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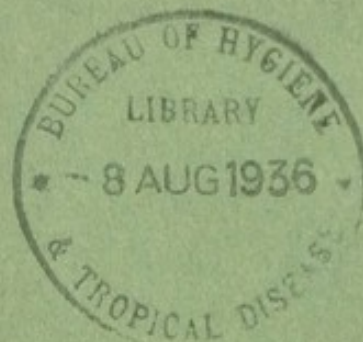
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COUNTY BOROUGH OF HASTINGS.

PUBLIC HEALTH DEPARTMENT

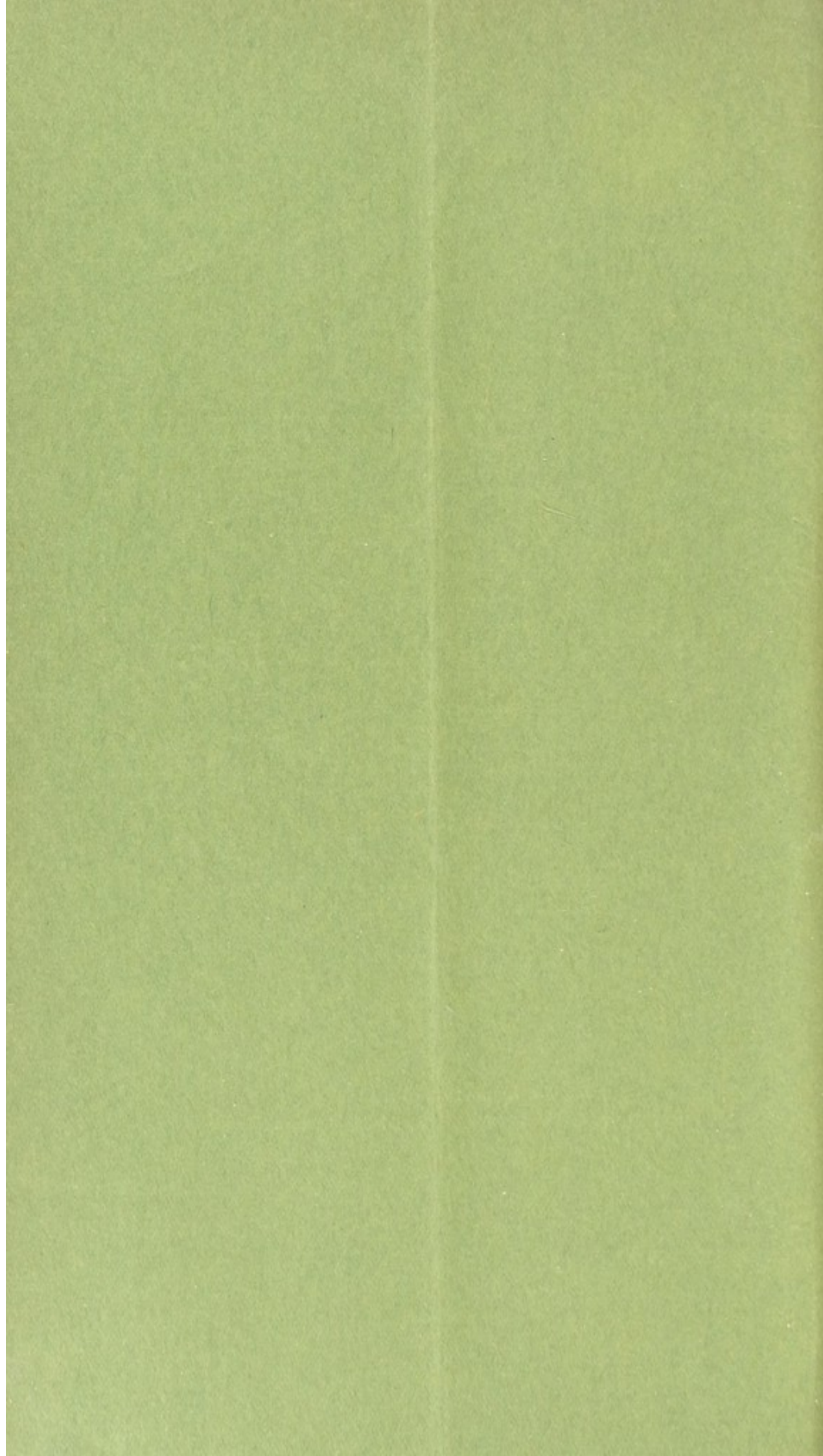
INCLUDING

SCHOOL MEDICAL SERVICE.

ANNUAL REPORT FOR 1935.

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

ST. LEONARDS-ON-SEA :
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PREFACE.

Health Department,

44, Wellington Square,

Hastings,

April, 1936.

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 1935, this being an ordinary, as compared with a five yearly survey report.

The vital statistics for 1935 were generally favourable. The death-rate, corrected for sex and age constitution, was 10·76 per 1,000 of the population (mid-year estimated 64,100), compared with the figure 11·7 per 1,000 in England and Wales. I have commented in the report proper on the relationship between the high correction factor and the large proportion of elderly people living in Hastings.

The birth-rate, 12·1 per 1,000, showed a slight decrease as compared with that for 1934, viz., 12·7, but is substantially higher than the birth-rates of recent years from 1928-1933. The birth-rate is still very definitely lower than the crude death-rate, in 1935, 1,030 deaths and 777 births—so that new residents are absolutely necessary to keep our population stable, apart from any increase.

The infantile mortality rate, 53·3 per 1,000, and the maternal mortality, 3·6 per 1,000, are commented upon in the chapter on Maternity and Child Welfare. The mortality from tuberculosis, ·89 per 1,000, showed a slight rise as compared with the figure for 1934, ·75 per 1,000.



The various activities of the Health Department in relation to the prevention and treatment of Infectious Diseases, General Sanitary Administration, Tuberculosis, Maternity and Child Welfare, 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.

Considerable attention was devoted to Housing in its various aspects. A further series of representations, dealing with 171 houses in 24 areas of different size, was prepared and presented to the Council towards the end of the year. A substantial commencement was made with the All Saints' Street Improvement Scheme which deals with the repair and re-conditioning of individual houses on the west side of that ancient street. A large amount of inspection was carried out, both in connection with slum clearance and also in the routine house to house inspection of the town. An increasing amount of disinfestation, particularly with regard to bug infested houses, was initiated. Complete arrangements, based on modern technique, have been made to deal with the disinfestation both of the tenants' effects during transfer from Clearance Areas to new Council houses, and also with the evacuated houses.

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, J.P.
Sub Sanatorium, etc., Committee—COUNCILLOR DR. W. E. JAMESON, J.P.
Education Committee—ALDERMAN F. W. MORGAN.
Children's Care Sub-Committee—COUNCILLOR H. E. DOBELL.
Mental Deficiency Committee—COUNCILLOR MRS. DELMÉ-MURRAY.
Maternity and Child Welfare Committee—COUNCILLOR MRS. FOXON, J.P.
Housing and Improvements Committee—COUNCILLOR W. J. BECK.
Public Assistance Committee and Sub-Committees—COUNCILLOR A. T. HIBELL.

PUBLIC HEALTH OFFICERS OF THE CORPORATION.

NAME OF OFFICERS.	OFFICES HELD.
*G. R. BRUCE, O.B.E., M.A., M.D., D.P.H.	Medical Officer of Health; School Medical Officer; Tuberculosis Officer; Superintendent Medical Officer, Borough Sanatorium.
*E. C. DOWNER, M.A., M.B., CH.B., 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, F.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.Ch. CANTAB., M.R.C.S., L.R.C.P.	do. do.
*G. A. TICEHURST, M.A., M.B., B.C., M.R.C.S., L.R.C.P.	Medical Officer, Maternity and Child Welfare and Ante-Natal Clinic; Consultant under the Puerperal Fever and Puerperal Pyrexia Regulations, and for Maternity cases.
*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.
*Dr. I. M. ROBERTSON, F.R.C.S. (EDIN.)	Consultant for Maternity cases.
N. GRELLIER, M.R.C.S., L.R.C.P.,	Consulting Radiologist, Hastings
D.M.R.E. (CAMB.) ...	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, (a) (b) ...	Chief Sanitary Inspector; also Inspector under Shops Acts, Food and Drugs (Adulteration) Act, Housing Acts, Rats and Mice (Destruction) Act, etc.
G. F. SMART (a) (b) ...	Assistant Sanitary Inspector;
E. H. EVANS (a) (b) ...	Inspector under Shops Acts, etc.
F. R. ALLERTON, (a) (b) ...	do. do.
*Miss S. A. MYERS, (d) (e) ...	do. do.
*Miss T. HARRIS, (a) (d) (e) (f) ...	Health Visitor and School Nurse;
*Mrs. A. ESHELBY, (d) ...	Inspector of Midwives.
*Miss G. W. HICKSON, (d) (e) (f) ...	Health Visitor, and School Nurse.
*Miss D. DIXON, (d) (e) (i) ...	School Nurse.
*Miss H. A. HOBBS, (d) (e) (i) ...	Health Visitor and School Nurse.
Miss F. POLLARD, (d) (g) ...	Health Visitor and School Nurse.
*C. L. WHEATLEY ...	Health Visitor, Tuberculosis.
C. O. PERRING ...	Matron, Borough Sanatorium.
H. R. H. ASHLEY ...	Chief Clerk.
K. N. KIRBY ...	Vaccination Officer.
R. FREEMAN ...	Clerk, Sanitary Inspector's Office.
*Miss G. M. BARKER ...	Clerk, General Office.
*Miss E. R. GARAWAY ...	Junior Clerk, General Office.
*Miss E. BRYANT ...	Clerk, Maternity and Child Welfare,
*Miss I. F. CHEWTER ...	Tuberculosis, and School Medical Service.
*Miss D. GRAY ...	Assistant Clerk, do. do.
	Clerk, School Medical Service.
	Clerk, do. do.
	Clerk, School Dental Officer.

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

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

SUMMARY OF GENERAL AND VITAL STATISTICS, 1935.

Area of Borough	...	...	...	...	...	4,496 acres.
Population, Census 1931	...	...	...	...	...	65,207
Registrar-General's estimate of resident population,						
1935, for the purpose of Vital Statistics	...	...	...	...	...	64,100
Number of inhabited houses (end of 1935) according						
to Rate Books	...	...	...	...	...	18,657
Rateable Value	...	...	...	...	...	£725,251
Sum represented by a penny rate	...	...	...	...	...	£2,886
		Total.	Male.	Female.		
Live Births, 1935	{ Legitimate	718	358	360	} = 777	
	{ Illegitimate	59	25	34		
Birth Rate, 1935, per 1,000 of the estimated resident						
population	...	...	...	...	...	12·1
Still Births	...	...	...	...	...	34
Rate per 1,000 total (live and still) births	...	...	...	...	...	12·6
Deaths, 1935	...	...	...	...	...	1,030
Death Rate, 1935, per 1,000 of the estimated resident						
population (a) crude	...	...	...	...	...	16·07
(b) corrected	...	...	...	...	...	10·76
Deaths from puerperal causes :—						
		Deaths.		Rate per 1,000 total		
				(live and still) births.		
No. 29—Puerperal sepsis	...	2	...	2·4		
„ 30—Other Puerperal causes	...	1	...	1·2		
		—		—		
Total	...	3		3·6		
		—		—		
Death Rate of Infants under one year of age						
(a) All infants per 1,000 live births	...	...	...	...	...	55·3
(b) Legitimate Infants per 1,000 legitimate live						
births	...	...	...	...	...	52·9
(c) Illegitimate Infants per 1,000 illegitimate						
live births	...	...	...	...	...	84·7
Deaths from Measles (all ages)	...	...	...	...	...	2
„ „ Whooping Cough (all ages)	...	...	...	...	...	Nil.
„ „ Diarrhoea (under 2 years of age)	...	...	...	...	...	Nil.

VITAL STATISTICS.

(1) POPULATION.

The population at the census of 1931 was returned at 65,207. For statistical purposes the mid-year population of 1935 was estimated by the Registrar General at 64,100, an increase of 350, as compared with the estimated population for 1934.

(2) BIRTHS.

The net live births registered in Hastings for 1935 were 777, made up as follows :—

	Registered in Borough.	Transferred elsewhere.	Transferred Hastings.	Total.
Males	419	47	11	383
Females	426	42	10	394
Totals	845	89	21	777

Of the births 59, males 25, and females 34, were illegitimate, a percentage of 7·5.

The number of births, 777, in 1935, shewed a slight decrease of 28 as compared with 1934, but the rate was none the less higher than any recorded since 1925. The persistent fall during the past decade in the birth-rate has for the time being been checked. At the same time, as a result of the age and sex distribution found in such communities as a health resort, the birth-rate remains substantially below that of industrial districts, and in fact the total number of deaths, 1,030, exceeded the total births by 253. On the other hand from the figures of the last census returns and from the continued and increasing building activity all over the district there is evidence that the deficiency is more than made up by the considerable numbers of new residents. In actual fact the population is slowly increasing, solely due to this reason. In this connection it should be noted that the correction factor for age and sex distribution, given to

Hastings by the Registrar General, is greater than in any of the other large health resorts, the obvious deduction being that there is in the town a very large proportion of elderly people—proof again that new residents in considerable numbers are being attracted.

The comparative birth-rate, with other particulars relating to infantile mortality, is shewn on Table 1, page 34.

(3) DEATHS.

The total net deaths registered in Hastings in 1935 were 1,030, of whom 423 were males, 607 females.

Not included were 181 deaths transferred to other districts ; included were 49 deaths of Hastings residents, occurring elsewhere.

Deaths in Public Institutions were 580, 141 being transferred elsewhere.

There were 47 Coroner's inquests.

The crude death-rate per 1,000 of the population is 16·07, which, corrected for the peculiar age and sex constitution of the population by the new factor, '67, gives a death-rate of 10·76 per 1,000.

(4) AGE AT DEATH.

Of the 1,030 deaths, 43 occurred in infants under one year of age, the infantile mortality being 55·3 per 1,000 births.

From 1-5 years of age there were 9 deaths ; from 5-25 years 17 deaths ; from 25-45 years 72 deaths ; from 45-65 years 205 deaths ; and over 65 years 684 deaths, or 66·4 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 46·2 per cent. of the total, or 7·4 per 1,000 of the population.

These figures show a definite increase on those of 1934, and are indeed the highest recorded, being 60 per cent. over the figure of 10 years ago. Various factors are concerned—the

increasing pace and intensity of modern life, the rise in the average age of the community, and the fact that in a health resort a certain proportion of the elderly residents are attracted because the town and the climate are suitable for cardiac and circulatory conditions.

**(1) Analysis of Deaths from Diseases
of the Circulatory System, 1935.**

Deaths from	Total.	Under 45 years.	45-65 years.	Over 65 years.
Heart Disease	301	6	34	261
Cerebral Hæmorrhage	171	—	39	132
Other Circulatory Diseases	4	—	1	3
Totals	476	6	74	396

**(2) Comparative Analyses, 1926-1935.
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
1934	439	43·5	6·8
1935	476	46·2	7·4

(b) **Cancer.**

The mortality from cancer as disclosed in the two following tables demands careful study. After a progressive increase each year since 1930, the number of deaths in 1935 decreased from 164 to 130, yielding a mortality of 2·3 per 1,000 of the population. Of these deaths there is a preponderance, 69 per cent., among females, due to the higher proportion of women in the population and to the incidence of cancer of the breast and womb in women.

Much public attention is being devoted to all the many features of the cancer problem, particularly prevention and early treatment.

In last year's report the initiation of a radium service for Hastings and Eastbourne was mentioned. The radium in needles of varying intensity, screened in platinum, is stored in the Royal East Sussex Hospital, Hastings. Dr. Robertson, the Honorary Medical Officer in charge of this service, informs me that the needles were used in approximately 50 cases in Hastings in 1935, with encouraging results, for example in rodent ulcer, cancer of the lip, tongue and the floor of the mouth, and in a few cases of inoperable cancer of the breast.

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	„	„	„
1934			164	„	„	„
1935			130	„	„	„

Deaths from Cancer in 1935 according to sex and organ of body affected.

Part affected.	No. of Deaths.		
	Male.	Female.	Total.
Tongue, Lips, Mouth, Throat, or Larynx	2	3	5
Gullet	4	1	5
Stomach	6	10	16
Abdomen, Bowel, etc. ...	18	41	59
Breast	—	18	18
Womb	—	6	6
Genito-Urinary	4	2	6
Miscellaneous	6	9	15
Total.	40	90	130
PERCENTAGE OF TOTAL ...	31 per cent.	69 per cent.	

The importance of some elementary knowledge of the symptoms and signs of the most important types of cancer that of the breast and womb in women, the tongue and lips in men, the stomach and bowel in both sexes, etc., is again well stressed. Early diagnosis leads to early and radical treatment in a growing proportion of cases, with no recurrence. Pamphlets dealing with various aspects of the cancer problem are available in the health department and for distribution through various clinics by the health visitors.

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

The total deaths from bronchitis, pneumonia, influenza, etc., were 137, compared with 138 in 1934, yielding a death-rate per 1,000 of 2.1.

V.8. Table No. 1.

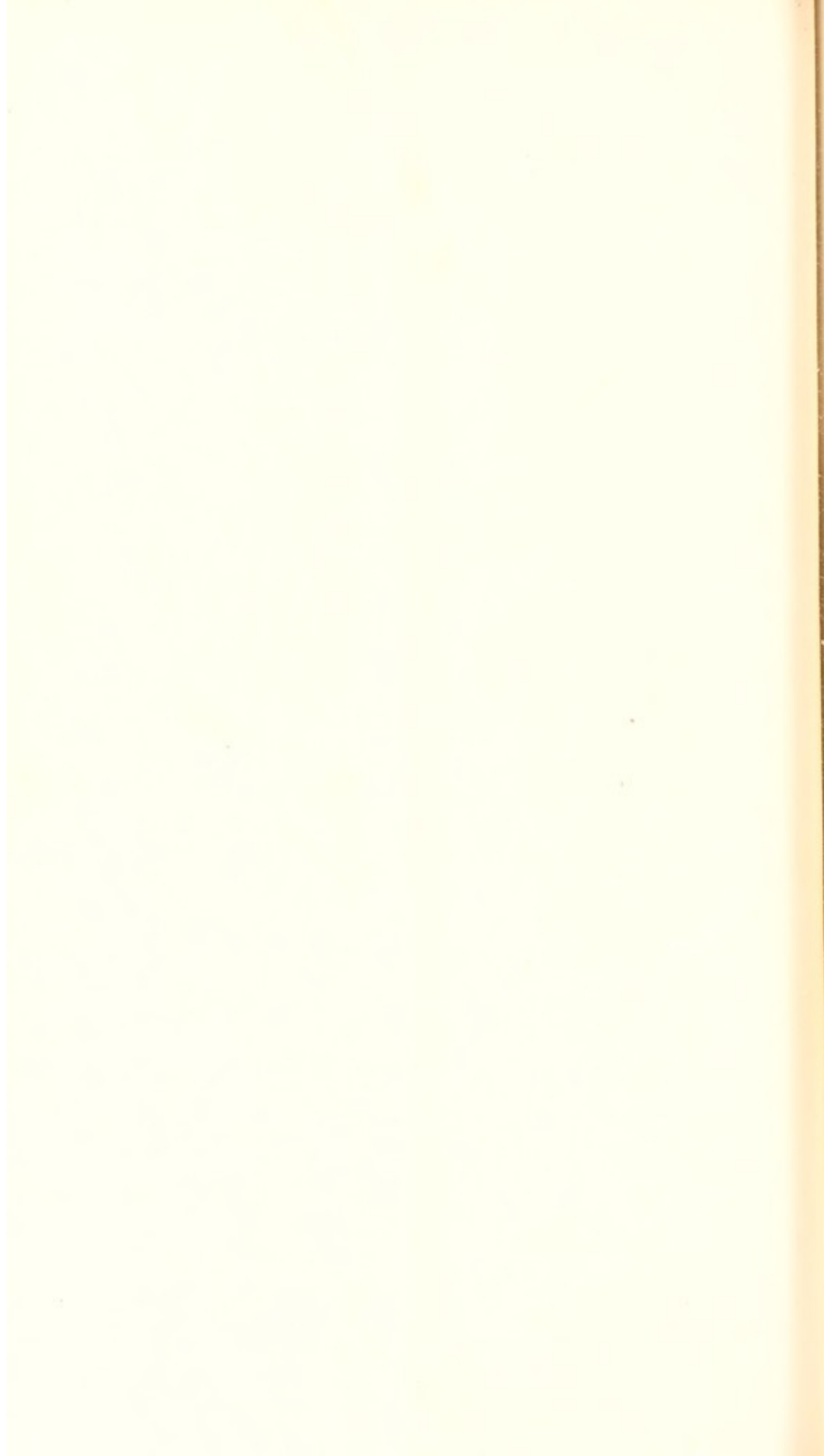
VITAL STATISTICS—WARDS—1935.

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	5,663	24	19	43	7.5	98	17.3	8	186
St. Clements	5,340	105	88	193	36.1	63	11.7	—	—
St. Mary's Lower ...	5,314	23	32	55	10.3	82	15.4	3	54
St. Mary's Upper ...	6,088	31	35	66	10.8	77	12.6	5	75
St. Helen's	6,280	85	104	189	30.0	97	15.4	10	52
Holy Trinity	5,740	34	23	57	9.9	87	15.1	—	—
St. Mary Magdalen ...	6,864	9	16	25	3.6	103	15.0	6	240
St. Peter's	6,135	25	20	45	7.3	121	19.7	9	200
St. Leonards	9,508	51	45	96	10.0	180	18.9	3	31
Silverhill and Hollington	7,168	41	41	82	11.4	122	17.0	4	48
Total	64,100	428	423	851	13.2	1030	16.0	48	56
Transfers out... ..	...	49	46	95				5	
Transfers in ... ..	...	11	10	21				—	
Total Net	64,100	390	387	777	12.1	1030	16.07	43	55.3

V.S. Table No. 2. (Ministry of Health.) CAUSES OF, AND AGES AT, DEATH DURING YEAR, 1935.

3. Table No. 2. (Ministry of Health.)

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. Helens.	Holy Trinity.	St. Mary Magdalen.	St. Peter's.	St. Leonard.	Silver-hill & Hollington.	
All Causes { Certified { Uncertified	1030	43	5	4	5	12	35	37	65	140	247	437	580	98	63	82	77	97	87	103	121	180	122	
Typhoid and Paratyphoid Fevers	1	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	...	...	...	...	...	...	...
Measles	2	...	2	...	...	...	...	...	...	...	...	...	2	1	1	...	...	...	...	...	...	...	...
Scarlet Fever	2	...	...	...	...	...	1	...	1	...	...	...	2	1	...	...	...	1	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	1	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...
Influenza	10	...	...	...	...	...	...	...	...	...	7	3	1	1	...	1	1	...	...	...	1	4	1
Encephalitis Lethargica	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro-Spinal Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis of respiratory system	52	...	...	...	1	4	14	6	11	9	5	2	50	1	3	5	4	5	4	5	6	11	8
Other tuberculous diseases	5	2	...	...	...	1	1	...	...	...	1	...	6	1	...	1	...	1	...	...	1	1	...
Syphilis	1	...	...	...	...	...	...	...	1	...	...	...	2	...	1	...	...	...	...	...	...	...	...
General paralysis of the insane, tabes dorsalis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cancer, Malignant Disease	130	...	...	...	...	1	1	6	11	25	45	41	86	16	7	10	11	12	10	14	11	22	17
Diabetes	9	...	...	...	...	...	...	...	3	...	4	2	4	1	1	1	1	...	...	...	3	2	...
Cerebral Hæmorrhage, etc.	171	...	...	...	...	...	...	...	11	28	50	82	50	12	10	14	8	13	12	24	17	38	23
Heart Disease	301	...	...	...	...	...	4	2	9	25	73	188	146	39	24	28	24	30	27	23	33	41	32
Aneurysm	3	...	...	...	...	...	...	...	...	1	1	1	2	...	...	...	...	1	1	...	...	1	...
Other circulatory diseases	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...
Bronchitis	34	...	...	...	...	...	...	1	2	1	5	25	9	3	...	3	6	2	4	4	6	4	2
Pneumonia (all forms)	78	10	2	...	...	2	3	5	16	17	23	...	50	4	6	...	6	12	10	8	13	13	6
Other respiratory diseases	12	...	...	...	1	1	1	2	2	2	2	...	10	2	1	1	2	...	...	1	1	3	1
Peptic Ulcer	11	...	...	...	...	...	...	1	1	5	3	1	11	1	1	...	1	1	1	3	...	2	1
Diarrhoea, etc.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Appendicitis	5	...	...	1	...	1	1	...	...	...	1	1	12	...	...	1	1	...	...	1	1	1	...
Cirrhosis of liver	5	...	...	...	...	...	...	1	...	1	1	2	...	...	...	...	...	...	...	1	1	...	3
Other diseases of liver, etc.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other digestive diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute and Chronic Nephritis	33	...	...	...	...	...	2	...	1	7	8	15	12	2	...	4	...	...	2	2	6	10	7
Puerperal Sepsis	2	...	...	...	...	...	2	...	...	...	...	...	6	...	...	...	...	...	...	...	1	1	...
Other puerperal causes	1	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...
Congenital Debility, Premature Birth, Malformations, etc.	26	26	...	...	...	...	...	...	...	...	...	...	19	4	...	2	1	6	...	4	2	3	4
Senility	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suicide	12	...	...	...	...	...	1	5	2	1	2	1	1	...	1	1	...	2	3	2	...	...	3
Other deaths from violence	12	1	...	2	2	1	...	2	...	...	2	2	9	1	...	...	1	...	2	2	1	2	3
Other defined diseases	110	4	1	1	1	2	4	9	5	19	19	45	86	8	7	9	10	10	9	9	18	20	10	
Causes ill-defined or unknown	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	1030	43	5	4	5	12	35	37	65	140	247	437	580	98	63	82	77	97	87	103	121	180	122	



V.S. Table No. 3.

DEATH RATES—1900-1935—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	1934	1935
Number of Deaths	909	848	820	914	850	852	869	821	930	879	924	954	941	993	894	981	993	1026	1008	1030
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	15.8	16.07
*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	10.58	10.76

* Factor for correction 1900-1924—'84.
 1925-1933—'718.
 1934-1935—'67.

V.S. Table No. 4.

BIRTH RATE, DEATH RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1935.

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		
	Live Births.	Still Births.	All Causes.	Typhoid and Paratyphoid fevers.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis under 2 Years.	Total Deaths under One Year.
England and Wales	14.7	0.62	11.7	0.00	—	0.03	0.01	0.04	0.08	0.18	0.52	5.7	57
121 County Boroughs and Great Towns, including London	14.8	0.68	11.8	0.00	—	0.04	0.01	0.04	0.09	0.16	0.45	7.9	62
140 Smaller Towns (Resident Populations, 25,000—50,000 at Census 1931)	14.8	0.64	11.2	0.00	—	0.03	0.01	0.03	0.07	0.17	0.41	3.8	55
London	13.3	0.52	11.4	0.00	—	0.00	0.01	0.04	0.06	0.11	0.51	11.2	58
Hastings	12.1	0.5	16.07(a) 10.76(b)	0.01	—	0.03	0.03	—	0.01	0.15	0.18	—	55

(a) crude death-rate.

(b) corrected death-rate.

The maternal mortality rates for England and Wales are as follows (per 1,000 Live Births)

	Puerperal Sepsis.	Others.	Total.
England and Wales	1.68	2.42	4.10
Hastings	1.61	2.32	3.93
Total Births	2.4	1.2	3.6

INFECTIOUS DISEASES.

(1) NOTIFIABLE INFECTIOUS DISEASES, 1935.

A complete analysis is found in Table No. 3, p. 20.

I.D. Table No. 1.

QUARTERLY INCIDENCE OF SCARLET FEVER, DIPHTHERIA AND
ENTERIC FEVER.

	Scarlet Fever.	Diphtheria	Enteric Fever.	Total.
1st Quarter	30	12	2	44
2nd Quarter	17	9	1	27
3rd Quarter	42	4	2	48
4th Quarter	34	4	2	40
Totals	123	29	7	159

Scarlet Fever.

The number of cases, 123, was above the average notified during recent years (91 per annum in the period 1930-1934). The type of disease was generally mild, punctuated with a few severe cases with the usual proportion of septic complications, with two particularly toxic cases.

The high proportion of 110 cases or 89 per cent. of the total was admitted to the isolation hospital.

There were four return cases.

Diphtheria.

The number of notified cases, 29, was the lowest in recent years, compared with an average of 59 for the past five years; 28 cases or 97 per cent. of the total were removed to hospital.

The type of disease, with one death or a mortality of 3 per cent., was much milder, with a very few exceptions, than that of recent years, more particularly 1933, when there was a definite though restricted outbreak of the virulent or toxic form of diphtheria.

The whole machinery for diphtheria immunisation is available, but the response to invitation by parents in 1935 was distinctly disappointing. Details are given in the report of the School Medical Service pp. 55-56. I would again emphasise the importance of diphtheria immunisation, (*a*) to the individual child who is protected from a potentially dangerous disease, (*b*) to the community as a whole. Immunisation against diphtheria has been highly successful in the U.S.A., Canada, and in a lesser measure some large cities in the country; but it should be realised that mass immunisation, up to 50 or 60 per cent. of the child population, is necessary to ensure a definite fall in the mortality.

It is proposed to continue the policy of providing immunisation against diphtheria through the school clinics and to inaugurate from time to time campaigns in individual schools and districts.

Enteric and Paratyphoid Fevers.

Seven cases were notified, all sporadic, except in one group of two or possibly three cases with contact infection.

Infectious Diseases of the Central Nervous System.

One case of encephalitis lethargica was notified.

Small-Pox.

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

The vaccination return for 1934, see table, shows a definite decrease of babies vaccinated as compared with 1933. It is true that 1934 was a year marked by absence of small-pox throughout the country. There is the more need for watch

fulness in case of a sporadic severe case; then the vaccinated infants, especially those in contact, would reap the appropriate benefit.

(2) NON-NOTIFIABLE INFECTIOUS DISEASES.

There was some prevalence of measles—generally of a mild type, 2 deaths being reported, also of chicken-pox. Of the former disease, 276 cases were reported, of the latter 115 cases, through the School Medical Service. The mortality from influenza was again slight, 10 deaths, or .17 per 1,000 of the population.

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
1933 ...	752	303	390	40.3
1934 ...	844	296	498	35.1
Totals	7,772	2,982	4,242	38.4

I.D. TABLE No. 3.

TABLE II. (MINISTRY OF HEALTH).
CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR, 1955.

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

*For Analysis of Deaths See Table No. 2 (Ministry of Health), page 14a.

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

	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
Smallpox ...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	...	2	...	...	...	...	...	1	...	1	1	2
Diphtheria ...	...	...	1	...	2	4	4	5	6	6	1	1
Enteric Fever ...	...	1	...	1	...	1	1	...	2	1	...	1
Measles ...	...	...	8	...	3	1	12	1	1	...	1	2
Whooping Cough	3	1	5	...	4	2	1	1	1	4	2	...
Diarrhoea	1	1	6	4	2	3	2	1	1	...	3	...
Totals ...	4	5	20	5	11	11	20	9	11	12	8	6

(3) BOROUGH SANATORIUM FOR INFECTIOUS DISEASES.

The Borough Sanatorium contains 70 beds with 14 wards in 4 blocks. As a result of a policy of re-conditioning and improvement over a period of 12 years, the whole of the hospital is now up-to-date and well equipped. The Sanatorium, under the Local Government Act, 1929, serves as the Isolation Hospital for the newly constituted and widely extended Rural District of Battle and for the Urban District of Rye. The question of the reservation of additional beds for an adjoining Borough is under consideration, but it has been made perfectly clear that this entails further bed provision in the nature of a small cubicle block. The number of fully equipped beds at the Small Pox Hospital at Brede is 20, and this Hospital also serves, under agreements, a considerable portion of the adjoining area of East Sussex. No case of small-pox occurred in 1935.

With regard to the work in the Sanatorium in 1935 the number of patients, 299, was somewhat above the average. As in former years, the practice of admitting, whenever beds permitted, various infections was continued, no fewer than 11 varieties of infectious disease having been admitted. This policy is of great convenience in the case of infectious disease occurring in hotels, boarding houses and private schools, and a further

point in severe cases, is the value of nursing and of special serum treatment, *e.g.*, in bad cases of erysipelas.

As regards scarlet fever cases, a high proportion (82 per cent.) were admitted to hospital, in spite of ready consent to home treatment, where such was permissible. The intramuscular injection of anti-scarlet serum was continued with general advantage in all cases admitted with any evidence of severe infection or heavy rash. The Dick and the Schultz-Charlton skin tests (also the Schick Test in Diphtheria) are employed as and when indicated with advantage for diagnostic purposes.

(B) Cases under Treatment in 1935.

I.D. Table No. 5.

Disease,	In Hospital Jan. 1st, 1935.	Ad- mitted, 1935.	Died 1935.	Dis- charged 1935.	In Hospital Dec. 31st, 1935.
*Scarlet Fever ...	3	168	1	155	15
Scarlet Fever and Erysipelas ...	...	1	1	...	...
Scarlet Fever and Diphtheria ...	...	2	...	2	...
*Diphtheria ...	2	46	...	46	2
*Typhoid and Para- typhoid Fever ...	...	12	1	9	2
Erysipelas ...	...	15	1	14	...
Whooping Cough with Pneumonia ...	...	2	...	2	...
Anterio Poliomyelitis Acuta ...	...	1	...	1	...
Measles ...	...	31	2	24	5
Chicken Pox ...	1	8	...	9	...
Scabies ...	...	13	...	13	...
Totals	6	299	6	275	24

* Includes observation and negative cases.

Average Stay in Hospital, 1935.

Scarlet Fever ...	...	...	...	30 days.
Diphtheria ...	...	...	...	35 ..
Measles ...	...	...	...	26 ..
Typhoid ...	...	...	...	42 ..
Erysipelas ...	...	...	...	30 ..

Complications.

768 Scarlet Fever cases :—

Adenitis (one abscess incised)	...	...	16
Rhinorrhœa	...	...	10
Otitis media	...	...	6
Mastoid	...	...	1
Conjunctivitis	...	...	6
Nephritis, varying degrees	...	...	10
Rheumatism	...	...	4
Septic sores, fingers, face, impetigo	...	...	20

TUBERCULOSIS.

(1) VITAL STATISTICS.

(a) Notifications, 1935.

There was a substantial increase in the number of notifications in 1935, 149 as compared with 103 in 1934. Notifications of pulmonary disease rose from 82 to 121, of non-pulmonary from 21 to 28. It should be realised that a considerable proportion of the cases notified are visitors or new residents and that the number of such varies from time to time.

T. Table No. 1.

TUBERCULOSIS, 1935—NOTIFICATIONS.

Age Period.	New Cases.		Deaths.	
	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.
0—1 years ...	...	2	...	2
1—5 " ...	2	6	...	...
5—10 " ...	2	4	}	...
10—15 " ...	...	2		...
15—20 " ...	9	1		...
20—25 " ...	7	3	}	1
25—35 " ...	29	6		1
35—45 " ...	28	...	6	...
45—55 " ...	23	2	11	...
55—65 " ...	16	1	9	...
65 upwards ...	5	1	7	1
Totals ...	121	28	52	5
Grand Totals	149		57	

T. Table No. 2.

TUBERCULOSIS, 1935—NOTIFICATIONS FROM
VARIOUS SOURCES.

Category.	Primary Notifica- tions.	New Cases notified other Sources.	Supple- mental Notifica- tions.	Totals.
Pulmonary Males ...	52	2	1	55
„ Females ...	62	5	4	71
Non-Pulmonary Males	11	...	...	11
„ Females	17	...	...	17
Totals	142	7	5	154

T. Table No. 2a.

CASES OF TUBERCULOSIS ON THE NOTIFICATION REGISTER
ON THE 31ST DECEMBER, 1935.

TOTAL CASES.	PULMONARY.			NON-PULMONARY.		
	Males.	Females.	Total.	Males.	Females.	Total.
481	195	187	382	39	60	99

T. Table No. 3.

TUBERCULOSIS PRIMARY NOTIFICATIONS, SINCE 1923.

	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
Pulmonary	81	98	94	76	65	60	82	84	141	102	91	69	114
Other Forms	22	26	39	29	19	18	14	24	23	20	26	18	28
Totals ...	103	124	133	105	84	78	96	108	164	122	117	87	142

Relation of Deaths to Notifications.

Notification of cases in relation to the death of the patients was not carried out so satisfactorily in 1935 as in recent years. Out of 52 deaths, 5 were not notified before death, while 23 were notified less than three months before death. It should be realised that in the case of any health resort a certain number of advanced cases of tuberculosis are sent for treatment. Even if notified on arrival, it is conceivable that a certain proportion will succumb before a period of three months. A few die before the medical man in attendance realises the necessity for notification, believing that notification has already been carried out.

In view, therefore, of the importance of early notification and also, of course, because it is a statutory duty on the part of the medical practitioner, the latter is asked in each unnotified case, after death, to explain fully the circumstances. It is obvious that co-operation of this nature materially assists the operation of various measures comprised in the anti-tuberculosis campaign, *e.g.*, the offer of sanatorium or hospital treatment, disinfection, examination of contacts, help through the Tuberculosis Care Committee, etc.

T. Table No. 4.

RELATION OF DEATHS TO NOTIFICATIONS, 1935.

						Pulmonary	Other Forms.	Total.
Not notified					before death	5	..	5
Notified less than 3 months	,,				,,	21	2	23
,,	3 to 6	,,		,,	,,	5	...	5
,,	6 to 12	,,		,,	,,	5	...	5
,,	1 to 2	years		,,	,,	4	1	5
,,	over 2	,,		,,	,,	18	1	19
Totals						58	4	62

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
1934	43	5	48	·75
1935	52	5	57	·89

The above table shows graphically the drastic fall in the mortality of this disease since the beginning of the century, with the death rate now about 40% of that prevailing at that time. At the same time there now appears to be some stability in the death rate ; in fact, after the phenomally low figure of '67 in 1933 there has been a slight rise in mortality.

(2) TUBERCULOSIS HEALTH VISITOR, ETC.

(a) Home Visiting.

Home visits to new cases	...	...	88
" " old "	...	...	1,626
Total visits	...	...	<u>1,714</u>

(b) Articles supplied from the Health Department.

Bottles of Disinfectant	...	...	...	231
Sputum Mugs and Flasks	..	...	...	14
Thermometers	...	...	...	1

(3) TUBERCULOSIS DISPENSARY.

The Tuberculosis Dispensary at the Royal East Sussex Hospital deals with newly notified or suspected cases of tuberculosis sent for diagnosis and consultation with regard to the most appropriate line of treatment. Every opportunity is taken to utilise the special departments of the hospital, X-Ray, the Pathological Laboratory, the Dental, Light Therapy and Orthopædic Departments. In accordance with approved modern practice considerably increased use has been made of X-Ray, both for diagnosis and in the supervision of established cases.

At the Dispensary the intra-dermal Mantoux test was used with advantage in diagnosis, the main value being in the occasional negative case. Tuberculin (B.E.) has been used in a number of cases, mostly surgical tuberculosis, with considerable benefit.

During the year, 171 new cases were examined at the Dispensary, including 12 cases transferred from other areas or returned after discharge. Of 34 contacts examined, eight were diagnosed as suffering from pulmonary tuberculosis. This is proof conclusive of the value of the examination of contacts. This examination should neither be cursory or single, but there should be supervision over a prolonged period with X-Ray examinations as required, especially in the case of children and young lads and girls. The total number of attendances at the Dispensary was 1,023, a definite increase as compared with 1934.

T. Table No. 6.

RETURN SHOWING THE WORK OF THE TUBERCULOSIS DISPENSARY,
DURING THE YEAR 1935.

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	31	17	2	1	5	7	3	7	36	24	5	8	73	
(b) Diagnosis not completed ... ..	...	...	...	...	...	...	...	...	3	3	...	...	6
(c) Non-tuberculous ... ..	...	...	...	...	...	...	...	...	12	23	3	8	46
B.—CONTACTS examined during the year:—														
(a) Definitely tuberculous	3	2	1	2	...	...	...	...	3	2	1	2	8
(b) Diagnosis not completed ... ..	...	...	...	...	...	...	...	...	...	2	...	1	3
(c) Non-tuberculous ... ..	...	...	...	...	...	...	...	...	5	13	1	4	23
C.—CASES written off the Dispensary Register as														
(a) Recovered	1	...	...	1	...	...	1	4	1	...	1	5	7
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ... ..	...	...	...	...	...	...	...	...	21	38	4	13	76
D.—NUMBER OF CASES ON Dispensary Register on December 31st:—														
(a) Definitely tuberculous	109	83	...	1	9	12	15	21	118	95	15	22	250	
(b) Diagnosis not completed ... ..	...	...	...	...	...	...	...	...	3	5	...	1	9

1. Number of cases on Dispensary Register on January 1st ... 248
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ... 12
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ... 53
4. Cases written off during the year as Dead (all causes)... 24
5. Number of attendances at the Dispensary (including Contacts) 1,023
6. Number of Insured Persons under Domiciliary Treatment on the 31st December ... 28
7. Number of consultations with medical practitioners:—
 - (a) Personal ... 45
 - (b) Other ... 83
8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ... 68
9. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes ... 994
10. Number of
 - (a) Specimens of sputum, etc., examined... 73
 - (b) X-ray examinations made in connection with Dispensary work ... 111
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 ... 131

T. Table No 7.

DISPENSARY ATTENDANCES FOR 1935.

(1) Insured men	...	...	...	251
women	...	...	...	198
(2) Non-insured men	...	...	...	79
women	...	...	...	251
children—				
{ boys	...	...	...	106
{ girls	...	...	...	60
(3) Ex-military cases	...	...	...	35
Total attendances				980

(4) INSTITUTIONAL TREATMENT, 1935.

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) Occasional beds as required at Heritage Craft Schools, Chailey or its seaside home, Bishopstone, for cases of crippling due to tuberculosis, and at the Royal Sea Bathing Hospital, Margate, for surgical tuberculosis, etc.

T. Table No. 8.

CASES SENT TO INSTITUTIONS DURING 1935.

To Darvell Hall Sanatorium	...	...	...	54
„ Royal East Sussex Hospital	...	..	...	11
„ Royal Sea Bathing Hospital, Margate	...			1
„ Papworth Village Settlement	...	...	...	1
„ Royal National Orthopædic Hospital	...			1
Total				68

T. Table No. 9.

RESULTS OF INSTITUTIONAL TREATMENT IN CASES
DISCHARGED IN 1935.

	Quiescent.	Not Quiescent	Died in Institution.	Total.
Pulmonary :—				
T.B.—	4	1	...	5
T.B.+				
Stage 1 ... ..	...	3	...	3
Stage 2 ... ..	...	17	1	18
Stage 3 ... ..	...	6	7	13
Non-Pulmonary :—				
Bones—Joints ...	2	2	...	4
Glands, etc. ...	1	2	...	3
Totals	7	31	8	46

With commendable caution the majority of the cases are returned as non-quiescent on discharge. As a matter of fact the medical end-results of sanatorium cases have undoubtedly in the mass, and more particularly in individual cases, receiving modern forms of treatment, improved in recent years. Artificial pneumothorax has been used in an increasing proportion of our cases at the Sanatorium, and in such cases the refills are continued at fortnightly intervals over a period of two or three years. The majority of these cases continue to do well, many indeed following their original employment. On the other hand, while sanatorium treatment has improved the health of the patient, if he is not fit for his original work, the placing in some other kind of suitable work remains as ever an extremely difficult proposition.

One case was sent to Papworth Village Settlement during the year.

The tuberculosis wards at the Municipal Hospital were increasingly used, more especially for advanced and infectious

cases from unsuitable and insanitary homes. During 1935, there were 51 admissions as Poor Law cases.

(5) THE TUBERCULOSIS CARE COMMITTEE.

The work of this Committee is closely linked up with the anti-tuberculosis services of the Corporation, supplementing them with help in certain important directions which they do not cover, viz., supplies of food, clothing, money grants to dependants during sanatorium treatment, etc.

A typical week's working of the scheme shows :—

	£	s.	d.
(a) Monetary allowances	3	5	0
(b) Pasteurised milk... ..	2	9	0
(c) Eggs	19	0	
(d) Butter	12	0	
<hr/>			
Total weekly liability ...	£7	5	0
<hr/>			

During 1935 the Care Committee decided to make special grants to patients who had had any training in occupational therapy, *e.g.*, basket making, leather work, etc. This has been a great boon to a number of sub-acute and chronic cases, especially the men, whose time was hanging very heavy, and whose chance of employment is now very remote. As long as the amount of baskets and other articles produced is comparatively small, then there is not much difficulty in disposing of them privately or at sales of work. This branch of the Committee's work has been most beneficial, both physically and mentally.

(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 1935.

MATERNITY & CHILD WELFARE.

(1) VITAL STATISTICS.

(a) Notification of Births Act.

The number of births reported to the Health Department in 1935 was as under :—

<i>Total Births</i> —Notified by midwives	...	...	538
„ „ doctors	...	...	179
„ „ relatives and others	...	...	174
			<hr/>
Total	...	...	891
			<hr/>
<i>Still Births</i> —Notified by midwives	...	...	17
„ „ doctors	...	...	13
„ „ relatives and others	...	...	14
			<hr/>
Total	...	...	44
			<hr/>

Percentage of still births to notified births, 4·9.

The number of un-notified births was 26, including 22 live births and 4 still births.

(b) Infantile Mortality in 1935.

Net live births registered	...	...	777
Number of deaths of infants under one year	...	...	43
Infantile Mortality	...	...	55·3
Net illegitimate live births registered	...	...	59
Number of deaths of illegitimate infants under one year	...	...	5
Infantile Mortality in illegitimate infants	...	...	84·7

(c) Maternal Mortality, 1935.

Deaths from puerperal sepsis	...	...	2
Deaths from other accidents and diseases of pregnancy	...	...	1
Maternal mortality	...	...	3·6

The infantile mortality rate, 55·3 per 1,000, while higher than the very low rate of 1934, viz., 36 per 1,000, is slightly lower than that recorded for England and Wales.

Of the 43 infant deaths under one year a majority, 27, or 63 per cent., or 34·7 per 1,000 births, occurred in the first month of life. This important neo-natal death-rate, due to prematurity, marasmus, birth malformations, etc., causes operating before or immediately after birth, still remains an important and somewhat incalculable problem. Ten deaths, or 12·8 per 1,000 births, a slightly increased number compared to 1934, were due to bronchitis and pneumonia. There were no deaths due to diarrhoea and enteritis.

The maternal mortality figure, 3·6 per 1,000 births, was exactly that of 1934, and is slightly below that of the average recorded for England and Wales. The matter of dealing with this important problem received careful attention during the year, and it was decided to make the following additional services available :—

(1) The provision of consultants for cases of difficult labour.

(2) The provision of hospital beds in the Municipal Hospital for such cases.

(3) The provision of hospital beds in the Municipal Hospital for ante-natal cases, where special medical treatment is indicated.

(4) The provision of home helps in the ante-natal period, where specially required owing to the medical condition of the expectant mother.

(5) The provision of a certified midwife in doctors' cases where a handywoman would otherwise have been engaged.

With the services already in operation, which have a bearing on the maternal mortality question, *e.g.*, ante-natal clinics, provision of beds for normal maternity cases, extra nourishment, the general midwifery service of the District Nursing Association, available as required for the poor, the Borough possesses a comparatively complete service on the lines recommended by the Ministry of Health. We are dealing with a problem, elusive and yet protean in its many ramifications; and this explains the many types of service and methods of treatment which have been recommended for its cure.

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

ANALYSIS OF INFANTILE AND MATERNAL MORTALITY FROM 1900—1935.

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	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	12.4	1	1.3	9	10.2	10	12.8
1926	770	12.6	1	1.6	49	64	18	23.8	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	5	3.9	26	34.1
1932	752	11.9	4	5.3	33	44	11	14.6	1	1.3	11	14.6	14	18.6
1933	713	11.2	5	6.7	33	46	19	26.6	...	...	4	5.6	20	28.1
1934	805	12.6	3	3.6	29	36	14	17.3	...	...	8	9.9	14	17.3
1935	777	12.1	3	3.6	43	55.3	27	34.7	...	...	10	12.8	26	33.4

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

No. of Midwives on Register—Trained	...	12
No. of visits to Midwives, Inspections	...	44
Special Visits and Interviews	... ..	4
		—
	Total	48
		—

Midwives' Notifications (Medical Help) :—

(a) Ante-Natal	... ..	12
(b) Labour	... ..	102
(c) Puerperium	... ..	14
(d) Infant	... ..	21
		—
	Total	149
		—

Other Official Notifications :—

(a) Still-births	... ..	4
(b) Liability to Infection	... ..	3
(c) Artificial Feeding	... ..	1
(d) Having laid out a Dead Body	... ..	1
		—
	Total	9
		—

The total number of births notified by midwives was 537.

At the quarterly routine inspection of the Midwives' registers, the charts have been found to be well kept, the bags and appliances used being scrupulously clean. The midwives are keeping well in touch with the ante-natal clinics. Ante-natal records are well kept. The work done is good ; no irregularity necessitating report to Committee was found.

(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, 6 cases being admitted during 1935.
- (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	...	...	...	21
„ Fever	...	...	...	Nil.

(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 ...	823	3221	4044
II. Infants 1-5 years of age ...	28	4767	4795
III. Special Visits ...	294	106	400
IV. Expectant Mothers ...	234	431	665
Totals ...	1379	8528	9904

V. Unsuccessful visits included above ... 847

(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 ..	6	5	10	2	3
II. Pemphigus Neonatorum...	...	...	...	...	...
III. Puerperal Fever ...	...	...	...	...	...
IV. Puerperal Pyrexia ...	9	6	6	1	7
V. Measles or German Measles ...	...	106	111	...	21
VI. Whooping Cough ...	...	14	16	...	3
VII. Epidemic Diarrhoea ...	...	...	...	...	...
VIII. Poliomyelitis ...	...	...	...	...	...
Totals ...	15	131	143	3	34

(c) SPECIAL INFORMATION RELATING TO OPHTHALMIA
NEONATORUM.

Cases.			Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths.	Removed from District.	Still under treatment at end of year.	Any other category.
Notified.	Treated.								
	At Home.	In Hospital							
6	3	3	5	...	...	...	1	...	...

(d) MISCELLANEOUS.

(1) Visits under Infant Protection	...	263
(2) Visits to Mental Defectives	..	205
		<hr/> 468 <hr/>

(4) THE MATERNITY AND CHILD WELFARE CENTRES.

The work of the Centres, as the table shows, has been fully maintained, the total attendances having increased from 13,553 in 1934 to 15,477 in 1935. A very large proportion of babies born to the working class population attend the centres. The valuable work of the voluntary association, with many willing and useful helpers, is most cordially and gratefully acknowledged.

The new Clinic at Norman Road, in the Wesleyan Church Hall, has more than justified the transfer from Bulverhythe, the numbers attending having increased from 2,106 to 2,843.

It is hoped to obtain, in the near future, greatly improved accommodation for the rapidly expanding Hollington district in the new Church Hall, which is to be built by St. John's Parish Church, to replace the existing hall, now quite unsuitable for modern requirements.

A new Ante-Natal Clinic was opened once monthly at the Norman Road Centre, to meet the needs of the mothers of that district. So successful has it been that in all probability two sessions a month will soon be required. Altogether, attendances

at Ante Natal-Clinics have increased from 318 in 1934 to 463 in 1935. The Midwife booked generally attends the Ante-Natal Centre on the first visit of her case.

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

Centre.	Medical Officer.	Day and Time.	New Cases.	Old Cases.	Total Attendances.	Medical Consultations.
Norman Rd.	Dr. G. Ticehurst	Tuesday, 3 p.m. ...	140	2703	2843	1229
Halton ...	Dr. Downer ...	Wednesday, 2.30 p.m.	158	2907	3065	1368
Park View...	Dr. Stanley ...	Thursday, 2.30 p.m.	100	2342	2442	1181
Central	Dr. Farnfield ...	Friday, 2.30 p.m. ...	192	4813	5005	1474
Hollington	Dr. Downer ...	Friday, 2.30 p.m. ...	66	1590	1656	785
Halton, Ante-Natal	Dr. Walker ...	1st & 3rd Mondays, 2.30 p.m....	58	78	136	132
Park View Ante-Natal	Dr. G. Ticehurst	1st, 2nd & 4th Wednesdays, 2.30 p.m.	116	185	301	297
Norman Rd. Ante-Natal	Dr. G. Ticehurst	3rd Wednesday, 2.30 p.m. ...	20	9	29	29
Totals ...			850	14627	15477	6495

(5) HOME HELPS.

Number of cases attended in 1935—28.

Many reports as to the value of this work have been received.

(6) MATERNITY HOMES.

During 1935, 15 cases, as compared with 17 in 1934, were sent by the Maternity and Child Welfare Committee to Fernbank Maternity Home, under the District Nursing Association. At the Municipal Hospital 92 births, as compared with 71 in 1934, were notified from the Maternity Ward.

The number of confinements in the maternity section of the Municipal Hospital has nearly trebled during the past six years. In addition to the lying-in ward, there is a special ward for ante-natal cases and also two single bedded wards for nursing mothers in the new Children's Annexe. Difficult and complicated labour

cases can receive adequate attention, and cases of puerperal pyrexia and fever are isolated in side wards apart from the maternity unit.

The matter of improving the available accommodation for maternity cases at the Municipal Hospital is now receiving the attention of the appropriate committee.

(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	518
„ Dried milk	103

The amount represented being :—

Fresh milk	20,555 pints.
Dried milk	568 lbs.

(8) DENTAL TREATMENT.

23 Children under school age received dental treatment at school clinics ; 26 expectant or nursing mothers received treatment at the Royal East Sussex Hospital. This work has considerably increased.

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, 81 children having made 473 attendances in 1935. This branch of the work is also increasing from year to year.

VENEREAL DISEASES CLINIC.

The venereal diseases clinic at the Royal East Sussex Hospital, a building specially provided and equipped for the purpose, serves, in addition to Hastings, the Borough of Bexhill and the neighbouring district of East Sussex. The clinic has the support and confidence of the medical practitioners of the town and district and should now be sufficiently well known to the general public.

During the year, cards advertising the days and times of the various clinics available for men and women were revised and set up in all the public lavatories, both municipal and railway, throughout the town. Copies were also distributed to all hospitals, convalescent homes and similar institutions.

As a matter of fact, the returns show a diminution of applications for treatment in all varieties of venereal disease, the total number being the least during the past 7 years. The Clinic Sister, in addition to her nursing duties, carries out a considerable amount of valuable social work, especially among the younger female patients. Every effort is made to keep in touch with all patients who lapse before completing treatment.

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

“ The total number of new cases from Hastings attending the clinic for the first time during 1935 was 70, a very considerable drop compared with 1934, when the number was 101. The number is the lowest since 1930. The greatest drop was in those cases which after investigation proved to be non-venereal, the number having decreased by 22. The new cases of syphilis have remained remarkably constant during the past three years.

The total attendances rose from 3,681 to 4,407, but this is accounted for by the fact that during the year under review I put many patients suffering from gonorrhœa on to a more intensive form of intermediate treatment which necessitated more attendances. The number of doses of arsenobenzene compounds administered to patients dropped from 365 to 278, several cases being intolerant to the drug. The number of

"in-patient" days rose slightly from 48 to 57. Taking the work of the clinic as a whole, there were 1,273 more attendances than in the previous year: this is wholly accounted for by the increased number of intermediate treatments, approximately a thousand more male gonorrhœa intermediate attendances being recorded.

The fact that out of a total of 155 new cases of all types from all parts 74 attended on the advice of their medical practitioner shews that the clinic is well used by the practitioners of the town and district. Needless to say the utmost secrecy is maintained in the working of the clinic."

VENEREAL DISEASES CLINIC.

COMPARATIVE STATEMENT OF WORK FOR YEARS 1930-1935. HASTINGS CASES ONLY.

	1930	1931	1932	1933	1934	1935
Number of new cases suffering from :—						
(a) Syphilis	25	14	20	17	15	14
(b) Soft Chancre	nil	1	nil	nil	nil	nil
(c) Gonorrhœa	53	35	37	29	39	31
(d) Non-venereal conditions	47	35	27	29	47	25
Total	125	85	84	75	101	70
Total attendances out-patient clinic	4506	4536	4133	3700	3681	4407
In-patient days	67	139	247	17	48	57
Doses of Salvarsan :—						
Out-Patient Clinic... ..	445	} 395	488	464	365	278
In-Patient Department ...	nil					
*Pathological Examinations :—						
(a) Examined by Medical Officer, V.D. Clinic ...	503	625	852	515	565	535
(b) Sent to approved laboratory	170	457	463	494	485	536

*These include all specimens.

MENTAL DEFICIENCY.

PARTICULARS OF MENTAL DEFECTIVES AS ON 1ST JANUARY, 1936.

(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	2	3
{ Aged 16 years and over.	10	28	38
(2) On licence from Institutions { Under 16 years of age.	...	...	...
{ Aged 16 years and over.	1	1	2
(b) (1) Under Guardianship (excluding cases on licence) { Under 16 years of age.	3	1	4
{ Aged 16 years and over.	12	20	32
(2) On licence from Guardianship { Under 16 years of age.	...	...	...
{ Aged 16 years and over.	1	1	2
2. In "places of safety" { Under 16 years of age.	...	1	1
{ Aged 16 years and over.	...	...	...
3. Under Statutory Supervision	16	15	31
Of whom—			
Awaiting removal to an Institution...	1	1	2
4. Action not yet taken under any one of the above headings—			
(a) Notified by Local Education Authorities (Sec. 2 (2) ) ... ..	...	...	...
Carried forward ...	45	70	115

Category.	Males.	Females.	Totals.
Brought forward ...	45	70	115
(b) Mental Defectives in receipt of Poor Relief:—			
(1) Institutional { (a) In Public Assistance Institutions not approved under Sec. 37	...	...	...
(b) In Institutions certified under the M. D. Acts including those approved under Sec. 37 { (1) Cases 'placed' under Sec. 3 ...	...	...	...
(2) Domiciliary ...	3	7	10
(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 ...	2	...	2
(b) Maintained wholly by parents, relatives or others ...	...	...	...
(c) In approved Home—Local Authority contributes ...	2	...	2
2. Reported to the Local Authority from any reliable source but as to whom no action has been taken ...	3	7	10
3. Under Voluntary Supervision ...	...	4	4
Totals ...	55	88	143

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

	M.	F.	Total.
Under Statutory Supervision	3 5	8
Under Voluntary Supervision
On Licence from Institutions
Under Guardianship	6 6	12
On Licence from Guardianship
Total	9	11	20

During the year 1935.

1. (a) Number of instances in which licence was granted :—

	M.	F.	Total.
(1) From Institutions ... ..	...	1	1
(2) „ Guardianship	1	1	2

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

	M.	F.	Total.
(1) To Institutions
(2) „ Guardianship

2. Cases notified by Local Education Authorities (Section 2 (2)) during the year 1935 :—

Method of disposal—	M.	F.	Total.
Sent to Institutions (by order) ... ..	...	1	1
Sent to Approved Home	1	...	1
Placed under Guardianship (by order) ... ..	...	...	...
Placed under statutory Supervision ... ..	...	...	...
Placed in “ Places of Safety ” ... ..	...	...	...
Died or Removed from Area ... ..	...	...	...
Action not yet taken—			
{ (a) In receipt of Poor Relief ... ..	...	...	...
{ (b) Others ... ..	...	...	...
Total	1	1	2

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

(a) Number who have given birth to children during 1935.

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

M. F.

(b) Number who have married during 1935 nil nil

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 „
„ „ 1935— „	...	138 „
„ „ 1936— „	...	143 „

(a) **Ascertainment.**

Every channel of information is utilised—*e.g.*, the Officers of the Committee, the Poor Law, the N.S.P.C.C., the Police. As seen above the numbers on the register are steadily increasing and have now reached 2·4 per 1,000 of the population.

The number ascertained will probably continue to increase slowly for some years, until a peak period is reached. The total number should, however, *pro rata*, be somewhat less in a health resort than in industrial areas, for two reasons.

1. The birth-rate and the number of young persons is proportionately less.

2. Defectives among the well-to-do are not as a rule ascertained officially or dealt with under the Mental Deficiency Acts for institutional purposes or statutory supervision.

(b) **Home Supervision.**

The systematic monthly visitation of defectives, either under guardianship or at home under voluntary or statutory supervision, is carried out by the male and female officers of the Authority under the supervision of the Medical Officer of Health.

(c) **Guardianship Cases.**

There was a slight decline in 1935 in the numbers under Guardianship, either at home under the care of parents or relations, or under the Brighton Guardianship Society in Brighton and other districts, mainly in the country. In a considerable number of ascertained defectives, especially those of stable type,

and where the moral aspects of character are not in question, this may well be the most effective and also the most humane method of control. Both in Hastings and in Brighton, where Guardianship can be associated with attendance at the Occupation Centre, the results have in many instances been very successful. On the other hand Guardianship of mental defectives at isolated farms or villages requires very careful choice both of the defective and of the guardian, coupled with assiduous supervision by the local authority. At the same time Guardianship has possibilities and advantages, both administrative and economical, in face of the absence of suitable local institutions and the high cost of those which are now being built or contemplated.

(d) Institutional Cases.

A small increase is noted in the number of defectives in Institutions, mainly due to the fact that the local Municipal or Public Assistance Hospital, with accommodation for 12 male and 12 female defectives, has been utilised more fully.

With regard to Laughton Lodge, the new colony for mental defectives, now being promoted by the Brighton County Borough Council, negotiations have been continued throughout the year with Brighton and the other constituent Authorities in the County of Sussex with regard to a combined County Scheme.

Meanwhile the existing policy, as already set out, of utilising guardianship whenever practicable, and obtaining vacancies in various scattered institutions must be continued.

(e) The Occupation Centre—Halton School Clinic.

The Voluntary Association for Mental Welfare has continued to do excellent work at the Occupation Centre, where there are nearly 30 pupils of varying degrees of defectiveness, selected from those under home guardianship, statutory and friendly supervision, and also from those maintained at the Municipal Hospital. The standard and variety of the work has steadily improved, and includes rug making, raffia, sewing, knitting, some elementary reading and writing, dancing, rhythmic exercises, and greatest joy of all, the percussion band.

(f) School for Delicate Children—Mental Side.

The Education Committee are responsible for the above school, with accommodation for 65-68 children between the ages of 7-16 years. A Voluntary Care Committee supervises all children after leaving school for a period of years, except those who are transferred to the care of the Mental Deficiency Committee. There is, in fact, a close liason between the work of these two Committees, so that very few young mental defectives, whether high or low grade, should now escape ascertainment and necessary supervision and care.

(g) The Mental Treatment Act, 1930.

The clinic is concerned with the observation and diagnosis of early or doubtful cases of mental disorder, and with the supervision of cases after their discharge from the Mental Hospital.

The total number of new cases was 72, total attendances for year 404, or an average of 8 attendances per session. The provision of a few hospital beds for observation purposes would be of great benefit in this work, and would act as a link between the patient and his medical man on the one hand and the Mental Hospital on the other, pending a definite diagnosis and a decision as to the best action to be taken in the patient's interest.

(h) The Local Government Act, 1929.

In accordance with the provision and the spirit of this Act, the relief of mental defectives, previously carried out by the Poor Law, is now administered by the Mental Deficiency Committee, mainly by way of making a parent or other relative the official guardian of the defective.

A small number of mental defectives are still maintained by the Public Assistance at Institutions other than the Municipal Hospital, but these will be taken over during 1936 by the Mental Deficiency Committee.

SCHOOL MEDICAL SERVICE.

I am indebted to my deputy, Dr. E. C. Downer, for the preparation of much of the report dealing with the School Medical Service.

Summary of Year's Work.

(a) Routine medical examination of 2,168 children in the elementary schools, 81 girls in the High School, 85 children in the St. Leonards School for Delicate Children, 28 children in the Hastings School for Delicate Children, and 348 boys in the Grammar School.

(b) Medical examination and treatment, where necessary, at the two school clinics of 1,923 children, who made 12,447 attendances.

(c) 5,457 re-inspections by the Medical Officer at the schools and clinics.

(d) Examination by refraction of 350 cases of defective vision, 296 children being supplied with spectacles under the Authority's scheme.

(e) Operative treatment of 113 cases of enlarged tonsils or adenoids or of both conditions at the local hospitals.

(f) 1,911 cases of minor ailments treated at the two clinics.

(g) Provision of simple treatments, *e.g.*, lotions, ointments, dressings and nutritive drugs, total issues being 6,643.

(h) Dental inspection by the school dentist of 4,794 children, 1,529 being actually treated during the year.

(i) Cleanliness inspections at the schools by the school nurses, of 15,723 children inspected, 774 being found defective in varying degrees and 8 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 285, total home visits 2,063.

(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.

(1) No *ad hoc* Nursery Schools have been established, but special arrangements have been made in all the Infant Schools for children under the age of five years, of whom a considerable proportion are between the ages of three and four years of age—for example:—

- (a) Special chairs, tables, rests, blankets.
- (b) Morning milk at $\frac{1}{2}$ d., or free in necessitous cases recommended by the school medical officer.

(2) The school clinics are available for the treatment of children under five years of age not attending school, but recommended through the Maternity and Child Welfare Service, both for ordinary medical treatment and diphtheria immunisation.

3. SCHOOL HYGIENE.

(a) Accommodation and attendances for the quarter ending December 31st, 1935:—

Total accommodation	...	...	8,887
Average number on registers	...	...	6,485
Average attendance	...	...	6,063
Percentage of attendance	...	...	93·4
Average attendance for 1935	...	...	5,998
Average attendance for 1934	...	...	6,131

The total number on the registers of the elementary schools on 31st December, 1935, shows a decrease of 137 as compared with the figures of last year. This can be explained by the fact that the birth-rate in 1920 stood out as exceptionally high, and the children born in that year were leaving during 1934 and 1935. There will probably be still further reductions, though not quite so large, during the next few years, and these will be balanced by the eventual extension of the school leaving age to 15.

Recommendations made during the year by the School Medical Officer regarding improvements in hygiene 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 £2,000.

The matter of the general standard of the elementary schools has been referred to in previous reports. It is an accepted fact that in many important respects, *e.g.*, general arrangement and lay-out, playground space, ventilation, natural lighting, sanitary conveniences, provision of cloakrooms, hot water supply, arrangements for drying clothes, etc., our elementary schools, especially some of the older ones, and generally the church schools, are sadly deficient. Further, owing to changes in the distribution of our population, due to the opening up of new housing estates, both Council and private, there is now an acute demand and indeed a shortage of school places in the Hollington and Ore Districts, and to a lesser extent in West St. Leonards. Under all the circumstances the policy of erecting a new school at Ore and providing additional accommodation at Hollington appears highly indicated. Another new school will be erected to replace St. Mary Star-of-the-Sea in the Old Town. Apart from these—it would be an advantage to decide which of the existing schools will be finally replaced and which will be retained and what improvements as regards modernising and re-conditioning should be carried out in the latter group.

(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 to the great advantage of the children who cannot return home for dinner.

4. MEDICAL INSPECTION. ELEMENTARY SCHOOLS.

(a) Age Groups of Children Inspected.

The total number of children examined at routine medical inspection in the elementary schools was 1,626, viz.: 487 entrants, 611 intermediates, and 728 leavers. In addition, 528 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 ...	7
2. Total number of examinations of children in the schools by school nurses	15,723
3. Number of individual children found unclean	774
4. Number of children cleansed under arrangements made by the Local Education Authority	8
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.**

Two cases were diagnosed during the year. One case was treated by X-Ray at Charing Cross Hospital with highly satisfactory results.

(b) **Body.**

Five cases were diagnosed and successfully treated at the school clinics, or at the Dermatological Departments of the local Hospitals.

(2) **Scabies.**

Six cases were diagnosed and treated at the school clinic, and also 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.**

The treatment with elastoplast, which has been carried out during the last two years has continued to give excellent results and to effect a considerable saving in the time of the school nurse.

(4) **Other Skin Diseases.**

A considerable number of children attending the school clinic belong to this group of minor injuries, burns, scalds, boils, septic sores, abscesses, etc., no fewer than 1,517 having received treatment during the year.

(5) **Tonsils and Adenoids.**

During the year 113 children were found to be suffering from chronic tonsillitis, the presence of adenoids or a combination of these defects of such degree as to warrant operative interference; in addition 192 children were referred for further observation for some minor degree of these defects.

These figures show a slight increase on last year, although the conservative policy of recent years has been carried out.

(6) **Tuberculosis.**

There is full co-operation between the School Medical and the Tuberculosis Services, both under the Medical Officer of Health, all actual or suspected cases among school children being

referred at once to the Tuberculosis Dispensary for necessary investigation, including X-Ray, etc.

(7) External Eye Disease.

Of these 118 cases received treatment at the clinic, mainly cases of blepharitis, conjunctivitis, corneal ulcer, etc.

(8) Defective Vision.

During the year 350 children were refracted at the school clinics ; 158 at Halton Clinic and 192 at Park View Clinic.

The following is a list of the findings :—

Emmetropia	...	...	...	27
Hypermetropia	...	...	...	105
Hypermetropic astigmatism	...			90
Myopia	...	...	...	57
High Myopia	...	...	...	6
Myopic astigmatism	...	...		40
Mixed astigmatism	...	...		25
Total				350

Included in this total were 17 cases of squint.

Spectacles were provided for 296 children under the authority's scheme.

(9) Ear Disease and Hearing.

The lines of treatment outlined in the 1933 report have been followed with good results. There have been very few cases of deafness among school children other than temporary embarrassment of hearing due to colds, swollen adenoids, or impacted wax in the ear.

(10) Dental Treatment.

Mr. W. D. Penfold, School Dental Surgeon, reports :—" The work carried out at the clinics during the twelve months ending 31st December, 1935, shows generally a steady improvement. 4,794 children were examined during the year, of whom 2,766 were found to require treatment, an improvement of 1% on the previous twelve months, a small difference perhaps, but in the right direction ; 1,529 or 55% of these children accepted treatment and received attention at the clinics. This is an increase of 6%

on the previous year, suggesting that parents are slowly, but surely, recognising the importance of good teeth and are therefore becoming more willing to accept the treatment offered. The children put in 3,925 attendances at the clinics, an increase of over 400 more than the previous year. 2,102 fillings were inserted during the year, of which 1,212 were in permanent teeth and of the 2,473 teeth extracted 391 only were permanent teeth.

345 casual cases were sent up to the clinics. Of these, 109 were cases, who had refused the treatment advised at inspections. It seems very difficult to get children and parents to appreciate that they are laying up trouble for themselves as well as for the operator by neglecting their teeth until acute pain forces them to seek help at the clinics. In most cases it is then too late to carry out conservative treatment, with the result that it means the loss of one or more valuable teeth. This is proved by the fact that in 145 of these cases septic conditions were found, necessitating the administration of a general anaesthetic. The majority of these cases are the result of continued neglect or apathy on the part of the parent. Such cases are almost invariably very difficult to deal with, since sleepless nights caused by toothache are not the ideal preparation for a visit to the dental surgery.

Painless dentistry is possible providing that defects are attended to at the earliest possible moment. If the public would only realise this, the fear of a visit to the surgery would speedily disappear and the surgeon's work would be infinitely easier and more effective. Routine treatment therefore is the ideal to be aimed at."

6. INFECTIOUS DISEASES.

(a) Notifiable Infectious Diseases.

See section Infectious Diseases pages 17-19 for particulars of incidence, etc.

Further attempts have been made to interest parents by the distribution of leaflets and by personal propaganda in the immunisation of their children against diphtheria. Unfortunately

the response of the parents has been very disappointing, possibly owing to the low incidence of the disease in the County Borough. Details of the actual work are appended.

Further attempts will be made both in the School Clinics and the Infant Welfare Centres to interest the parents in this most important matter.

	Halton Clinic.	Park View Clinic.
No. Schick tested after immunisation	...	28 (all negative).
Percentage Schick positive ... ..	...	Nil.
No. immunised with T.A.F. ... ..	...	37
No. of immunised who received three full doses of T.A.F. ... ..	...	32
No. Re-Shicked	36	20
Percentage Schick positive	8.33%	5%
No. immunised with 2 full doses ... ..	...	1
No. immunised with 1 full dose ... ..	...	4

(b) Non-Notifiable Infectious Diseases.

It was not considered necessary to close any school, department or class during 1935.

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

Measles	276 cases.
German Measles	—
Whooping-cough	8
Chicken-pox	115
Mumps	3
Total	402

Exclusions from School.

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

1. Infectious Diseases (including Rheumatism and Influenza)	25
2. Diseases of the Skin (including Ringworm)	81
3. Inflammatory conditions of the Throat, Tonsillitis, Adenitis, etc.	43
4. Nervous Conditions, including Chorea, Epilepsy, etc.	3
5. Diseases of the Digestive System	33
6. Bronchial Catarrh and Colds, etc.	34
7. Heart Disease	4
8. Injuries	10
9. Diseases of the Ear	5
10. Diseases of the Eye	11
*11. Tuberculosis (definite or suspected) ... ..	...
12. Other Diseases	33
Total	285

*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.

Measles 7 certificates.

7. FOLLOWING UP. WORK OF SCHOOL NURSES.

Number of Schools (including Special School and Open Air Schools)	24
Visits of Nurses to Schools	164
" " " Departments	191
Visits to Homes:—	
By direct instruction of School Medical Officer	361
At request of School Attendance Officer	317
Following up cases of uncleanness	147
General cases, following up	985
School Visits—miscellaneous	400
Total	2,210

Examinations for cleanliness :—

Primary	...	...	...	...	14,850
Secondary	...	...	...	...	873
Total					<hr/> 15,723 <hr/>

{ 8. PHYSICAL TRAINING. GAMES.

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

In last year's report an extract from a memorandum by Dr. Phillips, the late Deputy School Medical Officer, dealt with the incidence and treatment of minor orthopædic and postural conditions which are comparatively common in school children. The discovery of these defects of minor degree has continued throughout the year.

Advantage has been taken of routine inspection and re-inspection to instruct each child so discovered in remedial exercises, and the co-operation of the head teachers and parents has been sought.

A remedial class conducted by the games master has been started in the Hastings Grammar School, and has already had beneficial results. It is proposed to explore the possibility of setting up similar classes in some of the larger Elementary Schools.

Every opportunity has been seized to impress on parents the importance of carrying out remedial exercises in the home in addition to school, and considerable headway has been made in this matter. The result has been a large saving of school time, owing to certain cases of minor defect not having to be referred to the Orthopædic Clinic.

It was pleasing to note in the re-inspections at the end of the year how very frequently cases of pes planus and postural spinal curvature had showed considerable improvement.

9. PROVISION OF MEALS AND NUTRITION OF CHILDREN.

(a) Dinners for necessitous children on the same lines as in previous years were provided during the periods given below in suitable restaurants.

	Average Number Fed each Day.
8th January to 17th April, 1935	384
20th June to 16th August, 1935	137
30th September to 20th December, 1935 ...	248

The School Medical Officer was in close touch with all the arrangements, including the selection of suitable restaurants and the menus. The restaurants are visited regularly by members of the staffs of the school medical service, the school attendance officers, teachers and sanitary inspectors. Speaking generally, both as regards quality and quantity the dinners were satisfactory. Special menus, including salads, cold milk, sweets, stewed fruit, were readily arranged by the caterers at my request during the warm months.

(b) With regard to the method of the selection of children for meals, the Children's Care Committee has adhered to that now followed for a number of years, namely, preliminary selection by the head teacher of such children as appear on social and economic grounds, and their general physical condition to be "unable by reason of lack of food to take full advantage of the education provided." The school medical officer is available for consultation in connection with any application for meals on medical grounds or where this advice is considered of advantage.

(c) Practically all the schools provide morning lunch milk under the Scheme of the Milk Marketing Board.

Reports respecting the number of children receiving such milk were obtained for the Board of Education on two occasions during the year 1935, and summaries of the information are given below :—

29TH MARCH, 1935.

	Free.	On payment of $\frac{1}{2}$ d. per third pint.	Total.
Total, Public Elementary Schools	48	2,450	2,498
Athelstan Road Open Air School	15	9	24
Hollington Open Air School ...	15	10	25
" M.D. " ...	—	17	17
High School for Girls	—	144	144
	<hr/> 78	<hr/> 2,630	<hr/> 2,708

1ST OCTOBER, 1935.

	Free.	On payment of $\frac{1}{2}$ d. per third pint.	Total.
Total, Public Elementary Schools	43	1,923	1,966
Athelstan Road Open Air School	12	15	27
Hollington Open Air School ...	10	13	23
„ M.D. „ ...	—	16	16
High School for Girls ...	—	152	152
	<hr/> 65 <hr/>	<hr/> 2,119 <hr/>	<hr/> 2,184 <hr/>

About 40 per cent. of the school children have morning lunch milk. As regards quality, the milk must be pasteurised under licence or reach the bacteriological standard required of Grade A or accredited milk. The number of schools using pasteurised milk is steadily increasing and all milk supplied free by the Education Committee is pasteurised. The advantage of pasteurised milk is the low bacterial count, practically guaranteeing absence of risk of tuberculosis or infectious disease, while any loss of food value, even including vitamins, has in the past been greatly exaggerated. The nutritional condition of the children has been carefully assessed on the new standard as required by the Board of Education and the results are set out in detail in Table II. Including the Schools for Delicate Children the percentage of children noted with bad nutrition is 2·4 or 54 children out of 2,168 examined. Children with evidence of excellent nutrition are 8·1 per cent. Children with normal nutrition from 59 per cent., while children with signs of slightly sub-normal nutrition are 30·2 per cent. of the total.

On the whole, compared with other years and in spite of a continuation of difficult economical conditions, especially during the winter months, the nutrition of the children was well maintained, and in this result the efforts of the Education Committee as regards free meals and milk, lunch milk scheme are, in my opinion, important factors.

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 74 per cent.; refusals to permit examination 3·6 per cent.

These figures show a steadily increasing interest of the parents in the School Medical Service and the facilities provided thereby, and an increased disposition to make use of them for the welfare of their children.

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. 81-83.

(a) Ascertainment and General Treatment.

The special register is kept up-to-date. Appropriate treatment is secured for each case ascertained by some means or other either through the School Medical Service direct, the private practitioner, one of the local hospitals, or by sending the child to Chailey or other suitable institution.

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

(1) THE DULL AND BACKWARD GROUP.

Children belonging to this group, not capable of being certified for the Special School, are referred to the Director of Education and the Headmaster for special attention.

Special classes have been established in certain schools for such children.

(2) **THE LOW GRADE GROUP—NOT SUITABLE FOR THE SPECIAL SCHOOL.**

These children are under the Mental Deficiency Committee and in suitable cases the Occupation Centre at Halton School Clinic is available.

(c) **The Schools for Delicate Children.**

(1) **St. Leonards.**

A. MENTAL OR SPECIAL SCHOOL SIDE.

The number of children on the roll has been maintained at 68-70, on the average.

The health of the children has been satisfactory throughout the year, the average gain of weight having again been high. About one-third of the children at routine inspection had defects of varying degrees of severity requiring treatment.

Admissions—

Boys	...	...	7
Girls	...	...	7
Total			14

Discharged—

Placed under "After Care" Committee	...	...	...	...	4
Placed under M.D. Committee	...				2
Sent to Institution	...	...			1
Returned to ordinary school	...				3
Transferred to private school	...				1
Total					11

The After Care Committee.

Most of the children who leave the school are able to take up some sort of work and are supervised by a voluntary "after care" committee, which held four meetings and visited 32 former pupils each quarter.

A very successful reunion of former pupils was held, 21 old boys and girls, the majority in steady employment, being present.

B. THE OPEN-AIR SIDE.

During the year 16 children were admitted, for the following reasons:—

Malnutrition, Debility and Anæmia	...	11
Intra-thoracic Glands	... ..	1
Bronchitis	... ..	1
Rickets	... ..	1
Tuberculous Glands of Neck—Non-infectious		1
Rheumatism	... ..	1
Total	...	<hr/> 16

Fourteen children were discharged during the year, 11 as fit to re-enter ordinary schools, 2 transferred to the Mental Branch of the St. Leonards School for Delicate Children, and one permanently excluded from school.

Special attention by appropriate exercises is given to minor orthopædic deformities with good results. The average gain in weight for a period of 12 months was 5 lbs.

(2) **Hastings.**

At the Athelstan Road School for Delicate Children 12 children were discharged as fit to attend ordinary schools, 15 admitted for the following reasons:—

Debility and Anæmia	... ..	9
Bronchitis and Asthma	... ..	1
Heart Disease	... ..	2
Infantilism	... ..	1
Rickets	... ..	1
Pott's Disease	... ..	1
Total	...	<hr/> 15

The régime, as regards time table, rest, midday meal, morning lunch and afternoon snack, has been carried out as in previous years.

The average gain in weight for a period of 12 months has been 4 lbs. 7 oz.

The two open-air schools deal with 50-55 delicate children between the ages of 5 and 10 years. An extension of this treatment to older children is an obvious improvement.

As regards the temporary Hastings Open-Air School, attention was drawn to certain disadvantages in my report for 1933. It is hoped that a permanent open-air school may be established in conjunction with the new school at Ore Village.

The results in both Open Air Schools continue to be eminently satisfactory, especially in the group of malnourished, debilitated or anæmic children, or in those recovering from a severe illness. After a period of treatment extending about a year or 18 months, these children are generally returned to a normal school and their subsequent school history from a medical point of view is almost always satisfactory. Again, the open air schools have now been established over a sufficient period of years to enable the results to be estimated in such types of cases as chronic heart disease and rheumatism, chronic non-infectious surgical tuberculosis, orthopædic cases, including infantile paralysis, when the children are retained 3, 4, or even 5 years. Here also the results of the treatment and care available at the Open Air School have been extremely satisfactory.

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

**(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31ST DECEMBER, 1935.**

DEFECT OR DISEASE.	Routine Inspections.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.
SKIN :—		
(1) Ringworm, Scalp
(2) Ringworm, Body
(3) Scabies
(4) Impetigo
(5) Other Skin Diseases (Non-Tuberculous)
TOTAL (Heads 1 to 5)

DEFECT OR DISEASE.	Routine Inspections.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.
EYE :—		
(6) Blepharitis
(7) Conjunctivitis
(8) Keratitis
(9) Corneal Opacities
(10) Other conditions (excluding Defective Vision and Squint)
TOTAL (Heads 6 to 10)
(11) Defective Vision (excluding squint)	9	6
(12) Squint
EAR :—		
(13) Defective Hearing	1	6
(14) Otitis Media
(15) Other Ear Diseases
NOSE AND THROAT :—		
(16) Chronic Tonsillitis only	9
(17) Adenoids only	2
(18) Chronic Tonsillitis and Adenoids	1	...
(19) Other Conditions
(20) Enlarged Cervical Glands (Non-Tuberculous
(21) Defective Speech	6
HEART AND CIRCULATION :—		
Heart Disease—		
(22) Organic	1
(23) Functional	1	1
(24) Anæmia	1	1
LUNGS :—		
(25) Bronchitis
(26) Other Non-Tuberculous Diseases
TUBERCULOSIS :—		
Pulmonary—		
(27) Definite
(28) Suspected
Non-Pulmonary—		
(29) Glands
(30) Bones and Joints
(31) Skin
(32) Other Forms
TOTAL (Heads 29 to 32)

DEFECT OR DISEASE.	Routine Inspections.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.
NERVOUS SYSTEM :—		
(33) Epilepsy ... ..	...	...
(34) Chorea ... ..	...	...
(35) Other Conditions ... ..	...	2
DEFORMITIES :—		
(36) Rickets ... ..	...	2
(37) Spinal Curvature	5	7
(38) Other Forms	4	5
(39) Other Defects and Diseases (excluding Uncleanliness and Dental Diseases) ... ..	...	7
Total	22	55

(B) CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age Groups.	Number of Children Inspected.	A (Excellent)		B (Normal)		C (Slightly subnormal)		D. (Bad)	
		No.	%	No.	%	No.	%	No.	%
St. Leonards School for Delicate Children (Mental Branch)	66	14	21·2	39	59·0	10	15·1	3	4·5

**St. Leonards School for Delicate Children
(Open-Air Branch).**

**(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31ST DECEMBER, 1935.**

DEFECT OR DISEASE.	Routine Inspections.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring treatment.
SKIN :—		
(1) Ringworm, Scalp
(2) Ringworm, Body
(3) Scabies
(4) Impetigo
(5) Other Diseases (Non-Tuberculous)
TOTAL (Heads 1 to 5)
EYE :—		
(6) Blepharitis
(7) Conjunctivitis
(8) Keratitis
(9) Corneal Opacities
(10) Other Conditions (excluding Defective Vision and Squint)
TOTAL (Heads 6 to 10)
(11) Defective Vision (excluding Squint)	3	...
(12) Squint
EAR :—		
(13) Defective Hearing
(14) Otitis Media
(15) Other Ear Diseases
NOSE AND THROAT :—		
(16) Chronic Tonsillitis only	2
(17) Adenoids only
(18) Chronic Tonsillitis and Adenoids ...	1	1
(19) Other Conditions	1	...
(20) Enlarged Cervical Glands (Non-Tuberculous)	3
(21) Defective Speech

DEFECT OR DISEASE.	Routine Inspections.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.
HEART AND CIRCULATION :—		
(22) Heart Disease—Organic ... ..	...	...
(23) Functional ... ..	...	2
(24) Anæmia	1	2
LUNGS :—		
(25) Bronchitis ... ..	...	1
(26) Other Non-Tuberculous Diseases ... ..	...	...
TUBERCULOSIS :—		
Pulmonary—		
(27) Definite ... ..	...	...
(28) Suspected ... ..	...	...
Non-Pulmonary—		
(29) Glands	1	...
(30) Bones and Joints	1	...
(31) Skin ... ..	...	...
(32) Other forms ... ..	...	...
TOTAL (Heads 29 to 32)	2	...
NERVOUS SYSTEM :—		
(33) Epilepsy ... ..	...	...
(34) Chorea ... ..	...	...
(35) Other Conditions ... ..	...	...
DEFORMITIES :—		
(36) Rickets ... ..	...	3
(37) Spinal Curvature ... ..	...	2
(38) Other Forms ... ..	...	1
(39) Other Defects and Diseases (excluding Uncleanliness and Dental Diseases) ... ..	...	13
Total	8	30

(B) CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED
DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age Groups.	Number of Children Inspected.	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
St. Leonards School for Delicate Children (Open-Air Branch) ...	19	—	—	7	36·8	9	47·3	3	15·7

Hastings School for Delicate Children (Open-Air Branch).

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31ST DECEMBER, 1935.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but <i>not</i> requiring Treatment.
SKIN :—		
(1) Ringworm, Scalp
(2) Ringworm, Body
(3) Scabies
(4) Impetigo
(5) Other Diseases (Non-Tuberculous)
TOTAL (Heads 1 to 5)
EYE :—		
(6) Blepharitis
(7) Conjunctivitis
(8) Keratitis
(9) Corneal Opacities
(10) Other Conditions (excluding Defective Vision and Squint)
TOTAL (Heads 6 to 10)
(11) Defective Vision (excluding Squint)	1	2
(12) Squint

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
EAR :—		
(13) Defective Hearing ... ..	..	1
(14) Otitis Media ... ..	...	2
(15) Other Ear Diseases... ..	...	...
NOSE AND THROAT :—		
(16) Chronic Tonsillitis only ... ..	...	2
(17) Adenoids only ... ..	...	...
(18) Chronic Tonsillitis and Adenoids	...	2
(19) Other Conditions ... ..	...	...
(20) Enlarged Cervical Glands (Non-Tuberculous) ... ..	...	5
(21) Defective Speech ... ..	...	...
HEART & CIRCULATION :—		
(22) Heart Disease—Organic ... ..	...	9
(23) Functional ... ..	...	...
(24) Anæmia	1	2
LUNGS :—		
(25) Bronchitis ... ..	...	1
(26) Other Non-Tuberculous Diseases	...	5
TUBERCULOSIS :—		
Pulmonary—		
(27) Definite ... ..	...	...
(28) Suspected ... ..	...	...
Non-Pulmonary—		
(29) Glands ... ..	...	...
(30) Bones and Joints ... ..	...	1
(31) Skin ... ..	...	...
(32) Other Forms ... ..	...	...
TOTAL (Heads 29 to 32)	...	1
NERVOUS SYSTEM :—		
(33) Epilepsy ... ..	...	...
(34) Chorea ... ..	...	...
(35) Other Conditions ... ..	...	...
DEFORMITIES :—		
(36) Rickets ... ..	...	1
(37) Spinal Curvature ... ..	...	1
(38) Other Forms ... ..	...	3
(39) Other Defects and Diseases (excluding Uncleanliness and Dental Diseases) ... ..	...	...
Total	2	41

**(B) CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED
DURING THE YEAR IN THE ROUTINE AGE GROUPS.**

Age Groups.	Number of Children Inspected.	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Hastings Open-Air School	28	—	—	11	39·3	15	53·6	2	7·1

GIRLS' HIGH SCHOOL.

All entrants and all children found at last year's inspection to be suffering from defects were examined. The usual re-inspection and examination of special cases was carried out.

High School for Girls.

**(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31ST DECEMBER, 1935.**

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
SKIN :—		
(1) Ringworm, Scalp
(2) Ringworm, Body
(3) Scabies
(4) Impetigo
(5) Other Diseases (Non-Tuberculous)
TOTAL (Heads 1 to 5)
EYE :—		
(6) Blepharitis
(7) Conjunctivitis
(8) Keratitis
(9) Corneal Opacities
(10) Other Conditions including Defective and Squint
TOTAL (Heads 6 to 10)
(11) Defective Vision (excluding Squint)	11	17
(12) Squint

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
EAR :—		
(13) Defective Hearing ... ..	...	...
(14) Otitis Media ... ..	...	...
(15) Other Ear Diseases	2	...
NOSE AND THROAT :—		
(16) Chronic Tonsillitis only ... ..	...	21
(17) Adenoids only ... ..	...	...
(18) Enlarged Tonsillitis and Adenoids ... ..	...	...
(19) Other Conditions ... ..	...	...
(20) Enlarged Cervical Glands (Non-Tuberculous) ... ..	...	5
(21) Defective Speech ... ..	...	...
HEART & CIRCULATION :		
(22) Heart Disease—Organic	1	...
(23) Functional ... ..	...	12
(24) Anæmia	7	1
LUNGS :		
(25) Bronchitis ... ..	...	...
(26) Other Non-Tuberculous Diseases ... ..	...	...
TUBERCULOSIS :		
Pulmonary—		
(27) Definite ... ..	...	...
(28) Suspected ... ..	...	...
Non-Pulmonary—		
(29) Glands ... ..	...	...
(30) Bones and Joints ... ..	...	...
(31) Skin ... ..	...	...
(32) Other Forms ... ..	...	...
TOTAL (Heads 29 to 32) ... ..	...	...
NERVOUS SYSTEM :		
(33) Epilepsy... ..	...	...
(34) Chorea ... ..	...	...
(35) Other Conditions ... ..	...	...
DEFORMITIES :		
(36) Rickets ... ..	...	1
(37) Spinal Curvature ... ..	...	...
(38) Other Forms	1	18
(39) Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)	3	2
Total	25	77

(B) CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED
DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age Groups.	Number of Children Inspected.	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
High School for Girls	81	6	7.4	44	54.3	30	37.0	1	1.2

TABLE II.

Grammar School for Boys.

At the request of the Head Master all the boys were examined, with the exception of a few whose parents declined. The usual re-inspection and examination of the special cases was carried out.

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31ST DECEMBER, 1935.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
SKIN :—		
Ringworm—		
(1) Scalp ... ..	...	...
(2) Body ... ..	...	...
(3) Scabies ... ..	...	...
(4) Impetigo ... ..	...	...
(5) Other Diseases (Non-Tuberculous)	...	2
TOTAL (Heads 1 to 5) ... ..	...	2
EYE :—		
(6) Blepharitis ... ..	...	...
(7) Conjunctivitis ... ..	...	...
(8) Keratitis ... ..	...	...
(9) Corneal Opacities ... ..	...	...
(10) Other Conditions excluding Defective Vision and Squint ... ..	...	...
TOTAL (Heads 6 to 10) ... ..	...	...
(11) Defective Vision (excluding Squint)	13	34
(12) Squint ... ..	...	...

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.	
	No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
Ear :—		
(13) Defective Hearing ... ..	...	...
(14) Otitis Media ... ..	...	...
(15) Other Ear Diseases... ..	...	...
Nose and Throat :—		
(16) Chronic Tonsillitis only	1	39
(17) Adenoids only ... ..	...	...
(18) Chronic Tonsillitis and Adenoids	1	10
(19) Other Conditions ... ..	...	...
(20) Enlarged Cervical Glands (Non-Tuberculous) ... ..	...	2
(21) Defective Speech ... ..	...	...
Heart & Circulation :—		
(22) Heart Disease—Organic ... ..	...	2
(23) Functional ... ..	...	48
(24) Anæmia	2	2
Lungs :—		
(25) Bronchitis ... ..	...	1
(26) Other Non-Tuberculous Diseases ... ..	...	3
Tuberculosis :—		
Pulmonary—		
(27) Definite ... ..	...	...
(28) Suspected ... ..	...	...
Non-Pulmonary—		
(29) Glands ... ..	...	...
(30) Bones and Joints ... ..	...	...
(31) Skin ... ..	...	...
(32) Other Forms ... ..	...	...
TOTAL (Heads 29 to 32) ... ..	...	...
Nervous System :—		
(33) Epilepsy ... ..	...	...
(34) Chorea ... ..	...	...
(35) Other Conditions ... ..	...	...
Deformities :—		
(36) Rickets ... ..	...	5
(37) Spinal Curvature ... ..	...	...
(38) Other Forms	20	48
(39) Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)	2	17
Total	39	213

**(B) CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED
DURING THE YEAR IN THE ROUTINE AGE GROUPS.**

Age Groups.	Number of Children Inspected.	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Grammar School	348	8	2·3	204	58·6	118	34·0	18	5·1

19. EMPLOYMENT OF CHILDREN & YOUNG PERSONS.

Number of licences issued to children in 1935	...	228
Number of such children medically examined	...	133
Number of such children rejected	... ..	Nil.

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

Delivery of papers	...	...	...	...	137
„ „ milk	...	...	...	...	14
Errands	...	...	...	...	73
Housework	...	...	...	...	4
Total					228

A number of children are also employed under licences granted previous to 1935.

In addition to the above, 7 children were licensed to take part in entertainments, each child being medically examined before the issue of the licence.

20. TEACHING OF MOTHERCRAFT TO SENIOR GIRLS.

I have made enquiries through the school nurses and am informed that in all senior schools for girls including special classes at the domestic service centres, mothercraft teaching is

carried out. The school nurses advise generally on the courses. No systematic or *ad hoc* teaching or matters of sex is undertaken. In three senior girls' schools, the girls in groups of 16 or 20 visited Norman Road Infant Welfare Centre in company with a teacher on various dates in 1935 when short talks were given on the object and work of Infant Welfare Centres :—

Infant clothing (model garments shown).

Preparation and importance of cot (model).

Washing and care of feeding bottles (model).

Intra-availability with School Clinic, Dental Clinic, Sun-light Clinic, Orthopædic Clinic and Hospitals was explained.

The groups were then shown round the Clinic when weighing of babies and toddlers was in progress.

21. MISCELLANEOUS.

Sixty-five 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.

Year ended 31st December, 1935.

**TABLE I.—MEDICAL INSPECTIONS OF CHILDREN
ATTENDING PUBLIC ELEMENTARY SCHOOLS.**

(A) Routine Medical Inspections.

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS.

Entrants	487
Second Age Group	611
Third Age Group	528
Total ...	1,626

NUMBER OF OTHER ROUTINE INSPECTIONS.

Grammar School (Boys)	348
High School (Girls)	81
Hastings Open Air School	28
St. Leonards Open Air School	19
St. Leonards Special School	66
	542
Grand Total ...	2,168

(B) Other Inspections.

NUMBER OF SPECIAL INSPECTIONS	1,657
NUMBER OF RE-INSPECTIONS	5,457
Total	7,114

(C) Children found to Require Treatment.

Number of individual children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

PRESCRIBED GROUPS.

Entrants	77
Second Age Group	117
Third Age Group	64
TOTAL (PRESCRIBED GROUPS)	258
OTHER ROUTINE INSPECTIONS	86
Grand Total ...	344

The following table is an analysis of the number of children suffering from defects requiring treatment in schools apart from the elementary schools :—

School.	Number Examined.	Number with Defects.
High School for Girls	81	21
Grammar School	348	37
Open Air School, Hastings ...	28	2
School for Delicate Children, St. Leonards Open Air Side...	19	7
Mental Side	66	19

TABLE II.

Medical Inspection Returns.

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1935.

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.
SKIN :—				
(1) Ringworm, Scalp...	...	...	2	...
(2) Ringworm, Body ...	...	...	5	...
(3) Scabies ... ..	...	...	6	...
(4) Impetigo	4	...	197	...
(5) { Other Diseases (Non-Tuberculous)	...	...	97	...
Minor Injuries, Bruises, Sores, etc	1	...	437	1
TOTAL (Heads 1 to 5)	5	...	744	1

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
EYE :—				
(6) Blepharitis	3	...	14	...
(7) Conjunctivitis	2	...	17	...
(8) Keratitis ... ..	...	...	1	...
(9) Corneal Opacities ... ..	...	...	1	...
(10) Other Conditions (excluding Defective Vision and Squint)...	5	5	85	1
Total (Heads 6 to 10)	10	5	118	1
(11) Defective Vision (excluding Squint)	78	30	87	1
(12) Squint	2	1	7	...
EAR :—				
(13) Defective Hearing	3	3	4	1
(14) Otitis Media ... ..	...	2	20	...
(15) Other Ear Diseases ... ..	...	...	42	...
NOSE AND THROAT :—				
(16) Chronic Tonsillitis only	10	38	81	10
(17) Adenoids only	3	6	6	5
(18) Chronic Tonsillitis and Adenoids	2	4	58	3
(19) Other Conditions	5	98	87	6
(20) Enlarged Cervical Glands (Non-Tuberculous) ... ..	...	24	6	1
(21) Defective Speech ... ..	...	...	...	...
HEART & CIRCULATION :—				
(22) Heart Disease—Organic	2	31	...	3
(23) Functional ... ..	...	30	1	1
(24) Anæmia	11	6	111	...
LUNGS :—				
(25) Bronchitis	6	3	20	...
(26) Other Non-Tuberculous Diseases ... ..	...	1	9	...

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.
TUBERCULOSIS :—				
Pulmonary—				
(27) Definite ... ..	...	...	...	...
(28) Suspected	1	...	...	...
Non-Pulmonary—				
(29) Glands ... ..	...	...	3	...
(30) Bones and Joints ... ..	...	...	...	...
(31) Skin ... ..	...	...	...	...
(32) Other Forms ... ..	...	...	...	...
TOTAL (Heads 29 to 32)	...	...	3	...
NERVOUS SYSTEM :—				
(33) Epilepsy ... ..	...	...	...	...
(34) Chorea ... ..	...	...	1	...
(35) Other Conditions ... ..	...	...	...	...
DEFORMITIES :—				
(36) Rickets	22	5	47	...
(37) Spinal Curvature	3	22	1	...
(38) Other Forms	20	39	5	...
(39) Other Defects and Diseases (excluding uncleanliness and Dental Diseases)	16	16	547	10
Total	199	364	2005	43

**(B) CLASSIFICATION OF THE NUTRITION OF CHILDREN
INSPECTED DURING THE YEAR IN THE ROUTINE
AGE GROUPS.**

Age Groups.	Number of Children Inspected.	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	487	45	9.2	294	60.3	141	28.9	7	1.4
Second Age Group	611	44	7.2	354	57.9	203	33.2	10	1.6
Third Age Group	528	60	11.3	328	62.1	130	24.6	10	1.9
Other Routine Inspections ...	542	28	5.1	305	56.4	182	33.5	27	4.9
TOTAL ...	2168	177	8.1	1281	59.	656	30.2	54	2.4

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

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

PARTIALLY SIGHTED CHILDREN.

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

DEAF CHILDREN.

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

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.
70	1	...	...	71

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	2	3

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.
6	12	...	...	18

B. DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
39	105	...	5	149

C. CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
5	25	...	1	31

D. CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
6	8	...	3	17

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Nil.

Table IV. Return of Defects Treated during the Year ended 31st December 1935.

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—			
(i) X-Ray Treatment ...	1	...	1
(ii) Other ...	1	...	1
Ringworm, Body ...	5	...	5
Scabies ...	6	...	6
Impetigo ...	197	...	197
Other Skin Diseases ...	97	1	98
MINOR EYE DEFECTS ...	118	...	118
(External and other, but excluding cases falling in Group II.)			
MINOR EAR DEFECTS ...	66	...	66
MISCELLANEOUS ...	1,420	...	1,420
(e.g., minor injuries, bruises, sores, chilblains, etc).			
TOTALS ...	1,911	1	1,912

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.	Otherwise.	Total.
ERRORS OF REFRACTION ... (Including Squint).	349	29	378
OTHER DEFECT OR DISEASE OF THE EYES ... (Excluding those recorded in Group I.)	1	...	1
Total ...	350	29	379
NUMBER OF CHILDREN FOR WHOM SPECTACLES WERE :			
(a) Prescribed ...	308	19	327
(b) Obtained ...	296	19	315

GROUP III. TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.													
RECEIVED OPERATIVE TREATMENT.												Received other forms of Treatment. (iv)	Total No. Treated. (v)
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)		
59	5	49	—	—	—	—	—	59	5	49	—	87	200

(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 ...	5	3	69
Otherwise. (2)			
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)
	—	—	—
	Total number treated.		
	74		

GROUP V.—DENTAL DEFECTS.

(1) Number of Children who were:—

(a) Inspected by the Dentist:—

		Aged.			
Routine Age Groups	{	5	...	369	Total ... 4,418
		6	...	352	
		7	...	483	
		8	...	470	
		9	...	467	
		10	...	520	
		11	...	387	
		12	...	509	
		13	...	551	
		14	...	310	
(b) Specials	376
(c) Total (Routine and Specials)	4,794

(2)	Number found to require treatment	...	...	...	...	2,766
(3)	Number Actually treated	...	...	...	...	1,529
(4)	Attendances made by the Children for treatment	...	...	...	...	3,925
(5)	Half-days devoted to	{ Inspection 35½ }		Total	...	468
		{ Treatment 432½ }				
(6)	Fillings	{ Permanent teeth 1,212 }		Total	...	2,102
		{ Temporary teeth 890 }				
(7)	Extractions	{ Permanent teeth 391 }		Total	...	2,473
		{ Temporary teeth 2,082 }				
(8)	Administration of general anæsthetics for extractions	...	...	...	...	403
(9)	Other Operations	{ Permanent teeth 277 }		Total	...	277
		{ Temporary teeth ... }				

GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.)	Average number of visits per school made during the year by the School Nurses	...	...	...	...	...	7
(ii.)	Total number of examinations of children in the Schools by School Nurses	...	...	...	...	...	15,723
(iii.)	Number of individual children found unclean	...	...	...	...	...	774
(iv.)	Number of children cleansed under arrangements made by the Local Education Authority	...	...	...	...	...	8
(v.)	Number of cases in which legal proceedings were taken :—						
	(a) Under the Education Act, 1921	...	...	...	...	...	nil.
	(b) Under School Attendance Byelaws	...	...	...	...	...	nil.

ORTHOPÆDIC SCHEME.

THE PREVENTION AND TREATMENT OF CRIPPLING.

The Orthopædic Clinic at the Royal East Sussex Hospital deals with :—

- (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 with its sea-side branch at Bishopstone.

Cases attending Orthopædic Clinic, December 31st, 1935:—

(a) SCHOOL MEDICAL SERVICE.

Infantile Paralysis	...	...	13 cases.
Congenital Conditions	...	...	7 „
Scoliosis and Kyphosis	...	...	4 „
Miscellaneous	...	...	6 „
Total	...	...	30 „

(b) MATERNITY AND CHILD WELFARE.

Infantile Paralysis	...	...	2 cases.
Congenital Conditions	...	...	1 „
Rickets	...	...	2 „
Miscellaneous	...	...	3 „
Total	...	...	8 „

(c) TUBERCULOSIS ... 4 cases.

The total attendances during the year were 3,929, plus 315 attendances for ultra-violet-ray treatment. The number of new cases referred for treatment were:—

	Orthopædic.	Light Treatment.
Maternity and Child Welfare Service	10	8
School Medical Service	26	1
Tuberculosis ...	...	2
Totals	36	11

The number of children receiving institutional treatment and education at Chailey was eight, including three cases of tuberculosis and five cases under the School Medical Service scheme.

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

Quarterly progress reports are submitted to the Medical Officer of Health by the surgeon in charge of the Orthopædic Clinic, with recommendations as to further treatment, noting particularly cases considered cured, or those failing to attend regularly. The former group are watched at school and at the school or infant welfare clinics for any sign of relapse, and the latter group are followed up in the homes by the Health Visitors and School Nurses, a very important element in any orthopædic scheme.

The attendances at the orthopædic clinics show a slight reduction both as regards total attendances and new cases, compared with those for 1934. It is probable, with the orthopædic scheme now in existence for a few years, that the leeway may have been made up and that a further reduction may be anticipated.

Finally, an earnest endeavour is made to deal with early and preventable cases of flat-foot, postural faults, etc., at the school clinics, and various efforts have been made, notably at the Grammar School and High School for Girls, to deal with such defects at an early stage before they have become fixed. In this work the co-operation of both teachers and parents is essential, in addition to the willing efforts of the patient to learn the appropriate exercises.

REPORT ON PUBLIC HEALTH BACTERIOLOGICAL WORK, 1935.

The 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 for 1935.

SOURCE OF SPECIMENS.	NATURE OF SPECIMENS.	No.
A. General Practitioners, Borough Sanatorium, Medical Officer of Health.	Sputum for Tubercle Bacilli	129
	Throat Swabs for Diphtheria	628
	Widal Examination for Typhoid Group ...	16
	Miscellaneous	69
B. School Medical Service.	Throat Swabs for Diphtheria, etc.	38
C. Tuberculosis Dispensary.	Sputum for Tubercle Bacilli	71
	Miscellaneous	1
D. Municipal Hospital	Miscellaneous	152
	Total Specimens examined	1104

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) Owing to financial reasons the issue of "Better Health," Hastings edition, was discontinued in 1934. This monthly journal, which has a very large circulation throughout the country,

was undoubtedly productive of much good in the dissemination of valuable information dealing with medical matters generally, and particularly on their public health aspects. Negotiations with the proprietors of "Better Health" have taken place with regard to the resumption of the Hastings edition during 1936.

(b) Health propaganda forms a definite and important part of the daily work of the Medical Officers of Health, the School Dentist, Sanitary Inspectors and Health Visitors and School Nurses.

(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, 1935.		
	Maternity Homes.	General Nursing Homes.	Maternity & General Nursing Homes.
1. Number of applications for registration	1
2. Number of Houses registered	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
7. Number of cases in which exemption has been			
(a) granted
(b) withdrawn
(c) refused

Eight Maternity Homes and 27 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 and all homes are inspected periodically by the Medical Officer of Health.

(4) WATER SUPPLY.

The existing water supply, from the large reservoir and gathering grounds at Great Sanders, and the various deep wells (8 in number) in the Ashdown sands in the neighbourhood of Hastings, was sufficient for the needs of the Borough in 1935. It was not necessary to have recourse to any accessory supplies. As regards the future, however, it now appears clear for a variety of reasons that additional supplies must be found to meet the increasing demands for water. For example, large tracks of land within the Borough are being rapidly developed in building estates, with hundreds of new houses, mainly of the smaller owner occupier type. In addition, the number of Council houses within two or three years will be approaching 1,000. Nearly all these houses are occupied by families who had no bathroom before and therefore severely restricted their water supply.

It is also possible that a certain proportion of the water supply may in the future require to be diverted for the needs of the Rural Districts surrounding the Borough.

The apparatus for the treatment of minute quantities of iron and manganese in the water and the Paterson's gravity type mechanical filters have functioned satisfactorily throughout the year.

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

Analysis of a sample of water received on 5th June, 1935, from Hastings Corporation:—Labelled Clear Water Tank, Filsham Waterworks. Date 4th June, 1935, 10 a.m.

Chemical Results in parts per 100,000.

Appearance :—Clear and bright.

Colour :—Normal. Odour :—None.

Reaction :—PH. Neutral 6·8. Free Carbonic Acid 3·3.

Electric Conductivity at 20°C. 780

Total Solids, 180°C. 52·0

Chlorine in Chlorides 16·1

Nitrogen as Nitrates 0·18 Nitrites—Absent

Hardness :—Permanent	...	...	...	...	11·0
Temporary	...	...	...	...	8·0
Total	...	...	...	...	19·0
Metals:—Minute trace of Iron—0·007.	Manganese—Absent				
Free Ammonia	...	...	...	...	0·0044
Albumenoid Ammonia	...	...	...	...	0·0006
Oxygen absorbed in 4 hrs. at 80° F.	...	...	...	...	0·0100

Bacteriological Results.

No. of Bacteria per c.c.:—On Gelatine in days at 20°C.
On Agar in days at 37°C.

The Bacillus Coli.	Present in.	Absent in.
Bacillus Welchii.	" "	" "
(B. Enteritidis Sporogenes).		

Report.—This is a clear and bright water of normal colour, neutral reaction and containing a definite trace of free Carbonic Acid. The water is fairly hard in character, contains no excess of saline matter and is free from metals with the exception of a minute and negligible trace of iron.

It is of a very high degree of organic quality, and from the chemical standpoint is a pure and wholesome water suitable for Public Supply purposes.

JOHN F. BEALE.

For Drs. Beale and Suckling.

Report on the Bacteriological Examination of a sample of water. Received 25th January, 1935. From Hastings Corporation. Source—Fairlight Reservoir.

Number of colonies per cubic centimetre of water growing upon nutrient gelatine at 20°C in three days	...	...	...	2
Number of colonies per cubic centimetre of water growing upon agar at 37°C in one day	...	...	...	0
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 Bacillus Coli	...	...	" "	" "
Smallest quantity of water giving the reaction of the B. Welchii (Bacillus Enteritidis Sporogenes)	...	...	" "	" "

This is a clear and bright water of the highest 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) SWIMMING POOLS.

These are three in number :—

- (a) The Open Air Swimming Pool, West Marina, length 330 ft., width 90 ft. Capacity 1,000,000 gals.
Opened in 1931.
- (b) The large covered in bath, White Rock, length 165 ft., width 36½ ft. „ 200,000 „
Opened in 1933.
- (c) The small covered in bath, White Rock, length 75 ft., width 30 ft. ... „ 65,000 „
Opened in 1934.

As will be seen, all three baths are entirely modern. The White Rock Baths are part of a very large scheme of re-construction, which also include an entirely new Medical Baths Section with, in addition, a number of ordinary baths for salt or fresh water, and also a new Turkish Bath and Spray section.

The water used in all three swimming pools is sea water, which at the White Rock establishment is heated to the desired temperature during the colder months.

Although there are some variations in the type of the plant in use in the three baths, the principles of the methods adopted to purify the water are similar. These include :—

- (1) The addition of a coagulant, soda—with or without ammonia.
- (2) Filtration.
- (3) The addition of chlorine or the more modern chloramine process, as the sterilising agent.
- (4) Aeration of the water.

The processes employed, both alkalinity and chlorination, are checked by the usual colorimetric tests twice or thrice daily. Further, from time to time an additional check is carried out by bacteriological examination of the water for the three swimming pools.

The optimum strength of chlorine, which seems to give the most satisfactory result, short of causing any smarting of the eye, appears to be .2 to .3 parts per million at the White Rock Baths and .5 parts per million at the Open Air Swimming Pool. At this strength, bacteriological tests carried out in 1935 at the daily peak period in each case during the height of the season were most satisfactory, both as regards the total bacterial count and the presence of *b. coli*. As a matter of fact there is no official standard of bacterial purity in swimming bath establishments, but the American standard is not infrequently quoted in this country. All the results were well within the limits of this standard.

(6) DRAINAGE AND SEWERAGE.

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

The question of the sewerage of the Borough has received the close attention of the Borough Engineer for several years. As a result he presented to the Council in 1935 a scheme dealing with the replanning and modernisation of the whole of the sewage disposal. This scheme was adopted by the Council and now awaits the Public Enquiry before final acceptance by the Ministry of Health. In the meantime a certain amount of necessary preliminary work is being carried out. The scheme deals in a most complete manner with the whole problem—and includes:—

(1) A SYSTEM OF STORM SEWERS AND FLOOD RELIEF.

This should effectively get rid of the flooding which from time to time takes place in the low lying parts of the town.

(2) NEW SOIL SEWERS.

These will be provided wherever necessary.

(3) SEWAGE DISPOSAL.

The following proposals are made:

- (a) All soil sewage and a certain amount of storm sewage, will be taken to the outflow at the East end of the town.

(b) Special methods of sewerage and disintegration will be utilised.

(c) To avoid accumulation during high tides the sewage will be pumped.

It is proposed to carry out this huge scheme of sewage reform in 17 sections, the whole of the work to be spread over a period of nearly 10 years.

(7) SCAVENGING.

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

The greater bulk of the town's refuse is now collected in large covered in vehicles, "the inside-loading 'Prodigy.'" From a public health point of view these are a great improvement; the men empty the dustbins inside the vehicles, so that the amount of dust and dirt escaping into the air is reduced to a minimum. Further, it would appear that clearance during the summer months is more effective, and that in the case of hotels, boarding and lodging houses, more frequent clearance can now be offered.

Residents can materially assist the cleansing department by burning whatever refuse can conveniently be burnt in fires or stoves, and by wrapping up and compressing as tightly as possible in newspapers any remaining organic refuse, before placing such in the dustbin.

The disposal of refuse is now entirely carried out, after an enquiry by the Ministry of Health, on the controlled tipping system at Pebsham Farm, where the site will ultimately be used as an Aerodrome.

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.

(8) SANITARY INSPECTION OF DISTRICT.**(a) Sanitary Inspectors' Summary for 1935.**

1.	Visits of inspection to drainage works in progress ...	263
2.	Visits of inspection to works in connection with notices ...	1,242
3.	Visits to outworkers' premises ...	13
4.	Inspection of bakehouses ...	63
5.	„ „ slaughterhouses ...	454
6.	„ „ dairies, cowsheds and milk shops ...	281
7.	Enquiries respecting Infectious Diseases, etc. ...	209
8.	Drain tests applied ...	282
9.	Houses and premises provided with new water-tight drains, properly intercepted and ventilated ...	31
10.	Cesspools emptied and cleansed ...	3
11.	Cesspools abolished ...	nil
12.	Drains cleared and amended ...	65
13.	New iron and lead soil and ventilating pipes fixed ...	29
14.	New closets fixed ...	56
15.	Closets amended ...	28
16.	New flushing boxes provided, necessary storage cisterns being fixed where required ...	56
17.	Flushing boxes repaired ...	14
18.	Glazed stoneware sinks fixed, fitted with proper wastepipes and trapped where necessary ...	17
19.	Yards repaved ...	62
20.	Sanitary ashbins provided ...	263
21.	Accumulations of manure and other refuse removed ...	283
22.	Rooms, etc., cleansed and whitewashed ...	423
23.	Nuisances abated from animals improperly kept ...	13
24.	Nuisances abated from chimneys sending forth black smoke ...	nil
25.	Nuisances abated from overcrowding ...	4
26.	Miscellaneous repairs ...	1,234
27.	New W.C.'s erected ...	4
28.	New urinals constructed ...	2
29.	Inspection of premises where food is exposed for sale ...	3,120

(b) General Summary.

Inspection and Re-inspection of premises—visits ...	9,041
Houses and Premises inspected ...	5,292
Complaints investigated ...	556
Complaints investigated under Rats and Mice (Destruction) Act ...	200

PRELIMINARY NOTICES.

Number of Notices served during the year 1935...	501
„ „ „ complied with during the year 1935	426
„ „ „ not complied with during the year 1935 ...	36
„ „ „ reported to the Public Health Committee during the year 1935 ..	2
„ „ „ served during the year 1935 which are still receiving attention ...	7
„ „ „ served during the year 1935 which were partly complied with ...	30

OTHER NOTICES.

Legal Notices served by Town Clerk	...	...	...	33
Premises inspected under Increase of Rent and Mortgage				
Interest (Restrictions) Acts, 1920 to 1933	...	...	...	11
Certificates granted	do.	do.	...	9

MILK AND DAIRIES (CONSOLIDATION) ACT, 1915.

MILK AND DAIRIES (AMENDMENT) ACT, 1922.

MILK AND DAIRIES ORDER, 1926.

Number of Preliminary Notices served during 1935	...	7
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(9) INSPECTION AND SUPERVISION OF FOOD.**(a) Milk Supply of District.**

Retail Purveyors of Milk on Register, 1935	116
Wholesale Traders or Producers, 1935	...	...	21
Purveyors of Certified, Grade (A) or Pasteurised			
Milk, 1935	...	...	11
Pasteuriser's Licence to sell Milk as "Pasteurised"			3
Samples for bacterial content and tubercle bacilli	...		23
Samples under Milk (Special Designations) Order			12

During the year there has been a considerable increase in the amount of milk pasteurised either before delivery in Hastings or by the various pasteurising plants in the Borough. Except in a few instances this pasteurised milk is not sold under licence, and is really treated by heat by the retailer as a matter of economy, in order to improve its keeping qualities. On the other hand, from the point of view of the consumer, it is a blessing in disguise, as the milk supplied is thereby freed of the danger of tuberculosis and certain infectious diseases. As regards nutritive value and vitamins the loss, according to recent authoritative pronouncements, is negligible, in the case of adults fully compensated by a general diet, in the case of infants easily replaced by a very small dose of fruit juice and cod liver oil.

The sale of milk in small general shops, except in bottles or sealed waxed paper cartons, has fallen to a small proportion of the whole.

23 samples of milk were examined bacteriologically, a proportion in connection with the supply of milk to the schools

under the scheme of the Milk Marketing Board. In each unsatisfactory count an investigation was carried out at the dairy farm concerned, action being taken through the local medical officer of health where necessary.

(b) **Meat.**

No alterations are reported as regards the number of slaughter-houses, of which certain of the smaller on the outskirts of the town are 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 DURING 1935.

Description.					Number of animals or parts of animals.
Heifers (whole carcasses)	...	...	...	...	3
Pigs	"	"	...	...	5
Cows	"	"	...	...	4
Beasts	"	"	...	...	1
Beef	...	...	...	...	63 stones.
Ox Heads	...	..	...	...	25
Ox Lungs	...	...	...	...	71 sets.
Ox Hearts	...	..	...	...	15
Ox Livers	...	...	...	...	15½
Ox Mesentery	...	...	...	...	7
Tongues	...	...	...	...	8
Ox spleen	.	...	...	...	2
Pigs' Heads	...	...	...	...	39
Pigs' Plucks	...	...	...	...	15
Pigs' Crow	...	...	...	...	6
Pigs' Livers	...	...	...	...	2
Pigs' Lungs	..	...	...	...	3 sets.
Pigs' Spleen	...	...	...	...	2
Pigs' Heart	...	...	...	..	1
Pigs' Mesentery	...	...	...	...	3
Pigs' Kidneys	...	...	...	...	1

MEAT (OTHER THAN TUBERCULOUS) CONDEMNED DURING 1935.

Description.					Number of animals or parts of animals.
Sheep (whole carcasses)	...	...	...	...	15
Pigs	..	..	..	..	6
Beef	...	...	...	...	196 stones.
Ox Livers	...	...	...	...	28
Ox Kidneys	...	...	...	...	4 lbs.
Ox Lungs	...	...	...	...	3 sets.
Ox Tails	...	...	...	...	25 lbs.
Calves' Livers	...	...	...	...	1½ lbs.
Ox Tongue	...	...	...	...	1
Calves' Breads	...	...	...	...	10 lbs.
Pork	...	...	...	...	15½ stones.
Pigs' Lungs	...	...	...	...	9 sets.
Pigs' Plucks	...	...	...	...	4
Pigs' Hearts	...	...	...	...	3
Pigs' Livers	...	...	...	...	{ 15
					{ 10 lbs.
Pigs' Head	...	...	...	...	1
Lamb (whole carcasses)	...	...	...	...	1
"	...	...	...	...	13 lbs.
Sheeps' Lungs	...	...	...	...	2 sets.
Sheeps' Heart	...	..	...	...	1
Sheeps' Kidneys	..	...	...	...	144 lbs.
Sheeps' Livers	...	...	...	...	3
Lambs' Livers	...	...	...	...	24 stones.
Mutton	...	...	...	..	4 "
Suet	...	...	...	...	11 "

SUNDRY FOODSTUFFS CONDEMNED DURING 1935.

Ham	...	..	.	...	...	{ 26 tins.
						{ 62 lbs.
Corned Beef	...	...	...	...	...	11 tins.
Bacon	...	...	...	...	...	50 stones.
Brawn	...	...	...	...	...	2 tins.
Sausages	..	...	...	...	...	90 lbs.
Flapjack Cakes	..	...	...	...	...	4 doz.
Oats	...	...	..	...	...	2 bushels.
Potatoes	...	...	...	...	...	105 lbs.

(c) Other Foods.

During 1935, 3,120 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.

The general improvement in standards of hygiene and sanitation has been reflected in these premises. During recent years, especially in the centre of the town, a number of new undertakings dealing with the preparation and sale of food, also restaurants, have been started with every modern improvement; in addition, some of the older establishments have been remodelled and re-conditioned generally on the advice of this department.

It has been decided to appoint an additional Sanitary Inspector—partly to carry out the requirements of the Shops Acts—with particular attention, of course, to the Sanitary Sections, and also to devote a proportion of his time to the inspection of all premises where food is stored or prepared for sale, etc.

Fish Condemned, 1935.

	Cases.	Boxes.	Stones.	lbs.	Kits.	Galls.	Barrels.	Bushels.	Bags.
Coalfish ... ..	...	2	38 $\frac{1}{2}$	...	...	...	...	...	...
Mackerel ... ..	...	25	24 $\frac{1}{2}$	...	...	...	...	...	...
Herrings	5	12	23	...	...	...	...	...	...
Haddocks ... ..	...	45	...	...	...	...	...	...	...
Dabs	3	...	...	...	...	...	...	...	...
Whiting	4	...	20 $\frac{1}{2}$	22	...	...	...	...	...
Cod ... ..	...	...	60 $\frac{1}{2}$	...	...	...	...	...	...
Roes ... ..	...	4	7	10	...	...	...	...	...
Plaice	8	1	23	...	...	...	...	...	...
Kippers ... ..	...	28	...	...	...	...	...	...	...
Turbot ... ..	...	...	...	10	...	...	...	...	...
Codlings	1	15	...	...	...	...	...	...	...
Dog Fish	8	...	49	...	...	...	...	...	...
Skate Wings ... ..	...	5	...	...	...	...	...	...	...
Prawns ... ..	...	...	...	...	...	3	...	...	...
Dried Fillets ... ..	...	9	...	...	...	...	...	...	...
Mixed Fish	3	...	7	...	...	...	...	...	...
Salmon ... ..	...	...	7 $\frac{1}{2}$	...	...	...	...	...	...
Witches	2	...	2	...	...	...	...	...	...
Fillets ... ..	...	26 $\frac{1}{2}$	...	...	...	...	...	...	...
Shrimps ... ..	...	...	...	...	...	114	...	...	1
Lemon Soles	4	...	47 $\frac{1}{2}$	...	...	...	...	...	...
Dried Codlings ... ..	...	3	...	...	...	...	...	...	...
Whelks ... ..	...	...	...	...	...	28	...	...	...
Dog Flaps	1	...	...	...	...	...	...	...	...
Bream ... ..	...	1	3	...	...	...	...	...	...
Halibut ... ..	...	...	1 $\frac{1}{2}$	...	...	...	...	...	...
Megrims	1	1	...	...	...	...	...	...	...
Catfish	1	2	...	...	...	...	...	...	...
Trout ... ..	...	...	2 $\frac{1}{2}$	...	...	...	...	...	...
Brill ... ..	...	...	...	4	...	...	...	...	...
Winkles ... ..	...	...	...	...	...	15	...	...	...
Escallops	180	...	...	...	...	...	...	...	...

Total Weight of Fish Condemned, 784 stones.

(d) **Food and Drugs (Adulteration) Act, 1928.**

During the year 184 samples were taken and submitted to the Borough Analyst, at the School of Science, Hastings. The following are particulars of the samples, results of analysis and the action taken in certain cases.

MILK:—59 samples taken, 52 genuine, *i.e.*, above the legal standard; 7 adulterated, or below the legal standard, as follows:—

<i>Report of Analysis.</i>	<i>Action Taken.</i>
(a) Fat 2.83%; Solids not fat 8.44%; 5.7% deficient in fat. Poor sample.	Informal sample. Explanation asked for.
(b) Fat 2.79%; Solids not fat 8.42%; 7% deficient in fat. Poor sample.	Do. Do.
(c) Fat 2.67%; Solids not fat 9.30%; 11% deficient in fat.	Do. Do.
(d) Fat 1.65%; Solids not fat 9.03%; 45% deficient in fat, otherwise normal. No water added.	Submitted by retailer. Should have been dealt with by the East Sussex County Council.
(e) Fat 2.56%; Solids not fat 8.89%; 14.7% deficient in fat.	Informal sample. Followed up by formal sample, which was genuine.
(f) Fat 2.84%; Solids not fat 8.80%; 5.3% deficient in fat.	Do. Do.
(g) Fat 2.55%; Solids not fat 9.25%; 15% deficient in fat.	Do. Do.
Acetic Acid (diluted). Contained 9.1% of acetic acid, 44% above the maximum laid down by the British Pharmacopoeia, 1932.	Informal sample. Explanation asked for. Sold at vinegar strength.
Lemonade Powder. Tartaric acid in place of citric acid 3%.	Informal sample. Explanation asked for. Withdrawn from sale.
Lemonade Powder. Tartaric acid in place of citric acid 3.7%.	Informal sample. Explanation asked for. Withdrawn from sale.
Lemonade Powder. Tartaric acid in place of citric acid 4.9%.	Informal sample. Explanation asked for. Withdrawn from sale.
Jam. 80 parts per million of sulphur dioxide—maximum permissible is 40 parts per million.	Informal sample. Explanation asked for and jam withdrawn from sale forthwith.
Sardines. 30 parts per million lead.	Informal sample. Explanation asked for. Withdrawn from sale.

*Report of Analysis.**Action Taken.*

Lemonade Crystals. Contains tartaric acid, sugar and colour. Nothing is present in sample that is a constituent of lemons. Even oil of lemon is absent. The acid in lemons is citric acid. The amount of acid is only 3.6%.

Explanation asked for. Withdrawn from sale. Town Clerk also informed.

Lemonade Crystals. The sample contained flavouring essence (a trace) not found in the previous sample, possibly because this was in bag, not sealed, and essence is volatile. The amount of acid is different, probably due to rough mixing of manufactured article.

Do.

Do.

The following 117 samples were all genuine :—Butter, 15 ; Margarine, 19 ; Mint, 2 ; Sage, 1 ; Citric Acid, 3 ; Borax, 2 ; Baking Powder, 4 ; Cinnamon, 3 ; Meat and Fish Pastes, 9 ; Lard, 16 ; Sweets, 18 ; Pepper, 5 ; Jam, 1 ; Mustard, 3 ; Bicarbonate Soda, 1 ; Ginger Wine Essence, 1 ; Cream of Tartar, 2 ; Horse Radish Cream, 1 ; Rennet Tablets, 1 ; Kraft Cheese, 1 ; Lemon Crystals, 2 ; Junket Crystals, 1 ; Tea, 2 ; Sausages, 1 ; Liquid Mustard, 1 ; Flour, 1 ; Tomato Sauce, 1.

(10) FACTORIES, WORKSHOPS AND WORKPLACES.

1—Inspection of Factories, Workshops and Workplaces.

Premises	Number of		
	Inspections	Written Notices	Prosecutions
Factories (Including Factory Laundries)	6	...	...
Workshops (Including Workshop Laundries)	20	1	...
Workplaces (Other than Out Workers' Premises included in Part 3 of this Report) ...	528	1	...
Total	554	2	...

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	25	25	...	...
Want of Ventilation	2	2	...	...
Overcrowding ... ..	...	...	...	...
Want of drainage of floors ... ..	...	...	...	...
Other Nuisances	9	9	...	...
Sanitary accommo- dation { insufficient ... ..	...	...	...	...
{ unsuitable or defective ... ..	...	...	...	...
{ not separate for sexes ... ..	...	...	...	...
<i>Offences under the Factory and Workshop Act :</i>				
Illegal occupation of underground bakehouse (S. 101) ... ..	...	...	...	...
Other offences (excluding offences relating to out- work and offences under the Sections men- tioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921)	2	2	...	...
Total	38	38	..	...

* 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.

18 lists were sent in, with 18 contractors and 21 workmen.

Class.	Number.
(4).—REGISTERED WORKSHOPS.	
Workshops on the register (S. 131) at the end of year.	376
(5).—OTHER MATTERS.	
Matters notified to H.M. Inspector of Factories:	
Failure to affix Abstract of the Factory and Work- shop Act (S. 133, 1901)	Nil.
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (S. 5, 1901)	Notified by H M. Inspector ... 2
	Reports (of action taken) sent to H.M. Inspector ... 2
Other	Nil.
Underground Bakehouses (S. 101):	
Certificates granted during the year	Nil.
In use at the end of the year	21

(11) SHOPS ACTS. MERCHANDISE MARKS ACT.

The work under these Acts is carried out by the Sanitary Inspectors. Owing to additional legislation and orders in recent years, this work has greatly increased. I have already referred to the fact that an additional Assistant Sanitary Inspector will shortly be appointed mainly to deal with this work.

(12) Disinfestation of Houses, etc.

The matter of disinfestation, more particularly in the case of bug-infested houses, received special attention, both in connection with Council houses, which had become infested, and houses infested in the older parts of the town. The whole matter of procedure and administration, more especially in connection with the treatment of bug-infested slum clearance houses at the time of the transfer of the tenants to new Council houses, has been carefully considered.

A visit of inspection to the modern disinfecting plant of the Borough of Kensington was paid by the Chairman of the Public Health Committee and the Medical Officer of Health, and the whole problem was thoroughly discussed, firstly with the officials of the Health Department of that Borough and then with the London Fumigation Company.

As a result the following method of disinfestation, more especially in connection with the transfer of tenants from Clearance Areas, has been adopted.

(1) Fumigation by cyanide gas of tenants' effects in sealed furniture vans—by the London Fumigation Company.

(2) Disinfection by steam of bedding, mattresses, etc., articles liable to retain cyanide gas, at the Corporation's Steam Disinfecting Stations

(3) The ultimate disinfection of the evacuated houses by concentrated orthodichlor-benzene. As this liquid gives off poisonous fumes in this method, the operators wear masks and protective clothing, and the technique, successfully carried out at Kensington, has been carefully adopted.

(4) In ordinary single dwelling-houses a variety of methods is in use, including the orthodichlor benzine spray, concentrated or weak, the painter's blow lamp, removal of skirting boards, steam disinfection, etc.

(5) After disinfection the co-operation of the occupier of the house is absolutely necessary, both as regards the liberal application of soap and hot water and also calling for help from the Health Department should there be any sign of a recurrence of the bug trouble.

Throughout the year a considerable number of houses have been disinfested for bugs and every help has been given to the Housing Department in connection with infested Council houses.

Early in 1935 the first disinfection in connection with the transfer of tenants from Clearance Areas took place successfully.

Premises Disinfested, 1935.

Total number of premises or bedding disinfested					109
					—
One visit only	...	...	...	...	58
Two visits	...	...	...	...	15
Three visits	...	...	...	...	13
Four visits	...	...	...	...	4
Five visits	...	...	...	...	2
Six visits	...	...	...	...	2
Seven visits	...	...	...	...	1
					—
Council houses	...	...	...	...	22
For Bedding, etc., only	...	...	...	...	14
					—
Reasons for Disinfesting—					
Lice	...	...	...	...	4
Fleas	...	...	...	...	1
Bugs	...	...	...	...	104
					—

**(13) DISINFECTING & CLEANSING STATION, AMBULANCE
WORK. HOUSE, ETC., DISINFECTION:**

(a) Disinfecting Station—Summary of Articles Disinfected.

	Private Houses.	Public Insti- tutions, Hos- pitals, Homes	Upholsterers, Private Firms.	From other Sources.
Mattresses... ..	467	701	157	4
Blankets	920	1,676	37	1,481
Pillows	1,142	2,070	139	567
Other Articles and Clothing ... }	2,226	893	191	329
Total... ..	4,755	5,340	524	2,381

(b) Cleansing Station.

	Numbers bathed for			Sets of Clothing Disinfected.
	Scabies.	Vermin.	Other Causes.	
Adults ... ..	...	15	2	17
School Children ...	8	...	...	27
Children under School Age ...	...	...	...	...
Total... ..	8	15	2	44

(c) Premises Disinfected.

Dwelling Rooms.	Hospital Wards.	School Rooms.	Offices, Shops.	Cells.	Miscellaneous. Name if necessary.
765	29	9	...	2	1 Ambulance.

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

(d) Lethal Chamber.**FOR AGED, INFIRM AND DISEASED CATS AND DOGS.**

Dogs destroyed	...	...	..	...	31
Cats destroyed	...	...	...	...	79

(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...	384
2. Number of journeys removal of bedding...	3,476
3. Number of journeys disinfection of houses	809
Mileage—	
(a) Ambulance	4,486
(b) Disinfecting Van	12,510

(14) REPORT ON COMMON LODGING HOUSES, 1935.

The two registered Common Lodging Houses in the Borough are kept under the close supervision of the Sanitary Inspector.

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

(15) HOUSING.

During 1935 the officers of the Public Health Department devoted much attention to the various aspects of the housing problem, including the usual investigation of complaints, routine house to house inspection, special work in connection with the Slum Clearance programme, the development of the Improvement Area in All Saints' Street, and the consideration of and the investigation into Overcrowding under the 1935 Housing Act.

With regard to Slum Clearance, 1935 was a year of preparation for a further series of representations. These were actually made towards the end of the year, but as the official enquiry of the Ministry of Health has not yet taken place, it is not proposed to go into details in this report. The areas

represented, 24 in number, are in the Old Town, the central parts of Hastings and St. Leonards, and the outlying districts of Ore. Within these areas are 171 unfit dwelling-houses and 10 other buildings, with a total population of 602 adults and children.

The first section of the Slum Clearance Scheme, now nearing completion, dealt with 206 houses and 23 other buildings in the Old Town. The first batches of tenants, 42 in number, have now been transferred successfully, and are happily settled in their new houses in Bembrook Farm and Red Lake, Ore, Housing Estates. With regard to further representations of clearance areas, any necessary investigations are being made with a view to official representations being made as soon as possible.

During 1935 considerable progress was made in dealing with the Improvement Scheme, which affects practically all the western side of All Saints' Street. More than half the houses have now been dealt with under the model byelaws, and a considerable amount of useful repair work, reconditioning and improvement, has been carried out. In this respect, additional window space, improved ventilation of bedrooms, lighting of stairs, a ventilated food cupboard, separate w.c., water and sink accommodation, are required wherever practicable. We have found the owners generally willing to meet the wishes of the Department. A certain number of the All Saints' Street houses have passed the stage beyond improvement or repair, and these are being or will be considered with regard to demolition. If it is desired to retain as much as possible of the quaint appearance and flavour of All Saints' Street, the successful operation of this scheme should be fostered by all concerned.

The Council has now built 550 houses under its housing scheme. The number of houses now being built under the first section of Slum Clearance is 126. A further 97 houses are being built to meet the needs of applicants on the waiting list of about 450. The Public Health Committee is desirous of having 25 houses per annum for three years to deal with the tenants of individual unfit houses. At least 120 houses will be required to deal with

the next section of the Slum Clearance Scheme. If 100 houses be required to deal with the scheme, presently to be formulated under the Overcrowding Sections of the 1935 Housing Act, the Council will in a very few years be the owners and managers of housing estates with the very considerable total of 1,068 houses.

With regard to the general question of housing there is a great deal of scope in a town of this description for general housing reconditioning and improvement. Apart from new houses, most of the accommodation for the working classes is in terrace or cottage property, dating 50, 60 or 70 or more years back, or in hastily and often unsuitably converted flats. As in all towns of this description the basement flat, generally let in a separate tenancy, is a feature of the older and bigger buildings of the centre of the town. Working-class property of this description requires the constant and careful attention of the Health Department. In some instances the requirements may be only repairs, in others reconditioning and modernising on the lines of the Improvement Area, but again it may be necessary to recommend demolition, or in the case of a tenement, closure. Each one must be carefully considered on its merits. In addition to property of this description much can be done by co-operation with owners or tenants on the Octavia Hill system, and this spirit is definitely fostered. It is good to note a definite, though modest, start in the shape of a Public Utility Society which has been made by Christ Church, St. Leonards, and it is hoped that the successful conversion of the Union Street property will be followed by important developments in the same or a similar direction.

HOUSING STATISTICS, 1935.

IMPROVEMENT AREA.—Inspections...	...	...	...	135
Inspection of Clearance Areas under the Housing Act, 1935, not included.				

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	...	...	...	821
(b) Number of inspections made for the purpose				1,173

(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	469
(b) Number of inspections made for the purpose	690
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	21
(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	23
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... ..	393
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 ...	14
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) by owners	14
(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	Nil.
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) by owners	Nil.
(b) by Local Authority in default of owners	Nil.
C. Proceedings under Sections 19 and 21 of the Housing Act, 1930 :—	
(1) Number of dwelling-houses in respect of which Demolition Orders were made	4
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	11

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

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	... ..	1
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	... ..	7

LOCAL GOVERNMENT ACT, 1929.

HOSPITAL POLICY—MEDICAL ASPECTS.

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

Since the Municipal Hospital was taken over by the Council in 1930 the following improvements and additions have been provided :—

- (1) An additional block of 41 beds for female cases.
- (2) Separate children's annexe with 35 beds.
- (3) Central heating.
- (4) Additional open-air ward for 4 male tuberculosis cases.
- (5) New mortuary.
- (6) New casual ward.

The additional hospital accommodation was provided mainly to reduce the overcrowding of beds on floor space, so that the number of beds actually added was comparatively small. During the past two or three years the demand for hospital beds has considerably increased in the winter months and there has been a tendency to congestion both on the male and female sides ; at times indeed it has been necessary to put down beds, additional to the ordinary accommodation, in certain wards, as a temporary measure.

During 1935 a scheme for the erection of a new Nurses' home was approved by the Council.

The matter of further improvement in accommodation is now receiving attention—more particularly as regards

- (a) The provision of an *ad hoc* maternity unit.
- (b) Improvement in the accommodation for mental cases.
- (c) The utilisation of the discarded casual block for hospital purposes.
- (d) The improvement of accommodation and classification on the house side, by the eventual utilisation of the existing nurses' home.

The erection of the new nurses' home is the pivot round which these improvements must revolve, but in the meantime it should be possible to work out a scheme which will be generally acceptable.

No definite action has been taken as regards declaration and appropriation under the Public Health Acts, but the further alterations and additions mentioned will make this a much more practicable matter.

(b) Hospital Accommodation.

The accommodation available for Hastings and District, in the voluntary hospitals, the Royal East Sussex, the Buchanan, and Bexhill, together with the Municipal Hospital, is about 550 beds, which appears adequate.

The Royal East Sussex Hospital opened a new Nurses' Home in 1935; the Buchanan Hospital is now promoting a similar project.

(c) Transfer of Medical Work.

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

(a) The Medical Officer of Health is medical adviser to the Public Assistance Committee and in medical charge of the Cottage Homes for children.

(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, the Health Visitors acting as Infant Protection Visitors.

STATISTICS, MUNICIPAL HOSPITAL, 1935.

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	...	...	...	1,366
3.	Confinements	...	...	...	94
4.	Average beds occupied	...	...	...	243
	Highest	...	...	...	275
	Lowest	...	...	...	221
5.	No. of operations	...	...	...	180
	„ abdominal operations	...	...	...	35
6.	No. of cases Out-Patients	...	...	...	130
	„ visits	...	...	...	556
7.	Ante-natal Clinic—(a) cases	...	...	...	102
	(b) attendances	...	...	...	288

METEOROLOGY.

I am greatly indebted to Mr. Simmons, the Meteorologist for the Borough, for the following information relating to weather conditions in Hastings in 1935.

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

Month.	Hours of bright Sunshine.	Rainfall in inches.	Ultra Violet Radiation (Monthly average reading).
January	71·6	1·32	·6
February	62·2	4·17	·8
March	126·9	0·62	2·0
April	163·0	3·42	3·0
May	206·4	1·47	3·0
June	225·7	2·35	4·0
July	313·0	0·42	5·0
August	240·9	5·15	4·1
September	154·8	5·35	2·0
October	119·4	4·09	1·1
November	61·9	6·12	·5
December	60·2	3·69	·2
Total	1,806·0 hrs.	38·17	26·3
Average	daily 4·90 hrs.	monthly 3·18 ins.	monthly 2·2

2. Total hours of Sunshine, Comparative figures.

Margate	1835·9 hrs.
Hastings	1806·0 „
Dover	1804·5 „
Eastbourne	1789·3 „
Bournemouth	1734·5 „
Brighton	1715·8 „
Tunbridge Wells	1621·5 „

3. Miscellaneous.

Rainfall was 9·80 in. over normal.

Snow fell on 5 occasions.

There were 10 thunderstorms.

Ground Frost occurred on 46 occasions.

Wind at Gale force, 9 occasions.

The warmest days was June 24th, July 13th, Temperature 83° F.

The warmest night was August 8th, Temperature 65° F.

The coldest days was January 28th, March 9th, Temperature 34° F.

The coldest nights were January 28th, December 21st to 23rd, Temperature 28° F.

Relative Humidity, Morning 79%.

Relative Humidity, Night 82%.

Earth temperature mean 1 ft. 53·2° F.

Earth temperature mean 4 ft. 52·8° F.

Prevailing winds, S.W., N.E.

Mean daily temperature :—

Max. 56·3° ; Normal 55·4° ; Absolute max. 83°.

Min. 46·3° ; Normal 44·5° ; Absolute min. 28°.

Summary of Provision of Health Services for the Area.

(a) Laboratory facilities.

(See Special Section).

(b) Ambulance facilities.

The service both for infectious and non-infectious cases is adequate for the district.

(See Report for 1930.)

(c) Nursing in the Home.

See Special Section—Maternity and Child Welfare.

(See also Report for 1930).

(d) Clinic and Treatment Centres.

(See Special Sections).
(See Report for 1930).

(e) Hospitals—Public and Voluntary.

(See Special Section).

(f) Medical Services transferred from Late Board of Guardians.

(See Special Section).

(g) Mental Deficiency.

(See Special Section).

(h) Maternity and Child Welfare Services.

(See Special Section).

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

(See Report for 1930).

(j) 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.*, maintenance of subsistence allowance up to 22/6 per week 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.

The Public Health Committee also authorised the Honorary Medical Officer, Dr. Lowe, to complete the Special Medical Certificate of the Board of Education and the Ministry of Health in respect of all new cases.

(k) 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.