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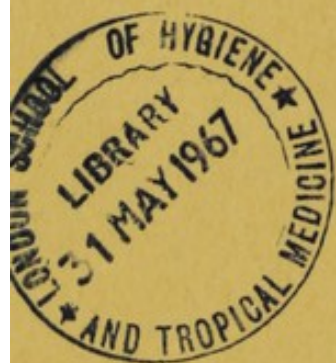
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COUNTY BOROUGH OF HASTINGS



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
AND
SCHOOL MEDICAL OFFICER
1950

T. H. PARKMAN, M.B., B.S., D.P.H.

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HEALTH DEPARTMENT,

44 WELLINGTON SQUARE,

HASTINGS.

July, 1951.

To His Worship the Mayor, Aldermen and Councillors of the County Borough of Hastings.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the Medical Officer of Health and School Medical Officer for the year 1950. The report is still abbreviated in content compared with pre-war years, but I have endeavoured to include certain comparative tables covering the past twenty-five years which illustrate clearly various changes in the life and health of the community in that period.

The estimated midyear population was 65,690, an increase of 690 persons over the previous year, but still short of the maximum population of 66,480 recorded in 1939. The 1951 Census, of which provisional figures only are available at the time of writing, shows a population of 65,506 (27,407 males, 38,099 females) being a decrease of 1% on the 1931 Census figure.

The vital statistics for 1950 were in general favourable. The corrected death rate was 11.76 per 1000 of the population, compared with 11.49 for 1949 and 11.6 for England and Wales as a whole. 78.1% of those who died were aged 65 and over, while 52.2% were 75 years or over. These figures indicate the longevity of the inhabitants and confirm the high proportion of old people among them.

The birth rate showed a further decrease to 13.5 per 1000, the number of live births being 890 as opposed to 902 in 1949—this figure still remains above that of prewar years. A small increase in the percentage of illegitimate births occurred, a small reduction in stillbirths.

The infant mortality rate, i.e., deaths of infants under 1 year per 1000 live births, reached a new record low figure of 15.7, compared with the national rate, also greatly reduced, of 29.8. Hastings has for many years past shown an abnormally low infant mortality rate, and the very marked decrease even in the past 25 years is shown strikingly by the figures given in the final column of Table 2.

The Authority's schemes under the National Health Service Act, 1946, are running smoothly and in the main very satisfactorily. With building restrictions and present day financial conditions, it would seem most unlikely that any of the Health Centres planned will eventuate for some years to come. It is important for the health of the town that at least two clinics should be built to house the local authority's services, the present all-purpose clinics at Park View and Halton Place being entirely inadequate and quite unsuitable for present and future requirements.

The Home Nursing Service, provided through the agency of the District Nursing Association, continues to work most efficiently and smoothly. Demands on the Home Help Service have increased considerably during the year; help is asked for more and more for acutely ill persons, necessitating at times a full-time Helper for one family until the crisis is passed: further expansion of this service is inevitable, especially if the aged are to be maintained in their own homes wherever possible, as they should be, in preference to admission to hostels

or chronic sick wards. The present pressure on hospital bed accommodation for the aged sick and infirm must be relieved as a matter of urgency, so that a bed may be available when really needed. The successful working of any scheme for the care of the aged, whether at home or in hostels, must depend largely on free interchangeability between hostel and hospital and vice versa.

The Ambulance Service continues to encounter increased demand, and is hard pressed at times to meet its commitments : by almost superhuman efforts however, it has fulfilled its duties with great efficiency. The grouping of the Hastings Hospitals into specialist units is necessarily causing more demand for "interhospital" transport. Each request for transport is investigated by the Supervisor, and I am glad to report that improper demands and abuse of the service are decreasing still further.

The scheme for provision of accommodation for the Aged and Aged Infirm, after many delays and vicissitudes, is now nearing fruition, and it is planned to open the first Home at Moreton and Little Moreton for 61 old people on 1st January, 1952. Two further Homes have been purchased, and after conversion will provide places for 74 more old people. These Homes should accommodate at least all the old people at present in Part III accommodation at St. Helen's Hospital : applications and enquiries are already being received, and are expected to increase when Moreton is opened. These may assist in ascertaining the final need for special places for old folk, a need which at the moment is largely unexpressed. Stock should then be taken as to the best means of meeting this need, whether it is to be by provision of more Homes, or whether it would not be better met by special blocks of old peoples flatlets, with communal feeding facilities and, when necessary, provision of a home help, to maintain them in their "own home" as opposed to in "a Home."

Co-operation between the three authorities responsible for running the various parts of the National Health Service Act, namely, the Council, the Hospital Management Committee and the Local Executive Council continues to be excellent, smoothing away many of the difficulties which might otherwise arise. The Medical Officer of Health, by serving on all three main Committees and the Professional Advisory Committees of the two latter bodies, is perhaps in the best position of any to assist in securing good co-ordination with all its benefits to the community.

In spite of excellent progress in the building of fine modern houses, the waiting list for housing purposes remains painfully long. Many investigations carried out by my department into the conditions under which families are living reveal truly heartrending circumstances. Overcrowding, structural defect, dampness, lack of facilities, such as drying room and playing space outdoors for children, shared kitchens, living with relatives—these things among many are prejudicial to both physical and mental health of the inhabitants. In truth, adequate housing is one of the keys to positive health, and the demand must be "more houses, and then more."

Particular difficulty arises in the numerous basement and semibasement "flats," houses of this basement type being in favour at the time of the town's early development. These "basements" were intended only as kitchen quarters, never as living rooms and bedrooms : they are damp, poorly lit and poorly ventilated, mostly quite unsuitable for families with children. At very best they can only be described as extremely substandard accommodation, but as long as the dearth of houses continues, so long must they continue to be used, it being possible only to place Closing Orders on the very worst.

During the year much planning was carried out on Civil Defence : the responsibility of the Council through the Health Department is to organize and train the Ambulance Section. In contrast to the last war, first aid posts are the

responsibility of the Hospital Service under the Regional Hospital Board. At the time of writing, the first intake of volunteers into the Ambulance Section is well advanced in its training.

As regards the School Health Service, the health and general condition of the school child was well maintained. The difficulty of obtaining places in residential special schools for children with various physical and mental handicaps is as great as ever.

I am seriously perturbed by the continued inability to obtain an assistant School and Maternity and Child Welfare dental officer : unfortunately, this is a problem on a national scale. The result of this is two-fold ; firstly, the priority dental scheme for expectant and nursing mothers and their children under school age is virtually non-existent ; secondly, it is impossible to carry out more than a fraction of the conservative treatment which school children's teeth require. Dental fitness depends upon regular inspection of every child at least yearly, with adequate conservative treatment and dental hygiene measures. These cannot be carried out with such a depleted staff, whose time is fully occupied in dealing with relieving pain and dealing with " emergencies," the result of the lack of routine dental care. This breakdown bodes ill for the dental health of the coming generation of adults.

I have to thank the Council, Chairman and Members of the various committees for their consideration and support, and to express my appreciation and gratitude for the good work and loyalty of my staff ; particularly to acknowledge the assistance given me in the preparation of this report by Dr. P. Weyman, Deputy Medical Officer of Health, and Mr. A. E. Hollox, Chief Sanitary Inspector. Finally, to thank Dr. G. R. Bruce, my predecessor, who retired in July, 1950, for his wise council and guidance during my deputyship.

I have the honour to remain,

Mr. Mayor, Ladies and Gentlemen,

Your Obedient Servant,

T. H. PARKMAN,

Medical Officer of Health.

(The figures given in parenthesis throughout this report are those for 1949 for comparison).

CHAIRMEN OF COMMITTEES RESPONSIBLE FOR HEALTH SERVICES, 1950.

Public Hygiene Committee—COUNCILLOR E. A. TESTER.

Education Committee—COUNCILLOR MISS M. BUTTON.

Housing and Improvements Committee—COUNCILLOR E. A. TESTER.

* *Health Committee*—ALDERMAN MRS. A. FARNFIELD, J.P., M.B.E.

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 and Old People's)—COUNCILLOR MISS D. BATTY.

Children's Committee—ALDERMAN MRS. A. FARNFIELD, J.P., M.B.E.

PUBLIC HEALTH OFFICERS OF THE CORPORATION, 1950.

NAME OF OFFICERS.	OFFICES HELD.
T. H. PARKMAN, M.B., B.S., D.P.H.	Medical Officer of Health; School Medical Officer.
P. WEYMAN, L.R.C.P., L.R.C.S. (Ed), D.P.H. ...	Deputy Medical Officer of Health; Deputy School Medical Officer.
M. J. CUTLER, M.B., B.S. LOND. M.R.C.S. ENG. L.R.C.P. LOND. D.C.H.	Medical Officers Infant Welfare Centres.
E. FRANKS, L.R.C.P. & S. EDIN. L.R.F.P.S. GLAS.	
C. M. CARR, M.B., B.CH.	
T. S. GOODWIN, M.D.	
M. F. BEATTIE, M.B., B.A.O., B.CH., D.P.H.	
I. G. B. DRYBROUGH-SMITH, M.R.C.S., L.R.C.P.	Medical Officer, Ante-Natal Clinics.
C. N. WOOD, M.A., M.B., B.CH., M.R.C.S. ENG. L.R.C.P. LOND.	Medical Officer, Contraceptive Clinic.
L. M. CHISHOLM, L.R.C.P. & S., L.D.S., R.C.S. EDIN.	Orthodontic Surgeon.
S. M. PRIBRAM, M.D., D.P.M.	Psychologist, Child Guidance Clinic.
MRS. E. N. DICKSON	Psychiatric Social Worker, Child Guidance Clinic.
MISS M. GARSON, M.A., A.B., PS.S.	Educational Psychiatrist, Child Guidance Clinic.
MISS D. SMITH	Clinic Secretary, Child Guidance Clinic.
MRS. F. B. L. WOOD, L.R.C.S.T.	Speech Therapist.
W. D. PENFOLD, L.D.S., R.C.S. (ENG). ...	School Dental Officer.
A. E. HOLLOX (a) (b)	Chief Sanitary Inspector; also Chief Inspector under Shops Acts, Food and Drugs Act, Housing Acts, Prevention of Damage by Pests Act.
G. F. SMART (a) (b)	Assistant Sanitary Inspector.
E. H. SHINGLER (a) (b)	do. do.
L. M. W. TRICE (a) (b)	do. do.
W. G. McDONALD (a) (b)	do. do.
E. G. C. WELCH (a)	do. do.
S. W. ASHDOWN	and Shops Act Inspector.
C. FEIST	Lay Assistant.
MISS E. LEAHY (c) (d) (f)	Rodent Officer.
MISS D. DIXON (c) (d) (f) (g)	Senior Health Visitor and School Nurse.
MISS M. H. FLINT (c) (d) (f)	Deputy Senior Health Visitor and School Nurse and Tuberculosis Visitor.
MISS E. M. GILES (c) (d) (f)	School Nurse.
MISS D. MACPHERSON (c) (d) (f)	Health Visitor and School Nurse.
MRS. G. ALSFORD (c) (d) (f)	do. do.
MISS G. W. HODGSON (c) (d) (e) (f)	do. do.
MISS M. F. WHEELER (c) (d) (f)	do. do.
(appointed 4/12/1950)	
MRS. B. PRICE (c) (d) (f)	do. do.
(resigned 30/9/50)	
MRS. M. E. BIELECKI (c) (d) (f)	do. do.
(resigned 31/12/50)	

Public Health Officers of the Corporation

(Continued).

NAME OF OFFICERS.	OFFICES HELD.
A. E. CHRISTMAS	Duly Authorised Officer and Welfare Officer.
MISS W. C. ROGERS (decd).	Mental Health Worker.
MISS K. F. FINCH-WHITE	Supervisor, Occupation Centre.
MRS. J. E. WHITE	Guide and Assistant, Occupation Centre.
MRS. G. M. LEWENDON	Home Teacher, Occupation Centre.
G. W. PRIESTLEY	Warden, Old People's Homes.
C. L. WHEATLEY	Chief Clerk.
H. R. H. ASHLEY	Clerk, Sanitary Inspector's Office and Duly Authorised Officer.
R. FREEMAN	Clerk, General Office.
MRS. G. M. WAGHORN	Clerk, Maternity and Child Welfare, Tuberculosis, and School Health Service.
MISS K. M. GREENWOOD	Shorthand-typist.
MISS D. E. WHITE	Clerk, Home Help Service.
A. HARRIS	Junior Clerk, General Office.
MISS M. DALE	Clerk, School Health Service.
MISS B. J. ELPHICK	Clerk, School Health Service.
MISS R. SKEGGS	Clerk, School Dental Service.

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

SECTION I.

GENERAL AND VITAL STATISTICS.

(a) Summary:

Area of Borough	..	..	..	7,770 acres.
Population—Census, 1931	..	..	..	65,207
„ —Registrar-General's estimate of resident population for the purpose of Vital Statistics mid 1950	..	..	..	65,690
Number of inhabited houses (end of 1950)	..	..	..	20,943
Rateable Value	..	..	..	£759,826
Sum represented by 1d. rate	..	..	..	£3,025
Live Births, 1950. Legitimate	816			
Illegitimate	74			
— Total :	..			890
Birth rate (per 1,000 of the estimated population)	..			13.5
Still births	..			17
Rate per 1,000 total (live and still) births	..			13.8
Number of infant deaths (under 1 year)	..			14
Infant Mortality Rate (per 1,000 live births)	..			15.7
Legitimate (per 1,000 legitimate births)	..			13.4
Illegitimate (per 1,000 illegitimate births)	..			40.5
Deaths, 1950	..			1,136
Death rate per 1,000 resident population :				
(a) crude	..			17.3
* (b) corrected	..			11.76
* Factor of correction	..			0.68
Death rate (puerperal causes) (per 1,000 live and still births) :				
Puerperal sepsis	..			Nil
Other maternal causes	..			1.10
Death rate (tuberculosis) (per 1,000 population)	..			0.31
Death rate (notifiable infectious diseases) (per 1,000 population)	..			0.00
Death rate (cancer) (per 1,000 population)	..			2.6
Total hours sunshine, 1950	..			1772.4
Total inches rainfall, 1950	..			27.93

(b) Vital Statistics:

Population: Census, 1931	..	..	..	65,207
Estimated midyear population, 1950	..			65,690
Estimated midyear population, 1949	..			65,000

Birth rate: Total number of live births registered in Hastings (excluding county cases) for 1950 was 890, comprising 452 males and 438 females, giving a birth rate of 13.5 per 1,000 estimated midyear population. Of the total live births, 74, 37 males and 37 females, were illegitimate, a percentage of 8.3 of all births. Comparative figures for the past 25 years are given in Table I.

Death Rate: Total number of deaths registered in 1950 occurring among the resident population of the borough was 1,136, 476 being males, 660 females. Not included were 259 deaths transferred to other districts (i.e., persons not normally resident in the town) : included were 92 deaths of Hastings residents occurring elsewhere.

The crude death rate per 1,000 population was therefore 17.3, which corrected for the peculiar age and sex constitution of the population by the registrar-general's factor of 0.68, gives a corrected death rate of 11.76 per 1,000, which figure can be compared with the national rates.

See also Tables II and III.

Age at death: Of the 1,136 deaths of residents in 1950, 14 occurred in infants under 1 year of age, 5 from 1-5 years, and 887 over 65 years, being 78.1% of the total, of whom 593 were over 75 years, being 52.2% of the total.

Further details are given in Table IV.

Main causes of death:

(a) Disease of heart and circulatory system	657	57.8% of total.
(b) Cancer	173	15.2% ..
(c) Respiratory diseases (other than tuberculosis and cancer)	120	10.5% ..
(d) Death by violence	17	1.5% ..

For complete analysis see Table IV.

Infant Mortality.

The Infant Mortality rate in 1950 with 14 infant deaths in 890 live births was 15.7 per 1,000 births compared with a national rate for England and Wales of 29.8.

Comparative Infant Mortality rates for the past 25 years are given in Table II, and an analysis of the causes of death under 1 year in Table V.

The number of stillbirths recorded in 1950 was 17.

The Infant (legitimate) mortality rate with 11 deaths in 816 legitimate births was 13.4 per 1,000 : the rate for illegitimate children under 1 year was 40.5 per 1,000, there being 3 deaths of such children in 74 illegitimate births.

Maternal Mortality.

The Maternal Mortality rate, i.e., the number of deaths due to pregnancy or childbearing, per 1,000 total births was 1.10, one death having occurred which was ascribed to childbirth : the mother, shortly after discharge from the Maternity Ward of St. Helen's Hospital developed a psychosis ("puerperal insanity"), and died in Hellingly Mental Hospital 8 months after the birth of the child, death being due to pneumonia following deep insulin coma treatment.

Further detail and comparative figures for the previous 25 years are given in Table 6, and the Hastings rate of 1.10 compares with a National rate of 0.86.

Puerperal Pyrexia Regulations, 1939.

The total number of cases of puerperal pyrexia notified in 1950 was 9, with no deaths : 7 of these cases occurred in hospital confinement, 2 in home confinement.

Comparative Table I.

BIRTHS AND STILLBIRTHS.

Year.	Popn.	LIVE BIRTHS							STILL- BIRTHS Total.
		Total Live Births				Legiti- mate.	Illegitimate.		
		M	F	Total.	Birth rate per 1,000 population.	Total.	Total.	% of all Births.	
1925	59,500	407	376	783	13.0	737	46	5.9	20
1926	61,340	393	377	770	12.6	716	54	6.9	26
1927	61,560	392	384	776	12.6	727	49	6.3	21
1928	62,600	372	380	752	12.0	707	45	6.0	26
1929	62,620	395	367	762	12.2	711	51	6.7	22
1930	62,620	415	352	767	12.2	714	53	6.9	28
1931	61,920	382	382	764	12.3	704	60	7.9	30
1932	63,160	385	367	752	11.9	703	49	6.5	28
1933	63,490	371	342	713	11.2	670	43	6.0	29
1934	63,750	423	382	805	12.6	748	57	7.1	26
1935	64,100	383	394	777	12.1	718	59	7.6	34
1936	64,190	386	397	783	12.1	726	57	7.3	26
1937	63,450	381	333	714	11.2	662	52	7.3	16
1938	64,318	355	365	720	11.1	670	50	7.0	28
1939	66,480	360	377	737	11.4	690	47	6.4	29
1940	58,040	330	333	663	11.4	621	42	6.3	23
1941	36,670	247	243	490	13.3	447	43	8.8	16
1942	38,940	333	311	644	16.5	577	67	10.4	20
1943	37,100	288	297	585	15.7	508	77	13.2	12
1944	38,350	343	298	641	16.7	550	91	14.2	21
1945	48,820	397	334	731	15.4	630	101	13.8	23
1946	59,160	607	548	1,155	19.5	1,057	98	8.5	31
1947	62,740	615	588	1,203	19.1	1,117	86	7.1	36
1948	65,360	502	497	999	15.2	927	72	7.2	23
1949	65,000	496	406	902	13.9	833	69	7.6	22
1950	65,690	452	438	890	13.5	816	74	8.3	17

Comparative Table II.

DEATHS AT ALL AGES AND INFANT MORTALITY.

Year.	Est. Mid-Year population.	Total Deaths registered in Hastings.	Transferable Deaths *		NET HASTINGS DEATHS				
					All Ages.			Under 1 yr.	
			In	Out	Total.	Crude Rate.	Corrected Rate †	Total.	Rate per 1,000 Births.
1925	59,500	938	49	108	879	14.5	10.4	31	40
1926	61,340	995	52	123	924	15.06	10.8	49	64
1927	61,560	1,050	51	147	954	15.5	11.1	51	66
1928	62,600	1,055	51	165	941	15.0	10.8	38	51
1929	62,620	1,099	51	157	993	15.9	11.4	27	35
1930	62,620	1,004	37	147	894	14.28	10.25	44	57.4
1931	61,920	1,087	62	168	981	15.84	11.39	39	51
1932	63,160	1,126	59	192	993	15.73	11.29	33	44
1933	63,490	1,130	46	150	1,026	16.16	11.60	33	46
1934	63,750	1,138	47	177	1,008	15.8	10.58	29	36
1935	64,100	1,162	49	181	1,030	16.07	10.76	43	55.3
1936	64,190	1,152	56	155	1,053	16.4	10.98	33	42.1
1937	63,450	1,154	62	157	1,059	16.6	11.12	34	47.6
1938	64,318	1,104	47	159	992	15.4	10.31	32	44.4
1939	66,480	1,229	88	189	1,128	16.9	11.3	22	27.0
1940	58,040	1,228	110	156	1,182	20.3	14.21	25	39.8
1941	36,670	776	65	95	746	20.3	14.21	14	34.2
1942	38,940	900	67	133	834	21.4	16.26	27	41.9
1943	37,100	953	60	128	885	23.8	15.9	21	34.2
1944	38,350	887	65	130	822	21.4	14.34	20	32.7
1945	48,820	1,012	44	168	888	18.1	12.12	34	46.5
1946	59,160	1,054	64	142	976	16.4	10.98	35	30.3
1947	52,740	1,170	50	215	1,005	16.0	10.72	32	26.6
1948	65,360	1,129	63	218	974	14.9	9.98	35	35.0
1949	65,000	1,264	75	237	1,102	16.9	11.49	25	27.7
1950	65,690	1,303	92	259	1,136	17.3	11.76	14	15.7

† Factor for correction 1925-33 — 0.718

1934-38 — 0.67

1938-39 — 0.67

1940 — 0.70

1941-48 — 0.67 *assumed*

1949 — 0.68

1950 — 0.68

* "Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales die in a district other than that in which they resided.

Comparative Table III.

BIRTH RATES, DEATH RATES, AND ANALYSIS OF MORTALITY DURING THE YEAR 1950.

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

	Birth-rate per 1,000 Total Population.		Annual Death-Rate per 1,000 Population.										Rate per 1,000 Live Births.	
	Live Births.	Still Births.	All Causes.	Typhoid and Paratyphoid fevers.	Smallpox.	Tuberculosis.	Acute Poliomyelitis including Polioencephalitis.	Whooping Cough.	Diphtheria.	Influenza.	Pneumonia.	Diarrhoea and Enteritis under 2 years.	Total Deaths under 1 year.	
England and Wales	11.6	0.00	—	0.36	0.02	0.01	0.00	0.10	0.46	1.9	29.8	
126 County Boroughs and Great Towns, including London	12.3	0.00	—	0.42	0.02	0.01	0.00	0.09	0.49	2.2	33.8	
148 Smaller Towns (Resident Populations, 25,000—50,000 at Census 1931)	11.6	0.00	—	0.33	0.02	0.01	0.00	0.10	0.45	1.6	29.4	
London	11.8	0.00	—	0.39	0.01	0.01	0.00	0.07	0.48	1.0	26.3	
Hastings	17.3 (a) 11.76(b)	0.00	—	0.31	0.00	0.00	0.00	0.13	0.98	1.1	15.7	

(a) crude death-rate. (b) corrected death-rate.

The maternal mortality rates for England and Wales are as follows ... per 1,000 Total Births ... Puerperal Sepsis, Others. Total.

England and Wales	0.12	0.74	0.86
Hastings	0.00	1.10	1.10

Table IV. CAUSES OF, AND AGES AT, DEATH DURING YEAR, 1950.

CAUSES OF DEATH.		Net Deaths at the subjoined ages of Residents, whether occurring within or without the District																													
		MALES.										FEMALES.										TOTAL DEATHS.									
		0 to 1 year.	1 to 5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65-75 yrs.	75+ yrs.	To- tal.	0 to 1 year.	1 to 5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65-75 yrs.	75+ yrs.	To- tal.	0 to 1 year.	1 to 5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65-75 yrs.	75+ yrs.	All ages.			
All Causes { Certified { Uncertified	9	4	4	2	10	98	137	212	476	5	1	...	4	20	93	155	380	658	14	5	4	6	30	191	292	592	1134				
Tuberculosis, respiratory	...	...	...	...	1	6	1	1	9	...	...	...	...	6	1	4	...	11	...	...	...	...	7	7	5	1	20
Tuberculosis, other	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	1	...	...	...	...	1
Syphilitic disease	...	...	...	...	...	...	3	...	3	...	...	...	...	...	...	2	1	3	...	...	...	...	...	...	5	1	6
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal infections	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other infective and parasitic diseases	1	...	...	...	...	1	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Malignant neoplasm, stomach	...	...	...	...	1	8	6	4	19	...	...	...	...	...	3	4	6	13	...	...	...	...	...	...	...	...	32
" lung, bronchus	...	...	...	...	...	5	7	1	13	...	...	...	...	...	2	3	5	5	...	...	...	...	...	...	...	...	18
" breast	...	...	...	...	...	...	...	...	...	...	...	...	...	1	10	5	12	28	...	...	...	...	...	...	...	...	28
" uterus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	2	6	...	...	...	...	...	...	...	...	6
Other malignant and lymphatic neoplasms	...	...	...	...	...	7	13	16	36	...	...	...	...	...	15	18	20	53	...	...	...	...	...	...	...	...	89
Leukæmia, aleukæmia	...	...	1	...	...	...	1	...	2	...	...	...	...	...	...	1	1	2	...	...	...	...	...	...	...	...	4
Diabetes	...	...	...	...	...	...	...	1	1	...	...	...	...	2	1	2	2	7	...	...	...	...	...	...	...	...	8
Vascular lesions of nervous system	...	...	...	...	1	9	15	32	57	...	...	...	...	...	14	29	76	119	...	...	...	...	...	...	...	...	176
Coronary disease, angina	...	...	...	...	...	23	26	21	70	...	...	...	...	...	2	12	24	38	...	...	...	...	...	...	...	...	108
Hypertension with heart disease	...	...	...	...	...	3	3	8	14	...	...	...	...	...	1	2	9	12	...	...	...	...	...	...	...	...	26
Other heart disease	...	...	...	...	1	11	22	67	101	...	...	...	...	2	14	34	130	180	...	...	...	...	...	...	...	...	281
Other circulatory disease	...	...	...	...	...	3	3	11	17	...	...	...	...	...	1	10	38	49	...	...	...	...	...	...	...	...	66
Influenza	...	...	...	...	...	1	2	2	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9
Pneumonia	1	...	...	...	1	2	10	19	35	...	...	...	...	...	7	9	15	32	...	...	...	...	...	...	...	...	4
Bronchitis	...	...	...	...	...	3	8	9	20	...	...	...	...	...	2	5	10	17	...	...	...	...	...	...	...	...	34
Other diseases of respiratory system	...	...	...	...	...	2	1	1	4	...	...	...	...	...	2	...	2	5	...	...	...	...	...	...	...	...	65
Ulcer of stomach and duodenum	...	...	...	...	...	3	3	4	10	...	...	...	...	...	2	1	3	6	...	...	...	...	...	...	...	...	19
Gastritis, enteritis and diarrhœa	...	...	1	...	...	3	1	1	3	...	...	...	...	...	...	...	2	3	...	...	...	...	...	...	...	...	37
Nephritis and nephrosis	...	...	...	...	...	2	3	4	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	9
Hyperplasia of prostate...	...	...	...	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	16
Pregnancy, childbirth, abortion	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6
Congenital malformations	4	...	...	...	...	...	...	...	4	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2
Other defined and ill-defined diseases...	3	2	1	...	...	5	5	12	28	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	17
Motor vehicle accidents	...	...	...	...	1	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
All other accidents	...	...	1	...	...	1	1	1	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	14
Suicide	...	...	...	...	1	1	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8
Homicide and operations of war	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Totals	9	4	4	2	10	98	137	212	476	5	1	...	4	20	93	156	381	660	14	5	4	6	30	191	293	593	1136				

INFANT MORTALITY.

Table V.

1950. Net Deaths from Stated Causes at various ages under 1 year of age.

CAUSES OF DEATHS.	Total under 1 Year.													14									
	0-1 Day.	1-2 Days.	2-3 Days.	3-4 Days.	4-5 Days.	5-6 Days.	6-7 Days.	7-14 Days.	14-21 Days.	21-28 Days.	Total under 4 weeks.	28 Days - 2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	
All Causes { Certified ... Uncertified ...	4	2	1	...	1	1	...	2	1	...	12	1	...	...	...	...	...	1	...	...	...	...	...
Small Pox
Chicken Pox
Measles
Scarlet Fever
Diphtheria and Croup
Whooping Cough
Diarrhoea
Enteritis
Tuberculous Meningitis
Abdominal Tuberculosis
Other Tuberculous diseases
Congenital Malformation	...	1	...	...	1	...	...	1	...	...	3	1	...	...	...	...	...	...	...	...	...	...	...
Premature Birth	3	1	1	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...
Atrophy, Debility and Marasmus
Atelectasis	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Injury at birth
Erysipelas
Syphilis
Rickets
Meningitis
Convulsions
Gastritis
Laryngitis
Bronchitis
Pneumonia (all forms)	1	...	...	...	...	...	...	1	...	...	...	...	...
Suffocation (overlying)	2	...	...	...	...	...	...	...	...	...	...	...	...
Other causes
Totals	4	2	1	...	1	1	...	2	1	...	12	1	...	...	...	...	...	1	...	...	...	...	...

Net Births in the Year. { legitimate 816
illegitimate 74

Net Deaths in the Year. { legitimate 11
illegitimate 3

Neonatal Deaths (under 1 month) 12
Infant Deaths (" 1 year) 14

Rate per 1000 live births 13.4
" " " 15.7

Table VI.

MATERNAL MORTALITY.

Year.	No. of live and still births.	Puerperal Sepsis.		Other causes connected with Pregnancy and Childbirth.		Total.	Rate per 1,000 total births
		No.	Rate per 1000 total births.	No.	Rate per 1000 total births.	No.	
1925	803	1	1.2	1	1.2	2	2.5
1926	796	...	...	1	1.3	1	1.3
1927	797	...	...	1	1.3	1	1.3
1928	778	2	2.5	1	1.3	3	3.8
1929	784	...	...	1	1.3	1	1.3
1930	795	...	...	2	2.6	2	2.6
1931	794	...	...	3	4.1	3	4.1
1932	780	1	1.3	3	3.8	4	5.1
1933	742	1	1.3	4	5.5	5	6.8
1934	831	1	1.2	2	2.4	3	3.6
1935	811	2	2.4	1	1.2	3	3.6
1936	809	1	1.2	3	3.9	4	5.1
1937	730	2	2.7	...	...	2	2.7
1938	748	1	1.3	2	2.6	3	4.0
1939	766	3	3.5	2	2.3	5	5.9
1940	686	1	1.5	2	3.0	3	4.6
1941	506	...	...	2	4.7	2	4.7
1942	664	...	...	...	...	...	...
1943	597	...	...	1	1.6	1	1.6
1944	662	...	...	...	...	...	...
1945	754	...	...	1	1.33	1	1.33
1946	1,186	...	...	2	1.68	2	1.68
1947	1,239	...	...	...	...	...	...
1948	1,022	...	...	...	...	...	...
1949	924	...	...	1	1.08	1	1.08
1950	907	...	...	1	1.10	1	1.10

SECTION II.

SERVICES PROVIDED BY THE LOCAL HEALTH AUTHORITY UNDER PART III OF THE NATIONAL HEALTH SERVICE ACT, 1946.

SECTION 21

Health Centres:

During the year, no further progress has been made toward the provision of Health Centres in the borough. The sites for five centres have been agreed by the Executive Council, Local Medical Committee, Health Committee and Council, and have been included in the Town Planning Scheme.

They are situated as follows :—

1. In the centre of the town, near the Memorial.
2. At the bottom of London Road, St. Leonards.
3. In the area of the Langham Hotel, Mount Pleasant Road.
4. The junction of Battle Road and Glen Road.
5. In the village of Ore, in or about the spot now marked by the Town Planning Committee for a Community Centre.

These centres should eventually provide not only the services necessary for their use by general practitioners, but much needed adequate and modern premises for the Maternity and Child Welfare services and School Clinics. The former service in particular, is much handicapped by its transient tenure of unsuitable halls for Infant Welfare purposes.

The prospects of erecting such buildings appear somewhat distant in view of the limitations on new building and the financial situation in general.

SECTION 22

Care of Mothers and Young Children:

(a) Infant Welfare Centres.

Welfare Clinics are held weekly at 7 centres scattered throughout the borough, as follows :

Grove Road (Christ Church Mission Hall) Ore, Hastings.	Monday, 2 p.m.
Hope Clinic, Halton Place Hastings ..	Tuesday and Wednesday, 2 p.m.
Central Clinic, Priory Street, Hastings ..	Friday, 2 p.m. (Tuesday 2 p.m. weighing only).
London Road Congregational Church Hall, St. Leonards-on-Sea	Monday, 2 p.m. (Friday 2 p.m. weighing only).
St. Ethelburga's Mission Hall, Bexhill Road, St. Leonards-on-Sea ..	Tuesday, 2 p.m.
Park View Clinic, Upper Park Road, St. Leonards-on-Sea	Thursday, 2 p.m.
Hollington Clinic, St. John's Parish Hall, Battle Road, St. Leonards-on-Sea ..	Friday, 2 p.m.

These centres are attended by the appropriate district Health Visitor, and I here express my appreciation of the grand work carried out by the voluntary helpers of the Service of Help for Motherhood and Infancy. Most of these clinics are staffed from the medical point of view by interested general practitioners. By arrangement with the Food Office, distribution of National Dried Milk and Cod Liver Oil, and orange juice under the Government Scheme is carried out at the Centres, together with the sale of certain proprietary milk foods and vitamin preparations, this service being much appreciated by busy mothers.

The true function of an infant welfare clinic is primarily prevention of disease and therefore educational. Routine inspection of the infants and toddlers enable incipient defects to be noted in their earliest stages, thus ensuring early treatment, so that unnecessary damage to the child's health is prevented. Advice to mothers on the feeding of babies, the many aspects of child care and friendly solution of their individual difficulties all assist in the rearing of healthy and contented children. The infant welfare clinic is not and should never be regarded as a treatment centre for sick children, a sort of minor outpatient clinic. It is not designed or equipped for this purpose. Treatment of all but the most transitory and trivial ailments is the prerogative of the general practitioner, if necessary in conjunction with the specialist paediatric service of the Regional Hospital Board.

During 1950 a Doctor's session was commenced every fortnight at Grove Road Clinic, and extra weighing sessions were also started at the London Road Clinic.

Attendances at the Centres in 1950 were :—

CLINIC	INFANTS 0-1 YEAR		TODDLERS 1-5 YEARS		Total Attend- ance	Average per Session
	First Attendance	Subsequent Attendances	First Attendance	Subsequent Attendances		
Grove Road ...	71	857	23	289	1,240	26
Hope Clinic: (Tuesday) ...	100	1,206	18	877	2,201	43
(Wednesday) ...	73	1,141	11	678	1,903	36
Central ...	190	2,493	34	1,189	3,906	39
London Road ...	124	3,420	25	992	4,381	63
Bexhill Road ...	27	524	6	728	1,285	26
Park View ...	81	1,187	13	516	1,797	34
Hollington ...	77	1,112	24	1,181	2,394	48
TOTAL	743	11,760	154	6,450	19,107	

Distribution of Milk, Vitamins, etc. during the last quarter, 1950.

Orange Juice "take up"	51 per cent. (this includes issues to expectant mothers).
Cod Liver Oil "take up" ..	33 per cent.
Vitamin A and D Capsules ..	60 per cent.
National Dried Milk ..	891 tins average issue per week.
(Up to the age of 2 years).	

(b) Ante-Natal and Post-Natal Clinics.

The ante- and post-natal clinics provided by the Local Health Authority under the domiciliary midwifery scheme are as follows :

Park View Clinic, Upper Park Road, St. Leonards-on-Sea.

Hope Clinic, Halton Place, Hastings.

District Nursing Association, Free Dispensary, High Street, Hastings.

These clinics are staffed by general practitioners who have a wide experience and a particular interest in the work.

Routine Wasserman and Rh factor examinations are carried out at these clinics.

Total attendances were :

			Ante-Natal	Post-Natal
First visits ..	..	..	135	30
Subsequent visits ..	..	..	466	11
Total : ..	..	..	601	41

(c) **Contraceptive Clinic.**

New cases ..	89	(85)
Old cases ..	71	(67)

Total : 160 (152) These figures include East Sussex County Council cases.

It should be noted that the strictest enquiry is made and a medical certificate proving necessity on the grounds of prevention of ill health required before attendance is permitted at this clinic.

(d) **Dental care of Nursing and Expectant Mothers.**

Dental care of Children under 5 years of age.

It is the duty of the Local Health Authority to provide a priority dental service for these important sections of the population. The scheme for providing this valuable work, however, has remained impossible to operate owing to inability to engage a further qualified dental officer. The gap between the remuneration offered by private dental practice and local authority work is still very wide, and the spate of dental work in National Health Service practice, although showing signs of abatement, still runs very high.

The mothers attending for ante-natal advice are advised to seek dental advice from dental practitioners under Part IV of the National Health Service and a number of toddlers requiring treatment receive it at the school dental clinics.

The Senior Dental Officer reports as follows :—

(i) **Numbers provided with Dental Care:**

	Examined	Needing treatment	Treated	Made Dentally fit
Expectant and Nursing Mothers ...	...	...	...	...
Children under 5 years ...	32	26	26	19

(ii) **Forms of Dental Treatment provided:**

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and gum treatment	Silver Nitrate treatment	Dressings	Radiographs	Dentures provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers ...	...	...	...	...	...	...	...	...	...	...
Children under 5 ...	21	...	15	36	...	...	7	...	...	...

Facilities for X-ray examination are provided at the St. Helen's Hospital. Arrangements for the construction of dentures have been made at a local laboratory.

(e) Care of Unmarried Mothers and their Babies:

Special consideration is given by the Health Visitors to expectant single women both before and after confinement. Attendance is made at the ante-natal clinics and the confinement carried out in the normal way wherever possible.

Where it is not possible for the girl to remain at home, the Local Health Authority utilises the services of the Chichester Diocesan Moral Welfare Association and undertakes maintenance at the House of the Good Shepherd, Eastbourne, for a period before the confinement ; after confinement, maintenance is provided at the Bell Hostel, Eastbourne, under the same auspices, for varying periods. Valuable results have been obtained in rehabilitating these girls into the community life again, and a high percentage keep the child with them on return. Close liaison is maintained between the Health Department and the local worker of the Association, with most beneficial results to both mother and baby.

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, in fact, care generally.

(f) Child Life Protection:

The supervision of children placed in foster homes for reward is the duty of the Children's Officer ; the Health Department continue, however, to supervise a number of such cases on her behalf.

Total number of visits made 1,036.

(g) Provision of Free Maternity Outfits:

The Local Health Authority supply free of cost maternity packs containing all the necessary pads, dressings and etceteras for confinement : these are issued on request to all mothers for home confinements, not to cases booked for hospitals or private nursing homes.

(h) Other Services available for Children under 5:

(i) In conjunction with the School Health Service, facilities are available at the Child Guidance Clinic, the Speech Therapy Clinic, and the School Clinics.

(ii) The Regional Hospital Board provide facilities for orthopaedic treatment both Outpatient and short stay Inpatient in local hospitals : special prolonged institutional treatment and education in conjunction with the Local Education Authority at Chailey, Margate, Stanmore, Alton, etc. The service also includes provision for the care of premature infants.

SECTION 23

(a) Domiciliary Midwifery:

This service is mainly carried out on behalf of the Local Health Authority by the District Nursing Association, and is noteworthy for smooth running and efficiency generally. The service has little or no staff problems, and the provision of additional transport by the Council for use by the Hastings and St. Leonards District Nursing and Maternity Association in their combined midwifery and general home nursing work has helped greatly to meet all demands made upon it.

In addition, one midwife is employed direct by the Council for work in the St. Leonards area. This midwife works, however, in close contact with the District Nursing Association and by mutual arrangement she is permitted to attend confinements outside her area where special request is made by the mother, this interchange being reciprocal with the District Nursing Association midwives.

MIDWIVES ACT 1936 — DOMICILIARY MIDWIFERY

Service	District Nursing Association	Municipal Midwife	Total
*1. Ante Natal visits ...	2,918	308	3,226
2. Confinements conducted			
(a) as midwives ...	170	21	191
(b) as midwifery nurses ...	48	11	59
(c) Total confinements	218	32	250
*3. Post natal visits ...	4,934	597	5,531
4. Gas and Air Analgesia	179	31	210

* including visits by pupil midwives under training as Part II Central Midwives Board.

In addition, the domiciliary midwives attend the weekly ante-natal clinics as detailed under Section 22 Services.

In spite of the continued fall in the birthrate from 1946 onwards, the number of cases on the district which showed a fall from 318 in 1947, 253 in 1948 to 247 in 1949, increased slightly to 250 in 1950.

Gas and air analgesia is a greatly appreciated service and was used in 82.1% of confinements carried out by District Nursing Association nurses and 98.2% by the Municipal Midwife.

All the midwives employed have received full training in the use of gas and air analgesia apparatus.

(b) Inspection of Midwives:

The Superintendent of the Hastings and St. Leonards District Nursing and Maternity Association acts as non-medical Supervisor of Midwives. Inspection is carried out quarterly as a routine and more frequently if desired, and a comprehensive report is made to the Medical Officer of Health. The standard of work achieved, the record keeping and general standard of cleanliness were very satisfactory, and no adverse report was received during the year.

Number of midwives who have notified their intention to practice in the area (excluding hospital practice) in 1950 was 7, all of whom are employed in the Health Authority's Domiciliary Midwifery Service ; no notification of intention to practice as a midwife privately was received.

Total domiciliary midwives on register	7	
No. of visits by Inspector	32	(including inspection of 4 midwives at Fernbank Maternity Home).
Midwives notifications :		
(a) medical aid	120	
(b) other	37	

(c) **Place of Confinement:**

(Hastings Residents only)

Place of Confinement	No. of Cases	Percentage
1. Home	247	27.7
2. Private Maternity Nursing Home ..	124	13.9
3. Institutional:		
(a) St. Helen's Hospital ...	359	40.3
(b) Fernbank Maternity Home ...	160	17.9
Total	890	

The post war "fashion" for confinement in hospital as opposed to confinement in the patient's own home continues, causing considerable pressure on hospital bed accommodation: it is necessary in consequence to discharge mothers with their baby 10 days after confinement instead of the usually accepted optimum 14 days. Although this is permitted by the Central Midwives Board, one can only regret the continued acceptance of this regime.

The reasons for hospital preference are not hard to seek—housing conditions with overcrowding or living with in-laws, the avoidance of upheaval of the normal home routine, and, not least, the financial aspect. Hospital delivery costs the patient nothing, whereas the inevitable extra expenses at home for extra help, washing, fuel, sundries, etc. add up considerably.

In an endeavour to ease the pressure on hospital beds, the Health Department is notified of all cases applying for hospital confinement in which there is no obstetric abnormality. Careful investigation is made by the Health Visitors into the social and economic circumstances of the household, and the final decision as to whether a hospital bed is needed is made by the Medical Officer of Health, taking into account all the home circumstances.

SECTION 24

Health Visiting:

The staff of Health Visitors is as follows:—

- (a) 1 Senior Health Visitor.
- (b) 6 combined Health Visitors and School Nurses.
- (c) 1 for School Clinics and School Health Service.
- (d) 1 Health Visitor for Tuberculosis.

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

The Health Visiting staff is particularly concerned 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.

The scope of the Health Visitor's interest is now enlarged from care of the expectant and nursing mother, toddler and school child, to the family as a complete unit. She is becoming more and more a social worker, giving the necessary liaison between the general practitioner and the family on the one hand, and the general health services on the other, particularly the Home Nursing and Home Help services.

As the After Care and Health Centre services grow, the Health Visitor becomes a more and more important link in the chain, and inevitably there must come a time when increase in establishment is necessary if the work is to be done efficiently.

Work of Health Visitors:

First visits under one year	881
Second or further visits	12,409
Other classes	615
Child Life Protection visits	1,036
Expectant Mother visits	329
	<hr/>
	15,270
	<hr/>

SECTION 25

Home Nursing:

This service, provided by the Hastings and St. Leonards District Nursing and Maternity Association as agents of the Local Health Authority, was described in detail in the report for 1948. The arrangements have worked very smoothly indeed, and the Association has been able to meet all calls upon it without increase in staff. Again, increased mechanization has contributed towards these happy results.

A full range of nursing requisites and appliances, e.g., Dunlopillo mattresses, air rings, air beds, back-rests, etc. is held, articles being loaned out as necessary on payment of a small fee. Much use has been made of these articles as will be evident from the table below, and their addition to the comfort and well being of the patient has frequently been commented on favourably.

As with domiciliary midwifery, the home nursing service is carefully co-ordinated with the Health Department, and the closest liaison is effected.

HOME NURSING, 1950

	Medical	Surgical	Total
Cases on Register 1/1/1950	149	103	252
New cases during year	677	761	1,438
Cases on Register 1/1/1951	133	118	251
No. of nursing visits			41,371
Articles on loan			21

Staff as at 31st December, 1950:

Superintendent.
Assistant Superintendent.
1 Male Nurse.
7 Full-time Nurses.
2 Part-time Nurses.

SECTION 26

Vaccination and Immunisation:

As in previous years, vaccination against smallpox was carried out with very few exceptions by the general practitioners of the borough. Immunisation against diphtheria was on the other hand, mainly carried out at the clinics of the local authority.

The number of children protected against these two dangerous diseases again shows a slight decrease which is disturbing. This decrease has been noted on a national scale. One can only hope that parents have not been lulled into a state of false security, and therefore slackness, in regard to immunisation by reason of the virtual disappearance of diphtheria as an epidemic disease. That this may be so is evidenced by the tremendous demand for vaccination which occurred when at the turn of 1950 a small outbreak of smallpox arose in a nearby town. The increase in vaccination numbers will be evident in the 1951 figures.

VACCINATION RETURN, 1950

Number of Persons Vaccinated (or re-vaccinated)

Age at date of Vaccination	Under 1	1 to 4	5 to 14	15 or over	Total
Number Vaccinated	369	65	47	35	516
Number re-Vaccinated	...	5	26	185	216

No complications were reported.

Percentage of all infants vaccinated, 41.4.

Diphtheria Immunisation, 1950:

Primary Immunisations (a) 0 to 5 years 641

(b) 5 to 15 years 27

Reinforcing Injections 274

Estimated percentage of child population immunised :

(a) 0 to 5 years 58.7

(b) 5 to 15 years 47.6

SECTION 27

Ambulance Service:

The Hastings Corps of the St. John Ambulance Brigade have continued to run the ambulance service as agents of the Local Health Authority. The year has been a trying one, with the service often extended to or even beyond its limit, but it has managed to carry out all its commitments in an exemplary and efficient manner.

The position is not rendered easier by reason of the cramped and inadequate Headquarters of the Brigade ; the site and general structural design preclude any possibility of expansion or useful amelioration of the conditions.

The number of cases carried and the mileage run show a further increase in 1950 but in mid-1951 appear to have stabilised. Long distance cases are conveyed by train wherever practicable, compartments being reserved and ambulances being used at each end of the journey and across London, if necessary.

Total cases carried during the year:

		No. of vehicles at 31st December 1950	Total No. of Journeys during the year	Total No. of patients carried during the year	No. of accident and other emergency Journeys included in Col. (3) during the year	Total mileage during the year
		(2)	(3)	(4)	(5)	(6)
Agency Service	Ambs.	6	5,284	5,420	785	56,472
	Cars	4	2,835	3,839	...	60,665
Supplement- ary Service	Ambs.	...	...	...	...	...
	Cars	...	435	566	...	10,096

Full-time Staff at 31.12.1950:

- 1 Supervisor.
- 1 Clerk.
- 9 Drivers and Attendants.

ANALYSIS OF CASES CARRIED MONTHLY.

1950	AMBULANCES		SITTING CASE CARS	
	No. of cases	Mileage	No. of cases	Mileage
January ...	358	4,173	302	4,248
February ...	379	4,724	271	4,365
March ...	433	5,850	325	5,343
April ...	354	4,609	234	4,265
May ...	453	4,086	266	4,909
June ...	504	4,973	265	4,188
July ...	504	4,740	319	6,035
August ...	542	4,855	365	6,313
September ...	427	4,994	367	5,638
October ...	447	4,185	370	5,554
November ...	470	4,191	400	5,808
December ...	549	5,092	355	3,999
	5,420	56,472	3,839	60,665

COMPARATIVE FIGURES ARE AS FOLLOWS:—

Year	AGENCY SERVICE				SUPPLEMENTARY SERVICE	
	Cases by		Mileage by		(Car)	
	Amb.	Car	Amb.	Car	Cases	Mileage
*1948	1,559	270	22,716	9,828	774	12,517
1949	4,334	2,914	50,873	48,532	1,040	Not available
1950	5,420	3,839	56,472	60,665	566	10,096

*From the 5th July, 1948.

SECTION 28

Prevention of Illness, Care and After-care:

(a) Tuberculosis.

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, abundantly evident that the effect of recent legislation, e.g., National Insurance, and the National Assistance Acts, has much reduced the necessity for financial assistance and the provision of extra nourishment, formerly a 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 ; 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 Care Committee has outdoor shelters for loan to patients, and has provided hand weaving looms, etc. for occupational therapy.

(b) Diabetes.

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.

(c) Orthopaedic.

The school nurse is in close touch with the orthopaedic clinic and is advised by the almoner of all cases needing special attention at school, defaulters, follow-up of home exercises, etc. This scheme should ideally expand in the future to cover all persons suffering from crippling, and orthopaedic defects. The Hastings Voluntary Society for the Care of Cripples is also incorporated in the After-care scheme.

(d) General.

It is eventually hoped to extend the After-care Scheme in conjunction with the Hospital clinics to cover other groups of conditions, i.e., gastric and duodenal cases, asthma, rheumatism and heart cases.

In general, much help is given by the staff of the department in individual cases in ascertaining what type of help is needed and advising accordingly. 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 Outpatients, 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 Health Service.

SECTION 29

Home Help Service:

The Authority supply the services of a Home Help on receipt of a doctor's certificate or on the recommendation of one of the Health Department Officers to assist in maintaining the normal running of the home in cases of (a) confinement, (b) elderly persons, and (c) whenever illness in the home makes assistance necessary.

Miss White, the Organiser for this service, reports :

" It is found that Helpers remaining in the service beyond three months, become genuinely interested in their particular cases, visiting during off-duty time for odd personal services, supplying Christmas dinners, flowers and cakes on birthdays, visiting, if admitted to hospital, special treats for children, and enlisting other members of their families for odd jobs, etc.

Two series of lectures on Home Craft were arranged for Home Helps in conjunction with the South Eastern Gas Undertaking during February to April and October to November. Six Helpers qualified for the Gas Company's efficiency badge. Overalls have been supplied to all workers and the general standard of Helper is adaptable and socially good.

Applications for assistance are steadily increasing from Private Practitioners, Hospitals and Welfare Officers, and hours of service actually worked more than doubled over the previous year. Each case is checked as to means of any other possible help from relations or neighbours and details of each case submitted to Senior Health Visitor for any additional supervision, care and after-care. Many of the aged depend entirely upon the Home Help for affairs outside their own home, such as collection of pensions, etc. Where a Home Help is booked for a confinement case, whenever possible, the helper is asked to call upon the mother a week or 10 days before the booked date, in order that the mother and the helper may get acquainted and be known to other members of the family.

On an average there has been a greater increase in payment towards the full cost of service—special consideration and reductions being necessary for full-time service, but the majority of part-time service paid for in full. During a week picked at random where 65 cases were being attended during the week, it was found that 50 cases were paying in full, 2 cases free of charge, 13 cases at reduced charges, 3 of those being confinement cases.

During May a two-day refresher course for Home Help Organisers was attended at Preston, this was found to be most instructive and helpful."

HOME HELP, 1950

No. of cases carried forward from 1949	27
No. of applications received during 1950	225
No. of applications actually dealt with	171
No. of cases carried forward to 1951	56

From the figures above it will be seen that a small number of applications which were received were not dealt with by the provision of a home help : some were withdrawn and a few more found to be ineligible for help under the scheme.

No. of Home Helps employed 1.1.50—4 Full-time, 4 Part-time.

" " " 31.12.50—5 " 9 "

The majority of part-time Helpers are willing to give up to full-time service when required.

The following figures illustrate the growth of the Home Help Service in recent years :—

Year	No. of cases provided with help
1945 }	134
1946 }	
1947	85
1948	76
1949	165
1950	171

SECTIONS 49—51

Mental Health Services:

I. Administration

(a) The Mental Health Sub-committee

This is a sub-committee of the Health Committee, with three co-opted members, including two from the Voluntary Association for Mental Welfare. Meetings are held monthly, and the sub-committee is responsible to the full Health Committee of the Council. The following are the members :—

Ald. Mrs. A. Farnfield, J.P., M.B.E.
 Cllr. D. B. Theaker.
 Cllr. B. Royce.
 Cllr. S. Taylor.
 Cllr. A. Weavers.
 Mr. A. T. White.

Co-opted Members:

Cllr. Miss M. Button.
 Mrs. G. E. Bruce.
 Mrs. H. M. Strickland, J.P.

(b) Staff employed in the Mental Health Service:

(i) MEDICAL STAFF :

T. H. Parkman, M.B., B.S., D.P.H., Medical Officer of Health.
 P. Weyman, L.R.C.P., L.R.C.S. (Ed.), 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. H. Ashley, Clerk, Public Health Department.

(iv) OCCUPATION CENTRE, ATHELSTAN ROAD :

Miss K. Finch-White, Supervisor.
 Mrs. J. White, Assistant to Supervisor and Guide.
 Mrs. G. Lewendon, Home Teacher.

All the lay staff have considerable practical experience in their special branch of the Mental Health Service, but do not in any instance possess registrable diplomas. They have also attended special instructional courses dealing with their own particular duties.

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

Dr. Tredgold, Regional Psychiatrist, South East Metropolitan Regional Hospital Board, is in regular touch with this department, 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 Dr. L. H. Booth, Medical Superintendent of St. Helen's Hospital, (formerly the Hastings Municipal Hospital.) 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.

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:**

(1) **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 School 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 13 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 some 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.

(2) **National Association for Mental Health**

We are in general touch with this Association, although direct care of patients on the authority's behalf has now ceased.

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.

(a) **Care and After-care for Mental Cases.**

The institutional care of mental cases is in the hands of the Regional Hospital Board, and Hellingly Mental Hospital continues to be the main centre of treatment. Arrangements have been made whereby the services of the Authority's Mental Health Worker are available for the necessary after-care in the home on discharge from hospital in such cases as the Medical Superintendent thinks fit and the patient agrees. The Psychiatric Outpatient Clinic (Clinic for Nervous Disorders) at the Royal East Sussex Hospital, continues to be the focal point of the scheme, and the Mental Health Worker attends this clinic weekly and is in close contact with the Hellingly Hospital Social Worker. The Scheme generally requires slow and cautious development, but should ultimately be a useful factor in maintaining the mental health of ex-patients in the community.

Much of the work in this sphere has been retarded during 1950 by reason of the absence through illness of the late Miss W. C. Rogers throughout the year. A new Mental Health Worker has been appointed and commenced duty in April, 1951, and it is hoped that further progress can now be made. I would thank Mr. A. E. Christmas, the Welfare Officer and Duly Authorised Officer, and Miss E. M. Leahy, the Senior Health Visitor, for keeping the mental welfare service moving so adequately during the Mental Health Worker's absence.

(b) **Summary of Mental Cases year ending 31st December, 1950:**

MENTAL ILLNESS

Summary of work carried out by the Duly Authorised Officer.

- (1) Number of cases dealt with under Section 20
(Under Lunacy and Mental Treatment Act, 1890-1930) .. 44
- Three Day Detention Orders**
(Patients being removed from their own homes to the St. Helen's Hospital, pending certification).

*** Summary Reception Orders.**

- (2) Number of cases dealt with under Section 16
(Under Lunacy and Mental Treatment Act, 1890-1930) .. 61
- Urgency Orders**
- (3) Number of cases dealt with under Section 11
(Under Lunacy and Mental Treatment Act, 1890-1930) 11
- Orders on Petition**
- (4) Number of cases dealt with under Sections 4, 5 and 6
(Under Lunacy and Mental Treatment Act, 1890-1930) .. Nil
- (5) Number of cases dealt with under Criminal Justice Act, 1948,
Section 24 Nil

(6)	Number of cases dealt with admitted to other Mental Hospitals ..	3
	Police Cases	
(7)	Number of cases dealt with under Section 16 (Under Lunacy and Mental Treatment Act, 1890-1930) ..	4
	TOTAL NUMBER OF CASES :	79
	Number of cases cancelled by the Magistrate patients not being certifiable within the meaning of the Lunacy Act, at the time of the Visiting Medical Practitioners	15
	* (See Item 2) Summary Reception Orders.	—
	TOTAL NUMBER OF PATIENTS REMOVED TO THE MENTAL HOSPITAL, HELLINGLY	64

Section 1—Mental Treatment Act, 1930.

VOLUNTARY PATIENTS

Number of patients admitted to Hellingly Mental Hospital for treatment	101
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HASTINGS CLINIC FOR NERVOUS DISORDERS

REPORT FOR 1950

Fifty-two sessions of this Clinic were held during the year at the Royal East Sussex Hospital, Hastings, each Wednesday at 2.30 p.m.

Physician in Charge:

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

Assistant Physician in Charge:

Dr. R. McDonald, M.B., Ch.B., D.P.H., D.P.M.

Social Worker:

Miss S. C. Sinfield, 1, Granville Court, 53, Blackwater Road, Eastbourne.

New Patients:

Male	85		
Female	100	Total new patients	185

Old Patients:

Attendances	634
Total Attendances :	819

Summary of Diagnosis of New Patients :

Psychoneuroses				Psychoses			
Anxiety State	..	..	55	Melancholia and Depressive			
Hysteria	..	..	18	States	..	..	43
Obsessional State	..	..	2	Schizophrenia	..	..	15
Adolescent Instability	..	..	9	Delusional Insanity	..	..	4
Psychopathic State	..	..	1	Confusional State	..	..	8
			—	Mania	..	..	1
			85	Paranoia	..	..	2
Epilepsy	..	..	6				—
Mental Deficiency	..	..	10				73
Various Conditions	..	..	11	Total:			185

Report.

New Clinic Patients admitted to Hellingly Hospital :—

Voluntary Patients	..	..	..	..	34
Certified Patients	..	..	..	..	12
Discharged from Hellingly Hospital :—					
Recovered	..	..	..	..	15
Relieved	..	..	..	..	16
Not improved	..	..	..	..	3
Died	..	..	..	..	2
Still under treatment at Hellingly Hospital	..	..	..	..	10
Still under treatment at Clinic	..	..	..	..	23

MENTAL DEFICIENCY ACTS, 1913 - 1938**(i) Ascertainment.**

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 toddlers through the Health Visitors and 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, or otherwise.

(ii) Guardianship.

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. Where financial assistance is obtained from the National Assistance Board, the local authority continues to exercise home care and supervision as before.

(iii) 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.

Summary of work of Mental Health Worker for 1950.

Carried out by Duly Authorised Officer and Health Visitors.

Mental Deficiency.

Mental Defectives on the Register of the local authority, December, 1950 :

(a) In various Institutions	..	..	..	75	(72)
(b) Under Guardianship	..	..	..	24	(30)
(c) Under Statutory Supervision	..	..	..	65	(57)
(d) Under Friendly Supervision	..	..	..	3	(1)
Total :				167	(160)

(a) Home Visits Cases under Guardianship	..	..	62
(b) " " " " Statutory Supervision	}		
Friendly Supervision			124
(c) Miscellaneous Visits	..	..	110
			<hr/>
Total :			296
			<hr/>
Number of Female cases visited by the Health Visitors	..		51
Visited by Duly Authorised Officer	..	..	245
			<hr/>

Number of cases dealt with for Certification under Mental Deficiency Acts, for Institution or Guardianship	..	..	..	..	4
Number of Mental Defectives dealt with under the Lunacy and Mental Treatment Act, 1890-1930, and removed to the Mental Hospital, Hellingly	..	..	..	..	2
Number of Mental Defectives transferred to other Institutions	..	..			6
Number of cases dealt with for Renewal Orders	..	..	..		19

SECTION III

SERVICES PROVIDED BY THE LOCAL HEALTH AUTHORITY UNDER THE NATIONAL ASSISTANCE ACT, 1948

SECTION 21

(a) Accommodation for Aged and Infirm:

It is the duty of the local authority to provide "residential accommodation for persons who by reason of age, infirmity or any other circumstances are in need of care and attention which is not otherwise available to them."

For the time being, residential accommodation is provided in the old buildings at St. Helen's Hospital, by agreement with the Regional Hospital Board. It is necessarily, by virtue of the type of building, somewhat institutional in atmosphere, and not suitable other than as a temporary measure.

The Council are proceeding as fast as possible, considering the inevitable delays, with the provision of suitable and adequate, certainly more homely, accommodation of the old people. The conversion and equipment of the selected buildings is a lengthy and costly process, but when the scheme is completed, they should provide comfortable superior homes in which old people would be well content to pass the sunset of their lives.

The following properties have been acquired :—

- (i) Moreton and Little Moreton to accommodate 61 old people and 6 resident staff.
- (ii) 12, 13, 14 Charles Road to accommodate 44 old people and 4 resident staff.
- (iii) Pine Hill, The Ridge, to accommodate 30 old people and 3 resident staff.

In the case of Moreton, which is expected to open on January 1st, 1952, the average cost per resident place (old people and staff) is £400, covering the cost of acquisition of the buildings, conversion and equipment. The cost per place of the other two projected Homes is certain to be considerably higher. The standards set by the Ministry of Health are high ones, in some respects perhaps too high when the present financial stringency is remembered.

The care of these old people is bound up with the National Health Service Act schemes, particularly in the Care and After-care sections. Mr. G. Priestley, the Old People's Warden, and Mr. A. E. Christmas, the Welfare Officer, together with the Health Visitors and Sanitary Inspectors of the staff, are doing most valuable work as a team in this respect. The department too is in close touch with the Voluntary Associations in the town which provide many forms of care and assistance for old people.

Most admirable work is carried out by the Central Aid Council, Salvation Army, Christ Church Housing Society and the Women's Voluntary Service, in providing hostels and tiny flatlets for the aged who are not too infirm. In one way or another these four societies house at least 200-250 old persons: the authority, where necessary, subsidises them in cases where such help is indicated. In addition, the Women's Voluntary Service run most successful Darby and Joan Clubs with a membership of 500.

(b) Accommodation for other groups.

It is the authority's duty to provide "temporary accommodation for persons in urgent need thereof," it being primarily intended to cover persons temporarily without accommodation as a result of fire, flood or eviction.

Much hard work is still going on in preparing a scheme for evicted families, although great difficulties are being encountered. In the meantime, the Housing Manager has proved most helpful in the provision of temporary accommodation, and other cases are dealt with in Part III places at St. Helen's Hospital.

(c) **Registration of Old People's Homes:**

Section 37 of the National Assistance Act, 1948, requires that all homes for disabled persons or old persons shall be registered with the local authority (excluding "charity homes"), the object being to ensure that a reasonable standard of accommodation, equipment and care is provided.

No. of Old People's Homes registered	..	9
No. of Homes for Disabled Persons registered	..	1
No. of beds	..	191

These Homes are inspected at regular intervals by the Medical Officer of Health and the Old People's Warden.

SECTION 29

Welfare Services:

The authority have put into operation schemes for the welfare of the various classes of handicapped persons in the town: these services are permissive and not obligatory except in the case of blind persons. Such classes are the blind, deaf, dumb, crippled persons, etc.

The schemes are carried out in co-operation with various Voluntary Societies.

1. **The Blind:**

The Hastings Voluntary Association for the Blind act as the sole agent for the care of blind persons. A register is maintained, a complete welfare scheme operates including home teaching, Braille and Moon, library services, clubs and socials: a residential home for the Blind, Healey House, is maintained, accommodating 20 blind persons.

The total number of blind persons on the register at the end of 1950 was 263 and 26 partially blind.

2. **Deaf and Dumb:**

The Sussex Diocesan Association for the Deaf and Dumb provides a social centre under the care of a local missionary where a full club service is given, together with religious meetings. Home visiting is well carried out.

The Association also looks after a number of Deaf persons and Deaf and Blind persons.

The number of Deaf and Dumb persons registered at the end of 1950 was 39, of Deaf and Blind 11.

It is hoped in the near future to start a social club for the Deaf and Hard of Hearing under voluntary auspices.

3. **Cripples and other Handicapped Persons:**

This welfare work is carried out by the Hastings Branch of the East Sussex Association for the Care of Cripples.

SECTION 47

Removal to suitable premises of persons in need of care and attention:

This section provides that on the representation of the Medical Officer of Health to the Local Health Authority, and from them to the Court of Summary Jurisdiction, any person who is found to be suffering from:

- (a) grave chronic disease, or being aged, infirm or physically incapacitated, is living in insanitary conditions, and
- (b) is unable to devote to himself and is not receiving from others proper care and attention,

the person may be removed by an Order of the Court to a suitable hospital.

Several cases suitable for action under this section were persuaded to enter hospital voluntarily, or the aid of relatives enlisted to ameliorate bad home neglect with good results.

During the year, no new case was taken under this section, whilst one old case previously so dealt with was detained throughout the year in St. Helen's Hospital. Details are:—

Man aged 64 years: unable to walk, operation on bladder with indwelling catheter: mental deterioration: home conditions very bad indeed.

SECTION IV

INFECTIOUS DISEASES

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR, 1950.

NOTIFIABLE DISEASES.	1949	NUMBER OF CASES NOTIFIED.														Deaths.	Total cases removed to Hospital.	
		At all ages.	At ages Years.															
			0 1	1 2	2 3	3 4	4 5	5 10	10 15	15 20	20 35	35 45	45 65	65 & urds.				
Small Pox ... ..	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera, Plague ... ..	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Mem- branous Croup)	(3)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	(21)	26	...	...	...	...	...	...	...	...	...	3	16	7	...	1
Scarlet Fever	(59)	109	...	2	8	10	10	54	16	4	3	2	...	...	...	45
Typhus Fever ... ..	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	(2)	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Relapsing Fever ... ..	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued Fever... ..	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia	(10)	9	...	...	...	...	...	...	...	1	6	2	...	...	...	...
Cerebro Spinal Meningitis	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Poliomyelitis	(2)	2	...	...	...	...	...	2	...	...	...	...	...	...	...	2
Ophthalmia Neonatorum	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Polio-encephalitis	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Primary Pneumonia	(28)	20	...	...	...	...	2	6	1	1	2	1	4	3	...	...
Influenzal Pneumonia ...	(1)	4	...	...	...	...	...	...	...	...	1	...	1	2	...	...
Malaria	(...)	2	...	...	...	...	...	...	...	...	1	1	...	...	...	...
Dysentery	(...)	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Trench Fever ... ..	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Food Poisoning... ..	(3)	3	...	...	...	...	...	...	...	1	2	...	...	...	...	...
Measles	(620)	54	1	4	6	2	3	17	20	...	1	...	...	...	...	3
Whooping Cough	(90)	198	16	17	32	28	25	77	...	...	1	1	1	...	...	3
Totals	(841)	429	17	23	46	41	40	156	37	7	17	10	23	12	...	54		

Remarks:

- (a) **Scarlet Fever:** The first part of 1950 showed a considerably increased incidence of a mild type of scarlet fever. Complications were few. 109 cases were notified (compared with 59 in 1949 and 57 in 1948), of whom 45 were admitted to the Isolation Hospital.
- (b) **Diphtheria:** No case was notified during the year. The following table shows the notified cases and deaths from diphtheria in recent years:—

DIPHTHERIA IN HASTINGS

Year	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Cases	31	49	28	6	7	13	13	11	4	5	1	3	...
Deaths	3	1	1	...	...	...	...	...	...	...	...	...	...

- (c) **Anterior Poliomyelitis:** Although sporadic cases occurred in neighbouring towns and the country area surrounding Hastings, only two cases, one a visitor, occurred during the year in Hastings: both cases were confirmed, mild in type, and both made satisfactory recoveries, with no appreciable residual paralysis.

- (d) **Paratyphoid B:** One case, a boy aged 3, occurred with satisfactory recovery : in spite of extensive investigations the source of infection was not discovered. Other members of the family were not affected.

Disinfection and Disinfestation:

Scabies ("The Itch"), which increased very markedly during the war years, continues to decrease, and is now inconsiderable as a health problem. School-children are treated at the school clinics, adults at the Halton Baths, the previous arrangements with St. Helen's Hospital having been allowed to lapse.

Body vermin (pediculosis corporis) are comparatively rarely found, severe cases of a type previously not uncommon now being almost unknown. Disinfestation of clothing and articles, together with the bulk of disinfection in connection with notifiable infectious diseases, is carried out at the steam disinfector at St. Helen's Hospital by arrangements with the Hospital Management Committee, the Corporation providing the services of the operator.

Articles disinfected	4899	(5204)	No. of individuals cleansed		
Rooms, etc. disinfected	326	(174)	for scabies	2	(6)
No. of individuals			No. of baths for scabies	6	(18)
cleansed for vermin	Nil	(Nil)	Set of clothing disinfected		
			(Scabies)	2	(6)

Disinfestation of Council Houses and Other Properties:

Council Houses	..	..	2	(2)
Other premises	..	..	55	(46)

Isolation Hospital:

The Hastings Isolation Hospital is under the control of the Regional Hospital Board. The Medical Officer of Health and Deputy act as Medical Superintendents in charge of Infectious Disease cases: this most satisfactory arrangement ensures complete and unified control in Hastings of investigation, treatment, and prevention of these diseases.

Two blocks providing a maximum of 36 beds are available for Infectious Disease cases. They are out of date by modern standards, and staff shortages render the admission situation at times desperate.

The Hospital serves the County Borough of Hastings, Boroughs of Bexhill and Rye, and the Battle Rural District, the total population served being over 130,000; in addition, a number of cases are admitted from the Tunbridge Wells area, and holiday making visitors who develop infectious diseases further increase the problem.

During the year 164 cases were admitted, 100 being Hastings residents, including 46 cases of non-notifiable diseases.

Tuberculosis:

- (a) At the end of 1950, the tuberculosis register contained 432 names.

TOTAL CASES.	PULMONARY.			NON-PULMONARY.		
	Males.	Females.	Total.	Males.	Females.	Total.
432	242	142	384	18	30	48

(b) **New Cases and Mortality:**

The number of notifications received during the year of newly ascertained cases of tuberculosis and the number of deaths due to tuberculosis are shown in the table below :—

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— 2 years ...	1	...	...	...	...	...	...	...
2— 5 " ...	2	...	...	...	...	...	...	...
5— 10 " ...	...	2	...	1	...	...	...	...
10— 15 " ...	...	1	1	...	...	...	...	...
15— 20 " ...	1	5	1	...	...	...	...	...
20— 25 " ...	...	8	...	1	...	...	...	...
25— 35 " ...	6	8	...	...	1	6	...	1
35— 45 " ...	4	2	...	1				
45— 55 " ...	5	3	1	...	6	1	...	...
55— 65 " ...	3	1	...	...		
65— 75 " ...	4	1	...	...	1	4	...	...
75 upwards ...	...	...	...	...	1	...	...	...
Totals ...	26	31	3	3	9	11	...	1
Grand Totals	63		(76)		21		(11)	

For purposes of comparison, the following table shows the Deaths and death rate per 1,000 population for the past 40 years :—

Year	No. of deaths Pulmonary Tuberculosis (average)	No. of deaths Non- pulmonary Tuberculosis (average)	Total (average)	Death rate from Tuberculosis per 1,000 (average)
1910-1914 ...	62	23	85	1.4
1915-1919 ...	73	18	91	1.7
1920-1924 ...	60	15	75	1.25
1925-1929 ...	57	10	67	1.1
1930-1934 ...	43	6	49	.79
1935-1939 ...	48	4	52	.81
1940-1944 ...	38	4	42	1.04
1945-1949 ...	29	2	31	.51
1950 ...	20	1	21	.31

It will be noted that, apart from increases in the war years (both 1914-18 and 1939-1945), the general mortality from tuberculosis shows a gradual but decisive drop due largely to better housing standards, better socio-economic circumstances, earlier diagnosis by X-ray and reference to Tuberculosis Dispensaries (Chest Clinics), and finally to improved methods of treatment, i.e., pneumothorax, thoracoplasty, P.A.S. and streptomycin. One must refer particularly to the marked drop in non-pulmonary cases (gland and bone tuberculosis) due to improvement in tubercle-free herds and above all to effective heat treatment (pasteurisation) of milk supplies.

(c) **Treatment of Tuberculosis:**

The Regional Hospital Board are responsible for treatment of the disease. The Chest Clinic held at the Royal East Sussex Hospital, three sessions per week, continues to be the focal point for investigation and treatment and for the surveillance of contacts. Sanatorium cases go in the main to Darvell Hall Sanatorium, Robertsbridge, and terminal cases to various hospitals including the tuberculosis blocks of the Hastings Isolation Hospital.

Until 31st July, 1950, the Chest Clinic was staffed by the Medical Officer of Health and his Deputy, acting as agents for the Regional Hospital Board. After that date, this invaluable asset in the sole control of investigation, treatment and prevention was severed from the Health Department. Dr. G. R. Bruce, former Medical Officer of Health acts now as Chest Physician at the clinic in a temporary capacity, and liaison remains close. In addition, the Health Department provides the Deputy Senior Health Visitor as a Tuberculosis Home Visitor and Chest Clinic Nurse, an admirable arrangement from the after-care and preventive angle.

I am indebted to the Chest Physician for the following figures :—

No. of new patients seen for investigation	..	368
No. of contact examinations	.. ..	725
Total attendances	.. .. .	3075

(d) **Public Health (Prevention of Tuberculosis) Regulations, 1925.**

Public Health Act, 1936—Section 72:

No action was taken in 1950.

(e) **Prevention of Tuberculosis:**

(i) **B.C.G. Vaccination.**

A scheme was submitted to the Ministry of Health for the vaccination with B.C.G. of certain priority classes, e.g. (a) Mantoux negative contacts, and (b) Mantoux negative nurses and hospital personnel. Approval was received and I am glad to report that the vaccinations commenced early in 1951. Much is hoped from this form of prevention, and it is hoped eventually to extend the scheme to other classes of the community.

(ii) **Mass X-ray.**

Preliminary enquiries were made into the possibility of obtaining the services of a mass radiography unit : these at the time of writing have come to fruition and the East Sussex Mass Radiography Unit will be visiting the town in the autumn of 1951. The ascertainment of the early symptomless case of tuberculosis, often infectious to others, can only be done by chest X-ray. It is to the benefit of the sufferer and the community generally, particularly his or her family, to be found at the earliest possible stage, as treatment can be more effective and hygiene measures to prevent infection of others adopted.

These two measures, mass X-ray and B.C.G. vaccination, are likely to prove invaluable in reducing still further the scourge of tuberculosis.

(f) **After-care of Tuberculosis cases:**

The Hastings Voluntary Tuberculosis Care Committee, formed in 1918, continues to do good work in this field. Voluntary workers, with Council members, under the Chairmanship of the Medical Officer of Health, constitute the Committee, which is now subsidised by the Local Health Authority. Reference has already been made to the working and scope of this Committee in the remarks on the After-care scheme formulated under Section 28 of the National Health Service Act.

VENEREAL DISEASE

I am indebted to the Medical Officer in charge of the Venereal Disease Clinic at the Royal East Sussex Hospital for the following figures of cases treated during the year. (Hastings cases only).

New cases of syphilis	...	...	...	12
New cases of gonorrhœa	...	...	...	11
Other conditions	...	...	...	74
				—
Total	...	...	...	97
				—

PUBLIC HEALTH BACTERIOLOGICAL WORK

All public health specimens, in particular, samples of milk, ice cream, water and swimming bath water, are dealt with at the branch laboratory of the Central Public Health Laboratory at Brighton. Special transit arrangements by train are working smoothly, and the whole service is most adequate.

SECTION V

MISCELLANEOUS

1. **Registration of Nursing Homes** (Public Health Act, 1936, Section 187)

Inspection and supervision of Nursing Homes is carried out by the Medical Officer of Health and deputy to ensure adequate and suitable accommodation, nursing and general care. The Senior Health Visitor also visits to advise the Medical Officer of Health on the nursing standards provided.

No. of Nursing Homes registered	..	15
Beds available—Maternity	.. ..	13
General	.. ..	182
Total beds		<u>195</u>

2. **Nursery and Child Minders Regulation Act, 1948.**

This act requires registration of

- (a) premises (" day nurseries ") where children are received to be looked after for the day or for longer periods less than six days.
- (b) persons (" day minders ") who for reward receive children under the age of five for a similar period.

Residential nurseries and foster parents are excluded from this Act, the necessary supervision being provided under the Children's Act.

The number of " day nurseries " and " day minders " registered is NIL.

3. **Medical Examinations.**

The following medical examinations were carried out by the Medical Officer of Health and his deputy during the year :—

Sick Pay Scheme examinations	.. ..	98
Adoption examinations	.. ..	13
Staff medical examinations	.. ..	41
Teachers examined	.. ..	40
Firemen examined	.. ..	3
Other medical examinations (retirement, etc.)	.. ..	<u>4</u>
Total :		<u>199</u>

SECTION VI

GENERAL SANITARY ADMINISTRATION

(A) Water Supply.

The Borough water supply is derived from 8 sources of underground water, two of which are not normally in use, and two impounding reservoirs. The main source of Hastings water during 1950 was the impounding reservoirs at Great Sanders and Darwell, the latter being officially opened in October, 1950, yielding around 80% of the total supply: the remaining 20% was derived from underground sources.

There are three main pumping stations situated respectively at Buckshole, Filsham and Brede Valley, the latter with its combined well and surface water supplies being the main distribution centre.

All the water taken from the wells and impounding reservoirs is filtered before being pumped into supply, and as an additional safeguard the water is chlorinated to destroy any harmful bacteria which have not been arrested in the filtration process.

The average daily quantity of water consumed is 2,250,000 gallons, i.e., approximately 33 gallons per head per day. The maximum useage in any one day was 3 million gallons.

The character of the treated water is as follows :—

SUPPLY	HARDNESS (parts per million)		
	Temporary	Permanent	Total
Underground Sources	110	20	130
Surface water sources	65	30	95

Information on Water Supply required by Ministry of Health Circular 2/50.

- (1) The water supplied to the area during the past year has been satisfactory both in quality and quantity.
- (2) All supplies are piped. Bacteriological examination of the raw water has been made at irregular intervals.

All water supplied for domestic purposes from all sources has been adequately treated and chlorinated. Monthly bacteriological examinations are made of all treated water entering the distribution system, usually six samples per month. Samples of raw and treated water have also been taken for chemical analysis.

In addition, in the latter part of the year, the Health Department commenced taking routine monthly samples for bacteriological examination from main water taps in consumers houses and at the peripheral end of the distribution system.

Typical bacteriological and chemical analyses are as follows :—

REPORTS ON THE BACTERIOLOGICAL AND CHEMICAL EXAMINATION OF SAMPLES OF WATER

Labelled: Tap on Pumping Main, Brede Pumping Station.

Date 27.4.50. 3.45 p.m.

(Sampling bottles are treated to remove residual chlorine if present).

		1 day at 37° C.	2 days at 37° C.	3 days at 20° C.
No. of Colonies developing on				
Agar	.. .. .	0 per ml.	0 per ml.	40 per ml.
		<i>Present in</i>	<i>Absent from</i>	<i>Probable number</i>
Presumptive Coli-aerogenes				
Reaction	.. .. .	— ml.	100 ml.	0 per 100 ml.
Bact. coli (Type I)	.. .. .	— ml.	100 ml.	0 per 100 ml.
Ch. welchii reaction	.. .. .	— ml.	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.

Labelled : Tap on pumping main, Brede Pumping Station.

Date 15.5.50. 4.30 p.m.

CHEMICAL RESULTS EXPRESSED IN PARTS PER MILLION

Appearance : Bright with a very slight deposit of mineral debris.

Turbidity : Less than 5. Colour : Less than 10. Odour—Nil. Taste—Nil pH: 7.2.

Free Carbon Dioxide : 6. Electric Conductivity : 345. Alkalinity as CaCO₃ : 65.

Ca	Mg	Na	CO ₃	SO ₄	Cl	NO ₃	SiO ₂	Hypothetical Combinations	
34	5.1	30	39	53	34	3	4		
26	...	...	39	...	...	...	...	Calcium Carbonate	65
8	...	...	...	19	...	...	...	Calcium Sulphate	27
...	5.1	...	...	20	...	...	...	Magnesium Sulphate	25
...	...	7	...	14	...	...	...	Sodium Sulphate	21
...	...	22	...	...	34	...	...	Sodium Chloride	56
...	...	1	...	...	...	3	...	Sodium Nitrate	4
...	...	...	...	...	...	...	4	Silica	4
...	...	...	...	...	...	...	...	Difference	8
Total solid constituents dried at 180° C									210

Hardness—Total*105. Carbonate 65. Non-carbonate 40. Nitrate Nitrogen 0.6. Nitrite Nitrogen Less than 0.10. Ammoniacal Nitrogen 0.000. Oxygen absorbed 0.60. Albuminoid Nitrogen 0.046. Residual chlorine—absent. Metals : Iron 0.04. Other metals absent. Fluoride (F) 0.2.

* Calculated from the calcium and magnesium contents.

This sample is practically clear and bright in appearance, neutral in reaction and free from metals apart from a negligible trace of iron.

The water has very moderate hardness and contains no excess of mineral or saline constituents in solution.

It shows no noticeable colour and is of satisfactory organic quality.

From the aspect of the chemical analysis these results are consistent with a pure and wholesome water suitable for public supply purposes.

(3) The water supplied has no plumbo-solvent action.

(4) No action required to be taken in respect of any contamination. Should a particular sample prove unsatisfactory on bacteriological examination, the cause would be immediately investigated and the condition rectified, further samples being taken as necessary.

- (5) The approximate area of supply is 53 square miles with an estimated population of 68,000. The number of dwellings (houses, bungalows, flats and part houses) supplied is 20,808. In addition, some 300 houses outside the borough boundary have piped supplies. Houses are not supplied from standpipes except in cases of breakdown or frozen pipes.

(B) Baths.

There are three swimming pools.

- (a) Bathing Pool, West Marina (open-air)
Length 330 ft., width 90 ft., capacity 1 million gallons.
- (b) White Rock, large bath ((covered).
Length 165 ft., width 36½ ft., capacity 200,000 gallons.
- (c) White Rock, small bath (covered).
Length 75 ft., width 30 ft., capacity 65,000 gallons.

These baths use sea water, treated by continuous filtration, chlorination and aeration.

Regular samples are taken for bacteriological examination monthly from all these pools at both shallow and deep ends. The results of such examination is consistently satisfactory, a typical analysis being :

WATER BACTERIOLOGICAL EXAMINATION REPORT

Nature of Sample :

Sea water baths. White Rock Large Baths, shallow end.

Date : 19.12.1950. 10.45 a.m.

Plate Count Yeastral agar 3 days 22° C. aerobically 2 per ml.

" " " " 2 days 37° C. " 1 per ml.

Probable number of coliform bacilli, MacConkey 2 days 37° C. Less than 1 per 100 ml.

Approximate proportions of faecal and non-faecal coli :

- (a) Faecal coli — per cent.
- (b) Non-faecal coli — per cent.

The White Rock establishment also provides a well equipped medical baths section and physiotherapy services.

(C) Drainage and Sewerage.

During the year, the final stages of the comprehensive main drainage scheme initiated in 1932 and interrupted by the war, were reached, and I am indebted to the Borough Engineer for the following report on the principal works carried out to date.

(1) The completion of the Hollington Valley Sewer, serving a large area on the western side of the Borough, where the existing sewers had become quite inadequate owing to extensive development.

(2) The construction of storm overflows on the existing sewers in Nelson Road, Waterworks Road and Braybrooke Road, and the connection of these and of the Alexandra Park Stream to the new 7 ft. dia. storm outfall sewer which was completed at the beginning of the war. These works, with the reconstruction of the damaged Harold Place storm overflow, have relieved the flooding formerly experienced in the low-lying central area of the town after heavy rain.

In addition, considerable lengths of soil and surface water sewers have been laid on post-war Corporation Housing Sites at Hollington and Rock Lane, and a few short lengths to serve private development.

The outfalls in use are as follows :

- (i) The main outfall at Rock-a-Nore, discharging at low water mark about ½ mile beyond the eastern end of the town.

(ii) Bopeep outfall, just beyond the western end of the Parade, serving the south western part of St. Leonards.

(iii) The Clarification Works outfall $\frac{1}{2}$ mile further west taking the Hollington Valley Sewer and the sewage from the flat Bexhill Road area.

(iv) A storm water outfall at Caroline Parade.

(v) A storm water outfall at Harold Place.

(vi) A storm water outfall at Warrior Square.

No treatment of sewage is at present carried out before discharge into the sea.

(D) **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-operates in the replacement of defective dustbins and in the investigation of any nuisance or complaints received.

(E) **Rodent Destruction.**

The campaign for the eradication of rodent and other pests was continued with vigour and enthusiasm during the year, and, while all other activities were fully sustained, particular attention was paid to the very many food-preparing premises and the like in connection with the Department's drive for "clean food," it being felt that such a drive would be otherwise incomplete. The assistance afforded to those with a pest problem appears to have been well appreciated, and has undoubtedly developed a high spirit of co-operation to the common end.

Corporation Sewers.—Two maintenance treatments were carried out during the year in conjunction with the Ministry of Agriculture and Fisheries and the Borough Engineer and Surveyor's Department, and were highly successful. A total of 301 manholes were baited with 85 positive "takes," resulting in an estimated kill of 795 rats.

Complaints.—The total number received during the year was 1,165 (1,046); of these, 554 (460) were in respect of rats, including 6 (12) major infestations and 609 (583) related to mice with 6 (3) major infestations. It is perhaps not always appreciated how much time is taken up by this work, as it is almost invariably found that each complaint necessitates examination of adjacent premises or land. The figures given cannot therefore afford an adequate view of the work actually performed.

Private Dwellings—Special Scheme, 1948/9.—Work under the Ministry scheme, commenced in March, 1948, continued, a further 154 (171) premises being found infested and dealt with. During the survey, 2 major infestations by rats were discovered.

Hotels, Restaurants, etc.—Reference has already been made to this service above. The usual monthly visits were made to those premises on the register and treatment (on payment of the Council's charges) carried out where necessary. Premises visited included school canteens, hospitals, special schools, local authority premises and others, the management of 65 (62) premises availing themselves of the regular service.

Other Pests.—The work of the staff continued to embrace the eradication of other pests on payment, complaints being received mostly in respect of cockroaches, beetles, wood lice and the like. Cases dealt with numbered 166 (173) during the year.

Charges made.—These totalled £251 15s. 3d. compared with £274 13s. 6d. during the previous year.

(F) FACTORIES ACTS 1937-48**PART I OF THE ACT**

1.—**INSPECTIONS** for purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises. (1)	M/c line No. (2)	Number on Register (3)	Number of			M/c line No. (7)
			Inspection (4)	Written notices (5)	Occupiers prosecut- ed (6)	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	205	122	22	—	1
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2	191	26	17	—	2
(iii) Other Premises in which Section 7 is enforced by the Local Authority † (excluding out-workers' premises)	3	—	—	—	—	3
TOTAL		396	148	39	—	—

2.—**CASES IN WHICH DEFECTS WERE FOUND**

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

Particulars	M/c line No.	Number of cases in which defects were found				Number of cases in which prosecu- tions were instituted	M/c line No.
		Found	Remedied	Referred			
(1)	(2)	(3)	(4)	To H.M. Inspector	By H.M. Inspector	(7)	(8)
Want of cleanliness (S.1) ...	4	19	19	—	—	—	4
Overcrowding (S.2) ...	5	—	—	—	—	—	5
Unreasonable temperature (S.3)	6	—	—	—	—	—	6
Inadequate ventilation (S.4) ...	7	2	2	—	—	—	7
Ineffective drainage of floors (S.6)	8	1	1	—	—	—	8
Sanitary Conveniences (S.7)							
(a) insufficient ...	9	3	3	—	2	—	9
(b) Unsuitable or defective	10	15	15	—	—	—	10
(c) Not separate for sexes ...	11	1	1	—	—	—	11
Other offences against the Act (not including offences relating to Outwork)	12	—	—	—	—	—	12
TOTAL ...	---	41	41	—	2	—	—

**PART VIII
OUTWORK**

No. of Visits 16

SECTION VII

HOUSING AND SANITARY INSPECTION

1. INSPECTION OF DWELLING-HOUSES

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	643
(b) Number of inspections made for the purpose	1289
(2) (a) Number of dwelling-houses (including under sub-head (1) above) which were inspected and recorded under the Housing (Consolidated) Regulations 1925 and 1932	—
(b) Number of inspections made for the purpose	—
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	1
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	361

2. REMEDY OF DEFECTS DURING 1950 WITHOUT SERVICE OF FORMAL NOTICES:—

Number of defective dwelling-houses rendered fit in consequence of informal action by the local Authority or their Officers	319
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3. ACTION UNDER STATUTORY POWERS DURING 1950:—

A.—Proceedings under Sections 9, 10 and 16, of the Housing Act, 1936:—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	10
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners	7
(b) By Local Authority in default of owners	2

B.—Proceedings under Public Health Acts:—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	12
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By owners	9
(b) By Local Authority in default of owners	2

C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936:—

(1) Number of dwelling-houses in respect of which demolition orders were made	1
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	—

D.—Proceedings under Section 12 of the Housing Act, 1936:—

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

4. OVERCROWDING

(a) (i) Number of dwellings overcrowded	—
(ii) Number of families dwelling therein	—
(iii) Number of persons dwelling therein	—
(b) Number of new cases of overcrowding reported to Town Clerk	67
(c) (i) Number of cases of overcrowding relieved	—
(ii) Number of persons concerned in such cases	—
(d) Particulars of any cases in which dwelling-houses in respect of which the Local Authority have taken steps for the abatement of overcrowding have again become overcrowded	—
(e) Number of inspections made for the above-mentioned purposes	237

Housing Inspection.

The Chief Sanitary Inspector, Mr. A. E. Hollox, comments on the work done and present difficulties, as follows :—

Work under the Housing Acts continued, as in previous years, to occupy a considerable proportion of the time of the staff, every effort being made to improve conditions under which the people live. Owing to the continued shortage of accommodation, however, these efforts have had to be mainly confined to (a) execution of maintenance repairs following notices served, (b) abatement of nuisances and conditions prejudicial to health, and (c) special reports of overcrowding and other undesirable conditions with a view to re-housing of the families concerned. Nevertheless, it must be admitted that in many cases results are not really commensurate with efforts made, especially where basement flats and properties approaching the worn-out stage are concerned. In many of these, Closing or Demolition Orders are the only remedy. At the same time, such Orders made to any extent may well accentuate the problem by reducing available accommodation and this factor acts as a deterrent upon such procedure at the present time. In brief, Closing and Demolition Orders are weapons to be used now as a last resource.

It would seem probably, therefore, that housing will constitute a major sanitary problem for some time to come. Like every other town, there is a fair proportion of the smaller type of property reaching the worn-out stage, accelerated possibly by unavoidable neglect during the war years and the high and ever-increasing cost of repairs since. Generally below present-day standards of amenity and sanitation, they will have to be dealt with sooner or later. Minor aggregations of these exist in the Old Town, with small pockets in other parts, notably Hollington, Halton and Ore.

Contrasting with these, are the much more substantial buildings in the central and western parts of the town. These generally consist of three or four stories divided into separate tenements or flats on each floor approached by a common staircase, with a basement or semi-basement below. The buildings themselves are satisfactory for their type and structure, but the upper tenements or flats are not particularly suitable for those with young families or the infirm, being usually deficient in facilities looked for by the former and with difficulty of access.

With regard to the basement tenements or flats, which have unfortunately come more into occupation during post-war years for obvious reasons, the deficiencies in natural lighting, dampness and other undesirable features in many of them are so well known that it is hardly necessary to enlarge upon them. Very many recommendations for re-housing are sought by the tenants of such and are sympathetically dealt with. Closing Orders being made subsequently where possible.

The following figures serve to indicate the extent of the field work carried out during the year.

No. of complaints received and investigated	..	..	2181	(1898)
No. of informal notices served	..	..	1436	(1732)
No. of informal notices complied with	..	..	1303	(1612)
No. of statutory notices served under Public Health or Housing Acts	..	..	22	(48)
No. of statutory notices complied with	..	..	*35	(25)

(* including 19 such notices served in 1949).

With regard to overcrowding, the extent of this is difficult to assess at the present time, particularly in the absence of any recent systematic survey, or at least the resumption of house-to-house inspections. All complaints, however, are investigated and reports furnished to the Town Clerk's (Housing) Department, even though the premises are not overcrowded under the admittedly low standard of the Housing Act, 1936.

Close co-operation in this and other housing matters has been maintained with that Department during the year, 217 (154) reports being made, either by the Medical Officer of Health or Chief Sanitary Inspector. Of these 67 (44) were in respect of overcrowding; 14 (10) to the living conditions of tuberculous families: 36 (27) in respect of families having a member or members suffering from ill-health or physical defects; 77 (40) other reports related to unsuitable living conditions and in the remaining 30 (33) cases it was felt that no special recommendations could be made at the present time.

The following information respecting action taken on the above is given by courtesy of the Housing Manager:—

- 61 (31) families, where overcrowding and other undesirable conditions prevailed, re-housed;
- 21 (6) families, specially recommended by the Medical Officer of Health on account of tuberculosis or ill-health, re-housed.

Sanitary Inspection of District

The following tables give an indication of the work carried out by the sanitary inspectors in inspection of the area and resultant works carried out during the year.

A.—Inspections (Other than those referring to Housing:—		Total			Total
1.	Premises on complaint ...	2,181	4.	New soil and ventilation pipes fixed	22
2.	Re-drainage work ...	362	5.	Rain-water pipes disconnected from drains	13
3.	Works in connection with notices	1,984	6.	Inspection chambers provided or repaired	103
4.	Bakehouses ...	108	7.	Cesspools emptied and cleansed	9
5.	Infectious disease enquiries ...	171	8.	Cesspools abolished and drains connected to sewer	14
6.	Camps, Caravans, etc. ...	10	9.	New W.C. pedestal pans fixed	79
7.	Fried fish premises ...	82	10.	W.C. pans repaired ...	82
8.	Restaurant kitchens, cafes and retail food premises	1,622	11.	New W.C. flushing cisterns provided	53
9.	Fish at Fishmarket ...	302	12.	W.C. flushing cisterns repaired	104
10.	Outworkers' premises ...	16	13.	New W.C's erected ...	5
11.	Houses under increase of Rent, etc.	—	14.	New urinals erected ...	—
12.	Common Lodging Houses ...	—	15.	Glazed stoneware sinks provided, with properly trapped waste pipes	47
13.	Smoke Nuisances ...	5	16.	Yards and passages paved or repaved	19
14.	Slaughterhouse and Knackers Yard	570	17.	Samples of drinking water from private wells	4
15.	Offensive Trade Premises ...	40	18.	Polluted wells closed and domestic water supplied from main	2
16.	Water Supplies... ..	12	19.	Roofs stripped or repaired	145
17.	Disinfestation work ...	214	20.	Ventilated food stores provided	34
18.	Rats and Mice destruction work	8,727	21.	Rooms, etc., cleansed and distempered, etc.	84
19.	Ice Cream premises—		22.	Miscellaneous repairs to houses (walls, ceilings, stoves, washing accommodation, handrail, lighting, ventilation, sash cords, etc.)	515
	(a) Manufacturers } ...	263	23.	Sanitary ash-bins provided and/or ash pits abolished	84
	(b) Dealers and Retailers }		24.	Accumulations of manure and other refuse removed	54
20.	Public Conveniences ...	10	25.	Nuisances abated from animals improperly kept	7
21.	Samples of Ice Cream for Bacteriological Examination	103	26.	Nuisances abated from chimneys emitting smoke	4
22.	Samples of sea water from Swimming Baths for Bacteriological Examination	32			
B.—Work carried out:—					
1.	Drains test applied ...	150			
2.	Houses and premises provided with new drains, properly intercepted and ventilated	24			
3.	Drains cleared and/or repaired	128			

SECTION VIII

FOOD INSPECTION AND HYGIENE

(A) MILK

(a) Milk and Dairy Regulations, 1949.

Dairymen and Distributors on Register 28

These Regulations came into force during the latter part of that year and represent an advance upon the requirements of the Milk and Dairies Regulations, 1926-43, thereby revoked. A systematic survey was therefore commenced of all premises in which the Department was concerned with a view, not only to enforcing the new requirements, but, if possible, to modernise the premises. Substantial progress was recorded at the end of the year. Six dairies were completely re-designed, three were in progress of being re-designed and in many other cases new cooling apparatus, bottle-washing machines, ablution facilities, etc., were installed, while the use of five other premises was discontinued, presumably as a result of the Department's requirements.

(b) Milk (Special Designations—Raw Milk) Regulations, 1949.

Dealers licences to use special designation "Tuberculin Tested" .. 4

Supplementary licences to use special designation "Tuberculin Tested" 1

(c) Milk (Special Designations—Pasteurised and Sterilised Milk) Regulations, 1949.

Dealers (*Pasteurisers*) licences to use special designation "Pasteurised" 3

Dealers licences to use special designation "Pasteurised" .. 5

Supplementary licences to use special designation "Pasteurised" 1

No of samples taken under above Regulations 200

The following table gives particulars of the samples taken during the year with the results thereof :—

Designation.	No. taken	Methylene Blue test.		Phosphatase test.	
		Passed.	Failed.	Passed.	Failed.
Tuberculin Tested ...	25	16	9	Not applicable.	
Pasteurised ...	*175	154	—	150	4

*21 samples were cancelled, owing either to the overnight temperature exceeding 65°F. or laboratory facilities not being available on arrival.

Tuberculin-tested: The number of samples taken (25) shows a considerable decrease over those taken during the previous year (75), this being due to the discontinuance of sampling work at producers' premises following the transfer of those duties in October, 1949. The reports on the samples submitted were on the whole disappointing from the cleanliness point of view.

Pasteurised: Sampling work was generally well maintained, 175 (193) being taken. The small decrease shown was due to one licensee discontinuing the process, which left three firms only operating licences. Reports on the samples show even better results than those of last year, four failures only (on the phosphatase test) being reported. Particular attention was paid to milk supplied to schools with satisfactory results.

Raw Milks: Twenty-two samples were taken in two instances where tuberculosis of a bovine origin was suspected. Precautionary measures included the veterinary examination of cows in one herd by officers of the Ministry of Agriculture and Fisheries. No positive results in the two instances were obtained.

The actual amount of raw milk on retail sale in the borough is very small indeed.

(b) **MEAT.**

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 from the following table, there has been a fairly large increase of animals slaughtered, thereby adding considerably to the work of inspection.

MEAT INSPECTION : COMPARATIVE TABLE

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
1949	2,778	740	1,793	6,925	423
1950	3,620	514	2,303	7,738	605

The alterations and improvements to the premises, strongly pressed so long ago as 1948, were largely completed at the end of the year. Even so, however, it is fair to say that they remain too small in size for the volume of slaughtering done, quite apart from their unsuitable position and the most that can be said of the alterations and improvements is that they probably represent the best that can be made of antiquated and insufficient premises.

All carcasses of animals slaughtered were examined at or soon after slaughter by a Sanitary Inspector, the examination being conducted in accordance with Memo. 62/Foods, as amended. The disease most generally met with in practice is tuberculosis, usually in a localised form. Fifty-four generalised cases were however, found, including four of calves with evidence of congenital tuberculosis. Particular inquiries were made respecting the origin of the latter, with a view to the elimination of the dams concerned.

Cysticercus Bovis, a parasite transmissible to man, continues to occur, twelve cases being found during the year, the appropriate cold storage treatment being carried out. Other parasitic conditions, notably liver fluke, are of general occurrence, being responsible for no inconsiderable loss in valuable edible offal.

In all these matters, close liaison has been maintained between the Animal Health Division, Ministry of Agriculture and Fisheries, the Ministry of Food and the Department.

Details of the number of carcasses examined and action taken thereon are as follows :—

CARCASES INSPECTED AND CONDEMNED DURING 1950.

	Cattle (excluding cows)	Cows	Calves	Sheep and Lambs	Pigs
No. killed	3,620 (2,778)	514 (740)	2,303 (1,793)	7,738 (6,925)	605 (423)
No. inspected	3,620 (2,778)	514 (740)	2,303 (1,793)	7,738 (6,925)	605 (423)
All diseases except Tuberculosis					
Whole carcasses condemned ..	4 (3)	35 (6)	5 (6)	16 (13)	5 (7)
Carcasses of which some part or organ condemned	1,565 (1,428)	169 (244)	3 (4)	447 (312)	21 (21)
Percentage of the number affect- ed with disease other than tuberculosis	43.34 (51.50)	39.68 (33.78)	34.73 (55.77)	5.984 (4.693)	4.297 (6.621)
Tuberculosis only					
Whole carcasses condemned ...	24 (14)	25 (24)	4 (1)	— (—)	1 (1)
Carcasses of which some part or organ condemned	670 (555)	106 (162)	1 (—)	— (—)	11 (2)
Percentage of the number affect- ed with tuberculosis... ..	19.17 (20.47)	25.49 (25.14)	21.71 (55.77)	— (—)	1.984 (7.092)

(c) Ice-cream.

Manufacturer's premises on register	17	(13)
Retailer's premises on register	182	(126)
Samples taken for bacteriological examination	102	(79)
Samples taken for fat content	71	(74)

The number of applications for registration was well maintained, from which it may be assumed that the demand for this comestible continued to increase, and applications were received from a varied class of foodshops, including fish-mongers and butchers. In the latter and similar cases, the sale of wrapped or pre-packed ice-cream from proper storage facilities was made a condition of registration.

Sampling work was extended to include a complete cross-section of manufacturers and retailers, the following table summarising the reports received :—

	Manufacturers		Retailers	
	No. taken	%	No. taken	%
Grade I ...	33	41.8	5	21.7
Grade II ...	17	21.5	9	39.1
Grade III ...	15	19.0	5	21.7
Grade IV ...	14	17.7	4	17.5
	79		23	

Of the 29 samples (graded III and IV) from manufacturers failing to pass the methylene blue test, ten were obtained from a plant of a local firm, while 2 of the unsatisfactory samples from retailers originated from the same plant. Immediate investigations were made in collaboration with technical advisers engaged by the firm, rinses, swabs and process samples being taken from point to point. The matter was still being dealt with at the end of the year.

Fat content analysis.

Seventy-one samples were submitted to analysis, as desired by the Ministry of Food. The following table summarises reports received, from which it will be observed that one sample only fell below the approved standard of $2\frac{1}{2}$ per cent.

Below 2·5%	3%	4%	5%	6%	7%	8%	9%	10% and over
1	6	6	10	9	9	9	12	9

(d) Food and Drugs Act, 1938.

During the year 343 (230) samples were taken and submitted to the Borough Analyst at the Laboratory, Lewes. Of these 18 samples were reported on adversely.

The following 325 samples were all genuine :—Mixed Fruit Peel, 1 ; Cream of Magnesia, 1 ; Epsom Salts, 3 ; Liver Salts, 3 ; Aspro tablets, 3 ; Aspirin Tablets, 2 ; Sulphur Tablets, 1 ; Castor Oil, 2 ; Stomach Powders, 2 ; Rennies Tablets, 1 ; Bile Beans, 1 ; Beecham's Powders, 2 ; Beecham's Pills, 1 ; Phensic tablets, 1 ; Cascara tablets, 1 ; Koray tablets, 1 ; Laxative Chocolate, 1 ; Cough Syrup, 1 ; Cream of Tartar, 1 ; Saccharine tablets, 2 ; Essences and Colouring matters, 10 ; Lemonade Crystals, 1 ; Lemon Barley Crystals, 1 ; Parmino (tomato), 2 ; Meat and Fish Pastes, 23 ; Soups, 3 ; Soup Powders, 5 ; Coffee and Coffee Extracts, 5 ; Mustard, 3 ; Flour, 10 ; Sponge Mixture, 6 ; Cake Mixture, 10 ; Baking Powder, 6 ; Herbs, various, 7 ; Sauces, 7 ; Stuffing, 6 ; Bicarbonate of Soda, 6 ; Gelatine, 2 ; Vinegar, 2 ; Gravy Browning, 9 ; Bisto, 2 ; Pearl Barley, 5 ; Barley Crystals, 1 ; Olive Oil, 2 ; Sardines, 3 ; Pickled Beetroot, 1 ; Pickled Spice, 1 ; Mint in Vinegar, 1 ; Curry Powder, 3 ; Mixed Vegetables, 1 ; Beef Suet, 2 ; Custard Powder, 1 ; Blancmange Powder, 4 ; Junket Powder, 1 ; Ground Ginger, 1 ; Mixed Spice, 2 ; Sandwich Spread, 1 ; Peeled Shrimps, 1 ; Cornflour, 3 ; Nestles' Broth, 1 ; Marmite, 2 ; Horse Radish, 1 ; Ground Nutmegs, 2 ; Caraway Seeds, 1 ; White Pepper, 1 ; Table Jelly, 1 ; Glencette, 1 ; Dried Eggs, 1 ; Peanut Butter, 1 ; Fancy Cakes, 2 ; Milk, 49 ; Ice Cream, 71.

Particulars of action taken in the 18 unsatisfactory samples are as follows :

Sample No.	Article sampled.	Result of Analysis.	Remarks and action taken.
2402	Mixed Fruit Peel ...	Contained mice excreta. Unfit for human consumption.	Reported to Public Hygiene Committee and legal proceedings taken. Fined £20 with £5 15s. costs.
2434	Milk ...	Deficient in solids, not fat, 1·4%.	Informal sample. Followed up by formal sample No. 2498. Genuine.
2435	Jam Tarts ...	Both exhibits discoloured: one jam tart contained a steel bolt embedded in the jam. Unfit for human consumption.	Reported to the Public Hygiene Committee. Warning issued.

<i>Sample No.</i>	<i>Article sampled.</i>	<i>Result of Analysis.</i>	<i>Remarks and action taken.</i>
2451	Pearl Barley ...	Dead mites present.	Informal sample. Followed up by formal sample No. 2501. Genuine.
2496	Milk ...	Deficient in fat, 16.6%. No evidence of added water.	Informal sample. Followed up by formal sample No. 2528. Genuine.
2534	Doughnut (2 pieces) ...	Contaminated with mice excreta.	Reported to Public Hygiene Committee. Warning issued.
2550	*Veal and Ham Paste...	Meat content, 53.1%, being 1.9% below the prescribed minimum.	Informal sample. Followed up by formal sample No. 2568. Reported to Public Hygiene Committee. Warning issued.
2568	*do.	Meat content, 53.4%, being 1.6% below the prescribed minimum.	
2574	*Chicken Paste ...	Meat content, 50%, being 5% below the prescribed minimum.	Informal sample. Stock sold before formal sample could be taken.
2604	*Salmon and Shrimp Paste ...	Fish content, 65%, being 5% below the prescribed minimum.	Informal sample. Stock sold before formal sample could be taken.
2616	Cake Mixture ...	Infested with living mites.	Informal sample. Followed up by formal sample No. 2641. Reported to Public Hygiene Committee. Stock destroyed.
2641	Sponge Mixture ...	Infested with mites.	
2630	Sponge Mixture ...	Infested with living mites.	Informal sample. Followed up by formal sample No. 2642—proving genuine.
2631	Sweetened Sponge Mixture ...	Infested with living mites.	Informal sample. Followed up by formal sample No. 2643. Reported to Public Hygiene Committee. Stock destroyed.
2643	do.	Infested with living mites.	
2635	Milk ...	Deficient in solids, not fat, 7%. No evidence of added water.	Informal sample. Followed up by formal sample No. 2640—proving genuine.
2668	Cake Mixture ...	Infested with mites.	Informal sample. Stock destroyed.
2669	*Chicken and Ham Paste ...	Meat content, 52.3%, being 2.7% below the prescribed standard.	Informal sample.

* It should be noted that under the Meat Products and Canned Meat (Control and Maximum Prices) Order, 1948, in any proceedings in which a person is charged with an infringement of the appropriate Article, the Court may disregard any variation in the prescribed meat (fish) content of any meat (fish) paste, if the meat (fish) content thereof is not less than 50% and 65% respectively.

During the year legal proceedings were taken in respect of Bread containing pieces of cigarette (Sample No. 2410) reported to the Public Hygiene Committee during 1949, a fine of £15 and £10 10s. costs being imposed.

(e) **Pharmacy and Poisons Acts, 1852-1933.**

Inspections were co-ordinated with the Shops Acts inspection and numbered 106 (92), 41 (74) notices were served in respect of contraventions noted (including unlicensed sale of poisons, non-labelling of bottles), all being rectified by the end of the year.

(f) **Merchandise Marks Act, 1887-1926.**

172 (180) inspections were made, and 51 (54) notices (relating principally to the labelling of tomatoes) were served and complied with.

(g) **Shops Act, 1950.**

Shops.—Legislation relating to shops was largely consolidated during the year by the coming into force (on the 1st October) of the Shops Act, 1950, which repealed the Acts of 1912-1938 and parts of certain other Acts bearing on the matter. Orders made by the Local Authority in previous years remained unaffected, these being as follows :—

- 1.—The Watchmakers, Jewellers and Gold and Silver Plate Dealers Half-Holiday Order, dated 18th July, 1913.
- 2.—*The Watchmakers, Jewellers and Gold and Silver Plate Dealers Closing Order, dated 18th July, 1913.
- 3.—Order under Section 4 (4) Shops Act, 1912, exempting Stationers and Booksellers from provisions of Section 4 (1) of Act, dated 16th May, 1913.
- 4.—The Hairdressers Half-Holiday Order, dated 1st August, 1913.
- 5.—The Butchers and Meat Retailers Half-Holiday Order, dated 4th May, 1923.
- 6.—*The Butchers and Meat Retailers Closing Order, dated 4th May, 1923.
- 7.—The Shops Sunday Trading Restriction (Hastings) Order, dated 13th May, 1938.

(*These Orders were suspended during the winter months by the Shops Act, 1950, section 7, applying as if it were a Defence Regulation).

During the year the following local Orders were also made :—

- 8.—The Hastings (Hotel and Caterers Exhibition) Order, 1950, dated 11th March, 1950.
- 9.—The Hastings (Garden Produce Exhibition) Order, 1950, dated 25th July, 1950.
- 10.—Order, under Section 11 (1) Shops Act, 1912, suspending obligation to close shops on weekly half-holiday during certain periods of year, dated 6th June, 1950.
- 11.—The Hastings (Christmas Fair) Order, 1950, dated 10th October, 1950.

Inspections of premises were intensified, and, as a result after a lapse of many years, it was possible to compile a complete register of all shops in the district, numbering 1,734 in all. Particulars of the various trades carried on were largely the same as reported in 1949.

Improvements in sanitary accommodation, lighting, heating, etc., were fully maintained and such other contraventions as were noted and dealt with related principally to the non-exhibition of the various necessary notices, e.g., seating accommodation, early closing day and the like. The following are brief particulars of the work done :—

560 (510) shops inspected and recorded.
1,015 (1,032) shops re-visited.

- 859 (682) contraventions found and notices issued ; of these 62 (35) were outstanding at end of year.
- 19 (17) premises were provided with heating facilities.
- 38 (22) premises provided with washing facilities.
- 13 (31) premises had additional ventilation provided.
- 47 (38) shops were re-painted and re-decorated.
- 7 (5) premises had additional sanitary accommodation provided.

(h) Inspection of Restaurants, Cafes, etc.

Inspections of these premises were intensified during the year, particularly in connection with the movement inaugurated by the Department towards the adoption of improved and more careful methods in the preparation, storage, etc. of food. Forming part of the latter, lectures to, and informal talks with trade and other organisations were held, a good deal of interest being evinced. Possibly as a result of these numerous requests for technical advice and assistance were received, resulting in many premises being re-designed with substantial improvements, invariably more than could be legally required. The standard of cleanliness throughout is comparatively high, and it is pleasing to record the ready co-operation of the trades to achieve what is a common end.

The following may perhaps give some idea of the scope of the work carried out :—

No. of inspections made	2243	(2299)
Premises provided with constant hot water supply..	152	(161)
Premises re-designed and structurally altered ..	19	(15)
Premises repainted and redecorated	129	(137)
Premises provided with additional sinks and ablution facilities	46	(41)
Premises in which ventilation has been improved ..	41	(37)
Premises in which lighting has been improved ..	12	(17)

(i) Clean Food Propaganda.

During the year a good deal of propaganda work in connection with the drive for clean food was carried out by Mr. E. Curtis Welch the Inspector primarily responsible for this branch. Lectures were given to various associations, together with the exhibition of appropriate films and to the public generally. Certain informal talks were also arranged with the staffs of some of the largest restaurants in the town. A course of lectures covering the syllabus of the City and Guild Examination was also held at the Hotel and Catering School.

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THE SCHOOL HEALTH SERVICE
Report of the
SCHOOL MEDICAL OFFICER
for the Year 1950

STATISTICAL SUMMARY FOR 1950

TOTAL number of children on school registers, 1950 ..	7,049	(7,062)
at Primary schools — County	2,864	(2,803)
" " " — Voluntary	1,325	(1,394)
at Secondary schools including Grammar schools	2,702	(2,704)
at schools for Handicapped Children	158	(161)
ROUTINE medical inspections—total number inspected ..	1,926	(1,633)
special inspections and re-inspections ..	1,992	(2,234)
minor ailments treated	642	(809)
DENTAL inspections—total number inspected ..	2,678	(3,995)
" " treated	1,937	(2,275)
Receiving orthodontic treatment ..	83	
DEFECTIVE VISION —total number referred for examination	697	(658)
spectacles prescribed for ..	287	(364)
EAR, NOSE and THROAT —conditions referred for treatment and operated on	66	(86)
CLEANLINESS INSPECTIONS by school nurses at schools	17,853	(21,555)
number found defective in cleanliness	416	(390)
HOME VISITS by school nurses	828	(1,143)

SECTION A

MEDICAL INSPECTION AND WORK OF CLINICS

Routine Medical Inspections.

These inspections are carried out at the schools on age groups 5+, 10+ and 14+. Included in these inspections are new pupils and any pupil who will leave during the following months. Any other pupil may be included at the teacher's or parent's request, as a special case.

Inspections are carried out at each school once a year.

Parents of children due for examination are notified in advance and asked to attend at stated times. These examinations are compulsory under the Education Act, 1944. There were no cases of refusal to submit a child for medical examination. On the contrary, the majority of parents are very pleased to take advantage of the opportunity to have their child examined and any defect discussed in detail.

The attendance of parents is very good indeed, particularly in the case of the younger children, 100% attendance of parents being a frequent occurrence in examinations of the 5-year-old group. In the case of school leavers the opportunity is taken of discussing the child's future employment and advice is given in the light of his or her medical condition.

The following tables give a detailed account of the numbers examined and defects or disease found.

Findings at School Medical Inspection :—

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

(This return refers to a complete calendar year)

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups

Entrants	...	...	...	...	...	660
Second Age Group	...	...	...	...	...	598
Third Age Group	...	...	...	...	...	668
Total	...	...	...	...	...	1,926

Number of other Periodic Inspections... .. —

Grand Total ... 1,926

B.—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	1,079
Number of Re-Inspections	...	...	...	...	913
Total	...	...	...	...	1,992

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

- NOTES.—(1) Pupils found at Periodic Medical Inspection to require treatment for a defect should not be excluded from this return by reason of the fact that they are already under treatment for that defect.
- (2) No individual pupil should be recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Group (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils. (4)
Entrants	10	161	150
Second Age Group ...	80	122	179
Third Age Group... ..	139	104	219
Total (prescribed groups)	229	387	548
Other Periodic Inspections	—	—	—
Grand Total	229	387	548

TABLE II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1950.

NOTE:—All defects noted at medical inspection as requiring treatment should be included in this return, *whether or not this treatment was begun before the date of the inspection.*

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment	Requiring to be kept under observation, but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4.	Skin	54	4	404	7
5.	Eyes— <i>a.</i> Vision	229	18	88	19
	<i>b.</i> Squint	29	2	13	—
	<i>c.</i> Other	6	3	87	2
6.	Ears— <i>a.</i> Hearing	4	13	17	3
	<i>b.</i> Otitis Media	10	1	5	—
	<i>c.</i> Other	9	5	60	1
7.	Nose or Throat	64	231	135	22
8.	Speech	6	7	34	2
9.	Cervical Glands	1	50	17	8
10.	Heart and Circulation	15	34	22	7
11.	Lungs	20	17	36	20
12.	Developmental—				
	<i>a.</i> Hernia	2	2	—	—
	<i>b.</i> Other	7	3	4	—
13.	Orthopaedic—				
	<i>a.</i> Posture	25	13	10	3
	<i>b.</i> Flat foot	37	51	10	4
	<i>c.</i> Other	26	27	34	5
14.	Nervous system—				
	<i>a.</i> Epilepsy	—	—	—	—
	<i>b.</i> Other	12	11	23	2
15.	Psychological—				
	<i>a.</i> Development	2	2	10	2
	<i>b.</i> Stability	6	1	8	—
16.	Other	43	14	161	24

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS (See Note (ii) on Table 1).

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	660	130	19	504	76	26	4
Second Age Group	598	164	28	405	67	29	4
Third Age Group	568	212	31	436	65	20	3
Other Periodic Inspections	—	—	—	—	—	—	—
Total ...	1,926	506	26	1,345	69	75	4

Cases showing defects are dealt with immediately wherever possible, by reference to the family doctor, to hospital for further opinion and treatment if necessary, or to the school clinic for treatment. Observation cases are seen either at the school clinic or at the next annual school inspection. No special difficulties have arisen.

Cleanliness Inspections.

These inspections are carried out regularly in the schools by the school nurses.

(i)	Total number of examinations of children in the schools	17,853	(21,555)
	Primary schools	16,159	
	Secondary schools	1,694	
(ii)	Number of children found unclean	416	(390)
(iii)	Number of children in respect of whom cleansing notices were issued (Education Act, 1944, Sec. 54 (2)	80	(204)
(iv)	Number of children in respect of whom cleansing orders were issued (Education Act, 1944, Sec. 54 (3)	Nil	(Nil)

Treatment with Suleo D.D.T. emulsion and Sackers Comb continues to be satisfactory, advice and supervision is carried out by the school nurses.

A number of cases of reinfection arise particularly during the hoppers season. These are thought to be due to the conditions under which children live during this season.

Cases of infestation with the body louse remain a rarity.

These inspections are extremely useful apart from their actual purpose, as the school nurse can see the children regularly and refer any who are not making satisfactory progress from the health point of view to the school clinic or to the child's own doctor. Any case of this kind is followed up by a home visit to keep the parents informed and advised.

Work of School Nurses.

Visits of nurses to schools	400	(384)
Visits to homes :—		
By direct instructions of School Medical Officer	242	(546)
At request of School Enquiry Officer ..	15	(23)
Following up of cases of uncleanness ..	150	(188)
General cases, following up	421	(386)
	828	
School visits—miscellaneous	199	(144)
Total :	1,427	(1,671)

Minor Ailment Clinics.

These clinics are held as follows :

Park View Clinic, Upper Park Road, St. Leonards-on-Sea	Mondays & Thursdays at 9.30 a.m.
Hope Clinic, Halton Place, Hastings	Tuesdays & Fridays at 9.30 a.m.

Both these premises are very unsuitable. They are old, converted buildings, one having been a private house and the other a public house.

The same premises are used for ante-natal, immunisation, baby welfare, birth control, and dental clinics. It is very unsatisfactory to have to ask expectant mothers and mothers with babies in arms to climb difficult narrow staircases ; accommodation however, does not permit the clinics to be held downstairs. Space is cramped and there is a general lack of facilities.

The staff of the school clinic consists of a doctor, school nurse and clerk.

Any school child attending a local authority school may attend with the parents or with parental consent. Treatment and/or advice is given. The child may be treated at the clinic, referred to its own private doctor or sent direct to hospital. The school clinic aims only at the treatment of minor ailments and defects, not of the sick child requiring home or outpatient treatment. Children referred from routine medical inspection or from other sources can receive more detailed examination and investigation at the school clinic and remain under observation as frequently as considered necessary.

Analysis of work done at the Clinics.

Total number of children examined	..	..	1,166	(1,237)
Total attendances made	..	..	2,120	(3,045)
Total number found to require treatment	..	..	642	(809)

Minor Ailments treated:

Disease—

Ringworm (body)	..	..	..	..	6	(7)
„ (scalp)	..	..	..	..	—	(—)
Scabies	..	..	..	..	1	(4)
Impetigo	..	..	..	..	20	(33)
Miscellaneous (minor injuries, burns, scalds, sores, abscesses, etc.)	..	..	..	..	328	(545)
Ear, nose and throat	..	..	..	..	217	(275)
Referred for operation	..	..	..	..	66	(86)
Eye diseases (external)	..	..	..	..	87	(132)
Plantar Warts	..	..	..	..	49	(83)
					<hr/> 816	<hr/> (1,165)

The decrease in numbers requiring treatment for minor ailments noted since the war continues.

This is not a definite proof, however, of increasing health as more children now receive treatment from the general practitioner service under the National Health Service Act.

Eye Clinics.

The school refraction clinics are held by Mr. A. Hollingsworth, Mr. Mason and Dr. Goodwin. The waiting list is now reasonable in size, and there is much less delay in children obtaining spectacles when ordered. The orthoptic clinic at the Royal East Sussex Hospital has continued to give useful service to children with squints and muscle imbalance. External eye defects are dealt with by both school minor ailment clinics and the hospital eye clinic.

Eye diseases, defective vision and squint, 1950.

		<i>By Authority Service</i>	<i>Otherwise</i>
External and other, excluding errors of refraction and squint	..	87	69
Errors of refraction (including squint)	..	697	109
Total	..	784	178
Numbers of pupils for whom spectacles were			
(a) prescribed	..	287	45
(b) obtained	..	268	40

Mr. Hollingsworth reports as follows :—

During 1950 the School Eye Clinics were continued at the Buchanan Hospital by Mr. Mason, Dr. Goodwin and myself. On the average nine Clinics were held

each month. Apart from routine refraction cases a number of children with squints were seen and it was found that a considerable proportion of these children were seven or eight years old and had one amblyopic eye. With children as old as this it is difficult to obtain return of vision in the lazy eye, even after prolonged occlusion of the better eye, much better results being obtained with younger children. This matter was discussed with Dr. Parkman and he has now arranged that all children are examined when they first attend school at five years and as a result recently many younger children are being referred to the Clinics, which should give better results in the future. Even five years is too old for squint cases to be seen for the first time though, of course, many younger children are brought to the Hospital Clinics at two or three years old several of whom have been referred from the Infant Welfare Clinics. It is important that General Practitioners, District Nurses, Health Visitors, etc., should all be encouraged to refer squint cases at the earliest possible age.

A number of children are referred to the Orthoptist for exercises. During 1950 52 new cases were sent to her and there were also 53 cases carried over from 1949, making a total of 105 school children treated during the year. The total number of attendances at the Orthoptic Clinic was 968 ; 5 were found not to require any treatment, 7 were unsuitable for treatment and 21 were discharged cured. The remaining 72 were still under treatment on the 31st December, 1950.

While the School Eye Clinics are performing a most useful function as constituted at present, there is a good deal of administrative untidiness. The children referred to the Orthoptist are also seen from time to time at the Royal East Sussex Hospital Out-Patient Clinics to see how they are progressing and this means that a second set of notes has to be kept distinct from the School Clinic notes. While efforts are made to have the Hospital notes, Orthoptist's reports, etc., available when the children are seen at the School Clinic, this is not always possible, especially as the School Clinics have to be held at the Buchanan Hospital owing to lack of space at the Royal East Sussex Hospital. It also happens that children first attending school at five years are referred to the School Clinic when, in some cases, they have been seen only a short time before at the Royal East Sussex Hospital and provided with glasses. From the School Clinics glasses are ordered through the Supplementary Ophthalmic Service. Forms with the prescriptions ordered when the children are seen have to be sent to the Executive Council, then back to the parents who then take the children to an Optician when the child is measured and glasses finally ordered. During the School Clinics the Hospital Dispensing Optician is sitting in the next room and could measure the children then and there and order the glasses the same day, but under present arrangements this is not permissible. In many areas the School Service has already been incorporated in the Hospital Service and a Ministry of Health circular in October, 1949, stated that this was to be done as soon as possible in all areas.

If the local Education Authority and the Regional Hospital Board should decide that the School Refraction Service be taken over by the Hospital Service, I feel it would be in the best interests of the children and their parents. The present dual control undoubtedly causes some confusion in the minds of parents and on a number of occasions children have not attended the School Clinics because the parents thought it was unnecessary as the children had been seen only a short time before at the Royal East Sussex Hospital by the Orthoptist.

If the School Service is taken over by the Hospital Service, the practice of employing Medical Refractionists should be continued and presumably contracts would have to be given by the Regional Board or Hospital Management Committee. Whether the present Medical Refractionists would be willing to continue under such an arrangement would have to be ascertained."

SPECIAL INVESTIGATION

VERRUCA OR INFECTIVE PLANTAR WART.

This investigation, commenced in April, 1949, and terminated in June, 1951, was undertaken in order to determine whether the generally accepted source of infection—the swimming bath—was in fact the cause of the increased number of cases of plantar warts noted in the past 3 years.

This has been amply confirmed and the number of cases has decreased since more stringent precautionary measures were taken, consisting of frequent foot inspections, particularly at the baths before swimming, and careful disinfection of the bath surrounds, cubicle flooring, etc.

The total number of cases found and treated during the full 26 months of the investigation was 160. These were distributed during this period, as follows :

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
1949	—	—	—	4	28	9	18	None	11	8	3	2	13
1950	1	4	1	2	5	5	3	1	2	12	5	1	42
1951	3	4	3	7	8	10	—	—	—	—	—	—	35
											Grand	Total	160

It will be noted that the greatest number of cases are found during the summer months.

Multiple Infection.

41 children presented more than one wart. There were 3 bad cases of multiple infection on the same foot, one child having 8 warts.

Age Distribution.

Dividing the individual cases into age groups, the greater numbers occur during the later years of school life, that is from the age of nine years onwards. It is to be noted that organised swimming classes are normally attended only by children between the ages of 7 and 16.

5 years	2	8 years	4	11 years	29	14 years	23
6 years	2	9 years	9	12 years	37	15 years	6
7 years	3	10 years	19	13 years	25	16 years	1
Total 160.							

Sex Distribution.

Of the 160 cases, 103 occurred in girls and 57 in boys.

The number of girls and boys attending swimming is approximately equal. It would thus appear that girls contract the infection more readily than boys.

Attendance at Swimming Baths.

Of the 160 cases of verruca under review :

29	children use the White Rock Baths all the year round.
110	" " " " in summer months only.
9	" " " " occasionally.
8	" " never swim in the White Rock Baths.
4	" " use other baths.
<hr/>	
160	

The average number of organised swimming sessions attended per child per year is 20, providing a large number of contacts with other pupils and materials and therefore considerable possibilities of infection.

It is estimated by the Education Department that 25% of all school children between the ages of 7 and 16 attend organised swimming sessions at the White Rock Baths. Of the 160 cases, 152, i.e., 95% attend swimming baths more or less regularly, and 148, i.e., 92.5% use the indoor baths at White Rock.

Use of Communal Gym. Shoes.

34 children (21%) admit the use of communal gym. shoes whilst wearing their own socks. 5 children (3%) admit use of such shoes without wearing socks. In all, therefore, 39 children (24%) who contracted verrucae have used communal gym. shoes. The majority of these have also used the swimming baths.

It is estimated that 25% roughly of all children use communal gym. shoes for P.T. at school.

Barefoot games at school and dancing.

Only 3 children admit having dancing instruction outside school hours in bare feet. One of them also attends the baths, one associates with a child who also had a verruca, the other is an infrequent swimmer and no contact history can be traced.

Other cases in family.

10 children admitted that another member of the family had a verruca about the same time as their own occurred, at least 3 of these also attended the baths.

Recurrence.

There were 2 children in whom the infection was considered to be a recurrence of a previous verruca.

Conclusions.

It is difficult to draw definite statistical conclusions from a small series of 160 cases. It is obvious however, that the generally admitted source of infection in swimming baths is confirmed, in that 95% of those infected use indoor swimming baths. The use of communal gym. shoes appears unlikely as a source, as the incidence of warts in those using them is no higher than the estimated percentage of all children using them (24% against 25%).

I should perhaps point out that the chances of infection of any individual child attending the organised swimming sessions at the baths are small, of the order of 1 in 600 attendances, as some 1,550 children each year made approximately 31,000 attendances, of whom only 152 contracted plantar warts in the whole period under review.

All possible precautions against the spread of these verrucae have been taken. The children's feet are inspected by the teachers and swimming instructors before being allowed to swim, all children with verrucae or suspected verrucae are debarred from swimming until certified cured by the School Medical Officer; the decks of the baths are washed down with disinfectant as are also the slatted boards in the cubicles. Children all pass through a disinfectant footbath en route from the undressing cubicles to the swimming baths. I am satisfied that all the necessary precautions to prevent spread are being taken.

Infectious Diseases.

These are the numbers of cases of infectious diseases notified by general practitioners for the year 1950, occurring in school children.

Pneumonia	7	(3)	Measles	37	(245)
Scarlet Fever	70	(40)	Whooping Cough	77	(34)
Erysipelas	Nil	(Nil)	Diphtheria	Nil	(2)
Poliomyelitis	2	(Nil)	Cerebrospinal		
Enteric Fever	Nil	(1)	Meningitis	Nil	(1)

Any case of infectious disease coming to the notice of a head teacher, school nurse or school enquiry officer is also notified to the Health Department. These figures are necessarily incomplete but help in the general precautions taken to prevent spread of infectious diseases, especially those which are not notifiable.

These figures are obtained from these sources:—

Chickenpox	..	..	37	(49)
Mumps	..	..	14	(3)

The following table, in general use, gives guidance as to the exclusion of both cases and contacts of infectious disease.

**MINISTRY OF EDUCATION REVISED RECOMMENDATIONS IN PERIODS OF
EXCLUSION IN CERTAIN INFECTIOUS DISEASES**

	Usual Incubation period (days)	Interval between onset and appearance of rash (days)	Period of exclusion	
			Patients	Contacts, i.e., the other members of the family or household living together as a family, that is, in one tenement.
SCARLET FEVER	1—7	1—2	7 days after discharge from hospital or from home isolation (unless "cold in the head," discharge from the nose or ear, sore throat, or "septic spots" be present.)	7 days after removal of patient to hospital or the beginning of his isolation at home.
DIPHTHERIA	2—7	—	Until pronounced by a medical practitioner to be free from infection.	7 days after the removal of the patient to hospital, or the beginning of his isolation at home. If there be any suspicious signs the child should be excluded further until pronounced by a medical practitioner to be free from infection.
MEASLES	7—14	3—4	14 days after the appearance of the rash if the child appears well.	Infants who have not had the disease should be excluded for 14 days from the date of appearance of the rash in the last case in the house. Other contacts can attend school. Any contacts suffering from a cough, cold, chill or red eyes should be immediately excluded.
GERMAN MEASLES	5—21	0—2	7 days from the appearance of the rash.	None.
WHOOPIING COUGH	6—18	—	28 days from the beginning of the characteristic cough.	Infants who have not had the disease should be excluded for 21 days from the date of onset of the disease in the last case in the house.
MUMPS	12—28	—	14 days from the onset of the disease or 7 days from the subsidence of all swelling.	None.
CHICKEN POX	11—21	0—2	14 days from the date of appearance of the rash.	None.
*SMALL POX	10—21	3	Until the patient is pronounced by a medical practitioner to be free from infection.	21 days unless recently successfully vaccinated when exclusion is unnecessary.

*The incubation period of major smallpox is commonly 12 days but that of minor smallpox is more variable and the wide limits given apply to this variety of the disease.

Exclusions from School.

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

Infectious diseases (including rheumatism and influenza) ..	7	(5)
Diseases of the skin (including ringworm and scabies) ..	4	(12)
Inflammatory conditions of the throat (tonsillitis, adenitis, etc.)	9	(11)
Nervous conditions (including chorea, epilepsy, etc.) ..	—	(—)
Diseases of the digestive system	2	(1)
Bronchial catarrh and colds, etc.	—	(5)
Heart disease	—	(1)
Injuries	1	(—)
Diseases of the ear	3	(4)
Diseases of the eye	—	(3)
Nits and vermin and uncleanliness	32	(29)
Other diseases	—	(2)
Total :	58	(73)

Tuberculosis.

Co-operation and co-ordination with the Tuberculosis Clinic which after the appointed day became the responsibility of the Hospital Management Committee, were fully maintained, particularly in connection with children attending the open-air schools. Children who are underweight, debilitated, or have any suspicious symptoms are fully investigated by X-ray, clinical examination and tuberculin skin test and kept under regular supervision. They are retained at the open-air schools until they are considered fit to return to an ordinary school.

Many schoolchildren are under regular periodic examination at the Chest Clinic as contacts of cases of adult tuberculosis.

Attendances of children aged 0+ to 15 during 1950 at Chest Clinic, Royal East Sussex Hospital :—

Boys	320
Girls	284
Total :	604

Anti-Diphtheria Immunisation.

The immunisation campaign continued during 1950 with the co-operation of the teachers, parents and others concerned. Parents are advised to have their babies immunised against diphtheria before they are one year old. They are also advised that they should have a booster injection at the age of five years, when the child enters into school, and again at age 10 +.

Immunisation is carried out by general practitioners and by the doctors of the School Health Service.

Special sessions are arranged at the clinics at regular intervals and children sent for at specified times.

Figures showing the numbers immunised are set out in Section I of the report of the Medical Officer of Health.

Child Guidance Clinic.

This clinic is held at 33 Cambridge Road, Hastings, and is fully staffed for 3 sessions per week : the staff consists of a psychiatrist, educational psychologist, psychological social worker and a clerk. The premises are provided by the local Education Authority, the team by the East Sussex County Council under the Joint Child Guidance Scheme.

All cases pass through the hands of the School Medical Officer whatever the initial source of reference, so that the cases can be integrated completely with the School Health Service as a whole.

Dr. S. Pribram, M.D., D.P.M., Psychiatrist in charge, reports as follows :—

“ In 1950, the Clinic had the advantage of having a complete staff again, and in consequence much more work could be done, especially about home conditions, visiting, interviewing, and advising parents. Also, more coaching was undertaken by the Educational Psychologist.

A Parents' Group was started with a small number of parents : this it is hoped to expand gradually and to take in some parents whose children are not under treatment. Both general and personal problems were discussed by the parents in this Group and some good results have been obtained, especially with over-anxious parents for whom it is a comfort to find that other parents share their problems.

The lack of a Home or Hostel in our county was again felt, in the case of children, whose home background makes removal from home necessary, but whose condition does not allow boarding out with foster parents. Long delays in being able to place the children was the result in some cases ; when, finally placed (in one case after a search of several months) the children in question improved quickly.

In assessing the figures for the year one must take into account that during the last week of November and the whole of December no cases could be seen by the Psychiatrist. The work of the Clinic was carried on by the Social Worker and the Educational Psychologist, and Dr. Small saw some of the urgent cases.

The following is a summary of the work done by the Child Guidance Team :—

Number of Sessions:	..	..	..	..	..	175	
New Cases referred:	..	..	..	..	..	113	
Referred Initially by:							
School Health Service	..	..	..	..	..	87	
Private Doctors	..	..	..	..	..	4	
Parents	..	..	..	..	..	5	
Probation Officers	..	..	..	..	..	2	
Children's Officer	..	..	..	..	..	10	
Hospitals	..	..	..	..	..	3	
Other agencies	..	..	..	..	..	2	113
Reasons for Referral:							
Nervous disorders	..	..	..	..	..	19	
Habit disorders	..	..	..	..	..	12	
Behaviour problems	..	..	..	..	..	26	
Educational and vocational problems	..	..	..	..	..	43	
Delinquency	..	..	..	..	..	4	
Psychotic	..	..	..	..	..	1	
Advice re environment	..	..	..	..	..	8	113
Cases transferred back to Authority	..	..	..	..	..	3	
Cases withdrawn before attendance (parents moved, etc.)	..	..	..	..	..	8	
Waiting List at December 31st, 1950	..	..	..	..	..	11	
Cases referred 1949, and seen 1950	..	..	..	..	..	8	
Cases carried over from 1949	..	..	..	..	..	21	
Cases reopened 1950	..	..	..	..	..	5	
Number of these cases closed, adjusted	..	..	..	..	..	20	
Number still carried for treatment	..	..	..	..	..	14	

	No. of Cases	No. of Attendances
Psychiatrist:		
Diagnostic Cases, 1950, Referrals	22	22
Treatment Cases, 1950, Referrals	56	413
Analysis of Treatment Cases, 1950 Referrals :		
Adjusted and closed	16	
Improved	11	
In-patient treatment	2	
Withdrawn—(a) transferred	1	
(b) no co-operation	2	
Still under treatment, 1950, Referrals	11	
Psychologist: (appt. 14.2.1950)		
Estimate of I.Q.—(a) School Medical Officer	37	
(b) Psychiatrist	60	
Tested at school	6	
Tested at home	1	
Educational coaching	12	
No. of coaching Sessions	286	
Psychiatric Social Worker: (appt. 14.2.1950)		
Case Histories	73	
Interviews in Clinic	268	
School Visits	71	
Home and other Visits	293	
Number of Cases under Treatment, December 31st, 1950—25		

Speech Therapy Clinic.

A full time speech therapist is employed in carrying out treatment of disorders of speech in children of school and pre-school age. Mrs. F. N. Wood was appointed in January, 1950.

1950 :	No. of new cases admitted	21	(17)
	„ cases discharged	25	(26)
	„ cases attending at end of December	36	
	Total number of patients who received treatment during the year, 65		

Analysis of Cases Treated:

Stammering	22
Dyslalia (including sigmatism)	36
Cleft Palate	2
Partially Deaf	3
Dysphonia	1
Alalia	1

Attendances for treatment are good, 85% of appointments being kept.

Provision of Meals in Schools.

Considerable improvements continue to be made both with the provision of additional kitchens and dining rooms during the year. Developments, which will be to the great advantage of the service, are continuing. The School Health Service co-operates with the School Meals Organiser, particularly in connection with all matters relating to general hygiene and the prevention of infection in food. Milk samples for bacteriological analyses have been taken regularly throughout the year and latterly the results have been on the whole very satisfactory.

Mrs. Revaut, the School Meals Organiser, reports as follows :

" The number of school dinners served from January 1st, 1950, to December 31st, 1950, was 773,572 (862,921).

Clive Vale Kitchen became a Serving Centre only on January 10th.

One self-contained Dining Hall was opened at All Saints' Junior School on January 30th.

The number of staff employed at the end of the year was 111."

Milk in Schools Scheme.

The following sample weeks in each term show the numbers of children who receive milk at school :

			<i>No. of Children in School</i>	<i>No. of Children taking Milk</i>
1950				
2nd February:	Primary ..		3,753	3,360
	Secondary ..		2,317	1,655
	Special ..		128	127
			<hr/> 6,198	<hr/> 5,142
6th June:	Primary ..		4,331	3,889
	Secondary ..		2,265	1,668
	Special ..		141	139
			<hr/> 6,737	<hr/> 5,696
5th October:	Primary ..		3,875	3,545
	Secondary ..		2,564	1,836
	Special ..		133	133
			<hr/> 6,572	<hr/> 5,514

Employment of Children.

During the year 1950 a total of 76 children were medically examined for employment under the provisions of the Children and Young Persons Act, 1933.

Employment cards were issued as follows :—

Errands	41
Delivery of newspapers	20
Assisting in shops	7
Minding children	2
Assisting in gardens	2
" laundry	1
" Milk roundsmen	2
Potato picking	1
	<hr/>
	76 (65)

These children are examined in the school clinics, to ensure that the work proposed will not be prejudicial to the individual child's health or interfere with his education.

School Leavers.

Every child is examined in his or her last year at school, and a special card devised by the Juvenile Employment Officer is completed, showing important defects which render the child unsuitable physically for any particular types of work, a factor of considerable use to the Employment Officer in the placing of square pegs in square holes. In individual cases, even closer contact is maintained when considered desirable in the child's interests.

SECTION B

SCHOOL DENTAL SERVICE

Number of school children attending local Education Authority Schools	7,049	(7,062)
Number of school dental officers employed ..	1	(1 vacancy)

In addition, one Dental practitioner is employed on a sessional basis to provide special orthodontic treatment. The dental surgery accommodation remains inadequate. One applicant for the post of assistant dental officer did not wish to accept the post after seeing the accommodation.

The following is a report by Mr. Penfold, the School Dental Officer :—

“ The department commenced the year under a somewhat serious handicap in that we had lost the Assistant Dental Officer at the end of 1949. During the last three months of that year some 2,000 children were inspected of whom nearly 1,300 were referred for treatment. Although some of these children received treatment before the end of the year, the majority were not treated until 1950. These arrears made it impossible to carry out further inspections for some months with the result that many schools were not visited during the year. In fact, 1,500 children only were examined, of whom about 49% were referred for treatment. The large number of casual cases (1,179) considerably curtailed the time that might have been given to routine cases. It is inevitable that, with long intervals between inspections, large numbers will apply for emergency treatment.

It was decided that with but one dental officer, it was not practicable to continue the treatment of expectant mothers and visits to the Ante-Natal clinics were discontinued. The treatment of children under school age was continued however.

It is hoped that the vacancy for at least one assistant dental officer may soon be filled, so that an improvement may be seen in the work of the department.”

This table shows the work done by the Dental Officer for the year 1950 :—

1. Number of children inspected by the Dentist:					
(a) periodic age groups	1,499				
(b) specials	1,179				
Total					2,678
2. Number of children found to require treatment ..					1,939
3. Number referred for treatment					1,929
4. Number actually treated					1,937
5. Attendances made by children for treatment ..					3,650
6. Half-days devoted to:					
(a) Inspection	10				
(b) Treatment	437				
Total					447
7. Fillings :					
Permanent Teeth	1,448				
Temporary Teeth	788				
Total					2,236
8. Number of teeth filled :					
Permanent Teeth	1,359				
Temporary Teeth	749				
Total					2,108

9. Extractions :						
Permanent Teeth	..	..	..	..	291	
Temporary Teeth	..	..	..	..	1,510	
Total	..	..	..	..	—	1,801
10. Administration of general anaesthetics for extraction						1,155
11. Other operations :						
Permanent Teeth	..	..	..	..	410	
Temporary Teeth	..	..	..	..	62	
Total	..	..	..	..	—	472

Orthodontic Work.

Dr. Chisholm, the specialist dental practitioner, reports as follows :—

" The Orthodontic Clinic started in 1948 at Park View, Upper Park Road, has had an average of 50 cases yearly and there are under treatment or supervision 83 cases at the moment. The waiting list for treatment remains at about 26 children.

Several cases have been referred to the Orthodontic Clinic, Sick Children's Hospital, London, where they have received most valuable treatment. A very helpful and friendly basis of co-operation has been established between the two Clinics and this has been made possible by the assistance of the Medical Officer, and the Chief Education Officer.

The attendance of the children is good, an average of 16 appointments are kept every Thursday morning. Only a small minority have failed to persevere with the appliances, or failed to take care of them properly, the blame more often is with the parent than the child.

One could wish for a larger surgery to ask parents to come with their children and have explained the nature and importance of the appliances, the size of the present surgery makes this impracticable."

Number of sessions held in 1950	..	..	..	47
Number of attendances at these sessions	..	..	..	564
Number of new cases	..	..	..	35
Number of cases completed	..	..	..	5

In explanation of these figures, particularly that of the small number of cases completed, it must be realised that orthodontic treatment takes a long time, often a number of years. Fundamentally, orthodontics is the science of correction of deformities of the jaws and irregularities of alignment of the teeth.

SECTION C

HANDICAPPED CHILDREN

The Education Act, 1944, states that "... a local education authority shall, in particular, have regard . . . to the need for securing that provision is made for pupils who suffer from any disability of mind or body by providing, either in special schools, or otherwise, special educational treatment, that is to say, education by special methods appropriate for persons suffering from that disability . . ."

The following categories of Handicapped Pupils are recognised :—

(a) blind ; (b) partially sighted ; (c) deaf ; (d) partially deaf ; (e) delicate ; (f) diabetic ; (g) educationally subnormal ; (h) epileptic ; (i) maladjusted ; (j) physically handicapped ; (k) pupils suffering from speech defect.

Any pupil who might come within any of the above categories is specially examined by the School Medical Officer. The case may be found at routine medical inspection, or referred by a general practitioner, teacher, health visitor or parent.

The School Medical Officer, after examination of the child, reports to the Education authority, giving advice on the child's further treatment and education.

In many cases, the requisite care and special schooling can be obtained by transfer to one of the Authority's Open Air or other special schools : other cases require highly specialised education in residential schools, e.g., the blind, partially blind, deaf, etc. The local Education authority assume responsibility financially in these latter cases, except in the case of special hospital schools, where residence and treatment is provided by the Regional Hospital Board, and the authority pays the educational costs.

Not all children with specific defects require special school education : as example, a diabetic child may be sufficiently stable under insulin treatment to attend a normal school and live to all intents and purposes a normal school life.

Open Air Schools.

The Education authority maintains two open air schools for delicate and physically handicapped children. The Robert Mitchell Open Air School (60 places) and the Hollington Open Air School (20 places).

An analysis of the numbers attending during 1950 is as follows :

	<i>Hollington</i>	<i>Robert Mitchell</i>
Number on register 1 January, 1950	20	54
Number of admissions during the year	17	30
Number of discharges during the year	18	36*
Number on register 31st December, 1950	21	48

* 1 case transferred to Educationally Subnormal School.

Special medical examinations are carried out on each pupil once each term : in addition, the School Medical Officers visit frequently to note the progress of the pupils and make any adjustment necessary in the school activities of the individual pupils.

Children are left at these schools until it is considered that they will be able to stand up to the strain of ordinary school life. Their stay may be measured in months or years depending entirely on individual requirements, the average stay being 18 months.

The conditions from which the children attending these schools during the year were suffering are as follows :—

	<i>Hollington</i>	<i>Robert Mitchell</i>
Congenital heart disease	1	4
Rheumatic heart disease	—	3
Asthma	6	10
Recurrent bronchitis and bronchiectasis ..	5	12
Rheumatism including chorea	—	2
Debility and/or subnormal nutrition	15	27
T.B. glands, neck	1	8
T.B. bone	—	3
T.B. contacts, primary lesions, hilar glands, etc.	4	7
Spastic paraplegia	1	2
Other crippling conditions	1	2
Epilepsy	—	—
Chronic nephritis	1	—
Other conditions	2	4

It may be noted that several children suffer from multiple defects.

It should be remarked that the cases shown as tubercular are all, without exception, non-infectious "closed" cases, so that there is no danger in any way of the infection affecting other pupils.

Children discharged during 1950:

	<i>Hollington</i>	<i>Robert Mitchell</i>
Transferred to ordinary school system ..	10	26
Transferred to other special institutions or schools	1	2
Transferred to Robert Mitchell Open Air School	3	—
Left district	3	7
Left on attaining school leaving age ..	1	1

The success of these schools depends on the great amount of individual care and sympathetic handling which the staff give to these children. The excellent results are mainly due to their unremitting efforts.

Educationally Subnormal Children.

Hollington Special School:

No. in attendance January, 1950	72
No. of admissions and re-admissions during year	33
No. of school leavers (15 and 16)	9
No. of transfers to ordinary schools	1
No. of transfers to private schools	1
No. left district	14
No. in attendance December, 1950	*80

* including 3 East Sussex County Council Cases.

This school provides excellent specialised teaching for "E.S.N." children, whose intelligence is too poor to remain in the normal schools with any benefit. The I.Q.'s of these boys and girls varies between 65 and 85 per cent. on the Terman-Merrill scale. There is a considerable need for special classes attached to normal schools to cater for those children who are "dull" in intelligence (I.Q. 85-95), and who for a variety of reasons are very markedly poor in educational attainment, yet not so "dull" as to warrant admission to the Special School: this problem is receiving attention and it is hoped shortly to meet this need.

In every case a most careful and searching mental and physical examination is carried out before the child is "ascertained," and in almost every case the parents willingly agree to the transfer.

No. of children examined ? E.S.N. during 1950	.. ..	71
No. of children ascertained as E.S.N. during 1950	.. ..	34
No. of Intelligence tests carried out by School Medical Officer for Juvenile Courts	.. ..	16
No. of Intelligence tests carried out by School Medical Officer for emigration purposes	.. ..	2

Residential Special Education.

Children, relatively few in number, who require special treatment and education which cannot be provided by the Authority's special schools are sent by arrangement to other educational institutions outside the Borough : as examples :—

(a) Hospital residential institutions such as—

Heritage Craft Schools and Hospital, Chailey Royal National Orthopaedic Hospital, Stanmore. Lord Mayor Treloar's Hospital, Alton.

(b) Special residential schools such as Ovingdean Hall for partially deaf, Margate for deaf, Mulberry House for maladjusted, etc.

It is a most difficult matter to obtain places in any residential institution, particularly for the deaf, blind and maladjusted, and also for educationally subnormal children. The total number of children in various institutions at the end of 1950 was :

blind, 1 ; deaf, 3 ; asthma, 2 ; anterior poliomyelitis, 1 ; cripples, 2 ; surgical tuberculosis, 3 ; maladjusted, 6 ; coeliac disease, 1 ;
a total in all of 19 children.

Hospital Treatment.

Special arrangements for the attendance of children suffering from diabetes continued to be made under the National Health Service at the special clinic at the Royal East Sussex Hospital. Children suffering from orthopaedic conditions and tuberculosis are dealt with in their appropriate clinics at the same Hospital.

Contact is maintained with these hospital clinics, especially the chest clinic and orthopaedic clinic, both directly and through the health visitors. The school nurse follows up orthopaedic cases and is advised particularly of defaulters from treatment at the hospital.