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COUNTY BOROUGH OF HASTINGS.

PUBLIC HEALTH DEPARTMENT

INCLUDING

SCHOOL MEDICAL SERVICE.

ANNUAL REPORT FOR 1933.

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.

Health Department,
44, Wellington Square,
Hastings,

April, 1934.

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 1933, this being an ordinary as compared with the five yearly survey report.

With regard to the Vital Statistics for 1933, the corrected death-rate was 11·60 per 1,000 of the population, estimated for the purpose of vital statistics at 63,490. The infantile mortality, 46 per 1,000 births, is as usual well below the figure for the large towns, viz. : 67 ; while the mortality from tuberculosis, decreasing for several years, 16·7 per 1,000, is again the lowest recorded.

The birth-rate, 11·2 per 1,000 of the population, is also the lowest recorded, and indeed deaths outnumbered births by as many as 313, a discrepancy tending to increase year by year. If the population of the town is to be maintained or increased it is therefore absolutely essential to attract new residents of the proper type.

The various activities of the Health Department in relation to General Sanitation and Housing, the Prevention of Infectious Diseases, Maternity and Child Welfare, Tuberculosis, the

School Medical Service, Venereal Diseases, Mental Deficiency, etc., were fully maintained, the year's record being set out in the appropriate chapter of the report. The preparation of reports and schemes dealing with slum clearance, in accordance with the requirements of the Minister of Health, occupied much attention throughout the year.

The most important medical development of the year was the opening of the following important extensions at the Municipal Hospital :—

- (a)—The new female block of 41 beds.
- (b)—The new children's annexe.
- (c)—The special ward for tuberculous men.
- (d)—The new mortuary.

During the year Miss Ethel Parkhouse retired after nearly 20 years' efficient and devoted service in the School Medical service.

I have to thank the Council, Chairmen and Members of various Committees for their renewed support, 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—COUNCILLOR DR. W. E. JAMESON.
Sub Sanatorium, etc., Committee—COUNCILLOR DR. W. E. JAMESON.
Education Committee—ALDERMAN R. W. MITCHELL, M.A., J.P.
Children's Care Sub-Committee—COUNCILLOR H. E. DOBELL.
Mental Deficiency Committee—COUNCILLOR MRS. DELME-MURRAY.
Maternity and Child Welfare Committee—COUNCILLOR MRS. BOUTWOOD.
Housing and Improvements Committee—COUNCILLOR W. J. BECK.
Public Assistance Committee and Sub-Committees—COUNCILLOR P. K. LE 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.
H. J. PHILLIPS, M.D., CH.B., B.SC., D.P.H.	Deputy Medical Officer of Health; Deputy School Medical Officer; etc., etc.
L. H. BOOTH, M.B., CH.B.	Medical Officer, Hastings Municipal Hospital; Public Vaccinator; Medical Officer (Out Relief), Public Assistance Committee.
*P. LAZARUS-BARLOW, M.D. (CANTAB.)	Bacteriologist; Medical Officer, Venereal Diseases Clinic.
F. J. CUTLER, M.R.C.S., L.R.C.P. ...	Medical Officer, (Out Relief), Public Assistance Committee; Public Vaccinator.
T. REED, M.R.C.S., ENG., L.R.C.P., LOND.	Public Vaccinator; Medical Officer, (Out Relief), Public Assistance Committee.
D. RICHARDSON, L.S.A.	Public Vaccinator; Medical Officer, (Out Relief), Public Assistance Committee.
J. S. FARNFIELD, M.R.C.S. ENG., L.R.C.P. LOND.	Medical Officer, Maternity and Child Welfare Clinic.
H. STANLEY, M.B., B.C.H. CANTAB., M.R.C.S., L.R.C.P.	do. do.
G. A. TICEHURST, M.A., M.B., B.C., M.R.C.S., L.R.C.P.	Medical Officer, Maternity and Child Welfare and Ante-Natal Clinic; Consultant under the Puerperal Fever and Puerperal Pyrexia Regulations.
J. WALKER, L.R.C.P. EDIN., L.R.C.S. EDIN.	Medical Officer, 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.
N. GRELLIER, M.R.C.S., L.R.C.P., D.M.R.E. (CAMB.) ...	Consulting Radiologist, Hastings Municipal Hospital.
*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. W. JONES, (c) (d) ...	Sanitary Inspectors; also Inspectors under Shops Acts, Food and Drugs (Adulteration) Act, Housing Acts, Rats and Mice (Destruction) Act, etc.
H. F. VENESS, (e) (d) ...	
G. F. SMART (c) (d) ...	Assistant Sanitary Inspector; Inspector under Shops Acts.
E. H. EVANS (c) (d) ...	do. do.
*Miss S. A. MYERS, (f) (g) ...	Health Visitor and School Nurse; Inspector of Midwives.
*Miss T. HARRIS, (c) (f) (g) (h) ...	Health Visitor, and School Nurse.
*Mrs. A. ESHELBY, (f) ...	do. do.
*Miss G. W. HICKSON, (c) (f) (g) (h) ...	do. do.
*Miss M. E. PARKHOUSE, (a) (f) ...	School Nurse, Clinics.
Miss M. W. TOOGOOD, (a) (b) (g) ...	do. do.
*Miss A. PARKHOUSE, (f) ...	Health Visitor, Tuberculosis.
Miss F. POLLARD, (f) (i) ...	Matron, Borough Sanatorium.
*C. L. WHEATLEY ...	Chief Clerk.
C. O. PERRING ...	Vaccination Officer.
Miss H. E. CHESHIRE ...	Clerk, Maternity and Child Welfare. Tuberculosis.
H. R. H. ASHLEY ...	Clerk, Sanitary Inspector's Office.
K. N. KIRBY ...	Clerk, General Office.
R. FREEMAN ...	Junior Clerk, General Office.
*Miss G. M. BARKER ...	Senior Clerk, School Medical Service.
*Miss D. G. COOTE ...	Clerk, do. do.
*Miss K. A. TROW ...	Clerk, do. do.
*Miss D. GRAY ...	Clerk, School Dentist.

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

- (a) Resigned.
- (b) Commenced duties 12th June, 1935.
- (c) Certificate, Royal Sanitary Institute. Inspector of Nuisances.
- (d) do. do. Inspector of Meat and other Foods.
- (e) do. Royal Institute of Public Health. Inspector of Nuisances.
- (f) Fully trained General Nurse.
- (g) Certificate of Central Midwives Board. (C.M.B.)
- (h) Certificate, Maternity and Child Welfare Worker.
- (i) Certificate, Fever Training.
- (j) Certificate of the Royal Sanitary Institute and Sanitary Inspectors Examination Joint Board.

Area of Borough	...	...	...	...	...	4,496 acres.
Population, Census 1931	...	...	...	...	...	65,207
Registrar-General's estimate of resident population, 1933, for the purpose of Vital Statistics	...	...	...	...	...	63,490
Number of inhabited houses (end of 1933) according to Rate Books	...	...	...	...	...	16,793
Rateable Value	...	..	...	...	...	£683,867
Sum represented by a penny rate	...	...	...	...	...	£2,721

		Total.	Male.	Female.	
Live Births, 1933	Legitimate	670	348	322	} = 713
	Illegitimate	43	23	20	

Birth Rate, 1933, per 1,000 of the estimated resident						
population	...	...	...	...	...	11·2
Still Births	...	...	...	...	...	29
Rate per 1,000 total (live and still) births					...	11·7
Deaths, 1933	...	...	...	...	...	1,026
Death Rate, 1933, per 1,000 of the estimated resident						
population	(a) crude	...	...	...	...	16·16
	(b) corrected		...	...	...	11·60

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	4 ...	5·5
	—	—
Total ...	5	6·8

Death Rate of Infants under one year of age

(a) All infants per 1,000 live births	...	...	46
(b) Legitimate Infants per 1,000 legitimate live births	...	...	46.3
(c) Illegitimate Infants per 1,000 illegitimate live births	...	...	46.5
Deaths from Measles (all ages)	...	...	Nil.
„ „ Whooping Cough (all ages)	...	...	4
„ „ Diarrhoea (under 2 years of age)	...	...	Nil.

VITAL STATISTICS.

(1) Population.

The annual report for 1932 dealt in detail with the census figures of 1931 as relating to Hastings, the census population being 65,207. For statistical purposes the Registrar General estimates the mid-year population in 1933 at 63,490, an increase of 330 as compared with the figures of 1932.

(2) BIRTHS.

The net live births registered in Hastings for 1933 were 713, made up as follows :—

	Registered in Borough.	Transferred elsewhere.	Transferred Hastings.	Total.
Males ...	393	30	8	371
Females	359	27	10	342
Totals	752	57	18	713

Of the births 43, males 23, and females 20, were illegitimate, a percentage of 5·7.

The live births, 713, were 39 less than in 1932, the birth-rate being 11·2 per 1,000 of the population, the lowest recorded, deaths exceeding births by 313. This phenomenon has been present now in this town for a period of years, but more markedly in the last 10 years with the rapidly decreasing birth-rate. At the same time, the census figures of 1931 definitely showed a substantial increase in population due to settlement in the town of a considerable number of new families and other residents. It is obvious that unless these new residents can be attracted to the town the population must inevitably decline.

The comparative birth-rate is shewn in detail on Table 1, page 33.

(3) DEATHS.

The total net deaths registered in Hastings in 1933 were 1,026, of whom 424 were males, 602 females.

Not included were 150 deaths transferred to other districts ; included were 46 deaths of Hastings residents, occurring elsewhere.

Deaths in Public Institutions were 460, 109 being transferred elsewhere.

There were 50 Coroner's inquests.

The crude death-rate per 1,000 of the population is 16·16, which, corrected for the peculiar age and sex constitution of the population by the factor for correction, ·718, gives a death-rate of 11·60 per 1,000.

(4) AGE AT DEATH.

Of the 1,026 deaths, 33 occurred in infants under one year of age, the infantile mortality being 46 per 1,000 births.

From 1-5 years of age there were 20 deaths ; from 5-25 years 33 deaths ; from 25-45 years 65 deaths ; from 45-65 years 210 deaths ; and over 65 years 676 deaths, or 66 per cent. of the total.

(5) MAIN CAUSES OF DEATH.

(a) Diseases of the Circulatory System.

The proportion of the total deaths due to diseases of the heart and arteries amounted to 42·4 per cent. of the total, or 6·9 per 1,000 of the population.

The increasing death-rate from diseases of the circulatory system is shown in the table given below, this group of diseases being now responsible for a much higher mortality than any other, for example tuberculosis, respiratory diseases, or even cancer. Two main causes are probably responsible : (a) the increasing pace and tension of modern life, and (b) the average increase of the expectation of life. In the absence of other diseases, old age naturally terminates by some arterial or cardiac condition.

**(1) Analysis of Deaths from Diseases
of the Circulatory System, 1933.**

Deaths from	Total.	Under 45 years.	45-65 years.	Over 65 years.
Heart Disease	288	3	24	261
Cerebral Haemorrhage	140	—	3	137
Other Circulatory Diseases	7	—	1	6
Totals	435	3	28	404

**(2) Comparative Analyses, 1926-1933.
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
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
1932	356	35·8	5·6
1933	435	42·4	6·9

(b) Cancer.

The following table shows the comparative mortality since 1910.

1910—1919	—	yearly average	109	deaths due to cancer.
1920—1924	do	do	123	„ „ „
1925—1929	do	do	137	„ „ „
1930			114	„ „ „
1931			135	„ „ „
1932			141	„ „ „
1933			148	„ „ „

**Deaths from Cancer in 1933 according to sex and organ
of body affected.**

Part affected.	No. of Deaths.		
	Male.	Female.	Total.
Tongue, Lips, Mouth, Throat, or Larynx	7	5	12
Gullet	3	—	3
Stomach	12	7	19
Abdomen, Bowel, etc. ...	21	38	59
Breast	1	15	16
Womb	—	13	13
Sex Glands, etc.	2	7	9
Miscellaneous	9	8	17
Total	55	93	148
PERCENTAGE OF TOTAL ...	37 per cent.	63 per cent.	

The number of deaths 148, approximately one-seventh of the total local death-rate, and 2·3 per 1,000 of the population is the largest due to cancer in any one year, as shown graphically in the table given above. The table also shows that the mortality is proportionately higher among women than in men, due mainly to cancer in the womb, and also to a relative increase in cancer of the abdominal organs. At the same time it should be noted that the 1931 census showed an increase in Hastings in the female population over the male of nearly 20 per cent.

The recognition of the early symptoms of cancer of the most important types, womb, breast, rectum or lower end of the bowel, tongue, etc., is of paramount importance, owing to the possibility of a cure or at any rate much delayed recurrence by early and radical surgical treatment. Pamphlets dealing with this and other aspects of the subject are available for distribution by

V.S. Table No. 2. (Ministry of Health.) CAUSES OF, AND AGES AT, DEATH DURING YEAR, 1933.

CAUSES OF DEATH.		Net Deaths at the subjoined ages of Residents, whether occurring within or without the District												Total Deaths whether of 'Residents' or 'Non-Residents' in Institutions in the District.	WARD DISTRIBUTION.											
		All ages.	0 to 1 year.	1 to 2 yrs.	2 to 5 yrs.	5-15 yrs.	15-25 yrs.	25-35 yrs.	35-45 yrs.	45-55 yrs.	55-65 yrs.	65-75 yrs.	75 & upds.		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 & Hollington.		
All Causes	{ Certified Uncertified	1022	32	4	5	11	22	31	34	62	147	254	427	459	108	59	88	80	88	80	110	112	174	123		
Typhoid and Paratyphoid Fevers		1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Measles		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Influenza		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro-Spinal Fever		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis of respiratory system		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other tuberculous diseases		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
General paralysis of the insane, tabes dorsalis		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cancer, Malignant Disease		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diabetes		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebral Haemorrhage, etc.		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Heart Disease		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Aneurysm		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other circulatory diseases		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia (all forms)		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other respiratory diseases		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Peptic Ulcer		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhoea, etc.		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Appendicitis		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cirrhosis of liver		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other diseases of liver, etc.		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other digestive diseases		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute and Chronic Nephritis		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Sepsis		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other puerperal causes		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital Debility, Premature Birth, Malformations, etc.		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Senility		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suicide		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other deaths from violence		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other defined diseases		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Causes ill-defined or unknown		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals		1026	33	4	5	11	22	31	34	62	148	255	421	460	108	59	88	81	89	80	111	112	175	123		



the health visitors and through the clinics. At present radium treatment is not available locally, and cases are sent from the Municipal or the Voluntary Hospitals to the Radium Institute, London. It is hoped, however, that in 1934, a small supply will be available in the Royal East Sussex Hospital for the use of the Hastings and Eastbourne Hospitals.

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

The mortality from bronchitis, pneumonia, influenza, etc., was 153 or 2·4 per 1,000.

V.8. Table No. 1.

VITAL STATISTICS—WARDS—1933.

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	5,607	32	22	54	9·6	108	19·3	6	111
St. Clements	5,284	74	87	161	30·5	59	11·2	4	25
St. Mary's Lower ...	5,258	18	21	39	7·4	88	16·7	2	51
St. Mary's Upper ...	6,032	35	27	62	10·3	81	13·4	2	32
St. Helen's	6,214	68	54	122	19·6	89	14·3	8	65
Holy Trinity	5,684	33	30	63	11·1	80	14·1	6	95
St. Mary Magdalen	6,798	21	10	31	4·6	111	16·3	3	97
St. Peter's	6,078	17	24	41	6·7	112	18·4	2	49
St. Leonards	9,434	53	44	97	10·3	175	18·5	5	52
Silverhill and Hollington	7,101	43	39	82	11·5	123	17·3	1	12
Total	63,490	394	358	752	11·8	1026	16·2	39	52
Transfers out ... ..	...	30	27	57				7	
Transfers in ... ..	...	8	10	18				1	
Total Net	63,490	372	341	713	11·2	1026	16·2	33	46

V.S. Table No. 3.

DEATH RATES—1900-1933—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	1933
Number of Deaths	909	848	820	914	850	852	869	821	930	879	924	954	941	993	894	981	993	1026
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	15.73	16.16
*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	11.29	11.60

* Factor for correction 1900-1924—.84.
1925-1933—.718.

V.S. Table No. 4.

BIRTH RATE, DEATH RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1933.

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

	Birth rate per 1,000 Total Population.		Annual Death-Rate per 1,000 Population.								Rate per 1,000 Live Births		Percentage of Total Deaths.					
	Live Births.	Still Births.	All Causes.	Typhoid and Paratyphoid fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis under 2 Years.	Total Deaths under One Year.	Causes of Death certified by Registered Medical Practitioners.	Inquest Cases.	Certified by Coroner After P.M.	No Inquests.	Uncertified Causes of Death.
England and Wales ...	14.4	0.62	12.3	0.01	0.00	0.05	0.02	0.05	0.06	0.57	0.54	7.1	64	90.9	6.3	1.9	0.9	0.9
118 County Boroughs and Great Towns, including London ...	14.4	0.67	12.2	0.00	0.00	0.06	0.02	0.06	0.08	0.55	0.49	9.4	67	91.0	6.0	2.5	0.5	0.5
152 Smaller Towns (Estimated Resident Populations, 25,000—50,000) at Census 1931 ...	14.5	0.63	11.0	0.00	0.00	0.04	0.02	0.04	0.04	0.53	0.44	4.9	56	91.7	5.8	1.5	1.0	1.0
London ...	13.2	0.45	12.2	0.00	0.00	0.02	0.02	0.08	0.08	0.51	0.58	11.6	59	88.3	6.3	5.4	0.0	0.0
Hastings ...	11.2	0.5	$\frac{16.16(a)}{11.2(b)}$	0.01	0.00	0.00	0.01	0.06	0.09	0.63	0.33	0.00	46	89.8	4.8	4.8	0.3	0.3

(a) crude death-rate.

(b) corrected death-rate.

INFECTIOUS DISEASES.

(1) NOTIFIABLE INFECTIOUS DISEASES, 1933.

A complete analysis is found in Table No. 3, p. 19.

I.D. Table No. 1.

QUARTERLY INCIDENCE OF SCARLET FEVER, DIPHTHERIA AND
ENTERIC FEVER.

	Scarlet Fever.	Diphtheria	Enteric Fever.	Total.
1st Quarter	21	31	2	54
2nd Quarter	40	11	—	51
3rd Quarter	28	4	—	32
4th Quarter	43	11	2	56
Totals	132	57	4	193

Scarlet Fever.

The incidence, 132 cases, was somewhat above the average (92 cases in 1930, 61 in 1931, 91 in 1932). There was a tendency also for the disease to be more severe in type, and more productive of complications than in previous years. Apart from a small outbreak in a girl's home, undoubtedly due to a carrier, the cases were mainly sporadic.

Of the 132 cases notified, 123 or 93 per cent. were admitted to the hospital.

Diphtheria.

The 57 notifications of diphtheria approximated closely to those of recent years (65 in 1931, 60 in 1932), 56 cases, or 98 per cent. being removed to hospital.

At the end of 1932 and the commencement of 1933 there was a definite, though restricted outbreak, of a severe and virulent type of diphtheria, sometimes referred to as diphtheria gravis, with 13 cases and three deaths among children attending an infant school and 6 cases with no fatalities among children at a junior school. Outbreaks of this severe and often fatal form of diphtheria are not infrequently reported, both in this country

and on the Continent, and indeed in some large industrial towns, the type has been endemic for several years. The essential points as regards the individual case are very early diagnosis and the administration of large doses of anti-toxin by both intramuscular and intravenous routes.

In connection with the outbreak various administrative measures were vigorously carried out, including an active bacteriological search for virulent carriers among the contacts (three being ultimately discovered and isolated), temporary closure of the infants' school, necessary measures of disinfection, etc. In addition in the junior school and in certain contacts at the infant school protective injections of diphtheria anti-toxin were given, followed up by the permanent immunisation of nearly all the children in both schools. As a result the outbreak quickly ceased, although there was a slight recrudescence in the autumn at the infant's school, in which prompt diagnosis and early treatment prevented the few cases from becoming virulent. The fact that the majority of the children had been immunised was also an important factor in preventing spread.

The most important method in preventing diphtheria is by means of diphtheria immunisation, for which provision has been made since 1932, free of charge, to the school children and infants over two years of age at the school clinics. Reference is made to this work, with returns as to the numbers immunised, in the School Medical Service section. In spite of the fact that the response by parents, apart from the instances already given to the invitation to have their children immunised has been definitely disappointing in the case of several schools (no doubt due to the relative absence of diphtheria in these districts) it is intended to persevere with this important branch of preventive medicine.

Enteric and Paratyphoid Fevers.

During the year, 4 cases were notified, of which two were certainly imported, while all were sporadic.

Infectious Diseases of the Central Nervous System.

One fatal case of cerebro-spinal meningitis was notified.

Small-Pox.

No case was notified, and it was not necessary to open the Small-Pox Hospital at Brede.

The Vaccination returns for 1932 show again that only about two-fifths of the children are being protected by vaccination against small-pox. At the same time it should be realised that not only is the mild type of small-pox still smouldering in London and the large towns, but from time to time cases and even outbreaks of a severe, possibly fatal, type do occur. However prompt administrative action may be under such circumstances, it is obvious that the unvaccinated are at considerable risk.

(2) NON-NOTIFIABLE INFECTIOUS DISEASES.

There were no deaths from measles, and only a few cases were reported through the usual channels of the School Medical Service or Health Visitors. There was considerable prevalence of whooping cough, 129 cases being excluded from school, and 4 deaths occurring, all in young children. There was no epidemic of influenza, but the usual seasonal increase in the spring, the number of deaths being 40. Mumps was slightly prevalent during the spring.

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
1932 ...	792	291	444	36.7
Totals	6,176	2,383	3,354	38.6

I.D. TABLE NO. 3.

TABLE II. (MINISTRY OF HEALTH).

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR, 1955.

NUMBER OF CASES NOTIFIED.														WARD DISTRIBUTION.													
NOTIFIABLE DISEASES.	At all ages.	At ages—Years.												Deaths.*	Total cases removed to Hospital.	At 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 & upwards.														
		0	1	2	3	4	5	10	15	20	35	45	65 & upwards.														
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera, Plague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Group)	57	3	1	2	5	19	10	5	8	1	2	1	6	56	3	19	1	7	7	8	3	2	2	3	4	20	...
Erysipelas	25	...	...	...	...	...	1	...	3	1	15	5	...	6	5	1	1	2	4	3	3	2	2	3	1	...	...
Scarlet Fever	132	2	4	7	12	52	28	8	11	7	...	1	1	123	9	15	11	5	27	19	8	4	4	14	20	...	...
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	4	...	...	...	...	...	...	2	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Relapsing Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	3	...	...	...	...	...	...	1	2	...	...	...	1	2	...	...	...	...	1	1	...	...	...	...	...	...	...
Puerperal Pyrexia	14	...	...	...	...	...	...	...	11	3	...	...	...	2	1	4	1	1	6	1	...	...	...	1	...	...	...
Cerebro Spinal Meningitis	1	...	...	...	...	...	...	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis	91	...	...	...	...	...	2	4	41	27	13	4	36	57	6	8	9	5	10	10	7	11	16	9	...	...
Other Forms of Tuberculosis.	26	3	1	1	2	6	4	3	2	1	1	2	7	23	3	4	4	3	5	1	...	2	1	1	2	...	...
Acute Polio-encephalitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Primary Pneumonia	56	3	...	2	1	5	3	1	10	8	14	9	20	18	6	4	2	2	5	15	...	5	4	6	7	...	...
Influenzal Pneumonia	22	...	...	1	...	...	...	1	3	5	2	10	6	5	...	1	5	1	2	1	...	1	3	7	1	...	...
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Trench Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	433	5	8	6	13	20	82	48	26	91	54	48	32	79	295	33	56	34	25	67	61	29	30	54	44	...	...

*For Analysis of Deaths See Table No. 2 (Ministry of Health), page 13a.

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

	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
Smallpox ...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	...	...	...	2	...	...	...	...	...	1	...	1
Diphtheria ...	1	1	...	...	1	...	2	4	4	5	6	6
Enteric Fever ...	1	...	...	1	...	1	...	1	1	...	2	1
Measles ...	4	4	...	...	8	...	3	1	12	1	1	...
Whooping Cough ...	...	2	3	1	5	...	4	2	1	1	1	4
Diarrhoea (under 2 years)	3	3	1	1	6	4	2	3	2	1	1	...
Totals ...	9	10	4	5	20	5	11	11	20	9	11	12

(3) BOROUGH SANATORIUM FOR INFECTIOUS DISEASES.

During the past 10 years the policy of a definite, gradual improvement both of the buildings and equipment has been steadfastly pursued, in addition to the ordinary repairs and renewals, with the result that the hospital is now well equipped and up-to-date. At the same time, each year still finds its own particular improvement, one example in the year under review being the provision of wash-hand basins for a complete block.

The Sanatorium continued to be used for a considerable variety of infectious disease, no fewer than 12 different diseases having been admitted in 1933.

As regards scarlet fever, 93 per cent. of the 132 local notifications were admitted, in spite of the fact that under proper precautions no objection is made to isolation at home. The average detention in hospital was 34 days, although it is customary to allow uncomplicated cases to leave after 28 days. Scarlet fever anti-toxin is given intramuscularly in all cases with any degree of severity, with the result that the number of serious complications and the average detention in hospital are definitely reduced. The Dick and the Schultz-Charlton tests are used wherever indicated for diagnostic purposes with advantage in certain cases. During the year three return cases were admitted.

The Borough Sanatorium is recognised as a full training school for fever nurses by the General Nursing Council.

The number of fully equipped beds at the Borough Sanatorium remains 70, at Brede Small-Pox Hospital 20, both hospitals being utilised, and beds reserved for several neighbouring rural and urban districts. The sanatorium might with advantage serve an even larger district, although it might be necessary in that case to consider the provision of a small cubicle block of 4 or 5 beds.

No fresh case of small-pox was admitted in 1933.

During the year several important improvements were carried out at the Small-Pox Hospital, notably the provision of electric light and power, and an electric cooker. This hospital has now been brought reasonably up-to-date, both as regards the buildings and equipment.

(B) Cases under Treatment in 1933.

I.D. Table No. 6.

Disease.	In Hospital Jan. 1st, 1933.	Ad- mitted, 1933.	Died 1933.	Dis- charged 1933.	In Hospital Dec. 31st, 1933.
Scarlet Fever (a) ...	12	140	1	131	20
Diphtheria (b) ...	12	80	4	83	5
Diphtheria and Scarlet Fever ...	...	2	...	2	...
Typhoid and Paratyphoid ...	3	...	...	3	...
Measles ...	3	3	...	6	...
Whooping Cough ...	...	3	...	3	...
Cerebro Spinal Fever ...	...	1	1	...	...
Erysipelas ...	...	4	...	3	1
Erysipelas and Diphtheria ...	...	1	...	1	...
Gas Gangrene ...	...	1	1	...	...
Broncho Pneumonia ...	...	2	1	1	...
Vincent's Angina ...	...	1	...	1	...
German Measles ...	...	1	...	1	...
Totals	30	239	8	235	26

(a) Includes 22 cases from other districts.

(b) " observation or negative cases.

Average Stay in Hospital.

Scarlet Fever	...	...	...	...	34 days.
Diphtheria	..	...	...	...	42 „
Typhoid and Paratyphoid	...	...	...	...	56 „

Complications.

Scarlet Fever :—

Minor septic fingers, toes, etc.	...	...	...	...	15
Nephritis, varying degrees	...	...	...	...	10
Bronchitis and pneumonia	...	...	...	...	5
Rhinitis	...	...	...	...	7
Otitis media	...	...	...	...	10
Rheumatism	...	...	...	...	6
Mastoid Abscess	...	...	...	...	1

Diphtheria :—

Tracheotomy	...	...	...	...	1
Tonsillectomy for carriers	...	...	..	..	3

TUBERCULOSIS.

(1) VITAL STATISTICS.

(a) Notifications, 1933.

The number of notifications remained practically at the same level as in 1932, 128 as compared with 127. Of these notifications of pulmonary disease fell from 107 to 98, but of non-pulmonary rose from 20 to 30.

T. Table No. 1.

TUBERCULOSIS, 1933—NOTIFICATIONS.

Age Period.	New Cases.		Deaths.	
	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.
0—1 years ...	...	...	...	...
1—5 „ ...	1	7	...	3
5—10 „ ...	...	6	...	...
10—15 „ ...	2	4	...	...
15—20 „ ...	4	3	3	1
20—25 „ ...	13	...		
25—35 „ ...	28	2	10	...
35—45 „ ...	30	2	8	1
45—55 „ ...	9	2	8	1
55—65 „ ...	6	1	1	1
65 upwards ...	5	3	6	...
Totals ...	98	30	36	7
Grand Totals	128		43	

T. Table No. 2.TUBERCULOSIS, 1933—NOTIFICATIONS FROM
VARIOUS SOURCES.

Category.	Primary Notifica- tions.	New Cases notified other Sources.	Supple- mental Notifica- tions.	Totals.
Pulmonary Males ...	54	3	2	59
„ Females ...	37	4	1	42
Non-Pulmonary Males	12	2	2	16
„ Females	14	2	1	17
Totals ...	117	11	6	134

T. Table No. 2a.

CASES OF TUBERCULOSIS ON THE NOTIFICATION REGISTER
ON THE 31ST DECEMBER, 1933.

TOTAL CASES.	PULMONARY.			NON-PULMONARY.		
	Males.	Females.	Total.	Males.	Females.	Total.
505	221	191	412	45	48	93

T. Table No. 3.

TUBERCULOSIS PRIMARY NOTIFICATIONS, SINCE 1921.

	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
Pulmonary	89	71	81	98	94	76	65	60	82	84	141	102	91
Other Forms	9	9	22	26	39	29	19	18	14	24	23	20	26
Totals ...	98	80	103	124	133	105	84	78	96	108	164	122	117

Relation of Deaths to Notifications.

The improvement in earlier notification was maintained as regards pulmonary tuberculosis, but on the other hand no fewer than 6 cases of surgical tuberculosis were not notified before death, several, no doubt, due to the fact that the fatal issue was rapid, owing to tuberculous meningitis or that diagnosis was only made after a post-mortem.

In view of the importance of early notification and in the interests both of the patient and the public, and also, of course, because it is a statutory duty on the part of the practitioner, the latter is asked in each unnotified case, after death, to explain fully the circumstances.

T. Table No. 4.

RELATION OF DEATHS TO NOTIFICATIONS, 1933.

				Pulmonary	Other Forms.	Total.
Not notified		before death		6	6	12
Notified less than 3 months		" "		8	1	9
" 3 to 6	"	" "		5	...	5
" 6 to 12	"	" "		7	...	7
" 1 to 2 years	"	" "		2	...	2
" over 2	"	" "		8	...	8
Totals				36	7	43

(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
1932 ...	50	3	53	·84
1933 ...	36	7	43	·67

The mortality for 1933, '56 per 1,000 of the population from pulmonary tuberculosis, '11 from non-pulmonary, and '67 from all forms is the lowest recorded in this town, and, as the preceding table shows, just a little over one-third of the mortality prevailing at the commencement of the century. The fall in the mortality from tuberculosis in this country is gradual and general, though certainly retarded in some districts owing to special environmental and economic reasons ; it also corresponds with the intensive development, especially since the war, of the tuberculosis services in the various directions mentioned in the report.

No doubt other factors are concerned to some extent with this remarkable fall in mortality ; for example, improvements in sanitation and housing and in the general standard of living, especially dietaries, during the past half-century ; the reduction of hours of labour, lessened smoke pollution, and so on ; possibly also tuberculosis, like other infectious diseases, passes through natural phases of advance and decline in mortality, spread over many decades.

At the same time the co-incidence of the great development of the anti-tuberculosis services with the falling mortality, together with the comparatively short period in which the fall has occurred, cannot be disregarded.

(2) TUBERCULOSIS HEALTH VISITOR, ETC.

(a) Home Visiting.

Home visits to new cases	...	...	91
„ „ old „	...	...	1,770
			<hr/>
Total visits	...	...	1,861
			<hr/>

(b) Articles supplied from the Health Department.

Bottles of Disinfectant	...	...	...	277
Sputum Mugs and Flasks	...	...	...	10
Thermometers	...	...	...	7

(3) TUBERCULOSIS DISPENSARY.

The work of the tuberculosis dispensary at the Royal East Sussex Hospital was fully maintained, both as a centre for diagnosis and consultation in connection with new or suspected cases and contacts, and also as a sorting house in the arrangement of the most appropriate treatment.

Increasing use has been made of the Associated Special Departments of the Hospital, for example X-Ray, Light Therapy, Orthopædic, Pathological and Dental.

At the Dispensary the Mantoux intra-dermal tuberculin test has been used with considerable advantage, especially in determining the absence of tuberculous allergy. Considerable use has been made of Tuberculin (B.E.), especially in the case of surgical tuberculosis of cervical glands in children, and in a few cases of pulmonary tuberculosis the course of Old Tuberculin, commenced at the Sanatorium, has been continued from the Dispensary.

The blood sedimentation test has been carried out in a number of ex-sanatorium cases in order to compare the results with those done at the Sanatorium, and to correlate the rates with the clinical progress of the case.

During the year, 161 new cases were examined at the Dispensary, including 15 cases transferred from other areas or returned after discharge. Of 29 contacts examined, two were diagnosed as suffering from pulmonary, and two from non-pulmonary tuberculosis. The total number of attendances at the Dispensary was 1,075, a slight reduction as compared with 1932.

T. Table No. 6.

RETURN SHOWING THE WORK OF THE TUBERCULOSIS DISPENSARY,
DURING THE YEAR 1933.

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	29	24	...	...	...	2	5	8	29	26	5	8	68
(b) Diagnosis not complete	...	...	...	...	...	...	...	...	2	1	...	...	3
(c) Non-tuberculous	...	...	...	...	...	...	...	...	10	19	9	8	46
B.—CONTACTS examined during the year:—														
(a) Definitely tuberculous	1	1	...	...	...	...	...	...	1	1	...	...	2
(b) Diagnosis not completed	...	...	...	...	...	...	...	...	1	1	...	...	2
(c) Non-tuberculous	...	...	...	...	...	...	...	...	1	11	8	5	25
C.—CASES written off the Dispensary Register as														
(a) Recovered	4	...	2	1	2	3	5	7	6	3	7	8	24	
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous)	...	...	...	...	...	...	...	...	15	33	18	13	79
D.—NUMBER OF CASES on Dispensary Register on December 31st:—														
(a) Definitely tuberculous	122	83	3	1	5	9	13	19	127	92	16	20	255	
(b) Diagnosis not completed	...	...	...	...	...	...	...	...	3	2	...	...	5

1. Number of cases on Dispensary Register on January 1st	...	263
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	...	15
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	...	38
4. Cases written off during the year as Dead (all causes)	...	23
5. Number of attendances at the Dispensary (including Contacts)	...	1,075
6. Number of Insured Persons under Domiciliary Treatment on the 31st December	...	19
7. Number of consultations with medical practitioners:—		
(a) Personal	...	36
(b) Other	...	77
8. Number of visits by Tuberculosis Officers to homes (including personal consultations)	...	71
9. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	...	1,030
10. Number of		
(a) Specimens of sputum, etc., examined	...	73
(b) X-ray examinations made in connection with Dispensary work	...	54
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	...	157

T. Table No 7.**DISPENSARY ATTENDANCES FOR 1933.**

(1) Insured men	...	...	...	...	328
women	...	...	...	...	184
(2) Non-insured men	...	...	...	...	26
women	...	...	...	...	213
children—					
f boys	...	...	...	...	163
l girls	...	...	...	...	95
(3) Ex-military cases	...	...	...	...	64
Total attendances					1,073

(4) INSTITUTIONAL TREATMENT, 1933.

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.

The most friendly and helpful co-ordination exists between the work carried out at Darvell Hall Sanatorium and the Tuberculosis Dispensary.

The results of sanatorium and hospital treatment are shown in Table 9. The large proportion of cases marked non-quiescent on leaving the sanatorium is an index of the caution with which the results of the treatment of tuberculosis are now assessed, especially in T.B + cases. In a considerable proportion of these cases artificial pneumo-thorax and phrenic evulsion, the effect of which is to put the affected lung at rest, as if in a splint, have been carried out at the Sanatorium. Arrangements have been made for this treatment to be continued at the Sanatorium over periods, if necessary, of one, two or even three years. All these non-quiescent cases are kept under regular supervision at the dispensary, and in a considerable proportion we have the satisfaction of seeing them keep well, in some cases graduate from non-quiescent to quiescent, and often return to their former or some other suitable employment.

One case was sent to Preston Hall Village Settlement, but did not settle.

Considerable use was made of the tuberculosis wards at the Municipal Hospital, which have now been considerably improved both on the male and female sides, especially for emergencies on advanced cases, and also from time to time for early observation cases, pending transfer to the sanatorium.

T. Table No. 8.

CASES SENT TO INSTITUTIONS DURING 1933.

To Darvell Hall Sanatorium	...	...	...	63
„ Royal East Sussex Hospital	...	...	...	11
„ Eversfield Chest Hospital	...	...	...	2
„ Heritage Craft Schools, Chailey	...	...	...	2
„ Preston Hall	...	...	...	1
				—
Total	...	...	...	79
				—

T. Table No. 9.

RESULTS OF INSTITUTIONAL TREATMENT IN CASES DISCHARGED IN 1933.

	Quiescent.	Not Quiescent	Died in Institution.	Total.
Pulmonary :—				
T.B. — ...	8	2	1	11
T.B. +				
Stage 1 ...	2	9	...	11
Stage 2 ...	1	14	1	16
Stage 3 ...	...	7	2	9
Non-Pulmonary :—				
Bones—Joints ...	4	2	...	6
Abdomen ...	...	1	...	1
Glands, etc. ...	...	8	...	8
Totals ...	15	43	4	62

(5) THE TUBERCULOSIS CARE COMMITTEE.

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

A typical week's work is shewn :—

	£	s.	d.
(a) Monetary allowances	18	6	
(b) Fresh milk	7	0	
(c) Certified milk	3	6	
(d) Eggs	2	4	
(e) Butter	2	4	
(f) Maintenance of 2 children in the country	1	2	6
Total weekly liability ...	£2	16	2

**(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 1933.

MATERNITY & CHILD WELFARE.

(1) VITAL STATISTICS.

(a) Notification of Births Act.

The number of births reported to the Health Department in 1933 was as under :—

<i>Total Births</i> —Notified by midwives	485
,, ,, doctors	197
,, ,, relatives and others	113
Total	795
<i>Still Births</i> —Notified by midwives	17
,, ,, doctors	13
,, ,, relatives and others	5
Total	35

Percentage of still births to notified births, 4·4.

The number of un-notified births was 24, including 20 live births and 4 still births.

(b) Infantile Mortality in 1933.

Net live births registered	713
Number of deaths of infants under one year	33
Infantile Mortality	46
Net illegitimate live births registered	43
Number of deaths of illegitimate infants under one year	2
Infantile Mortality in illegitimate infants	46·5

(c) Maternal Mortality, 1933.

Deaths from puerperal sepsis	1
Deaths from other accidents and diseases of pregnancy	4
Maternal mortality	6·7

The infantile mortality rate, 46 per 1,000 births, compared with 44 in 1932, was, as usual, below that of the general rate for the country, 64. Of the 33 deaths of infants under one year, 22, or 66·6 per cent. of the total, were due to prematurity, debility, marasmus, etc., *i.e.*, to causes operating in the mother during pregnancy, or in the child at or immediately after the confinement. Of the 11 remaining deaths, three were due to whooping cough, which was prevalent for a period, and four to bronchitis and pneumonia. No death was due to diarrhoea or enteritis, as compared to an average annual death roll from this cause of 24 in the first five years of this century.

The maternal mortality, 6·7 per 1,000 births, or five deaths to 713 births, shows a slight increase from the figure reported last year of 5·3, and is definitely higher than the figure for the country of 4·42. The local average figure for the past five years is 4 per 1,000, which closely approximates the national figure. As regards measures which are generally accepted as helpful in the reduction of maternal mortality, the local scheme is remarkably complete, for example, in the provision of ante-natal centres, consultants for puerperal pyrexia cases, beds for maternity and puerperal fever cases, home help, etc.

The following matters are still under consideration :—

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

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

ANALYSIS OF INFANTILE AND MATERNAL MORTALITY FROM 1900—1933.

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.	Birth Rate.	Deaths.	Rate per 1000 Births.	Deaths under 1 year.	Rate per 1000 Births.	Deaths 0-4 weeks.	Rate per 1000 Births.	Deaths 0-2 years.	Rate per 1000 Births.	Deaths 0-1 year.	Rate per 1000 Births.	Deaths 0-1 year.	Rate per 1000 Births.
1900-04	1231	18.67	7	5.7	137	111	not available	24	19.5	24	19.5	23	18.7	
1905-09	1100	17.4	5	4.5	105	95	38 34.5	15	13.6	16	14.5	19	17.3	
1910-14	902	14.9	3	3.3	75	83	26 28.8	13	14.4	11	12.2	28	31.0	
1915	809	15.5	3	3.7	79	97	35 43.3	1	1.2	17	21.0	36	44.5	
1916	785	15.7	2	2.5	47	60	22 28.0	1	1.4	6	7.6	23	29.3	
1917	759	15.1	not available	not available	59	78	not available	6	7.9	not available	not available	25	32.9	
1918	838	16.1	1	1.2	60	71	29 34.6	2	2.4	8	9.5	30	35.8	
1919	784	13.0	4	5.1	56	71	33 42.1	3	3.8	6	7.7	32	40.8	
1920	1146	19.1	3	2.6	59	51	28 24.4	9	7.9	6	5.2	31	27.1	
1921	850	14.3	6	7.1	44	52	16 18.8	6	7.1	7	8.2	19	22.4	
1922	930	15.6	8	8.6	46	49	32 34.4	3	3.2	4	4.3	29	31.2	
1923	834	13.9	6	7.2	36	43	20 23.9	2	2.4	3	3.6	19	23.1	
1924	778	12.9	4	5.1	54	69	29 37.3	1	1.3	11	14.1	30	38.6	
1925	783	13.0	2	2.6	31	40	10 12.8	1	1.3	9	10.2	10	12.8	
1926	770	12.6	1	1.6	49	64	18 23.4	6	7.8	12	15.6	10	13.0	
1927	776	12.6	1	1.3	51	66	29 37.4	4	5.2	7	9.0	13	20.6	
1928	752	12.0	3	4.0	38	51	17 23.9	2	2.7	8	10.6	13	17.3	
1929	762	12.2	1	1.3	27	35	14 18.4	3	3.9	4	5.2	12	15.7	
1930	767	12.2	2	2.6	44	57	21 27.4	2	2.6	9	11.7	17	22.2	
1931	764	12.3	3	4.1	39	51	25 32.8	1	1.3	3	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	
1933	713	11.2	5	6.7	33	46	19 26.6	...	...	4	5.6	20	28.1

1933. Net Deaths from Stated Causes at various ages under 1 year of age.

CAUSES OF DEATHS.	WARD DISTRIBUTION.																			
	Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	4 weeks & under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 mths.	Total deaths under 1 year.	All Saints.	St. Clement.	St. Mary's Lower.	St. Mary's Upper.	St. Helen's	Holy Trinity.	St. Mary Magdalen.	St. Peter's.	St. Leo- nard.	Silverhill and Hol- lington.
All Causes { Certified Uncertified	12 1	3	2	1	18 1	6	3	2	3	32 1	6	4	2	2	7	1	2	2	5	1
Small Pox
Chicken Pox
Measles
Scarlet Fever
Diphtheria and Croup
Whooping Cough	1	2	3	1	...	...	1	1	...	...	...	...	...
Diarrhoea
Enteritis
Tuberculous Meningitis
Abdominal Tuberculosis
Other Tuberculous diseases
Congenital Malformation
Premature Birth	10	...	1	1	12	1	1	1	1	3	1	2	1	...	3	...	2	1	1	1
Atrophy, Debility and Marasmus	4	1	...	...	5	1	2	...	...	...	...	1	1	1	...
Atelectasis	1	...	...	...	1	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...
Injury at birth	1	...	...	...	1	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...
Erysipelas
Syphilis
Rickets
Meningitis	1	...	...	...	1	...	...	...	...	...	1	...	...	...	...
Convulsions
Gastritis
Laryngitis
Bronchitis	...	1	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...
Pneumonia (all forms)	1	...	1	...	1	...	1	3	1	...	1	...	1	...	...	...	...	...
Suffocation (overlying)	1	...
Other causes	...	2	...	...	2	...	1	...	...	3	...	...	...	1	1	...	...	...	...	...
Totals	13	3	2	1	19	6	3	2	3	33	6	4	2	2	7	1	3	2	5	1

Net Births in the year { legitimate 670 illegitimate 43 }
 Net deaths in the year { legitimate infants 31 illegitimate infants 2 }

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

No. of Midwives on Register—Trained	...	15
(Resigned December, 1933) Untrained	...	1
		—
	Total	16
		—

No. of visits to Midwives, Inspections	...	50
Special Visits and Interviews	... ..	5
		—
	Total	55
		—

Midwives' Notifications (Medical Help) :—

(a) Ante-Natal	... ..	21
(b) Labour	... ..	30
(c) Puerperium	... ..	42
(d) Infant	... ..	22
		—
	Total	115
		—

Other Official Notifications :—

(a) Still-births	... ..	3
(b) Liability to Infection	... ..	3
(c) Artificial Feeding	... ..	3
		—
	Total	9
		—

The total number of births notified by midwives was 485.

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 during the year.

(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, 4 cases being admitted during 1933.
- (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	...	...	...	...	14
„ 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 Acts of 1908 and 1932.

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	661	2947	3608
II. Infants 1-5 years of age	41	4420	4461
III. Special Visits	266	162	428
IV. Expectant Mothers	190	319	509
Totals	1158	7848	9006

V. Unsuccessful visits included above 848

(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 ...	2	1	3	1	1
II. Pemphigus Neonatorum...	...	...	...	...	...
III. Puerperal Fever ...	3	...	...	...	2
IV. Puerperal Pyrexia ...	14	3	5	...	2
V. Measles or German Measles ...	...	...	...	...	2
VI. Whooping Cough ...	...	24	26	1	2
VII. Epidemic Diarrhœa ...	...	...	...	...	...
VIII. Poliomyelitis ...	...	...	...	...	...
Totals ...	19	28	34	2	9

(c) SPECIAL INFORMATION RELATING TO OPHTHALMIA NEONATORUM.

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

(4) THE MATERNITY AND CHILD WELFARE CENTRES.

The work of the voluntary association, under whose auspices the infant welfare and the ante-natal centres are conducted, is again most gratefully acknowledged.

The work, as the table given below shows, has been fully maintained, the total attendances having increased from 11,274 to 12,864. A very high proportion of the babies born attend one or other of the centres ; while just over 20 per cent. of the

expectant mothers attended an Ante-Natal Centre last year, exclusive of those who attended the Ante-Natal Centre of the District Nursing Association.

The remarkable success of the Central Clinic at the Wellington Square Baptist Hall was maintained, while the experiment of opening the Hollington Centre once weekly, instead of once fortnightly, was fully justified by attendances and results.

In 1934, the congestion at the Park View Ante-Natal Clinic is being relieved by an additional clinic once a month. In view of the termination of the Park View Clinic lease, the Education Committee is looking for suitable premises to convert into a School Clinic, and it is hoped that the Maternity and Child Welfare Clinic of this district may be accommodated in the same building.

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. ...	122	2045	2167	975
Halton ...	Dr. Phillips ...	Wednesday, 2.30 p.m.	143	2414	2557	1044
Park View...	Dr. Stanley ...	Thursday, 2.30 p.m.	121	2498	2619	1205
Central	Dr. Farnfield ...	Friday, 2.30 p.m. ...	166	3838	4004	1105
Hollington	Dr. Phillips ...	Friday, 2.30 p.m. ...	63	1100	1163	754
Halton,	Dr. Walker ...	1st & 3rd Mondays,				
Ante-Natal		2.30 p.m....	55	97	152	152
Park View	Dr. G. Ticehurst	2nd & 4th Wednes-				
Ante-Natal		days, 2.30 p.m. ...	97	105	202	200
		Totals ...	767	12097	12864	5435

(5) HOME HELPS.

Number of cases attended in 1933—32.

This work has materially increased during the past few years, several emergency home-helps being now employed.

(6) MATERNITY HOMES.

During 1933, 13 cases, as compared with 17 in 1932, were sent by the Maternity and Child Welfare Committee to Fernbank Maternity Home, under the the District Nursing Association. At the Municipal Hospital 59 births, as compared with 46 in 1932, were notified from the Maternity Ward.

Since the Municipal Hospital was taken over, nearly four years ago, from the old Board of Guardians, the old stigma has been gradually removed, with a result that the inpatient mid-wifery cases are gradually increasing. Two advantages of the Municipal Hospital are the provision of an Ante-Natal Ward, and more recently special accommodation in the new Children's Block for nursing mothers with their children.

(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 number of applications passed by the Sub-Committee during the year were :—

For Fresh milk	338
„ Dried milk	109

The amount represented being :—

Fresh milk	13,302 pints.
Dried milk	612 lbs.

(8) DENTAL TREATMENT.

22 Children under school age received dental treatment at one of the two school clinics ; 22 expectant or nursing mothers received 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, 12 children having made 26 attendances in 1933.

VENEREAL DISEASES CLINIC.

The venereal diseases clinic at the Royal East Sussex Hospital, built and equipped in accordance with plans approved by the Ministry of Health, is well known to and appreciated by the medical practitioners of the district. 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 18, mostly cases of gonorrhœa, attending during 1933.

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

“During 1933 the total number of new cases of venereal disease from Hastings, attending the clinic for the first time, was 75; this is less than the previous year, when the number was 84. The distribution of these new cases according to the type of disease was roughly the same as in 1932; if anything there was a bigger drop in the new cases of gonorrhœa in men than in the other groups. Fewer new cases must of necessity mean a drop in the total attendances, especially when there are fewer cases of gonorrhœa which need daily treatment in the early stages: the total attendances dropped from 4,133 in 1932 to 3,700 in 1933. The number of doses of arsenobenzene administered during the year shewed only a small drop as compared with the previous year, from 488 to 464. This indicates that patients suffering from syphilis attend regularly. There was a big drop in the number of in-patient days, from 247 to 17: this is due to the fact that during the year under review there were no cases of gonococcal arthritis such as we had in 1932.

The drop in the work of the clinic is mainly due to the small number of new cases of men suffering from gonorrhœa. Whether this be a true drop in the incidence of the disease or simply that the patients do not come for treatment, I cannot say. When possible the Sister visits the homes of patients with whom we have lost touch and in many cases induces them to continue treatment.

Out of a total of 119 new cases from all parts, 79 attended on the advice of their general practitioner: this shews that the clinic is well supported by the practitioners of the town and district. Needless to say, everything relating to the clinic is treated with the utmost secrecy."

VENEREAL DISEASES CLINIC.

COMPARATIVE STATEMENT OF WORK FOR YEARS 1928-1933. HASTINGS CASES ONLY.

	1928	1929	1930	1931	1932	1933
Number of new cases suffering from :—						
(a) Syphilis	21	13	25	14	20	17
(b) Soft Chancre	nil	nil	nil	1	nil	nil
(c) Gonorrhœa	75	57	53	35	37	29
(d) Non-venereal conditions	111	44	47	35	27	29
Total	207	114	125	85	84	75
Total attendances out-patient clinic	5064	5789	4506	4536	4133	3700
In-patient days	135	172	67	139	247	17
Doses of Salvarsan :—						
Out-Patient Clinic... ..	256	316	445	} 395	488	464
In-Patient Department ...	nil	nil	nil			
*Pathological Examinations :—						
(a) Examined by Medical Officer, V.D. Clinic ...	392	530	503	625	852	515
(b) Sent to approved laboratory	306	331	170	457	463	494

*These include all specimens.

MENTAL DEFICIENCY.

PARTICULARS OF MENTAL DEFECTIVES AS ON 1ST JANUARY, 1934.

(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	2
{ Aged 16 years and over.	8	26	34
(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.	3	...	3
{ Aged 16 years and over.	14	21	35
(2) On licence from Guardianship { Under 16 years of age.	...	...	...
{ Aged 16 years and over.	...	1	1
2. In "places of safety" { Under 16 years of age.	...	...	...
{ Aged 16 years and over.	...	...	...
3. Under Statutory Supervision	12	14	26
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	3	4

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) Other cases ...	2	5	7
(2) Domiciliary ...	...	...	...
(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 ...	6	2	8
3. Under Voluntary Supervision ...	...	3	3
Totals ...	53	76	129

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

	M.	F.	T.
Under Statutory Supervision ...	3	5	8
Under Voluntary Supervision ...	—	—	—
On Licence from Institutions ...	—	—	—
Under Guardianship ...	3	4	7
On Licence from Guardianship ...	—	—	—
Total	6	9	15

The following figures show the steady increase in the working of the Mental Deficiency Scheme during the past 12 years :—

On January 1st, 1922—	On books	...	29	cases.
„ „ 1925—	„	...	58	„
„ „ 1928—	„	...	99	„
„ „ 1931—	„	...	108	„
„ „ 1934—	„	...	129	„

(a) Ascertainment.

All the usual channels of information are fully utilised, as set out in previous reports, with the result that the number of cases on the books has steadily increased, and, indeed, it is obvious that the peak of ascertainment has not yet been reached.

(b) Home Supervision.

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

(c) Guardianship Cases.

An increasing use has been made of this method both in Hastings and under the Brighton Guardianship Society, the numbers under guardianship having increased from 30 to 38 during the year. In the absence of suitable institutional accommodation the Mental Deficiency Committee has no option but to utilise this method to the full, fortunately with almost invariably satisfactory results.

(d) Institutional Cases.

The numbers remain the same, 37. During the year notice to remove cases from institutions has been received in several cases.

As stated in previous reports, there is no satisfactory institutional accommodation available in the district. However, it is important to note that during the past year Brighton County Borough has acquired a suitable estate, Laughton Lodge, near Lewes, and there has established a small colony for

defectives. It is possible that this colony may be the nucleus of a scheme for an institution which will serve the whole of Sussex and the County Boroughs of Hastings and Eastbourne as well as Brighton.

(e) The Occupation Centre—Halton School Clinic.

The Local Voluntary Association for Mental Welfare, subsidised by the Mental Deficiency Committee, controls the Centre. In addition to pupils under home guardianship, statutory and friendly supervision, the centre also receives several pupils from the Municipal Hospital. The total number of pupils in attendance has averaged 25-28 during the year, the subjects taught including table manners, easy games, drill, simple exercises, reading, writing, and singing ; also rug making, leather work, sewing, etc.

(f) School for Delicate Children—Mental Wing.

There is accommodation for 65-68 children whose mental retardation demands education by special methods. Only a small proportion of these children are unemployable on leaving or require to be handed over to the care of the Mental Deficiency Committee. The others are employable, their interests being safeguarded by a voluntary After-Care Committee, which is always ready to refer special cases to the Mental Deficiency Committee.

(g) The Mental Treatment Act, 1930.

The special weekly Clinic has been continued with success at the Royal East Sussex Hospital, the average number being 7-9 with generally one or two new cases. I am certain that the services available have been much appreciated by the patients and their relatives and the consultations have also been most helpful to the medical profession of the town and district.

Beds for observation cases are not available, although their existence would be most helpful in a proportion of the cases seen. Owing to difficulties of classification this accommodation cannot be provided at present at the Municipal Hospital.

From time to time voluntary cases are received at the East Sussex Mental Hospital.

(h) The Local Government Act, 1929.

The Municipal Hospital is registered for 12 male and 12 female defectives, most of whom attend the Occupation Centre, and also receive special occupational care at the Institution and in addition are usefully and happily employed. In addition there are a few mental defectives not officially certified, either children or elderly people who are not likely to leave. In the event of a suitable Institution becoming available in the County they could be transferred. In addition, the Public Assistance Committee is still responsible for a certain number of Mental Defectives in Institutions, sent there in some instances many years ago before the Mental Deficiency Committee was functioning.

The Public Assistance Committee now properly refers cases of Mental Deficiency in the district to the Mental Deficiency Committee, so that in appropriate cases one of the parents may be made the guardian in order to allow a monetary grant to be made to maintain the defective.

SCHOOL MEDICAL SERVICE.

I am indebted to my deputy, Dr. H. J. Phillips, for the major portion of the report dealing with the School Medical Service.

Summary of Year's Work.

(a) Routine medical examination of 2,084 children in the elementary schools, 27 girls in the High School, and 89 children in the St. Leonards School for Delicate Children, 24 children in the Hastings School for Delicate Children, and 42 boys in the Grammar School.

(b) Medical examination and treatment, where necessary, at the two school clinics of 2,122 children, who made 12,632 attendances.

(c) 6,490 re-inspections by the Medical Officer at the schools and clinics.

(d) Examination by refraction of 267 cases of defective vision, 236 children being supplied with spectacles under the Authority's scheme.

(e) Operative treatment of 82 cases of enlarged tonsils or adenoids or of both conditions at the local hospitals.

(f) 1,445 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 4,686.

(h) Dental inspection by the School Dentist of 5,310 children, 1,698 being actually treated during the year.

(i) Cleanliness inspections at the schools by the School Nurses, of 17,179 children inspected, 559 being found defective in varying degrees and 14 cleansed at the public station.

(j) Control of infectious disease, with numerous visits by the staff to the schools and homes, the total exclusions being 335, total home visits 1,859.

(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 previous reports for full details.

Nursery Schools have not been established, special arrangements having been made in the Infant Schools for children under 5, of whom, in fact, a considerable proportion is from 3 to 4 years of age, *e.g.*,

- (a) Chairs, tables, rests and blankets have been supplied.
- (b) Morning milk at 1d. per glass is generally available, and is free in necessitous cases.
- (c) The school clinics are available for the treatment of children under 5 years, not attending school, both for ordinary medical cases and diphtheria immunisation.

3. SCHOOL HYGIENE.

(a) Accommodation and attendances for the quarter ending December 31st, 1933 :—

Total accommodation	...	...	8,887
Average number on registers	...	...	6,873
Average attendance	...	...	6,307
Percentage of attendance	...	...	91.7
Average attendance for 1933	...	...	6,214
Average attendance for 1932	...	...	5,998

The total number on the registers of the elementary schools on 31st December, 1933, shows an increase of 154 as compared with the figures of last year.

Several recommendations made during the year by the School Medical Officer regarding improvements in the hygiene of some of the older schools have received consideration by the appropriate committee. A substantial amount of repairs and hygienic improvements was carried out during the year at an approximate cost of £2,500. The question of bringing some of the older schools up-to-date continues to receive attention.

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

The head-teachers in a considerable proportion of the Schools have continued the previous arrangements as fully set out in recent reports.

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 2,084, viz. : 720 entrants, 624 intermediates, and 740 leavers. In addition, 967 children 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.

Every effort is made by the School Medical Service staff to avoid disturbance 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 ...	11
2. Total number of examinations of children in the schools by school nurses	17,179
3. Number of individual children found unclean	559
4. Number of children cleansed under arrangements made by the Local Education Authority	14
5. Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921 ...	Nil.
(b) Under School Attendance Bye-laws...	Nil.

The improvement in the cleanliness of the children was fully maintained.

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

(1) **Ringworm.**

(a) **Scalp.**

Five cases were diagnosed. All received X-Ray treatment at Charing Cross Hospital in accordance with the approved arrangements.

The treatment was successful in every case and the children's absence from school reduced to a matter of weeks, instead of months when treatment is confined to local applications.

Treatment of ringworm of the scalp by X-Rays is universally recognised as the ideal method. It is quick and in skilled hands absolutely safe. A failure to cure is a very rare occurrence.

(b) **Body.**

Nine cases were diagnosed and successfully treated at the school clinics.

(2) **Scabies.**

Seventeen 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 is also carried out where necessary.

(3) **Impetigo.**

As a result of favourable reports in one of the medical journals on the successful treatment of impetigo with elastoplast, this method was adopted in the school clinics about the middle of the year. The results have been highly satisfactory. In addition to healing the lesions more quickly, the method is more cleanly and there is a great saving of the school nurse's time.

Unfortunately these dressings cannot be applied to the hairy parts of the body, with the result that impetigo of the scalp still presents a great problem and is a source of much wasted school time.

On the other hand, a saving of school time is effected in certain cases of facial impetigo by the use of elastoplast, for with these dressings many lesions can be easily covered and the child safely allowed to mix with other children.

(4) **Other Skin Diseases.**

A considerable number of children attending the school clinics belong to this group of minor injuries, burns, scalds, boils, septic sores, abscesses, etc., no fewer than 1,022 having received treatment during the year.

(5) **Tonsils and Adenoids.**

During the year 86 children were found to be suffering from chronic tonsilitis, the presence of adenoids or a combination of these defects of such degree as to warrant operative interference; in addition 188 children were referred for further observation for some minor degree of these defects.

The policy of conservatism, indicated in last year's report, in the operative treatment of these defects is being maintained and the results have proved to be highly satisfactory.

Some criticism may be directed against these changing policies of operative procedure and consequently a brief explanatory note would not be out of place.

The function of the tonsils is a subject that has given rise to much controversy from time to time, but it is only in comparatively recent years that the tonsil has been definitely established as a portal of infection in a considerable number of infective diseases. The firm establishment of this fact together with increased safety in anaesthesia naturally led to a very much higher incidence of operative interference.

The results in many cases were excellent, but this was not a universal phenomenon ; indeed in certain rare cases the actual operation was established, beyond reasonable doubt, to be the starting point of an acute infective process.

In view of these mixed results the whole situation had to be carefully reviewed. A large number of special enquiries have been undertaken by the Board and School Medical Officers, and from the evidence thus accumulated new and interesting facts have come to light, with the result that the whole subject is now on a better and surer foundation than it has been at any time.

At present the general working basis is for each case to be considered strictly on its own merits and for operation to be advised only in those cases that experience has taught to be definitely benefited by such treatment.

(6) Tuberculosis.

There is full co-operation between the School Medical and the Tuberculosis Services, 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.

(7) External Eye Disease.

Of these 138 cases received treatment at the clinic, mainly cases of blepharitis, conjunctivitis, corneal ulcer, etc., specially referred either by the parents or the teachers.

(8) Defective Vision.

During the year 267 children were refracted at the school clinics ; 135 at Halton Clinic and 132 at Park View Clinic.

The following is a list of the findings :—

Emmetropia	...	...	...	11
Hypermetropia	...	...	...	31
Hypermetropic astigmatism	...	...	...	99
Myopia	...	...	...	44
High Myopia	...	...	...	2
Myopic astigmatism	...	...	...	55
Mixed astigmatism	...	...	...	25
Total				267

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

Defective hearing is not a serious problem among the school children in the Borough. All cases discovered at any of the medical inspections are referred to the clinics for detailed examination. The vast majority of hearing defects are found to be due to the presence of adenoids, chronic inflammatory conditions of the middle ear or impacted cerumen. The presence of adenoids or wax is easily dealt with. Deafness due to other causes should be dealt with by an aural surgeon. Apart from deafness caused by middle ear disease, there is the additional problem of chronic otorrhœa. No local application is of much value as a cure and the object of treatment should be to keep the ear clean and as dry as possible. A so-called dry form of treatment has been described in which powdered magnesium sulphate is used as a drying agent. This method has been given a good trial during the year, but as it was impossible to carry out the full technique with the conditions obtaining at the clinics, the treatment was a failure, and was abandoned. The treatment now adopted at the clinics, and yielding as good results as any other method, is the use of peroxide of hydrogen as a cleansing agent several times a day, followed by thorough drying of the external meatus as soon as the peroxide has finished bubbling. The nurse at the clinic demonstrates to the parents this simple method of treatment, great emphasis being laid on the necessity of keeping the ear as dry as possible.

(10) **Dental Treatment.**

Mr. W. D. Penfold, School Dental Surgeon, reports :—" During the twelve months ending December 31st, 1933, 5,310 children were examined for dental defects, of whom 3,204, or 60 per cent., were found to require treatment. Of these, 1,698, or 53 per cent., accepted treatment, which was carried out at the School Clinics, an increase of practically 10 per cent. over the previous twelve months. In the course of this treatment 1,957 fillings were completed, 1,206 of which were inserted in permanent teeth, an increase of nearly 200, although rather less time was devoted to treatment, than was the case during the previous year. The increased number of permanent teeth extracted (347 as compared with 212 in 1932) can be explained by the fact that many of those who have refused treatment in the past have, at last, availed themselves of the facilities offered, unfortunately too late to save many of their teeth. This fact is born out also by the increased number of administrations of general anæsthetics and also the number of other operations carried out. These consist chiefly of dressings inserted in teeth which are too sensitive to fill at one sitting. To summarise—for every 100 children treated, 115 teeth were filled and 130 teeth extracted.

It has been noticed that the teeth of children just entering school show some improvement. It is to be hoped that, since some of these are the children of parents who were at school during the early years of the Dental Department, this may be looked upon as the direct result of the teaching they received before leaving school. There is no doubt of course that the Welfare Centres play a big part in bringing about this improvement in the dental fitness of the younger pupils. There is, however, still much to be done in persuading parents that it is essential to care for the first or temporary teeth, if a perfect second or permanent set is desired.

6. INFECTIOUS DISEASES.

(a) **Notifiable Infectious Diseases.**

See section Infectious Diseases pages 16-20 for particulars of incidence, etc.

Immunisation against diphtheria was continued throughout the year. Appeals to parents to have their children immunised were made directly and through the head teachers. In addition, extra information was given to the parents in the form of a leaflet for perusal at home. The response to these appeals has been most disappointing, the best results being obtained in the Old Town where cases of virulent diphtheria occurred at the end of 1932 and again during 1933.

Details of the actual work are appended.

	Halton Clinic.	Park View Clinic.
No. Schick tested	183	72
Percentage Schick positive	65.7%	73.6%
No. immunised with T.A.M.	259	92
No. of immunised who received three full doses of T.A.M.	207	82
No. Re-Schicked	287	136
Percentage Schick positive	6.45%	19.4%
No. who received one further immunis- ing dose of T.A.M.	5	31
No. who received prophylactic dose of Anti-Diphtheretic Serum as tem- porary measure	161	8

It should be noted that the immunisation reduced the number of Schick positive reactors from 65.7% to 6.45% in Halton Clinic and from 73.6% to 19.4% in Park View Clinic. A negative reaction to a Schick test is fairly strong, presumptive evidence that the patient is immune to diphtheria, but the test is not infallible. Although the actual number immunised was small the work involved was considerable. The figures quoted above entailed a total number of injections of 2,273.

Satisfactory conclusions as to efficacy cannot be drawn from such small numbers, but from the small amount of material at our disposal it would seem that a very high percentage of children must be naturally immune to or be immunised against diphtheria to prevent the disease spreading in a school once it has been introduced.

Therefore, though the immunisation of say 20% of the scholars in a school might prevent certain individuals contracting the disease it is doubtful whether such an immunisation would be of any value from the point of view of epidemiology.

If it is possible to save even a few children from contracting this serious and often fatal disease the immunisation work is worth while, but little hope can be held out for the elimination of the disease until a better response is obtained from the parents than has hitherto obtained in this Borough.

(b) Non-Notifiable Infectious Diseases.

It was not considered necessary to close any school, but closure of individual classes was carried out for whooping-cough and measles.

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

Measles	...	...	...	...	2
German Measles	...	...	...	...	nil.
Whooping-cough	...	...	...	...	129
Chicken-pox	...	...	...	...	19
Influenza	...	...	...	...	74
Mumps	...	...	...	...	80
					304

Exclusions from School.

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

1. Infectious Diseases (including Rheumatism and Influenza)	...	...	...	...	37
2. Diseases of the Skin (including Ringworm)	...	...	...	...	122
3. Inflammatory conditions of the Throat, Tonsils and Enlarged Glands	...	...	...	...	62
4. Nervous Conditions, including Chorea, Epilepsy, etc.	...	...	...	...	4
5. Diseases of the Digestive System	...	...	...	...	2
6. Bronchial Catarrh and Colds, etc.	...	...	...	...	29
7. Heart Disease	...	...	...	...	1
8. Injuries	...	...	...	...	2
9. Diseases of the Ear	...	...	...	...	10
10. Diseases of the Eye	...	...	...	...	18
*11. Tuberculosis (definite or suspected)	...	...	...	...	—
12. Other Diseases	...	...	...	...	48
Total					335

*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	...	...	...	...	3 certificates.
Measles	...	...	...	...	1 certificate.
Whooping Cough	...	...	...	...	2 certificates.
Whooping Cough and Influenza	...	...	...	...	1 certificate.
Mumps and Whooping Cough	...	...	...	...	1 certificate.

Particular attention has been given throughout the year to the question of school time lost due to illness and minor injuries.

When dealing with such conditions as impetigo, septic sores, abrasions, ringworm, etc., much can be done to lessen the period of exclusion from school by the actual treatment adopted. Indications have already been given in this report how the speeding up of the cure of impetigo and ringworm of the scalp may be brought about, but in addition to these improved methods most careful supervision to detail with daily attendance at the school clinic is required. In the case of head applications it is necessary to see that they are properly and regularly applied, and in the case of elastoplast that it is not pulled off.

With this careful attention and with prompt following up should the child fail to attend the clinic properly, it is found that the number of school attendances lost in 1933 was 15 per cent. less than in 1932, and this in spite of a large increase of exclusions in the last quarter of 1933, due to the prevalence of bronchial catarrh. It is hoped that a still further improvement will be noted during 1934.

7. FOLLOWING UP. WORK OF SCHOOL NURSES.

Number of Schools (including Special School and Open Air Schools)	...	...	...	24
Visits of Nurses to Schools	...	...	...	254
" " " Departments	...	...	...	285
Visits to Homes:—				
By direct instruction of School Medical Officer	...	...	...	462
At request of School Attendance Officer	...	...	...	382
Following up cases of uncleanness	...	...	...	223
General cases, following up	...	...	...	555
School Visits—miscellaneous	...	...	...	460
Total	...	...	...	2,082

Examinations for cleanliness :—

Primary	...	...	...	...	14,894
Secondary	...	...	...	...	2,285
Total					17,179

{ 8. PHYSICAL TRAINING. GAMES.

There is no organiser of Physical Training, the class teachers being responsible for all special instruction.

During the year a special enquiry was conducted by Dr. Phillips into the existence of minor orthopædic cases and especially flat foot both among young children and also the boys at the Grammar School. The incidence of such defects is much higher, as the report shows, than might be expected. Further, the important point is that the treatment need not be the more expensive one of sending the children to the *ad hoc* orthopædic clinic at the hospital, but can be conducted at the school and in the home. Some interesting work on these lines, which it is hoped to develop, has already been carried out at the Grammar School and certain elementary schools.

The full report on this work has been forwarded to the Medical Department of the Board.

9. PROVISION OF MEALS.

(a) Dinners for necessitous children were provided from January 16th to April 12th, 1933, the average number fed each day being 404.

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 8-37 children, specially chosen by the School Medical Officer, owing to their physical condition.

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 71·3 per cent; refusals to permit examination 4·6 per cent.

Parents appreciate and use freely the facilities offered by the school medical service. I acknowledge with gratitude 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. 75-77.

(a) Ascertainment and General Treatment.

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

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 orthopædic 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 is receiving the attention of 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, and the leavers generally obtain suitable employment.

The percentage of medical defects found at the annual inspection was 48, due to a high proportion of cases of defective eyesight, unhealthy tonsils and adenoids and postural deformities. Hot baths and an excellent mid-day meal are provided. The average gain in weight was again high.

(a) Children admitted 1933,

Boys	...	...	9
Girls	...	...	7
Total			16

(b) Children discharged 1933,

Returned to normal school	...	4
Placed under After Care Committee	...	5
Left town	...	2
Referred to Mental Deficiency Committee	...	2
Transferred to Institution	...	1
Total		14

(a) **After Care Committee.**

Four meetings were held. 44 former pupils were visited.

Several cases of persistent and casual employment were dealt with. Two girls were married. Several ex-pupils having attained the age of 22 and shown ability to live and work as normal citizens were removed from the books.

(b) The Open Air Side.

During the year 15 children were admitted, for the following reasons :—

Malnutrition	}	...	...	...	...	8
Debility						
Anæmia	...	...	...	...	...	1
Heart Disease	...	...	...	...	...	1
Tuberculous Glands of neck, non-infectious						1
Chronic Bronchitis	...	...	...	...	...	1
Asthma	...	...	...	...	...	1
Partially deaf	...	...	...	...	...	2
Total						15

Fifteen 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, the average gain being 5 lbs., the highest $9\frac{1}{4}$ lbs. Improvement in colour, general fitness and energy, disappearance of symptoms such as a cough and anæmia may also occur in an occasional child whose weight improves very slowly.

(2) Hastings.

At the Athelstan Road School for Delicate Children 18 children were discharged, as fit to attend ordinary schools, 26 admitted for the following reasons :—

Malnutrition and Debility and Anæmia	...	18
Bronchitis	...	3
Asthma	...	1
Tuuberculosis Knee	...	1
Tuberculous Glands of Neck	...	2
Infantile Paralysis	...	1
Total		26

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

It is necessary to emphasise again 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.

With regard to the Hastings open-air school, while there is no doubt about the benefit derived by the children, the committee fully realise certain drawbacks from a medical point of view—firstly, the excessive glare, especially during the summer months, only partly mitigated by colourwashing the glass roof; secondly, the deficiency of shade in the hottest months, making it difficult to hold classes outside; and thirdly, the difficulty of adequate heating in the winter months. Eventually it is hoped to provide a permanent open-air school for Hastings, to be erected on somewhat similar lines to the successful Hollington school.

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 Branch.

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1933.

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

DEFECT OR DISEASE.	Referred for Treatment.	Referred for Observation.
EYE :—		
Blepharitis	1	...
Conjunctivitis ... ..	...	...
Keratitis ... ..	...	...
Corneal Opacities ... ..	...	...
Defective Vision (excluding squint) ...	14	1
Squint ... *	1	...
Other conditions ... ..	...	...
EAR :—		
Defective Hearing	8	4
Otitis Media	1	...
Other Ear Diseases ... ..	...	...
NOSE AND THROAT :—		
Chronic Tonsillitis only ... ..	...	5
Adenoids only ... ..	...	1
Chronic Tonsillitis and Adenoids ...	2	...
Other Conditions ... ..	...	...
Enlarged Cervical Glands (Non-Tuber- culous ... ..	...	3
Defective Speech ... ..	...	3
HEART AND CIRCULATION :—		
Heart Disease—		
Organic ... ..	...	2
Functional ... ..	...	2
Anæmia	4	2
LUNGS :—		
Bronchitis ... ..	...	1
Other Non-Tuberculous 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	4	...
Other Forms	6	6
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.	
St. Leonards School for Delicate Children (Medical Branch) ...	64	31	48.4%

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

**(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31ST DECEMBER, 1933.**

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)...	4	...
Squint ... ..	...	...
Other Conditions	1	...
EAR :—		
Defective Hearing	1	...
Otitis Media	1	...
Other Ear Diseases ... ..	...	...
NOSE AND THROAT :—		
Chronic Tonsillitis only ... ..	...	2
Adenoids only ... ..	...	1
Chronic Tonsillitis and Adenoids ...	...	2
Other Conditions ... ..	...	...
Enlarged Cervical Glands (Non-Tuber- culous) ... ..	...	3
Defective Speech ... ..	...	...

DEFECT OR DISEASE.	Referred for Treatment.	Referred for Observation.
HEART AND CIRCULATION :—		
Heart Disease—Organic	3	...
Functional ... ..	...	1
Anæmia ... ..	...	3
LUNGS :—		
Bronchitis ... ..	...	1
Other Non-Tuberculous 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	1	...
Other Forms ... ..	...	2
Other Defects and Diseases	6	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.	
St. Leonards School for Delicate Children (Open-Air Branch) ...	25	13	52%

Hastings School for Delicate Children (Open Air).

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1933.

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 ... ..	...	...
Keratitis ... ..	...	...
Corneal Opacities ... ..	...	...
Defective Vision (excluding Squint) ...	...	...
Squint ... ..	...	...
Other Conditions ... ..	...	...
EAR :—		
Defective Hearing ... ..	..	...
Otitis Media ... ..	...	...
Other Ear Diseases ... ..	...	...
NOSE AND THROAT :—		
Chronic Tonsillitis only ... ..	...	...
Adenoids only ... ..	...	...
Chronic Tonsillitis and Adenoids ...	...	3
Other Conditions ... ..	...	1
Enlarged Cervical Glands (Non-Tuberculous) ... ..	...	...
Defective Speech ... ..	...	1
HEART & CIRCULATION :—		
Heart Disease—Organic ... ..	...	1
Functional ... ..	...	1
Anæmia	1	2
LUNGS :—		
Bronchitis	1	3
Other Non-Tuberculous Diseases ...	...	...

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

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

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
Open-Air School ...	24	12	50%

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

Routine medical inspections were carried out in both schools.

During 1932 all pupils in both schools had a complete physical examination, so that it was not necessary to examine every child again during 1933.

All new entrants had a complete examination and all those who were known to be leaving during the year.

There were the usual re-examinations and the examination of special cases referred by the teachers or by the parents.

During 1934, in accordance with the recommendations of the Board of Education, it is proposed to completely examine the following groups of children at the routine inspections in these two schools, viz.: All new entrants, 13 year old children, and the 16 year old children. In addition, the usual re-examination and special cases will be seen.

TABLE II.
High School for Girls.

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
 THE YEAR ENDED 31ST DECEMBER, 1933.

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 ... ..	...	...
Keratitis ... ..	...	...
Corneal Opacities ... ..	...	...
Defective Vision (excluding Squint) ...	2	2
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 ...	27	12	44.4%

TABLE II.

Grammar School for Boys.

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31ST DECEMBER, 1933.

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

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
Ear :—		
Defective Hearing ... ..	...	...
Otitis Media ... ..	...	...
Other Ear Diseases ... ..	...	...
Nose and Throat :—		
Chronic Tonsillitis only ... ..	...	...
Adenoids only ... ..	...	...
Chronic Tonsillitis and Adenoids ... ..	...	...
Other Conditions ... ..	...	...
Enlarged Cervical Glands (Non-Tuberculous) ... ..	...	...
Defective Speech ... ..	...	1
Heart & Circulation :—		
Heart Disease—Organic ... ..	...	...
Functional ... ..	..	2
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	6	...
Other Forms	10	...
Other Defects and Diseases	1	...

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

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
Grammar School for Boys	42	17	40.4%

19. EMPLOYMENT OF CHILDREN & YOUNG PERSONS.

Number of licences issued to children in 1933 ... 195

Number of such children medically examined ... 115

Number of such children rejected 1

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

Delivery of papers	111
" " milk	3
Errands	74
Housework	4
Assisting tradesmen	2
Gardening	1
Total	195

A number of children are also employed under licences
granted previous to 1933.

In addition to the above, 20 children were licensed to take
part in Entertainments, each child being medically examined
before the issue of the licence.

20. SPECIAL ENQUIRIES.

Observations on Children in Receipt of Lunch Milk 1933.

MEDICAL REASONS FOR SUPPLYING MILK.

Malnutrition	17
General Debility	11
	28

Highest weight gained ...	7½ lbs.	in 9 months.
Lowest	4 ozs.	" 4 "

21. MISCELLANEOUS.

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

MEDICAL INSPECTION RETURNS. ELEMENTARY SCHOOLS.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

(A) Routine Medical Inspections.

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS.

Entrants	720
Second Age Group	624
Third Age Group	740

Total ... 2,084

NUMBER OF OTHER ROUTINE INSPECTIONS ... 182

(B) Other Inspections.

NUMBER OF SPECIAL INSPECTIONS ... 2,437

NUMBER OF RE-INSPECTIONS ... 6,490

Total ... 8,927

TABLE II.

Elementary Schools.

**(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31ST DECEMBER, 1933.**

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under Observation, but not requiring Treatment.
MALNUTRITION	3	5	...	...
SKIN :—				
Ringworm, Scalp ... ..	...	...	5	...
Ringworm, Body	1	...	9	...
Scabies	1	...	17	...
Impetigo	8	...	163	...
Other Diseases (Non-Tuberculous)	11	3	201	...
Minor Injuries (Bruises, Sores, etc)	3	1	704	...

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
EYE :—				
Blepharitis	4	...	23	...
Conjunctivitis	1	...	24	...
Keratitis ... ..	...	...	1	...
Corneal Opacities ... ..	...	...	1	...
Defective Vision	61	50	77	9
(excluding Squint)				
Squint	15	6	9	2
Other Conditions	3	...	89	...
EAR :—				
Defective Hearing	12	8	10	1
Otitis Media	5	1	27	...
Other Ear Diseases	1	...	54	...
NOSE AND THROAT :—				
Chronic Tonsillitis only	9	130	13	9
Adenoids only	1	6	3	...
Chronic Tonsillitis and Adenoids	14	21	21	7
Other Conditions	4	63	183	3
Enlarged Cervical Glands (Non-Tuberculous) ... ..	...	42	15	...
Defective Speech ... ..	...	7	...	...
HEART & CIRCULATION :—				
Heart Disease—Organic ... ..	...	9	2	...
Functional	2	61	2	2
Anæmia	13	6	16	...
LUNGS :—				
Bronchitis	9	7	4	...
Other Non-Tuberculous Diseases	1	2	...	...
TUBERCULOSIS :—				
Pulmonary—				
Definite ... ..	...	...	...	...
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 ... ..	...	2	...	...
Chorea ... ..	...	...	...	...
Other Conditions ...	1	1	1	...
DEFORMITIES :—				
Rickets	19	30	2	1
Spinal Curvature ...	40	3	2	...
Other Forms	277	56	20	...
Other Defects and Diseases	26	85	772	8

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

Group.	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
Prescribed Groups :—			
Entrants	720	136	18·8%
Second Age Groups...	624	146	23·3%
Third Age Groups ...	740	203	27·4%
Total (Prescribed Groups)	2,084	485	23·2%
Other Routine Inspections...	182	85	46·7%

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

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

1

BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
1	...	1	...	2

PARTIALLY BLIND CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
1	...	3	...	1	5

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
2	...	1	...	3

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
1	...	1	...	...	2

MENTALLY DEFECTIVE CHILDREN.

FEEBLE-MINDED CHILDREN.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
65	1	...	...	66

EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
1	...	1	2	4

PHYSICALLY DEFECTIVE CHILDREN.

A. TUBERCULOUS CHILDREN.

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.
(Including pleura and intra-thoracic glands.)

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
...	...	1	...	1

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
5	9	...	1	15

B. DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
46	89	...	...	135

C. CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
6	26	...	...	32

D. CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
5	7	...	...	12

Table IV. Return of Defects Treated during the Year ended 31st December 1933.

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 (No. treated by X-Rays in brackets)	5 (5)	...	5
Ringworm, Body	9	...	9
Scabies	17	...	17
Impetigo	163	...	163
Other Skin Diseases	201	...	201
MINOR EYE DEFECTS (External and other, but excluding cases falling in Group II.)	138	...	138
MINOR EAR DEFECTS	91	...	91
MISCELLANEOUS (e.g., minor injuries, bruises, sores, chilblains, etc.).	821	...	821
TOTALS	1,445	...	1,445

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).	267	5	3	275
OTHER DEFECT OR DISEASE OF THE EYES ... (Excluding those recorded in Group I.)	1	...	...	1
TOTAL	268	5	3	276

Total number of Children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	...	...	237
(b) Otherwise	...	...	8

Total number of Children who obtained or received spectacles :—

(a) Under the Authority's Scheme	...	...	236
(b) Otherwise	...	...	8

GROUP III. TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.													
RECEIVED OPERATIVE TREATMENT.												Received other forms of Treatment.	Total No. Treated.
Under the Authority's Scheme, in Clinic or Hospital. (i)				By Private Practitioner or Hospital apart from the Authority's Scheme. (ii)				Total. (iii)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
15	4	63	—	—	—	4	—	15	4	67	—	198	284

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.
(iv) Other defects of the nose and throat.

GROUP IV. ORTHOPÆDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)		
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)
Number of children treated ...	4	5	84

Otherwise. (2)			Total number treated.
Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
—	—	—	90

GROUP V.—DENTAL DEFECTS.

(1) Number of Children who were :—

(a) Inspected by the Dentist :—

		Aged.			
Routine Age Groups	{	5	...	392	Total ... 4,392
		6	...	473	
		7	...	432	
		8	...	399	
		9	...	337	
		10	...	479	
		11	...	573	
		12	...	578	
		13	...	574	
		14	...	155	
Specials	918
Grand Total					5,310

(b)	Found to require treatment	...	...	...	...	3,204
(c)	Actually treated	...	...	...	...	1,698
(d)	Re-treated	...	...	...	...	58
(2)	Half-days devoted to	{ Inspection 38 }		Total	...	481
		{ Treatment 443 }				
(3)	Attendances made by the Children for treatment	...	...			3,523
(4)	Fillings	{ Permanent teeth 1,206 }		Total	...	1,957
		{ Temporary teeth 751 }				
(5)	Extractions	{ Permanent teeth 347 }		Total	...	2,315
		{ Temporary teeth 1,968 }				
(6)	Administration of general anæsthetics for extractions	...				335
(7)	Other Operations	{ Permanent teeth 268 }		Total	...	274
		{ Temporary teeth 6 }				

GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.)	Average number of visits per school made during the year by the School Nurses	...	...	...	...	11
(ii.)	Total number of examinations of children in the Schools by School Nurses	...	...	...	...	17,179
(iii.)	Number of individual children found unclean	...	...	...		559
(iv.)	Number of children cleansed under arrangements made by the Local Education Authority	...	...	...	...	14
(v.)	Number of cases in which legal proceedings were taken :—					
	(a) Under the Education Act, 1921	...	...	...	...	nil.
	(b) Under School Attendance Byelaws	...	...	...	...	nil.

ORTHOPÆDIC CLINIC.

THE PREVENTION AND TREATMENT OF CRIPPLING.

The Orthopædic Clinic at the Royal East Sussex Hospital deals with the following classes of cases :—

- (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 31st, 1933:—

(a) **SCHOOL MEDICAL SERVICE.**

Infantile Paralysis	...	...	12 cases.
Congenital Conditions	...	...	6 "
Scoliosis and Kyphosis	...	...	16 "
Miscellaneous	...	...	14 "
Total			48 "

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

Infantile Paralysis	...	...	1 cases.
Congenital Conditions	...	...	2 "
Rickets	...	...	7 "
Miscellaneous	...	...	9 "
Total			19 "

(c) **TUBERCULOSIS** ... 6 cases.

The total attendances during the year were 4,718, not including 169 attendances for ultra-violet-ray treatment. The number of new cases referred for treatment were:—

	Orthopædic.		Light Treatment.	
Maternity and Child Welfare Service	22	...	5	
School Medical Service	...	45	...	...
Tuberculosis	...	3	...	...
Total		70	5	

The number of children receiving institutional treatment and education at Chailey was 6, and in addition one boy remains in residence at the Shaftesbury Residential Home for Cripples in Hastings.

The indications for light treatment have been mainly surgical tuberculosis, marasmus and debility in babies, also rickets.

One essential in connection with an orthopædic clinic is the following up of cases who are considered to be cured, or who have ceased attending for other reasons. Quarterly reports are received by the Medical Officer of Health from the Orthopædic

Surgeon giving the condition and stating his recommendation in each case. Every case is then followed up on its merits.

Special attention throughout the year has been given to the discovery and treatment of minor postural and other defects among school children either in the school or in their homes, and on this subject a special report has been submitted by my Deputy, Dr. Phillips.

REPORT ON PUBLIC HEALTH BACTERIOLOGICAL WORK, 1933.

This work is carried out in the laboratory of the Royal East Sussex Hospital under Dr. P. Lazarus-Barlow, Pathologist to the Hospital, the following being a summary of the results for 1933.

SOURCE OF SPECIMENS.	NATURE OF SPECIMENS.	No.
A. General Practitioners, Borough Sanatorium, Medical Officer of Health.	Sputum for Tubercle Bacilli	215
	Throat Swabs for Diphtheria	770
	Widal Examination for Typhoid Group ...	12
	Miscellaneous	63
B. School Medical Service.	Throat Swabs for Diphtheria, etc.	375
C. Tuberculosis Dispensary.	Sputum for Tubercle Bacilli	73
D. Municipal Hospital	Miscellaneous	157
	Total Specimens examined	1665

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) "Better Health," Hastings edition, with 2,000 copies, was published monthly throughout the year. It is much regretted that it was decided for financial reasons to discontinue the issue of this journal, at any rate, for the time being. "Better Health," with its authoritative articles in simple language on health subjects of general interest and importance and its local information with regard to health services and topical health problems has been definitely helpful from every point of view.

(b) Health propaganda forms a definite and important part of the daily work of all 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.

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

	Year ending December 31st, 1933.		
	Maternity Homes.	General Nursing Homes.	Maternity & General Nursing Homes.
1. Number of applications for registration	2	1
2. Number of Houses registered	2	1
3. Number of orders made refusing or cancelling registration
4. Number of appeals against such orders
5. Number of cases in which such orders have been			
(a) confirmed on appeal
(b) disallowed
6. Number of applications for exemption from registration	1	...
7. Number of cases in which exemption has been			
(a) granted
(b) withdrawn
(c) refused	1	...

Seven Maternity Homes and 24 General Nursing Homes altogether are registered.

A thorough inspection and investigation is made by the Medical Officer of Health on application for registration.

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.

During the year the important new reservoir at Cripp's Corner, capable of holding nearly 200,000,000 gallons of water, was completed and came into use in the autumn. The introduction of this supply will, in due course, obviate the use of the supplemental supplies obtained from the River Brede and the Alexandra Park Reservoirs.

An important filtering plant, the new Paterson's gravity type mechanical filters, was installed at Brede to deal with the water from the deep wells there and from the Kent Street Well, also with the water received by gravity from the new reservoir. As a result of the process, which includes aeration treatment by alumina and lime sedimentation, and finally chlorination, a very satisfactory water is obtained. In addition a special plant is being installed for the addition of a small quantity of potassium permanganate to deal with every possible contamination by iron and manganese.

The deep wells, 8 in number, in the Ashdown Sand, are being utilised as before, and will still be required.

The following are copies of recent analysis, both chemical and bacteriological :—

The Laboratory,
42, George Street, Hastings.
20th December, 1933.

Report on the Chemical Examination of Water No. 185.

Appearance :—Clear. Good.

Reaction :—Neutral—PH. 8·2.

Ammonia, free and Saline	·004	} Parts per 100,000
Ammonia, albumenoid	...	...	·008
Oxygen absorbed in 3 hrs. at 37° C.	...	...	·025
Chlorine as Chlorides	...	...	14·3
Nitrogen as Nitrates	...	...	Trace
Total Hardness	14·0	

Remarks.

This water is organically pure. No injurious metals are present and in my opinion there is nothing that could cause illness.

G. M. NORMAN,
Public Analyst.

27th December, 1933.

Report on the Bacteriological Examination of a sample of water. Received 20th December, 1933. From Hastings Corporation.

Number of organisms per cubic centimetre of water growing upon nutrient gelatine at 20°C in three days	24
Number of organisms per cubic centimetre of water growing upon agar at 37°C in one day	2
Smallest quantity of water giving acid and gas in bile-salt glucose broth	Absent in 100 c.c.
Smallest quantity of water giving gas in bile-salt lactose broth	" " "
Smallest quantity of water containing the <i>Bacillus Coli</i>	" " "
Smallest quantity of water giving the reaction of the <i>B. Welchii</i> (<i>Bacillus Enteritidis Sporogenes</i>)	" " "

This is a clear and bright water of a very high degree of bacterial purity. It is a pure and wholesome water suitable for Public Supply purposes.

JOHN F. BEALE.

For Drs. Beale and Suckling.

(5) DRAINAGE AND SEWERAGE.

A considerable amount of inspection and repair work is carried out each year (see Sect. (7)) under the Sanitary Inspectors.

With regard to the sewerage system, the survey of the Borough Engineer is approaching completion, as a result of which it is hoped that the modernisation of the existing system will be carried through within a reasonable period of time.

(6) SCAVENGING.

The collection and disposal of house and business refuse is carried out by the Borough Engineer's department.

With regard to collection, there is evidence that the removal of refuse from shops, restaurants, boarding-houses, etc., is now more effective, especially in the summer months. Further, there

is also a distinct improvement in the disposal of house refuse by occupiers by means of burning what can be conveniently burnt, or wrapping up organic refuse tightly in newspapers, with great benefit as regards reduction in nuisance from smell and the attraction of flies.

The Health Department co-operates in the replacement of existing insanitary bins, and also in connection with the provision of regulation dustbins to replace existing insanitary ash-pits.

As regards disposal the destructor at Rock-a-Nore has now been for all practical purposes shut down, and during 1933 the system of controlled tipping, outlined in the report for 1932, was carried out in the waste land to the West of the Bathing Station at Bopeep. As a result a considerable stretch of derelict land has been levelled and reclaimed, and now forms a most valuable site. There were no complaints of nuisance from occupiers of nearby premises. During the year approval was obtained for the purchase of land at Pebsham Farm on the western boundary of St. Leonards for the purpose of controlled tipping, the site to be eventually used as an aerodrome, where I understand that the tipping of refuse has now commenced.

(7) SANITARY INSPECTION OF DISTRICT.

(a) SANITARY INSPECTORS' SUMMARY FOR 1933.

1.	Visits of inspection to drainage works in progress	406
2.	Visits of inspection to works in connection with notices	884
3.	Visits to outworkers' premises	15
4.	Inspection of bakehouses	165
5.	„ „ slaughterhouses	2,459
6.	„ „ dairies, cowsheds and milk shops	315
7.	Enquiries respecting Infectious Diseases, etc.	194
8.	Drain tests applied	273
9.	Houses and premises provided with new water-tight drains, properly intercepted and ventilated	21
10.	Cesspools emptied and cleansed	6
11.	Cesspools abolished	2
12.	Drains cleared and amended	181
13.	New iron and lead soil and ventilating pipes fixed	43
14.	New closets fixed	37
15.	Closets amended	47
16.	New flushing boxes provided, necessary storage cisterns being fixed where required	32
17.	Flushing boxes repaired	27
18.	Glazed stoneware sinks fixed, fitted with proper wastepipes and trapped where necessary	43
19.	Yards repaved	38
20.	Sanitary ashbins provided	146
21.	Accumulations of manure and other refuse removed	67
22.	Rooms, etc., cleansed and whitewashed	353
23.	Nuisances abated from animals improperly kept	27
24.	Nuisances abated from chimneys sending forth black smoke	4
25.	Nuisances abated from overcrowding	5
26.	Miscellaneous repairs	618
27.	New W.C.'s erected	13
28.	New urinals constructed	4
29.	Inspection of premises where food is exposed for sale	2,409

(b) General Summary.

Inspection and Re-inspection of premises—visits	...	6,653
Houses and Premises inspected	... ..	2,954
Complaints investigated	... ..	625
Complaints investigated under Rats and Mice (Destruction) Act	... ..	197

PRELIMINARY NOTICES.

Number of Notices served during the year 1933...	...	414
“ “ “ complied with during the year 1933		319
“ “ “ not complied with during the year 1933	... ..	82
“ “ “ reported to the Public Health Com- mittee during the year 1933	..	6
“ “ “ served during the year 1933 which are still receiving attention	...	7
“ “ “ served during the year 1933 which were partly complied with	...	—

OTHER NOTICES.

Legal Notices served by Town Clerk	... ..	23
Premises inspected under Increase of Rent and Mortgage Interest (Restrictions) Acts, 1920 and 1923	... ..	6
Certificates granted	do. do. ..	6

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

Number of Preliminary Notices served during 1933	...	Nil
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(8) INSPECTION AND SUPERVISION OF FOOD.**(a) Milk Supply of District.**

Retail Purveyors of Milk on Register, 1933	116
Wholesale Traders or Producers, 1933	... ..	22
Purveyors of Certified or Grade (A) Milk, 1933	...	9
Pasteuriser's Licence to sell Milk as "Pasteurised"		2
Samples for bacterial content and tubercle bacilli	...	24
Samples under Milk (Special Designations) Order	...	Nil

The gradual improvement in the hygienic conditions of the retail milk trade continued. During the year several of the largest distributors have installed up-to-date pasteurisation

plants, although the milk so treated is not being sold as pasteurised milk under licence, except in one instance. Most of the milk in the large towns is now pasteurised (*i.e.*, heated to 145°—150°F. for a period of 15—20 minutes), the process, if properly carried out, ensuring the killing of the tubercle bacillus and most other pathogenic germs common to milk, and lengthening the keeping powers of the milk considerably in summer. The appearance, taste and dietetic value of the milk are practically unaffected, and in the case of infants any degree of loss of vitamin value can be compensated by the addition of a little fruit juice and cod liver oil.

The sale of milk in small general shops, except in bottles or sealed waxed paper cartons, is very much reduced.

24 samples of milk were examined bacteriologically, a considerable proportion of the work being carried out to test the efficiency of the pasteurisation plants after installation.

In each unsatisfactory count, 13 in number, investigation was carried out at the dairy farm concerned, through the sanitary officer of the area. One case in which tubercle bacilli were found as a result of guinea-pig inoculation, was reported to the East Sussex County Health Department.

(b) **Meat.**

No alterations are reported as regards the number of slaughter-houses, of which some of the smaller on the outskirts of the town are rather unsatisfactory. The only possible remedy is the establishment of a public abattoir by the municipality or private enterprise.

Practically all animals killed are examined soon after slaughtering under the P.H. (Meat) Regulations of 1924, by a Sanitary Inspector.

The gradual improvement of the retailers' premises has been maintained, especially as regards the provision of refrigeration and the curtailment of window displays in the summer months.

TUBERCULOUS MEAT CONDEMNED IN 1933.

Whole Carcasses.

<i>Heifers.</i>	<i>Beasts.</i>	<i>Cows.</i>	<i>Pigs.</i>
2	3	2	7

Portions of Carcasses.

	<i>Ox Head</i>		<i>Pigs</i>	<i>Pigs</i>
<i>Beef.</i>	<i>and Tongue.</i>	<i>Pork.</i>	<i>Crow.</i>	<i>Heads.</i>
94 stones.	11	40 lbs.	8	46
<i>2 Hind Quarter.</i>				
<i>Lungs.</i>	<i>Skirt.</i>	<i>Tripe.</i>	<i>Ox Livers.</i>	<i>Spleen,</i>
Ox 21 sets.	2	2	9	<i>mysentary and</i>
Pigs 6 „				<i>intestine.</i>

MEAT (OTHER THAN TUBERCULOUS) CONDEMNED DURING 1933.

Whole Carcasses.

<i>Pigs.</i>	<i>Sheep.</i>
2	5

Portions of Carcasses.

<i>Beef.</i>	<i>Ox Heads.</i>	<i>Tongues.</i>	<i>Ox Crow.</i>	<i>Udder.</i>
118 stones.	1	2	1	1
		10 lbs.		

<i>Livers.</i>	<i>Lungs.</i>	<i>Pigs Heads</i>	<i>Pigs Hearts.</i>
Ox 148½	Ox 6 sets.	2½	3
33 lbs	Pigs 10 „		

Pigs 43
 Sheep 129
 Lambs 40 lbs.
 Calves 1

<i>Kidneys.</i>	<i>Mutton.</i>	<i>Lamb.</i>	<i>Pigs Brain.</i>
Ox 15 lbs.	66 lbs.	47 lbs.	1
Pigs 15 „			

<i>Suet.</i>	<i>Corned Beef.</i>	<i>Brawn.</i>	<i>Turkeys.</i>
112 lbs.	1 tin.	19 tins.	11
			112 lbs.

Chicken.

3

SUNDRY FOODSTUFFS CONDEMNED DURING 1933.

<i>Peas.</i>	<i>Cucumbers.</i>	<i>Milk.</i>	<i>Cauliflowers.</i>
25 tins.	22 flats.	9 tins.	20 heads.

(c) **Other Foods.**

During 1933, 2,409 visits were paid to premises engaged in the manufacture, preparation, storage and exposure of food for sale, especially during the summer months, in the kitchens and

sculleries of restaurants and tea-shops, under Section 115, Hastings Corporation Act, 1924. It is obvious that the opening of the new parade has created a keen desire on the part of the restaurant proprietors on the front to likewise improve their properties and the standard of their businesses by introducing new and up-to-date hygienic processes. The modern public does appreciate cleanliness in the preparation and serving of food, so that any progress in this direction is sound business as well as good hygiene.

Fish Condemned, 1933.

	Cases.	Boxes.	Stones.	lbs.	Kits.	Galls.	Barrels.	Busbels.	Bags.
Coalfish	...	...	2	...	...	...	...	...	...
Mackerel	...	2 $\frac{1}{2}$	1 $\frac{1}{2}$	...	...	...	...	...	...
Herrings	2	4	2	...	...	...	...	...	...
Haddocks	...	77 $\frac{1}{2}$	...	...	...	...	...	...	...
Dabs	5	...	7	...	...	...	...	...	...
Whiting	...	3	7	...	...	...	...	...	...
Cod	1	...	8	...	...	...	...	...	...
Roes	...	9	5	...	...	...	...	...	...
Plaice	6	3	28	...	...	...	...	...	...
Kippers	...	29 $\frac{1}{2}$	$\frac{1}{2}$	...	...	...	...	...	...
Sprats	...	1	...	...	...	...	...	...	...
Codlings	...	18	...	...	...	...	...	...	...
Dog Fish	5 $\frac{1}{2}$	2	30 $\frac{1}{2}$	...	...	...	...	...	...
Wet Fillets	...	3	...	...	...	...	...	...	...
Skate Wings	...	...	3	...	...	...	...	...	...
Prawns	...	...	...	...	...	4 $\frac{1}{2}$	...	...	...
Dried Fillets	...	26	...	...	...	...	...	...	...
Hake	...	...	2	...	...	...	...	...	...
Bloaters	...	...	14	...	...	...	...	...	...
Mixed Dried Fish	1	17	...	...	...	...	...	...	...
Salmon	1	...	2	37	...	...	...	...	...
Halibut	...	...	4 $\frac{1}{2}$	...	...	...	...	...	...
Witches	$\frac{1}{2}$	...	5	...	...	...	...	...	...
Fillets	...	16 $\frac{1}{2}$	$\frac{1}{2}$	...	...	...	...	...	...
Shrimps	...	...	...	...	...	152	...	...	1
Lemon Soles	2	4	3	...	...	...	...	...	...
Dried Codlings	...	3	2	...	...	...	...	...	...
Oysters	900	...	...	...	...	...	...	...	...
Dog Flaps	...	3	2	...	...	...	...	...	...
Whelks	...	...	...	...	...	23	...	3	...
Winkles	...	...	...	...	...	...	...	1 $\frac{1}{2}$	...
Slips	...	...	3	...	...	...	...	...	...
Escallops	23 $\frac{1}{2}$ doz.	...	...	...	...	...	...	...	...
Crabs	...	1	...	35	...	...	...	...	...
Kipperd Mackerel	...	1	...	...	...	...	...	...	...
Chat Haddocks	...	2	1	...	...	...	...	...	...
Cod Fillets	...	17	...	...	...	...	...	...	...
Coalfish Fillets	...	18	...	...	...	...	...	...	...

Total Weight of Fish Condemned, 702 $\frac{3}{4}$ stones.

(d) Food and Drugs (Adulteration) Aot.

During the year 250 samples were taken and submitted to the Borough Analyst, Mr. Norman, at the School of Science. The following are particulars of the samples, results of analysis and the action taken in certain cases.

MILK :—101 samples taken, 85 genuine, *i.e.*, above the legal standard; 16 adulterated, or below the legal standard, as follows :—

<i>Report of Analysis.</i>	<i>Action Taken.</i>
(a) Fat 2.93%; Solids not fat 8.33%.	Below standard, but passed as genuine. Followed up by further samples which were satisfactory.
(b) Fat 2.82%; Solids not fat 8.39%; 6% deficient in fat.	Producer written to and followed up by further samples which were satisfactory.
(c) Fat 2.95%; Solids not fat 8.86%; Slightly deficient in fat.	Below standard, but passed as genuine. Followed up by further samples which were satisfactory.
(d) Fat 2.96%; Solids not fat 8.86%; Slightly deficient in fat.	Do. Do.
(e) Fat 1.63%; Solids not fat 9.11%; 45.7% deficient in fat.	Sample was curdled. Followed up by further samples which were satisfactory.
(f) Fat 1.95%; Solids not fat 8.72%; 35% deficient in fat.	Producer written to. Followed up by further samples which were satisfactory.
(g) Fat 2.61%; Solids not fat 8.73%; 13% deficient in fat.	Do. Do.
(h) Fat 2.30%; Solids not fat 8.82%; 23.3% deficient in fat.	Do. Do.
(i) Fat 3.29%; Solids not fat 8.08%; Contains added water 5%.	Do. Do.
(j) Fat 2.81%; Solids not fat 8.63%; 6.3% deficient in fat.	Do. Do.
(k) Fat 3.50%; Solids not fat 8.16%; Contains added water 4%.	Do. Do.
(l) Fat 2.9%; Solids not fat 8.55%; 3.3% deficient in fat.	Do. Do.
(m) Fat 2.63%; Solids not fat 8.50%; 12.3% deficient in fat.	Do. Do.
(n) Fat 2.87%; Solids not fat 8.71%; 4.3% deficient in fat.	Do. Do.
(o) Fat 2.79%; Solids not fat 8.67%; 7% deficient in fat.	Do. Do.
(p) Fat 2.99%; Solids not fat 8.54%; Slightly deficient in fat, but passed as genuine.	Do. Do.

Sardines :—3 samples taken (informal). 1.15 parts per 1,000,000 lead; 1.22 parts per 1,000,000 lead; 1.14 parts per 1,000,000 lead.

The following 146 samples were all genuine :—Butter, 24 ; Margarine, 11 ; Cheese, 7 ; Rice, 1 ; Tapioca, 2 ; Coffee, 2 ; Baking Powder, 1 ; Demarara Sugar, 1 ; Sugar, 1 ; Chicory, 1 ; Meat and Fish Pastes, 14 ; Lard, 16 ; Sweets, 17 ; Pepper, 14 ; Jam, 10 ; Mustard, 5 ; Spice, 2 ; Cream, 7 ; Goats Milk, 1 ; Goats Cheese, 1 ; Mint, 1 ; Cocoa, 1 ; Cocoanut, 1 ; Pickles, 1 ; Aspirin, 1 ; Cornflour, 1 ; Flour, 2.

(9) FACTORIES, WORKSHOPS AND WORKPLACES.

1—Inspection of Factories, Workshops and Workplaces.

Premises	Number of		
	Inspections	Written Notices	Prosecutions
Factories (Including Factory Laundries)	55	...	...
Workshops (Including Workshop Laundries)	107	5	...
Workplaces (Other than Out Workers' Premises included in Part 3 of this Report) ...	731	21	...
Total	893	26	...

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	61	61	...	...
Want of Ventilation ... ..	...	...	...	...
Overcrowding ... ..	...	...	...	...
Want of drainage of floors ... ..	...	...	...	...
Other Nuisances	24	24	...	...
Sanitary accommodation { insufficient ... ..	...	...	...	...
{ unsuitable or defective	8	7	...	...
{ 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	93	92	..	...

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

3—Home Work.

29 lists were sent in, with 14 contractors and 34 workmen.

Class.	Number.
(4).—REGISTERED WORKSHOPS.	
Workshops on the register (S. 131) at the end of year.	373
(5).—OTHER MATTERS.	
Matters notified to H.M. Inspector of Factories:	
Failure to affix Abstract of the Factory and Workshop Act (S. 133, 1901)	1
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (S. 5, 1901)	Notified by H.M. Inspector ... Nil.
	Reports (of action taken) sent to H.M. Inspector ... Nil.
Other	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... ..	615	790	156	4
Blankets	1,322	2,061	45	1,146
Pillows	1,291	2,463	178	317
Other Articles and Clothing	2,843	929	174	73
Total... ..	6,071	6,243	553	1,540

(b) Cleansing Station.

	Numbers bathed for			Sets of Clothing Disinfected.
	Scabies.	Vermin.	Other Causes.	
Adults	1	3	4	8
School Children ...	24	...	...	82
Children under School Age ...	...	...	...	...
Total... ..	25	3	4	90

(c) Premises Disinfected.

Dwelling Rooms.	Hospital Wards.	School Rooms.	Offices, Shops.	Cells.	Miscellaneous. Name if necessary.
554	29	7	1	3	1 Taxi-Cab. 1 Van.

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 30

Cats destroyed 60

(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... 270

2. Number of journeys removal of bedding... 3,306

3. Number of journeys disinfection of houses 605

Mileage—

(a) Ambulance 2,369

(b) Disinfecting Van 11,042

(12) REPORT ON COMMON LODGING HOUSES, 1933.

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 activities of the Department have been mainly directed to the preparation of the necessary schemes for the five years' programme of slum clearance and improvement schemes in connection with Circular 1331, of the Ministry of Health.

The nature and extent of the housing problems of this town have been fully indicated in previous reports. The substantial municipal contribution of 550 houses built since the war in the various Housing Estates ; Barley Lane, Silverhill, Hollington, etc., has dealt mainly with the unsatisfied housing needs of the community, to some extent with overcrowding, and sub-let tenancies, but only in a minor degree with the re-housing of tenants from houses demolished as part of clearance areas or as individual unfit properties. In 1924 an improvement scheme involving 62 houses and dealing with the central part of the Bourne Valley of the Old Town of Hastings was confirmed by the Ministry, but, owing to certain technical and legal difficulties, the area has not been completely cleared. For the dispossessed tenants the Hardwicke Road flats (48 in number) were provided, although eventually they were also used for tenants from other areas.

In view of the fact that the Bourne Valley, in the centre of the congested Old Town, had been selected for the first, though incomplete, Clearance Scheme, and also has been a housing problem before the Council for several decades, it was decided that the first section should deal with clearance schemes in that area. In addition to the Bourne Valley Area, the report included a recommendation with regard to three small Clearance

Areas to the North East side of All Saints' Street. It was decided eventually to proceed with the representation of the areas concerned in this part of the scheme, altogether 17 Clearance Areas, of varying size and type, containing approximately 200 dwelling houses, and 23 business premises. Each Area must, of course, be dealt with individually, but in general it may be said, that bad arrangement and congestion of the houses and buildings, in some cases over 160 houses to the area, narrowness and bad arrangement of streets and passages, also varying degrees of sanitary defects and conditions of disrepair, many of the houses being worn out, are applicable to all the Areas.

In view of the fact that there is, and rightly so, a strong local prejudice in favour of the preservation, as far as practicable, of All Saints' Street, it was decided to represent the North-western side of that street as an Improvement Scheme, the main effects being the proposed demolition of 8 definitely unfit houses and the necessary reconditioning of other properties in accordance with the Model Byelaws governing Improvement Schemes. In addition, there are certain regulations with regard to the prevention of overcrowding. All families dispossessed on account of unfit houses or overcrowding are rehoused under the general scheme. As the legislative measures with regard to Improvement Schemes only date from the Housing Act of 1930, much evidence has not yet accumulated as to the success or otherwise of such schemes. It is obvious, however, that to ensure success, a great deal must depend on the thorough attention to detail, as each house has to be dealt with separately on its merits, firstly under the repair sections of the Housing Acts, and secondly under the model byelaws.

The second portion of the clearance programme, now before the Council, deals with the remainder of the Old Town, mainly that section to the East of All Saints' Street, also the West Hill Cottages and West Street Areas. The reasons for representation are in the main the same as those for the Bourne Valley, bad arrangement and congestion of the houses, narrowness of streets and passages, and generally sanitary defects and condition of disrepair in the houses. In addition certain patches of bad

housing conditions have been recommended for treatment in the Ore and Sandown districts, in Hollington and central St. Leonards. In this latter group bad conditions of the houses predominate, although bad arrangement and congestion are present in some instances, especially the Market Passage and Lennox Street groups.

Clearance by the demolition of houses in areas is only one side and a regrettable necessity of the housing situation. As important are the reclamation and preservation of house property which is gradually falling in the scale towards a condition of slumdom and inevitable demolition. Each year in this town a substantial amount of this type of work is carried out by the Health Department as is shewn in the following summary. The report of the Royal Commission, and various ministerial speeches, foreshadow some vigorous government action in this direction, in the way of reconditioning groups of houses falling into disrepair, the work to be carried out by the original owners, or, after purchase, by Public Utility Societies or the Local Authority.

In addition to the ordinary repairs required to make the premises fit, reconditioning includes, where practicable, and the value of the houses warrant it, the provision of such modern hygienic necessities as ventilated food cupboards, glazed sinks, better light and ventilation, possibly even a bathroom.

Ownership by Public Utility Societies or Local Authorities would ensure a uniform method of house management, under the Octovia Hill system, to the advantage both of the tenants and of the reconditioned properties. In this town there is a good field for developments on the lines mentioned above, as a considerable amount of the working class property all over the Borough was built at least 60-70 years ago, and in the absence of reconditioning is slowly but surely deteriorating.

Another aspect of the housing problem requiring special attention in this town is the existence of a considerable number of separately let basement tenancies, many of which, especially owing to the presence of damp and deficiency of light, ventilation, and sunlight are undesirable and unhealthy especially for sleeping

purposes, quite apart from the question as to whether they are technically unfit under the Housing Acts and capable of being closed as separate dwellings. The same report foreshadows special government attention to this particular matter, and to the rehousing of tenants from unfit closed basements.

HOUSING STATISTICS, 1933.

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 | 1,079 |
| (b) Number of inspections made for the purpose | 2,698 |
| (2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 | (a) 717 |
| (b) Number of inspections made for the purpose (b) | 1,420 |
| (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... (c) | 7 |
| (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 (d) | 533 |

(a) includes 582 houses inspected under "Slum Clearance."

(b) includes 924 inspections " " "

(c) Does not include houses " " "

(d) Does not include houses " " "

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... ..	490
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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 ...	33
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) by owners	8
(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	1
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) by owners	1
(b) by Local Authority in default of owners	Nil.
C. Proceedings under Sections 19 and 21 of the Housing Act, 1930 :—	
(1) Number of dwelling-houses in respect of which Demolition Orders were made	1
(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	2
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	3

LOCAL GOVERNMENT ACT, 1929.

HOSPITAL POLICY—MEDICAL ASPECTS.

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

The following important improvements came into use early in 1933.

- (1) An additional female block for 41 beds.
- (2) A separate children's annexe for 35 beds.
- (3) Central heating for the whole of the hospital.
- (4) Open-air annexe for cases of male tuberculosis.

These improvements have remedied several long standing and important defects, and during the year have fully proved their necessity. It should be noticed that the alterations were not intended either to increase materially the number of beds or to alter the policy of the hospital, but rather to remove overcrowding of beds and improve the general efficiency.

In pursuance of the policy of gradually bringing the Municipal Hospital up to-date in all respects various other matters have engaged and will continue to engage the attention of the Committee including :—

(a) The Provision of a new Casual Ward for the whole district. The plans of a suitable building for nearly 100 casu- als to be erected within the grounds of the house are now practically approved.

(b) Provision of a new *ad hoc* Nurses' Home.

This will probably be the next improvement after the completion of the new Casual Ward.

(c) Provision of special accommodation for the treatment and observation of mental cases.

(d) The reconditioning and modernisation of the house side.

No action was taken during the year as regards declaration and appropriation under the Public Health Acts, but this is a matter which will be kept in view for necessary action when circumstances permit.

(e) **Hospital Accommodation.**

As stated in previous reports the hospital accommodation now available, at the Royal East Sussex, the Buchanan, the Municipal and Bexhill Hospitals, altogether about 550 beds is

adequate for the population of the district. All the hospitals are well equipped and up-to-date in every respect. A new nurses' home is being provided at the Royal East Sussex Hospital; at the Buchanan a very fine operating theatre is in course of erection; the Bexhill Hospital was only opened in 1933; improvements at the Municipal Hospital were dealt with in the previous paragraph.

The voluntary hospitals are utilised for certain special health services, as fully set out in the appropriate sections of the report.

(f) 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, 1933.

1. Classification of Beds :—

	Male.	Female.	Total.
Medical and Surgical ...	56	117	173
Tuberculosis	6	13	19
Maternity	—	11	11
Mental	14	22	36
	<hr/>	<hr/>	<hr/>
Total	76	163	239
Children			53
			<hr/>
Grand Total	...	...	292
			<hr/>

2.	Total Admissions	...	...	...	1,183
3.	Confinements	...	...	...	57
4.	Average beds occupied	...	...	...	230
	Highest	...	...	...	260
	Lowest	...	...	...	210
5.	No. of operations	...	...	...	131
	„ abdominal operations	...	...	...	29
6.	No. of cases Out-Patients	...	...	...	143
	„ visits	„	...	...	554

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 1933.

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

Month,	Hours of bright Sunshine.	Rainfall in millimetres.	Ultra Violet Radiation (Monthly average reading).
January	62.3	63.2	0.5
February	79.4	51.0	0.9
March	189.1	57.0	2.3
April	202.9	33.5	2.0
May	193.5	41.2	2.3
June	273.9	34.5	3.0
July	258.2	36.9	2.7
August	285.4	34.1	2.7
September	214.2	118.8	2.0
October	127.8	61.9	1.0
November	61.5	59.2	.36
December	63.0	19.7	.3
Total	2,020 hrs.	611 or 24.05 ins.	20.06
Average	daily 5.53	monthly 2 ins.	monthly 1.7

2. Total hours of Sunshine, Comparative figures.

Eastbourne	...	...	...	2049·3 hrs.
Hastings	...	...	...	2020 „
Brighton	...	...	...	2012·7 „
Tunbridge Wells	..	...	...	1992·2 „
Margate	...	...	...	1991·9 „
Dover	...	...	...	1981·1 „
Bexhill	...	...	...	1976·9 „
Bournemouth	...	...	...	1972·5 „

3. Miscellaneous.

Rainfall was 109 millimetres below the normal yearly fall.

Snow fell on 14 occasions, hail on 4.

There were 14 thunderstorms.

Fog was observed on 5 occasions.

Ground Frost occurred on 51 occasions.

The wind reached Gale force on 9 occasions.

The warmest day was July 27th, Temperature 86° F.

The warmest night was July 27th, Temperature 67° F.

The coldest day was January 24th-25th, Temperature 31° F.

The coldest night was January 27th, Temperature 23° F.

Relative Humidity, Morning 79%.

Relative Humidity, Night 85%.

Earth temperature mean 1 ft. 52·4° F.

Earth temperature mean 4 ft. 52·5° F.

Prevailing wind, N.E. S.W.

Absolute maximum temperature 86° F.

Absolute minimum temperature 23° F.

Normal maximum temperature 53·14° F.

Normal minimum temperature 44·5° F.



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, 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.

(6) Clinio and Treatment Centres.

(7) National Health Insurance.

(8) Poor Law Medical Relief.

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

No change.

See Report for 1930 for full particulars.