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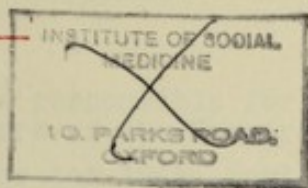
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COUNTY BOROUGH OF HASTINGS

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for 1948.

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

Medical Officer of Health

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Public Health Department,
44 Wellington Square
HASTINGS.

September, 1949.

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 working of the Health Department for 1948, in many respects, as compared with pre-war reports, again curtailed by recommendation of the Ministry of Health. Certain statistical tables omitted from this report are available for any future survey.

An event of outstanding importance was the inauguration of the National Health Service Act, 1946, on the appointed day, July 5th, 1948. Environmental health or sanitary services dealing with water, food, sewers and drains, housing, slum clearance etc. were not affected, remaining under the control of the Health Authority. The personal Health Services, while to all appearance co-ordinated were, in effect, divided into three groups -

(a) Certain personal health services, under Part III of the Act, provided by the Local Health Authority (Counties or County Boroughs).

(b) Hospital and Specialist Services administered by Regional Boards through Hospital Management Committees.

(c) General Medical and Dental Services, administered by local Executive Councils.

The local authority under Part III services is responsible for -

Section 21	-	Provision of Health Centres.
Section 22	-	Care of Mothers and Young Children.
Section 23	-	Provision of a Domiciliary Midwifery Service.
Section 24	-	Provision of Health Visitors.
Section 25	-	Provision of Home Nursing Services.
Section 26	-	Vaccination and Immunisation.
Section 27	-	Provision of Ambulance Services.
Section 28	-	Prevention of Illness, Care and After Care.
Section 29	-	Domestic Help.
Sections 49-51	-	Mental Health Services.

In addition, certain measures under the National Assistance Act, 1948 closely allied to Welfare and Care and After Care duties under the Health Act, became the responsibility of the local authority on the appointed day, dealing particularly with -

- (a) The Aged and Infirm, their care and accommodation.
- (b) Care of the Blind.
- (c) Care of the Deaf and Dumb.
- (d) Care of Cripples and other Handicapped Persons.

Much of this work was already well organised or in the course of development. Certain services were new, e.g. the responsibility for Ambulance Services, Home Nursing, Care of the Deaf and Cripples, Care and After Care generally, and the provision of Health Centres. A special section of the report is devoted to the scheme, as it is now working in its early stages, to developments in progress, and proposals for the future.

The Hospital and Specialist Services

All hospitals, clinics and specialist services passed over on the appointed day to the Ministry of Health to be administered regionally by the Regional Boards and locally by Hospital Management Committees, Hastings, being the centre of a hospital group, which comprises Hastings, Bexhill, Battle Rural and Rye, with a population of about 120,000. For two or three years a committee representing the local authority and the voluntary hospitals had been considering this unified hospital scheme, and their report has been accepted in many of its broad outlines by Region in the selection of the new unified hospital plan and system which will be developed in the next few years in this hospital area.

As a result of the new Health Act, the following local authority medical services have now been merged into the new Hospital Service under the Hospital Management Committee -

- (1) The Municipal Hospital, with 290 beds, now the St. Helen's Hospital.
- (2) The Borough Sanatorium for Infectious Diseases, with 70 beds, now the Isolation Hospital, and Brede Smallpox Hospital.
- (3) *The Tuberculosis Clinic.
- (4) *The Venereal Diseases Clinic.
- (5) *The Orthopaedic Clinic.

*All at the Royal East Sussex Hospital.

- (6) Responsibility for in-patient treatment of tuberculosis, maternity cases, mental deficiency and mental diseases.

A national unified hospital system has been under consideration for many years, but for a considerable period, while medical science was advancing rapidly, the work of development had to be carried out piecemeal, and in this the major local authorities have played an important part.

It is, therefore, fitting to give a short account of the work of the Hastings Local Authority at the Municipal Hospital, taken over from the Board of Guardians in 1930. This was never built as a hospital, but as a workhouse, about 1910, taken over as a temporary hospital by the Guardians in the first world war, and then utilised with comparatively few changes by the Guardians as Poor Law Sick Wards, until handed over to the Hastings Council in 1930 under the Local Government Act, 1929.

Between 1930 and 1939, when the second world war put a complete end to any major work or development, the Council steadily improved the hospital - main items being:

- (1) Addition of a new ward block for women with 40 beds.
- (2) Addition of a new block for children with about 40 beds.
- (3) Addition of a special open air annexe for male tuberculosis patients.
- (4) Provision of a new mortuary.
- (5) Provision of X-ray plant.
- (6) Provision of a new Nurses Home - one of the finest in the district or even the County.

- (7) Development and equipment of a Maternity Unit - maternity cases increasing from 40 to 700 per annum.
- (8) Provision of Ante Natal Clinic in the old female casual ward.
- (9) Building of new Male Casual Ward.

In addition, many much needed improvements were discussed during the war and plans prepared for developments after the war. For example, a good deal of electrical lighting and sterilising equipment was ordered towards the end of the war, and much of it had been obtained before the appointed day.

The difficulty of transforming a building, never meant for the purpose, into a modern hospital is enormous. The new Hospital Management Committee has still a big task in front of it, but I believe the work carried out at the former Municipal Hospital by the Council nearly all in a comparatively short period from 1930-1939, has paved the way in many important directions.

The Borough Sanatorium, now the Isolation Hospital for Infectious Diseases, with 70 beds, some 25 years ago was in a poor state of repair and equipment. During the intervening period, the buildings and equipment have been brought and maintained, the war years excepted, up to a satisfactory standard. The Sanatorium was always a district hospital for the area of the new Hospital Management Committee. In 1938 it was decided to include Bexhill patients, a cubicle block of 10 beds to be provided by Bexhill, this being a modern improvement, much needed and desired. The Isolation Hospital will shortly hand over two of its fever blocks for the reception of tuberculosis, and the cubicle block proposal, which died a natural death during the war, may be revived, together with a scheme to pool beds and nursing staff in neighbouring hospitals. In the meantime, the medical staff of the Council are still responsible for the medical care of the fever patients at the Isolation Hospital, which is of great help in co-ordinating all the work of diagnosis and prevention.

In the early part of 1923, the new Royal East Sussex Hospital was being moved from its old site, now that of the White Rock Pavilion, to a modern hospital in Cambridge Road. In respect of a considerable gift of money from the Corporation, the hospital built a new ad hoc Venereal Diseases Clinic, at that date one of the finest in the country for its size, and also covenanted that the Corporation should have the right to use the out-patient department as a Tuberculosis Clinic. Under the National Health Service Act, the name Tuberculosis Clinic has been replaced by Chest Clinic, and it is generally agreed that the close connection of the work of the former tuberculosis clinic with that of the out-patient department of the general hospital is the ideal to be aimed at. In this respect, therefore, the Council was considerably ahead of the general practice throughout the country.

One important aspect of the new Health Act is the necessity of co-operation and friendly communication between the three great departments of the new service -

- (The Hospital System
- (The Health Services of the Local Authority
- (The General Practitioner and Dental Services

It is generally agreed that the Health Authority and its officers form one of the most important connecting links. In this connection it is satisfactory that so many members of the Council are represented on the various committees in the three groups, some serving on several committees dealing with the new services. The Medical Officer of Health is also a member of the Group Medical and Local Medical Committees, and attends the Hospital Management and Executive Council, and serves on a House Committee.

The value of this co-ordination, already apparent, will be more evident when the local authority, some time in the future, erects new Health Centres for the communal use of the medical practitioners and dentists of the town, and also for the better housing of their own clinical Maternity and Child Welfare and School Medical Services.

The crude death rate for 1948 was 14.9 per 1,000 corrected by the pre-war factor for correction, 9.98, the corresponding figures for 1947 being, crude death rate 16 per 1,000, corrected 10.72. The figures now closely approximate those prevailing in the years immediately before the war.

The birth rate for 1948 was 15.2 per 1,000 of the population, compared with 19.1 in 1947. It is a general experience throughout the country that the steep increase in the birth rate immediately following the war has been checked, but so far, only partially. Last year there were still 200 babies born above the average of about 800 for a few years immediately preceding the war.

The infant mortality rate was 35 per 1,000 live births as compared with 26.6 in 1947, and 39 for the large towns of England and Wales in 1948. The number of illegitimate births was 72, or just under 1 in every 14 babies born, with the gratifying low infant mortality of 13.9. Special attention is given by the Health Visitors to the care and after care of illegitimate children.

The death rate from tuberculosis was .64 per 1,000 of the population as compared with .38 in 1947, when the fall in the rate from .55 per 1,000 in 1946 was much greater than might normally be expected. Generally speaking, over a period of years, with minor fluctuations, the rate is definitely falling, the wave, after the sharp rise during the war years up to 1944, resuming the favourable curve pre-war. The matter is discussed in some detail under "Tuberculosis" in the general report.

The incidence of infectious disease continued to be low; Scarlet Fever 57 cases compared with 39 in 1947; Diphtheria 1 case as compared with 5 in 1947. Whooping Cough and Measles were generally prevalent for a considerable period of the year, fortunately most cases of a mild variety, there being one fatality in each disease. For the eighth year there was no death from diphtheria. The immunisation campaign has been continued, with improved results throughout the year, although the optimum target of 80 per cent children up to the end of school life, fully immunised once and then protected by "boosting" injections, has not yet been achieved. There was, fortunately, no overspill from the outbreak of anterior-polio-myelitis or "infantile paralysis" in the summer and autumn of 1947, when Hastings had its share with a total of 30 cases.

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 A.T.White.
 Sub-Sanatorium Committee - Councillor A.T.White (To the 6th July, 1948)
 Education Committee - Alderman Mrs.G.Foxon, J.P.
 Mental Deficiency Committee - Alderman Mrs.A.Farnfield, J.P., M.B.E.
 Social Welfare (and Sub) Committee - Alderman Mrs.A.Farnfield, J.P., M.B.E.
 (To the 6th July, 1948).
 Maternity and Child Welfare Committee - Councillor Mrs.V.B.Alexander
 (To the 6th July, 1948).
 Housing and Improvements Committee - Councillor S.Thorpe.
 Health Committee - His Worship the Mayor, Councillor J.D.Cooper, J.P.
 Sub-Health (Mental Cases) - Mrs.H.M.Strickland. J.P.
 Sub-Health (Maternity and Midwifery) - Alderman Mrs.A.Farnfield, J.P.,
 M.B.E.
 Sub-Health (Welfare) - Alderman Capt. E.T.Hyland.
 Sub-Health (Old People's) - Councillor Miss.D.Batty.

PUBLIC HEALTH OFFICERS OF THE CORPORATION

The following alterations in staff are recorded in 1948.

Name of Officer	Office held
Dr.K.J.Grant (Resigned May 1948)	Deputy Medical Officer of Health. Deputy School Medical Officer.
Dr.T.H.Parkman (Appointed August 1948)	Do.
Miss.E.M.Leahy, (Appointed September 1948)	Senior Health Visitor.
E.G.C.Welch (Appointed May 1948)	Shops Acts Inspector.
A.E.Christmas (Transferred Officer July 1948)	Duly Authorised Officer. Welfare Officer.
Miss.O.Rand (Resigned August 1948)	School Dental Clerk.
Miss.R.Skeggs (Appointed September 1948)	Do.
Miss.I.M.Plummer (Resigned February 1948)	Clerk, School Medical Service.
Miss.L.Blackman (Appointed February 1948)	Do.
D.J.Stillwell (Resigned October 1948)	Junior Clerk.
J.R.Hunnisett (Appointed November 1948)	Do.

3. NATIONAL HEALTH SERVICE ACT, 1946.

REVIEW OF WORKING OF HEALTH SERVICES PROVIDED BY THE LOCAL HEALTH AUTHORITY UNDER PART III FROM THE APPOINTED DAY

The various services involved include the following:-

- | | | |
|---------------------|---|---|
| (1) Section 21 | - | Provision of Health Centres. |
| (2) Section 22 | - | Care of Mothers and Young Children. |
| (3) Section 23 | - | Domiciliary Midwifery. |
| (4) Section 24 | - | Health Visiting. |
| (5) Section 25 | - | Home Nursing. |
| (6) Section 26 | - | Vaccination and Immunisation. |
| (7) Section 27 | - | Ambulance Service. |
| (8) Section 28 | - | Prevention of Illness, Care and After Care. |
| (9) Section 29 | - | Domestic Help. |
| (10) Sections 49-51 | - | Mental Health Services. |

In addition, in view of the fact that certain services to be provided under the National Assistance Act, 1948, have been referred for administration in Hastings to the Health Committee, and are closely concerned and bound up with the Health Services, a note has been made with regard to their development, for example :-

- (a) Care and welfare of the Aged and provision of Hostel accommodation.
- (b) Care of the Blind and other handicapped persons,
e.g.
Deaf and Dumb
Cripples

The preparation and examination of the various schemes covered a period of many months; and included conferences with various local bodies representing many interests, particularly the County Council which is interested in several of the schemes, also all voluntary bodies affected. As a matter of principle it will be found that wherever possible, and particularly where a voluntary body has been doing the work, it has been included in the scheme as the Agent of the local authority and financed as such.

It should be emphasised that these notes do not profess to give a complete and detailed report on each service. The full details are set out in the official proposals, as approved by the Ministry of Health, and the year's working of certain services is given in the report under the appropriate heading, e.g. Maternity and Child Welfare. It is proposed rather to comment on the service in its initial stages, and make suggestions for its improvement and development in the years to come. Further, on the appointed day a small pamphlet, carefully prepared, was issued to the public giving details and information about each service, particularly as to how it should be obtained and used. This is well known and appreciated, and if available, copies will be attached to this report.

SECTION 21

(a) Provision of Health Centres under Section 21, National Health Service Act, 1946

It is the duty of the Local Health Authority to provide Health Centres :

- (a) for the provision of general medical, dental and pharmaceutical services under the Act,
- (b) for their own medical services, e.g. Maternity and Child Welfare. School Medical,
- (c) for provision of specialists,
- (d) for health propaganda.

The various circulars from the Ministry of Health, dealing with Health Centres, have been considered with great care. As a matter of prudent policy, and in view of the general shortage of labour and building materials there must be an interval for experiment and study of different types of Health Centres and their working. Actually, only a very few Centres have been approved, and their early development will be watched with great interest.

Meantime, discussions are taking place in Hastings with regard to the general principle, and as a result it is believed that the Medical Profession, through the Executive Council, will express general approval of the provision of Health Centres. Hastings is a very widespread town, with a population of about 65,000, and with several well defined centres of population at considerable distances apart. The preliminary suggestion of five health centres - one principal and four subsidiary, may therefore, be considered as not unreasonable, and is consistent with recommendations made elsewhere. The full number may be obtained only by slow degrees.

I have suggested that, if possible, the principal centre should be as near as possible to the central general hospital, so that reference to specialists, casualty, out-patients, X-rays and laboratory can be quick and easy, thus obviating doubling up of departments. The four subsidiary centres would be adjacent to the well defined centres of population.

In addition to consulting rooms for general practitioners (say, eight in the chief and four or five in the smaller), and provision for Maternity and Child Welfare Services (Infant Welfare and Ante Natal), in the principal and two smaller centres there should be provision for School Medical Clinics. The question of specialist services, X-ray laboratory and physio-therapy remain for discussion, as definite opinions have been, and are still being expressed for and against. Further discussion of details in this report appears unnecessary at this stage.

All matters relating to Health Centres still wait further discussion by all Committees concerned, by the local authority, and the other interested bodies, then discussion by the Council, and final reference to the Ministry of Health.

I would emphasise that in the details shown in the plans of Health Centres to be provided, the buildings are extensive, cover a considerable area, and the cost will be correspondingly heavy.

SECTION 22

(b) Proposals for the care of Mothers and Young Children.

The arrangements for the care of mothers and young children have developed gradually over the past 30 years in accordance with the

progressive policy of the Ministry of Health, and are, therefore, incorporated in the initial scheme almost unaltered. Details of the year's work will be found in the section of the report dealing with Maternity and Child Welfare. The following comments are made:-

(1) Infant Welfare Centres.

On the appointed day there were six centres with nine weekly sessions, with a doctor and one or more Health Visitors in attendance, assisted by voluntary helpers who also deal with the distribution of foods and vitamins. One additional Infant Welfare Centre has been opened in an outlying district, attended by a Health Visitor only, there being no suitable consulting room; where necessary, patients are referred to their own doctor, or to a convenient Infant Welfare Centre the following day.

(2) Ante Natal Clinics.

There are four, two local authority, one in connection with St. Helen's Hospital Maternity Unit under the administration of the Hospital Management Committee, and one dealing with the maternity work of the District Nursing Association and Fern Bank Maternity Home, now under the Hospital Management Committee.

Apart from the Ante Natal Clinic at St. Helen's Hospital, which has been specially adapted and equipped from the old Female Casual Department, the clinic premises are generally unsatisfactory, the two local authority Health Centres being old buildings adapted for the purpose many years ago, and now entirely out of date from a modern standard, and used for Infant Welfare, Ante Natal, School Clinics, Dental Clinics, Immunisation Clinics, etc. The other buildings are church halls, made available for one afternoon a week in outlying parts of the town. The ultimate solution is the provision of Health Centres under the National Health Service Act, 1946, which will also include adequate provision for Maternity and Child Welfare and School Medical Service Clinics; as already stated, one central, four outlying, of which probably only two need be used for School Medical Service purposes. Also, as already recommended and incorporated in previous reports, and accepted in principle, Community Centres planned for Housing Estates should be capable of being adapted for Clinic purposes.

From the beginning most of the medical work at both the Infant Welfare and Ante Natal clinics has been carried out by general practitioners interested in these subjects under the general administration of the Medical Officer of Health. This is entirely in agreement with present day policy, and, of course, is incorporated in the scheme. Further, Maternity and Child Welfare work originated here with voluntary effort during the early development of the work 30 years ago; this valuable help has been continued and is now incorporated in the Scheme as a necessary and vital element.

(3) Dental care of Nursing and Expectant Mothers.
Dental care of Children under 5 years of age.

It was agreed under the scheme to appoint an additional dentist, 50% of the time of one dentist to be devoted to this work. Successive advertisements at increasing salaries failed for months to secure an appointment until recently, but this hope has fallen through at the time of writing this report. Meantime, all new patients are advised to seek assistance from their dentist under the National Health Service Act, and the Medical Officer of the Clinic is empowered to give a supporting letter. I understand that this has at least secured treatment in a number of cases. In the meantime it will be necessary to renew efforts to secure the additional local authority dentist, and I hope that a successful solution of

the salary question can be arrived at. A certain amount of work is carried out for children under five years of age by the School Dental Officer.

Without going into detail the scheme includes also arrangements for:-

- (a) Provision of Maternity outfits - free of charge.
- (b) Supply of infant foods and vitamins.
- (c) Care of unmarried mothers and children in co-operation with the Diocesan Helpers Society.
- (d) The care of premature infants.
- (e) Arrangements for examination of blood (for Wassermann Reaction and Rh Factor) at Ante Natal Clinics.

In previous reports I have emphasised the need and the value of a central consulting clinic for the reference of infants, expectant and nursing mothers. This is, I believe, quite possible under the arrangements which could be developed either in the Hospital out-patient department, or eventually in the Central Health Centre under the new Act. I suggest that this development be kept very much in mind.

SECTION 23.

(c) Domiciliary Midwifery.

Since the passing of the Midwives Act, 1936, the local authority has been financially responsible for an adequate Midwifery Service in the homes of the people. The District Nursing and Maternity Association, which has for many years admirably carried out this service by its staff of Queen's Nurses and Midwives, has agreed to continue on exactly the same lines as the official agent of the local authority. In addition, one Municipal Midwife continues to work as such, and in close co-operation, mainly for the west end of the district. The District Nursing and Maternity Association will supply three midwives, or their equivalent in part time midwives, to be assisted by pupil midwives, generally five to seven. (The Association is a Part II training Institution).

As in other districts, there was a sharp rise in the birth rate in Hastings towards the end of the war, from 1945 to 1947, with a fall in 1948. In round figures, the number of babies born rose from about 800 to 1200, with a fall to about 1000 in 1948. (The 1948 figure appears to be maintained so far in 1949). Domiciliary confinements fell from 318 in 1947 to 253 in 1948, about which figure it is remaining. Another factor which must be considered is the continued popularity of the National Health Service Maternity Units at St. Helen's Hospital and Fern Bank Maternity Home, and also of the private Maternity Homes of the district, which between them are responsible for about 75 per cent of all births. The present nursing situation, and the shortness of domestic help are further factors.

The staff of domiciliary midwives appears to be quite adequate for the present amount of domiciliary midwifery; in view of the points mentioned, I doubt if there will be any material increase in the immediate future. Should such occur, however, there is definite provision for the number of midwives to be increased up to the requirements of the service.

All the midwives are trained to give gas and air anaesthesia, and all their cases can freely ask for and obtain this help. Three sets of apparatus are available, including one for the Municipal Midwife, who also has her own motor car and house. The District Nursing and Maternity Association have the use of three cars, two provided by the local authority, which is also prepared to discuss

the matter of housing provision with the District Nursing and Maternity Association.

Domiciliary Midwifery is closely linked up with the Ante Natal and post-natal clinics, the midwives attending with their own cases. During recent months comprehensive arrangements have been made with the Local Pathological Laboratory for blood examinations for all Ante Natal cases, to include, Wassermann, Rh.factor, and if necessary, Hemoglobin estimation.

SECTION 24

(d) Proposals for Health Visiting.

Before the appointed day the staff of Health Visitors included :-

- (a) 5 combined Health Visitors and School Nurses.
- (b) 1 for School Clinics and School Medical Service.
- (c) 1 Health Visitor for tuberculosis.

All the posts are transferable for sickness or holiday duty. Mental Deficiency visiting was, and is still, carried out by a Mental Health Worker.

To meet the additional Health visiting work under the National Health Service Act, it was decided to appoint:-

- (i) A senior Health Visitor and School Nurse.
- (ii) 1 additional Health Visitor, at once.

A second additional Health Visitor will be appointed as soon as appears necessary.

The additional Health Visiting staff is required particularly in connection with the development of a care and after care service in the home under Section 28, which has now been commenced, and the eventual provision of Health Centres under the National Health Service, as described in the appropriate sections of the report.

Both these services may attain important dimensions and, as they develop, these must follow pari passu a gradual increase of the staff of Health Visitors, if the supply by that time is equal to the demand.

SECTION 25.

(e) Home Nursing Service.

For many years, the Hastings and St.Leonards District Nursing and Maternity Association, a voluntary body, has provided a highly appreciated and efficient Home Nursing Service by Queen's Nurses, in close association and co-operation with, and to some extent used by the Health Department's Health Services. It was, therefore, a natural development to utilise the Association as agent on mutually agreed terms, to provide, and if necessary, to develop an adequate Home Nursing Service.

The existing Home Nursing Service operates, and continues to operate, from two centres, the main one in Hastings, the second in St.Leonards. It was decided to allocate, between the two centres, a staff equivalent to eleven to thirteen wholetime nurses (i.e. including a proportion of part time nurses). It should be noted that

the Domiciliary Midwifery service is closely integrated, some of the Nurses combining both functions.

During the period of discussion, it was felt in some quarters that the proposed staff would be entirely inadequate for the expected demand for free home nursing, following the appointed day. Actually, this has not been the case, and I am informed that so far it has always been possible to meet all demands. In any case, there have been no complaints. It should be understood that the Home Nursing Service is a visiting service. The District Nurse will carry out at the visits the skilled nursing and supervision, and give instructions to the persons in the home who are giving general attention to the patients day and night.

Fortunately, there was no major epidemic of influenza or pneumonia during the past winter.

During the first six months, after the appointed day, the increase in new cases and visits amounted to about 15 per cent. A valuable addition to the staff has been a male district nurse, particularly useful for male cases requiring lifting, catheterisation and colostomy cases, etc. He has, also when necessary, had the use of a motor car, as his work takes him all over the Borough.

Altogether three cars are now available (including two recently provided by the local authority) for the use of the male nurse, and the District Midwives, or nurses. The matter of additional accommodation and new headquarters is under consideration by the District Nursing and Maternity Association and will be discussed at the appropriate time by the local authority.

The present staff, including the Superintendent and Deputy Superintendent, taking into account part time workers, is equivalent to twelve full time district nurses. The local authority on proof of demand which cannot be met, will authorise additional nurses if the supply is available.

With the existing stock of the District Nursing and Maternity Association, and additional purchases by the local authority, a useful store of Home Nursing appliances has been placed under the charge of the Superintendent, District Nursing and Maternity Association (see section on Care and After Care).

The Health Department, through the Medical Officer of Health, the Deputy Medical Officer of Health, and the School Nurses and Health Visitors, keeps in close touch practically daily, with all departments of Home Nursing. Conferences are called from time to time with the Superintendent or the Secretary, and weekly reports are submitted giving details of all the work, staff and distribution of nursing equipment. A copy of two weeks work towards the end of the first month, July, 1948, and the end of December, 1948 is submitted.

DISTRICT NURSING ASSOCIATION - HOME NURSING SERVICE

	HASTINGS		ST. LEONARDS		Total Cases
	Medical	Surgical	Medical	Surgical	
(New cases	21	25	38	22	106
JULY (Taken off					
(Register	23	25	16	16	80
Cases on					
books	72	47	52	29	200
(New cases	23	25	15	17	80
DEC. (Taken off					
(Register	21	31	16	12	80
Cases on					
books	75	57	51	35	218

SECTION 26

(f) Arrangements for Vaccination and Immunisation.

Arrangements have been made for vaccination against smallpox and immunisation against diphtheria, free of all cost, by a panel of medical practitioners who have received all the necessary information and instructions as to procedure. In addition, arrangements have been continued for diphtheria immunisation by sessions at two school and two Infant Welfare Centres, by the medical staff of the local authority. Propaganda on approved lines has been carried out by personal interview and discussion by the Health Visitors, talks by the Medical Staff, Press, Posters, in films, and through the Infant Welfare Centres and infant departments of schools. Of all methods the personal interview at the right time by the Health Visitor is probably the most powerful persuasive measure.

Actually, there has been a substantial increase in the numbers immunised against diphtheria in 1948, but a drop in the numbers vaccinated. For some years past under the previous regime vaccination figures have constantly improved to about 60% of all infants born. Since the appointed day, the situation has been complicated because many of the records of vaccinations and immunisations (our only means of accurate estimation) carried out by general practitioners have not been received. Discussions are still in progress as to financial arrangements between the British Medical Association and the Ministry of Health.

Vaccination has not been organised on a sessional basis, but is carried out individually by general practitioners. Special arrangements for general or mass vaccination could be organised should the need arise.

Exact details of vaccination and immunisation are given in the report.

SECTION 27

(g) Provision of Ambulance Services.

For a considerable period the general ambulance work of Hastings and surrounding districts has been carried out by the Hastings St. John Ambulance Brigade, which also had an arrangement

to serve the Municipal Hospital. The Corporation had its own fever ambulance and a disinfecting van convertible into an ambulance, with two drivers and attendants. Similar arrangements existed at Eastbourne, and also generally in the East Sussex County. Undoubtedly, the St. John Ambulances served a most useful purpose, both for the hospitals and the public, providing training, with an outlet for activities of the members, besides contributing to the finances of the Brigade.

The provision of a complete ambulance service, under the National Health Act, free of all charge, required very careful consideration. Under all the circumstances it was decided to utilise, on mutually agreed terms, the existing St. John Ambulances and drivers, with the voluntary helpers as attendants, amalgamating with this service the existing two Corporation vehicles, i.e. an ambulance, and an emergency ambulance and disinfecting van, with two male drivers. For general ambulance purposes the district served is Hastings, and a few surrounding East Sussex County parishes, and for Infectious Hospital purposes, Hastings, Bexhill, Rye and the Battle Rural District, i.e. practically the area of the local Hospital Management Committee. In effect this was a continuation under one administration of the services previously rendered.

The vehicles available for use on the appointed day were:-

St. John Ambulance Brigade)	3 ambulances	1 sitting case car
Corporation)	1 ambulance	1 Emergency ambulance and disinfecting van.

The staff available were:-

St. John Ambulance Brigade)	1 Supervisor)	
)	1 Mechanic)	1 Female Clerk
)	3 Drivers)	
Local Authority)	1 Driver	-	ambulance
)	1 Driver	-	disinfecting van

Volunteer staff of St. John Ambulance Brigade to be available as attendants.

This staff, and the available vehicles were insufficient for the calls, day and night, on the new service soon after the commencement. The following comparative figures show the increasing calls and mileage :-

	AMBULANCES		SITTING CASE CARS.		TOTAL MILEAGE
	Journeys	Mileage	Journeys	Mileage	
<u>1948</u>					
August	238	3910	30	1588	5498
September	237	3491	45	1930	5421
December	329	4475	56	1950	6425
<u>1949</u>					
April	371	4457	190	3515	7972
June	375	5220	272	5272	10492

It was soon evident that the increased mileage, work, and strain demanded more vehicles and drivers, particularly in connection with the Sitting Car Service, though in this respect the Hospital Car Service organised by the Women's Voluntary Service and the British Red Cross Society, now organised on County lines, was still utilised to a considerable extent, the mileage for July to December 1948 being 12,517.

Since the appointed day, two additional ambulances have been put into service, one an entirely new Vauxhall Fever Ambulance, provided by the Corporation, and the other, an Army Austin chassis, with an entirely new ambulance body provided by the St. John Ambulance Brigade. Two good secondhand saloon cars for the Sitting Car Service have in addition been provided by the Corporation.

Two additional drivers and one additional mechanic have been appointed.

It is, I believe, fair to state that the new Ambulance Service has, so far, with the resources available, including the Hospital Car Service, met all the public's increasing calls, which naturally vary from day to day and night to night. At times, however, the pressure has been very heavy, every resource being stretched to the limit. The dispatch of ambulances on emergency calls is invariably prompt, within a very few minutes. No serious or indeed trifling complaint has been received either as regards vehicles, drivers or the handling and courtesy of the attendants. The following matters, however, do require careful consideration:-

(a) Vehicles

The present vehicles, particularly the sitting case cars are overworked, and there is insufficient time to keep them thoroughly serviced. It will be necessary to add to their number in order to create a small reserve. In addition, while the ambulances may be meeting requirements at present, the time for replacement, or at any rate, complete overhaul and renewal of worn out parts, is approaching in the older vehicles.

(b) The Headquarters and Garage.

These are cramped, and in an awkward situation, and it is necessary to use the Underground Parking Station for some of the vehicles.

(c) Long distance journeys.

It is hoped to make an increasing use of the railways for long distance journeys, even involving ambulance transport between junctions and to destination.

SECTION 28.

(h) Proposals for the prevention of Illness, Care and After Care.

This section may at present well be described as the Cinderella of the new Part III services being, apart from Tuberculosis after care, the least developed and somewhat indefinite in its scope. As will be noted, there are possibilities and potentialities which may ultimately make it one of the most important.

The only after care service definitely prescribed is in relation to Tuberculosis. For many years, there has been in Hastings an active voluntary Tuberculosis Care Committee, closely associated with the Health Department, the Tuberculosis Clinic and patients in Sanatoria, then the responsibility of the local authority.

As recommended by the Ministry of Health, this arrangement has been continued, the Care Committee acting as agent. It is, however, already abundantly evident that the effect of recent legislation e.g. the National Insurance, and the National Assistance Acts, has much reduced the necessity for financial assistance and the provision of extra nourishment, formerly most important element of the work. However, other means of assistance are being explored and will be developed e.g. the sorting out of social, family and housing difficulties; provision of equipment for home nursing and for invalids; assistance with occupational therapy through the Central Depot of the Hospital Management Committee; co-operation with various bodies who can help e.g. National Assistance and Insurance, the Labour Exchange, the Central Aid Council, the Ministry of Pensions and various Service Associations. In this district there is no scope for the development of special workshops or home industries.

The matter of home care and after care of hospital patients, both In and Out-patients, was discussed with representatives of the new Hospital Management Committee, including the Secretary, Medical Staff and the Almoner. It was decided to co-operate with the Health Department with its development and to make a start early in 1949 with the diabetic clinic at the Royal East Sussex Hospital, which had already, as regards school children, been closely associated with the School Medical Service. Diabetes is a chronic condition, with a possibility of complications and emergencies, which is very suited for the development of Home Care, on the general model of the Cardiff Scheme. The Senior Health Visitor attends the Hospital Clinic, gets to know all 'new' and keeps in touch with the old patients, receives instructions from the Consulting Physician with regard to home treatment, diet and the avoidance of complications; in general she helps with sorting out any domestic or social difficulty.

Similarly it is hoped to develop schemes in co-ordination with the Hospital Out-Patient Clinics in connection with other groups of conditions - for example gastric and duodenal cases, asthma, rheumatism and heart cases on a regular and definite basis. Meantime odd cases referred by the Almoners are being dealt with separately in accordance with their needs. A special care and after care index card has been prepared, noting history, investigation, requirements, advice and results for the use of the Health Visitors.

Reference should be made to work previously carried out for about 20 years and still continued, chiefly by the School Medical Service Nursing Staff, in connection with the Orthopaedic Clinic. The local authority was financially responsible for the Clinic at the Royal East Sussex Hospital dealing with crippling and deformities of all sorts among School children - infants under 5 and cases of surgical tuberculosis. Special attention was directed by the Health Visitors and School Nurses to After-care in all its forms, particularly in relation to children relapsing or defaulting in treatment. In addition the Hastings Voluntary Society for the Care of Cripples is now officially incorporated in the scheme of After-Care.

The function of the Health Visitor in all these cases whatever

the condition will be to:-

- (1) To find and sort them out.
- (2) To ascertain exactly what help is needed.
- (3) To see that they obtain the right kind of help from the appropriate voluntary society or hospital department, etc.
- (4) To hold a watching brief on each.

For example - the aged can be referred to the District Nursing Association for nursing assistance and invalid appliances; to the British Red Cross Society, for invalid foods; to the National Assistance Board, for financial assistance; to the Welfare Officer for admission to hostels etc. Other cases can be referred through a doctor for medical assistance or to Hospital Out-patients, or for admission to a bed for the infirm sick. Some cases may be helped by occupational therapy.

Such are the developments which are now in their infancy but may later grow into an important and valuable adjunct to the new Health Service.

SECTION 29

(i) Domestic Help Service.

This service which provides domestic help for Maternity cases and in various domestic emergencies, sickness, infirmity etc., is strongly recommended by the Ministry of Health, but remains permissive. The family assisted is assessed for repayment of the service in accordance with means.

Actually the Home Help has been employed with considerable success in Hastings under the Maternity and Child Welfare Scheme for many years; three domestic helps being appointed under the Ministry's War-time Scheme about 4 years ago. One of the Health Department clerks acts as Organiser and the Senior Health Visitor is also closely associated with the Scheme.

The previous staff - one Home Help, three domestic Helps, plus part-time assistance was continued after the appointed day, there being full authority to appoint further whole or part-time workers according to demand. The Ministry's recommendations as to travelling expenses, uniform, and wages have been adopted. In addition the whole service has been amalgamated, all workers being available for maternity cases or general domestic work.

Since the appointed day there has been a gradual and steady increase in the demand for assistance. On the other hand it has been very difficult in spite of many efforts through advertisements, the Labour Exchange and other channels to keep the staff up to its former strength, let alone to increase it. Possibly this may be due to the particular conditions prevailing in Hastings, as a health and holiday resort, with a considerable all the year demand for domestic workers in hotels, boarding houses and restaurants at good wages and also in ordinary domestic service. As a result it is considered that a retaining fee is necessary for the full-time Home Help and recently this was raised to £3.10.0 for a guaranteed minimum week of 35 hours, the worker being able to earn an additional 2/- per hour up to a maximum of 48 hours per week.

The service is much appreciated by the families which use it. In 1948 the total applications for assistance were:-

Maternity Cases	18
General Domestic Assistance	90
TOTAL	<u>108</u>

It might be added for information that the number of applications for the first six months of 1949 is exactly that of the whole of 1948, viz

Maternity Cases	19
Domestic Help	89
TOTAL	<u>108</u>

SECTIONS 49 - 51

(j) The Mental Health Services.

1. Administration

(a) The Mental Health Sub-Committee.

This is a sub-committee of the Health Committee, consisting of seven members from that Committee, and three co-opted members, including two from the Voluntary Association for Mental Welfare. The sub-committee meets monthly, the Minutes being passed to the Health Committee and finally the Council.

(b) Staff employed in the Mental Health Service.

(i) Medical Staff

Dr.G.R. Bruce, M.D., D.P.H., Medical Officer of Health.

Dr.T.H. Parkman, M.B.,B.S.,D.P.H.,

Deputy Medical Officer of Health.

(ii) Social Workers

Miss.W.Rogers Mental Health Worker.

Mr.A.E.Christmas Welfare Officer.

(iii) Duly Authorised Officers

Mr.A.E.Christmas Welfare Officer

Miss.W.Rogers Mental Health Worker

Mr.H.R.Ashley Clerk, Public Health Department

(iv) Occupation Centre, Athelstan Road.

Miss.K.Finch White Supervisor

Mrs. White Assistance to Supervisor and guide.

Mrs.Lewendon Home Teacher.

All the lay staff under (ii), (iii) and (iv) have now had considerable practical experience, in some cases over a prolonged period, in their special branch of the Mental Health Service, but do not in any instance possess registrable diplomas. Arrangements have been made for various members to attend weekend conferences, and short intensive courses. It is intended that the Duly Authorised Officers should attend one of the courses specially organised for their work and the other branches of the Mental Health Service.

(c) Co-ordination with the Regional Board and Hospital Management Committee etc.

Dr. Tredgold, Assistant Medical Officer for Mental Health Services, South East Metropolitan Regional Hospital Board, has been in regular touch with this department since his appointment, and has been most helpful in the discussion of the many administrative problems and the disposal of difficult institutional cases. Relations with Hellingly Mental Hospital, and the Medical staff, have been, and continue to be cordial and useful, especially (see later) with regard to the development of a care and after care service in the home.

There is also a close and friendly relationship with St. Helen's Hospital (formerly the Hastings Municipal Hospital) Medical Superintendent, Dr. L.H. Booth. This Hospital has for many years, been certified to receive a restricted number (25) of certified Mental Defectives, and 12 certified Mental cases. It has always acted as a place of safety for mental defectives pending certification and for mental cases pending a Magistrate's Order for removal to hospital. In addition, for many years, following the line of necessity and least resistance, a considerable number of uncertified or borderline cases of all categories have found safe refuge there.

Under the new Regional Board Policy, it is understood that the situation at St. Helen's Hospital, as regards reception of mental and mental deficiency cases is being revised. Certain ambulant or non-institutional cases may become ultimately the responsibility of the local authority in hostels or under guardianship. The available accommodation may be classified and improved for the reception of special classes of mental or mental deficiency cases, and linked up with other accommodation available in the region. These, and other developments, will undoubtedly offer further opportunities for co-operation between the Hospital system and the local authority.

The Mental Health Worker is responsible for the care of patients on trial or on licence from Mental Hospitals and Institutions for Mental Defectives.

(d) Duties delegated to Voluntary Associations.

(i) Hastings Voluntary Association for Mental Welfare

This Association, formed about 1927, has been responsible, in close liaison with the Mental Health Committee, for the administration of the Occupation Centre now at Athelstan Road, formerly an Open-air School under the Local Education Committee.

The premises are generally satisfactory, though being mainly glass, inclined to be too hot at times in summer and too cold in winter. Good mid-day meals are served by the Schools Meals Service, and morning milk is also supplied. About 16 to 18 pupils attend all day, mostly younger types of too low grade for admission to the special school. In addition, about 14 to 16 Mental Defectives, mainly older types, attend two afternoons weekly from St. Helen's Hospital, mainly for occupational therapy. The Committee (also the parents and guardians) are very satisfied with the work generally, the results achieved, and the happy atmosphere. This opinion is also reflected in the periodical reports of inspecting visitors from the Board of Control. The work undertaken consists of :-

- Personal Hygiene - table manners.
- Eurhythmics, Folk dancing.
- Various kinds of handwork, carpentry, knitting, sewing.
- Action songs and plays.
- Very elementary educational training.

The Voluntary Association is also responsible for Home teaching and training, which are carried out by a part-time visitor (giving about 50 per cent time), who visits about once a week about 10 to 12 low grade cases, unsuitable for, or physically unfit to attend the Occupation Centre. Naturally, only very simple and rudimentary work can be undertaken, but the visits are welcomed both by the parents and the defectives.

(e) National Association for Mental Health

We are in general touch with this Association; in particular as a wartime measure the National Association, on behalf of the Ministry of Health, supervised the social care of certain ex-service or other mental and nerve patients, after discharge to their own homes. On the termination of this arrangement in April, 1949, the local authority arranged with the National Association, as agent, to complete the care of these patients, now reduced to 14, in co-operation with the Mental Health Worker.

II ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY

- (a) Under Section 28 - National Health Service Act, 1946
Prevention, care and after-care.
- (b) Under the Lunacy and Mental Treatment Acts, 1890-1930
by the Duly Authorised Officers.
- (c) Under the Mental Deficiency Acts, 1913 - 1938.
 - (i) Ascertainment, including number of defectives awaiting vacancies in Institutions at the end of the year.
 - (ii) Guardianship and Supervision.
 - (iii) Training.

Care and After-care for Mental Cases.

This work generally, from the local authority's point of view is in the process of early development. Discussions have taken place on the whole subject with Dr. Tredgold, representing the South East Metropolitan Regional Hospital Board, the Medical Superintendent of Hellingly Mental Hospital, Dr. Reid, and the Medical Officers of Health of the East Sussex County and County Boroughs. The Clinic for Nervous Disorders at the Royal East Sussex Hospital Hastings, should remain as the natural centre, and the most important agent for sorting out the cases and advising where home care is necessary and advisable. In addition, a letter is now received from the Hellingly Mental Hospital where necessary on discharge, giving particulars, and recommending any necessary home care and assistance. The National Association for Mental Welfare also co-operates in referring cases. The Mental Health Worker and the Welfare Officer carry out any social work in the home, assisted also by the Social Worker for the Clinic for Nervous Disorders. The policy of the Medical Staff of the Mental Hospital at present is to develop this side of the work slowly, and with considerable caution, only recommending such cases where it is believed that visits will be welcomed, and which are likely to achieve satisfactory results.

Mental Illness

(a) Summary of work carried out by the Duly Authorised Officer in 1948.

(b) Hastings Clinic for Nervous Disorders.

(a)

(1) Number of cases dealt with under Section 20
(Under Lunacy & Mental Treatment Acts 1890-1930)

THREE DAY DETENTION ORDERS

17

(Patients being removed from their own homes to
The St.Helen's Hospital, pending certification)

(2) Number of cases dealt with under Section 16
(Under Lunacy & Mental Treatment Acts 1890-1930)

SUMMARY RECEPTION ORDERS

36

(3) Number of cases dealt with under Section 11
(Under Lunacy & Mental Treatment Acts 1890-1930)

URGENCY ORDERS

4

(4) Number of cases dealt with under Sections 4,5 &6.
(Under Lunacy & Mental Treatment Acts,1890-1930)

ORDERS ON PETITION

1

TOTAL NUMBER OF CASES:

41

Number of cases cancelled by the Magistrate,
patients not being certifiable within the
meaning of the Act at the time of the
Visiting Medical Practitioner

(see Item 2 - SUMMARY RECEPTION ORDERS)

9

TOTAL NUMBER OF PATIENTS REMOVED TO THE
MENTAL HOSPITAL, HELLINGLY

32

Section 1 - Mental Treatment Act,1930

Voluntary Patients No actual records of these cases
are kept, but a great number have availed themselves of
the treatment offered them, and such arrangements have
been made for them through their own Medical
Practitioners and the Mental Hospital, Hellingly.

(b)

HASTINGS CLINIC FOR NERVOUS DISORDERS

REPORT FOR 1948

FIFTY-TWO Sessions of this Clinic were held during the year, each Wednesday at 2.30 p.m.

Physician in Charge

Dr.P.C.Collingwood Fenwick,L.M.S.S.A., (Lond),
Deputy Medical Superintendent, Hellingly Hospital,Hailsham.

Social Worker

Miss.S.C.Sinfield, Hempstead Grove, Hailsham.

The attendances for the year were as follows:-

<u>New Patients</u>	Male	81			
	Female	<u>104</u>	Total new patients	...	185
<u>Old Patients</u>			Attendances	...	<u>739</u>
			TOTAL ATTENDANCES:		<u>924</u>

Summary of Diagnosis of New Patients

<u>Psychoneroses</u>		<u>Psychoses</u>	
Anxiety State	49	Melancholia	42
Hysteria	12	Schizophrenia	15
Psychopathic States	3	Manic Depressive	7
Hypochondriasis	3	Confusional Psychosis	7
Adolescent Instability	5	Delusional Insanity	<u>8</u>
Obsessional States	5		79
	<u>77</u>		
<u>Mental Deficiency</u>	9		
<u>Epilepsy</u>	12		
<u>Various Conditions</u>	8		
	<u>106</u>		

Totals: 185

Thirty-three new patients were recommended for admission to hospital during the year for in-patient treatment at Hellingly. A number of these have since been discharged recovered or relieved.

This report shows generally the amount and scope of
the work carried out in the Community

As regards Ascertainment, while every effort is made to investigate, classify and help the older groups, special attention is given to the preliminary ascertainment of possible defectives amongst the younger groups, commencing with children through the Health Visitors, in the Infant Welfare Clinics, and School children through the School Clinics, teachers and the Child Guidance Clinic. Every effort is made to obtain a definite decision as to the mental grade and to take steps, where necessary, to secure appropriate training and supervision. At this stage, in young children, the final report is often delayed for a year or two in the hope that the child may be classified as educable in the ordinary or special school.

Guardianship has for many years been very satisfactorily employed, either by relations, generally the mother in the defectives own homes, or by the Brighton Guardianship Society. In Hastings supervision is carried out by the Mental Health Worker, and the Medical Staff of the local authority. The Brighton Guardianship Society has its own staff of experienced social visitors, as well as visiting medical officers. The reports are examined, and if necessary, discussed with officers of the Society, appropriate steps being taken in consultation, which may include a personal examination by our officers.

Training - The work carried out by the Hastings Occupation Centre, and in connection with Home Training, has already been described. The Brighton Guardianship Society has its own Occupation Centres in Brighton, and in addition, the County arrangements for training in farm work, and market gardening are available.

Mental Deficiency

Mental Defectives on the Register of the local authority,
December, 1948.

(a) In various Institutions	65
(b) Under guardianship	59
(c) Under Statutory supervision	24
(d) Under Friendly supervision	<u>4</u>
TOTAL 1948	<u>152</u>
TOTAL 1947	156

Summary of work of Mental Health Worker for 1948

(a) Home Visits - Cases under guardianship	372
(b) " " " " Statutory supervision)	150
Friendly supervision)	
(c) Miscellaneous visits	529
(d) Special visits	91
(e) Interviews at the Office	606
(f) Certification under Mental Deficiency Acts for - Institution or Guardianship	4
(g) <u>Investigation of Children for Special School or as Mental Defectives</u>	
Recommended as educationally sub-normal for Special School	14
Recommended for Open Air School	1
Recommended for Nursery School	1
Excluded Temporarily	2
Notification to local authority for Mental Health	2
Referred to Child Guidance Clinic	7
No Action	5

III AMBULANCE SERVICES

The local authority's Ambulance Service is used, there being no ambulance service available for any of the institutions to which patients are sent. Either an ambulance or a sitting case car is used, the Duly Authorised Officer acting as escort, and calling in the services of a male or female nurse or attendant, if required.

4. THE NATIONAL ASSISTANCE ACT, 1948

The work of the local authority under this Act deals to a considerable extent with Welfare of the Aged, and Handicapped Persons, their Care and After Care. This service must of necessity be co-ordinated with the activities now being developed under the National Health Service Act - particularly under Section 28. It is therefore, appropriate to insert at this stage of the report a short note with regard to the proposals for welfare work under the National Assistance Act - particularly in respect of :

- (1) The Aged and Infirm
- (2) The Handicapped Classes, including
The Blind,
The Deaf and Dumb,
Cripples and other handicapped persons.

In all this welfare work the Voluntary Societies will play an important part in co-operation with the local authority and their Officers, in particular, as regards field work, the Welfare Officers and the Health Visitors.

Prior to the appointed day, Aged and Infirm people, without home or who could not be adequately cared for at home, were

accommodated in the House side of the Municipal (now St.Helen's) Hospital. It was fully recognised for years that this accommodation was far from satisfactory and definite plans to remove the old people were made and in course of examination and approval in 1938-39 by the Ministry of Health. A number of detached Hostels on most modern lines were to be built on an excellent site near the northern boundary of the town. This scheme has, of course, for the time being been postponed indefinitely.

After the appointed day, the old people, now estimated at about 130, remained under the new Hospital Management Committee at St.Helen's "House" side, the local authority being financially responsible. Meanwhile the beds are required for alterations and developments in the Hospital, and the local authority is anxious to carry out its specific duty by rehousing these old people under hostel conditions according to modern ideas. Three large houses are now acquired, or in course of acquisition, which it is hoped will easily house all those now at St.Helen's and in addition leave a certain number of beds still available for additional persons.

Meanwhile, before, during and after the war, most admirable work has been carried out by four Voluntary Societies in providing Hostels or tiny flatlets for the aged who are not too infirm :

The Central Aid Council
The Salvation Army
The Christ Church Housing Society
The Women's Voluntary Service

In one way or another these four societies house at least 200 to 250 old persons without homes or unable to look after a small home. The local authority fully recognises their great work, and while prepared to carry out its own responsibilities towards the aged infirm, will also, where necessary, subsidise these voluntary Societies in the cases in which such help is indicated.

Similarly as regards the Handicapped Classes, the local authority has made and will continue to make the fullest use of the appropriate Voluntary Societies as follows:-

1. The Blind

The Hastings Voluntary Association for the Blind will continue to act as the sole agent for the care of the Blind. The Association has for many years acted as such with admirable results and the entire confidence of all concerned, in close and friendly association with the Officers of the Corporation.

2. The Deaf and Dumb

The Sussex Association for the Deaf and Dumb will act as the agent of all the Sussex authorities - the three County Boroughs and East and West Sussex, the Medical Officers of Health being now appointed to the Executive Committee.

3. Cripples and other Handicapped Persons

The Hastings Branch of the East Sussex Association for the Care of Cripples will assist the work of Care and After Care, by acting in an official capacity in conjunction with the Officers of the Health Department.

SECTION 47

Actually this section is very similar to the existing power of the local authority under Section 90 Hastings Corporation Act, 1936, to deal with the compulsory removal of aged or infirm persons living under insanitary circumstances. From time to time this section has been used, a Magistrate's Order being obtained for the removal for a period of three months of the aged or infirm persons to the Municipal Hospital, now St. Helen's Hospital under the new Hospital Management Committee. Naturally every effort is made, and generally with success by kindly persuasion and explanation to induce these unfortunate old people to enter hospital voluntarily, and once there they generally remain quite happily. Occasionally, however, an old person, generally without any relations or friends, is obdurate, and in this case the full legal procedure is necessary.

Actually since the appointed day, with more or less trouble, several such old people have been persuaded to enter hospital, and only in the case of one old lady has it been necessary to use the full powers of Section 47. She was living under most insanitary and dilapidated conditions, in a tiny condemned cottage property, practically derelict, with large holes in the roof. In addition she had mild delusional symptoms which at times caused considerable annoyance to neighbours. The period for removal was three months. After a short period outside, the order was renewed and she appears to be now settled quite happily at St. Helen's. She is allowed frequent outings, her furniture and belongings being stored at the expense of the local authority.

I consider the powers of this section to be of great value in exceptional cases, as a lever to obtain voluntary admission of the type of case described and if necessary as a final measure to be utilised legally.

5. SUMMARY OF GENERAL AND VITAL
STATISTICS 1948.

Area of Borough	7,770 acres
Population - Census 1931	65,207
Registrar-General's estimate of resident population 1948 for the purpose of Vital Statistics	65,360
Number of inhabited houses (end of 1948) according to Rate Books	20,437
Rateable Value	£750,556
Sum represented by a penny rate	£2,990

	<u>Total</u>	<u>Male</u>	<u>Female</u>	
Live Births 1948 (legitimate)	927	464	463)=999
(illegitimate)	72	38	34	

Birth rate 1948 per 1,000 of the estimated resident population ... 15.2

Still births ... 23

Rate per 1,000 total (live and still) births.. 15.6

Deaths 1948 ... 974

Death rate 1948 per 1,000 of the estimated resident population :-

(a) crude... 14.9

⌘ (b) corrected ... 9.98

Deaths from puerperal causes :-

	<u>Deaths</u>	<u>Rate per 1,000 total</u> <u>(live and still) births.</u>
No.29 Puerperal sepsis	Nil	Nil
No.30 Other maternal causes	Nil	Nil

Death rate of infants under one year of age :-

(a) All Infants per 1,000 live births ... 35.0

(b) Legitimate Infants per 1,000 legitimate live births... 34.3

(c) Illegitimate Infants per 1,000 illegitimate live births... 13.9

Deaths from Cancer (all ages) ... 140

Deaths from Measles (all ages) ... 1

Deaths from Whooping Cough (all ages) ... 1

Deaths from Diarrhoea (under 2 years of age). 4

⌘ Assuming the continued use of the pre-war factor of correction 0.67

6. VITAL STATISTICS

1. Birth rate per 1,000 of population, 1948 15.2
2. Death rate (corrected) per 1,000 of population, 1948... 9.98

Comparative Table

Year	Birth rate per 1,000 of Population	Death Rate per 1,000 of Population	
		Crude	Corrected *
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
1946	19.5	16.4	10.98
1947	19.1	16.0	10.72
1948	15.2	14.9	9.98
* Factor for correction		0.67	

In 1948 the crude death rate again fell slightly from 16.0 to 14.9 per 1,000, the corresponding corrected death rate being 9.98, as compared with 10.72 in 1947. Of the 974 deaths registered, 729, or 73% occurred in persons over 65 years of age. The crude death rate has fallen consistently since 1943, from 23.8 to 14.9, but probably there are reasons, associated with war conditions and the return of many of the younger portion of the population, which largely account for this. Without doubt, in a health resort such as this, a preponderance of elderly people and particularly females, must be an accepted condition, together with all the problems associated with their care, including a higher crude death rate. Many of the aged in this town come here without relatives or others to care for them as they grow older and less able to maintain an independent existence. Many are living in considerable poverty and cannot afford to pay for help or to go into private homes. As a result a large amount of accommodation has to be provided either privately, through nursing homes or homes for the aged or boarding houses. In addition, accommodation through various voluntary agencies has been developed most efficiently and to a considerable extent. Finally, under the National Assistance Act, the local authority is developing its own scheme for the reception of the aged in suitable hostels. Fuller information is given in a previous paragraph with regard to this matter.

A definite drop in the birth rate has occurred in 1948, from 19.1 to 15.2 per 1,000 of the population or in numbers from 1203 infants to 999, a drop of just over 200. At the same time the figure for 1948 still shows approximately 200 more infants born than in 1938.

The number of illegitimate births was 72, equivalent to one in every 14 births.

3. Main Causes of Death

(a) Diseases of the Heart and Blood Vessels

The total deaths from the various associated causes amounted

to 550 or 56 per cent of the total deaths.

(b) Cancer

The total deaths from cancer were 140 as compared with 153 in 1947. The death rate of 2.1 per 1,000, or one in every 6.9 deaths, remains higher than in the country as a whole, but this can be explained by the high average age constitution of the people living in Hastings.

The local authority continued its special scheme under the Cancer Act for in-patient treatment and out-patient consultations and general supervision at the Westminster Hospital. This included the provision of transport for patients and the responsibility, if necessary, for free board and lodging for out-patient treatment in London. The whole arrangement has operated smoothly for about three years and with much advantage to the patients and has been greatly appreciated. This scheme ended on the 5th July, 1948, when the South East Metropolitan Regional Hospital Board became responsible. Up to the 5th July, 16 new cases were referred by hospitals and medical practitioners through the Health Department for special treatment.

(c) Respiratory Diseases

The total deaths from respiratory complaints were 83. There was no epidemic of pneumonia or influenzal pneumonia during the year, only 1 death being attributed to influenza.

7. 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,
encephalitis lethargica or trench fever.

The following table summarises the incidence of the notifiable infectious diseases during 1948 :-

Disease	Total Cases	Admitted to Hospital	Deaths
Diphtheria (including Membranous Group)	1	1	Nil
Erysipelas	19	2	Nil
Scarlet Fever	57	37	Nil
Typhoid Fever	Nil	Nil	Nil
Paratyphoid B	Nil	Nil	Nil
Puerperal Pyrexia	13	6	Nil
Cerebro-Spinal Meningitis	Nil	Nil	Nil
Ophthalmia Neonatorum	Nil	Nil	Nil
Pulmonary Tuberculosis	83	21	16
Other forms of tuberculosis	16	4	4
Poliomyelitis	1	1	Nil
Polio-encephalitis	Nil	Nil	Nil
Acute Primary Pneumonia	24	Nil	2
Malaria	Nil	Nil	Nil
Dysentery	37	Nil	Nil
Influenzal Pneumonia	2	Nil	Nil
Measles	353	35	1
Whooping Cough	203	18	1

REMARKS

(a) Scarlet Fever - The incidence was low, 57 cases as compared with 39 in 1947, the cases being on the whole mild and sporadic.

(b) Diphtheria and Diphtheria Immunisation - The incidence of diphtheria was again extremely low, one case only being confirmed throughout the year with no deaths: this case was a girl of 19 who had not been immunised.

The incidence and deaths since 1938 are shown in the following table:-

Diphtheria in Hastings.

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
1946	4	Nil
1947	5	Nil
1948	1	Nil

The above paragraph, showing the number of cases of diphtheria and deaths in recent years, is the best propaganda which can be produced in favour of diphtheria immunisation - no death for eight years. An average yearly incidence of seven cases; in 1948 only one case. The same experience more or less is occurring in most parts of the country, although isolated outbreaks of diphtheria are still reported from time to time. There is, however, no reason for complacency with regard to diphtheria immunisation. The target percentage immunised should not be less than 80 of all children, together with re-inforcing or boosting injections every 5 years. There is still considerable room for an increase in the number of boosting injections carried out in Hastings.

The immunisation results during 1948 were as follows:-

919 children were immunised, 871 under the age of 5 years, 48 over 5 years of age; 196 re-inforcing injections being given.

Every effort is made to publicise the importance of diphtheria immunisation, through the press, posters, school clinics, teachers, infant welfare centres, health visitors, district nurses, etc.

The immunising agent still remains A.P.T., the dosage 0.2 and 0.5 c.cs. at four weekly intervals, 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 now T.A.F. 1.0 c.c.

Under the National Health Service Scheme (see special section) diphtheria immunisation is provided free of charge to all applicants and can be carried out either under the local authority's arrangements at the School Clinic or Infant Welfare Centres, full directions for which have been circulated from time to time, or by their own doctor through the National Health Service. No doubt when arrangements have been finally completed between the Ministry of Health and the British Medical Association the number of children immunised in this latter way will be materially increased.

Diphtheria Anti-toxin - Supplies are kept at the Health Department and at the 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.

On the appointed day, 5th July, 1948, the Borough Sanatorium for Infectious Diseases became the Isolation Hospital and this Hospital and the Brede Smallpox Hospital were transferred from the local authority to the Hospital Management Committee, Hastings Group, under the National Health Service Act. The medical care of the patients, however, has so far still remained with the Medical Officer of Health and his Deputy. This arrangement ensures complete control for infectious diseases in Hastings and area, including investigation, diagnosis, treatment and prevention.

The Smallpox Hospital, Brede, still remains available, along with the Sedgebrook Smallpox Hospital, for the admission of cases, throughout the County of East Sussex. The question, however, of the closure of Brede, in accordance with modern policy, is now before the Regional Hospital Board.

The Isolation Hospital still continues to receive patients from the County Borough of Hastings, the Borough of Bexhill, Rural District of Battle and the Borough of Rye, the total population served being between 120,000 and 130,000. The total number of patients admitted during 1948 was 218, the diseases as ultimately diagnosed and distribution being as follows:-

ISOLATION HOSPITAL ADMISSIONS, 1948

Disease	Total
Scarlet Fever	60
Diphtheria	3
Tonsillitis	18
Laryngitis)	6
Laryngeal obst.)	
Measles	45
Whooping Cough	26
Mumps	11
Chicken Pox	11
Rubella	7
Poliomyelitis	5
Tuberculous meningitis	1
Cerebro-Spinal meningitis	4
Meningitis	4
Pneumonia	1
Enteritis	2
Stomatitis	2
Erysipelas	6
Typhoid fever	1
Dysentery	1
Miscellaneous	4
TOTAL	218

For the population served, the number of cases is very small; their severity was as a rule slight, with occasional exceptions; at the same time the variety of conditions admitted was very great, no type of infectious disease, notifiable or otherwise, being refused. Throughout the year also, all cases admitted, with very few exceptions, were able to be treated in two out of the four blocks. In these circumstances the question of utilising the accommodation at the Isolation Hospital for cases of chronic or advanced tuberculous was under the careful consideration of the Hospital Management Committee. It has now been decided to open one block for female cases of tuberculosis, and a second block for

male cases later on. This will greatly relieve the accommodation at the St.Helen's Hospital, most urgently required for other purposes, and will allow cases of infectious tuberculosis to be treated under more appropriate conditions, from the point of view of isolation, than at St.Helen's. At the same time the general policy for the treatment of outbreaks of particular types of infectious disease, say typhoid or paratyphoid, will be considered and no doubt a central pool of beds and staff will be available in cases of necessity. During recent years, in connection with this subject, I have recommended that the ultimate provision of a cubicle block for infectious cases should be kept fully in mind, this being originally approved when the Bexhill Isolation Hospital was closed and Hastings undertook to receive Bexhill patients.

Shortage of nursing staff continued to remain, as in other isolation hospitals, a most important and difficult problem, although we have been more fortunate than many. At the same time with the reception of cases of tuberculosis, the importance of adequate staff remains paramount.

The Disinfecting Station has remained available for general disinfecting purposes along with the Disinfecting Station at the St.Helen's Hospital. The local Hospital Management Committee has been good enough to co-operate in every possible way as regards the use of the St.Helen's Hospital, and if necessary the Isolation Hospital, for the purposes of the local authority in connection with disinfection and cleansing; the local authority provides the disinfecting staff at the St.Helen's Hospital.

8. VACCINATION RETURN 1947 & 1948

	1947	1948	
		1.1.48 to 4.7.48	5.7.48 to 31.12.48
Births (Gross registered)	1641	721	702
Successful Primary Vaccinations	1018	505	91
Conscientious Objectors	520	209	---
Percentage of Births Vaccinated	62.0	70.0	12.9

The percentage of children vaccinated has risen steadily during the last decade from about 35% to over 60% from 1933 to 1938.

From the appointed day, compulsory vaccination was replaced by voluntary vaccination on the same lines as diphtheria immunisation. All the general practitioners in the town, desirous of carrying out vaccination, were empowered to do so under the Act, and the scheme was well publicised and continuously kept before the public.

The matter of administrative arrangements as between the B.M.A. and the Ministry of Health, is still under consideration and this may explain why a proportion of the records were not to hand at the end of the year. When this matter has been cleared up there may be a resumption of the previously satisfactory figures.

Several sharp outbreaks, with a high death rate, of the severe form of Smallpox in limited areas, have given a sharp reminder of the present danger of this disease, and also of the value of vaccination as a preventive and a control.

Reference has been made to the matter of vaccination in the general account of Part III services in another part of this report.

9. REPORT ON PUBLIC HEALTH BACTERIOLOGICAL WORK

The arrangements for Public Health bacteriological and pathological work are now the entire responsibility of the Hospital Management Committee under the National Health Service Act, the work being carried out as before by Dr. P. Lazarus Barlow in the laboratory of the Royal East Sussex Hospital, which was incorporated in the Emergency Pathological Laboratory Service in May, 1947.

The arrangements are working smoothly and satisfactorily and include reports on all specimens of public health importance sent in by general medical practitioners, the Public Health Department, the Isolation Hospital for Infectious Diseases, the School Medical Service and the Tuberculosis Dispensary. In addition, if necessary, the services of an expert field epidemiologist can be obtained in the event of an epidemic requiring special laboratory methods.

10. VENEREAL DISEASES CLINIC ROYAL EAST SUSSEX HOSPITAL

The Venereal Diseases Clinic ceased to be the responsibility of the local authority from the appointed day. As a social disease with many implications affecting other departments of public health work, particularly maternity and child welfare, it is necessary for the Health Department and its Officers to be in close and harmonious touch with the officers of the Venereal Diseases Clinic.

I am indebted to Dr. J. Schneider-Green, the Medical Officer in charge, for information dealing with the incidence of venereal diseases in Hastings during 1948.

The incidence of syphilis and gonorrhoea in Hastings in relation to new cases attending the V.D. Clinic during the years immediately before, during the war and after, 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
1946	23	32
1947	18	42
1948	11	13

It will be noted there has been a considerable fall in syphilis in 1948, and a very great fall in gonorrhoea - 42 cases in 1947, 13 in 1948. On the other hand, 132 persons who presented themselves for examination were found not to be suffering from any venereal condition, this being an increase from 120 in 1947.

The explanation of this may be that the whole matter of venereal disease, its nature and the particulars of free and confidential treatment have been kept before the public both centrally by the Ministry of Health, and locally by means of posters and pamphlets.

11. TUBERCULOSIS

- (a) Register - At the end of 1948 the tuberculosis register contained 712 names.

Males 331, Females 251, suffering from pulmonary tuberculosis.
Males 55, Females 75, suffering from non-pulmonary tuberculosis.

- (b) Notifications and deaths of cases notified in 1948

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	-	-	-	1	-
1 - 2 years	1	-	-	-	1	-	-	-
2 - 5 "	2	1	1	-	-	-	1	-
5 - 10 "	3	-	3	2	1	-	1	-
10 - 15 "	1	3	1	3	-	-	-	-
15 - 20 "	1	-	-	-	-	-	-	-
20 - 25 "	6	5	-	1	1	-	-	1
25 - 35 "	13	8	-	-	2	1	-	-
35 - 45 "	8	4	1	1	1	-	-	-
45 - 55 "	7	2	-	1	2	1	-	-
55 - 65 "	7	4	-	1	3	1	-	-
65 - 75 "	3	2	-	-	2	-	-	-
75 upwards	-	2	-	-	-	-	-	-
Totals	52	31	7	9	13	3	3	1
Grand Totals	99				20			

(c) Incidence and Mortality.

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
1947	23	1	24	.38
1948	34	8	42	.64

During this century the death rate from tuberculosis, both pulmonary and surgical, has steadily fallen. In 1900-1904 the average annual death rate was 1.8 per 1,000 of the population; from 1944 to 1949 the average annual rate was 5.9. The downward wave was interrupted sharply by steep rises in the two world wars from 1917 to 1920 and again from 1941 to 1944. There were also occasional annual variations from the steady fall, for example in 1947 the rate fell from 0.55 per 1,000 in 1946 to 0.38 but this was compensated by the higher figure of 1948, viz. 0.64 per 1,000. An uncertain factor in increasing the death rate has been the considerable number of chronic and even advanced cases coming to live in Hastings, sometimes after treatment in local sanatoria, often with their families, who become permanent residents and may produce positive contacts.

In 1948, 8 deaths were due to surgical tuberculosis, as opposed to pulmonary, of which 6 were caused by tuberculous meningitis in infants or young children. This condition is often very severe, acute and rapidly fatal, the diagnosis being confirmed by post mortem examination. Recently, streptomycin has been used with considerable success in this condition. Each case of tuberculous meningitis becomes the focus of an intensive search for positive contacts and other possible sources of infection, e.g. milk, all contacts being kept under supervision as long as necessary.

It is possible that the use of B.C.G. vaccine in infants in this country, carried out with all necessary precautions, as is now being developed under the directions of the Ministry of Health, may be a means, in families with cases of tuberculosis, of helping to protect infants from infection, which may at any time end in tuberculous meningitis.

The number of early cases or suspected cases notified for investigation has been fully maintained. The public is now in the main fully conscious of the necessity for early examination and the medical profession throughout the country fully co-operates by getting suspects to the Dispensary. It must be remembered that tuberculosis is an insidious disease which sometimes has gained a considerable hold before the usual symptoms manifest themselves. It is in such cases that the value of mass radiography is proved, particularly in considerable aggregations of persons employed in factories or in districts which render it easily practicable. In addition, modern treatment of tuberculosis does save life or prolong it considerably, particularly if associated with adequate after care and suitable employment. All these, together with improvements in the general standard of living, may be factors in

the reduction of the death rate.

(d) Tuberculosis Dispensary at the Royal East Sussex Hospital Institutional Treatment

On the appointed day, July 5th, 1948, the responsibility for the work of the Tuberculosis Dispensary and for institutional treatment, either at Darvell Hall Sanatorium or other suitable institutions, was transferred to the Hospital Management Committee under the National Health Service Act. The responsibility of investigations in the home and social measures, e.g. housing and the work of the Tuberculosis Care Committee, remained with the local authority. Actually there has been no change in Hastings as the Regional Board, for the time being, has obtained permission from the local authority for their Medical Officers to continue their clinical work at the dispensary. The Tuberculosis Health Visitor has continued to carry out her work in the dispensary and the home exactly as before. Close and cordial co-operation continued with the special departments of the hospital - X-ray, Dispensary, Laboratory, Orthopaedic, etc. The work of the dispensary continued to expand again in 1948 - the number of new patients seen for investigation was 429, and in addition, and very important, 322 contacts, the total attendances being 2361.

Under the Health Service Act there has been little alteration in the arrangements for the admission of cases to sanatoria. As before, everything has been done by Darvell Hall Sanatorium to facilitate the admission of our patients as soon as possible, usually within three or four weeks. On the other hand, there has been a tendency to pool tuberculosis beds throughout the Region which, in some cases, has been an advantage particularly in obtaining beds for acute pulmonary tuberculosis requiring streptomycin treatment in children, for operative treatment for pulmonary tuberculosis and certain cases of surgical tuberculosis in adults. At St. Helen's Hospital it has been extremely difficult to continue to accept advanced and chronic cases, particularly on the female side. Arrangements are now well advanced to open two blocks in the Isolation Hospital for this purpose, probably also to serve a wider area in the Region than the Hastings district; a reference to this is made elsewhere in the report.

Admissions to Institutions during 1948

Darvell Hall Sanatorium	24	cases	pulmonary tuberculosis
St. Helen's Hospital, Hastings	29	"	"
Royal East Sussex Hospital	7	"	surgical tuberculosis
Lord Mayor Treloar's Hospital	2	"	"
Eversfield Chest Hospital	1	"	pulmonary tuberculosis
Preston Hall	1	"	"
Royal National Orthopaedic Hospital	2	"	surgical tuberculosis
Heritage Craft Schools	1	"	"
Royal Sea Bathing Hospital, Margate.	2	"	"

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

On the appointed day, 5th July, 1948, the responsibility for this allowance was handed over to the National Assistance Board. Up to that date in 1948, eight patients had received maintenance allowances, one patient received a maintenance allowance and also

a discretionary allowance, and one patient received a special payment allowance.

(f) Tuberculosis Care Committee

The work of this committee has been continued under the National Health Service Act, the committee acting as agent for the local authority. Full reference has been made to the work of the committee under the Act in another portion of the report. As stated, certain branches of the committee's work have been considerably reduced as a result of the inauguration of new services; other developments and advances on the social side will no doubt compensate.

(g) Public Health (Prevention of Tuberculosis) Regulations 1925
Public Health Act 1936 - Section 72.

No action was taken in 1948.

12. MATERNITY AND CHILD WELFARE

(a) Vital Statistics:

(i) Infantile Mortality

The infant mortality rate in 1948 with 35 infant deaths in 999 births, was 35.0 per 1,000 births, compared with 26.6 per 1,000 in 1947 and a national rate of 39 per 1,000 in the large towns, including London.

Both whooping cough and measles were somewhat prevalent during some period of the year amongst children. Two infant deaths were attributed to these conditions; also seven deaths from bronchitis and pneumonia. 14 of the total of 35 deaths were due to causes operating about the time of birth, e.g. congenital malformations, atrophy, debility, marasmus and failure of the lungs to expand. This neo-natal mortality, together with 23 stillbirths remains a major problem in infancy, and continued research combined with special investigations at ante natal clinics and maternity hospitals, together with the co-operation and education of the mothers, remains the most important factor in reducing this mortality.

(ii) 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	1.3
1946	1.68
1947	Nil
1948	Nil
Average for 10 yrs	1.97

No death occurred as a result of maternity in 1948. The figures for the last 10 years are shown - the average being 1.97 per 1,000.

It should be noted that, from the appointed day, the Hospital Management Committee assumed the responsibility of the services of consultants, pathological facilities, and also the maternity units at the St.Helen's Hospital and the Fern Bank Maternity Home.

(b) Inspection of Midwives

(i) No.of midwives on register	14
No.of visits	56
Midwives' notifications,medical aid	151
Other official notifications	57
Births notified by midwives	533

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

(ii) Midwives Act, 1936 - Domiciliary Midwifery

Service	District Nursing Association	Municipal Midwife	Total
1.Cases conducted	197	56	253
* 2.Post natal visits	5063	1060	6123
* 3.Ante natal visits	3299	282	3581
4.Gas & Air Analgesia	90	40	130

* Includes visits by pupils.

Reference is made elsewhere to the domiciliary midwifery service by the local authority under the National Health Service Act. The number of cases on the district showed a fall from 318 to 253, corresponding to the general fall in the birth rate from the very high rates of 1946 and 1947.

Gas and air analgesia is available to all cases in their own homes. The service was fully appreciated, being used in about 50 per cent of all confinements.

(iii) The Puerperal Pyrexia Regulations,1939

The total number of cases was 13.

All the previous arrangements, in co-ordination with the Hospital Management Committee, were available, including hospital accommodation, home nursing, provision of consultants, bacteriological and general investigations,etc.

(c) Work of the Health Visitors,Home Helps and Domestic Helps.

Health Visitors

Home Visits.

First visits under one year	1161
Second or further visits	11084
Other classes	41
Infant protection visits	552
Expectant mother visits	392
Total:	<u>13230</u>

Home Help cases

18

Domestic Help Scheme

No. of Domestic Helps - full time	3
No. of applications received during 1948	90
No. of applications dealt with in 1948	76
No. of applications cancelled for various reasons	12

(d) Maternity and Child Welfare Centres.

Total attendances were as follows:-

Infant Welfare Centres	19956
Ante Natal and post natal clinics	1064
Medical consultations	5296

(e) Contraceptive Clinic for Married Women (including County Cases)
Treatment for medical conditions only

New cases	63
Old cases	37
Total	<u>100</u>

(f) Illegitimate Children

The following are the numbers during the past 4 years:-

Year	No. of Illegitimate Children	Total Children	Percentage
1945	101	731	13.8
1946	98	1155	8.5
1947	86	1203	7.1
1948	72	999	7.2

The Health Visitors give special consideration to the care of expectant single women both during pregnancy and afterwards, in conjunction with other agencies, particularly the local worker of the Chichester Diocesan Moral Welfare Association, who is linked up by a definite financial arrangement.

All illegitimate children are under special review and report by the appropriate Health Visitor at three months and one year old. It is gratifying that the reports are generally satisfactory as regards care by the mother, grandmother or foster parent, attendance at Infant Welfare Centres and infant care generally.

(g) Distribution of Milk, Nutritive Foods etc.

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

Distribution of Milk, Vitamins etc. during last quarter, 1948

Orange Juice "take up" -	46.6 per cent (this includes issues to expectant mothers).
Cod Liver Oil "take up" -	39.8 per cent.
Vitamin A & D capsules -	38.5 per cent.
National Dried Milk -	739 tins average issue per week.
(Up to the age of 1 year).	

(h) Dental Treatment

Expectant and nursing mothers at the Royal East Sussex Hospital	-	(See note under Nil Part III Scheme)
Children under 5 at school clinics	-	20

(i) Orthopaedic and Light Treatment (See special note)

(j) Treatment of Toddlers

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

(k) Anti-Diphtheria Inoculation - (See note under infectious diseases)

(l) Child Guidance Clinic

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

(m) Speech Therapy Clinic

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

(n) Nurseries and Child Minders Regulation Act, 1948

The provisions of this Act were duly advertised in the local Press. As a result two applications for the registration of Day Nurseries were approved, after careful examination of the premises, in accordance with the standards laid down by the Ministry of Health in Circular 143/48.

(o) General Notes on Maternity and Child Welfare Work in 1948

Special reference is made to various matters dealing with the development of the Maternity and Child Welfare services in the section dealing with the Part III services to be provided by the local authority under the National Health Service Act.

13. MENTAL DEFICIENCY

The information given under this heading in previous reports is dealt with in the section dealing with the development of the Mental Services under the National Health Service Act.

14. ORTHOPAEDIC SCHEME

The orthopaedic scheme was absorbed under the National Health Service Act by the Hospital Management Committee on the appointed day. It can be stated that all the usual facilities remain available.

Statistics of the scheme are given up to the appointed day.

- (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 operative treatment 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.

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

New Cases 1948

	<u>Orthopaedic</u>	<u>Sun-ray</u>
(a) School Medical Service	104	3
(b) Maternity & Child Welfare	35	5
(c) Tuberculosis	1	Nil
TOTAL:	140	8

I am pleased to state that full co-operation between the Health Department, the School Medical Service and the Clinic remains close and very cordial. Cases diagnosed as requiring treatment are reported exactly as before from the School Medical Service and the Infant Welfare Centres to the Surgeon in charge of the Orthopaedic Clinic, and receive a definite appointment for investigation and treatment. Arrangements are made for cases who default on treatment or are discharged to be notified, in order

that the follow-up by means of the Health Visitor detailed for the purpose may be continued. In this way it is hoped that the value of this service may be further developed in the future.

15. GENERAL SANITARY ADMINISTRATION

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

No additions or amendments were reported in 1948.

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 to the general public, among the subjects dealt with being the National Health Service Act, 1946, diphtheria immunisation, 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.

3. Registration of Nursing Homes.

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 - 18

Beds available - maternity - 26

others - 181

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. During the year a certain amount of water has been available from Darwell, being treated and pumped from the Brede Station.

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) Samples of raw and treated water from the various sources of supply have been taken for chemical analysis during the past year.

Recent Chemical Analysis of Sample of Water from Filsham
Pumping Station.

Appearance - Clear and bright. A very slight subsequent deposition of iron oxide on keeping.

Turbidity (Silica scale) - Nil

Colour (Hazen) - Faint Yellow brown. Odour - Nil

Reaction pH - 6.7

Free Carbon Dioxide - 31

Electric Conductivity at 20°C. 720

Total solids, dried at 180°C. 480

Chlorine in Chlorides 148

Alkalinity as Calcium Carbonate 105

Hardness : Total 200

 Carbonate (Temporary) 105 Non-carbonate (Permanent) 95

Nitrogen in Nitrates 0.8

Nitrogen in Nitrites Less than 0.01

Free Ammonia - 0.014

Oxygen absorbed in 4 hrs. at 27°C. Absent.

Albuminoid Ammonia - 0.000

Residual Chlorine -

Metals Iron 0.38
 Manganese 1.2 Other metals absent.

This sample is practically clear and bright in appearance. It contains however, a trace of iron and a very appreciable trace of manganese. Its reaction is on the acid side of neutrality, due to a content of free carbon dioxide which is comparatively high in relation to the alkalinity. The Water is fairly hard in character but is free from any excess of saline constituents in solution. It is of satisfactory organic quality.

These results are consistent with a water which, from the aspect of the chemical analysis, is wholesome in character. Its content of manganese is however, undesirably high from the aspect of maintaining the mains in satisfactory condition. On account of its reaction the acid side of neutrality, it will have a corrosive tendency towards metals including steel and galvanized iron.

(c) 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 the raw and treated water are made monthly at various points in the public water supply system through the Water Undertaking and when necessary the Public Health Department. The bacteriological results were uniformly satisfactory and for information two examinations carried out in November 1948 are quoted:-

Bacteriological Analyses - 25th November, 1948

Specimen of water from Tap on main Buckshole Pumping Station
(Sampling bottles are treated to remove free chlorine if this is present at the time of sampling).

Number of Colonies developing	1 day at	2 days at	3 days at
on Agar per cc. or ml. in	37°C.	37°C.	20°C.
	0	1	1

Presumptive

Coliform Reaction	-	Present in -	Absent from 100 ml.
Bact. Coli	-	Present in -	Absent from 100 ml.
Cl. Welchii Reaction	-	Present in -	Absent from 100 ml.

This sample is clear and bright in appearance and is of a high standard of bacterial purity.

These results are indicative of a water which is wholesome in character and suitable for public supply purposes.

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

Number of Colonies developing	1 day at	2 days at	3 days at
on Agar per cc. or ml. in	37°C.	37°C.	20°C.
	2	7	3

Presumptive

Coliform Reaction	-	Present in -	Absent from 100 ml.
Bact. Coli	-	Present in -	Absent from 100 ml.
Cl. Welchii Reaction	-	Present in -	Absent from 100 ml.

This sample is clear and bright in appearance and is of a high standard of bacterial purity.

These results are indicative of a water which is wholesome in character and suitable for public supply purposes.

(d) 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.

(e) 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.

(f) The number of dwelling houses supplied is 20,451, with an estimated population of 65,000 persons, or slightly over, in addition to 743 shops with houses and 53 agricultural establishments. In addition, 193 houses, outside the Borough of Hastings, have piped supplies from the Hastings undertaking. Houses are not supplied from stand-pipes except in case of breakdowns or frozen pipes. The present estimated standing population of Hastings for the water undertaking is 64,442.

5. Baths Establishments (Swimming and Medical)

During 1948 both swimming baths at the White Rock Baths were open. The sea water is treated with modern filtration and chlorination methods, and bacteriological analyses were satisfactory.

The Open Air Swimming Pool at West Marina was also open during the summer of 1948, the sea water being similarly treated and under bacteriological examination.

The medical section at the White Rock Baths, with a qualified attendant, functioned successfully throughout the year, the following baths being available :-

sea weed, sea water with packs, concentrated brine, sulphur, pine, foam, etc. combined with massage.

A chiropody section was opened during the autumn and has obviously met a general need. It is combined with electric treatment, where necessary and exercises.

During the year, the electro therapeutic department with a complete range of treatments, was opened in the previous Turkish Baths and spray sections, using the waiting room and the resting room. The question of making definite arrangements under the National Health Service Act, 1946, in association with the local hospitals, has been discussed with the South East Metropolitan Regional Hospital Board. This would probably include the development of the old plunge bath into a modern deep pool for hydro therapeutic exercises and treatment, together with the use of the electric therapeutic department. The matter is still under discussion. It is hoped eventually that some arrangement may be made, in view of the congestion at the physio-therapy departments of the hospitals, and the accepted value of the deep pool treatment, particularly for certain forms of the rheumatic diseases.

6. Drainage and Sewerage

During the year progress continued to be made with a comprehensive sewerage scheme for the Borough. Special attention was given to the provision of the new storm water sewer outfall at Harold Place, in view of the possibility of the recurrence of severe flooding in certain low lying portions of the centre of the Borough, e.g. Priory Street, Middle Street, Station Road and Queen's Road. The Health Department under conditions of flooding, gives all possible and speedy assistance with regard to drying of bedding, clothing, carpets and rugs, also any necessary disinfection.

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 dustbins and in the investigation of any nuisance or complaints received.

8. Sanitary Inspection of the District

Chief Sanitary Inspector's Summary of Statistics, 1948.

The full details of the table are omitted.

The Chief Sanitary Inspector reports:-

"Housing continues to be one of the major environmental problems of public health work, especially as regards the provision of additional accommodation in the shape of new houses and flats, the adaptation of suitable existing accommodation for further families and the maintenance of the present available accommodation at a reasonable standard of hygiene and comfort for the occupiers.

The last matter is one in which the Health Department is vitally concerned, and, while the execution of repairs is still in general a longer process compared with pre-war years, it is

satisfactory to note that the difficulties hitherto associated with supplies of materials, etc. are not so pronounced as in 1947.

The response to notices served is generally good, notwithstanding that in many cases the notices relate to premises where the rent is restricted by law and is also small compared to the costs of repair and maintenance. Hardship is thus often caused to the owners of these "white elephants" which are difficult to dispose of except to the "sitting tenant" at a comparatively low price. There would appear to be a case for raising the rents of these controlled premises to present day economic levels in order to avoid a gradual deterioration in their condition.

With regard to overcrowding and other undesirable conditions, the Department has maintained close liaison with the Town Clerk's (Housing) Department. During the year 161 reports on these matters were made; of these 70 related to overcrowding; 48 to unsuitable conditions; the living conditions of 5 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 38 cases, it was felt that no recommendation could be made at the present time, although it should not be assumed that the living conditions were ideal.

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

- 71 families, where overcrowding or undesirable conditions prevailed, have been rehoused;
- 8 families, including 3 left over from 1947, specially recommended on account of tuberculosis, have been rehoused."

9. Inspection and Supervision of Food.

(a) Milk Supply of the District.

Retail Purveyors of Milk on register 1948	30
Wholesale Traders or Producers 1948	22
Producers of Accredited Milk 1948	2
Producers of Tuberculin Tested Milk 1948	7
Purveyors of "Tuberculin Tested", "Accredited", or "Pasteurised" Milk 1948	10
Pasteurisers' Licences to sell milk as pasteurised...			4
Samples taken under Milk (Special Designations) Regulations 1936-1946	284

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	63 +	58	-	Not applicable		57	1
Accredited	19	18	-	Not applicable		18	-
Pasteurised	202	145	57	170	32	Not applicable	

Tuberculin Tested and Accredited - The reports on the samples were

generally satisfactory, and, of the 76 samples submitted for examination, only one (No.1834) was adversely reported on, thus creating a record. This unsatisfactory sample was obtained from a local producer of tuberculin tested milk, in July, and was investigated in the usual way, all subsequent samples proving satisfactory.

(+ five samples of tuberculin tested milk and one of accredited milk were cancelled, laboratory facilities not being available on delivery).

Pasteurised - The number of samples taken for examination (202) was considerably more than in 1947 (when 138 were taken), and, of these 90 were obtained from schools, school canteens and British Restaurants. Although the reports thereon showed an improvement upon those of the previous year, further improvement is still desirable. This may well be achieved when alterations to plant and premises (in progress during the early part of the year) have been completed, always provided that constant care and attention be given to the processing, etc. on the part of those concerned. Close co-operation has been maintained with the Ministry of Food (Quality Division) and the Area Milk Officer, who investigate, with the Department, all unsatisfactory results, reports on the samples being forwarded monthly as a matter of routine.

Raw milk - Eleven samples were obtained for examination for tuberculosis, etc. all being reported negative.

Dairy Farms, Dairies and Milkshops - 872 visits were made to these premises, 38 notices of contraventions of the Milk and Dairies Order 1926 being served as a result, all being complied with. It was possible to resume to some extent the pre-war policy of remodelling and reconditioning of milk producers' premises, work on three such premises being completed during the year.

(b) Meat Inspection

Slaughtering continued at the Slaughterhouse, London Road, St. Leonards, under the control of the Ministry of Food, as in previous years, the premises serving the County Borough of Hastings, the Boroughs of Bexhill and Rye, and the Rural District of Battle. As will be seen by the following table, there has been but little decrease in the number of animals slaughtered.

Carcases Inspected					
Year	Cattle (excluding cows)	Cows	Calves	Sheep	Pigs
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	1,585	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
1947	2,083	735	2,526	6,590	315
1948	2,174	579	2,219	4,519	196

Details of the deficiencies of the premises, which are unsuitable for the volume of slaughtering done, were given briefly in the Annual Report of 1947, and were fully discussed with representatives of the Ministry in 1948, as a result of which a scheme for the modernisation (as far as possible) of the premises and alterations in the existing arrangements, were arrived at. A certain amount of progress was made in the necessary work during the year, despite difficulty in the supply of material.

All animals slaughtered were examined at or soon after slaughter by a Sanitary Inspector, the inspection being carried out in accordance with Code 62/Foods.

Particulars of the inspections made and action thereon are as follows:-

Carcases Inspected and Condemned

	Cattle (excluding cows)	Cows	Calves	Sheep and Lambs	Pigs
No. killed (if known)	2,174	579	2,219	4,519	196
No. inspected	2,174	579	2,219	4,519	196
<u>All diseases except Tuberculosis</u>					
Whole carcasses condemned	3	6	2	24	2
Carcases of which some part or organ condemned	1,063	176	41	239	12
Percentage of the number affected with disease other than tuberculosis	49.03	31.43	1.93	5.81	7.14
<u>Tuberculosis only</u>					
Whole carcasses condemned	6	13	1	-	1
Carcases of which some part or organ condemned	376	137	1	-	3
Percentage of the number affected with tuberculosis	15.57	25.90	0.08	-	2.04

(c) Ice Cream

No. of premises registered for manufacturing in 1948. - 12
 No. of premises registered for sale of ice cream in 1948. - 74
 No. of samples taken for bacteriological examination
 during 1948. - 77

The inspection of premises registered for the manufacture, sale etc. of ice cream, has been well maintained during the year, particularly as regards manufacturing premises, the policy being to induce the smaller manufacturers, who had difficulty in providing suitable premises and plant, to discontinue and retail supplies from registered manufacturers having the more suitable premises and facilities generally. Sampling, therefore, has been confined to the latter, on the ground that hygienic processing at the place of manufacture is the first essential in ensuring a satisfactory article to the consumer. There was a marked

improvement in the standard obtained, 70% of the samples passing the test in 1948, as compared with 33% in the previous year. There are various factors which have, no doubt, contributed to this improvement, namely:-

1. Building alterations were carried out at 9 manufacturing premises, enabling strict cleanliness to be more easily observed.
2. Plant and items of equipment for pasteurising and sterilising which had long been on order were installed.
3. The advice and propaganda of the Department during 1947 and 1948 resulted in a more complete understanding of hygienic production by manufacturers, and enabled them to organise the various processes of manufacture to a high standard of hygiene capable of day to day maintenance.

A few items of equipment were still outstanding at the close of the season, but it is considered that, when these are finally installed, the production of ice cream in the County Borough will be on a firm basis and a product of high standard assured.

The following table summarises the results of the samples taken:-

No. of samples taken	Reported Grade I.	Reported Grade II.	Reported Grade III.	Reported Grade IV
77	38	16	10	13

The samples have been graded following a form of methylene blue test, adapted for ice cream and recommended by the Ministry of Health. Such grading is at present provisional, but it has been suggested that if ice cream consistently fails to reach Grades I and II, it would be reasonable to regard this as indicating defects of manufacture or of handling.

(d) Prepared and Manufactured Meat and Other Foodstuffs.

Particular attention was paid to premises which are used in connection with these foods, 23 applications for registration of such premises under the Hastings Corporation (General Powers) Act 1937, being dealt with, registration not being recommended until certain sanitary requirements are complied with. At the end of the year there were 43 such premises registered.

(e) Shops Acts, Inspection of Foodstuffs, Restaurants, etc.
Pharmacy and Poisons Acts, 1852 - 1933.
Merchandise Marks Acts, 1887 - 1926.

Shops Acts - With the appointment of an additional Assistant Sanitary Inspector in May 1948 (to fill a long standing vacancy) it was possible to resume routine inspections and this resulted in considerable improvements being effected in shop heating, lighting, ventilation, sanitary accommodation and general cleanliness.

687 shops were inspected and 473 re-visited.

The number of contraventions noted (including non-exhibition of notices and keeping of records) was 1231. In this connection 432 notices were served and 378 complied with, 44 being outstanding at the end of the year.

Observations were made frequently on Sundays, afternoons

and during the evening, to enforce the evening Closing Hour, Early Closing Day and Sunday (Trading Restrictions). Offenders were found to readily co-operate and act upon the initial warning.

A considerable number of catering establishments are finding that the requirements of the Shops Acts, as they refer to Sunday employment, conflict with the shortage of suitable staff and compliance with other statutory regulations. As this difficulty is experienced by most of such traders conducting Sunday business, so far inspected, it will not be possible to obtain an overall picture of the position until the shops inspection of the Borough is completed.

Restaurants, Cafes etc. - The campaign of establishing a higher standard of hygiene, as regards structure and lay-out of food premises, methods of preparation and handling of food, was intensified. Routine inspections embracing all types of food retailers including hotels, restaurants, cafes, bakeries, grocers, etc. were greatly increased and substantial structural improvements effected in many establishments. These included reconditioning and altering preparation and storage rooms, installing sinks and washing facilities with particular attention to adequate supplies of running hot and cold water in every case, providing additional and in each case, adequate sanitary accommodation, improving lighting, ventilation and heating.

The task of dealing in this manner with the 1835 food premises in the County Borough has necessitated close co-operation with the local trade organisations and such bodies as the British Tourist and Holidays Board, who have circularised and provided posters and plaques for display in kitchens, cloakrooms, and toilets to emphasise the importance of personal hygiene and these are maintained and renewed where necessary at each inspection and re-visit.

All of this work was in active progress at the end of the year and, whilst so much remains to be done, it is not yet possible to review the situation. The willingness of the trader to co-operate in every category of the establishments covered has, however, revealed that an excellent standard can be achieved and in the majority of cases is already being maintained. This point is exemplified in the fact that it has not been necessary to refer a single case for statutory action, and that all formal notices have been actively pursued.

Pharmacy and Poisons Acts - Inspections were co-ordinated with the Shops Acts inspection and numbered 76. Notices were served in respect of contraventions noted (including unlicensed sale of poisons, non-labelling of bottles), 61 being rectified by the end of the year.

Merchandise Marks Acts - One hundred and eighteen inspections were made, and 43 notices (relating principally to the labelling of tomatoes) were served and complied with.

No. of Inspections.	Contraventions found	Informal notices		
		Served	Complied with	Outstanding
118	43	43	43	Nil

(f) Food and Drugs Act, 1938

During the year, 175 samples were taken and submitted to the Borough Analyst at the Laboratory, Lewes. Of these, 22 milk samples and 3 of other foods, were reported on adversely. Two milk samples were broken in transit to the Borough Analyst.

Particulars of action taken in the 25 unsatisfactory samples are as follows:-

Sample No.	Article sampled	Analyst's Report	Remarks and action taken.
1974	Milk	Fat 3.41%; S.N.F. 8.45%. This milk is slightly down in S.N.F. 0.5%. The freezing point indicates the presence of at least 0.3% added water.	Formal sample Reported to Public Health Committee. Warning given.
1985	Milk	Fat 3.18%; S.N.F. 8.30%. Deficient S.N.F. 2.3%,	Informal samples. Followed by formal samples Nos. 1993, 1994 and 1995, the freezing points of which could be that of genuine milk.
1986	Milk	Fat 3.86%; S.N.F. 8.26%. Deficient S.N.F. 2.8%. The freezing point indicated the presence of at least 2% added water.	
2139	Milk	Fat 2.81%; S.N.F. 8.40%. Deficient in fat 6.3%; S.N.F. 1.1%.	Formal samples taken in course of delivery. Followed up by "Appeal to Cow" samples. Nos. 2159, 2160, 2161 and 2162 two of which (nos. 2160 and 2162) were genuine.
2140	Milk	Fat 3.63%; S.N.F. 8.36%. Deficient S.N.F. 1.6%	
2141	Milk	Fat 2.32%; S.N.F. 8.40%. Deficient in fat 22.6%; S.N.F. 1.1%.	
2159 (Appeal to cow)	Milk	Fat 3.50%; S.N.F. 8.28%. Deficient S.N.F. 2.5%.	Varying results. Apparently due to milk from mixed herd not being properly mixed.
2161 (Appeal to cow)	Milk	Fat 2.98%; S.N.F. 8.53%. Deficient in fat 0.6%.	
2143	Milk	Fat 2.90%; S.N.F. 8.71%. Deficient in fat 7.6%.	Formal samples taken in course of delivery. Followed up by "Appeal to Cow" samples Nos. 627, 628, 629 and 630, one of which (No. 629) was genuine
2144	Milk	Fat 2.77%; S.N.F. 8.67%. Deficient in fat 7.6%.	
2145	Milk	Fat 2.80%; S.N.F. 8.67%. Deficient in fat 6.6%,	
2146	Milk	Fat 2.63%; S.N.F. 8.54%. Deficient in fat 12.3%.	

Sample No.	Article sampled	Analyst's Report	Remarks and action taken.
627 (Appeal to cow)	Milk	Fat 2.62%; S.N.F. 8.58%. Deficient in fat 12.6%.	Producer advised to contact Agricultural Executive Committee as to feeding etc.
628 (Appeal to cow)	Milk	Fat 2.50%; S.N.F. 8.71%. Deficient in fat 16.6%.	
630 (Appeal to cow)	Milk	Fat 3.05%; S.N.F. 7.91%. Deficient S.N.F. 6.9%.	
2148	Milk	Fat 2.90%; S.N.F. 8.55%. Deficient in fat 3.3%.	Formal samples taken in course of delivery. Followed up by "Appeal to Cow" samples Nos. 2155, 2156, 2157 and 2158 two of which (Nos. 2156 and 2158) were genuine.
2149	Milk	Fat 2.90%; S.N.F. 8.55%. Deficient in fat 3.3%.	
2150	Milk	Fat 2.78%; S.N.F. 8.56%. Deficient in fat 7.3%.	
2151	Milk	Fat 3.80%; S.N.F. 8.40%. Deficient S.N.F. 1.1%.	
2155 (Appeal to cow)	Milk	Fat 2.80%; S.N.F. 8.74%. Deficient in fat 6.6%.	Varying reports apparently due to methods of milking, etc. Producer advised to contact Agricultural Executive Committee
2157 (Appeal to cow)	Milk	Fat 3.38%; S.N.F. 8.37%. Deficient S.N.F. 1.5%.	
2218	Milk	Fat 2.75%; S.N.F. 8.98%. Deficient in fat 8.3%.	Informal sample. Followed by formal samples Nos. 2226, 2227, 2228 and 2229, two of which (2226 and 2227) were reported genuine and two (2228 and 2229) were broken in transit.
1989	Baking Powder	Total carbon dioxide 7.9%. Residual 0.2%. Available 7.7%. The Food Standards (Baking Powder and Golden Raising Powder) Order 1944 prescribes for baking powder a minimum of 8% available carbon dioxide. This sample contains a slightly less amount than this, but I am of opinion that some loss has occurred through storage in a paper envelope.	Formal sample. Withdrawn from sale.

Sample No.	Article sampled	Analyst's Report	Remarks and action taken.
2163	Beef Sausage Meat	Meat content 47.2%. The Meat Products, Canned Soup and Canned Meat (control and Maximum Prices) Order 1944, as amended by an Order dated 30th January, 1947 prescribes for beef sausages and beef sausage meat a minimum meat content of 50%. I am therefore of opinion that the meat content of this sample is 2.8% below the prescribed minimum	Formal sample. Reported to Public Health Committee. Warning issued.
1977	Sponge Pudding Mixture	Ash 4.0%. Preservatives nil. This sample is grossly infested with mites and as submitted it is quite unfit for human consumption.	Informal sample. All stocks destroyed.

10. Factories Inspection

Inspection of factories, etc.	153 visits
No. of informal notices served	30
No. of informal notices complied with	19
Defects referred to H.M. Inspector	Nil

11. Rodent Destruction

The work in connection with rodent destruction was well maintained during the year, both as regards the number of complaints received and the requirements of the Ministry of Food. The following is a brief summary of the work done:-

- Corporation Sewers - These received two maintenance treatments and one repeat test on the lines recommended by the Ministry, as in previous years.
- Complaints - The number of complaints received was 796, as compared with 740 for the previous year; 414 complaints were in respect of rats (6 major infestations) and 382 in respect of mice.
- Private Dwellings - Special Scheme 1948/49 - The survey of the district commenced in March 1948, and was progressing at the end of the year. Up to that time, 309 premises were found infested and cleared, the estimated kill (based on Ministry of Food formula) being 2,287 rats.
- Hotels, Restaurants, etc. - Since regular monthly visits to these premises on a payment basis was introduced in 1946, an increasing number of proprietors have availed themselves of the services of the Council's staff, 45 (as compared with 29 for 1947) of such establishments being subject to regular visits at the end of the year. Regular monthly visits are also paid to school canteens and British Restaurants, hospitals, special schools, etc.

- (e) Other pests - The work of the staff was extended during the year to embrace treatment of other pests, including wasps, cockroaches, flies and the like. Seventy-six cases were dealt with.

12. Disinfestation of Council Houses and Other Premises.

Council Houses	Nil
Other premises	20

13. Disinfecting and Cleansing Station.

The Council's Disinfecting and Cleansing Station at Rock-a-More is now officially written off as derelict and incapable of being reconstructed, as a result of major disrepair and damage during the war.

Disinfection of clothing and bedding for municipal purposes has continued to be carried out mainly at the Disinfecting Station, St. Helen's Hospital and if necessary, occasionally at the Isolation Hospital for Infectious Diseases.

The cleansing of verminous persons and the treatment of scabies has been mainly carried out at St. Helen's Hospital, as an out-patient department. Where necessary, patients with severe scabies have been admitted to the Isolation Hospital. This policy was approved and recommended by the Ministry of Health, in view of the present stringencies of labour and building materials. The South East Metropolitan Regional Hospital Board and the Hospital Management Committee (Hastings Group) have kindly agreed to co-operate. The eventual provision of an ad hoc central Disinfecting and Cleansing Station in the neighbourhood of the Isolation and St. Helen's Hospitals has not been lost sight of and it is hoped that a suitable site may be reserved in the Town Planning Scheme. The Disinfecting Station would also be available for the purposes of the Hospital Management Committee.

It should be emphasised, however, that since the war the incidence of scabies, although still not inconsiderable, has steadily lessened, and in the case of school children patients are now treated at home where conditions are satisfactory. Severe verminous cases of the type previously not uncommon are almost unknown. The amount of disinfection of clothing and bedding in connection with notifiable infectious diseases has also been considerably reduced.

Articles disinfected	5,270
No. of individuals cleansed for vermin	3
No. of individuals cleansed for scabies	104
No. of baths for scabies	269
Sets of clothing disinfected	104
Rooms, etc. disinfected	303

14. Housing

Routine house-to-house inspections have 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; 2,299 in 1948, and action taken in the usual way. The housing statistical tables for 1948 are omitted in detail.

No. of complaints received during the year	1,676
No. of complaints investigated	1,676
No. of informal notices served	1,142
No. of informal notices complied with	1,081
No. of statutory notices served	45
No. of statutory notices complied with	39

16. METEOROLOGY

The tables have been filed for future reference.

10. HISTORY

The table was then filled with the names of the

