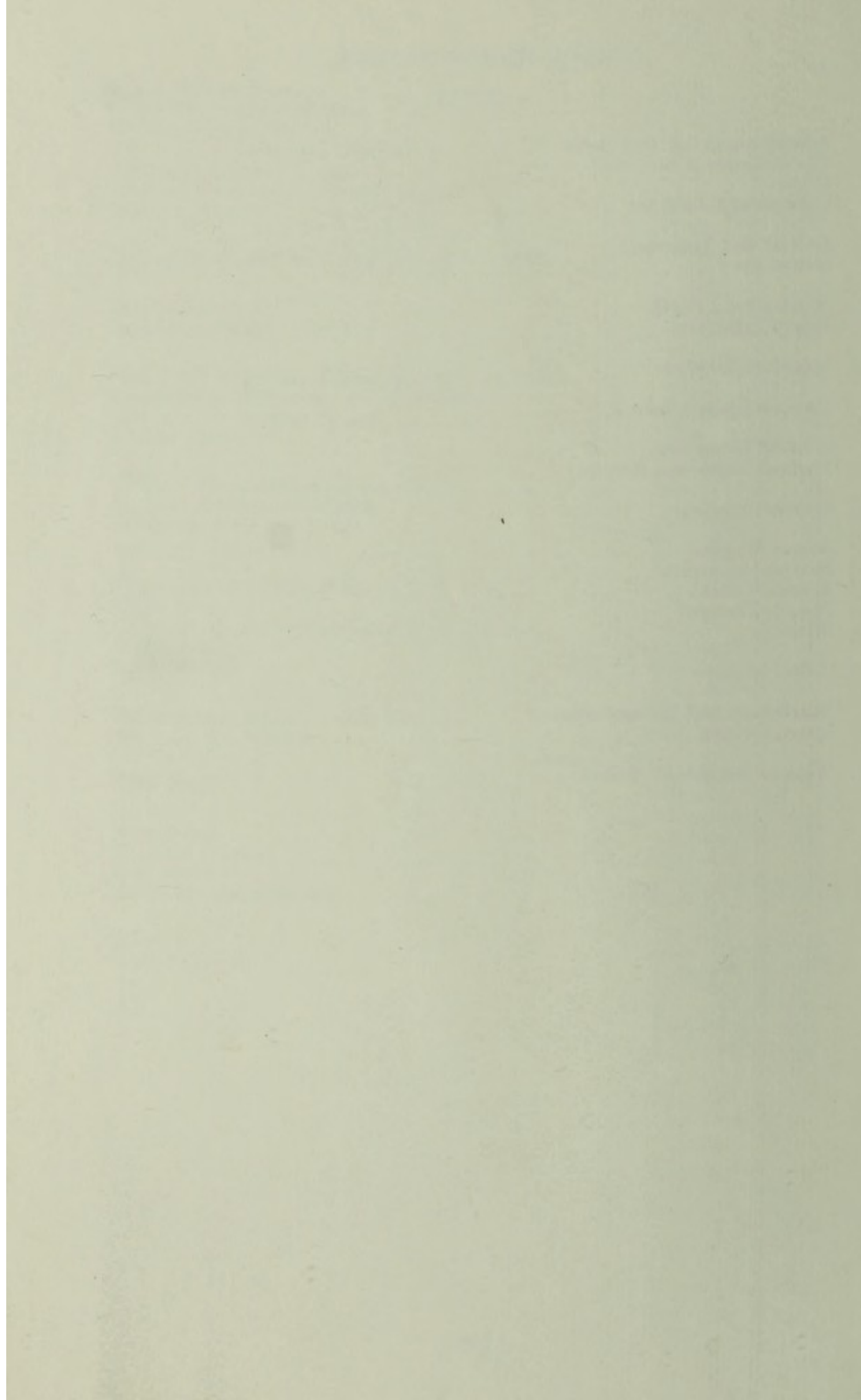


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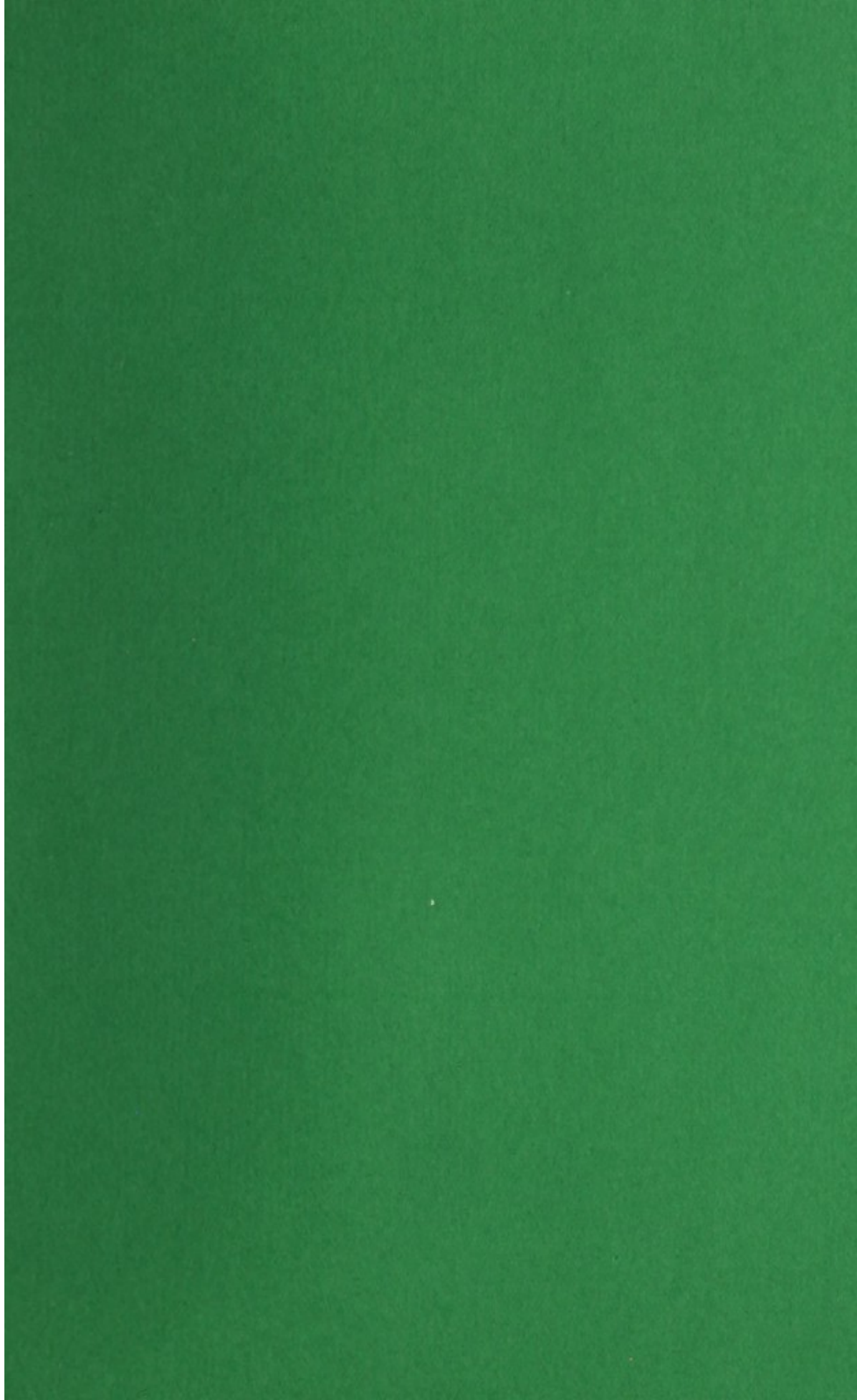














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