

**[Report 1923] / Medical Officer of Health, Hastings County Borough.**

**Contributors**

Hastings (England). County Borough Council.

**Publication/Creation**

1923

**Persistent URL**

<https://wellcomecollection.org/works/crcxa86y>

**License and attribution**

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

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

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



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



COUNTY BOROUGH OF HASTINGS.

---

HEALTH DEPARTMENT,

INCLUDING

SCHOOL MEDICAL SERVICE.

---

ANNUAL REPORT FOR 1923.

---

G. R. BRUCE, O.B.E., MA., M.D., D.P.H.,

Medical Officer of Health

and

School Medical Officer.

ST. LEONARDS-ON-SEA :

PRINTED BY A. H. BUTLER, LTD., 34-35 Western Road.

MCMXXIV.





# **COUNTY BOROUGH OF HASTINGS.**

---

## **HEALTH DEPARTMENT, INCLUDING SCHOOL MEDICAL SERVICE.**

---

### **ANNUAL REPORT FOR 1923.**

---

**G. R. BRUCE, O.B.E., MA., M.D., D.P.H.,**  
**Medical Officer of Health**  
**and**  
**School Medical Officer.**

ST. LEONARDS-ON-SEA :  
PRINTED BY A. H. BUTLER, LTD., 34-35 Western Road.

MCMXXIV.

## CONTENTS.

	PAGE.
Preface ... ..	3
Chairmen of Committees ... ..	9
Summary of General and Vital Statistics ... ..	9
Vital Statistics ... ..	10
Infectious Diseases ... ..	20
Report of Borough Sanatorium .. ..	24
Tuberculosis ... ..	27
Maternity and Child Welfare ... ..	37
Venereal Diseases ... ..	46
Mental Deficiency ... ..	50
School Medical Service ... ..	51
Bacteriology ... ..	77
General Sanitary Administration—	
(1) Adoptive Acts,—Bye-Laws and Regulations ...	78
(2) Water Supply ... ..	79
(3) Drainage ... ..	80
(4) Scavenging ... ..	81
(5) Dairies, Cowsheds, Milkshops ... ..	81
(6) Slaughterhouses ... ..	82
(7) General Supervision of Food Supply ... ..	83
(8) Sanitary Inspection of District ... ..	85
(9) Factories, Workshops, Workplaces, Shops Acts ...	86
(10) Common Lodging Houses ... ..	88
(11) Sale of Food and Drugs Acts ... ..	88
(12) Disinfection, Cleansing, Infectious Ambulance ...	90
(13) Housing... ..	91
Meteorology ... ..	95
Appendix—	
(1) Staff of Public Health Department ... ..	97
(2) Summary of Nursing Arrangements, etc., available ...	98

## PREFACE.

---

Health Department,  
Town Hall Chambers,  
Hastings,  
*April, 1924.*

TO HIS WORSHIP THE MAYOR, AND TO THE ALDERMEN AND  
COUNCILLORS OF THE COUNTY BOROUGH OF HASTINGS.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to submit herewith my first annual report on the health and sanitary condition of the County Borough of Hastings for 1923. In doing so I have to express my most sincere thanks to the Council generally, and in particular to the Chairmen and Members of Committees associated with the Medical Services, for the whole-hearted encouragement and help which have been so freely accorded to me since taking up my duties.

During the year I have had the great advantage of the counsel and advice of my predecessor, Dr. A. Scarlyn Wilson, as Consulting Medical Officer of Health for that period. In his final retirement to private practice Dr. Wilson carries with him the best wishes and deep affection of every member of the staff of the Health Department. During his long and faithful tenure of office he has seen the inception and development of the great preventive medical services of to-day, the continued progress of which in this town we know he will continue to watch, in spite of the many claims of a busy professional life, with interest and sympathy.

The report for 1923 is an "ordinary report," drawn up in accordance with the minimum requirements of the Ministry of Health, and containing also such other matters as are of current interest in regard to the Health Services of the Corporation. For the first time the annual report of the School Medical Service is included, also short sections on the working of the Mental Deficiency Act and on the meteorological conditions of the year.

In the preface I draw attention to the salient features relating to the health of the Borough for 1923. Might I say here that progress, reasonable but solid, the keynote of the commercial and municipal life of Hastings of the present day, can be observed in the working of every committee concerned with the health services of the Borough. The results of commercial progress are expected to be material and tangible; in the realm of preventive medicine, however, results may not be so easily assessed by actual figures, although we may be reasonably certain of their attainment, for example in the improved health, well-being and cleanliness of the children, as the results of an active School Medical Service. On the other hand we can also with legitimate pride point to tangible returns, proved by actual figures, dividends in human lives, for example the great reduction in our infant mortality and tuberculosis death-rate during the present century.

### **Vital Statistics for 1923.**

I deal briefly in the report with the recently published census returns for Hastings. For 1923 the mid-year population was estimated by the Registrar General as 60,140 for the purposes of our vital statistics. The crude death-rate per 1,000 of the population was 13·6 as compared with 14·6 per 1,000 for 1922; corrected for sex and age distribution, an important point owing to the large proportion of elderly persons, this works out at 11·3 per 1,000 as compared with a figure of 11·6 for all England.

Prominent among the causes of death were cancer and diseases of the heart and arterial system, out of 821 deaths, the total for the year, no fewer than 119 being attributed to cancer, and 231 to diseases of the heart and arteries, in each case due largely, no doubt, to the age distribution and the considerable number of invalids coming to the town.

The birth-rate has fallen from 15·6 in 1922 to 13·9 per 1,000 of the population.

### **Infectious Diseases.**

The incidence of the ordinarily notifiable diseases throughout the year was extremely low, the type almost uniformly mild and the mortality negligible.

### **Infantile Mortality.**

With only 36 deaths of infants under one year of age to 834 births, the infant mortality fell from 49 per 1,000 births in 1922 to 43, the lowest figure yet recorded for Hastings, and for 1923 the fourth lowest among the 105 great towns of the country. The continuous fall in the infantile mortality in Hastings during the present century, from 115 deaths of infants under one year per 1,000 births in 1900 to 43 in 1923 is a noteworthy record.

In accordance with the experience of the country as a whole, it is reasonable to infer that the several forces operating, including the Maternity and Child Welfare Scheme of the Corporation, the Service of Help for Motherhood and Infancy and the District Nursing Association have contributed to the result in a very large measure.

Our maternal mortality, practically the death of 1 mother to every 138 births, is not so favourable, and indeed for several years this mortality has been considerably above that of the country as a whole. Your Maternity and Child Welfare Committee, realising this, proposes to take such active measures as are practicable, including the subsidising of the recently opened Fernbank Maternity Home, the development and extension of ante-natal work, and the fostering of the midwifery service of the town.

### **Tuberculosis.**

The total deaths from tuberculosis, all forms, in 1923 were 48, a mortality of .79 per 1,000 of the population. After the late war and post war rise in mortality the reduction is almost dramatic, as the number of deaths, 105, 89, 85, 77, 48 for each of the past 5 years graphically shows. Moreover, it is encouraging to state that the reduction locally corresponds with increased accommodation for the sanatorium treatment of pulmonary tuberculosis and also, a most important point, with a great development in the work of the Tuberculosis Care Committee.

Institutional treatment for surgical tuberculosis, *i.e.*, disease in the glands, bones, joints, etc., hitherto not undertaken by the Corporation, is proposed, as part of the Tuberculosis Scheme, in the new Royal East Sussex Hospital. It is also hoped that at Darvell Bank Sanatorium the treatment of our tuberculous children in the future may be combined with an open-air school.

### **School Medical Service.**

The report on the working of the School Medical Service for 1923, largely compiled by my colleague, Dr. Turner, shows that the good work of the past is fully maintained. The absorption during the year of this service into the general health work of the Council is a development very generally advocated in order that the fullest advantage of co-operation may be obtained. An important feature of the co-ordination of medical services has been the working out of a scheme for the combination of the duties of the school nurses and of the health visitors.

### **Venereal Diseases.**

The opening of the new Clinic, specially built and equipped after the approved Ministry of Health type, permits this great problem to be tackled on its merits, both as regards residents and also visitors to the town.

### **Voluntary Hospitals.**

For our voluntary hospitals 1923 was a red-letter year, as it witnessed firstly the opening of that wonderful War Memorial, the new Royal East Sussex Hospital, secondly the commencement of an extensive addition to the Buchanan Hospital, and thirdly, that long felt want, the opening under the District Nursing Association of Fernbank Maternity Home.

### **Voluntary Movements related to Preventive Medicine.**

Hastings is peculiarly rich in all voluntary social work, and in no direction more so than in that devoted to the health of the people. It is my good fortune to be brought into intimate contact with the workers of the Service of Help for Motherhood and Infancy, the Tuberculosis Care Committee and the District Nursing Association.

I take this opportunity of emphasising both their self-sacrificing efforts and the real value of the work. Preventive medicine only gets its best results through the good-will of the people. In no better way can this be gained than by the close co-operation and co-ordination which has always obtained between the official health services of the corporation and such beneficent voluntary movements.

### **General Sanitation and Housing.**

The summary of the Sanitary Inspectors' reports shows in detail the very considerable amount of work carried out in the interests of environmental sanitation. During the year new bye-laws came into force for the slaughtering of animals by mechanically propelled instruments or pistols. Considerable activity has been directed towards the smaller milk shops under the Milk and Dairies (Amendment) Act of 1922. An important matter has been the preparation of a Hastings Bill, a legislative measure largely constructed in view of our vital necessity for an increased water supply. Inter alia, the Bill contains sanitary proposals of considerable importance, for example, increased powers of protection and control of food supplies, additional powers for dealing with the scourge of tuberculosis and with verminous and dirty premises.

The problem of Housing, however, continues to remain your most important sanitary problem. Like every other town, Hastings contains a considerable proportion of worn out insanitary houses, far below any decent or reasonable standard of modern amenity, many also overcrowded. The Old Town presents aggregations of such houses, practically slum areas, while small pockets or groups may be found in other parts of the town, notably in Hollington and Ore. During the year the first steps in dealing with the major problem have been taken through the representation by the Medical Officer of Health as an overcrowded and insanitary area of a substantial section of ~~64-87~~ houses of the Old Town in the neighbourhood of Vine's Passage. Plans to deal both with the re-construction of the area and the re-housing of the inhabitants have been prepared by the Borough Surveyor, and it is hoped that 1924 may witness some real progress in the actual operation of the scheme, which, be it noted, should only be regarded as the beginning of the end of the Old Town Housing problem.

With the existing house famine closure, even of the most defective houses, is almost impracticable. Consequently an important element in the work of the sanitary inspectors is the securing of repairs such as will make these houses for the time being liveable—618 defective houses being so repaired in 1923.

A considerable addition to the existing 90 municipal houses, a batch of 62 houses on the Eversley Road site, is approaching completion. For these houses the demand is brisk, but presumably confined to those able to afford the rent and rates required.

The problem of the slum dweller and of the family living on the lowest rung of the economic ladder has still to be met. Such simply cannot afford the price of the present day municipal house. If this problem, which has such an important and direct bearing on preventive medicine, for example on our death-rate from tuberculosis and our infant mortality, is to be solved a smaller rented house must be evolved, more in keeping with the weekly wage of the worker.

#### **Co-ordination of Medical Services.**

A special committee devoted much time and consideration to the question of the co-ordination of medical services and also to the matter of reasonable developments in the future. The findings of the committee, having been approved by the Council, have partly come into operation, and partly are now before the Ministry of Health. Reference is made as required to the action taken or proposed under various sections of the report.

I take this opportunity of recording my grateful thanks to my medical colleagues and every other member of my staff for their loyalty and help during this my first year of office.

I remain,

Mr. Mayor, Ladies, and Gentlemen,

Your obedient Servant,

G. R. BRUCE.

## CHAIRMEN OF COMMITTEES RESPONSIBLE FOR HEALTH SERVICES.

*Public Health Committee*—COUNCILLOR SHOESMITH.

*Sub Sanatorium, etc., Committee*—COUNCILLOR SHOESMITH.

*Maternity and Child Welfare Committee*—COUNCILLOR ANNIE LILE,  
(Deputy Mayor).

*Mental Deficiency Committee*—COUNCILLOR ANNIE LILE, (Deputy Mayor).

*Education Committee*—ALDERMAN MITCHELL, J.P.

*Children's Care Sub-Committee*—COUNCILLOR ANNIE LILE, (Deputy Mayor).  
—MR. A. T. WHITE, from November, 1923.

*Housing and Improvements Committee*—ALDERMAN COX.

*Special Committee re Co-ordination of Medical Services*—ALDERMAN FELLOWS, J.P.

## SUMMARY OF GENERAL AND VITAL STATISTICS (1923).

Area of Borough	...	...	...	...	...	4,496 acres.
Population (a) Census, 1921, as enumerated	...	...	...	...	...	66,495
(b) " " as estimated by Registrar	...	...	...	...	...	59,500
(c) 1923, for purposes of Vital Statistics	...	...	...	...	...	61,140
Number of inhabited houses, Census, 1921	...	...	...	...	...	12,082
Number of families or separate occupiers, Census, 1921	...	...	...	...	...	14,986
Rateable value	...	...	...	...	...	£512,066
Sum represented by a penny rate	...	...	...	...	...	£2,032
Births, 1923— Male. Female.	...	...	...	...	Total	834
Legitimate	409	365	...	...	...	774
Illegitimate	30	30	...	...	...	60
Birth Rate, 1923, per 1,000 of population	...	...	...	...	...	13·9
Deaths, 1923	...	...	...	...	...	821
Death Rate, 1923, per 1,000 of population	{ (a) crude (b) corrected					13·6 11·3
Number of women dying in, or in consequence of, child birth						
(a) from sepsis	...	...	...	...	...	2
(b) from other causes	...	...	...	...	...	4
Deaths of infants under one year of age per 1,000 births						
(a) legitimate	...	...	...	...	...	43·9
(b) illegitimate	...	...	...	...	...	33·3
(c) total	...	...	...	...	...	43·1
Deaths from Measles (all ages)	...	...	...	...	...	4
" " Whooping Cough (all ages)	...	...	...	...	...	2
" " Diarrhoea (under 2 years of age)	...	...	...	...	...	3

## VITAL STATISTICS.

---

### (1) CENSUS 1921—HASTINGS RETURNS.

During 1923 the detailed figures, relating to the County of Sussex, were published. The volume, both as regards Hastings and the County generally, is a mine of information, into which it is only possible to dip, certain figures of general and public health interest being extracted.

The population of Hastings is returned as 66,495 persons, there being 27,033 males and 39,462 females. For 1901 the census figure for the total population was 65,528 and for 1911, 61,145. The registrar-general has estimated that at the date of the 1921 census there was an excess of visitors over the permanent population of 10·5 per cent, so that for the purpose of vital statistics the population is reckoned as 59,500 persons. Over this latter figure there has been a good deal of controversy, as it is considered by many competent authorities to be too low, especially in view of the prevailing house shortage and the quite considerable amount of overcrowding both of persons and families. The question has some importance for a health resort, as too low an estimate of the population increases unduly the various death statistics. On this account other health resorts, similarly affected as regards their census figures, have made strong protests.

The following table shows for each of the 10 wards the area, population, persons per acre, the number of private families and their population, the number of structurally separate dwellings occupied, rooms occupied and persons per acre.

V.S. Table No. 1.

## COUNTY BOROUGH OF HASTINGS—CENSUS 1921.

	Area in Statute Acres Land & inland Water.)	Total Population.					Private Families and Dwellings.					
		1911	1921				Private Families	Popula- tion in Private Families	Struct- ually Separate Dwel- lings occupied	Rooms occupied	Rooms per Person.	
			Persons.	Persons.	Males.	Females.						Persons per Acre.
Cols. <i>a</i>	<i>b</i>	<i>c</i>	<i>d</i>	<i>e</i>	<i>f</i>	<i>g</i>	<i>h</i>	<i>i</i>	<i>j</i>	<i>k</i>	<i>l</i>	
Sussex, East—		61,145	66,495	27,033	39,462	14.8	14,986	55,169	12,082	74,906	1.36	
<b>Hastings C.B.</b>	4,496											
Wards :—												
All Saints...	397	5,381	5,683	2,383	3,300	14.3	1,419	5,273	1,316	7,446	1.41	
Holy Trinity	305	5,465	6,928	2,804	4,124	22.7	1,227	4,542	897	6,453	1.42	
St. Clements	133	5,663	6,191	2,930	3,261	46.5	1,307	5,349	1,104	5,832	1.05	
St. Helen's	900	5,669	5,530	2,676	2,854	6.1	1,186	4,637	1,069	5,392	1.16	
St. Leonards	875	7,795	8,149	2,595	5,554	9.3	1,673	6,113	1,265	10,619	1.74	
St. Mary-in-the-Castle (Lower)	129	5,503	6,832	2,678	4,154	53.0	1,426	5,185	1,162	7,260	1.40	
St. Mary-in-the-Castle (Upper)	77	6,430	6,844	2,973	3,871	88.9	1,706	6,452	1,410	7,901	1.22	
St. Mary Magdalen	137	6,610	7,185	2,573	4,612	52.5	1,653	5,443	1,210	7,670	1.41	
St. Peter's...	189	6,123	6,653	2,464	4,189	35.2	1,760	5,952	1,217	8,751	1.47	
Silverhill and Hollington	1,354	6,506	6,500	2,957	3,543	4.8	1,629	6,023	1,382	7,582	1.26	

As regards the housing of private families it was found that the average number of persons per family had fallen from 3·9 to 3·68 in the inter-censal period ; there was, however, the surprising increase of 847 dwellings between 1911 and 1921, a figure which considered together with the present house famine, points against the reduction in the permanent population. Private families showed an increase of 1,007 as compared with 1911, but this number includes visitors.

With regard to overcrowding, at the 1921 census 2,480 persons, as compared with 2,989 in 1911, were living more than two persons in one room, this being a standard very commonly accepted as that of an overcrowded house, although it has no legal status. Of 14,986 private families 770 or 5·1 per cent, with a population of 1,141, were living in one-roomed houses ; of these, 535 families consisted of one person only, 148 of two persons, 87 of three persons and upwards. Living in two-roomed houses were 1,216 families or 8·1 per cent. of the total, with a population of 2,856, and in three-roomed houses were 1,993 families or 13·3 per cent. of the total, with a population of 6,219 persons. These figures closely correspond to the average throughout East Sussex, and are very slightly less in respect of one and two-roomed houses than those of the neighbouring County Boroughs of Eastbourne and Brighton.

The occupational census is of considerable interest, though only a few figures can be quoted. Of the total occupied male population of 16,818 there are, inter alia, 259 fishermen, 859 metal workers, 716 builders, bricklayers, etc., 660 painters and decorators, 1,165 employed in personal services and 2,480 transport workers. Of [the occupied female population of 12,120, personal services absorb 7,005, including 4,400 domestic servants, 1,228 lodging house keepers, and 520 laundry workers ; 1,324 are engaged in professional occupations, mainly teachers and nurses ; 1,002 are shop assistants and 923 are employed in clerical work. Of the total population over 12 years of age 4,371 males were unoccupied or retired and 21,608 females, although the latter figure presumably includes the married.

## **(2) POPULATION.**

For the purpose of vital statistics the mid-year population for 1923 is estimated by the Registrar-General as 60,140 as com-

pared with 59,500 for 1922, an increase of 640. In the opinion of competent local authorities this figure would still be too low, but it is used throughout this report for all calculations.

### (3) BIRTHS.

The net births registered in Hastings in 1923 were 834 made up as follows:—

	Registered in Borough.	Transferred elsewhere.	Transferred Hastings.	Total.
Males ... ..	448	16	7	439
Females ... ..	399	13	9	395
Total ... ..	847	29	16	834

Of the births 60, males 30, females 30, were illegitimate, a percentage of 7·2.

The birth-rate per 1,000 of population works out at 13·9, almost the same figure as the crude death-rate and the lowest since 1920, see M. and C.W. Table No. 1 page 39.

The explanation of the low birth-rate in Hastings is to be found in the peculiar age and sex distribution which prevails, the large proportion of elderly persons and of unmarried females, mostly engaged in domestic service. During the past two years, after a post-war rise the birth-rate throughout the country has again tended to fall gradually.

An analysis of the ward birth-rates for 1923 is given in V.S. Table No. 2 page 16.

### (4) DEATHS.

#### Death Rate.

Net deaths registered in Hastings in 1923 were 821, of whom 381 were males, 440 females.

Not included in this total were 109 deaths of residents of other districts, which were transferred accordingly; included were 42 deaths of residents of Hastings occurring in other districts.

The number of deaths in Public Institutions was 242, of whom 52 were transferred to other districts.

During the year there were 59 coroner's inquests.

The crude death-rate per 1,000 of population is 13·6 and corrected for age and sex distribution, assuming that the factor for correction '84 remains the same, the figure is 11·3.

The detailed information with regard to deaths will be found in Table 3 (Ministry of Health) on page 17, which also includes an analysis of the ward deaths. A review of death-rates in Hastings from 1900 to 1923 is given in V.S. Table No. 4. The ward mortality for 1923 is given in V.S. Table No. 2, while a comparison of the Hastings Vital Statistics with those of the country as a whole is given in V.S. Table No. 5.

### **Age at Death.**

Of the total deaths, 36 occurred in infants under 1 year, the infantile mortality being 43 per 1,000 births. The remarkable reduction in infantile mortality, with a critical review, is fully dealt with under Maternity and Child Welfare.

Only 12 deaths occurred between 1 and 5 years, and 23 deaths between 5 and 20 years; 44 deaths occurred between 20 and 35 years, and 28 deaths between 35 and 45 years. A steep rise occurs in the higher age groups, there being 189 deaths between 45 and 65 years, and 489 deaths over 65 years.

These figures are typical of the age distribution locally, and explain very plainly the reason for the high crude death-rate. In a busy industrial town, for example, in the north of England, about one-third of the deaths in a recent year were in people over 60 years of age. In Hastings during the past year three-fifths of the deaths were in people over 65 years of age.

### **Causes of Death.**

All matters relating to Infantile Mortality, and the mortality from tuberculosis and Infectious Diseases in 1923 are fully dealt with in the sections devoted to these subjects. In each case, as is shown, the figures for the year are extremely favourable.

Two main causes of death in this locality require to be mentioned.

#### **(a) Cancer.**

The mortality from this cause was heavy, these being 119 deaths as compared with 116 in 1922, the death-rate being 1·9 per 1,000; of the deaths only 5 occurred below 45 years, 51 being between 45 and 65 years, and 63 over 65 years.

The mortality from cancer for 1923 was about  $2\frac{1}{2}$  times as great as that from tuberculosis in Hastings, while in 1922 for the the country as a whole the mortality from cancer was very slightly greater than that from tuberculosis. The explanation, of course, is the large proportion of elderly people in the population locally, also of invalids who take up residence permanently.

The whole problem of cancer is one which is at present engaging the earnest attention of the medical profession and of the interested public. The past few generations have undoubtedly witnessed a real increase in the incidence of our mortality from this terrible scourge. The cause of cancer and its mode of spread still remain to be discovered, but with all the research now focussed on this disease throughout the world its secrets will be revealed no doubt in due course.

In the meantime, the question may be asked, what can Health Authorities do to help? In Hastings the opportunity has been taken at meetings to emphasise the importance of the question, the early symptoms of certain forms, the vital necessity of speedy and early treatment, the hopefulness of surgical interference or treatment by modern methods of X Rays, Radium, etc., the connection between sources of irritation and cancer. Disinfection is carried out, when requested, after deaths from cancer, although there is no scientific foundation at present for saying that this is any preventive. The pamphlet published by the Red Cross Society, a reprint of a report by the Ministry of Health, on the Cancer Problem of to-day has been distributed as required by the Health Visitors.

**(b) Diseases of the Heart and Circulation.**

The following table shows the heavy mortality from those causes and the distribution, the older age groups being most heavily attacked.

Deaths from	Total.	Under 45 years.	45-65 years.	Over 65 years.
Heart Disease ... ..	130	5	24	101
Cerebral Hæmorrhage	81	1	20	60
Arterio-scleroris ...	23	...	2	21
Totals ... ..	234	6	46	182

28 per cent. of the total deaths were due to causes coming under this group—an index again of the large number of the aged and invalids among our population.

(c) **Respiratory Diseases.**

Deaths from bronchitis and pneumonia fell from 96 in 1922 to 70 in 1923, the death-rate being 1·1 per 1,000.

(d) **Other Causes.**

Of these the following might be mentioned:—influenza 14 deaths, as compared to 47 in 1922, diabetes 13 deaths, acute and chronic nephritis 28 deaths, violence and suicide 22 deaths.

**V.S. Table No. 2.**

**VITAL STATISTICS—WARDS—1923.**

Ward.	Estimated Ward Population.	Births.			Birth Rate per 1,000.	Deaths	Death Rate per 1,000 crude.	Deaths under 1 year.	Infantile Mortality.
		M.	F.	Total.					
All Saints ... ..	5,047	57	45	102	20·2	67	13·3	4	39
St. Clements ... ..	5,556	48	56	104	18·7	62	11·2	2	19
St. Mary's Lower ...	6,197	34	39	73	11·8	79	12·7	5	68
St. Mary's Upper ...	6,208	47	35	82	13·2	75	12·0	6	73
St. Helen's ... ..	4,894	76	43	119	24·3	57	11·6	5	42
Holy Trinity ... ..	6,293	38	29	67	10·6	82	13·0	4	60
St. Mary Magdalen	6,550	33	43	76	11·6	96	14·7	...	...
St. Peter's ... ..	6,017	36	29	65	10·8	103	17·1	2	31
St. Leonards ... ..	7,514	34	37	71	9·4	109	14·5	5	70
Silverhill and Hollington ...	5,864	45	43	88	15·0	91	15·5	5	57
Total ... ..	60,140	448	399	847	14·1	821	13·6	38	45
Transfers out... ..	...	16	13	29				3	
Transfers in ... ..	...	7	9	16				1	
Total Net ... ..	60,140	439	395	834	13·9	821	13·6	36	43

**V.8. Table No. 3. (Ministry of Health.) CAUSES OF, AND AGES AT, DEATH DURING YEAR, 1923.**

CAUSES OF DEATH.	Net Deaths at the subjoined ages of Residents, whether occurring within or without the District.										Total Deaths whether of 'Residents' or 'Non-Residents' in Institutions in the District.	WARD DISTRIBUTION.											
												St. All Saints.	St. Cle- ment.	St. Mary's Lower.	St. Mary's Upper.	St. Hel- en's.	Holy Trinity.	St. Mary- Mag- dalen.	St. Peter's.	St. Leo- nard.	Silver- hill & Holling- ton.		
	All ages, year.	0 to 1 yrs.	1 to 2 yrs.	2 to 3 yrs.	3 to 4 yrs.	4 to 5 yrs.	5-10 yrs.	10-15 yrs.	15-20 yrs.	20-35 yrs.												35-45 yrs.	45-65 yrs.
All Causes { Certified { Uncertified	821	36	9	1	2	8	6	9	44	28	189	489	242	67	62	79	75	57	82	96	103	109	91
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	4	1	2	1	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	2
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Whooping Cough	2	1	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Diphtheria	1	...	...	...	...	1	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...
Influenza	14	...	...	...	...	...	...	...	...	...	2	11	1	...	...	...	...	...	...	...	...	...	4
Encephalitis Lethargica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal meningitis	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis of respiratory system	42	1	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other tuberculous diseases	6	...	1	...	...	...	...	...	1	1	2	1	6	...	...	...	...	...	...	...	...	...	5
Cancer, malignant disease	119	...	...	...	...	...	...	...	...	3	2	51	37	...	...	...	...	...	...	...	...	...	2
Rheumatic Fever	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7
Diabetes	13	...	...	...	...	...	...	...	...	...	3	9	...	...	...	...	...	...	...	...	...	...	...
Cerebral Hemorrhage, etc.	81	...	...	...	...	...	...	...	...	...	20	60	...	...	...	...	...	...	...	...	...	...	2
Heart Disease	130	...	...	...	...	1	...	...	...	...	24	101	...	...	...	...	...	...	...	...	...	...	...
Arterio-sclerosis	23	...	...	...	...	...	...	...	...	...	2	21	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	25	...	...	...	...	...	...	...	...	...	3	22	...	...	...	...	...	...	...	...	...	...	...
Pneumonia (all forms)	45	2	1	...	...	...	...	...	...	...	10	26	...	...	...	...	...	...	...	...	...	...	...
Other respiratory diseases	9	...	...	...	...	...	1	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...
Ulcer of stomach or duodenum	7	...	...	...	...	...	1	...	...	...	3	2	...	...	...	...	...	...	...	...	...	...	...
Diarrhoea, etc. (under 2 years)	3	2	1	...	...	...	...	...	...	...	1	2	6	...	...	...	...	...	...	...	...	...	...
Appendicitis and Typhlitis	5	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cirrhosis of liver	8	...	...	...	...	...	...	...	...	...	7	1	...	...	...	...	...	...	...	...	...	...	...
Acute and chronic nephritis	28	1	...	...	...	...	...	...	...	...	11	15	...	...	...	...	...	...	...	...	...	...	...
Puerperal Sepsis	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other accidents and diseases of Pregnancy and Parturition	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital debility and Malform- ation, Premature birth	19	19	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suicide	2	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...
Other deaths from violence	20	2	1	...	...	1	...	...	...	...	6	3	...	...	...	...	...	...	...	...	...	...	...
Other defined diseases	207	7	2	...	...	4	2	...	...	...	27	144	...	...	...	...	...	...	...	...	...	...	...
Causes ill-defined or unknown	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	821	36	9	1	2	8	6	9	44	28	189	489	242	67	62	79	75	57	82	96	103	109	91

Special Causes (included above):— Poliomyelitis, 1; Polioencephalitis, 1.

V.S. Table No. 4.

## DEATH RATES—1900-1923—HASTINGS.

	1900- 1904 average	1905- 1909 average	1909- 1914 average	1915	1916	1917	1918	1919	1920	1921	1922	1923
Number of Deaths      ...      ...	909	848	820	905	883	848	1011	926	850	852	869	821
Death Rate per 1,000 crude      ...	14.0	13.4	13.5	17.3	17.6	17.5	19.4	16.0	14.2	14.3	14.6	13.6
Death Rate per 1,000 corrected	11.8	11.3	11.3	14.5	14.8	14.7	16.3	13.4	11.9	12.0	12.2	11.3

**V.S. Table No. 5.**

**BIRTH RATE, DEATH RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1923.**

Provisional figures for England and Wales compared with Hastings.

	Birth-rate per 1,000 Total Population.	Annual Death-Rate per 1,000 Population.										Rate per 1,000 Births.		Percentage of Total Deaths.		
		All Causes.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis under 2 Years.	Total Deaths under One Year.	Causes of Death certi- fied by Registered Medical Practitioners	Inquest Cases.	Uncertified Causes of Death.	
England and Wales ... ..	19.7	11.6	0.01	0.00	0.14	0.03	0.10	0.07	0.22	0.44	7.7	69	92.0	6.9	1.1	
105 County Boroughs and Great Towns, including London ...	20.4	11.6	0.01	0.00	0.15	0.03	0.12	0.09	0.22	0.40	9.9	72	92.2	7.2	0.6	
155 Smaller Towns (1921 Ad- justed Populations, 20,000— 50,000) ... ..	19.8	10.6	0.01	...	0.19	0.02	0.10	0.06	0.21	0.38	6.4	69	92.6	6.1	1.3	
London ... ..	20.2	11.2	0.01	0.00	0.08	0.02	0.09	0.13	0.17	0.45	10.2	60	90.8	9.1	0.1	
<b>Hastings</b> ... ..	13.9	13.6(a) 11.3(b)	0.00	0.00	0.06	0.00	0.03	0.01	0.23	0.33	3.6	43	92.9	7.1	0.0	

(a) Crude. (b) Corrected for sex and age distribution.

## INFECTIOUS DISEASES.

### (1) NOTIFIABLE INFECTIOUS DISEASES.

A complete analysis of cases of infectious disease notified to the Health Department in 1923 is given in Table II. (Ministry of Health) page 23), showing for each disease the number of cases according to age groups, the number of deaths, the cases removed to hospital and the ward incidence.

Tuberculosis is dealt with in the section devoted to that subject.

The year has been remarkably free from serious epidemics, the majority of such cases as have been notified having been mild in type. As regards the three diseases usually regarded as possessing most public health importance, namely scarlet fever, diphtheria and enteric fever, the quarterly incidence is shown below.

**I.D. Table No. 1.**

			Scarlet Fever.	Diphtheria	Enteric Fever.	Total.
1st Quarter	...	...	6	3	0	9
2nd Quarter	...	...	8	0	1	9
3rd Quarter	...	...	19	3	4	26
4th Quarter	...	...	27	5	1	33
Totals	...	...	60	11	6	77

#### Scarlet Fever.

Of the 60 cases, with but few exceptions, all were mild. The cases occurred mainly in the second half of the year, but were entirely sporadic in character, scattered fairly evenly throughout the wards, and connected neither with milk nor schools, such infection as could be traced being entirely familial in character. Thus in 7 families there were two cases, and in two families three cases. There were two return cases after hospital treatment of the initial case; of the 60 cases, 55 were admitted to hospital. There were no deaths.

#### Diphtheria.

Of the 11 sporadic cases throughout the year all were mild except one, which died, practically moribund before admission to hospital.

### Enteric Fever.

Of the 6 cases, three came from one family, the first case in all probability having derived her infection from a source outside the district and infecting the other two members of the family by direct contact. Of the others, one undoubtedly came to Hastings incubating the disease, as the symptoms commenced a day or two after her arrival; the second, a railway guard, probably contracted infection outside the town, while as regards the third no source of infection could be traced.

All the cases recovered.

### Chicken-Pox, Small-Pox, Vaccination.

In view of the risks of importation of the mild form of small-pox, so prevalent last year in Gloucester, Notts. County and other places, chicken-pox was made compulsorily notifiable in July, 1923, firstly for a period of 3 months, and then for a further period of 6 months. This has been undoubtedly a measure worth while, for in several cases the Medical Officer of Health has been called out to consult with general practitioners with regard to the differential diagnosis between chicken-pox and small-pox. In one case in particular the diagnosis was so much in doubt that the child was isolated pending a definite opinion, which could only be given as the result of a successful vaccination, on the advice of the medical expert sent down by the Ministry of Health.

As regards vaccination in Hastings, the position is somewhat worse than that of the country as a whole, 32·9 per cent. of the infants born having been vaccinated over a considerable period of years, vide the following table kindly supplied by the Superintendent Registrar, as compared with a percentage of roughly 40 for all England.

**I.D. Table No. 2.**

Year.	Births. Central District.	Successful Primary Vaccination.	Conscien- tious Objectors.	Percentage of births vaccinated.
1918 ...	683	268	251	39·2
1919 ...	649	210	274	32·3
1920 ...	942	292	494	30·9
1921 ...	689	223	391	32·3
1922 ...	772	239	445	30·9
Totals	3,735	1,232	1,855	32·9

With a small-pox incidence at about the rate per annum of 3,000 throughout the country, a health resort can tell neither the hour nor the day when it may import a primary case. With the huge proportion of un-vaccinated children, the chances are that, with even the most speedy and thorough measures of attack, there will be a crop of secondary cases. The only protection against this menace (for, although the prevailing type of small-pox is mild, there is no guarantee that we may not import the severe type in future) is a thoroughly well vaccinated population.

**Polio-myelitis Anterior Acuta—5.**

**Polio-encephalitis—2.**

A group of cases coming under these headings, 7 in number, occurred in July and August. The unusual incidence was reported to the Ministry of Health, a special officer being sent down to investigate the outbreak. In polio-myelitis the disease attacks the spinal cord, leaving as a result the patient suffering from various forms of paralysis. In no case could any connection be traced between the cases, or any definite source of infection be assigned, this no unusual occurrence in other groups of cases. The two cases of polio-encephalitis were undoubtedly in close contact. Two other cases of polio-myelitis were imported, and here there was definite contact between the cases.

**(2) NON-NOTIFIABLE INFECTIOUS DISEASES.**

From a mortality point of view several of the non-notifiable diseases, notably measles, whooping cough and influenza, with their pneumonic complications, are in some years of greater importance than the group of common notifiable infectious diseases, scarlet fever, diphtheria and enteric fever. Last spring and early summer there was a very considerable prevalence both of measles and whooping cough, with 4 deaths from the former and 2 from the latter. Beds being available, severe cases of both diseases, especially from overcrowded and insanitary homes, were admitted to the Borough Sanatorium, several lives undoubtedly being saved thereby (see Report on Borough Sanatorium). Influenza, without being epidemic, caused 14 deaths in 1923. Diarrhoea and Enteritis in infants under 2 years of age was not epidemic, the mortality from this cause being 3.

I.D. TABLE No 3.

TABLE II. (MINISTRY OF HEALTH).

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR, 1923.

NOTIFIABLE DISEASES.	NUMBER OF CASES NOTIFIED.													Deaths.*	Total cases removed to Hospital.	WARD DISTRIBUTION.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
	At all ages.	At ages—Years.														All Saints.	St. Clements.	St. Mary's Lower.	St. Mary's Upper.	St. Helen's.	Holy Trinity.	St. Mary Magdalen.	St. Peter's.	St. Leonard.	Silverhill and Hollington.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
		0	1	2	3	4	5	10	15	20	35	45	65 & upds.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
Small Pox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

\*For Analysis of Deaths See Table No. III. (Ministry of Health), page 17.

**I.D. Table No. 4.**

DEATHS FROM THE SEVEN CHIEF EPIDEMIC DISEASES.

	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923
Smallpox ...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	...	...	...	...	3	...	1	...	1	...	...
Diphtheria ...	2	1	9	15	...	4	4	14	2	1	1
Enteric Fever ...	...	1	...	...	...	2	...	5	...	1	...
Measles ...	4	...	28	3	10	12	...	6	...	4	4
Whooping Cough	7	4	7	6	11	10	4	4	1	...	2
Diarrhoea (under 2 years)	12	7	1	1	3	2	3	9	6	3	3
Total ...	25	13	45	25	27	30	12	38	10	9	10

**(3) BOROUGH SANATORIUM FOR INFECTIOUS DISEASES.  
FREDERICK ROAD.**

**(A) Accommodation.**

In 1922, the arrangement, whereby for several years Block D. had been utilised for cases of tuberculosis, occurring in women and children, came to an end. All four pavilions, containing approximately 50 beds on the maximum cubic capacity, as originally laid down by the Local Government Board, are therefore available for the reception of cases of general infectious diseases.

The policy in operation is to deal adequately with the isolation of scarlet fever, diphtheria and enteric fever, and in addition, in the interests of the public health and of the patients, especially from the point of view of treatment, to admit selected cases suffering from other infectious diseases, for example, measles or whooping cough complicated with pneumonia. Such a policy, while of value in any community, has an added importance in a health resort such as Hastings, the removal of the sufferer from a mild infectious disease, such as chicken-pox or german measles, arising in a boarding-house or hotel, being sometimes imperative.

During 1923 the available accommodation was never fully taxed, one or two pavilions standing empty, though in readiness, most of the year. Of 119 cases of infectious disease admitted, 106 came from the Borough of Hastings, 13 from the surrounding Rural Districts, in accordance with the standing arrangements with these authorities.

**I.D. Table No. 5.**

(B) BOROUGH SANATORIUM FOR INFECTIOUS DISEASES.  
Cases under Treatment in 1923.

Disease.	In Hospital Jan. 1st, 1923.	Ad- mitted.	Died.	Dis- charged.	In Hospital Dec. 31st, 1923.
Scarlet Fever ... ..	4	61	1	53	11
Diphtheria ... ..	...	19	1	16	2
Enteric Fever ... ..	...	5	...	5	...
Measles ... ..	...	17	...	16	1
Whooping Cough and Pneumonia ... ..	...	4	1	3	...
Poliomyelitis Anterior Acute ... ..	...	1	...	1	...
Polio-encephalitis ... ..	...	1	1	...	...
Puerperal Fever ... ..	...	1	1	...	...
Erysipelas ... ..	...	1	...	1	...
Chicken Pox ... ..	...	4	...	4	...
Observation ... ..	...	1	...	1	...
Others ... ..	...	4	...	4	...
Total ... ..	4	119	5	104	14

**(a) Scarlet Fever.**

Of the 61 admissions, the majority were of a mild, though definite, type of scarlet fever, the one death occurring as the result of a severe toxic type of nephritis. No septic cases were admitted and consequently there was an absence of dangerous complications, no cases of otorrhœa for example being found. The following complications were noted:—

Rhinorrhœa ... ..	2
Adenitis—all slight, no abscesses ... ..	6
Mastoid abscess: due to fracture of the base occurring prior to onset of scarlet fever, operation with good recovery ... ..	1
Nephritis ... ..	3
Return Cases ... ..	2

The average length of stay in Hospital was 43·9 days.

**(b) Diphtheria.**

Of the 19 admissions, the majority were of a mild faucial type, while 4 cases, admitted on suspicion, were re-diagnosed as suffering from tonsillitis. With the one fatal exception, all the cases of true diphtheria quickly yielded to anti-toxin treatment;

the fatal case was admitted to hospital at a late stage of the disease, when diphtheria anti-toxin, though administered in large doses, was of no avail.

The average length of stay for diphtheria cases was 23·2 days.

**(c) Enteric Fever.**

Of the 5 cases, 3 were acute, 2 carriers. Two of the cases were extremely ill, the favourable issue being in doubt for a considerable time and greatly helped by the devoted services of the nursing staff. In each case the usual laboratory tests of urine and faeces, to exclude the possibility of the patients being carriers, were made before discharge.

The average length of stay in hospital was 39·7 days.

**Other Diseases.**

The utilisation of the Borough Sanatorium for the treatment of severe cases of measles and of whooping cough, complicated with pneumonia, in children and infants under 5 years of age, is a health measure specially advocated by the Ministry of Health, as part of their Maternity and Child Welfare campaign. In the presence of a considerable epidemic, in the spring and early summer of 1923, of measles and whooping cough, severe cases of either disease, generally complicated with pneumonia or broncho-pneumonia or coming from homes where proper nursing facilities were quite unobtainable, were admitted to hospital. All the 17 cases of measles made a good recovery, several being very ill indeed on admission, while the one case of whooping cough which died was practically moribund on admission.

Of other diseases 4 cases of chicken-pox might be mentioned—one being admitted for observation purposes to settle the diagnosis between chicken-pox and small-pox. Fortunately it was possible to give a definite diagnosis of chicken-pox.

**(C) General Administration.**

During the year the whole of the existing arrangements at the Borough Sanatorium have been passed under review. The wards, administration block and all the offices have been carefully inspected, a very considerable amount of necessary repairs being carried through. All the hospital equipment has been overhauled, and is in process of being brought up to date as regards all

reasonable requirements. A new disinfecter has been installed ; a new motor-ambulance has been put into commission, the old body being still available for use in the transport of any small-pox case which might occur. The numbers, status and salaries of the nursing and domestic staffs have been stabilised.

In all these matters relating to administration the matron, Miss Pollard, who assumed office in September, 1923, has taken a most enthusiastic, valuable and prominent part.

#### **(4) Small-pox Hospital at Brede.**

During 1923 all the arrangements, administration block, wards, equipment, and procedure for opening were examined, and, where necessary, brought up to date. The agreement whereby the Hospital is available for surrounding Urban and Rural Districts still obtains. The resident caretakers (man and wife) keep the Hospital in good order and in constant readiness. Accommodation is available, if required, for at least 20 cases. Arrangements have now been made for transferring nursing staff from the Borough Sanatorium should occasion arise to open the Small-pox Hospital.

---

## **TUBERCULOSIS.**

---

### **(1) VITAL STATISTICS.**

#### **(a) Notifications.**

During 1923 the number of new cases notified from every source was 121, 99 being pulmonary, and 22 non-pulmonary. Of these 104 were primary notifications in Hastings, the remaining 17 being transferred from other districts. The notifications are given in detail in Tables No. 1, No. 2, and No. 3. It will be noted from Table No. 3 that there has been a slight increase in the number of notifications in 1923, as compared with the past few years, mainly in non-pulmonary tuberculosis.

**T. Table No. 1.**

## TUBERCULOSIS IN 1923.

Age Period.	New Cases.		Deaths.	
	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.
0—1 years ...	...	...	1	...
1—5 " ...	1	7	...	1
5—10 " ...	3	4	...	...
10—15 " ...	5	1	...	...
15—20 " ...	9	2	5	...
20—25 " ...	14	1	} 12	1
25—35 " ...	23	...		1
35—45 " ...	18	1	9	1
45—55 " ...	20	3	} 13	2
55—65 " ...	3	3		1
65 upwards ...	3	...	2	1
Totals ...	99	22	42	6
Grand Totals	121		48	

**T. Table No. 2.**

## TUBERCULOSIS.—ABSTRACT OF NOTIFICATIONS FROM VARIOUS SOURCES.

Category.	Primary Notifications.		New Cases notified, other sources.	Supplemental Notifications.			
	Form A.	Form B.		Form A.	Form B.	Form C.	
						Poor Law.	Sana-toria.
Pulmonary Males ...	41	1	16	6	...	7	60
„ Females ...	40	...	1	4	...	3	41
Non-Pulmonary Males	9	...	...	3	...	2	...
„ Females	13	...	...	...	...	4	...
Totals ... ..	103	1	17	13	...	16	101

**T. Table No. 3.**

## NUMBER OF PRIMARY NOTIFICATIONS OF TUBERCULOSIS SINCE 1912.

	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923
Pulmonary ...	179	135	136	91	99	125	94	88	74	89	71	81
Other Forms ...	...	34	21	10	19	25	16	7	9	9	9	22
Totals ...	179	169	157	101	118	150	110	95	83	98	80	103

**(b) Deaths.**

During 1923 there were 48 deaths from tuberculosis, 42 from tuberculosis of the lungs and 6 from other forms of tuberculosis, the details as to ages being shown in Table No. 1.

The recent history of tuberculosis in this town is well illustrated in Table No. 4.

**T. Table No. 4.****Deaths from Tuberculosis from 1903.—Hastings.**

Year.	No. of deaths Pulmonary Tuberculosis.	No. of deaths other forms of Tuberculosis.	Total Deaths.	Death Rate all forms per 1,000.
1903-04 average	95	27	122	1·8
1905-09 "	84	28	112	1·8
1910-14 "	62	23	85	1·4
1915 ... ..	56	14	70	1·3
1916 ... ..	69	28	97	1·9
1917 ... ..	60	18	78	1·5
1918 ... ..	88	17	105	2·0
1919 ... ..	92	16	108	1·8
1920 ... ..	66	23	89	1·5
1921 ... ..	70	15	85	1·4
1922 ... ..	58	19	77	1·3
<b>1923 ... ..</b>	<b>42</b>	<b>6</b>	<b>48</b>	<b>·79</b>

It will be noted that locally there was a steady fall in mortality from 1903 until the middle years of the great war from 122 to 70 deaths, but that as a result of the stress and strain of war conditions and other causes, for example, deterioration in vital food supplies and an increase in tuberculosis among ex-soldiers and women, there was a disappointing rise in 1919 to 108 deaths. From 1919 the mortality has fallen steadily again year by year, the biggest decrease being from 77 deaths in 1922 to 48 in 1923. This dramatic fall in the mortality from tuberculosis is distinctly encouraging. It forms a good index of the rebounding vitality of the race from the devastating effects of 1914-1918. Moreover it corresponds locally with increasing efforts and arrangements to combat the disease, more especially improved sanatorium accommodation for pulmonary tuberculosis and the splendid work of the Tuberculosis Care Committee.

The problem of tuberculosis in Hastings is accentuated by the very considerable numbers of cases who come to the town as

visitors for temporary treatment or as patients to one or other of the two institutions, the Eversfield Chest Hospital or the Fairlight Sanatorium, and take up more or less permanent residence in Hastings subsequently. No less than 25 deaths occurred during 1923, which were transferred to other districts.

Table No. 5 shows the relation of deaths to notifications. Out of the 48 deaths no less than 18 were of unnotified cases, too high a proportion. In each case a letter was sent to the medical man in charge of the case.

**T. Table No. 5.**

RELATION OF DEATHS TO NOTIFICATIONS.

				Pulmonary	Other Forms.	Total.
Un-notified		before death		15	3	18
Notified less than 3 months		" "		7	3	10
" 3 to 6	"	" "		4	0	4
" 6 to 12	"	" "		4	0	4
" 1 to 2 years	"	" "		2	0	2
" over 2	"	" "		10	0	10
Total ... ..				42	6	48

**(2) WORK OF TUBERCULOSIS NURSE.**

Miss Myers continues her excellent work in this department. During 1923 the following home visits were paid :—

(a) to new cases	...	...	...	...	96
(b) to old cases	...	...	...	...	2,853
Total ... ..					2,949

Included in this total were 529 visits to cases specially referred by the Tuberculosis Care Committee. In addition the following articles were distributed from the Health Department to tuberculous patients.

(a) Supplies of disinfectants	...	...	547
(b) Sputum mugs and flasks	...	...	49
(c) Thermometers	...	...	15

Disinfection was arranged for by the nurse in all cases of death or removal from the district. In addition she accompanied all cot cases to the Sanatorium in the Corporation Ambulance.

### (3) THE TUBERCULOSIS DISPENSARY.

In May, 1923, the Tuberculosis Dispensary was transferred from the old Hospital to the Out-Patient Department of the new Royal East Sussex Hospital, to the great comfort and convenience of everyone concerned. The Dispensary is open on two mornings and one evening weekly, and in accordance with its well recognised sphere in the anti-tuberculosis scheme it acts as a centre for the diagnosis of doubtful cases and contacts, for the disposal of recognised cases, for the general supervision of cases receiving domiciliary treatment, and to a lesser extent for actual treatment of cases who have no private doctor or who are specially referred. In a few cases, suffering from surgical tuberculosis, tuberculin injections have been given with good results. The existence of the Tuberculosis Dispensary in the midst of a busy and well equipped modern hospital is an enormous convenience, as with the goodwill and co-operation of the hospital authorities there are at hand the X-Ray Department, the Laboratory, the Dental Department and opportunities for consultation with the various specialists attached to the Hospital.

As regards the work of the Dispensary in 1923, Table No. 6 shows 190 new cases examined including 41 contacts:—

**T. Table No. 6.**

#### TUBERCULOSIS DISPENSARY.

##### ABSTRACT OF NEW CASES EXAMINED DURING 1923.

Category.	Source of Patient.						Total.
	General Practitioners	Ministry of Pensions	School Medical Officer.	Tuberculosis Nurse.	Miscellaneous.	Contacts.	
<b>Insured—</b>							
Men ... ..	23	33	...	7	5	2	70
Women ... ..	16	...	...	8	3	2	29
<b>Non-insured—</b>							
Men ... ..	1	...	...	...	1	1	3
Women ... ..	6	...	..	7	5	7	25
Children ... ..	9	1	10	8	6	29	63
<b>Total ... ..</b>	<b>55</b>	<b>34</b>	<b>10</b>	<b>30</b>	<b>20</b>	<b>41</b>	<b>190</b>

Table No. 7 shows the immediate results of examination, and Table No. 8 the recommendations as to treatment, sanatorium, observation, etc. Of the 41 contacts it will be noted that 4 were definitely diagnosed as suffering from pulmonary tuberculosis, 2 from surgical tuberculosis.

### T. Table No. 7.

#### TUBERCULOSIS DISPENSARY.

#### NEW CASES, 1923. RESULTS OF EXAMINATION.

Diagnosis.	General Cases.	Contacts.
1. Diagnosis Positive—		
(a) Pulmonary Tuberculosis—		
Tubercle Bacilli absent in sputum ...	41	1
Tubercle Bacilli present in sputum—		
Stage 1 ... ..	27	2
Stage 2 ... ..	20	1
Stage 3 ... ..	6	...
(b) Surgical Tuberculosis or Non-Pulmonary Tuberculosis ... ..	16	2
2. Remaining under Observation—		
Diagnosis Pending ... ..	15	14
3. Not suffering from Tuberculosis ... ..	24	21
Total ... ..	149	41

### T. Table No. 8.

#### TUBERCULOSIS DISPENSARY.

#### NEW CASES, 1923. IMMEDIATE RECOMMENDATIONS.

1. Dispensary Treatment—				
Ordinary Medical Treatment ... ..	22			
General Supervision ... ..	12			
Observation ... ..	50			
2. Domiciliary Treatment, under Private Practitioners ... ..	34			
3. Sanatorium or Institutional Treatment ... ..	48			
4. No Treatment required ... ..	24			
Total ... ..	190			

The total attendances are shown in Table No. 9.

**T. Table No. 9.****TUBERCULOSIS DISPENSARY. ATTENDANCES FOR 1923.**

(1) Insured men ...	...	...	...	732
women ...	...	...	...	217
(2) Non-Insured men	...	...	...	49
women	...	...	...	284
children—				
boys	...	...	...	168
girls	...	...	...	242
(3) Ex-Military Cases	...	...	...	327
Total attendances ...				2,019
Total examinations ...				1,004
Total Certificates for Ministry of Pensions				
Cases	...	...	...	485

**(4) INSTITUTIONAL TREATMENT.**

The Corporation by arrangement with the East Sussex County Council has had since May, 1921, the use of 30 beds in the County Sanatorium at Robertsbridge, Darvell Bank, 24 of the beds being for early or hopeful cases, 6 for cot cases. I much regret to record the death of the Medical Superintendent, Dr. J. Penn Milton, during the year. His services had been of the utmost value during the initial development of the Sanatorium. He has been succeeded by Dr. Dingley, with whom the most cordial relations as regards the very necessary co-operation have been established.

As we have now been using Darvell Bank Sanatorium for nearly three years, I have thought it worth while to work out the present condition as on December, 1923, as regards present health and ability to work of all patients discharged from Institutions since its opening, with but a few exceptions all these patients having been at Darvell Bank. The cases have been divided into two main classes, those with tubercle bacilli in their sputum, those without. The period, just over two years since the discharge of the first batch, is too brief to warrant definite conclusions, but by continuing the history of each group of patients year by year, useful information as to the results of our

sanatorium treatment may be obtained. Of 188 patients discharged since 1921, 79, of whom 36 had tubercle bacilli in the sputum, are well or fit to work, 35, of whom 27 were tubercle bacilli positive are moderately well, 32 have died and 6 were lost sight of.

Of 78 patients discharged from Darvell Bank or other Institutions in 1923, it was considered that in 6 the disease was quiescent, 36 were much improved, in 26 there was no material improvement and 6 died.

Of 89 cases admitted to Institutions during 1923 under the Corporation scheme, 80 were sent to Darvell Bank, 4 to Preston Hall and 1 to Barrow Hill Colony, these being ex-service men sent for vocational training, 2 surgical cases to the Royal East Sussex Hospital, and 1 case to the Frederick Road Infirmary.

With regard to Darvell Bank the early or hopeful cases receive first consideration for admission, but moderately advanced cases are sent more especially with a view to instruction and training in their mode of life and the avoidance of infection. Advanced cases are sent for treatment and isolation, if the home conditions are bad, on public health grounds. It is satisfactory to state that the beds available for pulmonary tuberculosis are capable of dealing promptly with all early cases, while through the courtesy of the County Authority we have generally been able to get accommodation for all our cot cases, so that there is no waiting list.

#### T. Table No. 10.

##### RESULTS OF SANATORIUM OR INSTITUTIONAL TREATMENT.

CONDITION AS IN DECEMBER, 1923, OF ALL PATIENTS  
DISCHARGED DURING 1921, 1922, AND 1923.

Condition December, 1923.	Discharged 1921.		Discharged 1922.		Discharged 1923.		Total.
	T.B.+	T.B.-	T.B.+	T.B.-	T.B.+	T.B.-	
Well, or Fit to work ...	13	4	16	16	7	23	79
Moderately well ...	5	...	8	4	14	4	35
Relapsed ...	9	...	10	1	13	3	36
Dead ...	11	...	7	...	13	1	32
Lost sight of, or left town	3	...	1	2	...	...	6
Total ...	41	4	42	23	47	31	188

**T. Table No. 11.**

IMMEDIATE RESULTS OF SANATORIUM OR INSTITUTIONAL  
TREATMENT IN 1923.

Condition on Discharge.	Insured.	Non-Insured.	Children	Total.
Disease arrested or quiescent ... ..	3	2	1	6
Very much improved ...	25	5	7	37
No material Improvement	20	5	1	26
Died in Institution ...	4	5	...	9
Total ... ..	52	17	9	78

**(5) TUBERCULOSIS CARE COMMITTEE.**

An essential element in any anti-tuberculosis scheme is an active Tuberculosis Care Department, whose ideal it is to help in every way the sufferer from tuberculosis and his family at every stage of the disease, on diagnosis, during his stay at the sanatorium, while he struggles to obtain work if the disease fortunately improves, or perchance in the later and advancing stages of the disease.

Since its inception in 1918 the Hastings Care Committee has done most valuable work, and year by year its activities extend. Fortunately considerable financial support has been forthcoming from public and private sources, so that last year it has been possible to expend nearly £400 in the various activities, this quite independently of establishment expenses. Practically every deserving case of tuberculosis, many strangers to the town, passes through its hands, several being helped over prolonged periods and to a considerable extent. The Committee is representative of all interested bodies throughout the town, the meetings are well attended, while many of the cases are visited and helped by individual members. To ensure adequate knowledge of the medical condition of the cases and co-operation with the Corporation Scheme, the Medical Officer of Health and the Tuberculosis Nurse attend all meetings, the nurse also visiting all cases receiving help once a month.

The work of the Care Committee is fully set out in its Annual Report. To show the extent and variety of its work I quote the activities for one week—in midsummer 1923.

	£	s.	d.
(a) Monetary allowances ... ..	2	6	0
(b) Distribution of Dried Milk ... ..		9	0
(c) Fresh Milk 220½ pints ... ..	2	15	1½
(d) Virol ... ..		3	0
(e) Eggs—70 ... ..		16	0½
(f) Butter ... ..		3	2½
(g) Bovril ... ..		2	1½
(h) Maintenance of three children in country ... ..	1	13	9
(i) Nursing of special case ... ..		9	0
	<hr/> £8 17 3 <hr/>		

Through a ladies' work party, associated with the Care Committee, it was possible to provide for the more necessitous cases a large parcel of warm underclothing.

I record with sincere regret that resignation of Mr. J. L. Childs, who has acted as Secretary since the inception of the Committee in 1918, and has been largely responsible for the development of the work and its present successful position. Mr. Childs has been succeeded by Mr. C. L. Wheatley, Chief Clerk to the Health Department.

#### (6) THE FUTURE AS REGARDS TUBERCULOSIS.

With the rapidly falling death rate, locally the future outlook of the anti-tuberculosis campaign is distinctly hopeful. So far, however, the Corporation scheme has not included arrangements for Surgical Tuberculosis or for prolonged treatment of children in sanatorium open air schools.

As regards Surgical Tuberculosis it is hoped to utilise the new Royal East Sussex Hospital and more especially the Children's Ward, with its fine balcony, for this purpose as part of the Corporation Scheme up to an average of four fully occupied beds.

As regards the treatment of children suffering from early or definite pulmonary tuberculosis a few have already been sent to Darvell Bank, and the Care Committee usually send several to the country for a few months at a time. With the opening of a children's ward at Darvell Bank, and the possibility of a teacher later, it is hoped to develop this most important side of the scheme.



The infantile mortality figure of 43 deaths per 1,000 births in 1923 again shows a reduction as compared with 49 in 1922, being fourth lowest among the 105 County Boroughs and Great Towns. An analysis of our infantile mortality from 1900 to 1923 (see M.C.W. Table No. 1, p. 39) shows a wonderful reduction from the average figure of 111 in the five years 1900—1904 to 43. The results of the analysis are very interesting. We find that the greatest victory has been won in children over one month and in the deaths from diarrhoea, pneumonia and bronchitis. Here can be traced the results of the efforts of the Infant Welfare Centres and of the Health Visitors in the homes of the people. On the other hand the mortality in the first four weeks of life and from the causes mentioned already operating at birth has not fallen by any means to the same extent. Similarly for the past three years it will be noticed that the maternal mortality, deaths of mothers from causes operating at or after child birth, has been unduly high.

It is hoped that in this connection the fostering of the existing ante-natal work and the proposed opening of an ante-natal centre in St. Leonards at the Park View Clinic, also the subsidising of the recently opened Maternity Home at Fern Bank in respect of mothers from families in straightened circumstances or from insanitary or overcrowded homes, will be definite steps in the right direction to reduce this mortality.

(c) **Maternal Mortality, 1923.**

Deaths from Puerperal Sepsis	...	...	2
Deaths from other accidents and diseases of pregnancy :—			
Concealed hæmorrhage and shock	...	...	1
Placental degenerative embolism	...	...	1
Calcified adherent placenta	...	...	1
Puerperal eclampsia	...	...	1
Total	...	...	6

The maternal mortality works out at 7·2 per 1,000 births, a figure nearly twice as great as the average obtaining for the country as a whole in recent years. The steps proposed to be taken to deal with this question have been discussed in the preceding paragraph.

M. and C.W. Table No. 1.

## ANALYSIS OF INFANTILE AND MATERNAL MORTALITY FROM 1900—1923.

Year.	Births.		Maternal Mortality.		Infantile Mortality.		Infant Deaths 0-4 weeks.		Deaths from Diarrhoea and Enteritis.		Deaths from Pneumonia & Bronchitis.		Deaths from Congenital Debility, Prematurity and Atrophy.	
	Births.	Birth Rate.	Deaths.	Rate per 1000 Births.	Deaths under 1 year.	Rate per 1000 Births.	Deaths 0-4 weeks.	Rate per 1000 Births.	Deaths 0-2 years.	Rate per 1000 Births.	Deaths 0-1 year.	Rate per 1000 Births.	Deaths 0-1 year.	Rate per 1000 Births.
1900-04	1231	18·67	7	5·7	137	111	not available		24	19·5	24	19·5	23	18·7
1905-09	1100	17·4	5	4·5	105	95	38	34·5	15	13·6	16	14·5	19	17·3
1910-14	902	14·9	3	3·3	75	83	26	28·8	13	14·4	11	12·2	28	31·0
1915	809	15·5	3	3·7	79	97	35	43·3	1	1·2	17	21·0	36	44·5
1916	785	15·7	2	2·5	47	60	22	28·0	1	1·4	6	7·6	23	29·3
1917	759	15·1	not available	not available	59	78	not available	not available	6	7·9	not available	not available	25	32·9
1918	838	16·1	1	1·2	60	71	29	34·6	2	2·4	8	9·5	30	35·8
1919	784	13·0	4	5·1	56	71	33	42·1	3	3·8	6	7·7	32	40·8
1920	1146	19·1	3	2·6	59	51	28	24·4	9	7·9	6	5·2	31	27·1
1921	850	14·3	6	7·1	44	52	16	18·8	6	7·1	7	8·2	19	22·4
1922	930	15·6	8	8·6	46	49	32	34·4	3	3·2	4	4·3	29	31·2
1923	834	13·9	6	7·2	36	43	20	23·9	2	2·4	3	3·6	19	23·1

1923. Net Deaths from Stated Causes at various ages under 1 year of age.

CAUSES OF DEATHS.	Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	4 weeks & under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 mths.	Total deaths under 1 year.	WARD DISTRIBUTION.									
											All Saints.	St. Clement.	St. Mary's Lower.	St. Mary's Upper.	St. Helen's.	Holy Trinity.	St. Mary Magdalen.	St. Peter's.	St. Leo- nard.	Silverhill and Hol- lington.
All Causes. { Certified { Uncertified	18	1	...	1	20	8	3	3	2	36	3	2	5	6	5	3	...	2	5	5
Small Pox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken Pox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	1
Scarlet Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria and Croup ...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...
Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhoea ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteritis ...	...	...	...	...	...	2	...	...	...	2	...	...	1	1	...	...	...	...	...	...
Tuberculous meningitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
Other Tuberculous diseases ...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...
Congenital malformation ...	1	...	...	...	1	1	...	...	...	3	1	...	...	...	...	...	...	1	...	1
Premature Birth ...	9	1	...	...	10	1	...	...	1	11	...	1	1	1	2	3	...	1	1	2
Atrophy, Debility and Marasmus...	2	...	...	1	3	2	...	...	...	5	...	...	...	2	1	...	...	...	...	1
Atelectasis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Injury at birth ...	5	...	...	...	5	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...
Erysipelas ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rickets ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions ...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...
Gastritis ...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Laryngitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia (all forms)	...	...	...	...	...	1	...	...	1	2	1	...	...	...	...	...	...	...	1	...
Suffocation (overlying)	...	...	...	...	...	1	...	...	...	1	...	...	1	1	...	...	...	...	1	...
Other causes...	1	...	...	...	1	...	1	1	...	3	...	...	...	...	...	...	...	...	...	...
Totals ...	18	1	...	1	20	8	3	3	2	36	3	2	5	6	5	3	...	2	5	5

Net Births in { legitimate 774.  
the year { illegitimate 60.Net deaths in { legitimate infants 34  
the year of { illegitimate infants 2

## (2) INSPECTION OF MIDWIVES AND ADMINISTRATION OF MIDWIVES ACTS.

Miss Myers, the Inspector of Midwives, reports on this branch of the work.

During 1923 the number of Midwives who notified their intention to practise was 14, of whom 12 were certified, 2 bona-fide uncertificated. Thorough routine inspections to the number of 30 were made of the practice of these midwives, the report in each case being satisfactory. It might be mentioned that 10 of the midwives are under the control of the District Nursing Association, and that their work is of a high character.

No direct subsidy is paid for midwifery by the Corporation, but in necessitous cases, especially such as have no Maternity Benefit under the Insurance Act, the Maternity and Child Welfare Committee may help to pay the midwifery fee charged by the District Nursing Association.

During 1923 six handy-women were interviewed by the Inspector of Midwives with regard to malpractice, three of whom were subsequently seen by the Medical Officer of Health and cautioned. One handy-woman was taken to court and fined three guineas for conducting a confinement without calling in a medical man.

During 1923 57 notices for medical help were sent by midwives in accordance with the rules of the Central Midwives Board.

(a) During Pregnancy	...	...	...	...	4
(b) During Labour	...	...	...	...	40
(c) During Puerperium	...	...	...	...	2
(d) For Child	...	...	...	...	11

Other notifications by midwives were—

Still-births	...	...	...	2
Puerperal fever	...	...	...	1
Artificial feeding	...	...	...	2

Number of applications for remission of doctor's fees 51.

Total amount of fees claimed	...	...	£74	4s.	0d.
Total amount recovered from patients	...	...	£12	12s.	6d.

### (3) MATERNITY AND CHILD WELFARE CENTRES.

The Voluntary Society, the Service of Help for Motherhood and Infancy, continues its beneficent work at the four centres for infants and nursing mothers, and the ante-natal clinic. The whole organisation works in the closest harmony and co-operation with the municipal scheme, more especially that part concerned with the distribution of milk, while one of the Health Visitors is in attendance at each of the sessions. During the year to make still closer liason the Medical Officer of Health has taken over medical charge of the Halton Centre. The centres fully retain their popularity with the mothers of Hastings, and it may certainly be said that they come much more for what they can learn than for what they can get, for little or nothing is given away as regards free treatment. Our falling infant mortality must undoubtedly be associated with the work of the centres (also of course the home visiting) especially as regards the remarkable fall in the mortality from infantile diarrhoea and enteritis, bronchitis and pneumonia during the past few years.

Unfortunately the same happy result is not found with regard to developmental diseases and maternal mortality, also still-births. The ordinary centres barely touch this important aspect of the question. It is necessary to get at the expectant mother and to improve the general conditions for confinement.

The opening of the Fern Bank Maternity Home, in December 1923, by the District Nursing Association is an event of first class importance in this respect, made possible by the generosity of the public and the self-sacrificing labours of many workers. The Ministry of Health has recognised the Home as meeting all the necessary requirements and during the financial year 1924-5 a subsidy from the Corporation will be available. The necessity of fostering and extending ante-natal work has already been referred to.

In 1923 the following attendances were recorded of infants at the four centres and of expectant mothers at the Ante-natal Centre at Halton.

**M. and C.W. Table No. 3.**

Centre.	Medical Officer.	Day and Time.	New Cases.	Old Cases.	Total Attendances.	Medical Consultations.
Park View...	Dr. Stanley	Thursday, 2.30 p.m.	135	1769	1904	851
Bulverhythe	Dr. G. Ticehurst	Tuesday, 3.0 p.m. ...	58	856	914	485
Tackleway	Dr. Farnfield	Friday, 2.30 p.m. ...	85	1086	1171	451
Halton ...	Dr. Bruce	Wednesday, 2.30 p.m.	167	1507	1674	868
Halton, Ante-Natal	Dr. Farnfield } Dr. Walker }	Alternate Mondays, 3.0 p.m. ...	24	29	53	48
Totals ...			469	5247	5716	2703

**(4) THE WORK OF THE TWO HEALTH VISITORS.**

Excellent work continued to be done by the two whole time Health Visitors. In 1924 under the scheme for the co-ordination of medical services the Borough will be divided into 4 districts for this purpose, each served by a Health Visitor who will devote half her time to Maternity and Child Welfare work, with a centre in each district, the other half to School Medical work. The districts served will thus be smaller, while the same nurse will enter a house for infants under 5 and for school children, and will also be able to follow up the children from babyhood until they leave school.

The following summary is given of the work for 1923:—

**M. and C.W. Table No. 4.****(a) HOME VISITS.**

	First Visits.	Secondary Visits.	Total.
I. Babies under 1 year of age ...	827	2314	3141
II. Expectant Mothers ...	154	179	333
III. Infants one to five years of age	5	3611	3616
IV. Special Visits ...	147	2	149
Totals ...	1133	6106	7239

V. Unsuccessful visits included above ... 650

## (b) INFECTIOUS DISEASES. SUMMARY OF CASES VISITED.

	Notified.	Visits.		No. Nursed D.N.A.	No. Admitted Hospital.
		No. Visited.	Total Visits.		
I. Ophthalmia Neonatorum ...	5	3	8	...	1
II. Puerperal Fever ...	2	...	...	...	2
III. Measles, German Measles, 1-5 ...	10	56	72	...	4
IV. Whooping Cough, 1-5 ...	4	22	25	...	...
V. Epidemic Diarrhoea, 1-5...	2	2	10	...	...
VI. Pneumonia, 1-5 and 5 upwards...	52	17	19	...	8
VII. Poliomyelitis, 1-5...	5	5	9	...	2
VIII. Other Infectious Diseases ...	5	6	6	...	...
	85	111	149	...	17

## (c) SPECIAL REPORTS.

(a) Distribution of milk. New cases 179.			
Old cases 297. Total ...	...	...	476
(b) To Medical Officer of Health re-insanitary conditions ...	...	...	30
(c) Other Reports ...	...	...	6

## (d) SPECIAL INFORMATION RELATING TO OPHTHALMIA NEONATORUM.

Cases.			Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths.
Notified.	Treated.					
	At Home.	In Hospital				
5	4	1	5	...	...	...

## (5) HOME HELPS.

The home help has continued to do excellent work in attending to the needs of the household during the fortnight of the confinement. During part of the year the services of a second home help were provided with much advantage. In the forthcoming year the home help will, if required, go to homes where it is necessary for the mother to enter the new Maternity Home, and where a young family has to be left behind.

Number of cases attended by Home Help in 1923—40.

### (6) DISTRIBUTION OF MILK.

At the four centres dried milk and virol are sold at cost price to mothers who are in a position to pay.

Under the scheme formulated by the Maternity and Child Welfare Committee in necessitous cases of infants, expectant and nursing mothers milk is given free on a scale and under conditions approved by the Ministry of Health. Each case is personally investigated by one of the Health Visitors, the report scanned by the Medical Officer of Health and submitted to a special sub-committee which meets once a fortnight. Ordinary fluid cow's milk is more largely used than dried milk. One point of interest and importance is the large proportion of expectant and nursing mothers who receive this milk with the idea of keeping up the high percentage of breast feeding which obtains. The scheme is closely co-operated with the centres, all cases referred by the medical men in charge receiving prompt help.

#### SUMMARY OF DISTRIBUTION OF MILK.

(a) Fresh milk	...	...	...	11,680 pints.
(b) Dried milk	...	...	...	520 lbs.
(c) Individual nursing and expectant mothers and infants receiving milk	...	...	...	210

---

## VENEREAL DISEASES.

---

For the Venereal Diseases Clinic the valuable services of Dr. A. H. H. Huckle, who contributes a brief report on the working of this service in 1923, are retained. The most important event has been the completion of the new clinic, as a separate adjunct to the recently opened Royal East Sussex Hospital. In this clinic, erected after the model clinic designed by Col. Harrison, Hastings is in a position to offer the most complete and modern facilities for the treatment of venereal diseases of all forms, under the seal of absolute privacy, at any time, for the special treatment of gonorrhoeal infections, day and night.

With this notable improvement in the facilities for treatment, as described by Dr. Huckle in his report, the whole problem of venereal diseases in Hastings may now be tackled on bolder lines and on its merits. The Ministry of Health provides 75 per cent. of the cost of the provision of treatment for venereal diseases on the understanding that the facilities are available both for residents and visitors to the town. Realising as one does the tendency of sufferers from venereal disease to delay the all important treatment or to allow themselves to get into the hands of quacks, or to try the effects of self-treatment it is very necessary that reasonable publicity should be given to the increased provision, both as regards days and times, now available, and that this information should be readily accessible to our visitors.

Dr. Huckle reports as follows:—

“The Clinic for the treatment of Venereal Diseases at the Royal East Sussex Hospital will enter the 8th year of its existence in 1924. During the past year the work has been carried on with some difficulty. The new hospital was opened in May of last year, but the special building for the V.D. Clinic was not available for use until late in January 1924. In the interval the hospital authorities made provision for the sessions to be held in the Out-Patient Department, but it was quite impossible to provide all the accommodation desirable for intermediate treatments.

The new building is probably the most up-to-date and completely equipped clinic of its size in the country. It provides separate entrances and waiting-rooms for the different sexes, the arrangements being such that long waiting is avoided and privacy is obtained. Six regular sessions a week are now held, while intermediate treatments for both men and women are available at almost any time. I have the assistance of a most capable sister, and a male orderly is in attendance during the male clinics and to assist the men with intermediate treatments. During 1923 the number of new cases was exactly the same as in 1922. The total attendances showed a small decrease over the previous year, this being the first year there has been a decrease. Of the total attendances, excluding intermediate attendances, 71.5% were from the Borough of Hastings and 28.5% from outside the Borough.

I have found that there is a considerable falling off of primary cases of Venereal Disease, but there is an increase of late and congenital cases coming up for treatment. This is general throughout the country, also on the Continent and in America.

A large proportion of the patients now under treatment are quite innocent sufferers, many of them being instances of congenital disease. The result of treatment in congenital syphilis in children and young adults is most gratifying, the very success obtained being in a way a drawback, leaving parents and others to discontinue treatment, before final tests of cure are carried out. The difficulty of persuading patients to submit to complete and sufficient treatment obtains in all treatment centres.

It is anticipated and earnestly to be hoped that the facilities now provided may lead to an increased number of people availing themselves of this valuable and important treatment centre."



	For detection of			For Wassermann Reaction.
	Spirochetes.	Gonococci.	Other Organisms.	
9. Examinations of Pathological material :—				
(a) Specimens which were examined at, and by the Medical Officer of, the Treatment Centre ... ..	...	151	6	...
(b) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory ...	...	...	8 C.S.F.	344

Statement showing the services rendered at the Treatment Centre during the year, classified according to the areas in which the patients resided.

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales) to be inserted in these headings.	Hastings.	East Sussex.	Foreign. Kent, London, etc.	Total.
(A) Number of persons from each area dealt with during the year at or in connection with the out-patient Clinic <i>for the first time</i> and found to be suffering from :				
Syphilis ... ..	58	22	5	87
Soft Chancre ... ..	...	...	...	...
Gonorrhœa ... ..	27	8	11	48
Conditions other than venereal ...	70	21	1	92
Total ... ..	155	51	17	227
(B) Total number of attendances at the out-patient Clinic of all patients residing in each area ... ..	3,319	771	115	4,205
(C) Aggregate number of "In-patient days" of all patients residing in each area ... ..	7	46	18	71
(D) Number of doses of Salvarsan substitutes given in the :—				
1. Out-patient Clinic... ..	1,102	295	34	1,431
2. In-patient Department ...	...	6	4	10
to patients residing in each area.				

During the year 1923 seven persons died who were attending the Hastings Venereal Diseases Clinic, as follows (all had positive reactions of blood or C.S. Fluid :—

- 1 Phthisis.
- 1 Cirrhosis of Liver.
- 1 Gastric Hæmorrhage.
- 2 Cerebral Tumour.
- 1 Epithelioma of Mouth.
- 1 General Paralysis of the Insane.

## MENTAL DEFICIENCY.

The Statutory Committee of the Council, which administers the Mental Deficiency Act of 1913, maintains an active policy. It has been possible to deal with all fresh cases on their merits, whether by means of placing them in institutions, under Guardianship or under Supervision in their own homes. There is close co-ordination between the Mental Deficiency Committee and the Children's Care Committee which administers the Special School for Mentally Defective Children; the Medical Officer of Health is Medical Adviser to the Mental Deficiency Committee and also responsible for medical inspection at the Special School.

Two developments of special interest require to be mentioned. Firstly, the Mental Deficiency Committee have in a few special cases made a parent official guardian of a mental defective. The cases selected have been those where there was no reason for sending the defective to an Institution, but where the parents required a little financial help to clothe and feed the defective properly. In my opinion the course adopted is preferable to seeking poor-law relief. We find that the parents look upon their duties under the Act very seriously, take a pride in doing their best for the cases, and moreover feel that in return for the assistance afforded they are carrying out certain duties. The financial help given varies from five to ten shillings weekly. Secondly, as the result of special enquiries the question of starting an Occupation Centre for feeble-minded young persons under supervision at home has been under consideration by the Committee. The preliminary stages, including the formation of a Voluntary Association to work the scheme, in close co-operation with the Statutory Committee, have been so far successful that the Occupation Centre will probably be in full operation in the early summer of 1924.

### SUMMARY OF CASES ON BOOKS OF MENTAL DEFICIENCY COMMITTEE.

Category.	Males.		Females.		Total.	
	1923	1924	1923	1924	1923	1924
1. Under "Order" (cases "on leave" to be included):						
(a) In Institutions ... ..	1	5	12	13	13	18
(b) Under Guardianship ...	3	4	2	5	5	9
2. In Institutions or under Guardianship dealt with under S. 3 - Permissive powers ... ..	2	2	...	...	2	2
3. In places of safety ... ..	...	...	...	...	...	...
4. Under Statutory supervision ...	1	5	10	9	11	14
5. Subject to be dealt with but action not yet taken:						
Notified by Education Authority	...	...	...	3	...	3
Otherwise ascertained ... ..	1	...	1	...	2	...
Totals ... ..	8	16	25	30	33	46

## SCHOOL MEDICAL SERVICE.

---

### Introductory.

The work of the School Medical Service has been carried out in 1923 substantially on lines now well established. The record for the year, *inter alia*, includes the following:—

(a) The routine medical examination of the requisite quota of 2,026 children in the Elementary Schools, 70 girls in the Secondary School, and all the children in the Special School for the Mentally Defective.

(b) The special examination and treatment where necessary of 2,625 children at the two School Clinics, who made 19,901 attendances.

(c) 6,190 re-examinations by the Medical Officer at the Schools or Clinics.

(d) The treatment of 1,818 minor ailments at the Clinics.

(e) The examination by refraction of 221 cases of defective vision at the clinics and the supply of spectacles to 181 children.

(f) The operative treatment of 29 cases, at the two hospitals, suffering from enlarged tonsils or adenoids, or both.

(g) The supply of dressings, etc., as required for the home treatment of minor ailments and of nutritive drugs such as cod liver oil and malt or virol to debilitated and pre-tuberculous children.

(h) The dental inspection by the school dentist of 3,793 children, of whom 1,318 were actually treated.

(i) Systematic and periodic inspection by the school nurses of all children for cleanliness, 26,111 examinations being made and 721 found defective, of whom 63 were dealt with at the cleansing station.

(j) The control of infectious diseases, more especially the non-notifiable, measles, whooping cough, scabies or ringworm, also the exclusion from school on the grounds of infection or general medical causes of 704 children for varying periods.

During the year a scale of fees for medical treatment at the clinics for children whose parents' income is above a certain standard has, in accordance with the Education Act of 1921, been under consideration, and having been approved by the Board of

Education comes into operation at the beginning of 1924. The School Medical Service has during the year been absorbed into the general Health Department. Naturally a certain amount of re-organisation has been necessary, the greatest care being taken to concentrate upon all vital parts of the service. One important feature of the junction is the proposal to combine the post of School Nurse with Health Nurse, main reasons being the scattered nature of the district, that one nurse should follow up the child from infancy to the age of 14, and also that the number of visitors to the home should be lessened. The main elements of the co-ordination scheme will come into force in 1924, and will naturally be dealt with in the report for that year.

The report which follows has been largely written by my colleague, Dr. Turner, Deputy School Medical Officer. In view of very full reports in previous years Dr. Turner has selected only the salient features of the year for review, reference being made as required to these reports. The tables at the end of the report give a full summary of the work and findings for the year.

## **1. STAFF.**

See Staff of Health Department, p. 97.

## **2. CO-ORDINATION WITH OTHER HEALTH SERVICES.**

### **(a) Infant and Child Welfare.**

Under the new arrangements the Medical Officer of Health is responsible for the administration both of the School Medical Service and of the Maternity and Child Welfare Scheme of the Corporation. The co-ordination becomes closer with the combination of the posts of School Nurse and Health Visitor. In this connection I draw attention to the very considerable proportion of little children between the ages of three and five, who attend the Infant Departments and who previously must have come under the notice of both sets of nurses.

Of the four Infant Welfare Centres, one is established at the Halton School Clinic, a second at the Park View School Clinic, while a third is in the premises of the Bulverhythe Infant School. There is no difficulty in transferring information about children as they reach the age of 5 from the Infant Welfare Centre to the School Clinic.

(b) **Nursery Schools**—not established.

(c) **Debilitated Children under School Age.**

Such children may be examined at any of the four Infant Welfare Centres. In necessitous cases, on the recommendation of the Medical Officer, fresh or dried milk may be supplied free of cost through the Maternity and Child Welfare Committee.

### 3. SCHOOL HYGIENE.

See Report School Medical Service, 1920, pp. 6 and 7.

Within the Borough of Hastings are 22 Public Elementary Schools, 10 provided, 12 non-provided, with 42 departments, the total number of the teachers being on the 31st of December, 1923, 216.

The following return shows the accommodation and attendance for the quarter ending 31st December, 1923:—

Accommodation	...	...	...	...	9,800
Average number on registers	...	...	...	...	6,801
Average attendance	...	...	...	...	6,129
Percentage of attendance	...	...	...	...	90.1

For the whole year the average attendance was 6,169 as compared with 6,188 in 1922, the percentage of attendance being 89.9. The average number of children on the books for 1923 was 6,855, as compared with 7,021 in 1922. The percentage of elementary school children to the population is 10.3.

It will be noted that in Hastings there are considerably many more school places than school children, and that, further, the number of children on the registers is gradually decreasing. It is quite likely that the decrease will now be checked for 2-3 years as the children born in the years of comparatively high birth-rates 1919-21 reach school age. The birth-rate for the past 2 years, however, is again showing a tendency to decrease, and *pari passu* there will again be a fall in school entrants in 1927.

Dr. Turner states that of the 23 Schools, including the Hollington Special School, 7 might be considered as quite satisfactory as regards situation, sanitary arrangements and play grounds, 5 of the newer buildings being quite good examples of Central Hall Schools. As regards the remaining schools, the

lighting, heating, ventilation and play ground accommodation in some cases leave much to be desired. Cleanliness is generally satisfactory. The whole of the lavatories are distempered at least once a year.

An annual inspection of every school takes place by the Buildings and Finance Sub-Committee for the purpose of ascertaining what work is required as regards repairs, improvements, etc. It is satisfactory to report that a quite considerable sum (£1,320) was passed as the estimated cost of the painting, distempering, and repairs authorised to be carried out in 1923. The executive officer in this connection is the Borough Engineer, between whom and the School Medical Officer there is every opportunity for co-operation.

#### **4. MEDICAL INSPECTION.**

#### **5. FINDINGS AND TREATMENT.**

Dr. Turner reports :—During the year 2,155 statutory Inspections have been duly carried out, viz., Entrants, Leavers and Intermediates, *i.e.*, those of eight years of age at the Elementary Schools, as well as any cases specially brought forward by the teachers, selected girls at the Secondary School and the whole of the Hollington "Special" School. The details of the defects found are fully set out in Table II.

Re-inspections have also been carried out in all cases of children in whom any physical defect has been discovered.

Regarding Cleanliness and Nutrition the results of these examinations have certainly been satisfactory, and show an improvement on the previous year.

Owing to an outbreak of Ringworm at a local Institution, the number of cases in the Elementary Schools has been somewhat higher than usual.

One feature of these returns is the small number of cases of tubercular diseases, especially of the glands, bones and joints, which may in some measure be accounted for by the prompt and energetic manner in which delicate and debilitated children have been dealt with by means of cod liver oil, tonics and school meals. Cases with definite or even suspected signs are transferred to the Tuberculosis Dispensary for special care and supervision.

Enlarged tonsils and adenoids form a large percentage of the defects noted. It is interesting to observe in these cases how the size of the tonsils may vary from time to time, frequently on re-inspection the enlargement noted having disappeared; and I might add in this connection that I do not advise the removal of tonsils and adenoids unless there are definite symptoms which might be a source of injury or danger to the child's health.

It is gratifying to observe how the more enlightened parents are now asking for prompt treatment for their children, instead of being re-assured by the ancient and erroneous axiom about the child "growing out of it."

During 1923 the total number of diseases and defects treated at the 2 School Clinics reached 4,722, the highest number during the past 3 years, but there was a decline in the total number of attendances.

The scope of treatment afforded at the two Clinics is fully set out in Table IV. Under Minor Ailments it will be noted that 1,852 diseases of the skin, ears, eyes, throat, etc., received treatment of which 1,818 were treated at the Clinics. In addition home treatment by means of dressings, lotions, disinfectant soap was supplied where necessary. Cases of debility, malnutrition, pre-tuberculous children receive treatment at the Clinics—cod liver oil and malt, virol and simple tonics being supplied where necessary. The eye clinic was carried on as in previous years, 229 fresh cases coming forward for refraction, and spectacles being supplied to 190 children. Re-examination of cases of defective vision discovered in previous years is periodically carried out to see whether any change in the glasses is necessary.

Thirty children received operative treatment for enlarged tonsils and adenoids, the result in the great majority of cases being very satisfactory, since only those with symptoms of obstruction were advised to undergo the operation.

The teachers in the Elementary Schools, who as a rule take a genuine personal interest in the welfare of the children under their care, are responsible for bringing forward a large number of the defects and diseases which are sent to the Clinics. Moreover the majority of the parents now appreciate the benefit of prompt treatment for minor ailments, also advice concerning the best method of obtaining the same for more serious conditions.

There is little doubt that the treatment received at the Clinics has been the means of demonstrating in a practical manner to both parents and children the benefits of early medical and dental treatment, so that, when many of these children leave school, they will in due course become a new source of revenue to general practitioners and dental surgeons.

### **Dental Department.**

The School Dentist, Mr. W. D. Penfold, reports:—"The figures for 1923 show a marked increase in the work of the school dental department. Twice as many children were inspected as in the previous year and approximately 50 per cent. more were treated. Inspections were carried out at all the schools in the Borough during the twelve months, so that all children between the ages of 5 and 12 years, together with those about to leave school, were given the opportunity of receiving dental treatment.

The condition of the children's teeth generally is undoubtedly greatly improved, but much work could be done as regards the regulation of teeth. This, of course, would necessitate the use of mechanical appliances in many cases and arrangements for the making of these would have to be made. This branch of the work might be left until the conservative work is reduced to a minimum, but it should always be remembered that irregular teeth are far more liable to be attacked by caries than are teeth set in a regular arch.

It is proposed in 1924 to increase the number of age groups inspected to include all children above the age of 5 years."

Full details of the work for the year are to be found in Table IV., Group IV. at the end of the Section.

### **Table IV., Group V. Uncleanliness and Verminous Conditions.**

1. Average number of visits per School made during the year by the School Nurses	...	41
2. Total number of examinations of children in the Schools by School Nurses	... ..	26,111
3. Number of individual children found unclean		721
4. Number of children cleansed under arrangements made by the Local Education Authority	...	63
5. Number of cases in which legal proceedings were taken:—		
(a) Under the Education Act, 1921	...	—
(b) Under School Attendance Bye-laws	...	—

The result of the Nurses' examination of Heads, Bodies, etc. :—

Condition.	Boys.	Girls.	Infants.	Total.	% of No. on Register, 1923.	% year, 1922.
Verminous Heads ...	23	63	32	118	1.7	2.01
Verminous Bodies and Clothing...	10	12	4	26	.3	.4
Nitty Heads...	91	362	124	577	8.4	9.7
Seborrhœa Capitis ...	36	24	41	101	1.4	1.4
Alopecia ...	8	3	4	15	.2	.3
Ringworm ...	10	11	13	34	.4	.5
Discharging Ears ...	13	13	9	35	.5	.5
External Eye Disease ...	43	32	28	103	1.5	.8
Sores on Face and Body ...	131	105	115	351	5.1	4.6
Other Diseases ...	12	17	1	30	.4	.3
Totals ...	377	642	371	1390	—	—

**Return showing the Attendances of Children and Number of Diseases treated since the opening of the School Clinics.**

Year.	Total No. of Diseases Treated.	Clinic Attendances.		Remarks.
		No. of Children.	Attendances.	
1912	902	*1250	4500	Halton Clinic opened 10th June, 1912.
1913	2623	...	14459	St. Leonards Clinic opened 25th November, 1913.
1914	4310	3080	19219	Work of School Medical Service curtailed owing to War Conditions. School Dental Service Commenced.
1915	3914	2532	17490	
1916	2381	2321	11983	
1917	2076	2287	10599	
1918	2537	2625	10456	
1919	4034	3225	18280	
1920	5171	2946	24140	
1921	4608	3022	25619	For Dental numbers see Dental Report 1921, p. 28.
1922	4354	2775	24083	Ditto 1922, p. 28.
1923	4722	2694	19901	Ditto 1923, p. 76.

## 6. INFECTIOUS DISEASES.

Cases of scarlet fever and diphtheria were few throughout the year, the type mild, and the infection unconnected with any school. The tables showing the incidence of those diseases among school children are continued. Measles was prevalent in the spring and early summer, five schools having to be closed. At a later period of the year there was a certain prevalence both of chicken-pox and whooping cough. In relation to chicken-pox the question of the differential diagnosis between that disease and the mild type of small-pox, as prevalent in Gloucester, was fully considered, all cases notified being visited by the school nurses, and, where no regular medical attendant was engaged, by the School Medical Officers as well, with this point in view.

Scabies, after the post war increase, has greatly diminished. Impetigo, although frequently diagnosed, tends to be less severe and less often accompanied by gross verminous conditions, the result, undoubtedly, of the work of the School Medical Service. The increase in ringworm has already been mentioned.

### SCARLET FEVER.

Notifications among School Children.

Month.	1917	1918	1919	1920	1921	1922	1923	Total Seven Years.
January ..	2	2	2	2	1	7	1	<b>17</b>
February	2	1	Nil	1	2	8	Nil	<b>14</b>
March .....	2	Nil	2	3	1	10	1	<b>19</b>
April .....	2	1	1	1	2	2	1	<b>10</b>
May .....	2	3	2	3	1	5	1	<b>17</b>
June .....	Nil	Nil	6	1	6	Nil	3	<b>16</b>
July .....	5	2	3	Nil	8	Nil	5	<b>23</b>
August ...	6	Nil	2	3	3	Nil	Nil	<b>14</b>
September	3	3	2	3	3	1	6	<b>21</b>
October ...	12	Nil	5	3	5	1	4	<b>30</b>
November	5	Nil	4	2	4	1	9	<b>25</b>
December	2	3	5	2	7	2	3	<b>24</b>
Total for Year....)	43	15	34	24	43	37	34	<b>230</b>
Deaths ..	3	Nil	Nil	Nil	Nil	Nil	Nil	<b>3</b>

## DIPHTHERIA.

Notifications among School Children.

Month.	1917	1918	1919	1920	1921	1922	1923	Total Seven Years.
January ...	4	Nil	Nil	9	Nil	Nil	2	15
February ...	1	Nil	1	9	Nil	Nil	Nil	11
March ...	2	Nil	6	10	1	2	2	23
April ...	2	1	3	Nil	1	Nil	Nil	7
May ...	2	1	Nil	5	Nil	1	Nil	9
June ...	1	6	1	1	Nil	Nil	Nil	9
July ...	Nil	Nil	3	2	1	Nil	Nil	6
August ...	2	3	3	1	3	1	1	14
September ...	Nil	Nil	1	5	Nil	Nil	Nil	6
October ...	1	Nil	7	3	Nil	1	2	14
November ...	4	Nil	21	9	Nil	Nil	1	35
December ...	3	4	16	2	Nil	Nil	Nil	25
Total for } Year... }	22	15	62	56	6	5	8	174
Deaths ...	Nil	Nil	3	8	1	Nil	1	13

## Exclusion from School.

During the year 1923 children were excluded from school for the following diseases :—

1. Infectious Diseases (including Rheumatism and Influenza)	- - - - -	98
2. Diseases of the Skin (including Ringworm)	- - - - -	139
3. Inflammatory conditions of the Throat, Tonsils and Enlarged Glands	- - - - -	135
4. Nervous Conditions, including St. Vitus' Dance, Epilepsy, etc.	- - - - -	25
5. Diseases of the Digestive System	- - - - -	22
6. Bronchial Catarrh and Colds, etc.	- - - - -	178
7. Heart Disease	- - - - -	6
8. Injuries	- - - - -	19
9. Diseases of the Ear	- - - - -	4
10. Diseases of the Eye	- - - - -	9
11. Tubercular Disease (definite or suspected)	- - - - -	8
12. Other Diseases	- - - - -	63
Total	- - - - -	706

**School Closure.**

Department.	Cause of Closure.	School days closed.
Mixed and Infants	- Measles	5
Infants - - -	- do.	44 $\frac{1}{2}$
Senior and Junior	- do.	10
Girls and Infants	- do.	10
Boys - - - -	- do.	5 $\frac{1}{2}$

**7. FOLLOWING UP, AND WORK OF SCHOOL NURSES.**

Number of Schools, 23 (including "Special" School).

Visits paid to Schools - - - 1,003

Visits paid to Departments - - 1,295

Visits paid to Homes - - - 1,761

No. of Attendances, "Hope" Clinic,  
498; "Park View" Clinic, 506 1,004

Total number of Examinations made by the Nurses at their visits to the Schools :—

Boys.	Girls.	Infants.	Total.
7,506	10,478	8,127	26,111

Total number of Heights and Weights taken :—

Boys.	Girls.	Infants.	Total.
1,079	902	742	2,723

**8. OPEN AIR EDUCATION.**

The establishment of an Open Air School has been postponed for the present for financial reasons. Playground classes are held in many of the schools during the summer months and are of considerable benefit to the children. In several of the schools the children are taken out from time to time for nature study in the parks or for walks.

**9. PHYSICAL TRAINING.**

An area organiser has not been appointed, the work in the Public Elementary Schools being at present carried out by the ordinary teaching staff. The instructress of Physical Training at

the Secondary School for Girls, in addition to the ordinary physical culture by Swedish Drill and games, does most valuable work in dealing with defects of posture, round shoulders, scoliosis, etc., by massage and remedial exercises.

## 10. PROVISION OF MEALS.

The provision of dinners for necessitous children in 1923 was commenced on the 5th February and ended on the 28th March.

The average number attending daily varied from 279 to 302 during the eight weeks.

Full enquiries are made before sanction is given for these free meals, the standard being based on the amount per head after deducting rent plus rates. The amount varies according to the Board of Trade figures issued as regards the cost of living.

The menus are selected to yield as much variety as possible, compatible with the more nourishing food stuffs.

The dinners are supplied by restaurants in various quarters of the town, the menus provided being given below.

The arrangements are in the hands of the Education Secretary, but in the choice of menus, selection of children for meals, supervision of the restaurant kitchens and feeding rooms and of the children's manners at the table, the fullest opportunity for co-operation is taken. The restaurants are frequently visited by the School Medical Officer, the School Nurses, and this year by the Sanitary Inspectors. Daily supervision of the children is undertaken by the School Attendance Officers.

There is little doubt that these dinners are not only a valuable source of nutrition for necessitous children, but also a practical means of preventing disease by increasing their bodily resistance.

### MENUS.

*(To be provided in rotation as far as possible.)*

1. Steak and Kidney Pudding. Potatoes. Peas.
2. Roast Beef. Yorkshire Pudding. Potatoes. Peas.
3. Sausages (Fried). Mashed Potatoes. Onions.  
Apple Pudding.
4. Stewed Mutton and Beef. Turnips and Potatoes.

5. Liver and Bacon. Potatoes and Cabbage. Plain Suet Pudding and Syrup.
6. Steak and Kidney Pie. Peas and Potatoes.
7. Shepherd's Pie. Two Vegetables. Boiled Currant Pudding.
8. Roast Mutton. Beans and Potatoes.
9. Irish Stew with Dumplings.
10. Stewed Sausages. Potatoes and Peas. Boiled Jam Roll.

---

New Milk and fresh English Meat must be used.

### **11. SCHOOL BATHS.**

No baths are provided at any of the schools. Verminous or dirty children are cleansed and clothing disinfected at the Rock-a-Nore Cleansing Station. A female attendant supervises the bathing of the children, 1,228 baths being given in 1923, 116 for scabies, and 1,112 for verminous and unclean conditions.

### **12. CO-OPERATION OF PARENTS.**

The opposition shown by some of the parents when the work of Medical Inspection was first stated has practically disappeared, and more enlightened parents now demand the privilege.

The time of the medical examination of each child is notified to the parent or guardian so that they are afforded the opportunity, which they have in a very large number of cases taken, of being present at the examination of their children.

In many cases the discovery of more or less serious diseases or defects, the existence of which was unknown to the parents, has amply demonstrated the value of the School Medical Service.

### **13. CO-OPERATION OF TEACHERS.**

The cordial sympathy and kindly co-operation which the teachers in the various schools have always displayed in connection with the work of Medical Inspection, notwithstanding the inconvenience caused by our visits, especially in the more crowded schools, have materially aided in its success.

They have also given much practical assistance in helping to follow up cases, besides advising the parents concerning the necessity of obtaining prompt medical treatment for their children.

That there is a real necessity for medical supervision of the children, attending the Public Elementary Schools, is clearly shown by the interest the teachers take in the work of the School Medical Service.

#### 14. CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The Superintendent of School Attendance Officers reports:—

"The following table shows the number of children absent through sickness or illness in the home, visited by the Attendance Officers during the period from January to December, 1923, inclusive:—

	DISTRICTS.				Total.
	1	2	3	4	
Diphtheria and suspected cases	1	—	3	2	6
Scarlet Fever ... ..	18	11	12	21	62
Chicken Pox ... ..	62	13	50	72	197
Mumps ... ..	7	—	4	8	19
Sore Throats ... ..	108	96	86	161	451
Whooping Cough ... ..	178	53	10	122	363
Influenza ... ..	123	41	7	90	261
Measles ... ..	181	87	139	389	796
Scabies ... ..	11	3	4	13	31
Ringworm ... ..	27	15	7	27	76
Diarrhoea ... ..	82	102	32	62	278
Inflammation of the Eyes ...	26	41	28	50	145
Bad Colds ... ..	791	973	890	649	3303
Skin Eruption and Sore Heads	54	40	33	70	197
Other Minor Ailments ...	1879	1324	1116	2058	6377
Attending Hospital ... ..	16	41	33	138	228
Under Medical Treatment ...	26	—	27	56	109
Totals ... ..	3590	2840	2481	3988	12899

During the above period 27,602 visits have been paid by the Attendance Officers, including the 12,899 cases above. Of these, 1,552 were attributable to bad weather and insufficient clothing and footwear. In necessitous cases footwear has been provided by the Poor Children's Boot Fund."

#### 15. VOLUNTARY AGENCIES.

The following are the chief voluntary agencies in connection with the welfare of children attending elementary schools in this Borough:—

Children's Health Fund.

National Society for the Prevention of Cruelty to Children.

Poor Children's Boot Fund.

After Care Committee in connection with the Hollington  
"Special" School.

Boot Clubs at several elementary schools and the Special  
School.

## **16. BLIND, DEAF, DEFECTIVE, & EPILEPTIC CHILDREN.**

Table III. of the Appendix summarises the numbers of these children in December, 1923. A complete register is being carefully compiled on the lines recommended by the Board of Education. The co-operation of the School Attendance Officers and of the head-teachers is willingly given in bringing fresh cases to the notice of the School Medical Officer.

As regards Blind and Deaf Children, two of each category are maintained in institutions, while such as remain are under supervision, every effort being made to get suitable treatment either at the Clinic, in the home, or at one of the local hospitals.

With regard to mentally defective children, all suitable cases are sent to the Special School, of which a report is given below; imbeciles or feeble-minded children coming under the Mental Deficiency Act are dealt with by the Statutory Committee of the Corporation. Full co-operation is ensured as the School Medical Officer is also medical adviser to the Statutory Committee.

With regard to tuberculosis the main need is the provision of an open air school, either day or institutional, near Hastings. Tuberculous children come under the control of the School Medical Officer who is also Tuberculosis Officer and medical adviser to the Tuberculosis Care Committee, which annually sends a number of such children to the country for several months.

Latterly with good results some school children, with definite signs of pulmonary tuberculosis, have been sent to Darvell Bank Sanatorium under the Corporation scheme, and doubtless, should the numbers of such children warrant it, a teacher will eventually be supplied.

### Hollington Special School for Mentally Defective Children.

(See Annual Reports 1920, pp. 21, 22 ; and 1921, p. 15.)

The above school, now open for 6 years, had on its books for 1923 an average number of 62·7 children. The attendance throughout the year has been highly satisfactory.

The following 12 pupils left during 1923 :—

To earn their own living	...	...	3
Not educable	...	...	3
Transferred to Elementary Schools	...		1
Left town	...	...	2
Transferred to Institutions	...	...	2
Left at 16—living at home	...	...	1
Total	...	...	12

The After Care Committee established in connection with the school continues to do excellent work by obtaining situations for and visiting those children who have left.

All the children were medically examined in 1923, the results being given in the table following, their mental categories being also reviewed. While it is difficult to draw conclusions when dealing with small numbers of mentally defective children, it will be noted that a considerable proportion of these children suffered from defective hearing or from enlarged tonsils or adenoids or both.

Cleanliness on the whole was fairly satisfactory, for, although the proportion of children noted as being unclean as regards heads or bodies was rather high, the uncleanliness was not of a pronounced degree.

The general condition of the children was excellent, many having put on weight rapidly since their admission, the result in a large measure of the highly nutritious dinners supplied at the school.

The head mistress takes a keen personal interest in the medical inspection and does everything in her power to get such defects as are discovered adequately treated.

**Hollington "Special" School.**  
Results of Routine Medical Inspection of 59 Children.

DISEASE OR DEFECT.	Referred for Treatment.	Referred for Observation.
MALNUTRITION ... ..	...	...
UNCLEANLINESS :—		
Head ... ..	16	...
Body ... ..	3	...
Defective Footgear ... ..	1	...
SKIN :—		
Ringworm, Head ... ..	...	...
Ringworm, Body ... ..	...	...
Scabies ... ..	...	...
Impetigo... ..	2	...
Other Skin Diseases ... ..	5	...
EYE :—		
Blepharitis ... ..	...	2
Conjunctivitis ... ..	1	...
Keratitis ... ..	...	...
Defective Vision ... ..	1	3
Squint ... ..	...	1
EAR :—		
Defective Hearing ... ..	1	6
Otitis Media ... ..	...	...
Other Ear Diseases ... ..	1	...
NOSE AND THROAT : —		
Enlarged Tonsils ... ..	1	8
Adenoids ... ..	...	3
Enlarged Tonsils and Adenoids ... ..	2	5
Other Conditions ... ..	1	8
Enlarged Cervical Glands ... ..	...	4
Defective Speech ... ..	...	6
Teeth (Carious) ... ..	14	...
HEART AND CIRCULATION :—		
Heart Disease—		
Organic ... ..	...	1
Functional ... ..	...	1
Anæmia ... ..	...	...
LUNGS :—		
Bronchitis ... ..	...	8
Other Non-Tubercular Diseases ... ..	...	...
TUBERCULOSIS :—		
Pulmonary—		
Definite ... ..	...	...
Suspected ... ..	...	...
Non-Pulmonary—		
Glands ... ..	...	...
Spine ... ..	...	...
Hip ... ..	...	...
Other Bones and Joints ... ..	...	1
Skin ... ..	...	...
Other Forms ... ..	...	...

DEFECT OR DISEASE.	Referred for Treatment.	Referred for Observation.
NERVOUS SYSTEM :—		
Epilepsy ... ..	...	...
Chorea ... ..	...	...
Other Conditions ... ..	...	1
DEFORMITIES :—		
Other Forms ... ..	...	1
Other Defects and Diseases ... ..	2	7

Number of Children referred for treatment exclusive of  
uncleanliness or carious teeth ... .. 12

## 17. CHILDREN EMPLOYED OUT OF SCHOOL HOURS.

All children attending the Public Elementary Schools, who are employed from 7 to 8 a.m. in the sale or delivery of milk or newspapers, have to obtain a special medical certificate stating that the employment will not be prejudicial to their health and physical development.

Young persons employed in street trading also have to obtain a similar certificate from the Local Education Authority before a license is granted.

Since the new regulations concerning the employment of children attending the Elementary Schools have come into force I am informed the teachers have noticed a decided improvement.

The following summary of the work during 1923 has been drawn up :—

Number employed ... .. 314

This includes 90 who applied during  
December, 1922, when the bye-laws  
first became operative.

Number medically examined ... 181

„ „ rejected ... .. 5

Description of the work at which the children were employed and number of children so employed :—

Delivery of papers	...	...	...	160
„ „ milk	...	...	...	25
„ „ bread	...	...	...	3
„ „ oil	...	...	...	4
Errands ...	...	...	...	98
Domestic work	...	...	...	19
Laundry „	...	...	...	1
Assisting blind persons	...	...	...	2
„ in shops	...	...	...	2
Total employed ...				314

### Secondary School for Girls.

Five afternoons were devoted to the work of medical inspections at the above school, the number of cases examined being seventy, half being new admissions to the school and the other half girls who were under observation for various defects from the previous medical inspection.

The chief defects noted were those of eyes and teeth, all of which have since received attention except one.

A summary of the defects noted on medical inspection is appended.

### Return of Defects found by Medical Inspection at St. Helen's Secondary School for Girls, 1923.

No. of Individual Children Inspected.									
Ages.									
9	10	11	12	13	14	15	16	17	Total.
1	7	4	15	14	16	9	3	1	70

DEFECT OR DISEASE.	Requiring Treatment.	Requiring to be kept under observation, but not requiring treatment.
MALNUTRITION ... ..	...	2
UNCLEANLINESS ... .. (See Table IV. Group V.)	...	...



## BOARD OF EDUCATION TABLES.

### TABLE I.—RETURN OF MEDICAL INSPECTIONS.

#### (A) Routine Medical Inspections.

##### NUMBER OF CODE GROUP INSPECTIONS.

Entrants	...	...	...	...	...	1,022
Intermediates	...	...	...	...	...	451
Leavers	...	...	...	...	...	553
						2,026
						2,026

NUMBER OF OTHER ROUTINE INSPECTIONS      59

#### (B) Other Inspections.

Number of Special Inspections	...	...	...	2,625
Number of Re-inspections	...	...	...	6,190
				8,815
				8,815

(C) Secondary School for Girls      70

### TABLE II.

#### (A) Return of Defects found by Medical Inspection in the year ended 31st December, 1923.

##### PUBLIC ELEMENTARY SCHOOLS.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
MALNUTRITION ... ..	6	9	2	...
UNCLEANLINESS ... .. (See Table IV., Group V.)	...	...	...	...
SKIN :—				
Ringworm, Scalp ... ..	2	2	39	2
Ringworm, Body ... ..	3	3	52	...
Scabies ... ..	...	...	15	...
Impetigo ... ..	19	...	215	...
Other Diseases (Non-Tuberculous) ..	32	11	452	...

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
<b>EYE :—</b>				
Blepharitis ... ..	24	20	61	3
Conjunctivitis ... ..	4	1	51	...
Keratitis ... ..	...	...	...	...
Corneal Ulcer ... ..	1	...	9	1
Corneal Opacities ... ..	...	2	2	...
Defective Vision ... ..	113	270	187	11
Squint ... ..	24	40	33	7
Other Conditions ... ..	...	...	86	...
<b>EAR :—</b>				
Defective Hearing ... ..	8	30	20	5
Otitis Media ... ..	9	9	64	1
Other Ear Diseases ... ..	2	...	52	3
<b>NOSE AND THROAT :—</b>				
Enlarged Tonsils .. ..	13	380	58	45
Adenoids ... ..	10	11	13	5
Enlarged Tonsils and Adenoids ... ..	17	17	22	6
Other Conditions ... ..	20	65	376	14
Enlarged Cervical Glands (Non-Tuberculous) ... ..	...	38	42	5
Defective Speech ... ..	...	29	...	4
Teeth (Dental Diseases ... ..)	74	358	114	3
(See Table IV., Group IV.)				
<b>HEART &amp; CIRCULATION :—</b>				
Heart Disease—Organic ... ..	3	25	6	21
Functional ... ..	22	229	...	31
Anæmia ... ..	12	16	93	1
<b>LUNGS :—</b>				
Bronchitis ... ..	32	12	7	2
Other Non-Tuberculous Diseases ... ..	18	45	...	...
<b>TUBERCULOSIS :—</b>				
Pulmonary—				
Definite ... ..	...	...	11	1
Suspected ... ..	2	...	15	6
Non-Pulmonary—				
Glands ... ..	...	...	...	2
Spine ... ..	...	...	...	...
Hip ... ..	...	1	...	...
Other Bones & Joints ... ..	1	4	...	...
Skin ... ..	1	...	...	...
Other Forms ... ..	...	...	...	...

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
Epilepsy ... ..	1	1	20	3
Chorea ... ..	3	...	14	2
Petit Mal ... ..	7	5	20	1
Other Conditions ...	7	12	97	...
DEFORMITIES :—				
Rickets ... ..	...	21	...	...
Spinal Curvature ...	2	6	...	...
Other Forms ... ..	9	4	1	...
Other Defects and Diseases	74	63	1,103	21

(B) Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases) 374

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
Code Groups :—			
Entrants ... ..	1,022	178	17·4
Intermediates... ..	451	116	27·9
Leavers ... ..	553	140	25·3
Total (Code Group) ...	2,026	434	21·4
Other Routine Inspections... ..	59	12	20·3

**Table III. Return of all Exceptional Children in the Area, 1923.**

			Boys.	Girls.	Total.
<b>BLIND.</b> (Including partially blind) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.		Attending Public Elementary Schools ...	...	...	...
		Attending Certified Schools for the Blind	1	1	2
		Not at School ...	...	2	2
<b>DEAF AND DUMB.</b> (Including partially deaf) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.		Attending Public Elementary Schools ...	6	4	10
		Attending Certified Schools for the Deaf ...	2	...	2
		Not at School ...	...	...	...
<b>MENTALLY DEFICIENT.</b>	<b>FEEBLE MINDED.</b>	Attending Public Elementary Schools ...	16	11	27
		Attending Certified Schools for Mentally Defective Children ...	34	25	59
		Notified to Local Control Authority by Local Education Authority during the year ...	2	3	5
		Not at School ...	1	3	4
	<b>IMBECILES.</b>	At School ...	...	...	...
		Not at School ...	2	4	6
	<b>IDIOTS.</b>	-----	...	1	1
<b>EPILEPTICS.</b>		Attending Public Elementary Schools ...	4	2	6
		Attending Certified Schools for Epileptics	...	1	1
		In Institutions other than Certified Schools	...	...	...
		Not at School ...	1	...	1

			Boys.	Girls.	Total.
PHYSICALLY DEFECTIVE.	PULMONARY TUBER- CULOSIS.	Attending Public Ele- mentary Schools ...	2	1	3
		Attending Certified Schools for Physically Defective Children ...	...	...	...
		In Institutions other than Certified Schools	1	1	2
		Not at School ...	4	6	10
	CRIPPLING DUE TO TUBER- CULOSIS.	Attending Public Ele- mentary Schools ...	6	4	10
		Attending Certified Schools for Physically Defective Children ...	...	..	...
		In Institutions other than Certified Schools	...	...	...
		Not at School ...	...	1	1
	CRIPPLING DUE TO CAUSES OTHER THAN TUBER- CULOSIS, i.e., PARALYSIS, RICKETS, TRAUMATISM	Attending Public Ele- mentary Schools ...	7	10	17
		Attending Certified Schools for Physically Defective Children ...	...	...	...
		In Institutions other than Certified Schools	...	...	...
		Not at School ...	1	...	1
	OTHER PHYSICALLY DEFECTIVES, e.g., DELI- CATE AND OTHER CHILDREN SUITABLE FOR ADMISSION TO OPEN-AIR SCHOOLS; CHILDREN SUFFERING FROM SEVERE HEART DISEASE.	Attending Public Ele- mentary Schools ...	14	3	17
Attending Open - Air Schools ...		...	...	...	
Attending Certified Schools for Physically Defective Children other than Open-Air Schools ...		...	...	...	
Not at School ...		...	...	...	
		TOTAL ...	104	83	187

**Table IV. Return of Defects Treated during the Year ended 31st December, 1923.**

TREATMENT TABLE.

**GROUP I. MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH SEE GROUP V.).**

DISEASE OR DEFECT.	NUMBER OF DEFECTS TREATED, OR UNDER TREATMENT DURING THE YEAR.		
	Under the Authority's Scheme.	Otherwise.	Total.
SKIN :—			
Ringworm, Scalp ... ..	40	1	41
Ringworm, Body ... ..	54	1	55
Scabies ... ..	15	...	15
Impetigo ... ..	234	...	234
Other Skin Diseases ... ..	474	10	484
MINOR EYE DEFECTS ... .. (External and other, but excluding cases falling in Group II.)	231	6	237
MINOR EAR DEFECTS ... ..	153	2	155
MISCELLANEOUS ... .. (e.g., minor injuries, bruises, sores, chilblains, etc.).	617	14	631
TOTALS ... ..	1,818	34	1,852

**GROUP II. DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS.—GROUP I.).**

DEFECT OR DISEASE.	NUMBER OF DEFECTS DEALT WITH.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioners or at hospital apart from the Authority's Scheme.	Otherwise.	Total.
ERRORS OF REFRACTION ... .. (Including Squint).	218	7	1	226
OTHER DEFECT OR DISEASE OF THE EYES ... .. (Excluding those recorded in Group I.)	3	...	...	3
TOTAL ... ..	221	7	1	229

**Table IV.**—(Continued).

Total number of Children for whom spectacles were prescribed :—

(a)	Under the Authority's Scheme	...	...	190
(b)	Otherwise	...	...	8

Total number of Children who obtained or received spectacles :—

(a)	Under the Authority's Scheme	...	...	181
(b)	Otherwise	...	...	8

**GROUP III. TREATMENT OF DEFECTS OF NOSE AND THROAT.**

NUMBER OF DEFECTS.				
RECEIVED OPERATIVE TREATMENT.			Received other forms of Treatment.	Total No. Treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital apart from the Authority's Scheme.	Total.		
29	1	30	116	146

**GROUP IV.—DENTAL DEFECTS.**

(1) Number of Children who were :—

(a) Inspected by the Dentist :—

		Aged.			
Routine Age Groups	{	5	...	48	Total ... 2,544
		6	...	234	
		7	...	319	
		8	...	405	
		9	...	466	
		10	...	459	
		11	...	366	
		12	...	74	
		13	...	113	
		14	...	60	
Specials	...	...	...	...	11
Ages Unknown	...	...	...	...	1,238
Grand Total					3,793

(b) Found to require treatment ... 1,631

(c) Actually treated ... 1,318

(d) Re-treated during year as the result of periodical examination ... 54

(2) Half-days devoted to { Inspection ... 30 } Total ... 390  
 { Treatment ... 360 }

(3) Attendances made by the Children for treatment ... 3,049

(4) Fillings ... { Permanent teeth 1,220 } Total ... 1,263  
 { Temporary teeth 43 }

(5) Extractions ... { Permanent teeth 254 } Total ... 1,947  
 { Temporary teeth 1,693 }

(6) Administration of general anaesthetics for extractions ... 148

(7) Other Operations { Permanent teeth 689 } Total ... 706  
 { Temporary teeth 17 }

## BACTERIOLOGICAL LABORATORY REPORT FOR 1923.

Bacteriological specimens of public health importance continue to be examined in the laboratory of the new Royal East Sussex Hospital, which was opened in May 1923. The laboratory is commodious, convenient, well lit and fully equipped with all the most recent appliances and apparatus. Specimens in greater numbers and variety can now be handled, while conditions for the workers are considerably improved. Urgent specimens from general practitioners can be received at any time night or day, a matter of some importance with regard to throat swabs from cases of suspected diphtheria.

During 1923, altogether 932 specimens were examined and reported upon, the following being a detailed list :—

SOURCE OF SPECIMENS.	NATURE OF SPECIMENS.	NUMBER.	RESULT.
A. General Practitioners & Borough Sanatorium.	Sputum for Tubercle Bacilli ... ..	231	28 Positive.
	Urine for Tubercle Bacilli	6	Nil "
	Throat Swabs for Diphtheria	158	6 "
	Widal Examination for Typhoid ... ..	16	5 "
	Faeces and Urine for Typhoid ... ..	10	Nil "
	Pus ... ..	20	Cultures made.
	Pus for Tubercle Bacilli	4	Nil Positive.
	Pus for Gonococci ...	23	3 "
	Urine and Faeces ...	91	Cultures made.
	Blood ... ..	6	" "
	Blood for Wassermann Reaction ... ..	13	3 Positive.
	Cerebro spinal fluid for organisms ... ..	11	4 "
	Hairs for Ringworm ...	14	5 "
	Others ... ..	7	Nil "
B. School Medical Clinic. Tuberculosis Clinic.	Throat Swabs for Diphtheria	30	2 Positive.
	Sputum for Tubercle Bacilli ... ..	287	44 "
	Urine for Tubercle Bacilli	4	Nil "
	Pus for Tubercle Bacilli	1	Nil "

**DIPHTHERIA ANTI-TOXIN.**—Supplies are kept at the Health Department, the Borough Sanatorium, and each of the 5 Police Stations for issue on request to Medical Practitioners. There was no issue during 1923, due to the practical absence of diphtheria in the district.

## SANITARY ADMINISTRATION.

---

### (1) ADOPTIVE ACTS, BYE-LAWS AND REGULATIONS.

The following list of Adoptive Acts, Bye-laws, and local regulations relating to the public health in force in the Borough has been brought up to date :—

Certain Sections of Hastings Paving Act, 1832 (2 Wm. iv., ch. xci.)

Hastings Improvement Act, 1885 (48 and 49 Vic. ch. cxcvi.) as amended, etc., by Hastings Corporation Act, 1900, and Hastings Corporation (Water and Finance) Act, 1911.

The Hastings Corporation Act, 1900 (63 and 64 Vic. cap. cclxvi.) as amended by Hastings Corporation (Water and Finance) Act, 1911, (1 and 2 Geo. V. cap. xxxiv.)

Regulations with respect to Dairies, Cowsheds and Milkshops.

#### BYE-LAWS.

Cleansing of Footways and Pavements and Common Lodging Houses.

As to Nuisances in connection with the removal of offensive or noxious matters.

Good Rule and Government (Spitting in Public Carriages, etc.)

Slaughterhouses.

Prevention of nuisances arising from filth, dust, ashes and rubbish, and for the prevention of the keeping of animals so as to be injurious to health.

Tents, vans, sheds, etc., used for human habitation.

#### ADOPTIVE ACTS IN FORCE IN THE BOROUGH.

The Public Health Acts Amendment Act, 1890 (53 and 54 Vic. ch. lix.) The whole Act came into operation on 5th May, 1891.

The Infectious Disease Notification Act, 1889 (52 and 53 Vic. cap. lxxi.) came into operation on 7th July, 1891.

Certain Sections of the Public Health Acts Amendment Act, 1907, under Orders made by the Home Secretary on the

11th January, 1909, and the Local Government Board on the 14th September, 1909.

The Infectious Disease (Prevention) Act, 1890 (53 and 54 Vic. ch. xxxiv.) The whole of the Act came into operation on the 10th July, 1894.

## **(2) WATER SUPPLY.**

With the exception of a few private wells in the more isolated parts of the outlying districts of the Borough, the water supply is a municipal undertaking, the water being obtained from 8 deep wells and headings sunk in the Ashdown Sand, and pumped thence to 10 reservoirs situated in various parts of the town, whence it is distributed by gravity. Of the 8 wells 4 are within, and 4 without the boundary of the Borough distant a few miles. The water obtained from this source is excellent for domestic purposes, being less hard than that derived from the chalk formation and very pure bacteriologically. Unfortunately at the time when the daily demand is greatest, in July and August, the population rising from 60,000 to probably over 100,000, the maximum output of the wells, about 1,200,000 gallons daily, is unequal to the demand, about 1,600,000 gallons daily, nor can the reservoirs, with a capacity of nearly 5 million gallons, suffice. Consequently it has been necessary to supplement the supply from the deep wells by the River Brede and one of the large superficial reservoirs in the Alexandra Park. In the case of the Brede the water is carefully chlorinated at the intake, while the reservoir is closed during the winter and spring to allow all possible storage and clarification. Moreover the most careful watch is kept on this supply by frequent, daily if necessary, bacteriological tests.

The improvement of the water supply, both as regards quantity and quality, is the main object of the Bill now being promoted in Parliament. It is hoped to obtain powers to sink additional deep wells in the surrounding district, which will so supplement the existing deep well supply that the sources mentioned above may be entirely disregarded in the future. Quite apart, then, from grounds of public utility, this measure ought to receive the strongest medical support.

The water undertaking is entirely under the Corporation and is in the department of the Borough Engineer.

### Analysis of Water Supply.

(a) Chemical Examination of Water Supply from Deep Wells, March 1923.

Appearance	...	...	...	...	Clear.
Colour	...	...	...	...	Pale Greenish.
Smell	...	...	...	...	None.
Deposit	...	...	...	...	None.
Hardness before boiling	...	...	...	...	9½ degrees Clark.
<i>Grains per Gallon.</i>					
Oxygen absorbed from permanganate	...	...	...	...	0.042
Chlorine	...	...	...	...	4.9
Nitric Acid	...	...	...	...	Trace
Ammonia	...	...	...	...	0.0000
Albuminoid ammonia	...	...	...	...	0.0045
<i>Micro-organisms per c.c.</i>					
Total	...	...	...	...	5
Liquifying	...	...	...	...	0
Coli	...	...	...	...	0

(b) Bacteriological examination—for presence of B. Coli—twice weekly, as a routine measure, daily if required during summer months.

### (3) DRAINAGE AND SEWERAGE.

(For full description see report for 1922 and previous reports).

With but a few exceptions—houses with cesspools in the isolated and outlying districts—the Borough of Hastings is efficiently sewered. A report on the condition of these cesspools, 53 in number, was submitted during the year, from which it appeared there was little nuisance and no great danger to water supplies. In one case, where there was distinct nuisance, the cesspool has been done away with, and the drainage joined up to the sewer. On general sanitary principles, however, as these isolated districts get built up, or a sewer becomes accessible, the cesspools should disappear and the drainage be joined up to the general system.

House drainage throughout the Borough is good. A very considerable amount of work is carried out by the Sanitary Inspectors as regards drains relaid or amended. (See Inspectors' Summary).

#### (4) SCAVENGING.

Arrangements for collection and disposal of house refuse are carried out by the Borough Surveyor. The bulk of the refuse is burnt at the destructor at Rock-a-Nore. During the year a refuse tip at Bulverhythe was discontinued, the refuse now being taken to the destructor. Refuse is still tipped in the Hollington District.

During the year proposals for an improved service of removal have been carefully thought out by the Borough Surveyor, and these will doubtless mature in 1924. The matters for consideration involve an improvement in the present type of dust cart, which allows a certain amount of refuse to be blown about, the abandonment of the tipping system in Hollington District, a more frequent removal—twice instead of once weekly—in the summer months, and probably increased capacity for the destructor at Rock-a-Nore. Such a scheme must add to the present cost of removal and disposal of refuse, but it will most undoubtedly be a public asset of considerable value.

#### (5) DAIRIES, COWSHEDS, AND MILKSHOPS REGULATIONS, MILK AND DAIRIES (AMENDMENT) ACT, 1922.

Retail Purveyors of Milk, 1923	...	...	...	99
Wholesale Traders or Producers, 1923	...	...	...	26
Purveyors selling Certified Milk, 1923	...	...	...	3

(For details of inspection see Inspectors' reports).

All cowsheds and dairy farms have been visited regularly. Generally speaking the premises are fairly satisfactory; minor alterations and improvements in the methods have been carried out in several instances on the suggestion of the Medical Officer of Health and the Sanitary Inspector.

With regard to milkshops considerable activity has been shown under the Milk and Dairies (Amendment) Act, 1922, especially in relation to the small general shop, dealing largely in vegetables, paraffin, briquettes, where the purveying of milk is only a minor line, and where milk is generally stored in open vessels, exposed to all the dust of the shop and its contents. In several of these shops the sale of milk has been interdicted, while in others it has only been allowed in sealed bottles. In

this direction the Act can certainly be used to considerable advantage in the interests of public health.

As regards Certified Milk there is but little public demand, the increased price making it all but prohibitive except to the few. To put a premium on safe or certified milk, and to leave the vast proportion of the public, who either cannot afford or will not pay the price, to consume ordinary, unclean or unsafe milk, is not logical. We require one milk only, for rich and poor, and that the best, clean, tubercle free, and of good quality. This ideal should be the sole aim of milk legislation and should not be regarded as utopian.

#### **(6) SLAUGHTERHOUSES.**

The question of the exact legal category of the slaughterhouses has been gone into and I am informed that of the 19 slaughterhouses within the Borough, 4 are licensed, and 15 registered, all being privately owned. Three are used only for the slaughtering of pigs. There is no public abattoir.

Generally speaking, the slaughterhouses are kept in a satisfactory condition, some conspicuously so. The majority are in the outlying districts, and of these several are constructionally of an inferior type and very small. The slaughterhouses are kept under regular supervision, as many as possible of the carcasses being inspected at or soon after the time of slaughtering.

During the year bye-laws to enforce the use of mechanically propelled instruments or pistols have come into force both as regards beasts and also smaller animals. After some preliminary difficulties the slaughtermen have now got into the habit of using these instruments, and, given proper precaution in their care and handling, the method should be a success. The N.S.P.C.A. has taken a great interest in this measure, having sent down their expert on several occasions to instruct the slaughtermen in the use of the instruments and to clear away any difficulties.

The following table shows the amount and nature of meat condemned after inspection as unfit for human consumption, the main cause, as usual, being tuberculosis.

## MEAT (OTHER THAN TUBERCULOUS) CONDEMNED IN 1923.

<i>Tripe.</i>	<i>Livers.</i>	<i>Hearts.</i>	<i>Corned Beef.</i>
4 Boxes. 8 lbs.	8.	1 Pig's.	9 tins.
<i>Ox Tails.</i>	<i>Kidney Knobs.</i>	<i>Hams.</i>	<i>Beef Suet.</i>
12 lbs. 12.	4.	2.	30 lbs. 9 lbs. Kidney Suet.
<i>Lamb.</i>	<i>Mutton.</i>	<i>Beef.</i>	
24½ lbs. Sweetbreads.	3 Carcases.	1 Top piece.	
11 lbs. Hindquarter.	1 Forequarter.	1 Rump.	
		116 lbs. Buttock.	
		36 lbs. Loin.	
		17 lbs. Silversides.	
		20 lbs. bruised (part rump and loin).	
		2 Hindquarters.	
		1 Forequarter.	
		1 Aitch Bone.	
		Buttock & Aitch Bone.	
		7 lbs. Trimmings.	
		62 lbs.	

## TUBERCULOUS MEAT CONDEMNED IN 1923.

<i>Beasts.</i>	<i>Cows.</i>	<i>Heifers.</i>	<i>Pigs</i>	<i>Steer.</i>
1 Carcase.	3 Carcases.	3 Carcases.	1 Carcase.	Head,
			1 Head.	Tongue, liver and lungs.
<i>Beef.</i>				
Skirt and suet.				
1 Forequarter.				
Fore ribs and fifth quarter.				

**(7) GENERAL SUPERVISION OF FOOD SUPPLY.**

Throughout the year and especially in the summer months the Sanitary Inspectors pay very close attention to all premises where food is prepared, exposed for sale, stored, or consumed, milkshops, restaurants, tea-shops, greengrocers, fishmongers, etc., etc. For example the Inspectors' Summary shows 212 visits to bakehouses, 223 visits to dairies, cowsheds and milkshops, and 2,081 visits to premises where food is exposed for sale.

## Sundry Food Stuffs Condemned, 1923.

	Number.	Tins.	Boxes.	Small Cartons.	Packets.	Pots.	Cases.	Baskets.	Bunches.
Eggs ... ..	562	...	...	...	...	...	...	...	...
Tomatoes, Tinned ...	...	106	...	...	...	...	...	...	...
Rabbit, Tinned ...	...	26	...	...	...	...	...	...	...
Lemonade Powders ...	...	...	6	...	...	...	...	...	...
Lunch Cubes ...	...	...	24	100	...	...	...	...	...
Ham & Tongue Patties ...	...	8	...	...	...	...	...	...	...
Gravy Salt ...	...	...	...	...	432	...	...	...	...
Tea Cubes ...	144	...	...	...	...	...	...	...	...
Apricots ...	...	...	10	...	...	...	...	...	...
Prunes ...	...	...	40	...	...	...	...	...	...
Kipper Paste ...	...	...	...	...	...	144	...	...	...
Cray Fish, Tinned ...	...	...	...	...	...	...	9	...	...
Fish and Meat Paste ...	2952	...	...	...	...	...	...	...	...
Fish Paste ...	...	...	18	...	...	...	...	...	...
Pears ...	...	...	15	...	...	...	...	...	...
Chunk Pineapple (Tinned) ...	...	2	...	...	...	...	...	...	...
Black Currants ...	...	...	...	...	...	...	...	1	...
Bananas ...	...	...	...	...	...	...	...	...	1

## Fish Condemned, 1928.

	Cases.	Boxes.	Stones.	lbs.	Barrels.	Kits.	Galls.	Baskets.
Coalfish ... ..	2	...	...	...	...	...	...	...
Mackerel ... ..	1	55	20	9	...	...	...	...
Herrings ... ..	10 $\frac{1}{2}$	19	1734	...	...	...	...	...
Herrings, Pickled ...	...	...	...	...	2	...	...	...
Dabs ... ..	4	...	3	...	...	...	...	...
Whiting ... ..	...	...	...	...	...	1	...	...
Mixed Fish ... ..	...	1	2	...	...	...	...	...
Cod ... ..	3	...	13	...	...	...	...	...
Smoked Haddocks ...	...	93	1	...	...	...	...	...
Small Plaice ... ..	1 $\frac{1}{2}$	8	14	...	...	...	...	...
Fillets ... ..	...	90	...	...	...	...	...	...
Kippers ... ..	...	24	...	...	...	...	...	...
Codlings ... ..	...	2	...	...	...	...	...	...
Codlings, Smoked ...	...	10	...	...	...	...	...	...
Conger ... ..	...	...	1	...	...	...	...	...
Soles ... ..	...	...	3	11	...	...	...	...
Plaice ... ..	1	...	37	7	...	...	...	...
Witches ... ..	1	...	...	...	...	...	...	...
Dog Fish ... ..	2	...	1 $\frac{1}{2}$	...	...	...	...	...
Filletted Cod ... ..	...	3	...	...	...	...	...	...
Crabs ... ..	...	...	2	2	...	...	...	...
Breams ... ..	...	...	5	...	...	...	...	...
Headless Chats and Whiting...	1	...	...	...	...	...	...	...
Dried Haddocks ...	...	1	...	...	...	...	...	...
Bloaters ... ..	...	...	3	...	2	...	...	...
Headless Codlings ...	...	6	...	...	...	...	...	...
Skinnet Dogfish ...	...	1	...	...	...	...	...	...
Salmon ... ..	...	...	14	3	...	...	...	...
Whelks ... ..	...	...	...	...	...	...	...	2
Shrimps ... ..	...	...	...	...	...	...	76	...
Lemon Soles ... ..	...	...	...	...	...	1	...	...
Dried Codlings ...	...	31	...	...	...	...	...	...
Hake and Cod ... ..	1	...	...	...	...	...	...	...
Small Fish ... ..	3	...	...	...	...	...	...	...
Oysters (2,000) ...	...	...	...	...	...	...	...	...

Total weight of fish condemned, 2,708 stones, 5 lbs.

**(8) SANITARY INSPECTION OF DISTRICT.****(a) SANITARY INSPECTORS' SUMMARY FOR THE YEAR 1923.**

	Eastern District.	Western District.	Northern District.	Central District.	Total.
1. Visits of inspection to drainage works in progress ... ..	152	240	203	223	818
2. Visits of inspection to works in connection with notices ... ..	847	387	640	304	2178
3. Visits to outworkers' premises ... ..	3	4	...	...	7
4. Inspection of bakehouses ... ..	47	76	21	68	212
5. „ „ slaughter-houses ... ..	31	153	399	317	900
6. „ „ dairies, cowsheds and milk shops ... ..	55	33	77	58	223
7. Enquiries respecting Infectious Diseases, etc. ... ..	27	35	35	35	132
8. Drain tests applied ... ..	104	98	98	31	331
9. Houses and premises provided with new water-tight drains, properly intercepted and ventilated ... ..	18	24	23	10	75
10. Cesspools emptied and cleansed ... ..	2	...	16	...	18
11. Cesspools abolished ... ..	2	...	7	...	9
12. Drains cleared and amended ... ..	41	62	46	77	226
13. New iron and lead soil and ventilating pipes fixed ... ..	20	22	22	10	74
14. New closets fixed ... ..	17	56	31	16	120
15. Closets amended ... ..	57	25	27	23	132
16. New flushing boxes provided, necessary storage cisterns being fixed where required ... ..	16	44	37	18	115
17. Flushing boxes repaired ... ..	52	26	19	17	114
18. Glazed stoneware sinks fixed, fitted with proper waste-pipes and trapped where necessary ... ..	16	34	18	15	83
19. Yards re-paved ... ..	17	29	27	28	101
20. Sanitary ash-bins provided ... ..	125	110	119	92	446
21. Accumulations of manure and other refuse removed ... ..	49	31	21	87	188
22. Rooms, etc., cleansed and whitewashed ... ..	443	225	259	222	1149
23. Nuisances abated from animals improperly kept ... ..	4	2	8	6	20
24. Nuisances abated from chimneys sending forth black smoke ... ..	...	...	...	1	1
25. Nuisances abated from overcrowding ... ..	6	2	31	2	41
26. Miscellaneous repairs ... ..	132	223	172	109	636
27. New W.C.'s erected ... ..	3	10	6	...	19
28. New urinals constructed ... ..	...	3	2	...	5
29. Inspection of premises where food is exposed for sale ... ..	150	514	415	1002	2081

**(b) General Summary.**

Inspection and Re-inspection of premises—visits ... ..	9,462
Houses and Premises inspected ... ..	5,386
Complaints investigated ... ..	593
Complaints investigated under Rats and Mice (Destruction) Act ... ..	105

## PRELIMINARY NOTICES.

Number of Notices served during the Year 1923	...	1,030
" " " complied with during the Year 1923		930
" " " not complied with during the Year 1923	... ..	132
" " " reported to the Public Health and Housing and Improvements Committee during the Year 1923	...	51
" " " served during the Year 1923 which are still receiving attention	...	4
" " " served during the Year 1923 which were partly complied with	...	13

## MILK AND DAIRIES (AMENDMENT) ACT, 1922.

Number of Preliminary Notices served during 1923	...	1
--	-----	---

The great majority of Nuisances are dealt with by the Inspectors interviewing the Owners or Agents without service of written notices.

Legal Notices served by Town Clerk	... ..	42
Premises inspected under Increase of Rent and Mortgage Interest (Restrictions) Acts, 1920, and 1923	... ..	23
Certificates granted	do. do. ... ..	23

**Shops Act.**

The Inspectors carried out the duties required, a large number of visits being made to various types of shops.

A prosecution against a multiple firm for employing two young persons over the statutory number of hours allowed during the week was pending at the end of the year. The case was heard in January, 1924, the defendant being fined £2 and costs.

**(9) 1.—Inspection of Factories, Workshops and Workplaces.**

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (Including Factory Laundries) ... ..	37	2	...
Workshops (Including Workshop Laundries) ... ..	265	13	...
Workplaces (Other than Out Workers' Premises included in Part 3 of this Report) ...	1551	47	...
Total ... ..	1853	62	...

## 2—Defects found in Factories, Workshops and Workplaces.

Particulars.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of Cleanliness ... ..	115	104	...	...
Want of Ventilation ... ..	4	4	...	...
Overcrowding ... ..	...	...	...	...
Want of drainage of floors ... ..	6	6	...	...
Other Nuisances ... ..	79	76	...	...
Sanitary accommo- dation { insufficient ... ..	2	2	...	...
{ unsuitable or defective ... ..	9	9	...	...
{ not separate for sexes ... ..	...	...	...	...
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal occupation of underground bakehouse (S. 101) ... ..	...	...	...	...
Breach of special sanitary requirements for bakehouses (SS. 97 to 100) ... ..	4	4	...	...
Other offences— (Excluding offences relating to outwork which are included in Part 3 of this Report)	...	...	...	...
Total ... ..	219	205	..	...

\* Including those specified in Sections 2, 3, 7, and 8, of the Factory and Workshops Act as remediable under the Public Health Acts.

## 3.—Home Work.

20 lists were sent in, with 44 contractors and 49 workmen.

Class.	Number.
4.—REGISTERED WORKSHOPS.	
Workshops on the register (S. 131) at the end of year.	368
5.—OTHER MATTERS.	
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133, 1901) ... ..	Nil
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (S. 5, 1901) ... ..	Notified by H.M. Inspector ... 1
	Reports (of action taken) sent to H.M. Inspector ... 1
Other ... ..	...
Underground Bakehouses (S. 101) :—	
Certificates granted during the year ... ..	Nil
In use at the end of the year ... ..	29

### (10) Report of Inspector of Common Lodging Houses for 1923.

The Registered Common Lodging Houses in the Borough have been maintained in a cleanly condition during the year.

The premises are regularly cleansed twice during the year as required; the bedding, etc., cleansed and renewed at regular intervals.

No cases of infection have been notified, and the Keepers exercise great care in keeping the houses in a satisfactory manner.

### (11) SALE OF FOOD AND DRUGS ACTS, ETC.

During the year 203 samples were taken and submitted to the Borough Analyst. The following are particulars of the samples, results of analysis, and of the action taken in certain cases:—

MILK.—63 samples taken. 61 genuine, *i.e.*, above the legal standard. 2 adulterated.

(a) Fat 2.55%. Solids non fat 8.40%. Water 89.05%.

The vendor was cautioned by the Public Health Committee.

(b) Fat 2.60%. Solids non fat 7.95%. Water 89.45%.

Vendor fined £5 and costs.

CREAM:—5 samples taken. 3 genuine. 2 adulterated

(a) preservative .15% Boric Acid, (b) preservative .10% Boric Acid—both cautioned by Public Health Committee.

BUTTER:—23 samples taken, all genuine.

PRESERVED MILK:—3 samples taken, all genuine.

MARGARINE:—6 samples taken, all genuine.

CONDENSED MILK:—11 samples taken, 10 genuine, one .2% deficient in fat, followed up by Inspectors. 10 of these samples were taken under the Condensed Milk Regulations, 1923.

SPONGE CAKE:—17 samples taken, 12 genuine. In 5 boric acid was found in following amounts .6%, .25%, .10%, .12%, .02%. All cases were followed up.

OATMEAL:—5 samples taken, 4 genuine, 1 contained Niger Seed .45%. Followed up.

LIME JUICE:—1 sample taken, 1.2 grs. Salicylic Acid per pint. Followed up.

JAM SANDWICH:—1 sample taken, .12% Boric Acid. Followed up.

PEPPER:—6 samples taken, 5 genuine, in one black pepper for white.

The following 62 samples were all genuine:—Sweets 6, Crayfish 1, Ham and Tongue Paste 1, Kipper Paste 1, Baking Powder 5, Flour 7, Lard 4, Egg Substitute 3, Lemonade 2, Cheese 1, Coffee 1, Sugar 4, Rice 3, Cocoa 2, Milk of Sulphur 4, Flowers of Sulphur 3, Whiskey 3, Separated Milk 1, Milk Powder 1, Medical Prescriptions 8, Custard Powder 3.

# Public Health (Milk and Cream) Regulations, 1912 and 1917.

## 1. Milk ; and Cream not sold as Preserved Cream.

	(a) Number of samples examined for the presence of a pre- servative.	(b) Number in which preservative was reported to be present, and percentage of preservative found in each sample.
Milk ... ..	63	Nil
Cream ... ..	5	2 { .10% .15%

Nature of preservative in each case in column (b) and action taken under the Regulations in regard to it. Boric Acid. Cautioned by Public Health Committee.

## 2. Cream sold as preserved cream.

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct.

(i) Correct statements made	...	2
(ii) Statements incorrect	...	1
Total	...	3

(iii) Percentage of preservative found in each sample. Percentage stated on statutory label.  
 .20%. Nil. 16%. Not exceeding .4%.  
 Boric Acid.

(b) Determinations made of milk fat in cream sold as preserved cream.

(i) Above 35 per cent.	...	3
(ii) Below 35 per cent.	...	Nil.
Total	...	3

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in V. (2) of the Regulations have not been observed.—Nil.

(d) Particulars of each case in which the Regulations have not been complied with, and action taken.—None.

3. Thickening substances. Any evidence of their addition to cream or to preserved cream. Action taken where found.—Nil found.

4. Other observations, if any.

**(12) DISINFECTING STATION. CLEANSING STATION.  
AMBULANCE WORK. DISINFECTION OF HOUSES.**

The tables set out below show the very considerable amount of work done under these headings in 1923.

**(a) Disinfecting Station—Summary of Articles Disinfected.**

	Private Houses.	Public Institutions, Hospitals, Homes	Upholsterers, Private Firms.	From other Sources.
Mattresses... ..	359	1,037	121	13
Blankets ... ..	622	1,514	56	39
Pillows ... ..	660	3,354	159	Nil.
Other Articles . . .	1,256	978	94	Nil.
Clothing ... ..	1,435	19		
Total... ..	4,332	6,902	430	52

**(b) Cleansing Station.**

	Scabies.	Verminous.	Other Causes.	Sets of Clothing Disinfected.
Adults ... ..	21	7	1	28
School Children ...	116	1,112	Nil.	1,228
Children under School Age ...	17	Nil.	Nil.	17
Total... ..	154	1,119	1	1,274

**(c) Premises Disinfected.**

Dwelling Rooms.	Hospital Wards.	School Rooms.	Offices, Shops.	Cells.	Miscellaneous.
394	9	Nil.	Nil.	5	2 Taxis.

**(d) Any other work.**

Dealing with fish condemned at the Fishmarket.

**(e) Any Complaints or injury to articles.**

No.

**(f) Ambulance and Disinfecting Van.**

1. Number of Journeys removal of patients	...	176
2. Number of Journeys removal of bedding	...	1,914
"                    "                    "                    " clothing	...	16
3. Number of Journeys disinfection of houses	...	560
4. Mileage—		
(a) Ambulance	... ..	1,601
(b) Disinfecting Van	... ..	5,736
5. Number of hours (approximately) employed by		
Borough Engineer—		
(a) Disinfector	... ..	327
(b) Driver	... ..	327

**(13) HOUSING.**

In the Preface a general review of the local Housing problem has been given, while in dealing with the recent census returns for Hastings under Vital Statistics the question of overcrowding has been discussed.

During the year activity has been shown by the Health Department in various directions—for example.

**(a) Systematic House-to-House Inspection.**

Definite areas of lower type houses have been scheduled in each of the 4 sanitary districts into which the town has been divided, and inspection steadily maintained throughout the year. In no other way is it possible to deal with many of our worst houses, as tenants in many cases for complex reasons refrain from complaining to the Sanitary Inspectors. In all these houses the object of inspection is to get necessary repairs carried out, and in the majority of cases this has been successfully accomplished by the informal representations of the Sanitary Inspector. Under present conditions the greatest discretion must be shown in matters relating to housing. For example, it is practically impossible to close or demolish any houses, but at the same time such houses, almost unfit for human habitation, must be made liveable for the time being. To ask for a heavy bill of repairs is only prolonging their existence; therefore only the minimum, compatible with the securing of a reasonable standard, is demanded.

**(b) Housing Complaints.**

All such have been dealt with promptly during the year.

**(c) Insanitary Area in Old Town.**

As stated in the Preface, an area containing 64 houses, 80 tenants and 265 inhabitants has been represented by the Medical Officer of Health, as requiring to be dealt with by means of a clearance scheme. Having been approved by the Council, plans have been drawn up by the Borough Engineer for the clearance of the area, and for the re-housing of the occupants, partly on the site and partly in new houses to be built on a site at Hardwicke Road.

The area is divided into three parts, named according to prominent landmarks, Vine's Passage, Cinque Port and Alma Areas.

It is hardly necessary to state that this scheme must only be regarded as a first instalment. When it is properly launched, should financial support from the responsible authorities warrant it, further areas in the vicinity will be represented.

**(d) Municipal Housing Scheme.**

While no municipal houses were completed during the year, a start with 62 on the Eversley Road site has been made, to be completed in 1924. In addition the question of the erection of 90 houses on the Hollington Estate has been under discussion.

**(e) Other Matters.**

All requests for recommendations by the Medical Officer of Health for a municipal house on the score of overcrowding, insanitary conditions or ill-health due to bad housing, especially tuberculosis, receive the closest attention. During the year, a list of nearly 100 such cases was presented to the sub-committee which deals with the selection of tenants, while in several instances it has been possible to intervene favourably especially with regard to ex-service men suffering from tuberculosis.



3. Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ... ..	Nil.
--	------

**B. Proceedings under Public Health Acts:—**

1. Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... ..	19
2. Number of dwelling-houses in which defects were remedied:—	
(a) by owners ... ..	19
(b) by Local Authority in default of owners ... ..	Nil.

**C. Proceedings under Section 17 and 18 of the Housing, Town Planning, etc., Act, 1909:—**

1. Number of representations made with a view to the making of Closing Orders... ..	4
2. Number of dwelling-houses in respect of which Closing Orders were made ... ..	4
3. Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit ... ..	8
4. Number of dwelling-houses in respect of which Demolition Orders were made ... ..	1
5. Number of dwelling-houses demolished in pursuance of Demolition Orders ... ..	Nil.

## METEOROLOGY.

---

I am much obliged to Mr. W. Ruskin Butterfield, Meteorologist for the Borough, for the following report on the weather conditions prevailing in Hastings in 1923.

**(1) Barometrical Pressure.**—The mean pressure of the air at Hastings during 1923, fully corrected and reduced to sea-level, was 1014·9 mb. ( $\equiv$  29·970 in.) at 9 a.m., and 1015·0 mb. (29·972 in.) at 9 p.m., values which are below normal.

**(2) Temperature.**—The mean daily shade temperature of the air at Hastings for the year was 50·2 F., which is 0·2 above normal. The mean maximum temperature was 55·4, which is exactly normal for the town; while the mean minimum was 45·0 (0·5 above normal). July 12th was the warmest day, with a maximum of 89·0. The warmest night was that of July 13th-14th, when the shade temperature did not sink below 71·2. November 25th was the coldest day, with a maximum of 34·4, and the coldest night occurred on November 20th-21st, when the temperature fell to 27·8. The mean daily temperature of the earth at the depth of one foot was 51·9, and at the depth of four feet the mean daily temperature was also 51·9. Ground frosts (indicated by a temperature of 30·4 or less, on the grass) were registered on 55 nights. There were, however, no ground frosts from May to October (inclusive). The last spring ground frost occurred on April 27th, and the first autumn ground frost on November 7th.

The mean daily temperature of the air at Eastbourne for 1923 was 50·6, at Tunbridge Wells 49·4, and at Folkestone 50·1. For the whole of S.E. England it was 49·5, and for the Channel Islands 52·1.

(3) **Bright Sunshine.**—A total of 1810·40 hrs. of bright sunshine was registered for the year, giving a daily average of 4·96 hr., and representing 41% of the total possible amount. The normal yearly total at Hastings is 1795·80 hr., yielding a daily average of 4·92 hr., or 40% of the possible total.

The total number of hours of bright sunshine for the year at Eastbourne was 1865·15 hr., at Tunbridge Wells 1606·00 hr., and at Folkestone 1755·65 hr. Other totals were:—Brighton 1700·90 hr., Worthing 1799·45 hr., Margate 1686·30 hr., Blackpool 1332·25 hr., Scarborough 1412·75 hr., Torquay 1825·00 hr., Guernsey 1890·70 hr.

(4) **Rainfall.**—The total precipitation at Hastings for the year was 873 mm. (= 34·35 in.), against a normal expectation of 720 mm. (28·38 in.) Precipitation to the amount of 0·2 mm. or more was measured on 212 days, and precipitation to the amount of 1·0 mm. or more was measured on 143 days. No measurable precipitation occurred, therefore, on 153 days.

Snow fell on 9 days, hail on 19 days, and there were 18 thunderstorms.

At Eastbourne the total rainfall was 910 mm. (35·85 in.), at Tunbridge Wells 819 mm. (32·25 in.), and at Folkestone 715 mm. (28·13 in.)

(5) **Winds.**— In all 19 gales occurred during the year. Winds of force 1-3 (*i.e.*, light breezes) were most prevalent, and Westerly and Southerly winds predominated.

## APPENDIX.

### (1) STAFF OF THE HEALTH DEPARTMENT, 1923.

NAME OF OFFICERS.	OFFICES HELD.
†DR. A. SCARLYN WILSON, M.A., M.B., D.P.H. CANTAB., M.R.C.S. ENG.	Consulting Medical Officer of Health.
*DR. G. R. BRUCE, M.A., M.D., D.P.H.	Medical Officer of Health; School Medical Officer; Tuberculosis Officer; Superintendent Medical Officer, Borough Sanatorium.
*DR. O. POLHILL TURNER, M.R.C.S., L.R.C.P., D.P.H.	Deputy Medical Officer of Health; Deputy School Medical Officer.
*DR. A. H. H. HUCKLE, M.R.C.S., L.R.C.P., D.P.H., ETC.	Medical Officer, Borough Sanatorium; Bacteriologist; Medical Officer, Vene- real Diseases Clinic. (Part time).
*MR. W. D. PENFOLD, L.D.S., R.C.S. ENG.	School Dentist.
DR. S. A. ALLINSON WOODHEAD, F.I.C.	Borough Analyst (temporary). (Part time).
MR. R. WILSON KING, (a) ...	Sanitary Inspectors; also Inspectors under Shops Acts, Sale of Food and Drugs Acts, Housing Acts, Rats and Mice (Destruction) Acts, etc., etc.
MR. E. H. ANDREWS, (a) ...	
MR. E. W. JONES, (a) (b) ...	
MR. H. F. VENESS, (c) (b) ...	
*MISS S. A. MYERS, (d) (e) ...	Health Visitor, Tuberculosis; Inspector of Midwives.
*MISS L. ANDREW, (d) (e) ...	Health Visitor, Maternity and Child Welfare.
*MISS T. HARRIS, (a) (d) (e) (b) ...	do. do. do.
*MRS. A. ESHELBY, (d) ...	School Nurse.
*MISS E. COOPER, (d) ...	do. do.
*MISS E. PARKHOUSE, (d) ...	do. do.
*MISS A. J. PARKHOUSE, (d) ...	do. do.
MISS F. POLLARD, (d) (g) ...	Matron, Borough Sanatorium.
*MR. C. L. WHEATLEY ...	Chief Clerk.
*MISS H. E. CHESHIRE ...	Clerk, Maternity and Child Welfare. Tuberculosis.
*†MR. G. L. CHILDS ...	Clerk, Tuberculosis, (Part time).
MR. E. R. ASHLEY ...	Clerk, Sanitary Office.
*MISS G. M. A. BARKER ...	Clerk, School Medical Service.
*MISS O. M. BARRON ...	do, do. do.
*MISS I. M. PENNELLS ...	do, do. do.
*MISS G. R. JOHNS ...	Clerk, School Dentist.

\*Salary contribution under Public Health Acts or by Exchequer Grants.

†Office relinquished December 31st, 1923.

- (a) Certificate, Royal Sanitary Institute. Inspector of Nuisances.  
 (b) do. do. Inspector of Meat and other  
Foods.  
 (c) do. Royal Institute of Public Health. Inspector of Nuisances.  
 (d) Fully trained General Nurse.  
 (e) Certificate of Central Midwives Board. (C.M.B.)  
 (f) Certificate, Maternity and Child Welfare Worker.  
 (g) Certificate, Fever Training.

## (2) SUMMARY (FOR REFERENCE) OF NURSING ARRANGEMENTS, HOSPITALS, ETC.

### (a) Professional Nursing in the Home.

#### (1) GENERAL.

The Hastings and St. Leonards District Nursing Association provides a staff of nurses, who visit, as required, the sick poor in any part of the Borough. In addition each of the three Parish Churches has a nurse attached. No subsidy is paid by the Corporation in connection with these services.

#### (2) INFECTIOUS DISEASES, *e.g.*, MEASLES, ETC.

##### (a) HEALTH VISITORS AND SCHOOL NURSES.

The Health Visitors and School Nurses on the staff of the Health Department pay visits to cases of measles, infantile diarrhoea, whooping cough, influenzal pneumonia and other infectious diseases, and advise generally as to the nursing of the cases or the carrying out of the doctors' instructions.

##### (b) DISTRICT NURSING ASSOCIATION.

The Corporation subsidises the District Nursing Association, paying an annual retaining fee and a small sum in respect of each visit paid to nurse cases of measles, infantile diarrhoea, etc., in children under five years of age.

##### (b) Midwives.

See section—Maternity and Child Welfare.

### (c) Clinics and Treatment Centres.

#### (1) MATERNITY AND CHILD WELFARE CENTRES.

4 infant centres, 1 ante-natal centre under the auspices of a Voluntary Society, the Service of Help for Motherhood and Infancy.

#### (2) DAY NURSERIES

None established.

#### (3) SCHOOL CLINICS.

Two provided by Local Authority, Halton and Park View. Each contains a dental clinic and provides rooms for one of the Infant Welfare Centres mentioned above. The ante-natal centre is also at the Halton School Clinic.

## (4) TUBERCULOSIS.

Clinic in Out-Patient Department, Royal East Sussex Hospital.

## (5) VENEREAL DISEASES.

Clinic in separate building recently opened, Royal East Sussex Hospital, provided by Hospital Authority by arrangement with Corporation.

Full details as to the above Centres and Clinics are given in the report under each heading.

**(d) Hospitals Provided or Subsidised by Local Authority.**

- (1) TUBERCULOSIS.—Darvell Bank Sanatorium, Robertsbridge, about 10 miles distant, 30 beds leased from East Sussex County Council.
- (2) MATERNITY.—Proposals pending to subsidise Fernbank Maternity Home, Hastings.
- (3) CHILDREN.—Special Children's Ward, Union Infirmary, Frederick Road.
- (4) FEVER.—Borough Sanatorium, Frederick Road.
- (5) SMALL POX.—Hospital at Brede about 6 miles distant.

Further information, as required, is given in the report under each heading.

**(e) Institutional Provision for Unmarried Mothers, Illegitimate Infants and Homeless Children.**

- (1) Union Infirmary, Frederick Road.
- (2) Bell Hostel, Eastbourne, subsidised as required.

**(f) Ambulance Facilities.**

- (1) INFECTIOUS CASES.—(A) Motor Ambulance for ordinary fever cases.  
(B) Special Ambulance body for small-pox cases.
- (2) ORDINARY CASES.—Two Motor Ambulances belonging to the St. John's Ambulance Association.

Clinic in Out-patient Department, Royal Sussex  
Hospital

Clinic in out-patient department, Royal Sussex  
Hospital, provided the following information in answer  
to the question, "What is the result of the  
treatment given to the patient?"

(v) Hospital Provided or Subsidized by Local Authority.

(1) Tonsillitis - Royal Sussex Hospital, Brighton.  
about 10 miles from the hospital.

(2) Tonsillitis - Royal Sussex Hospital, Brighton.  
about 10 miles from the hospital.

(3) Tonsillitis - Royal Sussex Hospital, Brighton.  
about 10 miles from the hospital.

(4) Tonsillitis - Royal Sussex Hospital, Brighton.  
about 10 miles from the hospital.

(5) Tonsillitis - Royal Sussex Hospital, Brighton.  
about 10 miles from the hospital.

(e) Institutional Provision for Unmarried Mothers, the  
Sick, Infants and Homeless Children.

(1) Unmarried Mothers, Royal Sussex Hospital.  
about 10 miles from the hospital.

(2) Sick, Infants and Homeless Children, Royal Sussex  
Hospital, Brighton.

(3) Unmarried Mothers, Royal Sussex Hospital, Brighton.  
about 10 miles from the hospital.

(4) Sick, Infants and Homeless Children, Royal Sussex  
Hospital, Brighton.

(5) Unmarried Mothers, Royal Sussex Hospital, Brighton.  
about 10 miles from the hospital.



