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COUNTY BOROUGH OF HASTINGS



# ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

1952

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



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HEALTH DEPARTMENT,  
44, WELLINGTON SQUARE,  
HASTINGS.  
*August, 1953.*

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 1952. In general, the report follows the same lines as adopted since 1950 both in the sequence of the various sections and in giving comparative tables for many statistics covering the past 25 years—many of these figures show clearly the progressive improvement in many phases of the health of the community during that period. The Ministry of Health requested a special survey of services provided under the National Health Act 1946 covering the five year period since its inception, and Section 2 of the report has, therefore, been expanded to cover the items on which specific information was sought.

There has been a further small decline in the population of Hastings as estimated at mid-year by the Registrar-General, the 1952 figure of 64,800 being a decrease of 290 on the previous year and 890 since 1950.

The death rate, corrected by the Registrar's factor to enable comparison with the national figures for the standard population, was 10.31 per 1000, an improvement on the 11.99 and 11.79 in 1951 and 1950 respectively. This figure compares with the national rate for 1952 of 11.3. 79% of Hastings deaths occurred in residents of 65 years and over, 51.5% at 75 and over. Further indications of the high proportion of aged people in our community are derived from the provisional 1951 Census figures now available, which show that already some 13,000 persons, 20% of the total population, are 65 or more : in the case of females, 1 in every 4 are in this age group.

The birth-rate continues to fall, being 12.1 per 1000, the number of live births being 783, compared with 807 and 890 in 1951 and 1950, some 60% below the peak rates of the immediate post-war years. A further small decrease in illegitimate births was noted, 47 in the year, but the number of stillbirths recorded showed an increase to 19.

The infant mortality rate, which in Hastings has always been commendably low, showed a further sharp increase to 31.9, accentuating the rise shown in 1951 to 21.1 from 15.7 in 1950. This is a most regrettable fact to report, but for the first time in many years, the Hastings figure is less favourable than the national rate, 27.6 for 1952. Not only is the loss of young life to be deplored, but it should be remembered that the infant mortality rate is regarded as one of the more sensitive guides as to the socio-economic health of a community. Study of table V shows that 18 of the 25 infant deaths occurred under 1 month of age, 7 in the first day of life—the main causes being prematurity and congenital malformations. Although few if any of the infant deaths can be classified as "preventable" in the present state of our medical knowledge, the figures must give rise to some concern.

The Authority's services provided under the National Health Service continue to run smoothly and efficiently. I have dealt with them in some detail in Section 2 of the report. The home nursing and domiciliary midwifery service, carried out by the Hastings and St. Leonards District Nursing and Maternity Association as agents, has had another busy and satisfactory year, having been able to meet all calls upon it in spite of staff shortages : increased mechanization has contributed greatly to this result. The Home Help service has stabilised



considerably and has proved a boon to many deserving people—difficulties in its administration following the retirement of the Organizer in August 1952 were very onerous and caused much dislocation of general office work, but I am glad to say that the position was rectified very well by the appointment of Miss Lippett as Organizer of the service in June 1953. A high proportion of the cost of this service, some 60%, is recovered directly, or indirectly from aid given by the National Assistance Board. The Ambulance Service has continued fairly stably at the level reached towards the end of 1951, and has carried out a most efficient and economic year of work : comment on this service is given in some detail in the report, but I would draw your attention to the comparative costs set out from the Ministry of Health costing return, which shows that on any basis, the Hastings service is run extremely economically as regards financial costs. The cost per 1000 population, perhaps the fairest figure for general comparison, is £119, comparing with an average of £155 for all the aggregated county boroughs and over £200 for the aggregated counties : this figure is the more remarkable considering the high age range of our population and certain special burdens which fall on the service in a seaside resort suitable for convalescence and retirement.

Accommodation of aged persons under the National Assistance Act schemes has continued to progress. The full accommodation at Moreton and Little Moreton was opened by the end of February 1952, and Pine Hill adaptation progressed so well that it was opened in May 1953. The final stage, the Charles Road scheme, is in abeyance for the moment, although most sorely needed, whilst the possibilities of an alternative plan of a " half-way house " extension at Moreton are examined. In the meantime, a number of beds are still in use at St. Helen's Hospital.

The urgent need for new all-purpose clinics at Hollington and Ore to replace the existing totally inadequate structures continues—preliminary application has been made to the Ministries concerned and draft plans have been produced as a basis for discussion.

I do not propose to comment in detail on the general housing situation. Suffice it to say that the number of new requests for priority assistance received in the Health Department shows a steady decline in frequency. It will obviously be some years yet before any action can be taken in relation to the numerous basement habitations which provide such poor quarters for rearing a family : the number of worn-out and structurally neglected houses increases yearly, but until it is possible to resume routine housing inspections and surveys the extent of the problem can only be guessed ; there is no likelihood of resuming these inspections until further sanitary inspectors are appointed.

I have to thank you, Mr. Mayor, the Members of the Council and in particular the Chairmen of the appropriate Committees for your continued support and consideration : my professional colleagues and the officers of the Hospital Management Committee and Local Executive Council for their friendly co-operation and help, and my staff, particularly my Deputy, Dr. P. Weyman, and the Chief Sanitary Inspector, Mr. A. E. Hollox, for their loyalty and hard work.

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 1951 for comparison).



# CHAIRMEN OF COMMITTEES RESPONSIBLE FOR HEALTH SERVICES, 1952.

*Public Hygiene Committee*—COUNCILLOR S. E. A. GLYNN (Jan.—Oct.).

ALDERMAN S. S. RIDDLE (Nov.—Dec.).

*Education Committee*—ALDERMAN F. T. HUSSEY.

*Housing and Improvements Committee*—COUNCILLOR G. H. GREEN.

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

*Sub-Health (Welfare and Old People's)*—COUNCILLOR MISS D. BATTY.

*Children's Committee*—COUNCILLOR MISS D. BATTY.

## STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1952.

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 (Part-time).
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 (Part-time).
C. N. WOOD, M.A., M.B., B.CH., M.R.C.S. ENG. L.R.C.P. LOND.	Medical Officer, Contraceptive Clinic (Part-time).
I. M. CHISHOLM, L.R.C.P. & S., L.D.S., R.C.S. EDIN.	Orthodontic Surgeon (Part-time).
S. M. PRIBRAM, M.D., D.P.M. ... ..	Psychologist, Child Guidance Clinic (Part-time).
W. D. PENFOLD, L.D.S., R.C.S. (ENG). ... ..	School Dental Officer (Senior).
R. STEELE, L.D.S. (appointed 7.1.52) ... ..	School Dental Officer.
MRS. E. N. DICKSON ... ..	Psychiatric Social Worker, Child Guidance Clinic.
MISS M. GARSON, M.A., A.B., PS.S. ... ..	Educational Psychologist, Child Guidance Clinic.
MISS D. SMITH ... ..	Clinic Secretary, Child Guidance Clinic.
MISS A. KNIGHT, L.R.C.S.T. (appointed 1.4.52)	Speech Therapist.
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.
J. A. SADLER (a) (b) ... ..	do. do.
E. G. C. WELCH (a) ... ..	do. do.
S. W. ASHDOWN ... ..	and Shops Act Inspector.
MISS E. LEAHY (c) (d) (f) ... ..	Lay Assistant.
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.
(resigned 31.8.52) (c) (d) (f)	
MRS. E. H. SPARSHOTT (apptd. 20.10.52) (c) (f)	do. do.
MRS. A. E. HALL (appointed 8.12.52) (c) (d) (f)	do. do.
MISS N. K. CARRICK (d) ... ..	Municipal Midwife.

# STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1952

(Continued).

NAME OF OFFICERS.	OFFICES HELD.
A. E. CHRISTMAS ... ..	Duly Authorised Officer and Welfare Officer.
MRS. M. HUNTER ... ..	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 J. COTTON (appointed 31.12.51) ...	Shorthand-typist.
Miss D. E. WHITE (resigned 31.8.52) ...	Clerk, Home Help Service.
A. HARRIS ... ..	Junior Clerk, General Office.
H. WIGGLESWORTH, M.C.S.P., M.CH.S. ...	Chiropodist (Part-time).
Miss M. DALE ... ..	Clerk, School Health Service.
Miss B. J. ELPHICK ... ..	Clerk, School Health Service.
MRS. R. DE MAIO ... ..	Clerk, School Dental Service.
Miss S. FORSYTHE (appointed 14.1.52) ...	" " " "

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



# SECTION I

## GENERAL AND VITAL STATISTICS

### (a) Summary:

Area of Borough .. .. .	7,770 acres.
Population—Census, 1951 .. .. .	65,506
„ —Registrar-General's estimate of resident population for the purpose of Vital Statistics mid 1952 .. .. .	64,800
Number of inhabited houses (end of 1952) .. .. .	21,151
Rateable Value .. .. .	£765,383
Sum represented by 1d. rate .. .. .	£3,070
Live Births, 1952, Legitimate .. .. . 736	
„ Illegitimate .. .. . 47	
	Total : 783
Birth rate (per 1,000 of the estimated population) .. .. .	12.1
Still births .. .. .	19
Rate per 1,000 total (live and still) births .. .. .	23.7
Number of infant deaths (under 1 year) .. .. .	25
Infant Mortality Rate (per 1,000 live births) .. .. .	31.9
Legitimate (per 1,000 legitimate births) .. .. .	32.6
Illegitimate (per 1,000 illegitimate births) .. .. .	21.3
Deaths, 1952 .. .. .	1,000
Death rate per 1,000 resident population :	
(a) crude .. .. .	15.4
* (b) corrected .. .. .	10.31
* Factor of correction .. .. .	0.67
Death rate (puerperal causes) (per 1,000 live and still births) :	
Puerperal sepsis .. .. .	0.00
Other maternal causes .. .. .	1.24
Death rate (tuberculosis) (per 1,000 population) .. .. .	0.17
Death rate (notifiable infectious diseases) (per 1,000 population) .. .. .	.03
Death rate (cancer) (per 1,000 population) .. .. .	2.8
Total hours sunshine, 1952 .. .. .	1843.4
Total inches rainfall, 1952 .. .. .	29.69

### (b) Vital Statistics:

<b>Population:</b> Census, 1951 .. .. .	65,506
Estimated mid-year population, 1952 .. .. .	64,800
Estimated mid-year population, 1951 .. .. .	65,090

The Registrar-General's mid-year estimate of resident population of the County Borough shows a further decrease on the previous year of 290, bringing the decrease in the last two years to 890. The present estimated population is 1,520 below the highest figure recorded, 66,480 in 1939.

**Birth Rate:** Total number of live births registered in Hastings (excluding county cases) for 1952 was 783, comprising 378 males and 405 females, giving a birth rate of 12.1 per 1,000 estimated midyear population. Of the total live births, 47, 26 males and 21 females, were illegitimate, a percentage of 6.0 of all births. Comparative figures for the past 25 years are given in Table I, which shows clearly the continued decline in the birth rate.



**Death rate:** Total number of deaths registered in 1952 occurring among the resident population of the borough was 1,000, 435 being males, 565 females. Not included were 316 deaths transferred to other districts (i.e., persons not normally resident in the town): included were 94 deaths of Hastings residents occurring elsewhere. There were 31 Coroner's inquests. 60 deaths were certified by the Coroner without inquests: 1 death was uncertified.

The crude death rate per 1,000 population was therefore 15.4, 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 10.31 per 1,000, which figure can be compared with the national rates.

See also Tables II and III.

**Age at death:** of the 1,000 deaths of residents in 1952, 25 occurred in infants under 1 year of age and 6 from 1—5 years. 791 (79.1% of the total deaths) were of residents over 65 years, 515 (51.5% 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	506	50.6%	of total.
(b) Cancer .. .. .	179	17.9%	"
(c) Respiratory diseases (other than tuberculosis and cancer) .. .. .	87	8.7%	"
(d) Death by violence .. .. .	25	2.5%	"

For complete analysis see Table IV.

#### Infant Mortality:

The Infant Mortality rate in 1952 with 25 infant deaths in 783 live births was 31.9 per 1,000 births compared with a national rate for England and Wales of 27.6. This figure shows a marked and most regrettable increase over 21.1 recorded in 1951 and 15.7 in 1950. The national rate continues to decline, so that the Hastings rate for 1952 is higher than the rate for the whole country.

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 1952 was 19.

The Infant (legitimate) Mortality rate with 24 deaths in 736 legitimate births was 32.5 per 1,000: the rate for illegitimate children under 1 year was 21.3 per 1,000, there being 1 death of such a child in 47 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 cerebral haemorrhage and eclampsia.

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 0.72.

#### Puerperal Pyrexia Regulations, 1939-51:

The total number of cases of puerperal pyrexia notified in 1952 was 29, with no deaths: 24 of these cases occurred in hospital confinement, 5 in home confinement. The majority of the cases notified are due to intercurrent infections, colds, etc., and extremely few to potentially dangerous 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.	
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
1952	64,800	378	405	783	12.1	736	47	6.0	19



**Comparative Table II.**

DEATHS AT ALL AGES AND INFANT MORTALITY.

Year.	Est. Mid-Year population.	Total Deaths registered in Hastings.	Transferable Deaths *		NET HASTINGS DEATHS				
					All Ages.			Under 1 yr.	
			In	Out	Total.	Crude Rate.	Corrected Rate †	Total.	Rate per 1,000 Births.
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	62,740	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
1952	64,800	1,222	94	316	1,000	15.4	10.31	25	31.9

†Factor for correction 1925-33 — 0.718  
 1934-39 — 0.67  
 ("Comparability factor") 1940 — 0.70  
 1941-48 — 0.67 *assumed*  
 1949-50 — 0.68  
 1951-52 — 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.

### BIRTH RATES, DEATH RATES, AND ANALYSIS OF MORTALITY DURING THE YEAR 1952.

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 ... ..	15·3	0·35	11·3	0·00	0·00	0·24	0·01	0·00	0·00	0·04	0·47	1·1	27·6
160 County Boroughs and Great Towns, including London ...	16·9	0·43	12·1	0·00	—	0·28	0·01	0·00	0·00	0·04	0·52	1·3	31·2
160 Smaller Towns (Resident Populations, 25,000—50,000 at Census 1951) ... ..	15·5	0·36	11·2	0·00	—	0·22	0·00	0·00	0·00	0·04	0·43	0·5	25·8
London ... ..	17·6	0·34	12·6	—	—	0·31	0·01	0·00	0·00	0·05	0·58	0·7	23·8
<b>Hastings</b> ... ..	12·1 (a) 13·3 (b)	0·29	15·4 (c) 10·31(d)	0·00	—	0·17	0·00	0·01	0·00	0·01	0·55	0·00	31·9

(a) crude birth-rate, (b) corrected birth-rate ( $\times 1.10$ , comparability factor).

(c) crude death-rate, (d) corrected death-rate ( $\times 0.67$ ).

The maternal mortality rates for England and Wales are as follows

Hastings

Puerperal Sepsis, Others, Total.

.. per 1,000 Total Births

“ “ “ Total Births

Others, Total.

0.63

1.24



**Table IV.** CAUSES OF, AND AGES AT, DEATH DURING YEAR, 1952.

[illegible]



# INFANT MORTALITY.

Table V.

1952. Net Deaths from Stated Causes at various ages under 1 year of age.

CAUSES OF DEATHS.	0-1 Day.		1-2 Days.	2-3 Days.	3-4 Days.	4-5 Days.	5-6 Days.	6-7 Days.	7-14 Days.	14-21 Days.	21-28 Days.	Total under 4 weeks.	28 Days - 2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total under 1 Year.
	All Causes	{ Certified { Uncertified	7	2	1	3	2	1	1	1	...	18	...	1	1	1	1	...	2	...	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	3	...	...	1	1	1	1	1	...	1	...	3	...	...	...	...	...	...	...	...	...	...	...	...
Atrophy, Debility and Marasmus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Atelectasis	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Injury at birth	2	...	...	1	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gastritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia (all forms)	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Suffocation (overlying)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other causes	...	...	...	...	...	1	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...
Totals	...	...	7	2	1	3	2	1	1	1	...	18	...	1	1	1	1	...	2	...	1	...	...	25

Net Births in the Year. { legitimate 736  
                  { illegitimate 47

Net Deaths in the Year. { legitimate 24  
                                  { illegitimate 1

Neonatal Deaths (under 1 month) 18  
Infant Deaths ( " 1 year) 25

Rate per 1000 live births 23.0  
" " " 31.9

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.	
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
1952	802	...	...	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**

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**SPECIAL SURVEY OF LOCAL HEALTH SERVICES PROVIDED UNDER**  
**THE NATIONAL HEALTH SERVICE ACTS: MINISTRY OF HEALTH**  
**CIRCULAR 29/52**

The Ministry of Health requested that the Annual Report of the Medical Officer of Health for 1952 should take the form of a special survey to include not only an account of the services covered in this Section of the Report as existing at the end of the year, but to contain a general review of their working as part of the wider National Health Service and particulars of the nature and results of the steps taken locally to link them up with the other parts of the National Service. It was further requested that an advance copy of this section of the Report be furnished to the Minister by the 28th February, 1953.

This information is set out according to the headings and topics suggested by the Ministry circular and in conformity with recent Annual Reports.

**GENERAL**

**Administration:**

The Health Committee was appointed to be responsible to the County Borough Council from the Appointed Day in 1948 for all relevant matters arising from the operation of the National Health Service and National Assistance Acts. The Committee consists of 15 members, 10 Council members and 5 co-opted members, the latter nominated by local branches of the British Medical Association, Group Hospital Management Committee, Dental Committee, Pharmaceutical Society and the Hastings and St. Leonards District Nursing and Maternity Association. Originally, three sub-committees of the Health Committee were formed, Mental Cases, Maternity and Child Welfare and Welfare and Old People. In 1952, the Mental Cases and the Maternity and Child Welfare Sub-Committees were given up, their business being placed in the hands of the whole Health Committee, leaving only the Welfare and Old People's Sub-Committee to deal with National Assistance Act business.

At officer level, the Medical Officer of Health is also designated as Chief Welfare Officer, and all business under the two acts thus fall under one committee with one chief officer responsible: as all the work is carried out by the staff of the Health Department, in the field through the Welfare Officer and Health Visitors and clerically by one staff, a complete co-ordination of policy, information and action is obtained, with the utmost benefit to the public concerned.

In the case of Hastings, therefore, the simplest type of unified organisation exists at both committee and officer level, producing a far higher degree of efficiency than is practicable where these enactments are dealt with through two or more separate committees and multiple officers and departments.

I am more than ever convinced as a result of experience that this unification of the local authority's services is of prime importance in producing efficient results and is almost equally certainly economically worthwhile: in addition, it renders co-operation with the other branches of the National Health Service that much more easy and complete.

**Co-ordination and Co-operation:**

In a small and compact county borough the optimum possible conditions for general co-ordination and co-operation exist in a way which cannot be found



in larger and more complex areas. The Hastings Group Hospital Management Committee covers a rather larger area than the county borough, but its administration and main hospitals are within the borough. The Hastings Executive Council, covering general medical, dental and pharmaceutical services, also cover a larger area than the borough, but again the majority of its service is within the borough. One Local Health Authority, one Hospital Management Committee, one Executive Council, covering one area would appear the simplest yet most effective combination in the administration of the National Health Services.

Co-operation and co-ordination is greatly assisted by the fact that many members of the three main committees concerned serve on more than one of them, and in some cases on all three.

At officer level, the same considerations apply: one Medical Officer of Health, one Secretary to the Group Hospital Management Committee, one Clerk to the Executive Council. The degree of co-operation depends largely on personalities, and I am most happy to record easy harmonious working between these three departments. A Joint Advisory Committee was formed consisting of three members of each of the three bodies concerned together with the officers enumerated, and held its first meeting on the 2nd April, 1951: the committee has not in fact found it necessary to meet very often owing to lack of items for the agenda—this to my mind is largely due to the co-ordination and co-operation already achieved by so many prominent citizens being members of two or more of the bodies and to the close and cordial liaison between the officers, whereby the very few incipient difficulties which have threatened are smoothed away before reaching maturity.

The Medical Officer of Health is a member of the Group Medical Committee, Local Medical Committee and Local Obstetric Committee, as well as of the B.M.A. Executive Committee, and attends all meetings of the Hospital Management Committee and Executive Council. He is in addition a member of a hospital House Committee. He is, therefore, in the closest possible contact with all three branches of the National Service, and in a position to advise on any point which requires co-ordination.

Excellent relations pertain between the Health Department staff on one hand and both hospitals (consultants and almoners) and general practitioners on the other. Information is freely exchanged where indicated in the interests of the patient, particularly as affecting the school health service, home help and domiciliary nursing services and the general welfare of both old and handicapped persons.

Use is made of the Health Visitors by hospital almoners where certain types of "field" information is needed, and certain hospital clinics are attended by them, details of this work being given in the paragraph on the work of the Health Visitors: the Mental Health Worker attends the weekly psychiatric out-patient clinic. There is scope for much increased use by the hospitals of the Health Visitors' intimate knowledge of families and their home conditions, and there are considerable possibilities in the direct use of Health Visitors by general practitioners. This latter ideal cannot at present be operated owing to the very heavy case load which the Health Visitors already carry.

Domiciliary midwives work closely with the general practitioners who undertake obstetrics, and the District Nurses work in direct liaison with them also. There have been few or no difficulties in this respect.

The public are kept informed of the services available through the Local Authority in a number of ways—directly through their contact with the Health Visitors in the homes of the people and clinics, through frequent talks by the medical staff to organisations in the town, and when necessary by the willing co-operation of the local press. A booklet was issued to all householders when the National Health Service came into being detailing all the available Local Authority services and the means of securing them: a new booklet is in printing for distribution to key persons containing information on the services provided by all three branches of the Service—this joint booklet being produced



by the Joint Advisory Committee. A series of regular health service items, again covering all three Services, is to commence in the Spring in the local press. Information as to the Local Authority services was also incorporated in a booklet produced by the Housing Committee for distribution to all Council house tenants.

General practitioners in addition receive each year a copy of the Medical Officer of Health's annual report, and information is exchanged as necessary at the Local Medical Committee meetings or by circular information letters from the Medical Officer of Health to all practitioners. A really sound and pleasant relationship has been built up between the medical men concerned.

### **Joint Use of Staff:**

The majority of the Authority's Infant Welfare Centres are staffed by local general practitioners who have a special interest in this speciality: similarly the ante and post-natal clinics, the special contraceptive clinic and certain refraction clinics in the school health service are so staffed, all these appointments being on a sessional basis.

The Authority also employ on a sessional basis certain hospital consultants, mainly in the school health service, e.g., ophthalmologist, psychiatrist (under a Joint Scheme with the East Sussex County Council) and orthodontic specialist.

As regards tuberculosis, the Authority have the use of the Hospital Service Chest Physician to do contact examinations and B.C.G. vaccination, whilst the Hospital Service has the use in its chest clinic of a Health Visitor employed full-time on tuberculosis work.

Since the Appointed Day, the Medical Officer of Health has continued to act as medical superintendent to the Isolation Hospital for Fever cases under an arrangement between the Authority and Regional Hospital Board. This is not only invaluable in providing some clinical work and leaving the control and investigation of infectious diseases in one hand, but provides another useful link between the Health Department and both general practitioners and other hospitals.

### **Voluntary Organisations:**

Wherever possible it has been the Council's policy to carry out its responsibilities through voluntary organisations. Thus Domiciliary Midwifery and Home Nursing are carried out almost entirely through the Hastings & St. Leonards District Nursing and Maternity Association, the one municipal midwife employed direct by the Council working in the closest co-operation with the Association. On a parallel basis, the Ambulance Service is carried out through the agency of the St. John Ambulance Brigade, the Occupation Centre remains under a voluntary mental welfare committee, the blind are tended by the Hastings Voluntary Association for the Blind. These agency arrangements are based on the repayment of the full cost of the service by the Council.

Much use is made of other organisations in the care of handicapped persons, cripples, deaf, and there is close liaison with all agencies providing various forms of social welfare. This particularly applies in the care and accommodation of old people. The Medical Officer of Health is a member of the committee of a large number of these local voluntary organisations.

## **SECTION 21**

### **Health Centres:**

Sites for five Health Centres were earmarked in general terms in agreement with the Executive Council and Local Medical Committee: no further progress has been possible in the past three years, and the scheme remains in abeyance. Financial difficulties render such buildings unlikely for many years to come, and already there are in some quarters second thoughts as to their practicability.



## 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 ..	Friday, 2 p.m.

These centres are attended by the appropriate district Health Visitors, 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.

Cases requiring consultant paediatric advice are referred to the appropriate hospital outpatient clinic.

Shortage of Health Visitors precludes their attendance at welfare sessions held by general practitioners in their own premises, and no approach has been received in this matter from the doctors.

Attendances at the Centres in 1952 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 ...	74	1,241	15	650	1,980	40
Halton Clinic:						
(Tuesday) ...	65	1,268	7	900	2,240	43
(Wednesday) ...	45	715	10	716	1,486	28
Priory Street ...	135	2,393	29	1,538	4,095	39
London Road ...	136	2,930	44	1,288	4,398	44
Bexhill Road ...	19	290	6	346	661	24
Park View ...	63	962	26	592	1,643	32
Hollington ...	67	1,039	17	1,028	2,151	44
TOTAL	604	10,838	154	7,058	18,654	—



**Distribution of Milk, Vitamins, etc., during the last quarter, 1952.**

Orange Juice "take up" ..	41.9 per cent. (this includes issues to expectant mothers).
Cod Liver Oil "take up" ..	31.8 per cent.
Vitamin A and D Capsules ..	38.1 per cent.
National Dried Milk ..	696 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 .. .. .	67	30
Subsequent Visits .. .. .	320	3
	<hr/> 387	<hr/> 33

The attendances are too small to warrant courses of training in mothercraft as yet.

**(c) Contraceptive Clinic.**

New cases ..	73
Old cases ..	90

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163

These figures include East Sussex County Council cases.

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

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

It is the duty of the Local Health Authority to provide a priority dental service for these important sections of the population. This scheme has not been practicable to operate as yet, for following the appointment of a second dental officer at the commencement of 1952, it was felt wiser to attempt to overtake at least some of the vast arrears of work in schoolchildren. It is envisaged that the scheme can be started in April, 1953. In the meantime, mothers attending ante-natal clinics 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 ...	30	26	26	23



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

	Extractions	Anæsthetics		Fillings	Scalings or Scaling and gum treatment	Silver Nitrate treatment	Dressings	Radiographs	Dentures provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers ...	...	...	...	...	...	...	...	...	...	...
Children under 5 ...	21	...	12	60	...	...	13	...	...	...

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 the 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 reports 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) **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.

(g) **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.

(h) **Prematurity:**

Special equipment for use with premature infants has been provided to the District Nursing Association including a draughtproof cot, electric blanket



and equipment as specified in Ministry of Health circular 20/44. Ambulance vehicles also comply with the suggestions of the same circular in regard to transport of premature infants.

### PREMATURITY 1952

Premature babies born at home 9. % survival 100.

Weight at birth.	No.	Transferred to hospital.	Deaths	Remaining at home.	Deaths.
2 lbs. 3 ozs. or less ... ..	—	—	—	—	—
2 lbs. 3 ozs. — 3 lbs. 4 ozs.	2	2	—	—	—
3 lbs. 4 ozs. — 4 lbs. 6 ozs.	2	—	—	2	—
4 lbs. 6 ozs. — 4 lbs. 15 ozs.	1	—	—	1	—
4 lbs. 15 ozs. — 5 lbs. 8 ozs.	4	—	—	4	—

Premature babies born in Institutions (Hospitals and Nursing Homes)  
48. % survival 85.4.

Weight at birth.	No.	Deaths.
2 lbs. 3 ozs. or less ... ..	5	5
2 lbs. 3 ozs. — 3 lbs. 4 ozs.	5	1
3 lbs. 4 ozs. — 4 lbs. 6 ozs.	3	—
4 lbs. 6 ozs. — 4 lbs. 15 ozs.	9	1
4 lbs. 15 ozs. — 5 lbs. 8 ozs.	26	—

## 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 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 still further mechanization is necessary in view of the case loads carried by the 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 ...	2,248	298	2,546
2. Confinements conducted			
(a) as midwives ...	134	28	162
(b) as midwifery nurses ...	16	10	26
(c) Total confinements	150	38	188
*3. Post natal visits ...	4,047	688	4,735
4. Gas and Air Analgesia	130	36	166

\* 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, 162, shows a further decline, and it is becoming increasingly difficult to provide sufficient cases for the pupil midwives training for the C.M.B. : the Association is recognised as a training school for pupil midwives.

Gas and air analgesia is a greatly appreciated service and was used in 88% of confinements on the district. All the midwives employed have received full training in the use of gas and air analgesia apparatus, and any mother who wishes can receive this treatment.

### (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. The midwives attend approved refresher courses organised by the College of Midwives at 5 year intervals in each case.

The number of midwives notifying their intention to practice in the area during 1952 was 35, including 20 in hospital practice (St. Helen's and Fernbank) and 15 in domiciliary practice : all the latter were employed in the Health Authority's Domiciliary Service : no notification of intention to practice as a midwife privately was received.

Total domiciliary midwives on register

as at 31.12.52 8

No. of visits by Inspector

60 (including 34 midwife inspections at Fernbank Maternity Home).

Midwives notifications :

(a) Medical aid 39

(b) Other 57

### (c) Place of Confinement:

Analysis of 784 notified confinements of Hastings residents during 1952 shows that 24% of births occur at home and 76% in institutions.



Place of Confinement	No. of Cases	Comparable Percentages					
		1952	1951	1950	1949	1948	1947
1. Home ... ..	191	24	27	27	26	24	26
2. Private Maternity Nursing Home ..	73	9	10	14	16	16	18
3. Institutional :							
(a) St. Helen's Hospital ...	330	42	66	58	56	58	54
(b) Fernbank Maternity Home ...	190	24					
Total	784						

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 the 1950 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) 7 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. During 1952, the Council agreed to the appointment of an additional Health Visitor, the first expansion for some years of a specialised staff which must inevitably be increased still further as the variety of work placed upon it grows.

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 the 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. Direct contact between the general practitioner and the health visitor is very desirable, but is not practicable at the present time.

There is some contact between the hospital almoners and the Health Visitor staff, but it is obvious that far greater use could be made of the Health Visitors' knowledge of the homes and families of many hospital patients, not only in connection with the early rehabilitation of acute surgical and medical cases



but in the grading of the aged infirm, chronic sick, etc., where such knowledge is vital to determine whether the case should be admitted to a geriatric ward or whether it can be maintained at home with adequate assistance from the local authority's other services.

Certain specialist hospital clinics are attended by Health Visitors, who act as a liaison with the authority's services or school health service and in suitable cases, on the consultant's instructions, carry out follow up work in the patient's own home. This applies to the Group Diabetic clinic and to the Orthopaedic Outpatient clinic: the Chest clinic is attended by the tuberculosis visitor, who acts as clinic nurse: the Psychiatric Outpatient clinic is attended by the Mental Health Worker to enable her to continue after-care work in the home in specified cases—her services are also used to an increasing extent for discharged inpatient cases.

This rapidly expanding and invaluable service to the community must inevitably mean the employment of more Health Visitors. 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. The national shortage of trained Health Visitors continues. Hastings has been fortunate in maintaining a full establishment in contrast to many other local authorities. At one time some anxiety was shown as to filling appointments, and the Council adopted a scheme for the maintenance of two trainee health visitors—fortunately it was not necessary to put this into action. The Council offer facilities to the Health Visitors training school at Brighton, and from time to time student health visitors from there are attached to the Health Department for part of their practical instruction.

It has been the normal practice of the Authority to send their established Health Visitors on a recognised refresher course at intervals of 5 years in each case, but this facility was withheld during 1952/3 owing to financial stringency. It is hoped that this desirable practice will be resumed during 1953/4.

#### Work of Health Visitors:

1.	First visits under 1 year	..	..	729
2.	„ „ 1—5 years	..	..	47
3.	Subsequent visits 0—5 years	..	..	12,882
4.	Expectant mother visits	..	..	328
5.	Care and After-care	{	National Health	2,845
	Home Helps		Service Act ..	165
6.	Handicapped persons, etc. National Assistance Act	..	..	259
7.	All other visits	..	..	497
				<hr/> 17,752 <hr/>

## SECTION 25

### Home Nursing:

This service, provided by the Hastings and St. Leonards District Nursing and Maternity Association as agents of the Local Health Authority, was described in detail in the report for 1948. The arrangements have worked very smoothly indeed, and the Association has been able to meet all calls upon it. Increased mechanization has contributed towards these happy results, but is still not entirely adequate.

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. General practitioners make their requests for the Attendance of home nurses either direct to the District Nursing Association or through the Health Department. The practitioner concerned gives his instructions to the nurse directly. Hospitals occasionally request nursing facilities for patients being discharged, but the vast majority of calls come from general practitioners or in emergency through the Welfare Officer.

No facilities are available for the provision of a night service.

Refresher courses for district nurses organised by the Queen's Institute are attended every 5 years. There are no arrangements for local district nurse training, but suitable trainees are maintained at approved training schools, e.g., Brighton.

#### HOME NURSING, 1952

	Medical	Surgical	Total
Cases on Register 1/1/1952	137	123	260
New cases during year	610	941	1,551
Cases on Register 1/1/1953	147	150	297
No. of nursing visits	44,923		
Articles loaned during the year	263		

The growing number of new cases and attendances are shown by the following figures :

	1948	1949	1950	1951	1952
New cases during year ...	743	1,346	1,438	1,517	1,551
Total attendances ...	17,839	41,652	41,371	42,211	44,923

#### Staff as at 31st December, 1952:

Superintendent.  
Assistant Superintendent.  
1 Male Nurse.  
8 Full-time Nurses.  
3 Part-time Nurses (1 male).

#### 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.



## VACCINATION RETURN, 1952

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 ...	346	9	6	24	37	422
Number re-Vaccinated...	—	1	9	41	207	258

In 680 people vaccinated or re-vaccinated, no case of generalised vaccinia occurred.

The percentage of infants under 1 year vaccinated, which for some years has averaged just over 40% in Hastings as opposed to some 30% for the country as a whole, was 44%.

### Diphtheria Immunisation, 1952:

Primary Immunisations (a) 0 to 5 years	566
(b) 5 to 15 years	64
Reinforcing Injections	462
Estimated percentage of child population immunised :	
(a) 0 to 5 years .. .. .	62.8
(b) 5 to 15 years .. .. .	53.3

The Health Visitors maintain a constant effort both at Infant Welfare Centres and in the homes of the families to secure the vaccination and immunisation of as many infants as possible, and their good work in this respect is reflected in the figures quoted above. Reply paid cards are available to all mothers in the clinics and at school inspections requesting immunisation appointments. These direct approaches appear to bring better results than occasional advertising in the press. A further effort to secure the necessary "booster" doses in the case of diphtheria prophylaxis is made at both the 5 and 10+ year old periodic medical inspection of schoolchildren, when parents are reminded directly of the need for boosting doses. As to all intents and purposes 100% of parents attend the infant school inspections, this is a valuable drive at the right time.

Birthday letters are sent for all unimmunized children reaching their first birthday calling attention again to the virtues of diphtheria protection.

Arrangements for immunisation against whooping cough have not yet been adopted in the Authority's services in view of the variable and somewhat enigmatic results obtained from the vaccines previously available. The results of the recent M.R.C. trial of new vaccines encourage the hope that the efficiency of the procedure will soon be high enough to warrant a national as well as local adoption of this protection against a formidable disease. Until the Ministry urge the adoption of immunisation with a satisfactory vaccine on a national scale, together with the appropriate propaganda, the position will remain as absurd as at present, where the Authority clinic staff recommend that the immunisation be carried out by the family practitioner whilst in effect having to disown the efficiency of the method by not carrying it out direct.

## SECTION 27

### Ambulance Service:

The Hastings Corps of the St. John Ambulance Brigade have run the ambulance service as agents of the Local Health Authority since the Appointed Day. 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 commitments in an exemplary and efficient manner.

Ambulance cases at 8986, an increase over 1951 of 17%, and car cases at 7863, increase of 28%, are both up on previous years. The number of recorded 'journeys' is down, but as certain changes have been made in the method of recording these, no valid deduction can be made from previous figures in this



respect. In spite of the increased number of cases carried, the mileage run by both ambulances and sitting case cars shows an actual decrease, 6% and 4% respectively, a considerable achievement in view of the increase in cases. Much of this saving is due to still further improvements in administration and working methods of the service. Comparison with the figures for 1950 are interesting, showing that for car cases the same mileage has been covered but over twice as many patients were conveyed, with a somewhat less marked economy in ambulance cases. The Hospital Car Service, used in the early years, was abandoned in 1950 as relatively uneconomic.

The policy of sending long distance stretcher cases by train wherever practicable was continued, and in this connection the ambulance service staff designed in 1950 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 two years 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 patient's comfort from fully recumbent to sitting bolt upright: further small modifications are under consideration which should still further improve it.

At the commencement of the service, there was almost inevitably some wastage and abuse, largely arising from incomplete understanding of the new scheme. Calls from general practitioners occasionally were received where there was no real necessity for this type of transport, but very soon these calls were reduced to a complete minimum by their willing co-operation, and in the past two years or more it has been a rarity to find any misuse of the service.

Similarly, there was a considerable overdemand for ambulance and sitting car transport in the early days from the hospitals, largely due to inco-ordination of the requirements within individual hospitals. This was quickly remedied, and there is now little cause for complaint.

There are two points only which give rise to some thought. One is in the strain placed on the service by transport of patients to regional centres for special treatment (e.g., Pembury Hospital for deep X-ray therapy), cases having to travel frequently and over a period of weeks. Some are really ill, and should undoubtedly be admitted for the treatment to the hospital concerned; others, however, are fit enough to continue their daily work and to travel by ordinary means, yet transport is insisted upon because "the treatment makes them feel ill for a time afterwards". These journeys, with the long period of waiting at the hospital, do tie up transport which is sorely needed elsewhere. A solution would be the provision of adequate outpatient hostel accommodation near the centre concerned.

The second point is the vastly increased amount of transport demanded for inter-hospital purposes within the Hastings Group, consequently on the "specialisation" and departmentalising of the several hospitals. This is quite unavoidable under the Hospital Plan, but it seems hard that this cost should fall on the ratepayers: in many quarters it is felt that the Hospital Boards should provide the transport service needed for purely inter-hospital purposes within a Group of hospitals.

#### **Total cases carried during the year:**

		No. of vehicles at 31st December 1952	Total No. of Journeys during the year	Total No. of patients carried during the year	Total mileage during the year
Agency Service	Ambs.	6	4,436	8,986	59,072
	Cars	4	3,077	7,863	60,112



**Staff at 31.12.1952:**

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

**ANALYSIS OF CASES CARRIED MONTHLY.**

1952	AMBULANCES		SITTING CASE CARS	
	No. of cases	Mileage	No. of cases	Mileage
January ...	836	5,189	554	4,009
February ...	717	4,442	544	4,601
March ...	599	3,882	659	5,359
April ...	620	3,976	498	4,730
May ...	730	4,638	637	4,298
June ...	818	5,200	609	4,937
July ...	841	5,270	803	5,691
August ...	809	5,916	725	5,456
September ...	699	5,179	714	5,701
October ...	780	4,906	776	5,396
November ...	707	5,587	674	4,607
December ...	830	4,887	670	5,327
	8,986	59,072	7,863	60,112

**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
1952	8,986	7,863	59,072	60,112	Nil	Nil

\*From the 5th July, 1948.

**Costs of Ambulance Service, 1951—1952, year ending 31st March, 1952 :**

The following costs for the Ambulance Service were published by the Ministry of Health, and the Hastings figures have been added for purposes of comparison. It will be seen that the service costs compare very favourably indeed.



	Average No. of Miles per patient	Cost per patient	Cost per Vehicle mile	Cost per 1,000 population
		s. d.	s. d.	£
Group I. The more urbanised COUNTIES (exc. Mx. & London)...	8.1	17 3	2 5	232
Group II. All other Counties ...	13.3	15 9	1 7	185
Group III. Five largest County Boroughs ... ..	5.5	12 4	2 7	151
Group IV. Eleven next largest C.Bs.	5.4	12 3	2 4	160
Group V. All other C.Bs. ... ..	5.7	13 5	2 7	156
Middlesex ... ..	6.5	14 7	-	254
London ... ..	-	-	3 4	208
HASTINGS ... ..	8.3	11 7	1 5	119

## SECTION 28

### Prevention of Illness, Care and After-care:

#### (a) Tuberculosis.

Reference has been made in recent years' reports to the diminished work of the Hastings Voluntary Tuberculosis Committee, of which the Medical Officer of Health is Chairman, owing to 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, extra milk where needed, assistance with fares, loan of garden shelters being the main items.

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 other sections of this report: the work of prevention by contact examination and tracing, B.C.G. vaccination, etc., is in the hands of the same team dealing with the diagnosis and treatment at the Chest Clinic.

#### (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 and attends 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, are developing 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.

This service, started in Hastings at the end of the war years, has grown continuously since its original expansion in 1948/9. 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. No night service is available, but late in 1952 a scheme for the provision of night " attendants " was put into operation by the Central Aid Council and has proved most useful in selected cases.

### HOME HELP, 1952

No. of cases carried forward from 1951	..	85 (56)
No. of applications received during 1952	...	274 (375)
No. of applications actually dealt with	...	259 (339)
No. of cases carried forward to 1953	... ..	78 (85)

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 as at 31.12.52 :—3 Full-time, 14 Part-time, the total equivalent of 11 full-time helpers.

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 )	134	—
1946 )		
1947	85	—
1948	76	—
1949	165	7,622
1950	171	15,409
1951	339	27,261
1952	259	31,877

There are no facilities for organised training of home helps.

## SECTIONS 49—51

### Mental Health Services:

#### I. Administration

##### (a) Responsible Committee:

From the formation of the Health Committee of the Council until early 1952, responsibility to the Health Committee for Mental Health work was placed in the hands of a Mental Health Sub-committee. This was, with the approval of the Minister, disbanded in 1952 and the business is now dealt with directly by the full Health Committee.

##### (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. Lewenden, 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.

The services of the Educational Psychologist of the Child Guidance team are also used in the ascertainment of mental defectives when necessary.

##### (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, where there is still considerable delay in obtaining vacancies.

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 Association:**

**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, attended two afternoons weekly from St. Helen's Hospital, mainly for occupational therapy, until the end of 1952 when the Hospital was able to organise its own service. 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. New premises for the Occupation Centre are scheduled in the Council's Policy Report, and it is hoped that finance will be available to meet this very pressing need for these unfortunates within the next two years.

(e) No local arrangements exist for staff training.

**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.**

Lunacy and Mental Treatment Act, 1890—1930 :

(1)	Cases dealt with under Section 20 (" Three day orders ")	..	61
(2)	" " " " " Section 16 (" Summary reception orders ")	..	102
	(includes cases under item 1)	..	



(3)	Cases dealt with under Section 16 (" Police Cases ")	..	4
(4)	" " " " Section 11 (" Urgency Orders ")	..	1
(5)	" " " " Section 4, 5 & 6 (" Orders on petition ")	..	Nil
(6)	Cases dealt with under Criminal Justice Act, 1948, Section 24	..	Nil
(7)	Cases dealt with under section 5 (" Temporary patient ")	..	Nil
	(Mental Treatment Act, 1930)	..	Nil
(8)	Number of non-residents dealt with under Section 16..	..	3

TOTAL NUMBER OF CASES : 110

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.. 30

TOTAL NUMBER OF PATIENTS REMOVED TO THE MENTAL HOSPITAL, HELLINGLY .. .. . 80

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

Number of patients admitted to Hellingly Mental Hospital for treatment	.. .. .	153
Number of patients admitted to other Mental Hospitals for treatment	.. .. .	4

#### (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.

#### New Patients:

Male	} 194
Female	

Total new patients	..	194
Subsequent Attendances	..	552
Total Attendances :	..	746

#### Summary of Diagnosis of New Patients:

##### Psychoneuroses

Anxiety State	.. .. .	47
Hysteria	.. .. .	9
Obsessional State	.. .. .	1
Adolescent Instability	.. .. .	5
Psychopathic State	.. .. .	5
Hypochondriases	.. .. .	3

Epilepsy	.. .. .	3
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Mental Deficiency	.. .. .	5
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Various Conditions	.. .. .	15
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##### Psychoses

Melancholia and Depressive States	.. .. .	73
Schizophrenia	.. .. .	12
Delusional Psychosis	.. .. .	4
Confusional State	.. .. .	2
Manic-depressive Psychosis	.. .. .	3
Senile Dementia	.. .. .	7

**Total:** 194

New Clinic Patients admitted to Hellingly Hospital :—

Voluntary Patients 66

Certified Patients 5

In addition to the usual psychiatric interviews, Electrical Convulsion Therapy has been given to suitable out-patients and this has been found beneficial in many cases. Some patients are reluctant to come into Mental Hospital for this treatment, and if their depression is not too severe, Electrical Convulsion Therapy once a week has been found to be very helpful.



(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 1952.**

**Mental Deficiency.**

Mental Defectives on the register of the local authority, December, 1952 :

(a) In various Institutions	..	..	..	80
(b) Under Guardianship	..	..	..	29
(c) Under Statutory Supervision	..	..	..	58
(d) Under Friendly Supervision	..	..	..	34
Total :				201

No. of defectives awaiting institutional vacancies at 31.12.52	..	..	4
(a) Home Visits : Cases under Guardianship	..	..	35
(b) " " " " Statutory Supervision	}	..	599
(b) " " " " Friendly Supervision		..	
(c) " " " " on licence from Institutions or Guardianship	..	..	95
(d) Home reports at request of Institutions or other local authorities	..	..	47
(e) Miscellaneous Visits	..	..	160
(f) Mental After-care Visits	..	..	47
Total :			983

Number of cases dealt with for Certification under Mental Deficiency Acts,			
for Institution or Guardianship	..	..	6
Number of Mental Defectives transferred to Institutions	..	..	5
Number of cases dealt with for Renewal Orders	..	..	3



### SECTION III

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

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### 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 provided accommodation for 61 old people, 36 old ladies and 25 old men respectively. This Home, opened in two phases, December, 1951, and February, 1952, is running most satisfactorily, and a high standard of comfort and care is provided. The old people have settled in very well indeed, and although there have been minor difficulties with "misfits" both among staff and residents, these have been cleared up with a minimum of upset.

Work on Pine Hill was commenced during the year, and the Home, which houses 43 old people, came into use in May, 1953. The structural alterations which were necessary have proved so successful that Pine Hill promises to be perhaps even more pleasant a Home than Moreton. Some occupation therapy is provided by the staff and members of the B.R.C.S., whilst library facilities are provided by the Education Committee's Travelling Library, this service being used and appreciated more and more after a rather slow start.

The final phase of the plan for old people's homes is under review at the time of writing this report. The suggestion of building an annexe to both Moreton and Little Moreton as an alternative to the rather difficult adaptation of 12-14, Charles Road promises well on first sight and is being investigated carefully. The capital cost might prove to be no higher, there would be a saving on administrative and staff costs, and far easier facilities could be provided for the "half-way house" type of resident, the crippled and the incontinent, by bungalow type extension buildings all on one level. Provision also must be made for a few married old couples to remain together in one of the Homes.

The operation of this final phase is a matter of some urgency, as the accommodation previously used at St. Helen's Hospital is required for other purposes by the Regional Hospital Board. The provision of a total of 150 beds will only cope with the more urgent and necessitous cases: there is obviously no over-provision when the large number of aged persons resident in Hastings is considered, it being estimated from provisional 1951 Census figures that there are 13,000 persons over 65 in the town, 20% of the resident population. 23% of the female population, nearly 1 in 4, is aged 65 or over, whilst only 15% of the males are in this age range.

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 continued in the rehousing of evicted families; two substandard houses in the Halton area were acquired by the Council for rehousing such families; in other 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 Persons 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 Persons Homes registered	..	24
No. of Homes for Disabled Persons registered	..	2
No. of beds	..	382

These Homes are inspected at regular intervals by the Medical Officer of Health and the Old People's Warden. Although the larger Homes are on the whole very satisfactory, some of the very small ones provide a rather dubious standard of comfort and care.

## **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 1952 was 292 and 24 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 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 1952 was 33, 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 50.

#### **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 1951, 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 again appointment of an occupational therapist as envisaged in the scheme, but it is hoped conditions will improve in the near future.

## **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, 1952.

NOTIFIABLE DISEASES.	1951	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 & up ds.					
Small Pox ... ..	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Cholera, Plague ... ..	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Diphtheria (including Mem- branous Croup) ... ..	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Erysipelas ... ..	(16)	11	...	...	...	...	...	...	...	...	...	1	4	6	...	2			
Scarlet Fever ... ..	(31)	204	...	1	14	21	20	129	14	1	4	...	...	...	...	42			
Typhus Fever ... ..	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Enteric Fever ... ..	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Relapsing Fever ... ..	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Continued Fever... ..	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Puerperal Pyrexia ... ..	(34)	29	...	...	...	...	...	...	...	...	24	5	...	...	...	...			
Cerebro Spinal Meningitis	(1)	3	...	1	...	...	...	...	...	...	...	...	2	...	...	...			
Poliomyelitis ... ..	(...)	7	...	1	1	1	...	3	1	...	...	...	...	...	...	7			
Ophthalmia Neonatorum	(4)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Acute Polio-encephalitis	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Encephalitis Lethargica	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Acute Primary Pneumonia	(23)	25	1	1	...	1	3	3	...	1	1	3	4	7	...	...			
Influenzal Pneumonia ...	(13)	9	...	...	...	...	...	...	...	...	2	...	1	6	...	...			
Malaria ... ..	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Dysentery ... ..	(1)	5	...	...	...	...	1	2	...	...	...	...	2	...	...	...			
Trench Fever ... ..	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
Food Poisoning... ..	(...)	18	...	...	...	...	...	...	...	...	18	...	...	...	...	...			
Measles ... ..	(904)	1260	24	75	108	157	149	705	23	2	12	4	...	1	1	8			
Whooping Cough ... ..	(225)	252	24	38	32	35	32	83	2	...	1	...	...	...	1	7			
Totals ... ..	(1252)	1823	49	117	155	215	205	930	40	4	62	13	13	20	2	66			

### Remarks:

- (a) **Scarlet Fever:** 204 cases of scarlet fever of very mild type were notified, with 42 admissions to hospital mainly on the grounds of poor home conditions. No epidemic occurred, but a steady flow of 4—5 cases a week of sporadic nature continued throughout the year. Doubtless difficulties in diagnosis and especially in enforced isolation of mild cases with a fleeting rash contribute to this effect, and particularly the "sore throat" without any rash which returns to school in 3—4 days quite fit, but still capable of infecting other children and producing further cases which present a rash and are therefore diagnosed as "Scarlet Fever".
- (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	1952
Cases	31	49	28	6	7	13	13	11	4	5	1	3	...	...	...
Deaths	3	1	1	...	...	...	...	...	...	...	...	...	...	...	...



These figures are the astounding proof of the results of the immunization campaign, a real tribute to preventive medicine.

- (c) **Anterior Poliomyelitis:** 7 cases occurred during the year, all paralytic, but fortunately not severe. All these children have made complete or almost complete recoveries at mid-1953.
- (d) **Measles:** The outbreak which commenced in the early winter of 1951 continued in the first months of 1952, 1,260 cases being notified. The total number of cases occurring during the 1951-2 measles wave was approximately 2,100.
- (e) No case of enteric fever or smallpox was notified.
- (f) **Food Poisoning:** One outbreak of food poisoning occurred during the year, 18 cases of mild type being found within 48 hours. The vehicle appeared to be meat and the infecting organism *Cl. Welchii*: precipitating factors were faulty kitchen hygiene and a faulty refrigerator. This outbreak affected the staff and patients of the Isolation Hospital, and was so mild that it would probably have not come to notice had the Medical Officer of Health not been visiting daily.

Several suspected isolated cases were notified by practitioners and investigation showed no evidence that the illness concerned was due to food poisoning: three cases of Sonne dysentery were discovered during these investigations. The remarkable relative freedom from food poisoning outbreaks reflects the high standards of kitchen hygiene and food handling observed by all concerned in the town's main industry.

#### Disinfection and Disinfestation:

No case 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 arrangement with the Hospital Management Committee, the Corporation providing the services of the operator.

Articles disinfected	5,993	(3,678)	No. of individuals cleansed	
Rooms, etc.			for scabies	Nil (—)
disinfected	516	(325)	No. of baths for scabies	Nil (—)
No. of individuals			Set of clothing	
cleansed for			disinfected (Scabies)	Nil (—)
vermin	Nil	(—)		

#### Disinfestation of Council Houses and other Properties:

Council Houses	..	..	1	(2)
Other premises	..	..	71	(49)

#### 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 175 cases of notifiable and non-notifiable disease were admitted, 84 being Hastings residents. In addition to 6 out of the 7 Hastings cases of poliomyelitis, one of which was admitted to St. Helen's Hospital, 31 suspected cases of polio were admitted from the Rye district during a short explosive outbreak in Nov.—Dec., 1952, 19 of these being confirmed. In all, 24 cases of paralytic polio were confirmed and 1 non-paralytic. Three patients were treated in iron lungs, one dying. The other two were severely paralysed, and six months later were still very critically immobilised.

### **Tuberculosis:**

(a) At the end of 1952, the tuberculosis register contained 528 names.

Total Cases	Pulmonary			Non-Pulmonary		
	Males	Females	Total	Males	Females	Total
528	285	179	464	25	39	64

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

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

Age Period	New Cases Notified				Deaths of cases notified			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0—1 year ...	...	...	...	...	...	...	...	...
1—2 years ...	1	...	...	...	...	...	...	...
2—5 " ...	...	1	...	1	...	...	...	...
5—10 " ...	...	...	1	...	...	...	...	...
10—15 " ...	2	...	2	2	...	...	...	...
15—20 " ...	3	3	1	...	...	...	...	...
20—25 " ...	3	1	...	...	...	...	...	...
25—35 " ...	3	3	...	1	3	...	1	...
35—45 " ...	3	3	...	...	1	1	...	...
45—55 " ...	5	3	...	...	2	...	...	...
55—65 " ...	3	...	...	1	...	...	...	...
65—75 " ...	...	3	...	1	1	1	...	...
75 upwards ...	...	...	...	...	1	...	...	...
Totals ..	23	17	4	6	8	2	1	...
Grand Totals	50 (63)				11 (17)			



For purposes of comparison, the following table shows the Deaths and death rate per 1,000 population for the past 43 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
1952 ... ..	10	1	11	.17

The mortality from tuberculosis continues to exhibit a progressive drop, some of the reasons for which were discussed in the 1951 report.

### (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	..	446
Total attendances	.. .. .	3,886

### (d) Prevention of Tuberculosis:

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

B.C.G. protective vaccination against tuberculosis of Mantoux-negative contacts of known cases and Mantoux-negative members of the nursing staff of the hospitals was continued. 78 persons were so vaccinated, 25 contacts aged 0—4 years, 27 aged 5—14, and 26 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 East Sussex Unit did not visit Hastings during 1952 : arrangements have been completed for its visit in May and June in 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 ... ..	3
New cases of gonorrhœa ... ..	13
Other conditions ... ..	55
Total ... ..	71

## 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	..	..	19
Beds available—Maternity	..	..	24
General	..	..	260
<hr/>			
Total beds	..	..	284
<hr/>			

### 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	..	..	116
Adoption examinations	..	..	13
Staff medical examinations	..	..	66
Teachers examined	..	..	32
Firemen examined	..	..	1
Other medical examinations (retirement, etc.)	..	..	18
<hr/>			
Total :			246 (233)
<hr/>			

### 4. **Children's Welfare Committee:**

The work of the Children's Welfare Committee in connection with problem families continued throughout the year, and it is felt that valuable progress was made with the work. The constitution and aims of the Committee were fully set out in the 1951 Report.



## SECTION VI

### GENERAL SANITARY ADMINISTRATION

#### (A) Water Supply.

The main sources from which the water undertaking derive their supplies are impounding reservoirs and deep wells in the Ashdown sand, the latter now being maintained as reserve sources of supply.

During the year the whole of the supply was derived from the impounding reservoirs at Darwell and Great Sanders, and the total volume of treated water pumped into supply for domestic purposes amounted to 860.1 million gallons or 2.35 million gallons daily average.

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 Undertaking's supply has been maintained at the usual high standard of purity during the period 1951—52 and in addition there has been no shortage of water at any period of the year.
- (2) All supplies are piped. Bacteriological and chemical examination of the raw water has been made at irregular intervals. All water in domestic use was adequately treated and chlorinated. Monthly bacteriological examinations are made of all treated water entering the distribution system and in addition, the Health Department also take routine monthly samples from main water taps in consumers' houses for bacteriological examination.

No chemical analyses of treated water were carried out during the past year. The bacteriological results were very satisfactory and for information one typical bacteriological analysis is as follows:—

#### REPORT ON THE BACTERIOLOGICAL EXAMINATION OF A SAMPLE OF WATER

Labelled: Tap on Baldslow main, Newgate Reservoir.

Date: 27.2.52. 10.55 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. <i>Present in</i>	0 per ml. <i>Absent from</i>	0 per ml. <i>Probable number</i>
Presumptive Coliaerogenes					
Reaction	..	..	— ml.	100 ml.	0 per 100 ml.
Bact. coli (Type I)	..	..	— ml.	100 ml.	0 per 100 ml.
Cl. welchii reaction	..	..	— ml.	100 ml.	

This is a very satisfactory sample. It is clear and bright in appearance and of the highest standard of bacterial purity consistent with a wholesome water suitable for public supply purposes.

- (3) The waters are not liable to plumbo-solvent action, the character of water being moderately soft (hardness 95 parts per million).



- (4) No special action was taken in respect of any contamination. The local authority is the owner of certain lands on the gathering grounds and in a position to take necessary steps. Should a particular sample prove to be unsatisfactory on bacteriological examination, the cause would be at once investigated and the condition rectified without delay and further samples 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 21,219. In addition, approximately 994 houses outside the Borough of Hastings have piped supplies. Houses are not supplied from stand-pipes 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 Estates at Hollington and Harley Shute, and a few short extensions to serve private development.

Plans of the new soil and surface water drainage scheme for the Ore and St. Helens district will shortly be ready for submission to the Public Hygiene Committee, and to the Ministry of Housing and Local Government for approval in principle.

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

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

**(D) Seavenging.**

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) Pest Control.**

**(1) Rodent Destruction.**

**General.** Control measures were applied vigorously throughout the area. In addition to the following up of complaints, special emphasis was laid on preventive measures by continual survey and baiting on bombed sites and vacant land and embankments in built-up areas. This policy proved effective for by the end of the year the total number of complaints had been considerably reduced. Control of these sites was simplified with the use of the new poison “ Warfarin,” allowing new technique with greater safety.

**Sewer Treatment.** Disinfestation of sewers was carried out in January and July, a total of 163 manholes being baited, with an estimated kill of 407 rats.



**Surveys and Complaints.** 930 (1096) complaints were received and dealt with. Surveys carried out totalled 114. Of these 25 required disinfection: 89 required no treatment. Block treatments carried out numbered 34, involving 103 properties.

**Business Premises.** A charge of 6/- per hour is made for disinfection of these premises. 69 (68) business premises are receiving regular inspection and treatment, where necessary. In addition 27 premises owned by the local authority are furnished this regular service.

**Summary.**

	Local Authority	Private Dwellings	Business Premises	Agricultural Premises	Total
Premises ... ..	121	762	185	45	1113
Visits ... ..	505	3392	932	104	4933
Estimated Kill ... ..		<i>Rats</i> 2572		<i>Mice</i> 2829	<i>Total</i> 5401

**Prevention of Damage by Pests Act, 1949.**

	<i>Treatment</i>	<i>Works</i>	<i>Total</i>
Notices served ..	2	1	3

(2) **Other Pests.**

Disinfection work carried out by the department is limited to those pests having a bearing on public health, i.e., bugs, fleas, and cockroaches, silverfish on food premises. Advice is given on the best method of eradication of other pests, e.g., woodworm, beetles, wasps, ants, etc.

Disinfection was carried out on 134 (79) premises.

**Charges.** Charges made totalled £211-18-6 compared with £208-1-0 during the previous year.

(F) **FACTORIES ACTS 1937-48**

**PART I OF THE ACT**

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

Premises.	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	11	8	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	190	91	22	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority † (excluding out-workers' premises)	—	—	—	—
<b>TOTAL ... ..</b>	<b>394</b>	<b>102</b>	<b>30</b>	<b>—</b>



## 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) ...	15	8	—	4	—
Overcrowding (S.2) ...	1	1	—	—	—
Unreasonable temperature (S.3)	3	3	—	—	—
Inadequate ventilation (S.4) ...	1	1	—	—	—
Ineffective drainage of floors (S.6)	2	2	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient ...	6	4	—	—	—
(b) Unsuitable or defective	26	22	—	10	—
(c) Not separate for sexes ...	1	—	—	1	—
Other offences against the Act (not including offences relating to Outwork) ..	—	—	—	—	—
TOTAL ...	55	41	—	15	—

## PART VIII

### OUTWORK

No. of Visits ... 33

The revision of the register of premises coming within the definition of a "factory" was commenced during the latter part of the year. Such premises are, broadly speaking, those in which any article, or part thereof, is made by hand or machine: those wherein any article is altered, repaired or broken up, etc., or those wherein any article is adapted for sale, all processes being carried on for purposes of trade or gain by persons employed in manual labour. Premises are further divided into two types, namely, mechanical and non-mechanical. It will be seen therefore that the definition of a "factory" embraces a large number of premises covering an immense variety of work and includes locally printing works, laundries, builders and joiners premises, upholsterers and many others used in connection with various trades.

Under the Act, the Department is responsible for the provision of adequate sanitary accommodation in mechanical factories, and for enforcing provisions as to cleanliness, overcrowding, temperature, ventilation, drainage of floors, sanitary accommodation, etc., in non-mechanical premises, and while the majority of the local factories of both types are comparatively small in size and in capacity for absorbing labour, all are required to be systematically inspected, records kept and contraventions dealt with

A certain amount of work, such as the altering of wearing apparel, the making of knitted goods, artificial flowers, etc., is also carried on in local homes. No cases of infectious disease occurred in these "outworkers" premises during the year, and the conditions under which the work was being performed were found satisfactory.



## 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) ..	864
(b) Number of inspections made for the purpose ..	1019
(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 ..	824

#### 2. REMEDY OF DEFECTS DURING 1952 WITHOUT SERVICE OF FORMAL NOTICES:—

Number of defective dwelling-houses rendered fit in consequence of informal action by the local Authority or their Officers ..	614
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#### 3. ACTION UNDER STATUTORY POWERS DURING 1952:—

##### 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 ..	28
(2) Number of dwelling-houses which were rendered fit after service of formal notices:—	
(a) By owners ..	16
(b) By Local Authority in default of owners ..	10

##### B.—Proceedings under Public Health Acts:—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ..	15
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—	
(a) By owners ..	8
(b) By Local Authority in default of owners ..	3

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

#### 4.—OVERCROWDING

(a) (i) Number of dwellings overcrowded ..	—
(ii) Number of families dwelling therein ..	—
(iii) Number of persons dwelling therein ..	—
(b) Number of new cases of overcrowding reported to Town Clerk	42
(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	123

### 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 complaint, was fairly well maintained during the year, and on similar lines as in previous years. The number of complaints of overcrowded conditions, etc., increased to 42 (33), these being mostly received from tenants of sub-let rooms and of basement flats. Notwithstanding this increase, however, there was some evidence of a slight improvement in the housing position generally as compared with the immediate post-war years. This may well be due to a substantial municipal contribution of new houses and the conversion of many buildings into flats by private enterprise, together with a certain amount of re-conditioning work being carried out. It would appear, however, that new difficulties are being increasingly experienced by those requiring re-housing, namely (a) in the case of the new Council houses, the amount of the rent, together with the expense attached to residing on the outskirts of the town imposes a strain on the family budget; (b) the growing tendency to let furnished flats at higher rents generally; (c) the reluctance to let flats to couples with children and (d) the necessity to purchase at enhanced prices by the deposit of a lump sum or through a Building Society. All these factors no doubt militate against the prevalent pre-war process of "stepping up," and are likely to continue until the law of supply and demand operates more fully.

For reasons given in previous reports, it was not possible to initiate any clearance programme during the year, although the need for this will perhaps become increasingly apparent in the future. Failing this, the resumption of the pre-war practice of house-to-house inspection is urgently called for after so many years of unavoidable inactivity. Here again the present sanitary staff is numerically inadequate for the work, if their other duties are to be carried out efficiently.

Fortunately the response to notices served following complaint is good as a rule, owners and agents carrying out all urgent and necessary repairs without delay. That which takes place is generally due to the financial exigencies of the Owner, the poor value of the property and the low controlled rent. In some cases of course, the Owner attributes the insanitary conditions found to the neglect or misuse of the premises and fittings by the tenant, and in such the balance between owner and occupier is weighed as fairly as possible.

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

No. of complaints received and investigated .. .. .	864	(1,412)
No. of informal notices served .. .. .	824	(1,190)
No. of informal notices complied with .. .. .	614	(1,001)
No. of statutory notices served under Public Health or Housing Acts .. .. .	43	(27)
No. of statutory notices complied with .. .. .	24	(15)

As in previous years, close liaison existed with the Town Clerk's (Housing) Department on all matters relating to re-housing, overcrowding and the like. During the year 121 (103) reports were furnished to that Department either by the Medical Officer of Health or the Chief Sanitary Inspector. Of these 42 (33) related to overcrowding; 6 (5) to living conditions of tuberculous families; 27 (13) to families having a member or members suffering from ill-health or



physical defects, and 30 to unsuitable living conditions. In the remaining 16 cases, it was felt that no special recommendation could be made at the present time. That this work is not without value is shown by the following table of families re-housed.

Year.	No. of families re-housed.	
	Overcrowded, &c.	Tuberculous, &c.
1946	35	8
1947	70	11
1948	71	8
1949	31	6
1950	61	21
1951	67	42
1952	41	18

### 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 ...	864
2. Re-drainage work ...	336
3. Works in connection with notices	2,075
4. Bakehouses ...	116
5. Infectious disease enquiries ...	270
6. Camps, Caravans, etc. ...	13
7. Fried fish premises ...	48
8. Restaurant kitchens, cafes and retail food premises	1,706
9. Fish at Fishmarket ...	284
10. Outworkers' premises ...	33
11. Houses under increase of Rent, etc.	—
12. Common Lodging Houses ...	—
13. Smoke Nuisances ...	25
14. Slaughterhouse and Knackers Yard	580
15. Offensive Trade Premises ...	42
16. Water Supplies ...	19
17. Disinfestation work ...	95
18. Rats and Mice destruction work	—
19. Ice Cream premises— (a) Manufacturers } (b) Dealers and Retailers }	190
20. Pet Shops ...	16
21. Schools—Local Education Authority	27

#### B.—Work carried out:—

1. Drains test applied ...	125
2. Houses and premises provided with new drains, properly intercepted and ventilated	36
3. Drains cleared and/or repaired	80
4. New soil and ventilation pipes fixed	15

5. Rain-water pipes disconnected from drains	2
6. Inspection chambers provided or repaired	51
7. Cesspools emptied and cleansed	4
8. Cesspools abolished and drains connected to sewer	1
9. New W.C. pedestal pans fixed	60
10. W.C. pans repaired ...	36
11. New W.C. flushing cisterns provided	44
12. W.C. flushing cisterns repaired	57
13. New W.C.'s erected ...	6
14. New urinals erected ...	2
15. Glazed stoneware sinks provided, with properly trapped waste pipes	32
16. Yards and passages paved or repaved	16
17. Samples of drinking water from private wells	1
18. Polluted wells closed and domestic water supplied from main	—
19. Roofs stripped or repaired ...	135
20. Ventilated food stores provided	3
21. Rooms, etc., cleansed and distempered, etc.	67
22. Miscellaneous repairs to houses (walls, ceilings, stoves, washing accommodation, handrail, lighting, ventilation, sash cords, etc.)	342
23. Sanitary ash-bins provided and/or ash pits abolished	56
24. Accumulations of manure and other refuse removed	32
25. Nuisances abated from animals improperly kept	8
26. Nuisances abated from chimneys emitting smoke	2



## SECTION VIII

### FOOD INSPECTION AND HYGIENE

#### (A) MILK

##### (a) Milk and Dairy Regulations, 1949.

Dairymen and Distributors on Register . . . . . 28

The survey of premises used in connection with the retail sale of milk (commenced in 1950) was completed during the year, all appearing to comply with the Regulations. There has, however, been a distinct tendency during the last few years for the small distributor of loose milk to disappear, possibly in face of requirements of modern legislation, and the majority of the smaller establishments are in fact now only used for the sale of milk already bottled by the larger firms, of whom the occupiers of the former virtually act as agents. During the year new plant was installed at the premises of one of the larger establishments.

##### (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 . . . . . 199

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 . . .	*60	48	10	Not	applicable.
Pasteurised . . . . .	*199	181	5	181	—

\* Reports on 13 samples of pasteurised milk and 2 samples of tuberculin-tested milk were not received owing to late delivery of samples by rail.

**Tuberculin-tested:** The number of samples taken was again increased over the previous year's total of 45 to 60, and, of the latter, 10 samples concerning four producers failed to satisfy the methylene blue test, these results being forwarded to the appropriate Division of the Ministry of Agriculture and Fisheries. Particular attention was also paid to milks consigned to local distributing depots and bottled at places of production.

**Pasteurised:** Sampling work was well maintained during the year, 199 (190) being taken for examination. Five failures to satisfy the methylene blue test concerning two processors were reported, these all occurring during the months of June and July. Necessary action was taken, all subsequent samples proving satisfactory. Constant attention was paid to milk supplied to schools, from which 78 (79) samples were taken, all being satisfactory.

**Raw:** As previously reported, the actual amount of raw milk on retail sale is very small indeed. Nevertheless it was thought desirable to pay additional attention to these supplies. As a precautionary measure, therefore, some 69 (15) samples were taken, one (taken before pasteurisation) proving positive for tubercle. Enquiries revealed that this milk was derived from one herd outside the Borough, and arrangements were immediately made for the clinical examination of the herd. This was pending at the close of the year.



## (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 large increase of animals slaughtered and this has brought into even stronger light the deficiencies of the premises as regards situation, size and general arrangements, notwithstanding the considerable expenditure that has been incurred by the Ministry in effecting improvements from time to time. Excessive "overloading" has, of course, added to the difficulties of inspection of carcasses, while the likelihood of contamination by disease or harmful food organisms may well be increased. A comprehensive investigation into the latter aspects was in fact commenced at the end of the year.

**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
1952	2,880	599	2,580	8,746	8,866

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.

*Cysticercus Bovis*, a parasite transmissible to man, continues to occur, 26 (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:—



# CARCASES INSPECTED AND CONDEMNED DURING 1952.

	Cattle (excluding cows)	Cows	Calves	Sheep and Lambs	Pigs
No. killed ... ..	2,880 (4,689)	599 (550)	2,580 (2,195)	8,746 (5,564)	8,866 (707)
No. inspected ... ..	2,880 (4,689)	599 (550)	2,580 (2,195)	8,746 (5,564)	8,866 (707)
<b>All diseases except Tuberculosis</b>					
Whole carcasses condemned ...	7 (6)	11 (6)	1 (3)	64 (27)	38 (21)
Carcasses of which some part or organ condemned ... ..	921 (1,472)	237 (149)	2 (6)	553 (208)	305 (37)
Percentage of the number affect- ed with disease other than tuberculosis ... ..	32.22 (31.52)	41.40 (28.18)	0.12 (0.41)	7.05 (4.22)	3.87 (8.20)
<b>Tuberculosis only</b>					
Whole carcasses condemned ...	11 (24)	19 (10)	— (1)	— (—)	16 (3)
Carcasses of which some part or organ condemned ... ..	298 (610)	96 (93)	— (—)	— (—)	128 (9)
Percentage of the number affect- ed with tuberculosis... ..	10.38 (13.52)	19.19 (18.72)	— (.04)	— (—)	1.62 (1.60)

## (C) ICE-CREAM

Manufacturer's premises on register .. ..	11	(16)
Retailer's premises on register .. ..	246	(221)
Samples taken for bacteriological examination .. ..	65	(66)
Samples taken for chemical analysis .. ..	57	(20)

The tendency referred to in last year's Report for the smaller trader to discontinue manufacturing became more pronounced, five relinquishing that part of their business, and at the close of the year but eleven manufacturers remained on the Register. This reduction not only materially assisted in closer supervision of the premises used and various methods adopted, but enabled more time to be devoted to sampling work, as will be seen by the increase in numbers taken. The number of persons applying for registration as retailers only also decreased, and the majority of these now only deal in the pre-packed product. The standard of ice-cream manufactured and sold locally is a comparatively high one, and in only one case was it necessary to take proceedings under the Food Standards (Ice Cream) Order, 1951, when a penalty of £15 and £5 5s. costs was imposed.

The following tables summarises the reports received:—

### Methylene Blue Test

Grade.	No. of samples.	Percentage.	Remarks.
I. II.	22 19	33.9 } 63.1 29.2 }	Satisfactory. do.
III. IV.	15 9	23.1 } 36.9 13.8 }	Indicates defects of manufacture/handling do.



### Fat Content Analysis

Below	5%	6%	7%	8%	9%	10%	11%	12%	13%	14%	15% and above
*6	3	6	13	9	6	11	1	1	—	—	1

x Below legal standard.

#### (D) FOOD AND DRUGS ACT, 1938

During the year 320 (265) samples were taken and submitted to the Borough Analyst at the Laboratory, Lewes. Of these 65 samples were reported on adversely.

The following 255 samples were all genuine:—Friars Balsam, 1; Camphorated Oil, 1; Cough Sedative, 1; Aspirin, 1; Fynnon Salts, 1; Glycerine, 1; Castor Oil, 1; Liquid Paraffin, 1; Sulphur Ointment, 1; Eye Lotion, 1; Zinc Ointment, 1; Vitamin Tonic, 1; Cake and Pudding Mixture, 5; Shortbread Mixture, 1; Bicarb. Soda, 1; Custard Powder, 2; Baking Powder, 3; Chocola Paste, 2; Beans in Tomato, 1; Gelatine, 3; Golden Breadcrumbs, 1; Milk, 87; Soups, 2; Rice, 2; Ginger, 3; Luncheon Meat, 1; Jam, 2; Pork Sausages, 9; Beef Sausages, 4; Coffee, 1; Pork Pie, 1; Coconut, 2; Ground Rice, 2; Spices, 1; Ground Cinnamon, 2; White Pepper, 2; Curry Powder, 1; Essences, 2; Sauces, 3; Tapioca, 2; Golden Spread, 1; Synthetic Cream Powder, 2; Pickles, 2; Malt Vinegar, 2; Cream of Tartar, 1; Lemon Juice, 1; Saccharine, 1; Cloves, 1; Olive Oil, 1; Ground Almonds, 1; Arrowroot, 2; Cheese and Tomato, 1; Stewed Steak, 1; Processed Peas, 2; Garden Peas, 1; Sponge Mixture, 3; Flour, 1; Savormix, 1; Jelly, 2; Sweets, 1; Mincemeat, 1; Tea, 1; Marmalade, 1; Suet, 1; Condensed Milk, 1; Frying Oil, 1; Fish Cakes, 1; Sardines, 1; Meat Paste, 2; Glace Cherries, 1; Plums, 1; Cherries in Syrup, 1; Ice Cream, 54.

Particulars of action taken in the 65 unsatisfactory samples are as follows:—

Sample No.	Article sampled.			Result of Analysis.	Remarks.
2947	Cake Flour	...	...	Microscopic examination revealed mites; in this respect unfit for consumption.	Formal. Stock destroyed.
2969	Cake and Pudding Mixture			do.	do.
2952/81/ 82/85/86/	Milk	...	...	Def. S.N.F. 2.1%: def. S.N.F. 4.5%, def. fat 23.6%: def. fat 3.3%, def. S.N.F. 1.5%: def. fat 3.3%, def. S.N.F. 1.5%: def. fat 4.0%, def. S.N.F. 2.4%. Freezing points of 2981/82/85/86 could be of genuine Milk.	Inf. followed by formals 2981/82/85/86. Referred to Co. Milk Production Officer.
2953/77/ 78/79/80	do.	...	...	Def. S.N.F. 1.2%: def. S.N.F. 1.6%: Def. S.N.F. 3.5%: def. S.N.F. 2.4%: def. S.N.F. 3.6%. Freezing points of 2977/78/79/80 could be of genuine milk.	Inf. followed by formals 2977/78/79/80. do.
2959/74/ 75	do.	...	...	Def. S.N.F. 1%: def. S.N.F. 3.7%: Def. fat 6.6%, def. def. S.N.F. 4.1%.	Inf. followed by formals 2974/75. do.
2995/ 3018	do.	...	...	Def. S.N.F. 1.8%: def. S.N.F. 2.5%. No evidence of added water in 3018 — naturally def. in S.N.F.	Inf. followed by formal 3018. Referred to C.M.P.O.



<i>Sample No.</i>	<i>Article sampled.</i>				<i>Result of Analysis.</i>	<i>Remarks.</i>
2998/ 3021	Milk	...	...	...	Def. S.N.F. 3.5%: def. S.N.F. 0.4%. No evidence of added water in 3021 — naturally def. in S.N.F.	Inf. followed by formal 3021. do.
3001/19	do.	...	...	...	Def. S.N.F. 6.8%: def. S.N.F. 3.1%. No evidence of added water in 3019 — naturally def. in S.N.F.	Inf. followed by formal 3019. do.
3002	do.	...	...	...	Def. Fat 4.6%, def. S.N.F. 0.7%.	Inf. followed by formal 3022. Genuine.
3004	do.	...	...	...	Def. S.N.F. 0.5%.	Inf. followed by formal 3020. Genuine.
3039/47/ 50/51	do.				Def. S.N.F. 5.7%. Chemical test revealed presence of added water: def. S.N.F. 5.3%: def. S.N.F. 5.7%: def. S.N.F. 3%.	Inf. followed by formal 3047/ 50/51. Warning issued.
3041/48 49/52/53	do.	...	...	...	Def. fat 10%: def. fat 14%: def. fat 21.6%: def. fat 8.3%: def. fat 6.6%.	Inf. followed by formal 3048/ 49 and "Appeal to Cow" samples 3052/53. Referred to C.M.P.O.
3055	do.	...	...	...	Def. S.N.F. 0.04%. No evidence of added water.	Bulk sample. Explanation of Dairy Co. accepted.
3079	do.	...	...	...	Def. S.N.F. 0.7% do.	Inf. followed by formal 3133. Genuine.
3080	do.	...	...	...	Def. S.N.F. 2.5% do.	Inf. followed by formal 3132. Genuine.
3081	do.	...	...	...	Def. S.N.F. 1.2% do.	Inf. followed by formal 3130. Genuine.
3082	do.	...	...	...	Def. S.N.F. 3.1% do.	Inf. followed by formal 3137. Genuine.
3083	do.	...	...	...	Def. S.N.F. 0.7% do.	Inf. followed by formal 3136. Genuine.
3086	do.	...	...	...	Def. S.N.F. 3.7% do.	Inf. followed by formal 3126. Genuine.
3087	do.	...	...	...	Def. S.N.F. 5.0% do.	Inf. followed by formal 3144. Genuine.
3088	do.	...	...	...	Def. S.N.F. 1.8% do.	Ins. followed by formal 3142. Genuine.
3089	do.	...	...	...	Def. fat 6.6%, def. S.N.F. 4.4% do.	Inf. followed by formal 3143. Genuine.
3097	do.	...	...	...	Def. S.N.F. 1.1% do.	Referred to C.M.P.O.
3099	do.	...	...	...	Def. S.N.F. 1.1% do.	do.
3134/63 88/91	do.	...	...	...	Def. fat 2.3%: def. fat 11.6%: def. S.N.F. 1.2%: def. S.N.F. 0.5%. Freezing points of 3188/91 could be of genuine milk.	Inf. followed by formal 3163/ 88/91. Referred to C.M.P.O.
3145	do.	...	...	...	Def. fat 18.3%.	Inf. Referred to C.M.P.O.
3172	do.	...	...	...	Def. S.N.F. 1.7% do.	do.



Sample No.	Article sampled.	Result of Analysis.	Remarks.
3168/ 3207/ 08	Milk ... ..	Def. S.N.F. 3·8%: Def. S.N.F. 4·2%: Def. S.N.F. 0·2%. Chemical tests revealed presence of added water.	Inf. followed by formal 3207/08. Explanation of Dairy Co. accepted.
3210	do. .. ..	Def. S.N.F. 4·1%. Chemical tests revealed presence of added water.	Inf. followed by formal 3217/18/ and "Appeal to Cow" 3219/20/21/23. Pending at end of year.
3216	do. ... ..	Def. fat 3·6%.	Referred to C.M.P.O.
2973	Pork Sausages	Def. in meat content 5·8%.	Formal. Warning issued.
3008	do.	Def. in meat content 6·9%. Preservative present within limits—presence should be disclosed.	do.
3104	do.	Sulphur dioxide 164 p.p.m. do.	do.
3155	do.	Sulphur dioxide 130 p.p.m. do.	do.
3173	Bread ... ..	Free from organisms of coli group. Oily matter present with heavy trace of iron—probably from some mixing machinery.	do.
3012/77/ 3162	Tomato Sauce	Total solids 19·2%, Ash 1·1%, poisonous metals absent, benzoic acid 488 p.p.m. equiv. 576 p.p.m. sodium benzoate. Above figure of 488 parts per million agrees with amount on label of sodium benzoate. Excess of amount allowed.	Inf. followed by formal 3077/3162. Stock destroyed.
		As for sample 3012, except benzoic acid 480 parts per million.	do.
		As for samples 3012/3077, except benzoic acid 485 parts per million.	do.
156/169	Ice Cream ... ..	Def. fat 32%: def. fat 44%.	Inf. followed by for. 169. Fined £15 plus £5 5s. costs.
		Def. S.N.F. = Deficient Solids Not Fat. Inf. = Informal Sample. C.M.P.O. = County Milk Production Officer.	

#### (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 shopkeepers 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, 93 (112) visits being made. Forty-five (48) 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.**

62 (168) inspections were made, and 28 (51) notices (relating principally to the labelling of tomatoes) were served and complied with.

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

During the year three local Orders were made on application by trade organisations, etc., namely:—

- (1) Order under Section 43 suspending the general closing hours during the period from 13th—24th December inclusive.
- (2) Order under Section 42 suspending general closing hours from 22nd to 24th September inclusive in connection with an Exhibition.
- (3) Order under Section 1 (4) suspending obligation to close for weekly half-holiday from 11th June to 17th September inclusive and from 17th December to 24th December inclusive.

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

639	(751)	shops inspected and recorded.
453	(1,035)	shops re-visited.
421	(751)	contraventions found and notices issued; of these 163 (37) were outstanding at end of year.
9	(13)	premises were provided with heating facilities.
5	(28)	premises provided with washing facilities.
7	(11)	premises had additional ventilation provided.
39	(52)	shops were re-painted and re-decorated.
3	(8)	premises had additional sanitary accommodation provided.

Legal proceedings were taken in respect of a contravention of Section 2 (1)—a fine of 10s. being imposed.

**(H) INSPECTION OF RESTAURANTS, CAFES, ETC.**

Regular visits were well maintained during the year and occupiers continued to improve their premises generally, much of the work done being more than perhaps could be required by existing legislation. Particular attention has been given by the Department to the improvement of basement and semi-basement kitchens, food stores, etc., and the provision of staff amenities where possible, so as to encourage personnel to take an active interest in their working conditions and an observance of the fundamental rules of food hygiene. Cases of undesirable practice were however noted and was a matter of concern in those establishments employing untrained staff during busy seasonal periods.

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

No. of inspections made	.. .. .	1,706	(1,758)
Premises provided with constant hot water supply	..	26	(38)
Premises re-designed and structurally altered	..	20	(21)
Premises repainted and redecorated	.. .. .	50	(50)
Premises provided with additional sinks and ablution facilities	.. .. .	21	(32)
Premises in which ventilation has been improved	..	13	(24)
Premises in which lighting has been improved	..	9	(7)
Premises in which food storage facilities have been improved	21		(21)



### (I) **CLEAN FOOD PROPAGANDA.**

This now forms a definite and important part in the work of the Department and is gradually being developed, particularly by the sanitary staff. The usual course of lectures covering the syllabus of the City and Guilds Examination was held at the Hotel and Catering School and talks given at meetings of trade associations, at the larger catering establishments, women's institutes, etc., together with the exhibition of appropriate films, by Mr. E. Curtis Welch, the Inspector primary responsible for the work. Lively interest has been engendered generally by these activities, the film "Another Case of Poisoning" in particular stimulating much discussion amongst food traders and the general public.

Apart from these meetings, moreover, quiet but equally valuable work has been carried out in the course of day to day inspection of food premises, this affording opportunities for giving informal "pointers" in food hygiene to those actually engaged in handling food, but are perhaps indifferent to meetings with the "class room" atmosphere.

### (J) **LICENSED (PUBLIC) HOUSES, ETC.**

The programme initiated last year with the object of securing improvements at these premises, many of which now serve main and light meals in addition to liquors, was successfully continued and gained considerable impetus following the relaxation of the restrictions on the issue of Building Licences. Work was accordingly commenced at 16 premises in connection with outstanding notices, much of it being of a major character. For instance, in one case the premises were partially re-built, while in six others the interior arrangements were entirely re-designed.

Ninety-four (69) inspections of premises that had not hitherto received detailed consideration were made, and notices served following such inspections were receiving attention at the end of the year.

**Sanitary Accommodation.** Additional accommodation was provided in 7 houses, and plans were deposited respecting ten more houses.

**Washing and sterilising drinking vessels, etc.** It is of course, too early to say much in this matter at the present time, except that it is receiving careful consideration by the various interests concerned. Many special difficulties, likely to arise during busy serving periods, such as the "overspill" remain to be overcome, and it is probable that some time will elapse before finality is reached. In the meantime constant supplies of hot and cold water over sinks are being insisted on by the Department and steady progress is being made in this direction.

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THE SCHOOL HEALTH SERVICE  
Report of the  
SCHOOL MEDICAL OFFICER  
for the Year 1952



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 1952.

The number of schoolchildren on the registers, 7,708, shows the increase predicted in my comments last year: this figure is probably the peak of the continued rise in school entrants over the past 5 years, and one must now expect a gradual decline in the numbers of entrants roughly corresponding with the falling birthrate from 1948 onwards.

During the year the new Hastings Secondary Modern Girls School at Ore was completed and officially opened (480 places), and a remarkably fine modern building it is. Badly needed improvements to many of the old and inadequate schools still remain to be tackled to bring them up even to a reasonable standard of hygiene and structural efficiency. One only wishes that the present financial and building difficulties would allow of an increased rate of replacement of schools which are long past "superannuation".

The routine work of the School Health Service has continued to make good headway during the year, and I am glad to report that the general level of health and physique of the schoolchildren remain satisfactory. Details of the work performed in the routine medical inspection, treatment and ascertainment of special educational needs are given in the report which follows.

The work of the foot clinic has been excellent and worthwhile, especially as the incidence of planter warts in schoolchildren continues at a fairly heavy rate in spite of the multiple precautions taken against propagation of the infection. In addition, the foot survey of the entire school population has continued, over 1,000 children having been examined in the year: preliminary details of some of the findings in the pilot survey were reported last year.

The school dental service has had a much better year since Mr. Steele commenced duty, and satisfactory progress has been made in spite of the tremendous arrears of work which had accumulated since the war. I have to record with the very sincerest regret the death of Mr. Penfold, Senior Dental Officer, in June, 1953, after 33 years service with this authority. The full brunt of work in the dental service fell entirely on his shoulders for many years, and the fact that he was able to keep it going whilst singlehanded for so long speaks for itself. The schoolchildren as well as his colleagues will miss him greatly.

The closest co-operation has been maintained between the school health service, hospital consultants and general practitioners, to the great benefit of the children concerned, and my grateful thanks are due to all my professional colleagues in the town in this respect.

Finally, I have to express my most sincere appreciation and thanks to the Chairman and Members of the Education Committee, to the Chief Education Officer and his staff, the Headteachers and their staffs, for their continued support and invaluable assistance, and to my Deputy, Dr. Weyman, and the whole staff of the School Health Service for their loyalty and hard work during the year.

I have the honour to remain, Ladies and Gentlemen,

Your obedient servant,

T. H. PARKMAN,  
*School Medical Officer.*

August, 1953.

(Throughout this report, figures in parenthesis are those for 1951 for purposes of comparison).



### STATISTICAL SUMMARY FOR 1952

<b>TOTAL</b> number of children on school registers, 1952 ..	7,708	(7,440)
at Primary schools .. .. .	4,799	(4,570)
at Secondary schools including Grammar schools	2,746	(2,721)
at Schools for Handicapped Children .. ..	163	(149)
<b>ROUTINE</b> medical inspections—total number inspected ..	2,844	(2,015)
special inspections and re-inspections ..	2,085	(2,416)
Minor ailments treated .. .. .	606	(633)
<b>DENTAL</b> inspections—total number inspected .. ..	7,743	(3,304)
,, ,, treated .. .. .	3,389	(1,480)
Receiving orthodontic treatment ..	131	(120)
<b>DEFECTIVE VISION</b> —total number referred for examination	801	(786)
spectacles prescribed for ..	369	(408)
<b>CLEANLINESS INSPECTIONS</b> by school nurses at schools	20,548	(20,066)
number found defective in cleanliness ..	130	(391)
<b>HOME VISITS</b> by school nurses .. .. .	1,485	(1,387)

**DEATHS OF SCHOOLCHILDREN:** I have to report that during 1952 one death occurred in the child population aged 5—15 years, the cause being attributed to status epilepticus.



## SECTION A

### MEDICAL INSPECTION AND WORK OF CLINICS

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#### **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	...	...	...	1,079	(686)
Second Age Group	...	...	...	1,054	(617)
Third Age Group	...	...	...	711	(712)
Total				2,844	(2,015)
Number of other Periodic Inspections					
Grand Total				2,844	(2,015)

**B.—OTHER INSPECTIONS**

Number of Special Inspections	...	...	...	993	(1,068)
Number of Re-Inspections	...	...	...	1,092	(1,348)
Total				2,085	(2,416)

**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	32	262	268
Second Age Group	75	208	269
Third Age Group	95	87	177
Total (prescribed groups)	202	557	714
Other Periodic Inspections	—	—	—
Grand Total	202	557	714



TABLE II

## A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1952.

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	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment	Requiring to be kept under observation, but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4.	Skin ... ..	61	27	400	4
5.	Eyes— <i>a.</i> Vision ... ..	202	24	84	9
	<i>b.</i> Squint ... ..	86	10	28	—
	<i>c.</i> Other ... ..	26	31	85	3
6.	Ears— <i>a.</i> Hearing ... ..	1	33	7	3
	<i>b.</i> Otitis Media ... ..	12	15	5	11
	<i>c.</i> Other ... ..	7	14	38	2
7.	Nose or Throat ... ..	60	97	71	10
8.	Speech ... ..	15	12	34	9
9.	Cervical Glands ... ..	3	53	14	13
10.	Heart and Circulation ... ..	1	14	3	2
11.	Lungs ... ..	34	60	35	17
12.	Developmental—				
	<i>a.</i> Hernia ... ..	1	2	—	—
	<i>b.</i> Other ... ..	4	5	—	2
13.	Orthopaedic—				
	<i>a.</i> Posture ... ..	24	19	11	1
	<i>b.</i> Flat foot ... ..	68	54	9	5
	<i>c.</i> Other ... ..	73	86	49	6
14.	Nervous system—				
	<i>a.</i> Epilepsy ... ..	4	—	2	—
	<i>b.</i> Other ... ..	14	12	9	4
15.	Psychological—				
	<i>a.</i> Development ... ..	—	10	4	1
	<i>b.</i> Stability ... ..	14	12	7	—
16.	Other ... ..	47	22	207	16

## 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 ... ..	1,079	116	10.7	909	84.2	54	5.0
Second Age Group ... ..	1,054	141	13.3	889	84.3	24	2.3
Third Age Group ... ..	711	158	22.2	550	77.3	3	0.4
Other Periodic Inspections	—	—	—	—	—	—	—
Total ... ..	2,844	415	14.5	2,348	82.5	81	2.8



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.

Both my deputy and myself, as inspecting officers, agree that there has been no deterioration at all in the standard of health or development of the school children during 1952.

### 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	20,548	(20,066)
(ii)	Number of individual children found unclean ..	130	(391)
(iii)	Number of children in respect of whom cleansing notices were issued (Education Act, 1944, Sec. 54 (2) .. .. .	50	(49)
(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 hopping 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 to homes:—

By direct instructions of School Medical Officer .. ..	605	(321)
At request of School Enquiry Officer	65	(9)
Following up of cases of uncleanness	173	(201)
General cases, following up ..	642	(856)
	<hr/>	<hr/>
	1,485	1,485 (1,387) (1,387)
School visits—miscellaneous ..	407	(205)
	<hr/>	<hr/>
Total:	1,892	(1,592)



### 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 and Ministry authority is now awaited. 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 parent 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 out-patient 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	..	..	1,023	(1,055)
Total attendances made	..	..	2,135	(2,477)
Total number found to require treatment..	..	..	985	(960)

### Minor Ailments treated:

#### Disease—

Ringworm (body)	..	..	..	..	1	(1)
„ (scalp)	..	..	..	..	—	(—)
Scabies	..	..	..	..	—	(2)
Impetigo	..	..	..	..	22	(13)
Miscellaneous (minor injuries, burns, scalds, sores, abscesses, etc.)	..	..	..	..	142	(175)
Ear, nose and throat..	..	..	..	..	121	(98)
Eye diseases (external)	..	..	..	..	85	(76)
Plantar Warts	..	..	..	..	64	(63)
Other skin diseases	..	..	..	..	171	(205)
					<hr/> 606	<hr/> (633)

### Exclusions from School.

42 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 (tonsilitis, adenitis, etc.)	4	(3)
Nervous condition (including chorea, epilepsy, etc.)	—	(1)
Diseases of the digestive system	1	(—)



Bronchial catarrh and colds, etc.	..	..	7	(6)
Heart disease	..	..	—	(—)
Injuries	..	..	1	(1)
Diseases of the ear	..	..	—	(1)
Diseases of the eye	..	..	5	(1)
Nits and vermin and uncleanliness	..	..	9	(6)
Other diseases	..	..	4	(3)
			—	—
			42	33
			—	—

### Infectious Diseases.

The numbers of cases of infectious diseases notified by general practitioners for the year 1952, occurring in school children, are:

Pneumonia	..	3	(6)	Measles	..	728	(506)
Scarlet Fever	..	143	(21)	Whooping Cough	..	90	(98)
Erysipelas	..	Nil	(1)	Diphtheria	..	Nil	(—)
Poliomyelitis	..	4	(—)	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>i.e.</i> , the other members of the family or household living to- gether as a family, that is, in one tenement.
<b>SCARLET FEVER</b>	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.
<b>DIPHTHERIA</b>	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.
<b>MEASLES</b>	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.
<b>GERMAN MEASLES</b>	5—21	0—2	7 days from the appear- ance of the rash.	None.
<b>WHOOPING COUGH</b>	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.
<b>MUMPS</b>	12—28	—	14 days from the onset of the disease or 7 days from the subsidence of all swelling.	None.
<b>CHICKEN POX</b>	11—21	0—2	14 days from the date of appearance of the rash.	None.
<b>*SMALL POX</b>	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 immunised, 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:—

		<i>New attendances</i>	<i>Re-attendances</i>	<i>Total attendances</i>	
Boys	.. ..	121	548	669	(778)
Girls	.. ..	65	374	439	(535)
		<hr/> 186	<hr/> 922	<hr/> 1,108	<hr/> (1,313)

## **Anti-Diphtheria Immunisation.**

It is estimated that 62.8% of children 0—5 years and 53.3% of school children 5—15 years are protected against diphtheria. The continued absence of this disease renders it much harder to overcome the increasing apathy of parents towards this valuable measure. Detailed comment is made in Section II of the Medical Officer of Health's Report.

## **Employment of Children.**

During the year 1952 a total of 111 children were medically examined for employment under the provisions of the Children and Young Persons Act, 1933.

Employment cards were issued as follows:—

Errands	.. ..	41
Delivery of newspapers	.. ..	19
Assisting in shops	.. ..	38
"    on farms	.. ..	3
"    milk and bread roundsmen		5
Trainees—miscellaneous	.. ..	5
		<hr/> 111

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 its 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.

The School Meals Organiser reports as follows:—

"During the year 1952, Mount Pleasant K.D.R. ceased to function as a kitchen but remained as a serving or dining centre.

Elphinstone Avenue K.D.R. opened and cooked meals on 16th September, 1952.

Winchelsea Road K.D.R. opened under great difficulties on 16th September, 1952. Packed lunches were served for one week, after which the children received carried meals from Priory Road Central Kitchen. On 27th October, 1952, Winchelsea Road K.D.R. started to cook for themselves.

A point of interest is that although the price of dinners was increased by the Minister from 7d. to 9d. as from 1st March, 1952, the butchers' fresh meat ration for children was increased on 20th June, 1952, from 3d. to 3½d. per child.

The number of meals served from 1st January to 31st December, 1952, totals 817,026.

The number of staff employed in the School Meals Service was 117 at the end of the year. This number has since been reduced owing to the drop in the number of meals, and to the fact that during the winter months we were employing a larger number of staff for sickness relief."

### Milk in Schools Scheme.

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

					<i>No. of Children in School</i>	<i>No. of Children taking Milk</i>
1952						
February:	..	..	..	..	6,968	5,576
May:	..	..	..	..	7,181	5,916
October:	..	..	..	..	7,164	5,877

### Special Clinics.

#### Ophthalmic Clinic.

The school refraction clinics were held by Mr. A. Hollingsworth, Mr. Mason and Dr. Goodwin, the majority of cases being seen in the very cramped accommodation at Park View clinic.

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, 1952.

		<i>By Authority Service</i>	<i>Otherwise</i>
External and other, excluding errors of refraction and squint	.. ..	85 (76)	93 (78)
Errors of refraction (including squint)	..	801 (786)	80 (127)
Total	.. ..	886 (862)	173 (205)
Numbers of pupils for whom spectacles were			
(a) prescribed	.. ..	369 (408)	54 (82)
(b) obtained	.. ..	358 (408)	53 (82)

As a result of the suggestions contained in Mr. Hollingsworth's 1950 report, the vision of every school child is tested at age 5 and, where any doubt then exists, the test is repeated at age 6. In addition, close co-operation is given by the Medical Officers in charge of Infant Welfare Centres, the whole trend of the service being the ascertainment and treatment of eye defects at the earliest possible age.



Throughout the year, school leavers and children at the 10+ examination 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.

In age group 10—11, 1,053 boys and girls were so examined, and 15 were found to have some defect of colour vision, 1.4%. In age group 14—15, 1,071 examined showed 19, 1.7% with colour-blindness.

In every case, the colour-blindness occurred in boys; no girl failed to pass the test satisfactorily. Approximately equal numbers of boys and girls were examined, and one can therefore say that some 3% of boys show colour vision defect, 0% of girls.

### 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 following is a summary of the work done in the Clinic for the year ending 31st December, 1952.

			Hastings Cases	East Sussex County Council Cases		
Number of new cases referred in 1952 .. .. .			70	49		
Referred by:						
Assistant School Medical Officers .. .. .			44	16		
Private doctors .. .. .			3	11		
Schools .. .. .			2	3		
Hospitals .. .. .			3	2		
Juvenile Courts .. .. .			6	4		
Probation Officers .. .. .			5	2		
Children's Officer .. .. .			5	4		
Other sources .. .. .			2	7	70	49
Problems:						
Personality problems and nervous disorders ..			14	16		
Habit disorders .. .. .			14	6		
Behaviour disorders .. .. .			17	15		
Educational and vocational guidance ..			15	9		
Special examinations for Juvenile Courts and Placement .. .. .			10	3	70	49
How dealt with:						
Advice .. .. .			21	22		
Psychiatric treatment .. .. .			7	6		
Coaching .. .. .			3	2		
Periodic supervision .. .. .			16	14		
Withdrawn before completion .. .. .			1	—		
Awaiting diagnosis .. .. .			22	5	70	49



During the year 1952 50 Hastings children and 46 East Sussex County Council cases were receiving psychiatric treatment, coaching and supervision, including those taken on before 1st January, 1952.

#### Analysis of Treatment:

Recovered .. .. .	8	7
Improved .. .. .	39	27
Not improved .. .. .	2	2
Closed .. .. .	1	—
Still receiving treatment, coaching, or supervision	40	27
Transferred to Schools for Maladjusted children	2	—
Closed as recovered .. .. .	8	7
Admitted to hospital .. .. .	—	2

#### Psychiatrist:

Diagnostic interviews .. .. .	18	24
Treatment interviews .. .. .	91	42

#### Psychologist:

Interviews for intelligence, etc. .. .. .	39	26
Coaching interviews .. .. .	224	56

#### Analysis of Coaching:

Still receiving coaching .. .. .	12	2
Discharged improved .. .. .	5	—

#### Psychiatric Social Worker:

Interviews in Clinic .. .. .	259	188
School visits .. .. .	17	30
Home and other visits .. .. .	261	267
Conference at Marle Place .. .. .	—	2

#### 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.

Miss A. Knight, who was temporary since September, 1951, was appointed in a permanent capacity in April, 1952.

Number of cases on register 1.1.52 .. .. .	47
Number of new cases admitted during year .. .. .	37
Number of patients discharged during year .. .. .	40
Number remaining on register 31.12.52 .. .. .	39
Total number of patients who received treatment during 1952 .. .. .	79

#### Analysis of cases treated:

Stammering .. .. .	19
Dyslalia (a) simple (including 5 cases sigmatism) .. .. .	16
(b) multiple .. .. .	20
(c) general .. .. .	7
Cleft palate .. .. .	4
Dysphonia .. .. .	2
Retarded speech .. .. .	7
Dysarthria .. .. .	2
Lip-reading instruction given .. .. .	2
	—
	79
	—



Of the 40 cases discharged, 18 were regarded as having attained normal speech, 10 as much improved, 2 were referred to the orthodontist and 1 to the Child Guidance Clinic, 2 made little response to treatment, 2 left the district and 5 failed to keep appointments made. Contact is maintained through school and home with many discharged cases and in nearly every case progress made under treatment has been maintained.

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.

#### **Foot Health Clinic.**

Perturbed by the continued high incidence of plantar warts (*verruca 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.

During the year 113 new cases of minor foot defect including verrucae were treated at Park View Foot Clinic, and 736 reattendances were made, 849 attendances in all.

The detailed survey of foot defects among school children, discussed in last year's report, was commenced, and 479 boys and 620 girls, 1,099 in all, were examined.



## SECTION B

### SCHOOL DENTAL SERVICE

Number of school children attending local Education Authority Schools ..	7,708	(7,440)
Number of school dental officers employed ..	2	

The staff consists of Mr. W. D. Penfold, Senior Dental Surgeon, and Mr. R. Steele, who commenced duty on 7.1.52, assisted by two dental clerk-attendants. In addition, Dr. I. M. Chisholm holds one specialist orthodontic session each week. The facilities provided at both Park View and Halton Clinics for dental work are extremely cramped and totally inadequate.

It is difficult to offer any new comment upon the state of dental fitness of the school children except to repeat that it is most unsatisfactory. Lack of routine inspection and conservative dentistry due to shortness of staff from 1939 till the beginning of the present year have left an irreparable imprint on the situation—some years must elapse before the possible limits of salvage from this wreck can be achieved.

This table shows the work done by the Dental Officers for the year 1952:—

1. Number of children inspected by the Dentist :				
(a) periodic age groups.. ..	6,693	(2,382)		
(b) specials .. ..	1,050	(922)		
Total .. ..			7,743	(3,304)
2. Number of children found to require treatment .. ..			5,192	(2,183)
3. Number referred for treatment ..			5,020	(2,061)
4. Number actually treated.. ..			3,389	(1,480)
5. Attendances made by children for treatment .. ..			6,170	(2,778)
6. Half-days devoted to:				
(a) Inspection .. ..	52	(19)		
(b) Treatment .. ..	753	(359)		
Total .. ..			805	(378)
7. Fillings:				
Permanent Teeth .. ..	1,790	(1,020)		
Temporary Teeth .. ..	1,597	(855)		
Total .. ..			3,387	(1,875)
8. Number of teeth filled:				
Permanent teeth .. ..	1,752	(994)		
Temporary teeth .. ..	1,567	(811)		
Total .. ..			3,319	(1,805)
9. Extractions:				
Permanent teeth .. ..	337	(166)		
Temporary teeth .. ..	3,429	(1,077)		
Total .. ..			3,776	(1,243)
10. Administration of general anaesthetics for extraction .. ..			1,795	(821)
11. Other operations:				
Permanent Teeth .. ..	644	(275)		
Temporary Teeth .. ..	251	(51)		
Total .. ..			895	(326)



### Orthodontic Work.

Number of sessions held in 1952 ..	46	(43)
Number of attendances at these sessions	515	(510)
Number of children treated .. ..	131	(120)
Number of new cases .. ..	37	(46)
Number of cases completed .. ..	34	(21)

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. In mid-1953, one further orthodontic session per fortnight was added, making three sessions per fortnight. The quantity of work is so great that it is hoped a further session can be started at the beginning of the financial year 1954-5. Fundamentally, orthodontics is the science of correction of deformities of the jaws and irregularities of alignment of the teeth.

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## 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 1952 is as follows:—

	<i>Hollington</i>	<i>Robert Mitchell</i>
Number on register 1 January, 1952 . .	23	53
Number of admissions during the year . .	12	37†
Number of discharges during the year . .	10†	33*
Number on register 31st December, 1952	25	57

\* 2 cases transferred to Educationally Subnormal School.

† 1 case 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	3
Rheumatic heart disease .. ..	—	2
Asthma .. ..	1	5
Recurrent bronchitis and bronchiectasis	1	12
Rheumatism including chorea ..	—	—
Debility and/or subnormal nutrition ..	20	36
T.B. glands, neck .. ..	—	3
T.B. bone .. ..	—	1
T.B. contacts, primary lesions, hilar glands, etc.	4	15
Spastic paraplegia .. ..	1	2
Other crippling conditions .. ..	1	5
Epilepsy .. ..	—	1
Chronic nephritis .. ..	1	1
Other conditions .. ..	5	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 1952:

	<i>Hollington</i>	<i>Robert Mitchell</i>
Transferred to ordinary school system	6	23
Transferred to other special institutions or schools	2	4
Transferred to Robert Mitchell Open Air School	1	—
Left district .. ..	1	5
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, 1952 .. ..	73
No. of admissions and re-admissions during year .. ..	24
No. of school leavers (15 and 16) .. ..	*12
No. of transfers to ordinary schools .. ..	2
No. left district .. ..	†6
No. in attendance December, 1952 .. ..	77

\* including 1 East Sussex County Council Case.

† " 1 " " " " " "

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 1952	..	..	34
No. of children ascertained as E.S.N. during 1952	..	..	24
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)	..	..	1
	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 1952 was:

blind, 2; deaf, 5; asthma, 1; cripples, 1; surgical tuberculosis, 1; maladjusted, 2; coeliac disease, 1;  
a total in all of 13 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 attends the hospital orthopaedic clinic, thus being able to follow up necessary treatments in home or school and to pursue defaulters.