

**[Report 1930] / Medical Officer of Health, Hastings County Borough.**

**Contributors**

Hastings (England). County Borough Council.

**Publication/Creation**

1930

**Persistent URL**

<https://wellcomecollection.org/works/ga34ydc7>

**License and attribution**

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

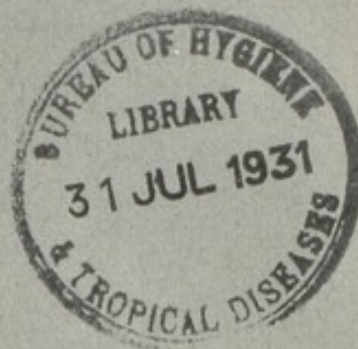
This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

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



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

AC 44143



# COUNTY BOROUGH OF HASTINGS.

---

**PUBLIC HEALTH DEPARTMENT**

INCLUDING

**SCHOOL MEDICAL SERVICE.**

---

## ANNUAL REPORT FOR 1930.

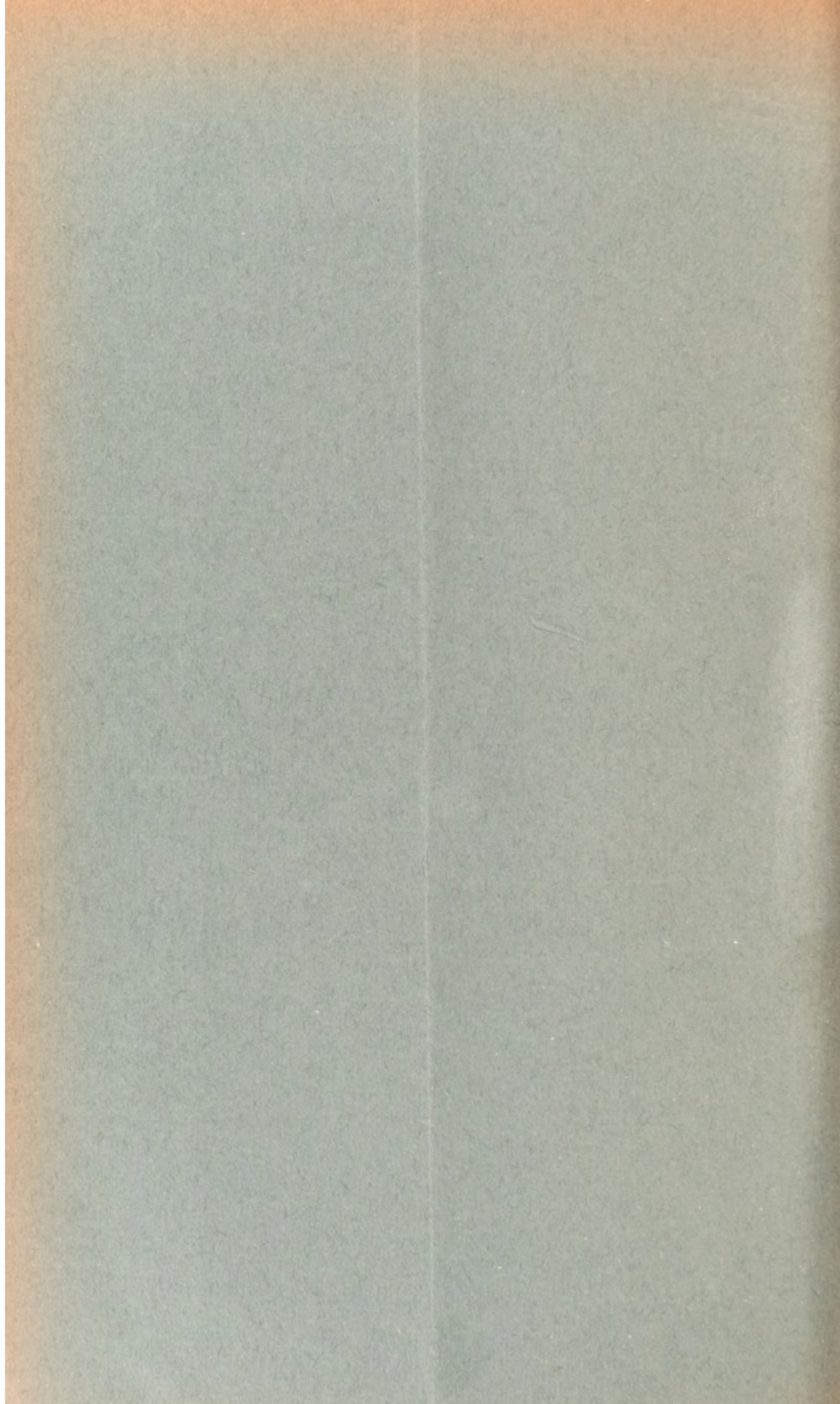
---

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

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

MCMXXXI.







# COUNTY BOROUGH OF HASTINGS.

---

**PUBLIC HEALTH DEPARTMENT**

INCLUDING

**SCHOOL MEDICAL SERVICE.**

---

## ANNUAL REPORT FOR 1930.

---

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

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

MCMXXXI.





Digitized by the Internet Archive  
in 2017 with funding from  
Wellcome Library

<https://archive.org/details/b29716615>

# CONTENTS.

	PAGE.
Preface ... ..	4
Chairmen of Committees ... ..	10
Public Health Officers of the Corporation ... ..	10
Summary of General and Vital Statistics ... ..	12
Social Conditions, etc. ... ..	13
Analysis of Vital Statistics ... ..	14
Infectious Diseases, including ... ..	22
Report of Borough Sanatorium for Infectious Diseases ...	27
Tuberculosis ... ..	30
Maternity and Child Welfare... ..	39
Venereal Diseases ... ..	48
Mental Deficiency ... ..	51
School Medical Service ... ..	55
Orthopædic Clinic ... ..	91
Public Health Laboratory Work ... ..	93
General Sanitary Administration—	
(1) Local Acts and Orders, Bye-Laws, Adoptive Acts	94
(2) Public Health Propaganda ... ..	94
(3) Nursing Homes Registration Act, 1928 ... ..	95
(4) Water Supply ... ..	95
(5) Drainage, Sewerage, Closet Accommodation ...	98
(6) Scavenging ... ..	98
(7) Sanitary Inspection of District ... ..	99
(8) Inspection and Supervision of Food—	
(a) Milk Supply ... ..	100
(b) Meat, including Slaughter-houses ...	101
(c) Other Foods ... ..	102
(d) Food and Drugs (Adulterations) Act—	
Chemical Analyses ... ..	104
(9) Factories, Workshops, Workplaces, Shops Acts ...	105
(10) Shops Act. Merchandise Marks Act ... ..	106
(11) Disinfection, Cleansing, Ambulances ... ..	106
(12) Report on Common Lodging Houses, 1930 ...	108
(13) Housing ... ..	108
Hospital and Hospital Policy, Local Government Act, 1929	115
Appendix—	
Meteorology ... ..	124
Summary of Provision of Health Services ... ..	126

## PREFACE.

---

Health Department,  
44, Wellington Square,  
Hastings,

*April, 1931.*

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 1930. By instruction of the Ministry of Health special attention has been given to the transfer of Hospital and other Medical Services from the Guardians under the Local Government Act, 1929, and to Housing, with special reference to the Housing Act, 1930.

The summary which follows emphasises the salient features of the health statistics and of the work of the Health Department during the past year.

### **Vital Statistics.**

The census, now taking place, will reveal the true population of Hastings, estimated by the Registrar-General, for statistical purposes, at the same rate as in 1929, viz., 62,620. The crude death-rate for 1930, 14·28 per 1,000 of population, corrected for sex and age distribution to 10·25, is slightly below both the figure for last year and the average for the past 5 years. The birth-rate for the past five years has remained almost stationary, the actual births each year from 1930 being 767, 762, 752, 776, 770, with a birth-rate of 12·2 per 1,000 in 1930, and an average of 12·3 per 1,000 for the period. It would appear, therefore, that the rate has become stabilised at a figure between 12 and 13 per 1,000, as compared with 18 to 19 at the beginning of this century, and is now, therefore, below the crude death rate which averages about 15 per 1,000. This difference or loss in population must, of course, be more than balanced by the considerable numbers of individuals or families continually settling down in the district. It is, however, a factor in post





war vital statistics, which should be remembered when the census figures are revealed.

The infantile mortality tends to fall, the highest figure for the five yearly period being 66 per 1,000 births in 1927, the lowest 35 in 1929, the average and also the figure for 1930, 57 per 1,000 births.

### **Infectious Diseases.**

During the past year the incidence of diphtheria, enteric fever and scarlet fever was slight. Measles, however, was prevalent, not only here, but throughout the South of England, in the late spring or early summer months, and as a large proportion of children under 5 years of age were unprotected, the number of cases was large, the type often severe, with numerous chest complications, the total deaths being 12.

With regard to the Borough Sanatorium for Infectious Diseases, in addition to necessary maintenance and renewals, wherever practicable improvements of a more definite and permanent nature have been effected with a resulting increase in the efficiency and also the comfort of the patients. Within two or three years this important work of modernising the Sanatorium will be completed.

As regards the Small Pox Hospital at Brede, various improvements have also been carried out. The arrangements for medical and nursing attendance through the staff of the Borough Sanatorium have proved satisfactory on the few occasions this hospital has been opened for isolated cases.

The policy of reserving beds at all times for the usual group of notifiable infectious diseases at the Sanatorium has been followed, but, at the same time, wherever possible, cases of other infectious diseases are admitted, for example, measles, whooping-cough, mumps and chicken-pox, in order to help the hospitals, convalescent homes, hotels, boarding houses and people living under bad housing conditions.

### **Maternity and Child Welfare.**

Hastings possesses a remarkably complete scheme for Maternity and Child Welfare, administered by the Corporation in close harmony with the Voluntary Society of Help for Motherhood and Infancy.

The scheme includes, *inter alia*, 5 infant welfare centres, 3 ante-natal clinics, provision of home helps, dental treatment for children and mothers, orthopædic treatment, beds at Fernbank Maternity Home, special arrangements for puerperal fever and pyrexia and provision of milk, where necessary on medical grounds, to mothers and infants, coming within a recognised scale.

During the past year, special arrangements have been made for the medical treatment of 'toddlers,' children not attending school from 2-5 years of age, at the school clinics, especially for minor ailments.

The Maternity and Child Welfare Committee has at present the matter of maternal mortality under consideration in connection with the Ministry of Health Circular 156, as regards (a) the provision of consultants for cases of difficult labour, (b) the provision when necessary on medical grounds of trained midwives instead of handywomen, and (c) the provision in special cases of sterilised midwifery outfits.

To make room for the Front Line Improvement Scheme the very successful Beach Terrace Centre must close, but the excellent premises secured in the Baptist Hall, Wellington Square, will ensure the continuance of the work.

### **Tuberculosis.**

Thirty beds are retained at Darvell Hall Sanatorium, Robertsbridge, under the East Sussex County Council, although at present, with the decline of tuberculosis, we seldom require more than 20 to 25. Considerable improvements are again taking place at Darvell Hall, including the provision of much needed new wards and shelters for women, and many alterations in the administration block. The relationship between the staff of the Health Department and that of Darvell Hall remains most cordial and helpful.

Cases of surgical tuberculosis are treated in beds at the Royal East Sussex Hospital, where excellent results are obtained in the beautiful new children's ward and balcony.

Orthopædic cases receive treatment at the Special Clinic in the same hospital or are sent, if necessary, to the well-known Chailey Heritage.



The Tuberculosis Clinic, the centre of the whole scheme, is held at the Royal East Sussex Hospital, a very useful arrangement.

The Tuberculosis Care Committee continues its excellent work of supplementing the official scheme in various directions.

The mortality from tuberculosis steadily falls; at the commencement of this century it was 1·8 per 1,000 of the population in Hastings, for the past three years '94, '83 and '88 respectively, this forming the best justification for our anti-tuberculosis measures.

### **Venereal Diseases.**

The special clinic at the Royal East Sussex Hospital is fully equipped on most modern lines. The statistics show during the past five years a definite fall in the numbers of new cases of syphilis, but a tendency to increase in the cases of gonorrhœa. Whether this latter increase is real, or due to the fact that more sufferers are coming forward for treatment as a result of propaganda and confidence in the medical care and secrecy of the clinic, it is impossible to say.

The provision of a whole time sister is a definite advance in relation to the treatment of the female cases, and the possibility of social work.

### **The School Medical Service.**

The routine school medical inspection and treatment at the School Clinics have continued on approved lines.

Recent advances include the provision of orthopædic treatment to cripples of all degrees, also of Sun-Ray treatment, and the establishment of two open-air schools, one for Hastings and the other for St. Leonards, for delicate children between the ages of 5 and 9 years. The results attained in these schools have been so eminently successful, in the restoration of health and ability to return to normal schools, that there will undoubtedly be a demand for an extension. A logical development of the argument would be a very critical examination of the elementary schools, especially those with an extended life in front of them, with a view to considering whether the ventilation, lighting and general hygiene could be improved on the lines of



the Open-Air Schools. That, undoubtedly, is the ideal of the school reformer of to-day.

### **Co-ordination with Voluntary Associations.**

We have in our midst several strong and very useful voluntary associations, dealing with matters of health for the good of the community. In this connection mention may be made of the District Nursing Association, which also manages the Maternity Home at Fernbank, the Service of Help for Motherhood and Infancy, the Voluntary Associations dealing with the Blind and the Mentally Defective, also the Red Cross and the St. John's Ambulance Associations.

It is our policy to encourage and co-ordinate the valuable work of these and kindred associations. Experience proves that the sum total of good results is highest when the official work of the Health Department is supplemented by that of the voluntary worker. Further, the annual meetings of these societies, generally addressed by a well-known speaker on the particular health subject, and fully reported by the local press, have a high value as public health publicity and propaganda.

### **The Local Government Act, 1929.**

Full reference is made in the body of the report, see p. 120, to the transfer of the medical services, controlled up to March 31st, 1930, by the late Board of Guardians. In particular, various problems affecting the Municipal Hospital, formerly called the Infirmary, are set forth in considerable detail.

Through the co-operation and goodwill of all concerned, the transfer took place quietly and without any loss of continuity. As far as the medical services are concerned, *e.g.*, vaccination, infant protection, and the Municipal Hospital, I am satisfied that the change over has brought increased efficiency and co-ordination. No declaration has yet been definitely made to carry out any particular service, *e.g.*, work in connection with the Blind, Tuberculosis, and Mental Deficiency, apart from the Poor Law machinery. In the case of the Blind, however, it is probably only a matter of a few weeks before a declaration will be effected.

### **Environmental Hygiene.**

Detailed information is given in the chapter dealing with General Sanitary Administration, pp. 94-114. I propose to refer briefly to housing, water supply, drainage and the hygiene of our food supply.

With regard to housing, the situation was fully reviewed by me in a report under the Housing Act of 1930, dealing with a five years' programme, commencing January 1st, 1931. As a result of the adoption of this report the Corporation estimates to build 300 houses during the period, 200 for ordinary applicants, 100 for dispossessed tenants of houses demolished or closed under the 1930 Housing Act. In addition, should the Johnson scheme, to cut a roadway through the old town between All Saints Street and High Street, fructify, it will be necessary for the Corporation to re-house the tenants of all houses that are demolished under that scheme.

With the Hollington Scheme of 108 new houses well in hand as a first instalment, the future contains much of promise as regards the housing situation. In my opinion the programme is not at all over ambitious, in view of the very considerable number of families living in unhealthy basements, sub-let rooms, and worn-out cottages in the old town and elsewhere, as shown in the body of the report.

With regard to the water supply, steady progress is being made with the large reservoir at Cripps' Corner, and it is hoped that water will be received from the new watershed in a little over a year's time.

The Borough Engineer is now engaged on the preparation of a special report on the drainage system of the whole town, in view of the stress and strain to which the sewers are subjected owing to the great increase in the number of new houses in certain parts of the town.

During the past 5 years there has been a steady improvement in the conditions of hotel and boarding house kitchens, butchers' shops, dairies and shops where food is prepared, stored or exposed for sale. In the latter case the remedy as regards obtaining clean and pure food is very much in the hands of the purchasing public.

I have to thank the Council, the Chairmen and Members of Committees, dealing with Health and Medical Services for continued help and encouragement, and I acknowledge with gratitude the good work and loyalty of my staff.

I have the honour to remain,  
 Mr. Mayor, Ladies and Gentlemen,  
 Your obedient Servant,  
 G. R. BRUCE.



## CHAIRMEN OF COMMITTEES RESPONSIBLE FOR HEALTH SERVICES.

*Public Health Committee*—COUNCILLOR MISS A. LILE, J.P.  
*Sub Sanatorium, etc., Committee*—COUNCILLOR MISS A. LILE, J.P.  
*Maternity and Child Welfare Committee*—COUNCILLOR MISS CLINTON-HOLME.  
*Mental Deficiency Committee*—COUNCILLOR DR. JAMESON.  
*Education Committee*—ALDERMAN MORGAN.  
*Children's Care Sub-Committee*—ALDERMAN MITCHELL, M.A., J.P.  
*Housing and Improvements Committee*—COUNCILLOR BECK.  
*Public Assistance Committee and Sub-Committees*—COUNCILLOR BURDEN.

## PUBLIC HEALTH OFFICERS OF THE CORPORATION.

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.
*W. A. D. LAWSON, M.D., D.P.H. ...	Deputy Medical Officer of Health; Deputy School Medical Officer; etc., etc.
S. J. FIRTH, M.B., M.R.C.S., D.P.H. ...	Medical Officer, Hastings Municipal Hospital; Public Vaccinator; Medical Officer (Out Relief), Public Assistance Committee.
*P. LAZARUS-BARLOW, M.D. (CANTAB.)	Bacteriologist; Medical Officer, Venereal Diseases Clinic.
C. CHARNOCK-SMITH, M.R.C.S., L.R.C.P.	Consulting Physician, Municipal Hospital.
E. DRYBROUGH-SMITH, M.D. EDIN., F.R.C.S. EDIN.	Consulting Surgeon, Hastings Municipal Hospital.
F. J. CUTLER, M.R.C.S., L.R.C.P. ...	Medical Officer, (Out Relief), Public Assistance Committee; Public Vaccinator.
F. B. LEWIS, L.R.C.P., L.R.C.S.E., L.F.P.S. GLAS., L.S.A. LOND.	Public Vaccinator; Medical Officer, (Out Relief), Public Assistance Committee.
D. RICHARDSON, L.S.A. ...	Public Vaccinator; Medical Officer, (Out Relief), Public Assistance Committee.
J. S. FARNFIELD, M.R.C.S. ENG., L.R.C.P. LOND.	Medical Officer, Maternity and Child Welfare Clinic.
J. STANLEY, M.B., B.C.H. CANTAB., M.R.C.S., L.R.C.P.	do. do.
G. A. TICEHURST, M.A., M.B., B.C., M.R.C.S., L.R.C.P.	Medical Officer, Maternity and Child Welfare and Ante-Natal Clinic; Consultant under the Puerperal Fever and Puerperal Pyrexia Regulations.
J. WALKER, L.R.C.P. EDIN., L.R.C.S. EDIN.	Medical Officer, Maternity and Child Welfare and Ante-Natal Clinic.



# Public Health Officers of the Corporation.

(Continued.)

NAME OF OFFICERS.	OFFICES HELD.
G. H. HOWE, M.B., CH.B. EDIN. ...	Consultant under the Puerperal Fever and Puerperal Pyrexia Regulations.
*W. D. PENFOLD, L.D.S., R.C.S.ENG.	School Dental Officer.
G. M. NORMAN, F.I.C., A.R.C.S., F.C.S.	Borough Analyst; Official Agricultural Analyst.
P. PERKINS, M.R.C.V.S. ...	Veterinary Inspector.
E. H. ANDREWS, (a) ...	Sanitary Inspectors; also Inspectors under Shops Acts, Sale of Food and (Adulteration) Acts, Housing Acts, Rats and Mice (Destruction) Acts, etc.
E. W. JONES, (a) (b) ...	
H. F. VENESS, (c) (b) ...	
N. GREEN (b) (h) ...	
*Miss S. A. MYERS, (d) (e) ...	Assistant Sanitary Inspector; Inspector under Shops Acts.
*Miss T. HARRIS, (a) (d) (e) (f) ...	Health Visitor and School Nurse; Inspector of Midwives.
*Mrs. A. ESHELBY, (d) ...	Health Visitor, and School Nurse.
*Miss G. W. HICKSON, (a) (d) (e) (f) ...	do. do.
*Miss M. E. PARKHOUSE, (d) ...	do. do.
*Miss A. PARKHOUSE, (d) ...	School Nurse, Clinics.
Miss F. POLLARD, (d) (g) ...	Health Visitor, Tuberculosis.
*C. L. WHEATLEY ...	Matron, Borough Sanatorium.
C. O. PERRING ...	Chief Clerk.
Miss H. E. CHESHIRE ...	Vaccination Officer.
H. R. H. ASHLEY ...	Clerk, Maternity and Child Welfare.
B. WHITEHEAD ...	Tuberculosis.
*Miss G. M. BARKER ...	Clerk, Sanitary Inspector's Office.
*Miss D. G. COOTE ...	Clerk, General Office.
*Miss E. R. GARAWAY ...	Senior Clerk, School Medical Service.
*Miss D. GRAY ...	Clerk, do. do.
	Clerk, do. do.
	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.

# SUMMARY OF GENERAL AND VITAL STATISTICS, 1930.

Area of Borough	...	...	...	...	...	4,496 acres.
Population (a) Census, 1921, as enumerated	...	...	...	...	...	66,495
(b) " " as estimated by Registrar	...	...	...	...	...	
General	...	...	...	...	...	59,500
(c) 1930, for the purposes of Vital Statistics	...	...	...	...	...	62,620
Number of inhabited houses, Census, 1921	...	...	...	...	...	12,082
Number of inhabited houses (end of 1930) according to Rate Books	...	...	...	...	(Estimated)	15,933
Number of families or separate occupiers, Census, 1921	...	...	...	...	...	14,986
Rateable Value	...	...	...	...	...	£652,740
Sum represented by a penny rate	...	...	...	...	...	£2,611
		Total.	Male.	Female.		
Live Births, 1930	{ Legitimate	714	391	323	} = 767	
	{ Illegitimate	53	24	29		
Birth Rate, 1930, per 1,000 of population	...	...	...	...	...	12.2
Still Births	...	...	...	...	...	28
Rate per 1,000 total births	...	...	...	...	...	36.5
Deaths, 1930	...	...	...	...	...	894
Death Rate, 1930, per 1,000 of population	{ (a) crude					14.28
	{ (b) corrected					10.25
Percentage of total deaths occurring in public institutions	...	...	...	...	...	41.72
Number of women dying in, or in consequence of child birth	...	...	...	...	...	
(a) from sepsis	...	...	...	...	...	Nil
(b) from other causes	...	...	...	...	...	2
Death rates of infants under one year of age per 1,000 live births	...	...	...	...	...	
(a) legitimate	...	...	...	...	...	57.4
(b) illegitimate	...	...	...	...	...	56.6
(c) total	...	...	...	...	...	57.4
Deaths from Measles (all ages)	...	...	...	...	...	12
" " Whooping Cough (all ages)	...	...	...	...	...	1
" " Diarrhoea (under 2 years of age)	...	...	...	...	...	2



## NATURAL AND SOCIAL CONDITIONS.

### (1) PHYSICAL FEATURES & GENERAL CONDITIONS OF AREA.

The County Borough of Hastings, facing due south on the English Channel, has a sea frontage of over four miles with depth up to two miles. To the east and north the lofty boundaries afford shelter, while the town lies open to the south-west. Several spurs from the northern ridge, with valleys between, intersect the basin in which lies the town, terminating in sandstone fissured cliffs, cut away to afford a foundation for the houses lining the front. At other places houses are erected on top, for example at the west end of the Borough in St. Leonards.

The "Old Town" of Hastings, the oldest and most densely populated area, nestles between the East and West Hills. While possessing many picturesque features, many of the houses are crowded together in irregular groups with insufficient space and light, and are of a hygienic standard much below modern requirements.

During the past five years many new sites in various parts of the Borough have been opened up for private building purposes. The old-fashioned, large, inconvenient mid-Victorian residence, with its basement, cannot compete with the much smaller, up-to-date house, situated in the out-skirts, which in this district are well above sea level, amid beautiful and healthy surroundings. Many of these old houses have now been converted into flats, with varying degrees of success from a hygienic point of view.

At the present moment the Council is considering the question of cutting a wide roadway in the valley between All Saints Street and High Street. If this scheme be carried out, a considerable proportion of the worst houses will be swept away, while the additional air, light and sunshine will be of immeasurable benefit.

### (2) SOCIAL CONDITIONS.

Hastings can be considered an all the year round health and holiday resort, with two main seasons, winter and summer. The district is, in fact, entirely residential, many invalids and



retired people taking up permanent residence, while an increasing number of London business and professional men are coming to live in the district. In addition there are many private boarding schools, especially preparatory for boys, while there are numerous convalescent homes, seaside holiday homes, branches of London and other hospitals, societies and charities.

Obviously, apart from a small and decaying fishing industry, the occupied male and female population is directly influenced by these factors. The 1921 census showed a great preponderance of female domestic workers, lodging-house keepers, shop assistants, transport workers, hotel workers, etc., also a considerable increase of the female over the male population.

## VITAL STATISTICS.

### (1) POPULATION.

For the purpose of the vital statistics for 1930 the estimated mid-year population for 1929, viz., 62,600, is being used, as the new census figures will not be available for this report. In view of the large number of new houses, both private and municipal, which have been built during the past decade, the numerous conversions of large houses into flats, and the still existing shortage of houses, it is generally anticipated that the 1931 census will show a substantial increase of new inhabitants.

### (2) BIRTHS.

The net births registered in Hastings for 1930 were 824, made up as follows :—

	Registered in Borough.	Transferred elsewhere.	Transferred Hastings.	Total.
Males ...	445	39	9	415
Females	379	38	11	352
Total	824	77	20	767

Of the births 53, males 24, and females 29, were illegitimate, a percentage of 6·9.

The birth rate is 12·2 per 1,000 of the population. The table on p. 41 sets out very clearly the manner in which the birth-rate has fallen since 1900, the diminution in babies born now amounting to over one-third of the total in 1900 or 430 babies. At the same time it would appear that we have reached the low water mark as regards the birth rate locally, the rate for the past five years varying from 12·6 to 12, the lowest being registered in 1928.

### **(3) DEATHS.**

The total net deaths registered in Hastings in 1930 were 894, of whom 396 were males, 498 females.

Not included were 147 deaths transferred to other districts ; included were 37 deaths of Hastings residents, occurring elsewhere.

Deaths in Public Institutions were 373, 97 being transferred elsewhere.

There were 66 Coroner's inquests.

The crude death-rate per 1,000 of the population is 14·28, which, corrected for the peculiar age and sex constitution of the population by the factor for correction, ·718, gives a death rate of 10·25 per 1,000.

### **(4) AGE AT DEATH.**

Of the 993 deaths, 44 occurred in infants under one year of age, the infantile mortality being 57·4 per 1,000 births.

From 1-5 years of age there were 28 deaths ; from 5-20 years 15 deaths ; from 20-45 years 65 deaths ; from 45-65 years 201 deaths ; and over 65 years 532 deaths, or 53·6 per cent. of the total deaths.

### **(5) MAIN CAUSES OF DEATH.**

As in previous years, 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 is dealt with in another section.

(a) **Diseases of the Circulatory System.**

The proportion of the total deaths due to diseases of the heart and arteries amounted to 36·3 per cent. of the total, or 5·2 per 1,000 of the population.

The high percentage of deaths due to diseases of the circulatory system is probably due in a health resort to a variety of causes including,

(a) the high proportion of invalids, semi-invalids and the retired among the general population ;

(b) the increasing strain of modern life, which has a tendency to wear out the resistance of the heart muscle and to cause arterio-sclerosis.

**(1) Analysis of Deaths from Diseases of the Circulatory System, 1930.**

Deaths from	Total.	Under 45 years.	45-65 years.	Over 65 years.
Heart Disease ... ..	197	7	45	145
Cerebral Hæmorrhage	98	—	23	75
Arterio-sclerosis ...	33	1	4	28
Totals ... ..	328	8	72	248

**(2) Comparative Analyses, 1925-1930.**  
**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
1925	235	26	3·8
1926	289	31·3	4·7
1927	305	31·9	4·9
1928	336	35·7	5·4
1929	343	34·3	5·4
<b>1930</b>	<b>328</b>	<b>36·7</b>	<b>5·2</b>



**(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	„	„	„
<b>1930</b>	<b>114</b>	„	„	„

The preceding table shows for 1930 a very definite fall in the deaths from cancer in Hastings, as compared with recent years, for which no particular reason can be ascribed. As a matter of fact the tendency, both locally and in the country as a whole, has been for the death rate to rise steadily.

**Deaths from Cancer in 1930 according to sex and organ of body affected.**

Part affected.	No. of Deaths.		
	Male.	Female.	Total.
Tongue, Lips, Mouth, Throat, or Larynx ... ..	6	2	8
Gullet ... ..	2	1	3
Stomach ... ..	6	9	15
Abdomen ... ..	17	27	44
Breast ... ..	—	13	13
Womb ... ..	—	9	9
Sex Glands ... ..	4	6	10
Miscellaneous ... ..	5	9	12
<b>TOTAL ... ..</b>	<b>40</b>	<b>74</b>	<b>114</b>
<b>PERCENTAGE OF TOTAL ...</b>	<b>35·1 per cent.</b>	<b>64·9 per cent.</b>	

The above table shows an increase of female deaths, due mainly to cancer of the womb, breast and abdomen.

Throughout the year pamphlets dealing with the problems of cancer, explaining early symptoms of the most common sites, the importance of early treatment and the dangers of delay, etc., have been issued from the Health Department.

**(c) Respiratory Diseases, including Influenza.**

1930 was a year of comparative absence of severe types of influenza, the total deaths being 7 as compared with 59 in 1929.

The mortality from bronchitis, pneumonia and other respiratory diseases was 120, 1·9 per 1,000 of the population, and 15 per cent. of the total deaths, the great proportion being among the aged.

It should be noted that in 1930 there were 12 deaths from measles, the fatal factor in which is almost invariably a broncho-pneumonia or virulent catarrhal bronchitis.

**V.8. Table No. 1.**

**VITAL STATISTICS—WARDS—1930.**

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	95	18·1	5	78
St. Clements ... ..	5,870	118	100	218	37·1	84	14·3	8	37
St. Mary's Lower ...	6,372	27	19	46	7·2	77	12·1	4	87
St. Mary's Upper ...	6,639	47	30	77	10·1	85	12·8	5	65
St. Helen's ... ..	5,194	57	46	103	19·8	76	14·6	7	68
Holy Trinity ... ..	6,473	31	21	52	8·0	72	11·1	9	173
St. Mary Magdalen ...	6,737	18	19	37	5·5	75	11·1	1	27
St. Peter's ... ..	6,184	24	17	41	6·6	110	17·8	5	122
St. Leonard ... ..	7,765	47	56	103	13·3	144	18·5	3	29
Silverhill and Hollington ... ..	6,146	42	41	83	13·5	76	12·4	2	24
Total ... ..	62,620	445	379	824	13·2	894	14·3	49	59
Transfers out... ..	...	39	38	77				5	
Transfers in ... ..	...	9	11	20				—	
Total Net ... ..	62,620	415	352	767	12·2	894	14·3	44	57



V.3. TABLE NO. 2. (Ministry of Health.) CAUSES OF, AND AGES AT, DEATH DURING YEAR, 1950.

CAUSES OF DEATH.	Net Deaths at the subjoined ages of Residents, whether occurring within or without the District.											Total Deaths whether of 'Residents' or 'Non-Residents' in Institutions in the District.	WARD DISTRIBUTION.											
	All ages.	0 to 1 year.	1 to 2 yrs.	2 to 3 yrs.	3 to 4 yrs.	4 to 5 yrs.	5-10 yrs.	10-15 yrs.	15-20 yrs.	20-35 yrs.	35-45 yrs.		45-65 yrs.	65 & upds.	All Saints.	St. Cle- ments.	St. Mary's Lower.	St. Mary's Upper.	St. Hel- ens.	Holy Trinity.	St. Mary Mag- dalen.	St. Peter's.	St. Leo- nard.	Silver Hill & Hollin- gton
All (Certified Causes {Uncertified	893 1	43 1	11	5	8	4	12	3	9	34	31	201	532	373	95	84	77	84	76	72	75	110	144	76
Enteric Fever	1										1			1								1		
Small Pox																								
Measles	12	2	4	1	2		2				1			5	3				2		2	1	2	2
Scarlet Fever																								
Whooping Cough	1		1																					
Diphtheria	4	1	1	1			1					1		4	1			1		1			1	2
Influenza	7				1							1	5			1					2			
Encephalitis Lethargica	2		1									1		2			2							
Meningococcal Meningitis	1						1																	
Tuberculosis of respiratory system	44							3	10	13		11	7	26	7	5	7	4	5	2	3	1	7	5
Other tuberculous diseases	11	1	1	1	2		2	1	1	1		1	1	11	1	1	2		1	1	2	2	1	
Cancer, Malignant Disease	114									1	3	39	71	60	10	9	9	16	7	7	12	16	18	10
Rheumatic Fever	1													1										
Diabetes	11											3	8	1	1		1	1	1	2		1	3	1
Cerebral Haemorrhage, etc.	98											23	75	18	10	9	9	5	4	6	7	18	24	6
Heart Disease	197							1	2	4		45	145	59	23	20	13	22	17	14	14	21	32	21
Arterio-sclerosis	33								1	1		4	28	20	5	4		1	2	7	3	4	3	4
Bronchitis	52	3	1									3	45	12	2	9	9	7	4	2	4	7	4	4
Pneumonia (all forms)	54	6	1	1		1	2		1	1	2	16	23	27	2	4	3	3	4	9	6	9	11	3
Other respiratory diseases	7								1	1		1	5	2		1	2				1	1	2	
Ulcer of stomach or duodenum	9							1	1	1		5	2	11	1	1	2				2			
Diarrhoea, etc. (under 2 years)	2													1	1				1	1				1
Appendicitis and Typhlitis	7									1	1	2	3	9		1	1	1	1					
Cirrhosis of liver	3																							
Acute and Chronic Nephritis	21			1				1				2	17	7	1	2	1	2	2	2	2	1	5	3
Puerperal Sepsis																								
Other accidents and diseases of pregnancy and parturition	2									1	1			2										
Congenital Debility and Malforma- tion, Premature Birth	24	24												9	4		2			2	1	4	2	2
Suicide	10									2	1	6	1	2		1	3			4		2		
Other deaths from violence	21	1	1			2	1	1	2	2	1	6	4	13	5	1	2	1	4	1	1	3	1	2
Other defined diseases	145	5			3	1	3	1		7	6	31	88	70	18	13	10	15	19	11	10	15	24	10
Causes ill-defined or unknown																								
Totals	894	44	11	5	8	4	12	3	9	34	31	201	532	373	95	84	77	85	76	72	75	110	144	76

V.S. Table No. 3.

## DEATH RATES—1900-1930—HASTINGS.

	1900- 1904 average	1905- 1909 average	1910- 1914 average	1915- 1919 average	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930
Number of Deaths ...	909	848	820	914	850	852	869	821	930	879	924	954	941	993	<b>894</b>
Death Rate per 1,000 crude	14.0	13.4	13.5	17.7	14.2	14.3	14.6	13.6	15.4	14.5	15.06	15.5	15.0	15.9	<b>14.28</b>
*Death Rate per 1,000 corrected }	11.8	11.3	11.3	14.7	11.9	12.0	12.2	11.3	12.9	10.4	10.8	11.1	10.8	11.4	<b>10.25</b>

\* Factor for correction 1900-1924—.84.  
1925-1930—.718.



V.S. Table No. 4.

## BIRTH RATE, DEATH RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1930.

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

	Birth rate per 1,000 Total Population.		Annual Death-Rate per 1,000 Population.								Rate per 1,000 Live Births.		Percentage of Total Deaths.					
	Live Births.	Still Births.	All Causes.	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 certified by Registered Medical Practitioners.	Inquest Cases.	Certified by Coroner after P.M.	No Inquests.	Uncertified Causes of Death.
England and Wales ... ..	16.3	0.69	11.4	0.01	0.00	0.10	0.02	0.05	0.09	0.12	0.55	6.0	60	90.4	6.9	1.7	1.0	
107 County Boroughs and Great Towns, including London ...	16.6	0.71	11.5	0.01	0.00	0.15	0.02	0.05	0.10	0.11	0.50	8.3	64	90.6	6.6	2.3	0.5	
159 Smaller Towns (1921 Adjusted Populations, 20,000—50,000) ... ..	16.2	0.69	10.5	0.00	0.00	0.08	0.01	0.05	0.07	0.13	0.43	4.4	55	91.8	5.9	1.2	1.1	
London ... ..	15.7	0.56	11.4	0.01	0.00	0.23	0.02	0.03	0.10	0.08	0.55	9.9	59	88.3	7.4	4.3	0.0	
Hastings ... ..	12.2	0.45	$\frac{14.28(a)}{10.25(b)}$	0.02	0.00	0.19	0.00	0.02	0.06	0.11	0.34	5.2	57	99.9	7.4	3.5	.1	

(a) crude death-rate.

(b) corrected death-rate.

## INFECTIOUS DISEASES.

### (1) NOTIFIABLE INFECTIOUS DISEASES, 1930.

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. 4, p. 26.

#### I.D. Table No. 1.

QUARTERLY INCIDENCE OF SCARLET FEVER, DIPHTHERIA AND  
ENTERIC FEVER.

	Scarlet Fever.	Diphtheria	Enteric Fever.	Total.
1st Quarter ... ..	43	1	—	44
2nd Quarter ... ..	25	8	2	35
3rd Quarter ... ..	11	7	1	19
4th Quarter ... ..	13	16	1	30
Totals ... ..	92	32	4	128

#### Scarlet Fever.

The incidence (92 cases) was distinctly lower than that of 1929, when 189 cases were reported, and corresponded very closely to the average incidence of the three years previous to 1929. Apart from a few instances, where one case infected others in the same family, the cases appeared to be generally sporadic in origin. There were 3 return cases.

The type of disease was as a rule mild, there being no deaths; 92 per cent. of the total cases were treated in the Borough Sanatorium.



The Dick Test, and occasionally the Schultz-Charlton Test, were used for diagnostic purposes. Artificial immunisation was not practised.

### **Diphtheria.**

The incidence of diphtheria, 32 cases, was slight, the majority of the cases mild. There was no evidence of infection spreading through schools.

The Schick Test and artificial immunisation were not employed during the year. In view of the importance of protecting children in institutions against diphtheria, it has been decided to carry out the Schick Test and immunise all positive reactors and, without testing, all under the age of 5 years, amongst the children at the Municipal Hospital, the Cottage Homes of the Public Assistance Committee and probably in certain other Homes where children are sent to our local elementary schools. It should be noted that while our experience, both as regards type and incidence in diphtheria, has of late years been very fortunate, that of other districts, notably London, has been distinctly unfortunate, and, with a large unprotected population amongst the younger generation, there will be a wide field for the propagation of the disease.

### **Enteric Fever.**

Of the four notifications, in three the infection was probably imported.

### **Infectious Diseases of the Cerebral Nervous System.**

One case of cerebro-spinal fever and three cases of encephalitis lethargica were notified.

### **Vaccination.**

On April 1st, 1930, when the Local Government Act, 1929, came into force, the arrangements for vaccination were transferred from the Board of Guardians to the Public Health Department, without any immediate alterations in the personnel

or the method of administration. As the return shows the percentage of infants vaccinated rose slightly, from 36.1 in 1928 to 38.5 in 1929. It should be realised that small-pox, certainly of a mild type, has been smouldering in the London area, occasionally breaking out into acute outbursts, for a period of over two years. Fortunately it has shown no signs of spreading to the South Coast, but with a large unprotected population, such as we have, and with the continual traffic backwards and forwards of numerous visitors from infected areas, the risk certainly exists. Nothing but vaccination can obviate that risk.

No primary vaccinations and re-vaccinations were performed by the Medical Officer of Health under the Public Health (Small-Pox Prevention) Regulations, 1917.

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

An outbreak of measles from March to June affected most districts in the town and as measles had not been prevalent for several years, there was a considerable number of susceptible children, few of whom escaped. Help was given in many instances through the Maternity and Child Welfare Service, by home visits by the Health Visitors, pneumonia jackets, milk, home nursing, etc. Several of the worst cases were admitted to the Borough Sanatorium. Action was taken by the School Medical Service by closing classes, warning teachers about sending children home with early symptoms, disinfecting classrooms, etc.



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

TABLE SHOWING INCIDENCE OF, AND DEATHS FROM NOTIFIABLE INFECTIOUS DISEASES, 1926—1930.

Notifiable Diseases.	Number of Cases Notified.						Deaths.					
	1926	1927	1928	1929	1930	Total	1926	1927	1928	1929	1930	Total
Small Pox, Cholera, Plague ...	...	...	1	...	...	1	...	...	...	...	...	...
Diphtheria (including Membranous Croup) ...	10	11	133	99	52	285	1	...	2	4	4	11
Erysipelas ...	16	13	22	25	25	101	...	...	...	...	...	...
Scarlet Fever ...	91	90	90	189	92	552	...	...	...	...	...	...
Typhus ...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever ...	4	5	7	5	4	25	...	...	...	1	1	2
Relapsing Fever ...	...	...	...	...	...	...	...	...	...	...	...	...
Continued Fever ...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever ...	4	3	2	...	2	11	...	...	1	...	...	1
Puerperal Pyrexia ...	1	7	13	11	25	57	...	...	1	...	...	1
Cerebro-Spinal Meningitis ...	3	1	...	...	...	4	...	...	...	...	...	...
Poliomylitis ...	4	...	4	1	1	10	...	...	...	...	...	...
Ophthalmia Neonatorum ...	7	3	8	8	10	36	...	...	...	...	...	...
Pulmonary Tuberculosis ...	78	65	60	82	84	369	58	64	52	41	44	259
Other Forms of Tuberculosis...	34	22	19	15	24	114	14	7	7	11	11	50
Acute Polio-encephalitis ...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica ...	2	1	4	...	3	10	1	...	2	...	2	5
Acute Primary Pneumonia ...	72	55	59	82	64	330	37	20	12	21	15	105
Influenzal Pneumonia ...	4	44	16	34	7	105	...	10	4	11	3	28
Malaria ...	...	...	...	...	2	2	...	...	...	...	...	...
Dysentery ...	...	...	1	...	...	1	...	...	...	...	...	...
Trench Fever ...	...	...	...	...	...	...	...	...	...	...	...	...
Total ...	330	318	439	551	375	2013	111	101	81	89	80	462

**I.D. Table No. 3. VACCINATION RETURNS FROM 1920.**

Year.	Births, Central District.	Successful Primary Vaccination.	Conscientious Objectors.	Percentage of births vaccinated.
Average 1920—1924 inclusive.	4,042	1,522	2,026	37.6
1925 ...	688	280	348	40.7
1926 ...	661	305	393	44.6
1927 ...	828	315	376	38.0
1928 ...	801	289	466	36.1
1929 ...	791	305	423	38.5
Totals	3,769	1,494	2,006	39.6

I.D. TABLE NO. 4.

TABLE II. (MINISTRY OF HEALTH).  
CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR, 1930.

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

\*For Analysis of Deaths See Table No. 2 (Ministry of Health), page 19.



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

DEATHS FROM THE SEVEN CHIEF EPIDEMIC DISEASES.

	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930
Smallpox ...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	1	...	1	...	...	...	2	...	...	...	...	...
Diphtheria ...	4	14	2	1	1	...	...	1	...	2	4	4
Enteric Fever ...	...	5	...	1	...	...	1	...	1	...	1	1
Measles ...	...	6	...	4	4	...	...	8	...	3	1	12
Whooping Cough	4	4	1	...	2	3	1	5	...	4	2	1
Diarrhoea (under 2 years)	3	9	6	3	3	1	1	6	4	2	3	2
Totals ...	12	38	10	9	10	4	5	20	5	11	11	20

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

In continuation of the established policy one entire block, with five wards, was brought up-to-date in every respect, in addition to the ordinary repairs and renewals. This policy will be followed until the entire institution has been thoroughly modernised.

Table No. 5 shows the variety of infectious diseases treated, no less than 12 different types being admitted. Sufficient beds are safeguarded for the adequate treatment of scarlet fever, diphtheria and enteric fever. Fortunately, with the comparatively low incidence of these three diseases last year, it was possible to admit a considerable number of bad cases of measles during the epidemic of late spring and early summer. All the measles cases were severe, with some bronchitis or broncho-pneumonia, there being 36 cases with three deaths. From time to time requests are made from the voluntary hospitals, convalescent homes, boarding-houses, etc., for the admission of cases of infectious diseases, such as erysipelas, chicken-pox, mumps, etc., and, as far as our accommodation will allow, they are admitted. Hospitals for infectious disease should be used for as great a variety of infectious diseases as can be admitted without straining the accommodation and administration, and without risking cross infection.

Over 90 per cent. of the notified cases of scarlet fever were admitted to the Sanatorium, although no objection was made to home isolation or treatment, when requested by the medical practitioner and parents, providing the facilities for home isolation were adequate. The length of stay has now been materially reduced in cases of scarlet fever, the average for the year being 34 days, but in all slight uncomplicated cases the patients were discharged in 4 weeks. There is no proof that there has been any rise in return cases since this policy has been adopted.

Scarlet fever anti-toxin has been used in all cases where the temperature has been over 101° F. on admission or in any other case where there were grounds for anticipating a severe infection or complications. I believe that its use has lessened both the number and the severity of the complications, and has been a factor in permitting a safer and earlier discharge.

The probationer nurses receive training and attend lectures by the Medical Superintendent and the Matron, in accordance with the requirements of the General Nursing Council, all the nurses presented for examination having passed.

With regard to Brede Small-Pox Hospital, the arrangements for providing medical attendance, nurses and medical stores from the Borough Sanatorium again worked very satisfactorily, when it was necessary to open on two occasions for single observation cases.

The number of fully equipped beds at the Borough Sanatorium is 70, at the Brede Small-Pox Hospital 20, in both instances several beds being reserved under arrangement for neighbouring urban and rural authorities. As a matter of fact, under the Local Government Act of 1929, the Borough Sanatorium may be asked to accept cases from a still wider area. If so, greater efficiency and several additional and very useful beds could be obtained by turning the small discharge block into a modern cubicle block of 4 beds.



**(B) Cases under Treatment in 1930.****I.D. Table No. 6.**

Disease.	In Hospital Jan. 1st, 1930.	Ad- mitted, 1930.	Died 1930.	Dis- charged 1930.	In Hospital Dec. 31st, 1930.
*Scarlet Fever ... ..	13	88	...	93	8
*Diphtheria ... ..	2	33	4	27	4
Scarlet Fever and Ery- sipelas ... ..	...	1	...	1	...
Scarlet Fever & Measles	...	5	1	4	...
Enteric & Paratyphoid Fever ... ..	...	3	...	3	...
Erysipelas ... ..	...	5	1	4	...
Measles and Bronchitis or Broncho-Pneumo- nia ... ..	...	3	2	29	...
Scabies ... ..	1	...	...	1	...
Poliomyelitis ... ..	...	1	...	1	...
Chicken Pox ... ..	...	2	...	2	...
Acute Pharyngitis ... ..	...	1	1	...	...
„ Laryngitis ... ..	...	1	1	...	...
Totals	16	171	10	115	12

\*Including Observation Cases.

**Cases from surrounding districts, included above:—**

Scarlet Fever ... ..	3 cases.
Diphtheria ... ..	9 „
Measles ... ..	1 „

**Average Stay in Hospital.**

Scarlet Fever cases ... ..	40 days.
Diphtheria „ ... ..	34 „
Enteric and Paratyphoid Fevers ... ..	48 „
Erysipelas ... ..	30 „
Measles and Broncho-Pneumonia ... ..	30 „

## TUBERCULOSIS.

### (1) VITAL STATISTICS.

#### (a) Notifications, 1930.

The number of notifications of new cases of pulmonary tuberculosis was very slightly increased as compared with 1929, while there was a definite increase in the notifications of the non-pulmonary cases as compared with the past three years (see Table No. 3).

#### T. Table No. 1.

TUBERCULOSIS, 1930—NOTIFICATIONS.

Age Period.	New Cases.		Deaths.	
	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.
0—1 years ...	...	1	...	1
1—5 " ...	2	8	...	4
5—10 " ...	1	3	...	2
10—15 " ...	1	1	...	...
15—20 " ...	8	4	3	1
20—25 " ...	6	2	13	1
25—35 " ...	25	3		
35—45 " ...	21	...	10	...
45—55 " ...	20	1	11	1
55—65 " ...	5	1		
65 upwards ...	6	2	7	1
Totals ...	95	26	44	11
Grand Totals	121		55	

#### T. Table No. 2.

TUBERCULOSIS, 1930—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 ...	38	...	8	2	...	6	23
" Females ...	46	...	3	...	...	6	29
Non-Pulmonary Males	13	...	1	...	...	1	2
" Females	11	...	1	...	...	...	4
Totals ...	108	...	13	2	...	13	58



**T. Table No. 2a.**

CASES OF TUBERCULOSIS ON THE NOTIFICATION REGISTER  
ON THE 31ST DECEMBER, 1930.

TOTAL CASES.	PULMONARY.			NON-PULMONARY.		
	Males.	Females.	Total.	Males.	Females.	Total.
540	201	200	401	69	70	139

**T. Table No. 3.**

TUBERCULOSIS PRIMARY NOTIFICATIONS, FORM A, SINCE 1918.

	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930
Pulmonary	94	88	74	89	71	81	98	94	76	65	60	82	<b>84</b>
Other Forms	16	7	9	9	9	22	26	39	29	19	18	14	<b>24</b>
Totals ...	110	95	83	98	80	103	124	133	105	84	78	96	<b>108</b>

**Relation of Deaths to Notifications.**

The table which follows illustrates the experience of 1930, and shows a slight reduction of the number of cases not notified until after death. Special communications have been sent to all medical practitioners in the town pointing out the necessity of notifying all new cases of tuberculosis as soon as possible after arrival in the town, even when the case is old standing and has been notified elsewhere. When the case dies and no notification is received a special letter of explanation is requested from the practitioner, as the regulations on this point are now very explicit.

Knowledge resulting from notification is utilised by the Health Department to help the patient as regards treatment and other assistance, and in the interests of the public as regards disinfection.

**T. Table No. 4.**

## RELATION OF DEATHS TO NOTIFICATIONS, 1930.

					Pulmonary	Other Forms.	Total.
Not notified			before death		8	2	10
Notified less than 3 months			"	"	11	6	17
"	3 to 6	"	"	"	3	...	3
"	6 to 12	"	"	"	5	2	7
"	1 to 2 years	"	"	"	1	...	1
"	over 2	"	"	"	16	1	17
Totals ... ..					44	11	55

**(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
<b>1930</b> ... ..	<b>44</b>	<b>11</b>	<b>55</b>	<b>.88</b>

A survey of the above table shows a comparatively satisfactory experience during the past three years and a very definite reduction of the death-rate as compared with the rates of the first nine years after the war. The mortality in 1930 for pulmonary tuberculosis was .7, for non-pulmonary .18, for all forms .88 per 1,000 of the population.



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

Home visits to new cases	...	...	82
"    "    old    "	...	...	1,907
<hr/>			
Total visits	...	...	1,989
<hr/>			

**(b) Articles supplied from the Health Department.**

Bottles of Disinfectant	...	...	221
Sputum Mugs or Flasks	...	...	17
Thermometers	...	...	16

**(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 a few selected cases of surgical tuberculosis, mainly enlarged glands of neck.

Every possible advantage was taken of the special departments of the hospital, including the Orthopædic Clinic for cases of crippling due to tuberculosis, the Light Department for Ultra-Violet Ray treatment, the X-Ray Department and the Pathological Laboratory, also the Dental Department for the few cases where dental treatment could not be obtained through other agencies, such as the Ministry of Pensions and the Insurance Society.

In addition I was in close touch with all cases of surgical tuberculosis in the wards and was consulted whenever there was a question of pulmonary tuberculosis in the diagnosis of any case in the medical wards.

A summary of the year's work is appended in Tables 6—9. 177 new cases were examined, including 52 contacts of existing cases. Among these contacts pulmonary tuberculosis was diagnosed in 10 cases. The total attendances at the dispensary for all purposes for the year were 1,246.

**T. Table No. 6.**

RETURN SHOWING THE WORK OF THE TUBERCULOSIS DISPENSARY,  
DURING THE YEAR 1930.

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	14	30	1	...	5	1	...	1	19	31	1	1
(b) Doubtfully tuberculous	...	...	...	...	...	...	...	...	4	7	4	5
(c) Non-tuberculous	...	...	...	...	...	...	...	...	3	8	15	9
B.—CONTACTS examined during the year:—												
(a) Definitely tuberculous	1	5	...	...	2	...	1	1	3	5	1	1
(b) Doubtfully tuberculous	...	...	...	...	...	...	...	...	4	3	4	5
(c) Non-tuberculous	...	...	...	...	...	...	...	...	...	8	7	11
C.—CASES written off the Dispensary Register as												
(a) Cured	15	5	1	1	3	2	5	2	18	7	6	3
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error)...	...	...	...	...	...	...	...	...	16	31	41	28
D.—NUMBER OF PERSONS on Dispensary Register on December 31st:—												
(a) Diagnosis completed	133	93	6	8	12	5	21	19	145	98	27	27
(b) Diagnosis not completed...	...	...	...	...	...	...	...	...	...	3	1	...

1. Number of persons on Dispensary Register on January 1st, 1930 382
2. Number of patients transferred from other areas and of "lost sight of" cases returned ... 18
3. Number of patients transferred to other areas and cases "lost sight of" ... 86
4. Died during the year ... 22
5. Number of observation cases under A and B above in which period of observation exceeded 2 months ... 15
6. Number of attendances at the Dispensary (including Contacts) 1,246
7. Number of attendances of non-pulmonary cases at Orthopaedic Out-stations for treatment or supervision .. 67
8. Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for:—
  - (a) "Light" treatment ... 603
  - (b) Other special forms of treatment ... nil
9. Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary ... 2



10.	Number of consultations with medical practitioners :—					
	(a) At Homes of Applicants	...	...	...	...	9
	(b) Otherwise...	...	...	...	...	57
11.	Number of other visits by Tuberculosis Officers to Homes	...				54
12.	Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	...	...	...	...	1,178
13.	Number of					
	(a) Specimens of sputum, etc., examined...	...	...	...	...	104
	(b) X-ray examinations made in connection with Dispensary work	...	...	...	...	20
14.	Number of Insured Persons on Dispensary Register on the 31st December	...	...	...	...	131
15.	Number of Insured Persons under Domiciliary Treatment on the 31st December	...	...	...	...	28
16.	Number of reports received during the year in respect of Insured Persons :—					
	(a) Form G.P. 17	...	...	...	...	7
	(b) Form G.P. 36	...	...	...	...	56

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

##### PULMONARY TUBERCULOSIS, 1930.

Tubercle Bacilli not found in sputum	...	25 cases.
Tubercle Bacilli found in sputum :—		
Stage I.	...	30 „
Stage II.	...	15 „
Stage III.	...	3 „
		—
Total	...	73
		—

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

##### NON-PULMONARY TUBERCULOSIS ACCORDING TO PART OF BODY AFFECTED.

Glands of Neck	...	7 cases.
Skin	...	2 „
Bones and Joints	...	5 „
Abdomen	...	2 „
Etc.	...	1 „
		—
Total	...	17
		—

**T. Table No. 8.—Tuberculosis Dispensary.**

NEW CASES, 1930. IMMEDIATE RECOMMENDATIONS.

1. Dispensary Treatment—		
Ordinary Medical Treatment	...	6
General Supervision	... ..	25
Observation	... ..	40
2. Domiciliary Treatment under Private		
Practitioners	... ..	13
3. Sanatorium or Institutional Treatment		31
4. No Treatment required	... ..	51
5. O.P. Hospital or School Clinic	..	11
		<hr/>
Total	...	177
		<hr/>

**T. Table No 9.**

ATTENDANCES FOR 1930.

(1) Insured men	...	...	...	260
women	...	...	...	144
(2) Non-insured men	...	...	...	31
women	...	...	...	250
children—				
f boys	...	...	...	197
l girls	...	...	...	243
(3) Ex-military cases	...	...	...	121
				<hr/>
Total attendances	...	...	...	1,246
				<hr/>

**(4) INSTITUTIONAL TREATMENT, 1930.**

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) Beds at the Municipal Hospital as required for emergency or advanced cases.

(d) 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 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.

For that residuum of cases, mainly pulmonary tuberculosis for whom institutional treatment other than the sanatorium is necessary, it is essential to utilise the wards of the Municipal Hospital (formerly the Infirmary). The reasons for their admission vary—they may be dying cases, who cannot be nursed at home, patients who refuse sanatorium treatment but accept hospital treatment at home, casuals or cases under observation for diagnosis. Their number varies, but recently there have been as many as 10 female and 6 male cases, including a few children. The accommodation available is at present admittedly unsatisfactory and inadequate. There is, however, a scheme before the Council whereby, by means of the extension at the Municipal Hospital, separate wards with sanitary annexes and suitable verandahs will be available for a reasonable number of cases of both sexes.

The immediate results of treatment at Darvell Hall Sanatorium are set out in Table No. 11, which shows no undue spirit of optimism. The final results come within my notice, and it is gratifying to record a considerable number of cases, year by year, maintaining a reasonable degree of health, in many instances able to maintain themselves and their families at their original work. At the same time, the tuberculous patient is generally a damaged life, and it is usually extraordinarily difficult to find him satisfactory employment even with arrested disease. In this connection we are now utilising the Papworth Village Settlement near Cambridge. One of our cases is now settled and economically independent, while two are undergoing a course of training, prior to settlement.

**T. Table No. 10.**

CASES SENT TO INSTITUTIONS DURING 1930.

To Darvell Hall Sanatorium	...	...	...	51
„ Royal East Sussex Hospital	...	...	..	12
„ Chailey Heritage	...	...	...	1
				—
Total	...	...	...	64
				—

**T. Table No. 11.**RESULTS OF INSTITUTIONAL TREATMENT IN CASES  
DISCHARGED IN 1930.

	Quiescent, or Arrested.	Improved.	No Material Improvement.	Died in Institution.	Total.
Pulmonary :—					
T.B.— ... ..	...	2	...	...	2
T.B.+					
Stage 1 ... ..	...	9	3	1	13
Stage 2 ... ..	...	14	4	...	18
Stage 3 ... ..	...	5	9	4	18
Non-Pulmonary :—					
Bones—Joints ...	...	4	...	2	6
Glands, etc. ...	3	...	1	...	4
Miscellaneous ...	...	1	1	...	2
Totals ... ..	3	35	18	7	63

**(5) THE TUBERCULOSIS CARE COMMITTEE.**

During the 12 years' existence of the Committee 585 applications for assistance have been dealt with, 39 from new cases during the past year. In addition to its usual forms of assistance, the Committee has from time to time during the past year arranged for special night attendants and nursing services. The Health Committee has, however, taken over the latter service and made special arrangements for the District Nursing Association at an agreed rate per visit to nurse bed-ridden or severe cases.

The following is a summary of a typical week's activities in 1930, excluding grants of clothing and emergency money gifts.

	£	s.	d.
(a) Monetary allowances ... ..	1	10	0
(b) Fresh milk ... ..	1	16	9
(c) Eggs ... ..	14	7	
(d) Butter ... ..	10	0	
(e) Maintenance of 2 children in the country ... ..	1	2	6
(f) Providing domestic help ... ..	8	0	
(g) Sending out-patients' washing ...	3	8	
Total weekly liability ... ..	£6	5	6



**(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 1930.

---

**MATERNITY & CHILD WELFARE.**

---

**(1) VITAL STATISTICS.**

**(a) Notification of Births Act.**

The number of births reported to the Health Department in 1930 was as under :—

<i>Total Births</i> —Notified by midwives	...	...	516
,,     ,,     doctors	...	...	189
,,     ,,     relatives and others			161
			<hr/>
	Total	...	816
			<hr/>
<i>Still Births</i> —Notified by midwives	...	...	11
,,     ,,     doctors	...	...	11
,,     ,,     relatives and others	...		10
			<hr/>
	Total	...	32
			<hr/>

Percentage of still births to notified births, 3·7.

The number of un-notified births was 23, including 20 live births and 3 still births.

**(b) Infantile Mortality in 1930.**

Net live births registered	...	...	...	767
Number of deaths of infants under one year	...			44
Infantile Mortality	...	...	...	57·4
Net illegitimate live births registered	...	...		53
Number of deaths of illegitimate infants under				
one year	...	...	...	3
Infantile Mortality in illegitimate infants	...			56·6

**(c) Maternal Mortality in 1930.**

Deaths from puerperal sepsis	...	...	...	Nil.
Deaths from other accidents and diseases of pregnancy	...	...	...	2
Maternal Mortality, 2·6 per 1,000 births.				

Table No. 1, p. 41, 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. 42, gives an analyses of the infant mortality in 1930.

The infantile mortality rate, 57 per 1,000 births, while showing an increase as compared with the very low figure for 1929, namely 35 per 1,000 births, remains below the average figure of 64 for the large towns. There was a slight increase in the number of deaths due to congenital debility, prematurity and atrophy, also from congenital malformations, and in another group from bronchitis and pneumonia. The mortality from diarrhoea and enteritis was again low, 2 deaths or 2·6 per 1,000 births.

The maternal mortality figure, 2·6 per 1,000 births, is again satisfactory, compared with the average of 4 per 1,000 births, or 2,500 to 3,000 deaths each year of women in child birth, which has been maintained throughout the country with but little variation during the past 20-30 years. Since 1925 our experience in Hastings has been fortunate in this matter (see Table No. 1, p. 41). This problem has occupied much attention in the press, both medical and legal, and in parliament, having been the subject of several special enquiries. In a recent Circular, No. 156, the Ministry of Health suggested a general overhauling and tightening up of all the existing agencies under the control of Maternity and Child Welfare Committees, together with certain recommendations which have not yet been generally adopted. The circular is now under consideration and any action taken will be reviewed in next year's report. Many of the suggestions as regards provision of beds for maternity cases, ante-natal clinics, home help, hospital service for cases of puerperal pyrexia, etc., have already been carried into effect, and some of the credit for our comparatively small maternal mortality of recent years may well be ascribed to these developments.



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

ANALYSIS OF INFANTILE AND MATERNAL MORTALITY FROM 1900—1930.

Year.	Births.		Maternal Mortality.		Infantile Mortality.		Infant Deaths 0-4 weeks.		Deaths from Diarrhoea and Enteritis.		Deaths from Pneumonia & Bronchitis.		Deaths from Congenital Debility, Prematurity and Atrophy.	
	Births.	Birth Rate.	Deaths.	Rate per 1000 Births.	Deaths under 1 year.	Rate per 1000 Births.	Deaths 0-4 weeks.	Rate per 1000 Births.	Deaths 0-2 years.	Rate per 1000 Births.	Deaths 0-1 year.	Rate per 1000 Births.	Deaths 0-1 year.	Rate per 1000 Births.
1900-04	1231	18·67	7	5·7	137	111	not available	24	19·5	24	19·5	23	18·7	
1905-09	1100	17·4	5	4·5	105	95	38	34·5	15	13·6	16	14·5	19	17·3
1910-14	902	14·9	3	3·3	75	83	26	28·8	13	14·4	11	12·2	28	31·0
1915	809	15·5	3	3·7	79	97	35	43·3	1	1·2	17	21·0	36	44·5
1916	785	15·7	2	2·5	47	60	22	28·0	1	1·4	6	7·6	23	29·3
1917	759	15·1	not available	not available	59	78	not available	not available	6	7·9	not available	not available	25	32·9
1918	838	16·1	1	1·2	60	71	29	34·6	2	2·4	8	9·5	30	35·8
1919	784	13·0	4	5·1	56	71	33	42·1	3	3·8	6	7·7	32	40·8
1920	1146	19·1	3	2·6	59	51	28	24·4	9	7·9	6	5·2	31	27·1
1921	850	14·3	6	7·1	44	52	16	18·8	6	7·1	7	8·2	19	22·4
1922	930	15·6	8	8·6	46	49	32	34·4	3	3·2	4	4·3	29	31·2
1923	834	13·9	6	7·2	36	43	20	23·9	2	2·4	3	3·6	19	23·1
1924	778	12·9	4	5·1	54	69	29	37·3	1	1·3	11	14·1	30	38·6
1925	783	13·0	2	2·6	31	40	10	12·8	1	1·3	9	10·2	10	12·8
1926	770	12·6	1	1·6	49	64	18	23·4	6	7·8	12	15·6	10	13·0
1927	776	12·6	1	1·3	51	66	29	37·4	4	5·2	7	9·0	13	20·6
1928	752	12·0	3	4·0	38	51	17	23·9	2	2·7	8	10·6	13	17·3
1929	762	12·2	1	1·3	27	35	14	18·4	3	3·9	4	5·2	12	15·7
1930	767	12·2	2	2·6	44	57	21	27·4	2	2·6	9	11·7	17	22·2

1930. Net Deaths from Stated Causes at various ages under 1 year of age.

CAUSES OF DEATHS.	WARD DISTRIBUTION.																				
	Under 1 week.	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks.	4 weeks & under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 mths.	Total deaths under 1 year.	All Saints.	St. Clement.	St. Mary's Lower.	St. Mary's Upper.	St. Helen's.	Holy Trinity.	St. Mary Magdalen.	St. Peter's.	St. Leonard.	Silverhill and Holington.	
All Causes. { Certified { Uncertified	12 1	2 ...	2 ...	4 ...	20 1	9 ...	7 ...	3 ...	4 ...	43 1	5	8	4	4 1	7 ...	4 ...	1 ...	5 ...	3 ...	2	
Small Pox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken Pox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	1	...	...	...	1	...	...
Scarlet Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria and Croup ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhoea ...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
Enteritis ...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis ...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous diseases ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital Malformation ...	4	...	...	2	6	1	...	...	...	7	1	1	2	...	...	...	...	2	2	1	1
Premature Birth ...	5	2	...	...	7	1	...	1	...	9	2	1	1	1	...	1	1	...	...	...	...
Atrophy, Debility and Marasmus ...	1	...	...	2	3	3	1	...	...	7	1	2	1	...	...	1	...	1	...	...	...
Atelectasis ...	1	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Injury at birth ...	2	...	1	...	3	...	...	...	...	3	...	1	...	...	1	...	1	1	...	...	...
Erysipelas ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis ...	...	...	1	...	1	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...
Rickets ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis ...	...	...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	...	...	...	...
Convulsions ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gastritis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Laryngitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis ...	...	...	...	...	...	2	1	...	...	3	...	1	1	2	...	...	...	...	...	...	...
Pneumonia (all forms) ...	...	...	...	...	...	1	3	...	1	6	...	1	...	...	3	2	...	...	...	...	...
Suffocation (overlying) ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other causes ...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	...	...	...	...	...	...
Totals ...	13	2	2	4	21	9	7	3	4	44	5	8	4	5	7	4	1	5	3	2	2

Net Births in the year

(legitimate

714

illegitimate

53

Net deaths in the year of

(legitimate infants

41

illegitimate infants

3



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

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

During 1930, 19 midwives notified their intention to practise, 13 certified and 1 bona fide.

The total number of births notified by midwives was 516, or 59·6 per cent. of the total births for the year.

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

During the year 55 quarterly routine inspections of kits, bags and registers, etc., took place.

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

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

For Medical Help :—

(a) During Pregnancy	...	...	...	...	8
(b) „ Labour	...	...	...	...	68
(c) „ Puerperium	...	...	...	...	12
(d) For the Infant	...	...	...	...	27
					—
				Total	115
					—

Other Official Notifications were :—

(a) Still-births	...	...	...	...	2
(b) Liability to Infection	...	...	...	...	2
(c) Artificial Feeding	...	...	...	...	1
					—
				Total	5
					—

### (b) Puerperal Fever and Pyrexia Regulations, 1926.

Under the above regulations the following arrangements were continued.

- (1) Hospital Beds for urgent cases at the Royal East Sussex Hospital, 10 cases being admitted during 1930.
- (2) The provision of 2 consultants for cases seen at the home or at Fernbank Maternity Home.

(3) The provision of nursing by the District Nursing Association in cases treated at home.

(4) Bacteriological examinations of blood and lochia.

Number of Notifications :—

Puerperal Pyrexia ... ..	25
„ Fever ... ..	2

### (3) THE WORK OF THE HEALTH VISITORS.

Tables (a), (b), (c) and (d) deal fully with the work of the four Health Visitors, who are also employed as district school nurses and female visitors under the Mental Deficiency Acts. Under the Local Government Act, 1929, which came into force on April 1st, 1930, it was decided to utilise the Health Visitors as official Infant Protection Visitors for boarded-out children, under the Children's Act of 1908, an arrangement which was generally approved and which is working very satisfactorily.

The visiting of children suffering from both notifiable and non-notifiable infectious diseases, *e.g.*, pneumonia, whooping-cough, measles, chicken-pox and mumps, is an important duty of the Health Visitors, measles and pneumonia having been prevalent in the spring and early summer of 1930.

#### 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 ...	735	3189	3924
II. Infants 1-5 years of age ...	...	5274	5274
III. Special Visits ... ..	224	210	434
IV. Expectant Mothers ... ..	208	437	645
Totals ... ..	1167	9110	10277

V. Unsuccessful visits included above ... 901



## (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 ..	10	4	10	3	7
II. Puerperal Pyrexia ...	25	3	3	7	8
III. Puerperal Fever ...	2	...	...	...	2
IV. Measles, German Measles ...	...	97	105	3	17
V. Whooping Cough ...	...	8	8	3	...
VI. Epidemic Diarrhoea ...	...	...	...	...	...
VII. Poliomyelitis ...	1	...	...	...	1
VIII. Pneumonia ...	71	42	52	12	8
IX. Other Infectious Diseases ...	...	27	28	1	...
Totals ...	109	181	206	29	43

## (c) SPECIAL REPORTS.

1. Milk Reports. New 184. Secondary 202.  
Total ... 386
2. To Medical Officer of Health re  
Sanitation ... 9

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

Cases.			Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths.
Notified.	Treated.					
	At Home.	In Hospital				
10	3	7	8	...	...	2

## (4) THE MATERNITY AND CHILD WELFARE CENTRES.

The excellent work at the five Infant Welfare Centres and the two Ante-natal Clinics was fully maintained, 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. In view of their importance as a main plank in the maternal mortality campaign, the substantial

increase in the attendances at the two ante-natal clinics is particularly gratifying.

Some 4 years ago, the Tackleway Infant Welfare Centre was removed to Beach Terrace on the front, the new premises being much more central and accessible. As a result there was a remarkable increase in the attendances, the Beach Terrace or Central Clinic now having the largest numbers of all five clinics. Unfortunately, owing to the front line improvement scheme, these premises must be sacrificed. The voluntary committee, however, has been fortunate in securing the hall of the Baptist Church in Wellington Square, together with certain ante-rooms for the purposes of the clinic. While the premises are a little further from the Old Town, they are very central for the Hastings side, and in addition there is ample parking room for prams with easy access. I have every confidence in predicting a most successful future for the new centre.

**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. ...	70	1772	1842	740
Halton ...	Dr. Bruce	Wednesday, 2.30 p.m.	121	1806	1927	857
	Dr. Lawson					
Park View...	Dr. Stanley	Thursday, 2.30 p.m.	141	1805	1946	1059
Central	Dr. Farnfield	Friday, 2.30 p.m. ...	155	2793	2948	843
Hollington	Dr. Bruce	Alternate Fridays, 2.30 p.m. ...	39	506	545	382
	Dr. Lawson					
Halton, Ante-Natal	Dr. Walker	1st & 3rd Mondays, 2.30 p.m. ...	60	121	181	181
Park View Ante-Natal	Dr. G. Ticehurst	2nd & 4th Wednes- days, 2.30 p.m. ...	85	87	172	170
Totals ...			671	8890	9561	4232

#### (5) HOME HELPS.

Number of cases attended in 1930—56.

This figure represents a substantial increase over the cases attended in 1929, and necessitated the provision of additional emergency home helps.

It should be noted that the Ministry of Health lay considerable stress on the valuable work of the home helps as one of the factors in the fight against maternal mortality.



### (6) MATERNITY HOMES.

During 1930, under the scheme, whereby the Maternity and Child Welfare Committee guarantees the full fee, since April 1st, 1930, three guineas, the mother paying her agreed share, 46 cases were admitted to Fernbank Maternity Home as compared with 34 in 1929.

This home is maintained under the auspices of the District Nursing Association, and with 14 beds available, is capable of accommodating additional cases under excellent conditions.

In addition the Municipal Hospital in Frederick Road, contains a well equipped and modern maternity ward with 6 beds available for maternity cases, and 6 beds for ante-natal cases, the total number of confinements during the year being 45. From time to time the Maternity and Child Welfare Committee utilises this accommodation for specially indicated cases.

### (7) DISTRIBUTION OF MILK.

This work was carried out under the control of a special sub-committee, all cases being investigated by the Health Visitors and the Medical Officer of Health in the first instance, the aim being that milk should only be granted to mothers and babies on definite medical grounds and not to families which should be applicants for poor law relief.

#### SUMMARY.

(a) Fresh milk	...	...	...	11,375 pints.
(b) Dried milk	...	...	...	363 lbs.
(c) Individual nursing and expectant mothers and infants receiving milk	...	...	...	228

### (8) DENTAL TREATMENT.

Children under school age may receive dental treatment at either of the two school clinics. Expectant or nursing mothers, specially recommended, may receive dental treatment at the Royal East Sussex Hospital. During 1930, 12 nursing or expectant mothers and 20 children under school age received dental treatment.

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

See Special Section.

## VENEREAL DISEASES CLINIC.

Dr. Lazarus-Barlow, the Medical Officer in charge, reports as follows on the year's working :—" The most marked difference in the incidence of venereal disease in the town, compared with last year, is that the number of new cases of syphilis is almost exactly doubled. The number of new cases of gonorrhœa is practically the same as for the last two years, as is that of cases found on examination not to be suffering from venereal disease.

The appointment of the Sister as a full-time officer has resulted in much more time being spent by her in the treatment of cases, which is therefore more thorough. There is now time for the Sister to supplement the treatment of the actual disease with advice, and a not unimportant side of the work are the confidential talks which she is able to have with the patients either in the clinic, or in their homes. This is especially useful in the case of the younger patients.

The clinic is well supported by the medical practitioners of the town and surrounding districts, quite a number of the patients having been advised to attend the clinic by their medical attendant. Needless to say, everything connected with the clinic is carried out with complete secrecy."

### VENEREAL DISEASES CLINIC.

COMPARATIVE STATEMENT OF WORK FOR YEARS 1925-1930.  
HASTINGS CASES ONLY.

	1925	1926	1927	1928	1929	1930
Number of new cases suffering from :—						
(a) Syphilis ... ..	49	24	42	21	13	25
(b) Soft Chancre ... ..	nil	1	1	nil	nil	nil
(c) Gonorrhœa ... ..	41	40	54	75	57	53
(d) Non-venereal conditions	84	69	84	111	44	47
Total ... ..	174	154	181	207	114	125
Total attendances out-patient clinic ... ..	4508	4298	3523	5064	5789	4506
In-patient days ... ..	16	35	200	135	172	67
Doses of Salvarsan :—						
Out-Patient Clinic... ..	1025	815	698	256	316	445
In-Patient Department ...	1	nil	nil	nil	nil	nil
*Pathological Examinations :—						
(a) Examined by Medical Officer, V.D. Clinic ...	182	315	359	392	530	503
(b) Sent to approved laboratory ... ..	378	415	378	306	331	170

\*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, 1930.**

	Syphilis.		Soft Chancre.		Gonorrhœa		Conditions other than Venereal.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Number of cases which—										
(a) at the beginning of the year under report were under treatment or observation for ...	33	49	...	...	45	30	...	...	78	79
(b) had been 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	3	...	...	2	4	2	2	5	9
Total—Items 1 (a) & 1 (b)...	34	52	...	...	47	34	2	2	83	88
2. (a) Number of cases dealt with at the Treatment Centre during the year for the first time with infections of ...	5	4	1	...	35	16	34	21	75	41
1. less than one year's standing										
2. more than one year's standing	14	12	...	...	4	17	...	...	18	29
Total—Items 1 (a), 1 (b) & 2 (a)	53	68	1	...	86	67	36	23	176	158
2. (b) Number of cases included in Item 2 (a) known to have received previous treatment at other Centres for the same infection...	6	2	...	...	15	1	...	...	21	3
3. Number of cases which ceased to attend—										
(a) before completing the first course of treatment for ...	6	4	...	...	17	11	...	...	23	15
(b) after one or more courses but before completion of treatment for ...	8	9	...	...	...	...	...	...	8	9
(c) after completion of treatment but before final tests as to cure of ...	2	5	...	...	18	8	...	...	20	13
4. Number of cases transferred to other treatment Centres after treatment for ...	2	4	...	...	15	7	...	...	17	11
5. Number of cases discharged after completion of treatment and observation for ...	3	7	...	...	14	11	...	...	17	18
6. Number of cases which, at the end of the year under report, were under treatment or observation for ...	32	39	1	...	22	30	...	...	55	69
Total—Items 3, 4, 5 & 6 ...	51	68	1	...	86	67	...	...	140	135

	Syphilis		Soft Chancre		Gonorrhœa		Conditions other than Venereal		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
7. Out-patient attendances :—										
(a) For individual attention by the Medical Officer ...	726	887	6	...	608	204	108	53	1448	1144
(b) For intermediate treatment, e.g., irrigation, dressings, etc.	11	85	1	...	1695	1518	40	1	1747	1604
Total attendances ...	737	972	7	...	2303	1722	148	54	3195	2748
8. Aggregate number of "in-patient days" of treatment given to persons who were suffering from	10	...	...	...	127	87	5	...	142	87

	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 ...	6	497	...	...
(b) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory ...	...	...	...	170

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 cases from each area dealt with during the year for the first time and found to be suffering from :				
Syphilis ...	25	10	...	35
Soft Chancre ...	...	...	...	...
Gonorrhœa ...	53	19	...	72
Conditions other than venereal ...	47	6	3	56
Totals ...	125	35	3	163
(B) Total number of attendances of all patients residing in each area ...	4,506	1,336	101	5,943
(C) Aggregate number of "In-patient days" of all patients residing in each area ...	67	162	...	229
(D) Number of doses of Arsenobenzene compounds given in the :—				
1. Out-patient Clinic	445	200	40	685
2. In-patient Dept.	...	...	...	...
to patients residing in each area.				



## MENTAL DEFICIENCY.

PARTICULARS OF MENTAL DEFECTIVES AS ON 1ST JANUARY, 1931.

(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.
<b>A. NUMBER OF CASES "SUBJECT TO BE DEALT WITH."</b>			
<b>1. UNDER "ORDER"—</b>			
(a) (1) In Institutions (excluding cases on licence) ...	8	26	34
(2) On licence from Institutions	1	2	3
(b) (1) Under Guardianship (excluding cases on licence) ...	13	16	29
(2) On licence from Guardianship	...	1	1
<b>2. In "places of safety" ...</b>	...	...	...
<b>3. Under Statutory Supervision ...</b>	14	14	28
Of whom—			
*(a) Attending Occupation Centres ...	2*	7*	9*
*(b) awaiting removal to an Institution ...	1*	...	1*
<b>4. Action not yet taken under any one of the above headings—</b>			
(a) Notified by Local Education Authorities (Sec. 2 (2) ) ...	...	...	...
(b) Mental Defectives in receipt of Poor Law Relief			
(1) Indoor Relief ...	...	...	...
(2) Outdoor Relief ...	...	...	...
(c) Otherwise "ascertained" ...	1	...	1
<b>B. NUMBER OF CASES WHO MAY BECOME "SUBJECT TO BE DEALT WITH."—</b>			
<b>1. IN INSTITUTIONS OR UNDER GUARDIANSHIP—dealt with under Sec. 3—</b>			
(a) In regard to whom the Local Authority contributes under its permissive powers ...	3	...	3
(b) Maintained wholly by parents, relatives or others	...	...	...
<b>2. Reported to the Local Authority from any reliable source but as to whom no action has been taken</b>	3	1	4
<b>2a. In approved homes—Fees paid by Local Authority ...</b>	2	...	2
<b>3. Under Voluntary Supervision ...</b>	...	3	3
Of whom, attending Occupation Centres ...	...	...	...
<b>Totals ...</b>	45	63	108

\* Not included in Totals.

## DURING THE YEAR 1930.

1. (a) Number of instances in which Licence has been granted during 1930 :—

	M.	F.	T.
(1) From Institutions ...	—	1	1
(2) From Guardianship ...	—	—	—

- (b) Number of instances in which cases on Licence have been returned to Institutions or transferred to Guardianship during the year 1930 :—

	M.	F.	T.
(1) To Institutions ...	1	—	1
(2) To Guardianship ...	—	—	—

2. Of the total number of cases notified by Local Education Authorities (Section 2 (2) ) during the year 1930 :—

Number	M.	F.	T.
Sent to Institutions (by order)	—	—	—
Placed under Guardianship (by order) .. ...	1	—	1
Placed under statutory Supervision ... ..	1	—	1
Placed in " Places of Safety "	—	—	—
Died or removed from Area	—	—	—
Action not yet taken ...	—	—	—
Total	2	—	2

3. Of the total number of mental defectives known to the Local Authority—

Number who have given birth to children during the year 1930 :—

(a) After marriage ... ..	Nil.
(b) While unmarried .. ...	Nil.

The following figures, show the steady increase of the work of the Mental Deficiency Committee during the past 10 years :—

On January 1st, 1922 ... ..	on books ...	29 cases.
" " " 1923 ... ..	" " " ...	33 "
" " " 1924 ... ..	" " " ...	46 "
" " " 1925 ... ..	" " " ...	58 "
" " " 1926 ... ..	" " " ...	74 "
" " " 1927 ... ..	" " " ...	93 "
" " " 1928 ... ..	" " " ...	99 "
" " " 1929 ... ..	" " " ...	98 "
" " " 1930 ... ..	" " " ...	106 "
" " " 1931 ... ..	" " " ...	108 "



**(a) Ascertainment.**

Fresh cases are brought to light through a variety of agencies, the most important being the Officers of the Mental Deficiency Committee, *i.e.*, the Health Visitors and the School Attendance Officers, the Officers of the Public Assistance Committee, the Police, the N.S.P.C.C., etc.

**(b) Home Supervision.**

Systematic visitation of all defectives left in their homes is carried out by the Officers of the Mental Deficiency Committee under the supervision of the Medical Officer of Health.

**(c) Guardianship Cases.**

In view of the lack of institutional accommodation it is necessary to place suitable cases under Guardianship either in their own homes or under the Brighton Guardianship Society, almost invariably with satisfactory results.

**(d) Institution Cases.**

The total cases show a reduction of two, as a result of difficulty in finding and keeping places in suitable institutions. No definitely practical steps are being taken, beyond a proposed conference by the County and County Borough Authorities of this district, to come together to establish a common institution, on colony lines, as recommended by the Board of Control.

**(e) The Occupation Centre—Halton School Clinic.**

This is managed by the Local Voluntary Association for Mental Welfare, subsidised by the Mental Deficiency Committee. In view of the considerable number of defectives on home guardianship and statutory supervision, the Occupation Centre is a necessary adjunct to the work of the main committee. In addition, the centre also receives several pupils from the Municipal Hospital. The total number of pupils in attendance has averaged 25 during the year, the subjects taught including table manners, easy games, drill, simple exercises, manual work, reading, writing, singing.

**(f) The Local Government Act, 1929.**

No definite declaration has been made with regard to work previously carried out by the Guardians. At the same time there

has undoubtedly been a greater measure of co-ordination under the new regime. Several cases have been referred to the Mental Deficiency Committee by the Public Assistance Committee accepted as Mental Defectives and relieved by way of Home Guardianship instead of Poor Law, and of course, such cases have now the advantage of supervision by the Officers of the Mental Deficiency Committee.

As regards the Institution, which is registered for 12 male and 12 female mental defectives, I believe that, as soon as good alternative accommodation in a suitable central County institution on colony lines can be obtained, these defectives will be handed over to the Mental Deficiency Committee, together with such others as are now in the Institution, but not under order. In addition, the Public Assistance Committee maintains in various Institutions a certain number of cases (about 12) of low mentality, who could, almost certainly, be certified as Mental Defectives under the Mental Deficiency Acts, and who will in due course come under that Committee.

**(g) The School for Delicate Children, Mental Side.**

This has accommodation for 65-68 children of school age (7-16) whose mental retardation demands education by special methods. It should be realised clearly that only a smaller proportion of these children are unemployable on leaving or require to be handed over to the care of the Mental Deficiency Committee. The greater number are employable, reaching Standard 2 to 3 of the Elementary School at about the age of 15. Their interests are safeguarded by a voluntary After-Care Committee, which is always ready to invoke the greater legal powers of the Mental Deficiency Committee wherever necessary.

**(h) The Mental Treatment Act, 1930.**

Although the Mental Treatment Act did not come into force until January 1st, 1931, consideration was given to its most important provisions. The Act aims at placing cases of mental illness on the same lines as those of general medical conditions, as far as facilities for diagnosis and treatment are concerned, and also to banish as far as possible the stigma of certification



and detention under the Lunacy Acts. Under the powers conferred by this Act it will be necessary to establish,

(a) A clinic for the diagnosis and treatment of early cases of mental illness and for the supervision of cases discharged from institutions.

(b) A few beds for the in-patient treatment of voluntary and temporary cases, as defined by the Act.

The establishment of the clinic for early cases, probably in conjunction with the East Sussex County Council, will be the first step, and should be followed, in due course, as the need arises, by the provision of in-patient beds at a local hospital or at the County Mental Hospital.

---

## SCHOOL MEDICAL SERVICE.

---

### Introductory.

The following summary shews the more important work carried out by the School Medical Service during 1930.

(a) Routine medical examination of 1,743 children in the elementary schools, 173 girls in the High School, and 92 children in the St. Leonards School for Delicate Children, 28 children in the Hastings School for Delicate Children, and 342 boys in the Grammar School.

(b) Medical examination and treatment, where necessary, at the two school clinics of 2,118 children, who made 11,581 attendances.

(c) 5,510 re-inspections by the Medical Officer at the schools and clinics.

(d) Examination by refraction of 224 cases of defective vision, 161 children being supplied with spectacles under the Authority's scheme.

(e) Operative treatment of 177 cases of enlarged tonsils or adenoids or of both conditions at the two local voluntary hospitals.

(f) 2,191 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 7,799.

(h) Dental inspection by the School Dentist of 4,907 children, 1,278 being actually treated during the year.

(i) Cleanliness inspections at the schools by the School Nurses, of 18,652 children inspected, 682 being found defective in varying degrees and 14 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 479, total home visits 1,853.

(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) Provision for the education of delicate children, between the ages of 5 and 9 years under ideal open air conditions, in Hastings, at the Athelstan Road Open Air School, for 25 children and in St. Leonards, with a special school-room for 30 children, opened during the summer of 1930, and erected within the grounds of the Hollington Special School. (See special note p. 69).

(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. 10.

## 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 of the Board of Education which dealt with the establishment of Nursery Schools and the provision of medical services for children between the ages of 2 and 5 years, a special investigation was carried out and a joint report made by the Secretary and the School Medical Officer.



The following is a copy of the report which was adopted :—

CIRCULAR 1,054 MINISTRY OF HEALTH AND 1,405 BOARD OF  
EDUCATION.

CHILDREN UNDER SCHOOL AGE, DATED 5TH DECEMBER, 1929.

1. The question of the adequacy of the existing provision for children under 5 in the Infant Departments.
2. Opportunities for treatment at the School Clinics.
3. Opportunities for advice and treatment at the five Infant Welfare Centres.
4. General recommendations as to desirable developments.

(a) With regard to the numbers of children under 5 in attendance in Infant Departments we find that the total number is approximately 400, of whom 100 are between the ages of 3 and 4. In this connection it is interesting to note that in 1913 the number under 5 was 823 ; in March, 1927, 410 ; and in March, 1929, 347.

(b) We found that the arrangements for dealing with these children in the various Infant Departments were generally satisfactory, with a few exceptions, taking into consideration the general standard of the building of each school, among the points considered being the lighting, heating, size of rooms, ventilation, provision of chairs, tables and infants' rests.

(c) It was ascertained that the Head Teachers and Staff directly responsible for these children were keenly interested in their welfare, and in making special arrangements suitable for their ages.

(d) Chairs and tables are being generally used, but in a few cases more are required.

(e) In many cases it is possible to have classes entirely devoted to children under 5, but in other instances it is necessary, owing to the small numbers under 5, to associate with them children immediately over 5. In our opinion this is a pity as most of the children under 5 rest in the afternoons, but in view of the circumstances it appears inevitable.

(f) The number of infants' rests in use are only sufficient in some cases to provide for the children between 3 and 4, and a few of those between 4 and 5. In some cases there is not sufficient space to set them out. There is, in our opinion, room

for improvement in connection with this matter. We would also suggest that arrangements should be made for the disinfection of blankets or other coverings which are used in connection with the afternoon rest and in this matter the Health Department can arrange for the necessary disinfection.

(g) A considerable proportion of the children bring some refreshment which the teachers hand out between 10.30 and 11 a.m.; bread and butter, cake, fruit, etc., in some cases quite suitable, in others indigestible. A few mothers arrange for milk to be given. In one school each child receives Malted Milk, the mothers paying 3d. per week. The service in this school is quite voluntary on the part of the teachers and must entail a certain amount of work and administration.

(h) All children under 5 in attendance at school are medically examined during the first year and may attend the School Clinic for suitable ailments and treatment.

(i) Children under 5 not in attendance at school may attend one or other of the five Infant Welfare Centres which, however, are mainly restricted to advise on matters of health and hygiene and do not give treatment. Occasionally in an urgent case such a child may get, at present, some treatment from the School Clinic. By special arrangement all children under 5 whether at school or not, can receive dental treatment from the School Dentist.

(j) It would be in accordance with the views set out in the Circular if recommendations were made that the School Clinics should be available for children between the ages of 3 and 5 not in attendance at school and we are prepared to recommend it on a written certificate from the Medical Officer or School Nurse or one of the Welfare Centres.

In conclusion we are of opinion (1) that existing methods in Infant Departments for dealing with children between the ages of 3 and 5 are, on the whole, satisfactory and in harmony with the general aims of the Circular. (2) That the arrangements for the accommodation of children under 5 at each Infant Department should be examined and where improvements on the lines mentioned are practicable, they should be carried out. (3) That arrangements for examination and treatment of children under 5, not in attendance at school at the School



Clinics should be made. (4) That in view of existing arrangements *ad hoc* Nursery Schools are not required in Hastings, but that, should any additional Infant Departments be built, special consideration should be given for children under 5.

It is gratifying to note that in a considerable number of infant schools the head teachers are now arranging for the provision of a morning cup of milk, generally heated by the purveyor and sent in small bottles, the cost of which the parents gladly repay. This does not include cases where milk is provided free on the certificate of the school medical officer, the family coming within the approved financial scale. Additional infant rests have now been provided up to the average needs and rugs have been supplied for each child, to be disinfected during the vacations.

The attention of the Managers has been drawn to structural and hygienic defects in certain instances.

### 3. SCHOOL HYGIENE.

(a) The accommodation and attendances for the quarter ending December 31st, 1930, were as follows:—

Total accommodation	...	...	8,917
Average number on registers	...	...	6,426
Average attendance	...	...	5,916
Percentage of attendance	...	...	92
Average attendance for 1930	...	...	5,766
Average attendance for 1929	...	...	5,651
Percentage of elementary school children on register to total population	...	...	10.4

The total number on the registers of the elementary schools shows a reduction of only 10 as compared with the figures of last year. It may be assumed, therefore, that with the births now practically stationary (for the past 5 years, 770, 776, 752, 762, 767) the gradual reduction in elementary school children, due to the falling birth-rate, has, for the time being, ended.

The general cleanliness of the schools remains satisfactory. In addition to ordinary repairs, various hygienic improvements have been carried out during the year.

Now that the re-organisation of the schools into Infant, Junior, Senior and Central has been successfully accomplished, a stage has been reached when a critical review of the hygienic standard of each school might well be attempted, taking into consideration the age of the school, its probable life-time and its standard of hygiene as compared with that of modern schools. The Committee might then decide how far and in what directions our older schools should have their hygienic conditions improved. I feel sure that much could be done for several of our older schools in this way, especially as regards lighting, ventilation, and the admission of sunshine.

**(b) Mid-day Meals informally served in Schools.**

Through the courtesy of the Secretary, I have had reports from the Head Teachers, from which it would appear that 320 children, on an average, have mid-day meals served in school. The head-teachers take a very practical and sympathetic interest in the dinners, with the result that, as far as possible, arrangements for heating meals, cocoa, and milk have been provided, also in many instances, tables and table cloths, while in nearly every case the children are under the supervision of teachers, prefects, or caretakers. In addition, the Secretary is arranging to carry out suggestions for improvements, where necessary, as regards gas cookers, table appointments, etc.

**4. MEDICAL INSPECTION. ELEMENTARY SCHOOLS.**

**(a) Age Groups of Children Inspected.**

The total number of children examined at routine medical inspection in the elementary schools was 1,743, viz.: 612 entrants, 587 intermediates, and 544 leavers. In addition, 833 children, 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. Unleanliness and Verminous Conditions.**

1. Average number of visits per school made during the year by the school nurses ...	14
2. Total number of examinations of children in the schools by school nurses ... ..	18,652
3. Number of individual children found unclean	682
4. Number of children cleansed under arrangements made by the Local Education Authority ... ..	14
5. Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921 ...	Nil.
(b) Under School Attendance Bye-laws...	Nil.

While the number of children examined remained practically as in the previous year, there was a reduction of over 25 per cent. in those found unclean in any respect whatsoever, while, of these, it was only necessary to send 14 for cleansing purposes to our bathing station at Rock-a-Nore. For the great and progressive improvement in the cleanliness of the heads, bodies and clothing of the children, the work of the School Medical Service is largely responsible, with of course the help of the teachers, backed by public opinion and general health propaganda.

(b) **Minor Ailments, including Skin Diseases.**

(1) **Ringworm.**

(a) **Head.**

Six cases of ringworm of the head were discovered at special inspection. The strong iodine treatment, previously in use, was continued, generally with satisfactory results. X-Ray treatment for any difficult or stubborn case is available at the Royal East Sussex Hospital, while Ultra-Violet rays have been utilised for diagnostic purposes.

(b) **Body.**

Eight cases were diagnosed, the treatment by iodine being, as a rule, satisfactory.

(2) **Scabies.**

Eighteen cases were reported. Treatment was available at the School Clinic and the Disinfection Station.

(3) **Impetigo Contagiosa.**

299 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, in view of the danger of such complications as abscess and tubercular glands, requires the attention of a patient and skilled nurse.

The gentian violet treatment, as recommended by the School Medical Officer for Sunderland, is now being tried, and a note on its use will be incorporated in the report for next year.

(4) **Other Diseases of the Skin, etc.**

Miscellaneous conditions, minor injuries, septic sores, abscesses, boils, altogether 890 in number, received attention.

(c) **Tonsils and Adenoids.**

230 children were found suffering from such a degree of enlarged tonsils or adenoids, or of both combined, as to require operative treatment, while 616 children required to be kept under observation. During the year 177 children were operated upon, under arrangements made by the Education Authority, at one or other of the two local hospitals, while 6 children received operative treatment apart from the Authority's scheme.

During the past year there has been an increase in the number of children submitted to operation, from 181 to 230. Parents now thoroughly realise the importance of the possible ill effects of enlarged septic tonsils, and frequently come to the clinic prepared for the diagnosis and the operation. All cases now receive a minimum of two days' in-patient treatment after the operation, an important prophylactic against post-operative complications in the throat and chest.

(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.**

Of cases coming within this category, *e.g.*, styes, blepharitis, corneal ulcer, conjunctivitis, 156 required treatment, 24 observation. Should the symptoms appear urgent or dangerous, a consultation at the Eye Department of the Royal East Sussex Hospital is available.

**(f) Defective Vision.**

During 1929, 230 cases of defective vision or squint or both required investigation by refraction, while 88 children were kept under observation.

Under the Authority's scheme, 224 children were refracted, spectacles prescribed in 199 cases, and supplied after payment of the whole cost or part in 161 cases. The waiting list for refraction has now been reduced to the lowest possible proportion. Considerable attention has been paid to the after-care of cases of defective vision, arrangements being made for such children to return to the clinic for re-examination of vision and spectacles each year. In addition, through teachers and parents, a campaign for the preservation and cleanliness of spectacles, and for their proper use by the children, has been initiated.

**(g) Ear Diseases and Hearing.**

Of these conditions, *e.g.*, otitis media, wax in the ears, boils, etc., 85 cases were referred for treatment, 11 for observation. Serious or difficult cases are reported to one or other of the local hospitals.

**(h) Dental Treatment.**

Mr. W. D. Penfold, School Dental Surgeon reports:—"A word of explanation is necessary with regard to the tabulated report of the year's work (p. 90). It has been customary to take the sum total of the twelve monthly reports to arrive at the grand total for the year. When it is remembered that the majority of the schools are inspected twice during the twelve months many children appeared twice in the yearly total. As this makes it difficult for comparative purposes with other figures in the report in which individual children appear only once, regardless of the number of times they attend for treatment, it has been decided to correct this and to count such children once only. The total

number of children inspected this year therefore will appear small if compared with the totals of previous years.

It will be seen that the 1,278 children treated during the year made a total of 2,767 attendances. This means an average of 2.08 attendances, 1.42 fillings and 1.9 extractions per child. Quite a large number of applications for treatment were received from girls at the Hastings High School. This school is not visited for dental inspection so that all of these applications were entirely voluntary. This suggests that at any rate the older children are beginning to realise the importance of the care of the teeth. In fact this has been noticed throughout the schools and those, who are about to leave, do respond to the advice given at inspections.

There are still a large number of parents, who do not agree to the filling of temporary teeth, preferring to have them extracted even after it has been pointed out to them that too early extraction of the temporary teeth leads to overcrowding and malformation in the permanent arch. There is a real need of propaganda work in this connection. It is difficult to get into touch with all parents in the course of ordinary routine work. Fortunately we are to receive a visit by a demonstrator from the Dental Board later in the year and every effort is to be made to make this visit a success. Arrangements are to be made for demonstrations and lectures to be given to the children themselves and also to parents attending the Welfare Centres and it is here that I think most good can be done. If parents can be persuaded to have their children's teeth attended to when young there is far more chance of their permanent dentition being healthy and requiring little or no attention. The fear of pain is a legacy, which has always been and probably always will be with us, but there is *no pain* in the filling of temporary teeth in the *early stages* of decay. In fact there need be little or no pain in any dental operation if taken in time."

## 6. INFECTIOUS DISEASE.

During 1930 the prevalence of scarlet fever and diphtheria among school children was comparatively slight, while the type of disease was generally mild and only in one instance associated with a particular school. Of the non-notifiable diseases in addition to a moderate prevalence of whooping cough and chicken pox, there was a definite epidemic of measles in the late spring and early summer which affected nearly all the schools, especially the infant and intermediate departments, throughout the town. In some schools class closure for two or three weeks



was utilised with good results, in others without any obvious effect in staying the course of the epidemic. The type of measles was moderately severe, especially from the chest complications, bronchitis and broncho-pneumonia, and as the number of susceptible children throughout the town was comparatively high, with the opportunity for intercourse, e.g., in buses, departmental stores, and cinemas, it was inevitable that the outbreak would spread from district to district and school to school, until a great majority of the susceptible children had contracted the disease.

### Non-notifiable Infectious Disease.

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

Measles	...	...	...	...	525
German Measles	...	...	...	...	1
Whooping-cough	...	...	...	...	2
Chicken-pox	...	...	...	...	90
Mumps	...	...	...	...	25
Scabies	...	...	...	...	3
Ringworm of Head	...	...	...	...	nil.
Ringworm of Body	...	...	...	...	nil.
					<hr/> 646 <hr/>

### Exclusions from School.

479 children were excluded from school by the School Medical Officer for the following diseases:—

1.	Infectious Diseases (including Rheumatism and Influenza)	...	...	...	23
2.	Diseases of the Skin (including Ringworm)	...	...	...	195
3.	Inflammatory conditions of the Throat, Tonsils and Enlarged Glands	...	...	...	64
4.	Nervous Conditions, including Chorea, Epilepsy, etc.	...	...	...	9
5.	Diseases of the Digestive System	...	...	...	18
6.	Bronchial Catarrh and Colds, etc.	...	...	...	56
7.	Heart Disease	...	...	...	2
8.	Injuries	...	...	...	14
9.	Diseases of the Ear	...	...	...	6
10.	Diseases of the Eye	...	...	...	17
*11.	Tuberculosis (definite or suspected)	...	...	...	nil.
12.	Other Diseases	...	...	...	75
Total					<hr/> 479 <hr/>

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

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

Whooping-Cough	...	...	...	1 certificate.
Measles	...	...	...	27 certificates.
Scarlet Fever	...	...	...	4 „

### 7. FOLLOWING UP. WORK OF SCHOOL NURSES.

Number of Schools (including Special School and Open Air School)	...	...	...	24
Visits of Nurses to Schools	...	...	...	331
„ „ „ Departments	...	...	...	383
Visits to Homes :—				
By direct instruction of School Medical Officer	...	...	...	419
At request of School Attendance Officer	...	...	...	320
Following up cases of uncleanness	...	...	...	319
General cases, following up	...	...	...	795
School Visits—miscellaneous	...	...	...	370
Total	...	...	...	2,223
Examinations for cleanliness :—				
Primary	...	...	...	15,979
Secondary	...	...	...	2,673
Total	...	...	...	18,652

### 9. OPEN-AIR EDUCATION.

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

Reference is made elsewhere to the open-air schools for delicate children.

### 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 13th to April 16th, 1930, the numbers in attendance varying from 254 to 326.

The general arrangements with regard to the selection of children, income scale, type of restaurant and menus, fully described in recent annual reports, were continued.

The restaurants were supervised and visited regularly by the school medical staff, 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 16-32 children, specially chosen by the School Medical Officer, as likely to benefit, owing to their physical condition—for example, children suffering from debility, anæmia, non-infectious tuberculous glands.

Careful notes have been kept of the weights, heights and general medical condition of these children.

## 12. SCHOOL BATHS.

Baths are not available at any of the elementary schools, but are provided at the School for Delicate Children, St. Leonards, and for cases of uncleanness, scabies, etc., specially referred 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 attendance of parents was 69.6 per cent., while refusals to permit examination were 3.8 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 active and sympathetic co-operation.

## 17. BLIND, DEAF, DEFECTIVE & EPILEPTIC CHILDREN.

See Table III.—p. 87 for numbers ascertained.

**(a) Ascertainment and Treatment.**

The special register for all the categories of defective children as set out in Table III. has been revised during the year. Children, who are permanently absent from school and whose names have been removed from the registers are brought before the notice of the School Medical Officer twice yearly.

Wherever possible institutional treatment is provided for blind, deaf and epileptic cases, in view of the fact that the numbers of such cases in a school population of less than 7,000 do not warrant special classes for the partially blind, deaf, or for minor forms of epilepsy.

With regard to the children classed as tuberculous, it should be noted that there are very few infectious cases. Many of these non-infective cases are being educated with great advantage at one or other of our two Open Air Schools. Co-operation between the School Medical and the Tuberculosis Services is naturally close, both being under the administrative and personal control of the Medical Officer of Health.

With regard to children classed as suffering from severe rickets, rheumatism, heart disease, general debility and crippling, it is the aim of the School Medical Service to obtain for such children the best medical treatment and supervision, at one or other of the Hospitals, their private practitioner or at the School Clinic.

**(b) Mentally Defective Children—not in a Special School.**

**(a) THE DULL AND BACKWARD GROUP.**

A certain number of children, two to three years behind the average educational attainments of their age, will be found in each school, their intelligence quotient generally varying from 75 to 90 per cent. Some near the lower end of the scale may from time to time be selected for the Special School, but the majority must remain in an ordinary elementary school. Considerable attention has recently been paid, at national conferences and other meetings throughout the country, to the necessity for giving special regard to the educational and social problems connected with this very considerable group of our school children, the most important practical suggestion being the establishment of special classes in the elementary



schools, where education and training appropriate to their mental capacity could be given.

(b) **THE LOW GRADE IMBECILE GROUP.**

A few children are found incapable of instruction at the Special School. Such children are referred to the Mental Deficiency Committee for supervision, opportunities for instruction being afforded at the Occupation Centre; if necessary institutional treatment is provided.

(c) **St. Leonards and Hastings Schools for Delicate Children.**

The policy recommended in my Annual Report for 1929, has been carried into effect in the following directions:—

The Hollington Special School for Mentally Defective Children has been re-named the St. Leonards School for Delicate Children, with two sides, one for the children previously in the Special School, and one for the children in the new open air block, which was opened in midsummer, 1930. We hope that this re-naming will break down the last lingering prejudice against the old Special School.

The Athelstan Road Open Air School has in conformity been called the Hastings School for Delicate Children.

**THE ST. LEONARDS SCHOOL FOR DELICATE CHILDREN.**

(a) **Mental Side.**

The average number on the roll has varied from 65-69. The children selected are those who are very backward or ineducable at ordinary elementary schools, generally with some mental instability or slight evidence of mental defect, and with intelligence quotients as a rule varying from 60-80. It is noteworthy, as in previous years, how large a proportion, 50·7 per cent, were found to be suffering from some physical defect, the most common being enlarged tonsils and adenoids, defective vision, deafness, dental caries and deformities. Great care is given to the remedying of all defects found among those children. In fact the physical side of their training is emphasized equally with the mental. Baths are provided once or twice a week. Physical exercises, dancing and games are found very useful. The school also provides an excellent mid-day meal. All the children have gained weight during the year, the average gain being 6 lbs., while four children gained between 11 and 12 lbs.

Most of the children are finally discharged between the ages of 15-16, under an after-care Committee, to earn their own living. In unstable or more defective cases the help of the Mental Deficiency Committee is invoked.

**(b) The Open Air Side.**

This school was opened in midsummer, 1930, to accommodate 30 delicate children of both sexes between the ages of 5 and 9 years. The building, which was planned by the Borough Engineer in conjunction with Dr. Langdon of the Board of Education and the Medical Officer of Health, contains a commodious class room, open on three sides, with cloak room, lavatories with hot water and conveniences. The meals are brought down from the new administration block in a carrier specially designed to keep the food warm. The baths and drying pipes in the main building are also available.

The first pupils were chosen with great care, the physical defects being as follows:—

Debility	...	...	...	...	...	8
Nervous Debility	...	...	...	...	...	1
Bronchitis	...	...	...	...	...	2
Anæmia	...	...	...	...	...	3
Rickets	...	...	...	...	...	1
Pre-tuberculous	...	...	...	...	...	7
Tuberculous Glands	...	...	...	...	...	3
Non-Infectious Pulmonary Tuberculosis	...	...	...	...	...	1
Total						26

The children are seen at least once weekly by the school nurse. From their weight charts it was found that all the children had gained in weight, in two instances the gain being as high as  $4\frac{1}{2}$  lbs. in 4 months. On medical examination towards the end of the term I found marked improvement in the physical condition of practically every child, especially as regards anæmia, debility, bronchitis and postural defect. The teachers also find marked improvement in the work of the children as their health improves.



### THE HASTINGS SCHOOL FOR DELICATE CHILDREN.

The policy of this school has remained unchanged. There is accommodation for 25-26 delicate children—the physical defects during 1930 being :—

Bronchitis	...	...	...	...	...	7
Debility	...	...	...	...	...	11
Pre-tuberculous	...	...	...	...	...	12
Asthma	...	...	...	...	...	2
Anæmia	...	...	...	...	...	1
Malnutrition	...	...	...	...	...	2
Valvular Disease of Heart	...	...	...	...	...	1
Infantile Paralysis	...	...	...	...	...	2
Hip Disease	...	...	...	...	...	1
Congenital Talipes equinus	...	...	...	...	...	1
Total						40

During the year 20 children were admitted and 19 children discharged to ordinary schools as fit.

As with the St. Leonards Open Air School the majority of the children have shown a marked improvement both physically and mentally. Nearly all the children who were admitted when the school was opened in 1928 have now been returned, well and strong, to normal schools. During the past year with one exception all the children gained in weight, the average gain being 3-4 lbs., in one case between 7 and 8 lbs., in two others between 6 and 7 lbs.

I wish to emphasize the excellent work carried out by Miss Pain, the Headmistress of the St. Leonards School, and by Mrs. Burke the Headmistress of the Hastings School and their assistants, in connection with the physical care of the children attending these schools.

### The St. Leonards School for Delicate Children.

#### MENTAL WELFARE SIDE.

#### (A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1930.

DEFECT OR DISEASE.	Referred for Treatment.	Referred for Observation.
MALNUTRITION ... ..	2	...
SKIN :—		
Ringworm, Scalp ... ..	...	...
Ringworm, Body ... ..	...	...
Scabies ... ..	...	...
Impetigo ... ..	...	...
Other Skin Diseases(Non-Tuberculous)	1	...

DEFECT OR DISEASE.	Referred for Treatment.	Referred for Observation.
<b>EYE :—</b>		
Blepharitis ... ..	...	...
Conjunctivitis ... ..	...	...
Keratitis ... ..	...	...
Corneal Opacities ... ..	...	...
Defective Vision (excluding squint) ...	14	1
Squint ... ..	1	...
Other conditions ... ..	...	...
<b>EAR :—</b>		
Defective Hearing ... ..	7	6
Otitis Media ... ..	2	...
Other Ear Diseases ... ..	...	...
<b>NOSE AND THROAT :—</b>		
Enlarged Tonsils only ... ..	4	2
Adenoids only ... ..	...	...
Enlarged Tonsils and Adenoids ...	6	5
Other Conditions ... ..	...	...
Enlarged Cervical Glands (Non-Tuber- culous ... ..	...	1
Defective Speech ... ..	...	...
Teeth—Dental Diseases ... ..	57	10
<b>HEART AND CIRCULATION :—</b>		
Heart Disease—		
Organic ... ..	...	1
Functional ... ..	...	1
Anæmia ... ..	1	2
<b>LUNGS :—</b>		
Bronchitis ... ..	1	1
Other Non-Tubercular Diseases ...	...	...
<b>TUBERCULOSIS :—</b>		
Pulmonary—		
Definite ... ..	...	...
Suspected ... ..	...	...
Non-Pulmonary—		
Glands ... ..	...	...
Spine ... ..	...	...
Hip ... ..	...	...
Other Bones and Joints ... ..	...	...
Skin ... ..	...	...
Other Forms ... ..	...	...
<b>NERVOUS SYSTEM :—</b>		
Epilepsy ... ..	...	1
Chorea ... ..	...	...
Other Conditions ... ..	...	...
<b>DEFORMITIES :—</b>		
Rickets ... ..	...	...
Spinal Curvature ... ..	...	...
Other Forms ... ..	4	1
Other Defects and Diseases ... ..	2	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 ... ..	69	35	50·7%

**St. Leonards School for Delicate Children.**

**PHYSICAL BRANCH.**

**(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN  
THE YEAR ENDED 31ST DECEMBER, 1930.**

DEFECT OR DISEASE.	Referred for Treatment.	Referred for Observation.
MALNUTRITION ... ..	...	...
SKIN :—		
Ringworm, Scalp ... ..	...	...
Ringworm, Body ... ..	...	...
Scabies .. ...	...	...
Impetigo ... ..	...	...
Other Diseases (Non-Tuberculous) ...	...	...
EYE :—		
Blepharitis .. ...	...	...
Conjunctivitis ... ..	...	...
Keratitis ... ..	...	...
Corneal Opacities ... ..	...	...
Defective Vision (excluding Squint)...	1	...
Squint ... ..	...	...
Other Conditions ... ..	...	...
EAR :—		
Defective Hearing ... ..	...	...
Otitis Media .. ...	...	...
Other Ear Diseases ... ..	...	...
NOSE AND THROAT :—		
Enlarged Tonsils only ... ..	...	...
Adenoids only ... ..	...	...
Enlarged Tonsils and Adenoids ...	...	2
Other Conditions ... ..	...	...
Enlarged Cervical Glands (Non-Tuberculous) ... ..	...	3
Defective Speech ... ..	...	...

DEFECT OR DISEASE.	Referred for Treatment.	Referred for Observation.
Teeth (Dental Diseases) ... ..	6	...
HEART AND CIRCULATION:—		
Heart Disease—Organic ... ..	...	...
Functional ... ..	...	1
Anæmia ... ..	2	3
LUNGS:—		
Bronchitis ... ..	2	1
Other Non-Tuberculous Diseases ... ..	...	...
TUBERCULOSIS:—		
Pulmonary—		
Definite ... ..	...	...
Suspected ... ..	...	...
Non-Pulmonary—		
Glands ... ..	2	...
Spine ... ..	...	...
Hip ... ..	...	...
Other Bones and Joints ... ..	...	...
Skin ... ..	...	...
Other forms ... ..	...	...
NERVOUS SYSTEM:—		
Epilepsy ... ..	...	...
Chorea ... ..	...	...
Other Conditions ... ..	...	...
DEFORMITIES:—		
Rickets ... ..	1	...
Spinal Curvature ... ..	...	...
Other Forms ... ..	4	1
Other Defects and Diseases ... ..	1	4

(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 ...	23	10	43·4%



### Hastings School for Delicate Children.

#### (A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1930.

A.  -DEFECT OR DISEASE.	ROUTINE INSPECTIONS.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
MALNUTRITION ... ..	1	...
SKIN :—		
Ringworm, Scalp ... ..	...	...
Ringworm, Body ... ..	...	...
Scabies ... ..	...	...
Impetigo ... ..	...	...
Other Diseases (Non-Tuberculous) ...	...	...
EYE :—		
Blepharitis ... ..	...	...
Conjunctivitis ... ..	...	...
Keratitis ... ..	...	...
Corneal Opacities ... ..	...	...
Defective Vision (excluding Squint) ...	2	...
Squint ... ..	1	...
Other Conditions ... ..	...	...
EAR :—		
Defective Hearing ... ..	...	...
Otitis Media ... ..	...	...
Other Ear Diseases ... ..	...	...
NOSE AND THROAT :—		
Enlarged Tonsils only ... ..	1	2
Adenoids only ... ..	...	...
Enlarged Tonsils and Adenoids ...	...	1
Other Conditions ... ..	...	...
Enlarged Cervical Glands (Non-Tuber- culous) ... ..	...	4
Defective Speech ... ..	...	...
Teeth (Dental Diseases) ... ..	18	2
HEART & CIRCULATION :—		
Heart Disease—Organic ... ..	...	1
Functional ... ..	...	1
Anæmia ... ..	1	4
LUNGS :—		
Bronchitis ... ..	...	4
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 ... ..	...	...
Non-Pulmonary—		
Glands ... ..	...	...
Spine ... ..	...	...
Hip ... ..	...	...
Other Bones & Joints ... ..	...	...
Skin ... ..	...	...
Other Forms ... ..	...	...
NERVOUS SYSTEM :—		
Epilepsy ... ..	...	...
Chorea ... ..	...	...
Other Conditions ... ..	...	1
DEFORMITIES :—		
Rickets ... ..	...	...
Spinal Curvature ... ..	...	...
Other Forms ... ..	2	...
Other Defects and Diseases ... ..	1	3

(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 ...	28	7	25%



### 18. NURSERY SCHOOLS.

No definite provision has been made. In view of the adoption of the special report of the Secretary and the School Medical Officer (see p. 57), action in the immediate future does not appear indicated.

### 19. HIGH SCHOOL FOR GIRLS.

A complete inspection of all the girls at the High School was carried out, 173 girls being examined in accordance with the Board's Schedule. The main defects discovered were:—

(a) Nose and Throat Conditions	66 cases.
(b) Defective Vision	... .. 30 „
(c) Dental Disease	... .. 48 „
(d) Anæmia, etc.	... .. 13 „
(e) Deformities	... .. 33 „

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 headmistress, was of the greatest assistance in making the arrangements, and later, in arranging for necessary treatment through the private doctor or the School Clinic. The Games Mistress has again been of great assistance in organising special exercises and classes for children suffering from minor deformities, round shoulders, slight scoliosis, flat foot, defective posture, etc.

**TABLE II.**  
**High School for Girls.**

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN  
THE YEAR ENDED 31ST DECEMBER, 1930.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
MALNUTRITION ... ..	...	...
SKIN :—		
Ringworm, Scalp ... ..	...	...
Ringworm, Body ... ..	1	...
Scabies ... ..	...	...
Impetigo... ..	...	...
Other Diseases (Non-Tuberculous) ...	1	...
EYE :—		
Blepharitis ... ..	...	...
Conjunctivitis ... ..	...	...
Keratitis ... ..	...	...
Corneal Opacities ... ..	...	...
Defective Vision (excluding Squint) ...	24	3
Squint ... ..	1	1
Other Conditions ... ..	...	1
EAR :—		
Defective Hearing ... ..	...	...
Otitis Media ... ..	...	...
Other Ear Diseases ... ..	...	1
NOSE AND THROAT :—		
Enlarged Tonsils ... ..	7	55
Adenoids ... ..	...	...
Enlarged Tonsils and Adenoids ...	...	1
Other Conditions ... ..	...	3
Enlarged Cervical Glands (Non-Tuberculous) ... ..	...	24
Defective Speech ... ..	...	...
Teeth (Dental Diseases) ... ..	83	...
HEART & CIRCULATION :		
Heart Disease—Organic ... ..	...	1
Functional ... ..	...	7
Anæmia ... ..	...	5
LUNGS :		
Bronchitis ... ..	...	3
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 ... ..	...	...
Non-Pulmonary—		
Glands ... ..	...	...
Spine... ..	...	...
Hip ... ..	...	...
Other Bones and Joints ... ..	...	...
Skin ... ..	...	...
Other Forms ... ..	...	...
NERVOUS SYSTEM :		
Epilepsy ... ..	...	...
Chorea ... ..	...	...
Other Conditions ... ..	...	1
DEFORMITIES :		
Rickets ... ..	...	...
Spinal Curvature ... ..	...	...
Other Forms ... ..	28	5
Other Defects and Diseases ... ..	...	9

(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 ...	173	55	31·7%

**(b) GRAMMAR SCHOOL FOR BOYS.**

All the boys were medically examined, the total number being 342.

The main defects discovered, and requiring treatment were:—

Defective Vision	...	...	72	over 20%
Enlarged tonsils	...	...	6	
Dental Diseases	...	...	172	practically 50%
Deformities—generally slight			17	

In each case the parent has been informed of the conditions found and advised to obtain treatment through his own medical practitioner in the first instance, and, if necessary, through one of the hospitals or the School Clinic.

**TABLE II.**  
**Grammar School for Boys.**

**(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1930.**

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
Malnutrition	...	...
SKIN :—		
Ringworm	...	...
Scalp	...	...
Body	...	...
Scabies	...	...
Impetigo	1	...
Other Diseases (Non-Tuberculous)	...	3
EYE :—		
Blepharitis	...	...
Conjunctivitis	1	...
Keratitis	...	...
Corneal Opacities	...	1
Defective Vision (excluding Squint)	72	15
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 ... ..	1	...
Other Ear Diseases ... ..	1	..
Nose and Throat :—		
Enlarged Tonsils only ... ..	6	52
Adenoids only ... ..	...	...
Enlarged Tonsils and Adenoids ... ..	...	1
Other Conditions ... ..	3	3
Enlarged Cervical Glands (Non-Tuberculous) ... ..	1	21
Defective Speech ... ..	...	2
Teeth—Dental Diseases ... ..	172	...
Heart & Circulation :—		
Heart Disease—Organic ... ..	1	1
Functional ... ..	...	5
Anæmia ... ..	...	2
Lungs :—		
Bronchitis ... ..	1	3
Other Non-Tuberculous Diseases ... ..	...	...
Tuberculosis :—		
Pulmonary—		
Definite ... ..	...	...
Suspected ... ..	...	...
Non-Pulmonary—		
Glands ... ..	...	...
Spine ... ..	...	...
Hip ... ..	...	...
Other Bones & Joints ... ..	...	...
Skin ... ..	...	...
Other Forms ... ..	...	...
Nervous System :—		
Epilepsy ... ..	...	1
Chorea ... ..	...	...
Other Conditions ... ..	...	...
Deformities :—		
Rickets ... ..	...	...
Spinal Curvature ... ..	...	...
Other Forms ... ..	17	11
Other Defects and Diseases ... ..	...	4

(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.	
Grammar School for Boys	342	93	27%

**20. CONTINUATION SCHOOLS.**

None are established.

**21. EMPLOYMENT OF CHILDREN & YOUNG PERSONS.**

Number of licences issued to children in 1930 ... 147

Number of such children medically examined ... 93

Number of such children rejected ... .. nil

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

Delivery of papers ... ..	93
„ „ milk ... ..	3
Errands ... ..	49
Housework ... ..	2
Total ... ..	147

A number of children are also employed under licences granted previous to 1930.

No medical evidence of physical harm has been discovered in connection with employment.

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

**22. SPECIAL ENQUIRIES.**

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

During the year 24 children were in receipt of lunch milk for medical reasons as follows:—

Thin, pale and undersized ... ..	10
Debility ... ..	6
Anæmia ... ..	4
Pre-tuberculous ... ..	2
Enlarged Cervical Glands ... ..	2



All such children are reviewed by the School Medical Officer from time to time and weighed each month. We are satisfied that the provision of lunch milk is a good thing in such children, and responsible for a considerable improvement in their physical condition in most instances. Of the 24 children the highest weight gained during twelve months was 11 lbs., the lowest 2 lbs. With one exception all gained weight, the average being  $4\frac{3}{4}$  lbs.

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

Number of Sessions	...	...	...	...	20
Attendances—Boys	...	...	...	45	
Girls	...	...	...	51	
				—	
Total	...	...	...	96	
				—	

(c) **Goitre among School Children Aged 12.**

This investigation was continued during 1930 with the following results:—

		Boys.		Girls.		Total.
Thyroid not enlarged	...	216	...	203	...	419
Thyroid enlarged	...	1	...	6	...	7
		—		—		—
Total	...	217		209		426
		—		—		—

### 23. MISCELLANEOUS.

Sixty-two 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, etc.

## MEDICAL INSPECTION RETURNS.

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

**(A) Routine Medical Inspections.**

NUMBER OF CODE GROUP INSPECTIONS.

Entrants	...	...	...	...	...	612
Intermediates	...	...	...	...	...	587
Leavers	...	...	...	...	...	544
					—	
Total	...	...	...	...	...	1,743
					—	

## NUMBER OF OTHER ROUTINE INSPECTIONS.

(1) Grammar School (Boys) ... ..	342
(2) High School (Girls) .. ...	173
(3) St. Leonards School for Delicate Children—Mental Branch ...	69
(4) St. Leonards School for Delicate Children—Physical Branch ...	23
(5) Hastings School for Delicate Children	28
Total ... ..	635

**(B) Other Inspections.**

NUMBER OF SPECIAL INSPECTIONS ... ..	1,773
NUMBER OF RE-INSPECTIONS ... ..	5,510
Total ... ..	7,283

**TABLE II.**  
**Elementary Schools.**

**(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN  
THE YEAR ENDED 31ST DECEMBER, 1930.**

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 Obser- vation, but not requiring Treatment.
MALNUTRITION ... ..	10	16	1	...
SKIN :—				
Ringworm, Scalp ... ..	...	...	5	1
Ringworm, Body ... ..	1	...	7	...
Scabies ... ..	1	...	17	...
Impetigo ... ..	7	...	292	...
Other Diseases (Non- Tuberculous)	8	7	175	
Minor Injuries (Bruises, Sores, etc) ... ..	1	...	691	5



DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
EYE :—				
Blepharitis ... ..	6	19	39	...
Conjunctivitis ... ..	3	3	35	...
Keratitis ... ..	...	...	2	1
Corneal Opacities ... ..	...	...	...	...
Defective Vision (excluding Squint) ... ..	114	72	98	2
Squint ... ..	8	11	10	3
Other Conditions ... ..	2	...	69	1
EAR :—				
Defective Hearing ... ..	4	8	4	2
Otitis Media ... ..	2	1	5	...
Other Ear Diseases ... ..	1	...	69	...
NOSE AND THROAT :—				
Enlarged Tonsils only ... ..	35	433	9	70
Adenoids only ... ..	2	8	4	3
Enlarged Tonsils and Adenoids ... ..	49	73	131	29
Other Conditions ... ..	16	13	110	10
Enlarged Cervical Glands (Non-Tuberculous) ... ..	3	175	15	36
Defective Speech ... ..	...	6	...	1
Teeth (Dental Diseases) ... ..	514	1,928	6	1
HEART & CIRCULATION :—				
Heart Disease—Organic ... ..	...	2	...	...
Functional ... ..	1	55	...	10
Anæmia ... ..	16	25	31	3
LUNGS :—				
Bronchitis ... ..	8	14	24	...
Other Non-Tuberculous Diseases ... ..	2	5	1	...
TUBERCULOSIS :—				
Pulmonary—				
Definite ... ..	...	...	...	...
Suspected ... ..	1	...	...	...
Non-Pulmonary—				
Glands ... ..	...	1	...	...
Spine ... ..	...	...	...	...
Hip ... ..	...	...	...	...
Other Bones & Joints ... ..	...	...	...	...
Skin ... ..	...	...	...	...
Other Forms ... ..	...	...	...	...

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
NERVOUS SYSTEM :—				
Epilepsy ... ..	...	...	...	...
Chorea ... ..	3	2	4	...
Other Conditions ...	1	1	4	...
DEFORMITIES :—				
Rickets ... ..	4	2	1	...
Spinal Curvature ...	5	1	2	...
Other Forms ... ..	60	44	14	3
Other Defects and Diseases	27	53	685	40

(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 ... ..	612	110	17·9%
Intermediates ... ..	587	126	21·4%
Leavers ... ..	544	100	18·3%
Total (Code Group) ...	1,743	336	19·2%
Other Routine Inspections... ..	635	200	31·4%



**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
		Attending Public Elementary Schools ...	...	...	...
		At other Institutions ...	...	1	1
		At no School or Institution	1	1	2
	(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 ...	2	4	6
		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	2	3
		At other Institutions ...	...	...	...
		At no School or Institution	...	...	...
MENTALLY DEFECTIVE.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ...	36	31	67
		Attending Public Elementary Schools ...	3	3	6
		At other Institutions ...	...	1	1
		At no School or Institution	...	...	...
	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
		In Institutions other than Certified Special Schools...	1	...	1
		Attending Public Elementary Schools ...	...	...	...
		At no School or Institution	...	...	...
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools ...	2	1	3
		At no School or Institution	...	...	...

			Boys.	Girls.	Total.
PHYSICALLY DEFECTIVE.	Infectious pulmonary and glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	...	1	1
		At other Institutions ... ..	...	1	1
		At no School or Institution ... ..	...	...	...
	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 ... ..	7	4	11
		At other Institutions ... ..	...	...	...
		At no School or Institution ... ..	1	...	1
	Delicate children (e.g., pre-or latent tuberculosis, malnutrition, debility, anæmia, etc).	At Certified Residential Open Air Schools ... ..	...	...	...
		At Certified Day Open Air Schools ... ..	26	20	46
		At Public Elementary Schools ... ..	30	31	61
		At other Institutions ... ..	...	...	...
		At no School or Institution ... ..	1	2	3
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospitals approved by the Ministry of Health or the Board ... ..	1	2	3
		At Public Elementary Schools ... ..	...	...	...
		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	4	6
		At Certified Day Cripple Schools ... ..	2	3	5
		At Public Elementary Schools ... ..	20	17	37
		At other Institutions ... ..	2	...	2
		At no School or Institution ... ..	2	1	3



**Table IV. Return of Defects Treated during the Year ended 31st December 1930.**

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 ... ..	7	..	7
Scabies ... ..	17	...	17
Impetigo ... ..	289	...	289
Other Skin Diseases ... ..	172	...	172
MINOR EYE DEFECTS (External and other, but excluding cases falling in Group II.)	152	3	155
MINOR EAR DEFECTS ... ..	76	...	76
MISCELLANEOUS ... .. (e.g., minor injuries, bruises, sores, chilblains, etc.).	1,473	2	1,475
TOTALS ... ..	2,191	5	2,196

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).	224	6	1	231
OTHER DEFECT OR DISEASE OF THE EYES ... .. (Excluding those recorded in Group I.)	...	...	...	...
TOTAL ... ..	224	6	1	231

**Table IV.**—(Continued).

Total number of Children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme ... .. 199

(b) Otherwise ... .. 7

Total number of Children who obtained or received spectacles :—

(a) Under the Authority's Scheme ... .. 161

(b) Otherwise ... .. 7

**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.		
177	6	183	114	297

**GROUP IV.—DENTAL DEFECTS.**

(1) Number of Children who were :—

(a) Inspected by the Dentist :—

		Aged.			
Routine Age Groups	{	5	...	314	Total ... 4,317
		6	...	465	
		7	...	520	
		8	...	472	
		9	...	573	
		10	...	615	
		11	...	334	
		12	...	385	
		13	...	426	
		14	...	213	
Specials	...	...	...	...	590
Grand Total					4,907

(b) Found to require treatment ... .. 3,746

(c) Actually treated ... .. 1,278

(d) Re-treated during year as the result of periodical examination ... .. 31

(2) Half-days devoted to { Inspection 69 } Total ... 493  
{ Treatment 424 }

(3) Attendances made by the Children for treatment ... .. 2,767



(4) Fillings	...	...	{ Permanent teeth 979 Temporary teeth 843 }	Total ...	1,822
(5) Extractions	...	...	{ Permanent teeth 263 Temporary teeth 2,169 }	Total ...	2,432
(6) Administration of general anæsthetics for extractions	...	...		...	133
(7) Other Operations	...	...	{ Permanent teeth 117 Temporary teeth 15 }	Total ...	132

#### GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses	...	...	...	...	14
(ii.) Total number of examinations of children in the Schools by School Nurses	...	...	...	...	18,652
(iii.) Number of individual children found unclean	...	...	...	...	682
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	...	...	...	...	14
(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, the Borough of Bexhill and the East Sussex County Council being associated with Hastings in the 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 arrangements are working very smoothly. The number of new cases has increased considerably, also the attendances. We believe that the scheme has been instrumental in bringing to light many cases of crippling, both severe and slight, which were not receiving adequate treatment, and whose cure means a future of work and happiness for the patient.

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, at the Clinic.**

**(c) Specialised Treatment, *e.g.***

Sun-Ray Treatment and X-Rays.

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

At the Royal East Sussex Hospital for short detention cases.

**(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. 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 on the hospital register at the end of the year was 91.

**(a) SCHOOL MEDICAL SERVICE.**

Infantile Paralysis	...	...	9 cases.
Congenital Conditions	...	...	7 "
Scoliosis and Kyphosis	...	...	33 "
Rickets	...	...	2 "
Miscellaneous	...	...	13 "
Total			64 "

**(b) MATERNITY AND CHILD WELFARE.**

Infantile Paralysis	...	...	4 cases.
Congenital Conditions	...	...	2 "
Rickets	...	...	8 "
Miscellaneous	...	...	8 "
Total			22 "

**(c) TUBERCULOSIS ... 5 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 3,062, not including 480 attendances for Sun-Ray Treatment. The number of new cases referred for treatment were:—

	Orthopædic.	Sun Ray.
Maternity and Child Welfare Service	17	11
School Medical Service	35	7
Tuberculosis	...	3
Total		21



In addition a considerable number of cases of minor deformity are diagnosed at School Medical Inspection and at the Clinics. The attention of the teachers is drawn to these cases corrective exercises being prescribed often with much benefit. If necessary, in the event of non-improvement or deterioration, the cases are referred to the Orthopædic Clinic.

## REPORT ON PUBLIC HEALTH BACTERIOLOGICAL WORK, 1930.

This work is carried out in the laboratory of the Royal East Sussex Hospital under Dr. P. Lazarus-Barlow, Pathologist to the Hospital.

SOURCE OF SPECIMENS.	NATURE OF SPECIMENS.	NUMBER.
A. General Practitioners, Borough Sanatorium, Medical Officer of Health.	Sputum for Tubercle Bacilli ... ..	168
	Throat Swabs for Diphtheria	428
	Widal Examination for Typhoid Group ...	24
	Miscellaneous. ...	38
B. School Medical Service.	Throat Swabs for Diphtheria, etc.	32
C. Tuberculosis Dispensary. ,,	Sputum for Tubercle Bacilli ... ..	97
	Other Specimens ...	1
D. Municipal Hospital]	Miscellaneous ... ..	52
	Total Specimens examined	840

**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.

These have been set out fully in recent reports. During the past year there has been no addition or amendment.

### (2) PUBLIC HEALTH PROPAGANDA.

(a) Two thousand copies of the Hastings edition of "Better Health," the official organ of the Central Council for Health Education, were distributed monthly through the elder children in the schools, the various clinics, the hospitals, etc. In each number there is a leading article by me on some health topic of local interest, together with information regarding the health services of the Corporation. The body of the journal contains articles dealing with the prevention and cure of disease, personal hygiene, etc., simply and brightly written by well-known authorities on these subjects. I believe that this little journal is now widely read and appreciated.

(b) Throughout the year various members of the health department are engaged in health teaching and propaganda, as part of their general duties. Where necessary to supplement the spoken word, pamphlets are available dealing in simple language with practically every common preventable disease and health problem.

(c) The voluntary health societies at their annual meetings generally arrange for a well-known public speaker to give a lecture on some medical or health topic related to the aims of the society, *e.g.*, maternity and child welfare, tuberculosis, mental deficiency, the prevention of blindness, etc., which attracts a considerable audience and is fully reported in the local press.



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

	Year ending December 31st, 1930.		
	Maternity Homes.	General Nursing Homes.	Maternity & General Nursing Homes.
1. Number of applications for registration ... ..	...	2	...
2. Number of Houses registered ...	...	2	...
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 ... ..	...	...	...

Five Maternity Homes, and 19 General Nursing Homes altogether are registered.

In all applications for registration a thorough initial inspection and investigation is made by the Medical Officer of Health, with regard to the general sanitation of the premises, their suitability for the purpose of a nursing home, and the qualifications of the nursing staff.

The Model Byelaws of the Ministry of Health are in force, and all homes are periodically inspected by the Medical Officer of Health.

**(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 to be functioning satisfactorily.

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

Steady progress has been made throughout the year in the important works at Great Sanders, near Sedlescombe, in connection with the dam and reservoir for 200,000,000 gallons of water. Instead of fruit farming and grazing it has been decided to utilise the catchment area for a scheme of afforestation, which will certainly ensure a purer supply of water at the source. It is hoped that water will be available for general use in little more than a year's time, after which the accessory supplies from the Brede stream and the reservoir in the Alexandra Park should be discontinued.

The service reservoir at Baldslow, containing 2,000,000 gallons, which forms part of the scheme, is already in use.

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.  
18th October, 1930.

Report on the Bacteriological Examination of a  
sample of water received 14th October, 1930, from Hastings  
Corporation. Source, Fairlight Reservoir.

Number of organisms per cubic centimetre of water growing upon nutriment gela- tine at 20°C. in three days	... ..	10.
Number of organism per cubic centimetre of water growing upon agar at 37°C. in one day	... ..	4.
Smallest quantity of water giving acid and gas in bile-salt glucose broth	... ..	Absent in 100 cc.
Smallest quantity of water giving gas 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 re-

action of the B Welchii (Bacillus Enteri-

tidis Sporogenes) ... .. Absent in 100 cc.

This is a clear and bright water of a high degree of bacterial purity.

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

JOHN F. BEALE,  
For Drs. THRESH, BEALE & SUCKLING.

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

Analysis of a sample of water received on 17th June, 1930, from Hastings Corporation, labelled Filsham Filters.

*Chemical Results in parts per 100,000.*

Turbidity—Bright, very slight deposit of vegetable debris.

Colour—Normal.      Odour—Nil

Reaction pH—Neutral 7.2      Free Carbonic Acid.      Nil.

Electric Conductivity at 20° C. ... 615

Total Solids, 180° C. ... 41.0

Chlorine in Chlorides ... 10.6

Nitrogen in Nitrates ... Nil.      Nitrites absent.

Hardness: Permanent ... 6.0.

Temporary ... 9.0.

Total ... 15.0.

Metals ... Minute trace of Iron—0.010.

Free Ammonia ... 0.0040.

Albuminoid Ammonia ... 0.0006.

Oxygen absorbed in 3 hrs. at 37° C. 0.0100.

This is a reasonably clear and bright water of neutral reaction and moderate hardness.

It is of a high degree of organic purity, and, from the chemical standpoint, a pure and wholesome water suitable for drinking and domestic purposes.

JOHN F. BEALE,  
For Drs. THRESH, BEALE & 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 matter of the adequacy and condition of the whole of the sewerage system of the town will be the subject of a special survey and report by the Borough Engineer during the coming year. During the past ten years large numbers of new houses have sprung up in different parts of the town, especially towards the Western and Northern aspects. The report will deal specially with the capacity of the existing sewers in these districts to carry their greatly increased load, including the efficiency of the Shone system at the West St. Leonards outfall.

### **(6) SCAVENGING.**

The collection and disposal of refuse are in the hands of the Borough Engineer. Collection is now being carried out by the Pagefield system, a combination of horse and motor vehicles, disposal by the destructor at Rock-a-Nore.

The work of providing the collecting vehicles with suitable movable covers, to prevent the contents being blown about, is now well in hand and will be completed in 1931.

Removal is once weekly except in hotels, boarding-houses, tea shops, restaurants, where in summer a twice weekly or even more frequent service is provided. A good deal of trouble is experienced especially in flats, with gas cookers and no kitchen boiler, owing to the large amount of organic refuse in summer, which cannot be burnt (the ideal method). If this refuse could be left as dry as possible, well wrapped in newspaper, before depositing in the dustbin, the smell and decomposition would be greatly reduced, also the bulk.

During the year active steps have been taken, with the co-operation of the officers of the Health Department and the Borough Engineer's staff to enforce Section 109 of the Hastings Corporation Act, 1924, which deals with the provision of regulation galvanized-iron dustbins in place of old insanitary ashpits and other unsuitable receptacles, 369 dustbins having been so provided.



**(7) SANITARY INSPECTION OF DISTRICT.****(a) SANITARY INSPECTORS' SUMMARY FOR 1950.**

	Eastern District.	Western District.	Northern District.	Central District.	Total.
1. Visits of inspection to drainage works in progress ... ..	70	118	126	195	509
2. Visits of inspection to works in connection with notices ... ..	43	301	174	340	858
3. Visits to outworkers' premises ... ..	...	...	...	5	5
4. Inspection of bakehouses ... ..	16	38	15	88	157
5. " " slaughterhouses ... ..	223	209	1813	397	2642
6. " " dairies, cowsheds and milk shops... ..	57	34	76	124	291
7. Enquiries respecting Infectious Diseases, etc. ... ..	32	60	53	40	185
8. Drain tests applied ... ..	50	82	69	206	407
9. Houses and premises provided with new water-tight drains, properly intercepted and ventilated ... ..	10	15	22	3	50
10. Cesspools emptied and cleansed ... ..	...	...	9	...	9
11. Cesspools abolished ... ..	...	...	5	...	5
12. Drains cleared and amended ... ..	7	59	48	197	311
13. New iron and lead soil and ventilating pipes fixed ... ..	6	13	22	3	44
14. New closets fixed ... ..	4	31	15	23	73
15. Closets amended ... ..	1	18	21	150	190
16. New flushing boxes provided, necessary storage cisterns being fixed where required ... ..	7	33	17	27	84
17. Flushing boxes repaired ... ..	...	15	28	31	74
18. Glazed stoneware sinks fixed, fitted with proper wastepipes and trapped where necessary ... ..	2	11	23	10	46
19. Yards repaved ... ..	6	16	29	20	71
20. Sanitary ashbins provided ... ..	41	99	54	175	369
21. Accumulations of manure and other refuse removed ... ..	8	69	25	223	325
22. Rooms, etc., cleansed and whitewashed ... ..	22	143	249	247	661
23. Nuisances abated from animals improperly kept ... ..	1	3	9	13	26
24. Nuisances abated from chimneys sending forth black smoke ... ..	2	...	...	3	5
25. Nuisances abated from overcrowding ... ..	1	...	14	5	20
26. Miscellaneous repairs ... ..	44	145	206	241	636
27. New W.C.'s erected ... ..	1	4	2	11	18
28. New urinals constructed ... ..	3	...	1	2	6
29. Inspection of premises where food is exposed for sale ... ..	421	1007	517	1457	3402

**(b) General Summary.**

Inspection and Re-inspection of premises—visits ...	10,086
Houses and Premises inspected ... ..	4,293
Complaints investigated ... ..	648

Complaints investigated under Rats and Mice (Destruction) Act	158
--	-----

## PRELIMINARY NOTICES.

Number of Notices served during the year 1930...	559
„ „ „ complied with during the year 1930	574
„ „ „ not complied with during the year 1930 ... ..	51
„ „ „ reported to the Public Health Com- mittee during the year 1930 ..	16
„ „ „ served during the year 1930 which are still receiving attention ...	6
„ „ „ served during the year 1930 which were partly complied with ...	5

## OTHER NOTICES.

Legal Notices served by Town Clerk	18
Premises inspected under Increase of Rent and Mortgage Interest (Restrictions) Acts, 1920 and 1923	12
Certificates granted do. do.	9

## MILK AND DAIRIES (CONSOLIDATION) ACT, 1915.

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

## MILK AND DAIRIES ORDER, 1926.

Number of Preliminary Notices served during 1930	1
--	---

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

Retail Purveyors of Milk on Register, 1930	106
Wholesale Traders or Producers, 1930	22
Purveyors of Certified or Grade (A) Milk, 1930	7
Samples for bacterial contact and tubercle bacilli	20
Samples under Milk (Special Designations) Order	6

The general hygiene of the milk trade has continued to improve in accordance with the requirements of the Milk and Dairies Order of 1926, especially as regards cooling, facilities for refrigeration, washing of bottles and other utensils and general cleanliness. The sale of milk in general shops, except in bottles, has practically disappeared.



Extensive structural improvements at the dairy farms within the Borough cannot as a rule be carried out by the farmer who is generally only a tenant.

The chemical analyses, as the report shows, were generally satisfactory.

Twenty samples of milk were submitted to bacteriological examination at the laboratory of the Royal East Sussex Hospital, of which 7 were reported as unsatisfactory as regards the general bacterial count. The County Medical Officer of Health and the District Sanitary Inspectors co-operated in following up the unsatisfactory milks at the farms.

**(b) Meat.**

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

		In 1920.		In Dec. 1930.
Registered Slaughter-houses	...	16	...	10
Licensed	..	4	...	4

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

The Public Health (Meat) Regulations, 1924, function satisfactorily as regards 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. During the year there was a reduction of two slaughter-houses, a step in the right direction. A concentration of the work in large, model premises, whether municipally or privately owned, is the ideal to be aimed at.

With regard to the hygienic condition of the butchers' shops, some of the newer premises are most satisfactory, while there is still need for improvement in some of the older. More extended use is now being made of the modern methods of preserving meat by refrigeration, especially during the summer months.

**TUBERCULOUS MEAT CONDEMNED IN 1930.**

*Whole Carcases.*

<i>Heifers.</i>	<i>Pigs.</i>	<i>Cows.</i>	<i>Steers.</i>	<i>Bullocks.</i>
3	5	2	1	1

*Portions of Carcasses.*

<i>Beef.</i>	<i>Forequarters.</i>	<i>Internal Organs.</i>	<i>Suet.</i>
12½ stones.	14	9 Ox livers. 2 Pigs livers. 25 Sets Ox Lungs.	7 stones.
<i>Ox Tongues and Heads.</i>	<i>Pigs Heads.</i>	<i>Pigs Plucks.</i>	
2	47	2	

## MEAT (OTHER THAN TUBERCULOUS) CONDEMNED IN 1930.

*Whole Carcasses.*

<i>Sheep.</i>	<i>Calves.</i>	<i>Pigs.</i>	<i>Cows.</i>	<i>Lambs.</i>
10	1	4	3	3

*Portions of Carcasses.*

<i>Beef.</i>	<i>Mutton.</i>	<i>Ox Heads and Tongues.</i>	<i>Lamb.</i>
199 stones.	5½ stones.	3	1 shoulder. 1 leg.
<i>Ox Tails.</i>	<i>Livers.</i>	<i>Suet.</i>	<i>Sheeps Plucks.</i>
10	Ox 140	41 stones.	4
15 lbs.	21 lbs.		
	Sheep 31		
	Pigs 36		
	Lambs 2 tins.		
<i>Ox Tripe.</i>	<i>Ox Lungs.</i>	<i>Calf's Head.</i>	<i>Ox Kidneys.</i>
7 lbs.	6 sets.	1	2 6 lbs.
<i>Bacon.</i>	<i>Pork.</i>	<i>Pigs Lungs.</i>	<i>Chickens.</i>
58 lbs.	2 stones.	3	2

**(c) Other Foods.**

Premises where food is manufactured, prepared, stored or exposed for sale were regularly visited, 3,850 visits being paid.

The inspection of kitchens, larders, etc., in hotels, restaurants and tea rooms was continued, in accordance with Section 115 Hastings Corporation Act, 1924, and as a result the general



hygienic standard tends to improve. Unfortunately, in a considerable proportion of cases, the kitchen and scullery are underground or unsuitable structurally on other grounds, so that considerable ingenuity is required to make the premises more reasonably hygienic and up-to-date.

### Sundry Food Stuffs Condemned, 1930.

14—6 lb. Tin Brawn.

100 lbs. Gooseberries.

### Fish Condemned, 1930.

	Cases.	Boxes.	Stones.	lbs.	Flats.	Galls.	Baskets.	Bushels.	Bags.
Coalfish ... ..	...	...	20	...	...	...	...	...	...
Mackerel ... ..	3	14	...	...	...	...	...	...	...
Herrings ... ..	1	3½	5	...	...	...	...	...	...
Haddocks ... ..	1	157	7	...	...	...	...	...	...
Dabs ... ..	1	...	...	...	...	...	...	...	...
Whiting ... ..	4	...	22	...	...	...	...	...	...
Mixed Fish ... ..	...	31	...	...	...	...	...	...	...
Cod ... ..	1	3	2	...	...	...	...	...	...
Roes ... ..	...	5	...	7	...	...	...	...	...
Plaice ... ..	7	13	30	...	...	...	...	...	...
Kippers ... ..	...	46	...	...	...	...	...	...	...
Chitterlings ... ..	...	4	...	...	...	...	...	...	...
Codlings ... ..	½	55	...	...	...	...	...	...	...
Dog Fish ... ..	5	12½	46	...	...	...	...	...	...
Chats ... ..	...	7	2	...	...	...	...	...	...
Friers ... ..	...	1	...	...	...	...	...	...	...
Witches ... ..	...	...	2	...	...	...	...	...	...
Monkfish ... ..	...	...	4	...	...	...	...	...	...
Megrims ... ..	1	...	2	...	...	...	...	...	...
Skate Wings ... ..	½	3	...	...	...	...	...	...	...
Salmon ... ..	...	...	...	25	...	...	...	...	...
Halibut ... ..	...	...	2	...	...	...	...	...	...
Bloaters ... ..	...	4	1½	...	...	...	...	...	...
Hake ... ..	...	...	1½	...	...	...	...	...	...
Whelks ... ..	...	...	...	...	...	...	...	2	1
Fillets ... ..	...	116	15	...	...	...	...	...	...
Shrimps ... ..	...	6	...	...	4	11½	21	...	8
Lemon Soles ... ..	2	...	4	10	...	...	...	...	...
Catfish ... ..	...	½	2	...	...	...	...	...	...
Oysters ... 250	...	...	...	...	...	...	...	...	...
Dog Flaps ... ..	1	...	7	...	...	...	...	...	...
Flounders ... ..	½	...	...	...	...	...	...	...	...

Total weight of fish condemned, 1,064½ stones.

(d) **Food and Drugs (Adulteration) Act.**

During the year 218 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, 85 genuine, *i.e.*, above the legal standard; 16 adulterated, as follows:—

<i>Report of Analysis.</i>	<i>Action Taken.</i>
(a) Fat 2·87%; Solids not fat 8·64%; 4·3% deficient in fat.	Informal sample followed up by formal sample which was satisfactory.
(b) Fat 2·95%; Solids not fat 6·55%; Added Water 23%.	Fined £10.
(c) Fat 2·50%; Solids not fat 8·68%; 16·7% deficient in fat.	Followed up by formal samples which were genuine.
(d) Fat 2·85%; Solids not fat 8·80%; 5% deficient in fat.	Probably genuine. Followed up by further samples which were genuine.
(e) Fat 2·67%; Solids not fat 8·98%; 11% deficient in fat.	Taken in connection with (c). Followed by further samples which were genuine.
(f) Fat 2·55%; Solids not fat 9·00%; 15% deficient in fat.	Followed up by further samples which were genuine.
(g) Fat 2·67%; Solids not fat 8·97%; 11% deficient in fat.	Followed up by further samples which were genuine.
(h) Fat 2·77%; Solids not fat 8·93%; 7·7% deficient in fat.	Followed up by further samples which were genuine.
(i) Fat 2·80%; Solids not fat 9·02%; 6·7% deficient in fat.	Followed up by further samples which were genuine.
(j) Fat 2·73%; Solids not fat 8·71%; 9·3% deficient in fat.	Followed up by further samples which were genuine.
(k) Fat 2·60%; Solids not fat 8·78%; 13·3% deficient in fat.	Informal sample followed up by formal samples which were genuine.
(l) Fat 2·13%; Solids not fat 8·42%; 29% deficient in fat.	Producer written to for explana- tion. Analyst reported sample probably genuine.
(m) Fat 2·77%; Solids not fat 9·04%; 7·7% Deficient in fat.	Informal sample followed up by formal samples which were genuine.
(n) Fat 2·58%; Solids not fat 8·85%; 14% deficient in fat.	Followed up by further samples which were genuine.
(o) Fat 2·73%; Solids not fat 9·25%; 9% deficient in fat.	Submitted by seller of (n). Appeal to cow. No action taken.
(p) Fat 2·64%; Solids not fat 8·71%; 12% deficient in fat.	Informal sample submitted by retailer. Matter referred to County Authority.

The following 117 samples were all genuine:—Butter, 21; Margarine, 9; Cream, 11; Condensed Milk, 5. (Also purchased under the Condensed Milk Regulations):—Cheese, 4; Lard, 11; Pepper, 6; Baking Powder, 1; Custard Powder, 1; Coffee, 1; Arrowroot, 2; Meat and Fish Paste, 8; Flour, 2; Demarara



Sugar, 1; Castor Sugar, 1; Cake, 1; Sauce, 1; Coffee and Chicory Extract, 1; Lemonade Crystals, 1; Jam, 2; Salad Cream, 1; Salad Oil, 1; Dusting Powder for sweets 1; Honey, 1; Sweets, 11; Tea, 11; Cocoa, 1.

### (9) FACTORIES, WORKSHOPS AND WORKPLACES.

#### 1—Inspection of Factories, Workshops and Workplaces.

Premises	Number of		
	Inspections	Written Notices	Prosecutions
Factories (Including Factory Laundries) ...	109	11	...
Workshops (Including Workshop Laundries) ...	177	22	...
Workplaces (Other than Out Workers' Premises included in Part 3 of this Report) ...	1279	32	...
Total ...	1565	65	...

#### 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	114	...	...
Want of Ventilation ... ..	2	2	...	...
Overcrowding ... ..	...	...	...	...
Want of drainage of floors ... ..	10	10	...	...
Other Nuisances ... ..	18	18	...	...
Sanitary accommo- dation {	insufficient ... ..	5	5	...
	unsuitable or defective ... ..	11	11	...
	not separate for sexes ... ..	...	...	...
<i>Offences under the Factory and Workshop Act:</i>				
Illegal occupation of underground bakehouse (S. 101) ... ..	...	...	...	...
Other offences (excluding offences relating to out- work and offences under the Sections men- tioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921) ... ..	...	...	...	...
Total ... ..	162	160	...	...

\* 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.

28 lists were sent in, with 16 contractors and 44 workmen.

Class.	Number.
<b>(4).—REGISTERED WORKSHOPS.</b>	
Workshops on the register (S. 131) at the end of year.	374
<b>(5).—OTHER MATTERS.</b>	
Matters notified to H.M. Inspector of Factories:	
Failure to affix Abstract of the Factory and Workshop Act (S. 133, 1901) ... ..	2
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) ... ..	1
Notified by H.M. Inspector ... ..	
Reports (of action taken) sent to H.M. Inspector ... ..	Nil
Other ... ..	Nil
Underground Bakehouses (S. 101):	
Certificates granted during the year ... ..	Nil
In use at the end of the year ... ..	24

### (10) SHOPS ACT. MERCHANDISE MARKS ACT.

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

### (11) 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... ..	438	833	108	14
Blankets ... ..	708	1,973	43	192
Pillows ... ..	1,042	2,837	167	150
Other Articles and Clothing ... ..	2,522	587	134	37
Total. ... ..	4,710	6,230	452	393



**(b) Cleansing Station.**

	Numbers bathed for			Sets of Clothing Disinfected.
	Scabies.	Vermin.	Other Causes.	
Adults ... ..	2	4	1	11
School Children ...	17	1	2	55
Children under School Age ...	Nil.	Nil.	Nil.	Nil.
Total... ..	19	5	3	66

**(c) Premises Disinfected.**

Dwelling Rooms.	Hospital Wards.	School Rooms.	Offices, Shops.	Cells.	Miscellaneous. Name if necessary.
528	3	28	Nil.	8	1 Ambulance.

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 ... .. 59

Cats destroyed ... .. 74

**(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... 232

2. Number of journeys removal of bedding... 2,967

3. Number of journeys disinfection of houses 607

Mileage—

(a) Ambulance ... .. 3,124

(b) Disinfecting Van ... .. 9,060

### **(12) REPORT ON COMMON LODGING HOUSES, 1930.**

The two registered Common Lodging Houses in the Borough are kept under the close supervision of the Inspectors, who visit frequently.

Both houses have been free from notifiable infectious disease during the year and are kept in accordance with the regulations.

### **(13) HOUSING.**

The Ministry of Health has requested information under the following headings :—

#### **(a) General observations as to housing conditions.**

Hastings and St. Leonards are almost entirely good class residential districts, with a preponderance of substantial houses gradually built during the past century, according to the style of the period. The general tendency of the past three decades has been towards a much smaller type of house, with grounds and garage.

From the point of view of this report, however, the Old Town of Hastings presents the most important problem, owing to the congested nature of the cottage property, built mainly in the valley between the East and West Hills, from 100-200 years ago or even earlier. While some of these cottages have picturesque qualities which make them worthy of preservation and re-conditioning, many are quite unfit and lacking in modern hygienic requirements, being indifferently lit and ventilated, abutting off passages and narrow walks, without sufficient yard space, in certain cases without interior water supply, and sharing an outside sanitary convenience. The rooms are often very small and poky, and the condition of the house, *e.g.*, pointing, floors, roofs, presence of damp, very unsatisfactory.

The central parts of Hastings and St. Leonards were built in massive terraces during the early and mid-Victorian periods. Large numbers of these houses have now been converted into flats, with the sanitary problems peculiar to themselves. In particular the basement flat cannot easily be justified as a fit and healthy dwelling place, as it may be damp, badly lit and ventilated.



In addition, there are small patches of cottage property in other districts, *e.g.*, in St. Leonards, Ore, Hollington, of a poor standard requiring the regular attention of the Sanitary Inspector.

A feature of the past decade has been the building of large numbers of small houses or bungalows on the outskirts.

**(b) Sufficiency of Supply of Houses.**

**(1) EXTENT OF SHORTAGE.**

Since the War a great deal has been done both by the Corporation, with a total of 432 houses, and more recently by private enterprise to provide new houses for the working classes. In the case of the Corporation house, the amount of the rent, and, in the other, the necessity to purchase either in a lump sum or through a Building Society, have prevented a certain number of families from removing into more hygienic conditions. The majority of these will no doubt be found in the official waiting list, which, allowing for non-genuine applicants still contains several hundred families. To meet future needs, it is proposed to build within a period of five years 200 houses (100 now in hand at Hollington) for ordinary applicants, and 100 houses for tenants dispossessed on account of the closure or demolition of individual unfit houses. In addition, should the scheme for cutting a roadway through the valley of the Old Town be proceeded with (most desirable on general hygienic and medical grounds) it will be necessary to re-house many of the inhabitants, apart from the Housing Acts.

**(2) CHANGES IN POPULATION.**

The figure for statistical purposes is at present 62,620, but this will be amended shortly by the 1931 Census figures. If one may judge by the small amount of empty property throughout the town, the many conversions of mansions into flats, and the activity of the private builders and the Corporation during the past 10 years, the natural conclusion would be that the population of the town has steadily increased, through access of fresh families, this in spite of the falling birth-rate.

**(3) SITES FOR NEW HOUSES.**

The hinterland of Hastings as shown in its Town Planning Scheme, offers many attractive sites, which are far from being exhausted, for new houses and new housing schemes.

**(c) Overcrowding.****(1) Extent. (2) Causes. (3) Action Taken.**

Cases of gross overcrowding in a legal sense where definite action should be taken by a Health Committee are not numerous. Wherever possible such cases are dealt with by the Housing and Health Committees in co-operation. Minor overcrowding in sub-let rooms or in the case of large families in small houses still exists to a certain extent, the waiting list for corporation houses containing a considerable proportion of applicants of this nature. Two difficulties may however arise, (a) that the family is unable to pay the rent of a Council House, or (b) that the family may have the reputation of being an undesirable tenant. It is possible in the future that more may be done to meet these two points. In connection with the 100 houses to be built under the Housing Act, 1930, rents may be adapted to some extent to the tenants' ability to pay, while the undesirable tenant may be induced to pay more consideration to Council property by the Housing Manager, who will shortly assume duty in connection with the Council's Housing Estate.

In connection with overcrowding it should be realised that overcrowding of houses on site exists to a considerable extent in the Old Town. In addition, the cubic capacity of many of the cottages is extremely small, not more than 2,000 to 3,000 cubic feet.

**(d) Fitness of Houses.****(1) DIFFICULTIES IN EFFECTING REPAIRS.**

As a rule owners and agents adopt a reasonable attitude, urgent and necessary repairs being carried out after informal notice. In small cottage property the difficulties and delays, which occasionally occur, are generally due to the financial exigencies of the owner, the poor value of the property, or the fact that the owner blames the tenant for the insanitary conditions.

**(2) SPECIAL MEASURES TAKEN AS SUGGESTED.**

In the reasonable maintenance of cottage property or houses for the working classes as defined under the Housing Acts, a most effective instrument is the routine and special



inspections of the Sanitary Officer, whose informal notices may, if necessary, be supplemented by legal notices by authority of the Health Committee.

From time to time, generally in co-operation with the Health Department, enterprising owners have thoroughly re-conditioned and even modernised a group of defective cottages. The age and general condition of much of the cottage property does not, however, make this an economic proposition. It is a matter which is engaging the serious attention of a philanthropic voluntary association in the town, whose proposals should receive the sympathetic support of the public. In other towns a great deal has been accomplished in re-conditioning defective property, and re-settling the tenants in their own district, but two essentials, not always easy to find, are necessary (*a*) as regards the houses substantial shells, worthy of renovation, (*b*) financial support, with little prospect of much return.

### (3) INTERNAL WATER SUPPLIES.

Conditions vary according to the district. In outlying parts there are still a few houses dependent upon supplies from wells, but these are gradually being reduced, as the opportunity of bringing the town's supply presents itself. Apart from the Old Town of Hastings an internal supply of water is general in every house, although there are a few cases of sub-let rooms where water may be obtained on another floor. In the Old Town in a certain small proportion of the oldest houses, between 3 to 4 per cent., the water supply may be from a stand-pipe in the passage and may be shared.

### (4) SANITARY ACCOMMODATION.

Generally speaking, every house has its sanitary convenience within its own curtilage. The following exceptions may be noted :—

(*a*) In St. Leonards water-closets are shared each by two families in one small street of 10 houses.

(*b*) In sub-let houses, in a few cases one water-closet may be shared between 2 or 3 families.

(*d*) In the Old Town of Hastings in about 5 per cent. of houses the water-closet is in a passage or yard and is shared generally with one other house.

**(e) Congested and Unhealthy Areas.**

Congestion of houses on site occurs only in the old town of Hastings. An area in the centre of the valley with 64 houses, 78 tenants and 249 inhabitants was represented for a Clearance and Improvement Schemes under the Housing Acts in 1923. For various reasons, legal and technical difficulties, the area has only been partially cleared, although 48 flats for the dispossessed tenants have been erected in Hardwicke Road.

As stated previously, the Council is now considering the question of cutting a roadway through the town, which will involve the demolition of a considerable number of houses in the most congested area, and the re-building and re-conditioning of others in order to house the tenants as far as possible on the spot.

Otherwise individual congested and unfit houses will be dealt with separately, for which purpose it is estimated that 100 houses will be provided to re-house such tenants during the next five years (1931-1934 inclusive).

**(f) Bye-laws relating to Housing, etc.**

In the absence of bye-laws relating to houses or houses let as lodgings, the appropriate sections of the Public Health and Housing Acts are being utilised. The model bye-laws relating to tents, vans, sheds, etc., have been adopted, and are adequate.

**HOUSING STATISTICS, 1930.**

**Number of new houses erected during the Year:—**

(a) Total (including numbers given separately under (b) )	244
(i) By the Local Authority	Nil.
(ii) By other Local Authorities	Nil.
(iii) By other bodies and persons	244
(b) With state assistance under the Housing Acts :—	
(i) By the Local Authority.	
(a) For the purpose of Part II. of the Act of 1925	Nil.
(b) For the purpose of Part III. of the Act of 1925	Nil.
(c) For other purposes	Nil.
(ii) By other bodies or persons	Nil.



### Dwelling Houses during the year :—

#### I. INSPECTION OF :—

1. Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) and the number of inspections made ...	788
2. Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925, and the number of inspections made	163
3. Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .. ...	3
4. Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ... ..	638

#### II. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ... ..	498
--	-----

#### III. ACTION UNDER STATUTORY POWERS DURING THE YEAR :—

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

1. Number of dwelling-houses in respect of which notices were served requiring repairs ...	8
2. Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) by owners ... ..	6
(b) by Local Authority in default of owners ... ..	Nil.
3. Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ... ..	3

## B. Proceedings under Public Health Acts :—

- |  |      |
|--|------|
| 1. Number of dwelling-houses in respect of which notices were served requiring defects to be remedied .. ... | Nil. |
| 2. Number of dwelling-houses in which defects were remedied after service of formal notices :—               |      |
| (a) by owners .. ...   | Nil. |
| (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 ...   | 2    |
| 2. Number of dwelling-houses in respect of which Closing Orders were made ...   | 2    |
| 3. Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit ... | Nil. |
| 4. Number of dwelling-houses in respect of which Demolition Orders were made ...  | Nil. |
| 5. Number of dwelling-houses demolished in pursuance of Demolition Orders :—  |      |
| 7 houses demolished without Closing Orders being made and without formal Demolition Orders.                                       |      |
| 2 houses demolished after service of formal notice but without formal Closing or Demolition Orders.                               |      |

## IV. NUMBER OF HOUSES OWNED BY THE LOCAL AUTHORITY :—

- |  |      |
|--|------|
| (1) Built in 1929-30 under Part III. Housing Act, 1925 | Nil. |
| (2) „ „ „ Part II. „ „                                 | Nil. |
| (3) Held under other powers .. ...                     | 432  |
| Total .. ...   | 432  |



## HOSPITAL & HOSPITAL POLICY.

### MEDICAL ASPECTS, LOCAL GOVERNMENT ACT, 1929.

The following chapter deals with various medical institutions, available for the people of this town and the surrounding district, the statistics, comments and suggestions being made in accordance with the instructions of the Ministry of Health.

### SUMMARY OF ACCOMMODATION.

#### 1. GENERAL HOSPITALS.

(a) The Royal East Sussex, Cambridge Road, Hastings ... ..	120 beds.
(b) The Buchanan, London Road, St. Leonards	109 „
(c) The Municipal, Frederick Road, Hastings ...	258 „
Total ... ..	487 „

#### \*2. SPECIAL HOSPITALS.

##### (a) For Pulmonary Tuberculosis.

Darvell Hall Sanatorium, Robertsbridge, 10 miles distant, 95 beds, under East Sussex County Council, 30 being leased by Hastings County Borough for Pulmonary Tuberculosis. The Institution has X-Ray and Ultra Violet Ray Installations, visiting Orthopædic and Throat Surgeons, also Dentist. Important improvements to women's side and administration block are in hand.

##### (b) For Surgical Tuberculosis.

Royal East Sussex Hospital, Hastings. 4 beds retained.

##### (c) Maternity Homes, etc.

(1) Fernbank Maternity Home, Old London Road, Hastings, under District Nursing Association, 14 beds. Municipal cases admitted as required on guarantee of fee.

(2) Municipal Hospital, Frederick Road, Hastings. Special maternity ward, with 6 lying-in beds and 6 beds for expectant mothers.

(3) Royal East Sussex Hospital. For cases of puerperal fever and pyrexia, beds provided, on payment of fee, as required.

**(d) Children's Diseases.**

Municipal Hospital, Frederick Road, Hastings. A special ward is reserved with 39 beds.

**(e) Orthopædic Cases.**

- (1) Royal East Sussex Hospital, Hastings.
- (2) Chailey Heritage.

Beds are reserved as required by Local Authority. In the former generally for short, in the latter for long periods.

**(f) Infectious Diseases.**

- (1) Borough Sanatorium for Infectious Diseases,  
Frederick Road, Hastings ... .. 70 beds.
- (2) Small Pox Hospital, Brede ... .. 20 „

In both cases beds are reserved for the Authorities of several neighbouring urban and rural districts.

\*Further information, if required, has been given in the report under the appropriate section.

**3. THE GENERAL HOSPITALS IN DETAIL.****(a) The Royal East Sussex Hospital.**

This is a modern general hospital, under the management of a board of Governors, arranged on the pavilion plan, and completed in 1923, with 120 beds, available for the people of Hastings and district, touching in fact the districts supplied by the Eastbourne, Tunbridge Wells and Folkestone Hospitals.

**DISTRIBUTION OF BEDS.**

	Male	Female	Total
General Medical ...	24	18	42
General Surgical ...	22	24	46
Children ... ..			26
Eye ... ..			6
Total	46	42	120

With a hospital completed so recently as 1923, all equipment and arrangements are very modern and efficient, including an excellent operating theatre, special departments for X-Rays, Orthopædics, Venereal Diseases, Massage, Electricity, Dental, Eye, Ear, Nose and Throat, and a Pathological Laboratory.

It is anticipated that the existing 120 beds will be increased to 150, including a proportion of private beds, as soon as a new Nurses' Home, urgently required, has been provided.



**(b) The Buchanan Hospital, London Road, St. Leonards.**

This is now a modern general hospital, enlarged from time to time, under the management of a Board of Governors, with 109 beds, including 15 for private patients, available for Hastings and the same area of the surrounding districts as the Royal East Sussex Hospital.

## DISTRIBUTION OF BEDS.

	Male	Female	Total
General Medical ...	11	13	24
General Surgical ...	23	25	48
Children ..			22
Private Wards ..			15
		Total	109

The Buchanan Hospital has a modern Operating Theatre. The special and out-patient departments are well organised, similar in character to those of the Royal East Sussex Hospital. There are also special out-patient clinics for diseases of the Nerves and of the Chest. Pathological specimens are sent to the laboratory of the Royal East Sussex Hospital.

**(c) The Municipal Hospital, Frederick Road, Hastings.**

The Municipal Hospital, formerly called the Infirmary, forms part of the Hastings Institution, having been built about 25 years ago as a workhouse, but converted into a hospital during the Great War, containing 250 beds, controlled by the House and Management Sub Committee of the Public Assistance Committee.

The total beds available are classified as follows:—

	Male.	Female.	Total
General Medical ...	53	83	136
General Surgical ...			
Chronic Sick ...			
Children ...	—	—	39
Maternity ...	—	12	12
Tuberculosis ...	6	19	25
Mental ...	16	30	46
Mental Deficiency ...			
	75	144	258

The hospital contains a well equipped operating theatre, with facilities for massage and electric treatment. Pathological work and X-Rays are carried out at the Royal East Sussex Hospital. There is a visiting dental surgeon.

STAFF OF THE MUNICIPAL HOSPITAL.

Medical Officer.  
 Consultant Surgeon.  
 Consultant Physician.  
 Visiting Dental Surgeon.  
 Superintendent Nurse.  
 Assistant Superintendent Nurse.  
 House Sister.  
 Night Superintendent Nurse.  
 7 Sisters.  
 5 Assistant Nurses.  
 33 Probationer Nurses.

The Medical Officer of Health consults generally as Medical Adviser to the Public Assistance Committee.

**HOSPITAL POLICY—LOCAL GOVERNMENT ACT, 1929.**

**(a) Adequacy of Hospital Provision.**

It should be noted that altogether there are 487 beds available for Hastings and district in the three general Hospitals, although in the case of the Municipal Hospital only 10 beds or such additional beds as may be asked for and are available, are allotted to the County Council.

For the population served, estimated at 110,000-120,000 the total beds, about 4 per 1,000, should, under ordinary circumstances be reasonably adequate, especially in view of the Cottage Hospital at Rye, and the forthcoming opening of a small Hospital at Bexhill.

On the other hand it should be noted (a) that the ordinary population of Hastings, Bexhill, Rye and the district served, is considerably augmented during the holiday months, and (b) that the great increase in motoring accidents absorbs a definite proportion of valuable surgical beds. In any case the Voluntary Hospitals are generally working up to the capacity of their beds while usually there is a considerable waiting list. Really urgent cases, however, can be and always are admitted to any of the three hospitals without delay.



With regard to the Municipal Hospital there has been great congestion in the female wards during the past year, the proper classification of cases has been most difficult, the accommodation for tuberculosis cases is unsatisfactory, also that for healthy children within the hospital wards. A full report on the whole question was submitted by the Medical Officer of Health to the appropriate committee, making the following recommendations, which have been approved by the Council and will, it is hoped, be put into effect at an early date.

(1) The provision of an additional block to accommodate 40 female cases, surgical and medical.

(2) The provision of a separate nursery block, for 30 healthy children, as far as practicable under the age of 3 years, also 6 observation and isolation beds for children and 2 beds for nursing mothers.

(3) Improved accommodation for cases of tuberculosis, both male and female, with separate sanitary and bathing facilities.

(4) Improved floor and cubic space in the existing wards.

Additional matters of importance now before the committee of the Municipal Hospital are:—

(a) Provision of a mortuary—which has been approved.

(b) Provision of X-Ray department.

(c) Steam heating of existing wards on the hospital side.

(d) Accommodation for the nurses, who are now housed in part of the house side, in what were at one time hospital wards.

#### **(b) Co-Operation between Local Authority and Voluntary Hospitals.**

The Voluntary Hospitals come into close contact with the Public Health Authority in various directions. Both hospitals are responsible for the operative treatment of enlarged tonsils and adenoids in school children. At the Royal East Sussex Hospital, in respect of a grant of £10,000 to the original building fund, various Out-Patient Clinics, *e.g.*, for Tuberculosis, Venereal Diseases, Orthopædics are established; the bacteriological work of the Corporation is carried out in the hospital laboratory, and in-patients' beds for surgical tuberculosis, puerperal pyrexia and fever, and orthopædic conditions are provided.

(c) **Local Government Act, 1929.**

With regard to the transfer of the medical services of the Guardians on April 1st, 1930, the following points may be noticed.

(1) The Medical Officer of Health is Medical Adviser to the Public Assistance Committee (which is the Finance Committee), on all matters relating to the medical services of that committee.

(2) The administration of Vaccination has been absorbed within the department of the Medical Officer of Health.

(3) The work of Infant Protection, under the Children's Act of 1908, has been handed over to the Maternity and Child Welfare Committee, the Health Visitors, under the administration of the Medical Officer of Health, having been appointed Official Visitors for that purpose.

(4) Children in three Cottage Homes and boarded-out children are controlled by a special Sub-Committee of the Public Assistance Committee, which also deals with children in the Municipal Hospital. The children in the Cottage Homes are under the medical care of the Medical Officer of Health, while the children outside the Institution can attend the School Clinics and the Infant Welfare Centres.

(5) The Municipal Hospital is so closely combined with the House side that declaration and appropriation as a Hospital under the Public Health Acts, are for the time being very difficult. For example, the Casual Ward, the Master's House, the Kitchen, the Dining Hall and the Laundry are all on the Hospital side, while the Nurses' Home is on the House side.

The question of appropriation has received, and will continue to receive, the attention of the Committee.

The general efficiency of the Institution, and especially the Hospital side, will be greatly enhanced when the improvements, including central heating set out on p. 119 are carried out. The provision of an *ad hoc* Nurses' block would set free a considerable amount of accommodation on the house side, to be utilised for improved classification and the provision of additional day rooms.

(6) No definite declarations have been made nor appropriations of Poor Law Institutions taken place. With regard to blind persons, a declaration has been made as far as the out relief of such is concerned. Similar action will doubtless be taken in due course with regard to Tuberculosis and Mental Deficiency.

(7) Representatives of the Voluntary Hospitals have consulted with the Public Assistance Committee.



## HASTINGS MUNICIPAL HOSPITAL.

### Statistics of Accommodation and Patients, 1930.

Total number of beds available in the Institution for sick, maternity and mental cases:—

(a) for men	...	...	...	...	74
(b) for women	...	...	...	...	145
(c) for children (under 16 years of age)					39
Total	...	...	...	...	258

I.—Table showing the classification of the accommodation for the sick and the number of beds occupied on the 31st December, 1930.

Classification of Wards.	Number of Wards	BEDS.							
		MEN		WOMEN		CHILDREN (under 16 years of age)		TOTAL	
		Pro-vided (3)	Occu-pied (4)	Pro-vided (5)	Occu-pied (6)	Pro-vided (7)	Occu-pied (8)	Pro-vided (9)	Occu-pied (10)
1 Medical ...	2	53	36	83	63			136	99
2 Surgical ...									
3 Children ..	1	—	—	—	—	39	32	39	32
*4 Chronic sick ...									
5 Venereal ..	2	6	2	19	16			25	18
6 Tubercu- losis ..									
7 Isolation...									
8 Maternity	1	—	—	12	1	—	—	12	1
9 Mental ...	2	16	13	30	18			46	31
(a) Short stay									
(b) Long stay									
10 Mental de- fectives ...									
11 Other ...	—	—	—	—	—	—	—	—	—
Total ...	8	75	51	144	98	39	32	258	181

\* Included under 1, 2 and 3.

II.—Statistics relating to the Period from the 1st April to to the 31st December, 1930.

(A)—IN-PATIENTS.

1. Total number of admissions	...	...	...	634
2. Number of Maternity cases admitted	...	...	...	36
3. Number of live births	...	...	...	33
4. Number of still births	...	...	...	4
5. Number of deaths among the newly-born ( <i>i.e.</i> , under four weeks of age)	...	...	...	Nil.
6. Total number of deaths among children under one year	...	...	...	5
7. Number of Maternal deaths	...	...	...	Nil.
8. Total number of deaths	...	...	...	113
9. Number of patients discharged	...	...	...	542
10. Average duration of stay of patients included in 8 and 9 above (total patient-days divided by deaths and discharges)	...	...	...	99·777
11. Number of beds occupied				
(a) average during the period	...	...	...	178·325
(b) highest, on August 18th	...	...	...	182
(c) lowest, on 4th May	...	...	...	165
12. Number of surgical operations under general anæsthetics (excluding dental operations)	...	...	...	106
13. Number of abdominal sections	...	...	...	29

(B)—OUT-PATIENTS.

1. Total number of persons seen in the out-patient department	...	...	approximately	30
2. Number of these persons who were admitted for in-patient treatment in the Institution	...	...	...	8
3. Number of these persons who had received in-patient treatment in the Institution	...	...	...	6



(C)—CLASSIFICATION OF IN-PATIENTS WHO WERE DISCHARGED  
FROM OR WHO DIED IN THE INSTITUTION DURING THE  
PERIOD 1ST APRIL TO 31ST DECEMBER, 1930.

DISEASE GROUPS.	Children under 16 yrs. of age	Men and Women
(a) Acute infectious disease ... ..	1	2
(b) Influenza ... ..	—	—
(c) Tuberculosis— Pulmonary ... ..	1	14
Non-pulmonary ... ..	—	—
(d) Malignant disease ... ..	—	22
(e) Rheumatism— (1) Acute rheumatism (rheumatic fever) to- gether with sub-acute rheumatism and chorea.	—	6
(2) Non-articular manifestations of so-called “rheumatism” (muscular rheumatism, fibro- sitis, lumbago and sciatica) ... ..	—	5
(3) Chronic arthritis ... ..	—	5
(f) Venereal disease ... ..	—	4
(g) Puerperal pyrexia ... ..	—	1
(h) Puerperal fever ... ..	—	—
(i) Other diseases and accidents connected with child-bearing ... ..	—	2
(j) Mental diseases ... ..	3	42
(k) Senile decay ... ..	—	30
(l) Violence ... ..	1	3
<i>In respect of cases not included above:</i>		
(m) Disease of the Nervous System and Sense Organs	6	48
(n) Disease of the Respiratory System ... ..	7	41
(o) Disease of the Circulatory System ... ..	2	45
(p) Disease of the Digestive System ... ..	6	40
(q) Disease of the Genito-urinary System ... ..	—	14
(r) Disease of the Skin ... ..	10	21
(s) Other diseases ... ..	18	63

## METEOROLOGY.

I am greatly indebted to Mr. J. Grimmett, Deputy Water Engineer, for the following information with regard to weather conditions in Hastings in 1930.

### 1. Table showing monthly hours of Bright Sunshine, Rainfall and Ultra Violet Radiation in Hastings.

Month.	Hours of bright Sunshine.	Rainfall in inches.	Ultra Violet Radiation (Monthly average reading).
January ...	48·4	2·77	2·12
February ...	95·4	1·43	1·96
March ...	136·4	2·55	1·66
April ...	166·8	1·42	2·16
May ...	189·1	2·37	2·30
June ...	255·6	·99	4·23
July ...	221·9	2·88	7·15
August ...	243·3	2·57	4·70
September ...	140·5	3·20	3·20
October ...	147·0	2·32	·93
November ...	75·8	5·01	1·03
December ...	48·8	3·72	·76
	1,769·0 hrs.	31·32 ins.	32·20 units
		792·0 mm.	

### 2. Comparative figures, total hours of Sunshine.

Folkestone ...	1691·9 hrs.
Tunbridge Wells ...	1612·8 „
Eastbourne ...	1839·1 „



### 3. Miscellaneous Information.

Rain fell on 217 days.

There were 10 thunderstorms.

Snow fell on 2 days.

Wind reached Gale force on 23 occasions, the prevailing winds being West and South West.

The coldest days were February 7th, 18th and 19th with a Temperature of  $37^{\circ}$  F.

The coldest night was March 20th with  $28^{\circ}$  F.

The warmest day was August 29th, temperature  $84^{\circ}$  F. and night temperature  $69^{\circ}$  F.

The mean daily maximum shade temperature for the year was  $56.2^{\circ}$  F., which is normal for Hastings.

The mean daily minimum shade temperature for the year was  $45.8^{\circ}$  which is normal for Hastings. ( $1.0^{\circ}$  F. above normal).

The mean earth temperature at a depth of one foot was  $52.7^{\circ}$  F. and at 4 feet  $52.5^{\circ}$  F. for the year.

### 4. Report from Sunlight League.

Hastings was amongst the 18 towns recording sufficient daily average ultra violet radiation to cause sunburn even in December, according to measurements taken by Sir Leonard Hills apparatus, and submitted to the Sunlight League.

During the past year Hastings' average record has been 2.68 units. "When it is realised that one half-unit is sufficient to cause a perceptible degree of sunburn," writes an official of the Sunlight League, "It is to be hoped that this fine record will stimulate further effort on the part of the Hastings Authorities to secure both for the school child and the adult generous provision for open-air education and recreation.

"Instruction, and most certainly drill should take place in the open-air whenever possible and the minimum of clothing should be worn."

---

## **Summary of Provision of Health Services.**

### **(1) Nursing in the Home. Arrangements in District.**

#### **(a) 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, receiving a subsidy from the Public Assistance Committee for that purpose. In addition several of the Parish Churches have nurses attached.

#### **(b) INFECTIOUS DISEASES.**

##### **(A) HEALTH VISITORS AND SCHOOL NURSES.**

The Health Visitors and School Nurses 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.

### **(2) Midwives.**

See Section—Maternity and Child Welfare.

### **(3) Prevention of Blindness.**

The Corporation gives a substantial grant to the Voluntary Society for the Blind, which is carrying out most admirable and beneficent work in numerous directions, *e.g.*, help in maintenance, obtaining and keeping suitable work, general and special treatment in local hospitals and national institutions.

By a Declaration under the Local Government Act of 1929, the Voluntary Committee will deal with blind persons requiring out-relief from the Public Assistance Committee.



**(4) Rag, Flock Acts, 1911, 1922.**

The amount of flock used is comparatively small in amount, all clean and employed 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.

**(5) Ambulance Facilities.**

(1) INFECTIOUS CASES.—The Corporation maintains

(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.

**(6) Clinio and Treatment Centres.**

(1) MATERNITY AND CHILD WELFARE CENTRES.

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

One Ante-Natal Clinic under the District Nursing Association.

(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.

(7) **National Health Insurance.**

Offices have been allotted within the building occupied by the Health Department, so that necessary co-ordination is facilitated.

(8) **Poor Law Medical Relief.**

The administration is in the hands of a special Sub-Committee of the Public Assistance Committee without, so far, any material change either in the methods of administration or of the staff. The districts are

No. 1.	Hastings	...	estimated population	26,000
No. 2 (a)	St. Leonards...		" "	26,000
" 2 (b)	"	...	" "	2,000
No. 3.	Hastings and Out District		"	13,000
Total ...				67,000

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

(1) Municipal Hospital, Frederick Road, Hastings, Special Maternity Ward.

(2) Bell Hostel, Eastbourne, cases admitted on guarantee of fee by Council.