

[Report 1946] / Medical Officer of Health, Hastings County Borough.

Contributors

Hastings (England). County Borough Council.

Publication/Creation

1946

Persistent URL

<https://wellcomecollection.org/works/n848zfea>

License and attribution

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

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

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



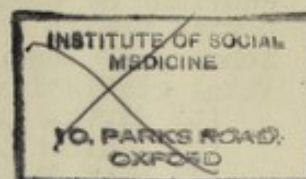
Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

Ac. 44143
35/10/2.
219.

-1-

Library

~~THE INSTITUTE OF SOCIAL MEDICINE~~
70, Parks Road, Oxford



COUNTY BOROUGH OF HASTINGS

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for 1946.

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

Medical Officer of Health
and
School Medical Officer.

CONTENTS

	<u>Page</u>
1. Preface	3
2. Chairman of Committees responsible for Health Services	4
Public Health Officers of the Corporation	5
3. Summary of General and Vital Statistics	6
4. Vital Statistics:-	
(1) Births	7
(2) Deaths	7
(3) Main Causes of Death	7
5. Infectious Diseases, including Report on Borough Sanatorium for Infectious Diseases	8
6. Venereal Diseases Clinic	12
7. Tuberculosis	13
8. Maternity and Child Welfare:	
(1) Vital Statistics	16
(2) Inspection of Midwives	17
(3) Work of the Health Visitors, Home Helps and Domestic Helps	17
(4) Maternity and Child Welfare Centres	18
(5) Contraceptive Clinics for Married Women	18
(6) Distribution of Milk, Nutritive Foods, etc.	18
(7) Dental Treatment	18
(8) Orthopaedic and Light Treatment	18
(9) Treatment of Toddlers	18
(10) Anti-Diphtheria Inoculation	18
(11) Child Guidance Clinic	18
(12) Speech Therapy Clinic	18
(13) General Notes	19
9. Mental Deficiency	20
10. Orthopaedic Scheme	21
11. General Sanitary Administration:-	
(1) Local Acts, Orders, Byelaws, Adoptive Acts	22
(2) Public Health Propaganda	22
(3) Registration of Nursing Homes	23
(4) Water Supply	23
(5) Baths Establishments	24
(6) Drainage and Sewerage	25
(7) Scavenging	25
(8) Sanitary Inspection of the District	25
(9) Inspection and Supervision of Food:	
(a) Milk Supply of the District	26
(b) Meat Inspections	27
(c) Ice Cream	28
(d) Shops Acts - Inspection of Foodstuffs, Restaurants, etc.	28
Pharmacy and Poisons Act	28
Merchandise Marks Act	28
(e) Food and Drugs Act, 1938	28
(10) Factories Inspection	29
(11) Rodent Destruction	29
(12) Disinfestation of Council Houses and other premises	30
(13) Disinfecting and Cleansing Station	30
(14) Housing	30
(15) Report on Common Lodging Houses	30
12. Local Authority Hospital Policy	31
13. Meteorology	32
14. Summary of Provision of Health Services in the area	32

1. P R E F A C E.

Public Health Department,
44 Wellington Square,
HASTINGS.

August 1947.

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 1946, 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 1946.

The crude death rate for 1946 was 16.4 per 1,000 - corrected by the pre-war factor of correction, 10.98 per 1,000. This rate approximates closely with that which prevailed in the years prior to the war.

The birth rate of 19.5 per 1,000 for the estimated resident population, as compared to 14.9 per 1,000 in 1945, showed a very significant increase, in terms of births from 731 to 1,155. This marked increase of the birth rate is general and national and it is reported also from many of the other belligerent countries. It occurred, though not to such a high and marked degree, at the end of the last war, but soon fell and the birth rate commenced to decline again up to the commencement of the 1939 war. In the light of previous history and in the face of the present economical difficulties, it is reasonable to anticipate a reduction in the birth rate during the next year or two, although so far there is no evidence of this.

The infant mortality rate was 30.3 per 1,000 live births as compared with 46.5 per 1,000 births in 1945, and the large towns in 1946. Illegitimate births were 98 with, happily, a low infant mortality of 30.6; special attention was given by the Health Visitors to the after care of the illegitimate infants.

The death rate from tuberculosis was .55 as compared with .49 per 1,000 in 1945. The low rate last year has been practically maintained proving that the war-time increase in mortality and incidence has been a purely temporary phase. Various factors are responsible - the increasing use of X-ray and mass radiology, the bringing forward of the early case and increasing knowledge of the public, have all assisted materially in discovering early cases and in securing treatment so that the chances of arrest or even cure are reasonably good.

With regard to infectious diseases, the incidence throughout the year was low; scarlet fever 38 cases as compared with 42 in 1945; diphtheria 4 cases as compared with 11 in 1945; small outbreaks of measles, also of whooping cough, in either case without mortality. For the third year there was no death from scarlet fever or diphtheria or any of the common notifiable diseases. In fact, in the last six years now the incidence of diphtheria has been low, without a death in that period. Elsewhere in the report, I have commented on the importance of diphtheria immunisation. It has been emphasised that the factor of safety in any child population should be at least an

immunisation rate of 80%, supplemented by further re-inforcing or "boosting" injections every 4-5 years until the age of 15 has been reached. Making some allowance for children immunised during evacuation and not reported, we have not yet reached this percentage, although we hope it will be ultimately obtained in a year or two.

In the report I have drawn attention to forthcoming changes in the hospital policy of the Local Authority under the National Health Service Act of 1946. With regard to the health services proper, it is clear there will be substantial developments, particularly in connection with the Maternity and Child Welfare Department, health visiting, the development of Infant Welfare Centres and Ante-natal Clinics and of a domiciliary help service, with which the maternity help service will be incorporated - the provision of a complete home nursing service, and also of a complete domiciliary midwifery service and the development of the service for general assistance during illness including nursing necessities and other comforts. In addition, and in co-operation with the Local Executive Council it will be the duty of the Health Authority to provide and administer health centres, as and when required, for the Local General Practitioner Service. All these considerable and important developments are now under careful consideration by all concerned and at this stage it is not possible to go into any details with regard to the schemes.

I beg to thank the Council, the Chairmen 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 Capt. E.T. Hyland.

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

Education Committee - Alderman Mrs. Foxon, J.P.

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

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

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

Housing and Improvements Committee - Councillor S. Thorpe.

PUBLIC HEALTH OFFICERS OF THE CORPORATION.

See list as set out in Report of 1939.

The following alterations in staff are recorded in 1946.

Name of Officer	Offices held.
K.J. Grant, M.B., B.Ch., D.P.H. (Returned from Military service May 1946)	Deputy Medical Officer of Health Deputy School Medical Officer.
Miss I.B.S. Bingeman, M.B., B.S., D.P.H. (Services terminated August 1946)	Temp. Deputy Medical Officer of Health. Temp. Deputy School Medical Officer.
Mrs. C.M. Kipling, S.R.N., S.C.M. (Resigned July 1946)	Health Visitor and School Nurse.
Miss C.Y. Bailey, S.R.N., S.C.M. (Appointed August 1946)	Health Visitor and School Nurse.
Miss J.V.Y. Davidson (Appointed March 1946)	Speech Therapist.
W.A. Beere, M.R.S.I., A.M.I.S.E. (Appointed May 1946)	Assistant Sanitary Inspector.
W.G. McDonald, M.R.S.I. (Appointed August 1946)	Assistant Sanitary Inspector.
Miss A.P. Warren (Resigned April 1946)	Shorthand-typist.
Miss M.M. Robin (Appointed May 1946)	Shorthand-typist.
Miss E. Footner (Resigned May 1946).	Clerk, School Medical Service.
Miss I.M. Plummer (Appointed June 1946)	Clerk, School Medical Service.
H.R.H. Ashley (Returned from Navy, May 1946)	Clerk, General and Sanitary Inspectors' Office.
Miss B. Munns (Resigned May 1946)	Clerk, Maternity & Child Welfare and School Medical Service.
Mrs. G.M.A. Waghorn (Appointed June 1946)	Clerk, Maternity & Child Welfare and School Medical Service.

3. SUMMARY OF GENERAL AND VITAL STATISTICS 1946.

Area of Borough	...	...	7,770 acres.
Population - Census 1931	...	...	65,207
Registrar-General's estimate of resident population 1946, for the purpose of Vital Statistics ..			59,160
Number of inhabited houses (end of 1946) according to Rate Books	...	...	20,002
Rateable Value	...	...	£766,397
Sum represented by a penny rate	...	...	£2,600 (est.)

	<u>Total</u>	<u>Male</u>	<u>Female</u>	
Live Births 1946 (Legitimate	1,057	547	510	) = 1,155
(Illegitimate	98	60	38	

Birth rate 1946 per 1,000 of the estimated resident population	19.5
--	-----	-----	------

Still births	31
--------------	-----	-----	----

Rate per 1,000 total (live and still) Births ..			20.0
---	--	--	------

Deaths 1946	976
-------------	-----	-----	-----

Death Rate, 1946 per 1,000 of the estimated resident population:-	(a) crude	....	16.4
	x (b) corrected	...	10.98

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	2	1.68

Death Rate of Infants under one year of age:-

(a) All Infants per 1,000 live births	...	30.3
(b) Legitimate Infants per 1,000 legitimate live births	...	30.2
(c) Illegitimate Infants per 1,000 illegitimate live births	...	30.6
Deaths from Cancer (all ages)	...	156
Deaths from Measles (all ages)	...	Nil
Deaths from Whooping Cough (all ages)	...	Nil
Deaths from Diarrhoea (under 2 years of age)		1

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

4. VITAL STATISTICS.

1. Birth rate per 1,000 of population, 1946 ... 19.5
2. Death rate per 1,000 of population 1946 ... 10.98

Comparative Table.

Year	Birth Rate per 1,000 of population.	Death Rate per 1,000 of population.	
		Crude	Corrected x
1938	11.1	15.4	10.3
1939	11.3	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
1946	19.5	16.4	10.98

x Factor for correction 0.67.

The crude death rate declined further from 18.1 in 1945 to 16.4 per 1,000 of the population yielding a corrected death rate of 10.98, which is practically equivalent to the standardised death rate for the large towns and the country as a whole. A high crude death rate is normally expected in health resorts catering for a considerable residential and retired population. It is moreover a feature which must increase during coming decades in view of the fact that the average length of life is still steadily increasing. Out of 976 deaths in 1946, 252 or 15.8 per cent were in persons between the ages of 65-75 and 460 or 47.1 per cent over the age of 75.

With regard to the birth rate, the war time increase has steadily continued. In 1946 1,155 live births were registered as belonging to Hastings with a birth rate of 19.5 per 1,000 of the population. This was the highest recorded birth rate for many years and forms a great contrast with the lowest recorded birth rate of 11.1 per 1,000 in the last pre-war year, 1938. The increased birth rate moreover has continued during 1947, the average number of babies born in Hastings being now in the neighbourhood of 150 per month. Even allowing for 20-30 mothers each month coming from the surrounding districts to have their confinements in Hastings Maternity Homes, the high rate is still obviously being fully maintained. There was a somewhat similar increase in the birth rate towards the end and immediately following the 1914-18 war, but this rapidly disappeared and the downward curve commenced again right up to the beginning of the last war.

The number of illegitimate births was 98 out of 1,155 births, nearly one in each 12 births and almost double the rate before the war.

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

The total deaths from various associated causes amounted to 465 or 46 per cent of the total deaths.

(b) Cancer.

The total deaths from cancer were 156 as compared with 166 in 1945. The death rate of 2.6 per 1,000 or one death in every 6.2 remains higher than in the country as a whole, but this can be explained as a result of the high average age constitution of the people living in Hastings.

An interim scheme with the Westminster Hospital, London for providing treatment under the Cancer Act, came into operation in the summer of 1946. This scheme provides for consultation, in-patient and out-patient treatment and supervision at the Westminster Hospital and also includes transport of patients and where necessary the boarding and lodging of patients in London for out-patient treatment. The Westminster Hospital is also used by the East Sussex County Council and the Eastbourne County Borough for the same purpose. This hospital has a modern, up-to-date department, with the fullest possible facilities for radium, deep X-ray and other specialised treatment for cancer. The scheme has operated smoothly and with great advantage to the patients and has materially assisted the voluntary hospitals in obtaining accommodation for these cases.

This scheme is merely an interim one, because when the National Health Service Act comes into force as regards hospital treatment, the treatment of cancer will be the responsibility of the Regional Board.

The following is a note of the cases treated at the Westminster Hospital from July to the 31st December 1946:-

(i) No. of cases referred to the Public Health Department by Hospitals and Medical Practitioners	...	...	9
(ii) No. who received out-patient treatment only			3
(iii) No. who received in-patient treatment			6
(iv) Total number of attendances made by out-patients and in-patients		...	43

(c) Respiratory Diseases.

The total deaths from respiratory complaints were 94. There was no epidemic of pneumonia or influenzal pneumonia during the year.

5. INFECTIOUS DISEASES.

Prevalence of Infectious Diseases.

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.

The following table summarises the incidence of the notifiable infectious diseases during 1946:-

Disease	Total Cases	Admitted to Hospital	Deaths.
Diphtheria (including Membranous Group)	4	4	Nil
Erysipelas	16	3	Nil
Scarlet Fever	38	30	Nil
Paratyphoid B.	Nil	Nil	Nil
Puerperal Pyrexia	29	1	Nil
Cerebro-spinal Meningitis	4	4	Nil
Ophthalmia Neonatorum	2	2	Nil
Pulmonary Tuberculosis	121	50	12
Other forms of Tuberculosis	30	23	1
Poliomyelitis	Nil	Nil	Nil
Acute Primary Pneumonia	21	Nil	2
Malaria	4	Nil	Nil
Dysentery	Nil	Nil	Nil
Influenzal Pneumonia	5	Nil	Nil
Measles	149	Nil	Nil
Whooping Cough	46	1	Nil

REMARKS

(a) Scarlet Fever - The incidence was low, 38 cases as compared with 42 in 1945, the cases being on the whole mild and sporadic.

(b) Diphtheria and Diphtheria Immunisation - The incidence of diphtheria was again extremely low, 4 cases being notified throughout the year and no deaths. The incidence and deaths since 1938 are shown in the following table:-

<u>Year</u>	<u>No. of Cases.</u>	<u>Deaths.</u>
1938	31	3
1939	49	1
1940	25	1
1941	6	Nil
1942	7	Nil
1943	13	Nil
1944	13	Nil
1945	11	Nil
1946	4	Nil

The reduction, both in the incidence and the death rate during the past 6 years is remarkable, the average number of cases being 9 and no deaths. For this satisfactory result credit must be given to the diphtheria immunisation campaign, both national and local. It should, however, be noted that the target percentage of this national campaign is at least 80% of the children immunised and re-inforcing or "boosting" injections in the case of immunised children at 5 yearly intervals until all have left school. It is gratifying to note that there has been a considerable increase in "boosting" injections in this town during the past two years. During 1946 807 children were completely immunised, 600 under the age of 5 and 207 over 5 years of age, 392 re-inforcing injections being given. Every effort is made to publicise the importance of the diphtheria immunisation campaign through the press, posters, cinema, clinics, teachers, Infant Welfare Centres, Health Visitors, District Nurses, etc.

The immunising agent still remains A.P.T., the dosage .2 and .5 c.c.s at four weekly intervals with a special test (Schick test) to show whether immunity is complete, being carried out in a small proportion of the immunised children or at the request of any parent. The re-inforcing or "boosting" injection is .2 A.P.T.

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.

The Smallpox Hospital, Brede was made available, along with Sedgebrook Smallpox Hospital, near Chailey, for cases occurring throughout the County of Sussex, as a special war time measure. These arrangements will continue until the Regional Board takes over all hospitals under the National Health Service Act in July 1948.

Total admissions to the Borough Sanatorium in 1946 were 165, including 23 cases from the Rural District of Battle and the Borough of Rye, 27 cases from the Borough of Bexhill and 8 service cases, leaving 107 cases from Hastings. (See previous table which refers to notifiable diseases only). It was not necessary to open the Brede Smallpox Hospital.

As stated in previous reports, immediately before the war, an arrangement was completed with the Bexhill Municipal Borough to admit all their fever cases on the understanding that Bexhill would erect an additional cubicle block of 10 beds to meet the needs of their population, approximately 23,000. This cubicle block has obviously never materialised, but we have received Bexhill patients from a date soon after the commencement of the war. Fortunately, the incidence of infectious cases for admission to hospital has been much less than the average, particularly as regards diphtheria and scarlet fever. On the other hand if the Borough Sanatorium remains a District Fever Hospital admitting from a very considerable rural and urban district, apart from Hastings, with a total population to be served between 120,000 and 130,000, a cubicle block will be necessary. Furthermore, as a matter of policy in order to lighten the burden of cases in the Municipal Hospital, the question has been mooted of the admission of chronic and advanced or other cases of tuberculosis to the Borough Sanatorium instead of to the Municipal Hospital.

If it is considered that a block could be set aside for this purpose, combined with the erection of a cubicle block, the Regional Board may consider that the scheme has much to commend itself.

The existing policy of accepting as many varieties of infectious cases as warrant admission, including chicken-pox, mumps, german measles or scabies, particularly from boarding schools, hotels and boarding houses, has been continued.

Shortage of nursing staff has remained an important difficulty, but fortunately it has never been such as to require refusal of important and serious cases of infection. Also it has been possible to receive all these cases in two blocks, about half the usual beds, this being the lowest limit of beds which could be reasonably used and staffed for the purpose.

The domestic staff has also been extremely short and at times difficult to obtain. It may be noted that three displaced persons have been allotted, have settled down and are working satisfactorily and happily.

The Borough Sanatorium Disinfecter remains available for general disinfecting purposes, along with that of the Municipal Hospital and a certain amount of cleansing and treatment of scabies is carried out, particularly in the worst type of cases. This is due to the fact that the old Disinfecting Station at Rock-a-More is practically derelict, as a result of the war. A new Disinfecting and Cleansing Station is urgently required and steps are being taken by the Public Health Committee and the Council to secure a site and prepare plans.

Vaccination Return 1945.

Births	...	1,064
Successful Primary Vaccinations	...	512
Conscientious Objectors	...	379
Percentage of births vaccinated	...	48.1

The percentage of children now being vaccinated has risen substantially from about 30% to practically 50%.

It should be noted that compulsory vaccination disappears when the National Health Service Act comes into force and its place will be taken by voluntary vaccination on the same lines as diphtheria immunisation.

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 1946:-

Source of Specimens	Nature of Specimens	No.
A (General Practitioners (Borough Sanatorium (Medical Officer of Health	Sputum for Tubercle Bacilli	52
	Throat swabs for Diphtheria	410
	Widal examinations for Typhoid Group	32
	Miscellaneous	400
B (School Medical Service	Sputum for Tubercle Bacilli	1
	Throat swabs for Diphtheria etc.	16
	Miscellaneous	5
C (Tuberculosis Dispensary	Sputum for Tubercle Bacilli etc.	144
	Widal	1
	Miscellaneous	15
D (Municipal Hospital	Sputum for Tubercle Bacilli	38
	Swabs	125
	Miscellaneous	382
Total specimens examined		1,621

6. VENEREAL DISEASES CLINIC,
ROYAL EAST SUSSEX HOSPITAL.

During the year, Dr. P. Lazarus-Barlow, who is also Pathologist to the Royal East Sussex Hospital, resigned his position as Medical Officer in Charge of the Venereal Diseases Clinic, owing to the great expansion and increase in the work of the Laboratory. Dr. J. Schneider-Green has been appointed his successor.

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

<u>Year</u>	<u>Syphilis</u>	<u>Gonorrhoea</u>
1938	8	15
1939	10	33
1940	9	6
1941	3	6
1942	7	19
1943	9	11
1944	5	12
1945	8	28
1946	23	32

Average in war years - syphilis - 7 cases.
gonorrhoea-12 cases.

1934-1938 average annual incidence - syphilis - 9 cases.
" " " " gonorrhoea - 28 cases.

It should be noted that in 1946 there was a considerable increase in the number of new cases of syphilis which had been decreasing for a decade prior to the war and which had not increased locally to any extent during the war. The increase is probably due to the fact that service cases diagnosed and treated in the services have now been discharged home and come on to the Venereal Diseases Register here.

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. - 5 notifications received, 4 relating to females,
1 to males. 1 female notified twice.

Form 2. - 1 issued in respect of female notified twice on Form 1.

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 1946 the tuberculosis register contained 682 names.
 Males 304, Females 238, suffering from pulmonary tuberculosis.
 Males 66, Females 74, suffering from non-pulmonary tuberculosis.
- (b) Notifications and Deaths of cases notified in 1946.

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	2	2	-	-	-	-
5 - 10 "	4	-	5	2	-	-	-	-
10 - 15 "	2	3	7	3	-	-	-	-
15 - 20 "	2	2	1	-	-	-	-	-
20 - 25 "	7	9	1	1	-	-	-	1
25 - 35 "	15	16	-	3	1	-	-	-
35 - 45 "	15	8	-	1	1	-	-	-
45 - 55 "	9	5	-	-	1	1	-	-
55 - 65 "	8	8	-	-	1	3	-	-
65 upwards	4	2	2	-	2	1	1	-
Totals	66	55	18	12	6	5	1	1
Grand Totals	151				13			

(c) Incidence and Mortality.

The death rate, .55 per 1,000 showed a very slight increase as compared with the death rate for 1945, viz. .49 per 1,000, the lowest yet recorded. 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
1946	32	1	33	.55

For comparison, the death rate from tuberculosis towards the end and after the last war was as follows:-

1918	All forms of tuberculosis -	death rate -	2.0	per 1,000.
1919	"	"	1.8	"
1920	"	"	1.5	"

From all these figures it would appear that the increase in the death rate from tuberculosis which occurred during 1941-43, the period of the most intensive and general bombing in England, has been definitely checked, that the fall in 1945-46 has been very substantial and that there is no reason to expect a further relapse.

On the other hand the number of notifications steadily increases, particularly cases in the early stages. There are various reasons for this, particularly the examination of young men and women for the services in recent year, mass radiography in the services and elsewhere, the keenness and interest shown by general practitioners in recommending early cases for X-ray examination and investigation at the Tuberculosis Dispensary, and finally the interest and increasing knowledge of the public in all these matters. This is all of great advantage, because from time to time cases still come along practically symptomless, but which show extensive and serious X-ray damage to the lungs and sometimes are even too late for satisfactory treatment. The majority, however, of these symptomless cases can be treated with great efficiency and good results by modern methods in a sanatorium. With regard to mass radiography, this is now being utilised particularly in the industrial regions of the midlands, the north and London and district, also for large schools, training colleges and various military services.

(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 extend during 1946, the total attendances being 2,027 as compared with 1,721 in 1945, new cases being 414 as compared with 388 in 1945, and contacts examined were 410. Close and cordial co-operation continued with the special departments of the hospital - X-ray, Dispensary, Laboratory, Orthopaedic, etc.

(e) Institutional Treatment.

In spite of the shortage of sanatorium beds, and during the past year this applied at times to Darvell Hall Sanatorium, it was always possible to arrange treatment, without any undue delay, for all cases of pulmonary tuberculosis. On the other hand there is a very urgent shortage of beds for surgical tuberculosis, particularly in children and more particularly for the resultant crippling which demands a long term stay with educational facilities.

Owing to the acute shortage of staff at the Municipal Hospital, it was decided with regret to close for a period the ward for female cases suffering from tuberculosis. The accommodation for males at the Municipal Hospital was still available.

Admissions to Institutions during 1946.

Darvell Hall Sanatorium	49 cases	pulmonary tuberculosis.
Municipal Hospital, Hastings	24	" " "
Horton Emergency Hospital	1 case	" "
Brompton Hospital, London	1 case	" "
Royal East Sussex Hospital	18 cases	surgical tuberculosis.
Lord Mayor Treloar's Hospital	1 case	" "
Royal Sea Bathing Hospital, Margate	2 cases	" "
Heritage Craft Schools, Chailley	2 cases	" "
St. Vincent's Orthopaedic Hospital	1 case	" "

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

Although commenced as a war time measure, Government Maintenance Allowances were continued during 1946 for cases of pulmonary tuberculosis, but for persons who have to give up their work in order to undertake treatment in a sanatorium, or in their own homes with a reasonable chance of being again fitted for work. General criticism of this scheme throughout the country has been continued, particularly because the chronic, advanced or cases of surgical tuberculosis are omitted and must find any assistance, financial or otherwise, from Social Welfare or the Tuberculosis Care Committee. Further, from information received, the amount available from Social Welfare sources is as generous in various districts as that from the Government scheme. The definition between hopeful, chronic and the advanced case lays a burden upon the Tuberculosis Officer, as it is his duty to sift out cases which come within the scope of the scheme, intimating to these applicants who do not, a decision which amounts to a sentence that their case is chronic or hopeless. From the 1st January 1946 to the 31st December 1946, sixteen patients received maintenance allowances, one patient received a maintenance allowance and also a discretionary allowance, one patient received a maintenance allowance and also a special payment and one patient received a special payment after the maintenance allowance had ceased on entering a sanatorium.

(g) Tuberculosis Care Committee.

This Committee has continued its work on the same lines as in previous years and provides one pint of pasteurised milk each day for patients who require nourishment and in special cases 3/6d per week to purchase special foods, and financial help where necessary, also gifts of clothing, nursing requisites, grants for railway fares and so on.

The Occupational Therapy Centre in the St. John Ambulance Hall, held monthly, has continued its work on the same lines as described in previous reports. It provides a centre for the ex-sanatorium or other patient to meet the Supervisor, whose headquarters are at Darvell Hall Sanatorium, once a month to examine articles made, to consider and arrange for new material and work and it also acts generally as a social centre. Fortunately, in spite of shortages of material, it has been possible to obtain a very reasonable amount of new material to make toys, leather articles, bags and baskets.

It is clear that the Tuberculosis Care Committee will continue to function within the ambit of the National Health Service Act, 1946 on well tried and satisfactory lines. Indeed it is suggested in Circular 118/47 of the Ministry of Health that a further field should be explored in the way of giving assistance and after-care and to provide measures in other diseases. It is quite possible that, to avoid increasing the number of Committees or other voluntary bodies associated with the new Health Committee, the Tuberculosis Care Committee might add to its functions by accepting this further health development.

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

No action was taken in 1946.

8. MATERNITY AND CHILD WELFARE.

1. Vital Statistics:

(a) Infantile Mortality.

The infant mortality rate in 1946 with 35 infant deaths in 1,155 births, was 30.3 per 1,000 births, compared with 46.5 per 1,000 in 1945 and a national rate of 46 per 1,000 in the large towns including London. There was a certain prevalence of measles and whooping cough during the year, this corresponding with one infant death from bronchitis and four from pneumonia. Of the 35 deaths under 4 months, 22 were in the first 4 weeks, 18 actually in the first week. Most of these deaths were due to developmental causes, particularly congenital malformations, premature birth and other causes such as debility, marasmus or injury at birth. This neonatal mortality, coupled with the still birth rate, 31 out of 1,155 births, still constitutes a major problem in the infant mortality rate, in spite of the vast improvement in the general infant mortality. This problem is receiving much attention and will receive more under the team work of the National Health Service Act, 1946 including development of research and improved investigation in the work of infant welfare and ante natal clinics, with further education and co-operation of the mother. Other factors will be the provision of qualified specialists in all branches of child health to be made freely available through the services of the new Regional Board, both at the Clinics and in the Children's Wards at the Hospitals.

(b) Maternal Mortality.

<u>Year.</u>	<u>Maternal mortality per 1,000 births (Hastings).</u>
1939	5.9
1940	4.6
1941	4.7
1942	Nil
1943	1.6
1944	Nil
1945	1.3
1946	1.68
Average	2.4

No death occurred from puerperal sepsis, two deaths, however, being due to causes operating at child birth, the particulars as set out in the death certificates being as follows:-

- | | |
|--|--|
| (i) Acute necrosis of liver during Puerperium. | (ii) Necrosis of the liver. Toxaemia during pregnancy. |
|--|--|

Maternal mortality in this country has now reached a low level as far as puerperal sepsis is concerned, due to improved technique and use of modern drugs and methods, particularly sulphonamides and penicillin. The increasing interest and knowledge of the young mother of today, thanks to many educational influences, should not be forgotten as an important factor. The maternal mortality which remains is mainly linked up with toxæmias of pregnancy and various accidental conditions occurring during confinement and must be linked up with the neo-natal and also still birth mortality.

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	- 12
No. of visits	- 39
Midwives' notifications, medical aid	- 139
Other official notifications	- 39
Births notified by midwives	- 603

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

(b) Midwives Act 1936.

Domiciliary Midwifery.

<u>Service.</u>	<u>District Nursing Association.</u>	<u>Municipal Midwife.</u>	<u>Total.</u>
1. Cases conducted	288	59	327
2. Post-natal visits	6,140	1,031	7,171
3. Ante-natal visits	2,556	382	2,938
4. Gas and Air Analgesia	78	34	112

There was an increase in the number of cases conducted on the district, particularly by the District Nursing Association, from 221 to 327. This may have been partly due to the fact that at various times of the year, the maternity accommodation at the Municipal Hospital was so overstrained that it was necessary to refuse admission to a certain number of cases. Domiciliary midwifery, under proper home conditions, and with an efficient service such as obtained in Hastings, has been proved to be among the safest of all methods of midwifery, particularly in the avoidance of the possibility of direct or indirect cross infection, which does occur at times even in the best conducted maternity institution.

There was an adequate service throughout the year and in addition gas and air analgesia showed a considerable increase in the number of cases, from 92 to 112. Obviously this service is now being readily accepted and appreciated.

(c) The Puerperal Pyrexia Regulations 1939.

The total number of cases was 29.

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

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

<u>Health Visitors</u>	<u>Home Visits.</u>
First visits under one year	- 1,086
Second or further visits	- 4,517
Infectious diseases and special visits	- 541
Infant protection visits	- 333
Expectant mother visits	- 220
Total	<u>6,697</u>
Home Help cases	- 28

Domestic Help Scheme - Commenced 7.5.45.

No. of Domestic Helps - full time	3
No. of applications received up to 31.12.46	156
No. of applications dealt with in 1946	134
No. of applications cancelled for various reasons	22

4. Maternity and Child Welfare Centres:

Total attendances were as follows:-

Infant Welfare Centres	15,269
Ante-natal and post-natal clinics	932
Medical consultations	4,642

5. Contraceptive Clinic for Married Women (including County cases).
Treatment for medical conditions only.

New cases	44
Old cases	77
Total	121

6. Distribution of Milk, Nutritive Foods, etc.

Additional milk and vitamins must be given a considerable amount of credit for the improvement in the present day infant health and also in the condition of the expectant and nursing mothers. There was a definite increase in the take up both in milk and vitamins.

Distribution of Milk, vitamins, etc.

Orange Juice "take up"	- 46 per cent (this includes issues to expectant mothers)
Cod Liver Oil do.	- 37 per cent.
Vitamin A and D capsules	- 59 per cent
National Dried Milk	- 600 tins average issue per week.

7. Dental Treatment.

Expectant and nursing mothers at
the Royal East Sussex Hospital - Nil

Children under 5 at School Clinics- 24

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 examination, investigation and treatment of children under the age of five, not attending school, are available and particularly valuable on occasion for enuretics or bed-wetters.

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 1946.

The whole of the peace time services were made available to the community throughout 1946, including six District Infant Welfare Centres, and three Ante-natal and Post-natal Clinics, including that of the District Nursing Association. The amount of institutional midwifery increased considerably during the year, corresponding of course with the increase of births. The actual number of confinements at the Municipal Hospital was 696, compared with 481 in 1945, 493 belonging to Hastings, as compared with 307 in 1945 and the remainder, 203 to outside districts, as compared with 304 in 1945.

Similarly at the Fern Bank Maternity Home, the number of confinements increased from 198 to 270, of whom a considerable proportion came from the County district.

During 1946, the Municipal Maternity unit had the advantage of the services of Mr. Ian Robertson as a consultant obstetrician and gynaecologist, available for general advice and obstetrical emergencies in the maternity unit, also for advice in ante and post-natal clinics, particularly for abnormal and emergency cases. During the year the ante-natal clinic was moved to the old Casual Department near the entrance and has been remodelled in order to improve the comfort and efficiency of this important unit. Eventually it is hoped to have a dental department attached so that mothers can have inspection and treatment on the days of the clinics or at special times.

The District Nursing and Maternity Association also has its own ante-natal clinic for patients entering Fern Bank Maternity Home.

A meeting of all concerned, the consultants, ante-natal Physicians, Medical Officer of Health, Medical Officers, Municipal Hospital and Nursing Staff, considered the best methods of obtaining all round co-operation between ante-natal and post-natal clinics and the maternity homes, i.e. the Municipal Hospital and Fern Bank. As a result arrangements were made whereby all ante-natal clinics became inter-changeable, passing documents, cards and information from one to the other and to the maternity homes and making special arrangements for the follow up and post-natal care of mothers. These arrangements will be fully in accordance with those anticipated under the National Health Service Act, which, however, will also include the free service of consultants from the Regional Board to the local ante-natal clinics.

In previous years I have stressed the desirability of a further advance in the local service, particularly the setting up of central consulting clinics for infant welfare, ante-natal and post-natal purposes. There is no reason why this further advance should not be explored in connection with the arrangements now being considered under the National Health Service scheme.

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 has 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.

9. MENTAL DEFICIENCY.

The total number of mental defectives on the register of the local authority at the end of 1946 was 151. Of these 70 are in institutions, 6 of whom are on licence, 58 are under guardianship, 19 are under statutory supervision and 4 are under friendly supervision.

During 1946 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 still continue to benefit from the Centre on three afternoons weekly. Home teaching was also available for a few younger defectives unfit owing to their mental condition, or inability for physical reasons to travel to the Occupation Centre itself.

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 school children brought forward for the first time for education as educationally retarded at the Special School, or for reference to the Mental Deficiency Committee.

In addition she attends the weekly clinic for nervous disorders at the Royal East Sussex Hospital, which deals with Hastings and the surrounding district and is financially supported by the Mental Deficiency Committee. Total attendances have again increased being 461 old cases and 142 new cases, of which the great majority came from the Hastings district.

Mental Health Visitor - Summary of Work.

Home visits - cases under guardianship				392
" " supervision				174
" " Education Committee				124
Miscellaneous visits	...	...	...	324
Special visits	...	...	...	66
				<u>1,080</u>
Interviews	...	...	...	438
Escort	...	...	...	13 occasions.
Clinic for Nervous Disorders	...	...	...	44 sessions.
Occupation Centre	...	...	...	70 visits.

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

39 children reported as being educationally subnormal, were tested and dealt with as follows:-

Recommended and transferred to Special School	32
Referred to Child Guidance Clinic	2
Excluded from school and referred to Mental Deficiency Committee	1
Deferred for three months	2
No action	1
	<hr/> 39 <hr/>

Attention has been given during the year to the effect of the National Health Service Act 1946 on what is now known as the Mental Health Services, i.e. mental deficiency and mental treatment of the mentally unsound. Under the new Act these services will be passed over to the Health Committee as one united service, the Mental Health Service, under a special sub-Committee. This does not involve any great change in Hastings as both mental deficiency and mental treatment services have, in fact, been dealt with for many years by the same Committee.

Under the new Act the responsibility for institutional treatment passes entirely to the Regional Board and in all probability the Clinic for Nervous Disorders will also be part of the regional organisation. The local authority will be responsible for ascertainment, guardianship and securing of appropriate home supervision or institutional care as before and will be closely linked up with the Regional Board by the free use of its medical and other specialists. The local authority will be responsible for the appointment of duly authorised officers to deal with the ascertainment, certification and removal to hospital of mentally unsound persons.

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 and education - Heritage Craft Schools, Chailey.
Royal Sea Bathing Hospital, Margate.
Hospital for Sick Children, (County Branch), Stanmore.
Lord Mayor Treloar's Hospital, Alton.

Attendances were fully maintained and there was an increase of new cases at the Orthopaedic Clinic during 1946.

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

Cases attending the Clinic, Royal East
Sussex Hospital - December 1946.

	<u>Orthopaedic</u>	<u>Sun-Ray.</u>
(a) School Medical Service	77	Nil
(b) Maternity and Child Welfare	37	2
(c) Tuberculosis	3	Nil
Total	117	2
<u>New Cases 1946.</u>		
(a) School Medical Service	127	8
(b) Maternity and Child Welfare	41	22
(c) Tuberculosis	3	1
Total	171	31

Total Attendances.

Orthopaedic	7,059
Sun-Ray	821

Cases receiving residential treatment at the Heritage
Craft Schools, Chisleley, December 1946.

Tuberculosis	3
Other conditions	1

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.

During the year Mr. Norman Tiechurst, who has been surgeon-in-charge of the Orthopaedic Clinic since its inception nearly 20 years ago, resigned and I take this opportunity of expressing our gratitude and thanks to him for his great interest and excellent work during all that period. He has been succeeded by Mr. D.N. Wilson, with whom the same close co-operation has been secured.

11. GENERAL SANITARY ADMINISTRATION.

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

No additions or amendments were reported in 1946.

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 in the scheme for milk and vitamins, early treatment of venereal diseases, dietary, the scheme for domestic helps, 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.

In the autumn a successful Health Stand, in which all members of the Public Health Department co-operated enthusiastically, was given good prominence at a "Safety First" Week. Members of the public showed great interest in the various exhibits which covered every aspect of public health work and attended in considerable numbers at films dealing with "Diphtheria Immunisation", "Mass Radiography" and "Lease on Life".

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	-	19
Beds available - maternity	-	219
others	-	180

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 carried out in December 1946 are quoted:-

Bacteriological Analyses - 10th December 1946.

1. Specimen of water from Newgate Reservoir, Tap on Baldslow Main.

Number of "bacteria" growing on Agar per cc 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.	-	Present	0.	Absent	100 c.c.
Cl. Welchii Reaction	-	Present	0.	Absent	100 c.c.

"This sample is clear and bright in appearance and of the highest standard of bacterial purity.

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

2. Specimen of Water from Tap on Fairlight Main, Halton Reservoir.

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

1 day at 37°C - 6.

2 days at 37°C - 7.

3 days at 20°C - 9.

Presumptive Coliform Reaction - Present 0. Absent 100 c.c.

Bact. Coli. - Present 0. Absent 100 c.c.

Cl. Welchii Reaction - Present 100 c.c. Absent 10 c.c.

"This sample is clear and bright in appearance and of satisfactory bacterial purity consistent with a wholesome water suitable for public supply purposes."

- (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 64,318.

5. Baths Establishments (Swimming and Medical)

During 1946 both swimming baths at the White Rock Baths were open. The water is treated with modern filtration and chlorination methods, and bacteriological analyses were generally satisfactory.

The Open Air Swimming Pool at West Marina was also open for two months towards the end of the summer of 1946, the first occasion since the beginning of the war.

The medical section of the White Rock Baths, with sea weed, salt water brine, concentrated brine with massage, continued with success throughout the year. The Turkish and spray section was also opened early in 1946. It was found, however, that overhead and general running expenses of this section were extremely heavy and towards the end of the year it was decided with regret that continuance for the time being was not an economic proposition.

Consideration was also given to the initiation of an electro-therapeutic section. A certain amount of equipment was obtained and arrangements were made for the Borough Engineer to replan certain rooms for the purpose. The commencement of this scheme has been temporarily postponed pending the setting up of the arrangements for special treatment under the National Health Service Act Regional Boards and also in view of the re-organisation of the Baths.

6. Drainage and Sewerage.

During the year consideration was given to the resumption of the comprehensive new sewerage scheme which was 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 1946.

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, up to August, shortage of inspectorial staff. In spite of these difficulties, however, the more serious nuisances and sanitary defects brought to notice have been dealt with. 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, has been 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 liaison with the Town Clerk's (Housing) Department, reports as to present accommodation of applicants for Council houses being supplied on request, or when undesirable living conditions are found by the sanitary staff, etc. During the year 184 such reports were made: of these 81 related to over-crowding, 16 to unsuitable accommodation, and the living conditions of 14 tuberculous families were specially reported on by the Medical Officer of Health, additional points being given to such families as regards priority. In the remaining 73 cases, it was felt that no recommendation could properly be made at the present time.

The Housing Manager has kindly informed me that the following action has been taken on the reports furnished:-

35 families, where over-crowding or undesirable conditions prevailed, have been rehoused.

6 families, specially recommended on account of tuberculosis, have also been rehoused.

9. Inspection and Supervision of Food.

(a) Milk Supply of the District.

Retail Purveyors of milk on register 1946	65
Wholesale Traders of Producers 1946	21
Producers of Accredited Milk 1946	2
Producers of Tuberculin Tested Milk 1946	3
Purveyors of "Tuberculin Tested", "Accredited", or "Pasteurised" milk 1946	10
Pasteurisers' Licences to sell milk as pasteurised	4
Samples taken under Milk (Special Designations) Regulations 1936 - 1946	93

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

Designation	No. Taken	Methylene Blue Test		Phosphatase Test		Coliform Test	
		Passed	Failed	Passed	Failed	Passed	Failed
Tuberculin tested and T.T. Cert.	22	19	3	Not applicable		20	2
Accredited	15	14	1	Not applicable		15	-
Pasteurised	56	49	7	44	12	Not applicable.	

On the above table the following comments may be of interest:-

T.T. and T.T. Certified. Of the three samples adversely reported on, two (nos. 1246 and 1256) failing on both methylene blue and coliform tests, were from producers situated in the County Borough. Methods of production were investigated, succeeding samples being satisfactory for the remainder of the year. The other sample, failing on methylene blue test only, was from a County Producer, all others from this source proving satisfactory.

Accredited. The one unsatisfactory sample (No.1282) failed on methylene blue test only. It was from a local producer, and was followed up in the usual way.

Pasteurised. The number of samples (56) taken during the year was considerably more than that in 1945, when 22 were taken. It was also possible to pay more attention to the various plants and to the methods adopted in processing by the licencees concerned. Generally, results compared favourably with those of previous years, although they did not afford entire satisfaction. Continued co-operation was maintained with the Ministry of Food (Quality Division) and the Area Milk Officer, results of the tests being forwarded to them, as well as the licencees. It will be appreciated that constant care and supervision is necessary at all stages to obtain uniformly satisfactory results. While this is the responsibility of the licencee, 95 visits were in fact paid by the sanitary staff to this end.

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

Dairy Farms, Dairies and Milkshops. 635 visits were made to these premises, 15 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 slaughterhouse 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>Year</u>	<u>Cattle</u> (including Cows)	<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
1946	2,703	1,023	2,991	7,412	385

The number of animals killed on these premises has been generally steadily increasing during recent years and, on very many occasions, considerable congestion and over-crowding has resulted with corresponding inconvenience, not only to the men engaged in slaughtering and dressing, but to the Inspectorial staff. When such takes place, efficient meat inspection is carried out with difficulty. It is quite fair to say that the premises are unsuitable for the volume of work now carried out. They are unfortunately situated in the centre of a residential district and abut on one of the main arteries to the sea front. As a war-time expedient, these latter conditions could perhaps be tolerated; now, however, they cannot fail to make an unfavourable impression on visitors, apart from the interests of residents or would-be residents. It is, therefore, to be hoped that the policy of the Ministry of Food with regard to a system of centralised slaughtering will be made known soon, so that possibly the use of these particular premises can be discontinued.

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:-

<u>Carcases</u>	<u>Affected with</u>	
	<u>Tuberculosis</u>	<u>Other Diseases.</u>
Percentage of cattle, whole or part carcasses	20.16	28.41
Percentage of cows, whole or part carcasses	, 38.31	35.09
Percentage of calves, whole or part carcasses	.13	.26
Percentage of pigs, whole or part carcasses	1.03	-

(c) Ice Cream.

The work of inspecting premises whereon ice cream was manufactured, stored, etc., was energetically resumed, when it was found that many of the premises, owing often to abnormal causes arising from the war, fell short of the necessary standard. The owners, occupiers and others concerned were strongly pressed to effect improvements, and although difficulties were experienced both as regards labour, but more particularly building material, the trade appeared alive to the necessity for the improvements asked for, and used their best endeavours to carry them out. In conjunction with this programme, 31 samples were taken from local manufacturers. Results, based on the presumptive coli and plate count tests were disappointing, but no doubt substantial progress can be looked for both as regards buildings and methods of production in the near future.

Careful consideration was given to the terms and effects and the practical possibility of carrying them out, of the Ice Cream (Heat Treatment, etc.) Regulations 1947, which came into operation on the 1st May 1947.

(d) Shops Acts, Inspection of Foodstuffs, Restaurants, etc.
Pharmacy and Poisons Act 1852 - 1933.
Merchandise Marks Act 1867 - 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 62, revisited 35, total visits 97. 38 contraventions were noted and notices served. Seventeen notices were outstanding at the end of the year.

Under the Pharmacy and Poisons Acts, 21 inspections were made.

Merchandise Marks Act 1867 - 1926.

No. of Inspections	Contraventions found.	Informal Notices		Outstanding.
		Served	Complied with.	
35	5	5	5	Nil

(e) Food and Drugs Act 1938.

During the year 126 samples were taken and submitted to the Borough Analyst at the Laboratory, Lewes, with the following results:-

Milk - 72 samples taken - all genuine.

All other samples genuine with the exception of the three samples mentioned over-leaf, on which the Borough Analyst reported as follows:-

(c) Food and Drugs Act 1938 (continued).

Sample No.	Sample	Result of Analysis	Action Taken
1740 (informal)	Oxtail Soup Powder.	Composition satisfactory but contained nites.	Explanation of manufacturers accepted. No further action possible, sample taken being last of stock.
1748 (informal)	Pudding Mixture	do.	Reported to Public Health Committee and explanation accepted. Retailer warned. Stocks withdrawn and destroyed.
1750 (informal)	Pudding Mixture	do.	Follow on sample to No.1748.

10. Factories Inspection.

Inspection of factories, etc.	101 visits
Written notices	21
Defects found	24
Defects remedied	21
Defects referred to H.M. Inspector	1

11. Rodent Destruction.

At the beginning of the year one workman (loaned from the Borough and Water Engineer's Department) was engaged in this work. It soon became apparent, owing to the requirements of the Ministry of Food as to sewer treatments and a comprehensive survey of the area, as well as to the increasing number of complaints, that this staff would be insufficient. The Council, therefore, appointed a Rodent Officer, with an additional Rodent Operative in May. Work carried out is briefly indicated as follows:-

- (a) Corporation Sewers - These received a maintenance treatment on the lines recommended by the Ministry, as in previous years.
- (b) Complaints - The number of complaints received numbered 683 as compared with 610 the previous year; 599 complaints were in respect of rats (29 major infestations) and 84 in respect of mice.
- (c) Private Dwellings - Special Scheme 1946/47. The survey of the District under this scheme was commenced in May, two areas of the total of 14 being completed by the end of the year; 52 premises were found infested and cleared, 1317 rats being destroyed. Work was still progressing at the end of the year.
- (d) The activities of the organisation were extended to embrace monthly visits to hotels and restaurants on a paying basis. Regular visits to hospitals, school canteens, British Restaurants, were also carried out.

12. Disinfestation of Council Houses and Other Premises.

Council houses	Nil
Other premises	9

13. Disinfecting and Cleansing Station.

The Disinfecting and Cleansing Station at Rock-a-Nore remained closed and indeed is dilapidated and practically derelict. Disinfection of clothing and bedding has been carried out almost entirely at the Disinfecting Station, Municipal Hospital, on occasion also at the Borough Sanatorium. By the courtesy of the administration of the Municipal Hospital, the cleansing part of the work, i.e. dealing with verminous children and adults and with cases of scabies, has been carried out mainly in out-patients at the Municipal Hospital and where necessary as in-patients at the Borough Sanatorium. It should be emphasised, however, that the disinfecting plants, both at the Municipal Hospital and the Borough Sanatorium have been in existence for many years and are small and barely suffice for the needs of the two institutions. Furthermore, both institutions pass over to the new Regional Board under the National Health Service Act 1946, in July 1948.

I have gone into the matter in detail in previous reports, particularly in a special report dealing with health services under the new National Health Service Act. It is obvious that a Disinfecting and Cleansing Station must be given high priority as soon as building materials and labour can be freed for such a purpose. No doubt the Ministry of Health will be considering this matter also in relation to the many changes which loom ahead in the near future.

Articles disinfected	...	...	6189
Number of individuals cleansed for vermin			4
Number of individuals cleansed for scabies			284
Number of baths for scabies		...	839
Sets of clothing disinfected		...	284
Rooms etc. disinfected	...	...	173

14. 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, 3,471 in 1946, and action taken in the usual way. The housing statistical tables for 1946 are omitted in detail.

Number of complaints received during the year	948
Number of complaints investigated	948
Number of informal notices served	383
do. do. do. complied with	263
do. statutory notices served	9
do. do. do. complied with	5

15. Report on Common Lodging Houses 1946.

At present there are no registered common lodging houses.

12. LOCAL AUTHORITY HOSPITAL POLICY.

National Health Service Act, 1946.

In view of the important changes which were obvious in the hospital policy of the country affecting both voluntary, municipal and special hospitals of all kinds, such as fever and tuberculosis, the Mayor decided during the year to convene a small committee of all interests concerned, in order to think ahead and if possible be in a position to advise the Regional Board in dealing with hospital policy prior to the inception of the Act.

This Committee, under the Chairmanship of the Town Clerk, consists of representatives from the ~~two~~ voluntary hospitals, the Bexhill and Rye hospitals, the Municipal Hospital, the East Sussex County Council, and the Medical Officer of Health. In the Government Hospital Survey, it was clearly indicated and set out that Hastings would be the centre of a hospital district which would include Bexhill, Rye and the Battle Rural District, altogether with a peace time population of some 120,000 people. The Committee accepted this proposal and has endeavoured to develop a scheme for one district hospital, linked up with Bexhill and Rye Hospitals, which would avoid reduplication of staffs, departments and equipment. Further details I do not propose to give at present, in view of the fact that a report has not yet been presented to the Regional Board or made public. It is hoped, however, that this report, the result of many months of thought, discussion and combined experience and knowledge of the medical, nursing and lay administrations of Hastings and district, will prove of value to the new administration.

As regards the future, the Municipal Hospital and the Borough Sanatorium for Infectious Diseases will pass over to the general administration of the Regional Board, although no doubt members of the local authority and officers concerned with the present administration will be invited to co-ordinate and take a deep interest. The local authority will be left with the necessity of providing accommodation for ambulant aged and near infirm aged now in the Municipal Hospital and others of a similar type who are in single rooms or otherwise and cannot be properly looked after, generally living in inefficient accommodation throughout the town. The Ministry of Health and public opinion generally, favour a policy which would entail the removal of these old people from the House side of the Municipal Hospital. From a practical point of view this would appear almost necessary in view of the fact that the House and Hospital side are really one, as regards administration, kitchens, laundry, bakery and so on. The tendency now is to place these old people in moderate sized convenient houses with grounds of their own, if possible near shops, churches and centres of population. Endeavours are now being made to find suitable houses for this purpose. It should be noted that Hastings has done, through the Central Aid Council, the Christ Church Housing Association, and now through the W.V.S., excellent pioneer work in making suitable provision for aged people and it is estimated that within the next few months, as many as 200 will be dealt with by these or other voluntary associations. Much, however, in this direction will remain for the local authority to do and indeed this will be an increasingly important branch of local work in view of the high proportion of elderly, aged or infirm people who cannot be looked after by their relatives.

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) Mental Deficiency - see special section.
- (g) Maternity and Child Welfare Services - see special section.
- (h) 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.
- (i) 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.
- (j) Rag Flock Acts, 1911 and 1922 - The amount of flock is comparatively small, 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.