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COUNTY BOROUGH OF HASTINGS

ANNUAL REPORTof theMEDICAL OFFICER OF HEALTH.for 1945.

G.R. BRUCE, O.B.E., M.A., M.D., D.P.H.

Medical Officer of Health
and
School Medical Officer.

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1. P R E F A C E

Public Health Department,
44 Wellington Square,
Hastings.

August 1946.

TO HIS WORSHIP THE MAYOR, AND TO THE ALDERMEN AND COUNCILLORS
OF THE COUNTY BOROUGH OF HASTINGS.

Mr. Mayor, Ladies and Gentlemen,

I beg to submit the Annual Report of the Public Health Department for 1945, curtailed by direction of the Ministry of Health, as compared with pre-war reports. The statistical tables, omitted from the report, are filed for any future war-time health survey.

The public health services, clinical, hospital and environmental, were fully maintained during 1945.

The crude death rate, 18.1 per 1,000 of the population, corrected 12.12, shows a reduction as compared with that of 1944, 21.4 per 1,000, but still remains higher than the rate immediately before the war, 15.4 per 1,000.

The birth rate, 14.9 per 1,000, although showing a reduction as compared with that of 1944 - viz. 16.7 per 1,000, is still substantially higher than the decreasing rate which prevailed before the war. The significance of this rise in relation to population, and also the rising illegitimacy rate, are discussed in the report.

The infantile mortality rate was 46.5 per 1,000 births, as compared with 32.7 in 1944, and 54 in the large towns in 1945. There were no maternal deaths from puerperal fever and only one death from causes operating at child birth.

The death rate from tuberculosis, .49 per 1,000, is the lowest reported, and just three fifths of the average rate during the five years before the war, namely, .83 per 1,000. As this rate, after a steep rise, has now fallen consistently for over two years, it is hoped that the downward course of mortality, existing before the war, has now definitely been resumed. As elsewhere the tuberculosis service here has benefitted by the greatly increased interest of the public and of the medical profession in securing complete examination, particularly X-ray, of early suspected cases, when the chances of arrest, or even cure, are reasonably good.

As regards infectious diseases, with one exception, measles, the incidence was extremely low, e.g. scarlet fever 42 cases compared with 91 in 1944, diphtheria 11 cases as compared with 13 in 1944. There were no deaths, for the second year, from any of the common notifiable diseases and there have been no deaths from diphtheria for 4 years. The low incidence and death rate from diphtheria should undoubtedly be linked up with the rise of diphtheria immunisation. On the other hand the factor of safety in a child population up to 15 years is 80 per cent protected fully and kept up to a high degree of immunity by further boosting injections every 4 to 5 years during the susceptible years. This figure we have by no means yet attained, our total percentage, making allowance for those immunised in evacuation areas, being about 60 per cent. Further, although there has been an increase in "boosting" injections, it is difficult to persuade the public that one course of two injections is insufficient to protect fully from infancy to 15 years.

As stated, measles with 433 cases, but only two deaths, was prevalent in mild form as elsewhere, but as with whooping cough, 54 cases and no deaths, there were relatively few cases with dangerous complications.

During 1945 the various Civil Defence organisations, for which the Health Department was responsible throughout the war, e.g. the Casualty Services, Bureau and Information Centre, were wound up and arrangements made for the disposal of the equipment.

I beg to thank the Council, the Chairman and Members of the various Committees for their continued support and acknowledge with much gratitude the good and loyal work of my staff in these difficult days.

I have the honour to remain,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

G.R. BRUCE.

Medical Officer of Health.

2. CHAIRMEN OF COMMITTEES
RESPONSIBLE FOR HEALTH SERVICES.

Public Health Committee - Councillor Captain E.T. Hyland.

Sub-Sanatorium Committee - Councillor Captain E.T. Hyland.

Education Committee - Councillor F.T. Hussey.

Mental Deficiency Committee - Councillor Mrs. A. Farnfield J.P., M.B.E.

Social Welfare (and Sub) Committees - Councillor A. Honnor.

Maternity and Child Welfare Committee - Councillor Mrs. V. Alexander.

Housing and Improvements Committee - Councillor Mrs. V. Alexander.

PUBLIC HEALTH OFFICERS OF THE CORPORATION.

See list as set out in Report of 1938.

3. SUMMARY OF GENERAL AND VITAL STATISTICS 1945.

Area of Borough	4,496 acres
Population, Census 1931	65,207
Registrar-General's estimate of resident population 1945, for the purpose of Vital Statistics	48,820
Number of inhabited houses (end of 1945) according to Rate Books	20,035
Rateable Value	£759,423
Sum represented by a penny rate	£2,600 (estimated)
Live Births, 1945 (Legitimate	<u>Total</u>	<u>Male</u>	<u>Female</u>		
(Illegitimate	630	349	281) =	731
	101	48	53		
Birth Rate, 1945 per 1,000 of the estimated resident population		14.9
Still Births		23
Rate per 1,000 total (live and still) Births					15.4
Deaths, 1945		888
Death Rate, 1945 per 1,000 of the estimated resident population:-	(a) crude	...			18.1
	x(b) corrected	...			12.12
Deaths from puerperal causes:-					
	<u>Deaths.</u>	<u>Rate per 1,000 total (live & still) Births</u>			
No.29 Puerperal sepsis	Nil.				Nil
No.30 Other maternal causes	1				1.33
Death Rate of Infants under one year of age:-					
(a) All Infants per 1,000 live births	...				46.5
(b) Legitimate Infants per 1,000 legitimate live births		42.8
(c) Illegitimate Infants per 1,000 illegitimate live births		69.3
Deaths from Cancer (all ages)			164
Deaths from Measles (all ages)			2
Deaths from Whooping Cough (all ages)	...				Nil
Deaths from Diarrhoea (under 2 years of age)					Nil

X Assuming the continued use of the pre-war factor of correction .67.

4. VITAL STATISTICS(1) Births.(2) Deaths.

Year	Per 1,000 of Population.		
	Birth Rate	Death Rate	
		Crude	Corrected x
1938	11.1	15.4	10.3
1939	11.8	16.9	11.3
1940	11.4	20.3	13.7
1941	13.3	20.3	13.7
1942	16.5	21.4	14.4
1943	15.7	23.8	15.9
1944	16.7	21.4	14.3
1945	14.9	18.1	12.12
x Factor for correction .67.			

The above table illustrates well what has been happening nationally as regards the death and birth rates.

The crude death rate, having reached the high rate of 23.8 per 1,000 in 1943, has commenced to fall, being 18.1 in 1945, corrected 12.12, which approximates to the figure for the large towns - namely 13.5. The high crude death rate is, of course, due to the preponderance of persons in the higher age groups, common to most sea-side and health resorts and a feature, as explained below, which with a decreasing birth rate will be accentuated in the coming decades. With the return of the service population, a reduction in the crude death rate may be anticipated. Out of 888 deaths in 1945, 242 or 27.2 per cent were in persons between the ages of 65 - 75 and 413 or 46.5 per cent over the age of 75.

With regard to the birth rate, the war time increase was slightly checked, although the rate of 14.9 per 1,000 was well above the lowest recorded birth rate of 11.1 per 1,000 in 1938. With the advent of social security benefits, including a national health service, provision of milk and vitamins for mother and infant, and a national bonus for children, it will be interesting to see the effects on the national birth rate, now for 1945 16.1 per 1,000, a rate which if maintained would probably ensure a population at or about the present figure, with a gradual fall of numbers in the lower age groups and a higher proportion in the older age groups. At the end of the 1914-18 war, there was a similar rise in the birth rate, followed of course by a downward curve which terminated, at any rate for the time being, during the recent war.

The number of illegitimate births was 101 out of 731 births, just over one in each 7 births, exactly the same as in 1944 and practically double the rate before the war.

(3) Main Causes of Death.(a) Diseases of the Heart and Blood Vessels.

The total deaths from causes under the various associated headings amounted to 442 or 50 per cent of the total deaths.

(b) Cancer.

The total deaths were 164 as compared with 129 in 1944. The rate, 5.4 per 1,000 or 1 in every 5.4 deaths remains higher than in the country as a whole, owing to the high average age constitution of the town.

During the war a complete scheme under the Cancer Act has been postponed and its operation will almost certainly be merged in the working of the hospital services under the forthcoming National Health Service. Meanwhile local authorities have been encouraged to make temporary arrangements with national hospitals possessing adequate facilities for special treatment of cancer by radio- and deep X-ray therapy. Such a scheme has now been arranged with the Westminster Hospital to include facilities for transport, diagnosis and specialised treatment.

(c) Respiratory Diseases.

The total deaths from respiratory complaints were 69, including 4 due to influenza, but excluding pulmonary tuberculosis. Influenza was not epidemic.

5. INFECTIOUS DISEASES.Prevalence of Infectious Diseases.

The following table summarises the incidence of the notifiable infectious diseases during 1945.

Disease	Total cases	Admitted to Hospital.	Deaths.
Diphtheria (including Membranous Croup)	11	10	Nil
Erysipelas	21	9	Nil
Scarlet Fever	42	37	Nil
Paratyphoid B.	Nil	Nil	Nil
Puerperal Pyrexia	13	2	Nil
Cerebro-Spinal Meningitis	2	2	Nil
Ophthalmia Neonatorum	1	Nil	Nil
Pulmonary tuberculosis	79	69	24
Other forms of tuberculosis	18	15	Nil
Poliomyelitis	Nil	Nil	Nil
Acute Primary pneumonia	32	1	3
Malaria Dysentery	1	Nil	Nil
Influenzal pneumonia	2	Nil	Nil
Measles	433	23	2
Whooping Cough	54	2	Nil

No cases of the following notifiable infectious diseases were reported, smallpox, cholera, plague, typhus fever, relapsing or continued fever, acute polio-encephalitis, encephalitis lethargica or trench fever.

REMARKS.

(a) Scarlet Fever - The incidence was 42 cases in 1945 as compared with 81 in 1944. The disease remained mild and in general sporadic.

(b) Diphtheria and Diphtheria Immunisation - The incidence was again low, 11 cases with no deaths. The incidence and deaths since 1938 are shewn below:-

Year	No. of cases.	Deaths.
1938	31	3
1939	49	1
1940	28	1
1941	6	Nil
1942	7	Nil
1943	13	Nil
1944	13	Nil
1945	11	Nil

This record certainly, both as regards incidence and death rate, appears satisfactory. One feels bound to attribute considerable importance to the diphtheria immunisation campaign, which during the war years was carried out both here and in the reception areas. Officially we have records that nearly 50 per cent of our child population under the age of 15 have been completely immunised. But that is almost certainly an understatement, as it does not include a considerable number of children immunised in the reception areas during the war years, or privately by their own medical practitioners. The Ministry of Health consider that at least 80 per cent of the child population should be the target figure, and this we should ultimately obtain, as special efforts are made to immunise all children at the age of one year and to catch those who were missed, when they start school. Meanwhile it is encouraging to report that more applications are coming forward for "boosting" or re-inforcing injections to supplement failing immunity after a period of 4 - 5 years from the original injections.

During 1945, 546 children were completely immunised, 442 under 5 years of age and 104 over 5 years. Every effort is made by press publicity, posters, cinema, through the School Clinics and teachers, the Infant Welfare Centres and the Health Visitors etc., to bring diphtheria immunisation home to mothers.

The immunising agent is A.P.T., dosage .2 and .5 c.cs at 4 weeks intervals, schick testing being carried out in a small proportion or by request.

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.

ISOLATION HOSPITALS.

No alteration occurred in the available accommodation.

(a) Borough Sanatorium for Infectious Diseases, Hastings - 70 beds.

(b) Smallpox Hospital, Brede - 20 beds.

Owing to special war-time contingencies, the accommodation at the Smallpox Hospital, Brede has been made available for cases throughout Sussex. The same arrangement applies to the Sedgebrook Smallpox Hospital, near Chailey.

Total admissions to the Borough Sanatorium in 1945 were 195, including 32 cases from the Rural District of Battle and the Borough of Rye, 27 cases from the Borough of Bexhill and 19 service cases, leaving 117 cases from Hastings. (See previous table which refers to notifiable diseases only). It was not necessary to open the Brede Smallpox Hospital.

Before the war plans were practically complete for the erection of a cubicle block of 10 beds to meet the increased demands made by the acceptance of all fever cases from Bexhill, with a peace time population of 23,000. With the return of our population in Hastings and Bexhill, this plan should now receive definite priority, as our existing 70 beds will then serve a population of 120,000 to 130,000, considerably swollen during the summer season. Moreover, as previously stated, a cubicle block, capable of dealing with different infectious diseases, effects valuable economies in nursing and domestic staff, fuel, light, etc. Further the present practice of admitting for special reasons cases of mild or non-notifiable infectious diseases, cases of mumps, chicken pox or german measles, particularly from boarding schools or from hotels and boarding houses in the season would be materially assisted.

Towards the end of 1945, the shortage of nursing staff became an increasing difficulty. Fortunately the incidence of infectious disease in Hastings and District has been consistently low for some years, and there has been an absence of epidemic disease requiring hospital accommodation. As matters stand now, it has been possible to reduce substantially the number of available beds, without the necessity of refusing the cases usually admitted. In the event of an outbreak or epidemic requiring the use of the whole hospital, additional nursing staff would require to be imported.

The Borough Sanatorium remains available, if necessary, along with the Municipal Hospital, to carry out the work of the Public Cleansing and Disinfecting Centre at Rock-a-nore which was requisitioned for special reasons during the war. The service has been carried out efficiently, but with some difficulties owing to the limited capacity for disinfection and shortage of staff. High priority should be given to the replacement of the old Disinfecting Station by a modern establishment, which, as emphasised in previous reports, would most conveniently and economically be sited in or adjoining the Borough Sanatorium grounds.

Vaccination Return, 1944.

" Births	...	794
Successful Primary Vaccinations	...	389
Conscientious Objectors	...	301
Percentage of Births vaccinated	...	49

The percentage of children now being vaccinated has risen substantially during the war by about 50 per cent.

Report on Public Health Bacteriological Work.

This work was 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 1945:-

Source of Specimens	Nature of Specimens	No.
A (General Practitioners (Borough Sanatorium (Medical Officer of Health	Sputum for Tubercle Bacilli	78
	Throat Swabs for Diphtheria	425
	Widal examinations for Typhoid Group	7
	Miscellaneous	382
B (School Medical Service	Throat swabs for Diphtheria etc.	34
C (Tuberculosis Dispensary	Sputum for Tubercle Bacilli etc.	123
D (Municipal Hospital	Miscellaneous	271
	Total specimens examined	1,320

6. VENEREAL DISEASES CLINIC,
ROYAL EAST SUSSEX HOSPITAL.

The number of new local cases in 1945 were syphilis 8 cases compared with 5 in 1944, gonorrhoea 28 cases compared with 12 in 1944.

The incidence of syphilis and gonorrhoea during the years immediately before and during the war is shown in the table below:-

Year	Syphilis	Gonorrhoea
1938	8	15
1939	10	33
1940	9	6
1941	3	6
1942	7	19
1943	9	11
1944	5	12
1945	8	28

Average in war years - syphilis 7 cases
gonorrhoea 16 "

1934-1938 Average annual incidence - syphilis 9 cases
" " " gonorrhoea 28 "

It is obvious that this district has not shared in the general war time rise to which much attention was given by the press, the Ministry of Health and otherwise. The increase in 1945 probably corresponds with the commencement of demobilisation and the considerable movement of population, including the gradual return of the population to Hastings. In accordance with the recommendations of the Ministry, the whole subject of venereal disease and the opportunities for free and confidential treatment at the Venereal Diseases Clinic have been kept before the public by posters, pamphlets and by personal instruction and advice by members of the staff and otherwise.

Notifications received under Regulation 33B.

Form 1. - 9 notifications received, all relating to females.
1 notified twice. Form 2 not served as woman consented to attend for examination and treatment.

Form 2. - None issued.

Form 1. relates to a person suspected of causing one infection.

Form 2. requires a person suspected of causing more than one infection to attend a Clinic for examination and any necessary treatment.

The Sister of the Venereal Diseases Clinic acts as a Social Worker and Almoner on the lines suggested by the Ministry of Health. If the persons named in Form 1 are not already attending for treatment, the Sister endeavours to make contact and to get them to the Venereal Diseases Clinic.

7. TUBERCULOSIS.

(a) Register - At the end of 1945 the tuberculosis register contained 670 names.
Males 298, Females 233, suffering from pulmonary tuberculosis.
Males 58, Females 81, suffering from non-pulmonary tuberculosis.

(b) Notifications and deaths of cases notified in 1945.

Age Period	New cases notified				Deaths of cases notified.			
	Pulmonary.		Non-Pulmonary		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0 - 1 year	-	-	-	-	-	-	-	-
1 - 5 years	-	2	-	1	-	1	-	-
5 - 10 "	2	-	2	2	-	-	-	-
10 - 15 "	-	-	2	1	-	-	-	-
15 - 20 "	3	2	-	-	-	1	-	-
20 - 25 "	8	6	1	-	-	-	-	-
25 - 35 "	7	12	2	3	-	-	-	-
35 - 45 "	9	8	1	1	1	1	-	-
45 - 55 "	6	3	1	-	-	-	-	-
55 - 65 "	5	2	-	-	-	-	-	-
65 upwards	2	2	1	-	2	1	-	-
Totals	42	37	10	8	3	4	-	-
Grand Totals	97				7			

(c) Incidence and Mortality.

The death rate, .49 per 1,000, showed a distinct fall from that of .91 in 1944. The number of deaths and death rates from tuberculosis from 1938 are as follows:-

Year	Pulmonary	Non-Pulmonary	Total	Rate per 1,000
1938	54	6	60	.93
1939	43	3	46	.69
1940	47	4	51	.88
1941	38	5	43	1.22
1942	35	4	39	1.00
1943	38	6	44	1.21
1944	32	3	35	.91
1945	24	-	24	.49

The total deaths, 24, all pulmonary tuberculosis, none from surgical, give a mortality of .49 per 1,000 of the estimated population. As a comparison with the death rate for tuberculosis towards the end and after the last war, the figures were:-

1913	All forms of tuberculosis	death rate	2.0	per 1,000.
1919	"	"	1.8	"
1920	"	"	1.5	"

From all the figures quoted, it would appear that the rather alarming increase in the death rate from tuberculosis which occurred from 1941 to 1943, the period of most intensive bombing, has been definitely checked, that the fall in 1945 has been substantial, and indeed the figure of .49 per 1,000 is about two thirds of the lowest figure previously reported - viz - .67 in 1933. From the latest information this is the general experience of the country as a whole.

On the other hand the number of new cases notified, particularly in the early stages, including those from the services, remains high. The increase of cases sent for investigation, because of some early symptoms or signs which might be tuberculous in origin, has been a noteworthy feature of the work of the Tuberculosis Dispensary during the past few years. The greater proportion of these cases turn out to be negative after investigation; in some cases there is suspicious X-ray evidence, without sufficient justification for notification or sanatorium treatment, but requiring rest and hygienic treatment, close observation and repeated X-ray examination; others are definite, but early cases demanding sanatorium treatment; and a few, sometimes almost symptomless, have marked X-ray evidence of disease. When mass radiography, which has now been introduced into the larger centres of population, particularly in the industrial Midlands and North, reaches this district, there will be a further increase in these symptomless cases.

(d) Tuberculosis Dispensary etc. at the Royal East Sussex Hospital.

With the return of the population, civilian and service, and the increasing attention given to diagnosis, the work of the Tuberculosis Dispensary continued to expand during 1945, the total attendances being 1,721 as compared with 1,323 in 1944, new cases

being 388 as compared with 263 in 1944, and contacts examined were 144. Close and cordial co-operation continued with the special departments of the Hospital - X-ray, Dispensary, Laboratory, Orthopaedic, etc.

(c) Institutional Treatment.

In spite of the shortage of beds for sanatorium treatment throughout the country, it was possible to arrange treatment, without undue delay for all the local Authority's cases.

Darvell Hall Sanatorium	47 cases pulmonary tuberculosis.
Municipal Hospital, Hastings	21 " " "
Church Army Lads' Sanatorium	1 case " "
Brompton Hospital	2 cases " "
Royal East Sussex Hospital	13 cases surgical tuberculosis.
Lord Mayor Treloar's Hospital	1 case " "
Royal Sea Bathing Hospital, Margate	1 " " "

At Darvell Hall Sanatorium, even with present day staffing difficulties both nursing and domestic, beds were always available within two weeks, or less in urgent cases.

All the 20 beds at the Municipal Hospital were available throughout the year (though at the time of writing this report the female beds are closed owing to staff shortage) and were ample for sudden emergencies, occasional observation cases and chronic or advanced cases which could not be nursed at home.

(f) Government Maintenance Allowance, etc. - Memorandum 266/T.

As previously explained this was started specifically as a war emergency measure for cases of pulmonary tuberculosis in persons who have to give up their work to undertake treatment in a sanatorium or at home with a reasonable chance of again being fitted for work.

As a matter of fact this Government scheme has been criticized because it covers only hopeful pulmonary tuberculosis, but not chronic, more advanced cases, or surgical tuberculosis, who have still to obtain financial or other help from the Social Welfare Committee, which in many districts appears to be equally generous. Finally the onus of decision and intimating to a patient that he is not available for the Government Allowance is laid upon the Tuberculosis Medical Officer. The work of investigation is dealt with by the Health Department with the co-operation of the Treasurer's Department in the decision as to the amount of actual payment. A special Sub-Committee of the Public Health Committee deals generally with all the arrangements. From the 1st January 1945 to the 31st December 1945, nineteen patients received maintenance allowances, and one patient received a maintenance allowance and also a discretionary allowance.

(g) Tuberculosis Care Committee.

The Tuberculosis Care Committee provides one pint of pasteurised milk each day for patients who require nourishment and in special cases 3/6d per week to purchase eggs, butter or margarine, and financial help where necessary, also gifts of clothing, nursing requisites, grants for railway fares and so on.

During 1945, with the co-operation of Darvell Hall Sanatorium, an Occupational Therapy Centre was opened at the St. John Ambulance Hall. Here ex-sanatorium or other patients, who generally have had some training, meet the supervisor, arrange for new material and for the disposal of articles made, and receive encouragement, help and instruction in new types of work. Fortunately in spite of shortages, it has been possible to obtain a reasonable amount of new material for making toys, leather articles, bags, baskets, etc.

Altogether about 20 patients are attending regularly or are in touch with the Centre. This is a most promising development.

(h) Public Health (Prevention of Tuberculosis) Regulations 1925.
Public Health Act, 1936, Section 72.

No action was taken in 1945.

8. MATERNITY AND CHILD WELFARE.

1. Vital Statistics.

(a) Infantile Mortality.

The infant mortality rate was 46.5 per 1,000 births, as compared with 32.7 per 1,000 in 1944, and a national rate of 54 in the large towns, including London. Measles, particularly dangerous in young babies, was prevalent causing two deaths, also bronchitis and pneumonia with 6 deaths, but of the 34 total deaths, no fewer than 20 were due to causes operating before, at, or soon after birth, e.g., congenital malformations, premature birth, injury at birth, with 15 deaths within the first month, including 13 in the first week. The increasing importance of reducing this neo-natal mortality, nearly 60 per cent of the total, is fully realised and will undoubtedly receive the attention it deserves in the forthcoming National Medical Service. It is a rather baffling problem with many aspects, in which research, development of modern technique in clinic and hospital, and special training and equipment of doctor and nurse, also education and co-operation of the mother are all involved.

(b) Maternal Mortality.

Year	Maternal mortality per 1,000 births (Hastings)
1939	5.9
1940	4.6
1941	4.7
1942	Nil
1943	1.6
1944	Nil
1945	<u>1.3</u>
Average	2.5

No death occurred from puerperal sepsis, and one death from causes operating at child birth. Maternal mortality in this country, after a long stationary period during which it remained about 4 per 1,000, has now fallen considerably, as a result first of improved technique in the ante-natal period, and in domiciliary and hospital midwifery, and also of recent medical advances, particularly the use of sulphonamides and penicillin, and lastly as the result of education and co-operation of expectant mothers in the hygiene and conduct of the ante-natal and post-natal periods.

All the special services, including ante-natal and post-natal clinics, consultants for difficult labour, pathological facilities, etc., were fully maintained.

2. Inspection of Midwives.

(a)	No. of midwives on register	7
	No. of visits	58
	Midwives' notifications	129
	Other official notifications	32
	Births notified by midwives	336

The results of inspection and the average standard of work were satisfactory.

(b) Midwives Act 1936. Domiciliary Midwifery.

<u>Services.</u>	<u>District Nursing Association Midwives.</u>	<u>Municipal Midwife.</u>	<u>Total.</u>
1. Cases conducted	162	59	221
2. Post-natal visits	3,086	1,125	4,211
3. Ante-natal visits	1,091	335	1,426
4. Gas & Air Analgesia	63	29	92

This service, carried out by the midwives of the District Nursing Association and the Municipal Midwife, was fully maintained and adequate.

Gas and Air Analgesia administered both by the District Nurses and the Municipal Midwife was used in a considerable proportion of the cases in the district and was much appreciated.

(c) The Puerperal Pyrexia Regulations 1939.

The total number of cases was 13.

All the pre-war arrangements were available including hospital accommodation, home nursing, provision of consultants, bacteriological and general investigations, etc.

The summary of cases is as follows:-

Toxaemia	2
Difficult Labour	2
Breast conditions	4
Pyelitis	2
Catarrhal jaundice	1
Haematoma	1
No ascertained cause	1
Total	<u>13</u>

3. Work of the Health Visitors, Home Helps and Domestic Helps.

<u>Health Visitors</u>	<u>Home Visits.</u>
First visits under one year	704
Second or further visits	5,486
Infectious diseases and special visits	393
Infant protection visits	309
Expectant mother visits	180
Total	<u>7,072</u>
Home Help Cases	19

Domestic Help Scheme - Commenced 7.5.45.

No. of Domestic helps - full time	3
" " " - part time	1
No. of applications received up to 31st December 1945	42
No. of applications dealt with	41

4. Maternity and Child Welfare Centres.

Total attendances were as follows:-

Infant Welfare Centres	12,993
Ante-natal and post-natal clinics	597
Medical consultations	3,831

5. Contraceptive Clinics for Married Women (including County Cases)
Treatment for medical conditions only.

New cases	32
Old cases	27
		Total	<u>59</u>

6. Distribution of Milk, Nutritive Foods, etc.

The Infant Welfare Centres again co-operated with the national scheme for the distribution of milk, cod liver oil and fruit juices to expectant and nursing mothers and children under five, the work being carried out smoothly and with the co-operation of the staff. The take-up of fruit juices has been good throughout the year, but cod liver oil, as such, has not been popular, a feature throughout the country, the percentages being as follows:-

Orange juice	- 60 per cent (this includes issues to expectant mothers).
Cod liver oil	- 22 per cent.
Vitamin A. and D. capsules	- 44 packets average issue per week.
National dried milk	- 550 tins average issue per week.

The additional milk and vitamins, undoubtedly, have had a definite influence in producing during the past few years, the present day general high standard of infant health.

We were fortunate in another generous gift of New Zealand honey from our namesake town in that land which was most popular, especially with the toddlers.

7. Dental Treatment.

Expectant and nursing mothers at the Royal East Sussex Hospital	- 1 case.
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8. Orthopaedic and Light Treatment - (see special note)

9. Treatment of Toddlers.

All facilities at School Clinics for examination and treatment are available (see School Report).

10. Anti-Diphtheria Inoculation. - (see note on infectious diseases)

11. Child Guidance Clinic.

Facilities for children under the age of five, not attending school, are available and particularly valuable on occasion for enuretics or bed-wetters. Two attended the Clinic with benefit during the year.

12. Speech Therapy Clinic.

This was established in the autumn of 1945, primarily for children attending school, but it is also available for toddlers under school age.

13. General Notes on Maternity and Child Welfare Work in 1945.

The peace time services were again available throughout the year, including 6 district Infant Welfare Centres and 2 Ante-natal and Post-natal Clinics.

During the year a scheme, in accordance with the recommendations of the Ministry of Health, to provide domestic aid for a limited period to households in distress, particularly owing to illness, was inaugurated with one part-time and three full-time workers. The service has been of the greatest assistance and is much appreciated. Indeed the difficulty has been to make people understand that, however deserving their case may be, the domestic service under this scheme must be restricted to a definite emergency and a limited period, due to illness or infirmity, and that others equally deserving are clamouring for help in their domestic troubles. From the beginning, the scheme was linked up with the maternity and child welfare home help. It is interesting to note that this tentative domestic help service will be a permanent feature of the work of the Welfare Authority under the new National Health Service Act, and almost certainly will be combined with the maternity home help service.

The amount of institutional midwifery steadily increases. In 1945 the births at the Municipal Hospital were 481 as compared with 352 in 1944, 307 belonging to Hastings, as compared with 252 in 1944, 174 to outside districts as compared with 100 in 1944. The Municipal Hospital conducts its own ante-natal clinic, which is attended by most mothers within reasonable range. Otherwise the mothers can attend the ante-natal clinics within the Borough or in the County, case-notes being transferred. Post-natal examinations are also held before the patients are finally referred back to their private doctor or Municipal Clinic. At the commencement of 1946, Mr. Ian Robertson, F.R.C.S. was appointed to the staff as consulting obstetrician and gynaecologist. Considerable improvements have also been effected particularly with regard to sterilising equipment, nursery provision, etc. Further improvements, especially of a structural nature, are under consideration.

At the Fern Bank Maternity Home under the District Nursing and Maternity Association, the confinements increased from 151 to 198, of whom a considerable proportion, 87, came from the County district. Here again, there is an ante-natal clinic attached. In both Maternity Homes great stress is laid on adequate ante-natal supervision, preferably at their own ante-natal clinic. The ideal method is for the same team, doctor, sister or midwife, to carry the patient through the ante-natal period, the confinement and puerperium, and finally the immediate post-natal period.

Other services operated fully, including dental treatment for children under school age, orthopaedic and light treatment for infants and toddlers. Hospitals and consultants for cases of difficult labour, puerperal pyrexia and complicated ante-natal cases were available.

Home visiting, infant protection visiting and visits in connection with infectious cases and scabies, overcrowding insanitary housing conditions, etc., were well maintained by the Health Visitors, although short staffed and working under trying conditions. In addition the home and domestic help services were fully operated.

As regards premature infants, equipment in accordance with the Ministry's circular including, draught-proof cots have been obtained and made available through the District Nursing and Maternity Association for work in the district. The Municipal Hospital also has a small ward where premature infants can be

nursed in accordance with the general principles of the circular and similarly a ward can be made available in the Fern Bank Maternity Home.

Under the forthcoming National Health Service Act of 1946, the local authority, either a County Borough or a County, will continue to be responsible for maternity and child welfare services as generally described in this report, while the responsibility for hospital services including maternity homes, will pass to the Regional Boards, though district or domiciliary midwifery will remain the province of the local authority. It is obvious that a close scheme of co-ordination will require to be worked out, particularly with regard to the work of the hospitals and maternity homes, and district midwifery, and also the ante-natal and child welfare clinics, and welfare work generally of the local authority. One important link should be the consultants, who should be readily available for all local authority services, and have special hospital clinics and beds for all cases, maternity, ante-natal, post-natal and infants.

9. MENTAL DEFICIENCY.

The total number of mental defectives on the register of the local authority at the end of 1945 was 151. Of these 68 are in institutions, 53 under guardianship, 23 under statutory supervision, 7 under friendly supervision and none on licence.

During 1945 the occupation centre was re-opened at premises previously known as the open air school, Athelstan Road, under a qualified organiser. The centre is now open all day for the younger pupils living at home, mid day dinners being provided at the centre through the school meals service. The Municipal Hospital pupils will continue to benefit from the centre on three afternoons weekly. Home teaching will also be available for defectives unfit, for mental or physical causes, to travel or to benefit from the centre.

The Mental Health Worker, in addition to the home visiting of cases under guardianship, statutory or friendly supervision, dealt with the after care of certain special school pupils, and made a preliminary investigation of children brought forward for the first time.

In addition she attends the weekly clinic for nervous disorders at the Royal East Sussex Hospital, which deals with the whole district and is financially supported by the mental deficiency committee. Total attendances have increased and in 1945 were 410, new cases 130, 81 from Hastings.

Mental Health Visitor - Summary of Work.

Home visits - cases under guardianship	...	312
" " supervision	...	200
" " Education Committee	...	189
" " mental tests	...	37
Miscellaneous visits	...	354
Special visits	...	37
Total	...	<u>1,129</u>
Interviews	...	588
Escort	...	13 occasions.
Clinic for nervous disorders	...	42 sessions.
Municipal Hospital and occupation centre	...	35 visits.

11 cases were certified under the Mental Deficiency Acts and were placed under guardianship or sent to institutions.

37 children who were reported as being educationally sub-normal, were tested and dealt with as follows:-

Recommended and transferred to special school	29
Referred to Child Guidance Clinic	1
Excluded from school and referred to Mental Deficiency Committee	1
Deferred for three months	1
No action	5
	<u>37</u>

10. ORTHOPAEDIC SCHEME.

All the usual facilities were available throughout the year for children under and of school age, and for cases of tuberculosis of all ages, including:-

- (a) Diagnostic clinic and supervision - Royal East Sussex Hospital.
- (b) Treatment, exercises, appliances,
X-ray and light treatment - Royal East Sussex Hospital.
- (c) In-patient treatment, operations
for short period stay - Royal East Sussex Hospital.
- (d) Prolonged institutional treatment
with education - Heritage Craft Schools,
Chailey and
Shaftesbury Society.

Attendances were fully maintained and there was an increase of new cases at the Orthopaedic Clinic during 1945.

Light treatment was given for abdominal and gland tuberculosis and especially for malnutrition and early rickets; severe rickets is almost unknown.

Cases attending the Clinic, Royal East Sussex Hospital - December 1945.

	<u>Orthopaedic</u>	<u>Sun Ray.</u>
(a) School Medical Service	81	8
(b) Maternity and Child Welfare	12	11
(c) Tuberculosis	-	-
Total	<u>93</u>	<u>19</u>

	<u>Orthopaedic</u>	<u>Sun Ray</u>
(a) School Medical Service	117	9
(b) Maternity and Child Welfare	38	28
(c) Tuberculosis	2	1
Total	<u>157</u>	<u>38</u>

Total Attendances.

Orthopaedic	4,472
Sun Ray	712

Cases receiving residential treatment at Chailey, December 1945.

Tuberculosis	3
Other conditions	3

Quarterly reports are submitted on all children in attendance at the clinic and, when cases complete treatment or fail to attend, the School Medical Officer, Health Visitors or School Nurses and Physical Training Instructors, also the Almoner of the hospital, watch for relapses and arrange, if necessary, further treatment. Special attention is given at school inspections and the clinics to the diagnosis of early postural defects.

11. GENERAL SANITARY ADMINISTRATION.

1. Local Acts, Orders, Byelaws, Adoptive Acts.

No additions or amendments were reported in 1945.

2. Public Health Propaganda.

The attention of the public was called throughout the year to various health matters of general or local importance by illustrated posters, circulars and pamphlets from the Ministry of Health, papers and articles in the local press and lectures, among the subjects being diphtheria, maternity and child welfare facilities, especially the scheme for milk and vitamins, early treatment of venereal diseases, war dietary, etc.

The officers of the Public Health Department do a great deal of quiet propaganda in their various and numerous contacts with a definite cross section of the public.

3. Registration of Nursing Homes.

Several new nursing homes were opened and others, closed during the war, were re-opened. Inspections and supervision by the Medical Officer of Health and Deputy were fully maintained. No action was necessary throughout the year under the Act.

Total nursing homes registered	-	17
Beds available - maternity	32)	- 170
others	138)	

4. Water Supply.

The main sources of supply are deep wells, particularly at Brede and Filsham and the reservoirs at Great Sanders and at Darwell, the latter still under construction.

I am indebted to the Borough Water Engineer for certain information incorporated below in connection with the queries of the Ministry of Health.

(a) All the water in domestic use from the various deep wells and the Great Sanders Reservoir was adequately treated and chlorinated and was most satisfactory in its quality; in addition there appeared to be no shortage at any period of the year.

(b) The supply is piped, but there are also a certain number of wells in the outlying rural district, particularly in houses incorporated as a result of the Hastings Corporation Act 1936. Bacteriological examinations of water are made monthly at various points in the public water supply system through the Water Undertaking and when necessary by the Public Health Department. No chemical analyses were carried out during the past year. The bacteriological results were generally satisfactory and for information two examinations are quoted in December 1945:-

Bacteriological Analyses - 18th December 1945.

1. Specimen of water from Baldslow, tap at Newgate.

Number of "bacteria" growing on Agar per c.c. or ml in:

1 day at 37°C. - 2
2 days at 37°C. - 3
3 days at 20°C. - 4

Presumptive Coliform Reaction - Present 0. Absent 100 c.c.
Bact. Coli. - " 0. " 100 c.c.
Cl. Welchii Reaction - " 100 c.c. " 10 c.c.

Opinion - "This sample is reasonably clear and bright in appearance having only faint opalescence and a trace of matter in suspension. The water is of very satisfactory bacterial purity.

These results are consistent with a pure and wholesome water suitable for the purposes of a public supply."

2. Specimen of water from Buckshole Pumping Main.

Number of "bacteria" growing on Agar per c.c. or ml in:

1 day at 37°C. - 0
2 days at 37°C. - 0
3 days at 20°C. - 0

Presumptive Coliform Reaction - Present 0. Absent 100 c.c.
Bact. Coli. - " 0. " 100 c.c.
Cl. Welchii Reaction - " 0. " 100 c.c.

Opinion - "This is a very satisfactory sample. It is clear and bright in appearance and of the highest standard of bacterial purity, indicative of a pure and wholesome water suitable for the purposes of a public supply."

(c) The waters are not liable to plumbo-solvent action, being of medium hardness. At times there is a tendency for the supply of the wells in the rural district, particularly in the Guestling and Fairlight Areas to diminish greatly, especially during a dry summer. The remedy is the provision of a piped supply, which should be available when the Darwell reservoir comes into full use.

(d) No special action was taken as regards contamination. The local authority is the owner of certain lands on the gathering grounds and in a position to take the necessary steps. Should a particular sample prove to be unsatisfactory on bacteriological examination, the cause is at once investigated and the condition rectified without delay and further samples taken.

(e) The number of dwelling houses supplied is 19,845, made up of houses, bungalows, flats and part houses. This figure includes 763 houses and shops and 58 agricultural houses. In addition approximately 120 houses, outside the Borough of Hastings have piped supplies. Houses are not supplied from stand-pipes except in case of breakdowns or frozen pipes. The present estimated standing population of Hastings is 61,000.

5. Baths Establishments (Swimming and Medical).

During 1945 both swimming baths at the White Rock Baths were open. The water is treated with modern filtration and chlorination methods; bacteriological analyses were generally satisfactory.

At the commencement of the year, the medical baths section was re-opened, at first with a service limited to sea-weed baths and hot sea water packs, with massage, which had been most popular before the war. So much were these facilities appreciated that

consideration was given later in the year to the re-opening of other sections, particularly the spray and douche room and the Turkish Baths, all of which became available early in 1946.

6. Drainage and Sewerage.

The new sewerage scheme has been suspended during the war. Considerable inspection and repair work were carried out as and when necessary.

7. Scavenging.

Collection and disposal by means of controlled tipping at Pebsham Farm are carried out under the direction of the Borough Engineer. The Health Department co-ordinates in the replacement of defective dust-bins and in the investigation of any nuisance or complaints received.

8. Sanitary Inspection of the District.

Chief Sanitary Inspector's Summary of Statistics 1945.

The details of the table are omitted.

The Chief Sanitary Inspector reports:-

"As in previous years, housing repairs have been difficult to execute, owing to shortage of labour (which gradually improved), materials and, to a lesser degree, shortage of inspectorial staff. In spite of these difficulties, however, the more serious nuisances and sanitary defects brought to notice have been dealt with. It can easily be realised, nevertheless, that after many years of war conditions, a large amount of ordinary maintenance work on properties has fallen in arrears, and, in addition, much repair work (probably due to enemy action and unsuspected until re-occupation) has been found necessary. The lack of repair to houses, from whatever cause, is in fact becoming a serious matter to all concerned, but the existing shortage of housing accommodation is probably a more urgent and serious problem, and it is to be hoped that additional accommodation, either in the shape of new houses or flats, will be available in the near future, to relieve the present undesirable conditions.

In this matter the Health Department maintains close contact with the Housing Department, reports as to living conditions being furnished where re-housing is indicated.

In addition special attention is given to the needs of tuberculous families by the Medical Officer of Health. A system has been evolved whereby in a points scheme, special points are given for tuberculosis as regards priority."

9. Inspection and Supervision of Food.

The Chief Sanitary Inspector reports as follows:-

(a) Milk Supply of the District.

Retail Purveyors of milk on register 1945	-	64
Wholesale traders or producers 1945	-	22
Producers of Accredited milk 1945	-	3
Producers of Tuberculin Tested milk 1945	-	2
Purveyors of "Tuberculin Tested", "Accredited" or "Pasteurised" Milk 1945	-	9
Pasteurisers' licences to sell milk as Pasteurised	-	3
Smamples taken under milk (Special Designations) Regulations 1936 - 1942	-	58

The following table gives the number of samples taken during the year with results thereon:-

Designation	No. taken	Methylene Blue Test		Phosphatase Test		Coliform Test.		Plate Count Test.	
		Passed	Failed	Passed	Failed	Passed	Failed	Passed	Failed
Tuberculin tested and T.T. Cert.	18	15	3	-	-	14	4	-	-
Accredited	8	8	-	-	-	8	-	-	-
Pasteurised	32	24	8	18	14	25	7	29	3

On the above table the following comments may be of interest.

T.T. and T.T. Certified - The samples adversely reported on (one sample failed both on Methylene Blue and Coliform tests) were from County producers and were followed up in the usual way with satisfactory results.

Accredited - All samples (which were satisfactory) were obtained from producers whose premises had been reconditioned in previous years following action by the Department.

Pasteurised - The above results show a slight improvement upon those for 1944 and better reports may be expected as conditions become more normal. In the meantime, close co-operation is maintained with the Ministry of Food (Milk Division) and the Milk Marketing Board (Quality Division), results of the various tests being forwarded to them, as well as to the licensee. With all this, however, constant care and supervision of staff and plants are necessary to obtain uniformly satisfactory results; 75 visits in this connection were made to the various licensed premises.

Ungraded Milks - Nine samples were obtained for examination for tuberculosis, etc., all being reported negative.

Dairy Farms, Dairies and Milkshops - 420 visits were made to these premises, 21 notices of contraventions served, all being complied with at the end of the year. It has not been possible, however, owing to the difficulty of obtaining building material, etc. to resume the programme of re-conditioning and improving dairy farm premises. Notices given during the year, therefore, relate principally to usual cleansing and small maintenance repairs.

(b) Meat Inspections

The slaughtering continued at one central slaughter house under Government control as in previous years.

The meat inspection service performed by the Health Department staff covered an area comprising the County Borough of Hastings, the Boroughs of Bexhill and Rye, and the Rural District of Battle, and this has caused a considerable increase of work (as shown by the following table):-

<u>Carcases Inspected.</u>					
<u>Cattle</u>					
<u>Year (Excluding cows)</u>	<u>Cows.</u>	<u>Calves.</u>	<u>Sheep.</u>	<u>Pigs.</u>	
1939	534	228	829	3,763	3,024
1940	1,962	1,296	1,450	10,222	3,234
1941	1,659	784	1,266	7,333	3,097
1942	1,565	704	1,764	9,227	1,134
1943	1,732	671	2,620	10,464	700
1944	1,970	775	2,716	7,936	461
1945	2,329	869	3,487	4,995	1,114

All animals killed were examined at or soon after slaughtering under the Public Health (Meat) Regulations by a Sanitary Inspector, appropriate action being taken as regards carcasses condemned in part or in whole, the figures being as follows:-

Percentage of cattle, whole or part carcasses,				
affected with tuberculosis	-	7.04	per cent.	
Percentage of cows, whole or part carcasses,				
affected with tuberculosis	-	31.99	" "	
Percentage of calves, whole or part carcasses,				
affected with tuberculosis	-	.05	" "	
Percentage of pigs, whole or part carcasses,				
affected with tuberculosis	-	2.15	" "	

(c) Shops Act, Inspection of Foodstuffs, Restaurants, etc.
Pharmacy and Poisons Act 1932 - 1933.
Merchandise Marks Act 1887 - 1926.

The tables dealing with sundry foodstuffs and fish condemned, also giving details of all the work carried out under the above Acts, have been omitted.

The number of shops, particularly those businesses employed in catering, restaurants, cafes, etc., considerably increased. All shops as far as is known closed before statutory closing time, and no complaints were received.

The number of shops inspected was 88, re-visited 66, total visits 154; 60 contraventions were noted and notices served. All were complied with.

Under the Pharmacy and Poisons Act, 56 inspections were made.

Merchandise Marks Act 1887 - 1926.

No. of Inspections	Contraventions found.	Informal Notices. Served	Complied with.	Out-standing.
53	5	5	5	Nil

(d) Food and Drugs Act 1933.

During the year 107 samples (1 milk sample spilled in transit) were taken and submitted to the Borough Analyst at the Laboratory, Lewes, with the following results:-

Milk, 35 samples taken, all genuine. All other samples genuine with the exception of the five undermentioned samples on which the Borough Analyst reported as follows:-

Sample No.	Sample	Result of Analysis.	Action taken.
1642 (informal)	Pickling Spice	Contaminated by presence of mice excreta. (0.011 gm.)	Reported to Public Health Committee.
1661 (informal)	do.	Contaminated by presence of mice excreta. (0.002 gm.)	Withdrawn from sale.
1651 (informal)	Egg Substitute	Deficient in available Carbon Di-oxide 41.8%	do.
1662 (formal)	do.	Deficient in available Carbon Di-oxide 44.6%	
1658 (informal)	Baking Powder	Deficient in available Carbon Di-oxide 61.5%	do.

10. Factories Inspection.

Inspection of factories, etc.	- 65 visits.
Written notices	- 14
Defects found	- 23
Defects remedied	- 23
Defects referred to H.M. Inspector-Nil.	

11. Rodent Destruction.

Work in connection with the destruction of rats and mice increased during the year. 610 complaints (necessitating 913 visits) were received, most of these being attended to at the end of the year. Two major infestations were dealt with.

Following a preliminary examination of the Council's sewers in accordance with the directions of the Ministry of Food (Infestation Control Branch) and the submission of a report thereon, further directions were received from the Ministry to treat the sewers. The scheme was carried out in accordance with the recommendations in conjunction with the staff and workmen of the Borough and Water Engineer's Department.

First treatment entailed laying of baits in a large number of selected manholes, unpoisoned bait being laid on four successive days and poisoned bait on the fifth. A second and similar treatment was carried out subsequently. Results of "takes" were reported to the Ministry, when it was estimated that some 600 rats had been destroyed.

In addition to the above work, the Council's Refuse tip and other properties received the usual regular attention."

12. Camping Sites.

These were closed down until the end of the war.

13. Disinfestation of Council Houses and Other Premises.

Council Houses	- Nil
Other Premises	- 13

14. Disinfecting and Cleansing Station.

The Disinfecting and Cleansing Station at Rock-a-More remained closed. Disinfection of clothing and bedding was carried out mainly at the Disinfecting Station at the Municipal Hospital, partly also at the Borough Sanatorium. Treatment of scabies and the cleansing of verminous persons have been carried out at the Municipal Hospital.

I would again repeat the necessity for including as a priority measure a new Disinfecting and Cleansing Station in the post war reconstruction plan. It should, if practicable, be included within the premises and administration of the Borough Sanatorium for Infectious Diseases.

Articles disinfected	---	---	6,618
Number of individuals cleansed for vermin			8
Number of individuals cleansed for scabies			546
Number of baths for scabies	---	---	1,620
Sets of clothing disinfected	---	---	546
Premises disinfected	---	---	171

15. Report on Common Lodging Houses 1945.

The Committee decided not to renew the licence hitherto in force in respect of the Common Lodging House known as Nos. 3, 4 and 5, Wellington Court, Hastings, in view of contraventions of the Public Health Act 1936 and Corporation Bye-laws. There is now but one registered Common Lodging House in the Borough, this being kept free from notifiable infectious disease during the year.

16. Housing.

Routine house to house inspection has been suspended for the time being. On receipt of any complaint with regard to the condition of a house or as a result of routine or special district supervision, all necessary inspections are carried out (3,536 in 1945) and action taken in the usual way. The housing statistical tables for 1945 are omitted in detail.

12. LOCAL GOVERNMENT ACT 1929.

Hospital Policy - Medical Aspects.

The Emergency Medical Service - Ministry of Health.

No action was taken in 1945 in connection with the transfer of the Municipal Hospital (which is in effect the hospital wards of the Institution) as a general hospital under the Public Health Acts or the Poor Law. The status and function of the Municipal Hospital will, in any case, be decided in the forthcoming National Health Service, under which all Municipal Hospitals pass under the control of the Regional Boards.

In the recent Hospital Survey, under the instructions of the Ministry of Health, of hospitals in London and surrounding Counties, a co-ordinating policy is clearly indicated, namely, one hospital system for Hastings and the surrounding district of Bexhill, Rye and the Battle Rural District within which will be all the hospitals of the district including the Municipal Hospital. Under such a scheme, each unit would play its distinct part in the whole, avoiding duplication and waste of effort and thereby it is hoped effecting an increased all round efficiency. As regards the Municipal Hospital and the Borough Sanatorium, certain modernisation and re-construction will be required.

According to the Survey, such a district hospital for a population of 120,000 (which by a coincidence approximates that of Hastings and district as mentioned in the previous paragraph) should have 940 beds for all purposes, including 290 for special purposes; chronic sick 150, infectious disease 100 and special tuberculosis 40.

The two local voluntary hospitals, the Royal East Sussex (153 beds), the Buchanan (104 beds), the Municipal (293 beds) and the Infectious Diseases Hospital (70 beds), producing only a total of 650 beds, which cannot be increased without overcrowding. It is obvious, therefore, that all available beds must be pooled for a district hospital scheme, and even so there will be a considerable shortage of hospital accommodation. Further in this scheme the Municipal Hospital must have a definite and important position, in relation to its present work.

The main functions at present of the Municipal Hospital include:-

- (1) Care and nursing of chronic sick, aged and infirm.
- (2) A certain number of mental cases and mental defectives.

(3) A small number of acute cases and emergencies, both medical and surgical.

(4) A Children's Ward for sick and well children, with 5 side wards useful for segregation and classification, but which have had to be utilised to help out the maternity unit.

(5) A Maternity unit, now nominally 28 beds. The output of work is increasing yearly by about 100 confinements, in 1945 just under 500, in 1946 probably over 600 confinements, of which about two thirds are from Hastings, the remainder from the district. Moreover these cases include most of the special or difficult midwifery, or cases from impossible homes.

It is obvious that the new district hospital must be an amalgamation of all the existing hospitals, and that the Municipal Hospital, with such improvements, structural or otherwise as are practicable, must in the present shortage of beds, play an important part, certainly as regards the chronic sick, almost certainly for there is no other accommodation available, as regards maternity, and in all probability as regards the admission of sick children, and a certain number of medical cases.

13. METEOROLOGY.

The tables have been filed for future reference.

14. SUMMARY OF PROVISION OF HEALTH SERVICES IN THE AREA.

- (a) Laboratory facilities - see special note.
- (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 of Maternity and Child Welfare report (see also report for 1930)
- (d) Clinic and Treatment Centre - see special section. (see also report for 1930)
- (e) Hospitals - Public and Voluntary - see special section.
- (f) Medical Service 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. - The Welfare authority works in close co-operation with the local Diocesan Association in connection with arrangements made for mothers before or after birth of illegitimate children; where necessary assisting financially with the provision of institutional accommodation. The Health Visitors give special supervision to the care of these infants, particularly in obtaining their attendance at Infant Welfare Centres.

(j) Prevention of Blindness - The Corporation gives a substantial grant to the Voluntary Association for the Blind which is carrying out an ever increasing most admirable and beneficent work, e.g., administration of subsistence allowances, which have recently been increased, obtaining and keeping suitable work, general and special treatment in local hospitals and national institutions.

By a declaration under the local Government Act, 1929, the voluntary Committee now deals with blind persons and sighted "dependents" requiring out-relief from the Social Welfare Committee.

(k) Rag Flock Acts 1911 and 1922 - The amount of flock is comparatively small in amount, clean and used in remaking mattresses and general upholstery. The premises are all in a satisfactory condition and under the regular supervision of the Sanitary Inspectors.
