

[Report 1951] / Medical Officer of Health, Hastings County Borough.

Contributors

Hastings (England). County Borough Council.

Publication/Creation

1951

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COUNTY BOROUGH OF HASTINGS



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

1951

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



Park.
6/1/52

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HEALTH DEPARTMENT,
44, WELLINGTON SQUARE,
HASTINGS.

August, 1952.

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 1951. Still abbreviated in content compared with pre-war years, the report follows on the same lines as adopted last year, giving comparative tables for many statistics covering the past 25 years from which many important health lessons may be learned by quiet study, and many improvements in the health of the community clearly discerned.

Although the Census taken in April, 1951, showed the population of the Borough as 65,506 (27,407 males and 38,099 females), the statistics quoted are perforce based on the Registrar-General's estimated mid-year population of 65,090, a decrease of 600 on his estimate for the previous year.

The vital statistics for 1951 are on the whole favourable. The corrected death rate was 11.99 per 1000 of the population, compared with 11.79 in 1950 and 12.5 for England and Wales. 80% of Hastings people who died were aged 65 and over, whilst 51.7% were 75 years or more, further proof, if any is needed, of the high and increasing proportion of elderly people in the town.

The birth rate continues to fall, being 12.4 per 1000, the number of live births being 807 compared with 890 in 1950—if the fall continues at its present rate, the next two years should see it down to the lowest-ever figures of the nineteen thirties. A small decrease in illegitimate births was noted, and the stillbirths, 7, are the lowest recorded. A low stillbirth rate is in part linked with good nutritional and socio-economic conditions.

The infant mortality rate, always well under the national average, unfortunately failed to maintain the record low figure of 15.7 reached in 1950, and rose to 21.1, there being 17 deaths of infants under one year of age.

The Authority's schemes under the National Health Service Act continue to run with ever increasing smoothness and efficiency. Staff difficulties threaten the admirable service of home nursing and domiciliary midwifery provided by the District Nursing Association and if the threat materialises it can only be overcome by increased mechanisation to obtain more work per nurse employed. The Home Help service has again doubled its work during the year, and a system of priorities has to be observed most strictly and with some little hardship at peak periods—in spite of difficult finances, expansion of this service must occur in the near future—fortunately a high proportion of the cost is recovered from the cases helped, either directly or with the aid of the National Assistance Board. The Ambulance Service is now rather more stable, and although more patients are being carried, the number of journeys and mileage run has decreased relatively owing to improved detail administration: this trend will, I hope, reflect even more in the 1952 statistics.

Accommodation of aged persons under the National Assistance Act schemes is proceeding slowly but surely. After years of planning, Moreton House was opened at the end of 1951 and has proved a great success: Pine Hill is in process of adaptation and may be ready early next year, whilst Charles Road awaits further consideration in 1953-4. The reservation of at least some beds at St. Helens is essential until all three Homes are open.

In these difficult days, the provision of Health Centres remains a distant prospect, and in some quarters early enthusiasm for them has been modified in the light of experience. Locally, however, the urgent need for replacement of the

Authority's two all-purpose clinics has been appreciated, and plans are being prepared so that they may be merged with new Health Centres if they ever materialize.

May I draw attention to the results achieved by the Mass Miniature X-ray Unit during its stay in the autumn, the discovery of 14 hitherto unsuspected cases of pulmonary tuberculosis being of utmost value in helping to reduce future tuberculosis figures, and to the hopes entertained for the B.C.G. vaccination scheme started here in January, 1951.

Much attention is paid to the prevention of road accidents, but it is not generally realised that more fatalities and injuries occur as a result of accidents in the homes of the people than on the roads. Four-fifths of home accident fatalities occur in children under 5 and elderly people over 65. Briefly, deaths from road and home accidents run into some 15,000 each year nationally, rather more than the number of persons dying from tuberculosis. The prevention of home accidents therefore suggests itself as worthy of more concentrated efforts in the preventive field.

The housing problem shows little material improvement, and it will be some time before we can hope to tackle the "basement" problem and the worn-out terrace or cottage type house on any appreciable scale. Rather fewer complaints of overcrowded housing conditions were registered during the year, but this does not necessarily mean that there is any marked improvement—the real conditions of housing defect and overcrowding will only be ascertained when the sanitary inspector staff is increased sufficiently to allow a return to the pre-war practice of routine housing inspection. Only then can clearance and reconstruction schemes be based on fact and not merely "guesstimates".

Co-operation between the three branches of the Health Service, the Health Authority, the Executive Council and the Hospital Management Committee has again been both close and cordial, and my grateful thanks are due to both my professional and officer colleagues who have smoothed away incipient difficulties in a most heartening manner.

Finally, I have called attention in this report to the rapidly expanding load placed on the shoulders of your Health Visiting staff. They are carrying a larger case load and working longer hours than in the past, and giving yeoman service. In spite of this, it has not been possible to carry out all the schemes incumbent on the Authority—I refer in particular to the Scheme for Handicapped Persons approved by the Council under the National Assistance Act. One cannot expect the existing staff to carry this load indefinitely, let alone increase it, and the health and happiness of the community, placed in your hands for safe keeping, is too valuable a thing to perish on the funeral pyre of financial difficulties. Unlike a phoenix, it may suffer irreparable damage in that process.

I have to thank you, Mr. Mayor, the Members of the Council and in particular the Chairmen of the Committees for your unfailing consideration and support, and to express my appreciation of the loyalty and hard work of my staff: particularly to acknowledge the assistance of my deputy, Dr. P. Weyman and the Chief Sanitary Inspector, Mr. A. E. Hollox in the preparation of this report.

I have the honour to remain,

Mr. Mayor, Ladies and Gentlemen,

Your Obedient Servant,

T. H. PARKMAN,

*Medical Officer of Health.
School Medical Officer.*

(The figures given in parenthesis throughout this report are those for 1950 for comparison).

CHAIRMEN OF COMMITTEES RESPONSIBLE FOR HEALTH SERVICES, 1951.

Public Hygiene Committee—COUNCILLOR E. A. TESTER (to May).

COUNCILLOR S. E. A. GLYNN (May—Dec.).

Education Committee—COUNCILLOR MISS M. BUTTON.

Housing and Improvements Committee—COUNCILLOR E. A. TESTER (to May).

COUNCILLOR G. H. GREEN (May—Dec.).

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. (to May).

COUNCILLOR MISS D. BATTY (May—Dec.).

STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1951.

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.
I. M. CHISHOLM, L.R.C.P. & S., L.D.S., R.C.S. EDIN.	Orthodontic Surgeon
S. M. PRIOR, 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.
W. G. McDONALD (a) (b)	Deputy Chief Sanitary Inspector, etc.
G. F. SMART (a) (b)	Assistant Sanitary Inspector.
E. H. SHINGLER (a) (b)	do. do.
L. M. W. TRICE (a) (b) (resigned 28.4.51) ...	do. do.
J. A. SADLER (appointed 30.7.51) (a) (b) ...	do. do.
E. G. C. WELCH (a)	do. do.
S. W. ASHDOWN	and Shops Act Inspector.
C. FEIST (resigned 31.8.51)	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.
MISS M. A. L. BARNEVELD	do. do.
(appointed 15.1.51) (c) (d) (f)	

STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1951

(Continued).

NAME OF OFFICERS.	OFFICES HELD.
A. E. CHRISTMAS	Duly Authorised Officer and Welfare Officer.
MRS. M. HUNTER (appointed 2.4.51) ...	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.
MRS. R. DE MAIO	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.

Death rate: Total number of deaths registered in 1951 occurring among the resident population of the borough was 1,164, 478 being males, 686 females. Not included were 269 deaths transferred to other districts (i.e., persons not normally resident in the town): included were 71 deaths of Hastings residents occurring elsewhere.

The crude death rate per 1,000 population was therefore 17.9, which corrected for the peculiar age and sex constitution of the population by the registrar-general's factor of 0.67, gives a corrected death rate of 11.99 per 1,000, which figure can be compared with the national rates.

See also Tables II and III.

Age at death: Of the 1,164 deaths of residents in 1951, 17 occurred in infants under 1 year of age and 3 from 1-5 years. 932 (80% of the total deaths) were of residents over 65 years, 602 (51.7% of all deaths) being over 75 years of age.

Further details are given in Table IV.

Main causes of death:

(a) Disease of heart and circulatory system	677	58.5%	of total.
(b) Cancer	168	14.4%	„
(c) Respiratory diseases (other than tuberculosis and cancer)	147	12.6%	„
(d) Death by violence	8	0.68%	„

For complete analysis see Table IV.

Infant Mortality:

The Infant Mortality rate in 1951 with 17 infant deaths in 807 live births was 21.1 per 1,000 births compared with a national rate for England and Wales of 29.6. This figure shows a small but regrettable increase over the record low rate of 15.7 recorded in 1950.

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 1951 was 7.

The Infant (legitimate) Mortality rate with 14 deaths in 749 legitimate births was 18.7 per 1,000: the rate for illegitimate children under 1 year was 51.7 per 1,000, there being 3 deaths of such children in 58 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 1.24, one death having occurred, ascribed to myocardial failure and uraemia due to septicaemia caused by self-induced abortion.

Further detail and comparative figures for the previous 25 years are given in Table 6, and the Hastings rate of 1.24 compares with a National rate of 0.79.

Puerperal Pyrexia Regulations, 1939-51.

The total number of cases of puerperal pyrexia notified in 1951 was 34, with no deaths: 30 of these cases occurred in hospital confinement, 4 in home confinement. The definition of puerperal pyrexia was amended by the 1951 regulations, which amendment accounts for the increased number of notifications. There seems little point in this pyrexia remaining notifiable at all in view of modern chemotherapeutic treatment of puerperal conditions.

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
1951	65,090	398	409	807	12.4	749	58	7.3	7

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				
			In	Out	All Ages.			Under 1 yr.	
					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
1951	65,090	1,362	71	269	1,164	17.9	11.99	17	21.1

†Factor for correction 1925-33 — 0.718
 1934-38 — 0.67
 ("Comparability factor") 1938-39 — 0.67
 1940 — 0.70
 1941-48 — 0.67 *assumed*
 1949 — 0.68
 1950 — 0.68
 1951 — 0.67

* "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 1951.

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 Para-typhoid 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	15.5	0.36	12.5	0.00	0.00	0.31	0.00	0.01	0.00	0.38	0.61	1.4	29.6
126 County Boroughs and Great Towns, including London	17.3	0.45	13.4	0.00	0.00	0.37	0.01	0.01	0.00	0.36	0.65	1.6	33.9
148 Smaller Towns (Resident Populations, 25,000—50,000 at Census 1931)	16.7	0.38	12.5	0.00	0.00	0.31	0.01	0.01	0.00	0.38	0.63	1.0	27.6
London	17.8	0.37	13.1	—	—	0.38	0.00	0.01	0.00	0.23	0.61	0.7	26.4
Hastings	12.4 (a) 13.6 (b)	0.1	17.9 (c) 11.99(d)	0.00	—	0.26	0.00	0.00	0.00	0.55	0.75	0.3	21.1

(a) crude birth-rate. (b) corrected birth-rate (x 1.10, comparability factor).

(c) crude death-rate. (d) corrected death-rate (x 0.67.

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

England and Wales	0.10	0.69	0.79
Hastings	1.24	0.00	1.24

Table IV. CAUSES OF, AND AGES AT, DEATH DURING YEAR, 1951.

CAUSES OF DEATH.	Net Deaths at the subjoined ages of Residents, whether occurring within or without the District																		
	MALES.									FEMALES.									TOTAL DEATHS.
	0 to 11 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 11 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	10 ...	3 ...	...	1 ...	13 ...	100 ...	143 1	207 ...	477 1	7 ...	...	...	2 ...	17 ...	78 1	185 1	393 2	682 4	1159 5
Tuberculosis, respiratory	2	8	5	...	15	...	...	...	...	...	...	1	...	2	17
Tuberculosis, other	1	...	1
Syphilitic disease
Diphtheria
Whooping Cough
Meningococcal infections
Acute poliomyelitis
Measles
Other infective and parasitic diseases	1	...	...	1	...	...	...	...	...	...	...	...	...	2
Malignant neoplasm, stomach	2	6	3	11	...	...	...	...	...	...	...	...	...	1
" lung, bronchus	10	8	1	19	...	...	...	...	...	...	...	...	...	23
" breast	18
" uterus	9
Other malignant and lymphatic neoplasms
Leukæmia, aleukæmia	2	10	12	16	40	...	...	...	1	...	...	...	...	...	93
Diabetes	1	...	...	...	1	...	...	...	...	...	...	...	...	...	2
Vascular lesions of nervous system	4	23	23	50	...	...	...	...	...	...	...	...	...	5
Coronary disease, angina	22	24	19	65	...	...	...	...	...	...	...	...	...	164
Hypertension with heart disease	3	8	11	...	...	...	...	...	...	...	...	...	42
Other heart disease	2	10	21	57	...	...	...	...	...	...	...	...	...	31
Other circulatory disease	3	6	17	26	...	...	...	...	...	...	...	...	...	261
Influenza	1	2	8	14	...	...	...	...	...	...	...	...	...	93
Pneumonia	2	1	...	1	...	4	4	12	24	1	...	...	...	...	...	...	...	...	36
Bronchitis	7	7	12	26	...	...	...	...	...	...	...	...	...	49
Other diseases of respiratory system	1	2	...	1	4	...	...	...	1	...	...	...	...	...	28
Ulcer of stomach and duodenum	2	5	...	7	...	...	...	...	...	...	...	...	...	34
Gastritis, enteritis and diarrhoea	1	1	...	...	...	1	...	1	4	...	...	...	...	...	...	...	...	...	55
Nephritis and nephrosis	2	...	8	...	...	...	...	...	...	...	...	...	7
Hyperplasia of prostate	3	5	8	...	...	...	...	...	...	...	...	...	10
Pregnancy, childbirth, abortion	9
Congenital malformations	1	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	8
Other defined and ill-defined diseases	6	...	...	...	2	6	6	15	35	...	...	...	...	...	...	...	...	...	6
Motor vehicle accidents	1	...	2	3	...	...	...	...	...	...	...	...	...	85
All other accidents	2	3	...	...	...	...	...	...	...	...	...	1
Suicide	1	2	1	1	5	...	...	...	...	...	...	...	...	...	7
Homicide and operations of war	9
Totals	10	3	...	1	13	100	144	207	478	7	...	...	2	17	79	186	395	686	116

INFANT MORTALITY.

Table V.

1951. Net Deaths from Stated Causes at various ages under 1 year of age.

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

Net Births in the Year. 749
 Net Deaths in the Year. 58
 Net Deaths in (legitimate 14
 (illegitimate 3
 Neonatal Deaths (under 1 month) 11
 Infant Deaths (" 1 year) 17
 Rate per 1000 live births 13.6
 " " " 21.1

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
1951	814	1	1.24	...	...	1	1.24

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 having previously been agreed by the Executive Council, Local Medical Committee, Health Committee and Council.

The prospects of erecting such buildings appear somewhat distant in view of the limitations on new building and the financial situation in general: the urgent necessity for replacement of the Authority's two clinics at Park View and Halton has now been recognized, and new all-purpose clinics are scheduled for building in 1953-4 and 1954-5 respectively.

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	..	Alternate Tuesdays, 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 again express my appreciation of the 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, 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.

I would again call attention to the remarks made in the 1950 report as to the true function of child welfare centres, that they are primarily concerned with prevention of disease and disability through skilled observation and educational advice. Both parents and doctors need to be reminded of this on occasion to prevent these preventive clinics from degenerating into minor hospital out-patient sessions.

From the commencement of 1951, weekly sessions were held at Grove Road Clinic instead of fortnightly, and fortnightly sessions at Bexhill Road Clinic in place of weekly sessions.

Attendances at the Centres in 1951 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 ...	84	1,315	23	490	1,912	39
Hope Clinic: (Tuesday) ...	85	1,119	5	904	2,113	41
(Wednesday) ...	52	952	4	772	1,780	35
Central ...	160	2,409	36	1,309	3,914	39
London Road ...	134	2,884	23	1,509	4,550	45
Bexhill Road ...	20	273	3	350	646	25
Park View ...	80	1,027	24	566	1,697	33
Hollington ...	46	800	6	1,045	1,900	38
TOTAL	661	10,779	124	6,948	18,512	

Distribution of Milk, Vitamins, etc. during the last quarter, 1951.

Orange Juice " take up "	..	43.1 per cent. (this includes issues to expectant mothers).
Cod Liver Oil " take up "	..	36.2 per cent.
Vitamin A and D Capsules	..	43.4 per cent.
National Dried Milk	..	680 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	..	..	..	101 (135)	34 (30)
Subsequent visits	..	..	..	394 (466)	2 (11)
Total :	..	..	..	495 (601)	36 (41)

(c) Contraceptive Clinic.

New cases	..	66 (89)
Old cases	..	72 (71)

Total :	138 (160)	These figures include East Sussex County Council cases.
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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 remained impossible to operate owing to inability to engage a further qualified dental officer. Such an appointment was, however, effected at the commencement of 1952, and when the worst arrears in school dental treatment have been cleared up, a start can be made on this service, possibly early in 1953.

In the meantime, 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 ...	24	22	22	13

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

	Extractions	Anaesthetics		Fillings	Scalings or Sealing and gum treatment	Silver Nitrate treatment	Dressings	Radiographs	Dentures provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers ...	...	...	...	...	...	...	...	...	...	...
Children under 5 ...	13	...	13	53	...	...	8	...	...	...

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 349.

(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 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 the demands made upon it, but further mechanization is very necessary now that some difficulty is being experienced in maintaining an adequate staff.

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 ...	3,235	364	3,599
2. Confinements conducted			
(a) as midwives ...	170	36	206
(b) as midwifery nurses ...	7	8	15
(c) Total confinements	177	44	221
*3. Post natal visits ...	5,100	648	5,748
4. Gas and Air Analgesia	153	39	192

* 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.

The number of confinements conducted by midwives on the district, 206, shows a further decline, and it is becoming increasingly difficult to provide sufficient cases for the pupil midwives training for the C.M.B.

Gas and air analgesia is a greatly appreciated service and was used in 87% of confinements carried out by midwives on the district. 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 1951 was 11, 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	11	
No. of visits by Inspector	49	(including inspection of 3 midwives at Fernbank Maternity Home).
Midwives notifications :		
(a) medical aid	60	
(b) other	38	

(c) Place of Confinement:

(Hastings Residents only)

Place of Confinement	No. of Cases	Percentage
1. Home	219	27.2
2. Private Maternity Nursing Home ..	84	10.4
3. Institutional :		
(a) St. Helen's Hospital ...	335	41.6
(b) Fernbank Maternity Home ...	166	20.6
		62.2
Total	804	

The post-war " fashion " for confinement in hospitals as opposed to confinement in the patient's own home continues, causing considerable pressure on hospital bed accommodation : the reasons for this were discussed in last year's report, being mainly financial and socio-economic.

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 Visitor is particularly concerned with development of the care and after-care service in the home under Section 28, with the welfare of old people and particularly with handicapped persons of all ages and types. The provisions of the National Health Service Act and National Assistance Act give tremendous scope in widening her field of interest, so that with her previous responsibilities to mothers, infants, toddlers and school children, she now must advise and help the whole family as a 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.

This rapidly expanding and invaluable service to the community must inevitably mean the employment of more Health Visitors. Already in short supply nationally, the shortage becomes greater each year. Central Government must accept the responsibility of attracting more nurses to this branch of the profession, and the Local Authority must equally appreciate the value of their work. The present pressure of work on a limited staff makes for inefficient casework and poor conditions of service, and can only be met by adequate increases in establishment as the case load increases.

Work of Health Visitors:

First visits under one year	797	(881)
Second or further visits	14,554	(12,409)
Other classes	629	(615)
Child Life Protection visits	349	(1,036)
Expectant Mother visits	370	(329)
	<hr/>	<hr/>
	16,699	(15,270)

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. Increased mechanization has contributed towards these happy results, but is not yet adequate to meet present requirements.

The services of the male nurse are greatly appreciated by the older men who require home nursing care, and he is very fully employed indeed.

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, 1951

	Medical	Surgical	Total
Cases on Register 1/1/1951	133	118	251
New cases during year	683	834	1,517
Cases on Register 1/1/1952	137	123	260
No. of nursing visits	42,211		
Articles loaned during the year	195		

Both the number of new cases and the number of attendances show a further substantial increase during the year.

Staff as at 31st December, 1951:

Superintendent.
Assistant Superintendent.
1 Male Nurse.
9 Full-time Nurses.
3 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 persons vaccinated in 1951 was over 4 times the number in the previous year, while the number revaccinated was over 10 times. These figures cannot unfortunately be attributed to increased general consciousness of the value of vaccination so much as to a "scare reaction" to a small outbreak of smallpox in a town some forty miles away.

VACCINATION RETURN, 1951

Number of Persons Vaccinated (or re-vaccinated)

Age at date of Vaccination	Under 1	1 to 2	2 to 4	5 to 14	15 or over	Total
Number Vaccinated ...	368	53	181	769	819	2,190 (516)
Number re-Vaccinated...	...	4	32	583	1,649	2,268 (216)

In 4,458 people vaccinated or re-vaccinated, 3 cases of mild generalised vaccinia occurred, all making a complete and uneventful recovery.

The percentage of infants under 1 year vaccinated, normally just over 40% in Hastings as opposed to 30% for the country as a whole, rose to 45.6.

Diphtheria Immunisation, 1951:

Primary Immunisations (a) 0 to 5 years	568
(b) 5 to 15 years	33
Reinforcing Injections	571
Estimated percentage of child population immunised :	
(a) 0 to 5 years	61.6
(b) 5 to 15 years	50.9

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 again 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.

Ambulance cases at 7,689 and ambulance mileage at 62,998 both show an increase over previous figures for any year, but it will be noted that although the number of cases transported in 1951 increased by 42% over 1950, the mileage run increased only by 11%. The policy of sending long distance stretcher cases by train wherever practicable was continued, and in this connection the ambulance service staff designed a new stretcher suitable for railway transit which is an improvement on the Parrott type held by British Railways. The stretchers were constructed by the Borough Engineer's staff and have proved highly successful after a year in full use. The stretcher, with patient on it, can be removed from the ambulance direct on to the seat of compartments of all stock railway carriages serving Hastings, and is adjustable so that all positions are available for the patients comfort from fully recumbent to sitting bolt upright.

Sitting case cars carried 6,144 cases with a mileage of 62,308, an increase on 1950 of 39% in cases with a *decrease* of 13% in mileage. This is partly due to improved administration in the light of hard experience. Use of supplementary car services, such as the Hospital Car Service, was abandoned as relatively uneconomic.

Total cases carried during the year:

	No. of vehicles at 31st December 1951	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
Agency Ambs.	6	5,009	7,689	610	62,998
Service Cars	4	3,776	6,144	...	62,308

Staff at 31.12.1951:

- 1 Part-time Administrator.
- 1 Supervisor.
- 2 Clerks.
- 9 Drivers and Attendants.

ANALYSIS OF CASES CARRIED MONTHLY.

1951	AMBULANCES		SITTING CASE CARS	
	No. of cases	Mileage	No. of cases	Mileage
January ...	614	5,532	396	4,917
February ...	634	5,344	414	4,988
March ...	559	5,433	360	4,540
April ...	551	5,115	422	5,130
May ...	584	5,055	424	5,743
June ...	586	6,143	442	5,589
July ...	686	5,674	529	5,011
August ...	682	5,633	684	5,623
September ...	696	4,890	670	5,265
October ...	689	4,126	696	6,006
November ...	657	4,743	616	5,138
December ...	751	5,310	491	4,358
	7,689	62,998	6,144	62,308

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
1951	7,689	6,144	62,998	62,308	Nil	Nil

*From the 5th July, 1948.

SECTION 28

Prevention of Illness, Care and After-care:

(a) Tuberculosis.

Reference was made in last year's report to the diminished work of the Hastings Voluntary Tuberculosis Committee owing to recent changes in legislation. This committee's contribution to the care of the tuberculous is small but valuable in providing forms of assistance outside that given statutorily by other bodies.

Reference to the excellent liaison between the Hospital Chest Clinic and the Health Department and Voluntary Committee through the Tuberculosis Nurse and Visitor is made in Section IV of this report.

(b) Diabetes.

The Senior Health Visitor attends the Hospital diabetic clinic, assisting there generally, receives instructions from the Consultant Physician, and where necessary carries out home visits to the patients to assist with insulin treatment, diet and avoidance of complications, in addition to general help and advice expected from a health visitor.

(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 is expanding 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, but the present limited staff precludes this at present.

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.

These schemes, merged with those under the National Assistance Act dealing with Handicapped Persons in general, must develop into a really important branch of the Health Service as a whole.

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. This service is not intended, as appears thought in some quarters, to carry on the work of a normal domestic agency, but is primarily to cover periods of family emergency. In the case of elderly people without help, extended periods of domestic help are given, the alternative being the occupation of a hospital or Part III bed: many old people prefer to remain among their own possessions, and given this help, they are able to do so to their own benefit and to the financial advantage of the community.

As will be seen from the figures, the service has roughly doubled itself in each of the past two or more years. The demand often exceeds the supply of helps available, and although all urgent cases are helped immediately, it is inevitable that at peak times reduction must be made to those with the least need or priority. Finance is as usual the limiting factor, but it appears inevitable that further expansion of this scheme and the number of helpers must occur. A considerable proportion of the cost of the service is recovered, charges being assessed on a scale approved by the Council.

HOME HELP, 1951

No. of cases carried forward from 1950	..	56 (27)
No. of applications received during 1951	...	375 (225)
No. of applications actually dealt with	...	339 (171)
No. of cases carried forward to 1952	... ..	85 (56)

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 1.1.51—5 Full-time, 9 Part-time.

" " " 31.12.51—3 " 15 "

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	No. of Home Help hours worked
1945 \		—
1946 /	134	—
1947	85	—
1948	76	7,622
1949	165	15,409
1950	171	27,261
1951	339	

SECTIONS 49—51

Mental Health Services:

1. 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 as at December, 1951 :—

Ald. Mrs. A. Farnfield, J.P., M.B.E.

Cllr. D. B. Theaker.

Cllr. Mrs. V. M. Jones.

Cllr. F. L. Cridland.

Cllr. A. Weavers.

Mr. A. T. White.

Co-opted Members:

Cllr. Miss M. Button.

Mrs. G. E. Bruce.

Mrs. H. M. Strickland, J.P.

Early in 1952, the Health Committee took over the work of this sub-committee, which, with the Minister's approval, was disbanded.

(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 :

Mrs. M. Hunter, Mental Health Worker.

Mr. A. E. Christmas, Welfare Officer.

(iii) DULY AUTHORISED OFFICERS :

Mr. A. E. Christmas, Welfare Officer.

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.

Mrs. G. Lewendon, Home Teacher.

Mrs. D. E. Shears, Guide.

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.

As outlined in the 1950 report in detail, close co-operation is achieved with the Regional Hospital Board in the institutional placement of defectives, with the staff of Hellingly Mental Hospital both with inpatient and outpatient care of cases of mental illness, and with St. Helen's Hospital, which continues to act as a place of safety for defectives and for the reception of acute cases of mental imbalance pending certification.

The arrangements in general work very smoothly except in the case of young mental defectives requiring urgent institutional placement. Great anxiety and distress is caused to parents of such children at the delay, usually many months even in urgent cases, in securing a vacancy. The Regional Hospital Board, although most anxious to help, is quite unable to provide an adequate number of beds for such cases as yet. One can only hope that they may soon be in a position to meet their responsibilities in this direction adequately—it should be noted that this is a nation-wide problem and not merely a local difficulty.

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:

Hastings Voluntary Association for Mental Welfare

This Association, formed about 1927, has been responsible in close liaison with the Health Committee for the administration of the Occupation Centre at Athelstan Road.

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 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.

The wider age range of defectives now being trained urgently calls for more than one classroom. The Health Committee have under consideration new premises for the Occupation Centre, a most important scheme if these unfortunates are to receive the best possible care.

II. Account of work undertaken in the community:

(a) Care and After-care for Mental Cases. (Sec. 28. N.H.S. Act 1946).

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.

(b) Mental Illness

Summary of work carried out by the Duly Authorised Officers.

(1) Cases dealt with under Section 20 (" Three day orders ") (Lunacy and Mental Treatment Act, 1890-1930)	57
(2) Cases dealt with under Section 16 (" Summary reception orders ") (Lunacy and Mental Treatment Act, 1890-1930) (includes cases under item 1)	86
(3) Cases dealt with under Section 16 (" Police Cases ") (Lunacy and Mental Treatment Act, 1890-1930)	7
(4) Cases dealt with under Section 11 (" Urgency orders ") (Lunacy and Mental Treatment Act, 1890-1930)	9
(5) Cases dealt with under Section 4, 5 and 6 (" Orders on petition ") (Lunacy and Mental Treatment Act, 1890-1930)	Nil
(6) Cases dealt with under Criminal Justice Act, 1948, Section 24 ..	Nil
(7) Cases dealt with under Section 5 (" Temporary patient ") (Mental Treatment Act, 1930)	1
(8) Number of non-residents dealt with under Section 16	2

TOTAL NUMBER OF CASES : 105

Number of cases included in item 2 cancelled by the Magistrate,
patients not being certifiable within the meaning of the Lunacy
Act, at the time of the Visiting Medical Practitioners 24

TOTAL NUMBER OF PATIENTS REMOVED TO THE MENTAL HOSPITAL,
HELLINGLY 81

Section 1—Mental Treatment Act, 1930. (Voluntary patients).

Number of patients admitted to Hellingly Mental Hospital for treatment	112
Number of patients admitted to other Mental Hospitals for treat- ment	6

(c) Hastings Clinic for Nervous Disorders.

Clinic held at the Royal East Sussex Hospital, Hastings, each Wednesday
at 2.30 p.m.

Physician in Charge:

Dr. R. M. Ellison, M.D., D.P.M.

Assistant Physician in Charge:

Dr. J. F. Collard, B.M., B.Ch.

Social Worker :

Miss D. Greenfield, Ravenswood, Horam.

New Patients:

Male	66		
Female	113	Total new patients ..	179
		Subsequent Attendances ..	607
		Total Attendances : ..	786

Summary of Diagnosis of New Patients:

Psychoneuroses				Psychoses			
Anxiety State	48			Melancholia and Depressive States	48		
Hysteria	15			Schizophrenia	17		
Obsessional State	2			Delusional Psychosis	4		
Adolescent Instability	4			Confusional State	2		
Psychopathic State	5			Manic-depressive Psychosis	3		
Hypochondriasis	2			Senile Dementia	4		
	76						
Epilepsy	5						78
Mental Deficiency	7			Total:			179
Various Conditions	13						

New Clinic Patients admitted to Hellingly Hospital :—

Voluntary Patients	60
Certified Patients	9
Discharged from Hellingly Hospital :—	
Recovered	24
Relieved	23
Not improved	3
Died	1
Still under treatment at Hellingly Hospital	18
Still under treatment at Clinic	19

(d) 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. 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 1951.

Mental Deficiency.

Mental Defectives on the Register of the local authority, December, 1951 :

(a) In various Institutions	74	(75)
(b) Under Guardianship	28	(24)
(c) Under Statutory Supervision	63	(65)
(d) Under Friendly Supervision	17	(3)
	<hr/>	<hr/>
Total :	182	(167)

No. of defectives awaiting institutional vacancies at 31.12.51 ..	4
(a) Home Visits : Cases under Guardianship	48
(b) " " " " Statutory Supervision ..)	618
Friendly Supervision ..)	
(c) " " " " on licence from Institutions or	
Guardianship	32
(d) Home reports at request of Institution or other local authorities	21
(e) Miscellaneous Visits	78
(f) Mental After-care Visits	51
	<hr/>
Total :	848

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 Acts, and removed to a Mental Hospital, as voluntary patients	1
Number of Mental Defectives transferred to Institutions	3
Number of cases dealt with for Renewal Orders	1

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."

Moreton and Little Moreton, Boscobel Road, provide accommodation for 61 old people. The adaptations and furnishing were completed in the closing days of the year and Moreton house brought into use, housing 36 old ladies. Some six weeks later, in February, 1952, Little Moreton was opened for 25 old men. All these cases were transferred from St. Helen's Part III accommodation, leaving 51 beds at the Hospital. The old folk quickly settled down, and greatly appreciate their new surroundings. Some occupational therapy is provided by the Matron, Warden and members of the B.R.C.S.

Two other properties which had been acquired by the Council for adaptation as Old People's Homes, Pine Hill and 12-14 Charles Road, will eventually accommodate a further 87 persons, thus enabling the Council to dispense with the remainder of the beds reserved at St. Helen's Hospital. It is not expected that Pine Hill will be opened before February, 1953, and Charles Road at a later date. These adaptations are a costly process, and it may not be possible to maintain fully the high standard achieved at Moreton and Little Moreton Home.

The number of beds reserved at St. Helen's, 51, is not a true indication of the full demand for Part III accommodation in Old People's Homes, as they can only cope with urgent cases and there is usually a waiting list. In addition, the Council have assumed responsibility for many applicants in other authorities' homes. With the increasing number of aged people in the town, there need be little fear that the provision of 148 beds is budgetting in advance of needs.

The care of these old people in Part III accommodation falls largely to the capable hands of the Warden and Welfare Officer: the care of the larger number of aged persons in their own homes, and that is par excellence the right place for them, falls additionally on the Health Visitors and Sanitary Inspectors, who form a closely knit team doing fine work in this sphere. Close touch is kept with the several Voluntary Organizations 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.

Considerable difficulties were experienced during the year in finalising a scheme for housing evicted families; in many cases the Housing Manager was able to provide alternative accommodation, but in some it was necessary to split the family and house the parents in Part III beds whilst the children were looked after by the Children's Department, not a very satisfactory arrangement.

(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	..	..	15
No. of Homes for Disabled Persons registered	..	..	1
No. of beds	..	..	254

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 had in operation for some time schemes for the welfare of the various classes of handicapped persons in the town, such as 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 1951 was 276 and 21 partially blind.

2. Deaf and Dumb:

The Sussex Diocesan Association for the Deaf and Dumb provides a social centre at Stockleigh Road under the care of a local missionary where a full club service is given, together with religious meetings. Home visiting is carried out where necessary and many club outings arranged. The missionary accompanied deaf and dumb people on 106 occasions to interviews with doctors, solicitors, employers, hospital, etc.

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 1951 was 37, of Deaf and Blind 15.

A social club for the Deaf and Hard of Hearing was started under voluntary auspices early in 1952, and has proved a great success, with a membership of approximately 40.

3. Cripples and other Handicapped Persons:

The Hastings branch of the East Sussex Association for the Care of Cripples carries out some welfare work, whilst the B.R.C.S. look after ex-service cripples, providing occupational therapy and general assistance.

Towards the end of the year, the Council approved welfare schemes covering all classes of handicapped persons, which schemes were approved by the Minister in 1952. It has not been possible as yet to develop these schemes owing to staff shortage, particularly of health visitors, but full use will be made of the various

voluntary associations, both active and dormant, when work can be started. A large field of endeavour is here apparent, and informal preliminary contact has already been made with certain organisations who have promised to help. The financial situation has unfortunately made it necessary to defer appointment of an occupational therapist as envisaged in the scheme, but it is hoped conditions may have improved by 1953.

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 case was taken under this section.

SECTION IV

INFECTIOUS DISEASES

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR, 1951.

NOTIFIABLE DISEASES.	1950	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 & upds.				
Small Pox ... ..	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera, Plague ... ..	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Mem- branous Croup) ... ..	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	(26)	16	...	...	...	...	...	...	1	...	1	1	7	6	...	4
Scarlet Fever	(109)	31	...	...	1	4	6	14	4	1	...	1	...	...	...	15
Typhus Fever ... ..	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	(1)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Relapsing Fever ... ..	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued Fever... ..	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia	(9)	34	...	...	...	...	...	...	...	1	30	3	...	...	...	...
Cerebro Spinal Meningitis	(...)	1	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Poliomyelitis	(2)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum	(...)	4	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Polio-encephalitis ... ..	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica ... ..	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Primary Pneumonia	(20)	23	...	...	1	...	...	3	3	2	1	2	4	7	2	...
Influenzal Pneumonia	(4)	13	...	...	1	...	1	...	...	...	...	...	1	10	...	...
Malaria	(2)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	(1)	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...
Trench Fever ... ..	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Food Poisoning... ..	(3)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	(54)	904	21	70	93	85	138	432	48	8	7	2	...	...	...	6
Whooping Cough	(198)	225	11	20	36	34	27	87	10	...	...	...	...	...	...	7
Totals	(429)	1252	36	91	132	123	172	536	66	12	39	10	12	23	2	33		

The 4 cases of ophthalmia neonatorum notified were all extremely mild "sticky eye" cases with no causative organism isolated.

Remarks:

- (a) **Scarlet Fever:** 31 cases of scarlet fever of very mild type were notified, with 15 admissions to hospital mainly on the grounds of poor home conditions.
- (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	1951
Cases	31	49	28	6	7	13	13	11	4	5	1	3	...	...
Deaths	3	1	1	...	...	...	...	...	...	...	...	...	...	...

- (c) **Anterior Poliomyelitis:** No case occurred during the year.
- (d) **Measles:** 1951 was a "measles year," 904 cases being notified. The outbreak in Hastings was remarkable in that it commenced some 2—3 months after the measles wave commenced in the remainder of East Sussex, and terminated that much later.
- (e) No case of enteric fever, smallpox or food poisoning was notified.

Disinfection and Disinfestation:

Two cases of scabies occurred in School-children. School-children are treated at the school clinics, adults at the Halton Baths.

Body vermin (pediculosis corporis) are equally rarely found. 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	3,678	(4,899)	No. of individuals cleansed	
Rooms, etc.			for scabies	Nil (2)
disinfected	325	(326)	No. of baths for scabies	Nil (6)
No. of individuals			Set of clothing disinfected	
cleansed for vermin	Nil	Nil	(Scabies)	Nil (2)

Disinfestation of Council Houses and Other Properties:

Council Houses	..	..	..	2	(2)
Other premises	..	..	..	49	(55)

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 115 cases were admitted, 56 being Hastings residents, including 41 cases of non-notifiable diseases.

Tuberculosis:

- (a) At the end of 1951, the tuberculosis register contained 492 names.

TOTAL CASES.	PULMONARY.			NON-PULMONARY.		
	Males.	Females.	Total.	Males.	Females.	Total.
492	273	164	437	21	34	55

(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 ...	...	...	...	...	...	...	...	...
2— 5 " ...	...	...	...	...	...	...	...	...
5— 10 " ...	...	3	...	...	...	...	...	...
10—15 " ...	1	...	2	1	...	...	...	...
15—20 " ...	2	1	...	...	...	...	...	...
20—25 " ...	5	1	...	...	...	...	...	...
25—35 " ...	5	6	...	2	1	...	...	...
35—45 " ...	2	5	...	...	1	1	...	...
45—55 " ...	7	2	...	...	5	...	...	...
55—65 " ...	8	1	...	...	4	...	...	...
65—75 " ...	6	1	...	...	4	1	...	...
75 upwards ...	...	2	...	...	...	...	...	...
Totals ...	36	22	2	3	15	2	...	...
Grand Totals	63		(63)		17		(21)	

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	No. of deaths Non- pulmonary Tuberculosis	Total	Death rate from Tuberculosis per 1,000
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
1951 ...	17	...	17	.26

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.

Close liaison exists between the Health Department and the Chest Clinic: the department provides a health visitor to act as nurse at the clinic sessions and to carry out all the tuberculosis home visiting and ascertainment and follow-up of contacts.

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

No. of new patients seen for investigation	..	566
Total attendances .. .. .	..	4,897

(d) Prevention of Tuberculosis:

(i) B.C.G. Vaccination.

B.C.G. protective vaccination against tuberculosis was commenced early in 1951, Mantoux-negative contacts of known cases being ascertained and vaccinated at the Chest Clinic, whilst Mantoux-negative members of the nursing staff of the hospitals were vaccinated by nominated physicians. 71 persons were so vaccinated, 23 contacts aged 0—4 years, 25 aged 5—14, and 23 adult nurses.

It is hoped that much will be achieved in the prevention of tuberculosis by this procedure, and that authority will soon be given by the Ministry to extend the scope beyond the present limited classes mentioned above, i.e., to all Mantoux-negative toddlers and schoolchildren. Routine Mantoux testing in schools and welfare clinics might well result in the uncovering of hitherto unsuspected cases of infected adults, a further step forward in prevention of future cases.

(ii) Mass X-ray.

The ascertainment of the early symptomless case of tuberculosis, often infectious to others, can only be done by routine chest X-ray. Finding such cases in addition to removing a source of danger to others results also in earlier treatment to the benefit of the sufferer. Frequent X-ray, routine Mantoux testing of children and B.C.G. vaccination offer the greatest hope yet of eradicating the scourge of tuberculosis from the community.

The East Sussex Mass X-ray unit carried out a survey in Hastings from 3.9.51—19.10.51. The public response to appeal to come forward for X-ray was so great that all publicity had to be withdrawn halfway through the period. 7,104 persons were X-rayed, some 6,550 being residents within the borough. Of this latter number, 245 were found to have some abnormality of lungs, heart or chest wall after a full size X-ray plate had been taken as a result of abnormal miniature pictures.

The results are classified as follows :—

Active Tuberculosis	<i>Age group</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
	15—25	0	3	3
	26—40	3	3	6
	41—60	6	0	6
	60+	0	1	1
		9	7	16
Inactive Tuberculosis	15—25	3	11	14
	26—40	17	22	39
	41—60	40	27	67
	60+	9	6	15
		69	66	135
Other conditions of the lungs		36	22	58
Abnormalities of Heart and Bloodvessels		10	15	25
Abnormalities of Chest Bones				11
				245

Of the 16 cases of active tuberculosis found, only 2 had previously been diagnosed. The finding of 14 new cases therefore abundantly justifies the unit's visit, both from the preventive and treatment angles. Of the 135 cases showing evidence of healed tuberculosis, only 11 persons were aware that they had had tubercle in the past, a fact which shows both the strength of human resistance to mild infection and the silent unsuspected character of many cases of the disease.

Arrangements are being made for the unit to return to Hastings in the Spring of 1953.

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

The Hastings Voluntary Tuberculosis Care Committee, formed in 1918, is comprised of voluntary workers, with Council members, under the Chairmanship of the Medical Officer of Health, and is subsidised by the Local Health Authority. Previous reference has been made to the now restricted scope of its work.

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	...	...	13
New cases of gonorrhœa	...	...	18
Other conditions	...	...	57
Total	...	...	88

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	..	..	16
Beds available—Maternity	..	..	13
General	..	..	205
Total beds	..	..	218

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	..	..	161
Adoption examinations	..	..	3
Staff medical examinations	..	..	45
Teachers examined	..	..	20
Firemen examined	..	..	2
Other medical examinations (retirement, etc.)			2
Total :			233 (199)

4. **R.S.I. Meeting.**

A successful sessional meeting of the Royal Sanitary Institute was held in Hastings on 5th October, 1951, papers being read by Mr. S. Little, Consultant Water Engineer, on the problem of Hastings water supply and the construction of Darwell Reservoir, and by Mr. W. G. McDonald, Sanitary Inspector, on a " Prospect of Food Hygiene in Hastings ". Delegates then visited the Reservoir and the Brede Pumping Station.

5. **Problem Families.**

Ministry of Health Circular 78/50 requested the Authority to designate an officer to hold regular meetings of officers of the Authority and voluntary organisations concerned to secure full co-operation in the ascertainment and " treatment " of children neglected in their own homes. The Council designated the Medical Officer of Health for this responsibility.

The first meeting of this "Children's Welfare Committee" was held in October, 1950, and regular meetings have been held ever since. The members of the Committee are M.O.H. and deputy M.O.H. and S.M.O., Senior Health Visitor, Chief Sanitary Inspector, Children's Officer, Probation Officer, Housing Manager, N.S.P.C.C. Inspector, National Assistance Board Chief Officer, School Enquiry Officer, with representatives from the Chief Constable, S.S.A.F.A. and B.R.C.S., and Central Aid Council.

The number of problem families in the town is small, and they were already known to most of the Committee members: it was soon found that much overlapping of both visiting and assistance had been occurring. In order that each officer should be in a position to know exactly the sources of help available (and their limitations), each member gave a talk to the Committee on the services available through his or her organisation. Having cleared this groundwork, it was agreed that the general policy should be for the individual officers concerned to deal directly with other Welfare Officers in "moderate" cases, and that longstanding problem families and those too difficult or unresponsive for individuals to handle be referred to the designated officer for consideration and combined action by the whole committee. Several such families have been so dealt with and in one or two cases marked improvement has been brought about.

The small hardcore of longstanding problem families call for years of patient endeavour if any results are to be achieved: some goodwill is engendered by reduction in overlapping of visitors and by the central direction by the committee for judiciously chosen material assistance. The committee requested the Central Aid Council to investigate the possibilities for a scheme of domestic assistance and training on the lines of Family Service Units, to clean up the home and maintain this cleanliness by example to the mother, and this matter is under consideration.

The root cause of the degeneration of most problem families is the inadequacy of the mother, who is unable to cope with her children and perhaps inadequate husband within her own limitations, so that conditions become constantly more slovenly and degenerate. Such a state, when fully established, cannot be resolved overnight, and is in fact occasionally irremediable.

SECTION VI

GENERAL SANITARY ADMINISTRATION

(A) Water Supply.

The Corporation Water Undertaking obtains its supply from two main sources, viz., impounding reservoirs, and underground sources. During the year 90% of the total supply was derived from the surface water supplies impounded at Darwell and Powdermill Reservoirs. The wells and boreholes are maintained as reserve sources which provide useful additional supplies during the periods of high peak demand experienced each summer.

The demands upon the Corporation's water resources are noticeably higher than pre-war and the housing development now in progress throughout the area of supply will result in still higher consumption of water.

The Brede Valley works with its combined underground and surface water supplies is the main centre of distribution. The whole of the supply requires chemical treatment, sedimentation and filtration and as an additional safeguard sterilisation is effected by simple chlorination.

The average daily consumption of water is 2,350,000 gallons, rising to over 3 million gallons in the summer period.

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 42/51.

- (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, the Health Department takes 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, Filsham Pumping Station.

Date 30.5.51. 9.45 a.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		— ml.	100 ml.	0 per 100 ml.
Reaction				
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 very satisfactory bacterial purity consistent with a wholesome water suitable for public supply purposes.

Labelled : Cold tap over bath, 245 The Ridge, Hastings.

Date : 28.11.51. 10.55 a.m.

Appearance : Bright with very few mineral particles. Colour : Less than 10. Turbidity : Less than 3. Odour : Nil. pH : 7.5. Free Carbon Dioxide : Trace. Electric Conductivity : 270. Total Solids : 180. Chlorine present as Chloride : 26. Alkalinity as Calcium Carbonate : 45. Hardness : Total 100. Carbonate 45. Non-Carbonate 55. Nitrate Nitrogen : 0.8. Nitrite Nitrogen : Absent. Ammoniacal Nitrogen * 0.000. Oxygen absorbed : 0.65. Albuminoid Nitrogen * 0.035. Residual Chlorine : Absent. Metals : Iron 0.06. Zinc 1.0. Other metals absent.

* To convert to Ammonia multiply by 1.21.

This sample is practically clear and bright in appearance, neutral in reaction and free from metals apart from traces of iron and zinc. The water has very moderate hardness and contains no excess of salinity or mineral constituents in solution. It is free from noticeable colour, very satisfactory organic quality and of the highest standard of bacterial purity.

These results are consistent with a pure and wholesome water suitable for drinking and domestic 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 21,019. In addition, some 850 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 shallow and deep ends and middle. The results of such examination were consistently satisfactory during the year.

(C) Drainage and Sewerage.

I am indebted to the Borough Engineer for the following report :—

“ No major improvements or extensions to the sewerage system were carried out during the year. Further lengths of soil and surface water sewers were laid on the Corporation Housing Sites at Hollington and a few short extensions to serve private development.

The soil and surface water drainage of the Ore and St. Helen's district is under active consideration in view of recent and proposed developments in this area and the consequent inadequacy of the existing sewers and water-courses.

The outfalls in use are as stated in detail in the 1950 report.

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.

Comprehensive measures continued throughout the year, the Corporation employing a staff of four operatives for this work. Survey work of the districts was also carried out as a routine, particular attention being paid to sites of bombed buildings and waste land which might provide harbourage for rats.

Corporation Sewers.—In conjunction with the Ministry of Agriculture and Fisheries, bi-annual maintenance treatments (in January and June) were carried out : a total of 169 manholes were baited, 68 “ positive takes ” being recorded, resulting in an estimated kill of 407 rats.

Complaints.—The number of complaints received totalled 1,096 (1,165) of which 538 (554) were in respect of rats, including 6 (6) major infestations and 558 (609) related to mice with 4 (6) major infestations. A total of 6,628 visits were made to 2,047 premises in carrying out disinfection.

Private Dwellings.—During survey work, 91 (154) premises were found infested and dealt with.

Hotels, restaurants and business premises.—68 (65) premises are now receiving regular inspection and disinfection is carried out when necessary, the occupiers availing themselves of this regular service organised by the Department. A charge of 6s. per hour is made. In addition 25 properties of the Council are furnished this regular service. Premises visited include hospitals, school canteens, food shops, bakehouses, hotels and the like.

Other pests.—Actual disinfection work was reduced, treatment being limited to those having a bearing on public health. 79 (166) premises were treated during the year. Advice on the best method of eradication was given in cases of infestation by other pests, i.e., beetles, wood lice, wasps, etc.

Charges.—Charges made totalled £208 1s., compared with £251 15s. 3d. during the previous year.

Legal proceedings.—Legal proceedings were instituted against owners of a cafe-restaurant for failure to give notice of an infestation of mice, a fine of £25 plus £10 being imposed. Proceedings were also taken by the Ministry of Food in respect of resultant wastage of food. A fine of £75 was imposed.

(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.	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	204	49	16	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	190	83	25	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority † (excluding out-workers' premises)	—	—	—	—
TOTAL	394	132	41	—

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	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ...	16	13	—	1	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	4	4	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient ...	1	1	—	1	—
(b) Unsuitable or defective	20	15	—	5	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ..	—	—	—	—	—
TOTAL ...	41	33	—	7	—

**PART VIII
OUTWORK**

No. of Visits 23

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) ..	972
(b)	Number of inspections made for the purpose ..	1647
(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..	2
(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..	429

2. REMEDY OF DEFECTS DURING 1951 WITHOUT SERVICE OF FORMAL NOTICES:—

	Number of defective dwelling-houses rendered fit in consequence of informal action by the local Authority or their Officers ..	349
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3. ACTION UNDER STATUTORY POWERS DURING 1951:—

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 ..	22
(2)	Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a)	By owners ..	10
(b)	By Local Authority in default of owners ..	7

B.—Proceedings under Public Health Acts:—

(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ..	5
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a)	By owners ..	4
(b)	By Local Authority in default of owners ..	1

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

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 ..	33
(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 ..	124

Housing Inspection.

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

The amount of inspection work under the Housing Acts, principally as a result of complaints, was well maintained during the year, necessarily on similar lines as in previous years. The continued shortage of accommodation, with other factors, limited the extent of the work, a policy of "make do and mend" having largely to be carried out. In fact the greatest discretion must be shown under present conditions. For example, it is difficult to close or demolish any appreciable number of houses or tenements, but at the same time such must be made liveable for the time being. To press for extensive repairs may only prolong their existence : therefore only a minimum compatible with the securing of a reasonable standard is demanded.

While all this may be inevitable for some time to come, depending primarily upon the rate of increase of accommodation, either through municipal or private enterprise, sooner or later the need for a continuous and forward programme regarding existing accommodation may become apparent. Such will possibly have regard to :—

- (a) the small old-fashioned cottage and terrace property between 50-80 or more years of age, somewhat below the accepted modern standard of comfort and hygiene and constituting no small a proportion of accommodation for the lower level of wage-earners ;
- (b) the small, hastily and often badly-planned "flat" ;
- (c) basement tenements generally, and
- (d) future clearance areas or groups.

Consideration may well be given to the adoption of appropriate Bye-laws when the time is opportune for dealing with (b) and (c).

Apart from these special problems, however, there is great scope in the town for re-conditioning and improvement work generally, particularly in the Old Town, where it might be considered desirable to preserve a degree of the "old world" atmosphere and piscatorial flavour.

Allied to this, the necessity for "house-to-house" inspection (a duty imposed by the Housing Act, 1936, upon local authorities) cannot be too strongly emphasised, giving, as it does, a true and accurate picture of housing needs, overcrowding and living conditions generally, as well as leading to the detection and suppression of nuisances. It is regrettable that the multifarious nature of the duties of an already inadequate sanitary staff, especially the pressing calls of meat and food inspection under the present arrangements, prevent this important work from being resumed.

At the present time, therefore, no accurate assessment of the housing position in Hastings can be made, beyond stating baldly that more accommodation is required if only to abate the known cases of overcrowding under the existing low legal standards, and to re-house occupiers of houses included in the pre-war clearance areas.

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

No. of complaints received and investigated	1,412	(2,181)
No. of informal notices served	1,190	(1,436)
No. of informal notices complied with	1,001	(1,303)
No. of statutory notices served under Public Health or Housing Acts	27	(22)
No. of statutory notices complied with	*15	(35)

(* including 1 notice served in 1950).

With regard to the abatement of overcrowding and re-housing work generally, almost day-to-day contact has been maintained with the Town Clerk's (Housing) Department during the year, 103 (217) reports being furnished to that Department either by the Medical Officer of Health or the Chief Sanitary Inspector. Of these, 33 (67) related to overcrowding ; 5 (14) to living conditions of tuber-

culous families ; 13 (36) to families having a member or members suffering from ill-health or physical defects ; 26 (77) to undesirable living conditions, and in the remaining 26 (30) cases it was felt that no special recommendation could be made at the present time. It will be seen that the number of reports supplied, which arose mostly as a result of complaint, considerably decreased, but it would possibly be unwise to assume from this that any material improvement has taken place.

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

67 (61) families, where overcrowding and other undesirable conditions prevailed, re-housed ;

42 (21) 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
1. Premises on complaint	...	1,412	
2. Re-drainage work	...	301	
3. Works in connection with notices	...	2,113	
4. Bakehouses	...	117	
5. Infectious disease enquiries	...	58	
6. Camps, Caravans, etc.	...	11	
7. Fried fish premises	...	127	
8. Restaurant kitchens, cafes and retail food premises	...	1,759	
9. Fish at Fishmarket	...	284	
10. Outworkers' premises	...	23	
11. Houses under increase of Rent, etc.	...	1	
12. Common Lodging Houses	...	—	
13. Smoke Nuisances	...	25	
14. Slaughterhouse and Knackers Yard	...	461	
15. Offensive Trade Premises	...	63	
16. Water Supplies	...	8	
17. Disinfestation work	...	82	
18. Rats and Mice destruction work	...	—	
19. Ice Cream premises— (a) Manufacturers (b) Dealers and Retailers	...	272	
20. Public Conveniences	...	—	
21. Samples of Ice Cream for Bacteriological Examination	...	72	
22. Samples of sea water from Swimming Baths for Bacteriological Examination	...	50	
4. New soil and ventilation pipes fixed	...	31	
5. Rain-water pipes disconnected from drains	...	10	
6. Inspection chambers provided or repaired	...	98	
7. Cesspools emptied and cleansed	...	4	
8. Cesspools abolished and drains connected to sewer	...	—	
9. New W.C. pedestal pans fixed	...	73	
10. W.C. pans repaired	...	100	
11. New W.C. flushing cisterns provided	...	72	
12. W.C. flushing cisterns repaired	...	110	
13. New W.C.'s erected	...	2	
14. New urinals erected	...	1	
15. Glazed stoneware sinks provided, with properly trapped waste pipes	...	54	
16. Yards and passages paved or repaved	...	15	
17. Samples of drinking water from private wells	...	1	
18. Polluted wells closed and domestic water supplied from main	...	1	
19. Roofs stripped or repaired	...	185	
20. Ventilated food stores provided	...	4	
21. Rooms, etc., cleansed and distempered, etc.	...	134	
22. Miscellaneous repairs to houses (walls, ceilings, stoves, washing accommodation, handrail, lighting, ventilation, sash cords, etc.)	...	1,211	
23. Sanitary ash-bins provided and/or ash pits abolished	...	111	
24. Accumulations of manure and other refuse removed	...	54	
25. Nuisances abated from animals improperly kept	...	4	
26. Nuisances abated from chimneys emitting smoke	...	1	
B.—Work carried out:—			
1. Drains test applied	...	143	
2. Houses and premises provided with new drains, properly intercepted and ventilated	...	21	
3. Drains cleared and/or repaired	...	127	

Camping Sites.

Attention to caravan camping sites was intensified during the year, and three sites were required to be licensed under Public Health Act, 1936, Section 269. Marked improvements in water supply, washing and toilet facilities were secured, and in collaboration with the Town Planning Committee adequate rules were drawn up to ensure proper use of facilities and diminution of possible nuisances.

SECTION VIII

FOOD INSPECTION AND HYGIENE

(A) MILK

(a) Milk and Dairy Regulations, 1949.

Dairymen and Distributors on Register 28

A systematic survey of the premises concerned was commenced during 1950 and was continued during the year. During the latter minor alterations were carried out at four premises, while major structural work was completed at one other dairy, this including additional light and ventilation, new flooring and the entire replanning of the internal lay-out. New plant was also installed at two dairies, including pasteurisers, bottle-filling machinery and washing and sterilising apparatus. With the number of premises modernised and improved during the previous year, it can now be reasonably assumed that all premises will be satisfactorily dealt with in the near future.

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

Dealers licences to use special designation "Tuberculin Tested" . . . 3

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

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

No. of samples taken under above Regulations 235

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 . . .	45	40	5	Not	applicable.
Pasteurised	*190	175	2	176	1

* 13 samples were cancelled, owing to the overnight temperature exceeding 65 deg. F.

Tuberculin-tested: The number of samples taken (45) compared well with the previous year (25) and the reports received showed that only 5 samples failed to satisfy the prescribed test. Particular attention was paid to milks consigned to local distributing depots and bottled at the places of production.

Pasteurised: Sampling work was again increased, 190 (175) samples being taken during the year, three failures to satisfy tests being recorded. Milk supplied to Schools received constant attention, and all samples taken (79) were favourably reported on.

Raw Milks: Fifteen samples of milk were taken before pasteurisation for examination for tuberculosis, one being reported positive. Enquiries revealed that this milk was derived from one herd outside the Borough. Arrangements were immediately made for the clinical examination of this herd, with the result that one re-actor was slaughtered under the Tuberculosis Order, 1938, the remainder of the herd being favourably reported on.

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
1951	4,689	550	2,195	5,564	707

The alterations and improvements to the premises, strongly pressed so long ago as 1948, were 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, and it may also be interesting to note that, while the number of bovines and porcines slaughtered during the year increased by well over 1,000, the number found affected with generalised tuberculosis fell from the previous year's total of 54 to 38, and, as regards congenital cases in calves, from 4 to 1. Particular inquiries were made respecting the origin of the last, with a view to the elimination of the dam concerned.

Cysticercus Bovis, a parasite transmissible to man, continues to occur, 23 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 with the Animal Health Division, Ministry of Agriculture and Fisheries and the Ministry of Food.

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

CARCASSES INSPECTED AND CONDEMNED DURING 1951.

	Cattle (excluding cows)	Cows	Calves	Sheep and Lambs	Pigs
No. killed	4,689 (3,620)	550 (514)	2,195 (2,303)	5,564 (7,738)	707 (605)
No. inspected	4,689 (3,620)	550 (514)	2,195 (2,303)	5,564 (7,738)	707 (605)
All diseases except Tuberculosis					
Whole carcasses condemned ...	6 (4)	6 (35)	3 (5)	27 (16)	21 (5)
Carcasses of which some part or organ condemned	1,472 (1,565)	149 (169)	6 (3)	208 (447)	37 (21)
Percentage of the number affect- ed with disease other than tuberculosis	31.52 (43.34)	28.18 (39.68)	0.41 (.3473)	4.22 (5.984)	8.20 (4.297)
Tuberculosis only					
Whole carcasses condemned ...	24 (24)	10 (25)	1 (4)	— (—)	3 (1)
Carcasses of which some part or organ condemned	610 (670)	93 (106)	— (—)	— (—)	9 (11)
Percentage of the number affect- ed with tuberculosis... ..	13.52 (19.17)	18.72 (25.49)	.04 (.2171)	— (—)	1.60 (1.984)

(C) ICE-CREAM.

Manufacturer's premises on register	16	(17)
Retailer's premises on register	221	(182)
Samples taken for bacteriological examination	66	(102)
Samples taken for chemical analysis	20	(71)

The number of applications received for registration of premises totalled 31 during the year, these premises, however, being in respect of retailing and storage only, and it was apparent that saturation point had not yet been reached. On the other hand, there was a distinct tendency for the smaller manufacturer to discontinue doing so, preferring to obtain supplies from the larger firms. One small manufacturer did adopt this procedure, while others were considering the matter. Close supervision, particularly of the manufacturing premises was maintained, with special emphasis on the personal element, and it is satisfactory to record that the importance of the latter became more appreciated by those concerned. An important step forward was made also by the coming into operation of the Food Standards (Ice-Cream) Order, 1951, whereby for the first time legal standards for constituents of ice-cream were fixed. Formal sampling was accordingly instituted, and revealed a wide variation between the different manufacturers, samples varying from 2.1 per cent. to 14.7 per cent. on fat content. Five samples were, in fact, below the new legal standards, and warnings were issued with salutary results. This Order was followed by the Ice-Cream (Heat Treatment) Amendment Regulations, 1951, requiring the provision of indicating and recording thermometers on plant, and this additional power was soon found to be of material assistance in the work of inspection.

Sampling work included, as usual, a complete cross-section of manufacturers and retailers, and the following tables summarise the reports received :—

	Manufacturers		Retailers	
	No. taken	%	No. taken	%
Grade I ...	28	52·8	8	61·5
Grade II ...	6	11·3	2	15·4
Grade III ...	8	15·1	—	—
Grade IV ...	11	20·8	3	23·1
	53		13	

Fat Content Analysis.

Below	3%	4%	5%	6%	7%	8%	9%	10%	11%	12%	13%	14%	15%
	x1	x4	—	1	2	2	3	2	—	—	1	2	1

x Below legal standard. (1 sample cancelled).

(D) FOOD AND DRUGS ACT, 1938.

During the year 265 (343) samples were taken and submitted to the Borough Analyst at the Laboratory, Lewes. Of these 55 samples were reported on adversely.

The following 210 samples were all genuine :—Epsom Salts, 2 ; Bicarbonate of Soda, 2 ; Bronchial Mixture, 1 ; Syrup of Figs, 1 ; Health Salts, 2 ; Friars Balsam, 1 ; Aspirin, 1 ; Balsam of Aniseed, 1 ; Cough Mixtures, 4 ; Cream of Tartar, 2 ; Liquid Paraffin, 1 ; Almond Essence, 1 ; Fruit Flavours, 5 ; Essence of Anchovies, 1 ; Gelatine, 2 ; Sauces, 5 ; Beef Sausages, 5 ; Pork Sausages, 1 ; Fish Pastes, 9 ; Curry Powder, 3 ; Crab Meat, 1 ; Bouillon Cubes, 1 ; Cocoa, 1 ; Soups, 4 ; Lemonade Crystals, 3 ; Lemon Barley Crystals, 2 ; Mustard, 1 ; Tapioca Dessert Flavour, 1 ; Pea Flour, 1 ; Sponge and Bun Mixture, 5 ; Pudding Mixture, 1 ; Custard Powder, 4 ; Milk, 75 ; Liquid Apples, 1 ; Fruit Juices, 3 ; Tomato Juice, 1 ; Cod Roe Paste, 1 ; Jelly, 3 ; Chicken Broth, 1 ; Baked Beans, 1 ; Coffee Extract, 3 ; Shredded Coconut in Syrup, 1 ; Parsley, 1 ; Pepper, 3 ; Ground Nutmeg, 2 ; Mint, 1 ; Ground Ginger, 1 ; Cinnamon, 1 ; Mixed Spice, 2 ; Pickling Spice, 1 ; Baking Powder, 3 ; Battocrisp, 1 ; Malted Milk, 1 ; Lemonade Powder, 1 ; Salad Cream, 1 ; Sardines, 1 ; Yorkshire Relish, 1 ; Jam, 3 ; Crabmeat, 1 ; Sild, 1 ; Vinegar, 1 ; Veal and Ham Loaf, 1 ; Luncheon Loaf, 2 ; Cake, 1 ; Coffee, 1 ; Lemon Curd, 1 ; Cheese Spread, 1 ; Skimmed Milk Powder, 2 ; Rice, 1 ; Bread, 1 ; Seed Tapioca, 1 ; Lentils, 1 ; Coconut, 1 ; Tea, 1 ; Cooking Fat, 1 ; Gravy Powder, 2.

Particulars of action taken in the 55 unsatisfactory samples are as follows :—

Sample No.	Article sampled.	Result of Analysis.	Remarks.
2840/72/ 73/74/80/ 87/89/92	Milk	Def. S.N.F. 5·5%: def. S.N.F. 6%: fat 4·7%: def. S.N.F. 12·3%: fat 27·7%: def. S.N.F. 22·8%: def. S.N.F. 3·1%: fat 30·7%: def. fat 30%: def. fat 23·7%: def. fat 30·7%: respectively.	Inf. followed by formals 2872/73/74/80 and "Appeal to Cow" 2887/89/92. Legal proceedings—Absolute discharge on payment of costs.
2841	do.	Def. S.N.F. 3·1%.	Inf. followed by formal 2851—satisfactory.

<i>Sample No.</i>	<i>Article sampled.</i>	<i>Result of Analysis.</i>	<i>Remarks and action taken.</i>
2846/66	Milk	Def. S.N.F. 4.3%: def. S.N.F. 1.1%.	Do.—2863—satisfactory.
2844	do.	Def. S.N.F. 1.5%: fat 3.3%.	Do.—2847—satisfactory.
2849/56/ 57/58/75/ 76/79	do.	Def. S.N.F. 23.3%: def. S.N.F. 22.1%: def. S.N.F. 39.1%: def. S.N.F. 19.8%: def. S.N.F. 27.2%: fat 20.6%: def. S.N.F. 29.6%: def. S.N.F. 0.9%: respectively.	Inf. followed by formals 2856/57/58/75/76/ and "Appeal to Cow" 2879. Fined £15 plus £2 2s. costs.
2854/59/ 60/62	do.	Def. S.N.F. 2.2%: def. fat 0.8%: def. fat 16.6%: def. S.N.F. 1.50%: fat 6.3%: respectively.	Inf. followed by formals 2859/60/62. Warning issued.
2701/03/ 18	do.	Def. fat 5%: def. S.N.F. 1.4%: def. S.N.F. 1.6%.	Inf. followed by formal 2718—warning issued.
2708	do.	Def. S.N.F. 0.4%.	Inf. followed by formal 2719—satisfactory.
2748	do.	do. 2.3%.	Formal. Warning issued.
2750	do.	do. 1.7%.	do.
2752	do.	do. 0.9%.	do.
2796	Raising Powder ...	Contained living larva and webs.	Informal—stock destroyed.
2837	Vinegar	Def. acetic acid 22.5%.	Formal—warning issued.
2899	Baking Powder ...	Def. available carbon dioxide 18.7%. Caked and deteriorated.	Formal—stock destroyed.
2930	do.	Affected by damp: slight def. available carbon dioxide.	do.
2913	Glaubers Salts ...	Exsiccated Glaubers Salts contains traces of iron rust.	do.
2693	do.	Contained excess quantity of sodium sulphate.	Inf.—stock withdrawn from sale.
2933	Cake Mixture ...	Heavily infested with living mites.	Formal—stock destroyed.
2935	Sponge Mixture ...	do.	do.
2931	Cod Liver Oil Emulsion	Cod liver oil 6% below prescribed standard	Formal—warning issued.
2677	Beef Sausages ...	8.1% below prescribed standard for meat content.	Inf. followed by formal 2711—satisfactory.
2678/ 2712	do.	10.1% and 12.1% do.	Inf. and formal. Fined £8 plus costs.
2679	do.	4.9 do.	Inf. followed by formal 2713—satisfactory.
2680/ 2710	do.	21.0% and 5.7% do.	Inf. and formal. Case dismissed.
2683/ 2716	do.	22.7% and 0.2% do.	Inf. and formal. Warning issued.

<i>Sample No.</i>	<i>Article sampled.</i>	<i>Result of Analysis.</i>		<i>Remarks and action taken.</i>
2714	Beef Sausages	...	0·2% do.	Formal do.
2682/ 2715	Pork Sausages	...	13·2% and 10·2% do.	Inf. and formal. Fined £7.
2681	do.	...	Contained 250 parts per million of preservative.	Sausages labelled. No offence.
2687/ 2720	Fish Paste	...	5·6% and 4·4% def. fish content.	Inf. and formal. Warning issued.
2754	do.	...	8·5% do.	Inf. followed by formal 2785 — satisfactory.
2695	Cocoa	...	Contained webs and excreta with dead larva.	Inf. followed by formal 2721 satisfactory.

Def. S.N.F. = Deficient Solids Not Fat.
Inf. = Informal Sample.

(E) **PHARMACY AND POISONS ACTS, 1852 - 1941.**

The duties devolving upon the Department are mainly those connected with the sale of poisons in Part II of the Poisons List, and, so far as local shop-keepers are concerned, include such liquids as household ammonia, carbolic disinfectants, insecticides, horticultural sprays and the like. Sellers of such are required to be entered in the Council's list, certain precautions having to be taken regarding labelling, storage, etc. For convenience the necessary inspections were co-ordinated with those under the Shops Act, 112 (106) visits being made. Forty-eight (41) notices were served in respect of minor contraventions, and these were either complied with or receiving attention at the end of the year.

(F) **MERCHANDISE MARKS ACT, 1887 - 1926.**

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

(G) **SHOPS ACT, 1950.**

Shops. The Department was responsible for the enforcement of all sections of the Shops Act, 1950, and the following local Orders, namely :—

- 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).
- 8.—Order, under Section 1 (4) Shops Act, 1950, suspending obligation to close shops on weekly half-holiday during certain periods of year, dated 6th June, 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 1,728 in all. Particulars of the various trades carried on were largely the same as reported in 1949.

Improvements in sanitary accommodations, 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 :—

751	(560) shops inspected and recorded.
1,035	(1,015) shops re-visited.
751	(859) contraventions found and notices issued ; of these 37 (62) were outstanding at end of year.
13	(19) premises were provided with heating facilities.
28	(38) premises provided with washing facilities.
11	(13) premises had additional ventilation provided.
52	(47) shops were re-painted and re-decorated.
8	(7) premises had additional sanitary accommodation provided.

(H) INSPECTION OF RESTAURANTS, CAFES, ETC.

The programme initiated during the last year or so towards the achievement of a higher standard of hygiene under which food is handled, prepared and stored was largely completed as regards improvements in buildings, design and ablution facilities, and it is thought that few (if any) did not comply with what can be legally required at the end of the year. For the future, therefore, it would appear that attention will have to be focussed more than ever upon practice and personnel employed rather than upon premises, and much remains to be done in this direction alone, although the movement towards modernising public rooms, shop fronts, etc., on the part of occupiers for business reasons will also maintain its impetus for some time to come.

Work carried out to the various premises is as follows :—

No. of inspections made	..	..	..	1,758	(2,243)
Premises provided with constant hot water supply	..	..	..	38	(152)
Premises re-designed and structurally altered	..	..	..	21	(19)
Premises repainted and redecorated	..	..	..	50	(129)
Premises provided with additional sinks and ablution facilities	..	..	..	32	(46)
Premises in which ventilation has been improved	..	..	..	24	(41)
Premises in which lighting has been improved	..	..	..	7	(12)
Premises in which food storage facilities have been improved	..	..	..	21	

(I) CLEAN FOOD PROPAGANDA.

Propaganda work during the year was well maintained by Mr. E. Curtis Welch, the Inspector primarily responsible for this branch. Such work included lectures to various Associations and the exhibition of appropriate films. A course of lectures covering the syllabus of the City and Guilds Examination was also held at the Hotel and Catering School.

As regards food shops, the following placard was distributed and was extensively exhibited by traders ; in some parts more so than in others.

County Borough of Hastings

DOGS

In the interests of hygiene, you are requested
NOT to bring your DOG into premises in which
food is sold.

T. PARKMAN,
Medical Officer of Health.

New ground was also broken with regard to the itinerant and fixed food hawker, the Bye-laws regulating the sale of food in the open air coming into force at the beginning of the year. The problem of avoiding any possible contamination to food sold under such conditions is, however, not easy to solve, but the matter was being actively pursued to that end.

(J) LICENSED (PUBLIC) HOUSES, ETC.

During the year the activities of the Department with regard to food-preparing permises and cafes were extended to these, more of whom now serve main and light meals in addition to liquors. Particular attention was paid to the following matters, namely, (1) sanitary accommodation for sexes ; (2) methods of washing and sterilising drinking and other utensils ; (3) condition of cellars and bottle stores ; (4) nature and condition of beer pipes ; (5) facilities for storage and preparation of food and (6) structural and decorative conditions generally.

In order to obtain uniformity, one Inspector was detailed for this work, and from its inception, close co-operation was established and maintained with the Officers of the Chief Constable, with a view to enforcing, amongst other things, the requirements of the Licensing Justices. The arrangement proved most efficacious and obviated much otherwise unavoidable overlapping and duplication of work.

A total of 69 premises were inspected, considerable improvements being effected in the matters already mentioned, notwithstanding that difficulties were often encountered regarding the issue of Building Licences, consequent upon the prevailing national economic restrictions, some Licences being refused entirely while others were only partly granted. The least satisfactory premises, however, received priority, and either had been dealt with or were under active consideration at the end of the year.

At that time, conditions found and work done as a result could be summarised as follows :—

(1) Sanitary accommodation.

This was found to be inadequate in many premises, two being without accommodation for either sex, while 22 had no water-closets for female customers and 19 without such for men. With regard to urinals, a number were reconstructed, such conveniences being considered satisfactory only in those cases where glazed stoneware or otherwise impervious stalls cleansed by automatic flushing tanks were installed. Objection was made to sanitary accommodation situate outside the main buildings and not subject to constant supervision. In these cases, owners were recommended to provide facilities within the actual building or adjacent thereto, with internal access only, when the latter was possible. Separate water-closet accommodation was required for the customers of each sex and private accommodation for the occupiers.

(2) Washing and Sterilising drinking vessels, etc.

All premises inspected have been provided with sinks behind the bar counter with constant supplies of hot and cold water.

(3) Cellars and Bottle Stores.

In many instances, structural conditions were found to be not satisfactory, many having porous and damp sandstone walls to which decorating materials can only be applied with difficulty, if at all. In 11 cases, however, cellars were re-floored with impervious materials and in 8 others ventilation has been improved.

(4) Beer Pipes.

Porcelain, glass and stainless steel pipes are in general use, and were found clean and satisfactory.

(5) Structural and Decorative conditions generally.

As may be known, many of the premises are situate in old buildings, low ceilings, small rooms and complete lack of yard space being characteristic of such. Many of these are capable of improvement without affecting their perhaps otherwise suitable external appearance but considerable time must elapse before this work can be attempted on any comprehensive scale under present conditions.

(6) Storage and Preparation of Food.

A considerable number of the premises hold Licences for serving main and light meals and in these cases the relevant sections of the Food and Drugs Act, 1938, was enforced.

It will be appreciated that the above is more of an interim report than anything else, a good deal of work being in progress at the end of the year, with other premises awaiting detailed inspection. It would also be unfair to assume that those already inspected are less satisfactory here than elsewhere, and it is pleasing to record the generous co-operation of the various Brewery Companies, who invariably desire to carry out more than the legal requirements, in order to achieve a standard of hygiene beyond criticism.

(K) REMOVAL OF PIG-SWILL BINS.

Recurrent complaints of fly nuisance and detriment to the amenities of the town in the hot summer months of the past few years rendered some action necessary in regard to the swill bins placed by the Council at various places in the town. Much though the need for swill collection to increase pig production was appreciated, the Council withdrew the bins from the streets in view of the health menace and particularly to prevent flyborne gastro-enteritis in infants.

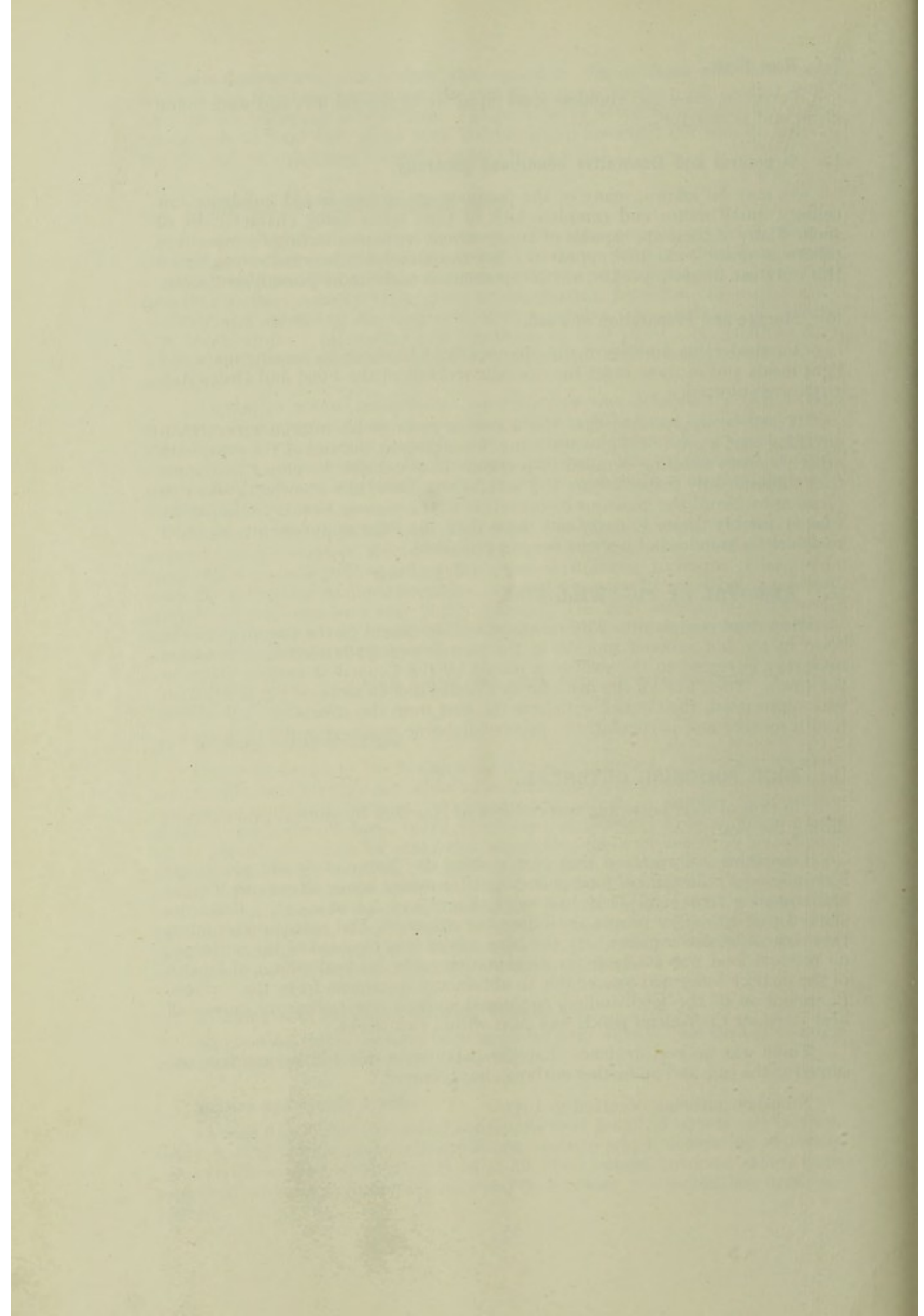
(L) FOOD POISONING OUTBREAK.

No case of food poisoning was notified in Hastings by general practitioners during the year.

Complaint was received that of a visiting day party of 65 old people, 57 had suffered a mild form of food poisoning after return home, all making a rapid and complete recovery. They had lunched and had tea at a cafe. Enquiries showed that 130 other people, including the cafe staff, had eaten similar lunch that day without complaint. By the time advice was received of the outbreak, no residual food was available for examination: the Medical Officer of Health of the district concerned was unable to obtain any specimens from the victims. Examination of the foodhandlers concerned showed one temporary carrier of heat resistant *Cl. Welchii* which was clear within two weeks.

There was no real evidence that the party were infected by articles consumed at the cafe and no further outbreak has occurred.

No other outbreak occurred in 1951.



THE SCHOOL HEALTH SERVICE

Report of the

SCHOOL MEDICAL OFFICER

for the Year 1951

SCHOOL HEALTH DEPARTMENT,
44 WELLINGTON SQUARE,
HASTINGS.

To The Chairman and Members of the Education Committee of the County Borough of Hastings.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the School Medical Officer on the work of the School Health Service for the year 1951.

The number of schoolchildren on the registers, 7,440, shows a marked increase compared with 1950, the whole increase falling on the Primary Schools as can be seen from the Statistical Summary on page 60. This is a direct result of the high birthrate in 1946, when the number of births exceeded that of the previous years by some 450. A further increase in new entrants can be expected in 1952 from the peak birthrate in 1947. Thereafter, however, the number of entrants should decrease fairly rapidly in step with the falling birthrate as shown in Comparative Table I on page 9 of the Medical Officer of Health's Report. From a practical angle, this means a progressive pressure on places in Infants, Junior and Senior School departments over the next 10 years, followed by an easing of the situation in the same rotation.

In September, 1950, the new Hollington Infants School was opened, with 240 places in a very fine building: work was continued on two new schools, the Elphinstone Junior School (480 places), part of which was taken into use in the same month, and Ore Secondary Modern Girls School (480 places). Truly, the modern school buildings now becoming available show many advantages even over the normal type of open air school: adequate space, natural light and ventilation, together with excellent general amenities should add their quota to the maintenance of good health during a period of rapid growth and development which causes its own special stresses during school life.

These fine structures throw into even darker relief the inadequacies and defects of the many older schools. The Chief Sanitary Inspector, Mr. A. E. Hollox, reports in these terms—"without exception, the W.C.'s are inadequate in number and often antiquated in design. As an illustration, accommodation in 5 schools is of the trough type with single flush—in others fitments are served by automatic flushing cisterns discharging but half-hourly, with highly undesirable results in usage. Many W.C.'s are sited in cramped, badly lit passages and cloak-rooms, the approaches are often unscreened: particularly does this apply to urinals, which are often inadequately flushed. As regards ablution facilities, 15 of 17 schools visited were more than 50% below the prescribed requirements, and the majority more than 25%. Five schools only have hot water provided—the supply of towels leaves much to be desired. Cloakroom accommodation is generally inadequate, with insufficient space between pegs. Drying facilities prescribed by the Regulations in the older schools are practically nonexistent: staff rooms are inadequate: only six of the schools visited have drinking fountains of the push lip type—."

Apart from these sanitary deficiencies, the older type of school cannot compare with the new in natural lighting, cross ventilation, heating and general facility.

In the present financial stringency, it is unlikely that many of these old schools will be replaced within the next ten years: those which must continue in use beyond that period should be renovated or at least put into a decent state of sanitary condition in line with modern standards and Regulations—the cost would not exceed that of one new modern school, and the benefits would affect several thousand schoolchildren. I respectfully submit this proposition as a practicable remedy to the present somewhat Dickensian situation.

The work of the School Health Service has continued to make progress during the year, and several new features have been introduced, for example routine colour vision testing by Ishihara plates and earlier sight testing with special cards which can be understood readily by the 5 year old. Routine medical inspections show that the physique and general health state of the schoolchild remain satisfactory: revaluation of standards of assessment of "general condition" of the children render invalid comparisons of the three groups with those of previous years. Although group A ("good") shows a fall in figures from 26% to 7.7% as a result of the new standards, in actual fact there has been no deterioration in the physique or health of the children: statistical assessment of such functions is at best an arbitrary procedure, being incapable of precise scientific measurement.

In regard to the prevention of tuberculosis, B.C.G. vaccination of Mantoux negative child contacts of known cases was commenced early in the year in liaison with the Chest Clinic. Great hopes are entertained from this procedure, but it is a sad commentary that by the time the adult case of disease is discovered, the children more often than not are Mantoux positive, indicating that they have already been infected with the tubercle bacillus. In this connection also, the Education and Health Committees are to be congratulated in putting into operation so readily the scheme whereby all teachers and others engaged in dealing with children are X-rayed on appointment and encouraged thereafter to attend the Mass X-ray Unit at intervals, and the teachers also for the high proportion who did attend the mass X-ray unit during its session in 1951. Many school leavers also attended.

Reference is made in the report to the appointment of a chiropodist for the school health service towards the end of the year, and some details are given of a pilot survey of some 1,501 children for foot defects: a larger and more detailed survey is at present in progress, and it is hoped that a much needed foot health service may eventually be established when the full problem has been ascertained. This service, apart from the survey, has already been started in a small way and is doing excellent work.

I referred last year to the disastrous amount of dental troubles in the rising generation as a result of staff difficulties in the school dental service. Study of the dental report and figures for 1951 will show that there has been no improvement during the year: although more children were inspected and more were found to require treatment, the number actually treated was less than in 1950. However, a second dental officer commenced duty in the first days of 1952, and I am sure that some of the ground lost in this work can be regained. It will probably take the best part of this decade, however, before the problem has been completely dealt with and a satisfactory dental state maintained throughout school life.

Co-operation between the school health service, general practitioners and hospital clinics has been both close and cordial, information being made freely available amongst the medical men concerned wherever necessary in the interests of the child concerned. My grateful thanks and appreciation for their kind assistance in this respect are due to my colleagues in practice and hospital in the town.

Finally, may I express my sincere thanks for their assistance and co-operation to the Chairman and members of the Education Committee, the Chief Education Officer and his staff, the Head-teachers and school staffs, my deputy Dr. Weyman, and all the members of the School Health Service team who have assisted me so loyally and well.

I have the honour to remain, ladies and gentlemen,

Your obedient servant,

T. H. PARKMAN,

School Medical Officer.

July, 1951.

(Throughout this report, figures in parenthesis are those for 1950 for purposes of comparison).

STATISTICAL SUMMARY FOR 1951

TOTAL number of children on school registers, 1951 ..	7,440	(7,049)
at Primary schools—County	3,122	(2,864)
„ „ „ —Voluntary	1,448	(1,325)
at Secondary schools including Grammar schools	2,721	(2,702)
at schools for Handicapped Children	149	(158)
ROUTINE medical inspections—total number inspected ..	2,015	(1,926)
special inspections and re-inspections ..	2,416	(1,992)
minor ailments treated	633	(642)
DENTAL inspections—total number inspected	3,304	(2,678)
„ „ treated	1,480	(1,937)
Receiving orthodontic treatment ..	120	(83)
DEFECTIVE VISION —total number referred for examination	786	(697)
spectacles prescribed for	408	(287)
EAR, NOSE and THROAT —conditions referred for treatment and operated on	33	(66)
CLEANLINESS INSPECTIONS by school nurses at schools ..	20,066	(17,853)
number found defective in cleanliness	391	(416)
HOME VISITS by school nurses	1,387	(828)
DEATHS OF SCHOOLCHILDREN: I am pleased to report that during 1951 no death occurred in the child population aged 5—15 years.		

SECTION A

MEDICAL INSPECTION AND WORK OF CLINICS

Periodic (Routine) Medical Inspections.

In accordance with the Ministry of Education regulations, periodic medical inspections are carried out on

- (a) Every child admitted to a maintained school for the first time ; i.e., at 5+ years.
- (b) Every child attending a maintained Primary school at the age of 10+ years.
- (c) Every child attending a maintained Secondary school in the last year of attendance ; i.e., 14+ years.

In addition, children transferring to Hastings schools from other areas are examined as soon as possible and are recorded in the nearest appropriate periodic age group. Pupils remaining beyond the age of 15 (Grammar and High Schools, etc.) are examined during the last year of their school life.

" Special " examinations include those of children not examined routinely as " periodics " but presented at the special request of teacher or parent.

Parents are notified in advance of the examination and attend at stated times to avoid undue waiting. Attendance of parents is good, particularly with the first age group when 100% attendance is a common occurrence : it is particularly desirable in medical appraisal of infants that the parent should be present to give details of any previous departure from normal and to discuss any abnormalities found at the time of inspection. Similarly with the " leavers " group, discussion of the child's future employment in the light of his or her medical condition is extremely helpful and may well prevent the insertion of square pegs in round holes.

The preliminary " preparation " of the child by the school nurse includes weighing and measuring, sight testing, testing of colour vision in the second and third groups, tests of acuity of hearing and a general survey of cleanliness : this, with the medical officer's " top to toe " examination, ensures an accurate assessment of the child's fitness or otherwise. Where necessary, the parent or teacher can bring forward information on the child's mental abilities or behaviour so that appropriate advice and treatment, including where indicated special educational treatment, can be given.

The following tables give details of the numbers examined and defects found at school medical inspection.

TABLE I
**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	686	(660)
Second Age Group	617	(598)
Third Age Group	712	(668)
Total ...	2,015	(1,926)

Number of other Periodic Inspections — —

Grand Total ... 2,015 (1,926)

B.—OTHER INSPECTIONS

Number of Special Inspections	1,068	(1,079)
Number of Re-Inspections	1,348	(913)
Total ...	2,416	(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).

Group (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils. (4)
Entrants	17	140	144
Second Age Group ...	72	108	160
Third Age Group... ..	69	56	121
Total (prescribed groups)	158	304	425
Other Periodic Inspections	—	—	—
Grand Total	158	304	425

TABLE II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31ST DECEMBER, 1951.

All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

Defect Code No.	Defect or Disease (1)	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment. (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment. (5)
4.	Skin	164	4	460	9
5.	Eyes— <i>a.</i> Vision	209	27	123	26
	<i>b.</i> Squint	50	9	27	4
	<i>c.</i> Other	9	19	76	6
6.	Ears— <i>a.</i> Hearing	3	4	11	2
	<i>b.</i> Otitis Media	2	—	—	—
	<i>c.</i> Other	6	—	19	3
7.	Nose or Throat	24	48	68	31
8.	Speech	3	5	23	5
9.	Cervical Glands	2	20	13	10
10.	Heart and Circulation	—	6	5	2
11.	Lungs	27	14	33	12
12.	Developmental—				
	<i>a.</i> Hernia	2	1	—	—
	<i>b.</i> Other	5	18	3	—
13.	Orthopaedic—				
	<i>a.</i> Posture	4	8	4	2
	<i>b.</i> Flat foot	31	30	11	5
	<i>c.</i> Other	41	22	26	7
14.	Nervous system—				
	<i>a.</i> Epilepsy	1	2	1	—
	<i>b.</i> Other	14	3	18	5
15.	Psychological—				
	<i>a.</i> Development	—	1	9	2
	<i>b.</i> Stability	4	—	6	1
16.	Other	37	13	148	28

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED
DURING THE YEAR IN THE AGE GROUPS.

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	686	54	7.8	594	86.5	38	5.5
Second Age Group	617	47	7.6	558	90.4	12	2.0
Third Age Group	712	56	7.8	643	90.0	13	1.8
Other Periodic Inspections	—	—	—	—	—	—	—
Total	2,015	157	7.7	1,795	89.0	63	3.1

At the commencement of 1951, a revaluation of the criteria for classifying "general condition" was adopted: this resulted in a wider range in the (B) "fair" group to include all normal children, with a consequent contraction of the (A) "good" group, which now indicates only those children whose general condition, physique and vitality, raise them well above the average normal range. The subnormal group (C) "poor" shows little change and includes those who at the time of inspection were rather below par, not necessarily indicating either a permanent condition or definite malnutrition.

This alteration of criteria accounts for the percentage of group A falling to 7.7 as against 26 for 1950, group B increasing to 89 as against 69, whilst group C is recorded at 3.1 as against 4. Both my deputy and myself, as inspecting officers, agree that in actual fact there has been no deterioration at all in the standard of health or development of the schoolchildren during 1951.

Treatment of Defects found.

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	20,066 (17,853)
	Primary	16,388
	Secondary	3,678
(ii)	Number of children found unclean	391 (416)
(iii)	Number of children in respect of whom cleansing notices were issued (Education Act, 1944, Sec. 54 (2)	49 (80)
(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 their time in the hopfields.

Cases of infestation with the body louse remain a rarity.

These inspections are extremely useful apart from their specific purpose, as the school nurse sees the children regularly and can 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	547	(400)
Visits to homes :—		
By direct instructions of School Medical Officer	321	(242)
At request of School Enquiry Officer ..	9	(15)
Following up of cases of uncleanness ..	201	(150)
General cases, following up	856	(421)
	<hr/>	<hr/>
	1,387	1,387 (828) (828)
School visits—miscellaneous	205	(199)
	<hr/>	<hr/>
Total :	2,139	(1,427)

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, being old, converted buildings : Park View in particular is structurally defective.

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 Council has agreed to acquire a suitable site for a new all-purpose clinic in Hollington during the financial year 1952-3 and, if conditions permit, to build in 1953-4. This clinic will supersede the Park View general purpose clinic and the use of St. John's Hall for Hollington Infant Welfare Centre.

Any school child attending a local authority school may attend either school clinic 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, hospital, or special clinic. 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	1,055	(1,166)
Total attendances made	2,477	(2,120)
Total number found to require treatment.. ..	960	(1,021)

Minor Ailments treated:

Disease—					
Ringworm (body) .. ..	..	..	..	1	(6)
„ (scalp) .. ..	..	..	..	—	(—)
Scabies .. ..	..	..	..	2	(1)
Impetigo .. ..	..	..	..	13	(20)
Miscellaneous (minor injuries, burns, scalds, sores, abscesses, etc.) .. ..	..	..	..	175	(165)
Ear, nose and throat.. ..	..	..	..	131	(217)
Eye diseases (external) .. ..	..	..	..	76	(87)
Plantar Warts .. ..	..	..	..	63	(49)
Other skin diseases .. ..	..	..	..	205	(163)
				<hr/>	<hr/>
				666	(708)

Exclusions from School.

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

Infectious diseases (including rheumatism and influenza)	7	(7)
Diseases of the skin (including ringworm and scabies)	4	(4)
Inflammatory conditions of the throat (tonsillitis, adenitis, etc.)	3	(9)
Nervous conditions (including chorea, epilepsy, etc).	1	(—)
Diseases of the digestive system	—	(2)
Bronchial catarrh and colds, etc.	6	(—)
Heart disease	—	(—)
Injuries	1	(1)
Diseases of the ear	1	(3)
Diseases of the eye	1	(—)
Nits and vermin and uncleanness	6	(32)
Other diseases	3	(—)
	<hr/> 33	<hr/> (58)

Infectious Diseases.

The numbers of cases of infectious diseases notified by general practitioners for the year 1951, occurring in school children, are

Pneumonia	6	(7)	Measles	506	(37)
Scarlet Fever	21	(70)	Whooping Cough	98	(77)
Erysipelas	1	(Nil)	Diphtheria	—	(Nil)
Poliomyelitis	—	(2)	Cerebro-spinal		
Enteric Fever	—	(Nil)	Meningitis	—	(Nil)

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. This information is of great help in the general precautions taken to prevent spread of infectious diseases, especially those which are not notifiable.

The following table, in general use, gives guidance as to the exclusion of both cases and contact 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 to- gether 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," dis- charge 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 hos- pital, or the beginning of his isolation at home. If there be any suspic- ious signs the child should be excluded fur- ther until pronounced by a medical practit- ioner to be free from infection.
MEASLES	7—14	3—4	14 days after the appear- ance 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 appear- ance of the rash in the last case in the house. Other contacts can at- tend school. Any con- tacts suffering from a cough, cold, chill or red eyes should be immedi- ately excluded.
GERMAN MEASLES	5—21	0—2	7 days from the appear- ance of the rash.	None.
WHOOPING COUGH	6—18	—	28 days from the begin- ning of the character- istic 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 pro- nounced by a medical practitioner to be free from infection.	21 days unless recently successfully vaccinated when exclusion is un- necessary.

* 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.

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.

Considerable extra attention has been paid during the year to ascertaining and investigating child contacts of known cases of pulmonary tuberculosis: many of these contacts are of school age. Where the X-ray is clear and the Mantoux test negative, B.C.G. vaccination has been carried out, a procedure which it is hoped will decrease the child's susceptibility to the disease. In addition to Hastings children so immunized, a number of London children of tuberculous parents, boarded out by the L.C.C. in Hastings, have received this protective vaccination.

The Chest Clinic at the Royal East Sussex Hospital has furnished the following figures of attendances by children aged 0+ to 15 years, the increased numbers reflecting the results of the contact drive:—

Boys	..	..	..	778	(320)
Girls	..	..	..	535	(284)
				<hr/>	<hr/>
				1,313	(604)
				<hr/>	<hr/>

Anti-Diphtheria Immunisation.

The freedom from the dread disease of diphtheria which has ensued in the past few years as a direct result of the immunisation campaign has made it all the more important and, unfortunately, also more uphill work, to sustain the numbers immunised, if the disease is not to reappear in strength.

There has, therefore, been an intensification of the propaganda towards this end, and advantage is taken of the parent's presence at the 5+ periodic medical inspection to stress this point. Previous protection derived from immunisation in infancy *must* be boosted on entering school if it is to be maintained at its full level, and it is advisable to boost it again after a further period when the child reaches the age of 10+.

The actual immunisation is carried out mainly at the school clinics by appointment, the remainder being done by the family doctor.

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

Employment of Children.

During the year 1951 a total of 95 children were medically examined for employment under the provisions of the Children and Young Persons Act, 1933.

Employment cards were issued as follows:—

Errands	..	..	..	50
Delivery of newspapers	..	..	..	32
Assisting in shops	..	..	..	3
„ „ gardens	..	..	..	3
„ „ bakehouse	..	..	..	1
„ milk and bread roundsmen	..	..	..	4
Other trades	..	..	..	2
				<hr/>
				95
				<hr/>

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 (Juvenile Employment).

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.

Provision of Meals in Schools.

The general policy of frequent inspection of school kitchens and dining rooms was continued unchanged, and as a result a number of detailed improvements were effected. A comprehensive detailed survey was commenced and completed early in 1952, the result disclosing a number of sanitary conditions which do not comply with existing local bye-laws (unfortunately not applicable in these premises), and a number of contraventions of the Public Health, Food and Drugs, etc., Laws. These defects are being corrected and should increase the safety margins to ensure that food prepared and served is the cleanest possible hygienically.

St. Paul's Annexe Dining Room (St. Mary Magdalen Hall) was opened in April, 1951: otherwise the organization of the school meals service remains unchanged.

The number of school dinners served in the calendar year 1951 was 786,210 (773,572).

Number of staff employed at the end of year 112.

Milk in Schools Scheme.

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

			<i>No. of Children in School</i>	<i>No. of Children taking Milk</i>
1951				
February:	Primary .. ..	..	3,680	3,241
	Secondary .. ..	..	2,244	1,484
	Special .. ..	..	113	112
			<hr/> 6,037	<hr/> 4,837
May:	Primary .. ..	..	4,341	3,867
	Secondary .. ..	..	2,345	1,554
	Special .. ..	..	127	126
			<hr/> 6,813	<hr/> 5,547
October:	Primary .. ..	..	4,264	3,780
	Secondary .. ..	..	2,607	1,844
	Special .. ..	..	119	118
			<hr/> 6,990	<hr/> 5,742

Special Clinics.

Ophthalmic Clinic.

The school refraction clinics were held by Mr. A. Hollingsworth, Mr. Mason and Dr. Goodwin. The majority of cases were seen as in previous years at the Buchanan Hospital, a satisfactory and convenient arrangement to all concerned. As a result of the extension of the hospital eye service clinics at the Royal East Sussex Hospital and the closure of that department at the Buchanan, it was

found that there was insufficient accommodation at the new hospital clinic to continue seeing school children under the Education Authority scheme : in November at very short notice it was necessary therefore to re-equip the old eye room at Park View clinic, already far too congested, and Messrs. Hollingsworth and Mason now see their cases there. The room, though cramped, is adequately equipped, and I must record my thanks to Mr. Hollingsworth for his assistance in rigging it up.

Orthoptic treatment for squints and muscle imbalance continues to be carried out by the Royal East Sussex Hospital clinic and gives a most useful service. External eye defects are treated by the school minor ailment clinic or the hospital eye clinic.

Treatment of Eye diseases, defective vision and squint, 1951.

	<i>By Authority Service</i>		<i>Otherwise</i>	
External and other, excluding errors of refraction and squint	76	(87)	78	(69)
Errors of refraction (including squint) ..	786	(697)	127	(109)
Total	862	(784)	205	(178)
Numbers of pupils for whom spectacles were				
(a) prescribed	408	(287)	82	(45)
(b) obtained	408	(268)	82	(40)

Mr. Hollingsworth reports as follows :—

“ The examination of children by the School Medical Officer during their first term at school has proved valuable in discovering a number of children with squints or a partially amblyopic eye and glasses and orthoptic exercises have been ordered during their first term. Previously many of these children were not seen until they were seven or more and valuable time had been lost. A certain number of children of older age are still being referred, but this should decrease as time goes on. Even five years is too old for squint cases to be seen for the first time, but the referring of younger children is no function of the School Medical Department, and many of these are referred to the Hospital Out-Patient Department from Welfare Centres, Health Visitors and General Practitioners. A certain number of children referred during their first term have, in fact, already been seen at the Hospital.

There is a definite tendency for squint, amblyopia and hypermetropia to run in some families and I would suggest that where one child in a family is found to be suffering from one of these three defects, all brothers and sisters of school age should be re-examined by the School Medical Officer and referred to the Refraction Clinics if any defect is found. Squints are particularly common in twins and when one of a pair of twins has a squint, it might be as well to refer the second child for examination, even if it appears to be perfectly normal.”

As a result of the suggestions contained in Mr. Hollingsworth's 1950 report, the vision of every schoolchild is tested at age 5 and, where any doubt then exists, the test is repeated at age 6. The present educational policy of children learning to read by “ seeing ” means that a large number at this age cannot recognize and name with confidence the capital print alphabet letters on the normal Snellen eye test cards. The use of the alternative “ picture cards ” is equally unsatisfactory, as the operator can never be sure whether the often rather extraordinary objects depicted are seen and named incorrectly or not seen and guessed at. New cards have, therefore, been purchased of such a type as to obviate these difficulties, with the result that an accurate test can be achieved with a little patience on the vast majority of 5 year old children. This should lead progressively to visual defects being ascertained from the commencement of school life in every case.

Following up the suggestion in the second paragraph of Mr. Hollingsworth's current report, Infant Welfare Centre medical officers and the health visitors have been asked to inform the School Medical Officer of any children found with squint, amblyopia, etc., so that re-examination may be made of the related school children.

Throughout the year, school leavers were tested by Ishihara colour test plates to ascertain whether or not they suffer from any defect of colour vision: this is a matter of some importance in some occupations, e.g., pilots, train drivers, needlewomen, whose colour perception must be accurate. From the commencement of 1952, this colour testing has been extended and is now carried out at the 10+ year old examination.

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. The team deals with all Hastings cases and a number of East Sussex County Council cases from the surrounding country area.

All local 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. The Education Authority permits the investigation and treatment at this clinic of school children attending private schools at the discretion of the School Medical Officer, child guidance facilities not being available through any other source. The number of children so attending is very small indeed.

The Child Guidance Team report as follows:—

"During this year there have been certain developments in the Child Guidance Clinic Service which are of interest. During the first weeks of January no cases could be seen by the Psychiatrist, and again in September and October there was a period when the Psychiatrist was on leave. The work of the Clinic was carried on by the Educational Psychologist and the Social Worker, with the help and advice of the County Psychiatrist. Probably as a result of this, the Clinic has become recognised more as an institution to which parents can come for help and advice on various problems arising from the care and guidance of their children, rather than as a Clinic where children receive intensive treatment, although, of course, this has been given. Also, other persons concerned with the welfare of children in the district are tending more and more to consult the Clinic Team with regard to specific problems. As far as possible, we work to the ideal, that no one who comes to us shall go away without some kind of help, if it is only an address where they may be able to get the advice we cannot give, should the problem be beyond our scope.

Whereas the Psychiatric Social Worker is a full time worker, the Psychiatrist is at the Clinic two days each week, and the Psychologist one day only. The special coaching in specific subjects, chiefly reading and number, has increased and has proved to be a most valuable part of the work here. We have been obliged to make a waiting list of the children referred for coaching, as it is impossible for the Psychologist to undertake more than a certain number of cases at one time. She is also responsible for ascertaining the intelligence quotients of every case referred to the Clinic, and the time taken by these tests is anything from one to two hours. It is obvious that we need the Psychologist here for at least two days each week.

In conclusion, we should like to thank the School Medical Officer, Deputy School Medical Officer and members of their staff, also the Director of Education and his staff for all the help and co-operation we have invariably received from them."

The following is a summary of the work done in the Clinic for the year ending 31st December, 1951.

				Hastings Cases	East Sussex County Council Cases		
Psychiatric Interviews :							
New cases seen	..	..	..	54	28		
Treatment Interviews	..	..	..	228	125		
Initially referred by :							
S.M.O.	..	..	..	36	17		
Juvenile Court	..	..	..	5	—		
Probation Officers	..	..	..	5	1		
Children's Officer	..	..	..	7	—		
Parents	..	..	..	1	3		
Other Sources	..	..	..	—	54	7	28
Problem :							
Developmental	..	..	..	4	1		
Personality Disorders	..	..	..	11	11		
Habit Disorders	..	..	..	17	5		
Intellectual	..	..	..	11	5		
Behaviour Difficulty	..	..	..	11	54	6	28
How dealt with :							
Advice	..	..	..	25	14		
Psychiatric Treatment	..	..	..	7	10		
Coaching	..	..	..	11	—		
Periodic supervision	..	..	..	9	1		
Withdrawn before completion	..	..	..	2	54	3	28
Cases carried over from 1950 for psychiatric treatment				9		10	
New cases, 1951, receiving treatment	..			7	16	10	20
Analysis of cases :							
Recovered	..	..	..	7		9	
Improved	..	..	..	6		7	
Not improved	..	..	..	3		1	
Transferred	..	..	..	—	16	3	20
Still receiving psychiatric treatment, supervision or coaching	..	..	..	12		4	
Cases closed (withdrawn, un-co-operative or re-covered)	..	..	..	4		13	
Cases admitted to hospital or residential special schools	..	..	..	—	16	3	20
Educational Psychologist :							
Intelligence and attainment tests	..			56		17	
Coaching cases	..	..	..	12		5	
School visits	..	..	..	10		6	
Vocational guidance	..	..	..	—		1	
Analysis of coaching cases :							
Still receiving coaching	..	..	..	10		2	
Discharged, improved	..	..	..	—		2	
Transferred	..	..	..	2		2	
Psychiatric Social Worker :							
Clinic Interviews	..	..	..	267		220	
Home Visits	..	..	..	238		274	
School Visits	..	..	..	32		43	

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, these children being referred mainly by headteachers or school health service. The clinic sessions are held at 33 Cambridge Road, Hastings, by appointment.

Unfortunately, the work was again dislocated severely by the ill health of the therapist, Mrs. F. N. Wood, and the clinic was closed for the months of February, March and April. A temporary therapist, Miss N. Patterson, then reopened the clinic, and was succeeded in September by Miss A. Knight, who was appointed in a permanent capacity in April, 1952, Mrs. Wood having resigned.

Number of cases on register 1.1.51	..	..	36
Number of new cases admitted during year	..	..	24
Number of patients discharged during year	..	..	13
Number remaining on register 31.12.51.	..	..	47
Total number of patients who received treatment during 1951	..	..	60

Analysis of cases treated :

Stammering	..	..	..	13
Dyslalia (a) sigmatism	..	..	5	
(b) simple dyslalia	..	..	8	
(c) multiple	..	..	21	34
Cleft palate	..	..	..	5
Dysphonia	..	..	..	1
Partially deaf	..	..	..	2
Retarded speech	..	..	..	5
				—
				60
				—

Of the 13 cases discharged, 9 were regarded as having attained normal speech, 2 as much improved, 1 case was referred to Child Guidance and 1 was admitted to a special school for partially deaf children. Contact is maintained through school and home with discharged cases and it is satisfactory to note that the progress made under treatment has been maintained in all cases.

Such good results fully justify this clinic, as impediments of speech are a marked psychological handicap to the unfortunate sufferer both at school and even more so after school leaving, the added mental tension often causing psychological instability in adolescents.

Chiropody Clinic.

Perturbed by the continued high incidence of plantar warts (*veruca pedis*) and the somewhat unstable arrangements for treatment, the Education Committee in October, 1951, sanctioned the appointment of a qualified chiropodist for two sessions per week in the school health service.

Between 22.10.51 and 31.12.51, 10 boys and 13 girls made 67 and 63 attendances respectively for treatment of minor foot defects including plantar warts. A large proportion of the older school children show defects of the feet, many of which can be prevented from progressing if treated in the early stages. During the above period, therefore, the chiropodist also carried out a rapid planned pilot survey of a typical cross-section of school-children, details of which are recorded in Section D of this report. This survey proves abundantly the need for a comprehensive foot health service during school life, and it is hoped to develop the treatment angle as well as to carry out a much more detailed survey of the whole school population during 1952 and 1953. When the whole extent of the problem is known, it may be necessary to make arrangements on a wider basis with the Regional Hospital Board for treatment of the less disabling orthopaedic abnormalities.

SECTION B

SCHOOL DENTAL SERVICE

Number of school children attending local Education Authority Schools	7,440	(7,049)
Number of school dental officers employed ..		1 (1 vacancy)

In addition, one Dental Practitioner is employed for one session per week to provide specialist orthodontic treatment. In view of the inadequate and cramped dental facilities at Park View clinic, some rearrangement of the dental clinic at Halton was undertaken and the orthodontic clinic was transferred there during the year—although there is some improvement in working conditions, the inadequacies of both dental clinics are physical and structural, and can only be remedied when the projected new clinics at Hollington and Ore eventuate.

Mr. Penfold, School Dental Officer, reports as follows :—

“ As in previous years, routine work has again been help up as a consequence of the many applications for emergency treatment which of course is the result of the lag between inspections, a condition which it is hoped will be remedied by an increase in staff early in the coming year. Rather less than half of the schools were visited for inspection purposes during the twelve months. It may be thought that too much time is spent in conservative work on the deciduous dentition at the expense of the permanent teeth, but these deciduous teeth cannot be completely sacrificed. The ever growing list of cases waiting to see the Orthodontist is witness of this. Many of these irregularities are the direct result of the too early loss of the deciduous teeth. There is a gap of some three years between the treatment offered to children attending the Welfare Clinics and their first inspection on entry into school and in that time considerable damage can be done. This could only be overcome by regular inspections at nursery schools for which, unfortunately, accommodation is lacking. The dental condition of the new entries has deteriorated considerably since the years immediately following the war, when there was such a noticeable improvement. Ill-health was the cause of the loss of some six weeks work during the year.”

This table shows the work done by the Dental Officer for the year 1951 :—

1. Number of children inspected by the Dentist :			
(a) periodic age groups	2,382	(1,499)	
(b) specials	922	(1,179)	
Total			3,304 (2,678)
2. Number of children found to require treatment			2,183 (1,939)
3. Number referred for treatment ..			2,061 (1,929)
4. Number actually treated ..			1,480 (1,937)
5. Attendances made by children for treatment			2,778 (3,650)
6. Half-days devoted to :			
(a) Inspection	19	(10)	
(b) Treatment	359	(437)	
Total			378 (447)
7. Fillings :			
Permanent Teeth	1,020	(1,448)	
Temporary Teeth	855	(788)	
Total			1,875 (2,236)

8.	Number of teeth filled :				
	Permanent teeth	..	..	994	(1,359)
	Temporary Teeth	..	..	811	(749)
	Total	..	..		1,805 (2,108)
9.	Extractions :				
	Permanent Teeth	..	..	166	(291)
	Temporary Teeth	..	..	1,077	(1,510)
	Total	..	..		1,243 (1,801)
10.	Administration of general anaesthetics for extraction	..	..		821 (1,155)
11.	Other operations :				
	Permanent Teeth	..	..	275	(410)
	Temporary Teeth	..	..	51	(62)
	Total	..	..		326 (472)

Orthodontic Work.

Dr. Chisholm, the orthodontic specialist, reports as follows :—

"The Orthodontic Clinic has now grown to such proportions that some future policy will have to be arrived at to cope with the demand. Such a policy will be outlined in the near future for consideration by Dr. Parkman and his Committee.

The greater proportion of the treatment time is taken up with the long-term treatments, the adjustments necessary for appliances being worn, and the most necessary " pep " talks to patients and parents.

The result is a growing waiting list, among whom are children who are growing beyond the age for successful treatment.

The moving of the Clinic to Halton Place has been a welcome step, especially the extra store-room for filing the orthodontic models, which means a great saving in time and worry.

I should like to express my gratitude to those responsible for the way in which the demands of the Clinic were met, and so promptly carried out."

Number of sessions held in 1951	..	..	43	(47)
Number of attendances at these sessions	..	..	510	(564)
Number of children treated	..	..	120	()
Number of new cases	..	..	46	(35)
Number of cases completed	..	..	21	(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), the latter being for children of ages up to 9, the former for all ages.

An analysis of the numbers attending during 1951 is as follows :—

	<i>Hollington</i>	<i>Robert Mitchell</i>
Number on register 1 January, 1951	21	48
Number of admissions during the year	15	30*
Number of discharges during the year	13†	25†
Number on register 31st December, 1951	23	53

* 1 case transferred to Educationally Subnormal School.

† 2 cases transferred to and 2 cases transferred from Hollington Open Air 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	—	2
Asthma	4	6
Recurrent bronchitis and bronchiectasis ..	3	13
Rheumatism including chorea	—	—
Debility and/or subnormal nutrition	18	28
T.B. glands, neck	—	5
T.B. bone	—	1
T.B. contacts, primary lesions, hilar glands, etc.	3	8
Spastic paraplegia	1	2
Other crippling conditions	1	5
Epilepsy	—	—
Chronic nephritis	1	—
Other conditions	4	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 1951:

	<i>Hollington</i>	<i>Robert Mitchell</i>
Transferred to ordinary school system ..	6	17
Transferred to other special institutions or schools	1	3
Transferred to Robert Mitchell Open Air School	2	—
Left district	4	4
Left on attaining school leaving age ..	—	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, 1951	76
No. of admissions and re-admissions during year	*8
No. of school leavers (15 and 16)	5
No. of transfers to ordinary schools	—
No. of transfers to other schools including O.A.S.	1
No. left district	†5
No. in attendance December, 1951	*73

* including 3 East Sussex County Council Cases.

† " 2 " " " " " "

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. The need still exists 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: difficulties in provision of classrooms at ordinary schools and of the necessary staff continue to hold up this very necessary facility.

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 1951	..	..	19
No. of children ascertained as E.S.N. during 1951	..	..	10
No. of children re-tested	..	..	3
No. of Intelligence tests carried out by School Medical Officer for Juvenile Courts	..	..	22
No. of children reported to Local Authority :	Sec. 57(3)	..	2
	Sec. 57(5)	..	1

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 continues to be 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 1951 was :

blind, 1 ; deaf, 4 ; asthma, 1 ; anterior poliomyelitis, 1 ; cripples, 1 ; surgical tuberculosis, 3 ; maladjusted, 3 ; coeliac disease, 1 ;

a total in all of 15 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.

SECTION D

SPECIAL INVESTIGATION INTO DEFECTS OF THE FEET

For some time the School Medical Officer has been concerned at the number of defects of the feet of school children found at routine medical inspection. This has been particularly so in the older girls. Propaganda by the School Medical Officers, Health Visitors and teachers is continuous both direct and through parent-teacher associations, and the children and their parents are becoming more foot conscious. No really satisfactory scheme can be started for the prevention of these defects until a little more is known as to their cause and the age at which the different defects occur.

It was with these objects in view that a small sample survey was embarked on towards the end of 1951, following the appointment of a school chiropodist. This has been completed and the results analysed.

As will be seen from the accompanying tables, the pilot survey covered some 1,501 children unevenly distributed through the different age groups. Although few definite conclusions can be drawn, the survey has proved the necessity for a school foot health service and has given valuable help in planning the full-scale investigation covering all the school population which it is proposed to start during 1952.

ANALYSIS OF FOOT DEFECTS FOUND ON EXAMINATION OF 1,501 SCHOOL CHILDREN (ALL AGES).

			Number of Children found with each of following Defects and percentage of total examined.						
	Total Number Exa- mined	Per- centage with Defects	Hallux Valgus	Rotated Toes	Claw Toes	Hammer Toes	Flat Foot	Pes Cavus	Other
MALES ...	728	18	50 (7%)	36 (5%)	8 (1%)	7 (1%)	19 (3%)	8 (1%)	4 (1%)
FEMALES	773	26	122 (16%)	18 (2%)	22 (3%)	12 (2%)	10 (1%)	3 (0%)	16 (2%)

The first point to be noted is the high percentage of children with foot defects, 18% of boys and 26% of girls at all ages. These vary from slight defects to quite severe ones—i.e., those in which the child if not at present having painful feet or some degree of disability would certainly do so in the near future.

The second point is the greater percentage of girls involved. This seems to point to some special factor which only operates in the case of girls.

Hallux Valgus is a deviation or bending of the great toe towards the little toe side of the foot. The big toe joint becomes thickened and enlarged, followed later by bunion formation; the condition is both painful and crippling when advanced.

As it has proved to be the defect most commonly found, further study of this condition is desirable.

HALLUX VALGUS

AGE	MALES		FEMALES	
	Number examined in each age group	Number having Hallux Valgus	Number examined in each age group	Number having Hallux Valgus
5	18	1 5.0%	17	1 6.0%
6	110	2 2.0%	91	0 0%
7	86	7 8.0%	87	4 5.6%
8	79	1 1.2%	61	3 5.0%
9	55	0 0%	51	2 4.0%
10	59	4 7.0%	53	6 11.3%
11	45	0 0%	50	11 22%
12	73	7 10%	78	17 22%
13	61	13 21%	87	19 22%
14	71	15 21%	95	28 30%
15	14	1 7.0%	82	32 40%
16 & 17	57	4 7.0%	21	4 20%

This table seems to point to the following facts (i) that young children of both sexes show an incidence of some 5% hallux valgus, suggesting a hereditary condition, (ii) that the condition becomes rapidly more frequent after the age of 11—12, (iii) that older girls show a much higher incidence than boys, and usually a much more marked disability. The most likely reason for this is the wearing of badly fitting, poor quality footwear, particularly in girls the pointed toe type of shoe which is universally regarded as "chic": this vanity is the cause of much foot trouble through deformed feet, hallux valgus, bunions and corns.

This pilot survey has shown a number of other interesting facts about children's feet, but it is considered advisable to study them in more detail in the full survey now projected before attempting to reach any final conclusions.