

**[Report 1932] / Medical Officer of Health, Hastings County Borough.**

**Contributors**

Hastings (England). County Borough Council.

**Publication/Creation**

1932

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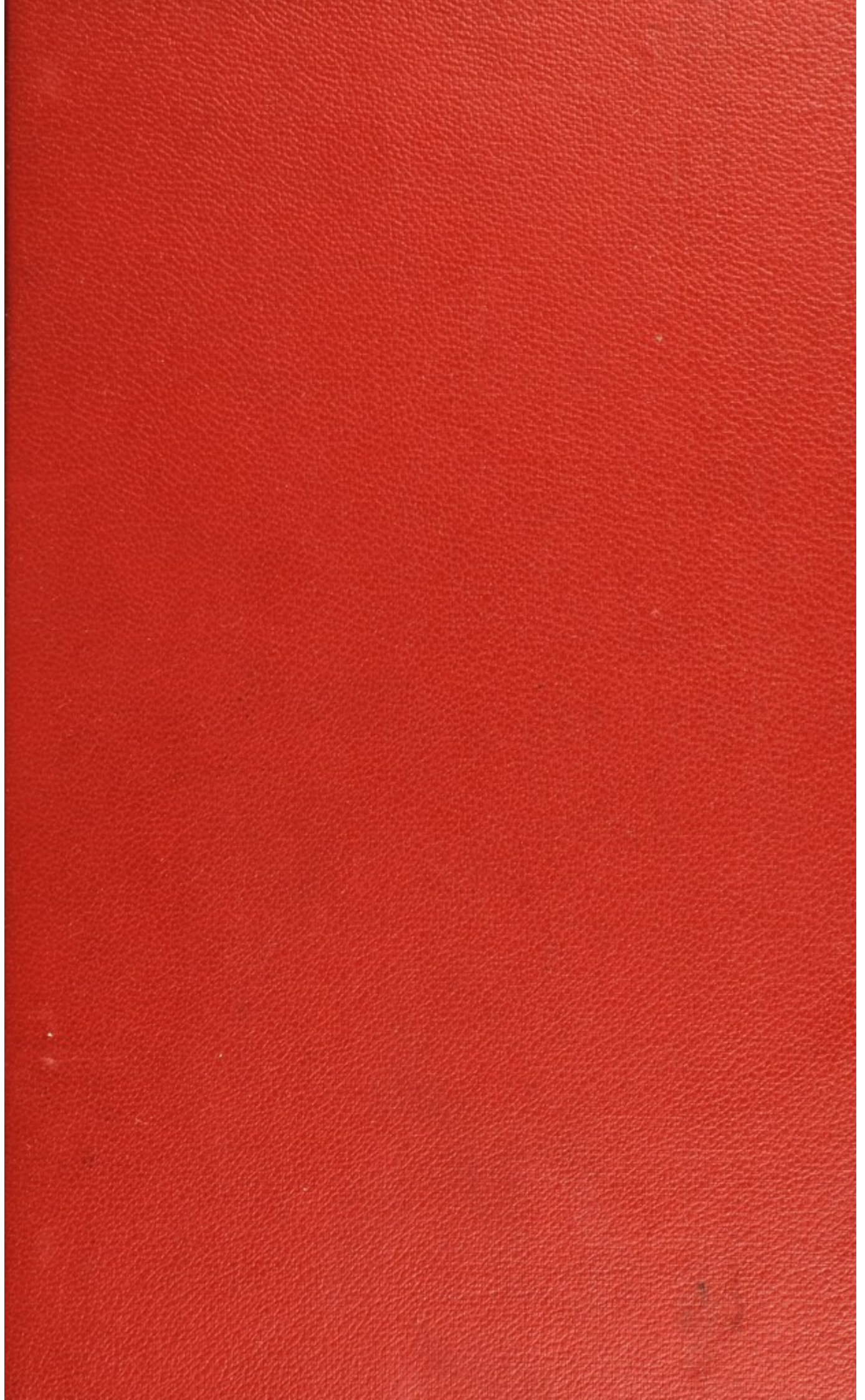
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# COUNTY BOROUGH OF HASTINGS.

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**PUBLIC HEALTH DEPARTMENT**

INCLUDING

**SCHOOL MEDICAL SERVICE.**

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## ANNUAL REPORT FOR 1932.

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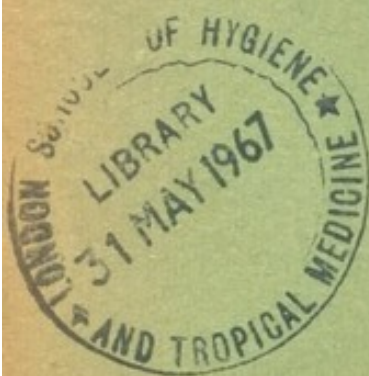
**G. R. BRUCE, O.B.E., M.A., M.D., D.P.H.,**  
Medical Officer of Health  
and  
School Medical Officer.

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

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## PREFACE.

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Health Department,  
44, Wellington Square,  
Hastings,

*April, 1933.*

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 1932.

With regard to Vital Statistics the detailed figures of the 1931 census, relating to Hastings, are now available, and fully discussed in the report. The census population of 65,207, after making certain allowances, shows a net increase in population during ten years of nearly 5,000, or 7·4 per cent., due entirely to the settlement of fresh residents in the town. The housing statistics show that, in spite of great activity in the provision of new houses, both private and municipal, during the past 10 years, there is still considerable need for additional housing accommodation, especially of the smaller type.

In spite of difficult economic conditions the activities of the Health Department have been fully maintained throughout the year with regard to all Health Services, including Maternity and Child Welfare, Tuberculosis, the School Medical Service, Venereal Diseases, Mental Deficiency and general environmental sanitation.

The most noteworthy medical development of the year was the provision of the important extensions at the Municipal Hospital, which include :—

- (a)—The new block for female patients.
- (b)—The Children's Home.
- (c)—The open air ward for tuberculous men.
- (d)—The new mortuary.
- (e)—The X-Ray Department.

At the end of 1932, Mr. E. H. Andrews retired after 30 years' most faithful and efficient service as Sanitary Inspector. During the year Dr. Lawson, Deputy M.O.H., Dr. Firth, Medical Officer, Municipal Hospital, and Mr. Lancaster, Assistant Sanitary Inspector, resigned, in order to take up more important appointments.

I have to thank the Council, Chairmen and Members of various Committees for continuous help and sympathy in the work of the Public Health Department, and I again 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—ALDERMAN MISS A. LILE, J.P.  
 Sub Sanatorium, etc., Committee—ALDERMAN 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 Committee—COUNCILLOR BECK.  
 Public Assistance Committee and Sub-Committees—COUNCILLOR I.E. MAY.

## 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. (a)	Deputy Medical Officer of Health; Deputy School Medical Officer; etc., etc.
H. J. PHILLIPS, M.D., Ch.B., B.Sc., D.P.H. (b)	do. do.
S. J. FIRTH, M.B., M.R.C.S., D.P.H. (c)	Medical Officer, Hastings Municipal Hospital; Public Vaccinator; Medical Officer (Out Relief), Public Assistance Committee.
L. H. BOOTH, M.B., Ch.B., (d)	do. do.
*P. LAZARUS-BARLOW, M.D. (CANTAB.)	Bacteriologist; Medical Officer, Venereal Diseases Clinic.
C. CHARNOCK-SMITH, M.R.C.S., L.R.C.P. (e)	Consulting Physician, Municipal Hospital.
E. DRYBROUGH-SMITH, M.D. EDIN., F.R.C.S. EDIN. (e)	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. (f)	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.Ch. 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, 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, (g) ...	Sanitary Inspectors; also Inspectors under Shops Acts, Food and Drugs (Adulteration) Act, Housing Acts, Rats and Mice (Destruction) Act, etc.
E. W. JONES, (g) (h) ...	
H. F. VENESS, (i) (h) ...	
G. H. LANCASTER, (h) (n) ...	Assistant Sanitary Inspector;
*Miss S. A. MYERS, (j) (k) ...	Inspector under Shops Acts.
*Miss T. HARRIS, (g) (j) (k) (l) ...	Health Visitor and School Nurse;
*Mrs. A. ESHELBY, (j) ...	Inspector of Midwives.
*Miss G. W. HICKSON, (g) (j) (k) (l) ...	Health Visitor, and School Nurse.
*Miss M. E. PARKHOUSE, (j) ...	do. do.
*Miss A. PARKHOUSE, (j) ...	do. do.
Miss F. POLLARD, (j) (m) ...	School Nurse, Clinics.
*C. L. WHEATLEY ...	Health Visitor, Tuberculosis.
C. O. PERRING ...	Matron, Borough Sanatorium.
Miss H. E. CHESHIRE ...	Chief Clerk.
H. R. H. ASHLEY ...	Vaccination Officer.
K. N. KIRBY ...	Clerk, Maternity and Child Welfare.
R. FREEMAN ...	Tuberculosis.
*Miss G. M. BARKER ...	Clerk, Sanitary Inspector's Office.
*Miss D. G. COOTE ...	Clerk, General Office.
*Miss K. A. TROW ...	Junior Clerk, General Office.
*Miss D. GRAY ...	Senior Clerk, School Medical Service.
	Clerk, do. do.
	Clerk, do. do.
	Clerk, School Dentist.

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

- (a) Resigned 30th September, 1932.
- (b) Commenced duties 1st December, 1932.
- (c) Resigned 31st October, 1932.
- (d) Commenced duties 1st November, 1932.
- (e) Ceased duty 31st March, 1932.
- (f) Resigned 31st October, 1932.
- (g) Certificate, Royal Sanitary Institute. Inspector of Nuisances.
- (h) do. do. Inspector of Meat and other Foods.
- (i) do. Royal Institute of Public Health. Inspector of Nuisances.
- (j) Fully trained General Nurse.
- (k) Certificate of Central Midwives Board. (C.M.B.)
- (l) Certificate, Maternity and Child Welfare Worker.
- (m) Certificate, Fever Training.
- (n) Certificate of the Royal Sanitary Institute and Sanitary Inspectors Examination Joint Board.

## SUMMARY OF GENERAL AND VITAL STATISTICS, 1932.

Area of Borough	...	...	...	...	4,496 acres.
Population, Census 1931	...	...	...	...	65,207
Registrar-General's estimate of resident population, 1932, for the purpose of Vital Statistics	...	...	...	...	63,160
Number of inhabited houses (end of 1932) according to Rate Books	...	...	...	...	16,458
Rateable Value	...	...	...	...	£674,596
Sum represented by a penny rate	...	...	...	...	£2,691
Live Births, 1932	{ Legitimate Illegitimate	Total. 703 49	Male. 356 29	Female. 347 20	} = 752
Birth Rate, 1932, per 1,000 of the estimated resident population	...	...	...	...	
Still Births	...	...	...	...	28
Rate per 1,000 total (live and stillbirths) births	...	...	...	...	12.2
Deaths, 1932	...	...	...	...	993
Death Rate, 1932, per 1,000 of the estimated resident population	(a) crude	...	...	...	15.72
	(b) corrected	...	...	...	11.29
Deaths from puerperal causes :-					
		Deaths.	Rate per 1,000 total (live and still) births.		
No. 29—Puerperal sepsis	...	1	...	...	1.3
„ 30—Other Puerperal causes	...	3	...	...	3.8
		—	...	...	—
Total	...	4	...	...	5.1
Death Rate of Infants under one year of age					
(a) All infants per 1,000 live births	...	...	...	...	44
(b) Legitimate Infants per 1,000 legitimate live births	...	...	...	...	42.7
(c) Illegitimate Infants per 1,000 illegitimate live births	...	...	...	...	61.2
Deaths from Measles (all ages)	...	...	...	...	1
„ „ Whooping Cough (all ages)	...	...	...	...	1
„ „ Diarrhœa (under 2 years of age)	...	...	...	...	1



## VITAL STATISTICS.

### (1) THE CENSUS OF 1931—HASTINGS RETURNS.

The detailed figures for the Census of 1931, relating to Hastings, have now been published.

#### (a) Population, Census 1931.

The census figure for 1911 was 61,145, for 1921, 66,495. Owing to the date, 19th and 20th June, at which the latter census was taken, the Registrar General estimated 10·5 per cent. as visitors, and the final population in 1921 for statistical purposes as 59,500. For the census population, 1931, the final total was 65,207. Certain adjustments, however, require to be made to this figure.

- |  |       |
|--|-------|
| (1) Enumerated in Hastings, but belonging elsewhere ... ..   | 3,854 |
| (2) Enumerated elsewhere, but belonging to Hastings ... ..   | 1,685 |
| Total to be subtracted ... ..  | 2,169 |
| (3) On the other hand, as pointed out in my recent annual reports, there is an annual loss in Hastings owing to the fact that the deaths now materially exceed the births, in recent years by as many as 150 to 200. For the intercensal period the figure is 1·7 per cent., or 1,108 persons. |       |
| (4) In addition, there is a slight loss by migration, given in the census return as ·2 per cent. or 130.   |       |

From the figures at our disposal the census population is 65,207 minus 2,169 = 63,038.

If we accept the figure of 59,500 as correct for 1921, the apparent gain in population is therefore 63,038 minus 59,500 = 3,538.

In order to estimate the real gain in population, to this figure, 3,538, must be added the losses as set out above or 1,238, giving a total real gain of 4,776 persons or 7·6 per cent. of a total estimated population of 63,038. According to these statistics, it is reasonable to infer that this substantial increase in population is due to the settlement in the town of new residents.



**(b) Housing Statistics.**

- (a) The number of occupied dwellings in 1931 was 14,358, an increase of 2,276 or 18·84 per cent.
- (b) The number of private families in 1931 was 17,684, an increase of 2,698 or 18·00 per cent.
- (c) The number of persons per room in 1931 was ·7, in 1921 ·74, showing a slight improvement.
- (d) The number of private families living more than 2 per room was in 1931, 338 or 1·91 per cent., giving a total population of 2,171, or 3·80 per cent., showing an improvement in the corresponding figures for 1921, 2,480, or 4·50 per cent.

It should be noted that the figure "more than two persons per room" has no legal significance as regards overcrowding, but is a standard of unsatisfactory housing used by the Registrar General for comparative purposes.

In Page XVIII. the Registrar General states :—

"As measured by the conventional 'more than two persons per room' index, the overcrowded element is at its maximum in Brighton 4·43 per cent., Hastings 3·80 per cent. and Littlehampton 2·97, come next in magnitude."

- (e) Another criterion of housing conditions is the table which deals with families according to their size and the number of rooms occupied. The total population living in single rooms has risen in the intercensal period from 1,141 to 1,331, in two roomed houses from 2,856 to 4,213, and in three roomed houses from 6,219 to 7,969, and four roomed houses from 12,570 to 13,678.

In the one roomed houses in the 1931 census, one family consists of 7 persons, four families of 6 persons, 11 families of 5 persons, 18 families of 4 persons, 58 families of 3 persons and 145 families of 2 persons. In the two roomed houses, one family consists of 11 persons, 1 of 10, 1 of 9, 11 of 7, 27 of 6, 59 of 5, and 189 of 4. In the three roomed houses, one family consists of 13 persons, 1 of 11, 1 of 10, 12 of 9, 21 of 8, 44 of 7, 82 of 6

persons. In the four roomed houses, there are reported 2 families of 12 persons, 6 families of 11 persons, 12 families of 10 persons, 35 families of 9 persons and 59 families of 8 persons.

On the face of this return it would appear that the housing needs of the community have not yet been adequately met and in fact there appears to be a definite increase of people living in one and two, three and four roomed houses. One probable explanation of this is that a considerable proportion of these are old people living in single rooms, or in small two and three roomed flats, either singly or in couples. It is reasonable also to infer that many of these are new residents who have settled in Hastings during the intercensal period.

In support of this is the fact that there has been a definite decrease in the figure relating to the population living over two persons per room from 2,480 to 2,171, for which it is reasonable to give credit to the provision of Council houses and the consequent relief of overcrowding.

Included in these figures, however, is the curious fact that the population living over three persons per room has increased from 207 in 1921, to 299 in 1931.

In conclusion the most important points may be summarised as follows :—

(1) Census population ... ..	65,207
(2) Real population, after certain deductions	63,038
(3) Apparent increase of population ... ..	3,530
(4) Real increase in view of losses :—	
(a) owing to excess of deaths over births	} 4,776
(b) owing to migration	
(5) Increase of occupied dwellings ... ..	2,276
	or 18·84%
(6) Increase of private families ... ..	2,698
	or 18%
(7) Number of persons living more than 2 per room, as compared with 2,480 in 1921	2,171

(8) As explained in the report, and in view of (7) the statistics relating to families, their size, and the number of rooms occupied are somewhat inconclusive. At the same time, the evidence of these statistics points to the fact that the housing needs of the district have not yet, in spite of the provision of over 500 Council houses, been adequately met.



**(2) BIRTHS.**

The net live births registered in Hastings for 1932 were 752, made up as follows:—

	Registered in Borough.	Transferred elsewhere.	Transferred Hastings.	Total.
Males ...	401	26	10	385
Females	390	27	4	367
Totals	791	53	14	752

Of the births 49, males 29, and females 20, were illegitimate, a percentage of 6·5.

The live births, 752, were 12 less than in 1931, the birth-rate 11·9 per 1,000 of the population, the lowest recorded; but this is partly accounted for by the fact that the population has been increased by over 1,500 for statistical purposes. It is a significant fact that the crude death-rate exceeded the birth-rate by almost 4 per 1,000, the actual loss in population being 241. I have particularly commented upon this point in the previous paragraphs dealing with the census population.

The comparative birth-rate is shewn in detail on Table 1, page 38.

**(3) DEATHS.**

The total net deaths registered in Hastings in 1932 were 993, of whom 424 were males, 569 females.

Not included were 192 deaths transferred to other districts; included were 59 deaths of Hastings residents, occurring elsewhere.

Deaths in Public Institutions were 510, 141 being transferred elsewhere.

There were 44 Coroner's inquests.

The crude death-rate per 1,000 of the population is 15·72, which, corrected for the peculiar age and sex constitution of the population by the factor for correction, 718, gives a death-rate of 11·29 per 1,000.

**(4) AGE AT DEATH.**

Of the 993 deaths, 33 occurred in infants under one year of age, the infantile mortality being 44 per 1,000 births.

From 1-5 years of age there were 12 deaths; from 5-20 years 26 deaths; from 20-45 years 76 deaths; from 45-65 years 226 deaths; and over 65 years 620 deaths, or 65 per cent. of the total.

### (5) MAIN CAUSES OF DEATH.

Diseases of the circulatory system, cancer, and diseases of the respiratory system, with which is included influenza, were once again responsible for the highest proportion of the deaths. The mortality from infectious diseases, both notifiable and non-notifiable, apart from pulmonary tuberculosis, 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 35·8 per cent. of the total, or 5·6 per 1,000 of the population.

#### (1) Analysis of Deaths from Diseases of the Circulatory System, 1932.

Deaths from	Total.	Under 45 years.	45-65 years.	Over 65 years.
Heart Disease ... ..	231	5	39	187
Cerebral Haemorrhage	91	4	17	70
Arterio-sclerosis ... ..	34	—	3	31
Totals ... ..	356	9	59	288

#### (2) Comparative Analyses, 1925-1932. 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
1930	328	36·7	5·2
1931	381	38·8	6·1
<b>1932</b>	<b>356</b>	<b>35·8</b>	<b>5·6</b>



**(b) Cancer.**

The following table shows the comparative mortality since 1910.

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

1920—1924	123	„	„	„
1925—1929	137	„	„	„
1930	114	„	„	„
1931	135	„	„	„
<b>1932</b>	<b>141</b>	„	„	„

**Deaths from Cancer in 1932 according to sex and organ of body affected.**

Part affected.	NO. OF DEATHS.		
	Male.	Female.	TOTAL.
Tongue, Lips, Mouth, Throat, or Larynx ... ..	5	1	6
Gullet ... ..	4	2	6
Stomach ... ..	8	6	14
Abdomen, Bowel, etc. ...	23	31	54
Breast ... ..	—	20	20
Womb ... ..	—	11	11
Sex Glands ... ..	3	3	6
Miscellaneous ... ..	16	8	24
<b>TOTAL</b> ... ..	<b>59</b>	<b>82</b>	<b>141</b>
<b>PERCENTAGE OF TOTAL</b> ...	42 per cent.	58 per cent.	

The number of deaths 141, approximately one-third of the total local death-rate, is the largest recorded as due to cancer in any one year. The table given above shows how the death-rate from this disease is steadily rising. With regard to the higher rate among females this is largely due to cancer of the breast, womb, bowel and abdomen, but even so, it should be remembered that the female population in this town out-numbers the male by 20 per cent.

Pamphlets dealing with various aspects of the cancer problems, early diagnosis, importance of early treatment,

possibilities of radium in cases inaccessible to operation, etc., are available in and distributed by the Health Department. From time to time cases are sent from the Municipal Hospital and the Voluntary Hospitals to London for radium treatment.

**(c) Respiratory Diseases (including Influenza, but excluding Pulmonary Tuberculosis).**

The mortality from bronchitis, pneumonia, etc., was 145 or 2·2 per 1,000. This does not include 35 deaths due to influenza.

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

**VITAL STATISTICS—WARDS—1932.**

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 ... ..	5,574	24	25	49	8·8	91	16·3	1	20
St. Clements ... ..	5,251	69	99	168	32·0	73	13·9	5	30
St. Mary's Lower ...	5,225	18	23	41	7·8	73	14·0	1	24
St. Mary's Upper ...	5,999	48	42	90	15·0	77	12·8	5	56
St. Helen's ... ..	6,181	70	55	125	20·2	74	12·0	6	48
Holy Trinity ... ..	5,651	32	26	58	10·2	86	15·2	8	138
St. Mary Magdalen	6,765	28	18	46	6·8	121	17·9	7	152
St. Peter's ... ..	6,045	25	23	48	7·9	100	16·5	2	42
St. Leonard ... ..	9,401	39	42	81	8·6	179	19·0	3	37
Silverhill and Hollington ... ..	7,068	48	37	85	12·0	119	16·8	4	47
Total ... ..	63,160	401	390	791	12·5	993	15·7	42	53
Transfers out... ..	...	26	27	53				10	
Transfers in ... ..	...	10	4	14				1	
Total Net ... ..	63,160	385	367	752	11·9	993	15·7	33	44

**V.S. Table No. 2. (Ministry of Health.) CAUSES OF, AND AGES AT, DEATH DURING YEAR, 1952.**

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 14 year.	15 to 24 yrs.	25 to 34 yrs.	35 to 44 yrs.	45 to 54 yrs.	55 to 64 yrs.	65 & upwards.														
All Causes { Certified { Uncertified	993	33	9	2	1	10	8	8	36	226	620	510	91	73	73	77	74	86	121	100	179	119
Enteric Fever	2	...	...	...	...	...	1	...	...	...	...	2	1	...	...	...	...	...	...	...	...	1
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Measles	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Diphtheria	6	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...
Influenza	35	2	1	...	...	...	...	...	...	...	...	12	2	2	2	1	3	3	6	5	3	8
Encephalitis Lethargica	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Meningococcal Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis of respiratory system	50	...	...	...	...	...	...	...	...	...	...	49	...	...	...	...	...	...	...	...	...	...
Other tuberculous diseases	3	...	...	...	...	...	...	...	...	...	...	5	1	...	...	...	...	...	...	...	...	...
Cancer, Malignant Disease	141	...	...	...	...	...	...	...	...	...	...	62	16	9	11	8	8	14	13	17	28	17
Rheumatic Fever	2	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...
Diabetes	10	...	...	...	...	...	...	...	...	...	...	10	...	...	...	...	...	...	...	...	...	...
Cerebral Haemorrhage, etc.	91	...	...	...	...	...	...	...	...	...	...	27	6	8	...	...	...	...	...	...	...	...
Heart Disease	231	...	...	...	...	...	...	...	...	...	...	88	27	20	...	...	...	...	...	...	...	...
Arterio-sclerosis	34	...	...	...	...	...	...	...	...	...	...	16	3	2	...	...	...	...	...	...	...	...
Bronchitis	56	3	2	...	...	...	...	...	...	...	...	11	4	8	...	...	...	...	...	...	...	...
Pneumonia (all forms)	81	7	3	...	...	...	...	...	...	...	...	43	4	6	...	...	...	...	...	...	...	...
Other respiratory diseases	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Ulcer of stomach or duodenum	...	...	...	...	...	...	...	...	...	...	...	14	...	...	...	...	...	...	...	...	...	...
Diarrhoea, etc. (under 2 years)	1	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...
Appendicitis and Typhilitis	8	...	...	...	...	...	...	...	...	...	...	12	1	2	...	...	...	...	...	...	...	...
Cirrhosis of liver	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute and Chronic Nephritis	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Sepsis	24	...	...	...	...	...	...	...	...	...	...	13	1	...	...	...	...	...	...	...	...	...
Other accidents and diseases of pregnancy and parturition	1	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...
Congenital Debility and Malformation, Premature Birth	3	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...
Suicide	14	14	...	...	...	...	...	...	...	...	...	13	...	...	...	...	...	...	...	...	...	...
Other deaths from violence	12	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...
Other defined diseases	12	1	...	...	...	...	...	...	...	...	...	9	...	...	...	...	...	...	...	...	...	...
Causes ill-defined or unknown	151	5	1	...	...	...	...	...	...	...	...	100	19	8	...	...	...	...	...	...	...	...
Totals	993	33	9	2	1	10	8	8	36	226	620	510	91	73	73	77	74	86	121	100	179	119



**V.S. Table No. 3.**

**DEATH RATES—1900-1932—HASTINGS.**

	1900- 1904 average	1905- 1909 average	1910- 1914 average	1915- 1919 average	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932
Number of Deaths	909	848	820	914	850	852	869	821	930	879	924	954	941	993	894	981	<b>993</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	14.28	15.84	<b>15.73</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	10.25	11.39	<b>11.29</b>

\* Factor for correction 1900-1924—.84.  
1925-1932—.718.

V.S. Table No. 4.

## BIRTH RATE, DEATH RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1932.

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

	Birth rate per 1,000 Population.		Annual Death-Rate per 1,000 Population.										Rate per 1,000 Live Births		Percentage of Total Deaths.			
	Live Births.	Still Births.	All Causes	Enteric Fever.	Small pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence	Diphtheria 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	15.3	0.66	12.0	0.01	0.00	0.08	0.01	0.07	0.06	0.32	0.53	6.6	6.5	91.1	6.2	1.8	0.9	0.9
118 County Boroughs and Great Towns, including London	15.4	0.70	11.8	0.00	0.00	0.11	0.01	0.08	0.07	0.28	0.48	8.9	6.9	91.3	5.9	2.3	0.5	0.5
126 Smaller Towns (Estimated Resident Populations, 25,000—50,000) at Census 1931	15.4	0.69	10.8	0.00	—	0.06	0.01	0.06	0.03	0.31	0.42	4.5	5.8	91.9	5.8	1.3	1.0	1.0
London	14.2	0.51	12.3	0.00	0.00	0.19	0.02	0.08	0.07	0.27	0.53	12.6	6.6	89.4	6.2	4.4	0.0	0.0
Hastings	11.9	.3	15.72(a) 11.29(b)	0.03	0.00	0.01	0.00	0.01	0.09	0.55	0.18	1.3	4.4	95.6	4.4	4.1	.3	.3

(a) crude death-rate.

(b) corrected death-rate.

## INFECTIOUS DISEASES.

### (1) NOTIFIABLE INFECTIOUS DISEASES, 1932.

A complete analysis is found in Table No.3 , p. 24.

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

QUARTERLY INCIDENCE OF SCARLET FEVER, DIPHTHERIA AND  
ENTERIC FEVER.

	Scarlet Fever.	Diphtheria	Enteric Fever.	Total.
1st Quarter ... ..	22	15	—	37
2nd Quarter ... ..	12	14	—	26
3rd Quarter ... ..	28	13	2	43
4th Quarter ... ..	29	18	7	54
Totals ... ..	91	60	9	160

#### Scarlet Fever.

The incidence of the disease (91 cases) was average (61 in 1931, 92 in 1930), the cases generally were mild and sporadic, without any particular school or district being unduly attacked.

Admissions to the Borough Sanatorium amounted to 86 out of 91 cases, or 95 per cent.

Both the Dick and the Schultz-Charlton tests have been used, where indicated, for diagnostic purposes, with useful results; artificial immunisation has not been adopted. Anti-scarlet serum has been employed with considerable advantage for several years in the treatment both of scarlet fever and of erysipelas at the Isolation Hospital.

#### Diphtheria.

The notifications of diphtheria, 60 cases, were slightly less than in 1931 (65 cases); 59 cases or 98 per cent. of the total were removed to the Isolation Hospital. During recent years a toxic, severe and virulent type of diphtheria, sometimes referred to as diphtheria gravis, has been reported not infrequently to occur in groups of cases, both on the



continent and in this country. The fact that a certain proportion of the local cases belonged to this category accounts for the mortality, 6 deaths in 60 cases. In this type the only way to counteract the poison of the disease is early diagnosis, with large dosage of anti-toxin both intramuscular and intravenous.

During 1932, a definite start was made in an immunisation campaign against diphtheria, in children resident at the Municipal Hospital and the Cottage Homes of the Public Assistance Committee, and also in other homes where the children attend elementary schools, in a small group of schools, in which toxic cases had occurred, and in the staff at the Isolation Hospital. Altogether, about 270 children were immunised. Owing to shortage of medical staff this work was held up in the latter months of the year.

Diphtheria immunisation, the details of which need not be entered upon, has received the strongest sanction and support of the Ministry of Health and Board of Education; excellent results in the reduction of this severe, and at times fatal, disease have been shown by its use, especially in America and on the continent; and many health authorities in this country are taking it up with energy and enthusiasm. It is offered free of charge to any child attending an elementary school in this town, and to any child over the age of 2 years, in addition, whose name is submitted either to the school or any infant welfare clinic.

As regards the first year's work of diphtheria immunisation, the following figures are submitted:—

Total number Schick negative and not requiring immunisation	...	...	...	...	70
Total number immunised	...	...	...	...	269
Total number re-tested after immunisation					169
of whom, Faintly positive	...	...	...	...	23
Positive	...	...	...	...	8
Strongly positive	...	...	...	...	2
					<hr/> 33

The 33 positive cases have received one further immunising dose.

### **Enteric and Paratyphoid Fevers.**

During the year, 9 cases were notified, of which two were definitely imported, and three were sporadic. The remainder, 4 in number, formed a group by themselves, and the infection in their case was in all probability from the same source, namely, the handling of food by an infected person.

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

Two cases of anterior poliomyelitis acuta were notified.

### **Small-Pox.**

The Small-Pox Hospital was opened for a small outbreak of the prevailing type of mild small-pox, (*variola minor*), which occurred in the neighbouring districts of Rye and Winchelsea, in May and June, 1932, 13 definite cases altogether being admitted and one case in which the diagnosis was not sustained.

Another outbreak of small-pox occurred in Hastings in the autumn and early winter, the first case, a girl of 13 years of age, being confirmed by me on September 24th, after her return from hop picking. She was undoubtedly infected by a missed case, a girl of 8 years of age, the source of whose infection was uncertain, possibly from a group of London children who were staying next door, about the time of her infection.

The full details of the outbreak were reported to the Public Health Committee and are not given *in extenso*. Altogether, between September 24th and November 27th, 25 cases were notified and removed to the Small-Pox Hospital. Practically all the cases occurred in the north eastern quarter of the town, and were confined in five groups to the contacts of previous cases, where vaccination had not been performed or performed too late to prevent the onset of small-pox. At no period during the outbreak was there any danger of a general epidemic, although at one time there was a very considerable number of contacts under observation. Among the measures adopted to



deal with the outbreak from an administrative point of view may be mentioned :—

(1) Consultations as regards diagnosis with medical practitioners and periodical circulars to the medical profession of the town and district.

(2) Prompt isolation of definite cases at Brede Small-Pox Hospital with thorough disinfection of clothing, bedding, premises, etc.

(3) Observation in several instances of suspected cases at the Borough Sanatorium.

(4) Supervision often daily of all contacts by the Sanitary Inspectors and myself, all necessary steps being taken until the outside period of incubation (3 weeks) was complete.

(5) The offer of primary and secondary vaccination to all contacts and others in the vicinity by the Public Vaccinators, altogether nearly 700 vaccinations being carried out.

(6) Informatory circulars were sent to neighbouring Medical Officers of Health and in addition the Ministry of Health was kept fully informed.

While all cases belonged to the prevailing mild type of small-pox, and there were no deaths, the type of disease was comparatively severe in several cases.

Finally, of the 25 cases, no fewer than 23 occurred in unvaccinated persons, and in the remaining two cases, both adults, vaccination had been performed once only in infancy. The whole outbreak illustrates in a most striking fashion the importance and efficiency of vaccination in protecting against small-pox ; but to be quite safe after contact with the disease it was obvious that vaccination had to be performed within 2 to 3 days after possible infection. Again, while it is true that the outbreak was quelled, before there was any spread to the general public, the unvaccinated condition of a large number of the public constituted at the time a grave source of anxiety, especially in a health and pleasure resort such as Hastings.



## (2) NON-NOTIFIABLE INFECTIOUS DISEASES.

There was a considerable epidemic of measles in the late spring and early summer, of a somewhat milder type than usual. From statistics available, 561 children were excluded from school owing to measles, 50 cases were admitted to the Borough sanatorium, of whom 12 had severe bronchitis, 8 broncho-pneumonia without any deaths, a very definite testimony to the value of hospital treatment in measles, as several of these chest cases were very severe indeed.

**I.D. Table No. 2.** VACCINATION RETURNS FROM 1920.

Year.	Births, Central District.	Successful Primary Vaccination.	Conscien- tious Objectors.	Percentage of births vaccinated.
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
1930 ...	825	302	457	36·6
1931 ...	790	296	447	37·5
Totals	5,384	2,092	2,910	38·8

I.D. TABLE No. 3.

TABLE II. (MINISTRY OF HEALTH).  
CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR, 1932.

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	25	1				3	7	5	5	2	1	1		25	8				14							3
Cholera, Plague	...													...	...											...
Diphtheria (including Membranous Group)	60		1	2	3	4	21	13	9	4	2	1	...	59	14	3	3	4	13	3	1	1	5	5	9	
Erysipelas	23							1	1	4	5	8	5	5	3	3	1		3	3	1	2	3	6	1	
Scarlet Fever	91		2	3	3	7	38	15	7	10	5	1	...	86	9	2	2	9	13	11	9	11	15	11	11	
Typhus Fever	...													...	...										...	
Enteric Fever	9							3	2	2	1	1	...	4	1	1			1	4				1	1	
Relapsing Fever	...													...	...										...	
Continued Fever	...													...	...										...	
Puerperal Fever	3									2	1	...	...	3	...										1	
Puerperal Pyrexia	12									12			...	4	1	2	2	1	2	2	1	...	1	1	1	
Cerebro Spinal Meningitis	...													...	...										...	
Polio-myelitis	2	1								1			...	...	...										...	
Ophthalmia Neonatorum	4	4											...	4	...				2			1	...	...	...	
Pulmonary Tuberculosis	102						1	1	7	38	23	28	4	50	56	5	11	10	13	8	9	11	5	20	10	
Other Forms of Tuberculosis	20		1			1	3	2	2	5	3	3	...	9	1	2	2	5	...	3	...	...	2	2	3	
Acute Polio-encephalitis	...													...	...										...	
Encephalitis Lethargica	...													...	...										...	
Acute Primary Pneumonia	84	6	9	4	2	3	12	3	4	10	4	9	18	28	42	1	2	7	3	21	9	3	6	21	11	
Influenzal Pneumonia	23					1		1		3	4	10	4	6	11	...	1	2	1	10	3	...	...	6	...	
Malaria	...													...	...										...	
Dysentery	...													...	...										...	
Trench Fever	...													...	...										...	
Totals	458	12	13	9	8	16	78	45	37	96	50	62	32	96	308	17	53	29	37	90	43	28	32	78	51	

\*For Analysis of Deaths See Table No. 2 (Ministry of Health), page 16.

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

DEATHS FROM THE SEVEN CHIEF EPIDEMIC DISEASES.

	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932
Smallpox ...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	1	...	...	...	2	...	...	...	...	...	1	...
Diphtheria ...	2	1	1	...	...	1	...	2	4	4	5	6
Enteric Fever ...	...	1	...	...	1	...	1	...	1	1	...	2
Measles ...	...	4	4	...	...	8	...	3	1	12	1	1
Whooping Cough	1	...	2	3	1	5	...	4	2	1	1	1
Diarrhoea (under 2 years)	6	3	3	1	1	6	4	2	3	2	1	1
Totals ...	10	9	10	4	5	20	5	11	11	20	9	11

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

Under the established policy one complete block was re-decorated and modernised throughout, in addition to ordinary repairs and renewals.

The sanatorium is used for many varieties of infectious disease, in addition to the usual trio—diphtheria, scarlet fever, and typhoid, no fewer than 10 different diseases being treated in 1932, an obvious advantage, apart from the hospital treatment of the case itself, in a health and pleasure resort, especially during the busy summer season.

As regards scarlet fever, 95 per cent of the 91 notified cases were admitted to the Borough Sanatorium, a high figure, although no objection is raised to isolation at home under proper precautions. The usual hospital detention for this disease is just over 4 weeks, the average being 36 days. The use of scarlet fever anti-toxin, in all but the mildest cases, is in my opinion an important factor in the reduction of the period of hospital detention and the number and severity of complications.

There were no return cases.

The probationer nurses received training and attended lectures by the medical staff and the matron, all nurses presented



for examination having passed. The Borough Sanatorium is recognised by the General Nursing Council as a Full Training School for Fever Nurses.

The number of fully equipped beds at the Borough Sanatorium remains 70, at Brede Small-Pox Hospital 20, several beds at each institution being reserved for neighbouring authorities. As a matter of fact the hospital, as pointed out in previous reports, is in a position to serve an even wider area than it does at present.

The Brede Small-Pox Hospital, staffed as and when required from the Borough Sanatorium, was, as already stated, opened for two periods, of 8 weeks for 14 cases, and 17 weeks for 25 cases. In spite of the fact that during this period the work at the Borough Sanatorium was heavy, all calls for nursing help and equipment were admirably met.

#### (B) Cases under Treatment in 1932.

I.D. Table No. 6.

Disease.	In Hospital Jan. 1st, 1932.	Ad- mitted. 1932.	Died 1932.	Dis- charged 1932.	In Hospital Dec. 31st, 1932.
*Scarlet Fever ... ..	3	90	...	81	12
Scarlet Fever and Diphtheria ... ..	...	4	...	4	...
*Diphtheria ... ..	9	68	6	59	12
*Measles ... ..	...	50	...	47	3
Whooping Cough and Measles ... ..	...	1	...	1	...
Whooping Cough ... ..	...	1	...	1	...
German Measles ... ..	...	1	...	1	...
Typhoid Fever ... ..	1	5	1	2	3
Chicken Pox ... ..	...	4	...	4	...
Pneumonia ... ..	1	1	1	1	...
Erysipelas ... ..	...	3	...	3	...
Small Pox ... ..	...	1	...	1	...
" — Observation ... ..	...	3	...	3	...
" — Convalescent ... ..	...	1	...	1	...
Totals	14	233	8	209	30

\*Including Observation Cases.

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

Scarlet Fever	...	...	...	...	3 cases.
---------------	-----	-----	-----	-----	----------

**Average Stay in Hospital.**

Scarlet Fever	...	...	...	...	36 days.
Diphtheria	..	...	...	...	42 „
Enteric Fever	...	..	...	...	50 „
Measles	...	...	...	...	28 „

**Complications.****Scarlet Fever :—**

Adenitis	...	...	...	...	...	20
Rhinorrhœa	...	...	...	...	...	12
Otorrhœa	...	...	...	...	...	6
Empyema	...	...	...	...	...	1
Nephritis	...	...	...	...	...	3
Quinsy	...	...	..	...	...	2
Septic fingers	...	...	...	...	...	6

**Measles :—**

Broncho-pneumonia	...	...	..	...	...	8
Acute Bronchitis	...	...	...	...	...	12

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**TUBERCULOSIS.**

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**(1) VITAL STATISTICS.****(a) Notifications, 1932.**

The total primary notifications fell from 164 to 127, a decrease anticipated in the report for 1931, in view of the fact that the notifications for that year were somewhat artificially increased by the inclusion of a certain number of out-standing cases whose notification had previously been omitted.

T. Table No. 1.

## TUBERCULOSIS, 1932—NOTIFICATIONS.

Age Period.	New Cases.		Deaths.	
	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.
0—1 years ...	...	...	...	...
1—5 " ...	...	2	...	1
5—10 " ...	1	3	1	...
10—15 " ...	1	2	2	...
15—20 " ...	7	2	1	1
20—25 " ...	15	...	14	...
25—35 " ...	25	5		...
35—45 " ...	24	3	10	...
45—55 " ...	19	3	16	1
55—65 " ...	9	...		
65 upwards ...	6	...	6	...
Totals ...	107	20	50	3
Grand Totals	127		53	

T. Table No. 2.

TUBERCULOSIS, 1932—NOTIFICATIONS FROM  
VARIOUS SOURCES.

Category.	Primary Notifications.	New Cases notified other Sources.	Supplemental Notifications.	Totals
Pulmonary Males ...	55	4	1	60
" Females ...	47	1	2	50
Non-Pulmonary Males	8	...	1	9
" Females	12	...	...	12
Totals ...	122	5	4	131



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

CASES OF TUBERCULOSIS ON THE NOTIFICATION REGISTER  
ON THE 31ST DECEMBER, 1932.

TOTAL CASES.	PULMONARY.			NON-PULMONARY.		
	Males.	Females.	Total.	Males.	Females.	Total.
488	208	184	392	47	49	96

**T. Table No. 3.**

TUBERCULOSIS PRIMARY NOTIFICATIONS, FORM A, SINCE 1920.

	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932
Pulmonary	74	89	71	81	98	94	76	65	60	82	84	141	102
Other Forms	9	9	9	22	26	39	29	19	18	14	24	23	20
Totals ...	83	98	80	103	124	133	105	84	78	96	108	164	122

**Relation of Deaths to Notification.**

The improvement in earlier notification has been maintained, most of the cases unnotified before death, or "notified less than three months," having occurred in new comers to the district. In each case of death without notification the medical practitioner is asked to explain the circumstances.

It is hardly necessary now to emphasise the importance of notification either from the point of helping the patient as regards medical treatment, extra nourishment, etc., and also in allowing the health department to take necessary steps to protect the public.

**T. Table No. 4.**

## RELATION OF DEATHS TO NOTIFICATIONS, 1932.

					Pulmonary	Other Forms.	Total.
Not notified			before death		5	...	5
Notified less than 3 months			" "		11	3	14
"	3 to 6	"	" "		2	...	2
"	6 to 12	"	" "		3	...	3
"	1 to 2 years	"	" "		6	...	6
"	over 2	"	" "		23	...	23
Totals ... ..					50	3	53

**(b) Death Rate from Tuberculosis.****T. Table No. 5.**

## DEATHS FROM TUBERCULOSIS SINCE 1905.

Year.	No. of deaths Pulmonary Tuberculosis.	No. of deaths Other Forms of Tuberculosis.	Total Deaths.	Death Rate All Forms per 1,000.
1905-09 average	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
1930 ... ..	44	11	55	·88
1931 ... ..	45	5	50	·80
<b>1932</b> ... ..	<b>50</b>	<b>3</b>	<b>53</b>	<b>·84</b>

The total mortality from all forms of tuberculosis was 84 per 1,000 of the population, as compared with 80 in 1931, the gradual fall of recent years being maintained. Compared with

the decade preceding the war the rate has been more than halved. The death rate for non-pulmonary or surgical tuberculosis '05 per 1,000 is the lowest recorded.

## (2) TUBERCULOSIS HEALTH VISITOR, ETC.

### (a) Home Visiting.

Home visits to new cases	...	...	85
"    "    old    "	...	...	2,114
<hr/>			
Total visits	...	...	2,199
<hr/>			

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

Bottles of Disinfectant	...	...	282
Sputum Mugs and Flasks	...	...	10
Thermometers	...	...	13

## (3) TUBERCULOSIS DISPENSARY.

The work of the tuberculosis dispensary in the Out-Patient Department of the Royal East Sussex Hospital has been fully maintained. The main function of the dispensary is to act as a diagnostic and consulting centre, as a sorting house in fact, in the investigation by all modern methods of suspected new cases and contacts, and then to arrange for the most appropriate treatment. In investigation an increasing use has been made of the X-Ray and Pathological Departments of the hospital, and in determining the absence of tuberculosis, especially in children, the Mantoux intra-cutaneous tuberculin test has been of considerable value.

Tuberculin (B.E.) has continued to be used with advantage in the treatment of surgical tuberculosis, especially in children.

During the year 145 new cases were seen, including 26 cases transferred from other areas or returned after discharge. The total attendances were 1,297, while the number of contacts examined has fallen, as compared with 1931. The importance of this work is emphasised by the fact that out of 23 contacts examined, 3 cases of pulmonary and 2 cases of non-pulmonary tuberculosis were discovered.



T. Table No. 6.

RETURN SHOWING THE WORK OF THE TUBERCULOSIS DISPENSARY,  
DURING THE YEAR 1932.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND 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	26	23	1	...	1	3	1	8	27	26	2	8	63	
(b) Diagnosis not complete	...	...	...	...	...	...	...	...	3	...	...	1	4	
(c) Non-tuberculous	...	...	...	...	...	...	...	...	11	9	4	5	29	
B.—CONTACTS examined during the year :—														
(a) Definitely tuberculous	1	2	...	...	...	...	1	1	1	2	1	1	5	
(b) Diagnosis not completed	...	...	...	...	...	...	...	...	...	...	...	...	...	
(c) Non-tuberculous	...	...	...	...	...	...	...	...	2	4	8	4	18	
C.—CASES written off the Dispensary Register as														
(a) Recovered	11	1	1	2	3	3	5	7	14	4	6	9	33	
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	...	...	...	...	...	...	...	...	15	20	11	11	57	
D.—NUMBER OF CASES ON Dispensary Register on December 31st :—														
(a) Definitely tuberculous	122	78	5	2	8	10	14	20	130	88	19	22	259	
(b) Diagnosis not completed	...	...	...	...	...	...	...	...	3	...	...	1	4	

1. Number of cases on Dispensary Register on January 1st ... 308
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ... 26
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ... 71
4. Cases written off during the year as Dead (all causes) ... 29
5. Number of attendances at the Dispensary (including Contacts) 1,297
6. Number of Insured Persons under Domiciliary Treatment on the 31st December ... 26
7. Number of consultations with medical practitioners :—
  - (a) Personal ... 33
  - (b) Other ... 124
8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ... 68
9. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes ... 1,260
10. Number of
  - (a) Specimens of sputum, etc., examined ... 71
  - (b) X-ray examinations made ... 50
 in connection with Dispensary work
11. Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) above ... 1
12. Number of "T.B. plus" cases on Dispensary Register on December 31st ... 142

**T. Table No 7.****DISPENSARY ATTENDANCES FOR 1932.**

(1) Insured men	...	...	...	312
women	...	...	...	156
(2) Non-insured men	...	...	...	30
women	...	...	...	256
children—				
f boys	...	...	...	268
\ girls	...	...	...	210
(3) Ex-military cases	...	...	...	65
Total attendances	...	...	...	1,297

**(4) INSTITUTIONAL TREATMENT, 1932.**

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

(a) 30 beds at Darvell Hall Sanatorium for pulmonary tuberculosis.

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

(c) 21 beds at the Municipal Hospital 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.

I record again with pleasure the friendly and most helpful co-ordination which exists between the work carried out at Darvell Hall Sanatorium and the Tuberculosis Dispensary.

The important alterations and additions at Darvell Hall are now nearing completion, including an entirely new women's wing, workshops, improvement in the kitchen and dining arrangements, accommodation for staff, etc. The Hastings patients will have the advantage of treatment in an institution up-to-date in every respect.

The results of treatment are shewn in Table No. 9. The fact that a considerable number of the cases is shewn as non-quiescent is not in any way an indictment of sanatorium treatment. The improvement in many cases is at least sufficient to prolong life, in some cases for a considerable period, in others to allow of a return to more or less normal life, including employment in the case of the wage earner. Results have undoubtedly improved since the introduction several years ago of artificial pneumo-thorax and phrenic evulsion, the effect of which is to keep the affected lung at rest. In the case of Hastings patients the necessary refills are continued at the Sanatorium over a period of 2-3 years or even longer after discharge. In addition the instruction in hygiene and in the control of infection given at the Sanatorium are assets of considerable value.

The placing of the ex-sanatorium patient in civil life continues to be a major problem. The Village Settlements of Papworth and Preston Hall, undoubtedly the ideal solution, can only deal with the fringe, but even so, it has been possible to send a few cases from this district with considerable success.

During the past year the accommodation for cases of tuberculosis at the Municipal Hospital has been materially improved, both as regards beds, space and the provision of sanitary annexes by the erection of the extensions, which include an open-air annexe capable of taking 3 male cases.

#### **T. Table No. 8.**

##### **CASES SENT TO INSTITUTIONS DURING 1932.**

To Darvell Hall Sanatorium	...	...	...	54
„ Royal East Sussex Hospital	...	..	..	4
„ Hastings Municipal Hospital	...	...	...	2
				—
Total	...	...	...	60
				—



**T. Table No. 9.**

RESULTS OF INSTITUTIONAL TREATMENT IN CASES  
DISCHARGED IN 1932.

	Quiescent.	Not Quiescent	Died in Institution.	Total.
Pulmonary :—				
T.B. — ... ..	10	4	...	14
T.B. +				
Stage 1 ... ..	1	6	...	7
Stage 2 ... ..	...	16	...	16
Stage 3 ... ..	1	13	5	19
Non-Pulmonary :—				
Bones—Joints ...	2	...	...	2
Glands, etc. ...	2	1	...	3
Totals ... ..	16	50	5	61

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

This excellent voluntary Committee has continued to do splendid work, supplementing that of the Public Health Committee.

A typical week's work is shewn :—

	£	s.	d.
(a) Monetary allowances ... ..	1	17	6
(b) Fresh milk ... ..		12	3
(c) Certified Milk ... ..	1	1	0
(d) Eggs ... ..		6	7
(e) Butter ... ..		3	9
(f) Maintenance of 2 children in the country ... ..	1	2	6
Total weekly liability ... ..	£5	3	7

**(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 1932.

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**MATERNITY & CHILD WELFARE.**

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**(1) VITAL STATISTICS.**

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

The number of births reported to the Health Department in 1932 was as under :—

<i>Total Births</i> —Notified by midwives	...	...	450
„ „ doctors	...	...	195
„ „ relatives and others	...	...	186
			<hr/>
Total	...	...	831
			<hr/>
<i>Still Births</i> —Notified by midwives	...	...	16
„ „ doctors	...	...	8
„ „ relatives and others	...	...	7
			<hr/>
Total	...	...	31
			<hr/>

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

The number of un-notified births was 28, including 26 live births and 2 still births.

**(b) Infantile Mortality in 1932.**

Net live births registered	...	...	...	752
Number of deaths of infants under one year	...			33
Infantile Mortality	...	...	...	44
Net illegitimate live births registered	...	...		49
Number of deaths of illegitimate infants under one year	...	...	...	3
Infantile Mortality in illegitimate infants	...			61·2

**(c) Maternal Mortality, 1932.**

Deaths from puerperal sepsis	...	...	...	1
Deaths from other accidents and diseases of pregnancy	...	...	...	3
Maternal mortality	...	...		5·3

The infantile mortality rate was 44 per 1,000 births and, as usual, considerably below the general rate for the country, viz., 65. In 1932 there was a definite fall in the neo-natal mortality, *i.e.*, the death rate during the first four weeks of life, an increase in the mortality from bronchitis and pneumonia, and a decrease in the deaths due to congenital debility, prematurity, wasting and other developmental diseases.

The maternal mortality, 5·3 per 1,000, shows a slight increase and is also slightly higher than the average figure of 4·0 for the country. With regard to circular 156, Ministry of Health, dealing with measures in connection with the important question of the reduction of maternal mortality, it was found that the majority of the Ministry of Health's recommendations as regards Ante-Natal Centres, beds for maternity and puerperal fever and pyrexia cases, home helps, provision of extra nourishment, etc., had been faithfully carried out. Action with regard to the following matters has been for the present postponed :—

- (a) Provision of consultants for difficult labour.
- (b) Provision of certified midwives in place of handwomen in special cases.
- (c) Provision of sterilised midwifery outfits.



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

## ANALYSIS OF INFANTILE AND MATERNAL MORTALITY FROM 1900—1932.

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, etc.	
	Births.	Rate.	Deaths.	Rate per 1000 Births.	Deaths under 1 year.	Rate per 1000 Births.	Deaths 0-4 weeks.	Rate per 1000 Births.	Deaths 0-2 years.	Rate per 1000 Births.	Deaths 0-1 year.	Rate per 1000 Births.	Deaths 0-1 year.	Rate per 1000 Births.
1900-04	1231	18.67	7	5.7	137	111	not available	19.5	24	19.5	24	19.5	23	18.7
1905-09	1100	17.4	5	4.5	105	95	38	13.6	15	13.6	16	14.5	19	17.3
1910-14	902	14.9	3	3.3	75	83	26	14.4	13	14.4	11	12.2	28	31.0
1915	809	15.5	3	3.7	79	97	35	1.2	1	1.2	17	21.0	36	44.5
1916	785	15.7	2	2.5	47	60	22	1.4	1	1.4	6	7.6	23	29.3
1917	759	15.1	not available	not available	59	78	not available	7.9	6	7.9	not available	not available	25	32.9
1918	838	16.1	1	1.2	60	71	29	2.4	2	2.4	8	9.5	30	35.8
1919	784	13.0	4	5.1	56	71	33	3.8	3	3.8	6	7.7	32	40.8
1920	1146	19.1	3	2.6	59	51	28	7.9	9	7.9	6	5.2	31	27.1
1921	850	14.3	6	7.1	44	52	16	1.8	6	1.8	7	8.2	19	22.4
1922	930	15.6	8	8.6	46	49	32	3.4	3	3.2	4	4.3	29	31.2
1923	834	13.9	6	7.2	36	43	20	2.9	2	2.4	3	3.6	19	23.1
1924	778	12.9	4	5.1	54	69	29	3.3	1	1.3	11	14.1	30	38.6
1925	783	13.0	2	2.6	31	40	10	1.8	1	1.3	9	10.2	10	12.8
1926	770	12.6	1	1.6	49	64	18	2.4	6	7.8	12	15.6	10	13.0
1927	776	12.6	1	1.3	51	66	29	3.4	4	5.2	7	9.0	13	20.6
1928	752	12.0	3	4.0	38	51	17	2.9	2	2.7	8	10.6	13	17.3
1929	762	12.2	1	1.3	27	35	14	1.8	3	3.9	4	5.2	12	15.7
1930	767	12.2	2	2.6	44	57	21	2.7	2	2.6	9	11.7	17	22.2
1931	764	12.3	3	4.1	39	51	25	3.2	1	1.3	5	3.9	26	34.1
1932	752	11.9	4	5.3	33	44	11	14.6	1	1.3	11	14.6	14	18.6

1932. Net Deaths from Stated Causes at various ages under 1 year of age.

CAUSES OF DEATHS.	WARD DISTRIBUTION.										Total under 4 weeks.	3-4 weeks	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.
	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 Causes. { Certified { Uncertified	7	1	...	3	11	11	6	3	2	33	...	...	...	...	...	...	...	...	...	...	...
Small Pox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken Pox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria and Croup ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhoea ...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Enteritis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous diseases ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital Malformation ...	2	...	...	1	2	2	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...
Premature Birth ...	3	...	...	1	4	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...
Atrophy, Debility and Marasmus ...	...	...	...	1	1	5	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...
Atelectasis ...	1	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Injury at birth ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rickets ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis ...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Convulsions ...	1	...	...	...	1	...	1	...	...	2	...	...	...	...	...	...	...	...	...	...	...
Gastritis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Laryngitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia (all forms) ...	...	1	...	1	1	2	2	2	1	8	...	...	...	...	...	...	...	...	...	...	...
Suffocation (overlying) ...	...	...	...	...	...	...	1	1	...	3	...	...	...	...	...	...	...	...	...	...	...
Other causes ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals ...	7	1	...	3	11	11	6	3	2	33	...	...	...	...	...	...	...	...	...	...	...

Net Births in { legitimate 703  
the year { illegitimate 49Net deaths in { legitimate infants 30  
the year of { illegitimate infants 3

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

No. of Midwives on Register—Trained	...	15
Untrained	...	1
	Total	16
No. of visits to Midwives, Inspections	...	42
Special Visits and Interviews	...	4
	Total	46
Midwives' Notifications (Medical Help) :—		
(a) Ante-Natal	...	8
(b) Labour	...	36
(c) Puerperium	...	44
(d) Infant	...	11
	Total	99
Other Official Notifications :—		
(a) Still-births	...	5
(b) Liability to Infection	...	2
(c) Artificial Feeding	...	2
(d) Death of Baby	...	1
	Total	10

The total number of births notified by midwives was 452.

Ante-natal records are well kept, the midwives keeping in touch with the ante-natal clinics. The work done is good, no irregularity having been discovered.

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

Under the above regulations the following arrangements were continued.

- (1) Hospital beds at the Royal East Sussex and the Municipal Hospitals, 7 cases being admitted during 1932.
- (2) The provision of consultants.



- (3) The provision of nursing by the District Nursing Association in cases treated at home.
- (4) Investigation into source of infection by Medical Officer of Health and, if necessary, the Inspector of Midwives.
- (5) Bacteriological examinations of blood and lochia at the Laboratory of the Royal East Sussex Hospital.

Number of Notifications :—

Puerperal Pyrexia	..	...	...	...	12
„ Fever	..	...	...	...	3

### (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, female visitors under the Mental Deficiency Acts, and as official Infant Protection Visitors for boarded-out children under the Children's Act of 1908.

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.

#### 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 ...	694	3091	3785
II. Infants 1-5 years of age ...	44	4520	4564
III. Special Visits ... ..	267	138	405
IV. Expectant Mothers ... ..	181	342	523
Totals ... ..	1186	8091	9277

V. Unsuccessful visits included above ... 850

## (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 ..	4	1	1	2	4
II. Pemphigus Neonatorum...	...	...	...	...	...
III. Puerperal Fever ... ..	3	1	3	...	3
IV. Puerperal Pyrexia ... ..	12	3	3	2	4
V. Measles or German Measles	...	43	43	...	33
VI. Whooping Cough ... ..	...	27	27	1	...
VII. Epidemic Diarrhœa ... ..	...	...	...	...	...
VIII. Poliomyelitis ... ..	1	1	3	...	...
Totals ... ..	20	76	80	5	44

## (c) SPECIAL REPORTS.

1. Milk Reports. New 222. Secondary 220.

Total ... .. 442

2. To Medical Officer of Health
- re*

Sanitation ... .. 2

(d) SPECIAL INFORMATION RELATING TO OPHTHALMIA  
NEONATORUM.

Cases.			Vision Unimpaired.	Vision Impaired.	Total Blindness	Deaths.
Notified	Treated.					
	At Home.	In Hospital				
4	...	4	2	1	...	1

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

As in previous years, the work of the voluntary association, under whose auspices, in conjunction with the Maternity and Child Welfare Committee, the 5 infant welfare and the 2 ante-natal centres are conducted, is most gratefully acknowledged.

It is gratifying to record an increase in the attendance of new cases, both as regards babies and expectant mothers. I believe it is correct to state that nine-tenths of the babies born of the working or artisan class attend the welfare centres. The remarkable popularity of the Central Clinic is reflected in its large attendances and fully justifies the choice of the Wellington Square Baptist Hall, and the expense undertaken in making the premises suitable for the purpose.

Two matters may require attention during 1933. It has been felt for some time that both the Park View and the Bulverhythe Clinics are somewhat cramped and in some respects unsuitable, and it is hoped that suggestions to improve matters may materialise during the year.

**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, 3 p.m. ...	109	1845	1954	898
Halton ...	Dr. Bruce } Dr. Lawson }	Wednesday, 2.30 p.m. ...	143	2230	2373	965
Park View...	Dr. Stanley ...	Thursday, 2.30 p.m. ...	103	2325	2428	1180
Central	Dr. Farnfield ...	Friday, 2.30 p.m. ...	187	3363	3550	976
Hollington	Dr. Bruce } Dr. Lawson }	Alternate Fridays, 2.30 p.m. ...	49	566	615	466
Halton, Ante-Natal	Dr. Walker ...	1st & 3rd Mondays, 2.30 p.m. ...	61	78	139	139
Park View Ante-Natal	Dr. G. Ticehurst	2nd & 4th Wednes- days, 2.30 p.m. ...	105	110	215	214
		Totals ...	757	10517	11274	4838



### (5) HOME HELPS.

Number of cases attended in 1932—44.

This work, the value of which is stressed by the Ministry of Health, has materially increased during the past few years, several emergency home-helps being now employed as and when necessary.

### (6) MATERNITY HOMES.

During 1932, 17 cases, as compared with 26 in 1931, were sent to Fernbank Maternity Home, under the arrangements made with the District Nursing Association, while at the Municipal Hospital 46 births, as compared with 38 in 1931, were notified from the Maternity Ward.

The Fernbank Maternity Home, with 14 available beds, both private and public, should deal with many additional cases under excellent conditions. The annual turnover of confinements could be doubled, with this accommodation.

The Maternity Ward at the Municipal Hospital is specially indicated for cases requiring ante-natal treatment, or when the patient is admitted for some time prior to the confinement. In the new Children's Home two nursing mothers can be accommodated with their children in special wards.

### (7) DISTRIBUTION OF MILK.

This work is controlled by 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 medical grounds. The amount of assistance granted has increased by approximately 16 per cent. in 1932.

#### SUMMARY.

(a) Fresh milk	...	...	...	13,524 pints.
(b) Dried milk	...	...	...	376 lbs.
(c) Individual nursing and expectant mothers and infants receiving milk	...	...	...	260

**(8) DENTAL TREATMENT.**

20 Children under school age received dental treatment at one of the two school clinics, 12 expectant or nursing mothers treatment at the Royal East Sussex Hospital.

**9 { ORTHOPÆDIC SCHEME.  
ULTRA-VIOLET RAY TREATMENT.**

See Special Section.

**(10) TREATMENT OF TODDLERS.**

Children under the age of 5 years, not attending school, may receive treatment at one of the school clinics, 21 children having made 58 attendances in 1932.

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## VENEREAL DISEASES CLINIC.

The venereal diseases clinic at the Royal East Sussex Hospital was built and equipped several years ago in accordance with plans approved by the Ministry of Health. The work is well known to and appreciated by the medical practitioners of the district, and in view of the specialised nature of the diagnosis and treatment of venereal diseases, practically all the cases are sent to the clinic. In addition to Hastings the clinic serves the neighbouring town of Bexhill and the contiguous portion of the County of East Sussex. During the holiday season a considerable number of visitors receive treatment, no fewer than 24, mostly cases of gonorrhœa, attending during 1932, or approximately 16 per cent. of the total number of cases.

Dr. Lazarus-Barlow, Medical Officer, reports as follows :—

“During the year, 1932, the total number of cases of venereal diseases from Hastings, attending the clinic for the first time, was almost identical with that for 1931, but the distribution of those cases shewed a great difference. The cases of syphilis increased by approximately fifty per cent, whilst the cases of gonorrhœa decreased by approximately thirty-three per cent. During the first five months of the year the work in the clinic decreased markedly compared with the same period of the previous year, the total attendances being approximately five hundred less. This drop was due to the few new cases of men suffering from gonorrhœa who attended. As the total attendances for the year were only twenty-four less than in 1931, it will be realised that in the last seven months of the year there was a considerable pressure of work.

The Sister in the clinic, during the earlier part of the year, was able to visit the homes of numerous patients with whom we had lost touch, with the result that in many cases they returned for further treatment: in the latter part of the year, when she was giving up to sixty-five treatments a week, no time was available for this side of the work.



The number of in-patients treated was nearly double that of 1931, and the total 'in-patient days' naturally shews an increase, but not to the same extent. During the year under review there was a marked rise in the number of cases of gonococcal arthritis, practically all the in-patients being warded for this condition.

That the clinic is well supported by the general practitioners of the town and district is shewn by the fact that sixty-six new cases during the year attended on the advice of a medical practitioner. Needless to say, all matters relating to the clinic are treated with the utmost secrecy."

### VENEREAL DISEASES CLINIC.

#### COMPARATIVE STATEMENT OF WORK FOR YEARS 1927-1932. HASTINGS CASES ONLY.

	1927	1928	1929	1930	1931	1932
Number of new cases suffering from :—						
(a) Syphilis ... ..	42	21	13	25	14	20
(b) Soft Chancre ... ..	1	nil	nil	nil	1	nil
(c) Gonorrhœa ... ..	54	75	57	53	35	37
(d) Non-venereal conditions	84	111	44	47	35	27
Total ... ..	181	207	114	125	85	84
Total attendances out-patient clinic ... ..	3523	5064	5789	4506	4536	4133
In-patient days ... ..	200	135	172	67	139	247
Doses of Salvarsan :—						
Out-Patient Clinic... ..	698	256	316	445	395	488
In-Patient Department ...	nil	nil	nil	nil		
*Pathological Examinations :—						
(a) Examined by Medical Officer, V.D. Clinic ...	359	392	530	503	625	852
(b) Sent to approved laboratory ... ..	378	306	331	170	457	463

\*These include all specimens.

## MENTAL DEFICIENCY.

PARTICULARS OF MENTAL DEFECTIVES AS ON 1ST JANUARY, 1935.

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

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

Category.	Males.	Females.	Total.
A. NUMBER OF CASES "SUBJECT TO BE DEALT WITH" :—			
1. UNDER "ORDER"—			
(a) (1) In Institutions (excluding cases on licence) { Under 16 years of age.	...	1	1
{ Aged 16 years and over.	8	25	33
(2) On licence from Institutions { Under 16 years of age.	...	...	...
{ Aged 16 years and over.	1	...	1
(b) (1) Under Guardianship (excluding cases on licence) { Under 16 years of age.	2	1	3
{ Aged 16 years and over.	13	21	34
(2) On licence from Guardianship { Under 16 years of age.	...	...	...
{ Aged 16 years and over.	1	1	2
2. In "places of safety" { Under 16 years of age.	2	...	2
{ Aged 16 years and over.	...	...	...
3. Under Statutory Supervision ... ..	11	14	25
Of whom—			
Awaiting removal to an Institution...	1	...	1
4. Action not yet taken under any one of the above headings—			
(a) Notified by Local Education Authorities (Sec. 2 (2) ) ... ..	1	...	1

Category.	Males.	Females.	Totals.
(b) Mental Defectives in receipt of Poor Relief:—			
(1) Institutional { (a) In Public Assistance Institutions not approved under Sec. 37	...	...	...
(b) In Institutions certified under the M. D. Acts including those approved under Sec. 37 { (1) Cases 'placed' under Sec. 3 ...	...	...	...
(2) Domiciliary ...	2	5	7
(c) Otherwise "ascertained" ...	...	...	...
B. NUMBER OF CASES WHO MAY BECOME "SUBJECT TO BE DEALT WITH."—			
1. IN INSTITUTIONS OR UNDER GUARDIANSHIP—dealt with under Sec. 3:—			
(a) In regard to whom the Local Authority contributes under its permissive powers ...	3	...	3
(b) Maintained wholly by parents, relatives or others ...	...	...	...
(c) In approved Home—Local Authority contributes ...	1	...	1
2. Reported to the Local Authority from any reliable source but as to whom no action has been taken ...	5	2	7
3. Under Voluntary Supervision ...	...	3	3
Totals ...	50	73	123

Number of above Cases on the Registers of Occupation Centres:—

Under Statutory Supervision ...	...	3	5	8
Under Voluntary Supervision ...	...	—	—	—
On Licence from Institutions ...	...	—	—	—
Under Guardianship ..	...	3	3	6
On Licence from Guardianship ...	...	1	1	2
Total	7	9	16	



## DURING THE YEAR 1932.

1. Cases notified by Local Education Authorities (Section 2 (2) ) during the year 1932 :—

	M.	F.	T.
Method of disposal—			
Sent to Institutions (by order)	—	—	—
Placed under Guardianship (by order) ... ..	—	—	—
Placed under statutory Super- vision ... ..	—	1	1
Placed in " Places of Safety "	—	—	—
Died or Removed from Area	—	—	—
Action not yet taken—			
{ (a) In receipt of Poor Relief ... ..	1	—	1
{ (b) Others ... ..	—	—	—
Total	<u>1</u>	<u>1</u>	<u>2</u>

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

(a) Number who have given birth to children during 1932—

(1) After marriage }  
(2) While unmarried } Nil.

M. F.

(b) Number who have married during 1932 nil nil

(a) **Ascertainment.**

In addition to the investigations of the Officers of the Mental Deficiency Committee, reports of fresh cases are from time to time received by other social agencies, *e.g.*, Police, N.S.P.C.C., the Relieving Officers, Court Missionaries, etc.

(b) **Home Supervision.**

The officers of the M.D. Committee, the Health Visitors and the School Attendance Officers, regularly visit, in their homes, mental defectives under statutory or friendly supervision or under guardianship, all reports being submitted in the first instance to the Medical Officer of Health.

**(c) Guardianship Cases.**

This useful system, fully described in previous reports, either at home, or under the Brighton Guardianship Society, has been fully maintained, the total number under guardianship being 37.

**(d) Institutional Cases.**

The number in institutions, 36, shows a reduction of one as compared with the previous year. It is becoming increasingly difficult to place a mental defective in any suitable institution, apart from the Municipal Hospital, for which the case may not be appropriate. No definite joint action has been taken during the past year to establish a local institution for defectives by the County and the County Boroughs of the district.

**(e) School for Delicate Children—Mental Wing.**

This is the old Special School with accommodation for 65—68 children, mentally defective according to the standard of the Board of Education. By far the greater proportion of those that leave, about 10 children per annum, between 15 or 16 years of age, are referred for supervision to the Voluntary After Care Committee, and in most cases obtain suitable and regular employment; only occasional cases are of a type which require certification or statutory supervision under the Mental Deficiency Acts.

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

This deals with an extremely difficult group of mental defectives, about 30 in number, whose mental condition is too low for the Special School, or unemployable defectives over school age. The Centre is administered by a voluntary committee, but financed by the Mental Deficiency Committee. The subjects taught include table manners, drill, simple and rhythmic exercises to music, singing, rug making, some simple reading and writing. The Centre fulfils a real want in view of the inadequacy of institutional places.

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

The weekly clinic for mental disorders at the Royal East Sussex Hospital has now an average attendance of 8—10 cases at each session, with generally one to two new cases. The

service, I believe, is much appreciated both by patients and relatives, and also by the medical profession of the town.

The question of extending the services of the social worker to include home visiting in this town is still under consideration.

No definite beds for observation cases are retained in the local hospital, but it is possible to send voluntary cases to the East Sussex Mental Hospital, should the full complement of beds not be required.

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## SCHOOL MEDICAL SERVICE.

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### Summary of Year's Work.

(a) Routine medical examination of 2,047 children in the elementary schools, 214 girls in the High School, and 88 children in the St. Leonards School for Delicate Children, 25 children in the Hastings School for Delicate Children, and 309 boys in the Grammar School.

(b) Medical examination and treatment, where necessary, at the two school clinics of 2,306 children, who made 11,923 attendances.

(c) 7,526 re-inspections by the Medical Officer at the schools and clinics.

(d) Examination by refraction of 182 cases of defective vision, 143 children being supplied with spectacles under the Authority's scheme.

(e) Operative treatment of 136 cases of enlarged tonsils or adenoids or of both conditions at the local hospitals.

(f) 2,388 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 7,473.

(h) Dental inspection by the School Dentist of 6,622 children, 1,503 being actually treated during the year.

(i) Cleanliness inspections at the schools by the School Nurses, of 15,065 children inspected 540 being found defective in varying degrees and 23 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 370, total home visits 1,610.

(k) A complete orthopædic scheme for the treatment of crippling. (See special chapter).

(l) Medical supervision of the children at the Hastings and St. Leonards Schools for Delicate Children, the latter with two wings, one for the mentally retarded, the other open-air. (See special note).

### **1. STAFF.**

See "Staff of the Health Department," pp. 6-7.

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

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

See Report for 1930.

In nearly every Infant Department there is a special class for infants under 5 years of age, of whom, in fact, a considerable proportion are between 3 and 4 years. The special arrangements for the care of these children include:—

(a) Sufficient supplies of chairs, tables, rests and blankets for afternoon sleep. The blankets are disinfected each vacation.

(b) In most schools there is a milk diet at 1d. per glass, special attention being given to the younger infants. Where necessary, on medical grounds, milk is granted free of cost in necessitous cases.

(d) The school clinics are available for children under 5 years, not at school, on the certificate of the School Medical Officer or a Health Visitor, either for the ordinary treatment available at the clinics or for diphtheria immunisation.

### 3. SCHOOL HYGIENE.

(a) Accommodation and attendances for the quarter ending December 31st, 1932:—

Total accommodation	...	...	8,887
Average number on registers	...	...	6,706
Average attendance ...	...	...	6,229
Percentage of attendance	...	...	92·8
Average attendance for 1932	...	...	5,998
Average attendance for 1931	...	...	5,917
Percentage of elementary school children on register to total population	...	...	10·27

The total number on the registers of the elementary schools on 31st December, 1932, shows an increase of 119 as compared with the figures of last year.

It is fully realised that the older schools are badly planned and in many respects unsatisfactory, especially in respect of cloak room accommodation, natural lighting, ventilation and general hygiene.

At the same time in this period of financial stress it is important to note that a substantial amount of decoration, repairs, and hygienic improvements at a cost of about £2,600 was carried out during the year; for example, improvements in lighting and ventilation at Ore Village Infants, improvements in ventilation at West St. Leonards Infants, and Sandown Schools, the removal of old-fashioned galleries at West St. Leonards Mixed Department, and the modernisation of the old fashioned water closets at St. Leonards Central School.

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

The head-teachers give all possible facilities where necessary for children to have a midday meal at school, the arrangements for previous years having been continued.

### 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 2,047, viz.: 686 entrants,

552 intermediates, and 809 leavers. In addition, 741 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.

Every effort is made by the School Medical Service staff to avoid disturbance of the routine of the school time table.

**5. { FINDINGS OF MEDICAL INSPECTION.  
MEDICAL TREATMENT.**

**(a) Uncleanliness.**

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

1. Average number of visits per school made during the year by the school nurses ...	10
2. Total number of examinations of children in the schools by school nurses ... ..	15,065
3. Number of individual children found unclean	540
4. Number of children cleansed under arrangements made by the Local Education Authority ... ..	23
5. Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921 ...	Nil.
(b) Under School Attendance Bye-laws...	Nil.

The improvement in the cleanliness of the children was maintained, gross examples of verminous conditions being now exceedingly rare.

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

**(1) Ringworm.**

**(a) Head.**

Three cases were diagnosed and received treatment at the clinic with strong iodine. Sometimes this treatment is surprisingly successful, but generally, the period of treatment, during which the child is infectious and generally excluded from school, extends to many weeks, possibly months. Arrangements have now been made to send refractory cases for X-Ray treatment to one of the London Hospitals.



(b) **Body.**

Eleven cases were diagnosed and all treated at the school clinics with satisfactory results.

(2) **Scabies.**

Twenty-two cases were diagnosed and treated at the School Clinic, and at the Cleansing Station where sulphur baths and disinfection of clothing are available. Disinfection of bedding and rooms are also carried out where necessary.

(3) **Impetigo Contagiosa.**

The total cases diagnosed were 236, of whom only 4 were discovered at routine school inspection.

The gentian violet method, fully described in last year's report, has been continued with success.

(4) **Other Skin Diseases.**

A considerable number of the children attending the school clinics belong to this group of minor injuries, burns, scalds, boils, septic sores, abscesses, etc., no fewer than 1,894 having received treatment during the year.

(c) **Tonsils and Adenoids.**

Throughout the year as the result of routine inspection at all the various schools, Elementary, Secondary, Grammar, etc., and of examinations at the School Clinics, 213 children had enlarged tonsils or adenoids, or both, of such a nature that treatment by operation was recommended; in 543 cases the condition required observation or re-inspection. Under the Authority's scheme for operative treatment at the local hospitals 136 children were operated upon, and in addition 5 children received operative treatment from other sources. As a matter of fact, as set out fully in last year's report, the question for or against operation received most careful consideration, with possibly several attendances at the clinic over a period of months before the final decision was made. In view of the recent consensus of opinion in this matter, the policy of conservatism in connection with operations for enlarged tonsils and adenoids will be fully maintained in the local service.

**(d) Tuberculosis.**

During the past year one case of pulmonary tuberculosis was discovered requiring treatment, one observation; two cases of tuberculous glands required treatment, two observation.

There is full co-operation between the School Medical Service and the Tuberculosis Service, both being under the control of the Medical Officer of Health, so that all actual or suspected cases among school children can be referred at once.

**(e) External Eye Disease.**

Of these 150 cases received treatment at the clinic, mainly cases of blepharitis, conjunctivitis, corneal ulcer, etc., specially referred either by the parents or the teachers.

Where necessary, for ultra-violet ray treatment or special consultation, a few cases were referred to the Eye Department at the Royal East Sussex Hospital.

**(f) Defective Vision.**

During 1932, 241 cases of defective vision or squint were discovered requiring treatment by refraction, 80 in which further observation was indicated. Altogether 188 cases were refracted in which spectacles were furnished in 149 cases.

In difficult cases a consultation at the eye clinic of the Royal East Sussex Hospital is available. A card index of all children supplied with spectacles is kept, and each child is inspected once yearly in order to ensure that the correction is satisfactory and the spectacles in good order.

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

The number of cases in attendance at the school clinic has not, so far, justified the establishment of ionisation.

**(h) Dental Treatment.**

Mr. W. D. Penfold, School Dental Surgeon, reports:—"Rather more children were inspected during the twelve months ending December, 1932, than in the previous twelve months. Of the 6,622 inspected it was found that 3,442, or 51.9% required treatment. This is a decrease of over 6 per cent. as compared with 1931, showing that the dental condition of the children is improving. Of those referred for treatment, 1,503 or 43.66% were actually treated—a slight improvement on the previous twelve



months. Generally speaking there is more response to the treatment offered. The improvement is gradual, certainly, but it is there—9·5% more children having accepted treatment this year than was the case two years ago. The usual objections are still evident, though, perhaps, in a smaller degree. There is still the apathy as regards the deciduous teeth. Parents will not appreciate their importance and that on their condition largely depends the condition of the permanent teeth. Then again there is the parent, who has had at some time a tooth filled, which he considers has not been satisfactory and is, therefore, prejudiced against all fillings. Such cases are difficult to deal with and it will probably be some considerable time before such objections are finally overcome.

The teeth of the little ones just entering school certainly show an improvement. This may well be due to the advice given at ante-natal and child welfare centres. The formation of the deciduous teeth must depend upon the state of health and diet of the expectant mother and later their preservation largely upon the children's health and diet.

The more work their little jaws are given to do in the way of mastication the better their development, and consequently the better are the teeth placed in their respective arches. Irregular teeth are a big cause of dental decay and to avoid this condition it is essential that the jaws should be fully developed and the deciduous teeth retained until such time as nature ejects them to make room for the permanent teeth.

It is really surprising how many of the older children allow their incisor teeth to decay. This is more noticeable amongst the girls who will, in later life, regret that they did not have them attended to when they had the opportunity. School teachers could probably assist us in these cases, as the disease in the front teeth is very obvious, by pointing out the unsightliness of bad teeth in the front of the mouth."

## **6. INFECTIOUS DISEASES.**

### **(a) Notifiable Infectious Diseases.**

See section Infectious Diseases pages 19-23 for particulars of incidence, etc.



As stated in this section facilities for immunisation against diphtheria are now available at the School Clinics, for children attending elementary schools or above the age of 2 years not in attendance at school. Special attention is now being given to the immunisation of the children attending the infant schools, especially in districts where cases of diphtheria have occurred. It has been found that acceptances are much more readily given in the presence of a few severe toxic cases.

During the first year of the immunisation campaign 339 children were dealt with, but during 1933 there is evidence that this number will be greatly exceeded. Full particulars, including consent forms, can be obtained on application to the Health Department or the School Clinics.

**(b) Non-Notifiable Infectious Diseases.**

As the exclusions show there was a sharp outbreak of measles in the late spring and early summer, but although the numbers must have been considerable (for example, 561 notifications in school children) the mortality was very slight, only one death being recorded. It was not considered necessary to close any school, but closure of individual classes was carried out in five schools.

**Non-notifiable Infectious Disease.**

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

Measles	...	...	...	...	...	561
German Measles	...	...	...	...	...	nil.
Whooping-cough	...	...	...	...	...	27
Chicken-pox	...	...	...	...	...	36
Influenza	...	...	...	...	...	101
						<hr/> 725 <hr/>

**Exclusions from School.**

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

1.	Infectious Diseases (including Rheumatism and Influenza)	...	...	...	...	27
2.	Diseases of the Skin (including Ringworm)	...	...	...	...	130
3.	Inflammatory conditions of the Throat, Tonsils and Enlarged Glands	...	...	...	...	78
4.	Nervous Conditions, including Chorea, Epilepsy, etc.	...	...	...	...	7
5.	Diseases of the Digestive System	...	...	...	...	8
6.	Bronchial Catarrh and Colds, etc.	...	...	...	...	44
7.	Heart Disease	...	...	...	...	1
8.	Injuries	...	...	...	...	13
9.	Diseases of the Ear	...	...	...	...	3
10.	Diseases of the Eye	...	...	...	...	10
*11.	Tuberculosis (definite or suspected)	...	...	...	...	—
12.	Other Diseases	...	...	...	...	49
Total						370

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

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

Influenza	...	...	...	...	6 certificates.
Measles	...	...	...	...	17 certificates.

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

Number of Schools (including Special School and Open Air Schools)	...	...	...	23
Visits of Nurses to Schools	...	...	...	231
„ „ „ Departments	...	...	...	260

### Visits to Homes :—

By direct instruction of School Medical Officer	...	...	...	...	304
At request of School Attendance Officer	...	...	...	...	388
Following up cases of uncleanness	...	...	...	...	240
General cases, following up	...	...	...	...	678
School Visits—miscellaneous	...	...	...	...	469
Total					2,079

### Examinations for cleanliness :—

Primary	...	...	...	...	12,809
Secondary	...	...	...	...	2,256
Total					15,065

## 8. PHYSICAL TRAINING.

Class teachers, many of whom have had special courses, are responsible for special instruction in physical training and games.

The Games Mistress at the High School for Girls and Staff-Sergeant Moss at the Grammar School for Boys have been very helpful in dealing with minor orthopædic faults, of which routine inspection reveals a considerable number in the elementary schools, *e.g.*, commencing flat foot, slight degrees of round shoulder, scoliosis, etc. It is of great importance that these conditions, not bad enough to warrant expensive treatment at the orthopædic clinic, should be checked at this early stage. The treatment by appropriate exercises is simple, and it is hoped during 1933 to interest one teacher in each elementary school in this work, so that these cases can be gathered together, taught the appropriate exercises at the school, and also encouraged to carry them out at home.

## 9. PROVISION OF MEALS.

(a) Dinners for necessitous children were provided from January 18th to March 23rd, 1932, the numbers in attendance varying from 358 to 448.

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 50-82 children, specially chosen by the School Medical Officer, owing to their physical condition.

Careful notes have been kept of the weights, heights and general medical condition of these children, and the whole question of continuing the milk or not is periodically reviewed by the School Medical Officer.

## 10. 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.



- 11. CO-OPERATION OF PARENTS.**
- 12. CO-OPERATION OF TEACHERS.**
- 13. CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.**
- 14. CO-OPERATION OF VOLUNTARY BODIES.**

At routine medical inspection the attendance of parents was 71·4 per cent; refusals to permit examination were 5·8 per cent.

On the whole parents appreciate and use the facilities offered by the school medical service. In previous reports I have referred with gratitude to the constant help and sympathy accorded to us by the teachers, school attendance officers and the representatives of various official and voluntary societies.

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

See Table III.—pp. 80-82.

#### **(a) Ascertainment and General Treatment.**

The special register is kept up-to-date throughout the year.

As regards children, certified as tuberculous, most of these are under the supervision of the tuberculosis dispensary, and, if non-infectious and suitable in other respects, are sent to the open air schools which are also used as far as possible for delicate and crippled children, and children with heart disease, as defined in the return.

Every endeavour is made to obtain the appropriate treatment for all children notified in this return, either through their own doctor, the school clinic, the local hospitals, the orthopaedic clinic, or, if necessary, by obtaining institutional treatment as at Chailey Heritage.

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

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

No official provision has so far been made. The matter has received and is receiving the attention of the Secretary to the Education Committee.

## (b) THE LOW GRADE GROUP.

The Occupation Centre at Halton School Clinic is available for these children.

## (c) The Schools for Delicate Children.

## (1) St. Leonards.

## A. SPECIAL SCHOOL WING.

The number of children on the roll is maintained between 65 and 68. Most of these children make excellent progress at the special school, especially in the handiwork sections, leaving about the age of 15-16 years, at the average educational equivalent of Standard 2-3. In very few cases is it necessary to require supervision or certification under the Mental Deficiency Committee, most of the leavers being supervised by the Special After Care Committee and obtaining suitable employment.

The percentage of medical defects found at the annual inspection was last year reduced from 44 to 25, due to the fact that so many cases of defective eyesight and unhealthy tonsils and adenoids had received attention. The hygiene of the children receives most adequate attention, hot baths and an excellent mid-day meal being provided. The average gain in weight was again high, between 6-7 lbs.

## (a) Children admitted 1932,

Boys	...	...	7
Girls	...	...	3
Total			10

## (b) Children discharged 1932,

Returned to normal school	...	3
Placed under After Care Committee	...	6
Left town	...	3
Referred to Mental Deficiency Committee	...	1
Total		13

(a) **After Care Committee.**

Four meetings were held. 42 former pupils were visited. Reports shewed only three boys were persistently unemployed, and four other boys were on the unemployment register.

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

During the year 12 children were admitted, for the following reasons:—

Malnutrition	}						
Debility		...	...	...	...	...	3
Anæmia		...	...	...	...	...	2
Heart Disease		...	...	...	...	...	3
Pulmonary Tuberculosis Quiescent		...	...	...	...	...	1
Tuberculous Glands of Neck, Non-infectious							3
							<hr/>
Total		...					12
							<hr/>

Eleven children were discharged as fit to re-enter the ordinary schools.

Special attention is given to exercises for minor orthopædic faults with excellent results. The feeding arrangements are extremely good, and most of the children put on weight on a very satisfactory basis, the average gain being between 4-5 lbs., the highest 8 lbs. (in children aged 5-9 years) over a period of 1 year. Gain in weight, although important, is however, by no means the only criterion of improvement at an Open-Air School—for example, improvement in colour, general fitness and energy, disappearance of symptoms such as a cough, are equally important, and may occur in an occasional child whose weight improves very slowly.

(2) **Hastings.**

The above remarks apply equally to the older established Athelstan Road School for Delicate Children. During 1932, 16 children were discharged, as fit to attend ordinary schools, 16



admitted for the following reasons:—

Malnutrition and Debility	...	...	...	7
Bronchitis	...	...	...	1
Rickets	...	...	...	1
Pre-tuberculous	...	...	...	3
Tuberculous Glands of Neck	...	...	...	4
Total	...	...	...	16

The average gain in weight for a period of 12 months has been between 4-5 lbs.

It is gratifying to record that the improvement in health in nearly every case is very striking and appears in many instances to have had lasting effect.

It is necessary to emphasise that each of the two Open-Air Schools has 25 places for children between the ages of 5-9 years. An extension of these facilities to older children is a logical and necessary sequence when economical conditions permit.

## 16. NURSERY SCHOOLS.

No provision has been made, as there is adequate accommodation for 3-5 year old children in the infant departments.

### St. Leonards School for Delicate Children. Mental Side.

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN  
THE YEAR ENDED 31ST DECEMBER, 1932.

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

DEFECT OR DISEASE.	Referred for Treatment.	Referred for Observation.
EYE :—		
Blepharitis ... ..	...	...
Conjunctivitis ... ..	...	...
Keratitis ... ..	...	...
Corneal Opacities ... ..	...	...
Defective Vision (excluding squint) ...	6	3
Squint ... ..	...	...
Other conditions ... ..	...	...
EAR :—		
Defective Hearing ... ..	9	3
Otitis Media ... ..	...	...
Other Ear Diseases ... ..	...	...
NOSE AND THROAT :—		
Enlarged Tonsils only ... ..	...	3
Adenoids only ... ..	...	1
Enlarged Tonsils and Adenoids ... ..	3	1
Other Conditions ... ..	...	1
Enlarged Cervical Glands (Non-Tuberculous) ... ..	...	1
Defective Speech ... ..	...	2
HEART AND CIRCULATION :—		
Heart Disease—		
Organic ... ..	...	...
Functional ... ..	...	2
Anæmia ... ..	2	2
LUNGS :—		
Bronchitis ... ..	...	...
Other Non-Tubercular Diseases ... ..	...	1
TUBERCULOSIS :—		
Pulmonary—		
Definite ... ..	...	...
Suspected ... ..	...	...
Non-Pulmonary—		
Glands ... ..	...	...
Spine ... ..	...	...
Hip ... ..	...	...
Other Bones and Joints ... ..	...	...
Skin ... ..	...	...
Other Forms ... ..	...	...
NERVOUS SYSTEM :—		
Epilepsy ... ..	...	...
Chorea ... ..	...	...
Other Conditions ... ..	...	...
DEFORMITIES :—		
Rickets ... ..	...	...
Spinal Curvature ... ..	3	4
Other Forms ... ..	...	3
Other Defects and Diseases ... ..	...	4

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

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
Special School ... ..	63	16	25.4%

**St. Leonards School for Delicate Children.**  
**Open Air School Side.**

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN  
THE YEAR ENDED 31ST DECEMBER, 1932.

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 ... ..	1	...
Otitis Media .. ...	1	...
Other Ear Diseases .. ...	...	...
NOSE AND THROAT :—		
Enlarged Tonsils only .. ...	...	4
Adenoids only ... ..	...	...
Enlarged Tonsils and Adenoids ... ..	1	2
Other Conditions ... ..	...	...
Enlarged Cervical Glands (Non-Tuberculous) ... ..	...	3
Defective Speech ... ..	...	...



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

(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 ..	25	12	48%

### Hastings School for Delicate Children (Physical).

#### (A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1932.

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 ... ..	1	...
Other Diseases (Non-Tuberculous) ... ..	...	...
EYE :—		
Blepharitis ... ..	...	...
Conjunctivitis ... ..	...	...
Keratitis ... ..	...	1
Corneal Opacities ... ..	...	...
Defective Vision (excluding Squint) ... ..	...	...
Squint ... ..	...	...
Other Conditions ... ..	...	...
EAR :—		
Defective Hearing ... ..	...	...
Otitis Media ... ..	...	...
Other Ear Diseases ... ..	...	...
NOSE AND THROAT :—		
Enlarged Tonsils only ... ..	...	2
Adenoids only ... ..	...	...
Enlarged Tonsils and Adenoids ... ..	...	1
Other Conditions ... ..	...	...
Enlarged Cervical Glands (Non-Tuberculous) ... ..	...	2
Defective Speech ... ..	...	...
HEART & CIRCULATION :—		
Heart Disease—Organic ... ..	...	...
Functional ... ..	...	...
Anæmia ... ..	...	1
LUNGS :—		
Bronchitis ... ..	...	2
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 ... ..	1	...
Spine ... ..	...	...
Hip ... ..	...	...
Other Bones & Joints	...	...
Skin ... ..	...	...
Other Forms ... ..	...	...
NERVOUS SYSTEM :—		
Epilepsy ... ..	...	1
Chorea ... ..	...	...
Other Conditions ... ..	...	...
DEFORMITIES :—		
Rickets ... ..	...	...
Spinal Curvature ... ..	...	...
Other Forms ... ..	2	1
Other Defects and Diseases ... ..	2	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 ...	25	5	20%



18. { **GIRLS' HIGH SCHOOL.**  
**BOYS' GRAMMAR SCHOOL.**

Routine school medical inspection was carried out at both schools, the details being shown in the following tables.

In both schools special attention is being given to minor orthopædic errors.

**TABLE II.**

**High School for Girls.**

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN  
 THE YEAR ENDED 31ST DECEMBER, 1932.

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 ... ..	...	...
Scabies ... ..	...	...
Impetigo... ..	...	...
Other Diseases (Non-Tuberculous) ...	...	1
EYE :—		
Blepharitis ... ..	...	...
Conjunctivitis ... ..	1	...
Keratitis ... ..	1	...
Corneal Opacities ... ..	...	...
Defective Vision (excluding Squint) ...	23	1
Squint ... ..	...	...
Other Conditions ... ..	...	...
EAR :—		
Defective Hearing ... ..	...	...
Otitis Media ... ..	...	...
Other Ear Diseases ... ..	...	...



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

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
High School for Girls ...	214	33	15.4%

TABLE II.

## Grammar School for Boys.

A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN  
THE YEAR ENDED 31ST DECEMBER, 1932.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
Malnutrition ... ..	2	...
Skin :—		
Ringworm ... ..	...	...
Scalp ... ..	...	...
Body ... ..	...	...
Scabies ... ..	1	...
Impetigo ... ..	...	...
Other Diseases (Non-Tuberculous) ...	...	2
Eye :—		
Blepharitis ... ..	...	...
Conjunctivitis ... ..	...	...
Keratitis ... ..	...	...
Corneal Opacities ... ..	...	...
Defective Vision (excluding Squint) ...	12	24
Squint ... ..	...	...
Other Conditions ... ..	1	...



DEFECT OR DISEASE.	ROUTINE INSPECTIONS.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
Ear:—		
Defective Hearing ... ..	...	1
Otitis Media ... ..	...	...
Other Ear Diseases ... ..	...	1
Nose and Throat:—		
Enlarged Tonsils only ... ..	...	3
Adenoids only ... ..	...	...
Enlarged Tonsils and Adenoids ..	...	...
Other Conditions ... ..	...	4
Enlarged Cervical Glands (Non-Tuberculous) ... ..	...	1
Defective Speech ... ..	...	6
Heart & Circulation:—		
Heart Disease—Organic ... ..	...	...
Functional ... ..	...	10
Anæmia ... ..	...	...
Lungs:—		
Bronchitis ... ..	...	...
Other Non-Tuberculous Diseases ...	...	...
Tuberculosis:—		
Pulmonary—		
Definite ... ..	...	...
Suspected ... ..	...	...
Non-Pulmonary—		
Glands ... ..	...	...
Spine ... ..	...	...
Hip ... ..	...	...
Other Bones & Joints ... ..	...	...
Skin ... ..	...	...
Other Forms ... ..	...	...
Nervous System:—		
Epilepsy ... ..	...	...
Chorea ... ..	...	...
Other Conditions ... ..	...	...
Deformities:—		
Rickets ... ..	...	...
Spinal Curvature ... ..	4	...
Other Forms ... ..	44	1
Other Defects and Diseases ... ..	...	16

(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	309	58	18·7%

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

Number of licences issued to children in 1932 ... 156

Number of such children medically examined ... 118

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	...	...	...	...	110
"    " milk	...	...	...	...	8
Errands	...	...	...	...	36
Housework	...	...	...	...	1
Assisting tradesmen	...	...	...	...	1
Total	...	...	...	...	156

A number of children are also employed under licences  
granted previous to 1932.

In addition to the above, 19 children were licensed to take  
part in Entertainments, each child being medically examined  
before the issue of the licence.

**20. SPECIAL ENQUIRIES.**

(a) **Observations on Children in Receipt of Lunch Milk 1932.**

MEDICAL REASONS FOR SUPPLYING MILK.

Thin, pale and undersized	...	...	...	...	43
Pre-tuberculous	...	...	...	...	4
Delicate	...	...	...	...	6
Anæmia	...	...	...	...	7
Debility	...	...	...	...	10
Cervical Glands	...	...	...	...	12
Bronchitis	...	...	...	...	1
					83

Highest weight gained	...	18 lbs.	in one year.
Lowest	...	12 ozs.	" " "
Average gain	...	5 lbs. 1 ozs.	" " "

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

Number of Sessions	...	...	9
Attendances—Boys	...	...	32
Girls	...	...	36
			—
Total	...		68
			—

**21. MISCELLANEOUS.**

Sixty-nine 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.

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**MEDICAL INSPECTION RETURNS.**

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

**(A) Routine Medical Inspections.**

NUMBER OF CODE GROUP INSPECTIONS.

Entrants	...	...	...	...	686
Intermediates	...	...	...	...	552
Leavers	...	...	...	...	809
					—
Total	...				2,047
					—



## NUMBER OF OTHER ROUTINE INSPECTIONS.

(1) Grammar School (Boys) ... ..	309
(2) High School (Girls) .. ...	214
(3) St. Leonards School for Delicate Children—Mental Branch ...	63
(4) St. Leonards School for Delicate Children—Physical Branch ...	25
(5) Hastings School for Delicate Children (Physical) ... ..	25
Total ... ..	<u>636</u>

**(B) Other Inspections.**

NUMBER OF SPECIAL INSPECTIONS ... ..	1,976
NUMBER OF RE-INSPECTIONS ... ..	5,280
Total ... ..	<u>7,256</u>

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

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN  
THE YEAR ENDED 31ST DECEMBER, 1932.

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 ... ..	27	35	1	...
SKIN :—				
Ringworm, Scalp ... ..	...	...	3	...
Ringworm, Body ... ..	...	...	11	...
Scabies ... ..	...	...	22	...
Impetigo ... ..	4	...	232	...
Other Diseases (Non- Tuberculous) ... ..	15	5	205	1
Minor Injuries (Bruises, Sores, etc) ... ..	1	...	591	1

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
<b>EYE :—</b>				
Blepharitis ... ..	7	2	33	...
Conjunctivitis ... ..	2	1	26	...
Keratitis ... ..	1	1	2	...
Corneal Opacities ... ..	..	1	...	1
Defective Vision ... ..	97	39	85	2
(excluding Squint)				
Squint ... ..	7	10	10	1
Other Conditions ... ..	2	2	89	2
<b>EAR :—</b>				
Defective Hearing ... ..	7	9	4	2
Otitis Media ... ..	4	1	4	1
Other Ear Diseases ... ..	6	3	68	...
<b>NOSE AND THROAT :—</b>				
Enlarged Tonsils only ... ..	82	429	43	21
Adenoids only ... ..	3	12	4	4
Enlarged Tonsils and Adenoids ... ..	16	11	59	9
Other Conditions ... ..	30	42	131	6
Enlarged Cervical Glands (Non-Tuberculous) ... ..	4	230	18	18
Defective Speech ... ..	...	1	3	...
<b>HEART &amp; CIRCULATION :—</b>				
Heart Disease—Organic ... ..	...	1	1	...
Functional ... ..	1	43	3	2
Anæmia ... ..	5	14	9	1
<b>LUNGS :—</b>				
Bronchitis ... ..	24	13	14	...
Other Non-Tuberculous Diseases ... ..	2	10	...	...
<b>TUBERCULOSIS :—</b>				
Pulmonary—				
Definite ... ..	1	...	...	...
Suspected ... ..	...	...	...	...
Non-Pulmonary—				
Glands ... ..	...	...	...	...
Spine ... ..	...	...	...	...
Hip ... ..	...	...	...	...
Other Bones & Joints ... ..	...	...	...	...
Skin ... ..	...	...	...	...
Other Forms ... ..	...	...	...	...

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
NERVOUS SYSTEM :—				
Epilepsy ... ..	1	...	...	1
Chorea ... ..	1	...	1	...
Other Conditions ...	...	2	4	...
DEFORMITIES :—				
Rickets ... ..	...	1	...	...
Spinal Curvature ...	5	9	2	...
Other Forms ... ..	44	49	10	1
Other Defects and Diseases	63	60	795	17

(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 ... ..	686	118	17·2%
Intermediates ... ..	552	113	20·4%
Leavers ... ..	809	184	22·7%
Total (Code Group) ...	2,047	415	20·2%
Other Routine Inspections ... ..	636	124	19·4%



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

			Boys.	Girls.	Total
Children suffering from the following types of Multiple Defect, i.e., any combination of Total Blindness (1), Total deafness (1), Mental Defect, Epilepsy, Active Tuberculosis, Crippling (as defined in penultimate category of the table), or Heart Disease ... ..			1	1	2
BLIND (including partially blind).	(i.) Suitable for training in a School for the totally Blind.	At Certified Schools for the Blind ... ..	...	1	1
		At Public Elementary Schools ... ..	...	...	...
		At other Institutions ... ..	...	1	1
		At no School or Institution ... ..	...	1	1
	(ii.) Suitable for training in a School for the partially blind	At Certified Schools for the Blind or Partially Blind ...	1	...	1
		At Public Elementary Schools ... ..	1	3	4
		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 for the totally deaf or deaf and dumb.	At Certified Schools for the Deaf ... ..	1	...	1
		At Public Elementary Schools ... ..	...	...	...
		At other Institutions ... ..	...	...	...
		At no School or Institution ... ..	...	...	...
	(ii.) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf or Partially Deaf ...	...	...	...
		At Public Elementary Schools ... ..	...	1	1
		At other Institutions ... ..	...	...	...
		At no School or Institution ... ..	...	...	...
MENTALLY DEFECTIVE.	Feeble-minded	At Certified Schools for Mentally Defective Children	36	31	67
		At Public Elementary Schools ... ..	1	...	1
		At other Institutions ... ..	...	...	...
		At no School or Institution ... ..	...	...	...
	Notified to the Local Mental Deficiency Authority during the year.		1	1	2

			Boys.	Girls.	Total
EPILEPTICS.	Suffering from severe epilepsy.	At Certified Schools for Epileptics ... ..	1	...	1
		At Certified Residential Open Air Schools ... ..	...	...	...
		At Certified Day Open Air Schools ... ..	...	...	...
		At Public Elementary Schools ... ..	...	...	...
		At other Institutions ... ..	1	..	1
		At no School or Institution	...	1	1
	Suffering from epilepsy which is not severe.	At Public Elementary Schools ... ..	2	2	4
		At no School or Institution	...	...	...
PHYSICALLY DEFECTIVE.	Active pulmonary tuberculosis (including pleura and intrathoracic glands)	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 ... ..	...	...	...
		At Public Elementary Schools ... ..	...	...	...
		At other Institutions ... ..	1	...	1
		At no School or Institution	...	...	..
	Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands).	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 ... ..	...	...	...
		At Public Elementary Schools ... ..	4	...	4
		At other Institutions ... ..	...	...	...
		At no School or Institution	...	...	...
	Tuberculosis of the peripheral glands.	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 ... ..	5	2	7
		At Public Elementary Schools ... ..	6	8	14
		At other Institutions ... ..	...	...	...
		At no School or Institution	1	...	1

			Boys.	Girls.	Total.
PHYSICALLY DEFECTIVE	Abdominal 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
		At Public Elementary Schools ... ..	1	...	1
		At other Institutions ... ..	...	...	...
		At no School or Institution ... ..	...	...	...
	Tuberculosis of bones and joints (not including deformities due to old tuberculosis).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ... ..	1	1	2
		At Public Elementary Schools ... ..	...	...	...
		At other Institutions ... ..	...	1	1
		At no School or Institution ... ..	...	...	...
	Tuberculosis of other organs (skin, etc.)	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ... ..	...	...	...
		At Public Elementary Schools ... ..	...	...	...
		At other Institutions ... ..	...	...	...
		At no School or Institution ... ..	...	...	...
	Delicate children, <i>i.e.</i> , all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	At Certified Residential Cripple Schools ... ..	...	...	...
		At Certified Day Cripple Schools ... ..	...	...	...
		At Certified Residential Open Air Schools ... ..	...	...	...
		At Certified Day Open Air Schools ... ..	20	14	34
		At Public Elementary Schools ... ..	39	30	69
		At other Institutions ... ..	...	...	...
		At no School or Institution ... ..	1	...	1
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Hospital Schools ... ..	...	1	1
		At Certified Residential Cripple Schools ... ..	2	6	8
		At Certified Day Cripple Schools ... ..	...	...	...
		At Certified Residential Open Air Schools ... ..	...	...	...
		At Certified Day Open Air Schools ... ..	1	2	3
		At Public Elementary Schools ... ..	12	6	18
		At other Institutions ... ..	1	...	1
		At no School or Institution ... ..	...	...	...

(Nil).



			Boys.	Girls.	Total.
PHYSICALLY DEFECTIVE.	Children with heart disease, <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Hospital Schools	...	...	...
		At Certified Residential Cripple Schools	...	...	...
		At Certified Day Cripple Schools	...	...	...
		At Certified Residential Open Air Schools	...	...	...
		At Certified Day Open Air Schools	2	3	5
		At Public Elementary Schools	5	6	11
		At other Institutions	...	...	...
		At no School or Institution	...	...	...

**Table IV. Return of Defects Treated during the Year ended 31st December 1932.**

TREATMENT TABLE.

GROUP I. MINOR AILMENTS (EXCLUDING UNCLEANLINESS).

DISEASE OR DEFECT.	NUMBER OF DEFECTS TREATED, OR UNDER TREATMENT DURING THE YEAR.		
	Under the Authority's Scheme.	Otherwise.	Total.
SKIN :—			
Ringworm, Scalp ... ..	3	...	3
Ringworm, Body ... ..	11	..	11
Scabies ... ..	22	...	22
Impetigo ... ..	232	...	232
Other Skin Diseases ... ..	205	...	205
MINOR EYE DEFECTS ... .. (External and other, but excluding cases falling in Group II.)	150	..	150
MINOR EAR DEFECTS ... ..	76	...	76
MISCELLANEOUS ... .. ( <i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.).	1,689	2	1,691
TOTALS ... ..	2,388	2	2,390

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).	182	6	...	188
OTHER DEFECT OR DISEASE OF THE EYES ... (Excluding those recorded in Group I.)	...	...	...	...
TOTAL ...	182	6	...	188

Total number of Children for whom spectacles were prescribed :—

- (a) Under the Authority's Scheme ... 143  
 (b) Otherwise ... 6

Total number of Children who obtained or received spectacles :—

- (a) Under the Authority's Scheme ... 143  
 (b) Otherwise ... 6

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.		
136	5	141	121	262

## GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were :—

(a) Inspected by the Dentist :—

		Aged.			
Routine Age Groups	{	5	...	241	Total ... 4,541
		6	...	405	
		7	...	435	
		8	...	486	
		9	...	585	
		10	...	604	
		11	...	513	
		12	...	626	
		13	...	463	
		14	...	183	
Ages unknown	...	...	...	...	1,908
Specials	...	...	...	...	173
Grand Total					6,622

(b) Found to require treatment ... 3,442

(c) Actually treated ... 1,503

(2) Half-days devoted to { Inspection 51 } Total ... 507  
{ Treatment 456 }

(3) Attendances made by the Children for treatment ... 3,605

(4) Fillings ... { Permanent teeth 1,176 } Total ... 2,049  
{ Temporary teeth 873 }(5) Extractions ... { Permanent teeth 212 } Total ... 2,201  
{ Temporary teeth 1,989 }

(6) Administration of general anaesthetics for extractions ... 228

(7) Other Operations { Permanent teeth 189 } Total ... 189  
{ Temporary teeth — }

## GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the  
School Nurses ... 10(ii.) Total number of examinations of children in the Schools by  
School Nurses ... 15,065

(iii.) Number of individual children found unclean ... 540

(iv.) Number of children cleansed under arrangements made by the  
Local Education Authority ... 23

(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:—

- (a) Children of school age.
- (b) Infants under school age.
- (c) Cases of tuberculosis of all ages.

The scheme includes:—

- (a) **Consultation and Systematic Supervision of treatment by the Orthopædic Surgeon.**
- (b) **Remedial Treatment at the Clinic by the Orthopædic Surgeon and Nurse.**
- (c) **Specialised Treatment, e.g., Ultra-violet rays and X-Rays.**
- (d) **In-Patient Treatment.**

At the Royal East Sussex Hospital for short periods.

- (e) **Institutional Treatment, with Education.**

At the Chailey Heritage for cripples and the sea-side branch at Bishopstone.

Cases attending Orthopædic Clinic, December, 1932:—

#### (a) SCHOOL MEDICAL SERVICE.

Infantile Paralysis	...	...	10 cases.
Congenital Conditions	...	...	5 „
Scoliosis and Kyphosis	...	...	22 „
Rickets	...	...	2 „
Miscellaneous	...	...	6 „
Total			45 „

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

Infantile Paralysis	...	...	2 cases.
Congenital Conditions	...	...	3 „
Rickets	...	...	4 „
Miscellaneous	...	...	6 „
Total			15 „

- (c) TUBERCULOSIS ... .. 3 cases.

The total attendances during the year were 4,010, not including 532 attendances for ultra-violet-ray treatment. The number of new cases referred for treatment were :—

	Orthopædic.	Light Treatment.
Maternity and Child Welfare Service	20	6
School Medical Service	45	9
Tuberculosis ...	Nil	Nil
Total	65	15

The orthopædic clinic is now definitely established as one of the most useful health services, both as regards the clinic where the number of new cases has been increased from 42 to 65 and the number of attendances from 3,885 to 4,020, as also at Chailey, where altogether there are now 7 children in residence, 4 having been discharged and none admitted during the year. In addition, I am pleased to note that one crippled boy has been admitted to the Shaftesbury Residential Home in Hastings for education and training.

The indications for light treatment have been mainly debility, marasmus and rickets in children, tuberculous glands, alopecia and certain other skin disorders in school children. In addition to the light department at the Royal East Sussex Hospital, arrangements have been made to make this treatment available in suitable cases, more especially to those resident in the neighbourhood, at the Municipal Hospital, Frederick Road.

There is close and cordial co-operation between the Orthopædic Clinic and the Health Department. Quarterly progress reports are received on each case; cases considered as cured are followed up in the school and Infant Welfare clinics; uncured cases which have ceased attending are followed up and, if necessary, persuaded or instructed to resume attendance. In addition, careful watch is kept on early or slight cases of deformity, so common in adolescents, suitable exercises are prescribed in school, explained to the parents and, if necessary, the child is sent later to the orthopædic clinic.

## REPORT ON PUBLIC HEALTH BACTERIOLOGICAL WORK, 1932.

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.	No.
A. General Practitioners, Borough Sanatorium, Medical Officer of Health.	Sputum for Tubercle Bacilli ... ..	204
	Throat Swabs for Diphtheria	588
	Widal Examination for Typhoid Group ...	18
	Miscellaneous ... ..	46
B. School Medical Service.	Throat Swabs for Diphtheria, etc.	87
C. Tuberculosis Dispensary.	Sputum for Tubercle Bacilli ... ..	69
D. Municipal Hospital	Miscellaneous ... ..	161
	Total Specimens examined	1173

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.

During the past year no additions or amendments were reported.

### (2) PUBLIC HEALTH PROPAGANDA.

(a) Two thousand copies of the Hastings edition of "Better Health" were published each month. In the cover, in addition to a leading article dealing with some topical subject, information regarding local health services is given.

(b) Health propaganda is part and parcel of the daily work of the Medical Officers, Sanitary Inspectors and Health Visitors.

(c) The voluntary health societies at their annual meetings generally arrange for a well-known speaker on some health subject. In this respect special mention should be made of Dr. McPhail's lecture on Preston Hall Training Colony at the Annual Meeting of the Tuberculosis Care Committee.

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

	Year ending December 31st, 1932.		
	Maternity Homes.	General Nursing Homes.	Maternity & General Nursing Homes.
1. Number of applications for registration ... ..	...	2	1
2. Number of Houses registered ...	...	1	1
3. Number of orders made refusing or cancelling registration ...	...	2	...
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 ...	..	4	...
7. Number of cases in which exemption has been			
(a) granted ... ..	...	2	...
(b) withdrawn ... ..	...	...	...
(c) refused ... ..	...	2	...

Six Maternity Homes, and 22 General Nursing Homes altogether are registered.

A thorough 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 in the case of all original applications.

The Model Byelaws of the Ministry of Health are in force, all homes being 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.

A plant has been installed, with considerable success, to deal with iron deposit in the water.

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

Rapid 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, which will be available for use in the summer of 1933.

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.

Analysis of a sample of water received on 8/12/32,  
from Hastings Corporation, labelled Brede Pumping Station.

*Chemical Results in parts per 100,000.*

Turbidity—Clear and bright.

Colour—Normal.      Odour—None.

Reaction pH—Neutral 7·4    Free Carbonic Acid.

Electric Conductivity at 20° C.    ... 405



Total Solids, 180° C.	...	...	27·0	
Chlorine in Chlorides	...	...	3·6	
Nitrogen in Nitrates	...	...	Nil.	Nitrites absent.
Hardness: Permanent	...	...	2·5.	
Temporary	...	...	6·5.	
Total ...	...	...	9·0.	
Metals—Minute trace of Iron, 0·035. Manganese, 0·03.				
Free Ammonia	...	...	0·0042.	
Albuminoid Ammonia	...	...	0·0032.	
Oxygen absorbed in 3 hrs. at 37° C.			0·0500.	

#### *Bacteriological Results.*

No. of Bacteria per c.c. :—

On gelatine in three days at 20°C. ... 16.

On agar in 24 hours at 37°C. ... 6.

The Bacillus Coli. Present in — Absent in 100 c.c.

Bacillus Welchii „ „ — „ „ 100 c.c.

(B. Enteritidis Sporogenes).

Report:—This is a clear and bright water of normal colour, neutral re-action and fairly soft. The water contains a small trace of Iron and Manganese, but the amount is not such as to be objectionable. The water is of a high degree of organic quality and of the highest standard of bacterial purity.

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

JOHN F. BEALE.

For Drs. Beale and Suckling.

#### **(5) DRAINAGE AND SEWERAGE.**

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

As regards the sewerage system of the town, a complete and thorough survey is now being made by the Borough Engineer, which will probably result in far reaching and drastic recommendations, covering the modernisation of the whole system, and dealing with flooding in the low-lying districts of the town, which occasionally occurs after severe rain storms.



### (6) SCAVENGING.

The Borough Engineer's department deals with the collection and disposal of refuse, collection being done mainly by the Pagefield system, a combination of horse and motor vehicles, disposal until recently at the destructor at Rock-a-Nore.

This system has not been in all respects satisfactory. During periods of increased refuse, at the height of summer, or while the destructor is being repaired, it has been found necessary to dump some of the refuse, either into the sea at Rock-a-Nore, or on selected tips in outlying parts of the district, neither of which methods can be commended. During the autumn of 1932, the Borough Engineer has been experimenting with the method of controlled tipping in the small area of waste sea shore to the west of Bopeep, with considerable success. Earth for filling and covering was available from the excavation of the site of the new open air swimming pool. In view of the success of this experiment, controlled tipping will probably take the place of the present destructor, the area proposed being that purchased near Pebsham Farm and requiring levelling prior to use as an Aerodrome. The method of controlled tipping has now been successfully employed in various industrial districts in the midlands and the north with the result that unsightly and useless areas have been transformed into playing fields and public gardens. Provided that the regulations and instructions of the Ministry of Health be carried out to the letter, with regard to the prevention of nuisances from smell, flies, fire and rats, there should be no objection from a public health point of view.

With regard to clearance there is evidence that the removal of refuse from shops, restaurants, boarding or lodging houses, especially in the summer months is now more effective, judging from the reduction in the number of complaints. Further, there is also evidence of improvement in the management by householders of refuse as regards burning what can be burnt, and wrapping up offensive organic refuse in newspapers.

The Health Department co-operates with the Borough Engineer in connection with the provision of regulation dustbins in place of insanitary ash-pits, and also in the replacement of existing defective dustbins, the number of dustbins so provided in 1932 being 208.

**(7) SANITARY INSPECTION OF DISTRICT.****(a) SANITARY INSPECTORS' SUMMARY FOR 1932.**

1. Visits of inspection to drainage works in progress ...	502
2. Visits of inspection to works in connection with notices ...	1224
3. Visits to outworkers' premises ...	18
4. Inspection of bakehouses ...	293
5. " " slaughterhouses ...	2339
6. " " dairies, cowsheds and milk shops ...	292
7. Enquiries respecting Infectious Diseases, etc. ...	209
8. Drain tests applied ...	313
9. Houses and premises provided with new water-tight drains, properly intercepted and ventilated ...	39
10. Cesspools emptied and cleansed ...	11
11. Cesspools abolished ...	2
12. Drains cleared and amended ...	334
13. New iron and lead soil and ventilating pipes fixed ...	53
14. New closets fixed ...	79
15. Closets amended ...	191
16. New flushing boxes provided, necessary storage cisterns being fixed where required ...	72
17. Flushing boxes repaired ...	116
18. Glazed stoneware sinks fixed, fitted with proper wastepipes and trapped where necessary ...	65
19. Yards repaved ...	72
20. Sanitary ashbins provided ...	208
21. Accumulations of manure and other refuse removed ...	368
22. Rooms, etc., cleansed and whitewashed ...	805
23. Nuisances abated from animals improperly kept ...	28
24. Nuisances abated from chimneys sending forth black smoke ...	-
25. Nuisances abated from overcrowding ...	20
26. Miscellaneous repairs ...	776
27. New W.C.'s erected ...	9
28. New urinals constructed ...	8
29. Inspection of premises where food is exposed for sale ...	5006

**(b) General Summary.**

Inspection and Re-inspection of premises—visits ...	11,039
Houses and Premises inspected ...	5,193
Complaints investigated ...	751
Complaints investigated under Rats and Mice (Destruction) Act ...	244

**PRELIMINARY NOTICES.**

Number of Notices served during the year 1932...	292
" " " complied with during the year 1932	275
" " " not complied with during the year 1932 ...	5
" " " reported to the Public Health Committee during the year 1932 ..	5
" " " served during the year 1932 which are still receiving attention ...	2
" " " served during the year 1932 which were partly complied with ...	5



## OTHER NOTICES.

Legal Notices served by Town Clerk	...	...	...	31
Premises inspected under Increase of Rent and Mortgage Interest (Restrictions) Acts, 1920 and 1923	...	...	...	2
Certificates granted	do.	do.	...	2
MILK AND DAIRIES (CONSOLIDATION) ACT, 1915.				
MILK AND DAIRIES (AMENDMENT) ACT, 1922.				
MILK AND DAIRIES ORDER, 1926.				
Number of Preliminary Notices served during 1932	...	...	...	3

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

Retail Purveyors of Milk on Register, 1932	...	...	113
Wholesale Traders or Producers, 1932	...	...	22
Purveyors of Certified or Grade (A) Milk, 1932	...	...	8
Samples for bacterial contact and tubercle bacilli	...	...	26
Samples under Milk (Special Designations) Order	...	...	Nil

The general hygiene of the distributing milk trade continues to improve. During the year several retailers have been considering the introduction of up-to-date pasteurising plant, and during 1933 no doubt pasteurised milk will be sold under licence in the town. It should be noticed that a large proportion of the milk retailed in the large towns is now pasturised (*i.e.*, heated to 145°—150° F. and held for a period of 15—20 minutes), and at least this milk has the advantage of having the tubercle bacillus and practically all pathogenic germs of importance killed in the process. The appearance and taste are not affected, nor the value of the milk in any way, except in the reduction of certain vitamin elements, which however can be replaced in the case of infants by other means.

The sale of milk in small general shops, except bottled, is now greatly reduced.

26 samples of milk were examined in the bacteriological laboratory of the Royal East Sussex Hospital, of which the general bacterial count was unsatisfactory in a small number. In each case investigation was made at the source, and in the event of the farm being outside this area, the officer concerned was informed. Tubercle bacilli were not found in any case.



**(b) Meat.**

No change is reported as regards the slaughter-houses, some of the smaller and more isolated of which are somewhat unsatisfactory. The solution, as stated in previous reports, is the provision of a central abattoir, either as a public or private co-operative venture.

Practically all the animals killed are examined by the Sanitary Inspectors under the Public Health (Meat) Regulations, 1924.

Improvements in the retailers' premises continue to be noticed, especially in the direction of better electric fan ventilation and increased facilities for refrigeration, with smaller displays of meat in the windows.

**TUBERCULOUS MEAT CONDEMNED IN 1932.***Whole Carcases.*

<i>Beasts.</i>	<i>Calves.</i>	<i>Steers.</i>	<i>Heifers.</i>	<i>Pigs.</i>
10	2	1	3	2

*Portions of Carcases.*

<i>Pigs Heads.</i>	<i>Pigs Livers.</i>	<i>Beef.</i>	<i>Ox Livers.</i>
40	1	143 stones.	11

*Ox Head*

<i>Ox Lungs.</i>	<i>and Tongue.</i>	<i>Suet.</i>
21 sets.	5	1½ stones.

**MEAT (OTHER THAN TUBERCULOUS) CONDEMNED DURING 1932.***Whole Carcases.*

<i>Calves.</i>	<i>Heifers.</i>	<i>Sheep.</i>	<i>Beast.</i>	<i>Pigs.</i>
1	1	1	1	2

*Portions of Carcases.*

<i>Beef.</i>	<i>Ox Livers.</i>	<i>Pigs Livers.</i>	<i>Sheep's Livers.</i>	<i>Ox Kidneys.</i>
300 stns.	116	127	19	5½ stns.

<i>Lamb.</i>	<i>Suet.</i>	<i>Pork.</i>	<i>Pigs Kidneys.</i>	<i>Lamb's Livers.</i>
9 stones.	12 stones.	9 stones.	3 lbs.	706 lbs.

<i>Ox Breads.</i>	<i>Ox Lungs.</i>	<i>Pigs Lungs.</i>
6 tins.	7 sets.	4 sets.

<i>Ox Tongues.</i>	<i>Ox Tails.</i>	<i>Mutton.</i>	<i>Bacon.</i>
3 1 tin.	9 lbs.	6 stones.	27 stones.

*Chicken.*

5

**SUNDRIES.**

<i>Corned Beef.</i>	<i>Cauliflower Heads.</i>	<i>Salmon.</i>	<i>Prunes (Italian).</i>
18 lbs.	15 bags.	15 tins.	244 lbs.

(c) **Other Foods.**

During the year 5,006 visits were paid to premises where food is manufactured, prepared, stored and exposed for sale.

Under Section 115, Hastings Corporation Act, 1924, a considerable amount of work was carried out in the inspection of the kitchens and other premises connected with the preparation of food as regards restaurants, tea-shops and hotels.

The modern desire for hygienic methods, the example of model exhibitions such as the Ideal Home, have emphasised the propaganda of the health department, so that the proprietors of such premises are taking an interest in bringing them (a matter of no little difficulty in basement kitchens) gradually up-to-date.

**Fish Condemned, 1932.**

	Cases.	Boxes.	Stones.	lbs.	Kits.	Galls.	Barrels.	Bushels.	Bags.
Coalfish	1	16	1½	...	...	...	...	...	...
Mackerel	...	20	1	...	...	...	...	...	...
Herrings	...	10	6	...	...	...	3	...	...
Haddocks	1	31	1½	...	...	...	...	...	...
Dabs	...	...	4	...	...	...	...	...	...
Whiting	2	5	11½	...	...	...	...	...	...
Cod	2	9	20	...	...	...	...	...	...
Roes	...	4½	...	...	...	...	...	...	...
Plaice	2½	3	27½	...	...	...	...	...	...
Kippers	4	30	1	...	...	...	...	...	...
Sprats	...	...	150	...	...	...	...	...	...
Codlings	...	...	4	...	...	...	...	...	...
Dog Fish	5	...	41	...	...	...	...	...	...
Whitebait	...	6	...	...	...	...	...	...	...
Flounders	...	1	...	...	...	...	...	...	...
Guard Fish	...	...	1½	...	...	...	...	...	...
Dried Fillets	...	71	7	...	...	...	...	...	...
Smoked Haddocks	...	25	10	...	...	...	...	...	...
Bloaters	...	1	9½	...	...	...	...	...	...
Mixed Dried Fish	...	1	...	...	...	...	...	...	...
Salmon	...	...	1	...	...	...	...	...	...
Halibut	1	...	2½	...	...	...	...	...	...
Mixed Fish	4½	1	...	...	...	...	...	...	...
Fillets	...	58	21	...	...	...	...	...	...
Shrimps	...	...	...	...	...	183	...	3	...
Lemon Soles	...	...	16½	...	...	...	...	...	...
Dried Codlings	...	24	...	...	...	...	...	...	...
Oysters	400	...	...	...	...	...	...	...	...
Dog Flaps	...	2½	...	...	...	...	...	...	...
Wheelks	...	...	...	...	...	6	...	15	...
Winkles	...	...	...	...	...	2	...	1	...
Mussels	...	...	...	...	...	...	...	1	...
Escallops	...	...	...	...	2	...	...	...	...
Lobsters	...	...	...	3	...	...	...	...	...

Total weight of fish condemned, 898 stones.

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

During the year 203 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:**—110 samples taken, 101 genuine, *i.e.*, above the legal standard; 9 adulterated, as follows:—

<i>Report of Analysis.</i>	<i>Action Taken.</i>
(a) Fat 2.78%; Solids not fat 8.70%; 7.3% deficient in fat.	Followed up by formal sample which was genuine.
(b) Fat 2.82%; Solids not fat 8.91%; 6% deficient in fat.	Followed up by a further sample (c).
(c) Fat 2.81%; Solids not fat 8.94%. 6.3% deficient in fat.	Producer written to and explanation accepted.
(d) Fat 2.87%; Solids not fat 8.84%. 4.3% deficient in fat.	Producer written to and explanation accepted.
(e) Fat 2.49%; Solids not fat 8.66%; 17% deficient in fat.	Followed up by a further sample which was genuine.
(f) Fat 2.58%; Solids not fat 8.90%; 14% deficient in fat.	Producer written to for an explanation, and before further samples could be taken gave up the business.
(g) Fat 2.86%; Solids not fat 8.57%; 4.7% deficient in fat.	Followed up by further samples which were genuine.
(h) Fat 3.13%; Solids not fat 8.30%; 2.3% deficient in Solids not fat.	Followed up by further samples which were genuine.
(i) Fat 2.67%; Solids not fat 9.08%; 11% deficient in fat, "Certified Milk."	Informal sample submitted by purchaser. Vendor written to.

**Tinned Cream:**—1 sample taken (informal). Label incorrect—23.5% fat instead of 25% as stated.

The following 92 samples were all genuine:—Sweets, 4; Sauce, 6; Meat and Fish Pastes, 13; Butter, 16; Lard, 12; Cheese, 11; Margarine, 2; Flour, 1; Pepper, 4; Baking Powder, 2; Mustard, 2; Pudding Powder, 1; Custard Powder, 3; Tea, 2; Jelly, 2; Demarara Sugar, 2; Lemonade Crystals, 1; Cornflour, 1; Marmalade, 1; Cake Powder, 1; Pickles, 1; Cocoa, 1; Tapioca, 1; Blanc Mange Powder, 1; Baby Food, 1.



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

Premises	Number of		
	Inspections	Written Notices	Prosecutions
Factories (Including Factory Laundries) ... ..	111	5	...
Workshops (Including Workshop Laundries) ... ..	228	10	...
Workplaces (Other than Out Workers' Premises included in Part 3 of this Report) ...	1,062	42	...
Total ... ..	1,401	57	...

**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 ... ..	69	67	...	...
Want of Ventilation ... ..	3	3	...	...
Overcrowding ... ..	...	...	...	...
Want of drainage of floors ... ..	10	10	...	...
Other Nuisances ... ..	27	23	...	...
Sanitary accommodation { insufficient ... ..	2	2	...	...
{ unsuitable or defective ... ..	11	10	...	...
{ not separate for sexes ... ..	...	...	...	...
<i>Offences under the Factory and Workshop Act:</i>				
Illegal occupation of underground bakehouse (S. 101) ... ..	...	...	...	...
Other offences (excluding offences relating to out-work and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921) ... ..	...	...	...	...
Total ... ..	122	115	...	...

\* 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.

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

Class.	Number.
<b>(4).—REGISTERED WORKSHOPS.</b>	
Workshops on the register (S. 131) at the end of year.	362
<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) ... ..	Nil.
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (S. 5, 1901) ... ..	Notified by H.M. Inspector ... Nil.
	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 ... ..	21

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

The Inspectors carried out the duties required, 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... ..	531	846	107	14
Blankets ... ..	1,107	2,186	87	1,209
Pillows ... ..	1,173	2,976	178	360
Other Articles and Clothing ... ..	3,410	1,713	172	137
Total... ..	6,221	7,721	544	1,720

**(b) Cleansing Station.**

	Numbers bathed for			Sets of Clothing Disinfected.
	Scabies.	Vermin.	Other Causes.	
Adults ... ..	4	...	32	43
School Children ...	25	2	18	84
Children under School Age ...	4	...	1	5
Total... ..	31	2	51	132

**(c) Premises Disinfected.**

Dwelling Rooms.	Hospital Wards.	School Rooms.	Offices, Shops.	Cells.	Miscellaneous. Name if necessary.
523	49	9	...	4	6 Motor Cars. 1 Caravan.

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	...	...	..	...	22
Cats destroyed	...	...	...	...	45

**(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...	353
2. Number of journeys removal of bedding...	3,302
3. Number of journeys disinfection of houses	591

Mileage—

(a) Ambulance	...	...	...	3,124
(b) Disinfecting Van	...	...	...	11,589



### **(12) REPORT ON COMMON LODGING HOUSES, 1932.**

The two registered Common Lodging Houses in the Borough are kept under the close supervision of the Inspectors, who paid 45 visits.

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

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

During the year, the first-half of the scheme for erecting 200 houses at Hollington was completed, and the houses occupied. It may be noted that these houses are most satisfactory in every way, *e.g.*, workmanship, convenience and site. Whether the scheme should be completed is a matter for the appropriate committee to consider in the first place, now that the final local census figures are available (see p. 9).

The Corporation has now erected altogether about 550 houses, a substantial contribution to the post-war housing problem.

The officers of the Health Department co-operate with the Housing Manager in the investigation of defective housing conditions and applicants for Council Houses.

No further development has taken place with regard to the Old Town Improvement Scheme, which, owing to legal difficulties for the time being remains practically in abeyance. While this report is being written, however, it is obvious that the Government, under the 1930 Housing Act, is determined to force the important issue throughout the country in the matter of Slum Clearance and Improvement Schemes. All local authorities must present reports dealing with housing conditions in their areas, together with detailed schemes and proposals for Clearance or Improvement areas, together with re-housing of the displaced tenants, over a period of 5 years. In view of the fact that the whole matter of dealing with the unsatisfactory properties of the old town will be considered so shortly by the

Council, I do not propose to make any comments at this stage. The subject matter of my report on the housing conditions of the old town (referred to in considerable detail in previous annual reports), and the decisions of the Council, and any further action belong properly to the report for 1933.

A considerable amount of housing inspection both routine and on complaint has been carried out as set forth in the sub-joined statistics.

### HOUSING STATISTICS, 1932.

#### I. INSPECTION OF DWELLING HOUSES DURING THE YEAR :—

(1) (a) Total number of dwelling-houses inspected for housing defects under the Public Health or Housing Acts ... ..	766
(b) Number of inspections made for the purpose	1,615
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 ... ..	139
(b) Number of inspections made for the purpose	639
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	10
(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 ... ..	651

#### 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...	587
--	-----

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

#### A. Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930 :—

- |  |        |      |
|--|--------|------|
| (1) Number of dwelling-houses in respect of which notices were served requiring repairs  | ...    | 19   |
| (2) Number of dwelling-houses which were rendered fit after service of formal notices :— |        |      |
| (a) by owners  | ... .. | 20   |
| (b) by Local Authority in default of owners  | ... .. | Nil. |

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

- |  |           |      |
|--|-----------|------|
| (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied | .. ... .. | 29   |
| (2) Number of dwelling-houses in which defects were remedied after service of formal notices :—        |           |      |
| (a) by owners  | ... ..    | 7    |
| (b) by Local Authority in default of owners  | ... ..    | Nil. |

#### C. Proceedings under Sections 19 and 21 of the Housing Act, 1930 :—

- |   |        |      |
|---|--------|------|
| (1) Number of dwelling-houses in respect of which Demolition Orders were made | ... .. | 4    |
| (2) Number of dwelling-houses demolished in pursuance of Demolition Orders    | .. ..  | Nil. |

#### D. Proceedings under Section 20 of the Housing Act, 1930 :—

- |   |        |      |
|---|--------|------|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made  | ... .. | 1    |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit | ... .. | Nil. |



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

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

F. Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925 :—

- |  |      |
|--|------|
| (1) Number of dwelling-houses in respect of which Closing Orders became operative  | Nil. |
| (2) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit | Nil. |
| (3) Number of dwelling-houses in respect of which Demolition Orders became operative   | Nil. |
| (4) Number of dwelling-houses demolished in pursuance of Demolition Orders   | Nil. |
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## **LOCAL GOVERNMENT ACT, 1929.**

### **HOSPITAL POLICY—MEDICAL ASPECTS.**

#### **(a) The Municipal Hospital, Frederick Road.**

The following improvements were either provided, or were in course of provision during 1932.

- (1) An additional female block of 41 beds.
- (2) Separate children's block of 35 beds.
- (3) Central heating for both the new and the existing sick wards.
- (4) X-ray Department.
- (5) New mortuary.
- (6) Special open air annexe for cases of male tuberculosis.

As a result, the present overcrowding of beds, especially on the female side, will be materially reduced, and classification of cases will be greatly improved. It should be emphasised that the total number of beds will only be slightly increased by these extensions, in view of the reduction of existing accommodation. Nor will the general policy of the Municipal Hospital be in any way affected. No action has so far been taken as regards Declaration and Appropriation under the Public Health Acts, but, in view of the increasing medical importance of the Municipal Hospital, the question should continue to receive attention, so that action can be taken when circumstances permit.

#### **(b) Adequacy of Hospital Provision.**

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

At the three hospitals, the Royal East Sussex, the Buchanan and the Municipal, there are now available for the public of Hastings and district, with an average population say, of 120,000, upwards of 500 hospital beds, a provision, in my opinion, adequate for all reasonable needs. Recent enquiries, moreover, show that long waiting lists are things of the past, and that patients requiring hospital treatment for conditions that are not entered as urgent, are not kept waiting as a rule more than 2—3 weeks before admission. The voluntary hospitals continue to be used for certain special health services, as fully described in the report for 1930. The whole matter of the co-ordination of hospital and health services is at present receiving the attention of a special committee of the Council.

**(c) Transfer of Medical Work.**

With regard to the transfer of medical work under the 1929 Act :—

(a) The Medical Officer of Health is medical adviser to the Public Assistance Committee.

(b) Medical relief is administered by a Special Sub-Committee of the Public Assistance Committee, there being 4 districts, with 4 district medical officers.

(c) Vaccination and Infant Protection are administered in the department of the Medical Officer of Health under the Public Health and Maternity and Child Welfare Committees respectively.

**STATISTICS, MUNICIPAL HOSPITAL, 1932.**

1. Classification of Beds :—

	Male.	Female.	Total.
Medical and Surgical ...	55	120	175
Tuberculosis .. ...	9	8	17
Maternity ... ..	—	11	11
Mental ... ..	16	29	45
	—	—	—
Total ... ..	80	168	248
Children ..			39
			—
Grand Total			287
			—
2. Total Admissions ... ..	...	...	1,066
3. Confinements ... ..	...	...	44
4. Average beds occupied ... ..	...	...	228
Highest ... ..	...	...	260
Lowest ... ..	...	...	170
5. No. of operations ... ..	...	...	200
,, abdominal operations	...	...	46
6. No. of cases Out-Patients	...	...	185
,, visits	...	...	1,669



## METEOROLOGY.

I am greatly indebted to Mr. Simmons, the Meteorologist for the Borough, for the following information with regard to weather conditions in Hastings in 1932.

### 1. Table showing monthly hours of Bright Sunshine, &c.

Month.	Hours of bright Sunshine.	Rainfall in inches.	Ultra Violet Radiation (Monthly average reading).
January ...	53.1	2.62	.5
February ...	98.5	0.36	1.5
March ...	162.1	1.76	2.5
April ...	138.7	2.71	1.9
May ...	140.4	2.74	2.5
June ...	220.0	1.46	2.8
July ...	189.1	3.68	2.0
August ...	239.9	0.91	3.8
September ...	109.2	2.59	1.2
October ...	109.9	8.44	.9
November ...	48.7	1.54	.5
December ...	66.0	0.58	.5
	1,575.6 hrs.	29.39 ins.	20.6 units
		746 mm.	

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

Folkestone ...	1567.2 hrs.
Tunbridge Wells ...	1526.7 „
Eastbourne ...	1660 „

### 3. Miscellaneous.

Rain fell on 200 days (118 days 1 mm. or more, 82 days less than 1 mm.)

There were 10 thunderstorms.

Snow fell on 5 occasions.

Wind reached Gale force on 16 occasions.

Prevailing wind, South-Westerly, light or moderate.

The warmest day was August 19th, Temperature 85° F.

The warmest night was August 19th, Temperature 68° F.

The coldest day was February 11th, Temperature 33° F.

The coldest night was February 10th, Temperature 24° F.

Daily mean maximum shade temperature 55·6° F.

„ „ minimum „ „ 45 0° F.

Earth temperature mean 1 ft. 51·8° F.

Earth temperature mean 4 ft. 51·8° F.

Relative Humidity, Morning 81%.

Relative Humidity, Night 85%.

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## Summary of Provision of Health Services.

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

(See Report for 1930.)

### (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 an ever increasing most admirable and beneficent work, *e.g.*, help in maintenance up to the definite level of 22/6 for each blind person, 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 now deals with blind persons and sighted “dependents” 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 and under the regular supervision of the Sanitary Inspectors.

**(5) Ambulance Facilities for**

(1) INFECTIOUS CASES.

(2) NON-INFECTIOUS AND ACCIDENT CASES.

(See Report for 1930.)

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

**(7) National Health Insurance.**

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

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

(See Report for 1930.)

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