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COUNTY BOROUGH OF HASTINGS.

PUBLIC HEALTH DEPARTMENT

INCLUDING

SCHOOL MEDICAL SERVICE.

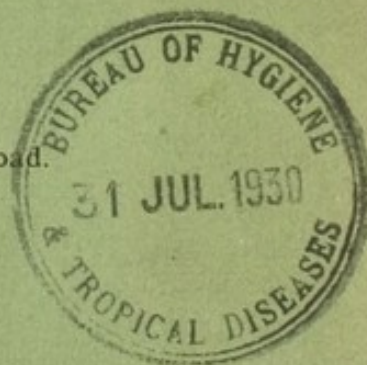
ANNUAL REPORT FOR 1929.

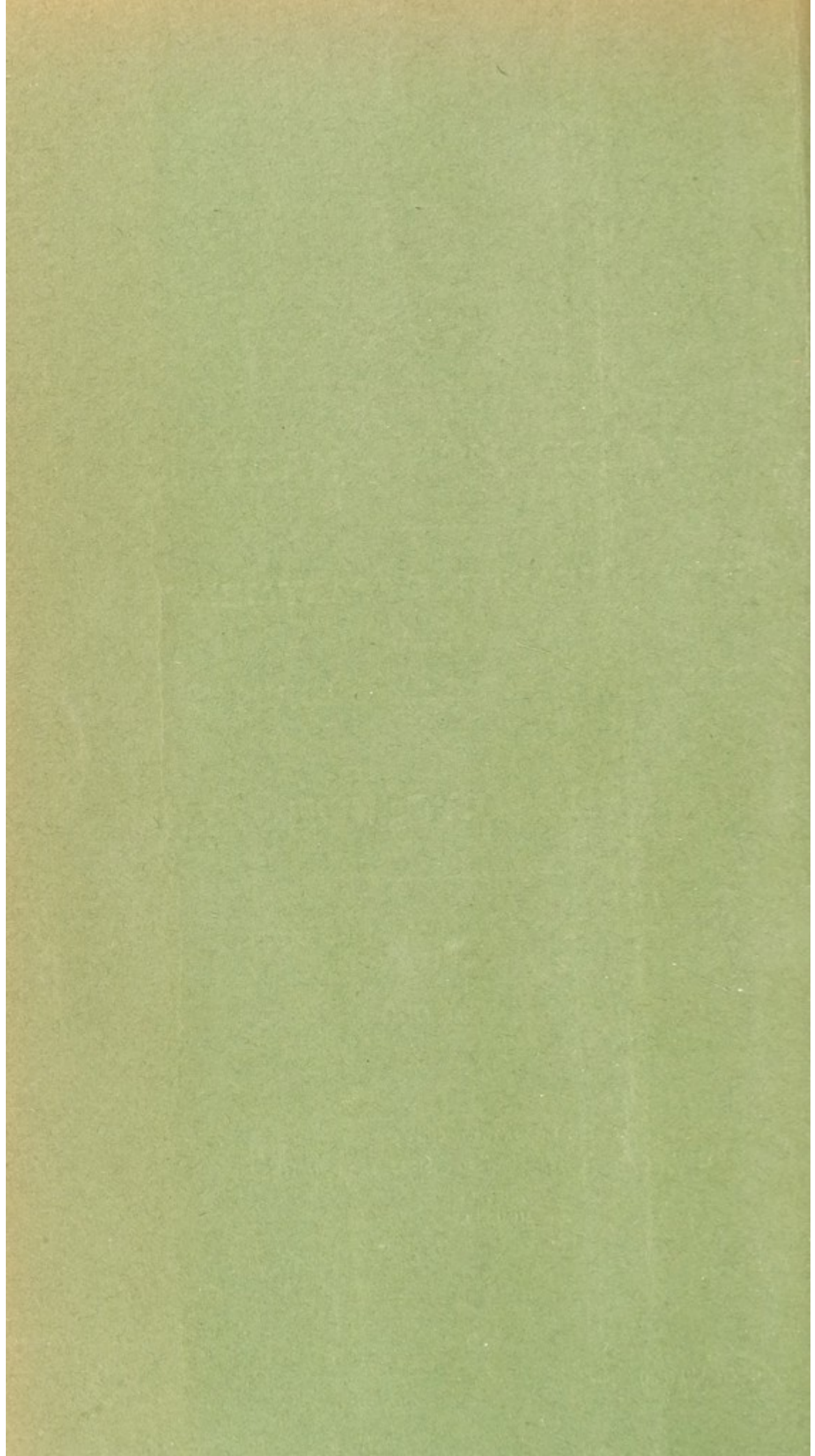
G. R. BRUCE, O.B.E., M.A., M.D., D.P.H.,
Medical Officer of Health
and
School Medical Officer.

ST. LEONARDS-ON-SEA :

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MCMXXX.







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PREFACE.

Health Department,
44, Wellington Square,
Hastings,

April, 1930.

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 1929, an Ordinary Report, as compared with the report for 1930, which will be a five-yearly Survey Report. The following summary draws attention to the more salient features of the health statistics and of the work of the various departments under my control during the past year.

Vital Statistics.

The Registrar-General has estimated the mid-year population for 1929 at 62,620, an increase of only 20 over the estimated population for 1928. The crude death-rate, 15·9 per 1,000 of population, corrected for age and sex distribution to 11·4 per 1,000, is slightly above the figure for 1928. The birth-rate, 12·2 per 1,000 of the population, remains practically stationary. The infantile mortality figure, 35 per 1,000 births, is the lowest recorded for Hastings, and, according to the statistics of the Ministry of Health, appears to be the lowest amongst the large towns in 1929.

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

Infectious Diseases.

Diphtheria, fortunately of a mild type, continued to be somewhat prevalent during the first half of 1929, after which the incidence fell very considerably.

Scarlet fever was more prevalent throughout the year than it has been for several years, but the cases were general and mainly mild, there being no deaths. It was necessary to open

the Brede Small Pox Hospital for two cases of small-pox, occurring in a neighbouring district.

The mortality from the notifiable infectious diseases was slight, as was also that from the principal non-notifiable diseases, including measles and whooping cough, with the exception of some considerable mortality in the spring from influenza, especially among the aged (40 out of 54 deaths).

The general policy and efficiency of the Borough Sanatorium were fully maintained. Beds were always safeguarded for scarlet fever, diphtheria and enteric fever, but, in addition, other infectious diseases, *e.g.*, measles, especially if complicated by pneumonia, whooping cough and erysipelas, were admitted, 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. The acceptance of these cases is both in the interests of the patients and the public health.

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, has more attendances of mothers and babies than any of the other four centres. It is incumbent on the Voluntary Society, with the help of the Corporation, in view of its success, to find alternative accommodation, when this clinic is swept away as part of the new front line improvement scheme. The new clinic at Hollington was also well attended.

The ante-natal centres continue to do most valuable work, and again an increase in the number of expectant mothers attending for the first time is recorded.

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

Tuberculosis.

The decline, both in the incidence, and also in the death-rate, was fully maintained in 1929, the death-rate of '83 per

1,000 living being just above the previous lowest, that of 1923, viz. : 79 per 1,000.

No alteration was made in the general scheme of arrangements for anti-tuberculosis measures as set out in the report.

All cases requiring Sanatorium or Hospital treatment were dealt with very promptly, admission being possible within two or three weeks in ordinary cases and at once in urgent cases. The Tuberculosis Care Committee was again of the greatest assistance.

The School Medical Service.

The details of the general work are fully set out in the body of the report.

The Open-Air School in Athelstan Road has been most emphatically successful in improving the health of the 25 delicate children in attendance, so much so, that each term it is possible to return 5 or 6 children to ordinary elementary schools, some of whom have never been able to attend school before.

As this school is geographically so situated that it can only deal with Hastings children, a similar Open-Air School is being established in connection with the Special School, Hollington, in an ideal situation, for 25-30 delicate children from the St. Leonards side of the Borough.

Orthopædic Clinic.

The Orthopædic Clinic at the Royal East Sussex Hospital, fully equipped and up-to-date in every way, dealt with 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.

The scheme is working smoothly, practically all cases requiring treatment being caught in one or other of the three categories, and, while curative measures are of course most prominent at present, the preventive side of the problem is by no means lost sight of.

Venereal Diseases.

There was a welcome reduction, not only in cases of syphilis where the tendency has been to fall during recent

years, but also in cases of gonorrhœa, where there has been a tendency to increase. Full details will be found in the main report.

The Local Government Act, 1929.

Although the appointed day for the commencement of the operation of the Local Government Act, 1929, was April 1st, 1930, the year 1929 was one of anxious thought and preparation, in order that provision should be made to incorporate the work of the Guardians in full harmony with the spirit of the Act and its problems, many of which are closely connected with public health and medical matters.

As a result of careful consideration it has been decided to hand over this work to the care of various Corporation Committees, for example :—

(a) Vaccination to the Public Health Committee.

(b) Infant Protection to the Maternity and Child Welfare Committee.

(c) The Infirmary to a special Hospital Sub-Committee of the new Public Assistance Committee on which the Health Committee is adequately represented.

(d) Mentally Defective Persons and Blind Persons in receipt of relief will as far as possible be dealt with by the appropriate committees.

At this stage space does not permit to go into fuller details. The idea of the new act is to remove the old poor law stigma, especially as regards the Institution and its Hospital side, also to incorporate as far as possible all the health and medical work of the Guardians with similar existing work of the Corporation. The Committees and Officials at work on the various aspects of the change-over are now endeavouring to translate this ideal into actual practice. The difficulties are many but not insuperable.

Environmental Sanitation.

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

No new buildings are now in course of erection by the Corporation, but a considerable scheme for the immediate

erection on an excellent site at Hollington, of 100 houses and eventually over 200 houses has been passed by the Council. Very gradual progress is being made with the clearance scheme in the Old Town of Hastings. The experience of this department, as a result of numerous applications, is that the demand for housing accommodation is still unsatisfied, especially from families living in overcrowded rooms and basements. A considerable proportion of these applicants are, however, really unable to pay the present rent of Council houses.

There is a good field locally for the re-conditioning and renovation of existing houses, rapidly reaching the stage for closure and demolition. The new Housing Bill appears to make some provision for this aspect of the Housing problem, which may present some hopeful features locally.

With regard to Slum Clearance, the new Bill does not offer any reasonable compensation to small owner occupiers of lowest grade houses which may still be included in a scheme at site value, a very grave defect, and one which may most adversely affect the acceptance of new schemes.

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

Staff.

During the year Mr. R. Wilson King, Sanitary Inspector of the Eastern District, retired with the good wishes of all his colleagues, after 36 years most valuable and devoted service.

As this report is being written I deeply regret to record the death after a long and painful illness of Miss Andrew, who resigned in 1929, on account of ill-health, after 11 years most loyal and devoted service as Health Visitor and School Nurse.

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, 1929.

Area of Borough	...	...	...	...	...	4,496 acres.
Population (a) Census, 1921, as enumerated	...	...	...	...	...	66,495
(b) " " as estimated by Registrar	...	...	...	...	...
General	...	...	...	...	...	59,500
(c) 1929, for purposes of Vital Statistics	...	...	...	...	...	62,620
Number of inhabited houses, Census, 1921	...	...	...	...	...	12,082
Number of families or separate occupiers, Census, 1921	...	...	...	...	...	14,986
Rateable Value	...	...	...	...	...	£646,878
Sum represented by a penny rate	...	...	...	...	...	£2,574
Births, 1929—Male.	Female.	...	...	...	Total	762
Legitimate	371	340	...	...	...	711
Illegitimate	24	27	...	...	...	51
Birth Rate, 1929, per 1,000 of population	...	...	...	...	...	12.2
Deaths, 1929	...	...	...	...	...	993
Death Rate, 1929, per 1,000 of population	{ (a) crude					15.9
	{ (b) corrected					11.4
Number of women dying in, or in consequence of child birth						
(a) from sepsis	...	...	...	...	...	Nil
(b) from other causes	...	...	...	...	...	1
Death rates of infants under one year of age per 1,000 births						
(a) legitimate	...	...	...	...	...	32
(b) illegitimate	...	...	...	...	...	78
(c) total	...	...	...	...	...	35
Deaths from Measles (all ages)	...	...	...	...	...	1
" " Whooping Cough (all ages)	...	...	...	...	...	2
" " Diarrhoea (under 2 years of age)	...	...	...	...	...	3

VITAL STATISTICS.

(1) POPULATION.

For the purpose of vital statistics the Registrar-General has estimated the mid-year population of 1929 at 62,620, an increase of only 20 over the estimated figure for 1928, although in the previous year the town was credited with an increase of 1,040. The question of the exact resident population of a health resort is always a matter of some difficulty to estimate, especially towards the end of the inter-censal period, but it is almost impossible to believe that there has not been a steady increase in the population of Hastings in view of the number of large houses still being converted into flats and new houses being erected.

(2) BIRTHS.

The net births registered in Hastings for 1929 were 791, made up as follows :—

	Registered in Borough.	Transferred elsewhere.	Transferred Hastings.	Total.
Males ...	409	25	11	395
Females	382	22	7	367
Total	791	47	18	762

Of the births 51, males 24, and females 27, were illegitimate, a percentage of 6·7.

The birth rate is 12·2 per 1,000 of the population. The table on p. 37 sets out clearly the tendency to a falling birth-rate since 1900, the rate in 1929 now being two-thirds of that rate, or 470 babies less.

(3) DEATHS.

The total net deaths registered in Hastings in 1929 were 993, of whom 456 were males, 537 females.

Not included were 157 deaths transferred to other districts ; included were 51 deaths of Hastings residents, occurring elsewhere.

Deaths in Public Institutions were 384, 110 being transferred elsewhere.

There were 50 Coroner's inquests.

The crude death-rate per 1,000 of the population is 15·9, which, corrected for the peculiar age and sex constitution of the population by the factor for correction, ·718, gives a death rate of 11·4 per 1,000.

(4) AGE AT DEATH.

Of the 993 deaths, 27 occurred in infants under one year of age, the infantile mortality being 35 per 1,000 births.

From 1-5 years of age there were 13 deaths ; from 5-20 years 19 deaths ; from 20-45 years 71 deaths ; from 45-65 years 217 deaths ; and over 65 years 646 deaths, or 65 per cent. of the total deaths.

(5) MAIN CAUSES OF DEATH.

Of the main causes of death, as set out on Table 2, p. 15, three main groups stand out, diseases of the circulatory system, cancer, and diseases of the respiratory system, with which is included influenza. Apart from deaths from tuberculosis, the mortality from infectious diseases, both notifiable and non-notifiable, was slight. The infantile mortality, also low for 1929, is dealt with in another section.

(a) Diseases of the Circulatory System.

The following tables shew very conclusively how large a proportion of the total deaths are due to diseases of the heart and arteries 341 deaths, 34·3 per cent. of the total, and a death rate of 5·4 per 1,000 of the population.

A high death rate from these causes is inevitable in a health resort, in view of the large proportion of elderly invalids and retired people in our population, apart from the increasing modern tendency to morbid conditions due to strain or stress of the heart and arteries.

**(1) Analysis of Deaths from Diseases
of the Circulatory System, 1929.**

Deaths from	Total.	Under 45 years.	45-65 years.	Over 65 years.
Heart Disease	191	9	33	149
Cerebral Hæmorrhage	119	4	18	97
Arterio-sclerosis ...	31	—	4	27
Totals	341	13	55	273

**(2) Comparative Analyses, 1924-1929.
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.
1924	253	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
1929	341	34·3	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	„	„	„
1929	148	„	„	„

The preceding table shows that during the past 20 years there has been a definite and steady increase in the mortality from cancer, an experience which is common to the whole country.

The table which follows shows the local distribution of deaths due to cancer according to the sex and parts of the body most commonly affected.

Deaths from Cancer in 1929 according to sex and part affected.

Part affected.	NO. OF DEATHS.		
	Male.	Female.	TOTAL.
Tongue, Lips, Mouth, Throat, or Larynx	4	2	6
Gullet	4	1	5
Stomach	16	16	32
Bowel	15	20	35
Breast	2	17	19
Womb or Ovaries	—	14	14
Miscellaneous	17	20	37
TOTAL	58	90	148
PERCENTAGE OF TOTAL ...	32 per cent.	68 per cent.	

The table shows an increase of female deaths as compared to male, due mainly to cancer of the breast and womb.

The importance of cancer as a main killing disease has been increasingly stressed in the public press during recent years. Research goes steadily on, but at present without definite results either as to the actual cause or a specific cure.

Several essential points are recognised and these are repeated again :—

- (a) The importance of early diagnosis.
- (b) The association of cancer with chronic irritation of certain parts of the body, *e.g.*, mouth, lips, or with chemical agents, *e.g.*, tar, soot.
- (c) The importance of early surgical operation and complete excision of the growth and glands.

(d) The possibilities of accessory treatment, *e.g.*, Radium X-Rays.

(e) The necessity for careful medical supervision after operation by a medical man.

Throughout the year pamphlets dealing with the problems of cancer in simple language have been distributed through the agency of the Health Department.

(c) Respiratory Diseases, including Influenza.

Influenza, with 59 deaths, 40 in people over the age of 60, was prevalent during the spring months, as compared with 1928, when there were 15 deaths.

The mortality from bronchitis, pneumonia and other respiratory diseases was 149, 2·4 per 1,000 of the population, and 15 per cent. of the total deaths, 70 per cent. of these deaths being among people aged 65 years and upwards.

V.S. Table No. 1.

VITAL STATISTICS—WARDS—1929.

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	5,240	34	30	64	12·2	85	16·2	4	62
St. Clements	5,870	86	102	188	32·0	73	12·4	2	11
St. Mary's Lower ...	6,372	23	18	41	6·4	97	15·2	—	—
St. Mary's Upper ...	6,639	41	25	66	9·1	96	14·5	3	45
St. Helen's	5,194	58	46	104	20·0	70	13·5	5	48
Holy Trinity	6,473	27	24	51	7·9	86	13·3	6	118
St. Mary Magdalen	6,737	26	20	46	6·8	114	16·9	4	87
St. Peter's	6,184	18	23	41	6·6	108	17·5	4	98
St. Leonard	7,765	52	49	101	13·0	146	18·8	5	50
Silverhill and Hollington	6,146	44	45	89	14·5	118	19·2	2	22
Total	62,620	409	382	791	12·6	993	15·9	35	44
Transfers out... ..	...	25	22	47				9	
Transfers in ... ..	...	11	7	18				1	
Total Net	62,620	395	367	762	12·2	993	15·9	27	35

[illegible]

V.S. Table No. 3.

DEATH RATES—1900-1929—HASTINGS.

	1900- 1904 average	1905- 1909 average	1909- 1914 average	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929
Number of Deaths ...	909	848	820	905	883	848	1011	926	850	852	869	821	930	879	924	954	941	993
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	15.9
*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	11.4

* Factor for correction 1900-1924—.84.
1925-1929—.718.

V.S. Table No. 4.

BIRTH RATE, DEATH RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1929.

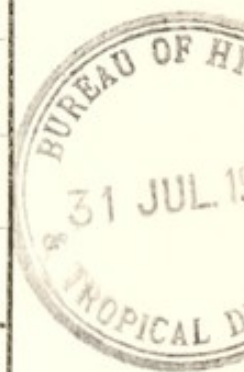
Provisional figures for England and Wales compared with those of Hastings.

	Birth-rate per 1,000 Total Population.		All Causes.	Annual Death-Rate per 1,000 Population.								Rate per 1,000 Live Births.		Percentage of Total Deaths.				
	Live Births.	Still Births.		Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhea and Enteritis under 2 Years.	Total Deaths under One Year.	Causes of Death certi- fied by Registered Medical Practitioners	Inquest Cases.	Certified by Coroner after P.M.	No Inquests	Uncertified Causes of Death.
England and Wales	...	16.3	0.68	13.4	0.01	0.00	0.08	0.02	0.15	0.08	0.74	0.55	8.1	7.4	91.5	6.1	1.5	0.9
107 County Boroughs and Great Towns, including London	...	16.6	0.69	13.7	0.01	0.00	0.12	0.02	0.19	0.09	0.76	0.50	10.9	7.9	91.8	5.8	1.9	0.5
157 Smaller Towns (1921 Ad- justed Populations, 20,000— 50,000)	...	16.0	0.71	12.3	0.01	0.00	0.06	0.02	0.15	0.07	0.71	0.45	5.9	6.9	92.6	5.4	1.0	1.0
London	...	15.7	0.53	13.8	0.01	0.00	0.04	0.02	0.26	0.08	0.69	0.56	10.7	7.0	89.5	6.8	3.7	0.0
Hastings	...	12.2	15.9(a) 11.4(b)	0.02	0.00	0.02	0.00	0.03	0.06	0.94	*0.38	3.28	35	99.9	5	3.4		.1

(a) crude death-rate.

(b) corrected death-rate.

* deaths from suicide included.



INFECTIOUS DISEASES.

(1) NOTIFIABLE INFECTIOUS DISEASES, 1929.

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. 22.

I.D. Table No. 1.

QUARTERLY INCIDENCE OF SCARLET FEVER, DIPHTHERIA AND
ENTERIC FEVER.

	Scarlet Fever.	Diphtheria	Enteric Fever.	Total.
1st Quarter	49	40	1	90
2nd Quarter	80	35	1	116
3rd Quarter	36	6	2	44
4th Quarter	24	18	1	43
Totals	189	99	5	293

Scarlet Fever.

The incidence (189 cases) was distinctly greater than that of the past three years (90, 91 and 90 cases respectively), the greatest number of cases occurring in the months of April, May and June. Apart from a few instances of family infection, the cases appeared to be sporadic, probably due to an increased number of carriers in schools and places of public resort.

The type of disease was on the whole mild there being no deaths, 88 per cent of the total cases being treated in the Borough Sanatorium.

The Dick and also the Schultz-Charlton Tests were used from time to time with advantage for purposes of diagnosis in cases both outside and within the Borough Sanatorium. Artificial immunisation was not employed. All severe septic and toxic cases were treated with the specific Scarlet Fever

Antitoxin at the Borough Sanatorium with excellent results and I have no doubt that the negligible mortality and the lesser number and severity of the complications are largely due to its use.

There were 5 return cases, occurring within one month of the discharge of the original case from the Borough Sanatorium.

Diphtheria.

The prevalence of diphtheria, noted in the last six months of 1928, continued during the first four months of 1929. During the first quarter of 1929 there were 40 cases, 35 in the second, 6 in the third and 18 in the fourth. In the first quarter of 1930 there was only one notified case of diphtheria.

On the whole the type has been fairly mild, readily yielding to antitoxin treatment, the diagnosis being generally made at an early stage by the notifying practitioner.

Several points of considerable epidemiological interest emerged. In the first instance in 1929 the disease was undoubtedly imported as it appeared among visitors at the height of the season, amongst workers in places of business, cafes, restaurants, and institutions, spreading then to other members of the community, owing to the fact that there was a lessened resistance to infection by the germ of diphtheria as a result of the low incidence of the disease for several years. Luckily the general type was not very virulent, while only a small proportion of people carrying the germ in their throats caught the disease. If throat swabs were taken from a miscellaneous section of the public at different ages, a very large proportion were shown to be carrying diphtheria germs in the throat, although, by virulence tests, only a small proportion of these germs were capable of infecting other people with clinical diphtheria.

In connection with an institution where there had been a succession of cases of diphtheria for a period of over 6 months, the following steps were taken :—

- (1) A Schick test of all employees and others connected with the institution.
- (2) Protection of Schick positives by immunisation with toxin-antitoxin prophylactic.

- (3) Throat swabbing of Schick negative persons, also recent cases of diphtheria to find, if possible, virulent carriers.
- (4) Attention to pathological conditions of nose and throat in recent cases of diphtheria and virulent carriers.
- (5) A final swabbing, late in the spring, revealed absolutely no carriers, a very satisfactory result, which has been followed by an entire cessation of cases from the institution.

Enteric Fever.

Of the five cases notified the infection was almost certainly imported in three cases.

Infectious Diseases of the Nervous System.

In this group there was only one notification, a case of Anterior Poliomyelitis Acuta.

Puerperal Fever—Puerperal Pyrexia.

Under this Heading 11 cases of Puerperal Pyrexia were notified.

The arrangements made by the Maternity and Child Welfare Committee include :—

- (a) Consultations with medical men.
- (b) Facilities for removal to Hospital.
- (c) Facilities for nursing by District Nurses at home.
- (d) Bacteriological Examinations.

Small-Pox ; Vaccination.

During 1929 Small-Pox of a mild type was prevalent in London and its environs. Luckily no case was notified locally, although it was necessary to open the Small-Pox Hospital at Brede for two mild cases occurring in a neighbouring district, where the infection was definitely brought from London.

In dealing with this subject it is necessary to re-iterate that although the type of small-pox is very mild, it is still small-pox, and there is no guarantee that it will not develop into the more severe and dangerous type ; further, its very mildness makes missed cases frequent, and, while it spreads slowly, it appears to linger for a considerable period when once it gets well introduced. According to statistics, published in many infected areas, vaccination in infancy protects for many years, and vaccination

or re-vaccination of adults appears to afford practically certain protection, a fact which should be taken into careful consideration in view of the importance of preventing the importation of small-pox into a health resort.

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
1928 ...	801	289	466	36·1
Totals	7,020	2,711	3,609	38·6

Non-Notifiable Infectious Diseases, 1929.

The mortality from measles, whooping-cough and diarrhoea and enteritis among children was slight in 1929, the number of deaths being 1, 2 and 3 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 Teachers, the District Nursing Association, the School Attendance Service and general medical practitioners.

The services of the Health Department are available in the following directions—home visits by the Health Visitors, nursing in the homes by the District Nursing Association, the supply of milk and nursing necessities in the case of children under 5 years of age, and the admission, if necessary, of the cases requiring special attention, especially from overcrowded or insanitary dwellings, to the Borough Sanatorium.

I.D. TABLE No. 3.
TABLE II. (MINISTRY OF HEALTH).
CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR, 1929.

NOTIFIABLE DISEASES.	NUMBER OF CASES NOTIFIED.														Deaths.*	Total cases removed to Hospital.	WARD DISTRIBUTION.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
	At all ages.	At ages—Years.															All Saints.	St. Clements.	St. Mary's Lower.	St. Mary's Upper.	St. Helen's.	Holy Trinity.	St. Mary Magdalen.	St. Peter's.	St. Leonard.	Silverhill and Hollington.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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Small Pox

*For Analysis of Deaths See Table No. 2 (Ministry of Health), page 15.

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

	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929
Smallpox ...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	...	1	...	1	...	...	...	2	...	...	...	...
Diphtheria ...	4	4	14	2	1	1	...	...	1	...	2	4
Enteric Fever ...	2	...	5	...	1	...	...	1	...	1	...	1
Measles ...	12	...	6	...	4	4	...	...	8	...	3	1
Whooping Cough	10	4	4	1	...	2	3	1	5	...	4	2
Diarrhoea (under 2 years)	2	3	9	6	3	3	1	1	6	4	2	3
Total ...	30	12	38	10	9	10	4	5	20	5	11	11

(2) BOROUGH SANATORIUM FOR INFECTIOUS DISEASES.

Substantial progress was made during the year with the constructional improvements, still required to bring the buildings up-to-date, in addition to the carrying out of all necessary repairs. Certain necessary improvements have also been carried out at the Brede Small-Pox Hospital.

Table No. 5 shows that 12 different varieties of infectious disease were admitted during the year. Beds are always safeguarded for the usual trio, scarlet fever, diphtheria and the enteric group, but, whenever a bed is available, cases of other infectious disease, *e.g.*, measles, german measles, erysipelas, mumps, scabies, etc., are accepted. Requests for help in this connection are received from the general hospitals, the numerous convalescent homes, and from medical practitioners in respect of patients from overcrowded or insanitary homes. A small ward in Block C, obtained from the conversion of a redundant kitchen, and suitable for one adult or two children, has been especially useful for odd cases of infectious diseases not usually admitted.

With regard to scarlet fever the local tradition of the desirability of isolation in hospital is still strong—90 per cent. of the cases having been admitted during 1929. In a health and pleasure resort this attitude on the part of the general public is quite understandable, although no difficulty is made as regards home isolation, under suitable safeguards, by this department.

In accordance with a practice, now usual in many other districts, mild uncomplicated cases of scarlet fever have been

discharged after 4-5 weeks treatment in hospital, without adverse results, either as regards return cases, or complications after discharge, as compared with similar cases retained 6 weeks or longer.

The Probationer Nurses received training and attended lectures by the Medical Superintendent and Matron, in accordance with the requirements of the General Nursing Council, for the Fever Nurses Diploma.

It was necessary to open Brede Small-Pox Hospital to receive two mild cases from a neighbouring authority, under our agreement. The arrangements for medical attendance, provision of nurses and equipment from the Borough Sanatoria worked very satisfactorily.

The number of fully equipped beds at the Borough Sanatorium is 70, at the Brede Small-Pox Hospital 20, in both instances beds being reserved for a number of neighbouring authorities under agreement.

(B) Cases under Treatment in 1929.

I.D. Table No. 5.

Disease.	In Hospital Jan. 1st, 1929.	Ad- mitted. 1929.	Died 1929.	Dis- charged 1929.	In Hospital Dec. 31st, 1929.
*Scarlet Fever	17	174	...	180	11
*Diphtheria	8	105	4	107	2
Scarlet Fever and Diph- theria	1	2	...	3	...
Scarlet Fever & Mumps	...	2	...	2	...
Diphtheria & German Measles ... ..	...	2	...	2	...
Diphtheria & Chicken Pox ... ..	...	1	...	1	...
Diphtheria Carriers ...	...	2	...	2	...
Enteric & Paratyphoid Fever ... ..	...	3	1	2	...
Tuberculous Meningitis	...	1	1	...	...
Erysipelas ... ..	...	7	..	7	...
Measles	2	5	...	7	...
German Measles ... ..	...	14	...	14	...
Scabies ... ..	...	3	...	2	1
Pemphigus ... ..	...	2	...	2	...
Chicken Pox	1	...	...	1	...
Total	29	323	6	332	14

*Including Observation Cases.

Cases from surrounding districts, included above:—

Scarlet Fever	...	...	...	...	5 cases.
Diphtheria	...	...	...	...	16 „

Average Stay in Hospital.

Scarlet Fever cases	...	...	...	40 days.
Diphtheria	„	...	...	35 „
Enteric and Paratyphoid Fevers	...	...	...	46 „
Erysipelas	...	...	...	28 „

Scarlet Fever.—Complications.

Pleurisy	...	...	...	...	1
Nephritis	..	...	...	...	6
Otorrhœa	...	...	...	...	6
Rhinorrhœa	...	...	...	...	15
Adenitis, mainly slight, one case with abscess requiring operation	...	...	...	...	30
Septic Fingers and Toes	...	...	...	...	7
Boils	...	...	...	...	3
Rheumatism	...	...	...	...	2
Impetigo	...	...	...	...	2
Bronchitis	...	...	...	...	5

The majority of the cases of Scarlet Fever were mild in type, as were also the complications. Throughout the year scarlet fever anti-toxin was used in all severe, toxic or septic cases, an injection of 10 c.cs being given on admission, followed by a second similar injection, if necessary. There is every reason to believe that the results were satisfactory, in view of the mildness of the complications and the nil mortality.

Diphtheria.

Of the 101 cases, 23 were seriously ill, and of the 4 fatal cases, 2 were practically moribund on admission, of the toxic and hæmorrhagic type. The operation of tracheotomy was performed in 3 cases.

TUBERCULOSIS.

(1) VITAL STATISTICS.

(a) Notifications, 1929.

During 1929 there was a slight rise in the number of cases notified as pulmonary tuberculosis as compared with the past two years, but the downward trend of the numbers of non-pulmonary tuberculosis notified during the past five years was continued (see T. Table No. 3).

T. Table No. 1.

TUBERCULOSIS, 1929—NOTIFICATIONS.

Age Period.	New Cases.		Deaths.	
	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.
0—1 years ...	...	2	1	1
1—5 " ...	...	5	1	2
5—10 " ...	3	4	...	...
10—15 " ...	1	5	...	1
15—20 " ...	10	1	...	...
20—25 " ...	11	1	13	...
25—35 " ...	26	...		
35—45 " ...	29	3	9	1
45—55 " ...	15	...	14	4
55—65 " ...	9	1		
65 upwards ...	7	1	3	2
Totals ...	111	23	41	11
Grand Totals	134		52	

T. Table No. 2.

TUBERCULOSIS, 1929—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 ...	35	...	21	1	...	8	21
" Females ...	47	...	8	1	...	2	23
Non-Pulmonary Males	9	1	4	...	...	...	5
" Females	5	...	4	...	...	...	4
Totals ...	96	1	37	2	...	10	53

T. Table No. 2a.

CASES OF TUBERCULOSIS ON THE NOTIFICATION REGISTER
ON THE 31ST DECEMBER, 1929.

TOTAL CASES.	PULMONARY.			NON-PULMONARY.		
	Males.	Females.	Total.	Males.	Females.	Total.
549	218	196	414	65	70	135

T. Table No. 3.

TUBERCULOSIS PRIMARY NOTIFICATIONS, FORM A, SINCE 1917.

	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929
Pulmonary	125	94	88	74	89	71	81	98	94	76	65	60	82
Other Forms	25	16	7	9	9	9	22	26	39	29	19	18	14
Totals ...	150	110	95	83	98	80	103	124	133	105	84	78	96

Relation of Deaths to Notifications.

The following table shows the experience of 1929. There was a welcome reduction in the number of cases not notified at all before death, but an increase in the number of those notified during the last three months of life, due to the fact that such advanced cases are now being notified locally, even although they are known to have been notified in other districts. The practice of asking an explanation from the practitioner in attendance on a case, not notified before death, has been continued, in view of the legal obligation of the practitioner to notify such.

Knowledge resulting from notification is properly and tactfully utilised by the Health Department in the interests both of the community by disinfection, etc., and also 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, 1929.

					Pulmonary	Other Forms.	Total.
Not notified				before death	8	6	14
Notified less than 3 months				" "	13	4	17
"	3 to 6	"	"	"	3	...	3
"	6 to 12	"	"	"	1	...	1
"	1 to 2 years	"	"	"	4	...	4
"	over 2	"	"	"	12	1	13
Total					41	11	52

(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
1929 ...	41	11	52	·83

The mortality in 1929 for pulmonary tuberculosis was ·65 per 1,000 of the population, for non-pulmonary ·18, and for all forms ·83, this total being the lowest recorded, apart from that of 1923, and a satisfactory argument that both the mortality and generally speaking the incidence of serious forms of this disease are definitely and steadily decreasing.

(2) TUBERCULOSIS HEALTH VISITOR, ETC.**(a) Home Visiting.**

Home visits to new cases	...	...	62
„ „ old „	...	...	2,037
Total visits	...	...	2,099

(b) Articles supplied from the Health Department.

Bottles of Disinfectant	...	...	230
Sputum Mugs or Flasks	...	...	6
Thermometers	...	...	3

(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 enlarged glands of neck.

Every possible advantage was taken of the special departments of the Hospital. 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 Ultra-Violet Ray treatment, generally with good results, although, wherever indicated, this treatment was supplemented by tuberculin treatment, extra milk and Cod Liver Oil. The dental department of the hospital was not utilised 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. X-Ray work and sputum examinations for tubercle bacilli were carried out in the Hospital.

A summary of the year's work is appended in Tables 6—9. 170 new cases were examined, including 52 contacts of existing cases. Among these contacts pulmonary tuberculosis was diagnosed in 8 cases. The total attendances at the dispensary for all purposes for the year were 1,369.

T. Table No. 6.

RETURN SHOWING THE WORK OF THE TUBERCULOSIS DISPENSARY,
DURING THE YEAR 1929.

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	22	3	2	1	...	6	...	21	22	9	2
(b) Doubtfully tuberculous	...	...	...	...	...	...	...	...	3	1	4	3
(c) Non-tuberculous	...	...	...	...	...	...	...	...	5	5	10	9
B.—CONTACTS examined during the year:—												
(a) Definitely tuberculous	3	4	...	1	...	...	...	...	3	4	...	1
(b) Doubtfully tuberculous	...	...	...	...	...	...	...	...	3	2	2	1
(c) Non-tuberculous	...	...	...	...	...	...	...	...	6	2	13	15
C.—CASES written off the Dispensary Register as												
(a) Cured	3	4	...	...	1	4	5	11	4	8	5	11
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error)...	...	...	...	...	...	...	...	...	22	12	24	29
D.—NUMBER OF PERSONS on Dispensary Register on December 31st:—												
(a) Diagnosis completed	175	115	13	10	10	10	26	17	185	125	39	27
(b) Diagnosis not completed...	...	...	...	...	...	...	...	...	...	1	4	1

1. Number of persons on Dispensary Register on January 1st, 1929 407
2. Number of patients transferred from other areas and of "lost sight of" cases returned ... 12
3. Number of patients transferred to other areas and cases "lost sight of" ... 45
4. Died during the year ... 23
5. Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months ... 14
6. Number of attendances at the Dispensary (including Contacts) 1,369
7. Number of attendances of non-pulmonary cases at Orthopaedic Out-stations for treatment or supervision ... 258
8. Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for:—
 - (a) "Light" treatment ... 448
 - (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	...	...	...	...	7
	(b) Otherwise...	...	...	...	...	35*
11.	Number of other visits by Tuberculosis Officers to Homes	...				65
12.	Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	...	...	...	...	1,880
13.	Number of					
	(a) Specimens of sputum, etc., examined...	...	...	...	...	70
	(b) X-ray examinations made in connection with Dispensary work	...	...	...	...	14
14.	Number of Insured Persons on Dispensary Register on the 31st December	...	...	...	...	154
15.	Number of Insured Persons under Domiciliary Treatment on the 31st December...	...	...	...	...	36
16.	Number of reports received during the year in respect of Insured Persons :—					
	(a) Form G.P. 17	...	...	...	...	3
	(b) Form G.P. 36	...	...	...	...	81

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

PULMONARY TUBERCULOSIS, 1929.

Tubercle Bacilli not found in sputum	...	34 cases.
Tubercle Bacilli found in sputum :—		
Stage I.	...	15 „
Stage II.	...	12 „
Stage III.	...	3 „
		—
Total	...	64
		—

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

NON-PULMONARY TUBERCULOSIS ACCORDING TO PART OF BODY AFFECTED.

Glands of Neck	...	9 cases.
Skin	...	— „
Bones and Joints	...	2 „
Abdomen	...	3 „
Etc.	...	1 „
		—
Total	...	15
		—

T. Table No. 8.—Tuberculosis Dispensary.

NEW CASES, 1929. IMMEDIATE RECOMMENDATIONS.

1. Dispensary Treatment—				
Ordinary Medical Treatment	...	...	...	16
General Supervision	...	...	...	16
Observation	...	...	...	29
2. Domiciliary Treatment under Private Practitioners	...	...	...	14
3. Sanatorium or Institutional Treatment				31
4. No Treatment required	...	...	...	52
5. O.P. Hospital or School Clinic				2
				—
	Total	...	...	170
				—

T. Table No 9.

ATTENDANCES FOR 1929.

(1) Insured men	...	...	...	314
women	...	...	...	147
(2) Non-insured men	...	...	...	30
women	...	...	...	242
children—				
f boys	...	...	...	314
l girls	...	...	...	289
(3) Ex-military cases	...	...	...	39
				—
Total attendances	...	...	...	1,369
				—
Total examinations	...	...	...	609
Total certificates for Ministry of Pensions cases	...	...	...	15
				—

(4) INSTITUTIONAL TREATMENT, 1929.

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.

(e) Beds as required at Chailey Heritage for Cripples, or its seaside home Bishopstone, for cases of crippling due to tuberculosis requiring prolonged treatment with education and training.

The accommodation is 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 continued to be most helpful.

Of 46 cases discharged from Darvell Hall Sanatorium during 1929, no less than 6 had been in the institution for over a year, 11 between 6 and 12 months and 13 between 3 and 6 months. No undue optimism is expressed in the immediate results of Sanatorium treatment (see Table No. 11), but, in addition to the important educational effects, the end results are in many cases most gratifying, especially in early cases, even T.B+. in sputum, treated by artificial pneumo-thorax. Typical examples of this class have now been watched by me over a period of years at the Dispensary without showing any signs of activity in the lungs, and quite fit for ordinary work.

T. Table No. 10.

CASES SENT TO INSTITUTIONS DURING 1929.

To Darvell Hall Sanatorium	...	...	...	53
„ Royal East Sussex Hospital	...	...	...	7
„ Papworth Hall	...	...	...	2
„ Bishopstone	...	...	...	1
				—
Total	...	...	...	63
				—

T. Table No. 11.RESULTS OF INSTITUTIONAL TREATMENT IN CASES
DISCHARGED IN 1929.

	Quiescent, or Arrested.	Improved.	No Material Improve- ment.	Died in Institution.	Total.
Pulmonary :—					
T.B. — ... ..	...	3	..	...	3
T.B. +					
Stage 1 ... ..	...	4	2	...	6
Stage 2 ... ..	...	19	6	...	25
Stage 3 ... ..	...	3	3	6	12
Non-Pulmonary :—					
Bones—Joints ...	2	2	...	...	4
Glands, etc. ...	...	3	1	...	4
Abdomen ... ..	...	1	...	...	1
Total... ..	2	35	12	6	55

(5) THE TUBERCULOSIS CARE COMMITTEE.

The excellent work of this Committee continued in close co-ordination with the Corporation scheme on lines fully described in previous reports.

During the 11 years' existence of the Committee 546 applications for assistance have been received, 25 from new cases during the past year. All kinds of tuberculous patients receive help, *e.g.*, the chronic, the bed-ridden, the convalescent, the case starting to work, the family while the patient is at the sanatorium. In addition the Committee is actively interested in anti-tuberculosis propaganda work.

The following is a summary of a typical week's activities in 1929, excluding grants of clothing and emergency money gifts.

	£	s.	d.
(a) Monetary allowances	17	6	
(b) Fresh milk	1	4	6
(c) Eggs	6	5	
(d) Butter	6	0	
(e) Maintenance of 2 children in the country	1	2	6
Total weekly liability	£3	16	11

**(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 1929.

MATERNITY & CHILD WELFARE.

(1) VITAL STATISTICS.

(a) Notification of Births Act.

The number of births reported to the Health Department in 1929 was as under :—

<i>Total Births</i> —Notified by midwives	...	...	450
,, ,, doctors	...	...	237
,, ,, relatives and others			106
			<hr/>
	Total	...	793
			<hr/>
<i>Still Births</i> —Notified by midwives	...	...	9
,, ,, doctors	...	...	10
,, ,, relatives and others	...		3
			<hr/>
	Total	...	22
			<hr/>

Percentage of still births to notified births 2·8.

The number of unnotified births was 25, including 23 live births and 2 still births.

(b) Infantile Mortality in 1929.

Net live births registered	...	...	...	762
Number of deaths of infants under one year	...			27
Infantile Mortality	...	...	...	35
Net illegitimate live births registered	...	...		51
Number of deaths of illegitimate infants under				
one year	...	...	...	4
Infantile Mortality in illegitimate infants	...			78

(c) Maternal Mortality in 1929.

Deaths from puerperal sepsis	...	...	...	Nil.
Deaths from other accidents and diseases of				
pregnancy	...	...	...	1
Maternal Mortality 1·3 per 1,000 births.				

Table No. 1, p. 37, contains an analysis of the birth rate, the maternal mortality, and various elements of the infant mortality in Hastings since 1900. Table No. 2, p. 38, gives an analyses of the infant mortality in 1929.

The maternal mortality figure, 1·3 per 1,000 births, is satisfactory as compared to that of 4 per 1,000 births which has been standard throughout the country for a period of years. Public attention, both medical and lay, has been increasingly directed to the many profound problems underlying this tragedy of child birth. Locally the Maternity and Child Welfare Committee has taken practical steps by encouraging among other things :—

- (a) The use of the Fernbank Maternity Home for difficult confinements, or when the home is unsuitable.
- (b) Ante-Natal Clinics.
- (c) Improved midwifery service in the home.
- (d) Home Helps.
- (e) Hospital service, etc., for puerperal pyrexia and fever.
- (f) Information or propaganda as to health during the ante-natal period.

The infantile mortality rate, 35 per 1,000 births, is the lowest recorded in Hastings, the next lowest being 40 per 1,000 births in 1925. The figure also appears to be the lowest recorded amongst the large towns and County Boroughs throughout England in 1929. It is difficult to point to any one outstanding feature, but it is gratifying to report improvement (a) as regards infant deaths in the first four weeks of life, and (b) as regards deaths from bronchitis and pneumonia. As regards deaths from the important group classified under congenital debility, prematurity and atrophy, there has been since 1925 a very considerable reduction as compared with the figures recorded during the first quarter of the century, this improvement being fully maintained in 1929.

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

ANALYSIS OF INFANTILE AND MATERNAL MORTALITY FROM 1900—1929.

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	19·5	24	19·5	24	19·5	23	18·7
1905-09	1100	17·4	5	4·5	105	95	38	13·6	15	13·6	16	14·5	19	17·3
1910-14	902	14·9	3	3·3	75	83	26	14·4	13	14·4	11	12·2	28	31·0
1915	809	15·5	3	3·7	79	97	35	1·2	1	1·2	17	21·0	36	44·5
1916	785	15·7	2	2·5	47	60	22	1·4	1	1·4	6	7·6	23	29·3
1917	759	15·1	not available	not available	59	78	not available	7·9	6	7·9	not available	not available	25	32·9
1918	838	16·1	1	1·2	60	71	29	2·4	2	2·4	8	9·5	30	35·8
1919	784	13·0	4	5·1	56	71	33	3·8	3	3·8	6	7·7	32	40·8
1920	1146	19·1	3	2·6	59	51	28	7·9	9	7·9	6	5·2	31	27·1
1921	850	14·3	6	7·1	44	52	16	7·1	6	7·1	7	8·2	19	22·4
1922	930	15·6	8	8·6	46	49	32	3·2	3	3·2	4	4·3	29	31·2
1923	834	13·9	6	7·2	36	43	20	2·4	2	2·4	3	3·6	19	23·1
1924	778	12·9	4	5·1	54	69	29	1·3	1	1·3	11	14·1	30	38·6
1925	783	13·0	2	2·6	31	40	10	1·3	1	1·3	9	10·2	10	12·8
1926	770	12·6	1	1·6	49	64	18	7·8	6	7·8	12	15·6	10	13·0
1927	776	12·6	1	1·3	51	66	29	5·2	4	5·2	7	9·0	13	20·6
1928	752	12·0	3	4·0	38	51	17	2·7	2	2·7	8	10·6	13	17·3
1929	762	12·2	1	1·3	27	35	14	3·9	3	3·9	4	5·2	12	15·7

averages.
 1900-04 }
 1905-09 }
 1910-14 }

1929. Net Deaths from Stated Causes at various ages under 1 year of age.

CAUSES OF DEATHS.	WARD DISTRIBUTION.												Total deaths under 1 year.				
	Under 1 week.	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks.	4 weeks & under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 mths.	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- ington.
All Causes. (Certified Uncertified	8	3	3	...	14	2	5	3	3	...	5	4	3	4	3	2	2
Small Pox
Chicken Pox
Measles
Scarlet Fever
Diphtheria and Croup	1	1	...	...	...	...	...	...	1	1
Whooping Cough
Diarrhoea
Enteritis	1	2	...	...	...	...	2	...	...	...	...	...
Tuberculous Meningitis
Abdominal Tuberculosis	1	...	...	...
Other Tuberculous diseases	1	...	...	...	...	...	...	...	...	...	...
Congenital Malformation	1	...	...	...	...	...	...	...	...	...	...	...	...
Premature Birth	4	1	1	...	6	...	1	...	...	...	...	...	...	1	...	...	...
Atrophy, Debility and Marasmus	2	1	...	...	3	1	...	...	1	...	...	...	1	1	1	1	1
Atelectasis	5	...	...	...	...	...	...	...	...
Injury at birth	1	...	1	...	2	...	...	...	2	...	...	...	...	...	1	...	...
Erysipelas
Syphilis
Rickets
Meningitis
Convulsions
Gastritis
Laryngitis
Bronchitis	...	1	...	...	1	...	...	1	1	...	...	...	...	...	...	...	...
Pneumonia (all forms)	3	...	...	...	...	...	...	...	...
Suffocation (overlying)	1	...	...	...	...	...	...	...	...
Other causes...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...
Totals	8	3	3	...	14	2	5	3	3	...	3	4	3	4	3	2	2

Net Births in Legitimate
the year

711

Net deaths in Legitimate Infants
the year of

23

Net Births in Legitimate the year 711

Net Deaths in Legitimate Infants the year of 23

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

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

During 1929, 14 midwives notified their intention to practise, 13 certified and 1 bona fide.

The total number of births notified by midwives was 450, or 56·7 per cent. of the total births for the year.

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

During the year 49 quarterly routine inspections of kits, bags and registers, etc., took place.

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	...	...	...	...	65
(c) „ Puerperium	...	...	...	...	13
(d) For the Infant	...	...	...	...	24
					—
			Total	...	108
					—

Other Official Notifications were :—

(a) Still-births	...	...	...	...	4
(b) Liability to Infection	...	...	...	...	3
(c) Artificial Feeding	...	...	...	...	5
					—
			Total	...	12
					—

(b) Puerperal Fever and Pyrexia Regulations, 1926.

Under the above regulations the following arrangements have been made including

- (1) Hospital Beds for urgent cases at the Royal East Sussex Hospital, 2 cases being admitted during 1929.
- (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 of blood and lochia.

Number of Notifications recorded was 11 Puerperal Pyrexia.

(3) THE WORK OF THE HEALTH VISITORS.

Tables (a), (b), (c) and (d) show the Health Visitors' work for 1929. The total number of home visits remains about the same as those of 1928.

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 ...	721	2705	3426
II. Infants 1-5 years of age ...	...	4729	4729
III. Special Visits ...	255	129	384
IV. Expectant Mothers ...	186	369	555
Totals ...	1162	7932	9094

V. Unsuccessful visits included above ... 659

(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	8	27	7	3
II. Puerperal Pyrexia ...	11	4	8	4	3
III. Puerperal Fever ...	...	...	...	...	...
IV. Measles, German Measles ...	...	11	11	...	...
V. Whooping Cough ...	...	32	32	2	...
VI. Epidemic Diarrhoea ...	...	...	...	...	...
VII. Poliomyelitis ...	1	...	...	...	...
VIII. Pneumonia ...	116	58	62	15	17
IX. Other Infectious Diseases ...	...	15	17	...	...
Totals ...	136	128	157	28	23

(c) SPECIAL REPORTS.

1. Milk Reports. New 160. Secondary 149.	
Total	309
2. To Medical Officer of Health re	
Sanitation	4

(d) SPECIAL INFORMATION RELATING TO OPHTHALMIA
NEONATORUM.

Cases.			Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths.
Notified.	Treated.					
	At Home.	In Hospital				
8	5	3	8	...	...	...

(4) THE MATERNITY AND CHILD WELFARE CENTRES.

The excellent work and the large attendances at the five Infant Welfare Centres and the two Ante-natal Clinics were fully maintained in 1929, each centre being staffed by voluntary workers of the Service of Help for Motherhood and Infancy, with a Health Visitor always in attendance. I again pay tribute to the valuable assistance of the Voluntary workers, many of whom have been engaged in Infant Welfare Work since its inception in Hastings some 14 or 15 years ago. It is gratifying to note a further increase in the work of the ante-natal Clinics more especially in the number of new cases.

The two new Infant Welfare Centres at Beach Terrace and Hollington have fully justified themselves in 1929. With regard to the former, as the premises are doomed owing to the Front Line Improvement Scheme it is necessary as soon as possible to obtain other premises near the centre of the town, and in addition convenient and accessible for the mothers of the Old Town—not an easy task.

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

Centre.	Medical Officer.	Day and Time.	New Cases.	Old Cases.	Total Attendances.	Medical Consultations.
Bulverhythe	Dr. G. Ticehurst	Tuesday, 2.30 p.m....	78	1585	1663	788
Halton ...	Dr. G. R. Bruce	Wednesday, 2.30 p.m.	123	1684	1807	791
Park View...	Dr. Stanley ...	Thursday, 2.30 p.m.	111	1469	1580	919
Central	Dr. Farnfield ...	Friday, 2.30 p.m. ...	168	2962	3130	959
Hollington	Dr. Young ...	Alternate Fridays, 2.30 p.m. ...	39	585	624	454
Halton, Ante-Natal	Dr. Walker ...	1st & 3rd Mondays, 2.30 p.m....	69	55	124	124
Park View Ante-Natal	Dr. G. Ticehurst	2nd & 4th Wednes- days, 2.30 p.m. ...	87	80	167	164
Totals ...			675	8420	9095	4199

(5) HOME HELPS.

Number of cases attended in 1929—34.

(6) FERNBANK MATERNITY HOME.

During 1929, under the scheme, whereby the Maternity and Child Welfare Committee guarantees the full fee of 2½ guineas, the mother paying her agreed share, 34 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. Where the home is small, inconvenient or insanitary in any way, and especially in first confinements where sufficient help is not readily available at home, the expectant mother will find it a great convenience and comfort to go to Fernbank.

(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 1929 there was a further reduction in the total amount of milk distributed in consequence of the regulations of 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	...	...	...	8,120 pints.
(b) Dried milk	...	...	...	269 lbs.
(c) Individual nursing and expectant mothers and infants receiving milk	...	...	...	177

(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 1929, 16 nursing or expectant mothers and 15 children under school age received dental treatment.

9 { ORTHOPÆDIC SCHEME. SUN-RAY TREATMENT.

See Special Section.

VENEREAL DISEASES CLINIC.

The two tables show the work of the year. The first table gives a comparison as regards Hastings cases for a period of 6 years (1924-9) from which two points stand out clearly.

(a) The incidence of new or primary cases of syphilis is steadily decreasing, the fall being very marked during the past two years.

(b) The incidence of gonorrhœa tends to increase on the whole, although there has been a reduction in 1929, as compared with 1928.

Dr. P. Lazarus-Barlow succeeded the late Dr. A. H. H. Huckle, as Medical Officer in charge, taking over duties in April, 1929. During the year it was decided to make the sister a full-time officer instead of half-time, in order that she might devote more time to treatment of the female cases, and also pay more attention to social work among the younger women patients.

Dr. Barlow reports :—"This clinic was built in 1923, in accordance with the latest model designed by Colonel Harrison of the Ministry of Health, and it is adequately equipped for all the necessary treatment.

During the first 4 months of 1929 the work was under the direction of Dr. J. Newport Kilner. There was a slight decrease in the numbers of new cases of both syphilis and gonorrhœa, and the number of patients who were found on examination not to be suffering from venereal disease was approximately half that of 1928, and was the lowest for the last seven years.

The clinic commands the full support of the medical practitioners of the town and surrounding districts, quite a number of patients having been advised to attend the clinic after being seen by their medical attendant. The facilities for and need of treatment are clearly exhibited in the public and railway lavatories in the town, and needless to say, all treatment is carried out in complete privacy."

VENEREAL DISEASES CLINIC.

COMPARATIVE STATEMENT OF WORK FOR YEARS 1924-1929.
HASTINGS CASES ONLY.

	1924	1925	1926	1927	1928	1929
Number of new cases suffering from :—						
(a) Syphilis	50	49	24	42	21	13
(b) Soft Chancre	1	...	1	1	nil	nil
(c) Gonorrhœa	33	41	40	54	75	57
(d) Non-venereal conditions	77	84	69	84	111	44
Total	161	174	154	181	207	114
Total attendances out-patient clinic	3736	4508	4298	3523	5064	5789
In-patient days	143	16	35	200	135	172
Doses of Salvarsan :—						
Out-Patient Clinic	1021	1025	815	698	256	316
In-Patient Department	2	1	nil	nil	nil	nil
*Pathological Examinations :—						
(a) Examined by Medical Officer, V.D. Clinic	165	182	315	359	392	530
(b) Sent to approved laboratory	384	378	415	378	306	331

*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, 1929.**

	Syphilis.		Soft Chancre.		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, 1929, were under treatment or observation for ...	61	78	...	...	75	42	...	...	136	120
(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 ...	1	...	...	...	...	1	...	...	1	1
Total—Items 1 (a) & 1 (b)...	62	78	...	...	75	43	...	...	137	121
2 (a). Number dealt with during the year in the out-patient Clinic for the first time ...	23	6	...	...	51	31	41	18	115	60
Total—Items 1 (a), 1 (b) & 2 (a)	85	84	...	...	126	74	41	18	252	181
2 (b). Number of cases included in Item 2 (a) known to have received previous treatment at other Centres for the same infection ...	11	2	...	...	19	3	...	...	30	5
3. Number of persons who ceased to attend the out-patient Clinic (a) before completing the first course of treatment for ...	21	17	...	...	46	22	...	...	67	39
(b) after one or more courses but before completion of treatment for ...	13	5	...	...	...	...	...	...	13	5
(c) after completion of treatment but before final tests as to cure of ...	3	6	...	...	5	2	...	...	8	8
4. Number of persons transferred to other treatment Centres after treatment for ...	4	2	...	...	13	3	...	...	17	5
5. Number of persons discharged from the out-patient Clinic after completion of treatment and observation for ...	11	5	...	...	17	17	...	...	28	22
6. Number of persons who, on the 1st January, 1930, were under treatment or observation for ...	33	49	...	...	45	30	...	...	78	79
Total—Items 3, 4, 5 & 6 ...	85	84	...	...	126	74	...	...	211	158
7. Out-patient attendances :—										
(a) For individual attention by the Medical Officer ...	718	671	...	...	907	187	90	24	1715	882
(b) For intermediate treatment, e.g., irrigation, dressings, etc.	...	...	...	...	2429	2134	...	...	2429	2134
Total attendances ...	718	671	...	...	3336	2321	90	24	4144	3016
8. Aggregate number of "in-patient days" of treatment given to persons who were suffering from ...	43	...	...	...	110	66	...	...	153	66

	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	12	518	...	...
(b) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory ...	...	...	...	331

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	15	7	6	26
Soft Chancre ... ..	...	...	...	...
Gonorrhœa	57	19	12	88
Conditions other than venereal ...	44	13	4	61
Total	114	39	22	175
(B) Total number of attendances at the out-patient Clinic of all patients residing in each area	5,789	1,217	154	7,160
(C) Aggregate number of "In-patient days" of all patients residing in each area	172	47	...	219
(D) Number of doses of Arsenobenzene compounds given in the :—				
1. Out-patient Clinic... ..	316	147	34	497
2. In-patient Department ...	...	...	...	...
to patients residing in each area.				

MENTAL DEFICIENCY.

PARTICULARS OF MENTAL DEFECTIVES AS ON 1ST JANUARY, 1930.

(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	7	29	36
(2) On licence from Institutions	1	1	2
(b) (1) Under Guardianship ...	12	14	26
(2) On licence from Guardian-ship	1	2	3
2. In places of safety ... ..	...	...	...
3. Under Statutory Supervision ...	14	15	29
Numbers of foregoing—			
(a) Attending Occupation Centre	3*	8*	*11
(b) awaiting removal to Institution ... ..	...	...	...
4. Action not taken in cases—			
(a) Notified by Local Education Authority ...	...	...	...
(b) Otherwise ascertained ...	1	2	3
B. CASES WHO MAY BECOME "SUBJECT TO BE DEALT WITH."			
1. IN INSTITUTION OR UNDER GUARDIANSHIP—			
Local Authority contributes under permissive powers	3	...	3
2. Under Voluntary Supervision ...	...	4	4
Totals	39	67	106

* Not included in Totals.

The following figures, giving the numbers on the books of the Mental Deficiency Committee during the past 9 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 "
" " " 1930	...	...	...	...	106 "

(a) Ascertainment of new Cases.

Fresh cases, subject to be dealt with under the Mental Deficiency Acts, are regularly reported for medical examination by various officials in touch with this type of case, *e.g.*, the Officers of the Mental Deficiency Committee, *i.e.*, the Health Visitors and the School Attendance Officers, the Officers of the Poor Law Authority, the Police Probation Officers, the Matron of "St. Monica's" Home, etc.

(b) Supervision in the Homes.

Female defectives are visited systematically by the Health Visitors, male defectives by the School Attendance Officers acting as the Officers of the Mental Deficiency Committee. The cases visited are those under Guardianship and Statutory and Friendly Supervision. All reports are scrutinised by the Medical Officer of Health and passed for information and any necessary action to the Mental Deficiency Committee. I pay tribute here to the friendly relations which have been established between the defectives and their relatives on the one hand and our visiting officers on the other, thus ensuring cheerful obedience to regulations and decisions of the Committee which would otherwise be stoutly resisted.

(c) Guardianship Cases.

During the past year there has been a slight reduction in cases under Home Guardianship or under the Brighton Guardianship Society, several defectives having been discharged or transferred to Institutions. The cases under Home Guardianship are helpless or harmless defectives, whose parents can properly care for them at home, but require some financial help. The defectives under the Guardianship Society are of a high grade, as a rule capable of doing some useful work in or about a house, garden or farm, and amenable to control by kindly but firm guardians. In some cases where the defectives may appear out of hand under Guardianship it is impossible to obtain a place in a suitable Institution, one of our present difficulties.

(d) Cases in Institutions.

The 36 cases in Institutions, apart from 16 cases in the Hastings Poor Law Institution, are scattered throughout the

country. From time to time very considerable difficulty is experienced in finding places for Defectives subject to be dealt with. At present no active steps are being taken as regards an *ad hoc* institution to accommodate all defectives in East and West Sussex and the three County Boroughs of Brighton, Hastings and Eastbourne. It is understood, however, that the East Sussex County Council contemplates the conversion of one or more suitable existing Poor Law Institutions into Colonies for Mental Defectives, in which case it is possible that some scheme, agreeable to both parties, may be made for accommodating a certain number of Hastings defectives.

(e) The Occupation Centre.

Although the Occupation Centre is managed by the Voluntary Association for Mental Welfare, it remains a vital and integral part of our local administration. The average number on the books of the two classes, attending each three sessions weekly, was 25, the pupils being from the Infirmary, Home Guardianship, Statutory or Friendly Supervision. The Occupation Centre gives such training, as they are capable of, to the lower grade defectives, unsuitable for the Special School, and provides a means of supervision, useful occupation and amusement to older defectives, some of whom would otherwise require to be sent to Institutions.

(f) The Special School, Hollington.

The Mental Deficiency Committee maintains close liason with the Special School, so that unsuitable pupils are at once passed over either during school age, or over school age, if found to require the closer control, care and supervision combined with legal powers of the Mental Deficiency Committee as compared with the voluntary powers of the After Care Committee of the Special School. A full report on the work of the Special School appears in the Section devoted to the School Medical Service.

(g) The Local Government Act, 1929.

In accordance with the provisions of this Act and in uniformity with its underlying ideals the Committee has

provisionally settled the following policy :—

(1) That a survey should be made after 1st April, 1930, of all Mental Defectives under the Poor Law, either inside or outside the Frederick Road Institution.

(2) That, if possible, arrangements should be made for relieving Mental Defectives, now in receipt of out-door relief, through the Mental Deficiency Committee, possibly by way of Home Guardianship.

(3) That Members of the Mental Deficiency Committee on the Sub-Hospital Committee of the Public Assistance Committee should make the welfare of Mental Defectives at the Infirmary and all problems connected therewith their special consideration,

SCHOOL MEDICAL SERVICE.

Introductory.

The following summary shews the more important work carried out by the School Medical Service during 1929.

(a) Routine medical examination of 1,775 children in the elementary schools, 169 girls in the High School, and 63 children in the Special School, 24 children in the Open Air School, and 73 boys in the Grammar School.

(b) Medical examination and treatment, where necessary, at the two school clinics of 1,997 children, who made 11,716 attendances.

(c) 5,341 re-inspections by the Medical Officer at the schools and clinics.

(d) Examination by refraction of 218 cases of defective vision, 149 children being supplied with spectacles under the Authority's scheme.

(e) Operative treatment of 129 cases of enlarged tonsils or adenoids or of both conditions at the two local voluntary hospitals.

(f) 2,170 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 7,474.

(h) Dental inspection by the School Dentist of 6,565 children, 1,983 being actually treated during the year.

(i) Cleanliness inspections at the schools by the School Nurses, of 18,907 children inspected, 901 being found defective in varying degrees and 11 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 497, total home visits 2,217.

(k) A complete scheme for the treatment of crippling including the Orthopædic Clinic at the Royal East Sussex Hospital and residential treatment at the Chailey Heritage Craft Schools. (See special chapter).

(l) At the Open Air School, Athelstan Road, for delicate children, with an average of 25 children on the roll, 16 new cases were admitted and 21 children were returned to their original schools. During the year the approval of the Board was obtained for the construction and establishment of a somewhat similar Open Air School for 30 delicate children living in the western or St. Leonards side of the town, on the site and under the administration of the Hollington Special School.

(m) During the year the special investigations with regard to the value of lunch milk and the effect of breathing exercises after the operation for enlarged tonsils and adenoids were continued.

1. STAFF.

See "Staff of the Health Department," p. 107.

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.

In connection with Circular 1,405 (Board of Education) which was received in December, 1929, the whole question of provision for the health of children under five years of age, whether in attendance at school or not, is being carefully considered by the Children's Care Committee.

3. SCHOOL HYGIENE.

(a) The accommodation and attendances for the quarter ending December 31st, 1929, were as follows :—

Total accommodation	...	...	8,917
Average number on registers	...	...	6,436
Average attendance	...	...	5,966
Percentage of attendance	...	...	92.6
Average attendance for 1929	...	...	5,651
Average attendance for 1928	...	...	5,842
Percentage of elementary school children on register to total population	...	...	10.3

The reduction in the number of children on the registers of the elementary schools in consequence of the falling birth-rate of this century appears to have been stayed. I believe that the fall has now reached the low water mark, as the numbers of births in Hastings for the past five years have been 783, 770, 776, 752, and 762. The entrants for the next few years should therefore approximate closely 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 gradually dealt with. Improvements in ventilation and lighting have been carried out in several schools. Generally speaking there is no overcrowding, owing to the excess of about 2,500 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.

(c) Meals served in Schools.

I have dealt with this matter very fully in recent reports. No alteration has taken place in the arrangements which have been found on the whole satisfactory in the various schools. The teachers are fully aware as to the views of the Committee on this matter that as far as practicable these meals should consist of good plain food, properly cooked, and served hot, and they gladly give their voluntary assistance. The number of children remaining in school for mid-day meals remains about the same from 250—300 according to the season of the year.

4. MEDICAL INSPECTION.

(a) Age Groups of Children Inspected.

The total number of children examined at routine medical inspection in the elementary schools was 1,775, viz.: 584 entrants, 624 intermediates, and 567 leavers. In addition, 597 children, who were discovered at the initial inspection with defects requiring observation or treatment, were re-inspected.

(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 ...	11
2. Total number of examinations of children in the schools by school nurses	18,907
3. Number of individual children found unclean	901
4. Number of children cleansed under arrangements made by the Local Education Authority	11
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 the great amount of work carried out in inspections by the School Nurses for cleanliness, especially of the head in female children. The welcome and progressive improvement, noted in recent annual reports, continues. The vast majority of the cases of uncleanliness, whether of the head or body, are of a minor nature and the children are cleansed

by the parents after a preliminary notice. It is only necessary to use the disinfecting station and baths in a few recalcitrant cases of uncleanness, and as a routine measures in all cases of scabies (now very rare) which do not respond to home treatment.

(b) Minor Ailments, including Skin Diseases.

(1) Ringworm.

(a) Head.

Five cases of ringworm of the head were discovered at 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.

Twenty-one cases were diagnosed at special inspection at the School Clinic, the treatment by iodine being, as a rule, very satisfactory.

(2) Scabies.

The 10 cases reported through special inspection was mainly spread by family infection. Treatment was available at the Clinic and the Disinfection Station.

(3) Impetigo Contagiosa.

Three hundred and six cases were reported during the year, all but 10 diagnosed at special visits to the school clinics. The clinics are specially valuable in the treatment of this troublesome complaint, which requires the attention of a patient and skilled nurse. Further, impetigo may result in abscess of the neck, tuberculous glands, etc., and being often associated with debility and lowered health, it is an advantage that such children should be under the observation of the School Medical Officer.

(4) Other Diseases of the Skin, etc.

A very considerable number of miscellaneous conditions, minor injuries, septic sores, abscesses, boils, altogether 887 in number, received attention.

(c) Tonsils and Adenoids.

At routine and special inspections, 181 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 559 children required to be kept under observation. During the year 129 children were operated upon under arrangements made by the Education Authority at one or other of the two local hospitals, while 4 children received operative treatment apart from the Authority's scheme.

There has been a slight reduction in the number of cases receiving operative treatment in 1929. This is not due to any lack of readiness on the part of parents to accept operative treatment, but to the fact that there has been an increased activity in operative work for several years, arrears have now been overtaken and normality has been reached. As a matter of fact parents now fully realise the importance of absorption from septic tonsils, and have a working knowledge that this may be responsible for such damage as tuberculosis, neuritis, rheumatism and heart troubles.

(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.

(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 1929, 117 cases required treatment, 15 observation.

(f) Defective Vision.

During 1929, 235 cases of defective vision or squint or both required investigation by refraction, while 136 children were kept under observation.

Under the Authority's scheme 218 children were refracted in the dark room, spectacles prescribed in 181 cases, and supplied after payment of the whole cost or part in 149 cases. The waiting list for refraction has practically disappeared, and

periodical examination of all cases of defective vision year by year after the initial refraction and prescription is carried out. This is of extreme importance, as it brings to light numerous cases where children have given up wearing their spectacles, or have broken or lost them, and other cases where an entirely new prescription is necessary owing to change in the refraction.

(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., 87 cases being referred for treatment, 34 for observation. Serious or difficult cases are reported to one or other of the local hospitals.

(h) Dental Treatment.

Mr. W. D. Penfold, School Dentist, reports:—"Attention must be drawn to the fact that certain alterations in the method of tabulating the work accomplished in the twelve months have been adopted at the request of the Inspector from the Board of Education. Whereas it has been customary to show the total number of patients inspected, irrespective of the number of times each individual was examined during the year, now the total number of individual children only is given. This will account for the 6,565 inspected in 1929 as against the 11,286 of 1928. It will be noticed that more than 2,000 fewer children were found to require treatment. This should show that the dental department is of some value.

There are, of course, still a large number of patients who do not avail themselves of the treatment offered them at the Clinic. Steps have been taken to remedy this by means of a letter to parents of urgent cases pointing out the evil effects of carious and septic teeth. This has resulted in the attendance for treatment of several of the chronic cases and it is anticipated that in time the prejudices of most if not all of these parents will be overcome. It was also thought that parents might object to the long wait they experienced at the Clinic before their child was attended to. The arrangements of the appointments have been revised, so that no parent should be asked to wait for more than a half-hour at most.

It was suggested by the Inspector of the Board of Education that it would be interesting to carry out inspections of children about to leave school with the purpose of ascertaining the value of the work done by the dental department. We volunteered to carry out this experiment, and five sessions were devoted to this shortly before the end of the summer term. Subsequently we were asked officially by the Ministry of Health to assist them by carrying out similar inspections but in greater detail. This was commenced before Xmas and will be completed early in 1930.

Although the results of the first series of inspections are somewhat rough they are nevertheless interesting. 224 children of leaving age were examined, and of these 88 were found to have good sets of teeth. This 88 can be sub-divided into 35 with naturally sound teeth and 53 with teeth rendered artificially sound. Of the total number of children examined 160 had attended the Clinic for treatment. Included in the 136 with unsound teeth there were of course a large number with minor defects which had appeared subsequent to the previous inspection. Many of these attended the Clinic for treatment before actually leaving school.

SUMMARY OF INSPECTION OF LEAVERS UNDERTAKEN AT THE REQUEST OF THE BOARD OF EDUCATION.

148 children of leaving age were inspected.

These were divided into the following categories:—

- (a) 15 had received no treatment at the Clinic.
- (b) 10 had received treatment for one year.
- (c) 12 had received treatment for two or more years with intervals.
- (d) 34 had received systematic annual treatment for three years.
- (e) 77 had received irregular treatment.

48 only were found to require no attention but a large percentage of the remaining 100 only required attention to minor defects. In fact, 54 of these subsequently asked for appointments so that of the 148 examined, 102 should leave school dentally fit as the result of attention received at the Clinics."

The Role of the School Medical Service.

From the preceding records it is obvious how great a factor for good the school medical service can be. The main direction

Exclusions from School.

Four hundred and ninety-seven children were excluded from school by the School Medical Officer for the following diseases :—

1. Infectious Diseases (including Rheumatism and Influenza)	29
2. Diseases of the Skin (including Ringworm)	312
3. Inflammatory conditions of the Throat, Tonsils and Enlarged Glands	54
4. Nervous Conditions, including Chorea, Epilepsy, etc.	6
5. Diseases of the Digestive System	8
6. Bronchial Catarrh and Colds, etc.	20
7. Heart Disease	1
8. Injuries	8
9. Diseases of the Ear	5
10. Diseases of the Eye	7
*11. Tuberculosis (definite or suspected)	nil.
12. Other Diseases	47
Total	497

*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	4 certificates.
Influenza, etc.	4 „
Chicken-Pox	8 „

7. FOLLOWING UP. WORK OF SCHOOL NURSES.

Number of Schools (including Special School and Open Air School)	24
Visits of Nurses to Schools	263
Visits to Homes :—	
By direct instruction of School Medical Officer	645
At request of School Attendance Officer	293
Following up cases of uncleanness	207
General cases, following up	1,072
School Visits—miscellaneous	349
Total	2,566

Examinations for cleanliness :—

Primary	14,929
Secondary	3,978
Total	<u>18,907</u>

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.

Reference is made elsewhere to the open-air school for delicate children in Athelstan Road.

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 14th to March 27th, 1929, the numbers in attendance varying from 286 to 329.

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 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 Children's Care Committee, the school medical staff, the Secretary to the Education Committee, the school attendance officers and teachers. The quality and quantity of the dinners were excellent.

(b) In addition to the dinners, lunch milk was provided throughout the year to 20-37 children, specially chosen by the School Medical Officer, as likely to benefit, owing to their physical condition—for example, children suffering from debility, anaemia, 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 inter-

esting work recently carried out in this direction by Dr. Cory Mann. The average gain in weight has been 6-7 lbs., in one case as high as 11 lbs., and as a rule there has been a corresponding improvement in the general health.

12. SCHOOL BATHS.

Baths are not available at any of the elementary schools, but are provided at the Special School, Hollington, and for special cases of uncleanness at the Disinfecting Station at Rock-a-Nore.

- 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 66·3 per cent., while refusals to permit examination were 5·5 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 continued to co-operate actively.

17. BLIND, DEAF, DEFECTIVE & EPILEPTIC CHILDREN.

See Table III.—p. 80 for numbers ascertained.

(a) Ascertainment and Treatment.

The special register for all such defective children has been 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 continued

close, all suspected cases being sent from the School Clinic to the Tuberculosis Clinic for diagnosis and treatment. The local Tuberculosis Care Committee sent a few pre-tuberculous or debilitated children from tuberculous families to the country, with great benefit to their health.

As regards other physically defective children, the epileptics, cripples, ricketty, choreic or those suffering from heart disease, patient investigation has brought a very large proportion of the sufferers within the knowledge of the school medical service, and every effort is made to secure the very best treatment available either under their own doctors or in the hospitals of the town.

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

Head teachers report cases of backward children for examination by the School Medical Officer from time to time. Where a child does not come within the category regarded suitable for the Special School he or she will be in one or other of two grades.

(a) THE MERELY BACKWARD,

in which case the child will remain in the elementary school. Several head teachers have made unofficial arrangements for the special tuition of these children in smaller classes. All the head teachers are requested to keep in touch with the School Medical Officer with a view to further reports, especially should any mental deterioration be noted.

(b) LOW GRADE FREEBLE-MINDED IMBECILES, ETC.

These children are incapable of any real education and training for a suitable occupation such as are offered at the Special School. They are reported to the Mental Deficiency Committee, and if possible referred to the Occupation Centre or should there be special indications, sent to an appropriate institution.

(c) Hollington Special School for Mentally Defective Children.

The following notes have been contributed by Mrs. Sanderson-Flint, who relinquished her post as Headmistress at the end of

1929, and whose reward, for her most painstaking and at times difficult task, must be the excellent results she has achieved with the human material at her disposal.

“The average number on the roll for the year was 65, the attendance being very good indeed. Fourteen pupils left during the year :—

- 11 to take situations.
- 1 to another district.
- 2 to the Occupation Centre.

The After Care List of the School shows a remarkably high percentage of situations held by the boys and girls of the school, especially those who left during the past 6 or 7 years. This is mainly due to the class of child admitted under the policy of selecting the high grade child. H.M. Medical Inspector, Dr. Langdon, reported in July 1929, that the ‘Educational attainments were maintained at a high level of efficiency,’ and this also resulted in a much higher standard of handicraft.

During the year a larger piece of garden was obtained; this enabled more boys to be trained, one ton of potatoes were raised and, with other vegetables in proportion, provided excellent food for the mid-day meal. The results with regard to the growth and the weight of the children, often weedy and underfed on admission, were most satisfactory, almost every child having gained weight. The physical exercises, dancing, etc., all combine to make the child more normal. The cleanliness, too, during the past year or two has been exceptionally good. Except for about two families the children are remarkably clean, visitors often commenting how smart they looked. All the children could have a hot bath and would ask for them and enjoy them.”

All the pupils were medically inspected in 1929, the percentage of children with defects requiring treatment, excluding defective teeth, being 36·5, a figure considerably in excess of that of the children in elementary schools, viz.: 12·1, due largely to the increased number of cases of defective vision and enlarged tonsils and adenoids.

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.

As a result of the alteration in the policy of selection of children, whereby a much higher grade of child has entered the school, capable of education up to at least Standard III., and of being taught some remunerative occupation, much of the previous hostility of parents to the Special School has disappeared. In 1930 an additional branch will be added, an open-air school with room for 30 delicate children, from 5-9 years of age, much on the same lines as the Athelstan Road Open Air School. This will give the Committee an opportunity of calling the whole establishment a school for delicate children, with a mental side and a physically defective side, thus emphasizing the medical character of the whole school. As a matter of fact, a considerable proportion of the cases sent to the Special School have glaring physical defects, requiring treatment urgently. These are carefully attended to. One of the most gratifying features has been the splendid response to treatment as exhibited by the weight results. All the children have gained weight, some in a most remarkable fashion—for example, one boy gained $23\frac{1}{2}$ lbs. last year, 36 lbs. in two years; another 20 lbs. last year, 29 lbs. in two years; one girl $16\frac{1}{2}$ lbs. last year, $34\frac{1}{2}$ lbs. in two years; another $8\frac{1}{2}$ lbs. last year, $28\frac{1}{2}$ lbs. in two years.

Hollington "Special" School.

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1929.

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

DEFECT OR DISEASE.	Referred for Treatment.	Referred for Observation.
EYE :—		
Blepharitis ... ..	...	...
Conjunctivitis ... ..	...	...
Keratitis ... ..	...	...
Corneal Opacities ... ..	...	...
Defective Vision (excluding squint) ...	15	1
Squint	1	...
Other conditions ... ..	...	...
EAR :—		
Defective Hearing	4	...
Otitis Media ... ..	...	1
Other Ear Diseases ... ..	...	...
NOSE AND THROAT :—		
Enlarged Tonsils only	3	7
Adenoids only ... ..	...	1
Enlarged Tonsils and Adenoids ...	5	2
Other Conditions	1	...
Enlarged Cervical Glands (Non-Tuberculous ... ..	...	4
Defective Speech ... ..	...	3
Teeth—Dental Diseases	35	2
HEART AND CIRCULATION :—		
Heart Disease—		
Organic ... ..	...	1
Functional ... ..	...	...
Anæmia ... ..	...	...
LUNGS :—		
Bronchitis ... ..	...	2
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	1	1
Other Defects and Diseases	1	4

**(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	63	25	36.5%

(d) OPEN AIR SCHOOL, ATHELSTAN ROAD.

In my previous report I dealt very fully with this school, which was opened in June, 1928, for 25 delicate children coming within any one of the following categories:—

- (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.

The school programme as regards meals, mid-day rest, play, and exposure to sun and air, was carried out as in 1928.

At the beginning of 1929 there were 25 pupils on the register, belonging to one or other of the categories set out. During the year 21 children were discharged, as so improved in health and strength, as to be fit to return to an ordinary school, while 16 children were admitted.

The School Nurse visits twice weekly to take weights, watch temperatures, and consult with the headmistress. The School Medical Officer visits frequently to note the progress of the children, and make any necessary examinations, while each term all the children are thoroughly examined with a view to possible discharge.

The results obtained have been exceedingly satisfactory. Several of the children discharged to ordinary schools had never been to school at all on account of their physical disabilities.

All the children discharged had put on weight, from 5-7 lbs. on the average during the year, and all had gained in physical and nervous energy, losing their anaemic and debilitative appearance.

So much were the members of the Committee impressed with the success of the Athelstan Road return that they have decided, with the approval of the Council, to erect a similar establishment in connection with the Special School at Hollington for 30 delicate children from the St. Leonards end of the town. This will be opened about Midsummer, 1930.

Miss Pain, who has done pioneer work as the first headmistress and has been transferred to the more important post of headmistress of the Special School, reports as follows:—

"The Open Air School completed its first full year in 1929.

Its success may be seen in

- (1) The number of children discharged after treatment.
- (2) The anxiety of parents to send their children.
- (3) The general increased vitality of the children actually in attendance.

The curriculum continued successfully on the lines of 1928. Besides the ordinary school subjects the children were given:—

- (a) Morning milk at 10 a.m.
- (b) Two course dinner at 12; afternoon, lemonade or Horlick's.
- (c) Rest for at least one hour daily.
- (d) Medicine of some kind to every child.
(Cod liver oil, Parish's food, etc.)

Lessons, meals and rest, even during the winter, were taken as often as possible in the open air, the children wearing woollen jerseys over ordinary clothes when the weather was very cold.

Simple remedial exercises have been taken daily; breathing exercises more frequently.

Daily gargling was carried out with warm salt water and frequent handkerchief drill was given.

The School Nurse visited the school throughout the year on an average twice per week. The children were weighed every fortnight and measured for height every three months.

Throughout the year several of the children made bi-weekly attendances to the Orthopædic Clinic, Royal East Sussex Hospital. This has clearly shown the necessity for co-operation of the head teacher to ensure regular attendance at the hospital, and a system of sending the children by a paid guide has been instituted."

**(A) Return of Defects found by Medical Inspection in the
Year ended 31st December, 1929.**

OPEN-AIR SCHOOL.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
MALNUTRITION	1	2
SKIN :—		
Ringworm, Scalp ... ..	...	...
Ringworm, Body ... ..	...	...
Scabies ... ..	...	...
Impetigo ... ..	...	...
Other Diseases (Non-Tuberculous) ...	...	...
EYE :—		
Blepharitis ... ..	...	...
Conjunctivitis	1	...
Keratitis ... ..	...	...
Corneal Opacities ... ..	...	...
Defective Vision (excluding Squint) ...	...	...
Squint ... ..	...	...
Other Conditions ... ..	...	...
EAR :—		
Defective Hearing ... ..	...	...
Otitis Media ... ..	...	...
Other Ear Diseases ... ..	...	...
NOSE AND THROAT :—		
Enlarged Tonsils only ... ..	...	5
Adenoids only ... ..	...	1
Enlarged Tonsils and Adenoids ...	...	1
Other Conditions ... ..	...	...
Enlarged Cervical Glands (Non-Tuberculous)	1	1
Defective Speech ... ..	...	...
Teeth (Dental Diseases)	6	...
HEART & CIRCULATION :—		
Heart Disease—Organic ... ..	...	1
Functional ... ..	...	...
Anæmia	2	...
LUNGS :—		
Bronchitis ... ..	...	1
Other Non-Tuberculous Diseases ...	...	...

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

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
Open-Air School ...	24	9	37.5%

18. NURSERY SCHOOLS.

No definite provision has been made although a considerable number of 3 and 4 year old infants go to the Infants Schools.

An investigation in connection with Circular 1405, Children under School Age, showed that on the whole there was ample and suitable accommodation in the Infants Departments of the Elementary Schools for children under 5 years, and that special attention was being given to these classes which were in effect Nursery Classes. The matter is still before the Children's Care Committee and each Infant Department will be considered in relation to its arrangements for children under five. When improvements in the classroom and curriculum are necessary and practicable then I have no doubt such will be dealt with during the current year.

19. HIGH SCHOOL FOR GIRLS.

Table No. 2, p. 71 sets out in full the defects recorded at routine inspection when a complete inspection of all the girls at the High School was carried out, 169 girls being examined in accordance with the Board's Schedule. The main defects discovered were:—

(a) Defective Vision	...	...	23 cases.
(b) Dental Disease ...	...	...	20 „
(c) Anæmia, etc. ...	...	...	11 „
(d) Deformities	...	...	17 „

It was gratifying to find so many of the parents attended the examination personally, and were thoroughly in sympathy with the aims and ideals of the work. Their presence was especially useful in discussing difficulties arising during the period of commencing puberty. As always, Miss Commin, the head-mistress, was of the greatest assistance in making the arrangements, and later, in arranging for necessary treatment. The most noticeable feature in the routine examination was an improvement in the minor deformities of carriage, shoulders, slight scoliosis, etc., due largely to the attention given to corrective exercises by the games mistress.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
TUBERCULOSIS :		
Pulmonary—		
Definite ... ..	...	...
Suspected ... ..	...	...
Non-Pulmonary—		
Glands ... ..	...	...
Spine... ..	...	...
Hip ... ..	...	...
Other Bones and Joints ... ..	...	...
Skin ... ..	...	...
Other Forms ... ..	...	...
NERVOUS SYSTEM :		
Epilepsy	1	...
Chorea ... ..	...	1
Other Conditions ... ..	...	1
DEFORMITIES :		
Rickets ... ..	...	...
Spinal Curvature ... ..	...	...
Other Forms	8	9
Other Defects and Diseases	2	8

(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.	
High School for Girls...	169	36	21.3%

(b) GRAMMAR SCHOOL FOR BOYS.

The entrants to this school were medically inspected on the same lines as adopted at the High School for Girls, while a re-examination of the other boys, who were examined the previous year, was carried out. 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, 1929.****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	3	3
SKIN :—		
Ringworm	...	...
Scalp	...	...
Body	...	...
Scabies	...	...
Impetigo	...	...
Other Diseases (Non-Tuberculous)	1	...
EYE :—		
Blepharitis	1	...
Conjunctivitis	...	...
Keratitis	...	...
Corneal Opacities	...	...
Defective Vision (excluding Squint)	5	7
Squint	...	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 ... ..	...	...
Otitis Media ... ..	...	...
Other Ear Diseases ... ..	...	..
Nose and Throat :—		
Enlarged Tonsils only ... ..	...	10
Adenoids only ... ..	...	...
Enlarged Tonsils and Adenoids ..	...	...
Other Conditions ... ..	...	..
Enlarged Cervical Glands (Non-Tuberculous)	2	4
Defective Speech ... ..	...	2
Teeth—Dental Diseases	28	...
Heart & Circulation :—		
Heart Disease—Organic ... ..	...	...
Functional		3
Anæmia	1	...
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 ... ..	...	...
Other Conditions ... ..	...	...
Deformities :—		
Rickets ... ..	...	...
Spinal Curvature ... ..	...	...
Other Forms	1	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.	
Grammer School for Boys	73	12	16.4%

20. CONTINUATION SCHOOLS.

None are established.

21. EMPLOYMENT OF CHILDREN & YOUNG PERSONS.

Number of licences issued to children in 1929 ... 122

Number of such children medically examined ... 84

Number of such children rejected 1

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

Delivery of papers	85
„ „ milk	5
Errands	30
Nurse Girl	1
Assisting in Shop	1
Total	122

A number of children are also employed under licences granted previous to 1929.

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 on the recommendation of the School Medical Officer.

These children are re-examined periodically and their weight recorded at monthly intervals.

In the great majority of cases it is found that considerable benefit has been derived from the lunch milk as shown not only by a steady, and in some instances very marked, increase in weight, but by an improvement in general health and vigour.

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

Number of Sessions	...	...	...	...	11
Attendances—Boys	...	...	...	21	
Girls	...	...	...	26	
				—	
Total	...	...	...	47	
				—	

It is intended to develop this work during the coming year and a full report will be made.

(c) Goitre among School Children Aged 12.

This investigation was continued during 1929 with the following results:—

		Boys.		Girls.		Total.
Thyroid not enlarged	...	274	...	187	...	461
Thyroid enlarged	...	—	...	5	...	5
		—		—		—
Total	...	274		192		466
		—		—		—

23. MISCELLANEOUS.

Forty-six entrants for scholarships to the High School for Girls received a special medical examination. The School Medical Officer advised the Education Committee with regard to medical matters in connection with the engagement of teachers, and teachers on the sick list.

MEDICAL INSPECTION RETURNS.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

(A) Routine Medical Inspections.

NUMBER OF CODE GROUP INSPECTIONS.

Entrants ...	...	...	...	...	584
Intermediates ...	...	...	...	...	624
Leavers ...	...	...	...	...	567
Total ...					1,775

NUMBER OF OTHER ROUTINE INSPECTIONS.

(1) Grammar School (Boys) ...	...	73
(2) High School (Girls) ...	...	169
(3) Special School ...	...	63
(4) Open-Air School ...	...	24
Total ...		329

(B) Other Inspections.

NUMBER OF SPECIAL INSPECTIONS ...	...	1,703
NUMBER OF RE-INSPECTIONS ...	...	5,341
Total ...		7,044

TABLE II.

(A) Return of Defects found by Medical Inspection in the year ended 31st December, 1929.

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 ...	4	16	1	1
SKIN :—				
Ringworm, Scalp ...	...	...	5	...
Ringworm, Body ...	...	...	21	...
Scabies ...	...	...	10	...
Impetigo ...	9	1	296	...
Other Diseases (Non-Tuberculous)	4	3	115	4
Minor Injuries (Bruises, Sores, etc) ...	2	1	753	3

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	4	13	20	...
Conjunctivitis	1	...	29	1
Keratitis ... ..	...	...	3	...
Corneal Opacities ... ..	...	...	...	...
Defective Vision (excluding Squint)	93	113	120	9
Squint	7	10	15	4
Other Conditions	2	..	58	1
EAR:—				
Defective Hearing	2	24	5	6
Otitis Media	1	...	10	1
Other Ear Diseases ... ..	...	...	69	4
NOSE AND THROAT:—				
Enlarged Tonsils only... ..	16	378	6	123
Adenoids only	3	4	2	1
Enlarged Tonsils and Adenoids	41	35	113	18
Other Conditions	10	22	102	8
Enlarged Cervical Glands (Non-Tuberculous)	1	137	56	39
Defective Speech ... ..	...	9	1	2
Teeth (Dental Diseases)	204	1,948	1	...
HEART & CIRCULATION:—				
Heart Disease—Organic	...	5	...	...
Functional	1	66	2	13
Anæmia	11	21	41	6
LUNGS:—				
Bronchitis	5	15	51	5
Other Non-Tuberculous Diseases ... ..	...	...	...	...
TUBERCULOSIS:—				
Pulmonary—				
Definite ... ..	...	...	...	...
Suspected ... ..	...	1	...	...
Non-Pulmonary—				
Glands ... ..	...	...	...	...
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 ... ..	...	1	1	...
Chorea ... ..	...	2	2	...
Other Conditions ...	...	2	8	...
DEFORMITIES :—				
Rickets	1	1	...	...
Spinal Curvature ...	3	...	...	4
Other Forms	14	17	3	1
Other Defects and Diseases	17	41	610	52

(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	584	64	10·9%
Intermediates... ..	624	74	11·8%
Leavers	567	78	13·7%
Total (Code Group) ...	1,775	216	12·1%
Other Routine Inspections...	329	80	24·3%

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 ...	1	1	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 ...	4	5	9
		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	...	...	...
	(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 ...	1	1	2
		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 ...	32	33	65
		Attending Public Elementary Schools ...	7	1	8
		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 ...	1	1	2
		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	2	4
		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	...	1	1
		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	1	1	2
		At Public Elementary Schools	10	5	15
		At other Institutions	...	...	...
		At no School or Institution	...	...	...
	Delicate children (e.g., pre-or latent tuberculosis, malnutrition, debility, anæmia, etc).	At Certified Residential Open Air Schools	...	...	...
		At Certified Day Open Air Schools	11	7	18
		At Public Elementary Schools	35	36	71
		At other Institutions	...	...	...
		At no School or Institution	1	1	2
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospitals approved by the Ministry of Health or the Board	1	1	2
		At Public Elementary Schools	2	...	2
		At other Institutions	1	1	2
		At no School or Institution	...	...	...
	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	3	5
		At Certified Day Cripple Schools	...	...	...
		At Public Elementary Schools	22	27	49
		At other Institutions	2	2	4
		At no School or Institution	2	2	4

Table IV. Return of Defects Treated during the Year ended 31st December, 1929.

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	5	...	5
Ringworm, Body	21	..	21
Scabies	10	...	10
Impetigo	296	1	297
Other Skin Diseases	115	...	115
MINOR EYE DEFECTS (External and other, but excluding cases falling in Group II.)	110	1	111
MINOR EAR DEFECTS	84	1	85
MISCELLANEOUS (e.g., minor injuries, bruises, sores, chilblains, etc.).	1,529	2	1,531
TOTALS	2,170	5	2,175

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).	218	1	...	219
OTHER DEFECT OR DISEASE OF THE EYES (Excluding those recorded in Group I.)	...	...	...	...
TOTAL	218	1	...	219

Table IV.—(Continued).

Total number of Children for whom spectacles were prescribed:—

(a) Under the Authority's Scheme 181

(b) Otherwise 1

Total number of Children who obtained or received spectacles:—

(a) Under the Authority's Scheme 149

(b) Otherwise 1

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.		
129	4	133	102	235

GROUP IV. —DENTAL DEFECTS.

(1) Number of Children who were:—

(a) Inspected by the Dentist:—

		Aged.			
Routine Age Groups	{	5	...	686	Total ... 6,077
		6	...	702	
		7	...	718	
		8	...	788	
		9	...	867	
		10	...	493	
		11	...	541	
		12	...	541	
		13	...	584	
		14	...	157	
Specials	488
Grand Total				...	6,565

(b) Found to require treatment 4,703

(c) Actually treated 1,983

(d) Re-treated during year as the result of periodical examination 137

(2) Half-days devoted to { Inspection 77 } Total ... 488
{ Treatment 411 }

(3) Attendances made by the Children for treatment 3,020

(4) Fillings	...	...	{ Permanent teeth 931 Temporary teeth 653 }	Total	...	1,584
(5) Extractions	...	...	{ Permanent teeth 224 Temporary teeth 2,624 }	Total	...	2,848
(6) Administration of general anæsthetics for extractions	...	...			...	92
(7) Other Operations	...	...	{ Permanent teeth 211 Temporary teeth 2 }	Total	...	213

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurses	...	...	...	...	...	11
(ii) Total number of examinations of children in the Schools by School Nurses	...	...	...	...	...	18,907
(iii) Number of individual children found unclean	...	...	...	...	...	901
(iv) Number of children cleansed under arrangements made by the Local Education Authority	...	...	...	...	...	11
(v) Number of cases in which legal proceedings were taken :—						
(a) Under the Education Act, 1921	...	...	...	...	...	nil.
(b) Under School Attendance Byelaws	...	...	...	...	...	nil.

ORTHOPÆDIC CLINIC.

THE PREVENTION AND TREATMENT OF CRIPPLING.

The Orthopædic Clinic at the Royal East Sussex Hospital deals with the following classes of cases under the approved 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.

The Medical Officers of all municipal clinics have the power to send cases to the orthopædic surgeon, treatment following if necessary. The cases are followed up by the staff of the Health Department, and where, in a case requiring long and troublesome treatment, the patient ceases attendance, enquiries are made by the Health Visitors at the Home. Should treatment be

considered necessary in the interests of the patient, pressure is brought to bear to ensure such. It is very necessary to emphasise this side of an orthopædic scheme, which is just as vital to its success as the actual centre and treatment.

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 Cases.**

At the Royal East Sussex Hospital for short detention cases in school children, for children under school age, or for cases of tuberculosis at all ages, 6 cases being committed in 1929.

During the year the delightful new children's ward at the Royal East Sussex Hospital has been opened, where children can receive not only surgical treatment, but the equally important sun and air treatment so vital in Rickets and Surgical Tuberculosis.

(e) **Institutional Cases in Residence.**

Children of school age requiring institutional treatment and training are sent to the Chailey Heritage for Cripples and the sea-side branch at Bishopstone, where education and vocational training are combined with great advantage. During the year 3 cases were admitted, while 4 cases were already in the institution.

With regard to the Orthopædic Scheme at Hastings, the number of cases under treatment at the mid-year was 52.

(a) SCHOOL MEDICAL SERVICE.

Infantile Paralysis	...	...	3 cases.
Congenital Conditions	...	...	3 „
Scoliosis and Kyphosis	...	...	13 „
Rickets	...	...	1 „
Miscellaneous	...	...	1 „
Total	...	...	21 „

(b) MATERNITY AND CHILD WELFARE.

Infantile Paralysis	...	...	4 cases.
Congenital Conditions	...	...	8 „
Rickets	...	...	11 „
Total	...	...	23 „

(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 2,311, not including 195 attendances for Sun-Ray Treatment. The number of new cases referred for treatment were:—

Maternity and Child Welfare Services	13 cases.
School Medical Service	... .. 19 „
Tuberculosis	... .. 2 „
Sun-Ray Treatment	... .. 3 „
Total	... .. 37 „

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. The attention of the teachers is drawn to these cases, corrective exercises being prescribed. If necessary, in the event of non-improvement or deterioration, the cases are referred to the Orthopædic Clinic.

REPORT ON PUBLIC HEALTH BACTERIOLOGICAL WORK, 1929.

This work¹ was carried out in the laboratory of the Royal East Sussex Hospital under Dr. J. N. Kilner until May, 1929, and then under Dr. P. Lazarus-Barlow, who succeeded the late Dr. Huckle as Pathologist to the Hospital. Under a new arrangement the hospital has become entirely responsible for all municipal work, each of the various health services being debited with the cost of its own specimens, on a scale based on that of the Clinical Research Association for Municipal Authorities and Subscribers. During the year all practitioners were provided with a suitable supply of specimen containers for throat swabs, sputa and blood for Widal's. All the arrangements are working very smoothly and satisfactorily.

SOURCE OF SPECIMENS.	NATURE OF SPECIMENS.	NUMBER.	RESULT.
A. General Practitioners, Borough Sanatorium, Medical Officer of Health.	Sputum for Tubercle Bacilli ...	222	31 Positive.
	Throat Swabs for Diphtheria	821	209 "
	Widal Examination for Typhoid Group ...	22	2 "
	Miscellaneous. ...	38	
B. School Medical Service.	Throat Swabs for Diphtheria, etc.	59	9 Positive.
C. Tuberculosis Dispensary.	Sputum for Tubercle Bacilli	69	7 Positive.
	Other Specimens ...	4	Nil.
	Total Specimens examined	1235	

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 and need not be repeated.

Byelaws with respect to New Streets and Buildings and Provisions of the Hastings Improvement Act, 1885, the Hastings Corporation Act, 1900, and the Hastings Corporation Act, 1924, came into operation in 1929.

(2) PUBLIC HEALTH PROPAGANDA.

Much quiet, but none the less effective, public health propaganda work has been carried out either directly or indirectly by the Public Health Department.

The Hastings edition of "Better Health," the Official Journal of the Central Council for Health Education of the Society of Medical Officers of Health, contains 2,000 copies, which 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. "Better Health," comprises articles, simple but authentic, brightly written by well-known authorities, on various matters of importance in connection with health, both personal and communal. I continue to receive messages from many sources, principally teachers, showing that "Better Health" is being read with interest and profit, both by the school children and parents, and that its teaching must in time be productive of good. Encouraged by this evidence, I intend to continue the work of the preparation of the monthly leaders for the Hastings Edition.

The Public Health Department 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 addressed meetings of the St. John's

Ambulance, Red Cross Society and hospital nurses on matters of health, while meetings attended by mothers and children have been addressed by the Health Visitors. Well-known speakers on health subjects address the annual meetings of the Voluntary Societies associated with Public Health and are fully reported in the public press.

(3) NURSING HOMES (REGISTRATION) ACT, 1928.

	Year ending December 31st, 1929.		
	Maternity Homes.	General Nursing Homes.	Maternity & General Nursing Homes.
1. Number of applications for registration	9	...
2. Number of Houses registered	9	...
3. Number of orders made refusing or cancelling registration
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 applications for exemption from registration
7. Number of cases in which exemption has been			
(a) granted
(b) withdrawn
(c) refused

The total number of nursing homes registered is 5 Maternity Homes, and 17 General Nursing Homes.

With regard to all applications for registration under the Nursing Homes (Registration) Act, 1928, a thorough initial inspection and investigation is made by the Medical Officer of Health, who reports fully to the Health Committee on the general sanitation of the premises, and their suitability for the purpose of a nursing home, while the qualifications of the nursing staff are also thoroughly investigated.

The Nursing Homes of the Borough may be divided into the following categories:—

(1) Those adequately equipped for any type of acute surgical, medical or maternity work, with proper operating theatre and a well-trained staff.

(2) Those able to take maternity cases with or without acute medical cases.

(3) Those taking acute medical cases.

(4) Those taking senile cases, often with decaying mental faculties, elderly people in failing health, and chronic medical cases.

Where the home only takes elderly people for purposes of care, and is not staffed by trained nurses, a certificate of registration is not as a rule granted.

Now that the registration of Nursing Homes is a recognised fact, the public should discriminate between duly registered nursing homes of the types mentioned and unregistered premises for the care of the aged, and carefully make a choice of the home most suited to their individual requirements.

The Model Byelaws of the Ministry of Health are in force, and all homes are periodically visited by the Medical Officer of Health for inspection of the premises and of the books.

(4) WATER SUPPLY.

The water supply remains for the present 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.

The plant for dealing with iron deposit in the water, especially after rain storms, appears now to be successful in keeping the water clear.

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

As stated in the report for 1928, the Corporation is now actively engaged in an ambitious scheme for reinforcing the existing water supply by means of a supply from a large reservoir situated at the bottom of a catchment area, containing 200 million gallons of water from surface water and springs

in the Great Sanders Estate, Cripps' Corner, about 8 miles from Hastings. The water will be purified by storage, combined with filtration and chlorination if necessary. The necessary works at the main reservoir and the service reservoir at Baldslow, also the pipe lines, are well in hand, and the service should be in full operation within a very few years' time, when the present accessory supplies from the Brede stream and the Alexandra Park Reservoirs should be entirely discontinued.

The following is a copy of a recent analysis, both chemical and bacteriological, of the existing water supply :—

The Counties Public Health Laboratories,
91, Queen Victoria Street, London, E.C. 4.

Physical and Chemical data, relating to a sample of water received on 6th December, 1929, from Hastings Corporation, labelled Brede Filters, taken by J. Grimmett. Witness: C. Smith, 4th December, 1929, at 3 p.m.

Turbidity	...	...	Slight deposit of Iron Oxides.
Colour	...	...	Faint yellow.
Odour	...	...	Nil.
Reaction, Ph.	...	...	Neutral 6·9.
Free Carbonic Acid	1·3.		

Hardness—Temporary.	6·5	Permanent.	0·5	Total	7·0
Free Ammonia	...	...	...	...	0·0072
Organic Ammonia	...	...	...	...	0·0028
Oxygen absorbed in 3 hours at 37° C.	...	...	...	...	0·0450
Nitrites	...	...	...	...	Absent.

Notes.—Metals: Total Iron—0·05. In Solution—Nil.
Lead and Zinc—Absent.

26th May, 1930.

Report on the Bacteriological Examination of a Sample of Water received 22nd May, 1930, from Hastings Corporation. Source—Filsham Filters. Taken and Signed: J. Grimmett. Witness: W. Walker. 21st May, 1930, 3.30 p.m.

Number of organisms per cubic centimetre of water growing upon nutrient gelatine at 20° C. in three days	...	...	12
Number of organisms per cubic centimetre of water growing upon agar at 37° C. in one day	...	...	1
Smallest quantity of water giving acid and gas in Bile-sat glucose broth	...	...	100 cc.
Smallest quantity of water giving in bile-salt lactose broth	...	...	Absent in 100 cc.

Smallest quantity of water containing the
Bacillus Coli. Absent in 100 cc.

Smallest quantity of water giving the
 reaction of the *B. Welchii* (*Bacillus*
Enteritidis Sporogenes) Absent in 100 cc.

This is a clear and bright water of very great bacterial
 purity.

It is considered a pure and wholesome water suitable for
 the purposes of Public Supply.

For Drs. Thresh, Beale & Suckling,

Signed: E. SUCKLING.

(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.

Progress in the removal of cesspools in the rural districts of
 the Borough remains 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 completing the revision of the
 whole system, whereby collection is carried out by a combination
 of horse and motor vehicles by the Pagefield system. The
 question of suitable covers for the collecting vehicles has been
 under consideration, and in all probability these will be provided
 before mid-year 1930.

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 is mainly due to
 the fact that most of the cooking, also the heating of water for
 baths and washing up, is done by means of gas or electricity,
 especially in the smaller boarding houses and flats. Where coke
 or anthracite boilers, or even the old fashioned kitchen range, are
 in use, the difficulty should not arise, as practically all house
 refuse can be burnt to ashes. This practice, wherever possible,
 should be encouraged for three reasons:—

(1) It helps the householder, as it reduces flies, smell,
 infection and disease.

(2) It helps the general health of the town.

(3) It helps the scavenging department by reducing the load
 of refuse, and indirectly in its sum total the rates of the town.

The destructor at Rock-a-Nore should normally be capable of dealing with all the refuse of the town. In co-operation with the department of the Borough Engineer active steps have been taken to reduce the number of ash-pits, wherever these have been defective, and to have them replaced by sanitary dustbins under the Hastings Corporation Act of 1929.

During the year 404 galvanised dustbins were provided as a result of notices from this department.

(7) SANITARY INSPECTION OF DISTRICT.

(a) SANITARY INSPECTORS' SUMMARY FOR 1929.

	Eastern District.	Western District.	Northern District.	Central District.	Total.
1. Visits of inspection to drainage works in progress	105	134	106	203	548
2. Visits of inspection to works in connection with notices	241	242	198	325	1006
3. Visits to outworkers' premises ... ..	...	...	...	9	9
4. Inspection of bakehouses	40	29	19	97	185
5. " " slaughterhouses	267	182	1521	445	2415
6. " " dairies, cowsheds and milk shops... ..	64	32	94	113	303
7. Enquiries respecting Infectious Diseases, etc.	99	93	92	121	405
8. Drain tests applied	49	77	49	307	482
9. Houses and premises provided with new water-tight drains, properly intercepted and ventilated	9	13	14	4	40
10. Cesspools emptied and cleansed ... ..	...	...	10	...	10
11. Cesspools abolished ... ..	...	...	...	...	...
12. Drains cleared and amended	26	17	57	180	280
13. New iron and lead soil and ventilating pipes fixed	10	8	17	6	41
14. New closets fixed	14	25	23	18	80
15. Closets amended	6	9	31	123	169
16. New flushing boxes provided, necessary storage cisterns being fixed where required	17	25	17	30	89
17. Flushing boxes repaired	4	41	41	45	131
18. Glazed stoneware sinks fixed, fitted with proper wastepipes and trapped where necessary	4	33	18	17	72
19. Yards repaved	11	15	51	23	100
20. Sanitary ashbins provided	106	82	53	163	404
21. Accumulations of manure and other refuse removed	7	30	29	65	131
22. Rooms, etc., cleansed and whitewashed	51	169	312	243	775
23. Nuisances abated from animals improperly kept ... ..	...	2	17	9	28
24. Nuisances abated from chimneys sending forth black smoke ... ..	...	...	...	...	...
25. Nuisances abated from overcrowding	1	...	8	7	16
26. Miscellaneous repairs	25	88	344	253	710
27. New W.C.'s erected	1	3	3	13	20
28. New urinals constructed ... ..	...	...	2	6	8
29. Inspection of premises where food is exposed for sale	418	936	425	1361	3140

(b) General Summary.

Inspection and Re-inspection of premises—visits	...	9,393
Houses and Premises inspected	...	4,091
Complaints investigated	...	704
Complaints investigated under Rats and Mice (Destruction) Act	...	94

During the year arrangements were made for keeping rat poison, baits and virus in the Health Department with satisfactory results in every way.

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 1929...	621
„ „ „ complied with during the year 1929	549
„ „ „ not complied with during the year 1929 ...	60
„ „ „ reported to the Public Health Com- mittee during the year 1929 ..	6
„ „ „ served during the year 1929 which are still receiving attention ...	8
„ „ „ served during the year 1929 which were partly complied with ...	4

OTHER NOTICES.

Legal Notices served by Town Clerk	15
Premises inspected under Increase of Rent and Mortgage Interest (Restrictions) Acts, 1920 and 1923	11
Certificates granted do. do.	10

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

Number of Preliminary Notices served during 1929	6
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(3) INSPECTION AND SURVEVISION OF FOOD.**(a) Milk Supply of District.**

Retail Purveyors of Milk on Register, 1929	101
Wholesale Traders or Producers, 1929	23
Purveyors of Certified or Grade (A) Milk, 1929	5

The general hygiene of the dairies and the milk shops has now reached a reasonably high—in some instances a very high—standard in keeping with the requirements of the Milk and Dairies Order of 1926, especially as regards refrigeration, cooling, washing of bottles, and general cleanliness. Three general shops dropped the sale of milk as a side line during the year.

The dairy farmers within the Borough, while showing a tendency to improve in general hygiene and working methods, cannot as a rule carry out important structural alterations, as in most instances they have only a tenancy of their premises.

The chemical analyses of milk taken throughout the year were generally satisfactory with a few exceptions, which were energetically followed up by official samples and reports to Committee (see Analyses of Milk p. 98).

Thirteen samples of milk were submitted for bacteriological examination at the Laboratory, Royal East Sussex Hospital. In four cases evidence of excessive dirt was reported and the matter reported to the Sanitary Inspectors for the Districts and the County Medical Officer of Health. All the samples were investigated for tubercle bacilli by biological tests, with negative results. This is the most scientific and certain method, when combined with expert clinical examination of the herds by a Veterinary Officer, of detecting tuberculosis in the cow.

It might be emphasised here that practically all the surgical tuberculosis of childhood and a substantial proportion of the pulmonary tuberculosis, both of children and adults, may be traced to tuberculous milk.

No action was taken officially under the Tuberculosis Order 1925, but a considerable number of animals were destroyed privately at the request of the owners at the Licensed Knackers.

(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. 1929.
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 standard of several of the smaller outlying slaughter-houses, as regards structure and general arrangements, is far from satisfactory. A reduction in the number and a concentration of the work in larger and more hygienic premises would be in the best interests of all concerned.

Improvements have been carried out in a few of the butchers' shops during the year. Some of the newer shops are up-to-date in every respect as regards modern ideas of hygiene, while some of the older shops still require attention in this respect. Extended use of refrigeration is now being made with great advantage both to the butchers and the public.

TUBERCULOUS MEAT CONDEMNED IN 1929.

Whole Carcasses.

<i>Beasts.</i>	<i>Heifers.</i>	<i>Pigs.</i>
8	1	8

Portions of Carcasses.

<i>Beef.</i>	<i>Forequarters.</i>	<i>Internal Organs.</i>	<i>Ox Lungs.</i>
3 stones 5 lbs.	14	7 sets. 10 Ox livers. 1 Pigs liver.	24 sets.
<i>Tongues.</i>	<i>Pigs Heads.</i>	<i>Ox Heads.</i>	<i>Suet.</i>
5	24	4	1 stone.

MEAT (OTHER THAN TUBERCULOUS) CONDEMNED IN 1929.

Whole Carcasses.

<i>Pigs.</i>	<i>Sheep.</i>	<i>Calves.</i>
4	7	1

Portions of Carcasses.

<i>Beef.</i>	<i>Mutton.</i>	<i>Lamb.</i>
125 stones 3 lbs. 1 Forequarter.	5 stones. 1 Forequarter.	7 stones 6 lbs.

<i>Livers.</i>		<i>Kidneys.</i>	<i>Suet.</i>	
Ox	256	Ox 17 lbs.	19 stones.	
12 stones 5 lbs.				
Pigs	65			
Sheep	191			
Lamb	11 lbs.			
<i>Ox Heads</i>				
<i>and Tongue</i>	<i>Pigs Heads.</i>	<i>Tripe.</i>	<i>Pork.</i>	<i>Ox Lungs.</i>
1	1	5 lbs.	1½ stones.	8 sets.
<i>Turkeys.</i>				
4				

(c) **Other Foods.**

Considerable activity was again shown in the inspection (3,140 visits) of premises where food is manufactured, prepared, stored or exposed for sale.

The work of previous years in inspecting the kitchens, larders, etc., of hotels and restaurants was continued. Improvements have been carried out in various instances at the request of the Medical Officer of Health and the Sanitary Inspector in accordance with Section 115 Hastings Corporation Act, 1924, and the general hygienic standard tends to improve. The greatest structural difficulty is in the oldest premises, where the kitchen department is underground.

The Public, of course, should take a hand in its own protection in this matter and exercise discrimination in their choice of food store, hotel and restaurant. The importance of clean food at every stage from source to consumer has received ample attention from the Public Press and the Propaganda Departments of Medical Officers of Health.

Sundry Food Stuffs Condemned, 1929.

- 1,226 Eggs.
- 2 Tins Chinese Frozen Eggs.
- 12 lbs. Peaches.
- 2 cwt. Potatoes.
- 35 lbs. Apples.

Fish Condemned, 1929.

		Cases.	Boxes.	Stones.	lbs.	Kits.	Galls.	Baskets.	Busbels.	Bags.
Coalfish	...	10½	...	30½	...	...	...	...	...	...
Mackerel	...	1	17	9	...	...	...	...	...	...
Herrings	...	½	1	12	...	...	...	...	...	...
Haddocks	...	...	46	4	...	...	...	...	...	...
Dabs	...	7	4	...	...	...	...	...	...	...
Whiting	...	6½	4	23	...	...	...	...	...	...
Mixed Fish	...	2	1	...	...	...	...	...	...	...
Cod	...	½	4	4	...	...	...	...	...	...
Roes	...	...	9	3½	...	...	...	...	...	...
Plaice	...	21	8	22	...	...	...	...	...	...
Kippers	...	...	43½	...	...	...	...	...	...	...
Bergills	...	1	...	...	...	...	...	...	...	...
Codlings	...	...	15	...	...	...	...	...	...	...
Dog Fish	...	3½	18½	6½	...	...	...	...	...	...
Chats	...	1	...	5	...	1	...	...	...	...
Mixed Shell Fish	...	...	...	...	...	...	...	2	...	...
Witches	...	1	...	8½	...	...	...	...	...	...
Brill	...	...	...	...	7	...	...	...	...	...
Megrims	...	1	...	...	...	...	...	...	...	...
Skate Wings	...	½	6	7½	...	...	...	...	...	...
Salmon	...	...	...	...	13	...	...	...	...	...
Halibut	...	...	...	...	75	...	...	...	...	...
Bloaters	...	...	1	7	...	...	...	...	...	...
Hake	...	...	...	7½	7	...	...	...	...	...
Whelks	...	...	...	...	...	...	6	...	4½	...
Fillets	...	...	49	1½	...	...	...	...	...	...
Shrimps	...	½	2	7	...	...	79	16	1	...
Lemon Soles	...	5	2	1½	7	...	...	...	...	...
Skate	...	...	1	3½	...	...	...	...	...	...
Oysters	300	...	...	...	...	...	...	...	...	...
Dog Flaps	...	...	2½	...	...	...	...	...	...	...
Lings	...	...	...	2	...	...	...	...	...	...
Flounders	...	1	...	...	...	...	...	...	...	...
Escallops	1592	...	...	...	...	...	...	...	...	5

Total weight of fish condemned, 1,307½ stones.

(d) Food and Drugs (Adulteration) Act.

During the year 238 samples were taken and submitted to the Borough Analyst, Mr. Norman, at the School of Science. The following are particulars of the samples, results of analysis and the action taken in certain cases.

MILK :—101 samples taken, 87 genuine, *i.e.*, above the legal standard ; 14 adulterated, as follows :—

<i>Report of Analysis.</i>	<i>Action Taken.</i>
(a) Fat 2·14% ; Solids not fat 8·55% ; 28·7% deficient in fat.	Followed up by formal samples from Producer.
(b) Fat 2·80% ; Solids not fat 8·66% ; Deficient in fat to the extent of 6·7%.	Explanation asked for and Vendor cautioned.

*Report of Analysis.**Action taken.*

(c) Fat 2.17%; Solids not fat 8.50%; Deficient in fat to the extent of 27.6%.	} Producer fined £9 and Costs. Appeal to Quarter Sessions. Conviction quashed.
(d) Fat 2.44%; Solids not fat 8.69%; Deficient in fat to the extent of 18.7%.	
(e) Fat 2.81%; Solids not fat 8.69%; Deficient in fat to the extent of 6.3%.	
(f) Fat 2.69%; Solids not fat 8.50%; Deficient in fat to the extent of 10.3%	} Informal samples taken in connection with (b). Results satisfactory.
(g) Fat 2.88%; Solids not fat 8.61%; Deficient in fat to the extent of 4%.	
(h) Fat 2.70%; Solids not fat 8.5%; Deficient in fat to the extent of 10%.	
(i) Fat 2.74%; Solids not fat 8.90%; Deficient in fat to the extent of 8.7%.	Followed up by formal sample which was satisfactory.
(j) Fat 2.71%; Solids not fat 8.41%; Deficient in fat to the extent of 17%.	Followed up by formal samples. See (k) and (l).
(k) Fat 2.92%; Solids not fat 7.76%; Water 89.32; Added Water 8.7%.	} Proceedings taken by East Sussex County Council and case dismissed.
(l) Fat 2.44%; Solids not fat 7.35%; Water 90.21%; Added Water 13.5%.	
(m) Fat 2.83%; Solids not fat 8.29%; Deficient in fat to the extent of 9.7%.	Poor sample but not considered to be adulterated.
(n) Fat 2.64%; Solids not fat 9.07%; Deficient in fat to the extent of 12%.	Followed up by formal sample which was satisfactory.

The following 2 samples were not genuine.

Ammoniated Quinine Tablets:—1 informal sample and 1 formal sample from the same source.

- | | |
|------------------------------|--|
| (1) 98% deficient in ammonia | } Vendor asked for an explanation and cautioned. |
| (2) Ditto | |

The following 135 samples were all genuine:—Butter, 28; Margarine, 11; Cream, 13; Condensed Milk, 1. (Also purchased under the Condensed Milk Regulations);—Cheese, 2; Lard, 9; Pepper, 8; Baking Powder, 6; Custard Powder, 4; Table Jelly, 1; Ground Rice, 2; Coffee, 2; Arrowroot, 2; Meat Paste, 5; Tapioca, 2; Flour, 6; Demarara Sugar, 1; Castor Sugar, 1; Egg Substitute, 1; Preserving Powder, 1; Fish Pastes, 5; Sweets, 5; Sponge Cake, 1; Ammoniated Quinine Tablets 1; Whiskey, 3; Fruit Sauce, 2; Shredded Suet, 1; Cakes, 4; Blancmange Powder, 2; Tinned Fish 1; Pudding Mixture 1; Pickles, 1; Tinned Fruit, 1; Tinned Beans, 1.

Six Samples of milk were taken on behalf of the Ministry of Health under the Milk (Special Designations) Order, 1923, the results of analysis being satisfactory in each instance.

(9) FACTORIES, WORKSHOPS AND WORKPLACES.

1—Inspection of Factories, Workshops and Workplaces.

Premises	Number of		
	Inspections	Written Notices	Prosecutions
Factories (Including Factory Laundries)	107	3	...
Workshops (Including Workshop Laundries)	244	11	...
Workplaces (Other than Out Workers' Premises included in Part 3 of this Report) ...	1694	29	...
Total	2045	43	...

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	116	105	...	...
Want of Ventilation	3	3	...	..
Overcrowding	...	...	...	...
Want of drainage of floors	6	6	...	...
Other Nuisances	32	28	...	...
Sanitary accommodation	{ insufficient	7	7	...
	{ unsuitable or defective	9	7	...
	{ not separate for sexes	3	3	...
<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	176	159	..	...

* 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.

33 lists were sent in, with 18 contractors and 46 workmen.

Class.	Number.
4.—REGISTERED WORKSHOPS.	
Workshops on the register (S. 131) at the end of year.	365
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	2
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... ..	643	903	139	37
Blankets	1,207	2,151	30	91
Pillows	1,321	2,935	209	70
Other Articles and Clothing ... }	4,249	1,482	86	69
Total... ..	7,380	7,471	464	267

(b) Cleansing Station.

	Numbers bathed for			Sets of Clothing Disinfected.
	Scabies.	Vermin.	Other Causes.	
Adults	2	Nil.	4	6
School Children ...	21	1	4	86
Children under School Age ...	Nil.	Nil.	Nil.	Nil.
Total... ..	23	1	8	92

(c) Premises Disinfected.

Dwelling Rooms.	Hospital Wards.	School Rooms.	Offices, Shops.	Cells.	Miscellaneous. Name if necessary.
771	6	33	Nil.	13	Ambulances, taxis, buses.

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 76

Cats destroyed 81

(e) Any other Work.

Dealing with condemned fish at the Fishmarket and assisting Inspector R.S.P.C.A.

(f) Ambulance and Disinfecting Van.

1. Number of journeys removal of patients... 369
2. Number of journeys removal of bedding... 3,420
3. Number of journeys disinfection of houses 357

Mileage—

(a) Ambulance 3,177

(b) Disinfecting Van 10,180

(11) REPORT ON COMMON LODGING HOUSES, 1929.

There are two registered Common Lodging Houses in the Borough and these are kept under very close supervision, frequent inspections are made and the cleanliness of both rooms and bedding is closely watched.

Both houses have been free from any case of notifiable infectious disease during the year.

The registered Keepers are very careful, and apparently endeavour to carry out the regulations imposed upon their business.

(12) HOUSING.

During 1929, no houses for the working classes were built by the Corporation. While most of the actual tenants of the Congested Area Clearance Scheme have left their old houses, the actual demolition and clearance of the area proceeds slowly owing to legal difficulties. Towards the end of the year the Corporation decided to build more houses for the working classes on an excellent site in Hollington, a start to be made with 100 houses, this number to be eventually increased to 200.

I believe the action of the Corporation to be fully justified. The waiting list of applicants for Council houses is in the neighbourhood of 600 persons, many living in overcrowded sub-let rooms, cottages of a low sanitary standard or in basements. Many of these have made personal application through the Health Department, but at present it is impossible to do more than ask them to make a formal application for a Council House in the hope that a vacancy may occur. A certain number, especially those with large young families under the age of 14 years, are unable to pay the present rents of Council Houses.

There has been no systematic conversion or reconstruction of old houses throughout the year either by private enterprise or a Public Utility Society. I believe there is room for this type of housing reform in Hastings, although the houses to be reconstructed should be chosen with great care, especially as regards walls, roofs and wood work.

The statistics which follow show the very considerable amount of Housing Inspection carried out, and of repairs obtained by the Officiate of the Health Department.

HOUSING STATISTICS, 1929.

Number of new houses erected during the Year:—

(a) Total	161
(b) With state assistance under the Housing Acts :—	
(i) By the Local Authority	Nil.
(ii) By other bodies or persons	32

Unfit Dwelling Houses.

I. INSPECTION.

1. Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	1,213
2. Number of dwelling-houses (included under sub-head (1) above which were inspected and recorded under the Housing Consolidated Regulations, 1925)	155
3. Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	5
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	877

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	751
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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	2
2. Number of dwelling-houses which were rendered fit :—	
(a) by owners	1
(b) by Local Authority in default of owners	1
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	1
2. Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) by owners	1
(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	5
2. Number of dwelling-houses in respect of which Closing Orders were made	5
3. Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit ...	1
4. Number of dwelling-houses in respect of which Demolition Orders were made	2
5. Number of dwelling-houses demolished in pursuance of Demolition Orders	2

METEOROLOGY.

I am greatly indebted to Mr. W. Ruskin Butterfield, Meteorologist for the Borough, for the following information with regard to weather conditions during 1929.

(1) **Bright Sunshine.**—The total number of hours of bright sunshine registered during 1929 was 2002·7, giving a daily average of 5·49 hours (the normal daily amount being 4·92 hours), and representing 45% of the total possible amount. The monthly totals were as follows :—January 51·0 hours, February 88·0 hours, March 195·4 hours, April 171·7 hours, May 266·4 hours, June 225·7 hours, July 274·4 hours, August 225·5 hours, September 227·8 hours, October 116·7 hours, November 90·1 hours, December 70·0 hours. Neighbouring towns to the East, North, and West of Hastings, namely Folkestone, Tunbridge Wells, and Eastbourne had total amounts respectively of 1887·1 hours, 1913·7 hours, and 2081·3 hours.

(2) **Rainfall.**—Precipitation during the year reached the total of 31.58 ins. (802 mm.), being 3.75 ins. (81 mm.) in excess of normal.

The monthly totals were:—January 1.39 ins., February 1.15 ins., March 0.12 ins., April 1.28 ins., May 2.36 ins., June 2.07 ins., July 1.27 ins., August 2.28 ins., September 1.04 ins., October 4.77 ins., November 6.18 ins., and December 7.68 ins. The wettest day was December 21st, with a fall of 25 mm. Folkestone had a total rainfall of 25.42 ins., Tunbridge Wells 31.10 ins., and Eastbourne 31.93 ins. Rain (or other precipitation such as dew or snow) to the amount of 0.2 mm., or more, fell at Hastings on 177 days during the year, while precipitation amounting to 1 mm., or more fell on 115 days. Snow fell on 13 days and hail on 14 days, and there were 13 thunderstorms.

(3) **Temperatures.**—The mean daily maximum shade temperature for the year was 55.6 F., which is the normal for Hastings. The mean daily minimum shade temperature was 44.2 F. (0.3 below normal). The warmest days were July 16th, August 31st and September 5th, on each of which the temperature rose to 81 degrees. The warmest night was that of September 11th-12th, when the temperature did not sink below 66. The coldest days were February 12th and 13th, on each of which the temperature reached 25 degrees. The coldest night was that of February 14th-15th, when the temperature sank to 15. At Folkestone the absolute maximum temperature was 88, and the absolute minimum was 15; at Tunbridge Wells the highest temperature was 87, and the lowest 10; while at Eastbourne the highest was 82, and the lowest 15. Ground frosts were registered on 65 nights, against 79 at Folkestone, 128 at Tunbridge Wells, and 96 at Eastbourne. The mean temperature of the earth at 9 a.m. at the depth of one foot was 51.2, and at the depth of four feet it was likewise 51.2. The mean vapour pressure at 9 a.m. was 10.3 millibars, and at 9 p.m. 10.0 millibars, while the relative humidity at 9 a.m. was 78%, and at 9 p.m. 82%.

(4) **Winds.**—Westerly and South-Westerly winds predominated during the year. Gales were experienced on fourteen days at 9 a.m., and on eight days at 9 p.m.

APPENDIX.

(1) STAFF OF THE HEALTH DEPARTMENT, 1929.

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.
*P. LAZARUS-BARLOW, M.D. (CANTAB.)	Bacteriologist; Medical Officer, Venereal Diseases Clinic.
*W. D. PENFOLD, L.D.S., R.C.S.ENG. G. M. NORMAN, F.I.C., A.R.C.S., F.C.S.	School Dentist. Borough Analyst.
†R. WILSON KING, (a) ... E. H. ANDREWS, (a) ... E. W. JONES, (a) (b) ... H. F. VENESS, (c) (b) ... N. GREEN (b) (h) ...	Sanitary Inspectors; also Inspectors under Shops Acts, Sale of Food and Drugs Acts, Housing Acts, Rats and Mice (Destruction) Acts, etc., etc. Assistant Sanitary Inspector; Inspector under Shops Acts.
*Miss S. A. MYERS, (d) (e) ...	
†*Miss L. ANDREW, (d) (e) ...	
*Miss T. HARRIS, (a) (d) (e) (f) ...	
*Mrs. A. ESHELBY, (d) ...	
*Miss M. E. PARKHOUSE, (d)	School Nurse, Clinics.
*Miss G. W. 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.
B. WHITEHEAD ...	Do. Do.
*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.
 (h) Certificate of the Royal Sanitary Institute and Sanitary Inspectors Examination Joint Board.

† Retired.

‡ Resigned.

(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 by agreement on guarantee of fee by Council.
(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, 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) Infirmary, Frederick Road, Hastings, Special Maternity Ward.
(2) Bell Hostel, Eastbourne, cases admitted on guarantee of fee by Council.

(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.**—Three Motor Ambulances belonging to the St. John's Ambulance Association are available for accidents and emergencies by special arrangement with the Corporation, and for the use of the public in connection with the Hospitals and Nursing Homes of the town.

(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 the 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 have nurses 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 diarrhoea, 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, especially among infants and school children.

(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, pneumonia, infantile diarrhoea, 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.

Similar arrangements were made in 1929 for the home nursing of cases of tuberculosis.

(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.

