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COUNTY BOROUGH OF HASTINGS.

PUBLIC HEALTH DEPARTMENT

INCLUDING


SCHOOL MEDICAL SERVICE.

ANNUAL REPORT FOR 1928.

G. R. BRUCE, O.B.E., M.A., 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.

MCMXXIX.



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PREFACE.

Health Department,
44, Wellington Square,
Hastings,
April, 1929.

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 the Annual Report of the Health Department for 1928, which, by instruction of the Ministry of Health, is an Ordinary Report, as compared with the next five-yearly full Survey Report, due in 1930. The following summary draws attention to the more salient features of the health statistics for 1928 and of the work of the various departments under my control.

Vital Statistics.

The Registrar-General has estimated the mid-year population for 1928 at 62,600, an increase of no less than 1,040 over the estimated population for 1927; this in spite of the fact that the crude death-rate exceeds the birth-rate. As regards the most important vital statistics for 1928, the crude death-rate, 15·0 per 1,000 of population, corrected for age and sex distribution to 10·8 per 1,000, is slightly below the figure for 1927, viz., 15·5 per 1,000. The birth-rate, 12·0 per 1,000 of the population, also continues to decline. The infantile mortality figure, 51 per 1,000 births, shows a definite fall from the figure of 1927, 66 per 1,000 births, and is well below the average for the large towns.

Special attention has been drawn to three main causes of death, cancer, diseases of the heart and circulation, and diseases of the respiratory system.

Infectious Diseases.

Apart from an increased prevalence of diphtheria in the second half of 1928, fully commented upon in the body of the report, the incidence and mortality of the notifiable infectious

diseases, especially typhoid fever, remained low. The type of scarlet fever continued very mild, there being no deaths. After many years' immunity one case of small pox, a casual, was diagnosed at the Frederick Road Institution. All possible precautions as regards disinfection and vaccination or re-vaccination of contacts were taken, and fortunately no secondary cases occurred.

Of the non-notifiable infectious diseases, influenza, measles and whooping cough, although prevalent in the spring, were only responsible for a slight mortality in 1928.

The general policy of the Borough Sanatorium was maintained. Beds were always safeguarded for the three infectious diseases usually isolated, scarlet fever, diphtheria and enteric; in addition, other infectious diseases, *e.g.*, measles, especially if complicated by pneumonia, whooping cough, chicken pox and erysipelas, were accepted, provided beds and staff were available, especially from homes where proper nursing was difficult, or where isolation was impossible, for example in boarding houses, general hospitals, and hotels.

Maternity and Child Welfare.

The work of this department, of which full details are furnished in the report, was fully maintained.

The Central Clinic at Beach Terrace, which replaced the Tackleway Clinic in the Old Town in 1927, is now the most highly attended of all the five centres. In its equipment and general arrangements, apart from some difficulty in parking prams, it is quite a model. It will be a great misfortune if, when Beach Terrace is razed for the purpose of the new front line road, the Central Clinic cannot be replaced by another clinic equally well situated and equipped. The new clinic at Hollington has also amply justified its existence for the people of the council houses and the outlying district.

The Voluntary Society, the Service of Help for Motherhood and Infancy, with its willing and enthusiastic lady helpers, has worked in complete harmony with the Health Department.

Tuberculosis.

The decline both in the incidence, as shown by the cases notified for the first time, and also in the death-rate, was

continued in 1928, the number of deaths recorded being fewer than in any previous year except 1923.

No alteration was made in the general scheme of arrangements, which include (a) the Tuberculosis Clinic at the Royal East Sussex Hospital; (b) Home Visiting by the Tuberculosis Nurse; (c) Beds for pulmonary cases at Darvell Hall Sanatorium, for non-pulmonary cases at the Royal East Sussex Hospital; (d) Arrangements for X-Rays, Dental Treatment, Bacteriology, Orthopædic and Sun-Ray Treatment at the Royal East Sussex Hospital; (e) Co-operation with the Tuberculosis Care Committee.

All cases requiring Sanatorium or Hospital treatment were dealt with promptly, admission being possible within two or three weeks in ordinary cases and at once in urgent cases.

The School Medical Service.

The details of this important branch of the Health Services are fully set out in the body of the report.

The opening of a small Open-Air School in Athelstan Road, the site and building having been loaned for this purpose by Miss Kate Rance, for 25 delicate children, from 5-9 years of age, suffering from debility, crippling, the pre-tuberculosis state or convalescent from severe disease was a notable event. In the short period that has elapsed since the school opened there is abundant proof of its success so far as the improvement in general health, and bodily weight and spirits are concerned, several of the children having been returned to normal schools, other debilitated children taking their place. As the situation of the school renders it quite inaccessible for young and delicate children from the St. Leonards end of the Borough, the Committee are now considering the advisability of setting up a somewhat similar establishment in that district to meet the need which undoubtedly exists.

Orthopædic Clinic.

The new Orthopædic Clinic at the Royal East Sussex Hospital, fully equipped and up-to-date in every way, was opened early in 1928. The scheme for the treatment of cases sent by

the Health Department has been in full operation during the year, the cases coming under the following three headings :—

- (a) Children under school age under the Maternity and Child Welfare Committee.
- (b) School children under the Education Committee.
- (c) Cases of tuberculosis under the Health Committee.

Associated with Hastings in this scheme are the East Sussex County Council and the Borough of Bexhill.

Venereal Diseases.

Owing to the illness of the Medical Officer, the late Dr. A. H. H. Huckle, this clinic was under the charge of Dr. Kilner during the major portion of 1928. While there was an increase in the total number of cases seen for the first time, there was a notable decrease of about 50 per cent. of new cases of syphilis, a slight increase of new cases of gonorrhœa, and a large increase of new cases diagnosed as not suffering from venereal diseases. I am informed that a very considerable number of the new cases attend as a result of the publicity given to the clinic by the notices in the public lavatories.

Environmental Sanitation.

The details of the work carried out by the Sanitary Inspectors will be found in the section devoted to General Sanitary Administration.

With the completion of the Red Lake scheme no new buildings are now in course of erection by the Corporation. Gradual progress has been made with the clearance scheme in the Old Town of Hastings. The experience of this department is that the demand for more adequate and sanitary housing accommodation is still insistent and unsatisfied, especially from families living in overcrowded rooms, basements, and small unsatisfactory houses. At the same time it should be recorded that a considerable proportion of these applicants are really unable to pay the rent of Council houses.

I am satisfied that there is a good field locally for the re-conditioning and renovation of existing houses, which are rapidly reaching a stage when they should be closed and demolished.

It is surprising what can be done, even with most unpromising material, provided the shell be good, to produce a reasonably up-to-date sanitary house, to be let at a moderate figure in the district where the tenant wishes to live. It is to be sincerely hoped that legislature in the next parliament will deal with this aspect of the housing problem, and also with the clearance of slum and congested areas with adequate compensation to owners.

Other matters connected with environmental sanitation, the water supply, removal of refuse, work in connection with the inspection of meat, and Milk and Dairies Order of 1926, etc., are dealt with fully in the report.

In January, 1929, the death of Dr. A. H. H. Huckle, following upon a severe illness during most of 1927, was deeply and sincerely deplored by the community as a whole, the members of the Corporation, and the Health Department. Dr. Huckle was a wise and humane physician of the best type, looked up to and trusted by his fellow practitioners. For many years he had acted as Medical Superintendent at the Borough Sanatorium; he also carried out the public bacteriological work in the laboratory of the Royal East Sussex Hospital, and acted as Medical Officer to the Venereal Diseases Clinic. His multifarious medical work, both public and private, was carried out with a unique distinction and thoroughness, to which were linked personal qualities which endeared him to all his fellow workers and patients. To fill his place will indeed be difficult and his memory will ever be an inspiration to his colleagues.

I beg to thank the Council, and the Chairmen and Members of Committees, specially connected with the Health Department, for their continued help and encouragement, and I acknowledge gratefully the loyalty and good work of my staff.

I remain, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

G. R. BRUCE.

CHAIRMEN OF COMMITTEES RESPONSIBLE FOR HEALTH SERVICES.

Public Health Committee—ALDERMAN SHOESMITH.

Sub Sanatorium, etc., Committee—ALDERMAN SHOESMITH.

Maternity and Child Welfare Committee—COUNCILLOR MISS ANNIE LILE, J.P.

Mental Deficiency Committee—COUNCILLOR MRS. BADCOCK.

Education Committee—ALDERMAN MITCHELL, M.A., J.P.

Children's Care Sub-Committee—COUNCILLOR DOBELL.

Housing and Improvements Committee—COUNCILLOR DYMOND.

SUMMARY OF GENERAL AND VITAL STATISTICS, 1928.

Area of Borough	...	...	...	...	4,496 acres.
Population (a) Census, 1921, as enumerated	...	...	...	...	66,495
(b) " " as estimated by Registrar	...	...	...	...
General	...	...	...	...	59,500
(c) 1928, for purposes of Vital Statistics	...	...	...	...	62,600
Number of inhabited houses, Census, 1921	...	...	...	...	12,082
Number of families or separate occupiers, Census, 1921	...	...	...	...	14,986
Rateable Value	...	...	...	...	£567,595
Sum represented by a penny rate	...	...	...	...	£2,263
Births, 1928—Male.	Female.	...	...	Total	752
Legitimate	350	357	...	...	707
Illegitimate	22	23	...	...	45
Birth Rate, 1928, per 1,000 of population	...	...	...	...	12.0
Deaths, 1928	...	...	...	...	941
Death Rate, 1928, per 1,000 of population	{ (a) crude				15.0
	{ (b) corrected				10.8
Number of women dying in, or in consequence of child birth					
(a) from sepsis	...	...	...	...	2
(b) from other causes	...	...	...	...	1
Death rates of infants under one year of age per 1,000 births					
(a) legitimate	...	...	...	...	54
(b) illegitimate	...	...	...	...	22
(c) total	...	...	...	...	51
Deaths from Measles (all ages)	...	...	...	...	3
" " Whooping Cough (all ages)	...	...	...	...	4
" " Diarrhoea (under 2 years of age)	...	...	...	...	2

VITAL STATISTICS.

(1) POPULATION.

For the purpose of vital statistics the Registrar-General estimates the mid-year population in 1928 at 62,600, an increase of 1,040 as compared with 1927, although in 1928 deaths exceeded births by 178. The substantial increase in the population for 1928 must therefore be credited, as far as the Registrar-General is concerned, to an access of fresh families to the town.

(2) BIRTHS.

The net births registered in Hastings for 1928 were 781, made up as follows:—

	Registered in Borough.	Transferred elsewhere.	Transferred Hastings.	Total.
Males ...	386	20	6	372
Females	395	22	7	380
Total	781	42	13	752

Of the births 45, males 22, and females 23, were illegitimate, a percentage of 6·0.

The birth rate is 12·0 per 1,000 of the population, the lowest rate recorded. The table on p. 38 sets out clearly the tendency to a falling birth-rate since 1900, the rate in 1928 now being two-thirds of that rate, the reduction in babies born being 480 in one year.

(3) DEATHS.

The total net deaths registered in Hastings in 1928 were 941, of whom 345 were males, 596 females.

Not included were 165 deaths transferred to other districts; included were 51 deaths of Hastings residents, occurring elsewhere.

Deaths in Public Institutions were 423, 109 being transferred elsewhere.

There were 63 Coroner's inquests.

The crude death-rate per 1,000 of the population is 15·0, which, corrected for the peculiar age and sex constitution of the population by the factor for correction, ·718, gives a death rate of 10·8 per 1,000.

The high proportion of female deaths 64·4 per cent. of the total is noteworthy, but explainable by the fact that at the last census in 1921 the female population exceeded the male by 12,429.

(4) AGE AT DEATH.

Of the 941 deaths, 38 occurred in infants under one year of age, yielding an infantile mortality of 51 per 1,000 births.

From 1-5 years of age there were 18 deaths; from 5-20 years 14 deaths; from 20-45 years 78 deaths; from 45-65 years 230 deaths; and over 65 years 563 deaths, or 59 per cent. of the total deaths.

(5) MAIN CAUSES OF DEATH.

The main causes of death are set out in Table 2. The mortality from notifiable infectious diseases, apart from pulmonary tuberculosis and pneumonia, was very light. Infantile mortality is dealt with in the appropriate section of the report. Of the main causes of death three important groups require special consideration, namely, diseases of the circulatory system, cancer, and diseases of the respiratory system.

(a) Diseases of the Circulatory System.

The three main groups of diseases of the circulatory system were responsible for 336 deaths, 34·7 per cent. of the total deaths, and 5·4 per 1,000 of the population. The following two tables show (a) the detailed deaths in 1928; (b) a comparison of the rates during the past six years.

The death rate from these causes, mainly disease and strain of the heart and the blood vessels, tends to rise, forming a very high proportion of the local death rate. Main causes undoubtedly are the large proportion of the elderly among the population, also a greater tendency to heart and allied diseases due to the increasing stress of modern life.

**(1) Analysis of Deaths from Diseases
of the Circulatory System, 1928.**

Deaths from	Total.	Under 45 years.	45-65 years.	Over 65 years.
Heart Disease	203	6	32	165
Cerebral Hæmorrhage	98	—	24	74
Arterio-sclerosis ...	35	—	3	32
Totals	336	6	59	271

**(2) Comparative Analyses, 1923-1928.
Deaths from Diseases of Circulatory System.**

Year.	Total Deaths, Diseases of Circulatory System.	Percentage of Total Deaths.	Death Rate Diseases of Circulatory System, per 1,000.
1923	234	28	3·9
1924	255	27	4·2
1925	235	26	3·8
1926	289	31·3	4·7
1927	305	31·9	4·9
1928	336	35·7	5·4

(b) Cancer.

The following table shows the comparative mortality since 1910.

1910—1919—yearly average 109 deaths due to cancer.

1920	121	„	„	„
1921	127	„	„	„
1922	116	„	„	„
1923	119	„	„	„
1924	133	„	„	„
1925	128	„	„	„
1926	153	„	„	„
1927	133	„	„	„
1928	124	„	„	„

For 1928 the total deaths from cancer amount to 124, yielding a rate of 2 per 1,000 of the population, approximately one to every eight deaths. The death rate from this terrible cause shows a welcome if slight reduction on the increasing figures of the past few years, but is still somewhat higher than that for the country as a whole, on account of the peculiar sex and age distribution of our population.

The following table shows how cancer is distributed locally according to sex and the part of the body most usually attacked.

Deaths from Cancer in 1928 according to sex and part affected.

Part affected.	No. of Deaths.		
	Male.	Female.	Total.
Tongue, Lips, Mouth, Throat, or Larynx	5	4	9
Gullet	3	2	5
Stomach	8	16	24
Bowel	13	27	40
Breast	—	19	19
Womb or Ovaries	—	10	10
External Genitals	4	—	4
Miscellaneous	6	7	13
TOTAL	39	85	124
PERCENTAGE OF TOTAL ...	31·5 per cent.	68·5 per cent.	

The above table shows a considerable increase of female deaths over male, viz., 37 per cent., due mainly to cancer of the breast and womb. The high frequency of cancer of the stomach and bowel in both sexes is clearly shown.

The importance of the elementary facts in connection with cancer has now been brought prominently before the public by the lay press, including the imparting of knowledge of early symptoms, the necessity for early diagnosis, and the general methods of treatment, including early and complete operation, radium, X-Rays, etc., and finally, careful supervision to detect the first signs of recurrence after treatment.

The Health Department continues to disseminate knowledge about the diagnosis and treatment of cancer through the Health Visitors and the Clinics. Other useful channels for the propagation of this information might well be the local Hospitals and Dispensaries and especially the Out-Patient Departments. In this matter early knowledge is power and, if properly used, will avert many a tragedy.

(c) Respiratory Diseases, including Influenza.

Influenza with 15 deaths was not prevalent in 1928.

The death rate from bronchitis, pneumonia and other respiratory diseases is, however, formidable, 155 deaths, 2·5 per 1,000 of the population and 15 per cent. of the total death rate. Here again the local age factor comes in, as bronchitis is frequently the terminal cause of death of the aged and senile.

V.S. Table No. 1.

VITAL STATISTICS—WARDS—1928.

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	5,239	23	35	58	11·1	103	19·7	4	69
St. Clements	5,869	84	80	164	27·9	85	14·5	4	24
St. Mary's Lower ...	6,370	25	20	45	7·1	88	13·8	1	22
St. Mary's Upper ...	6,637	40	30	70	10·5	88	13·3	5	71
St. Helen's	5,193	54	68	122	23·5	67	13·1	5	41
Holy Trinity	6,471	21	27	48	7·4	69	10·7	4	83
St. Mary Magdalen ...	6,734	21	21	42	6·2	97	14·4	2	48
St. Peter's	6,182	21	25	46	7·4	98	15·9	3	65
St. Leonard	7,761	36	44	80	10·3	144	18·6	6	75
Silverhill and Hollington	6,144	61	45	106	17·3	102	16·6	7	66
Total	62,600	386	395	781	12·5	941	15·0	41	52
Transfers out... ..	...	20	22	42				4	
Transfers in ... ..	...	6	7	13				1	
Total Net	62,600	372	380	752	12·0	941	15·0	38	51

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.										
															All Saints.	St. Clements.	St. Mary's Lower.	St. Mary's Upper.	St. Helens.	Holy Trinity.	St. Mary Magdalen.	St. Peter's.	St. Leonard.	Silver Hill & Hollington.	
		All ages.	0 to 1 year.	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.												65 & upds.
All Causes	{ Certified Uncertified	938	37	8	5	5	...	6	6	2	34	43	230	562	423	103	85	87	87	67	68	97	98	144	102
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	3	1	2	...	...	...	...	...	...	...	...	...	...	2	3	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	4	3	1	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...
Diphtheria	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Influenza	...	15	1	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Meningitis	...	2	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...
Tuberculosis of respiratory system	...	52	...	...	...	...	...	...	...	...	...	...	...	...	38	7	7	5	...	...	...	...	...	...	...
Other tuberculous diseases	...	7	1	...	...	...	...	2	1	...	...	...	...	...	3	1	...	...	...	...	...	...	...	...	...
Cancer, Malignant Disease	...	124	...	...	...	...	...	...	...	...	...	...	...	...	51	11	9	10	7	13	8	17	11	19	19
Rheumatic Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diabetes	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebral Hemorrhage, etc.	...	98	...	...	...	...	...	...	...	...	...	...	...	...	6	2	...	1	...	...	...	...	...	...	...
Heart Disease	...	203	...	...	1	...	...	...	...	...	...	...	...	...	20	12	6	9	13	4	9	8	10	16	11
Arterio-sclerosis	...	35	...	...	...	...	...	...	...	...	...	...	...	...	74	29	22	19	22	10	17	24	19	25	16
Bronchitis	...	58	2	1	...	...	...	...	...	...	...	...	...	...	12	5	2	4	2	2	4	2	10	3	1
Pneumonia (all forms)	...	62	6	4	2	3	...	...	...	...	...	...	...	...	17	6	11	4	5	3	3	8	5	11	2
Other respiratory diseases	...	10	...	...	...	...	...	1	...	...	...	...	...	...	32	9	6	5	6	4	1	8	2	10	11
Ulcer of stomach or duodenum	...	12	...	...	...	...	...	...	...	...	...	...	...	...	2	2	1	1	1	1	...	...	3	1	...
Diarrhoea, etc. (under 2 years)	...	2	2	...	...	...	...	...	...	...	...	...	...	...	15	...	...	2	3	...	2	...	1	3	...
Appendicitis and Typhitis	...	11	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	1	...	...	2	1	1
Cirrhosis of liver	...	5	...	...	...	...	...	...	...	1	...	...	...	...	13	...	...	4	...	...	...	...	2	1	1
Acute and Chronic Nephritis	...	25	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1
Puerperal Sepsis	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	4	2
Other accidents and diseases of pregnancy and parturition	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...
Congenital Debility and Malformation, Premature Birth	...	13	13	...	...	...	...	...	...	...	...	...	...	...	2	...	...	1	...	...	...	...	...	...	...
Suicide	...	13	...	...	...	...	...	...	...	...	...	...	...	...	5	1	...	...	5	1	2	...	...	2	1
Other deaths from violence	...	24	...	...	...	...	...	3	1	...	...	...	...	...	4	1	2	2	...	...	2	...	3	1	...
Other defined diseases	...	146	9	...	...	...	...	...	...	...	...	...	...	...	19	2	2	3	...	...	...	...	2	6	6
Causes ill-defined or unknown	...	2	...	...	...	...	...	...	...	...	...	...	...	...	89	9	8	16	13	12	12	18	14	29	15
Totals	...	941	38	8	5	5	...	6	6	2	35	43	230	563	423	103	85	88	88	67	69	97	98	144	102

V.S. Table No. 3.

DEATH RATES—1900-1928—HASTINGS.

	1900- 1904 average	1905- 1909 average	1909- 1914 average	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928
Number of Deaths	909	848	820	905	883	848	1011	926	850	852	869	821	930	879	924	954	941
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	15.4	14.5	15.06	15.5	15.0
*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	12.9	10.4	10.8	11.1	10.8

* Factor for correction 1900-1924—.84.
1925-1928—.718.

V.S. Table No. 4.

BIRTH RATE, DEATH RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1928.

Provisional figures for England and Wales compared with those of Hastings.

	Birth-rate per 1,000 Population.		Annual Death-Rate per 1,000 Population.										Rate per 1,000 Births.		Percentage of Total Deaths.			
	Live Births.	Still Births.	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 certified by Medical Practitioners.	Inquest Cases.	Uncertified Causes of Death.	Certified by Coroner after P.M.	
England and Wales	16.7	0.70	11.7	0.01	0.00	0.11	0.01	0.07	0.06	0.19	0.53	7.0	65	90.9	6.7	1.4	1.0	
107 County Boroughs and Great Towns, including London	16.9	0.70	11.6	0.01	0.00	0.15	0.02	0.09	0.09	0.17	0.48	9.6	70	91.0	6.5	1.9	0.6	
156 Smaller Towns (1921 Adjusted Populations, 20,000—50,000)	16.6	0.73	10.6	0.01	0.00	0.08	0.01	0.06	0.08	0.21	0.41	4.8	60	92.6	5.7	0.5	1.2	
London	15.9	0.53	11.6	0.01	0.00	0.30	0.02	0.09	0.09	0.13	0.55	10.2	67	88.7	7.6	3.7	0.0	
Hastings	12.0	0.41	15.0(a) 10.8(b)	0.00	0.00	0.05	0.00	0.06	0.03	0.24	*0.59	2.7	51	95.7	6.5	3.2	2.3	

(a) crude death-rate.

(b) corrected death-rate.

* deaths from suicide included.

INFECTIOUS DISEASES.

(1) NOTIFIABLE INFECTIOUS DISEASES, 1928.

A complete analysis of the cases, showing the incidence according to ages, the number of deaths and the ward distribution is given in Table No. 3, p. 23.

I.D. Table No. 1.

QUARTERLY INCIDENCE OF SCARLET FEVER, DIPHTHERIA AND ENTERIC FEVER.

	Scarlet Fever.	Diphtheria	Enteric Fever.	Total.
1st Quarter	24	6	3	33
2nd Quarter	13	6	1	20
3rd Quarter	18	86	3	107
4th Quarter	35	35	...	70
Totals	90	133	7	230

Scarlet Fever.

The incidence (90) was moderate, almost identical with that of the years 1926 and 1927, 90 and 91 cases respectively. The type of disease, with a few exceptions, was mild, there being no deaths. There was only one return case, after discharge of the original case from the same family from the Sanatorium. Apart from several instances of familial infection, most of the cases appeared to be sporadic, the result of accidental infection, due probably to carriers of the casual organism.

The Dick test and artificial immunisation were not employed; the specific scarlet fever antitoxin was utilised in all severe toxic and septic cases at the Borough Sanatorium with excellent results.

Diphtheria.

During the first six months of 1928, the incidence of diphtheria was again low, 12 cases in all being notified.

In the third quarter of the year there was a considerably increased prevalence, 86 cases being notified, followed by 35 cases in the fourth quarter. The peak of the incidence was in the 4th week of July, with 21 cases, after which the notifications fell off, rising again towards the end of the year. As the result of careful investigation it was clearly and early determined that there was in the first batch of cases no common factor such as the same milk supply, school or employment. It was soon apparent that a majority of the cases were occurring in the more populous central districts, where the visitors mostly congregated, among these cases a considerable proportion being adults employed in cafes, hotels, boarding-houses and other places frequented by visitors, while several visitors were also notified. In all probability, therefore, the main source of the initial infection came from without the district, the spread being fostered by a very hot and dry summer and the fact that, after several years of comparative immunity to diphtheria, the resistance of the community in general to the introduction of this disease had become greatly lowered. As a result of extensive throat swabbing it was clearly elicited that the germ of diphtheria was at the time widely distributed in the throats of contacts and others associated with cases of the disease and also amongst the general public. For example, in one batch of fifteen persons examined the diphtheria germ was isolated to no fewer than twelve individuals. A series of virulence tests on these carriers, and on actual cases and carriers of the germ after a definite attack, disclosed an extremely low virulence, only two of the strains of the diphtheria germ proving to be acutely virulent and these from actual cases during the attack. This was borne out by the general type of the disease, which, with the exception of 10 per cent. of severe cases, was mild, there being only 2 deaths out of 133 cases notified during the year.

In view of the recurrence of isolated cases in a local institution, in addition to the usual methods of isolation, disinfection, etc., the following measures were adopted :—

(1) The entire staff and others connected with the institution were tested by the Schick test.

(2) Those individuals found positive (about 35 per cent.) by this test and therefore liable to contract diphtheria were immunised against the disease by three doses of the toxin-antitoxin prophylatic.

(3) Those individuals found negative and others who had recently had diphtheria were swabbed with a view to the discovery of virulent carriers of the diphtheria germ, and when necessary in positive cases such conditions as enlarged tonsils and adenoids, rhinitis, etc., were treated. One persistent carrier was isolated at the Sanatorium.

Enteric Fever.

Of the seven cases notified, three were members of one family, the first case infecting the remaining two ; two cases were infected outside this district.

Infectious Diseases of the Nervous System.

The number of cases notified was again small, four cases of poliomyelitis anterior acuta, and four of encephalitis lethargica. In no case was there any evidence of any spread of infection from one case to another.

Puerperal Fever and Pyrexia.

Two cases of puerperal fever and 13 of puerperal pyrexia were notified, including several cases in the spring from an institution in the town, the infection in which in my opinion could definitely be traced to a case of scarlet fever, which unfortunately occurred in the home, and was immediately on diagnosis removed to the Sanatorium. Drastic steps were successfully taken by the management to deal with the outbreak,

including immediate removal to hospital of all cases, thorough disinfection and the temporary closure of the home.

Full use was made of the arrangements for dealing with puerperal fever and pyrexia under the Regulations of 1926, including the removal of most of the cases to the Royal East Sussex Hospital, where special arrangements for their reception and nursing were made. In addition, advantage was taken of the provision made for nursing cases at home by the District Nursing Association, and for consultations with two medical men specially recommended by the medical profession of the town. The laboratory at the Royal East Sussex Hospital is available for any special bacteriological work in connection with these cases.

Small-Pox ; Vaccination.

In connection with the small outbreak of small-pox, which occurred in West Sussex at the commencement of 1928, one case of mild, but very definite small-pox, developed at the Poor Law Institution, Frederick Road, in a tramp, who had been in contact with a previous case. He was removed at once to the Small-Pox Hospital at Brede, which had not been used to receive patients for eighteen years. All the contacts, including the staff and the majority of the inmates and patients at the Institution, were vaccinated, every assistance being rendered by the Medical Officer and other members of the Infirmary Staff. No other cases developed.

It should be borne in mind that small-pox of the mild variety is prevalent in many industrial centres throughout the country and latterly has been obtaining a hold in London and the districts around. Without going into the matter deeply, it is acknowledged that vaccination protects against the prevalent mild form of small-pox, equally as well as against the rarer severe form. In any case both types of the disease are called small-pox, and it is to be hoped that the public will realise the importance of the protection of vaccination, both as regards themselves and other families and also the welfare of the town.

I.D. Table No. 2.

Year.	Births, Central District.	Successful Primary Vaccination.	Conscien- tious Objectors.	Percentage of births vaccinated.
1920 ...	942	292	494	30·9
1921 ...	689	223	391	32·3
1922 ...	772	239	445	30·9
1923 ...	851	392	369	46·1
1924 ...	788	376	327	47·7
1925 ...	688	280	348	40·7
1926 ...	661	305	393	44·6
1927 ...	828	315	376	38·0
Totals	6,219	2,422	3,143	38·9

Non-Notifiable Infectious Diseases, 1928.

The mortality from measles, whooping-cough and diarrhoea and enteritis among children was slight in 1928, the number of deaths being 3, 4 and 2 respectively. Without notification it is impossible to estimate the exact incidence of these diseases, but a considerable amount of information is obtained through various sources, *e.g.*, the Health Visitors and School Nurses, the District Nursing Association, the School Attendance Service and general medical practitioners.

The services of the Health Department are available in several directions in these diseases, as also in cases of pneumonia—home visits by the Health Visitors, nursing in the homes by the District Nursing Association, the supply of milk and nursing necessities, and the admission, if necessary, of the cases requiring special attention, especially from overcrowded or insanitary dwellings, to the Borough Sanatorium.

Influenza and influenzal pneumonia were not unduly prevalent in 1928, the number of deaths directly attributable to influenza being 15, 8 being in persons over 65 years of age.

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR, 1928.

NOTIFIABLE DISEASES.	NUMBER OF CASES NOTIFIED.													Deaths.*	Total cases removed to Hospital.	WARD DISTRIBUTION.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
	At all ages.	At ages — Years.														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.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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Small Pox ...	1	1</

*For Analysis of Deaths See Table No. III. (Ministry of Health), page 15.

I.D. Table No. 4.**DEATHS FROM THE SEVEN CHIEF EPIDEMIC DISEASES.**

	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928
Smallpox ...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	3	...	1	...	1	...	...	...	2	...	...	...
Diphtheria ...	...	4	4	14	2	1	1	...	...	1	...	2
Enteric Fever ...	...	2	...	5	...	1	...	...	1	...	1	...
Measles ...	10	12	...	6	...	4	4	...	...	8	...	3
Whooping Cough	11	10	4	4	1	...	2	3	1	5	...	4
Diarrhoea (under 2 years)	3	2	3	9	6	3	3	1	1	6	4	2
Total ...	27	30	12	38	10	9	10	4	5	20	5	11

(2) BOROUGH SANATORIUM FOR INFECTIOUS DISEASES.

The declared policy of the Public Health Committee of gradual constructional improvement and adequate running repairs was fully maintained in 1928.

Table No. 5 shows the very considerable variety of the infectious cases accepted for treatment, no fewer than 14 different diseases being admitted. The total number of cases admitted rose from 152 in 1927 to 257 in 1928, mainly due to an increased prevalence of diphtheria, already commented upon, in the second half of 1928.

A considerable proportion, 89 per cent., of the cases of scarlet fever were admitted, although no objection has been made to the home isolation of cases under satisfactory safeguards. As a matter of fact removal to hospital is actually desired in the great majority of cases and in a health and pleasure resort it is the safer policy, especially in boarding houses or in houses which let off rooms during the season. Mild and uncomplicated cases of scarlet fever have been discharged from hospital after a period of 4 weeks' stay in the majority of cases, and the experience has been, as in other districts where a similar practice holds, that there has been no increase either in return cases or in complications reported after discharge.

While beds are always retained for the usual trio of infectious diseases, scarlet fever, diphtheria and enteric fever,

the practice of accepting other infectious diseases of public health importance, especially from hospitals and other institutions and from overcrowded or insanitary dwellings, has been continued, with excellent results.

The Probationer Nurses have been trained in accordance with the Regulations of the General Nursing Council, two nurses passing the first section, and one the final examination for the Fever Nurses' Diploma.

The number of fully equipped beds at the general Sanatorium is 70, at the Brede Small-Pox Hospital 20, a small proportion of beds being reserved in each hospital under agreement for neighbouring authorities, whose cases are accepted according to requirements.

It was necessary to open the Brede Small-Pox Hospital for one case of small-pox for a period of six weeks early in 1928. The arrangements for the provision of nursing and equipment from the Borough Sanatorium worked smoothly and satisfactorily.

(B) Cases under Treatment in 1928.

I.D. Table No. 5.

Disease.	In Hospital Jan. 1st, 1928.	Ad- mitted. 1928.	Died 1928.	Dis- charged 1928.	In Hospital Dec. 31st, 1928.
*Scarlet Fever	12	93	...	88	17
*Diphtheria	2	117	4	107	8
Scarlet Fever and Diph- theria ... ..	...	5	...	4	1
*Enteric Fever	1	6	...	7	...
Measles ... ..	...	19	...	17	2
German Measles ... ..	...	2	...	2	...
Measles and Pneumonia ... ..	...	3	2	1	...
Measles and Diphtheria ... ..	...	2	..	2	...
Chicken Pox ... ..	...	4	...	3	1
Poliomyelitis Anterior } Acuta ... ..	...	2	...	2	...
Erysipelas ... ..	...	1	...	1	...
Small Pox ... ..	...	1	...	1	...
Puerperal Fever ... ..	...	1	...	1	...
Mumps ... ..	...	1	...	1	...
Total	15	257	6	237	29

*Including Observation Cases.

Cases from surrounding districts, included above :—

Scarlet Fever	...	...	...	...	10 cases.
Diphtheria	...	...	...	...	11 „
Measles	...	...	...	...	1 case.

Average Stay in Hospital.

Scarlet Fever cases	...	...	...	...	35 days.
Diphtheria	„	...	...	...	28 „
Enteric Fever	„	...	...	...	48 „

(a) Scarlet Fever.—Complications.

Otorrhœa	...	...	...	...	10
Rhinorrhœa	...	...	...	...	12
Adenitis (including two cases with abscesses requiring operation)	...	...	...	...	10
Septic Fingers	...	...	...	...	8
Boils	...	...	...	...	3
Rheumatism	...	...	...	...	1
Nephritis	...	...	...	...	5
Impetigo	...	...	...	...	2
Conjunctivitis	...	...	...	...	3

Several of the cases were also suffering from conditions which were being treated in another institution.

The specific scarlet fever anti-toxin was used throughout the year in all severe, toxic or septic cases as soon as possible after admission, 10 c.cs being given as an initial dose, intra muscular, followed up by a second dose if necessary. The results were very satisfactory, as instanced by a low complication rate and a nil mortality.

(b) Diphtheria.

On the whole the type was fairly mild, and the mortality low, but of the 117 cases, 12 were dangerously ill, three moribund on admission. The operation of tracheotomy was performed in two out of four cases with symptoms of laryngeal obstruction.

(c) Enteric Fever.

Of the six cases admitted, four were moderately severe, all making a good recovery.

(d) Measles.

Of the 22 cases admitted, 12 had bronchitis, and 4 pneumonia. All except two cases, which were practically moribund on admission, made excellent recoveries.

(e) Small-Pox.

The one case, admitted and treated at Brede Small-Pox Hospital, was of the prevalent mild variety without complications, and made an excellent recovery.

TUBERCULOSIS.

(1) VITAL STATISTICS.**(a) Notifications, 1928.**

The total notifications, both of pulmonary and non-pulmonary tuberculosis, closely correspond to those of 1927. After subtracting these cases, notified in Hastings, but contracting tuberculosis before their arrival, it is found that the downward trend of the incidence of the disease, noted during the past few years, continued in 1928.

T. Table No. 1.

TUBERCULOSIS, 1928—NOTIFICATIONS.

Age Period.	New Cases.		Deaths.	
	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.
0—1 years ...	...	2	...	1
1—5 " ...	...	5	...	...
5—10 " ...	...	7	...	2
10—15 " ...	2	1	1	...
15—20 " ...	10	...	...	...
20—25 " ...	5	3	13	...
25—35 " ...	30	...		...
35—45 " ...	21	1	14	1
45—55 " ...	15	3	15	2
55—65 " ...	5	1		...
65 upwards ...	7	...	9	1
Totals ...	95	23	52	7
Grand Totals	118		59	

T. Table No. 2.TUBERCULOSIS, 1928—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 ...	22	...	21	1	...	7	32
" Females ...	38	...	14	2	...	6	31
Non-Pulmonary Males	8	...	2	...	...	...	6
" Females	10	1	2	1	...	1	8
Totals	78	1	39	4	...	14	77

T. Table No. 2a.CASES OF TUBERCULOSIS ON THE NOTIFICATION REGISTER
ON THE 31ST DECEMBER, 1928.

TOTAL CASES.	PULMONARY.			NON-PULMONARY.		
	Males.	Females.	Total.	Males.	Females.	Total.
539	216	185	401	65	73	138

T. Table No. 3.

TUBERCULOSIS PRIMARY NOTIFICATIONS, FORM A, SINCE 1916.

	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928
Pulmonary	99	125	94	88	74	89	71	81	98	94	76	65	60
Other Forms	19	25	16	7	9	9	9	22	26	39	29	19	18
Totals ...	118	150	110	95	83	98	80	103	124	133	105	84	78

Relation of Deaths to Notifications.

As in other years a considerable proportion, 21 cases or 37 per cent. of the total deaths, were not notified to this authority before death. An explanation is asked for from the certifying medical practitioner in each case, as to the reason of non-notification. Almost invariably these deaths occur in old standing cases of pulmonary tuberculosis, arising elsewhere, and in which

the medical men in charge had not considered it necessary to re-notify. It should be remembered that notification of the existence of persons suffering from active tuberculosis is a legal requirement on the part of medical practitioners, that such knowledge is properly and tactfully utilised by the Health Department in the interests of the community by disinfection, etc., and in the interests of the patient by provision of nursing, institutional treatment and help, if necessary, from the Tuberculosis Care Committee.

T. Table No. 4.

RELATION OF DEATHS TO NOTIFICATIONS.

					Pulmonary	Other Forms.	Total.
Not notified			before death		17	4	21
Notified less than 3 months		"	"	"	6	...	6
"	3 to 6	"	"	"	...	...	...
"	6 to 12	"	"	"	6	1	7
"	1 to 2 years	"	"	"	3	...	3
"	over 2	"	"	"	20	2	22
Total					52	7	59

(b) **Death Rate from Tuberculosis.**

T. Table No. 5.

DEATHS FROM TUBERCULOSIS SINCE 1903.

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
1923 ...	42	6	48	.79
1924 ...	65	13	78	1.3
1925 ...	71	13	84	1.4
1926 ...	58	14	72	1.18
1927 ...	64	7	71	1.15
1928 ...	52	7	59	.94

The mortality in 1928 for pulmonary tuberculosis was '83 per 1,000 of the population, for non-pulmonary '11, and for all forms '94, these figures being the lowest recorded, apart from those of 1923, and a satisfactory argument that both the mortality and the incidence of this disease are definitely and steadily decreasing.

(2) TUBERCULOSIS HEALTH VISITOR, ETC.

(a) Home Visiting.

Home visits to new cases	...	...	75
" " old "	...	...	2,178
Total visits	...	...	2,253

(b) Articles supplied from the Health Department.

Bottles of Disinfectant	...	...	255
Sputum Mugs or Flasks	...	...	11
Thermometers	...	...	12

(3) TUBERCULOSIS DISPENSARY.

The work of the Tuberculosis Dispensary in the Out-Patient Department of the Royal East Sussex Hospital was carried out on lines fully described in recent annual reports.

Tuberculin (B.E.) was again used with excellent results in selected cases of surgical tuberculosis, mainly glands of neck.

Every possible advantage was taken of the special departments of the Hospital for appropriate cases. All cases of crippling due to tuberculosis were referred to the Orthopædic Clinic, while other cases of active surgical tuberculosis, mainly of the glands, skin, bones or abdomen, were referred to the Light Department for Artificial Ultra-Violet Ray treatment, generally with good results, although, wherever possible, this artificial light treatment was supplemented by exposure to the natural rays of the sun, tuberculin treatment, extra milk and Cod Liver Oil. It was not necessary to utilise the arrangement for sending cases of tuberculosis direct to the dental department of the hospital to any great extent, as it was found possible to obtain the required treatment through other agencies, *e.g.*, Ministry of Pensions, Insurance Societies, etc. All necessary

X-Ray work and pathological investigations, including sputum examinations for tubercle bacilli, were carried out in the Hospital.

A summary of the year's work is appended in Tables 6—9. 150 new cases were examined, including 35 contacts of existing cases. Among these contacts pulmonary tuberculosis was diagnosed in 1 case, non-pulmonary in 7. The total attendances at the dispensary for all purposes for the year were 1,572.

T. Table No. 6.

RETURN SHOWING THE WORK OF THE TUBERCULOSIS DISPENSARY,
DURING THE YEAR 1928.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.			
	Adults.		Children.		Adults.		Children.		Adults.		Children.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—NEW CASES examined during the year (excluding contacts):—												
(a) Definitely tuberculous	20	17	1	...	6	3	5	6	26	20	6	6
(b) Doubtfully tuberculous	...	...	...	...	...	...	...	...	6	6	2	2
(c) Non-tuberculous	...	...	...	...	...	...	...	...	6	16	6	7
B.—CONTACTS examined during the year:—												
(a) Definitely tuberculous	1	...	...	...	...	...	...	...	1	...	...	...
(b) Doubtfully tuberculous	...	...	...	...	...	...	...	...	...	3	...	4
(c) Non-tuberculous	...	...	...	...	...	...	...	...	8	4	5	10
C.—CASES written off the Dispensary Register as												
(a) Cured	2	3	2	2	...	5	7	8	2	8	9	10
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error)...	...	...	...	...	...	...	...	...	21	28	15	20
D.—NUMBER OF PERSONS on Dispensary Register on December 31st:—												
(a) Diagnosis completed	183	119	15	9	7	12	26	28	189	131	41	37
(b) Diagnosis not completed...	...	...	...	...	...	...	...	...	2	2	3	2

1. Number of persons on Dispensary Register on January 1st, 1928 441
2. Number of patients transferred from other areas and of "lost sight of" cases returned ... 6
3. Number of patients transferred to other areas and cases "lost sight of" ... 49
4. Died during the year ... 22
5. Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months ... 4
6. Number of attendances at the Dispensary (including Contacts) 1,572

7.	Number of attendances of non-pulmonary cases at Orthopaedic Out-stations for treatment or supervision ..	184
8.	Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for :—	
	(a) "Light" treatment ..	361
	(b) Other special forms of treatment ..	nil
9.	Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary ..	1
10.	Number of consultations with medical practitioners :—	
	(a) At Homes of Applicants ..	3
	(b) Otherwise ..	31
11.	Number of other visits by Tuberculosis Officers to Homes ..	59
12.	Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes ..	2,023
13.	Number of	
	(a) Specimens of sputum, etc., examined ..	128
	(b) X-ray examinations made in connection with Dispensary work ..	19
14.	Number of Insured Persons on Dispensary Register on the 31st December ..	149
15.	Number of Insured Persons under Domiciliary Treatment on the 31st December ..	49
16.	Number of reports received during the year in respect of Insured Persons :—	
	(a) Form G.P. 17 ..	7
	(b) Form G.P. 36 ..	80

T. Table No. 7a.—Tuberculosis Dispensary.

PULMONARY TUBERCULOSIS, 1928.

Tubercle Bacilli not found in sputum ..	21 cases.
Tubercle Bacilli found in sputum :—	
Stage I.	18 ..
Stage II.	6 ..
Stage III.	— ..
Total ..	45

T. Table No. 7b.—Tuberculosis Dispensary.

NON-PULMONARY TUBERCULOSIS ACCORDING TO PART OF BODY AFFECTED.

Glands of Neck ..	11 cases.
Skin ..	— ..
Bones and Joints ..	3 ..
Abdomen ..	3 ..
Spine ..	3 ..
Total ..	20

T. Table No. 8.—Tuberculosis Dispensary.

NEW CASES, 1928. IMMEDIATE RECOMMENDATIONS.

1. Dispensary Treatment—				
Ordinary Medical Treatment	...	...	...	11
General Supervision	...	...	...	18
Observation	...	...	...	29
2. Domiciliary Treatment under Private				
Practitioners	...	...	...	8
3. Sanatorium or Institutional Treatment				24
4. No Treatment required...	...	...	...	53
5. O.P. Hospital or School Clinic			..	7
Total				150

T. Table No 9.

ATTENDANCES FOR 1928.

(1) Insured men	...	...	...	443
women	...	...	...	184
(2) Non-insured men	...	...	...	34
women	...	...	...	227
children—				
f boys	...	...	...	268
l girls	...	...	...	316
(3) Ex-military cases	...	..	...	39
Total attendances				1,511
Total examinations				752
Total certificates for Ministry of				
Pensions cases	...	...	...	68

(4) INSTITUTIONAL TREATMENT, 1928.

No alteration has taken place in the arrangements for institutional treatment, which are set out below.

(a) 30 beds at Darvell Hall Sanatorium for cases of pulmonary tuberculosis, by agreement with the East Sussex County Council.

(b) 4 beds at the Royal East Sussex Hospital for cases of surgical tuberculosis.

(c) Occasional beds as required at Fairlight Sanatorium, the Eversfield Chest Hospital, the Margate Sea Bathing Hospital, etc.

(d) Beds at the Hastings Infirmary as required for emergency or advanced cases.

The accommodation is fully adequate for present needs as regards pulmonary tuberculosis, new cases being admitted to the

sanatorium within two or three weeks of the diagnosis. The friendly co-operation existing between the Medical Superintendent, Darvell Hall Sanatorium, the medical practitioners of the town and myself as Tuberculosis Medical Officer reacts very favourably in securing the best results from our institutional treatment.

Of the 54 cases discharged from Darvell Hall Sanatorium in 1928, no fewer than 6 had been there more than one year, and 11 between 6 and 12 months. Some years ago three months was the usual period in public sanatoria, but it was realised that to secure permanent results patients must be retained for much longer periods. It is obviously necessary that the Institution should command the confidence of the patients and be reasonably comfortable and that the needs of those left at home should be safeguarded. The improvements and present management at Darvell Hall provide the first requirement, the Hastings Tuberculosis Care Committee the second.

T. Table No. 10.

CASES SENT TO INSTITUTIONS DURING 1928.

To Darvell Hall Sanatorium	...	...	...	52
„ Royal East Sussex Hospital	...	...	...	12
„ Frederick Road Infirmary	...	...	...	1
„ Eversfield Chest Hospital	...	...	...	1
„ Papworth Hall	...	...	...	1
				—
Total	...	...	...	67
				—

T. Table No. 11.

RESULTS OF INSTITUTIONAL TREATMENT IN CASES DISCHARGED IN 1928.

	Quiescent.	Improved.	No Material Improve- ment.	Died in Institution.	Total.
Pulmonary :—					
T.B.— ...	—	6	—	—	6
T.B.+					
Stage 1 ...	—	15	2	—	17
Stage 2 ...	—	10	13	—	23
Stage 3 ...	—	—	4	4	8
Non-Pulmonary :—					
Bones—Joints ...	—	4	1	1	6
Glands, etc. ...	—	3	—	—	3
Total... ..	—	38	20	5	63

(5) THE TUBERCULOSIS CARE COMMITTEE.

This voluntary committee continued in 1928 its excellent work in close co-ordination with the anti-tuberculosis scheme of the Corporation on lines fully described in previous reports.

Up to June 30th, 1928, 521 applications for assistance had been dealt with since the formation of the Committee in 1918, 27 additional cases having come under review in the previous year. It is impossible to describe the work in detail, but all types of cases are helped, the chronic, the bed-ridden, the worker's family during his absence at the Sanatorium and while he looks for work after recovery, and lastly the children, several of whom, pre-tuberculous or delicate, are sent each year, generally from tuberculous families, to hygienic homes in the country, with excellent results.

The following is a summary of a typical week's activities in 1928, excluding grants of clothing and emergency money gifts.

	£	s.	d.
(a) Monetary allowances	1	12	6
(b) Dried milk		1	3
(c) Fresh milk	1	6	3
(d) Eggs		7	3½
(e) Butter		11	0
(f) Maintenance of 6 children in the country	1	13	9
Total weekly liability ...	£5	12	0½

(6) PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925, & PUBLIC HEALTH ACT, 1925, SECTION 62.

It was not necessary to take action under the above during 1928.

MATERNITY & CHILD WELFARE.

(1) VITAL STATISTICS.

(a) Notification of Births Act.

The number of births reported to the Health Department in 1928 was as under :—

<i>Total Births</i> —Notified by midwives	...	...	426
„ „ doctors	...	...	241
„ „ relatives and others	...	...	100
Total			767
<i>Still Births</i> —Notified by midwives	...	...	7
„ „ doctors	...	...	16
„ „ relatives and others	...	...	3
Total			26

Percentage of still births to notified births 3·4.

The number of unnotified births was 33, including 30 live births and 3 still births. In each case a warning letter was sent to the parent or other person responsible for notification.

(b) Infantile Mortality in 1928.

Net births registered	...	...	...	...	752
Number of deaths of infants under one year	...	...	...	...	38
Infantile Mortality, <i>i.e.</i> , deaths under one year per 1,000 births	...	...	...	...	51
Net illegitimate births registered	...	...	...	...	45
Number of deaths of illegitimate infants under one year	...	...	...	...	1
Infantile Mortality in illegitimate infants	...	...	...	...	22

(c) Maternal Mortality in 1928.

Deaths from puerperal sepsis	...	...	...	2
Deaths from other accidents and diseases of pregnancy	...	...	...	1

Maternal Mortality 4 per 1,000 births.

Table No. 1, p. 38, gives an analysis of the birth rate, the infantile and maternal mortalities in Hastings during the past 28 years. Table No. 2, p. 39, analyses the infant deaths during 1928.

The maternal mortality, 4 per 1,000 births, has risen, as compared to that of the past three years, to the figure which obtains for the country as a whole. The Ministry of Health, the public health profession, the British Medical Association and the general public are all acutely interested in the investigation of this pressing problem, which is yet far from being solved. All maternal deaths are now investigated by the Medical Officer of Health in the most exhaustive manner, the report being sent up to the Ministry of Health in the hope that collective investigation will shed some light on the matter, and that later on this may be followed by an improved midwifery service with a diminishing maternal mortality.

The infantile mortality rate, 51 per 1,000 births, as compared with 66 in 1927, is well below the figure of 70 for the large towns of the country. Of the total infant deaths 33·3 per cent. occurred in the first four weeks of life; 25 per cent. of the total deaths were due to atrophy, premature birth and debility, 16 per cent. to bronchitis and pneumonia, and only 4 per cent. to diarrhœa and enteritis.

The mortality and sickness from bronchitis, pneumonia, diarrhœa and enteritis, in all of which help can be rendered through the Health Department, by means of Home Visits, Home Nursing, Extra Milk, etc., have steadily diminished during recent years. On the other hand the group of wasting diseases, debility, prematurity, etc., representing generally ante-natal conditions and unfitness, remains to baffle us with a high death-rate in the first weeks of life.

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

ANALYSIS OF INFANTILE AND MATERNAL MORTALITY FROM 1900—1928.

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	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
1924	778	12.9	4	5.1	54	69	29	37.3	1	1.3	11	14.1	30	38.6
1925	783	13.0	2	2.6	31	40	10	12.8	1	1.3	9	10.2	10	12.8
1926	770	12.6	1	1.6	49	64	18	23.4	6	7.8	12	15.6	10	13.0
1927	776	12.6	1	1.3	51	66	29	37.4	4	5.2	7	9.0	13	20.6
1928	752	12.0	3	4.0	38	51	17	23.9	2	2.7	8	10.6	13	17.3

1928. Net Deaths from Stated Causes at various ages under 1 year of age.

CAUSES OF DEATHS.	WARD DISTRIBUTION.										Total deaths under 1 year.	9 months and under 12 mths.	6 months and under 9 months.	3 months and under 6 months.	4 weeks & under 3 months.	Total under 4 weeks.	3-4 weeks	2-3 weeks	1-2 weeks	Under 1 week.
	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	4	4	1	5	4	3	3	3	3	7	37	5	6	5	16	1	4	3	8	
Small Pox	1	...	...	...	...	...	...	...	...
Chicken Pox	1	...	...	...	...	...	...	...
Measles	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Scarlet Fever	
Diphtheria and Croup	
Whooping Cough	1	1	...	...	...	...	...	...	...	...	3	...	1	1	...	...	...	...	...
Diarrhoea	
Enteritis	1	...	...	...	...	...	2	...	1	...	...	...	...	...	...
Tuberculous Meningitis	1	...	...	...	...	...	...	...	...
Abdominal Tuberculosis	1	...	...	...	...	...	...	...	...
Other Tuberculous diseases	
Congenital Malformation	1	...	...
Premature Birth	2	...	...	...	...	...	1	...	1	
Atrophy, Debility and Marasmus	1	...	...	...	...	...	...	...	...	...	5	...	...	...	4	...	...	...	4
Atelectasis	6	...	...	...	4	...	...	...	...
Injury at birth	3	...	...	3	...	
Erysipelas	1	...	...	...	1	...	...	...	...
Syphilis	1	...	...	...	...	...	...	...	...
Rickets	1	...	...	...	...	...	...	...	...
Meningitis	
Convulsions	4	...	2	1	...	...	...	...	...
Gastritis	1	...	...	...	...	...	...	...	...
Laryngitis	
Bronchitis	2	...	...
Pneumonia (all forms)	...	1	...	...	...	...	...	...	...	...	2	...	2	...	1	...	...	1	...
Suffocation (overlying)	...	1	...	...	...	...	...	...	...	...	6	...	1	...	...	...	...	...	...
Other causes...	
Totals	...	9	3	4	1	17	5	6	5	38	4	5	6	5	17	1	4	3	9	

Net Births in the year 707

Net deaths in the year of 37

legitimate infants 37

illegitimate infants 1

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

The Inspector of Midwives, Miss S. A. Myers, reports as follows :—

During 1928, 19 midwives notified their intention to practise, 18 certified and 1 bona fide.

The total number of births notified by midwives was 426, or 53 per cent. of the total births for the year.

The work done has been good, no irregularity having been discovered.

The number of quarterly routine inspections was	57	
Special Visits—Ophthalmia Neonatorum	...	2
Maternity Homes	...	2
Midwives	...	1
Patients' Home	...	2
		—
Total	...	7

Ante-natal records are well kept as a rule, and midwives are keeping well in touch with the Ante-natal Clinics.

The following official notices were received from midwives during the year :—

For Medical Help :—

(a) During Pregnancy	...	...	...	...	6
(b) „ Labour	...	...	...	...	63
(c) „ Puerperium	...	...	...	...	9
(d) „ For the Infant	...	...	...	...	18
					—
Total	...	...	...	...	96
					—

Other Official Notifications were :—

(a) Still-births	...	...	...	...	4
(b) Liability to Infection	...	...	...	...	1
(c) Artificial Feeding	...	...	...	...	1
					—
Total	...	...	...	...	6
					—

(b) Puerperal Fever and Pyrexia Regulations, 1926.

Under the above regulations arrangements have been made in accordance with the recommendations of the Ministry of Health, including

- (1) Hospital Beds for urgent cases at the Royal East Sussex Hospital, 12 cases being admitted, several for prolonged periods, during 1928.

- (2) The provision of a Consultant in the home or at Fernbank Maternity Home.
- (3) The provision of nursing by the District Nursing Association in cases treated at home.
- (4) Bacteriological examination when necessary.

(3) THE WORK OF THE HEALTH VISITORS.

Tables (a), (b), (c) and (d) show the Health Visitors' work for 1928. The total number of home visits shows a slight increase as compared with 1927.

Excellent work continues to be done in the visiting of children suffering from infectious diseases, especially pneumonia, whooping-cough and measles.

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

(a) HOME VISITS (all visits included).

	First Visits.	Secondary Visits.	Total.
I. Babies under 1 year of age ...	753	2736	3489
II. Infants 1-5 years of age ...	8	4734	4742
III. Special Visits ...	222	135	357
IV. Expectant Mothers ...	187	366	553
Totals ...	1170	7971	9141

V. Unsuccessful visits included above ... 537

(b) INFECTIOUS DISEASES (Visits included under (a)).

DISEASE.	Notified.	Visits.		No. Nursed D.N.A.	No. Admitted Hospital.
		No. Visited	Total Visits.		
I. Ophthalmia Neonatorum ..	8	7	16	7	1
II. Puerperal Pyrexia ...	13	2	4	1	10
III. Puerperal Fever ...	2	...	...	...	2
IV. Measles, German Measles ...	...	18	19	3	...
V. Whooping Cough ...	...	50	56	3	...
VI. Epidemic Diarrhoea ...	...	...	...	...	...
VII. Poliomyelitis ...	4	...	...	...	3
VIII. Pneumonia ...	75	41	52	16	13
IX. Other Infectious Diseases ...	1	25	25	...	...
Totals ...	103	143	172	30	29

(c) SPECIAL REPORTS.

1. Milk Reports. New 139. Secondary 250.	
Total	389
2. To Medical Officer of Health re	
Sanitation	6

(d) SPECIAL INFORMATION RELATING TO OPHTHALMIA
NEONATORUM.

Cases.			Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths.
Notified.	Treated.					
	At Home.	In Hospital				
8	7	1	7	...	...	1

(4) THE MATERNITY AND CHILD WELFARE CENTRES.

In co-operation with the Maternity and Child Welfare Committee the Voluntary Association, with its band of willing helpers, has continued to do excellent work at the 5 Infant Centres and the 2 Ante-Natal Clinics.

The two most recently established centres, the Central at Beach Terrace, and the Hollington Centre have fully justified the initial enterprise, the former being now the most largely attended of all five Centres.

The attendances at the two ante-natal clinics increased from 247 in 1927 to 288 in 1928.

M. and C.W. Table No. 4.

Centre.	Medical Officer.	Day and Time.	New Cases.	Old Cases.	Total Atten- dances.	Medical Con- sultations.
Bulverhythe	Dr. G. Ticehurst	Tuesday, 2.30 p.m. ...	86	1510	1596	758
Halton ...	Dr. G. R. Bruce	Wednesday, 2.30 p.m. 138	1861	1999	898	
Park View ...	Dr. Stanley ...	Thursday, 2.30 p.m. 113	1591	1704	972	
Central	Dr. Farnfield ...	Friday, 2.30 p.m. ... 112	2517	2629	834	
Hollington	Dr. Young ...	Alternate Fridays, 2.30 p.m. ... 42	454	496	351	
Halton, Ante-Natal	Dr. Walker ...	1st & 3rd Mondays, 2.30 p.m. ... 45	65	110	109	
Park View Ante-Natal	Dr. G. Ticehurst	2nd & 4th Wednes- days, 2.30 p.m. ... 90	88	178	176	
Totals			626	8086	8712	4098

(5) HOME HELPS.

Number of cases attended in 1928—38.

(6) FERNBANK MATERNITY HOME.

This home has now been open over five years under the administration of the District Nursing Association. During 1928, under the scheme, whereby the Maternity and Child Welfare Committee guarantee the full fee of 2½ guineas, the mother paying her agreed share, 27 cases were admitted.

The public should realise that Fernbank Maternity Home has 12 beds, that it can accommodate a considerable number of additional cases, and that the fees are very reasonable.

(7) DISTRIBUTION OF MILK, ETC.

The special sub-committee dealt with all fresh applications for milk for necessitous, expectant or nursing mothers and infants in accordance with regulations and scales approved by the Ministry of Health.

During 1928 there was a reduction in the total amount of milk distributed by about one-third in consequence of fresh regulations from the Ministry of Health, whereby milk was granted only on definite medical grounds and not to families which should be applicants for poor law relief.

SUMMARY OF DISTRIBUTION OF MILK.

(a) Fresh milk	...	...	...	12,978 pints.
(b) Dried milk	...	...	...	291 lbs.
(c) Individual nursing and expectant mothers and infants receiving milk	...	...	...	252

(8) DENTAL TREATMENT.

Children under school age may receive dental treatment at either of the two school clinics on the same lines as children attending elementary schools. Expectant or nursing mothers, specially recommended, may receive dental treatment at the

dental clinics of the Royal East Sussex Hospital. During 1928, 18 nursing or expectant mothers and 20 children under school age received dental treatment.

9 { **ORTHOPÆDIC SCHEME.**
SUN-RAY TREATMENT.

See Special Section.

VENEREAL DISEASES CLINIC.

This Clinic was built in 1923 in close connection with the new Royal East Sussex Hospital after the latest model of Colonel Harrison, and is adequately equipped and staffed. The work of the Clinic in 1928 was under the direction of Dr. A. H. H. Huckle during the earlier months, and then under Dr. J. N. Kilner, who acted as Dr. Huckle's deputy during the latter's illness.

The first table shows the results of the working of the Clinic as regards the Hastings cases over a period of 6 years, 1923-28 inclusive. From this table it should be noted :—

(a) There is a definite fall in the incidence of fresh cases of syphilis, very marked in 1928.

(b) There is a definite tendency for the incidence of gonorrhœa to rise, more marked in the past 3 years.

(c) The number of patients diagnosed as suffering from non-venereal conditions is increasing.

I am informed that a considerable number of the patients attend for the first time as a result of the information fully set out on placards in all the public and railway station lavatories with regard to the dangers of venereal disease and local facilities for treatment.

The clinic commands the full support of the medical profession and the hospitals of the town, the patients being treated with every consideration and in entire privacy.

VENEREAL DISEASES CLINIC.

COMPARATIVE STATEMENT OF WORK FOR YEARS 1923-1928.
HASTINGS CASES ONLY.

	1923	1924	1925	1926	1927	1928
Number of new cases suffering from :—						
(a) Syphilis	58	50	49	24	42	21
(b) Soft Chancre ... ..	...	1	...	1	1	nil
(c) Gonorrhœa	27	33	41	40	54	75
(d) Non-venereal conditions	70	77	84	69	84	111
Total	155	161	174	154	181	207
Total attendances out-patient clinic	3319	3736	4508	4298	3523	5064
In-patient days	7	143	16	35	200	135
Doses of Salvarsan :—						
Out-Patient Clinic... ..	1102	1021	1025	815	698	256
In-Patient Department ...	nil	2	1	nil	nil	nil
*Pathological Examinations :—						
(a) Examined by Medical Officer, V.D. Clinic ...	157	165	182	315	359	392
(b) Sent to approved laboratory	352	384	378	415	378	306

*These include all specimens.

**Return relating to all persons who were treated at the
Treatment Centre at Hastings during the year
ended the 31st December, 1928.**

	Syphilis.		Soft Chancres.		Gonorrhœa		Conditions other than Venereal.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1 (a). Number of persons who, on the 1st January, 1928, were under treatment or observation for ...	63	86	...	...	45	19	1	7	109	112
(b). Number of cases marked off in a previous year as having ceased to attend or as transferred to other Centres, and which returned to the Treatment Centre during the year under report suffering from the same infection ...	2	1	...	...	5	2	1	1	8	4
Total—Items 1 (a) & 1 (b)...	65	87	...	...	50	21	2	8	117	116
2 (a). Number dealt with during the year in the out-patient Clinic for the first time ...	22	20	1	...	71	39	102	47	196	106
Total—Items 1 (a), 1 (b) & 2 (a)	87	107	1	...	121	60	104	55	313	222
2 (b). Number of cases included in Item 2 (a) known to have received previous treatment at other Centres for the same infection ...	11	5	...	...	18	4	3	...	32	9
3. Number of persons who ceased to attend the out-patient Clinic (a) before completing the first course of treatment for ...	3	4	1	...	11	2	...	...	15	6
(b) after one or more courses but before completion of treatment for ...	7	8	...	...	...	...	...	...	7	8
(c) after completion of treatment but before final tests as to cure of ...	11	11	...	...	23	1	...	...	34	12
4. Number of persons transferred to other treatment Centres after treatment for ...	2	3	...	...	4	3	...	...	6	6
5. Number of persons discharged from the out-patient Clinic after completion of treatment and ob- servation for ...	3	3	...	...	8	12	...	...	11	15
6. Number of persons who, on the 1st January, 1929, were under treatment or observation for ...	61	78	...	...	75	42	...	...	136	120
Total—Items 3, 4, 5 & 6 ...	87	107	1	...	121	60	...	...	209	167
7. Out-patient attendances :—										
(a) For individual attention by the Medical Officer ...	752	1041	1	...	1067	253	163	98	1983	1392
(b) For intermediate treatment, e.g., irrigation, dressings, etc.	...	3	...	...	2000	1227	...	...	2000	1230
Total attendances ...	752	1044	1	...	3067	1480	163	98	3983	2622
8. Aggregate number of "in-patient days" of treatment given to persons who were suffering from ...	31	7	...	...	178	37	...	...	209	44

	For detection of			For Wassermann Reaction.
	Spirochetes	Gonococci.	Other Organisms and Vaccines.	
9. Examinations of pathological material :—				
(a) Specimens which were examined at, and by the Medical Officer of, the Treatment Centre	1	391	...	...
(b) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory ...	...	...	...	306

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.	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	21	17	4	42
Soft Chancre ... ..	...	...	1	1
Gonorrhœa	75	21	14	110
Conditions other than venereal ...	111	32	6	149
Total	207	70	25	302
B) Total number of attendances at the out-patient Clinic of all patients residing in each area	5,064	1,290	251	6,605
C) Aggregate number of "In-patient days" of all patients residing in each area	135	98	20	253
D) Number of doses of Arsenobenzol compounds given in the :—				
1. Out-patient Clinic... ..	256	186	36	478
2. In-patient Department ...	...	3	...	3
to patients residing in each area.				

MENTAL DEFICIENCY.

PARTICULARS OF MENTAL DEFECTIVES AS ON 1ST JANUARY, 1929.

(a) "SUBJECT TO BE DEALT WITH" BY THE LOCAL AUTHORITY.

(b) WHO MAY BECOME "SUBJECT TO BE DEALT WITH" BY THE LOCAL AUTHORITY.

Category.	Males.	Females.	Total.
A. CASES "SUBJECT TO BE DEALT WITH."			
1. UNDER ORDER—			
(a) (1) In Institutions	6	24	30
(2) On licence from Institutions	1	1	2
(b) (1) Under Guardianship ...	13	17	30
(2) On licence from Guardian-ship ... ..	...	2	2
2. In places of safety ... ..	...	...	...
3. Under Statutory Supervision ...	15	13	28
Numbers of foregoing—			
(a) Attending Occupation Centre	2*	5*	7*
(b) awaiting removal to Institution ... ..	...	...	...
4. Action not taken in cases—			
(a) Notified by Local Education Authority ...	...	...	...
(b) Otherwise ascertained ...	1	1	2
B. CASES WHO MAY BECOME "SUBJECT TO BE DEALT WITH."			
1. IN INSTITUTION OR UNDER GUARDIANSHIP—			
Local Authority contributes under permissive powers	2	...	2
2. Under Voluntary Supervision ...	2	...	2
Totals	40	58	98

* Not included in Totals.

The following figures, giving the numbers on the books of the Mental Deficiency Committee during the past 8 years, shew very clearly how much the work has increased :—

On January 1st, 1922	...	...	...	...	29 cases.
" " " 1923	...	...	...	...	33 "
" " " 1924	...	...	...	...	46 "
" " " 1925	...	...	...	...	58 "
" " " 1926	...	...	...	...	74 "
" " " 1927	...	...	...	...	93 "
" " " 1928	...	...	...	...	99 "
" " " 1929	...	...	...	...	98 "

(a) Ascertainment of new Cases.

Various agencies are concerned with the ascertainment of cases, subject to be dealt with under the Mental Deficiency Acts *e.g.*, The Poor Law Authority, and its Officers, the Officers of the School Medical Service and the School Attendance Officers the Local War Pensions Committee, the Police Probation Officers, etc., etc. The future of children leaving the Hollington Special School is carefully considered, a decision being made as to whether the supervision should be in the hands of the Mental Deficiency Committee or of the After Care Committee of the Special School. While it is not claimed that all mental defectives, coming within the scope of the Act, have been ascertained in this district, it should be noted that the number so ascertained has risen from 29 in 1922 to 98 in 1929.

(b) Supervision in the Homes.

All defectives under statutory supervision and living at home are visited once a month by the School Attendance Officers and the Health Visitors, acting as male and female officers respectively, the reports being passed, after scrutiny by the Medical Officer of Health, to the Mental Deficiency Committee for consideration and necessary action.

(c) Guardianship Cases.

The Mental Deficiency Committee has made considerable use of its powers to place cases under Guardianship, partly from choice, and partly from necessity, in view of the lack of places in suitable institutions. Cases left at home are under the guardianship of a parent or relative who is in need of some financial support for the defective ; they are quite unable to earn a living, are harmless from a social or sexual standpoint, and institution is not generally indicated. The remaining cases, in homes under the Brighton Guardianship Society, are of a higher grade, generally able to give some assistance in the home, and, in some instances, capable of training for remunerative domestic or farm work. Our experience of Guardianship as a method of dealing with certain types of the mentally deficient has been very fortunate, both in Hastings and under the Guardianship Society, and, until better facilities for institutional use are available, it affords the only means of placing suitable defectives,

i.e., those without vicious or immoral tendencies, in their own district or county.

(d) Institution Cases.

No progress was made in 1928 with regard to the provision of a new and suitable institution for the County of Sussex and its County Boroughs. As indicated, it is only with extreme hesitation and in connection with cases where there is great urgency for institutional accommodation that the Mental Deficiency Committee endeavours to obtain places in Institutions, mostly at a considerable distance from this town. The matter, however, cannot remain in its present unsatisfactory state. During the next 6 months the Poor Law Institutions and Infirmaries will come under review, prior to their absorption under the County Council and the County Boroughs in April 1930. The responsibilities of the Mental Deficiency Committees will be increased by the ascertainment of additional cases, but it is possible that this will be offset by the opportunity of utilising the accommodation in the existing Poor Law Institutions to better advantage, as one or more of these might be available for the sole purpose of accommodating mental defectives.

(e) The Occupation Centre.

Under the Voluntary Association for Mental Welfare, the Occupation Centre continued to do excellent work for defectives under Home Guardianship or Statutory Supervision or from the Infirmary. The improved methods of working, explained in last year's report, have been warmly praised by the Board of Control.

The existing cases in attendance at the Occupation Centre are practically all adults or young persons. It is difficult to associate children under 11 or 12 years of age with such ; but, as it happens, there are a few young defectives, ineducable at the Special School, and living at home, for whom the only training available is that afforded at the Occupation Centre. Ways and means should be developed to absorb such young defectives in the Occupation Centre.

SCHOOL MEDICAL SERVICE.

Introductory.

The following is a summary of the more important work carried out by the School Medical Service during 1928.

(a) Routine medical examination of 2,044 children in the elementary schools, 190 girls in the Secondary School, and 68 children in the Special School, 22 children in the Open Air School, and 313 boys in the Grammar School.

(b) Medical examination and treatment, where necessary, at the two school clinics of 2,314 children, who made 11,139 attendances.

(c) 5,162 re-inspections by the Medical Officer at the schools and clinics.

(d) Examination by refraction of 223 cases of defective vision, 163 children being supplied with spectacles under the Authority's scheme.

(e) Operative treatment of 153 cases of enlarged tonsils or adenoids or of both conditions at the two local voluntary hospitals.

(f) 1,235 cases of minor ailments treated at the two clinics.

(g) Provision of simple treatments, *e.g.*, lotions, ointments, dressings and nutritive drugs, the total issues being 6,977.

(h) Dental inspection by the School Dentist of 11,286 children, 2,117 being actually treated during the year.

(i) Cleanliness inspections at the schools by the School Nurses, of 16,937 children inspected, 713 being found defective in varying degrees and 29 cleansed at the public station.

(j) Control of infectious disease, with numerous visits by the staff to the schools and homes, the total exclusions being 363, total home visits 1,592.

The Scheme for dealing with cases of crippling at the Orthopædic Clinic of the Royal East Sussex Hospital, which commenced in July, 1927, was in full operation in 1928. As the Orthopædic scheme deals with cases from three services, the

School Medical, Tuberculosis and Maternity and Child Welfare, and, in view of its recent origin, has a special interest and importance, a separate chapter has been devoted to the subject.

As the result of the generous offer of a suitable building by Miss Kate Rance, a small Open Air School for delicate children in the Ore, Clive Vale, Old Town and Central Hastings Districts was opened by Lord Eustace Percy, the Minister for Education and Member of Parliament for Hastings, in the early summer of 1928. A full report of the school and of the work carried out is given in the body of this report, and all that need be stated here is that the results already achieved have fully justified the enterprise. The Children's Care Committee are now engaged in considering the question of opening a somewhat similar Open Air School for children in the Western or St. Leonards side of the Borough, and at present favour the idea of adding it to the existing administration at the Hollington Special School, where the site and facilities are alike excellent.

During 1928 medical inspection of the boys attending the Grammar School was carried out, recommendations with regard to the treatment of defects discovered being sent to the parents in each case.

Special investigations with regard to the value of lunch milk in delicate children and also as to the effect of breathing exercises in children who had been operated on for enlarged tonsils and adenoids, were carried out and a special report is submitted. During 1929 these investigations will be continued and extended, it is hoped, in other directions.

1. STAFF.

See "Staff of the Health Department," p. 96.

2. CO-ORDINATION WITH WORK OF OTHER HEALTH SERVICES.

- (a) **Infant and Child Welfare.**
- (b) **Nursery Schools.**
- (c) **Debilitated Children under School Age.**

See previous Reports.

3. SCHOOL HYGIENE.

(a) The accommodation and attendances for the quarter ending December 31st, 1928, were as follows:—

Total accommodation	...	...	8,917
Average number on registers	...	...	6,435
Average attendance...	...	...	5,814
Percentage of attendance	...	...	90.3
Average attendance for 1928	...	...	5,842
Average attendance for 1927	...	...	5,779
Percentage of elementary school children on register to total population	...	...	10.5

The number of children on the registers of the elementary schools still continues to fall, although now more slowly, in consequence of the falling birth-rate of this century. I believe that this fall has now reached the low water mark, as the numbers of births in Hastings for the past five years have been 778, 783, 770, 776, and 752. The entrants for the next few years should therefore approximate in numbers.

(b) The general cleanliness of the schools continues to be satisfactory. Heating and water supplies, both for drinking and ablution purposes, are generally good. The majority of the conveniences, both for boys and girls, are modern, and those not up to standard are being dealt with gradually. Improvements in ventilation and lighting have been carried out in several instances. Generally speaking there is no overcrowding, owing to the excess of about 3,000 school places over the numbers on the registers. Apart from heating pipes, fires and stoves, there are no definite arrangements for drying boots and clothing.

Substantial improvements have now been carried out in respect of several non-provided schools.

(c) Meals served in Schools.

I dealt fully with this matter in the reports for 1925 and 1926, in view of the fact that no less than 250—300 of our elementary school children remain at school for a mid-day meal. The school nurses report from time to time on the voluntary arrangements which have been made. The standard of the arrangements for cooking and serving and the quality,

quantity and suitability of the food vary somewhat, but on the whole are reasonably good. It is very important to see that the food which the child takes to school is nutritious, digestible, and sufficient for his needs.

It should be noted that any work done by the teachers in this connection is entirely voluntary.

4. MEDICAL INSPECTION.

(a) Age Groups of Children Inspected.

The total number of children examined at routine medical inspection in the elementary schools was 2,044, a substantial increase over the number examined in 1927, viz.: 1,746, and including 739 entrants, 720 intermediates, and 585 leavers. The number of re-inspections of children, who were discovered at the initial inspection with defects requiring observation or treatment, was 859.

The main increase in the number examined was in the intermediate group, where the number rose from 533 in 1927 to 720 in 1928.

(b) Schedule of Medical Inspection.

The schedule comprises all the headings required by the Board of Education and has been in use for several years.

(c) Disturbance of School Arrangements.

Every effort is made by all members of the staff of the School Medical Service to cause as little disturbance as possible in the general routine working of the schools when visited.

5. { FINDINGS OF MEDICAL INSPECTION. MEDICAL TREATMENT.

(a) Uncleanliness.

Table IV., Group 5. Uncleanliness and Verminous Conditions.

1. Average number of visits per school made during the year by the school nurses	...	10
2. Total number of examinations of children in the schools by school nurses	... ..	16,937
3. Number of individual children found unclean		713

4. Number of children cleansed under arrangements made by the Local Education Authority	29
5. Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921 ...	Nil.
(b) Under School Attendance Bye-laws...	Nil.

Table IV. shows that a great deal of work continues to be done in connection with periodical surveys by the School Nurses of the children for cleanliness, especially of the head in female children. The progressive improvement, noted in recent annual reports, continues. The vast majority of the cases of uncleanness, whether of the head or body, are of a minor nature and the children are cleansed by the parents after a preliminary notice. Certain families, prone to relapse in this respect, are well known to the School Nurses, and, whenever one of these children becomes filthy or verminous, pressure is exerted from various quarters in addition to the school medical service, for example the Inspector of the N.S.P.C.C. and the School Attendance Officer, and, within a reasonable period, generally after a few baths at the Disinfecting Station, the child is satisfactorily cleansed for the time being.

One family was prosecuted for the verminous condition of the children under the auspices of the N.S.P.C.C. during 1928.

(b) Minor Ailments, including Skin Diseases.

(1) Ringworm.

(a) Head.

No fresh cases of ringworm of the head were discovered at routine or special inspection.

The strong iodine treatment, previously in use, was continued with satisfactory results for the cases already in attendance. For the time being it is not necessary to make definite arrangements for X-Ray treatment, although it is understood that this treatment is available at the Royal East Sussex Hospital.

(b) Body.

Six cases only were diagnosed at special inspection at the School Clinic. This disease is, as a rule, speedily cured by iodine treatment.

(2) Scabies.

There was an increase in the incidence of this complaint, 13 cases, mostly familial infection, being diagnosed at special inspection. Treatment by sulphur ointment in conjunction with special disinfection of bedding and clothes at the Disinfection Station was employed in these cases with satisfactory results.

(3) Impetigo Contagiosa.

This troublesome skin complaint, with a total of 207 cases, still remains somewhat prevalent. The causes underlying impetigo are undoubtedly debility, dirt and ignorance of hygiene, and all are capable of prevention. Further, impetigo is often the precursor of adenitis, abscesses of the neck and tuberculous glands, and therefore merits careful attention and treatment.

(4) Other Diseases of the Skin, etc.

Under this heading a very considerable number of conditions, minor injuries, septic sores, abscesses, boils, altogether 824 in number, received attention.

(c) Tonsils and Adenoids.

At routine and special inspection 206 children were found to be suffering from such a degree of enlarged tonsils or adenoids or of both combined as to require operative treatment, while no fewer than 620 children required to be kept under observation under similar categories. During the year 153 children were operated upon under arrangements made by the Education Authority at one or other of our local hospitals, a very considerable increase as compared with previous years, while 15 children received operative treatment apart from the Authority's scheme.

Enlarged, septic unhealthy tonsils and overgrowth of adenoid tissue are very prevalent in school children. In view of the accepted theory that the tonsils act as a gate-way for the absorption of poisons and germs into the other systems of the body, which may lead to disease sooner or later, for example, tuberculosis, neuritis, acute rheumatism, heart and digestive troubles, the argument for operative interference becomes very strong, and this development of the school medical service should be welcomed.

(d) Tuberculosis.

Children suspected to be suffering from pulmonary or other forms of tuberculosis are referred to the Tuberculosis Clinic for observation, diagnosis, and treatment if necessary. Details of cases so referred will be found in the tables at the end of this section and in the section devoted to tuberculosis.

(e) External Eye Disease.

All cases coming within this category can obtain treatment, *e.g.*, styes, blepharitis, corneal ulcer, conjunctivitis. Should the symptoms appear urgent or dangerous, a consultation at the Eye Department of the Royal East Sussex Hospital is available. During 1928, 97 cases required treatment, 25 were kept under observation.

(f) Defective Vision.

During 1928, the number of cases of defective vision or squint or both requiring investigation by refraction, and generally the prescription of glasses, amounted to 286, while 200 children required to be kept under observation.

Under the Authority's scheme 213 children were refracted in the dark room, spectacles being prescribed in 190 cases, and supplied after payment of the whole cost or part in 163 cases, while 10 children received their examination and spectacles elsewhere. It is gratifying to record that the waiting list for refraction has practically disappeared, while systematic arrangements have been made for the periodical examination of all cases of defective vision year by year after their initial examination. This is of considerable importance, as it brings to light numerous cases where children have given up wearing their spectacles, or have broken or lost them.

(g) Ear Diseases and Hearing.

A considerable number of minor cases of these categories come to the school clinics, *e.g.*, otitis media, wax in the ears, boils, etc., 123 cases being referred for treatment, 33 for observation. Serious or intractable cases are reported to one or other of the local hospitals.

(h) Dental Treatment.

Mr. W. D. Penfold, School Dentist, reports:—"A comparison of the figures given of the work accomplished in 1928 with those of 1927 shows very little variation in any detail.

The increase in the numbers inspected is probably due to the apathy or ignorance of parents who will not allow their children to reap the benefit of dental treatment for the reason, that of the forms sent out to parents notifying them that their children required treatment, only 21.2% were returned accepting the treatment, and as so few avail themselves of this opportunity it necessitates more frequent inspection.

A very common failing is the neglect of the first or milk teeth, so many parents expressing the opinion that, as they are to be lost, they do not matter. This, of course, is a fallacy, since dental caries, like other diseases, spreads rapidly from tooth to tooth, so affecting the second or permanent teeth through the first permanent molar which is present in the mouth for some three or four years before the temporary teeth are lost.

It was found in the St. Leonards district that some schools were being visited every four months, whereas in Hastings some did not receive their second visit in the twelve months. To remedy this it is proposed to decrease the number of sessions held at the St. Leonards Clinic by one per week which will be put in at the Hastings Clinic."

The role of the School Medical Service.

From the preceding records of defects and diseases detected, and, where necessary, treated, it is very obvious how great a factor for good the school medical service should be. I wish to insist here that the main direction of the school medical service should be preventive, to encourage the teachers and their pupils to apply the laws of hygiene to their lives, to detect disease and physical defects in their earliest stages, and finally to arrange for the treatment of all defects and disease discovered at whatever stage. This of course does not mean that these defects, etc., should actually be treated by the school medical service. The proper agent in each case, if available, to secure treatment is the family practitioner; but if the family practitioner is not available, then it becomes the duty of the school medical service to

secure treatment either through the local hospitals or through our own clinics.

6. INFECTIOUS DISEASE.

During 1928 the incidence of notifiable infectious diseases was light among school children, the majority of the scarlet fever cases being mild in type, while the increased prevalence of diphtheria in the second half of the year was largely among adults. Of the non-notifiable infectious diseases there was some prevalence of influenza, whooping-cough, chicken pox and mumps, during the spring months. The incidence of ringworm continues to diminish. It was not necessary to close any school or department on account of infectious disease during 1927.

Non-notifiable Infectious Disease.

REPORTED BY HEAD TEACHERS, SCHOOL NURSES AND
SCHOOL ATTENDANCE OFFICERS.

Influenza	...	...	...	...	...	nil.
Measles	...	...	...	...	...	103
German Measles	...	...	...	...	...	nil.
Whooping-Cough	...	...	...	...	...	103
Chicken-pox	...	...	...	...	...	26
Mumps	...	...	...	...	...	101
Scabies	...	...	...	...	...	nil.
Ringworm of Head	...	...	...	...	...	nil.
Ringworm of Body	...	...	...	...	...	nil.
						<hr/> 333 <hr/>

Exclusions from School.

During the year 363 children were excluded from school for the following diseases :—

1. Infectious Diseases (including Rheumatism and Influenza) 71
2. Diseases of the Skin (including Ringworm) 143
3. Inflammatory conditions of the Throat, Tonsils and Enlarged Glands 32
4. Nervous Conditions, including Chorea, Epilepsy, etc. 3
5. Diseases of the Digestive System 2

6.	Bronchial Catarrh and Colds, etc.	...	...	24
7.	Heart Disease	...	...	2
8.	Injuries	...	...	9
9.	Diseases of the Ear	...	...	23
10.	Diseases of the Eye	...	...	8
*11.	Tuberculosis (definite or suspected)	...	...	nil.
12.	Other Diseases	...	...	46
Total				363

*This does not include children excluded by the Tuberculosis Medical Officer.

The following certificates were given for schools in which the attendance fell below 60% under Grant Regulations 8 and 9.

Whooping-Cough	...	...	...	1 certificate.
Measles	...	...	...	4 certificates.

7. FOLLOWING UP. WORK OF SCHOOL NURSES.

Number of Schools (including Special School and Open Air School)	...	...	...	24
Visits of Nurses to Schools	...	...	...	226
Visits to Homes :—				
By direct instruction of School Medical Officer	...	...	...	301
At request of School Attendance Officer	...	...	...	280
Following up cases of uncleanness	...	...	...	313
General cases, following up	...	...	...	698
School Visits—miscellaneous	...	...	...	199
Total				1,791

Examinations for cleanliness :—

Primary	...	...	...	11,961
Secondary	...	...	...	4,976
Total				16,937

9. OPEN-AIR EDUCATION.

Playground classes are held in many of the schools in the summer months, and short journeys are also made to Corporation parks and gardens for nature study.

The open-air school at 150, Athelstan Road, fully reported upon elsewhere, is a valuable practical illustration of what should be done as far as possible at all schools.

10. PHYSICAL TRAINING.

This is entirely carried out by the teachers, many of whom have attended special classes.

The appointment of a specialist supervisor has been postponed.

11. PROVISION OF MEALS.

(a) Dinners for necessitous children were provided from January 16th to April 4th, 1928, the numbers in attendance varying from 323 to 354.

The general arrangements with regard to the selection of children, income scale, type of restaurant and menus, which had been satisfactory in previous years and have been fully described in recent annual reports, were continued.

The restaurants in different parts of the town were supervised and visited regularly by members of the school medical staff, the Secretary to the Education Committee, the school attendance officers and teachers. Generally speaking, the quality and quantity of the dinners were excellent.

(b) In addition to the dinners, lunch milk was provided throughout the year to 20-47 children, specially chosen by the School Medical Officer, as likely to benefit, owing to their physical condition—for example, children suffering from debility, anæmia, non-infectious tuberculous glands, the pre-tuberculous and cripples.

Careful notes have been kept of the weights, heights and general medical condition of these children, in view of the interesting work recently carried out in this direction by Dr. Cory Mann.

12. SCHOOL BATHS.

Except for Hollington Special School and the Cleansing Station at Rock-a-Nore, baths were not available at any of the elementary schools.

- 13. CO-OPERATION OF PARENTS.**
- 14. CO-OPERATION OF TEACHERS.**
- 15. CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.**
- 16. CO-OPERATION OF VOLUNTARY BODIES.**

At routine medical inspection the attendances of parents was 66 per cent., while refusals to permit examination were 5 per cent. The Secretary to the Education Committee, the head teachers and their staffs, the School Attendance Officers, and various charitable medical societies of the town, all in their various capacities continued to actively assist and to co-operate in the work of the School Medical Service.

17. BLIND, DEAF, DEFECTIVE & EPILEPTIC CHILDREN.

See Table III.—p. 81 for numbers ascertained.

(a) Ascertainment and Treatment.

The special register for all such defective children has been carefully kept up to date, while children, permanently absent, come under the notice of the School Medical Officer twice yearly, the private practitioner being consulted if necessary.

As regards the blind and deaf children, institutional treatment is provided in all necessary cases. The numbers of the the partially blind and deaf do not warrant special classes in the schools.

As regards the tuberculous groups, co-ordination between the School Medical Service and the Tuberculosis Clinic is very close, all suspected cases being sent from the School Clinic to the Tuberculosis Clinic for diagnosis and treatment. The local Tuberculosis Care Committee continued to send a few pre-tuberculous or post-tuberculous children from tuberculous families to the country, while several cases of definite pulmonary tuberculosis were sent to the children's department at Darvell Hall Sanatorium, where education and open-air treatment can proceed hand in hand.

As regards other physically defective children, the epileptics, cripples, ricketty, choreic or those suffering from heart disease, every effort is made to secure the very best treatment available either under their own doctors or in the hospitals of the town. Reference is made to the orthopædic scheme elsewhere.

(b) Mentally Defective Children—not in Special Schools.

The head teachers submit periodically lists of children considered suitable for the special school, where the accommodation available (65 places) appears almost adequate for new cases. Borderline cases are kept under the observation of the teachers and the School Medical Officer, the mental and educational tests being applied at intervals of about six months to test progress. The main reasons for education in the Special School are gross backwardness and dullness and inability to be taught by the ordinary methods of an elementary school. In a considerable proportion of such cases this is also allied to some degree of mental defectiveness. The former children are generally able to leave the Special School with a good chance of ultimately earning a living either before or at the age of 16 years and do not often require more than a little guidance from the After Care Committee of the Special School. The latter group constitute the majority of those who are sooner or later referred to the Mental Deficiency Committee. There is still a tendency for parents to object to certification of children for the Special School, and in some cases to attempt evasion by sending them to a small private school, where at the best the education obtained must be much inferior to that at the Special School. During the past year the parents in two such cases have returned to request the admission of the children to the Special School.

With regard to dull and backward children of too high grade for certification, unofficial arrangements have been continued in several schools for their special education.

For a few years now a policy has been adopted of excluding children from the Special School who showed no signs of profiting from the education offered, or who were becoming too troublesome. Such children are referred to the Mental Deficiency Committee and facilities are now available for their supervision and care at the Occupation Centre, or if necessary an effort can be made to obtain their admission into special institutions.

(c) Hollington Special School for Mentally Defective Children.

The average number of pupils on the roll in 1927 was 67, the average attendance being most satisfactory. Eight pupils were discharged during the year :—

To earn living	5
Returned to elementary school	1
Non-educable	2
Total	8

The main purpose of the Special School is to produce at or about the age of 16 a wage earning individual, with sufficient education and sense of responsibility to mix amongst his or her fellows. As the records of the school show this aim is being achieved in a remarkable degree, especially since the policy referred to in a previous paragraph, of selecting medium to high grade cases and of relegating the lowest grade to the Occupation Centre or Institutions, has been adopted. The After Care Committee of the Special School continues to do admirable work by keeping in touch with all former pupils and where absolutely necessary referring isolated cases to the Mental Deficiency Committee.

All the pupils were medically inspected in 1928, the percentage of children with defects requiring treatment, excluding defective teeth, being 39.7, a figure considerably in excess of that of the children in elementary schools, viz.: 12.7, due largely to the increased number of cases of defective vision and enlarged tonsils and adenoids. At re-inspection a gratifying amount of treatment had been carried out.

The hygienic conditions, including baths, mid-day meals, etc., of the Special School continue excellent, and the physical health and well-being of the children generally improve after entrance.

Hollington "Special" School.

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1928.

DEFECT OR DISEASE.	Referred for Treatment.	Referred for Observation.
MALNUTRITION	1
SKIN :—		
Ringworm, Scalp
Ringworm, Body
Scabies
Impetigo
Other Skin Diseases(Non-Tuberculous)

DEFECT OR DISEASE.	Referred for Treatment.	Referred for Observation.
EYE :—		
Blepharitis ... ..	...	...
Conjunctivitis ... ..	...	...
Keratitis ... ..	...	...
Corneal Opacities ... ..	...	...
Defective Vision (excluding squint) ...	20	...
Squint ... ..	...	...
Other conditions ... ..	...	...
EAR :—		
Defective Hearing	2	3
Otitis Media ... ..	...	...
Other Ear Diseases ... ..	...	...
NOSE AND THROAT :—		
Enlarged Tonsils only ... ..	...	8
Adenoids only ... ..	...	...
Enlarged Tonsils and Adenoids ...	6	4
Other Conditions ... ..	...	...
Enlarged Cervical Glands (Non-Tuber- culous) ... ..	...	4
Defective Speech ... ..	...	3
Teeth—Dental Diseases	40	19
HEART AND CIRCULATION :—		
Heart Disease—		
Organic ... ..	...	1
Functional ... ..	...	1
Anæmia ... ..	...	...
LUNGS :—		
Bronchitis	1	3
Other Non-Tubercular Diseases ...	...	...
TUBERCULOSIS :—		
Pulmonary—		
Definite ... ..	...	...
Suspected ... ..	...	...
Non-Pulmonary—		
Glands ... ..	...	...
Spine ... ..	...	...
Hip ... ..	...	...
Other Bones and Joints ... ..	...	...
Skin ... ..	...	...
Other Forms ... ..	...	...
NERVOUS SYSTEM :—		
Epilepsy	1	...
Chorea ... ..	...	...
Other Conditions ... ..	...	...
DEFORMITIES :—		
Rickets ... ..	...	...
Spinal Curvature ... ..	...	...
Other Forms ... ..	...	2
Other Defects and Diseases	2	1

**(B) NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE
MEDICAL INSPECTION TO REQUIRE TREATMENT
(EXCLUDING UNCLEANLINESS AND DENTAL TREATMENT).**

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
Special School	68	27	39·7%

(d) OPEN AIR SCHOOL, ATHELSTAN ROAD.

The first open-air school in Hastings was formally opened by Lord Eustace Percy, the Minister for Education and Member of Parliament for Hastings, on June 11th, 1928. The building and site, generously lent for the purpose for a number of years by Miss Rance, were specially adapted, all the alterations and additions being approved, together with the administrative proposals, by the Board of Education.

In view of the restrictions of space, the school has been confined to 25 or 26 delicate children between the ages of 5 and 9 years, the types selecting being :—

- (a) general debility and anæmia.
- (b) the pre-tuberculous.
- (c) crippling.
- (d) children who have had evidence of tuberculosis, especially surgical, *e.g.*, of the glands, bones, joints, or abdomen.
- (e) children convalescing after a severe illness.

All the places available were quickly filled up with children coming within one or other of these categories and with one or two

exceptions all the children were selected from the eastern side of the town within easy radius of the school to facilitate transport.

A most satisfactory mid-day meal is provided, also morning lunch and some light refreshment in the afternoon. The children rest on couches from 12.45 p.m.—1.45 p.m., most of them falling asleep almost at once. Although the school-room itself is an open-air room with Vita-glass windows, most of the classes and the rest periods throughout the year have been taken in the open air. A considerable number of the children under instructions of the School Medical Officer receive Parish's Food and Cod Liver Oil or Cod Liver Oil and Malt at the School. The School Nurse visits the school twice weekly to take weights, watch temperatures, and to consult with the headmistress with regard to any ailing child. The School Medical Officer visits the school frequently, and systematically examines all the children.

The results up to Christmas, 1928, showed that every child in attendance had gained weight, the average gain being 4 pounds, the highest gain being 8 pounds. All the children had improved in general physique, appearance and vitality, some in a remarkable degree, and as a result of a review three were transferred back to a normal school, while it is anticipated that a considerable proportion of the original entrants to the Open Air School will be transferred to Elementary School this year.

It is anticipated that the Athelstan Road School will just suffice for the purpose as set out, namely, to deal with delicate children from 5—9 for the eastern side of the town. If it is desired to enlarge the scope of Open Air School work, then additional premises must be provided. The Children's Care Committee are now considering the question of providing somewhat similar accommodation for delicate children in the Western or St. Leonards end of Hastings, and at present favour a plan for adding a small Open Air School to the existing administration of the Special School at Hollington.

The headmistress, who has entered heart and soul into the development of her school contributes a few notes of much interest.

"The little ones enter the school bearing records of ill-health, frequent absence from school, and general listless, nervous condition.

The first noticeable change is the increase of vitality, from walking in slow indifferent manner to skipping and running. An eagerness to work quickly follows. It is very pleasing to those who are daily working with them to note these changes. Each morning, as the cupboards are opened, the little ones clamour for 'my work.'

Of course, in many cases the children are retarded in school work through ill-health, but in every case improvement takes place, often with quite surprising results.

One case in particular comes to mind. A little girl, just 5 years, who, through ill-health had not attended any school, at the end of six months had completed 'sounds' and Primer I., had learnt to write simple words and sentences and could do little additions, this, in spite of frequent absences to attend the Orthopaedic Clinic and for other causes.

There is another quite important point worthy of note, viz. : The children gradually become accustomed to the open-air, and seem quite disappointed when weather conditions forbid going outside. On very cold days many of them have asked to rest out in the open and, with their blankets around them, get no ill-effects from the exposure.

Personal cleanliness is taught and encouraged as far as possible. Each child washes before and after meals, teeth are cleaned after rest-time and gargling also takes place."

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
TUBERCULOSIS :—		
Pulmonary—		
Definite	1	...
Suspected ... ..	...	...
Non-Pulmonary—		
Glands ... ..	...	1
Spine ... ..	...	...
Hip ... ..	...	...
Other Bones & Joints ... ..	...	1
Skin ... ..	...	...
Other Forms ... ..	...	...
NERVOUS SYSTEM :—		
Epilepsy ... ..	...	...
Chorea ... ..	...	...
Other Conditions ... ..	...	...
DEFORMITIES :—		
Rickets ... ..	...	...
Spinal Curvature ... ..	...	...
Other Forms	2	1
Other Defects and Diseases ... ..	...	...

(B) NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
Open-Air School ...	22	8	36·3

18. NURSERY SCHOOLS.

No definite provision has been made. A considerable number of 3 and 4 year old infants go to school, with the result that their classes are modified to suit the requirements of their age on somewhat the same lines as in Nursery Schools.

19. SECONDARY SCHOOL FOR GIRLS.

Table No. 2, p. 72 sets out in full the defects recorded.

A complete inspection of all the girls at the Secondary School was carried out, 190 girls being examined in accordance with the Board's Schedule. The main defects discovered were:—

(a) Defective Vision	...	...	16 cases.
(b) Dental Disease	...	...	53 „
(c) Anæmia, etc.	...	...	11 „
(d) Deformities	...	...	27 „

At re-inspection it was found that a very considerable proportion of the defects, especially vision and teeth had been treated. With regard to deformities, which were much too common, even although minor such as round shoulders, slight flat foot, scoliosis, etc., the children were all receiving special exercises to suit their particular deformity under the skilled supervision of the games mistress, while the few more serious cases had been referred to the Orthopædic Clinic.

TABLE II.

(A) Return of Defects found by Medical Inspection in the year ended 31st December, 1928.

SECONDARY SCHOOL FOR GIRLS.

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 ... ..	...	...	...	...
SKIN :—				
Ringworm, Scalp ... ..	...	...	...	...
Ringworm, Body ... ..	...	...	...	...
Scabies ... ..	...	...	...	...
Impetigo... ..	...	...	...	...
Other Diseases (Non-Tuberculous	4	...	1	...
Minor Injuries, Bruises, Sores, etc. ... ..	...	...	...	...
EYE :—				
Blepharitis ... ..	...	...	...	...
Conjunctivitis ... ..	...	...	...	...
Keratitis ... ..	...	...	...	...
Corneal Opacities ... ..	...	...	...	...
Defective Vision (excluding Squint)	16	2	...	...
Squint	1	...	...	...
Other Conditions ... ..	...	...	...	...
EAR :—				
Defective Hearing	1	1	...	...
Otitis Media ... ..	...	...	...	...
Other Ear Diseases ... ..	...	...	...	...
NOSE AND THROAT :—				
Enlarged Tonsils	1	18	...	...
Adenoids ... ..	...	...	...	...
Enlarged Tonsils and Adenoids	1	1	...	...
Other Conditions ... ..	...	...	...	...
Enlarged Cervical Glands (Non-Tuberculous) ... ..	...	1	...	...
Defective Speech ... ..	...	...	...	...
Teeth (Dental Diseases)	53	8	...	...

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.
HEART & CIRCULATION :—				
Heart Disease—Organic	...	...	...	...
Functional	...	4	...	...
Anæmia	1	6	2	...
LUNGS :—				
Bronchitis ... ..	...	1	...	...
Other Non-Tuberculous Diseases ... ..	...	...	...	...
TUBERCULOSIS :—				
Pulmonary—				
Definite ... ..	...	...	...	...
Suspected ... ..	...	...	...	...
Non-Pulmonary—				
Glands ... ..	...	...	...	...
Spine... ..	...	...	...	...
Hip ... ..	...	...	...	...
Other Bones & Joints	...	...	...	...
Skin ... ..	...	...	...	...
Other Forms ... ..	...	...	...	...
NERVOUS SYSTEM :—				
Epilepsy ... ..	...	...	...	...
Chorea ... ..	...	1	...	...
Other Conditions ...	...	...	...	...
DEFORMITIES :—				
Rickets ... ..	...	...	...	...
Spinal Curvature ...	3	1	1	...
Other Forms	20	3	...	...
Other Defects and Diseases	2	7	...	...

(B) NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
Secondary School ...	190	44	23.1%

(b) GRAMMAR SCHOOL FOR BOYS.

The boys attending this school were medically inspected for the first time in 1928 on the same lines as adopted at the Secondary School for Girls. The results of the examination revealed somewhat parallel defects, except that, probably as the result of the more athletic habits of the average boy, there was less tendency to round shoulders, flat foot, etc. The defects therefore, as the following table shows, were mainly those of defective vision, dental disease, anæmia, and enlarged tonsils and adenoids. Every effort was made to secure treatment through the appropriate channel, and at re-inspection it was discovered that a gratifying proportion of the defects had been treated.

TABLE II.**(A) Return of Defects found by Medical Inspection in the year ended 31st December, 1928.**

GRAMMER SCHOOL FOR BOYS.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
MALNUTRITION	12	1
SKIN :—		
Ringworm ... ..	...	...
Scalp ... ..	...	...
Body ... ..	...	...
Scabies ... ..	...	...
Impetigo	1	...
Other Diseases (Non-Tuberculous) ...	4	5
EYE :—		
Blepharitis ... ..	...	1
Conjunctivitis ... ..	...	...
Keratitis ... ..	...	...
Corneal Opacities ... ..	...	1
Defective Vision (excluding Squint) ...	37	29
Squint	2	2
Other Conditions ... ..	...	...

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
Ear :—		
Defective Hearing	1	1
Otitis Media	1	...
Other Ear Diseases ... ..	...	..
Nose AND THROAT :—		
Enlarged Tonsils only	1	20
Adenoids only ... ..	...	...
Enlarged Tonsils and Adenoids ..	2	...
Other Conditions	4	1
Enlarged Cervical Glands (Non-Tuberculous)	1	21
Defective Speech ... ..	...	5
Teeth—Dental Diseases	107	66
HEART & CIRCULATION :—		
Heart Disease—Organic ... ..	...	1
Functional	1	4
Anæmia	11	5
LUNGS :—		
Bronchitis ... ..	...	1
Other Non-Tuberculous Diseases ...	...	1
TUBERCULOSIS :—		
Pulmonary—		
Definite ... ..	...	...
Suspected ... ..	...	...
Non-Pulmonary—		
Glands	1	1
Spine ... ..	...	...
Hip ... ..	...	...
Other Bones & Joints ... ..	...	...
Skin ... ..	...	...
Other Forms ... ..	...	...
NERVOUS SYSTEM :—		
Epilepsy ... ..	...	...
Chorea... ..	...	...
Other Conditions	1	...
DEFORMITIES :—		
Rickets ... ..	...	...
Spinal Curvature	1	...
Other Forms	9	3
Other Defects and Diseases	1	...

(B) NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
Grammer School ...	313	74	23·6%

20. CONTINUATION SCHOOLS.

None are established.

21. EMPLOYMENT OF CHILDREN & YOUNG PERSONS.

The work here has proceeded on lines previously described, the figures being as follows:—

Number of licences issued to children in 1928 ... 143

Number of such children medically examined ... 88

Number of such children rejected nil.

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

Delivery of papers ...	...	...	...	92
„ „ milk ...	...	...	...	10
„ „ bread ...	...	...	...	1
Errands ...	...	...	...	40
Total ...				143

A number of children are also employed under licences granted in 1926.

No evidence of harm has been discovered in connection with employment, the time occupied, one hour before and one hour after school, practically precluding this.

The School Medical Service is represented on the Advisory Committee for Juvenile Employment.

22. SPECIAL ENQUIRIES AND WORK.

(a) **Observations on Children in Receipt of Lunch Milk.**

Throughout the year one half-pint lunch milk, with biscuits or bread and butter, has been provided for necessitous children who are suffering from various forms of debility and delicacy.

These children are re-examined periodically and their progress is recorded.

In the great majority of cases it is found that they derive great benefit from this form of extra nourishment; this being shown not only by a steady, and in some instances very marked, increase in weight, but by a notable improvement in general health, vigour and liveliness.

(b) Classes for re-education of breathing after nose and throat operations.

Number of Sessions	...	...	...	...	18
Attendances—Boys	...	...	...	...	22
Girls	...	...	...	...	29
					—
Total	...	...	...	...	51
					—

After operations for enlarged tonsils and adenoids there very often still exists a tendency to mouth breathing, which, if not corrected, may lead to recurrence of the original trouble. In order to counteract this, breathing classes are held regularly at the two clinics for the benefit of those children after operative treatment.

Each child is shown how to breathe correctly, and parents are given full directions and advice, the breathing exercises being carried out for at least three months after the operation. Where the instructions are carefully followed out, there is very little likelihood of further nose and throat trouble, and both parents and teachers frequently report great improvement, physically and mentally, in the condition of the child.

(c) Goitre among School Children Aged 12.

This investigation was continued during 1928 with the following results:—

		Boys.		Girls.		Total.
Thyroid not enlarged	...	264	...	234	...	498
Thyroid enlarged	...	1	...	1	...	2
		—		—		—
Total	...	265		235		500
		—		—		—

23. MISCELLANEOUS.

49 entrants for scholarships to the Secondary School received a special medical examination. Advice was given as required in matters arising out of the health of teachers.

MEDICAL INSPECTION RETURNS.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

(A) Routine Medical Inspections.

NUMBER OF CODE GROUP INSPECTIONS.

Entrants ...	...	...	...	...	739
Intermediates ...	...	...	...	...	720
Leavers ...	...	...	...	...	585
Total					2,044

NUMBER OF OTHER ROUTINE INSPECTIONS.

(1) Grammar School (Boys) ...	...	313
(2) Secondary School (Girls) ...	...	190
(3) Special School ..	...	68
(4) Open-Air School ...	...	22
Total		593

(B) Other inspections.

NUMBER OF SPECIAL INSPECTIONS	...	1,938
NUMBER OF RE-INSPECTIONS	...	5,162
Total		7,100

TABLE II.

(A) Return of Defects found by Medical Inspection in the year ended 31st December, 1928.

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 ...	12	29	13	...
SKIN :—				
Ringworm, Scalp ...	...	...	...	...
Ringworm, Body ...	...	...	6	...
Scabies ...	...	...	13	...
Impetigo ...	3	...	204	...
Other Diseases (Non-Tuberculous)	6	10	174	4
Minor Injuries (Bruises, Sores, etc) ...	2	...	632	5

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.
EYE :—				
Blepharitis	3	14	16	2
Conjunctivitis	2	2	17	...
Keratitis	1	...	3	...
Corneal Opacities	1	3	...	...
Defective Vision	121	166	142	12
(excluding Squint)				
Squint	13	19	10	3
Other Conditions ... ..	...	...	54	1
EAR :—				
Defective Hearing	1	15	8	6
Otitis Media	6	...	25	...
Other Ear Diseases ... ..	...	...	83	12
NOSE AND THROAT :—				
Enlarged Tonsils only	21	366	33	169
Adenoids only	7	5	11	1
Enlarged Tonsils and Adenoids	44	49	90	30
Other Conditions	14	28	130	26
Enlarged Cervical Glands (Non-Tuberculous)	3	196	45	78
Defective Speech ... ..	...	8	...	...
Teeth (Dental Diseases)	272	2,022	32	17
HEART & CIRCULATION :—				
Heart Disease—Organic	2	2	...	...
Functional ... ..	...	59	1	4
Anæmia	13	37	33	13
LUNGS :—				
Bronchitis	3	39	60	37
Other Non-Tuberculous Diseases ... ..	...	1	1	6
TUBERCULOSIS :—				
Pulmonary—				
Definite ... ..	...	...	...	...
Suspected ... ..	...	2	2	...
Non-Pulmonary—				
Glands ... ..	...	2	...	...
Spine ... ..	...	...	...	...
Hip ... ..	...	...	...	...
Other Bones & Joints ... ..	...	...	...	...
Skin ... ..	...	...	...	...
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.
NERVOUS SYSTEM:—				
Epilepsy ... ..	...	...	...	...
Chorea	1	...	...	2
Other Conditions ...	1	...	13	3
DEFORMITIES:—				
Rickets	1	1	...	...
Spinal Curvature ...	...	4	2	...
Other Forms	3	5	2	...
Other Defects and Diseases	23	49	859	94

(B) NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
Code Groups:—			
Entrants	739	59	7·9%
Intermediates... ..	720	115	15·9%
Leavers	585	73	12·4%
Total (Code Group) ...	2,044	247	12·7%
Other Routine Inspections... ..	593	153	25·8%

Table III. Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total.
BLIND (including partially blind).	(i.) Suitable for training in a School or Class for the totally Blind.	Attending Certified Schools or Classes for the Blind ...	...	2	2
		Attending Public Elementary Schools ...	...	...	...
		At other Institutions ...	...	1	1
		At no School or Institution	1	2	3
	(ii.) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ...	...	...	...
		Attending Public Elementary Schools ...	6	5	11
		At other Institutions ...	...	...	...
		At no School or Institution	1	...	1
DEAF (including deaf and dumb and partially deaf).	(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ...	1	...	1
		Attending Public Elementary Schools ...	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution	...	1	1
	(ii.) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ...	...	...	...
		Attending Public Elementary Schools ...	2	1	3
		At other Institutions ...	...	...	...
		At no School or Institution	...	...	...
MENTALLY DEFECTIVE.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ...	36	33	69
		Attending Public Elementary Schools ...	...	1	1
		At other Institutions ...	...	...	...
		At no School or Institution	1	...	1
	Notified to the Local Control Authority during the year.	Feeble-minded ...	...	...	...
		Imbeciles ...	...	...	...
		Idiots ...	...	...	...
EPILEPTICS.	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ...	2	1	3
		In Institutions other than Certified Special Schools...	...	...	...
		Attending Public Elementary Schools ...	...	...	...
		At no School or Institution	1	...	1
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools ...	2	1	3
		At no School or Institution	...	...	...

—			Boys.	Girls.	Total.
PHYSICALLY DEFECTIVE.	Infectious pulmonary and glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	...	...	...
		At other Institutions ... ..	...	...	...
		At no School or Institution	1	...	1
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	...	...	...
		At Certified Residential Open Air Schools ... ..	...	...	...
		At Certified Day Open Air Schools	3	2	5
		At Public Elementary Schools	10	4	14
		At other Institutions ... ..	...	...	...
		At no School or Institution	2	...	2
	Delicate children (e.g., pre-or latent tuberculosis, malnutrition, debility, anæmia, etc).	At Certified Residential Open Air Schools ... ..	...	...	...
		At Certified Day Open Air Schools	8	10	18
		At Public Elementary Schools	28	28	56
		At other Institutions ... ..	...	...	...
		At no School or Institution	...	1	1
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospitals approved by the Ministry of Health or the Board ... ..	...	...	...
		At Public Elementary Schools	2	2	4
		At other Institutions ... ..	...	1	1
		At no School or Institution	1	1	2
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools ... ..	...	...	...
		At Certified Residential Cripple Schools	2	2	4
		At Certified Day Cripple Schools ... ..	...	...	...
		At Public Elementary Schools	22	21	43
		At other Institutions ... ..	...	1	1
		At no School or Institution	3	3	6

Table IV. Return of Defects Treated during the Year ended 31st December, 1928.

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 ... ..	...	...	...
Ringworm, Body	6	..	6
Scabies	13	...	13
Impetigo	204	...	204
Other Skin Diseases	174	1	175
MINOR EYE DEFECTS (External and other, but excluding cases falling in Group II.)	90	...	90
MINOR EAR DEFECTS	116	...	116
MISCELLANEOUS (e.g., minor injuries, bruises, sores, chilblains, etc.).	632	4	636
TOTALS	1,235	5	1,240

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 practitioner or at hospital apart from the Authority's Scheme.	Otherwise.	Total.
ERRORS OF REFRACTION (Including Squint).	213	9	1	223
OTHER DEFECT OR DISEASE OF THE EYES (Excluding those recorded in Group I.)	...	...	...	...
TOTAL	213	9	1	223

Table IV.—(Continued).

Total number of Children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	...	...	190
(b) Otherwise	...	...	10

Total number of Children who obtained or received spectacles :—

(a) Under the Authority's Scheme	...	...	163
(b) Otherwise	...	...	10

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.		
153	15	168	305	473

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were :—

(a) Inspected by the Dentist :—

		Aged.		
Routine Age Groups	{	5	...	987
		6	...	1,157
		7	...	1,251
		8	...	1,495
		9	...	886
		10	...	1,009
		11	...	927
		12	...	966
		13	...	1,049
		14	...	249
Specials	...	...	...	1,310
Grand Total				11,286

(b) Found to require treatment ... 6,794

(c) Actually treated ... 2,117

(d) Re-treated during year as the result of periodical examination ... 109

(2) Half-days devoted to { Inspection 74 } Total ... 502
 { Treatment 428 }

(3) Attendances made by the Children for treatment ... 3,365

(4)	Fillings	...	...	{ Permanent teeth 1,211 Temporary teeth 713 }	Total ...	1,924
(5)	Extractions	...	...	{ Permanent teeth 240 Temporary teeth 2,650 }	Total ...	2,890
(6)	Administration of general anaesthetics for extractions					118
(7)	Other Operations			{ Permanent teeth 290 Temporary teeth 8 }	Total ...	298

ORTHOPÆDIC CLINIC.

THE PREVENTION AND TREATMENT OF CRIPPLING.

In the report for 1927 special attention was directed to the whole matter, both as regards the origin and history of the scheme, now fully in operation, together with full details of the arrangements made.

The new Orthopædic Clinic at the Royal East Sussex Hospital, adequate in size, fully equipped with all necessary appliances for the treatment of ambulant cases of crippling, with specialist surgeon and nurses, affords opportunities for treatment of the following classes of cases under the recognised scheme.

(a) Children of school age under the School Medical Service.

(b) Children under school age under the Maternity and Child Welfare Service.

(c) Cases of tuberculosis of all ages.

The Borough of Bexhill and the East Sussex County Council are associated with Hastings in this scheme. A proportion of the cost is borne by the parents in accordance with an income scale.

In order to secure the most satisfactory and permanent results it is necessary to diagnose crippling at the earliest possible stage, and to that end all the medical staff at the various clinics have the power to send up cases for consultation with the surgeon at the Orthopædic Clinic, treatment following if necessary. A corollary to this is the necessity for following up the cases after termination of treatment in order that the slightest signs of relapse should be noted and necessary steps taken.

The main elements of the scheme now in operation include :—

(a) **Initial Consultation and Systematic Supervision of treatment by the Orthopædic Surgeon.**

(b) **Remedial Treatment by Orthopædic Surgeon and Nurse,** including application of plaster splints, provision of boots, instruments, treatment by massage, special apparatus and exercises, and electricity.

(c) **Specialised Treatment.**

Sun-Ray Treatment—in cases recommended by the Surgeon.
X-Rays—for diagnosis or treatment.

(d) **In-Patient Treatment.**

At the Royal East Sussex Hospital for cases requiring operative treatment without prolonged stay in the case of children of school age, but without relation to length of stay in children under school age or in adults with tuberculous lesions causing crippling. There is an excellent children's ward, with sun-balcony, now in being, but the existing provision will be greatly improved in the near future by the addition of the special sun-corridor and ward specially designed for surgical tuberculosis and rickets. Under this scheme six cases were admitted during 1928.

(e) **Institutional Cases.**

Children of school age requiring institutional treatment and training are sent to the well-known Chailey Heritage for Cripples, where education and vocational training are combined with great advantage. At the commencement of this year six cripples were in residence—all doing well.

With regard to the Orthopædic Scheme at Hastings, the number of cases under treatment at the end of the year was 55, including :—

(a) **SCHOOL MEDICAL SERVICE.**

Infantile Paralysis	...	...	7 cases.
Congenital Conditions	...	...	6 „
Developmental	...	...	8 „
Miscellaneous	...	...	7 „
Total	...	28	„

(b) MATERNITY AND CHILD WELFARE.

Infantile Paralysis	...	...	4 cases.
Congenital Conditions	...	...	10 „
Rickets	...	...	4 „
Developmental	...	...	1 „
<hr/>			
Total	...	...	19 „
<hr/>			

(c) TUBERCULOSIS ... 8 cases.

Quarterly reports are rendered by the Surgeon as to the progress of the cases, the nature of the treatment and recommendations as to the future.

The total attendances during the year totalled 2,342, not including 155 attendances for Sun-Ray Treatment. The number of new cases referred for treatment were:—

Maternity and Child Welfare Services	15 cases.
School Medical Service	... 35 „
Tuberculosis	... 2 „
Sun-Ray Treatment	... 8 „
<hr/>	
Total	... 60 „
<hr/>	

In addition to the cases of crippling coming under the Orthopædic Clinic, a considerable number of cases of minor deformity are diagnosed at the School Medical Inspections and at the Clinics. For these special exercises and treatment are prescribed under the supervision of the School Medical Officer, who may later on, if necessary, pass the cases on to the Orthopædic Clinic.

The chain of treatment appears complete, but one weak link is the difficulty making parents understand the necessity for prolonged treatment, and persisting in exercises at home. It is very essential, indeed, for all concerned, the parent, the teacher, the nurse, and the medical man, to watch and encourage these cases after discharge, and to arrange for the resumption of treatment at once if a relapse be threatened.

REPORT OF PUBLIC HEALTH LABORATORY WORK, 1928.

The work was carried out in the laboratory of the Royal East Sussex Hospital under Dr. A. H. H. Huckle, and Dr. J. N. Kilner during the period of Dr. Huckle's illness. In view of the prevalence of diphtheria in the latter half of 1928, there was a considerable increase in the number of throat swabs sent for examination from various sources.

SOURCE OF SPECIMENS.	NATURE OF SPECIMENS.	NUMBER.	RESULT.
A. General Practitioners & Borough Sanatorium.	Sputum for Tubercle Bacilli	329	41 Positive.
	Throat Swabs for Diphtheria	2070	620 "
	Widal Examination for Typhoid	34	9 "
	Miscellaneous. ...	315	
B. School Medical Service.	Throat Swabs for Diphtheria, etc.	115	15 Positive.
C. Tuberculosis Dispensary.	Sputum for Tubercle Bacilli	124	20 Positive.
	Urine for Tubercle Bacilli	4	Nil.
	Total Specimens examined	2991	

DIPHTHERIA ANTI-TOXIN.—Supplies are kept at the Health Department and at Police Stations, and issued on request to the medical practitioners of the town.

GENERAL SANITARY ADMINISTRATION.

(1) LOCAL ACTS AND ORDERS, BYELAWS, ADOPTIVE ACTS.

The titles of Local Acts, Orders, etc., have been fully set out in all recent reports.

Reference is made p. 94 to the adoption of Model Byelaws under the Nursing Homes (Registration) Act, 1928.

(2) PUBLIC HEALTH PROPAGANDA.

A good deal of quiet but insistent public health propaganda work has been carried out either directly or indirectly by the Public Health Department. In the early part of the year the National Society for the Prevention of Tuberculosis paid a visit with their caravan and cinematograph, displaying films on the prevention and treatment of tuberculosis to two large audiences both of adults and school children.

In September, 1928, appeared the first Hastings edition of "Better Health," the Official Journal of the Central Council for Health Education of the Society of Medical Officers of Health, of which 2,000 copies are distributed free each month mainly through the elder school children, the mothers attending various clinics and the out-patient departments of the hospitals. Each number contains a leading article by the Medical Officer of Health with topical allusions, and also a summary and time table of some branch or other of the activities of the Health Department. The general part of "Better Health" contains simple but authentic articles, brightly written by well-known authorities on various matters of importance in connection with health, both personal and communal. I have had numerous appreciations of the interest taken in the journal by people of all ages, and in the sure belief that definite good is being accomplished propose to continue the work involved in the preparation of the leading articles and the distribution of the magazine.

The Public Health Department always holds a stock of authoritative articles on important health subjects such as measles, influenza, cancer, tuberculosis, pneumonia, etc., for distribution throughout the year or during the period of prevalence of any of the complaints by the Health Visitors or at the Clinics. The Medical Officer of Health has from time to time addressed meetings of the St. John's Ambulance, Red Cross Society and other bodies on matters of health, while meetings attended by mothers and children have been addressed by the Health Visitors. An endeavour is always made to get well-known speakers on health subjects to address annual meetings of Voluntary Societies associated with Public Health and, while these addresses may only be heard by a limited audience, they are fully reported in the public press.

(3) NURSING HOMES (REGISTRATION) ACT, 1928.
Midwives and Maternity Homes Act, 1926. Part II.
NURSING HOMES REGISTRATION ACT, 1928.

	January 1st to June 30th, 1928.	July 1st to December 31st, 1928.		
		Maternity Homes.	General Nursing Homes.	Maternity & General Nur- sing Homes.
1. Number of applica- tions for registra- tion	Nil.	Nil.	16	3
*2. Number of Houses registered	Nil.	...	6	3
3. Number of orders made refusing or can- celling registration	Nil.	...	...	...
4. Number of appeals against such orders	...	...	...	...
5. Number of cases in which such orders have been				
(a) confirmed on appeal ...	...	...	...	...
(b) disallowed ...	...	...	...	...
6. Number of applica- tions for exemption from registration ...	...	...	...	...
7. Number of cases in which exemption has been				
(a) granted ...	...	...	...	...
(b) withdrawn ...	...	...	...	...
(c) refused ...	...	...	...	...

*Total number previously registered 8.

The main work in connection with the Nursing Homes (Registration) Act of 1928 has been confined to the inspection of Homes by the Medical Officer of Health after application for registration, and reports to Committee on these applications. Several of the Homes inspected were properly equipped and staffed and efficient for the reception of all kinds of medical or surgical cases. Other applications were from Homes equipped and staffed

for medical cases only, generally of a chronic or elderly senile type, or so called "nerve" cases.

With regard to the applications the Committee have taken up the line that no Nursing Home should be registered unless it reaches a reasonable standard of construction, sanitation, equipment and general hygiene, with at least one "qualified nurse" as defined by the Act. Small homes admitting senile or chronic cases only without a "qualified nurse" have not been registered, and should not be called Nursing Homes in the strict sense of the word.

The Model Byelaws of the Ministry of Health have been adopted, and periodical inspection of all Homes in the town for the purposes of the Act will be carried out by the Medical Officer of Health.

The Nursing Homes (Registration) Act, 1928 has been generally welcomed by the Nursing Profession as tending to raise the standard of Nursing Homes throughout the country in every direction to the advantage of the general public who will in time discriminate between a duly Registered Nursing Home and the type of unregistered premises mentioned above.

(4) WATER SUPPLY.

The water supply remains as previously described, 8 deep wells in the Ashdown Sand, with supplemental supplies from the Brede River and the Alexandra Park Reservoirs, the latter two sources of supply being chlorinated with satisfactory results according to periodical analyses, both chemical and bacteriological.

During the year a plant for dealing with the recurring trouble of iron deposit in the water especially after rain storms has been laid down, whereby a definite strength of a solution has been added which brings down the deposit in the form of an aluminous precipitate in the filter beds. So far the results appear to be eminently satisfactory.

The two Sedlescombe wells have not been taken into general use so far, except one for a short period during the summer of 1928.

The future of the water supply in Hastings is now assured as a result of the passing of the recent Act dealing with this matter, whereby the Great Sanders Estate, acting as a reservoir with its feeding springs and streams, will provide an abundant supply of

soft water, capable of being purified by adequate storage with filtration and if necessary chlorination in addition. The works are now in hand, but both patience and economy in water consumption must be exercised for a few years until the completion of the scheme.

(5) DRAINAGE AND SEWERAGE.

The house drainage of the Borough is generally in good condition, a considerable amount of work being carried out each year under the supervision of the Sanitary Inspectors.

The sewers are under the control of the Borough Engineer, who has the matter of their condition and adequacy under investigation, and who will in due course be reporting on the whole matter. During 1927 a considerable portion of the sewer in the Ore Valley was renewed.

Progress in the removal of cesspools in the rural districts of the Borough is now slow, owing to the inaccessibility of sewers.

(6) SCAVENGING.

The collection and disposal of refuse are in the hands of the Borough Engineer, who is now revising the whole system.

Collection is being carried out by a combination of horse and motor vehicles by the Pagefield system.

It is agreed generally that this system is more efficient and probably more economical than the old horse hauled vehicles, and it will accordingly be extended gradually throughout the Borough. At the same time there is still a demand for more frequent removal of refuse from hotels, lodging-house keepers and boarding houses in the summer months. The reason for this demand in many cases appears to be due to the fact that all cooking and heating of water is done by gas, and there is no kitchen boiler. It is claimed that practically all house refuse can be consumed in one of the modern coke or anthracite boilers, and, of course, from a hygienic point of view this is the most satisfactory method, besides being very economical and helpful, if carried out by numerous householders, to the scavenging department. It is understood that, on payment of the actual cost, arrangements will be made for additional removal of refuse.

The destructor at Rock-a-Nore is capable of dealing with all the refuse of the town.

During the year 352 galvanised dustbins were provided as a result of notices from this department.

(7) SANITARY INSPECTION OF DISTRICT.

(a) SANITARY INSPECTORS' SUMMARY FOR 1928.

	Eastern District.	Western District.	Northern District.	Central District.	Total.
1. Visits of inspection to drainage works in progress	137	84	91	149	461
2. Visits of inspection to works in connection with notices	471	249	273	417	1410
3. Visits to outworkers' premises ... ..	...	...	2	21	23
4. Inspection of bakehouses	83	21	15	113	232
5. " " slaughterhouses	353	229	1574	463	2619
6. " " dairies, cowsheds and milk shops... ..	121	29	109	125	384
7. Enquiries respecting Infectious Diseases, etc.	60	62	69	113	304
8. Drain tests applied	68	60	29	87	244
9. Houses and premises provided with new water-tight drains, properly intercepted and ventilated	10	9	18	5	42
10. Cesspools emptied and cleansed ... ..	...	...	7	...	7
11. Cesspools abolished ... ..	...	...	...	...	...
12. Drains cleared and amended	49	43	64	132	288
13. New iron and lead soil and ventilating pipes fixed	17	7	29	7	60
14. New closets fixed	23	14	27	27	91
15. Closets amended	24	29	48	114	215
16. New flushing boxes provided, necessary storage cisterns being fixed where required	16	14	29	44	103
17. Flushing boxes repaired	21	32	35	25	113
18. Glazed stoneware sinks fixed, fitted with proper wastepipes and trapped where necessary	11	23	24	12	70
19. Yards repaved	19	13	71	54	157
20. Sanitary ashbins provided	33	137	47	135	352
21. Accumulations of manure and other refuse removed	17	27	38	37	119
22. Rooms, etc., cleansed and whitewashed	131	144	416	251	942
23. Nuisances abated from animals improperly kept	4	1	9	7	21
24. Nuisances abated from chimneys sending forth black smoke ... ..	...	...	...	3	3
25. Nuisances abated from overcrowding	1	...	12	5	18
26. Miscellaneous repairs	79	82	225	291	677
27. New W.C.'s erected	2	6	4	10	22
28. New urinals constructed	1	2	...	7	10
29. Inspection of premises where food is exposed for sale	488	949	372	1348	3157

(b) General Summary.

Inspection and Re-inspection of premises—visits	...	9,974
Houses and Premises inspected	... ..	5,277
Complaints investigated	... ..	559
Complaints investigated under Rats and Mice (Destruction) Act	... ..	59

The great majority of nuisances are dealt with by the Inspectors interviewing the owners or agents without service of written notices.

PRELIMINARY NOTICES.

Number of Notices served during the year 1928...	...	327
„ „ „ complied with during the year 1928		295
„ „ „ not complied with during the year 1928	... ..	15
„ „ „ reported to the Public Health Com- mittee during the year 1928	..	14
„ „ „ served during the year 1928 which are still receiving attention	...	3
„ „ „ served during the year 1928 which were partly complied with...	...	nil.

OTHER NOTICES.

Legal Notices served by Town Clerk	... ..	42
Premises inspected under Increase of Rent and Mortgage Interest (Restrictions) Acts, 1920 and 1923	... ..	10
Certificates granted	do. do. ..	9

MILK AND DAIRIES (CONSOLIDATION) ACT, 1915.**MILK AND DAIRIES (AMENDMENT) ACT, 1922.****MILK AND DAIRIES ORDER, 1926.**

Number of Preliminary Notices served during 1928	...	1
--	-----	---

(8) INSPECTION AND SUPERVISION OF FOOD.**(a) Milk Supply of District.**

Retail Purveyors of Milk on Register, 1928	... ..	101
Wholesale Traders or Producers, 1928	... ..	23
Purveyors of Certified or Grade (A) Milk, 1928	...	4

Considerable improvements have been made gradually under the Milk and Dairies Order of 1926, both as regards alterations in premises, and the general methods of working, this being

combined with improved methods of storing and cleansing. The amount of milk sold in bottles has increased. The small general shop, selling milk as a side line, has now almost dropped out of the trade.

The dairy farms within the Borough are also being gradually improved as regards the general hygiene and methods of working.

The chemical analyses of milk taken throughout the year were generally satisfactory.

Twelve samples of milk were submitted for bacteriological examination at the laboratory of the Royal East Sussex Hospital. In 3 cases pus cells and evidence of excessive dirt were reported, and as a result of investigation of the herd affected by the Veterinary Officer of the Rural District Council certain cows were removed after which the milk was satisfactory. Of the 12 samples, 9 were investigated for tubercle bacilli by biological tests, with negative results. This work will be continued and in fact extended, as it is the most scientific and certain method, when combined with expert clinical examination of the herds by a Veterinary Officer, of detecting tuberculosis.

The following work was carried out under the Tuberculosis Order of 1926.

Total number of animals examined by Veterinary

Inspector	...	...	...	...	...	36
Tuberculin test applied	...	...	...	...	...	3
Animals slaughtered under order	..	...	...	...	...	2

The result of post-mortem examination showed advanced tuberculosis in each case.

(b) **Meat.**

All the slaughter-houses are privately owned, three being used only for slaughtering pigs, and one licensed as a knackery.

	In 1920.	In Dec. 1928.
Registered Slaughter-houses	... 16	... 12
Licensed	... 4	... 4

The humane-slaughtering byelaws have operated without difficulty or friction.

The Public Health (Meat) Regulations, 1924, continue to work satisfactorily as regards the notification of slaughtering, diseased animals, etc., the number of carcasses inspected having considerably increased. The standard of several of the smaller

outlying slaughter-houses, as regards structure and general arrangements, comes below modern requirements, and the owners would be well advised to consider a reduction of the number and concentration of the work in larger and more hygienic premises.

The general hygiene of the butchers' shops shows a gradual improvement in accordance with the trend of the times, one notable feature being the extended and increasing use of electrical refrigeration.

TUBERCULOUS MEAT CONDEMNED IN 1928.

Whole Carcases.

<i>Beasts.</i>	<i>Calves.</i>	<i>Heifers.</i>	<i>Pigs.</i>
5	1	2	5

Portions of Carcases.

BEEF.

<i>Forequarters.</i>	<i>Internal Organs.</i>	<i>Hindquarter.</i>
13	5 whole sets.	1
16 stones.	2 Ox livers.	

<i>Pigs Heads.</i>	<i>Pork.</i>
10	20 lbs.

MEAT (OTHER THAN TUBERCULOUS) CONDEMNED IN 1928.

Whole Carcases.

<i>Heifers.</i>	<i>Pigs.</i>	<i>Sheep.</i>
1	5	3

Portions of Carcases.

<i>Beef.</i>	<i>Mutton.</i>	<i>Lamb.</i>
129 stones.	3 stones.	5 stones.
		6 Forequarters.
		1 Hindquarter.

<i>Livers.</i>	<i>Kidneys.</i>	<i>Suet.</i>	<i>Ox Tongues.</i>
Ox 153	Ox 5½ lbs.	9½ stones.	4
Pigs 4	Pig 5 lbs.		
Sheep 276			
Lamb 1			

<i>Trimming's.</i>	<i>Veal.</i>	<i>Pork.</i>	<i>Lungs.</i>
9 stones.	17 stones.	7 lbs.	Pig 6 sets.

(c) **Other Foods.**

Premises where food is manufactured, prepared, stored or exposed for sale, especially in the central district of the Borough, received active attention, 3,157 visits being paid.

Considerable attention has been devoted by the Medical Officer of Health and the Sanitary Inspectors to the condition of the kitchens of the hotels and restaurants in the central part of the town, where many of the kitchens are underground and modern standards of hygiene are, from the very nature and construction of the premises, very difficult. As a result of persuasion and explanation of the powers possessed under the Public Health Act, 1925, and the Hastings Corporation Act, 1924, the standard of several of these premises has been considerably improved both as regards the structure and the method of working.

As regards the exhibition of food for sale ready for consumption on counters and stands, *e.g.*, sweets, cakes, fruit, pies, etc., there is still considerable room for improvement in the way of protection against flies and dust. Traders should take practical steps to protect the food, while the discriminating public should select the best protected food.

Sundry Food Stuffs Condemned, 1928.

- 432 Eggs.
- 102 Tins Condensed Milk.
- 5 Tins Baked Beans.
- 6 Tins Chicken and Ham Roll.
- 13 Packets Quaker Oats.
- 24 Tins Salmon.
- 30 lbs. Sausages.
- 3 Tins Corned Beef.
- 24 Tins Mixed Fruits.
- 24 Jars Jam.
- 7 Jars Potted Meat.
- 1 Bottle Tomatoe Sauce.
- 21 lbs. Desiccated Cocoanut.

Fish Condemned, 1928.

	Cases.	Boxes.	Stones.	lbs.	Barrels.	Kits.	Galls.	Baskets.	Bushels.	Washes.	Quarts.	Bowls.	Bags.
Coalfish	4	...	...	...	...	...	...	...	...	...	...	...	...
Mackerel	1	1	7½	...	...	...	...	...	...	...	...	...	...
Herrings	2	3	3	...	1	...	...	...	...	...	...	...	...
Haddocks	1	28	8	...	...	...	...	...	...	...	...	...	...
Dabs	4	...	4	...	...	...	...	...	...	...	...	...	...
Whiting	½	...	5	...	...	...	...	...	...	...	...	...	...
Mixed Fish	...	...	4	...	...	...	...	...	...	...	...	...	...
Cod	...	...	4½	...	...	...	...	...	...	...	...	...	...
Roes	...	1	1	...	...	...	...	...	...	...	...	...	...
Plaice	11½	5	38	...	...	...	...	...	...	...	...	...	...
Kippers	...	31	...	...	...	...	...	...	...	...	...	...	...
Jellied Eels	...	...	...	...	...	...	...	...	...	...	...	6	...
Codlings	...	16	...	...	...	...	...	...	...	...	...	...	...
Dog Fish	...	3	14½	...	...	...	...	...	...	...	...	...	...
Chats	...	...	9	...	...	...	...	...	...	...	...	...	...
Smoked	...	...	...	...	...	...	...	...	...	...	...	...	...
Haddocks	...	9	...	...	...	...	...	...	...	...	...	...	...
Witches	4½	3	6	...	...	...	...	...	...	...	...	...	...
Crabs	...	...	...	102	...	...	...	...	...	...	...	...	...
Megrims	1	1	...	...	...	...	...	...	...	...	...	...	...
Smoked	...	...	...	...	...	...	...	...	...	...	...	...	...
Whiting	...	1	2	...	...	...	...	...	...	...	...	...	...
Salmon	...	...	2	8½	...	...	...	...	...	...	...	...	...
Halibut	...	3	...	...	...	...	...	...	...	...	...	...	...
Bloaters	...	14	23	...	...	...	...	...	...	...	...	...	...
Hake	...	...	2½	...	...	...	...	...	...	...	...	...	...
Whelks	...	...	...	...	...	...	...	...	9½	...	...	...	...
Fillets	...	42	6	...	...	...	...	...	...	...	...	...	...
Shrimps	...	1	...	...	...	...	18	15½	...	...	...	...	...
Lemon Soles	1½	...	...	7	...	...	...	...	...	...	...	...	...
Mullet	...	...	...	...	...	...	...	1	...	...	...	...	...
Cockles	...	...	5	...	...	...	...	...	...	...	...	...	...
Oysters	700	...	...	...	...	...	...	...	...	...	...	...	...
Chat Haddocks	1	...	...	...	...	...	...	...	...	...	...	...	...
Smoked	...	...	...	...	...	...	...	...	...	...	...	...	...
Codlings	...	7	...	...	...	...	...	...	...	...	...	...	...
Flounders	...	...	3	...	...	...	...	...	...	...	...	...	...
Mussels	...	...	...	...	...	...	...	...	...	...	...	...	2

Total weight of fish condemned, 829 stones, 6lbs.

(d) Sale of Food and Drugs Acts.

During the year 206 samples were taken and submitted to the Borough Analyst, Mr. Norman, at the School for Science. The following are particulars of the samples, results of analysis and the action taken in certain cases.

MILK :—104 samples taken, 90 genuine, *i.e.*, above the legal standard ; 14 adulterated, as follows :—

<i>Report of Analysis.</i>	<i>Action Taken.</i>
(a) Fat 3·66% ; Solids not fat 7·54% ; Water 88·80% ; 11·3% added water	Followed up by formal sample from Producer (d).
(b) Fat 3·71% ; Solids not fat 5·45% ; 36% added water - - -	
(c) Fat 3·43% ; Solids not fat 6·27% ; Water 90·30% ; 26·2% added water	
(d) Fat 2·65% ; Solids not fat 5·24% ; Water 92·11% ; 38·3% added water	Fined £5.
(e) Fat 2·81% ; Solids not fat 8·68% ; 4·3% deficient in fat.	Informal sample followed up by formal samples which were satisfactory.
(f) Fat 2·92% ; Solids not fat 6·96% ; Water 90·12%.	Do.
(g) Fat 2·18% ; Solids not fat 8·83% ; 27·3% deficient in fat at least.	Do.
(h) Fat 2·94% ; Solids not fat 8·56%	Do.
(i) Fat 2·86% ; Solids not fat 8·94% ; 4·7% deficient in fat.	Do.
(j) Fat 2·93% ; Solids not fat 8·83% ; 2·3% deficient in fat.	Do.
(k) Fat 2·89% ; Solids not fat 8·81% ; 3·7% deficient in fat.	Do.
(l) Fat 2·32% ; Solids not fat 8·08% ; 5% added water and 17·7% deficient in fat.	Do.
(m) Fat 2·91% ; Solids not fat 8·50% ; 3% deficient in fat.	Do.
(n) Fat 4·08% ; Solids not fat 9·25% ; contained blood.	Do.

The following 2 samples were not genuine.

Margarine :—2 informal samples from the same source.

- | | |
|---|---|
| (1) 17·8% of water ; 1·8% above the limit of 16%. | } Referred to Ministry
of Agriculture. |
| (2) 16·6% of water ; exceeds maximum permitted. | |

The following 100 samples were all genuine :—Butter, 17 ; Margarine, 8 ; Cream, 6 ; Condensed Milk, 5. (Also purchased under the Condensed Milk Regulations) :—Cheese, 2 ; Lard, 9 ; Rissole, 1 ; Pepper, 4 ; Baking Powder, 4 ; Custard Powder, 1 ; Table Jelly, 3 ; Rice, 1 ; Coffee, 1 ; Arrowroot, 2 ; Meat Paste, 7 ; Jam, 1 ; Tapioca, 2 ; Flour, 6 ; Olive Oil, 2 ; Sugar, 1 ; Cocoa, 1 ; Vinegar, 3 ; Sago, 2 ; Lemonade Powder, 1 ; Egg Substitute, 2 ; Toffee, 1 ; Glycerine, 1 ; Boar's Head, 1 ; Ground Ginger, 3 ; Cake Mixture, 2.

(9) FACTORIES, WORKSHOPS AND WORKPLACES.**1—Inspection of Factories, Workshops and Workplaces.**

Premises	Number of		
	Inspections	Written Notices	Prosecutions
Factories (Including Factory Laundries)	112	7	...
Workshops (Including Workshop Laundries)	313	13	...
Workplaces (Other than Out Workers' Premises included in Part 3 of this Report) ...	1842	25	...
Total	2267	45	...

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	101	96	...	...
Want of Ventilation	2	2	...	...
Overcrowding ... ..	...	...	...	...
Want of drainage of floors ... ..	...	...	...	...
Other Nuisances	69	66	...	...
Sanitary accommodation { insufficient	1	...	...	...
{ unsuitable or defective	12	12	...	...
{ not separate for sexes ... ..	...	...	...	...
<i>Offences under the Factory and Workshop Act:</i>				
Illegal occupation of underground bakehouse (S. 101) ... ..	...	...	...	...
Other offences (excluding offences relating to out-work and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921) ... ..	...	...	...	...
Total	185	176	..	...

* Including those specified in Sections 2, 3, 7, and 8, of the Factory and Workshops Act 1901 as remediable under the Public Health Acts.

3—Home Work.

29 lists were sent in, with 16 contractors and 38 workmen.

Class.	Number.
4.—REGISTERED WORKSHOPS.	
Workshops on the register (S. 131) at the end of year.	386
5.—OTHER MATTERS.	
Matters notified to H.M. Inspector of Factories :	
Failure to affix Abstract of the Factory and Workshop Act (S. 133, 1901)	1
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 ... Nil
	Reports (of action taken) sent to H.M. Inspector ... Nil
Other	1
Underground Bakehouses (S. 101) :	
Certificates granted during the year	Nil
In use at the end of the year	29

4—Shops Act

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

(10) DISINFECTING & CLEANSING STATION AMBULANCE WORK. HOUSE, ETC., DISINFECTION.

(a) Disinfecting Station—Summary of Articles Disinfected.

	Private Houses.	Public Institutions, Hospitals, Homes	Upholsterers, Private Firms.	From other Sources.
Mattresses... ..	528	1,041	131	48
Blankets	945	1,854	56	156
Pillows	1,156	3,458	154	1
Other Articles and Clothing ... }	2,557	1,420	198	13
Total... ..	5,186	7,773	539	218

(b) Cleansing Station.

	Numbers bathed for			Sets of Clothing Disinfected.
	Scabies.	Vermin.	Other Causes.	
Adults	19	4	2	25
School Children ...	90	42	Nil.	132
Children under School Age ...	1	Nil.	Nil.	1
Total... ..	110	46	2	158

(c) Premises Disinfected.

Dwelling Rooms.	Hospital Wards.	School Rooms.	Offices, Shops.	Cells.	Miscellaneous. Name if necessary.
554	18	3	Nil.	13	Ambulance Garage, etc.

No complaints received as to injury to or loss of articles disinfected.

(d) Lethal Chamber.

FOR AGED, INFIRM AND DISEASED CATS AND DOGS.

Dogs destroyed	...	...	...	...	88
Cats destroyed	...	...	...	...	95

(e) Any other Work.

Dealing with condemned fish at the Fishmarket.

(f) Ambulance and Disinfecting Van.

1. Number of journeys removal of patients...	284
2. Number of journeys removal of bedding...	2,056
3. Number of journeys disinfection of houses	578

(11) REPORT OF INSPECTOR OF COMMON LODGING HOUSES FOR 1928.

The registered Common Lodging Houses in the Borough are visited from time to time and are kept in a cleanly condition. The houses are swept daily, and cleansed thoroughly twice each year, the bedding being cleansed and renewed as required. A

good standard of health is maintained and no cases of infectious diseases have been notified. The houses are well conducted by the keepers.

(12) HOUSING.

The Corporation in 1927 completed the present building scheme at Fairlight, the total houses erected being in the neighbourhood of 450.

The demand for houses has not yet been met, judging from the very considerable waiting list for Corporation Houses and the number of applications from families suffering from gross overcrowding or living in insanitary premises which pass through this department. In the Central and St. Leonards districts a large number of families continue to live in basements, which are in many instances entirely unsatisfactory from every point of view as dwelling places. In addition, scattered throughout the town are small patches of property, quite below the reasonable modern standard, but generally let at a low rent to families, who as a rule could not afford the rent of Council houses. Other families can still be found living in one or two rooms as sub-tenants, often paying heavy rents, and apparently capable of paying for separate houses.

Families in basements or overcrowded in sub-let rooms require most consideration. The only means of solving the problem in these cases is the provision of additional houses. With regard to cottage property approaching the worn out stage there is an alternative method, viz., re-conditioning and modernising, whereby suitable accommodation in the district required at a reasonable rent can be secured. There is much to be said for schemes of this type which have been successfully commenced by voluntary associations in various communities with the blessing of the Ministry of Health. In Hastings there are now several transformations of old houses, all carried out by private enterprise, with excellent results.

The considerable amount of house repairs carried out under the auspices of the Health Department is shown under Housing Statistics.

HOUSING STATISTICS, 1928.

Number of new houses erected during the Year:—

(a) Total	...	...	...	...	...	...	...	117
(b) With state assistance under the Housing Acts :—								
(i) By the Local Authority	..	...	...					Nil.
(ii) By other bodies or persons	...	...	...					Nil.

Unfit Dwelling Houses.

1. INSPECTION.

1.	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	1,075
2.	Number of dwelling-houses (included under sub-head (1) above which were inspected and recorded under the Housing Consolidated Regulations, 1925)	186
3.	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	14
4.	Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	700

II. REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	602
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III. ACTION UNDER STATUTORY POWERS.

A. Proceedings under Section 3 of the Housing Act, 1925 :—

1.	Number of dwelling-houses in respect of which notices were served requiring repairs	...	3
2.	Number of dwelling-houses which were rendered fit :—		
	(a) by owners	...	2
	(b) by Local Authority in default of owners	...	Nil.
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	6
2. Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) by owners	6
(b) by Local Authority in default of owners	Nil.
C. Proceedings under Section 11, 14, and 15 of the Housing Act, 1925 :—	
1. Number of representations made with a view to the making of Closing Orders	14
2. Number of dwelling-houses in respect of which Closing Orders were made	14
3. Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit ..	7
4. Number of dwelling-houses in respect of which Demolition Orders were made	4
5. Number of dwelling-houses demolished in pursuance of Demolition Orders	4

METEOROLOGY.

I am as usual greatly indebted to Mr. W. Ruskin Butterfield, Meteorologist for the Borough, who has compiled the following notes with regard to weather conditions during 1928.

(1) **Bright Sunshine.**—The total number of hours of bright sunshine registered during 1928 was 1983·0, yielding a daily average of 5·42 hours, and representing 44% of the total possible amount. The monthly totals were as follows :—January 66·3, February 117·1, March 127·6, April 150·6, May 218·5, June 259·2, July 319·6, August 239·6, September 238·8, October 116·2, November 68·2, and December 61·3. Neighbouring towns to the East, North, and West of Hastings, namely Folkestone, Tunbridge Wells, and Eastbourne had total amounts for the year respectively of 1858·5 hours, 1810·7 hours, and 1991·8 hours. A few other totals may be given for comparison :—

Bexhill 1930·6, Blackpool 1436·0, Bournemouth 1809·7, Brighton 1925·1, Dover 1886·5, Falmouth 1733·5, Felixstowe 1733·5, Ilfracombe 1531·3, Newquay 1726·3, Penzance 1730·8, Scarborough 1524·0, Scilly 1870·2, Skegness 1698·3, Torquay 1845·7, Yarmouth, 1733·5.

(2) **Rainfall.**—Precipitation during the year reached the total of 38·10 ins., being 10·27 ins. in excess of normal. The wettest day was October 22nd with a fall of 1·2 mm. Folkestone had a total rainfall of 33·48 ins., Tunbridge Wells 33·88 ins., and Eastbourne 34·73 ins. Rainfall was in excess of the normal throughout the South-East of England during the year. Snow fell at Hastings on 7 days, hail on 12 days, and there were 10 thunderstorms.

(3) **Temperatures.**—The mean daily maximum shade temperature for the year was 57·0 F., being 1·6 above the normal. The mean daily minimum shade temperature was 45·8 F. (normal 44·5). The warmest day was July 15th, when the temperature rose to 80. The warmest night was that of July 15th-16th, when the temperature did not sink below 67. The coldest day was March 11th, with a maximum of 34, and the coldest night was that of March 12th-13th, when the temperature sank to 25. At Folkestone the absolute maximum for the year was 84, and the absolute minimum 22; at Tunbridge Wells the highest temperature was 88, and the lowest 20; at Eastbourne the highest temperature was 85, and the lowest 23. Ground frosts occurred at Hastings on 43 nights, against 42 at Folkestone, 99 at Tunbridge Wells, and 51 at Eastbourne. The mean shade temperature for the year at Hastings at 9 a.m. was 52·1, and at 9 p.m. 50·2. The mean temperature of the earth at the depth of one foot was 52·6, and at four feet 52·3. The mean vapour pressure at 9 a.m. was 10·9 millibars, and the relative humidity was 80%, while the corresponding values for 9 p.m. were 10·7 millibars and 84%. The mean maximum shade temperature for the year at Folkestone was 57·5, and the mean minimum 45·4; the corresponding values at Tunbridge Wells being 57·8 and 42·7, and at Eastbourne 57·0 and 46·0.

(4) **Winds.**—Westerly and South-Westerly winds predominated as usual during the year. Gales were recorded on six days at 9 a.m., and on seven days at 9 p.m.

APPENDIX.

(1) STAFF OF THE HEALTH DEPARTMENT, 1928.

NAME OF OFFICERS.	OFFICES HELD
*G. R. BRUCE, M.A., M.D., D.P.H. ...	Medical Officer of Health; School Medical Officer; Tuberculosis Officer; Superintendent Medical Officer, Borough Sanatorium.
*J. YOUNG, M.B., CH.B., D.P.H.	Deputy Medical Officer of Health; Deputy School Medical Officer.
*A. H. H. HUCKLE, M.R.C.S., L.R.C.P., D.P.H., ETC.	Medical Officer, Borough Sanatorium; Bacteriologist; Medical Officer, Venereal Diseases Clinic. (Part time).
*W. D. PENFOLD, L.D.S., R.C.S.ENG.	School Dentist.
G. M. NORMAN, F.I.C., A.R.C.S., F.C.S.	Borough Analyst.
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.
E. H. ANDREWS, (a) ...	
E. W. JONES, (a) (b) ...	
H. F. VENESS, (c) (b) ...	
*Miss S. A. MYERS, (d) (e) ...	Health Visitor, Tuberculosis; Inspector of Midwives.
*Miss L. ANDREW, (d) (e) ...	Health Visitor, and School Nurse.
*Miss T. HARRIS, (a) (d) (e) (f) ...	do. do.
*Mrs. A. ESHELBY, (d) ...	do. do.
*Miss E. PARKHOUSE, (d) ...	School Nurse, Clinics.
Miss G. HICKSON, (a) (d) (e) (f) ...	Health Visitor, and School Nurse.
Miss F. POLLARD, (d) (g) ...	Matron, Borough Sanatorium.
*C. L. WHEATLEY ...	Chief Clerk.
*Miss H. E. CHESHIRE ...	Clerk, Maternity and Child Welfare. Tuberculosis.
H. R. H. ASHLEY ...	Clerk, Sanitary Inspector's Office.
H. A. J. BISSENDEN ...	Clerk, General Office.
*Miss G. M. A. BARKER ...	Senior Clerk, School Medical Service.
*Miss D. G. COOTE ...	Clerk, do. do.
*Miss E. R. GARAWAY ...	Clerk, do. do.
*Miss G. R. JOHNS ...	Clerk, School Dentist.

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

- (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 OF PROVISION OF HEALTH SERVICES.

(a) Hospitals Provided or Subsidised by Local Authority.

(1) TUBERCULOSIS—(A) Darvell Hall Sanatorium, Roberts-bridge, about 10 miles distant, 30 beds leased from East Sussex County Council for Pulmonary Tuberculosis.

(B) Royal East Sussex Hospital, 4 beds subsidised for Surgical Tuberculosis.

(2) MATERNITY.—(A) Fernbank Maternity Home, administered by District Nursing Association. Municipal cases admitted on repayment of fees.

(B) The Royal East Sussex Hospital, Hastings. The Buchanan Hospital, St. Leonards. Beds provided, when required by Local Authority, for treatment of cases of Puerperal Pyrexia and Puerperal Fever.

(3) CHILDREN.—Special Children's Ward, Union Infirmary, Frederick Road.

(4) ORTHOPÆDIC CASES—(A) Royal East Sussex Hospital, Hastings. Beds reserved as required by the Local Authority.

(B) Chailey Heritage do. do.

(5) FEVER.—Borough Sanatorium, Frederick Road, Hastings, 70 beds.

(6) SMALL POX.—Hospital at Brede about 6 miles distant, 20 beds.

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

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

(1) Union Infirmary, Frederick Road, Hastings, Special Maternity Ward.

(2) Bell Hostel, Eastbourne, subsidised as required.

(c) Ambulance Facilities.

- (1) **INFECTIOUS CASES.**—The Corporation maintain
- (A) Motor Ambulance for infectious cases.
 - (B) Disinfecting motor van and emergency ambulance for infectious cases.
- (2) **NON-INFECTIOUS AND ACCIDENT CASES.**—Two Motor Ambulances belonging to the St. John's Ambulance Association are available for accidents and emergencies by special arrangement with the Corporation.

(d) Clinic and Treatment Centres.**(1) MATERNITY AND CHILD WELFARE CENTRES.**

5 Child Welfare Centres, 2 Ante-natal Centres under the auspices of a Voluntary Society, the Service of Help for Motherhood and Infancy, subsidised by the Local Authority.

(2) DAY NURSERIES.

None established.

(3) SCHOOL CLINICS.

Two provided by Local Authority, Halton and Park View. Each in addition contains a dental clinic and provides rooms for one of the Infant Welfare Centres mentioned above and also an Ante-natal Centre, the Halton Clinic also housing the Occupation Centre for Mentally Defective Pupils.

(5) ORTHOPÆDIC CLINIC.

Cases are sent under the Maternity and Child Welfare, the School Medical, and the Tuberculosis Services to the Orthopædic Clinic at the Royal East Sussex Hospital.

(6) VENEREAL DISEASES.

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

(7) ARTIFICIAL LIGHT CLINIC.

By arrangement with the Royal East Sussex Hospital, cases are referred for treatment to the Artificial Light Clinic of the Hospital, from the Orthopædic Clinic, and also independently from Maternity and Child Welfare, the School Medical and Tuberculosis Services.

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

(e) 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 several of the 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 visit cases of measles, infantile diarrhœa, ophthalmia neonatorum, 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 diarrhœa, ophthalmia neonatorum, etc., in children under five years of age, and also, as a result of the recent regulations, in cases of puerperal fever and puerperal pyrexia.

(f) Midwives.

See Section—Maternity and Child Welfare.

(g) Prevention of Blindness.

The Corporation gives an annual grant of £200 to a Voluntary Society, which is carrying out the most admirable and beneficent work in numerous directions, for example, help in maintenance, obtaining and keeping suitable work, general and special treatment in local hospitals and national institutions.

(h) Rag, Flock Acts, 1911, 1922.

The amount of flock used is comparatively small in amount, all clean and employed mostly in re-making mattresses and general upholstery. The premises are all in a satisfactory condition as regards cleanliness and sanitary arrangements, and under the regular supervision of the Sanitary Inspectors under the various Acts which apply, including the Rag and Flock Acts.

